



European Monitoring Centre  
for Drugs and Drug Addiction



**SICAD**

Serviço de Intervenção nos  
Comportamentos Aditivos  
e nas Dependências

**2013 NATIONAL REPORT (2012 data) TO THE  
EMCDDA  
by the Reitox National Focal Point**

**“PORTUGAL”  
New Developments, Trends and in-depth information  
on selected issues**

**REITOX**

As the Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), one of the core tasks of the General-Diretorate for Intervention on Addictive Behaviours and Dependencies (SICAD) is the elaboration of this Annual Report, which structure and contents are mandatorily defined by the EMCDDA (to allow comparability of data among National Focal Points).

During 2012, IDT, I.P. and SICAD coexisted and for this reason along the Report references to both institutions appeared. IDT, I.P. was formally extinguished on the 31<sup>st</sup> December 2012.

This year report describes the national situation in 2012 as well as new developments and trends regarding 2013. The report is divided in two main parts: summary and new developments and trends.

The National Focal Point works closely with several other Governmental Departments, namely, Ministério da Saúde (Health Ministry), Ministério da Educação (Education Ministry), Polícia Judiciária (Criminal Police), Direcção Geral das Alfândegas e Impostos Especiais sobre o Consumo (Customs), Instituto Nacional de Estatísticas (National Statistics Institute), Instituto Nacional Medicina Legal (National Institute of Forensic Medicine).

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## Summary

### *Part A: New development and trends*

#### **Drug Policy: legislation, strategies and economic analysis**

After the extinction in 2011 of IDT, I.P., on the context of the public administration restructuring programme (PREMAC) and the creation of a new structure within the Ministry of Health, the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), in charge of planning and monitoring programs to reduce the use of psychoactive substances, prevent addictive behaviours and reduce dependencies. The implementation of interventions is now on the competence of the Regional Health Administrations (ARS).

During 2012, IDT, I.P. and SICAD coexisted and for this reason along the Report references to both institutions appeared. IDT, I.P. was formally extinguished on the 31<sup>st</sup> December 2012.

In this sense, after the stabilization and entry into force of the normative that regulates the functioning of SICAD, it was elaborated its Strategic Plan for a three-year period 2013-2015, which was a moment of reflection, diagnosis and identification of priorities, in particular of the products from the internal and external evaluation process of the previous cycle as well as the decision on the strategic guidelines to follow. The current Strategic Plan will lead the action of SICAD in the next three years and should become a sustained guideline, with the necessary flexibility to introduce adjustments whenever necessary, namely resulting from environmental and organizational changes.

In 2012, the National Coordination Structure For Drugs, Drug Addiction and Alcohol Related Problems was very busy with the external and internal evaluations of the National Plan on Drugs and Drug Addiction 2005-2012 (PNCDDT) and the internal evaluation of the Action Plan on Drugs and Drug Addiction 2009-2012.

Public presentation of the external evaluation of the National Plan on Drugs and Drug Addiction 2005-2012 that took place in the 14<sup>th</sup> of January 2013. The final report of the internal evaluation of both Plans (Drugs and Alcohol) was presented by the end of 2012 for approval of the Inter-ministerial Council.

Also in 2012, started within the National Coordination Structures the elaboration of the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2020 (PNRCAD) and the Action Plan 2013-2016. PNRCAD is composed by two main domains: demand and supply, two structural measures, PORI, referral network and 4 transversal areas (Information and research; training and communication, international relations and cooperation and quality). Both documents are now pending of approval by the Government.

In the ambit of the National Coordination Structures there was also an intense participation in the process of elaborating legislative proposals relating to the new psychoactive substances (Decree-Law n. ° 54/2013 of 17 April 2013) and the procedure of provision, sale and consumption of alcoholic beverages in public places and in places open to the public (Decree-Law n. ° 50/2013 of 16 April 2013).

Information regarding public expenditures in the area of drugs and drug addiction stills scarce and with plenty of gaps. The fact that institutions with large competences in the field of drugs and drug addiction, such as SICAD (previously IDT, I.P.), also encompass alcohol related problems, makes it difficult to present data only with drug-related public expenditures.

## Drug use in the general population and specific targeted-groups

In the Strategic cycle initiated in 2005, were carried out several national epidemiological studies that allowed trend analysis and comparability of the national situation at the European and international context, namely in the general population (2007 and 2012), in prison population (2007), in school populations (2006, 2007, 2010 and 2011) and in the driving population (2008-2009).

In the study conducted in 2012 in the Portuguese General Population (15-64), cannabis, ecstasy and cocaine were the illicit substances preferably used by the Portuguese with lifetime prevalence (at least one use experience) respectively of 9.4%, 1.3% and 1.2%. Between 2007 and 2012, in the set of the Portuguese population was verified for almost all drugs a decrease in lifetime prevalence (of any illicit drug from 12% to 9.5%) and recent use (of any illicit drug from 3.7% to 2.7%) as well as decrease in continuity rates of use (of any illicit drug from 31% to 28%). In general, the young adult population (15-34 years) presented lifetime prevalence, recent and continuity rates of use higher than the general prevalence. Near of 0.7% the 15-64 years population and 1.2% of the young adult population resident in Portugal present symptoms of cannabis dependence, corresponding to about a quarter of cannabis users in the last 12 months. The analysis by gender showed lifetime prevalence and recent use are higher men, for all drugs, although some consumption in the female group increased between 2007 and 2012, contrarily to the general pattern of evolution. Lisbon, the Autonomous Region of Azores and Alentejo were the regions (NUTSII) that present lifetime prevalence of any drug and in the last 12 months above national averages, in the general and young adult population. In 2012, Portugal continued to present prevalences of use of illicit substances below European average values.

Concerning the new psychoactive substances, in 2012, near 0.4% of the Portuguese population (0.9% of the young adult population) had at least one use experience in life and 0.1% in the last 12 months (0.3% of the young adult population). Similar to illicit substances, users were mostly young and male gender, Lisbon, Azores and Alentejo presented lifetime prevalence above national average.

In the context of school populations, the results of national studies have shown that the use of drugs that had been increasing since the 90's declined for the first time in 2006 and 2007, noting up in 2010 and 2011 again an increase of drug use in these populations, alerting to the need for investment in prevention. In all studies carried out in 2010 and 2011, cannabis remains the drug preferentially used (prevalence of lifetime use ranged from 2.3% in students from 13 years old and 29.7% in 18 years old), with values close to the prevalence of use of any drug (between 4.4% in students of 13 years and 31.2% in 18 years). Followed by prevalence of lifetime use far below, cocaine, ecstasy and amphetamines among younger students, and amphetamines, LSD and ecstasy among the older ones. Despite the increases registered in the prevalence of drug use between 2006/2007 and 2010/2011 especially cannabis but also other drugs such as LSD and amphetamines, the prevalence's of use of any drug among younger students (13-15 years) remain lower than the ones registered in 2001/2003.

## Prevention

During 2012, the intervention in the mission area of prevention followed the task to achieve the main strategic goals defined in previous years: prevent the beginning of psychoactive substance use, prevent the continue use and abuse and the transition from use to abuse or misuse and dependence. To achieve them, activities were planned in accordance with operational objectives of the Action Plan Against Drugs and Drug Addiction 2009-2012:

- Increase quality of intervention through adequate strategies, mainly selected and indicated prevention, with monitoring and evaluation of the results of the interventions;

- Contribute for an integrated intervention of IDT, I.P. investing in seeking answers adapted to the problems and needs, sharing resources in an articulate way, both internally and with civil society.

The National Plan Against Drugs and Drug Addiction 2005-2012 was object of an internal and external evaluation and the results of the external evaluation found out that the strategic option in the prevention context, based on the health-based prevention model, which includes the Universal, Selective and Indicated prevention was overall well achieved.

The different projects and programs developed have been assessed externally as an innovative and experimental proposal, allow identifying key dimensions to the definition and implementation of programmes in almost the entire national territory; testing new methodologies and practices; evaluating interventions and reflect on their results, in order to constitute as guiding contributions to preventive interventions in the future.

The prevention projects that have been developed and which have complied with the requirements as promoters of strategies and actions based on scientific evidence are: Program of Focused Intervention (PIF), prevention project of drug consumption developed in partnership between Casa Pia de Lisboa and the IDT, I.P., “Copos quem decide és tu”, “Eu e os Outros” and Trilhos.

It was also established the foundations to develop future preventive interventions in the workplace environment in cooperation with employers (European Research and Intervention on Dependency and Diversity in Companies and Employment (EURIDICE)).

Regarding quality, both the technical-scientific and methodological quality were strengthened through professional training, continuous monitoring of programs and projects, the production of good practices manuals and procedures and focused on collaborative work with the local actors (local authorities, schools, etc.) to promote coherence and complementarity. In promoting the quality of the intervention attempted in previous years, it was widely disseminated the Catalogue of Best Practices in Prevention, by managers and professionals, which includes a set of projects selected from Focalized Intervention Program (PIF) - they all have characteristics that confer quality at methodological level, evaluation process and results.

There was throughout the country an investment in selective and indicated prevention interventions, focused in groups, individuals on specific contexts that presents an increase risk for the use/abuse of substances, particularly in the implementation of personal and social competence training programs in the vocational and alternative curricular education and an appointment system for teenagers and young people with consumption of psychoactive substances. This system, developed in articulation with the Treatment Mission area, provides among others, psychological and psychosocial support.

Among the projects supported by SICAD, we highlight the intervention in the “Casa Pia de Lisboa”, addressing youth in institutionalization situation, looking for suitable management models of problematic situations and strengthening factors that promote resilience; the Kosmicare project by providing consultancy and support on research work, and co-ordination of the field intervention, carried out with the Psychology University of Porto and also the project Euridice within the working environment, promoting awareness about psychoactive substances consumption.

In 2012 SICAD applied to the “Project Drug Prevention and Information Program - Social Influence, peer suport, skills and information by and for young people through social networking”. The project was approved, and will inovate preventive strategies among young people, through the use of new technologies, especially through social networks and mobile applications. This project is developed by the Trimbos Institute in the Netherlands and runs from 2013 to 2014, involving two experts from SICAD. The countries that collaborate in this project are the Netherlands, Estonia, Bulgaria, Czech Republic and Portugal.

The year 2012 also included the final evaluation and possible continuation of projects developed under PORI, maintaining all the procedures involved in the process of follow-up, monitoring and evaluation of these projects. It was also enhanced the integration of responses to alcohol use in our teams, (elaboration of training modules, extending the intervention to festive contexts).

### **Problem Drug use**

Results from national estimations on problematic drug use in Portugal indicate that there are between 6.2 and 7.4 problematic drug users for each 1 000 inhabitants aged 15-64 years, and between 1.5 and 3.0 for the definition of problematic drug users (injecting drug users).

Between 2000 and 2005, the estimate number of problematic drug users in Portugal has shown a clear decline, with special relevance for injecting drug users.

### **Drug-related treatment: treatment demand and treatment availability**

Healthcare for drug users is organized in Portugal mainly through the public network services of treatment for illicit substance dependence, under the ARS within the Ministry of Health. In addition to public services, certification and protocols between NGOs and other public or private treatment services ensure a wide access to quality-controlled services encompassing several treatment modalities. The public services provided are free of charge and accessible to all drug users who seek treatment.

Treatment Teams (ETs), mainly outpatient units, are usually the front door for the treatment system, where the client's situation is assessed and a therapeutic project is designed. From there, if necessary, referrals can be made to other available programs, mainly inpatient ones (public and private detoxification units or therapeutic communities). In ETs, clients have access to individual and group therapy, substitution programs (usually high threshold) and a variety of support services for the drug user and his/her family, depending on the ETs resources (infectious diseases testing and treatment or referral, family therapy, general health care, amongst others).

In 2012 and despite the constraints related to the profound change in the organic of the treatment structures, the extinction of IDT, I.P. and merge of operational component of the intervention, namely therapeutic, in the Regional Health Administrations (ARS), - continuity was given to the articulation with other health care resources and socio-sanitary conditions of public and private sectors, in order to improve the answers to the multiple needs of users with problems associated with the consumption of psychoactive substances.

It should be noted that in 2010 came into implementation at national level the Multidisciplinary Information System (SIM) implying data migration from different systems, changes particularly in the registration criteria and progressive adjustments in the system, which imposes some caution in the evolutionary reading of data. Also the criteria for data analysis have being adapted to these changes and to SIM potentialities (eg, elimination of double counting), implying changes in the criteria used in previous years.

Heroin remains the main substance associated to health consequences and specifically in the sub-population of drug users that seek access to different treatment structures but in the cases of first treatment demands, cannabis appears as the most referred substance. In the administration of the main substance continues to be predominant the mode smoked/snorted.

Substitution treatment is widely available in Portugal, through public services such as specialized treatment centers, health centers, hospitals and pharmacies as well as NGOs and non-profit organizations. Methadone has been made available since 1977, buprenorphine since 1999 and recently also the buprenorphine/naloxone combination.

This year for the third time it was possible to have TDI data fully in line with EMCDDA TDI Protocol.

### Health Correlates and Consequences

The National Action Plan on Drugs and Drug Addiction 2005-2012 includes among its objectives a specific reference to the need of reducing the number of users of psychoactive substances, as well as health and social risks associated, being foreseen an action to promote the counselling, diagnosis and referral of infectious diseases within drug users population to be implemented until 2012.

Concerning infectious diseases among IDUs, ever injectors (lifetime) in outpatient treatment centres in 2012, the positivity values for HIV was 20.6%, Hepatitis B 4.9% and Hepatitis C 83.8%.

The analysis of the notifications in Portugal, ie, the distribution of notified cases by year of diagnosis, shows a downward trend since 2000 in the number of cases diagnosed with HIV infection, mainly reflecting the decrease in cases associated with drug addiction.

With regard to drug-related deaths in the context of general registries of the INE, I.P, after the continuous increase registered between 2006 and 2009 that inverted the downward trend of previous years, again is verified a decrease in 2010 and 2011, but in 2012 was registered again an increase in the number of these deaths (16 deaths).

Following a strategic recommendation of the Action Plan on Drugs 2009-2012, as well as the implementation in the last decade of several procedures to improve the quality of the national mortality statistics, since 2009 we start to present data from the national mortality statistics of INE, I.P. Simultaneously we intensified the work on optimizing the information coming from the INML, I.P. It was possible to obtain information about the causes of direct death and manners of death of the cases with positive toxicological results for illicit substances, and thus distinguish among these, the cases of overdose.

### Responses to Health Correlates and Consequences

The Harm and Risk Reduction model implemented in Portugal, aims to propose, through integrated work, to users who are unable or unwilling to renounce drug use, help to reduce harm they cause themselves through alternatives paths that lead to treatment facilities and therefore a gradual process of stabilization and organization, which may allow the recovery process.

In 2012 the two main objectives for the area of Harm and Risk reduction were:

- To set up a global network of integrated and complementary responses in this framework of harm and risk reduction with public and private partners;
- Provide harm and risk reduction programs to specific groups.

With regard to the continued action of the intervention in parties and academic festivals, reinforcing the interfaces with the University Setting, 18 interventions were carried out at national level and covered 18 863 individuals

Prevention of drug-related infectious diseases amongst problematic drug users is mainly ensured through the national syringe exchange programme “Say no to a second hand syringe”, established by the National Commission for the Fight Against AIDS (CNLCS) in collaboration with the National Association of Pharmacies (ANF). This programme was externally evaluated in 2002 and it was concluded that programme it had avoided 7 000 new HIV infections per each 10 000 IDU at that time of existence of this.

In Portugal, treatment for HIV, AIDS and Hepatitis B and C is included in the National Health Service and therefore available and free for those who need it.

## Social Correlates and Social Reintegration

The National Plan on Drugs and Drug Addiction 2005-2012, includes objectives and actions (see Structured Questionnaire 28), based on integrated approaches centred on the users' needs, its characteristics and personal path, on the nature and level of dependencies of psychoactive substances, adapting the strategies of intervention to the psychosocial diagnosis of the person and to ensure his liaison with social systems network. While the user approach aims to enable his integration, with the social systems the objective is to reverse the subjective factors, which are a significant obstacle to the emergence of opportunities and possibilities of integration, developing integrated strategies for the systematic monitoring of the relationship between the parties.

In 2011, IDT,I.P. strengthened the Agreements and protocols already signed with local bodies, trade unions, Private Institutions of Social Solidarity, the Social Security Institute (ISS), the Institute of Housing and Urban Renovation to adapt and improve the quality of the existing resources and responses, so they can serve effectively the real users needs in housing, education and employment. An example is the Protocol signed in 2007 by IDT, I.P., the ISS and Santa Casa da Misericórdia, an integrated response that includes care, counseling, referral and resource allocation, that allowed in 2012 for the referral of 845 drug users. As for the field of employment, Programa Vida Emprego (Life Employment Program – PVE) that aims to provide an employment to drug users in treatment process in therapeutic community, outpatient or in prison settings, involved in 2012, 1 086 persons in reintegration process.

## Drug related Crime

In 2012 concerning the administrative sanctions for drug use, the 18 Commissions for the Dissuasion of Drug Addiction (CDT) based in every capital district of Continental Portugal instated 8 573 processes, representing the highest value since 2001 and an increase of 24% in comparison to 2011, most of which were, again, referred by the Public Security Police (PSP), National Republican Guard (GNR) and Courts.

The number of presumed offenders was very similar to last year registering these last four years the highest values since 2002. Continues the trend manifested through the decade of the predominance of presumed offenders in the possession of cannabis and the increased visibility of the number of presumed offenders in the possession of cocaine (the values registered in the last four years for cannabis and cocaine were the highest since 2002). In the case of heroin, after the downward trend verified in the first half of the decade, followed by a stability and a peak in 2009, it's verified again a decrease in the number of presumed offenders. Concerning the number of presumed offenders in the possession of several drugs, the value registered in 2012 is the lowest since 2001, contrasting the stability trend occurred since 2006 (with a punctual peak in 2010).

In the context of judicial decisions under the Drug Law, in 2012, 1 616 crime processes were finalised involving 2 376 individuals, the vast majority were accused of traffick (88%). Near 86% were convicted and 14% were acquitted.

Prison data indicates that, on the 31<sup>st</sup> of December 2012, 2 252 (+9% than in 2011 with 2 075) individuals were in prison for crimes against the Drug Law, representing an increase of 9% in relation to 2011. After the continuous decrease in the number of individuals convicted under the Drug Law between 2002 and 2008, it seems that a period of upward trend begun and is reinforced in 2012, though still below the values registered until 2007.

These inmates represent on the 31<sup>st</sup> of December 2012 near 21% in the universe of the convicted prisoner population, keeping this proportion very similar since 2008. Most of these individuals were convicted for traffic (88%) but also for minor traffic (10%) and less than 1% for traffic-use, these percentages are in line with previous year's patterns.

Responses in the criminal justice system continue to be developed to ensure treatment availability to drug users in prison, specific training for prison staff and the prevention of infectious diseases.

Results from the II National Prison Survey on Psychoactive Substances, indicate that cannabis, cocaine and heroin are the substances with higher prevalence's of use in this population, as in the context prior to prison as in prison. Between 2001 and 2007, a generalised decrease on drugs use prevalence was verified in both contexts. An important reduction was noted in intravenous drug use in comparison to 2001.

## Drug Markets

The year 2012 consolidates the trends verified in previous years in terms of various indicators in the markets context.

Similar to what occurred in the last decade, hashish was the main substance involved in seizures (3 298) and reinforcing the trend initiated in 2005, once more the number of cocaine seizures (1 238) was superior to heroin (971), followed by liamba (816) and with a much lower number ecstasy (101).

In comparison to 2011, there were increases in the number of seizures of liamba, hashish and ecstasy, it was verified a decrease in the case of heroin and cocaine. It's worth mentioning the increase, especially in the last four years, in the number of hashish and liamba seizures (registering in 2012 the highest value since 2002), and the increase in the last three years in the number of ecstasy seizures. On the other hand, the numbers registered in 2012 of heroin and cocaine seizures were the lowest of the last years, respectively since 2002 and 2005.

Concerning countries of origin of the seized drugs in 2011, stood out in the ambit of international trafficking: Netherlands in the case of heroin, Argentina and Brazil in the case of cocaine, once more Morocco in the case of hashish and Netherlands in the case of ecstasy, the majority of the seized quantities of liamba in the country in 2012 is from unknown origin.

According to several studies, in Portugal, as in the rest of Europe, cannabis is perceived as the drug of greater accessibility.

Regarding the average prices of drugs seized at trafficker and trafficker-user level in 2012, they didn't register relevant changes in relation to 2011, with the exception of heroin that registered a significant decrease, representing the lowest value since 2002. Despite the annual variations, since 2002 there has been a downward trend in the average prices of heroin, an upward trend in the case of cocaine and a stability in the average price of hashish (although with slightly higher values in the second half of the decade).



## Part A

### New Developments and Trends



## 1. Drug policy: legislation, strategies and economic analysis

### 1.1. Introduction

On the second semester of 2011, the activity of IDT, I.P. was defined by the instability caused by the announcement of the governmental decision to extinguish the IDT, I.P.<sup>1</sup>, on the context of the public administration restructuring programme (PREMAC) and the creation of a new structure within the Ministry of Health, the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), in charge of planning and monitoring programs to reduce the use of psychoactive substances, prevent addictive behaviours and reduce dependencies. The implementation of interventions will lie on the competence of the Regional Health Administrations (ARS).

In 2012 we highlight the results of the evaluations carried out, namely the evaluation of the National Plan Against Drugs and Drug Addiction 2005-2012, carried out by an external entity, turning out that national policies on drugs and drug addiction, as well as alcohol and other substances, have been globally achieved. Such fact is an incentive to continue and consolidate the national policy, which earned national and international recognition.

Adding to the challenges that are posed to us by other dependencies, now included in the mandate of SICAD, like pathological gambling, Internet addiction, shopping or others, we began to create critical mass, gathering specialists, therefore urges national and international literature, in order to develop a short-term intervention.

In this sense, after the stabilization and entry into force of the normatives that regulates the functioning of SICAD<sup>2</sup>, it was elaborated its Strategic Plan for a three-year period 2013-2015, which was a moment of reflection, diagnosis and identification of priorities, in particular of the products from the internal and external evaluation process of the previous cycle as well as the decision on the strategic guidelines to follow. The production of this Plan followed the guidelines of the Balanced Scorecard, was widely reported, particularly for internal stakeholders and took into consideration the need to plan more directly with the ARS, responsible for direct intervention on the field, strategies that make the option of organizational change an effective added value, in line with the gains acquired by IDT, I.P.

The current Strategic Plan will lead the action of SICAD in the next three years and should become a sustained guideline, with the necessary flexibility to introduce adjustments whenever necessary, namely resulting from environmental and organizational changes. SICAD as a General-Directorate is a new structure in the reduction of psychoactive substances consumption and dependencies. The capital knowledge accumulated and transported by professionals puts us in a position of great responsibility towards the trust and the demands of the population we serve.

In 2012 was kept the intervention component of SICAD, which was materialized, beyond dissuasion, in the coordination, implementation and evaluation of financial support programs, in the provision of consulting services and support for intervention, (namely in labour setting in promoting external training), encourage the development of approaches in the field of emerging problematics, new psychoactive substances and dependencies without substance, and the telephone helpline Linha Vida, among others.

We finally emphasised the role developed by the National Coordination Structures in 2012, the year of release of the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2020 and the Action Plan 2013-2016. Despite some difficulties in

<sup>1</sup> See Decree-Law 124/2011, December 29 – Adopts the Organic Law of the Health Ministry.

<sup>2</sup> Decree-Law 124/2011 of 29 December 2011 – Approves the new structures within the Health Ministry and creates the General Directorate for Intervention on Addictive Behaviours and Dependencies, extinguishing IDT, I.P.

Decree-Law 17/2012 of 26 January 2012 - Approves the structure of the General Directorate for Intervention on Addictive Behaviours and Dependencies.

mobilization and involvement of various sectors, because they are also in the process of organisational changes; it was possible to obtain indispensable contributions on the definition of macro policies, common and shared, and to develop synergies in the field of Addictive Behaviours and Dependencies (CAD).

In the ambit of these structures there was an intense participation in the process of elaborating legislative proposals relating to the new psychoactive substances and the procedure of provision, sale and consumption of alcoholic beverages in public places and in places open to the public.

## 1.2 Legal Framework

**Order n. ° 251/2013 of 7 January 2013** – Ministry of Health - Declares that the merging process of the Institute on Drugs and Drug Addiction I. P., in the General-Directorate for Intervention on Addictive Behaviours and Dependencies in the Regional Health Administrations, I. P., and General Inspection of the Health Activities is concluded with effects reported at 31<sup>st</sup> December 2012.

**Administrative Rule 25/2013 of 14 January 2013** – Authorizes the SICAD to proceed the allocation of public funding to programs and social and health structures of risk and harm reduction in the area of drugs and drug addiction, on the extinction date of the IDT, I.P.

**Administrative Rule 22/2013 of 23 January 2013** – Approves the list of substances and methods forbidden in and out of sport competitions.

**Administrative Rule 27/2013 of 24 January 2013** – Approves the regulation that establishes the conditions for public funding of the projects within the Programs of Integrated Responses.

**Warning 4295/2013 of 26 March 2013** – Authorization for direct acquisition of narcotic drugs, psychotropic substances and their preparations conceived to SICAD, for the exclusive use of patients in substitution treatment programs (methadone).

**Decree-Law n. ° 50/2013 of 16 April 2013** – Creates a new regime of provision, sale and consumption of alcoholic beverages in public places and in places open to the public. (See chapter 3.2 for more information concerning this issue).

**Decree-Law n. ° 54/2013 of 17 April 2013** – Proceeds to the legal regime definition of prevention and protection against advertising and commerce of new psychoactive substances (for detailed information see chapter 1.3).

**Administrative Rule 154/2013 of 17 April 2013** – Approves the list of new psychoactive substances (for detailed information see chapter 1.3).

## 1.3. National action plan, strategy, evaluation and coordination

### The National Coordination Structure for Drugs, Drug Addiction and Alcohol Related Problems

In 2012 we highlight the results of the evaluations carried out, namely the evaluation of the National Plan Against Drugs and Drug Addiction 2005-2012, carried out by an external entity, turning out that national policies on drugs and drug addiction, as well as alcohol and other substances, have been globally achieved. Such fact is an incentive to continue and consolidate the path taken, which earned national and international recognition that everyone recognizes.

## External Evaluation of the National Plan on Drugs and Drug Addiction 2005-2012

The National Coordination Structure For Drugs, Drug Addiction and Alcohol Related Problems was very busy in 2012 with the external and internal evaluations of the National Plan on Drugs and Drug Addiction 2005-2012 (PNCDT) and the internal evaluation of the Action Plan on Drugs and Drug Addiction 2009-2012.

After the call for tender's publication in the Portuguese official journal in November 2011 for the external evaluation of the PNCDT 2005-2012, the selection committee proceeds the appraisal of the three applicants that presented proposals. The procedure was lengthy, due to the fact that pre-fixed reply periods must be accommodated.

The call for tender established a two-step procedure, with the choice of the winner applicant being conducted by the committee appointed by the Inter-ministerial Technical Commission<sup>3</sup>. The Programme of the external evaluation included the following mandatory items:

1. Critical evaluation of the PNCDT, aiming to know if the objectives have been achieved and pointing deviations that may have occurred;
2. Impact evaluation based on a benchmarking study with two other countries (Spain and Norway), from a selection of five, (three from the EU, Norway and Switzerland);
3. The evolution of drug consumption and health related consequences;
4. A cost-benefit analysis to the financing of integrated projects, determined to establish a coherent network of responses specialized in addressing the complexities of drug-related problems, having as counterfactual the financing of atomized projects;
5. Evaluation of efficacy, effectiveness and quality of the interventions developed in the framework of the PNCDT, for each of the vectors of the demand reduction and joint-international cooperation actions of supply reduction.

In the first phase, the choice of the winner was concluded with the selection of the most proficient team. Proficiency was assessed based on the technical capacity and the curricula of the tenders' multidisciplinary teams. Technical capacity demanded "proven experience in research studies in the field of health", with "at least one international study and 3 national studies", and the multidisciplinary team had to be mandatory skillful in the areas of Health, Quantitative Methods, Management, Criminology and Political Science. All tenders were admitted to the second phase.

In the second phase the tenders presented their bids on three items: time length of the study, price and a third selection criteria aimed at fostering the most environmental proposal. For that purpose applicants had to present an environmental certificate. The winning proposal was adjudicated early April 2012 and the contract signed shortly after that.

The external evaluation of the PNCDT was carried through quantitative and qualitative methods. The quantitative methods involved a significant number of stakeholders in nominal group techniques.

All through the duration of the evaluation, the Monitoring and Evaluation Sub-commission of the Inter-ministerial Technical Commission met regularly with the external consultant to ensure that information and data required was adequate and that the team was conducting the evaluation within the contracted terms.

A preliminary report was due on 3<sup>rd</sup> of August, after which members of the Monitoring and Evaluation Sub-commission, as well as representatives of key areas, met to discuss the preliminary report. Comments were forwarded to the applicant, namely the fact that some of the terms of reference were unsatisfactorily addressed.

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<sup>3</sup> The Inter-ministerial Technical Commission supports technically the Inter-ministerial Council decisions and is chaired by the General-Director of SICAD, who is also the National Coordinator for Drugs, Drug Addiction and Alcohol Related Problems. It is composed by Ministers' representatives, closely associated with Ministers' Cabinets. Its core mandate is to design, monitor and evaluate the National Plan on Drugs and Drug Addiction (2005-2012), the Action Plan on Drugs and Drug Addiction (2009-2012) and the National Plan for the Reduction of Alcohol Related Problems.

The final report was presented at the mandatory time (21<sup>st</sup> of November 2012) and was adopted by the Inter-ministerial Technical Commission upon proposal of the National Coordinator. Due to agenda constraints, the public presentation only took place in January 2013. Portuguese, English and Spanish versions of the Executive Summary are posted at the SICAD site, <http://www.idt.pt/EN/Reports/Paginas/NationalReports.aspx>

The full report is available in Portuguese at [http://www.idt.pt/PT/IDT/RelatoriosPlanos/Documents/2013/RelatorioAvaliacaoExternaPNCD T\\_05\\_12.pdf](http://www.idt.pt/PT/IDT/RelatoriosPlanos/Documents/2013/RelatorioAvaliacaoExternaPNCD T_05_12.pdf)

The main conclusions of the implementation of the PNCDT are that the development of interventions under PNCDT contributed to obtain a network of responses and actors that make up a system which:

- Fostered interventions that are centered on the citizen and its needs;
- It is comprehensive and integrated between different sectors and levels of intervention;
- It is based on the respect of human rights, not stigmatizing and marginalizing consumers, but supporting them and encouraging their participation in interrupting the escalation to problematic consumption of drugs and the reduction of risk practices;
- Prioritizes health gains, both individual and public;
- Pursued interventions to increase the safety of individuals and the population by preventing and combating small-scale crimes and organized crime;
- Invested in planning and resources allocation based on identified needs, as well as on the creation of resources for priority intervention in areas with insufficient intervention;
- Diversified models and areas of intervention (e.g., intervention at workplace; specific groups);
- Invested in the reinforcement of intra and inter-institutional coordination and co-operation;
- Concentrated efforts to implement a culture of registration, monitoring and evaluation of results;
- Formed the basis of a global system based on the quality;
- Promote continuous training and research.

The main general recommendations of the external evaluation for the future policy cycle are based on strategies that ensure:

- 1) Coordination at national level, within the policies of psychoactive substances and alcohol and respective developments for inclusion of addictive behaviors and dependencies;
- 2) The proper planning of interventions based on the periodic update of the diagnostic needs in a harmonized and shared manner at regional and local levels, taking into account the expansion of the object for intervention in addictive behaviors and dependencies;
- 3) The existence of a supply and diversified portfolio of services, adapted to the introduction of other addictive behaviors and dependencies, ensuring the consistency of interventions and equity in the access to answers in the national territory;
- 4) The consolidation of the monitoring system, monitoring and evaluation of interventions, stabilizing indicators and optimizing systems for recording and reporting;
- 5) The momentum of a comprehensive model of quality management of the interventions, programs and projects;
- 6) The maintenance of cooperation and coordination strategies at national and international levels;

- 7) The promotion of actions for research, training and information/awareness of professionals, with special focus on professionals not specialized in dealing with addictive behaviors and dependencies;
- 8) The development of a communication area at national and international levels on Portuguese policy and experience in addictions and addictive behaviors, enhancing the dissemination of good practices and results;
- 9) Adequate funding.

The next strategic cycle should consolidate the work done over the past few years, which was consolidated in the improvement of key indicators related to reducing demand and supply of psychoactive substances.

Among the biggest challenges of the future strategic cycle, due to the economic circumstances and the structural changes observed in the current year, is the ability to ensure that results obtained are sustainable in the future. Therefore, the next strategic cycle should strengthen the effectiveness, efficiency and quality achieved in terms of planning, development and evaluation of interventions, preventing backlash.

Extending the range of intervention to the area of addictive behaviors and dependencies is a relevant strategic option that should be reflected in the adequacy of responses to address the issue. In this sense, it is very important to enhance the role of national coordination in the planning and operation of assistance and know-how acquired by professionals and institutions in these matters.

### **The Internal Evaluation of the Action Plan on Drugs and Drug Addiction 2009-2012**

The internal evaluation of the Action Plan on Drugs and Drug Addiction 2009-2012 was carried by each Sub-commission, on an annual basis, which monitors the implementation of the actions. In 2012 each Sub-commission presented a comprehensive report for the period 2009-2012.

The comprehensive report on the internal evaluation of the Action Plan on Drugs and Drug Addiction 2009-2012 and the National Plan on Drugs and Drug Addiction 2005-2012 was postponed to 2013 due to the delay in finalizing the Action Plan reports and lack of some quantitative data. Overall, the coordination structure was considered very satisfactorily by all Sub-commission reports, enabling articulation and co-operation between all ministerial levels, public institutions and civil society, which decisively contributed to the implementation of the Action Plan.

As defined in the Action Plan Against Drugs and Drug Addictions 2005-2012, the internal evaluation focused on process evaluation, outcome and, if possible, impact. It was also elaborated a SWOT analysis and find out the costs with the Action Plan 2009-2012.

In this evaluation were involved near 103 representatives from 43 organisms, organised into 10 Subcomissions which held 47 meetings. In the framework of the Coordination Structure for Drug Problems, Drug Addiction and Harmful Alcohol Use were held between 2009 and 2012, 61 meetings, including 1 Interministerial Council, 10 meetings of the Technical Committee of the Interministerial Council and 3 meetings of the National Council.

The preliminar results were presented in the end of the first semester of 2013 to the members of the National Council and Technical Commission. The final report is not yet concluded.

In terms of process evaluation the achievement degree is very high, from the 213 actions listed in the Action Plan 2009-2012, only 4 actions were not performed and 5 actions not foreseen were implemented.

Within the SWOT analysis stood out as strong points: the architecture and functioning of the Coordination Structure for Drug Problems, Drug Addiction and Harmful Use of Alcohol; empowering interinstitutional coordination and synergies between all participants; information systems; knowledge and skilled human capital; experience and knowledge acquired in establishing partnerships; sharing and task execution together or complementarily with civil society structures. In terms of weak points distinguished the high number of actions, some difficulties in gathering information for some indicators, the limited budgets and the reduction of Human Resources in most of Public Administration Services, affected by organic restructurations of the services and rotation of Human Resources. In terms of opportunities, we highlight the reform of public administration, modernization of its structures and organizational flexibility which encourages openness to innovation and availability for new commitments and challenges. Threats envision in widespread budget cuts, the emergence of new psychoactive substances and the upsurge of consumption, due to the worsening economic and social situation of citizens.

The calculation of the financial burden of implementing the Action Plan Against Drugs and Drug Addictions 2009-2012 proved to be a difficult task, given that the institutions responsible also have competences in the harmful use of alcohol area and do not have accounts organized by cost centers.

The following table shows the evolution of the financial charges with the implementation of Action Plan 2009-2012 and the National Plan on Drugs and Drug Addiction 2005-2012 and its evolution between 2009 and 2011 as a percentage of Gross Domestic Product (GDP) at current prices. There are percentage decreases which still not appear significant.

	2009	2010	2011
GDP <sup>4</sup> (10.000.000€)	168.503,6	172.834,8	171.039,9
Financial Charges (10.000.000€)	94,55	95,04	86,31 <sup>5</sup>
%	0,056	0,055	0,05 <sup>6</sup>

**Table 1 – Evolution of the financial charges of Action Plan 2009-2012 and PNRPLA (SICAD 2013)**

Due to the delay in the presentation of the third General Population Survey 2012, the evaluation results and impact wasn't concluded in the first semester of 2013.

Among the main findings of the internal review, still preliminary, is the development of a single National Plan in the field of psychoactive substances, addictive behaviors and dependencies, maintaining proximity with the time period and the structure of the Strategy and Action Plans of the EU on drugs for the period 2013-2020, with a smaller number of actions to facilitate its monitoring and execution, the reformulation of the indicators and strengthening the alignment of partners in planning, monitoring and evaluation. Also noteworthy is the consolidation and integration of the National Information System on Drugs and Drug Addiction and the National Information System on Alcohol, which will be progressively extended to other addictive behaviors and dependencies without substances, promoting a culture of registration, monitoring and evaluation of interventions from the perspective of a comprehensive and integrated information system. Some of the actions

<sup>4</sup> GDP at current prices.

<sup>5</sup> The year 2012 does not understand the financial execution of the Prevention and Fight Against Drugs and Alcoholism in the Armed Forces (PPCDAFA), the General Directorate of Reintegration and Prisons (DGRSP), the Institute for Labour and Professional Training (IEFP, IP) and Social Security institute (ISS, IP).

<sup>6</sup> Idem.

included in the previous Action Plan 2009-2012 wasn't totally pursued and should be continued in the future strategic cycle.

### **National Plan for the Reduction of Addictive Behaviors and Dependences 2013-2020 and Action Plan for the Reduction of Addictive Behaviors and Dependences 2013-2016**

The National Plan for the Reduction of Addictive Behaviors and Dependences 2013-2020, (PNRCAD), appears in the sequence of an end of cycle of the National Plan Against Drug and Drug Addictions 2005-2012 (PNCDT) and the redefinition of policies and health services. Facing the new challenges identified in the last years, it was decided to enlarge the approach and responses to the ambit of other Addictive Behaviors and Dependences that include not only psychoactive substances, illicit drugs, new psychoactive substances, harmful alcohol use, but also medicines, anabolisers and gambling. PNRCAD is an important reinforcement in the domain of health policies, by the repercussions and impact that these problematic have in individuals' life, families and society. PNRCAD is composed by two main domains: demand and supply, approached in a balance way, two structural measures, PORI, referral network and 4 transversal areas (Information and research; training and communication, international relations and cooperation and quality).

Concerning the demand reduction domain, the citizen is the center of the conceptualisation of policies and interventions in CAD, having as assumption that it is fundamental to respond to individuals needs, perspectivated in a dynamic way throughout his life cycle.

As regards the supply field, the decrease in the availability and access to traditional and new illicit psychoactive substances, the regulation of licit substances and their market monitoring and harmonization of existing legal provisions or to develop, in particular on gambling area and internet constitute the center of policies and interventions based on the assumption of national and international cooperation.

The principles of PNRCAD are Humanism and Pragmatism, Centrality in the Citizen, Integrated Intervention, territoriality, quality and innovation. The global strategy of action in the context of PNRCAD is based on a coordinated action, in order to enhance synergies between the strategic and budgetary frameworks of services and organizations with intervention in these areas. The PNRCAD defines general objectives, indicators and quantified targets to be achieved in the two years of reference, 2016 and 2020.

PNRCAD will be operationalized through two Action Plans of 4 years, 2013-2016 and 2017-2020.

Action Plan 2013-2016 was elaborated in the framework of the Subcommissions of the Technical Commission, extended to members of the National Council and partners in the gambling area and was object of public consultation, being now in conclusion phase.

### **The National Council on Drugs, Drug Addiction and Alcohol Related Problems<sup>7</sup>**

The National Council on Drugs, Drug Addiction and Alcohol Related Problems held one meeting in 2012. Members of the National Council were briefed on the on-going external and internal evaluations of the National Plan and Action Plan, among other issues related to alcohol related problems. The elaboration of the forthcoming National Plan to Reduce Addictive Behaviors and Dependences was also addressed.

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<sup>7</sup> The National Council is an advisory body, chaired by the Prime Minister, who can delegate on the Member of Government responsible. It is composed of representatives from 23 constitutional organs and public and private institutions such as: Government of the Autonomous Regions of Madeira and Azores, Mayors Association, Judges Council, General Public Prosecutor, University Deans, Churches and Religious Communities, Caring and NGO's, Youth Council, Students, Parenting Associations, Family Federation, Journalists Union, and since 2010 representatives from Alcohol Industry and Commerce.

The National Council adopted a resolution to have a single plan for various substances and non-substance related addictions', including gambling, steroids used out of competition and non prescribed medicines. For more info on this topic please see chapter 1.2.

### **New Psychoactive Substances**

In 2012, media attention concentrated on hospital emergency cases of very young people that reportedly had used so-called "smart drugs". Following this media alarm, and upon proposal of the National Coordinator on Drugs, Drug Addiction and Alcohol Related Problems, the Inter-ministerial Technical Commission decided to create an ad-hoc group to study the creation of measures to prohibit the sale of new psychoactive substances (NPS).

In Portugal, the process of legislating on new psychoactive substances involved several partners from the central public administration. A working group was created to prepare a legislative proposal which included SICAD experts and professionals from various institutions, namely representatives of the General-Directorate of Health, Food and Economic Safety Authority (ASAE), National Institute of Forensic Medicine (INML), Criminal Police and other police forces, Ministry of Economy and National Institute of Pharmacy and Medicines (INFARMED).

Upon a request by the National Coordinator, a representative from EMCDDA explained to the Ad-Hoc Group the various legislative approaches followed by EU countries to tackle this growing concern.

In a first moment various aspects of regulation and supervision were analyzed, namely its control through existing mechanisms. We came to the conclusion that inclusion of these new psychoactive substances in the legislation on drugs was not feasible, since the inclusion of these substances in the Drug Law requires a lengthy process that is not compatible with the celerity that these new substances appear in the market. For another hand, the supervision mechanisms for other products, including consumption products, were considered not to be enough. It was decided then to create specific legislation to deal with this phenomenon (Decree-Law 54/2013 of 17 April 2013). It is important to point out that this new legislation does not foresees criminal action but only administrative sanctions, so it doesn't collides with de decriminalization model implemented in Portugal. It's also important to mention that if someone it's caught using these substances is referred to Drug Addiction Dissuasion Commissions.

So considering that: health care is a duty constitutionally enshrined in the Constitution of the Portuguese Republic and as there is a large consensus on the dangerousness of new psychoactive substances already known, sanitary measures of immediate effect were considered essential.

A precautionary principle was established, which is reflected in this legislation, once there is a demand for a healthy environment specifically stated in Article 66., No. 1, of the Constitution of the Portuguese Republic.

We highlight the following aspects of the approved legislation:

- A list was published (Administrative Rule 154/2013 of 17 April 2013), where the NPS identified are immediately classified for applying the various provisions and penalties foreseen;
- Although these NPS could in the future, be integrated in Annexes I to IV of the Decree-Law n<sup>o</sup> 15/93 of January 22 (the Drug Law), the classification in the schedule annexed to the diploma will be reviewed within 18 months from the date of its entry into force;
- It is automatically prohibited any activity of production, importation, exportation, advertisement, distribution, sale or simple dispensing of these NPS. This prohibition includes also street selling, the doorstep and distance selling, particularly through the internet;

- Whenever there is a suspicion of danger to health attributed to a NPS still unclassified, the health authority having territorial jurisdiction should withdraw the product for analysis;
- In order to monitor the phenomenon and to follow the emergence of new substances a network is created for the dissemination of information so that, when they are detected signs of use or damage attributable to the use of NPS, the competent health authority and the General-Directorate for Intervention on Addictive Behaviors and Dependencies are notified;
- It is considered offender who produce, import, export, publicize, distribute, sell or simply dismiss any of NPS identified;
- The entities responsible for the inspection are: Economic and Food Safety Authority, which will promote inspection actions and is responsible for supervising the supply chain and law compliance, will assist health authorities, and will prosecute, as well as apply the fines and accessory penalties set, the Public Security Police and the National Guard that will strengthen surveillance of suspected sites as well as sites whose closure has been determined. The Criminal Scientific Police and Forensic Laboratory and the Judicial Institute of Legal Medicine will be the competent authorities to perform the analyze and provided laboratory expertise;
- Regarding coercive measures to be applied, it is proposed that they are determined depending on the seriousness of the offense, the guilt, the location of the place where the offense is practiced, the damage caused to human health and the economic benefit that the offender may have withdrawn;
- This recent approved legislation extends to these substances the existing programs and structures of prevention, risk reduction and harm minimization, social care and treatment.

It's early to make a balance, but since the the entrance into force of the Decree-Law:

- There were no registries of people going to Hospital emergencies identified as being related to the consumption of NPS;
- From the establishments identified at the date of entry into force of the Decree-Law, most closed in the following weeks or were ready to close;
- In June, ASAE inspected some establishments and only 2 continued to sell this type of substances. The substances that were being sold were seized and the activity of these two facilities were suspended, both located in Algarve;
- The remaining shops diversified the activity and stop commercializing these substances.

#### **1.4. Economic analysis**

Information regarding public expenditures in the area of drugs and drug addiction is scarce and with plenty of gaps.

The fact that institutions with large competences in the field of drugs and drug addiction, such as SICAD (previously IDT, I.P.), also encompass alcohol related problems, makes it difficult to present data only with drug-related public expenditures.

The following table presents an incomplete picture of labeled expenditures in the field of drugs and drug addiction, and is based in the Annual Report presented to the Parliament and data gathered by the Subcomission Public Expenditures of the Interministerial Technical Commission:

ENTITY		2012	2009-2012 <sup>8</sup>
IDT,IP/SICAD		58.351.554 €	
PPCDAFA <sup>9</sup>		528.805,00 €	
Program "Say No to a Second Hand Syringe" <sup>10</sup>		No data available	
Ministry of Education and Science		150.000 € <sup>11</sup>	3.413.000 € <sup>12</sup>
CNIVIH/SIDA <sup>13</sup> (AIDS Program)		6.038.253 €	6.038.253 €
ISS,IP (Social Security Institute)		1.620.808,74 € <sup>14</sup>	
IEFP, IP (Employment and Training Institute)		No data available	
IPJ (Portuguese Institute for Youth)		No data available	760.000 €
DGRSP (General Directorate of Reintegration and Prisons)		162.350,82 € <sup>15</sup>	
UNCTE/PJ (National Unity for the Fight Against Traffic and Drugs/Criminal Police)		7.083.650 €	
GNR (National Republican Guard)		48.104,07 € <sup>16</sup>	
PSP	Safe School Program	4.122.149,14 €	
	Road Safety Prevention and Control	30.464,41 € <sup>17</sup>	

**Table 2 – Labeled expenditures in the field of drugs and drug addiction (SICAD2013)**

<sup>8</sup> Execution in the period 2009-2012.

<sup>9</sup> National Defense Ministry Program for Drugs and Alcohol Prevention in the Armed Forces.

<sup>10</sup> The Program "Say No to a Second Hand Syringe" is a partnership between the Ministry of Health and Associação Nacional de Farmácias (National Association of Pharmacies).

<sup>11</sup> Source: General Directorate of Education.

<sup>12</sup> Specific projects developed by schools. Data collected by the Subcommission on Intervention Contexts – School University, Recreational, Work place and Driving.

<sup>13</sup> National Commission for the Fight Against HIV/AIDS, Source: General Directorate of Health.

<sup>14</sup> Expenditures in the field of social support in the field of drug addiction and Program Fight Against AIDS.

<sup>15</sup> Wages of personnel working at prisons' "Drug Free Wings", source: General Directorate of Reintegration and Prisons.

<sup>16</sup> Applies only to drug detection kits. Source: GNR, National Republican Guard.

<sup>17</sup> Applies only to drug detection kits. Source: PSP, Public Security Police.

## **2. Drug use in the general population and specific targeted-groups**

### **2.1. Introduction**

Among the several studies carried out in the Drug and Drug addiction area, in this chapter is highlighted the periodic epidemiological studies with national representativity allowing the analysis of trends and comparability of the national situation in the European and international context.

In the Strategic cycle initiated in 2005, were carried out several national epidemiological studies that allowed trend analysis and comparability of the national situation at the European and international context, namely in the general population (2007 and 2012), in prison population (2007), in school populations (2006, 2007, 2010 and 2011) and in the driving population (2008-2009), almost all inserted in projects started before 2005, being the exception the study on the driving population.

In the study conducted in 2012 in the Portuguese General Population (15-64), cannabis, ecstasy and cocaine were the illicit substances preferably used by the Portuguese with lifetime prevalence (at least one use experience) respectively of 9.4%, 1.3% and 1.2%. Between 2007 and 2012, in the set of the Portuguese population was verified for almost all drugs a decrease in lifetime prevalence (of any illicit drug from 12% to 9.5%) and recent use (of any illicit drug from 3.7% to 2.7%) as well as decrease in continuity rates of use (of any illicit drug from 31% to 28%). In general, the young adult population (15-34 years) presented lifetime prevalence, recent and continuity rates of higher use than the general prevalence. Near of 0.7% the 15-64 years population and 1.2% of the young adult population resident in Portugal present symptoms of cannabis dependence, corresponding to about a quarter of cannabis users in the last 12 months. The analysis by gender showed lifetime prevalence and recent use are higher men, for all drugs, although some consumption in the female group increased between 2007 and 2012, contrarily to the general pattern of evolution. Lisbon, the Autonomous Region of Azores and Alentejo were the regions (NUTSII) that present lifetime prevalence of any drug and in the last 12 months above national averages, in the general and young adult population. In 2012, Portugal continued to present prevalences of use of illicit substances below European average values.

Concerning the new psychoactive substances, in 2012, near 0.4% of the Portuguese population (0.9% of the young adult population) had at least one use experience in life and 0.1% in the last 12 months (0.3% of the young adult population). Similar to illicit substances, users were mostly young and male gender, Lisbon, Azores and Alentejo presented lifetime prevalence above national average.

Regarding the perceptions of health risk associated with the use of drugs, according to the results of the Flash Eurobarometer-Youth attitudes on drugs, held in 2011 among young Europeans of 15-24 years, cannabis is the illicit drug that the young Portuguese attribute to a lesser proportion a high risk to health (24% for occasional use and 64% for the regular use of cannabis). Generally speaking, the perceptions of the young Portuguese follow the European averages.

In the context of school populations, the results of national studies have shown that the use of drugs that had been increasing since the 90's declined for the first time in 2006 and 2007, noting up in 2010 and 2011 again an increase of drug use in these populations, alerting to the need for investment in prevention. In all studies carried out in 2010 and 2011, cannabis remains the drug preferentially used (prevalence of lifetime use ranged from 2.3% in students from 13 years old and 29.7% in 18 years old), with values close to the prevalence of use of any drug (between 4.4% in students of 13 years and 31.2% in 18 years). Followed with lifetime prevalence of use far below, by cocaine, ecstasy and amphetamines among younger students, and amphetamines, LSD and ecstasy among the older ones. Despite the increases registered in the prevalence of drug use between 2006/2007 and 2010/2011

especially cannabis, but also other drugs such as LSD, the prevalence's of use of any drug among younger students (13-15 years) remain lower than the ones registered in 2001/2003.

Despite the increase of drug use in this end of strategic cycle, the perception of the risk of regular drug use among 16 years old students increased, considering the Portuguese students more risky that use than the European average.

Results from national study implemented in 2007 in the prison population showed that cannabis, cocaine and heroin are the substances with higher prevalence of use in these population, as in the prior imprisonment context (respectively 48,4%, 35,3% and 29,9%) as in prison (respectively 29,8%, 9,9% and 13,5%). Between 2001 and 2007, a generalised decrease was verified in the prevalence's of drug consumption in both contexts, but more accentuated in the prison context. To note the important reduction of intravenous drug use in relation to 2001, in prior imprisonment context (27% in 2001 and 18% in 2007) and prison context (11% in 2001 and 3% in 2007). It wasn't possible to repeat the study to assess the evolution in the end of this strategic cycle. For more information concerning this study please see chapter 9.5 of this Report.

In 2005 was also conducted a periodic study (not repeated in the end of this cycle) that allows to analyse the tendencies and the comparability in the European context about estimations on problematic drug use in Portugal, that indicate that there are between 6.2 and 7.4 problematic drug users for each 1 000 inhabitants aged 15-64 years, and between 1.5 and 3.0 for injecting drug users. Between 2000 and 2005, the estimate number of problematic drug users in Portugal has shown a clear decline, with special relevance for injecting drug users. For more information concerning this study please see chapter 4 of this Report.

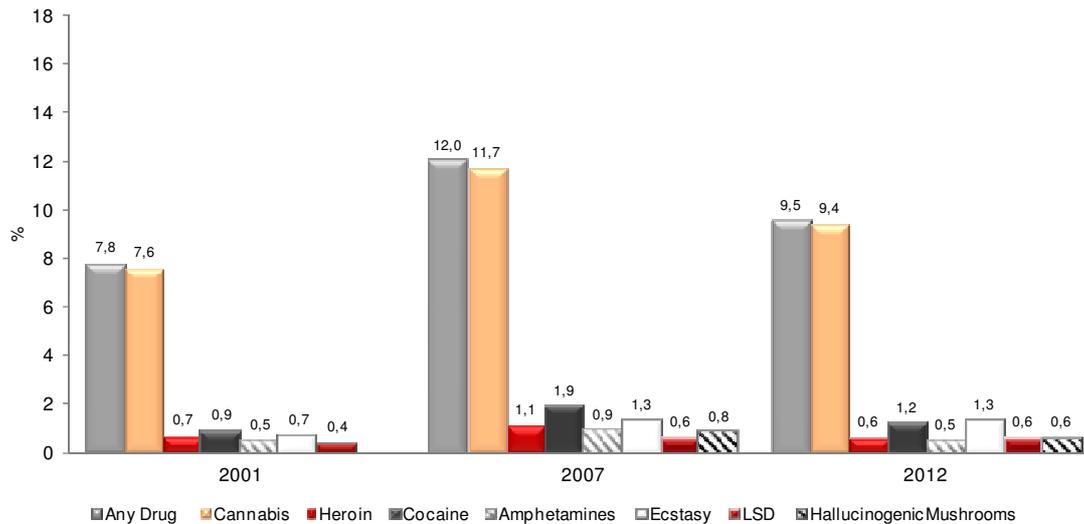
For the first time in Portugal, was conducted in this strategic cycle an epidemiological study on the prevalence of alcohol, drugs and medicines in drivers in general and in wounded or death drivers in traffic accidents, inserted in a European project. In drivers in general the prevalence of use of any illicit drug was 1.6%, being the most prevalent drug cannabis (1.4%). The prevalence of opiates was 0.2% and of cocaine 0.03%. Portugal presented a prevalence of use of any illicit drug inferior to the European average (1.9%) despite the prevalence of cannabis being very identical and opiates higher than the European average. Portugal registered a prevalence of alcohol in association with other psychoactive substances (0.4%) slightly above the European average and association of psychoactive substances without alcohol (0.2%) below this average. In the drivers that died in traffic accidents, the more prevalent illicit drugs in Portugal were cannabis (4.2%) and cocaine (1.4%) with higher values than the other three countries taking part in this study, with the exception of Norway that presented a higher prevalence of cannabis. In contrast the prevalence of amphetamines was zero, contrarily to the other countries where was the most prevalent illicit drug. Regarding the associations of these substances among the four countries in this study, Portugal registered the second lowest prevalence of associations' with alcohol (6%) and the lowest prevalence of associations without alcohol (0.4%).

## 2.2. Drug use in the general population

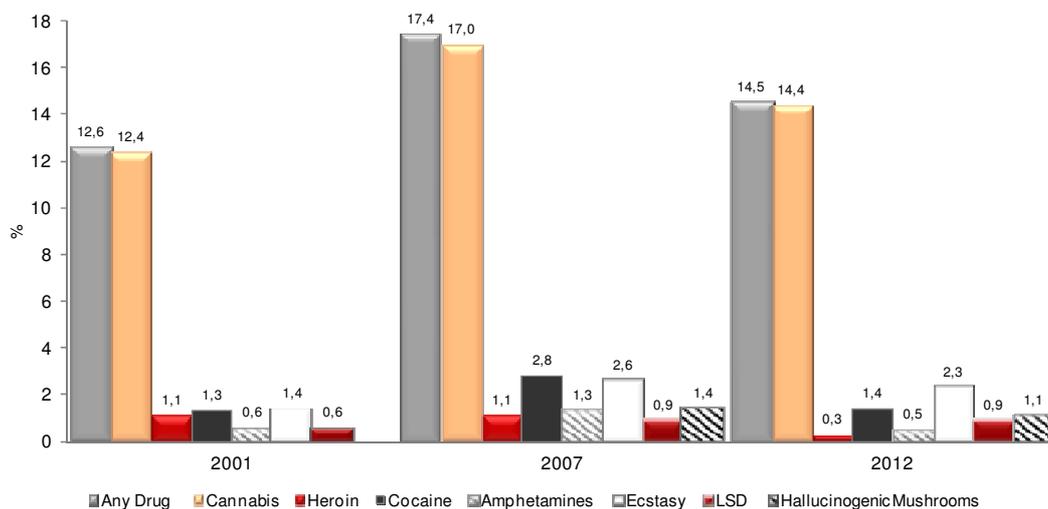
In 2012 was held in Portugal the III National Population Survey on Psychoactive Substances in the Portuguese Population (INPP – Inquérito Nacional ao Consumo de Substâncias Psicoactivas na População Portuguesa), Portugal 2012<sup>18</sup>, replicating the studies carried out in 2007 and 2001 in the general population of 15-64 years<sup>19</sup> resident in Portugal. See Standard Table 1.

<sup>18</sup> (Balsa et al 2013)

<sup>19</sup> In 2012, the survey was carried out on a population aged 15-74, with a sample of 15-64 years for comparative purposes with the studies carried out in previous years.



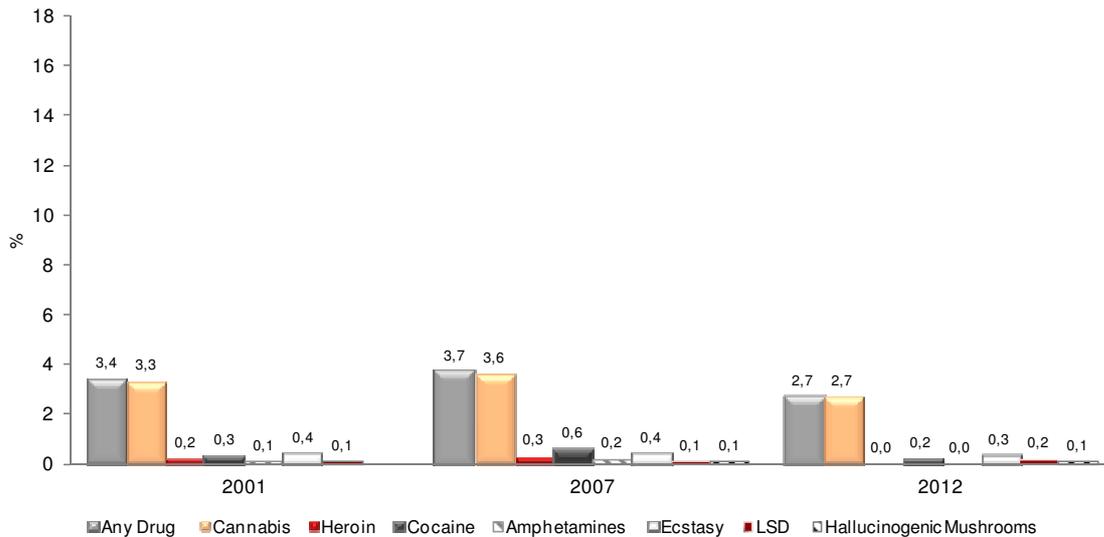
**Graph 1 – General Population, Portugal – Total (15-64 years), Lifetime prevalence of use, by type of drug (%) (SICAD2013)**



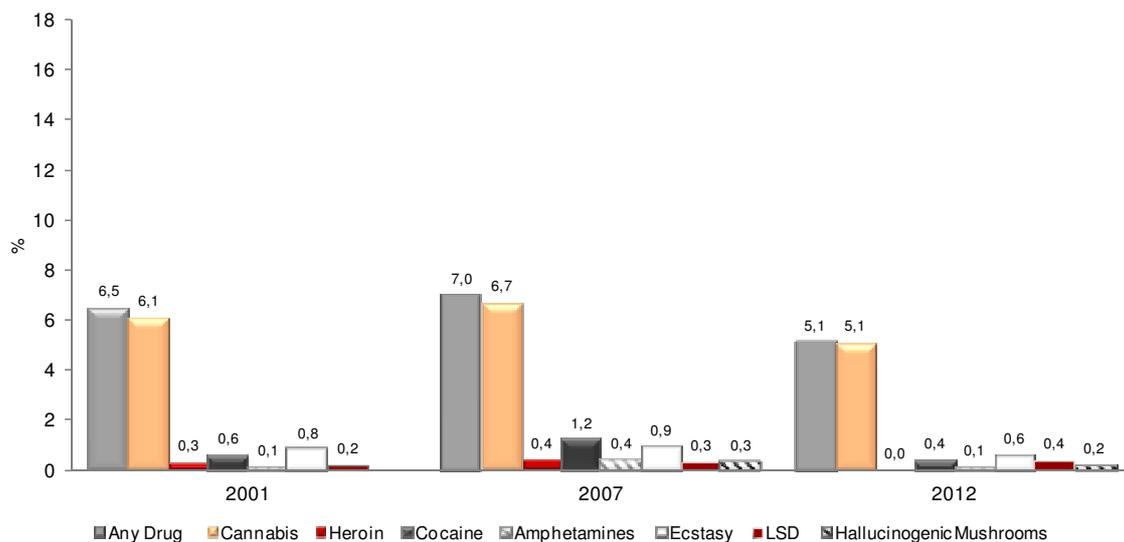
**Graph 2 – General Population, Portugal – Young Adult Population (15-34), Lifetime prevalence of use, by type of drug (%) (SICAD2013)**

In 2012, such as in 2007 and 2001, cannabis was the illicit substance that registered the higher lifetime prevalence of use – at least one use experience in life – and recent use – in the last 12 months at the date of the enquiry - , either in the total population (15-64) as in the young adult population (15-34). These prevalences were respectively of 9.4% and 2.7% in the total population, and 14.4% and 5.1% in young adult.

With prevalences of use much lower, ecstasy and cocaine have emerged as the second and third drugs preferentially used, being the respective prevalences very close in terms of total population, although more differentiated in the young adult population, with ecstasy presenting higher prevalence of use. On the other hand, in recent use, there is an equal prevalence use for cocaine and LSD, in the total and young adult population.



**Graph 3 – General Population, Portugal – Total (15-64), last 12 months prevalence, by type of drug (%) (SICAD2013)**



**Graph 4 – General Population, Portugal – Young Adult Population (15-34 years), last 12 months prevalence, by type of drug (%) (SICAD2013)**

Between 2007 and 2012 in the set of the Portuguese population there was a general decrease in lifetime prevalence<sup>20</sup> (any illicit drug from 12% to 9.5%) and recente use (any illicit drug from 3.7% to 2.7%), with the exception of ecstasy and LSD, whose lifetime prevalence remained the same and LSD use in last 12 months increased slightly.

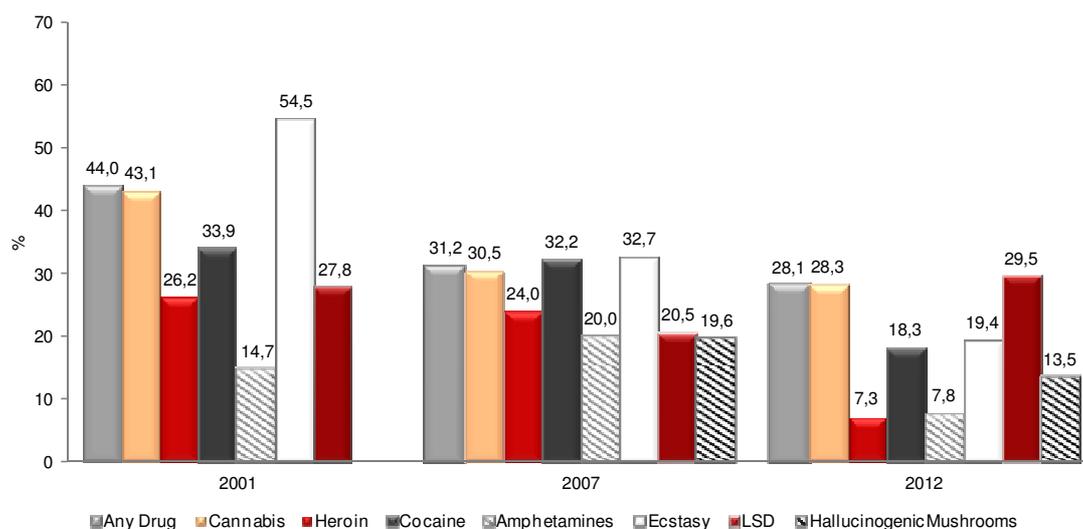
Among the young adult population was also found a generalized decrease in lifetime prevalence use (any illicit drug from 17.4% to 14.5%) and in the last 12 months (any illicit drug from 7% to 5.1%) except in the case of LSD where lifetime prevalence remained the same and recent use increased slightly.

<sup>20</sup> Decreases in lifetime prevalence are not usual but sometimes important changes occur in the populations. National researchers responsible for the study analyzed several explanatory hypotheses, and advance as one of the most plausible, the changes in the social composition of the population, in the sequence of the emigration ongoing process.

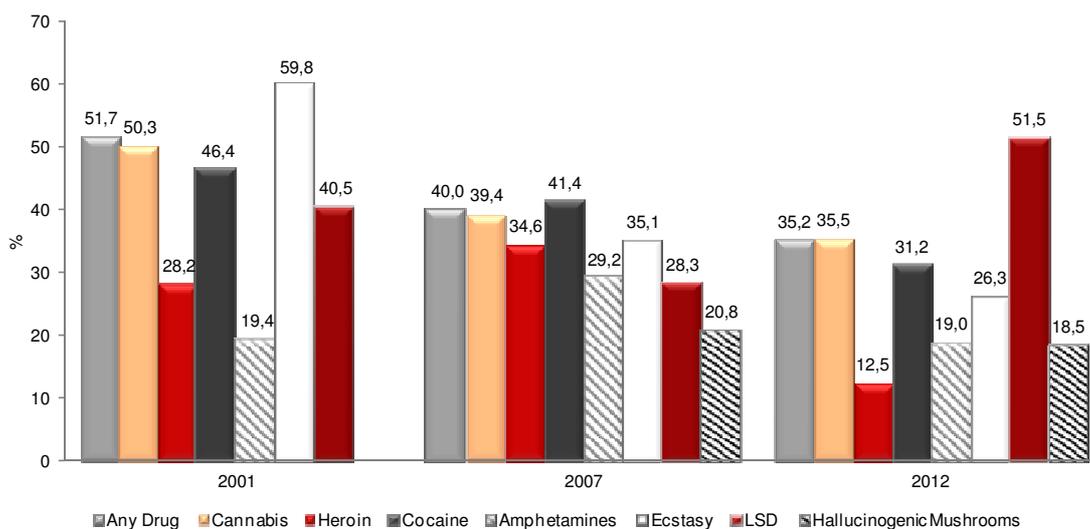
Emphasis is both in total population and in young adult population, in addition to declines in the prevalence of cannabis use, while most used substance, also of heroin, cocaine and amphetamines.

Regarding continuity rates of consumption, ie, the proportion of individuals having used a certain substance during lifetime prevalence, declare having used that substance in the last 12 months, as expected, the young adult population presented rates (35.2 % for any illicit drug) higher than the general population (28.1% for any illicit drug) for all drugs considered.

In 2012, it is verified that the higher continuity rates of consumption are LSD and cannabis, is important, especially in the case of LSD which is the only substance that presents slight increases in the prevalences of use.



Graph 5 – General Population, Portugal – Total (15-64 years) continuity rates\*, by type of drug (SICAD2013)



Graph 6 – General Population, Portugal – Young Adult Population (15-34 years), continuity rates\*, by type of drug (SICAD2013)

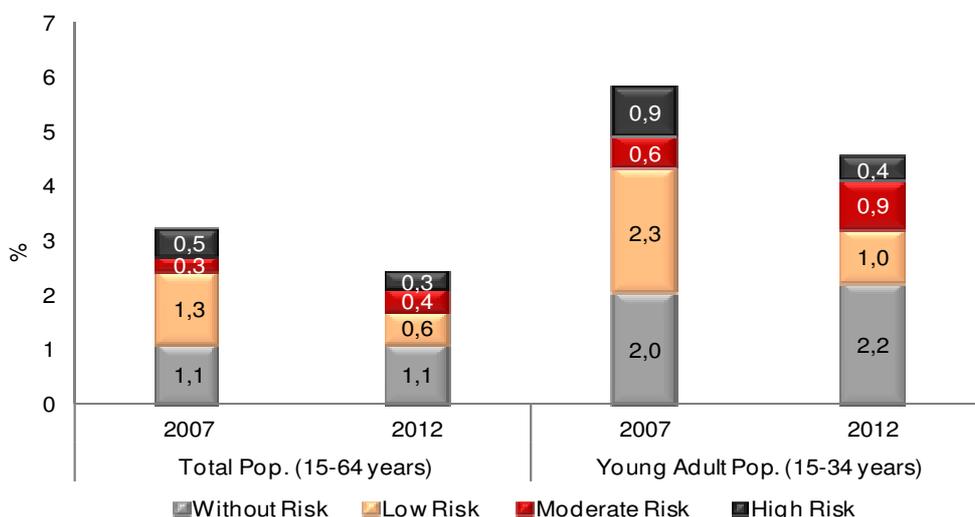
Followed by ecstasy and cocaine with higher continuity rates of consumption in both populations, substances that already in previous years arise with relevant rates.

Between 2007 and 2012, was verified a general decrease in these rates in both populations, with the exception of LSD that registered increases in the respective rates.

In respect to abusive and dependent patterns of use of cannabis is presented here the results of the Cannabis Abuse Screening Test (CAST)<sup>21</sup> and the Severity of Dependence Scales (SDS)<sup>22</sup>.

According to CAST, applied to cannabis users in the last 12 months, in 2012, near 0.3% of the population aged 15-64 resident in Portugal had a cannabis use considered of high risk and 0.4% of moderate risk, being the correspondent percentages in the young adult population, respectively of 0.4% and 0.9%.

Between 2007 and 2012 increased the prevalence use of moderate risk both in the total population (from 0.3% to 0.4%) as in the young adult (from 0.6% to 0.9%), and decreased the high risk use in the total population (of 0.5% to 0.3%) and in the young adult (from 0.9% to 0.4%).

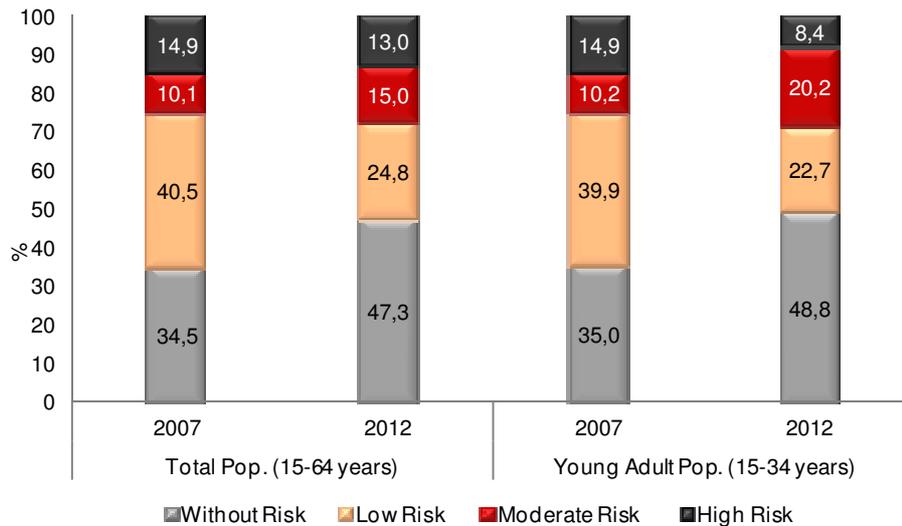


**Graph 7 – General Population, Portugal – Total (15-64 years) and Young Adult (15-34 years) (SICAD2013)**

If we focus on the cannabis user population in the last 12 months, over which was applied this test, we found that in 2012, near 13% of cannabis users of 15-64 years resident in Portugal had a consumption considered high risk and 15% of moderate risk, being the corresponding percentages in young adults cannabis users, respectively of 8.4% and 20.2%.

<sup>21</sup> The Cannabis Abuse Screening Test (CAST), developed by the French Observatory for drugs and Drug Addiction is a questionnaire with 6 questions that seek to identify patterns and risk behaviours associated with cannabis use in the last year (Balsa2013).

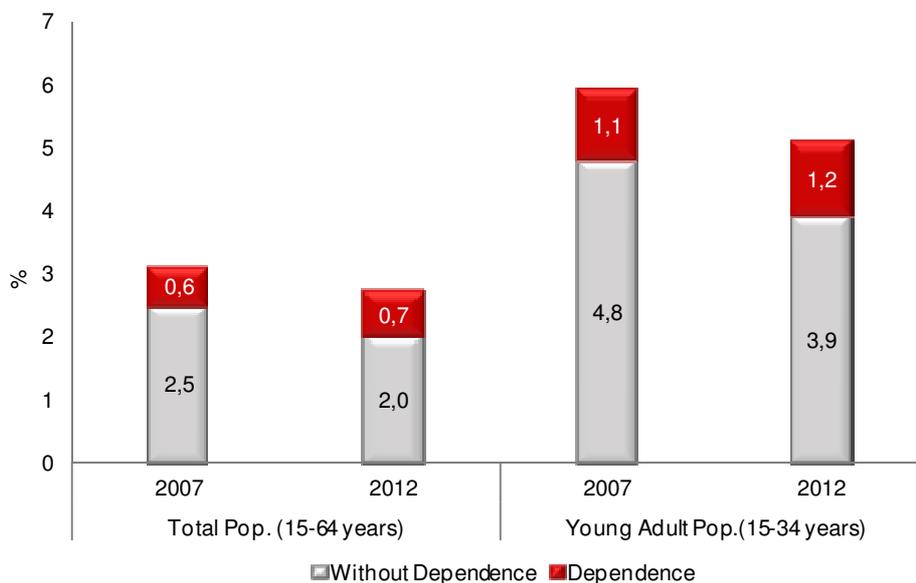
<sup>22</sup> Severity of Dependence Scales (SDS) was designed to provide a small test with 5 questions and easily administered that can be used to measure the level of psychological dependence experienced by users of different types illicit substances. The wording of the items can be adapted to different types of drugs and includes instructions for the answers should refer to behaviors and experiences during a specific time period (usually the last 12 months/last year) (Balsa2013).



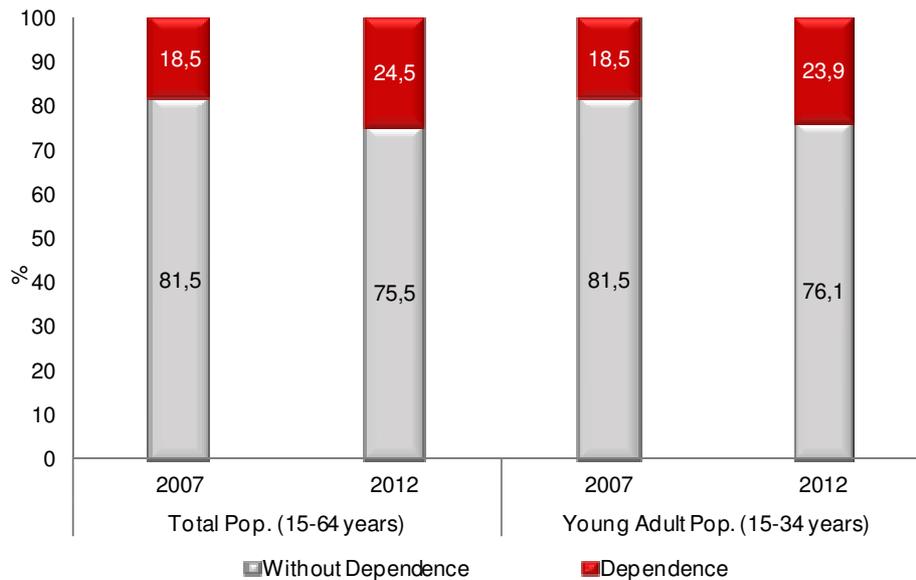
**Graph 8 – General Population, Portugal – Total (15-64 years) and Young Adult (15-34 years) (SICAD2013)**

Between 2007 and 2012, increased the use prevalence of moderate risk both in the cannabis users aged 15-64 (from 10% to 15%) and in the young adults cannabis users (from 10.2% to 20.2%) and decreased the high risk use in both groups of users (respectively of 14.9% to 13% in the 15-64 years and 14.9% to 8.4% in young adults).

According to the results of the evaluation test of SDS applied to cannabis users in the last 12 months, in 2012, near 0.7% of the population of 15-64 years old resident in Portugal presented symptoms of dependence on cannabis use (0.6% in 2007) and the corresponding percentage in the young adult population of 1.2% (1.1% in 2007).



**Graph 9 – General Population, Portugal – Total (15-64 years) and Young Adult Population (15-34 years), Evaluation of Dependence through the Severity Dependence Scales – Cannabis) % total inquired (SICAD2013)**



**Graph 10 – General Population, Portugal – Total (15-64 years) and Young Adult Population (15-34 years), Evaluation of Dependence through the Severity Dependence Scales – Cannabis) % total cannabis users in the last 12 months (SICAD2013)**

If we focus in the cannabis users population in the last 12 months, near 24.5% of users aged 15-64 presented dependence symptoms of this substance (18.5% in 2007), being the corresponding percentage in the young adults of 23.9% (18.5% in 2007).

Between 2007 and 2012 were registered among cannabis users' increases of the proportions of those presenting dependence of that use, particularly the increase in the youngest group (15-24 years) of users (9.8% in 2007 and 22.1% in 2012).

This points to the need for strengthening preventive measures in early ages, taking into consideration that the 15-24 years old is the age group where mostly starts the use of psychoactive substances, and, as can be seen, emerge harmful and abusive consumption patterns, which sometimes evolve into situations of dependency.

Type of Drug	Age Group 15-24 years: Age initiation of Use								
	2001			2007			2012		
	Average	Mode	Median	Average	Mode	Median	Average	Mode	Median
<b>Any Drug</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>18</b>	<b>16</b>	<b>17</b>	<b>16</b>	<b>17</b>
Cannabis	16	16	16	16	18	16	17	16	17
Heroin	19	18	18	17	18	18	19	20	20
Cocaine	18	18	18	18	19	18	19	20	20
Amphetamines	17	17	17	18	18	18	18	18	18
Ecstasy	17	18	18	17	17	17	18	17	18
LSD	18	18	18	18	18	18	20	21	21
Hallucinogenic Mushrooms	--	--	--	19	17	18	19	17	19

**Table 3 – General Population, Portugal – Group 15-24 years, Age initiation of use, 2001, 2007 and 2012 (SICAD2013)**

With regard to the ages of initiation of use, and focusing on the younger age group (15-24 years) where the probability of initiation use is higher, cannabis presents the earliest values, with an average age of 17 years and modal age 16 years, followed by ecstasy and hallucinogenic mushrooms with modal ages of 17 years and amphetamines with modal age of 18 years. Cocaine, heroin and LSD present later average and modal ages of initiation of use. Between 2001 and 2012, in the age group 15-24, there is a slight delay of the ages of initiation of use for most substances.

The analysis highlights higher lifetime prevalence of use in the group 25-34 years, and in contrast, the prevalence of recent use and continuity rates of use higher in the group 15-24 years (with the exception of cocaine, amphetamines and LSD). The preferential pattern of use of the Portuguese population that is similar to the young adult as a whole, presents some variations when considering these two decennial groups separately: the age group 15-24 appears with higher lifetime prevalence and recent use, after cannabis and ecstasy, hallucinogenic mushrooms and not cocaine, and in the age group 25-34 with higher prevalence of recent use after cannabis, cocaine and LSD instead of ecstasy

Concerning patterns of cannabis use of risk and dependence, the CAST results indicate higher prevalences of use considered moderate risk in the age group 15-24, on the other hand, higher prevalences of use of high risk in the age group 25-34. The SDS results indicate proportions of 22% and 26% of dependency on the group of cannabis users of 15-24 years and 25-34 years.

The general pattern of evolution in the prevalence of use between 2007 and 2012 shows some variations in the age group 15-24, with evidence of increases in the prevalence of recent use of ecstasy and hallucinogenic mushrooms, as well as the aforementioned significant increase in the proportion of dependency in the group of cannabis users aged 15-24.

The analysis by gender shows lifetime prevalence and last 12 months use higher in men for all the drugs considered here.

The preferential pattern of use of the Portuguese population, first cannabis followed by ecstasy and cocaine, maintained in both genders, in general and young adult population, except for some variations in recent use of young adult population, with women preferring the use of hallucinogenic mushrooms instead cocaine and men presenting very similar prevalence of use of cocaine, LSD and ecstasy.

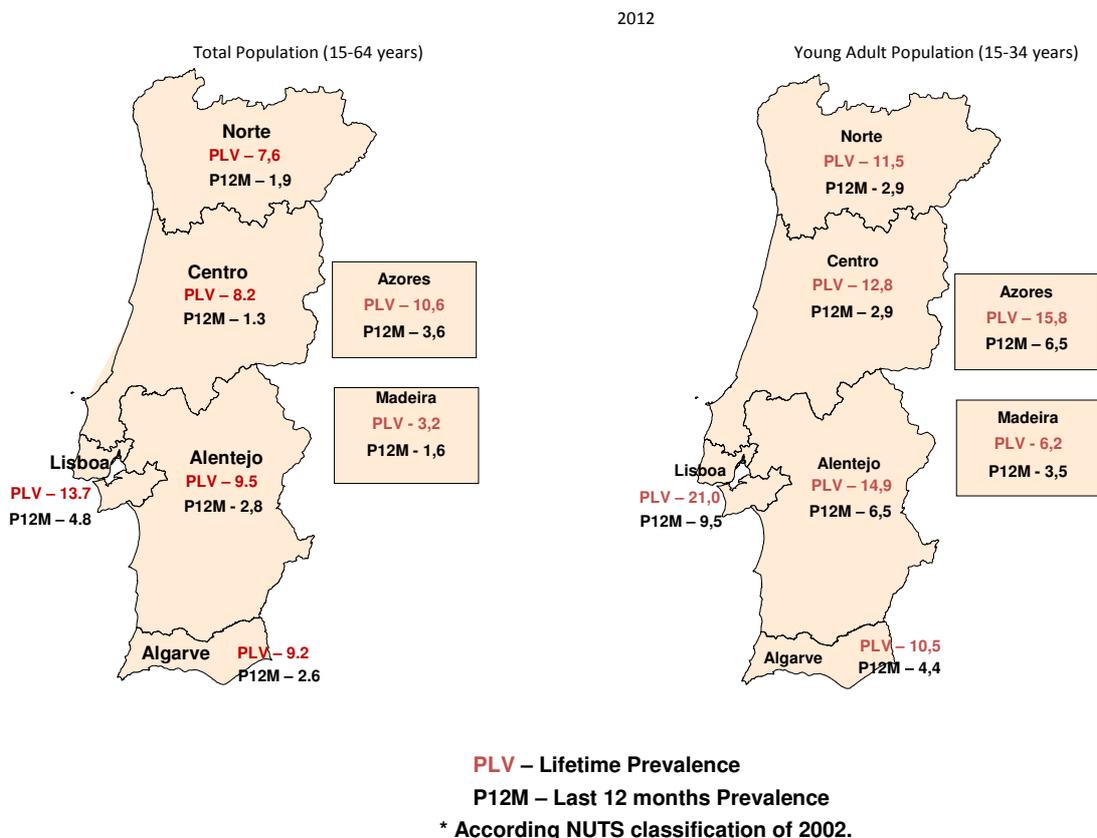
Women present continuity rates of cannabis, ecstasy and hallucinogenic mushrooms use higher than men. The general pattern of evolution in prevalences between 2007 and 2012 was not maintained in both genders, to refer among the exceptions, the increases in lifetime prevalence use of ecstasy, LSD and hallucinogenic mushrooms and the increase of recent use of cannabis, among women of the total and young adult population.

Lisbon, the Autonomous Region of Azores and Alentejo, were the regions (NUTS II) presenting lifetime and last 12 months prevalences of any drug above national average in the total and young adult population.

Despite the prevalence of use of any drug mainly reflect the prevalence of cannabis use, in general were also these regions, and especially Lisbon, that registered the highest lifetime and last 12 months prevalence of for most drugs, either in the total population or in the young adult. To highlight among the exceptions, and which refers to recent use (last 12 months), Algarve, with the higher prevalence of cocaine use in young adult population in the country, and the Autonomous Region of Madeira that presents next to Azores, the higher prevalence of heroin use at national level in the total and young adult population.

In 2012, regions remain the preferred pattern of cannabis use, but, with the exception of Lisbon which presents a pattern identical to the country, the other regions present a great heterogeneity in relation to other illicit substances. Considering the recent use either in total or in young adult population, the substances with the highest prevalence of use after

cannabis are the amphetamines in Alentejo (the highest in the country), cocaine in Algarve and heroin in the Autonomous Regions of Azores and Madeira (the highest in the country).



**Figure 1 – General Population, Portugal: Lifetime and Last 12 months Prevalence of Any Drug, by Region (NUTSII\*) (%) 2012 (SICAD2013)**

The evolution pattern of recent prevalence use between 2007 and 2012 – prevalences decrease of all drugs in total and young adult population, with the exception of slight increases in the case of LSD – maintained generally at the level of regions (NUTS II) North, Centre, Algarve and Madeira (except heroin in this region, which registered recent use increases in the total and young adult population), but didn't maintained in the regions that present prevalences of use of any drug above national average, i.e. Lisbon, Azores and Alentejo. These regions registered between 2007 and 2012 increases on the recent use prevalence of several drugs, in the total and young adult population, which is reflected in increases on recent use prevalence of any drug, especially in Alentejo and Azores contrarily to what occurred at national level.

Comparatively to other European countries with studies carried out between 2010 and 2012 and the same population as reference (15-64 years), Portugal continues to present prevalence of use of illicit substances below the average values registered in those countries.

Concerning new psychoactive substances, which at the date of completion of this study were not yet under control, near 0.4% of the Portuguese population (15-64 years) resident in Portugal had already at least one experience of lifetime use and 0.1% in the last 12 months, being the corresponding prevalences in the young adult population (15-34 years) of 0.9% and 0.3%

Like the illicit substances, the users were mostly men, and Lisbon, Azores and Alentejo present lifetime prevalence of use above national average (only Lisbon and Alentejo present prevalence of recent use).

In the monitoring of trends of use of illicit drugs, it's worth mentioning the risk perception associated with the use of these substances, by the populations.

According to the results of the Flash Eurobarometer – Youth attitudes on drugs held in 2011 among young Europeans of 15-24 years, the perceptions of health risk associated with the use of drugs varied according to the substances and the frequency of their use.

In Young Portuguese, the perception of high risk to health associated with the occasional (once or twice) use of illicit substances was much higher in relation to cocaine (65%) and ecstasy (51%) than to cannabis (24%). The vast majority considered as a high risk to health the regular use of cocaine (94%) and ecstasy (89%) as well as, although in a significantly lower proportion, the regular use of cannabis (64%).

Compared to European averages, it appears that the perceptions of young Portuguese 15-24 years, generally follow European averages, being mentioned, though with not relevant differences, the small attribution of high risk to health in the regular use of cannabis and in the occasional and regular use of ecstasy.

Differences were found out between the perceptions of non-users and users of psychoactive substances, especially cannabis and new psychoactive substances, in the sense that users perceive as less severe the risk to health associated with this consumption, as well as differences between the users' perceptions, depending on having or not recent consumption.

For example, young people who never used cannabis attributed more high risk to health to regular use of cannabis and the occasional use of cocaine and ecstasy than dropouts' users, and these, in turn, attributed more high risk to health than young people with recent consumption.

Were also found differences in these perceptions among different sociodemographic segments, such as older assign higher risk to the occasional use of cocaine and ecstasy, or 15-18 years, women and full-time students allocate higher risk to regular cannabis use.

### 2.3. Drug use in the school and youth population

In this strategic cycle several national studies in school populations were conducted, all inserted in projects started before 2005: in 2006 the Health Behaviour in School-aged Children (HBSC/OMS<sup>23</sup>) (6<sup>th</sup>/8<sup>th</sup>/10<sup>th</sup> grades) and INME<sup>24</sup> (3<sup>rd</sup> Cycle and Secondary), in 2007 the European school survey project on alcohol and other drugs (ESPAD<sup>25</sup>) (16 years old students) and Estudo sobre o Consumo de Álcool, Tabaco e Drogas/Study on Alcohol, Tobacco and Drug Use (ECTAD)<sup>26</sup> (students from 13 to 18 years old) and again in 2010 the HBSC/OMS and in 2011, the INME, ESPAD and ECTAD.

Studies carried out between 1995 and 2003 – ESPAD in 1995, 1999 and 2003, the HBSC/OMS in 1998 and 2002, the INME in 2001 and ECTAD in 2003 – showed in general a widespread increase of drug use during that period. All these studies presented much higher prevalence's of cannabis use than other drugs. After the generalized increase of drug use in the period between 1995 and 2003, 2006 and 2007 studies revealed consistently decreases in drug use prevalence's.

<sup>23</sup> Portugal integrates the HBSC/OMS - Health Behaviour in School-aged Children - since 1996 and is an associate member since 1998. National data of these studies are published (Matos et al., 2000; Matos et al., 2003; Matos et al., 2006; Matos et al. 2010).

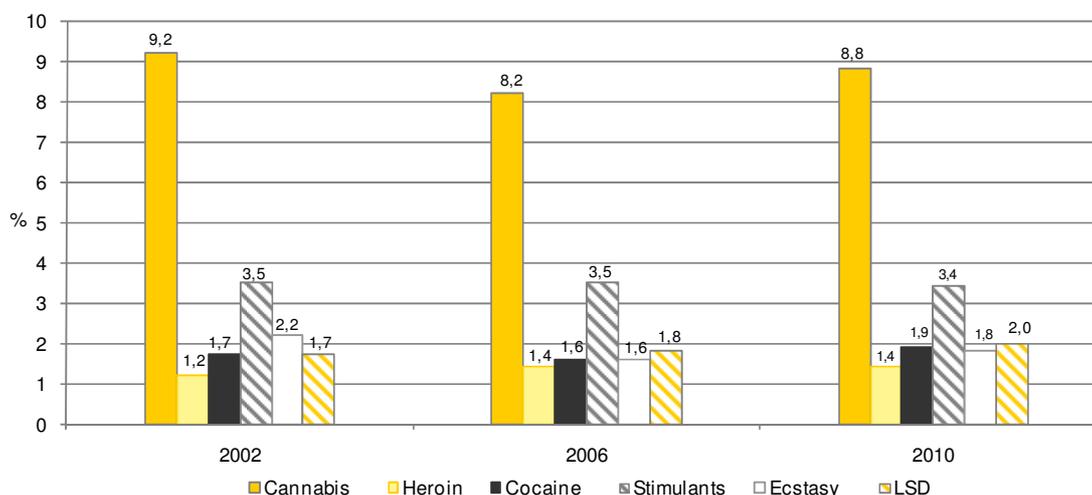
<sup>24</sup> O INME - Inquérito Nacional em Meio Escolar – was conducted by the first time in 2001 by the IDT, I.P. and was repeated in 2006 and 2011.

<sup>25</sup> Portugal is part of ESPAD – European School Survey Project on Alcohol and Other Drugs since 1995.

<sup>26</sup> ECTAD - Study on Alcohol, Tobacco and Drug Use, started in IDT, I.P. in 2003 and was repeated in 2007 (Feijão&Lavado, 2006; feijão2009) and 2011 (Feijão2012).

In 2006 results from HBSC/OMS and INME showed decreases in drug use respectively between 2002-2006 and 2001-2006, emerging once more cannabis as the drug with higher prevalence of use. In HBSC/WHO, cannabis, stimulants and LSD appeared with the higher lifetime prevalence's of use highlighting the prevalence decreases of cannabis and ecstasy in relation to 2002. However there were subgroups that didn't had this declining trend of cannabis use, particularly the younger ones and the ones with lower socioeconomic status. In the INME, cannabis, cocaine and ecstasy appeared with the highest prevalence of lifetime use among students of the 3rd cycle, and cannabis, ecstasy and amphetamines, with the highest prevalence among Secondary students. It was noted between 2001 and 2006 a decrease in the prevalence of use of all drugs, in the students of 3<sup>rd</sup> Cycle and Secondary. There was also a decrease in the last month prevalence in these two groups of students with some exceptions from Secondary students.

In 2007, ESPAD and ECTAD results reinforced the downward prevalence trend of drug use seen in 2006. In ESPAD once more cannabis appeared with higher lifetime prevalence of use and with a value very close to lifetime prevalence of any drug. Between 2003 and 2007 it should be noted the decrease of lifetime prevalence use in several illicit substances. In ECTAD once more cannabis stood out with higher lifetime prevalence's in all ages followed by cocaine (except in 18 years old where ecstasy prevalence was slightly higher than cocaine). In general, lifetime prevalence use of different drugs varied in direct ratio of the ages. Between 2003 and 2007, there has been a decrease in the prevalence of lifetime use of any drug at all ages. It is however noted that the prevalence of use of any drug mainly reflect the prevalence of cannabis use and at the level of other substances not always occurred this evolution pattern in all age groups, like in the increase of lifetime prevalence of cocaine, amphetamines and heroin between 17 and 18 years old students.

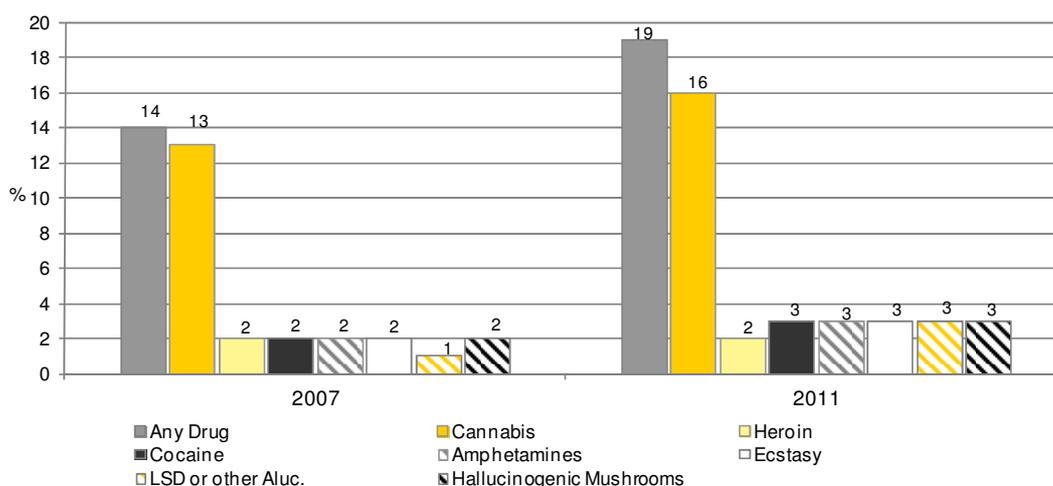


**Graph 11 – School Population – HBSC/WHO (students of 6<sup>th</sup>/8<sup>th</sup> and 10<sup>th</sup> grades): Lifetime Prevalence's of use, by type of drug (IDT, IP. 2011)**

After the decrease of use in 2006 and 2007, the results of national surveys carried out in 2010 and 2011 in school populations showed increases in the use, particularly of cannabis, but also other drugs such as LSD and amphetamines.

In 2010, the results of the HBSC / WHO showed an increase in the prevalence of use between 2006 and 2010, after the decrease occurred between 2002-2006<sup>27</sup>. As in 2006, cannabis, stimulants and LSD had in 2010 the highest prevalence of lifetime use (respectively 8.8%, 3.4% and 2%). Between 2006 and 2010 there were increases in the prevalence of lifetime use of various substances - particularly cannabis (from 8.2% to 8.8%) - as well as the prevalence of drug use in the last month (4.5% in 2006 and 6.1% in 2010).

In 2011, the ESPAD, ECTAD and INME results reinforced this increasing trend of prevalence use, between 2007 and 2011 in the first two and between 2006 and 2011 in the last one.



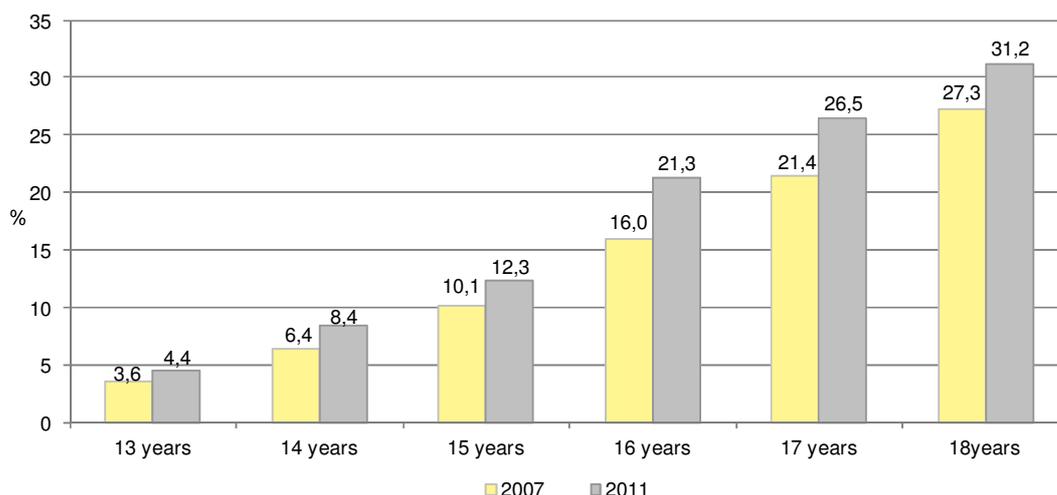
**Graph 12 – School Population – ESPAD (16 years students): Lifetime Prevalence, by type of drug (IDT, I.P. 2012)**

In ESPAD 2011 once more cannabis was the drug that presented the higher lifetime prevalence of use (16%) a value closer to lifetime prevalence of any drug (19%). Between 2007 and 2001 increased the lifetime prevalence of use of any drug (from 14% to 19%), decreases were verified in the prevalence of use of all drugs with the exception of heroin. The cannabis prevalence of use in last twelve months and 30 days also increased between 2007 and 2001 (respectively from 10% to 16% and from 6% to 9%). In 2011, Portugal registered prevalence's of use very similar to the European average, being in some cases superior (namely the prevalence of use of cannabis in the last 12 months and last 30 days – european averages of 13% and 7% - and lifetime use of other drugs than cannabis – 6% european average and 8% in Portugal) contrarily to what occurred in 2007, where they were overall inferior.

In ECTAD 2011, lifetime prevalence of use of any drug varied between 4,4% (13 years old) and 31,2% (18 years old). Once more cannabis stood out with higher lifetime prevalence in all ages (between 2,3% in 13 years old and 29,7% in 18 years old), followed by cocaine in the younger ones and amphetamines in the olders ( from 16 years old inclusively). Lifetime prevalence of any drug and cannabis varied in direct ratio of the ages, the same didn't happen with the other drugs than cannabis due to the higher prevalences in 15 or 16 years depending on the drugs. The last 30 days prevalence of cannabis use ranged between 0,7% (13 years) and 15,7% (18 years). Between 2001 and 2007 after the downward between 2003

<sup>27</sup> 2006 study had already demonstrated the existence of subgroups (namely the youngest and those with lower socioeconomic status) where a decrease in the use of cannabis wasn't verified.

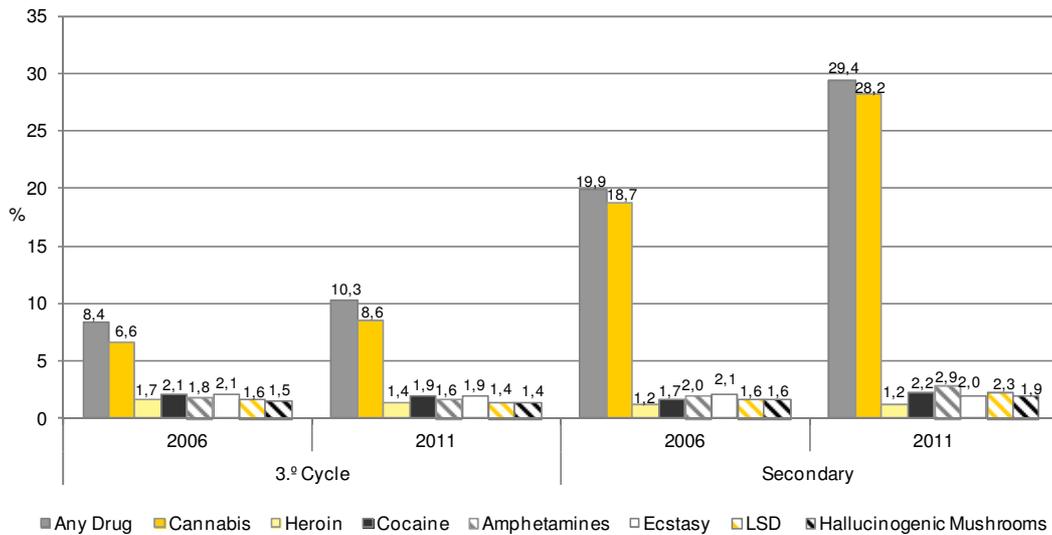
and 2007<sup>28</sup>, was registered an increase in lifetime prevalence of any drug at all ages. It is however noted that the prevalence of use of any drug mainly reflect the use of cannabis and that at the level of other substances not always occurred this evolution pattern in all ages, such as the lifetime prevalence decrease of heroin, cocaine and ecstasy among 17 and 18 years old students.



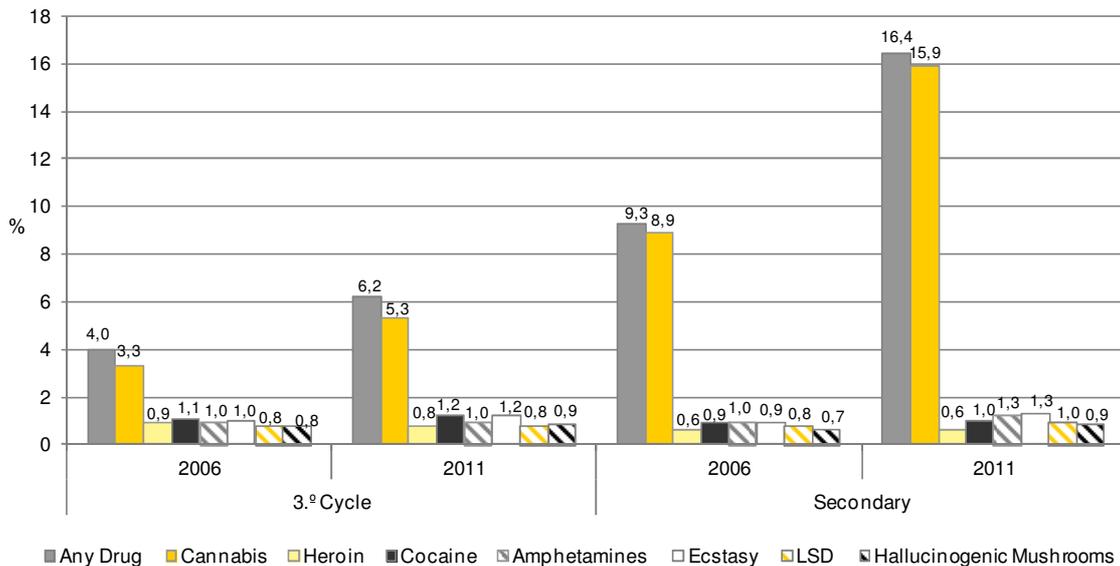
**Graph 13 – School Population – ECTAD (students 13-18 years old): Lifetime Prevalence of use of Any Drug (IDT, I.P. 2012)**

In INME 2011, lifetime prevalence of any drug was 10,3% in the 3<sup>rd</sup> Cycle and 29,4% in the Secondary. Cannabis once more stood out with the higher lifetime prevalences in the 3<sup>rd</sup> cycle (8,6%) and in the Secondary (28,2%). Followed by cocaine and ecstasy in the 3<sup>rd</sup> Cycle (1,9%) and amphetamines (2,9%) and LSD (2,3%) in Secondary. The lifetime prevalence of other drugs than cannabis were 3,9% in 3<sup>rd</sup> Cycle and 5,5% in the Secondary. In last year and last 30 days the prevalences of use of any drug were respectively of 8,7% and 6,2% in 3<sup>rd</sup> Cycle and 24,4% and 16,4% in Secondary, maintaining the pattern of use referred above (except in last 30 days prevalence in Secondary, where ecstasy was equal to amphetamines and higher than LSD). Between 2006 and 2011, in the 3<sup>rd</sup> cycle was found an increase in the prevalence of cannabis use and stability and even decreases in most drugs. In the Secondary an increasing trend in most drugs, apart from cannabis the increase of prevalence of use of amphetamines and LSD. Despite these increases in relation to 2006, the majority of prevalence use remained lower than the ones registered in 2001, in the 3<sup>rd</sup> cycle (with the exception of last 30 days prevalence of cannabis use) and in Secondary (with the exception of cannabis prevalence in any of the periods considered and the prevalence of use of most drugs in the last 30 days). The regional analysis by NUTS II showed that in the 3<sup>rd</sup> cycle and secondary the regions of Algarve, Alentejo and Lisbon and Tagus Valley presented prevalence of any drug use superior to national average.

<sup>28</sup> In ECTAD 2007 had shown that among the younger students (13 years old) there was no decrease in the use of cannabis as in the other ages



Graph 14 – School Population – INME (3º Cycle and secondary): Lifetime Prevalence, by type of drug (IDT, I.P. 2012)



Graph 15 – School Population – INME (3º Cycle and Secondary): Last 30 Days Prevalence of use, by type of drug (IDT, I.P. 2012)

ESPAD results of 2003, 2007 and 2011 related to perceptions of regular drugs use, showed an increase perception of risk of regular drug use in the 2005-2012 strategic cycle. With regard to cannabis, the drug with higher prevalence of use, respectively 79%, 82% and 71% of students in 2011, 2007 and 2003 referred to be of high risk its regular use. In the case of ecstasy these percentages were 78%, 74% and 72% and in the case of amphetamines of 78%, 74% and 64%, respectively in 2011, 2007 and 2003. Compared to the European averages, Portuguese students perceived as higher risk the regular use of several drugs (in

2011, the European averages of attribution of higher risk to the regular use of cannabis, ecstasy and amphetamines, were respectively of 72%, 73% and 73%).

Generally speaking, the studies conducted in this strategic cycle presented consistent results between them, whether the level of amplitude of prevalence's, either in trends use. At the end of this cycle there are increases in prevalence use after the decrease occurred in the beginning of the cycle, alerting to the need to reinforce preventive measures in the future, where is predicted a probable aggravation of addiction and dependency related problems in a conjuncture of profound economic and social crisis and the increasing dynamism of the illicit drugs market at global scale.

#### 2.4. Drug use among targeted groups/settings at national and local level

##### **Analysis of cocaine and nicotine metabolites in wastewater by liquid chromatography–tandem mass spectrometry. Cross abuse index patterns on a major community (Lopes et al 2013)**

A method based on sample preparation by solid phase extraction and analysis by liquid chromatography and mass spectrometry was validated and used for simultaneous analysis of cocaine, benzoylecgonine and cotinine in samples collected at the major wastewater treatment plant in the city of Lisbon. The aim was to estimate the consumption of both cocaine and nicotine in this community and establish an index involving both drugs supported by the relevance of nicotine as a significant anthropogenic marker. The study was made in two different weekdays during a month in order to evaluate patterns of consumption outside weekends. Cocaine and nicotine ingestion levels were back-calculated and expressed as mass of pure drugs consumed per day and per 1000 inhabitants (mean: 0.604 g and 5.860 g respectively). Cocaine was also expressed on the basis of local drug purity levels (33.7%) with a corresponding increase on dose assessments, and community drug abuse profiles. The authors sustain that this approach should always be included in drug studies of this kind allowing a better drug abuse assessment. No significant different patterns of consumption were obtained during the working days studied with the exception of one case coincident with a national holiday that showed an increased typical profile found on other non-working day studies, namely weekends. A fairly significant relationship was found between nicotine and cocaine consumption that should be further evaluated in future studies.

Pharmacokinetic considerations were made and proposed for cocaine assessment based on the impact on back calculations after common simultaneous consumption of cocaine and ethanol.

<http://www.sciencedirect.com/science/article/pii/S0048969713011868>

##### ***Study Perceptions and Social Representation on Drugs and Drug Addiction, Inquiry to the Youth present in Rock in Rio – Lisboa 2012.***

Considering a sample of 1.220 teenagers and young adults, one can conclude that drugs are considered today a less serious social problem than in 2008. Drugs social representation remain more individual based than social, associated more to specific items, such as substances, and less to social problems. Like in the previous study, drug consumers and drug addicts remain symbolically different and autonomous concepts, although the difference has diminished. To those interviewed, young people use cannabis mainly to feel good, and consider health problems the main danger associated with its abuse.

As foreseen in the Studies Program on Perceptions and Social Representations of Drugs and Drug Addiction, was replicated in 2012 the study carried out in 2008 on social representations of young people present at Rock in Rio - Lisbon.

We attempted to find out in what sense had evolved the perceptions and social representations of Portuguese young people, particularly those who attend recreational settings, in this case music festivals. There was also a need to try to understand how young people who attend the Rock in Rio – Lisbon (a music festival marked by audience diversity), position themselves in relation to drugs and drug addiction. Among other things, it was important to give answers to questions such as, drug remains seen as a main social problem? The departure in relation to heroin focus while conceptual framework is a trend that maintains? What social problems young people today associate to drug? Drug users and addicts remain seen as different entities?

The questionnaire applied was essentially the same used in the 2008 study, combining open questions (in order to identify the social representations) and closed questions (targeting perceptions of evolution of the phenomenon and characterization of respondents). In 2012, the survey was administered in the same way the previous study, ie, anonymously and face to face (as in 2008), the young people who entered the enclosure, in the five days of the event (25 and 26 of May and 1, 2 and 3 of June).

The collection was made by presential interview, by interviewers hired for the purpose, which, without disclosing the subject of the questionnaire, emphasized the importance of responding with the maximum of spontaneity and sincerity, key assumptions in the study of social representations. As in the previous study, were taken all the measures to avoid biases, particularly in taken away the respondent from the group of friends or family where they were inserted or not address parents accompanied by children, for example.

Content analysis of the open questions was made using the SPSS Text Analysis for Surveys 2.0, and data were subsequently statistically worked with the SPSS 17.0.

1 220 valid questionnaires were applied, yielding a sample of convenience that tried to represent as best as possible the diversity of young people present at Rock in Rio - Lisbon 2012.

### **The main results of the study are the following:**

- For the population studied (young audience at Rock in Rio, 15-35), the study reveals a decreased in the perception of drugs as a social problem. Only 6.8% of the sample cited the drug and drug addiction as 'the biggest problems of Portuguese society'. In 2008, the percentage was 14.9%.
- Of these 6.8% citing drug, 42 (3.5%) in 1 215 young people surveyed thought automatically in drug to purpose 'biggest problems of Portuguese society'.
- The study confirmed conclusively that, for the young, the drug is no longer the number one problem. At the head come economic issues relating to employment, social disruption, linked to politics, poverty and social inequality, and also questions of justice.
- Vanished from the lexicon used by the population studied terms like 'scourge', 'overdose', 'Casal Ventoso', etc., so marked in other decades.
- Cannabis is the main substance cited, and from which most of the associations are made for the population studied, cannabis (as a symbolic concept) is no longer seen according to heroin.
- The association between drugs and crime, delinquency, prostitution, and other social problems is today less relevant. It was already in 2008, but it seems to accentuate this trend.

Although not measurable, many interviewers realized the difficulty of young respondents to answer questions about drug addicts, as something that does not affect them much. More, there were several cases of young people who reported to the question 'have you seen drug addicts parking cars?' Answering 'and how do I know whether they are addicts or not?'

It seems, therefore, to exist a clear distancing of young population in relation to the figure of the addict as a 'junkie'. Today, he is no longer seen as marginal or criminal, but rather as a

patient, someone suffering from an addiction. He is therefore not seen as a public menace, but as someone who needs help.

In summary, the study of social representations of young people at Rock in Rio - Lisbon 2012 allows to conclude that young people do not view drug addiction and drug addicts in the same way that was hegemonic in other decades: the reference substances are not the same, the problems arising from their use either.

It may be stated that social representations of young people who attend the Rock in Rio - Lisbon 2012 reflect the evolution of mentalities, but also the success achieved with the policies implemented in the last ten years, translated in a lower public visibility of extreme addiction cases and an approach to a paradigm that sees drug addiction more as a disease and less as a moral deviation.

### **New Psychoactive Substances, the Case of *Salvia Divinorum***

This research gathers the main information available about consumption and commercialization of *salvia divinorum* in Portugal. Instead of focusing exclusively on the substance, special attention is paid to social dimensions.

The documentary research work, including a content analysis of discussion forums on the Internet, has been done in January and February of 2013, before Decree-Law 54/2013 entry into force. Scattered information about *salvia divinorum* and *New Psychoactive Substances* (NPS) is summed up from different sources.

With hallucinogenic properties, *salvia divinorum* is traditionally consumed for centuries in rituals and ceremonies of the Mazatec, a culture of southern Mexico. In the West and as part of a broader use of different hallucinogenic products, initially carried out by hippies and other counterculture members, the plant is used since the second half of the twentieth century. Fifty years later, *salvia divinorum* is considered one of the NPS, being until very recently one of the most sold products in national smartshops.

In Portugal, the plant had been used few years before the opening of these shops. After that, consumption had surely reached both a new level and new consumers, reason why the plant can not be studied except in the broader context of NPS.

Despite being presented as an absolute novelty, a careful analysis of NPS shows that they stand today as a result of an older process of synthesis and laboratory manipulation of substances and active ingredients in order to circumvent the laws and bring more psychoactive products to the market, from one or more substances not controlled hitherto.

The survey made in January 2013 accounted for 63 points of NPS sale in Portugal: 56 open door shops, located in main cities, especially Lisbon and Oporto, and 7 operating exclusively online.

The interaction analysis on internet, namely in discussion forums, allowed to conclude the:

- Importance of cyberspace for the purchase, discussion, learning and socialization with NPS;
- Lack of information of many NPS users, showing ignorance and belief in myths;
- Most of NPS users have low opinion of substances: they are considered inferior to illicit, as well as addictive and hazardous to health;
- Existence of a relationship between NPS and other illicit substances: the users seem to consume both and tend to compare each other;
- Difficulty to profile a NPS consumer-type, but with the possibility to detach four great groups: clubbers, university students, teenagers and former injecting drugs consumers. It's also possible to conclude that some substances seem to be looked for some particular groups: stimulants by more frequent clubs visitors or hallucinogenic products (like *salvia divinorum*) by, for instance, trance parties goers;

- Importance of curiosity as motivation to consume many of these products. Overall, the use of NPS seem to be more experiential and sporadic than intensive, though some of them (as those sold as plant fertilizer) seem to be associated to more frequent uses and states of physical and/or psychological dependency;
- Existence of risk behaviors as is the case of polydrug use, ignorance of safe use practices, search for the most potent possible substances, etc. The clear risk culture resulting from the analysis is generally and largely assumed by NPS consumers.

The importance of new effects in transition to drug market and, later, to recreational settings is discussed. A list of studies with available data about *salvia divinorum* use is done, concluding that generally it is sporadic, non intensive, associated with alcohol, cannabis and other hallucinogens, and motivated mainly by curiosity. Even not being an alarming consumption, in certain countries and groups (college students and nightlife places, for example), *salvia divinorum* is equally or more consumed (lifetime and 12 months) than other drugs, like cocaine, ecstasy or LSD.

At the end, one can conclude that *salvia divinorum* is a plant with potent psychoactive effects mainly consumed in recreational settings by a young population that valorizes a bizarre and frightening experience as something funny, looking for a good time in the company of friends.

This search for strong emotions, regarded by some as something potent and frightening, is a practice of risk and a clear devaluation of potential risks (mainly mental). This should be brought into account in future interventions and design of preventive strategies.

### **Program for Prevention and Fight against Drugs and Alcoholism in the Armed Forces**

The Program for Prevention and Fight against Drugs and Alcoholism in the Armed Forces (PPCDAFA) is coordinated by a Steering Group, chaired by the General Directorate of Personnel and Recruitment and composed by representatives from the Navy, Army and Air Force.

In the branches of the Armed Forces (Navy, Army and Air Force), the coordination of the PPCDAFA is assured by specific Groups of the different branches, operating in accordance with internal directives produced at the level of the respective superior hierarchy.

In primary prevention foreseen by PPCDAFA, plays an important role the toxicological screening of the military population for detection of illicit substances in the urine, primarily cannabis, opiates, amphetamines and cocaine. The laboratories of the Branches of the Armed Forces are equipped with technical means of reference internationally recognized as the most suitable for screening and confirmation of drugs of abuse in urine.

The big advantage of the toxicological screening lies in the early detection as a mean of demand reduction, not only for security reasons of the organization, but fundamentally it allows detecting and stopping addiction as close as possible of the first use.

To ensure the credibility of the whole process and at the same time, the individual rights of the military screened, the realization of analysis is associated with a chain of custody of samples and a control of analytical performance to ensure the security, the accuracy and confidentiality of all data since the collection till the result validation.

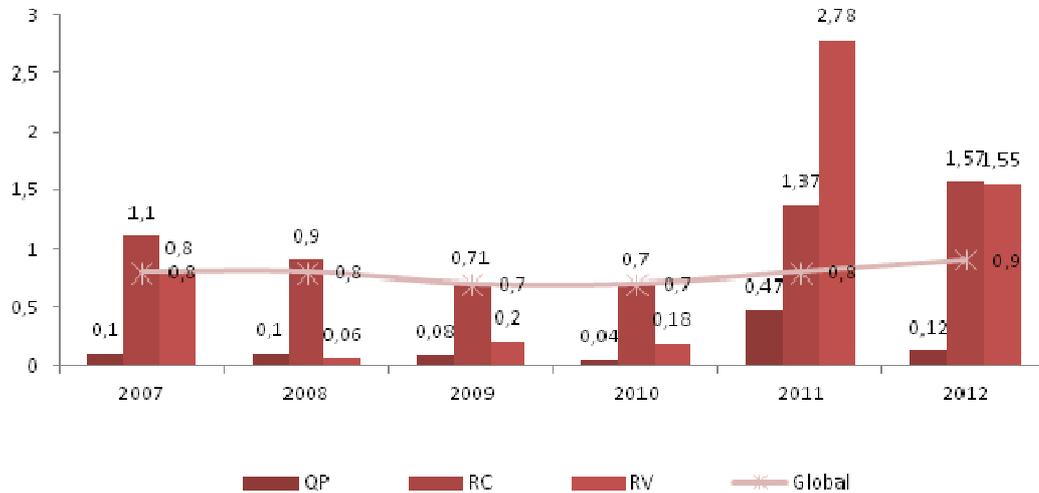
Officers, sergeants and soldiers are analysed based on a random nomination (drawing), extraordinary (on suspicion) and mandatory (as determined by the governing body of personal or follow-up of previous detection).

At the military setting (MDN2013), in 2012, the Armed Forces collected 17 451 urine samples. Concerning previous years, were added to the urine samples not only the active military population but also the candidates.

In a global appreciation of the results of the three branches of the Armed Forces, it is verified a positivity of 0.9% (+ 0.1% than last year).

When considering results per professional category, was observed a positivity of 0.12% in permanent staff, 1.57% to contracted personnel and 1.55% to volunteer staff.

In relation to previous years, it was verified the evolution synthesized in the next graph:



**Graph 16 – Positive results (%) in the toxicological screening, between 2006 and 2012, by regime of service (SICAD2013)**

**QP – Permanent Staff of Armed Forces of Portugal / RC – Contracted Staff of Armed Forces of Portugal / RV – Volunteers Armed Forces of Portugal**

The main illicit substance found was cannabis (81% of all positive tests, followed by cocaine (5.5%), and polydrug use situations (2.7%).

### 3. Prevention

#### 3.1. Introduction

The intervention in the mission area of prevention during 2012 followed the task to achieve the main strategic goals defined in previous years: prevent the beginning of psychoactive substance use, prevent the continue use and abuse and the transition from use to abuse or misuse and dependence. To achieve them, activities were planned in accordance with operational objectives of the Action Plan Against Drugs and Drug Addiction 2009-2012:

- Increase quality of intervention through adequate strategies, mainly selected and indicated prevention, with monitoring and evaluation of the results of the interventions;
- Contribute for an integrated intervention of IDT, I.P. investing in seeking answers adapted to the problems and needs, sharing resources in an articulate way, both internally and with civil society.

2012 was the last year of National Plan Against Drugs and Drug Addiction 2005-2012 (PNCDT) and took place a structural reform of the State and the redefinition of policies and health services. As a result, was extinguished the Institute on Drugs and Drug Addiction and created the General-Directorate for intervention on Addictive Behaviours and Dependencies (SICAD). The new organic refers the responsibility of intervention within the framework of preventive intervention, to the Division of Prevention and Community Intervention (DPIC), of SICAD, giving to the Regional Health Administrations (ARS), the operational component of health policies.

The PNCDT 2005-2012 was object of an internal and external evaluation and the results of the external evaluation found out that the strategic option in the prevention context, based on the health-based prevention model, which includes the Universal, Selective and Indicated prevention was overall well achieved.

The different projects and programs developed have been assessed externally as an innovative and experimental proposal, allow identifying key dimensions to the definition and implementation of programmes in almost the entire national territory; testing new methodologies and practices; evaluating interventions and reflect on their results, in order to constitute as guiding contributions to preventive interventions in the future.

In the external assessment, it was verified that different projects and programs evaluated constitute an innovative and experimental approach, consistent with the principles set out in the PNCDT. It allowed to: identify key dimensions to the definition and implementation of the programs not only in terms of universal prevention, but also in selective prevention of drug addiction; test new methodologies and practices; evaluate and reflect on the results in order to gain advantage as guiding contributions to future preventive interventions.

Under the vector of prevention, the efficiency, effectiveness and quality of interventions was assessed specifically via the increase in the number of prevention programs promoting strategies and actions based on scientific evidence and exchanges of experiences and improving the selection process, follow-up and monitoring of the projects implemented. The prevention projects that have been developed and which have complied with the requirements as promoters of strategies and actions based on scientific evidence are: Program of Focused Intervention (PIF), prevention project of drug consumption developed in partnership between Casa Pia de Lisboa and the IDT, I.P., “Copos quem decide és tu”, “Eu e os Outros” and Trilhos.

It was also established the foundations to develop future preventive interventions in the workplace environment in cooperation with employers (European Research and Intervention on Dependency and Diversity in Companies and Employment (EURIDICE).

Regarding quality, both the technical-scientific and methodological quality were strengthened through professional training, continuous monitoring of programs and projects, the production of good practices manuals and procedures and focused on collaborative work with the local actors (local authorities, schools, etc.) to promote coherence and complementarity.

Overall, in the ambit of the PNCDT 2005-2012, the intervention strategy in prevention had a great development and was positively evaluated.

It was verified in 2012 a diversification of intervention contexts (family, school, professional schools and training centers, care institutions for children and youth, university setting, workplace, recreational settings, community), at universal intervention level as well as selective and indicated, and in some cases this intervention was complementary and covered individuals in different spheres of their life.

In the education system, there was a strengthening in the articulation with the Ministry of Education, and other health structures, with the use of universal prevention strategies combined with more focused interventions like “Eu e os Outros” and “Trilhos”.

The prevention structures gave technical support, throughout all its stages, to projects and programs developed in partnership between IDT, I.P./SICAD and other structures of local and regional community, particularly in programs of school and family context and interventions in recreational and university context (articulated with the Harm Reduction area).

There was throughout the country an investment in selective and indicated prevention interventions, focused in groups, individuals on specific contexts that presents an increase risk for the use/abuse of substances, particularly in the implementation of personal and social competence training programs in the vocational and alternative curricular education and an appointment system for teenagers and young people with consumption of psychoactive substances. This system, developed in articulation with the Treatment Mission area, provides among others, psychological and psychosocial support.

The use of interventions based on consolidated programs such as “Eu e os Outros” (See SQ 25 Mustap Questionnaire) project “Trilhos”, project “Atlante”, among others, have been privileged in relation to less structured approaches. However, the response to brief or punctual interventions was not abandoned, as it was considered that this might allow future engagement in continuity interventions.

Furthermore, there was an investment in the capacity of professional's partner institutions through training and support, implementation, monitoring and evaluation of prevention projects. In this sense continuity was given to the development of the integrated system of financial support programs in health (SIPAFS). The SIPAFS is an integrated system that includes all phases that constitute the process of project financing, in the framework of the programmes supported by the Ministry of Health. This information system starts with the application process, passing through the follow-up, monitoring and evaluation of interventions, until the closure of the projects.

The work developed in conjunction with other healthcare institutions, was identified as a strong point, which will enable the standardisation of procedures regarding the allocation of financial support in the area of health, with the use of a common computer system between SICAD and General Directorate for Health (DGS). The implementation of this system will bring clear benefits for the entities involved, contributing to the automatization and simplification of processes associated with the allocation of financial support.

In promoting the quality of the intervention attempted in previous years, it was widely disseminated the Catalogue of Best Practices in Prevention, by managers and professionals, which includes a set of projects selected from Focalized Intervention Program (PIF) - they all have characteristics that confer quality at methodological level, evaluation process and results.

Among the projects supported by SICAD, we highlight the intervention in the “Casa Pia de Lisboa”, addressing youth in institutionalization situation, looking for suitable management

models of problematic situations and strengthening factors that promote resilience; the Kosmicare project by providing consultancy and support on research work, and co-ordination of the field intervention, carried out with the Psychology University of Porto and also the project Euridice within the working environment, promoting awareness about psychoactive substances consumption.

In 2012 SICAD applied to the “Project Drug Prevention and Information Program - Social Influence, peer support, skills and information by and for young people through social networking”. The project was approved, and will innovate preventive strategies among young people, through the use of new technologies, especially through social networks and mobile applications. This project is developed by the Trimbos Institute in the Netherlands and runs from 2013 to 2014, involving two experts from SICAD. The countries that collaborate in this project are the Netherlands, Estonia, Bulgaria, Czech Republic and Portugal.

The year 2012 also included the final evaluation and possible continuation of projects developed under PORI, maintaining all the procedures involved in the process of follow-up, monitoring and evaluation of these projects. It was also enhanced the integration of responses to alcohol use in our teams, (elaboration of training modules, extending the intervention to festive contexts).

### 3.2. Environmental Prevention<sup>29</sup>

Environmental prevention strategies aim at altering the immediate cultural, social, physical and economic environments in which people make their choices about drug use.

In the ambit of environmental intervention, in 2012, two new legal instruments were adopted, changing the legal framework in the field of alcohol and new psychoactive substances:

The new Alcohol Law:

Defined restrictions on the availability, sale and consumption of alcoholic beverages, since it prohibits the sale of spirits, or equivalent, to those under 18 years of age and all alcoholic beverages, spirits and not spirits, who have not completed 16 years of age. So, there's a change on the legal age for the consumption of spirits from sixteen to eighteen, keeping the legal limit of the sixteen years for other alcoholic beverages.

It forbids the provision, sale and consumption of alcoholic beverages between 00:00 and 08:00 hours in any commercial establishment, except in restaurants and bars and totally prohibits the provision, sale and consumption of alcoholic beverages in service stations located on highways or outside towns with regard to the consumption of alcohol outside the licensed area of an establishment, it is allowed only using lightweight containers.

<sup>29</sup> Definition (from AR): Environmental prevention strategies aim at altering the immediate cultural, social, physical and economic environments in which people make their choices about drug use.

**Regarding alcohol:** alcohol taxation (% of VAT and additional taxes); blood alcohol concentration allowed for drivers - to which extent is it reinforced?; age limits for purchasing (or consuming) alcohol. Differences for type of alcohol? Beer - spirits - to which extent is it reinforced?; distribution: outlet density and licensing restrictions and control, restriction of hours or days of sale; public policy: rules regarding drinking on the street, garbage and other alcohol-related nuisance - to which extent is it reinforced?; Background information and public debate  
[http://www.eurocare.org/resources/country\\_profiles/relevant\\_documents/scaling\\_alcohol\\_policies\\_in\\_europe](http://www.eurocare.org/resources/country_profiles/relevant_documents/scaling_alcohol_policies_in_europe)

**Regarding tobacco:** price of cigarettes and other tobacco products (taxation); smoke free work and other public places - to which extent is it reinforced?; age limits for purchasing (or consuming) tobacco products - to which extent is it reinforced?; comprehensive bans on advertising and promotion; treatment to help dependent smokers stop; Background information and public debate

**In recreational settings:** Age limits for being out (on the street or in night-life venues) - to which extent is it reinforced?; Responsible serving programmes; mandatory cooperation of the leisure industry with authorities; provisions for administrative licence suspension?; sobriety checkpoints (in or around venues); Background information and public debate

If available, report here also any information on: strategies to improve school climate and promote protective school environments, strategies to improve neighbourhood cohesion and climate, community coalitions, community watch schemes.

- “Creates a new regime of provision, sale and consumption of alcoholic beverages in public places and in places open to the public” (Decree-Law n. ° 50/2013 of 16 April 2003);
- The norm for the protection of citizens and measures to reduce the supply of “legal drugs”, having been approved “the legal regime definition of prevention and protection against advertising and commerce (trade, retail) of new psychoactive substances” (Decree-Law n. ° 54/2013 of 17 April 2003). For detailed information see Chapter 1.3.

Resulting from the National Plan for Reducing Alcohol related Problems (PNRPLA) 2010-2012, whose "essential goal is to significantly reduce the harmful use of alcohol among the population and to reduce their harmful effects in social and health" it is noted the functioning of National Alcohol and Health Forum (FNAS) - platform that aims to develop joint actions between different entities, relevant to the achievement of PNRPLA, in particular with regard to reduce the harm caused by harmful alcohol consumption.

In FNAS are gathered representatives of different sectors related to alcohol, in a total of 56 public and private entities, economic and social. This Forum was formalized in 2010, and in 2012, and was presented the final report of the 2010-2012 cycle. The results of the work done by participating in the Forum contributed to the pursuit of effective policies in reducing these problems, allowing a profound knowledge of the actions and activities developed in Portugal, discussed by all members and participants of the Forum, thus spreading the good practices emerging at national level, in line with the European Strategy to support Member States in reducing alcohol related harm and the WHO Global Strategy on Alcohol.

In this context it is worth noting the development between 2011 and 2012 of 47 commitments covering areas as diverse within prevention and the development of interventions aimed at protecting children and young people, to reduce accidents resulting from alcohol abuse, prevention of the harmful consumption effects in the employment context, inform, educate and raise awareness of the consequences of alcohol abuse. The target groups mainly covered were the professionals in their training to intervene (47%), followed by the youth and children (40%), employees (23%), families (19%) and finally the community in general (17%) including regulars of recreational settings.

In terms of contexts covered by the commitments, Work appears in 38% and only after the Educational (34%), integrating the different types of teaching. A more integrated approach that drives the intervention to the community as a whole appears in 28% of projects, followed by the context of intervention on health (23%) on an equal footing with the recreational context and virtual context from the internet (15%).

In terms of the interventions in commitments highlights the educational approach (45%), the information to the consumer (43%), counselling (36%) and the involvement of young people (30%). Highlight is for interventions aimed at media (17%) and campaigns at the level of commercial communication (15%) centred in the moderate and conscient consumption of alcohol.

From these commitments resulted multiple materials ranging from manuals/guides, brochures, flyers, posters, informative videos, websites, reports, guidance documents in terms of self-regulation of commercial communication and a game of informative /preventive character targeted to youth. Were also products of this national forum the organization of scientific events, the organization of training and awareness activities.

Regarding Tobacco, the legal regime applied in Portugal prohibits smoking in enclosed areas (Law n. ° 37/2007 of 14 August). New rules for consumption and marketing of tobacco are being study, according to the Community policy in place, which has not yet been transposed into Portuguese law. The main goals are to reduce the exposure of passive smokers, to limit the possibility of smoking and creating conditions for smokers to cease consumption, including through restrictions on the level of publicity regarding the use and sale of tobacco, the banning of smoking in public places, changes in reimbursement of medicines for

smoking cessation, among others. It is envisaged that these changes will entry into force during 2014.

### **Safe School Program**

The Ministry of Home Affairs continues to develop a proximity policing programme, *Escola Segura* (Safe School) to improve safety in the neighbourhood of schools through the Public Security Police (PSP) and the National Republican Guard (GNR).

The commitment in the work to be carried out near schools and educational communities is one of the fundamental pillars of the institutional strategy, which is reflected in the "Safe School Program". The main objectives of this programme are: raising awareness and acting near students, parents, teachers and responsible school staff on the problematic of security; advising good practices and recommending the adoption of adequate preventive measures with the aim of ensuring that schools will be a safe place and free of drugs, collect information and statistical data and conduct studies to provide the competent entities an objective knowledge about violence, insecurity feelings and victimization in the educative community.

GNR data indicates that in 2012, 311 agents (263 in 2011), were allocated to Safe School Programme. Apart from the proximity policing and offence dissuasion, these law enforcement agents were also involved in training and awareness raising initiatives in schools. The initiative targeted 6 406 schools (6 902 in 2011) covering a universe of 765 778 students (790 655 in 2011) and 2 293 awareness raising sessions were developed (10 843 in 2011), and were also made 274 visits to schools and/or groups of students to military facilities.

In the school year 2012/2013, the Public Security Police continued to ensure safety in school establishments in their area of responsibility.

In the school year 2012/2013, PSP teams allocated to the Program "Safe School" around 384 (391 in 2011/2012) police officers at national level, promoted more than 5 841 awareness/information actions at national level, focussing especially in issues such as prevention and road safety education (with 1 793 actions), alcohol and drugs (684 actions) and bullying (with 614 actions).

In the school year 2012/2013 from the 3 582 schools covered were involved 618 515 students and 25 631 professors and auxiliary educators (139 651 professors and auxiliary educators in 2011/2012).

### **3.3. Universal prevention**

The implementation of universal prevention strategies has being achieved through a set of responses that are meant to prevent use and abuse of licit and illicit psychoactive substances among large ranges of the Portuguese population. The universal prevention strategies are being developed at school, community and family level.

Several projects of universal prevention are being implemented in different settings:

#### **School**

The preventive intervention in schools is a major area of universal prevention, aimed at giving some awareness to school population on use of drugs and the risks associated. In Portugal, prevention of drug use is part of the school curricula and dealt within the framework of health promotion and education (please see SQ25 for description of framework and availability of responses), approached in several school subjects mainly in Sciences, Biology and Civic Education. The policy changes implemented within the Ministry of Education

created new challenges to preventive intervention in school; however it was possible to continue the work previously undertaken.

In 2012, school-based prevention in Portugal continued to be mainly implemented through programs developed by 3 different actors: the Ministry of Education, which is responsible for the inclusion of health promotion and substance use prevention in the school curricula; IDT, I.P./SICAD (Ministry of Health) through the prevention component of PORI framework described below and the Ministry of Home Affairs (Public Security Police - PSP and National Republican Guard - GNR).

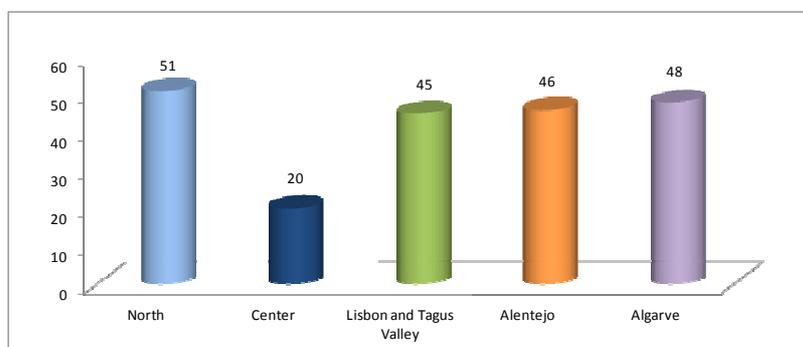
Articulation with the five Regional Directorate of Education (DRE) in particular with their health promotion interlocutors, was an important element for the monitoring and follow-up of interventions at the level of Promotion and Education for Health (PES) and prevention in the school setting.

Throughout the year, all over the country, several prevention activities and projects were developed in school settings, in a global perspective of health promotion or a more specific aspect of approach to the issue of psychoactive substances use, contributing to reinforce universal prevention activities, effective and evaluated, namely the analysis of the approach of content relating to psychoactive substances in the curricular disciplinary areas and not disciplinary.

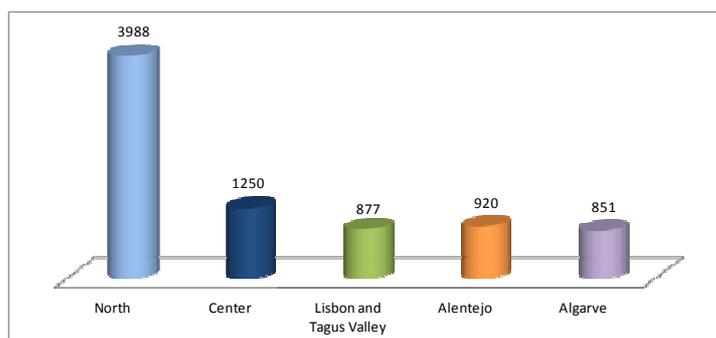
These awareness actions and/or projects have been developed in the schools curricula dynamics, in the disciplinary curricula areas and in the non-disciplinary as well, or through specific programs for the prevention of psychoactive substances.

The school activities were developed by teachers with the participation of students, several times in articulation with partners working in this area: health centres, autarchies, IDT, I.P./SICAD, NGOs, among others.

At national level 210 interventions were held covering 7 886 individuals with the following regional distribution:

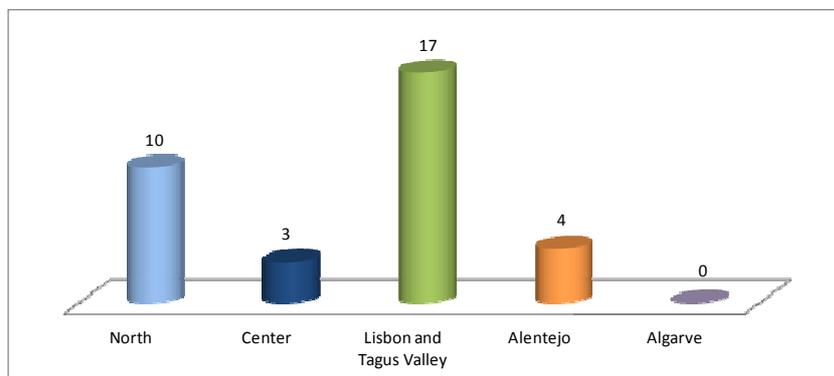


**Graph 17 – Number of interventions held (N=210) (SICAD2013)**



**Graph 18 – Population covered (N=7 886) (SICAD2013)**

In professional school setting 34 interventions were held nationally, with the following regional distribution:



**Graph 19 – Number of interventions held in professional schools setting (N=34), (SICAD2013)**

Since the school year 2005/2006, Program Atlante – “Enfrentar o Desafio das Drogas” (Portuguese version of ORDAGO – Afrontar el Desafio de Las Drogas), is being implemented in the IDT, I.P. Regional Delegation of Algarve. In 2012 it was developed in 15 Schools, on 48 classes, covering 851 students.

#### **Project “Eu e os outros” - Me and the Other’s (see SQ 25 Mustap Questionnaire)**

Project Me and the Other’s was created in 2006 by IDT, I.P. This Project aims at promoting a better knowledge and utilization of resources linked with drugs and drugs misuse, as the official website ([www.idt.pt](http://www.idt.pt) and [www.tu-alinhas.pt](http://www.tu-alinhas.pt)), the help-line (Linha1414), email, chat, etc.

It is a program of universal prevention based on the exploration of interactive narratives covering different topics related to adolescence, addressing the use of psychoactive substances in an integrated manner with other day-to-day problematic of young people, such as sexuality, violence, eating habits, exercise and health, school dropout, etc. This program is targeted to young people between 10 to 18 years old.

The perspective in 2012 was, after the 'shielding' of the materials contents by the institutional partners and the consolidation of the joint articulation with ME/DGIDC (Ministry of Education/General Directorate for Innovation and Curricular Development), investing on the accreditation process of teachers intervening in the project and on the training of teachers of Promotion and Health Education, as 1st line professionals in the implementation of the project in school setting.

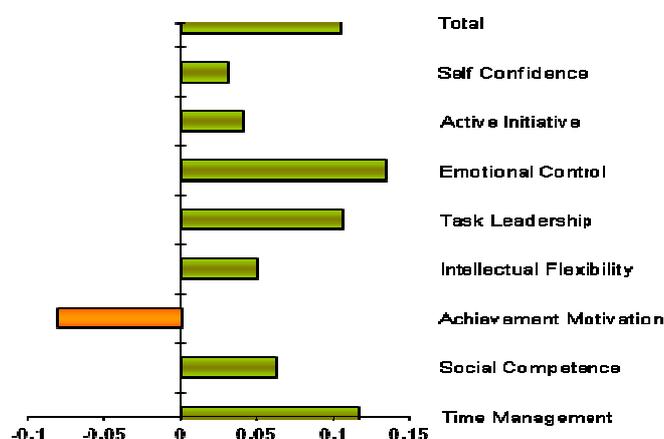
The school year 2012 finished with the coverage of **181 institutions** (schools, professional schools, social security institutions, Private Social Solidarity Institutions (IPSS), involving and training **740 professionals** from different areas (teachers, psychologists, social workers, socio cultural animators) for the participation of **12 449** young people (between 9 and 23 years old) covering all the country.

	Professionals	Institutions	Applicators	Players
2010	39	145	544	9 459
2011	43	166	543	9 871
2012	39	181	543	12 449

**Table 4 – Number of people involved in the project Me and the Others in 2010, 2011 and 2012 (SICAD/ RA2012)**

The impact evaluation of the Project was conducted during the school year 2011/12. It was based on an evaluation scale self-efficacy/effectiveness (LEQ - Richards, G. E , Ellis, L. A., Neill, J. T. 2002), which results were inserted in a database of Excel format online (online questionnaire of Google) completed by the applicators and technical support and checked in SPSS vs. 17.

In the school year 2011/12, the LEQ scale was applied to young people who were exposed to Me and the Others Project, with a sample of 2 955 subjects, belonging to the Centre of Integrated Responses (CRI's) of Castelo Branco (294), Viseu (134), Lisboa Ocidental (35), Setúbal (22), Algarve (369), Viana do Castelo (784), Porto Central (60), Bragança (30), Guarda (282), Vila Real (312) e Porto Oriental (206).



**Graph 20 – General Variation of Effectiveness Effect by factor 2011/2012 (SICAD RA 2012)**

The green bar symbolizes the improved effects in our sample, i.e., it was evident in all factors except in achievement motivation, the positive effect of auto efficiency in general. In comparison to last school year a remarkable increase was noted in all factors, although the motivation for goals is still the factor without positive effect, probably an aspect to be considered in the intervention.

Effects	2009/10	2010/11	2011/12
Time Management	0,04**	**0,13	**0,12
Social Competence	-0,06	**0,06	**0,06
Achievement Motivation	-0,22	-0,03	-0,081
Intellectual Flexibility	-0,02	**0,07	**0,05
Task Leadership	0,10*	**0,24	**0,11
Emotional Control	0,07*	**0,22	**0,14
Active Initiative	-0,03	**0,06	**0,04
Self Confidence	-0,01	**0,04	**0,03
Total	0,01**	**0,15	**0,11

**Table 5 – General Variation of effectiveness by factor, comparing 2009/2010, 2010/11 and 2011/2012 (SICAD RA 2012)**

The table above represents the effect variation by comparing 2009/10, 2010/11 and 2011/12, significant improvements are verified.

Beside the implementation of the Program, during 2012, other new actions were taken in Me and the Others Program. A 9th history was build focusing the alcohol related problems. In order to do it focus group's sessions were organized all over the country with pre-adolescents, adolescents, young adults, parents and professionals working with adolescents (in separated groups) gathering suggestions about themes to cover in the prevention approach (n=250 subjects). The history was organized based on those suggestions, submitted to expert's evaluation and returned to the groups for validate the presence of the suggested contents. By the end of 2012 the 9th history started to be tested with students from the 7th and 11th school grade in an experimental design investigation with pre and post test and using a control group for comparing results.

At the same time, a new instrument of evaluation was build for this specific content centered at the knowledge, attitudes, behaviors and perceived auto efficacy related with alcohol consumption along with general social emotional skills.

A control group was initially done to compare the viability of the instrument in the different groups. To determine the default value of the instrument used, was not continued the application of the control group, being the normative value of application of the scale as comparison of 1 680 subjects in the year 2010. In the school year 2013/2014 a new evaluation tool of the project will be introduced according to the creation of the ninth story, and at that time shall be constitute a new control group for evaluation of the instrument.

Regarding the training of Me and the Others, it is certified by Scientific-Pedagogical Council of the continuing training of Braga, in which trainers are certified by this council (experts now owned by the respective ARS, previously owned by IDT). This training which includes the Legal Regime of the continous training of teachers, through which they receive credits that are used for career progression.

For more info see SQ25 Mustap.

### **Group of Intervention in Higher Education**

The Group of Intervention in Higher Education (GIES – Grupo de Intervenção no Ensino Superior), was created in 2006 and aims to increase the involvement of Universities in the community intervention (prevention, risk reduction, reintegration and research) and to give answers to the academic community (prevention, risk reduction and treatment) in the scope of the use of psychoactive substances.

In the Higher Education Context the information/awareness intervention on psychoactive substances and associated harms was continued. In articulation with the National Council for Youth (CNJ) a letter of good practices on harm reduction in academic festivals context was written with the participation of the Academic Students Associations who signed it at the end assuming the responsibility of adopting those orientations on future events.

During this process a training process was organized for the leaders of those Academic Associations on a partnership between de CNJ and the IDT/SICAD. Other small workshops were developed in specific Universities during 2012, namely in Medicine University, Psychology, Nursing and Social Work Schools, among others.

At the same time at a local level, the interventions on the academic festivals of universities and polytechnic institutes continued to be developed. The strategy adopted is based on peer work, involving the training of voluntaries for proximity approaches during the events, framed by professionals from the prevention and harm reduction teams. There is no quantitative information about the range of this intervention.

### **Workplace Intervention**

In 2012, in the workplace setting the focus was on the consolidation of the different dimensions of intervention through the promotion and strengthening of partnerships.

In this context, much of the investment was focused on the preparation and execution of training and awareness actions that had as target audience employees of companies and external organizations.

In the case of awareness to workers, professionals of safety and health at work and the structures representing workers, the number of actions held exceeded the planned. It was also noted that the number of requests from employers' entities has been increasing year after year.

Awareness interventions during the year 2012, covered 1 137 actors in the work environment that included managers and workers. To state here the three entities partners of SICAD, a central union, an employer association and a large private company. With regard to the structured training SICAD covered 100 workers and managers from different professional areas.

In the sequence of the existing protocol between IDT.IP and a central union (CGTP-IN), and in order to continue EURIDICE project, it was adapted and signed a new partnership document with SICAD, which relies on the active participation of Regional Health Administrations.

EURIDICE project is a European program (EURÍDICE: European Research and Intervention on Dependency and Diversity in Companies and Employment), initiated in 2004, aims to prevent and intervene in problems related with alcohol and other psychoactive substances use; promote healthy lifestyles; changing attitudes, behaviours and risk factors; change the work conditions that favour and/or potentiate the use of psychoactive substances; increase knowledge on psychoactive substance use; promote the creation of a healthy and social climate at workplace, through integrated actions that include a training and information dimension.

This methodology is considered institutionally comprehensive since it includes within its scope of intervention municipalities and companies, in addition integrates an important group of project partners, including health centers, and medical teams at work / occupational health, public and private companies and develops through integrated actions that include an organizational diagnosis, a training and informative aspect and articulation with local services of clinical response to dependencies.

The evaluation of the work done within the workplace environment concluded that the main strengths were the great willingness to intervene in the problems linked with the consumption

of psychoactive substances and the pursuit of health policies within companies and employers.

Continuing the cooperation initiated in 2011 under the Expert Group on the Prevention of Drug Use in the Workplace, took shape in early 2012 publication in English on the internet site of the Pompidou Group and the IDT website a summary of the document "Safety and Health at Work and the Prevention of Consumption of Psychoactive Substances".

Guidelines for Intervention in working environment "prepared by former IDT, IP other entities, among which the Authority for Working Conditions, the General Directorate of Health, the Portuguese Society of Occupational Medicine, the Portuguese Navy, National Commission for Data Protection, the two National Unions and Employers' Associations. It is a concept and framework instrument with predominantly pedagogical concerns and useful to employers, workers and experts of the public and private sectors, to develop activities in this area.

(<http://www.coe.int/T/DG3/Pompidou/Source/Activities/Workdrug/Resumo.pdf>)

It is intended in the year 2013 and subsequent continuation of the wide dissemination of the assumptions contained in the Guidelines to the different agents of work environment: workers and their representatives, managers and Health and Safety professionals and the realization of informational materials to be disseminated by different economic sectors.

Within the framework of international cooperation, it is still noteworthy, national contributions to the development of the Frame of Reference for the Prevention of Alcohol and Drug Use in the Workplace from the Pompidou Group, adopted at the International Conference held in Strasbourg on 15<sup>th</sup> May 2012.

## Family

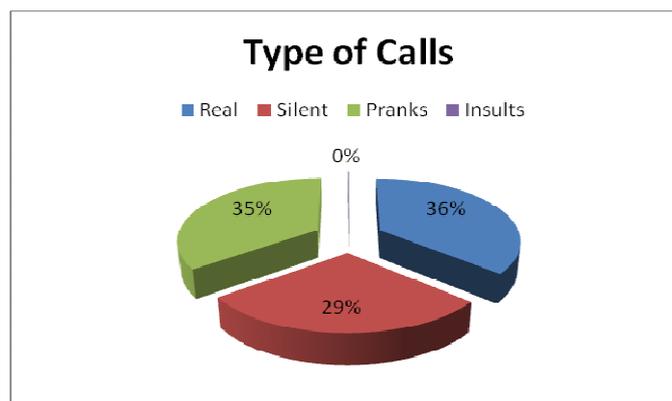
In some of the projects developed under PORI (please see subchapter 3.4. Selective prevention in at-risks groups and settings), interventions of universal prevention occurred in the communities, where families are included.

## Community

In some of the projects developed under PORI (please see subchapter 3.4. Selective prevention in at-risks groups and settings) interventions of universal prevention occurred in the community, mainly complementing selective and indicated approach on target groups.

SICAD hosts the national telephone helpline, *Linha Vida – SOS Droga*, an anonymous and confidential service that gives priority to counselling, information and referral in the drug abuse area and associated themes (adolescence, sexuality, AIDS, amongst others). The helpline is available from 10 am to 8 pm working days, and staff includes 5 psychologists and 1 social worker with specific training in counselling and drug abuse.

From the 1<sup>st</sup> January to 31<sup>st</sup> December 2012, the helpline received a total of 9 148 calls from which only 3 319 were *Real Calls*, the rest being *Silent Calls* 2 611, *Pranks* 3 206 and 12 *Insults*. Corresponding in percentual values respectively to 36% of *Real Calls*, 29% *Silent Calls* and 35% *Pranks*.



**Graph 21 - Type of Calls received by Linha Vida (SICAD, 2013)**

It was verified that a large percentage of calls are *Real Calls*, contrarily to the trend verified in previous years. This increase corresponds to a decrease in the Prank calls followed by Silent calls.

The high number of *Pranks* and *Silent Calls* may reflect forms to "test" the quality of the service, by individuals who actually have doubts and that they can return the call later with the aim to clarify.

Concerning the client profile, most of *Real Calls* continue to be made by those who had a problem or needed information – 66% of clients, followed by calls made by parents – 16% – with doubts drug use and relationship problems with their children and other relatives – 18% of clients. In 2012, callers were mainly female (59%).

Concerning the contents of the *Real Calls*, it was verified that 69% of calls fall into the Drugs category and deal with the presentation of a problem or a request for information related to drugs, while 31% refer to other issues.

As expected, most calls are drugs related problem, since this is the area of operation of the Helpline. These calls are related either to information requests and clarification of doubts or requests for support or referral.

It was observed that in the year 2012 cocaine (370); heroin (370) and cannabis (367) were at the origin of a larger number of calls relating to substances. When compared with previous years, there is still an increase of calls concerning Alcohol (342).

*Linha Vida* also continued to respond to emails (e-mail counselling). In 2012, 102 emails were received. 46 of the emails were requests for information and 27 were related to requests for support/counselling, 15 were requests for both information and support/counselling, and 2 were requests for referral to treatment and 12 related to other situations.

Concerning the themes approached, emails were related with substances: it was noted a higher number of questions related to cannabis (32%), followed by questions concerning alcohol (21%). questions related to drug addiction/drugs in general (16%), use of multiple substances (10%), cocaine (9%), heroine (5%) and others substances (7%).

In particular situations and under specific criteria, *Linha Vida* makes face-to-face counselling available to some of the callers, mainly for psycho-social assessment and referral. The purpose of this counselling is the follow-up on a continuous basis of patients and families, functioning as an impulse for seeking help, stimulating family mediation and allowing access to referral.

Face to face counselling is targeted to patients who go directly to SICAD by their own initiative, advice of other services or by suggestion of the Helpline staff.



Other community intervention project using new technologies is [www.tu-alinhas.pt](http://www.tu-alinhas.pt), a website that promotes healthy behaviours and prevention of drug use in a teenager-youth public (12-21 years old). This project has both entertaining and pedagogical approaches with the main goal of informing and promoting healthy behaviours and drug addiction prevention. The information available in the website is broader than the specific topic of drugs and drug addiction.

During 2012 were registered 65.531 unique visitors<sup>30</sup>, 255.381 visits<sup>31</sup>, 162.242 page visits<sup>32</sup> and 3.032.155 hits<sup>33</sup> to the juvenile website “Tu Alinhas”].

### 3.4. Selective prevention in at-risks groups and settings

The implementation of selective prevention strategies has been achieved through a set of responses that are meant to prevent use and abuse of licit and illicit psychoactive substances and alcohol among large ranges of the Portuguese population. The selective prevention strategies have been developed at school, community and family through the Operational Plan for Integrated Responses and in institutional settings, as Casa Pia de Lisboa (CPL) by the project Prevention of psychoactive substance use, both presented below.

The Project on Prevention of Psychoactive Substance use - partnership between Casa Pia de Lisboa (CPL) and IDT, IP, is an action-research project, developed since 2005. The project falls within the scope of selective and indicated intervention in school setting and among young institutionalized and want to contribute to the healthy development of students of CPL in an integrated and comprehensive perspective.

The goal of the project is the implementation of a model of preventive intervention of selective and indicated character appropriate to the needs and characteristics of the target groups (students, families and socioeducative agents) of the 8 Education Centers and Development (CED) of CPL.

In this sense, the project aims to implement and evaluate a consistent intervention, articulate, efficient and suited to the needs and characteristics of the target groups and of the CED; provide workers and agents families of fundamental tools for identifying and addressing situations related to the consumption of psychoactive substances and empower learners the skills needed for decision-making, indispensable when faced with situations related to consumption.

The organisational model adopted for the development of the intervention, consists in the establishment of two working groups, namely, hard core-ND (composed of five elements: the project coordinator on CPL, an expert responsible for the project in SICAD and 3 experts from Centre of Integrated Responses (CRI) of Regional Administration of Lisbon and Tagus Valley of the prevention area) and Reference Groups (composed by 23 experts of CED, whose number varies in each CED, being the average 3 elements) that coordinate the development of the intervention, in conjunction with the various socioeducational agent in each CED. The technical monitoring of each reference group in each CED is effected indirectly by the ND and directly by the respective CRI, according to its territorial scope.

<sup>(30)</sup> **Unique Visitors** – Counts un visitor per day no matter how often and at what time accessed. Leaves a *cookie by computer* that expires next day. If the browser doesn't accept *cookies*, he counts the number of IP.

<sup>(31)</sup> **Visits** – Counts one visit by computer for a few minutes. If the person access the page again after half an hour will be counted one more visit.

<sup>(32)</sup> **Pages** – It is every time a page is seen. Also referred as "*views*".

<sup>(33)</sup> **Hits** – It's every time a archive (e.g a photo) or a website page is accessed. Can also be referenced as "*requests*".

Activities undertaken in 2012 operationalized the project objectives, namely:

- Follow-up meetings to the Reference Groups by Education Center;
- Meetings of the core group;
- Training on the program “SPA - Saber Lidar com as Substâncias Psicoativas: Informar, Desmistificar, Prevenir e Educar”;
- awareness/Information actions in the ambit of prevention of psychoactive substance use for professionals and teachers

In 2012 the intervention continued through regular meetings of the core nucleus and the monitoring of the groups of References in CED, along the lines of the monitoring described above with regular meetings of the intervention framework, through fundamentally the discussion of cases and definition of intervention strategies. Were held during the year of 2012 a total of 14 core meetings and 21 follow-up meetings of reference Groups.

In order to give answer to the needs felt by CED collaborators regarding the provision of pedagogical material for intervention with learners, has started the implementation of the programme "SPA-know how to handle the psychoactive substances: Inform, Demystify, prevent and educate" and respective manual created by the core nucleus at the end of 2011.

This program aims to complement the intervention model under the Social Integrated Competency (CSI) program, developed at Casa Pia. The SPA program focuses on two components: informational component and competencies to deal with SPA; component to handle the pressure and decision-making with regard to the SPA. Addressing preferably to students of the 2<sup>nd</sup> Cycle to Secondary Education and students of initial formation of dual certification (FIDC) on educational and training responses of CPL, as well as the students in residential reception to attend these levels of education and training. Consists of four sessions in each academic year, in a total of 32 sessions.

In 2012 the core nucleus began the training of the reference groups for the implementation of the programme SPA, being this currently still ongoing. 10 training sessions were conducted of 3h30 each, having been covered a total of 128 professionals.

### **Operation Plan for Integrated Responses (PORI)**

PORI is a structural measure that highlights accurate diagnosis – fundamental for drawing a field intervention, PORI obeys to sequential phases and achieved through the creation of Programs of Integrated Responses (PRI) in each identified territories. It promotes an integrated intervention, which means the coordination between all the axes of the intervention (prevention, harm reduction, treatment and reintegration) and not an isolated approach

PRI is a specific intervention programme that integrates interdisciplinary and multi sector answers, according with some or all areas (prevention, treatment, harm and risk reduction and reintegration) and depends from the diagnoses results of a territory identified as priority.

As can be observed in the operational scheme, the PORI activities developed in 2012 were centred on phase 4 with the update of the diagnosis of priority territories and on phase 8 – Technical and Financial Coordination of PRI, in the sequence of the work developed in previous years.

The following figure shows the operation scheme of PORI, according to which the Plan is being implemented at national level.

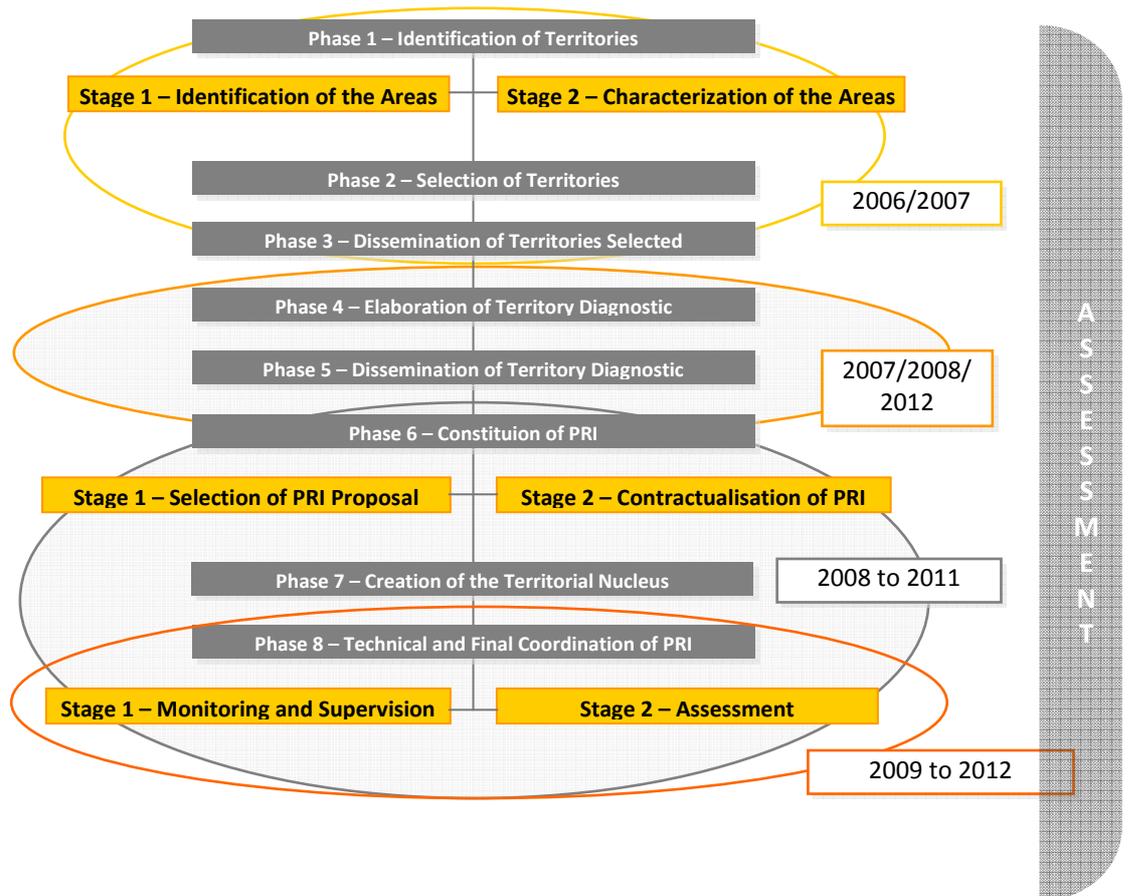


Figure 2 – Operational scheme of PORI (SICAD 2013)

In 2012, 59 Programs of Integrated Responses (PRI) were implemented, driven by the respective Territorial Nucleus (NT). In the following figure it is presented the distribution of PRI by each district, as well as the number of PRI followed by each Regional Delegation.

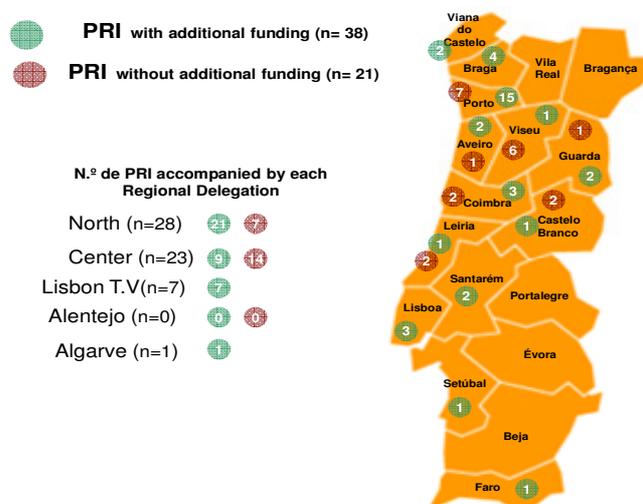
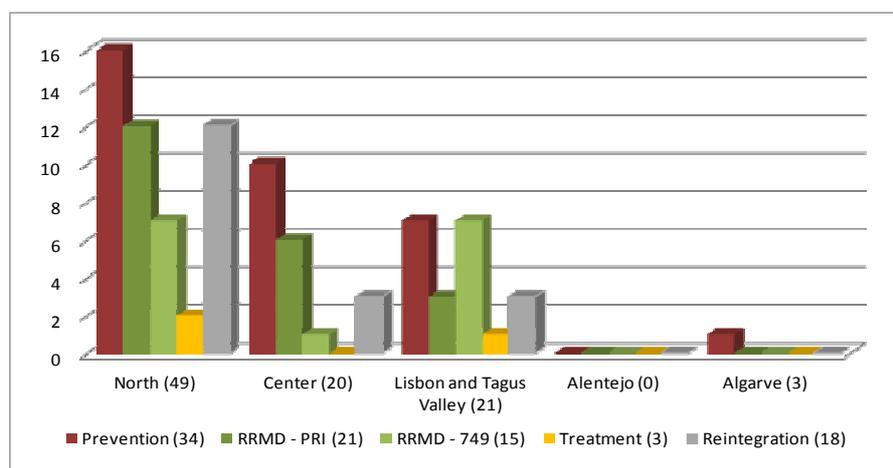


Figure 3 – Programs of Integrated Responses (PRI), by District and Region (SICAD2013)

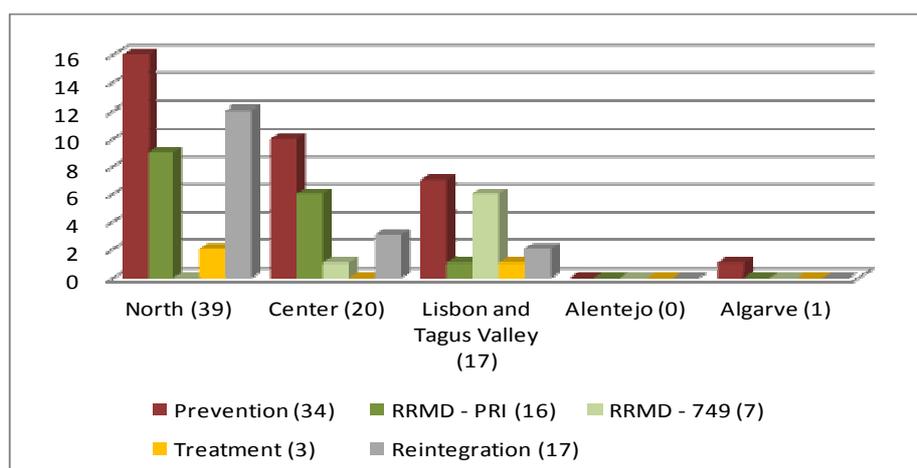
In 2012, 76 projects were implemented in the Framework of PRI. In the Harm and Risk Reduction axis (RRMD) beyond the 21 projects co-financed under PRI, 15 projects still ongoing, co-financed under Administrative Rule n<sup>o</sup> 749/2007 of 25<sup>th</sup> June, which establishes the criteria to fund harm reduction programmes and facilities in the drugs and drug addiction area.

The distribution of PRI projects co-financed by Administrative Rule n<sup>o</sup> 749/2007, by region and area of mission can be seen in the graph below.



**Graph 22 – Projects co-financed in execution in 2012 (N=91) (SICAD2013)**

In 2012, monthly process indicators of projects co-financed under PRI continued to be collected. Data was collected monthly on 70 of the 76 ongoing projects in the framework of RRMD projects, implemented under Administrative Rule 749/2007. Information was collected from 7 of the 15 ongoing projects.

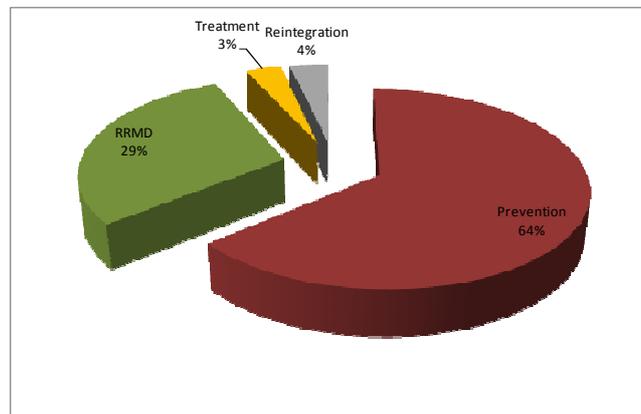


**Graph 23 – Distribution of the projects with information concluded and registered in the database (N=77) (SICAD2013)**

Below is presented the main data on the number of persons covered (by target-groups) and the type of activities in 2012. It is important to note that the execution indicators monthly collected relate only to the actions developed in the projects near the beneficiaries, i.e., are

not intended to reflect all the work that the implementation of a project entails, but report some of the most important numbers .

The following graph presents the total number of individuals covered by 77 projects of the 91 in execution in 2012, with the exception of individuals covered in recreational context and/or festivities.

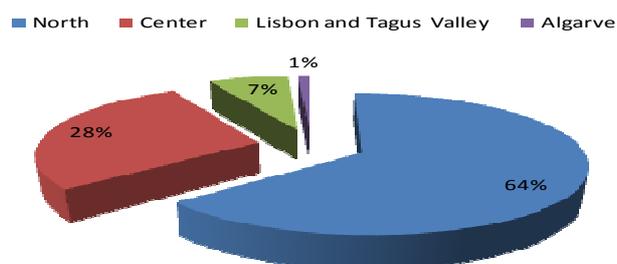


**Graph 24 – Total number of Individuals covered by axe of intervention (N=28 363) (SICAD2013)**

### Specification by Axe of Intervention - Prevention

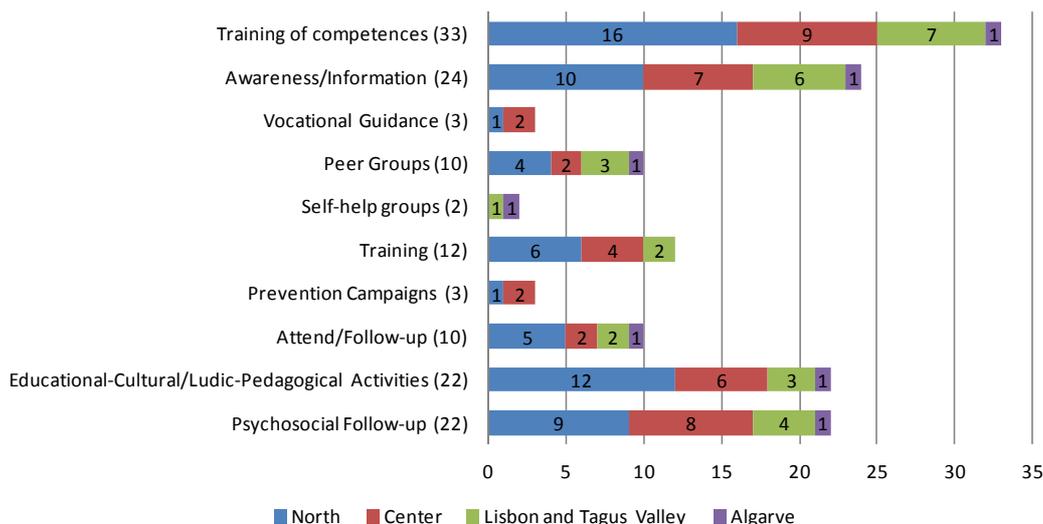
Concerning the prevention axe in the ambit of PRI co-financed by IDT, I.P. 34 projects were implemented, covering a total of 18 271 individuals.

The majority of the population covered is situated in the North (64%) and Center (28%) since these are the regions with a higher number of projects and actions in execution.



**Graph 25 – Total individuals covered (N=18 271) (SICAD2013)**

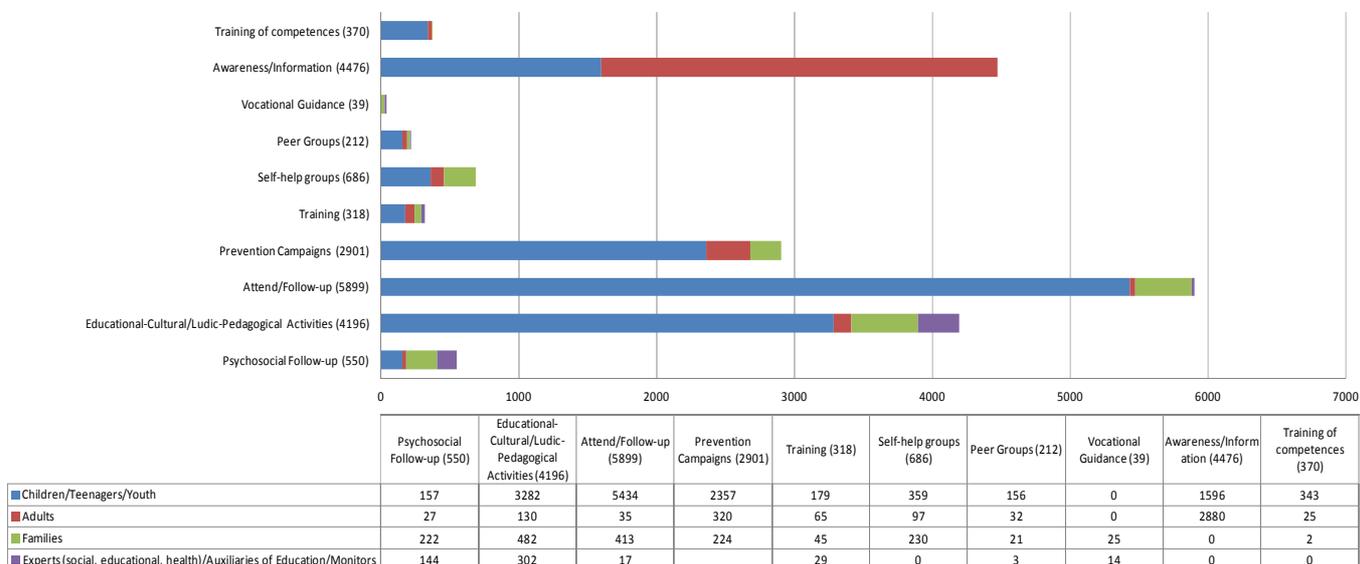
The following graph presents the type of actions developed in the 34 projects in execution.



**Graph 26 – Type of actions developed in the projects by Region (N=34) (SICAD2013)**

The majority of the projects (33) carried out actions of training competences, 24 of awareness/information, 22 educational-cultural/ludic-pedagogical and 22 projects developed actions of psychosocial follow-up.

The graph below shows the number of individuals covered by target group in the different types of actions and projects. It is important to refer that the same person can fall into several types of action.



**Graph 27 – Distribution of the individuals covered by type of action (N=180 271) (SICAD2013)**

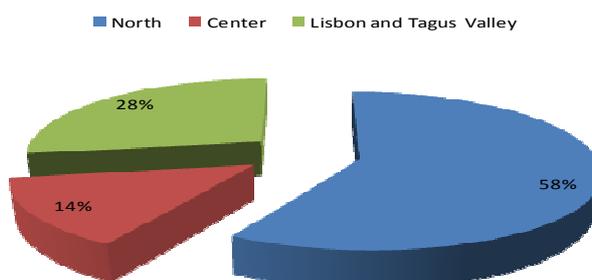
The type of actions that covered more individuals were the awareness/information (4 476), Educational-Cultural/Ludic-Pedagogical Activities (4 196) and prevention campaigns (2 901), usually targeted to larger groups, concerning more focused interventions prevail the type of Attend/Follow-up (5 899) and the Self-help groups (686).

Thus, in 2012 the intervention in the prevention area continues to promote the reinforcement of actions targeted to specific groups with particular emphasis on children, teenagers and

young people, remaining the focus of intervention at the level of selective and indicated prevention.

### Axe of Harm and Risk Reduction

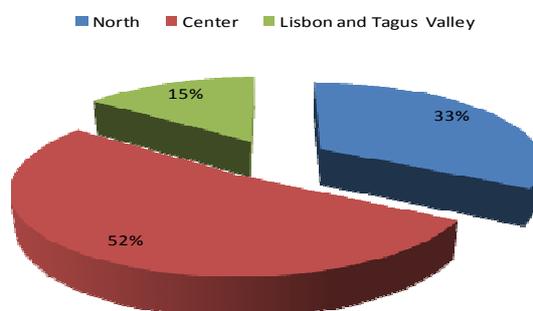
With respect to the axe of Harm and Risk Reduction, in 2012, 36 projects were in course (21 under the PRI and 15 in the framework of Administrative Rule 749/2007). In total 8 230 people were covered.



**Graph 28 – Target population, drug addicted without social family environment (N=8 320) (SICAD2013)**

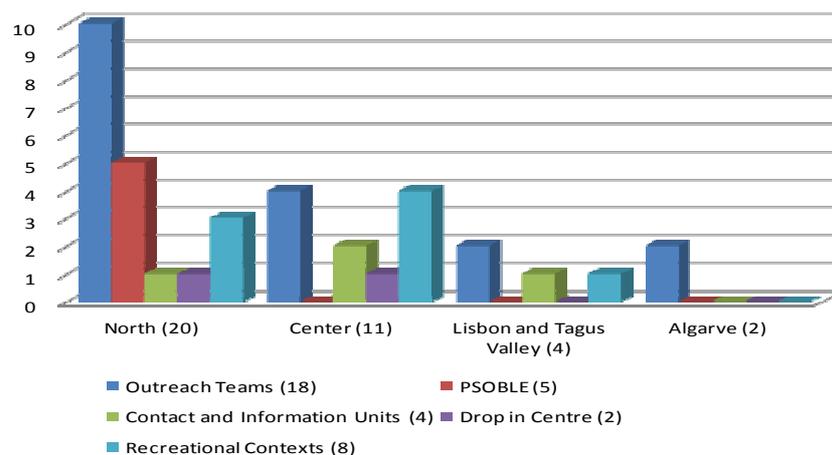
It is important to highlight that the ambit of intervention of these structures is centred near the addicts without social-family environment with very specific characteristics, namely individuals with many years of dependence presenting psychal, psychological and social weakness. From the perspective of the context of the intervention, these responses are located in areas identified as problematic in terms of trafficking and consumption (mainly urban areas and peripheral housing estates).

In relation to intervention in recreational and/or festivities settings, 7 projects under PRI covered near 122 555 individuals. In the framework of the administrative rule n. ° 749/2007, is considered 1 project with 13 491 individuals from whom in global terms 88 355 were contacted in the bar/disco setting and 47 691 in the party/festival context (for more info on these intervention, see chapter 7.2).



**Graph 29 – Target population of RRMD intervention in recreational settings (N=136 046) (SICAD2013)**

The responses developed by the projects under RRMD, according to the established by Decree-Law N. ° 183/2001 of 21 June, are presented in the following graph:



**Graph 30 – Type of responses developed by projects, by region (N=20) (SICAD2013)**

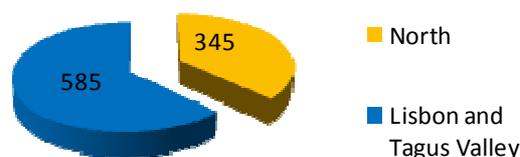
### Treatment Axe

The IDT, I.P. network care provider develops a work supported by 45 Treatment Teams (ET) and respective decentralised appointments, in a strict articulation with all PRI.

In 2012 to bridge the treatment gap remained 3 projects co-financed by IDT, I.P. The intervention was developed in the North Region, with two projects and in Lisbon and Tagus Valley, with one project.

These projects concluded the 4<sup>th</sup> year of execution, their relevance and continuity was assessed, overcoming some of the constraints resulting from the extinction of IDT, I.P. In May 2012, a tender procedure was launched for the municipality of Vila Franca de Xira in order to ensure for one more year the intervention in this territory.

It's worth to note that the population covered by these projects is increasing every year, an increase of 11.8% in relation to 2011, from 832 individuals to 930 individuals followed-up.

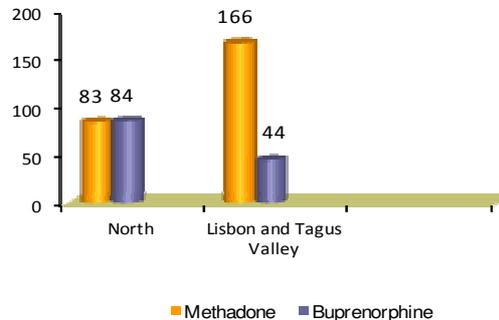


**Graph 31 – Total number of individuals covered in the year 2012 by the 3 projects (N=930), (SICAD2013)**

### Type of answers developed by the projects:

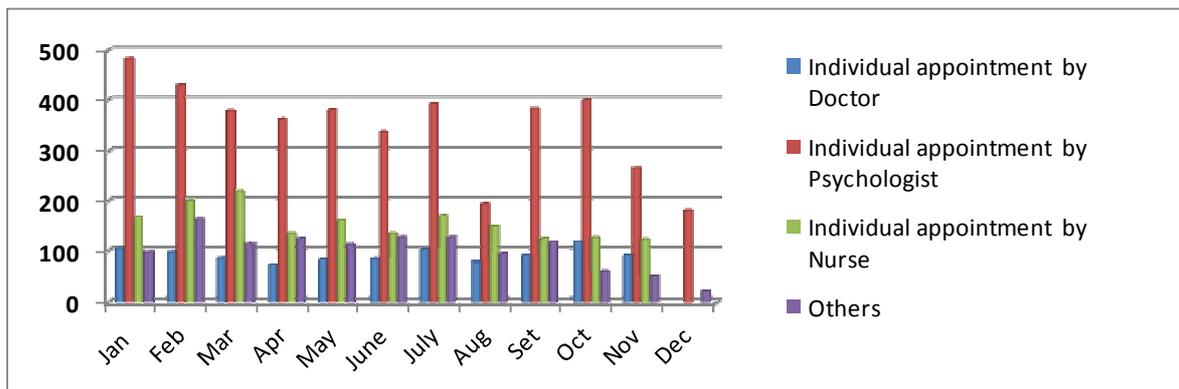
Throughout 2012, 7 690 appointments were realized to the 930 patients followed by 2 of the three projects that have the response “Appointments Centres”, corresponding to an average of 8 appointments by patient, by year.

The treatment projects have also developed a program of opioids antagonist maintenance in the 3 projects as we can observe in the following graph, with a total of 249 patients in methadone program and 128 in buprenorphine.



**Graph 32 – Distribution of the individuals covered in 2012 by the 3 projects (N=930), (SICAD2013)**

Due to the specificity of the opioids antagonist maintenance programs these were always developed in close collaboration with the treatment teams of the CRI of the respective geographic areas.



**Graph 33 – Type of approach developed (SICAD2013)**

The “approach individual appointment by psychologist” is the basis of the intervention strategy in two projects: One in the North and other in Lisbon. The project of the North doesn’t have the answer “consultation center” and develops a street proximity strategy with a team of nurses ensuring the surveillance of methadone.

### Reintegration Axe

In 2012, 18 co-financed projects were developed in the Reintegration Axe, distributed by the Northern, Center and Lisbon and Tagus Valley regions. These projects covered a total of 1 011 new patients, who were targeted by interventions in the reintegration context. In addition to these new patients, projects continue to follow-up a high number of clients that passed from previous years.

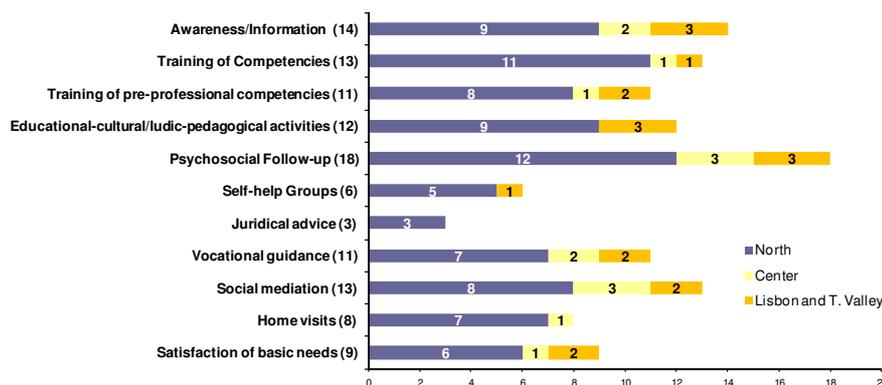


**Graph 34 – Total number of new clients covered in 2012 (N=1 011) (SICAD2013)**

Most of the covered population is located in the northern region (65%), since it is in this region that 12 of the 18 reintegration projects in implementation in 2012 are being developed. There was a significant decrease of new patients covered by the projects in 2012 in comparison to previous year (-53%), once the projects in execution were less than in 2011, resulting in the closure of 16 projects. By the end of 2012 ended 16 of the 18 projects in development.

With regard to the intervention developed were promoted several strategies and actions, seeking to have relevant results in the life of persons covered by the projects.

The following graph shows the typology of actions, identified according to common categories.



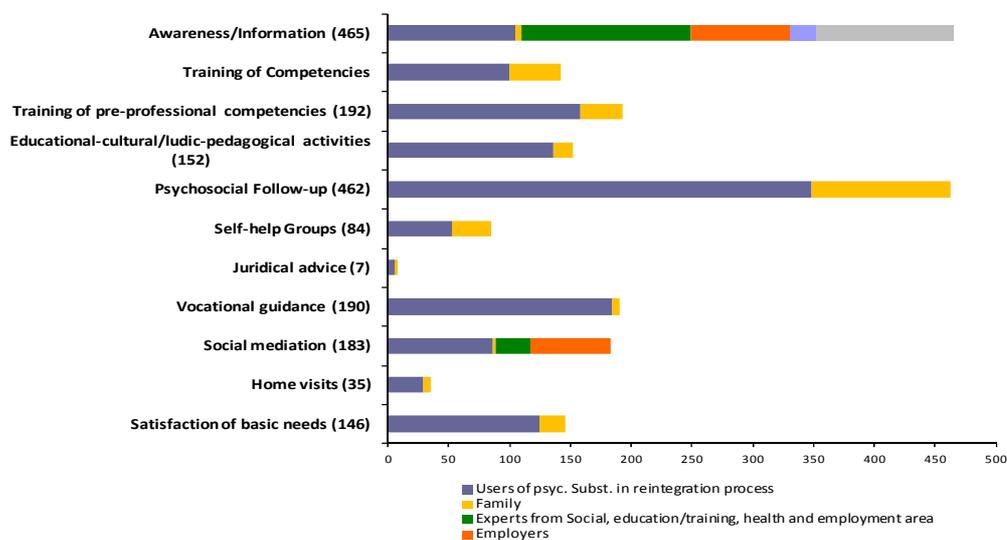
**Graph 35 – Type of actions developed in the projects, by region (N=18 projects), (SICAD2013)**

The psychosocial follow-up is the base of intervention strategies in reintegration, which is reflected in the large number of projects that develop this type of action (18). Also noteworthy the actions of awareness/information developed in 14 projects and the training of competencies and social mediation in 13 projects. Social Mediation actions assume a very important character in the process of reintegration, once aimed at the preparation of social systems, as facilitating elements of the processes of integration and, concomitantly, a systematic follow-up of patients on those systems.

These actions are operationalized in the workplace, in the preparation for interaction with colleagues and supervisors, monitoring of users in adapting to the work context, the technical support to companies, training centers and other social services.

These actions involved different target groups, users of psychoactive substances in reintegration process and their parents and other social systems that play an important role

in the concretisation of the reintegration paths of the users, such as experts from partner entities, employer entities, and others which are listed in the following graph:



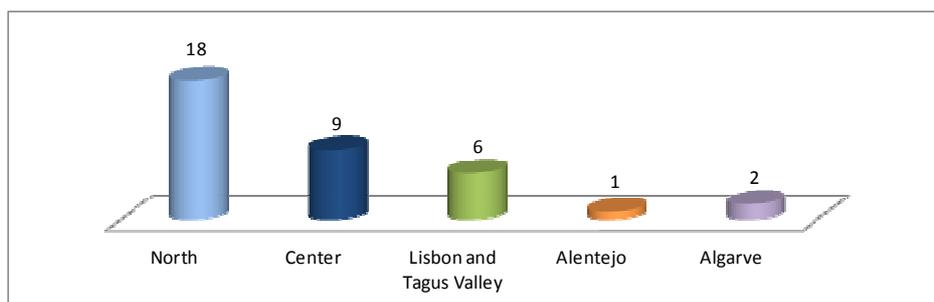
**Graph 36 – Distribution of the individuals covered by type of action (N=1 011), (SICAD2013)**

Most of the actions developed were targeted to users in reintegration process and their families, especially the actions of psychosocial follow-up (348 patients and 114 families). Awareness/Information actions covered the largest number of people, including users in reintegration process and several elements of social systems, in a total of 465 people. It was also stressed the importance of the work developed near the social systems, in special the developing of actions of awareness and social mediation that allows the establishment of linkage, between the individual and the context where is integrated. This is fundamental for the achievement of integration individual plans and for the success of the intervention in reintegration.

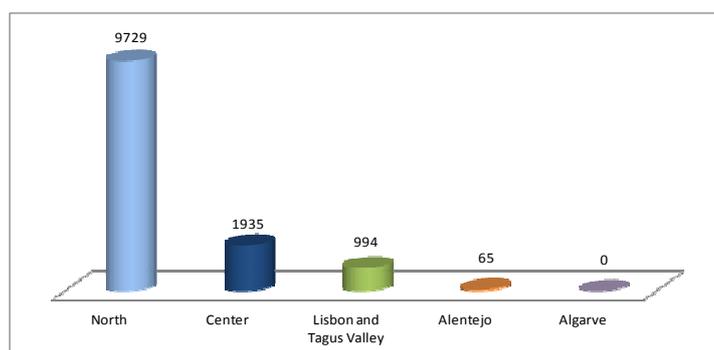
### 3.5. Indicated Prevention

The implementation of indicated prevention strategies has being achieved through a set of responses that are meant to prevent use and abuse and dependence of licit and illicit psychoactive substances and alcohol among large ranges of the Portuguese at risk population. The indicated prevention strategies have been developed mostly at school and community level in different settings. Particularly in schools by the implementation of personal and social competence training programs in the vocational and alternative curricular education; in community by an appointment system for teenagers and young people at with consumption of psychoactive substances that provides among others, psychological and psychosocial support and in recreational settings by providing essential information about psychoactive substances, their potential effects risks and psychological support to individuals in crises due to consumption of psychoactive substances and along with Harm Reduction area.

In 2012 were created/provided regional and locally 36 customer structures to teenagers and youth. In the context of the intervention developed in these structures, were assisted 12 723 individuals, 691 were consultations in support of families, as we can see in the following graphs:



**Graph 37 – Number of structures attending Teenagers (N=36), (SICAD2013)**



**Graph 38 – Number of attendances carried out to teenagers (N=12 723), (SICAD2013)**

As regards intervention in classes of the Integrated Programme of Education and Training (PIEF) of the Ministry of Education, were covered 54 students in the project "Me and the others".

### **Intervention in the Boom Festival**

BOOM Festival is an international event held biannually in Portugal in Idanha-a-Nova, being considered the biggest trance music event in the world.

In 2010, IDT, I.P. initiated a partnership with the producer of Boom festival and Catholic University of Oporto with the aim of carrying out cooperation actions in the research area, prevention, harm and risk reduction of the use of psychoactive substances, within the existing legal framework through the creation of Kosmicare service. Following the work done, in 2012 continued the partnership with the establishment of a new cooperation agreement between the producer of the Boom Festival, the Catholic University of Porto and SICAD.

Kosmicare (KC) it's a psychoactive substance crisis intervention service. The service is carried out 24 hours during all the festival days which aims to intervene in the psychedelic crisis resulting from the use of psychoactive substances and aims to:

- Provide support to individuals who have experienced a crisis resulting from the use of psychoactive substances, namely psychedelics, enabling them the processing and integration of this experience;
- Prevent the use/abuse and dependency of psychoactive substances and reduce damage associated with the use of psychoactive substances in a perspective of shared responsibility;

- share information about psychoactive substances, their potential effects, benefits and risks.

Alongside the intervention project has been developed a research project, coordinated by the Faculty of education and psychology at the Catholic University of Porto, through the center of human development studies (psychological evaluation and intervention line) with the support and advice of SICAD, whose general objective is to study the effectiveness of the Kosmicare intervention model, based on a model of multi-methods research (qualitative and quantitative) operationalized in several studies, spread over three research axes:

Axis 1-characterization of the model and implementation process of the Kosmicare;

Axis 2-characterization of the effectiveness of intervention of Kosmicare;

Axis 3 – definition of a crisis intervention model, based on scientific evidence, in recreational environments in the context of prevention and RRMD.

The studies concerning the 2010 Edition concluded that the intervention model of Kosmicare model meets the objectives it proposes and is globally effective, by the positive way that changed the symptoms and solved most of the crisis situations resulting from the consumption of psychoactive substances and among other factors, with the high satisfaction of visitors/users in relation to the service provided.

In 2012, the festival took place between 27 July and 4 August. The 2012 Edition ran along the same lines of the previous one, it worked 24h, in shifts. However, some changes were introduced, notably at the level of intervention organisation and composition of the technical team, with the introduction of a social worker. The team was composed of 50 elements from different countries of the world, most volunteers: a Pilot-engineer (Catholic University) and a Co-pilot (SICAD expert); a medical team (psychiatrist, anesthetist, nurse and a homeopath); 5 team coordinators; 34 sitters (monitoring of the subject) and 5 Secretaries (intervention and support to data collection research of the project).

Towards the improvement and qualification of the intervention, was held a training action, for the entire technical team, with duration of 8 hours, held the day before the opening of the festival. A manual was prepared to support intervention for distribution to the whole team.

The studies initiated in 2012 are still under development: characterization study of process intervention and definition of guidelines for intervention and follow-up study of the impact of intervention in visitors (2010 and 2012).

The 2012 Edition of Kosmicare took place in a very positive way, having been possible to implement improvements in intervention the model, resulting from the assessment made of the 2010 Edition.

Highlight as strengths of this partnership, the possibility of an event producer, a University/Centre for research and the national agency with responsibility in this area, design and implement together a research-action project that enables to implement and evaluate the process and the effectiveness of an innovative model of crisis intervention in recreational environments. The model has proved to be effective, contributing to the quality of health of the participants of the festival, and simultaneously to the production of knowledge based on scientific evidence. It is still a strong point, the excellent quality of the articulation between the partners and the work implemented, carried out on a basis of complementarity and constructive union of efforts on the ground and in the development of the research project.

On the 2012 edition were covered by the Kosmicare intervention 200 individuals, 80 more than in the previous edition.

### 3.6. National and local media campaigns

In 2012 and 2013 the main media and public events on drug-related issues were the following:

- Presentation, at the National Parliament, on the 11st December, of the Annual Report 2011 “A situação do País em Matéria de Drogas e da Toxicodependência” as well as the EMCDDA Annual Report 2012;
- Public Presentation of the External Evaluation of the National Plan Against Drugs and Drug Addictions 2005-2012 (PNCDDT) in the 14<sup>th</sup> of January 2013, donned by Gesaworld;
- Press Conference on New Law Psychoactive Substances (Decree-Law 54/2013 of 17 Abril 2013 and Administrative Rule 154/2013 of 17 Abril 2013);
- Press Conference on the new alcohol Law (Decree-Law 50/2013 of 16 Abril 2013).

## 4. Problem Drug Use

### 4.1. Introduction

In 2011 there were no new studies on problematic drug use, so we continue to report here the last study realized.

During 2006-2007, a study was conducted to estimate the national prevalence of problem drug use (PDU) and intravenous drug use (IDU) in Portugal (Negreiros2009). The study adopted EMCDDA definitions of PDU (i.e., injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines) and IDU (i.e., injecting for non-medical purposes). Besides, the prevalence estimates included the age group of the 15-64 year olds and were referred to the year of 2005. The study was carried out in the framework of the contract celebrated between the IDT, I.P. and the Faculty of Psychology and Educational Sciences (FPCE/UP).

PDU and IDU estimates were calculated based on the multiplier method using the treatment data; IDU estimates were also calculated based in the deaths multiplier method. The number of identified problem drug users (benchmark) was provided by the public treatment agencies (i.e., number of problem drug users who underwent treatment in the “Centros de Atendimento a Toxicodependentes” in 2005). The National Forensic Institute provided the information (i.e., number of registered drug-related deaths) for IDU estimates for the deaths multiplier method.

Respondent-driven sampling (RDS) was implemented to recruit problem drug users (n=237) in a large metropolitan area (Porto) and in a medium size city (Viseu; n=50). RDS is a network-based method for sampling hidden populations that has been shown to produce unbiased populations estimates. To implement RDS, ethnographic research was conducted to develop familiarity with local sites and populations. An incentive system (financial reward) was also used. In order to estimate the multiplier value, a direct question and nomination techniques were used.

Elsewhere, both samples were described in terms of social and demographic variables as well as drug use patterns (Negreiros2009).

### 4.2. Prevalence and incidence estimates of PDU

#### *a. National estimate of overall PDU for Portugal*

##### *Multiplier method using treatment data*

The number of problem drug users registered in the public treatment agencies served as benchmark. According to IDT, I.P. the number of problematic drug users registered in these treatment centres, in 2005, was 27 685. The in-treatment rate of problematic drug users was estimated by applying respondent-driven sampling (RDS) and nomination techniques described above.

The estimation of the multiplier was based on research in Porto, a large metropolitan area, and Viseu, a medium size Portuguese city. Respondents were questioned using a direct question and a nomination procedure. The nomination technique evolved into two phases. First, respondents could nominate five friends of their network of acquaintances that were using drugs regularly in the past year. Second, respondents had to indicate the proportion of these drug-using acquaintances that have been for treatment in the past year in a public treatment agency (Centro de Apoio a Toxicodependentes – CAT - Specialised Outpatient Drug Abuse Treatment Centre).

In Porto, the in-treatment rate was 0.59, for the direct question (i.e., in 2005, have you ever attended a CAT?) and 0.52 for the nomination procedure. In Viseu, a medium size Portuguese city, the in-treatment rates were 0.62 and 0.56 for the direct question and the nomination question, respectively.

Due to lack of information about in-treatment rates outside Porto and Viseu, a range of 0.52-0.62 was used to estimate the number of problem drug users. As so, given that the public treatment centres reached on average 52% of the total number of problem drug users nationally, there are  $27\ 685/0.52 = 53\ 240$  estimated problem drug users; if 62% is taken as an average percentage nationally, there are  $27\ 685/0.62 = 44\ 653$  estimated problem drug users in Portugal.

#### *Limitations*

Not all treatment facilities are covered. The public treatment centers couldn't provide data of problem drug users seeking treatment categorized by type of drug. The estimation of the in-treatment rate was based in the samples selected in only two Portuguese cities.

#### *b. National estimates of IDU's in Portugal*

##### *Multiplier method using treatment data*

The national estimation of IDU method was based in the number of problem drug users that have reported injecting drug use in the last 30 days. In the sample from Porto, the only place where was possible to collect information on this issue, 30% of problem drug users admitted injecting drug use in the last 30 days. Applying this proportion to the total number of problem drug users, the total of IDU cases is estimated at 13 395 - 15 972.

#### *Limitations*

This multiplier method was calculated based only on the data from the sample of Porto.

##### *Multiplier method using mortality data*

This estimation method is based on the total of drug-related deaths and the mortality rate of problem drug users. In 2005, the number of drug related deaths (the definition of "drug related deaths" included deaths due to an overdose) were 219 cases. If a mortality rate of 1% is used the estimated number of IDU's is 10 950; with a mortality rate of 2%, the estimated number of IDU's is 21 900.

#### *Limitations*

Mortality rates are not constant. The existing mortality rates are almost exclusively based on studies on drug users in treatment.

Definition of Case	Year	2000		2005	
Users of opiates, cocaine and/or amphetamines	Method	Treatment Multiplier	Treatment Multiplier		
	Prevalence Estimation	48 673 - 73 010	44 653 - 53 240		
	Taxes by 1000 inhabitants 15-64 years	6,4 - 10,7	6,2 - 7,4		
Long term users/regular use of opiates, cocaine, and/or amphetamines	Method	"Back-calculation"	Outreach teams Multiplier		
	Prevalence Estimation	29 620 - 43 966	30 833 -35 576		
	Taxes by 1000 inhabitants 15-64 years	4,3 - 6,4	4,3 - 5,0		
Users (actual or recents) of drug by intravenous route	Method	Mortality Multiplier	Mortality Multiplier	Treatment Multiplier	
	Prevalence Estimation	15 900 - 31 800	10 950 - 21 900	13 183 - 16 285	
	Taxas por 1000 habitantes 15-64 anos	2,3 - 4,7	1,5 - 3,0	1,8 - 2,2	

**Table 6 – Prevalence Estimations of Problematic Drug Users in Portugal (IDT, I.P. 2009)**

### Conclusion

Results from national estimations on problematic drug use in Portugal indicate that there are between 6.2 and 7.4 problematic drug users for each 1 000 inhabitants aged 15-64 years, and between 1.5 and 3.0 for injecting drug users.

Between 2000 and 2005, the estimate number of problematic drug users in Portugal has shown a clear decline, with special relevance for injecting drug users.

### 4.3 Data on PDUs from non-treatment sources

Please see subchapter 4.2.

## **5. Drug-related treatment: treatment demand and treatment availability**

### **5.1. Introduction**

Treatment demand data in Portugal is collected through the outpatient public network. In 2012, the network received treatment demand data from all 78 Treatment centres across Portugal.

In 2012 and despite the constraints related to the profound change in the organic of the treatment structures, the extinction of IDT, I.P. and merge of operational component of the intervention, namely therapeutic, in the Regional Health Administrations (ARS), - continuity was given to the articulation with other health care resources and socio-sanitary conditions of public and private sectors, in order to improve the answers to the multiple needs of users with problems associated with the consumption of psychoactive substances.

It should be noted that in 2010 came into implementation at national level the Multidisciplinary Information System (SIM) implying data migration from different systems, changes particularly in the registration criteria and progressive adjustments in the system, which imposes some caution in the evolutionary reading of data. Also the criteria for data analysis have been adapted to these changes and to SIM potentialities (eg, elimination of double counting), implying changes in the criteria used in previous years.

Heroin remains the main substance associated to health consequences and specifically in the sub-population of drug users that seek access to different treatment structures but in the cases of first treatment demands, cannabis appears as the most referred substance. In the administration of the main substance continues to be predominant the mode smoked/snorted.

#### **5.2.1. Strategy/policy**

Healthcare for drug users is organized in Portugal mainly through the public network services of treatment for illicit substance dependence, under the ARS within the Ministry of Health. In addition to public services, certification and protocols between NGOs and other public or private treatment services ensure a wide access to quality-controlled services encompassing several treatment modalities. The public services provided are free of charge and accessible to all drug users who seek treatment.

The main priorities established by the National Plan for the 2005-2012 periods in the area of treatment are:

- To ensure just-in-time access to integrated therapeutic responses to all those who request treatment (target to all citizens);
- To make different treatment and care Programs available, encompassing a wide range of psycho-social and pharmacological possibilities, based on ethical guidelines and science based practices (target to problematic drug users and vulnerable population);
- To implement a continuous process for improving quality for all therapeutic programs and interventions (target to professionals in the treatment area).

Concerning the improvement of technical guidelines or norms for the various types of intervention, took place in 2011 an updating and approval of some documents, such as the guidelines for Early Treatment of Youth at Risk and Teenage Users with focus on Early Symptoms, physical and Psychic (approved in May 2011) and the guidelines for Treatment and Rehabilitation in Therapeutic Community (adopted in December 2011), in 2012 started

the elaboration of the Technical and Normative guidelines for treatment programs with methadone (use of opioid medication).

### 5.2.2. Treatment systems

Treatment Teams (ETs), mainly outpatient units, are usually the front door for the treatment system, where the client’s situation is assessed and a therapeutic project is designed. From there, if necessary, referrals can be made to other available programs, mainly inpatient ones (public and private detoxification units or therapeutic communities). In ETs, clients have access to individual and group therapy, substitution programs (usually high threshold) and a variety of support services for the drug user and his/her family, depending on the ET resources (infectious diseases testing and treatment or referral, family therapy, general health care, amongst others).

In 2012, 46 outpatient treatment centers were working in mainland Portugal as well as 26 decentralised consultation units. These centers provide both drug free and medically assisted treatment.

Inpatient units are usually a second step of the process, as most clients of detoxification units and therapeutic communities are referred to those units by their therapists. In detoxification units, medically assisted withdrawal treatment is available, whereas in therapeutic communities most, though all, available programs are drug free (in some cases patients can enter with agonist medication and stop it in the therapeutic community). Inpatient drug free treatment is mainly available in public and private therapeutic communities.

Substitution treatment is widely available in Portugal, through public services such as specialized treatment centers, health centers, hospitals and pharmacies as well as NGOs and non-profit organizations. Methadone has been made available since 1977, buprenorphine since 1999 and recently also the buprenorphine/naloxone combination.

Methadone treatment can be initiated by treatment centers whereas buprenorphine treatment can be initiated by any medical doctor, specialized medical doctors and treatment centres. Moreover, the provision of buprenorphine in pharmacies started in 2004 (for more information on treatment availability and diversification, please see Structured Questionnaire 27, part I).

Referral to different treatment response is encouraged across the prison system, that, in addition, ensure to all new inmates, the continuity of pharmacological treatments initiated in freedom (for more info see sub-chapter 9.6).

Under the promotion of measures to facilitate access to various treatment programs, managing waiting times in accordance with ethical and scientific criteria and local realities, we proceeded to the monitoring of access to the various programs treatment. Thus, access to treatment programs (methadone programs, inpatient in Detoxification Unit and public Therapeutic Community (TC) was monitored by the ARS, with regard to average waiting times; information has been provided by the ARS North, Centre, Alentejo and Algarve, which are summarized in the following table. The results were again compared with the maximum waiting time, in days, considered reasonable for each program.

2012	Average waiting time at National level (in days)	Reasonable waiting time (in days)
Methadone Program	41	10
Detoxification Unit	12.52	13
Public Therapeutic Community	93	22

Table 7 – Average waiting time (SICAD 2013)

Data analysis indicates that concerning methadone programs, all ARS reported average waiting time of access inferior to the ones defined as reasonable, being the average obtained of 4 days. For the Detoxification Units (DU) the national average waiting time remained similar to that defined as reasonable. Decomposing this data, it appears that from the three DU which provided data for this parameter, two presented values below this time, and the other got results better than expected. As for TC not only average is below the waiting time defined as reasonable, as both units that reported data are below that time.

### 5.3. Access to treatment

#### 5.3.1. Characteristics of treated clients

2012 national first treatment demand data concerned 2 001 individuals from the outpatient public network centres (78).

In the public network of drug treatment (outpatient) were undergoing treatment in the year, 29 062 patients, with at least one assistential event in the year. Those who began treatment in 2012, 4 012 were readmitted patients and 2 001 were new users, or users who appealed for the first time to the structures of this network (first treatment demands).

In 2010 there is a trend inversion of a higher number of new users than readmitted, registering in 2012 the readmitted two times more in relation to new users.

However, it should be noted that 2010 was the year that SIM came into operation at national level and that this inversion of the trend in 2010 could reflect the adjustments of the registries at national level (e.g., the fusion of processes). On the other hand, also the great numerical superiority of readmitted face to new clients in 2012, can still reflect these adjustments - routine inactivation of users was performed for the last time in April 2012 - as well as other procedures for registration of clients however have been optimized (e.g., Low Threshold Substitution Program (PSOBLE) patients registered in Multidisciplinary Information System (SIM) for the purposes of prescription of complementary diagnostic exams).

These individuals (2 001) in first treatment demand were mainly:

- Male gender (84.7%);
- Mean Age 32, 32.1% were aged 25-34, 24.5% were aged 35-44;
- Using cannabis as main substance (38.3%) followed by heroin (33.8%);
- Cocaine (17.5%)

Regional data show that:

- These patients were living predominantly in the districts of Lisbon (28%) and Porto (18%), followed by Setúbal (9%) and Faro (9%);
- the highest rates of new patients by habitants of 15-64 years were registered in the districts of Faro, Bragança and Viana do castelo

For more information concerning this patients, please see TDI Standard Table.

Concerning readmitted patients the majority were living in the districts of Lisbon (37%), Porto (17%) and Setúbal (11%). The highest rates of readmitted patients by habitants of 15-64 years were registered in the districts of Lisbon, Faro, Setúbal and Bragança.

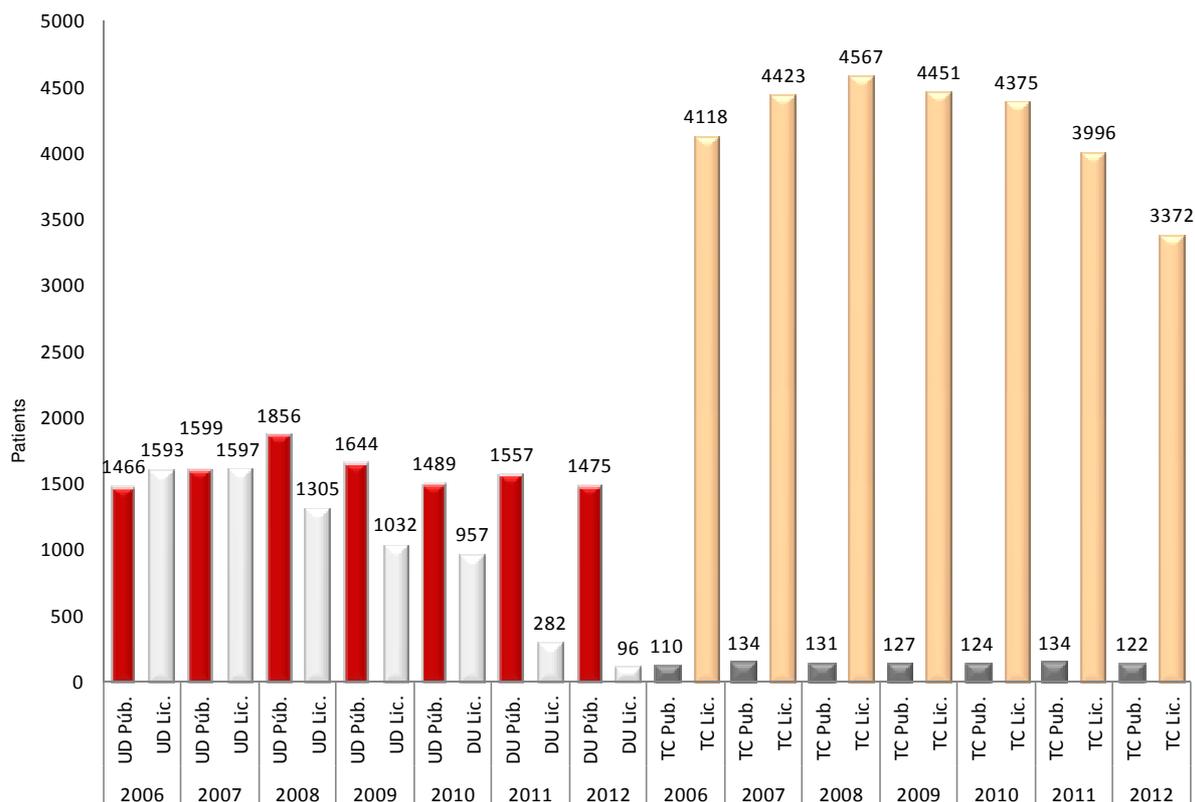
In 2012 were integrated in **substitution and maintenance programs**, 20 395 patients in methadone and 3 632 in buprenorphine.

In all Regions, ETs were the main place of administration, followed by the health centres (primary health care centres). For more information see Standard Table 24.

In 2012, clients in treatment on the context of this public network were, at the time of initiation of treatment, mainly living in the districts of Porto (23%), Lisbon (19%), Setúbal (10%) and Faro (9%), also verifying relevant proportions in most districts of the north coast. The highest rates of clients by habitants of 15-64 years were registered in the districts of Faro, Bragança, Beja and Porto.

In 2012, in the public and licensed, drug addiction treatment networks, there were 1 571 admissions in Detoxification Units, 1 475 of which in the public network and 96 in licensed.

The number of admissions in Therapeutic Communities was 3 494, of which 122 in the public network and 3 372 in the licensed.



**From 2008 users with consumption alcohol related problems have been included in the inpatient drug addiction structures**

**Graph 39 – Patients in treatment in Detoxification Units and Therapeutic Communities, by year. Public and licensed network (Continental Portugal) 2006-2012 (SICAD 2013)**

Beyond the subsequent updating of the licensed network data, it is worth noting that there has been an increase in the average time of hospitalization in some of these structures, due to the increase in the proportions of medical releases and especially the increase of cases with comorbidities. This, as well as eventual changes in the capacity of these structures<sup>34</sup> is reflected necessarily in the annual variations in the number of admissions.

Regarding the characterization of users' consumption that went in 2012 to the different structures of drug treatment<sup>35</sup> can be seen that, in outpatient, heroin remains the main substance more reported by patients in treatment in the year. At the level of those who

<sup>34</sup> Between 2011 and 2012 was registered a decrease in the number of beds at licensed TC level.

<sup>35</sup> Outpatient structures of the public network (which differentiates patients in treatment in the year, new patients and readmitted users) Detoxification Units and Therapeutic Communities of licensed and public networks.

started treatment in 2012, this also occurred in the case of users readmitted (83%), but not in the case of new users, where cannabis has emerged as the main substance most referred.

Also among patients of DU's, heroin was the main drug most often reported (38% public and 54% in the licensed), but in TC's this occurred at licensed (39%) level but not at the public, where main drug most reported was cocaine (37%).

The evolution analysis of the main substances of patients entering treatment in the year shows, increases in the proportion of new clients referring cannabis and cocaine as primary substances, especially in the last two years. At the level of readmitted patients heroin remains with very similar proportions over the years, registering in the last two years a slight decrease in favor of cocaine and cannabis.

As for intravenous consumption, with the exception of new patients in outpatient clinic, in the remaining patients of the different structures, the lifetime prevalence ranged between 35% and 46% and the prevalence in the last 12 months between 15% and 23%.

Generally speaking, the proportion of clients with recent intravenous consumption (last 12 months) decreases to about half, when compared with those of patients with lifetime prevalence, indicating relevant changes in consumption behaviors.

The analysis of evolution over the past few years of these consumption behaviors shows, prevalence decreases of recent intravenous consumption among new patients and stability, despite annual fluctuations, between the users readmitted in the public outpatient network.

In the case of outpatient patients who haven't started treatment in the year, it is important to draw attention to the fact that the recent consumption-related behaviors (whether intravenous or share of consumption paraphernalia) do not correspond necessarily to the last 12 months, once the information is collected at the time of initiation of treatment.

Regarding the sharing of intravenous consumption material, it should be noted that in the case of outpatient patients it refers only to the share of needles/syringes, contrary to users of other structures, whose information refers to any type of intravenous material.

The proportions of sharing intravenous paraphernalia throughout life ranged between 14% and 24%, except for patients readmitted in outpatient that presented substantially higher proportions (40%). In the last 12 months, these proportions varied between 2% and 8%, emerging the highest among new outpatient patients and in patients in licensed TC (8%). As occurred at the level of intravenous consumption, also the proportions of patients with recent sharing behaviors of intravenous material consumption decreased, when compared to patients with these practices throughout life, indicating significant changes in these behaviors.

As expected, the values of these proportions in subgroups with intravenous consumption were higher, ranging between 24% and 61% of injectors who shared intravenous material throughout life. In the last 12 months, these proportions varied between 16% and 40%, emerging the highest proportions among new injectors' patients in outpatient and in the injectors' patients in licensed TC (40%).

Regarding the evolution of sharing practices of intravenous material, we highlight in the past three years, the increases in relation to previous years in the proportion of new clients in outpatient who shared needles / syringes throughout life and in the last 12 months verifying the same trend in the respective subgroups of injectors.

Regarding the sharing of non-intravenous drug use material, the proportions of patients with these practices are always higher than the sharing of intravenous material in all patients groups and any of the time period considered, except in readmitted patients and for lifetime. These points to the need of reinforcing preventive interventions related to these consumption behaviors.

In 2012, in the context of the structures of drug addiction treatment under the responsibility of the prison system, the capacity of treatment programs oriented to abstinence remained stable (one bed less than in 2011 in drug-free Units), after the decrease verified in 2011 (11 beds less in drug-free units than in 2010 and closing of the halfway house).

In 2012, 215 inmates were integrated in treatment programs oriented to abstinence, value close to the ones registered in the two previous years, but representing the lowest value in the strategic cycle 2005-2012, along which it was verified a decreasing trend in the number of patients integrated in these programs.

Treatment Programs	2012	%	Δ 11-12	Δ 09-12	Δ 06-12
<b>Treatment Programs Oriented to Abstinence</b>	<b>215</b>	<b>100,0</b>	<b>-3,6</b>	<b>-21,5</b>	<b>-39,6</b>
Drug-free Units	215	100,0	-3,6	-17,6	-36,2
Halfway House <sup>o)</sup>	-	..		-100,0	-100,0
	<b>31 Dec.2012</b>	<b>%</b>	<b>Δ 31 Dec. 11-12</b>	<b>Δ31 Dec. 09-12</b>	<b>Δ 31 Dec. 06-12</b>
<b>Pharmacological Programs</b>	<b>501</b>	<b>100,0</b>	<b>1,4</b>	<b>6,1</b>	<b>54,6</b>
Therapeutic Programs With Opioids Agonists	451	90,0	-0,7	10,8	63,4
Therapeutic Programs With Opioids Antagonists	50	10,0	25,0	-23,1	4,2

\* Programs whose coordination its prisons responsibility. At 31/12/2012, in addition to the figures in the table, were in pharmacological programs 647 inmates in articulation with the structures of the public network of drug addiction (free environment - prescription and monitoring by the experts of ET) and 120 in other structures of the Autonomous Regions.  
a) Halfway House is closed since 20/09/2010

**Table 8 – Patients in treatment programs in Prison\* 2012 and variations related to 2011/2009/2006 (SICAD 2013)**

At 31/12/2012 were integrated 501 inmates in pharmacological programs in prison (451 in opioids agonists' programs and 50 in antagonists opioids), similar values to the ones registered in 2011.

Throughout the 2005-2012 strategic cycle there has been an increase in the number of inmates in pharmacological programs, from prisons responsibility or in articulation with other treatment structures.

The increase of patients in opiate agonists programs occurred mainly from 2009, which may reflect a decision-making process based on scientific evidence, since in this year was published a study<sup>36</sup> on the impact of these treatments in the management and control of the inmates users of opioids in the prison own environment. The conclusions of the study pointed to the importance of its role-while important resource for the health and welfare of inmates and as an instrument of social conflict management and reinsensor-ideal enhancer of social reintegration, as well as the relevance of its enlargement in the prison context.

For more info regarding treatment in prison, see chapter 9.6.

### 5.3.2. Trends of treated population and treatment provision

Heroin remains the main substance associated to health consequences and specifically in the sub-population of drug users that seek access to different treatment structures but references to alcohol, cocaine and cannabis in this setting are increasing. In the administration of the main substance continues to be predominant the mode smoked/snorted.

<sup>36</sup> Fernandes & Silva, 2009.

In the ambit of indicators on consumption-related problems, in the context of treatment demand, cannabis arose for the first time in 2012, as the primary drug most referred by new outpatient patients, noting in the last two years relevant increases in the number of patients that seek treatment having cannabis as main drug.

In the ambit of indicators on consumption-related problems in the context of treatment demand, heroin continues to be the predominant drug in most groups of patients who went in 2012 to the different drug addiction treatment structures, noting however, in more recent years, a trend towards decrease in its relative importance comparing with other drugs.

Concerning the indicators on consumption-related problems, on treatment demand was consolidated the position of cocaine as the second main drug more referred by patients that in 2012 were under treatment in different drug addiction treatment structures, noting in recent years increases in the number of patients with cocaine as main drug, in almost all treatment structures.

At the level of several indicators on consumption-related problems, ecstasy continues to have a very residual paper.

In the various indicators on consumption-related problems, the isolated reference to other illicit drugs in addition to those referred above maintains few expressive.

Situations related with polydrug use remain relevant in the context of the various indicators on consumption-related problems, in particular at mortality level.

The analysis of socio-demographic characteristics of patients who went in 2012 to the different drug addiction treatment structures continue to be mostly male (73% to 87%), aged 35-44 years (25% to 54%) and 25-34 years (18% to 32%), middle age varying between 32 and 41 years.

Continue to be predominantly individuals of Portuguese nationality (92% to 98%) and singles (45% to 66%). Most live with relatives, where once again the cohabitation with the family of origin was predominant (34% to 52%) or just with the family constituted (13% to 26%). Generally speaking, remain populations with low educational qualifications (26% to 63% not complete the third cycle of basic education) and precarious work situations (46% to 78% were unemployed).

The analysis of the evolution of the distribution by age group of patients who began treatment over the last few years shows, especially in the last two years, increase in the proportions of new patients in young ages, and on the other hand, increase in the proportions of patients readmitted with ages equal or greater than 45 years, verifying in the last a progressive ageing over the years.

## 6. Health Correlates and Consequences

### 6.1. Introduction

The National Action Plan on Drugs and Drug Addiction 2005-2012 includes among its objectives a specific reference to the need of reducing the number of users of psychoactive substances, as well as health and social risks associated, being foreseen an action to promote the counselling, diagnosis and referral of infectious diseases within drug users population to be implemented until 2012.

Concerning infectious diseases among IDUs, ever injectors (lifetime) in outpatient treatment centres in 2012, the positivity values for HIV was 20.6%, Hepatitis B 4.9% and Hepatitis C 83.8%.

The analysis of the notifications in Portugal, ie, the distribution of notified cases by year of diagnosis, shows a downward trend since 2000 in the number of cases diagnosed with HIV infection, mainly reflecting the decrease in cases associated with drug addiction.

With regard to drug-related deaths in the context of general registries of the INE, I.P, after the continuous increase registered between 2006 and 2009 that inverted the downward trend of previous years, again is verified a decrease in 2010 and 2011, but in 2012 was registered again an increase in the number of these deaths (16 deaths).

Following a strategic recommendation of the Action Plan on Drugs 2009-2012, as well as the implementation in the last decade of several procedures to improve the quality of the national mortality statistics, since 2009 we start to present data from the national mortality statistics of INE, I.P. Simultaneously we intensified the work on optimizing the information coming from the INML, I.P. It was possible to obtain information about the causes of direct death and manners of death of the cases with positive toxicological results for illicit substances, and thus distinguish among these, the cases of overdose.

### 6.2. Drug-related infectious diseases<sup>37</sup>

According to 31/12/2012, notification data (analytical tests) from the National Health Institute Doutor Ricardo Jorge (INSA, I.P.), were notified 42 580 cases of infection by HIV in Portugal in the different clinical stages: 20 762 asymptomatic carriers (49%), 4 445 of Symptomatic Non-AIDS (10%) and 17 373 cases of AIDS (41%).

Cases Year of Diagnostic	Cases of Infection by HIV							
	Total Cases				Cases Associated to Drug addiction			
	Total-HIV	AIDS	Sint. Non-AIDS	Asymp	Total-HIV	AIDS	Sint. Non-AIDS	Asymp
<b>Total</b>	<b>42 580</b>	<b>17 373</b>	<b>4 445</b>	<b>20 762</b>	<b>16 350</b>	<b>7 801</b>	<b>1 403</b>	<b>7 146</b>
2012 <sup>a)</sup>	<b>776</b>	247	138	391	<b>79</b>	37	18	24

a) The posterior update of the cases diagnosed in previous years, requires the reading of these data as provisional.

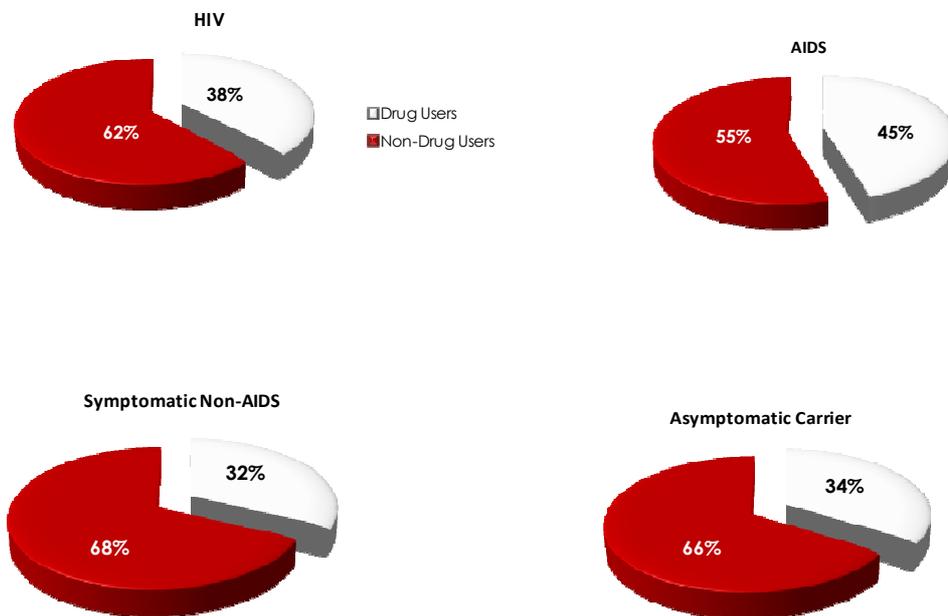
**Table 9 – HIV notifications: Total number of cases and cases associated to drug use (AIDS, Asymptomatic Non-AIDS and Asymptomatic Carrier), 01/01/1983 – 31/12/2012 (SICAD 2013)**

In the categories of transmission associated to drug addiction were notified 16 350 cases of HIV infection, in the different clinical stages: 7 146 asymptomatic carriers (44%), 1 403 Symptomatic Non-AIDS (8%) and 7 801 cases of AIDS (48%).

Taking only 2012, from the notified cases of HIV diagnosed at 31/12/2012, the cases associated to drug addiction represented 38% of the total diagnosed cases in the different

<sup>37</sup> All data reported in this chapter is collected from analytical tests.

stadiums of the infection:45% of the AIDS cases, 32% Symptomatic Non-AIDS and 34% of the asymptomatic carriers cases.



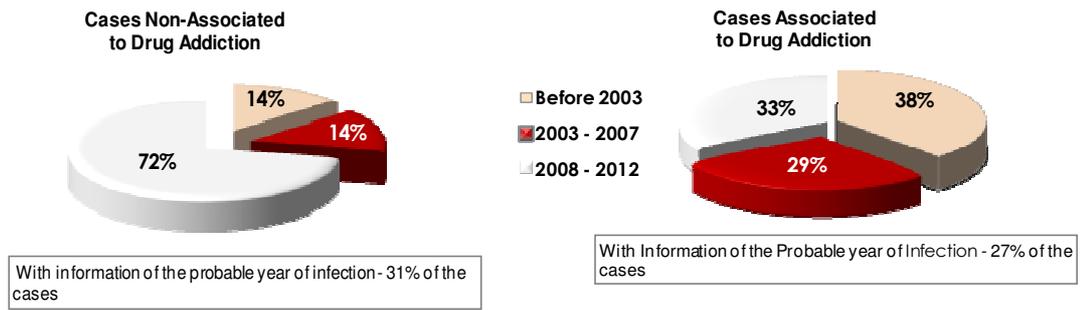
**Figure 4 – HIV Notifications associated or not to drug addiction in the different stadiums of infection (%), 01/01/1983-31/12/2012 (SICAD 2013)**

During 2012 were reported 776 cases of HIV infection, whose diagnoses occurred in this year, 50% in the asymptomatic carrier, 18% in Symptomatic non-AIDS and 32% of AIDS cases.

In the categories of transmission related with drug addiction, were notified 79 cases of HIV infection diagnosed in 2012, 30% asymptomatic carrier, 23% Symptomatic Non-Aids and 47% cases of AIDS. Cases associated to drug addiction represented 10% of the total number of cases of HIV infection and 15%, 13% and 6% of AIDS cases of Symptomatic Non-AIDS and asymptomatic carrier diagnosed in 2012.

Its note worthy that the new HIV infection cases notified are not a real measure of incidence, as they include both cases with infection acquired recently as cases in which the infection occurred several years ago.

Continues to be verified in the new cases diagnosed with HIV a higher weight of older infections in the cases associated to drug addiction, despite the data limitations due to the scarce of information about the probable date of infection.



**Figure 5 – Cases of HIV infection diagnosed in 2012, Associated or not to Drug Addiction, by probable year of infection (%) (SICAD 2013)**

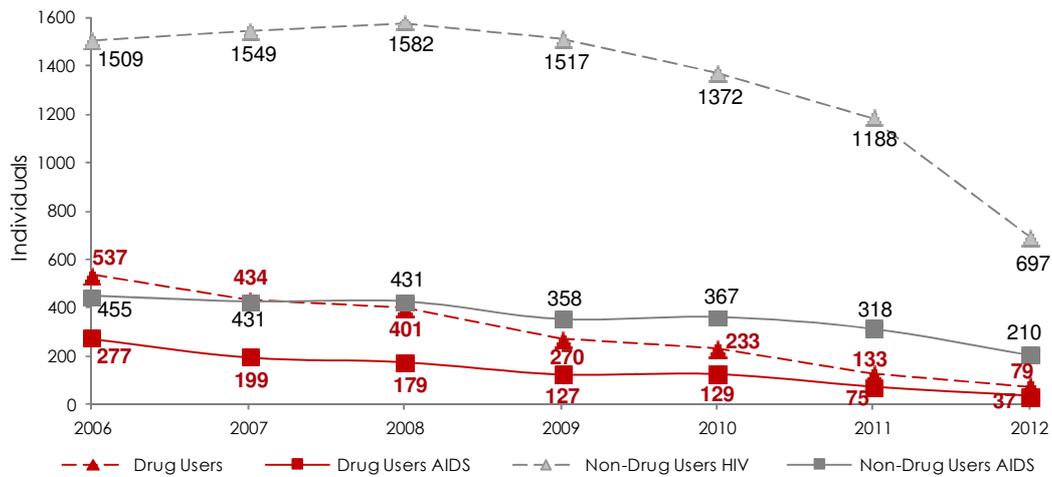
This proportion of old infections in the cases of HIV infection associated with drug addiction and recently diagnosed, shows the need to continue to invest in the improvement of the screening coverage near the drug addiction population boost in 2007 with Klotho Program<sup>38</sup>. On the other hand, it reflects the results of harm and risk reduction policies in the sense that they will allow the most vulnerable drug addiction populations and usually not covered by conventional services, including health, a growing approach to these services.

The analysis of the notifications in Portugal, ie, the distribution of notified cases by year of diagnosis, shows a downward trend since 2000 in the number of cases diagnosed with HIV infection, mainly reflecting the decrease in cases associated with drug addiction.

In Portugal contrarily to what happened in other European countries, the introduction in the late 90s of combined antiretroviral therapy did not result in a marked decrease in the number of AIDS cases, registering stability in the number of cases between 2000 and 2002, the year when started a downward trend. This downward trend occurred earlier in cases associated with drug addiction (beginning in 2000) and in a faster rhythm than in the cases of other types of transmission.

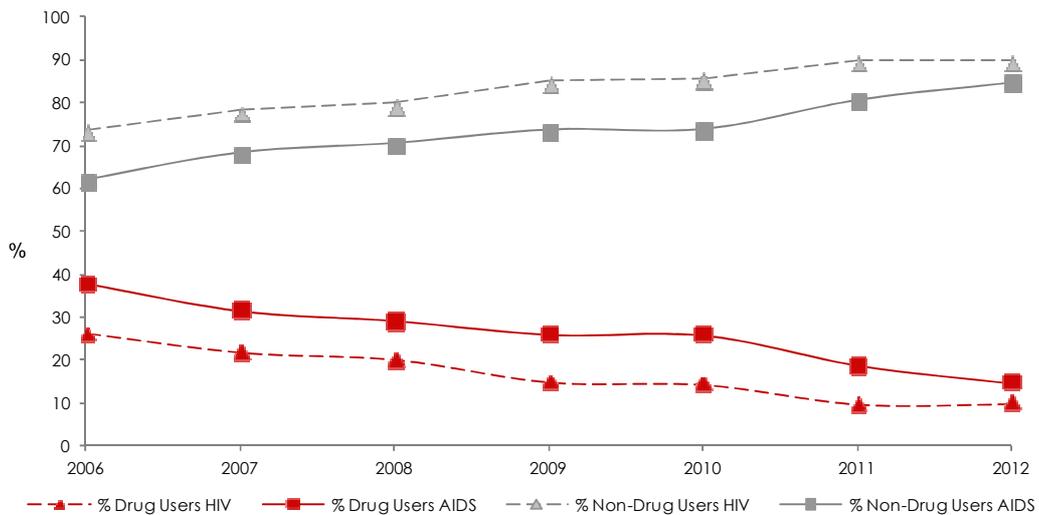
In recent years, continues to register a decrease in the total number of cases of HIV infection and AIDS cases diagnosed annually, a trend that remains at a higher rate in cases associated with drug addiction (79 cases diagnosed with HIV in 2012, 233 in 2010, 401 in 2008 and 537 in 2006), safeguarding the future update of data.

<sup>38</sup> Between 2007 and 2008 has been developed, in collaboration with the National Coordination for the Infection of HIV/AIDS, targeted to drug users – Program KLOTHO – implemented at the level of outpatient clients in the public network and clients from the outreach teams. Since then, the ADR methodology continues to be implemented in the treatment public network.



\*The posterior update of the cases diagnosed in previous years and the introduction of new information, requires the reading of these data as provisional

**Graph 40 – HIV/AIDS notifications: Cases associated or not to Drug Addiction by year of diagnosis\* (SICAD 2013)**



\*The posterior update of the cases diagnosed in previous years and the introduction of new information, requires the reading of these data as provisional

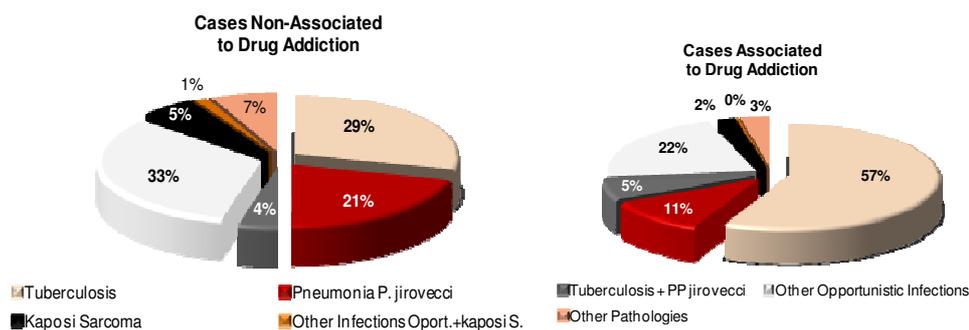
**Graph 41 – HIV/AIDS notifications: % Drug Users and Non-Drug Users by year of diagnosis\* (SICAD 2013)**

As can be seen in the graph, maintains the downward trend of the weight categories of transmission related to drug addiction, either in total number of cases diagnosed with HIV infection (10%, 10%, 15%, 15%, 20%, 22% and 26% of cases diagnosed in 2012, 2011, 2010, 2009, 2008, 2007 and 2006), either in the diagnosed with AIDS (15%, 19%, 26%, 26%, 29%, 32% and 38% of cases diagnosed in 2012, 2011, 2010, 2009, 2008, 2007 and 2006).

This decreasing trend of new cases of HIV infection associated with drug addiction, enhanced with what was mentioned above on the proportion of old infections in recently

diagnosed cases and on the improving of the screening coverage and access to health care, suggest a decrease in "recent infections" in the risk group associated with drug addiction. It also reflects the results of policies implemented, particularly the change on drug use behavior, as evidenced by the decrease of intravenous drug use and the sharing of paraphernalia.

For AIDS cases associated with drug addiction notified until 31/12/2012, the pathologies predominantly observed at the diagnosis date belonged to the group of opportunistic infections (93%), with emphasis on tuberculosis (57%), being less expressive in the rest of the cases (29%). On the other hand, *P. jirovecci* and other opportunistic infections have less relevance in cases associated with drug addiction (11% and 22% respectively) compared to the other cases of AIDS (21% and 33% respectively).



**Graph 42 – AIDS Notifications: % of pathologies of AIDS indicator in Cases Associated or not to Drug Addiction (SICAD 2013)**

The male gender is also predominant in other AIDS cases not drug use-related, but these individuals are older.

Lisbon, Porto, Setúbal and Faro continue to be the districts with higher weight in the cumulative total of notifications of infection by HIV cases associated to drug addiction (34%, 30%, 14% and 5% respectively) and in cases of infection by HIV non-drug addiction associated (respectively 44%, 15%, 12% and 6%).

In the cases associated with drug addiction, the analysis of the geographical distribution of cases by year of diagnosis illustrate, especially in the last three years, a significant decrease in the proportion of notifications in the district of Porto, noting in contrast, an increase in the proportion of notifications in Faro district, being in the past three years already higher than the district of Setúbal.

These districts are also the ones with higher rates of drug users with HIV per inhabitant in the age group 15-64.

Regarding the distribution by sex and age, most cases of HIV infection associated with drug addiction notified by 31/12/2012 belong to the male age group (83%) and were aged between 25-39 years (71%).

Age Group	Gender	AIDS Cases						
		Total Number Cases				Drug Users		
		Total	M	F	Unkn.	Total	M	F
<b>Total</b>		<b>17 373</b>	<b>14 029</b>	<b>3 343</b>	<b>1</b>	<b>7 801</b>	<b>6 653</b>	<b>1 148</b>
≤ 14 years		144	78	66	..	2	2	..
15-19 years		173	110	63	..	97	71	26
20-24 years		1 284	951	333	..	905	709	196
25-29 years		2 994	2 373	620	1	2 057	1 712	345
30-34 years		3 440	2 875	565	..	2 149	1 870	279
35-39 years		2 982	2 479	503	..	1 501	1 318	183
40-44 years		2 142	1 792	350	..	724	635	89
45-49 years		1 430	1 160	270	..	249	229	20
50-54 years		999	809	190	..	62	56	6
55-59 years		661	516	145	..	16	15	1
60-64 years		491	375	116	..	3	2	1
≥ 65 years		563	453	110	..	1	1	..
Unknown		70	58	12	..	35	33	2

**Table 10 – AIDS Notifications: total number of cases and cases associated to drug addiction, by gender and age group 01/01/1983 – 31/12/2012 (SICAD 2013)**

Regarding the coverage of HIV screening in outpatient clients in 2012, were known the screening results for 77% of the patients in treatment during the year, 31% of the new clients and 64% of the readmitted patients, being these rates higher in the respective subgroups of injectors (respectively 84%, 45% and 72%). In general, the coverage rates of HIV screenings were higher in Detoxification Units (88% of public patients and 59% of patients of the licensed) and in the Therapeutic Communities (88% of patients from public and 88% of users from licensed). These rates were also higher in the respective subgroups of injectors.

In 2012, the prevalence of HIV infection ranged between 3% and 14% depending on the patients group, corresponding to the minimum value to new patients and maximum value to readmitted patients in outpatient. As expected, the values of these prevalences were higher in subgroups with intravenous consumption, ranging between 8% and 23%.

In 2012, the proportion of HIV positive people who were on antiretroviral therapy ranged between 15% and 63% depending on the patients group, corresponding the minimum value to new patients (first time in outpatient structures) and readmitted patients, and the maximum value to patients of licensed Therapeutic Communities. These values are below desired, being essential to promote and ensure these populations the access to antiretroviral therapy.

In general, the prevalences of HIV infection and the proportions of new infections (diagnoses per year) among patients in drug treatment have been declining over the years, similarly to the trend verified at level of notifications.

Viral hepatitis and, in particular, infection with hepatitis C virus (HCV), presents high prevalence in these groups of patients and especially in subgroups of injectors.

In 2012, coverage rates of screening of Hepatitis C virus ranged between 11% and 93%, and Hepatitis B between 11% and 90%, depending on the patients group, being these rates higher in the respective subgroups of injectors.

The prevalence of HCV infection ranged between 28% and 61% in the different groups of patients, being much higher in the subgroups with intravenous consumption (between 62% and 97%). The proportions of new infections (diagnoses in the year) at the level of groups of outpatient patients ranged from 27% (new users) and 53% (readmitted users), and in subgroups of injectors between 83% and 90%.

Regarding Hepatitis B (AgHBs+), prevalence rates are much lower, ranging between 2% and 5%, depending on patients groups, generally slightly higher in subgroups of injectors. The proportions of new infections (diagnoses in the year) at the level of groups of outpatient patients ranged from 2% (readmitted users) and 3% (new users), being similar or slightly higher in subgroups of injectors.

There is a high comorbidity HIV+ and HCV+ in injectors groups, being the vast majority of HIV infected are also positive for HCV (eg, 14% of patients of public DU who had intravenous use in life had this infectious comorbidity, and 79% of injectors with HIV+ were also positive for HCV).

In general, the prevalences of HCV infection and Hepatitis B (AgHBs+) and the proportions of new infections (diagnoses in the year) have remained stable over the last four years, although with values below those of previous years.

### 6.3 Other drug-related health correlates and consequences

Taking into account the importance of the occurrence of physical or psychological comorbidity on patients, the monitoring of controlled administration of medicines in the ARS treatment units was made, verifying that during the year, from the patients in treatment, 180 were taken antiretrovirals under direct observation, 93 tuberculostatics, and 845 psychotropics for psychiatric pathology associated with the consumption of psychoactive substances, as expressed in the table below.

Patients with Utentes supervised administration of:	North	Center	Lisbon T.V	Alentejo	ALgarve	TOTAL 2012
Antiretroviral	58	34	81	7	0	180
Tuberculostatics	58	15	16	1	3	93
Psychotropics	426	171	221	11	16	845
Total	542	220	318	19	19	1.118

Table 11 – Patients in treatment with supervised medicines administration (SICAD2013)

### 6.4. Drug related deaths and mortality of drug users

#### Drug-induced deaths

In Portugal, data on drug-related deaths are collected from two different sources: the General Mortality Register - GMR (at the National Statistics Institute, coded by the General Directorate of Health) and the Special Mortality Register - SMR (at the National Institute of Forensic Medicine), both have national coverage.

Until 2007, due to the limitations of general mortality registries of the National Statistics Institute (INE), Portugal privileged in the context of this key indicator data records of the National Institute of Forensic Medicine (INML). These data referred to positive post-mortem toxicological results from the INML, which in the absence of information on the cause of death did not allow an accurate assessment of the number of overdoses, yet possessing rich and quality toxicological data allowing trend analysis<sup>39</sup>.

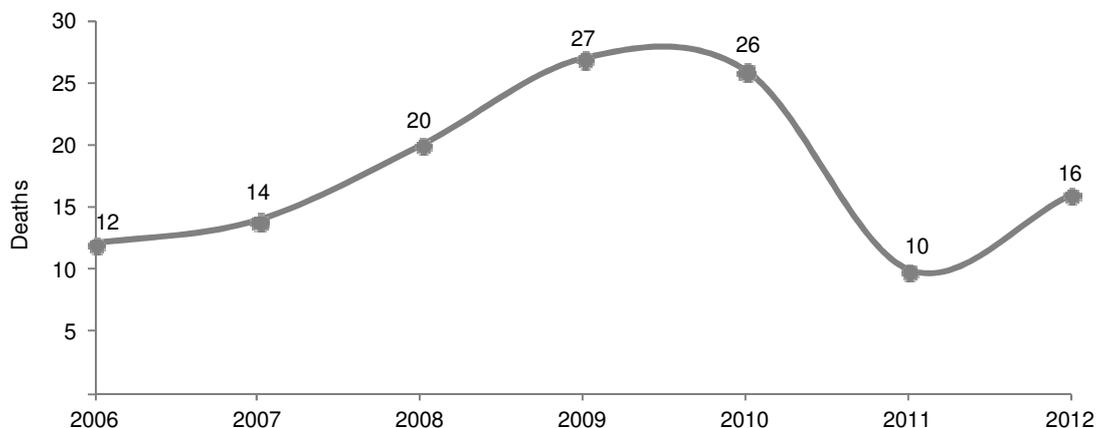
<sup>39</sup>Portugal has data on positive post-mortem toxicological results from the INML more than 25 years.

Following a strategic recommendation of the Action Plan on Drugs 2009-2012<sup>40</sup>, as well as the implementation in the last decade of several procedures to improve the quality of the national mortality<sup>41</sup> statistics, since 2009 we start to present data from the national mortality statistics of INE, I.P. Simultaneously we intensified the work on optimizing the information coming from the INML, I.P. It was possible to obtain information about the causes of direct death and manners of death of the cases with positive toxicological results for illicit substances, and thus distinguish among these, the cases of overdose.

This has also highlight the disparity of information between these two sources of information, emphasizing the importance of optimize information flows between INMLCF, IP and General Directorate for Health (DGS).

On the other hand, consumption of drugs, in addition to being a direct cause of mortality (in the case of overdoses), it is also often an indirect cause, particularly through illness, accidents, homicide and suicide. Thus, in addition to overdose are also presented in this chapter the data from the INMLCF, I.P. on other causes of death cases in the presence of at least one illicit substance or its metabolite, as well as notifications of deaths (National Health Institute Doutor Ricardo Jorge - INSA) in cases of HIV/AIDS infection associated with drug addiction.

With regard to drug-related deaths in the context of general registries of the INE, I.P, after the continuous increase registered between 2006 and 2009 that inverted the downward trend of previous years, again is verified a decrease in 2010 and 2011, but in 2012 was registered again an increase in the number of these deaths.



**Graph 43 – General Mortality Register – Drug-related deaths (SICAD2013)**

According to the EMCDDA protocol in 2012 were registered 16 cases of drug-related deaths, representing a 60% increase in relation to 2011.

In 2012, and despite the constrains, in providing disaggregated<sup>42</sup> information, similarly to what succeeded in 2009, (last year in which it was possible to provide more specific information about the causes of deaths), once more the predominant cause of death were disorders: multiple dependence or other (code F19.2 ICD10), cause that includes polydrugs

<sup>40</sup> Recommendation made by the Technical Committee of the Inter-ministerial Council in the context of the internal evaluation of the Action Plan - Horizon 2008.

<sup>41</sup> Among others, the introduction of a new medical certificate of death with new circuits of data transmission and the transition to ICD-10 (in 2002), and more recently measures to implement the on-line medical certificate.

<sup>42</sup> For "statistic secrecy" reasons (Law of the National Statistic System – SEN, Law n.º 22/2008 of 13 May), there are some constraints in the provision of disaggregated data on the causes of death and socio-demographic of these deaths.

use (69%). Due to the same constraints, in relation to the sociodemographic characteristics of the cases it's only possible to find out that the majority were from the male gender (in 2010 the total number of the cases were men and in 2009 the male gender presented percentages above 84%), and aged between 40-49 (56% of total number of cases).

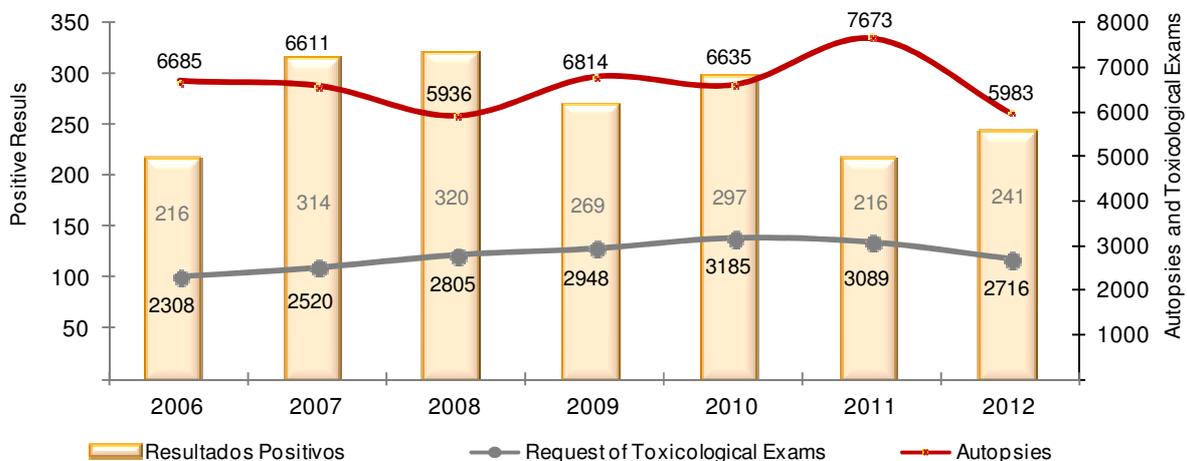
Concerning the information on specific mortality registries related with drug use from the INML, I.P., it is important to contextualize within some indicators related to the activity of this Institute.

In 2012, were performed by INMLCF, I.P. 5 983 autopsies, for 2 716 of the cases (45%) were requested toxicological exams, a higher percentage than the one registered in 2011 (40%).

The number of cases with positive toxicological results for illicit substances (241) increased 12% in relation to 2011 (216), maintaining the proportion of positivity in the set of examinations carried out within the values registered in recent years (9%, 7%, 9%, 9%, 11%, 12% and 9%, respectively in 2012, 2011, 2010, 2009, 2008, 2007 and 2006).

As previously referred, only since 2009 it was possible to obtain information about the causes of direct death and manners of death of the cases with positive toxicological results for illicit substances, and thus distinguish between these, the cases of overdose.

Since these deaths require forensic investigation and difficulties in collecting this information<sup>43</sup> remain, it was decided to make the data update of a given year later (two years after). Thus 2012 data will be updated next year, which impose some caution in the comparative analysis of data.



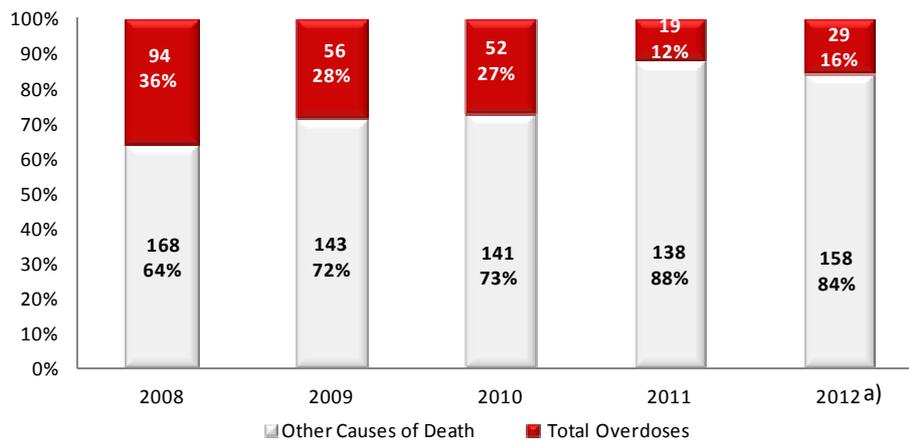
**Graph 44 – Autopsies, Toxicological Exams and post-mortem positive results by year (SICAD2013)**

In 2012, from the 187 deaths with information on the cause of death (78% of the cases with positive toxicological results for illicit substances)<sup>44</sup>, approximately 16% were considered overdoses.

Despite the comparative limitations referred, is registered in relation to 2011 an increase of overdoses in absolute values (29 cases in 2012 and 19 in 2011) and proportional (the proportion of overdoses in the set of deaths with information on the cause of death was 16% in 2012 and 12% in 2011), but the values remain well below those registered between 2008 and 2010.

<sup>43</sup> Whether due to the delay in completing the final report or to access it.

<sup>44</sup> In 2011, 2010, 2009 and 2008 these percentages were respectively of 73%, 65%, 74% and 82%.



a) 2012 data will suffer update next year, requiring cautions in the data interpretation of deaths  
 \*causes known at the date of information collection (July 2013)

**Graph 45 – Causes of death of the cases with positive\* toxicological results, by year (SICAD2013)**

Concerning the substances detected in these cases of overdose, contrarily to previous years where opiates<sup>45</sup> were predominant, with the exception of 2011 where methadone was predominant followed by opiates, to highlight the presence of cocaine in 52% of the cases (26% in 2011, 50% in 2010, 43% in 2009 and 54% in 2008). Followed by opiates, present in 48% of the cases (42%, 73%, 88% and 82%, respectively in 2011, 2010, 2009 and 2008), and methadone, detected in 31% of the cases (53%, 15%, 4% and 9% respectively in 2011, 2010, 2009 and 2008).

Like in previous years, in the majority (76%) of these cases of overdose was detected more than one substance (79% in 2011, 87% in 2010, 84% in 2009 and 87% in 2008), considering the associations with illicit and/or licit substances. In this context, it was noted that in 2012 the overdoses with simultaneous presence of opiates and other illicit substances (38% of the total overdoses), in particular with cocaine (21%) and/or with methadone (14%). It's also important to refer in combination with illicit substances the cases of overdose with the presence of alcohol (38%, 37%, 44%, 57% and 47% of the overdoses 2012, 2011, 2010, 2009 and 2008) as well as in the presence of benzodiazepines (28%, 42%, 35%, 38% and 39% of the overdoses of 2012, 2011, 2010, 2009 and 2008).

<sup>45</sup> Includes heroin, morphine and codeine.

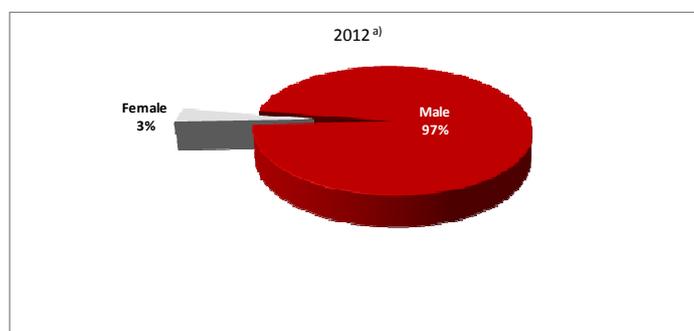
Substance	2008	%	2009	%	2010	%	2011	%	2012 <sup>a)</sup>	%
<b>Total</b>	<b>94</b>	<b>100</b>	<b>56</b>	<b>100</b>	<b>52</b>	<b>100</b>	<b>19</b>	<b>100</b>	<b>29</b>	<b>100</b>
<b>Opioids <sup>b)</sup></b>	77	81,9	49	87,5	38	73,1	8	42,1	14	48,3
Alone	4	4,3	5	8,9	4	7,7	1	5,3	1	3,4
Associated with alcohol only	18	19,1	16	28,6	7	13,5	2	10,5	2	6,9
With other substances	55	58,5	28	50,0	27	51,9	5	26,3	11	37,9
<b>Cocaine</b>	51	54,3	24	42,9	26	50,0	5	26,3	15	51,7
Alone	8	8,5	4	7,1	3	5,8	2	10,5	3	10,3
Associated with alcohol only	1	1,1	..	..	2	3,8	..	..	3	10,3
Associated with opioids <sup>b)</sup>	9	9,6	6	10,7	5	9,6	1	5,3	1	3,4
With other substances non-opioids	6	6,4	2	3,6	3	5,8	..	..	3	10,3
With opioids <sup>b)</sup> and other substances	27	28,7	12	21,4	13	25,0	2	10,5	5	17,2
<b>Methadone</b>	8	8,5	2	3,6	8	15,4	10	52,6	9	31,0
Alone	..	..	..	..	..	..	1	5,3	2	6,9
Associated with alcohol only	..	..	..	..	..	..	1	5,3	..	..
Associated with opioids <sup>b)</sup>	..	..	..	..	..	..	..	..	..	..
With other substances non-opioids	3	3,2	1	1,8	8	15,4	7	36,8	3	10,3
With opioids <sup>b)</sup> and other substances	5	5,3	1	1,8	..	..	1	5,3	4	13,8
<b>Amphetamines</b>	1	1,1	..	..	..	..	1	5,3	..	..
With other substances non-opioids	1	1,1	..	..	..	..	1	5,3	..	..
<b>Cannabis</b>	..	..	..	..	..	..	3	15,8	1	3,4
With other substances non-opioids	..	..	..	..	..	..	3	15,8	1	3,4
<b>Synthetic Drugs</b>	..	..	..	..	..	..	1	5,3	1	3,4
Alone	..	..	..	..	..	..	..	..	1	3,4
With other substances non-opioids	..	..	..	..	..	..	1	5,3	..	..

a) 2012 data will suffer updates next year, requiring cautions in the interpretation of data

b) Include heroin, morphine and codeine.

**Table 12 – Deaths by Overdose, by Year and Substance (SICAD2013)**

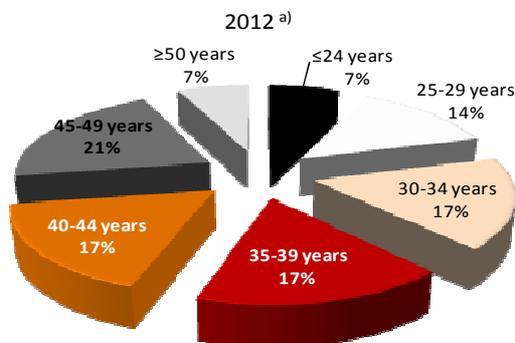
In 2012, the vast majority of these overdoses (97%) are from the male gender, similar distribution verified in recent years (84%, 88%, 89% and 92%, respectively in 2011, 2010, 2009 and 2008). Mean age was 37, value that fits in the values recorded in previous years (38 years in 2011, 39 years in 2010, 38 years in 2009 and 36 years in 2008).



a) 2012 data will suffer updates next year requiring cautions in the interpretation of data

**Graph 46 – Deaths by Overdose, by Year and by Gender (SICAD2013)**

These overdoses occurred mostly in individuals between 25 and 49 years (86%), with an identical distribution in five-year intermediates groups (17%) and with a higher expression in the upper group (21% in the 45-49 years) than in the lower (14% in the 25-29 years). Outside this range of 25-49 years, there were 2 cases of overdose between 20 and 24 years and 2 cases among the 50-54 years.



a) 2012 data will suffer updates next year requiring cautions in the interpretation of data

Graph 47 – Deaths by Overdose, by Year and by Age Group (SICAD2013)

### Specific causes of mortality indirectly related to drug use

For other causes of deaths with the presence of at least one illicit substance or its metabolite in 2012 (158 cases), it is noted that they were largely attributed<sup>46</sup> to accidents (45%) as in previous years, followed in 2012 by natural death (25%), suicide (15%) and homicide (11%).

In those deaths, cannabis (41%) was the illicit substance more present, followed by opioids (36%), cocaine (25%) and methadone (13%). In most of those deaths (60%) was detected more than one substance, whereas the associations with illicit and/or licit substances. It should also be noted in association with illicit substances, the presence of alcohol (32%) and/or benzodiazepines (23%).

With regard to mortality related to HIV/AIDS, the data presented here refer to the notifications of deaths received at INSA, since in the national mortality statistics of the INE, I.P., there is no disaggregated data on deaths by HIV (ICD10) by transmission categories, and as such it is not possible to know how many of these deaths are related to drug addiction.

It is important to refer that in the total of deaths is verified a high under-reporting in the registries of INSA face to the number of deaths due to HIV disease (ICD10) provided by INE<sup>47</sup>. Because of this the information should be interpreted with some caution. However, as the observed trends are similar in the two sources of records, it is very likely that the data presented below of INSA also reflects trends by transmission category, despite the referred under-reporting.

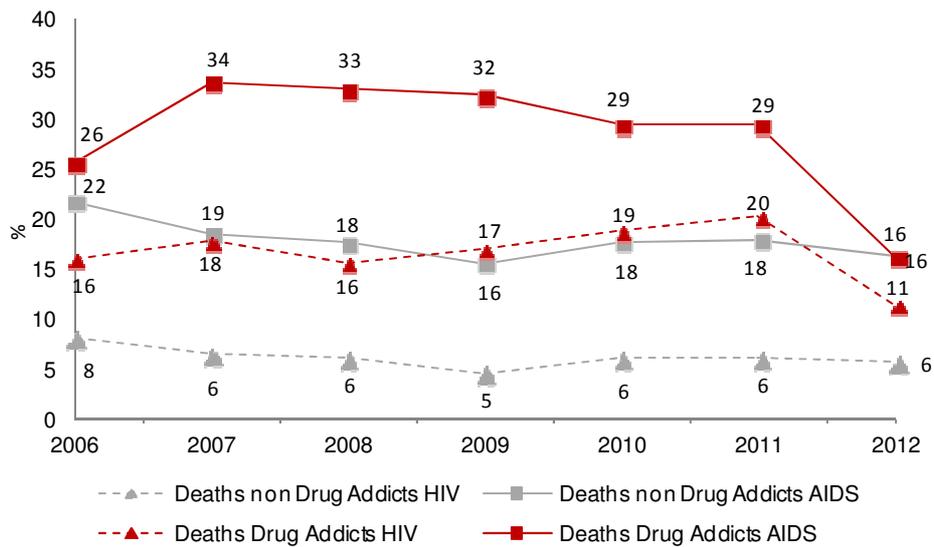
Until 31/12/2012, 9 509 deaths in cases of HIV infection have been notified, 4 864 (51%) of which associated with drug addiction. From the notified deaths, 7 987 occurred among AIDS cases, 4 075 (51%) associated with drug addiction. Mortality observed in HIV cases associated with drug addiction was of 30% (survival 70%) and in the remaining cases 18% (survival 82%). In AIDS cases associated with drug addiction was 52% (survival 48%) and in the remaining cases of AIDS 41% (survival 59%).

<sup>46</sup> Based on the direct cause of death and manners of death.

<sup>47</sup> Efforts to improve information on deaths notifications are being made. Due to the current under-reporting, the information on mortality does not fully reflect the survival of cases.

The data related to the distribution of deaths according to the year of diagnosis of the cases, evidence for both cases with HIV infection as well as AIDS cases diagnosed, in the last seven years, that mortality remains higher in the categories of transmission associated with drug addiction when compared with the remaining cases.

This may be related, among others, with the aforementioned in the previous chapter, on the highest proportion of old infections in cases of HIV infection associated with drug addiction recently diagnosed, compared to the remaining cases.

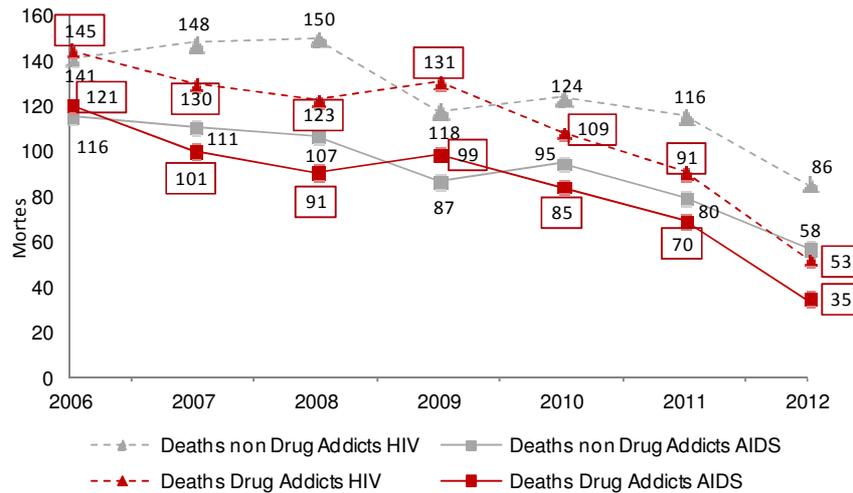


\*The subsequent update of nothing of cases in previous years and the introduction of new information in cases already registered, imposes the interpretation of data as provisional

**Graph 48 – Deaths notifications of HIV and AIDS: % of death cases according to the year of diagnosis, in cases associated or not to Drug Addiction\***

In 2012, 139 deaths in cases of HIV infection were notified, 53 (38%) of which associated with drug addiction. From deaths reported in 2012, 93 occurred in cases classified as AIDS, being 35 (38%) associated with drug addiction.

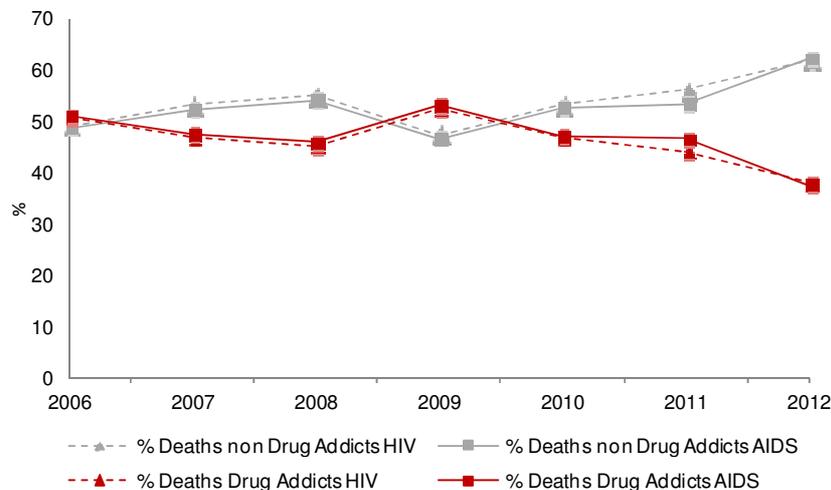
The distribution of deaths according to the year of death, evidence as for the cases with HIV infection as for the AIDS, a decreasing trend in the number of deaths from 2002, as in the categories of transmission associated with drug addiction as in the remaining cases, albeit at a more accentuated rythim in those associated with drug addiction.



\*The subsequent update of nothing of cases in previous years and the introduction of new information in cases already registered, imposes the interpretation of data as provisional

**Graph 49 – Deaths notifications of HIV and AIDS: Deaths according the year of death, in cases associated or not with drug addiction\***

With effect, since 2007 and contrarily to what occurred between 1995 and 2006, it is observed with the exception of 2009, a lower proportion of cases associated with drug addiction than the remaining cases of deaths occurred annually and notified to INSA.



\*The subsequent update of nothing of cases in previous years and the introduction of new information in cases already registered, imposes the interpretation of data as provisional

**Graph 50 – Notifications of HIV and AIDS deaths: % of deaths according the cases associated or not to drug addiction, by year of death\***

The majority of deaths notified until 31/12/2012 in cases associated with drug addiction lived in the districts of Lisbon, Porto, Setúbal and Faro in cases of HIV infection and on those classified as AIDS, as well as in those presenting the higher number of notifications of HIV and AIDS infection associated with drug addiction.

## **7. Responses to Health Correlates and Consequences**

### **7.1. Introduction**

The Harm and Risk Reduction (RRMD) was established as its own model of intervention to face the problematic developed around the consumption of psychoactive substances, with assumptions, goals and specific methodologies.

The consumption of psychoactive substances originates and reflects very different phenomena depending on the dynamics that generates, from the crossing of variables like substance, person, the social support networks or the social, economic and political framework.

Face to a reality that is complex in its expression, severity, causes and consequences, it is important to conceive varied modalities of strategic intervention in order to provide the most suitable response, depending on the specific reality of each sub-problematic and of each sub-population.

In this sense, in a first line a prevention approach of the use of substances is made. On the other hand, is given great importance to the responses that are configured in the treatment model that support individuals who wish to abandon the consumption of substances.

Faced with the real possibility of harmful effects associated to the consumption of psychoactive substances for the individual and society, it is important to support this individual in order to decrease or eliminate such harmful effects.

The answers that configure a RRMD model are so relevant to the individual and societies in a transversal form independently of the subject's relationship with the substance to the extent that, since the first consumer's experience, is relevant the knowledge of potential consequences of this.

The World Health Organization (WHO) recognizes the RRMD approach as a set of good practices in the field of public health, particularly relevant in the prevention of HIV/AIDS or other diseases capable of being transmitted by the same routes.

Thus, it has been a fundamental aim to perform diagnoses of territories, populations and needs in order to adapt the structures and programs of RRMD approach to the effective needs

The focus is the National Network of Harm and Risk Reduction as an integrated intervention model, recommended by the Operational Program of Integrated Responses (PORI), via the implementation of projects under the Program of Integrated Response (PRIs).

The main priorities established by the National Plan 2005-2012 in the area of Harm and risk reduction are:

- To set up a global network of integrated and complementary responses in this area with public and private partners;
- To target specific groups for risk reduction and harm minimisation programs.

In 2012 the two main objectives for the area of Harm and Risk reduction were:

- To set up a global network of integrated and complementary responses in this framework of harm and risk reduction with public and private partners;
- Provide harm and risk reduction programs to specific groups.

To operationalize these goals the following actions were implemented:

- 643 screenings were developed (in the Central Region, 248 screenings in outreach teams and in Lisbon and Tagus Valley, 395 screenings). In the central region were also held 14 actions information/awareness of experts in the Centre of Integrated Responses (CRI) of Aveiro, Guarda and Coimbra.
- Promote the Diagnosis, Counselling and Referral of infectious diseases near the drug user population, namely through awareness of treatment teams on the field and other health structures to extend its intervention within the RRMD as well as the promotion of articulation with IPSS for implementing Low threshold substitution programs, with the view to the implementation of Combined Therapy Centres, in a total of 11 Low Threshold Substitution Program (PSO-BLE) and 11 Combined Therapy Centres<sup>48</sup>.
- Consolidate and improve the follow up Model, Monitoring and Evaluation of risk and harm reduction structures, in particular through the consolidation of circuits and procedures in accordance with the new organizational model of former IDT, I.P., and also enlargement of this model to new RRMD projects. According to this model 20 projects were monitored, 18 projects respectively in the North Region and two projects in Lisbon and Tagus Valley Region. Regarding the extension of this model to new RRMD projects were monitored 7 new RRMD projects in North Region.
- Develop a continuous process of quality improvement intervention in RRMD, particularly through the consolidation of the operating authorization model for the certification of programs and intervention structures in RRMD and also through the development of action research projects to validate intervention methodologies. A total of 24 projects have been authorized/certified (18 projects in the region North and 6 in the Center Region).
- Intervention activities were developed in nightlife context near the event organizers in a total of 29 actions of information and awareness (10 actions in the North, 15 actions in the Center, 1 in Lisbon and Tagus Valley Region, 1 in Alentejo and 2 in Algarve).
- Concerning the intervention in prison settings, continuity was given to actions of information and awareness about risk and harm reduction, in a total of 12 Prisons Establishments. Even within the same goal, but on the establishment of links between this intervention and the one held by promoters entities of RRMD projects authorized by the IDT, I.P., 8 actions of information and awareness were carried out (6 in the Center region and 2 in the in the region of Lisbon and Tagus Valley).

## 7.2. Prevention of drug related emergencies and reduction of drug-related deaths

In the area of Harm Reduction, two levels of action on prevention of emergencies related to drug use should be consider: the strategic level of planning, training, setting guidelines, the monitoring/evaluation and the level of direct intervention with drug users.

In 2012, IDT, I.P. proceed its activity under the assumption that the national network of risk and harm reduction should be adjusted to the characteristics of the problematic, following as far as possible its evolution. To this end, it maintained the implementation of instruments and methodologies allowing so little time-deferred to know the developments achieved.

This update information based the decisions adopted on the reports for the continuity of projects and financing of interventions. RRMD technical teams maintained discussion and reflection spaces with a view to:

- Share of experiences and enrichment of knowledge and competences;
- Promote the articulation between the different interventions in the field of RRMD in the territory;

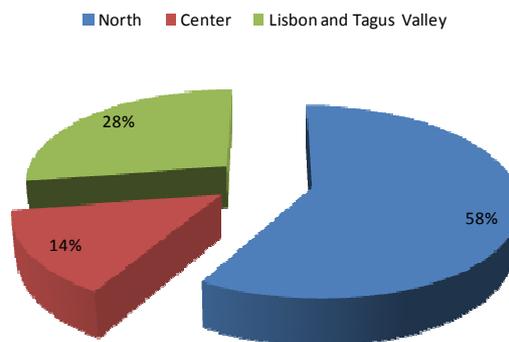
<sup>48</sup> 11 PSO-BLE in Private Social Solidarity Institutions (IPSS) and 10 Combined Therapy Centres (DRN/CRI/IPSS) in the Northern Region and 1 PSO-BLE in one IPSS and 1 Combined Therapy Centre by the - Centre of Integrated Responses (CRI) of Coimbra and in the Central Region.

- Sharing institutional resources in common and border territories;
- Coordination in mapping border territories with the purpose to update diagnosis;
- Uniformisation of procedures in filling in the data collection instruments.

The characterisation process of the population monitored by RRMD projects in particular, outreach teams, drop in centers for drug addicts with socio family framework and Shelters, involves a close articulation between IDT, I.P. and the partner entities which implement these structures and are in direct contact with these population.

The characterisation of the population followed by RRMD projects is based in a local logic definition of an intervention based on the needs diagnosed and characteristics of the users, on update knowledge of the population followed to define priorities in relation to the programs and projects needed.

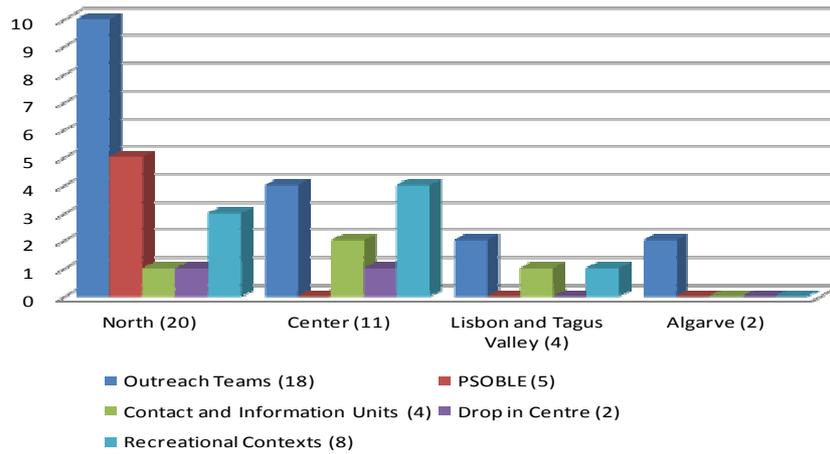
In what concerns the direct intervention with drug users in 2012, 36 projects were ongoing at national level, co-funded under the Administrative rules 749/2007 of 25th June and 131/2008 of February 13<sup>th</sup>. In all the projects implemented and monitored, 8 230 individuals were covered. The diagnosis done raised the need to implement several projects to develop responses in the same area, particularly among drug users and recreational settings.



**Graph 51 – Target population, drug addicted without social family environment (N=8 320) (SICAD2013)**

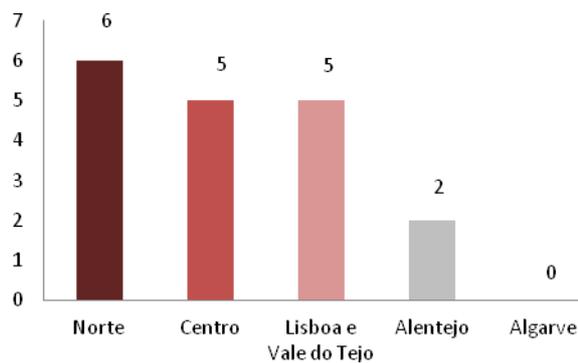
The intervention of these structures is focused primarily with the addict population without social and familial support with very specific characteristics, mostly individuals with many years of dependency, presenting physical, psychical and social weaknesses. From the point of view of the intervention context, these responses are located in areas identified as problematic at the trafficking and consumption level (mainly peripheral urban areas and social neighborhoods).

The responses developed by the projects under RRMD (PRI projects and projects under the Administrative rule 749/2007, according to the classification of Decree-Law 183/2001 of 21 June), are listed in the chart below:

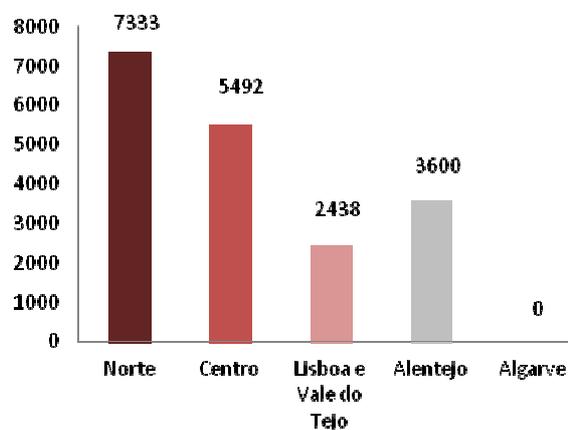


Graph 52 – Type of responses developed by projects, by region (N=20) (SICAD2013)

With regard to the continued action of the intervention in parties and academic festivals, reinforcing the interfaces with the University Setting, 18 interventions were carried out at national level and covered 18 863 individuals, with the following regional distribution:



Graph 53 – Number of actions performed (N=18) (SICAD2013)



Graph 54 – Population covered (N= 18 863) (SICAD 2013)

In addition to the answers already specified, should be mentioned the collaboration in the dispositive intervention Kosmicare in Boom Festival 2012 - Preventive Intervention in crisis and in the recreation context (please see subchapter 3.5 Indicated Prevention).

### 7.3. Prevention and treatment of drug-related infectious diseases

Prevention of drug-related infectious diseases amongst problematic drug users is mainly ensured through the national syringe exchange program "Say no to a second hand syringe", established by the National Commission for the Fight Against AIDS (CNLCS) in collaboration with the National Association of Pharmacies (ANF), with the aim to prevent HIV transmission between intravenous drug users through the distribution of sterilized material and the collection and destruction of the materials used by IDUs.

Over the years the program was adjusted according to the evolution needs of IDUs and harmonization of procedures among the various partners.

Since it was set up, in October 1993, it has been using the national network of pharmacies and has enlarged its partner network through protocols with mobile units, NGOs and other organisations in order to reach a wider population (49 partners in 2010 and 2009 and 36 in 2008). This program was externally evaluated (as reported in previous National Reports) and it was concluded that it had avoided 7 000 new HIV infections per each 10 000 IDU at that time of existence of this program, having estimate savings to the State between 400 to 1.700 million Euros, reinforcing the importance of this program in term of public health.

50.463.192 syringes have been exchanged through this program since October 1993 and until December of 2012 by all the entities involved in this program. The number of syringes exchanged increased progressively till 1997, with some fluctuations in the following years. From 2005 has been registered a downward trend in the number of syringes exchanged.

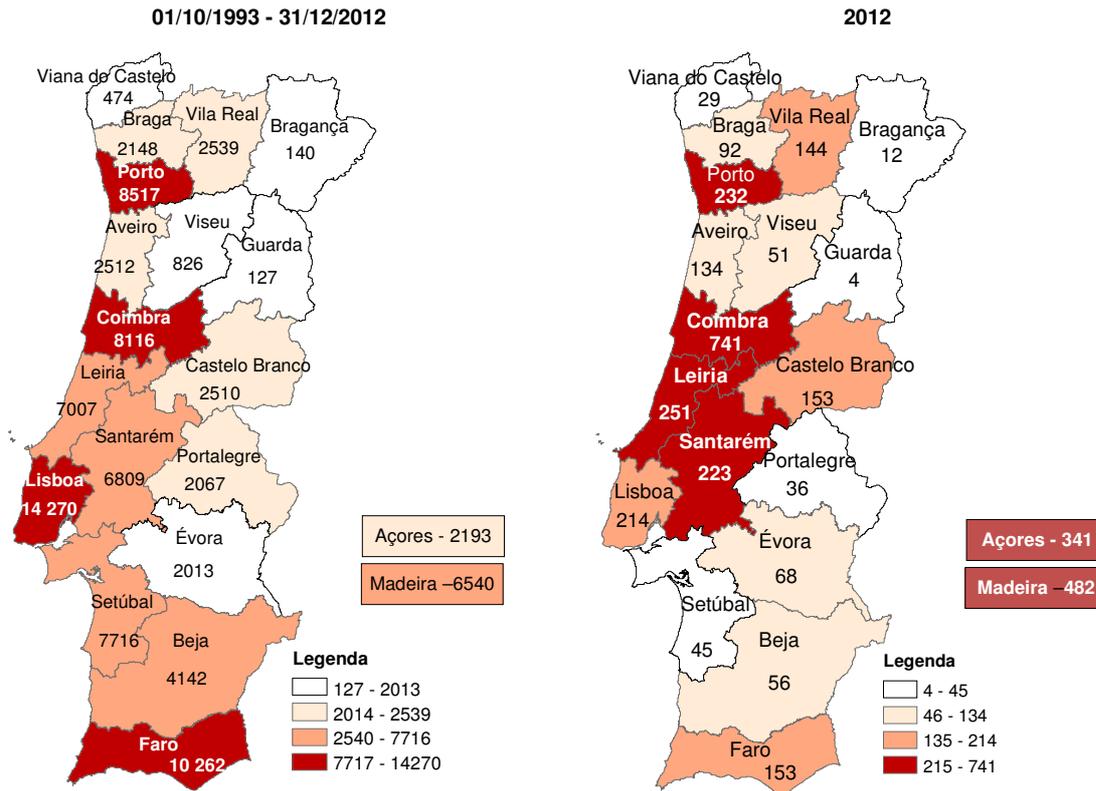
In 2012, 1.341.710 syringes were exchanged (1.650.951 in 2011), and distributed 1.086.400 (1.210.000 in 2011), representing a decrease of 19% and 10% in relation to last year.

The Partners in this program are all Governmental and nongovernmental organizations that signed the cooperation protocol with the National Coordination HIV/AIDS and ANF under the program "Say no to a 2nd hand syringe."

From the beginning of the program till know 3 856 186 syringes were exchanged by Mobile Units (in several places, such as Casal Ventoso, Curraleira, Cova da Moura, Bairro de Santa Filomena and Odivelas), 13.116.285 by partnerships and 33.490.721 by pharmacies.

In 2012, 1224 pharmacies (1 267 in 2011, 1 336 in 2010, 1 360 in 2009, 1 384 in 2008 and 1 314 in 2007) were active in this program.

Similar to last year the Districts of Lisbon and Porto continued to be the ones that registered the highest number of syringes exchanged, representing near 50% of the total. It was verified an increase in the number of exchanges in the districts of Coimbra and Leiria.



**Figure 6 – Exchanged syringes in the framework of the National Syringe exchange program “Say no to a second hand syringe”, 01/10/1993 to 31/12/2012 (SICAD2013)**

In 2012, were collected 38.994 syringes in Mobile Units, 807 959 by partnerships and 494.757 by pharmacies.

Besides the several information/awareness actions on health promotion and drug addiction problematic that are developed in prison context, in 2012 were promoted 54 specific actions on risk reduction, covering a total of 343 inmates.

Such initiatives contemplated several themes, namely, harm and risk reduction programs, morbidity and comorbidity associated to risk behavior, risks associated with the practice of piercings and tattoos, risk behaviours and protective behaviours, the acquisition of healthy lifestyles among others.

## **8. Social Correlates and Social Reintegration**

### **8.1. Introduction**

The National Plan on Drugs and Drug Addiction 2005-2012, includes objectives and actions (see Structured Questionnaire 28), based on integrated approaches centred on the users' needs, also considering the family and social systems of the context in which it occurs.

The reconfiguration of routines and frameworks of users, in most cases unemployed and excluded, is a complex and lengthy process, with several dimensions that matter to contemplate, guarantee to ensure basic conditions to support an ambitious route passing through labor insertion. This is a category of people in radical rupture with social and cultural references, heavily stigmatized and therefore behaves defensively, avoiding the approach to the structures of institutional support.

Mediation and social support appear to be crucial in the success of the integration routes and pass through the development of integrated strategies of action with each of the entities involved and in the relationship between them.

In logic of transversality and standardization of interventions, guidelines have been developed with the aim to ensure that all users have access to the same kind of response, regardless of where they are, what substance they use or the degree of exclusion faced. These guidelines are followed by all services, adapting itself in its practical application to the intervention specificities of each technical team, intervention contexts and users concerned

### **8.2. Social Exclusion and drug use**

The National Strategy for the Integration of Homeless entered in 2012 in its fourth year of implementation continuing to invest and enhance the involvement and participation in the execution of policies in this domain, particularly in the actual context of great economical, social and political debility faced by the country, with direct effects on the aggravation of poverty and social exclusion.

In 2013 the group responsible for follow-up and monitoring of the Strategy, in which is SICAD, will initiate the process of systematization and update the existing information related to the reality of homelessness. According to the last survey undertaken by the Social Security Institute (ISS) in 2009, and mentioned in previous years there were 2 133 homeless people<sup>49</sup>, from whom 31% users of illicit substances and 19% alcohol users.

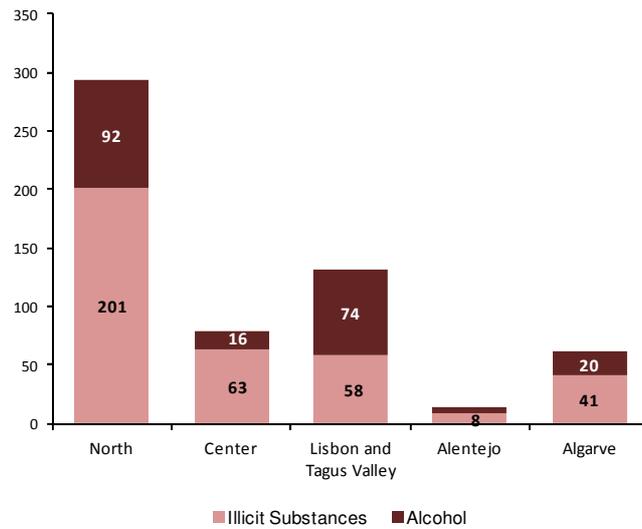
In 2012 reintegration teams identified 371 patients in a homelessness situation with illicit substances problems, more 18% than in 2011 (315 patients).

At national level, 14 planning and Intervention Units for Homeless and other similar structures were functioning, as local bodies responsible for implementing the measures and models of the Strategy, in areas where the diagnosis calls for an intervention. It should be noted that the Centre of Integrated Responses and Therapeutic Communities integrate most of the structures formed, assuming reinsertion experts the function of case managers of all situations of homeless people with psychoactive substances consumption.

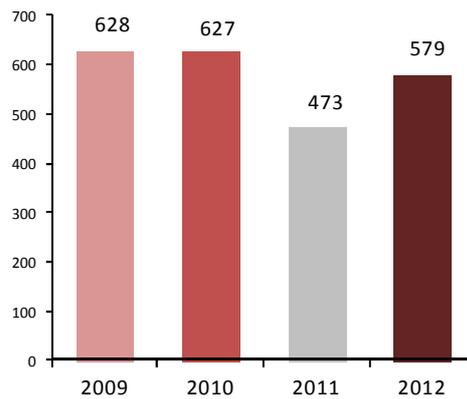
### **Drug use among socially excluded groups**

Characterizing the situation of patients with needs in the context of housing, it is verified that 579 (371 drug users) of 1 284 (845 drug users) patients are in situation of homeless, i.e. 45% of the total.

<sup>49</sup> Based on the concept of homeless people approved by the National Strategy of Homeless People.



**Graph 55 – Total homeless situation diagnosed, by region and type of substance of use (N=579) (SICAD2013)**



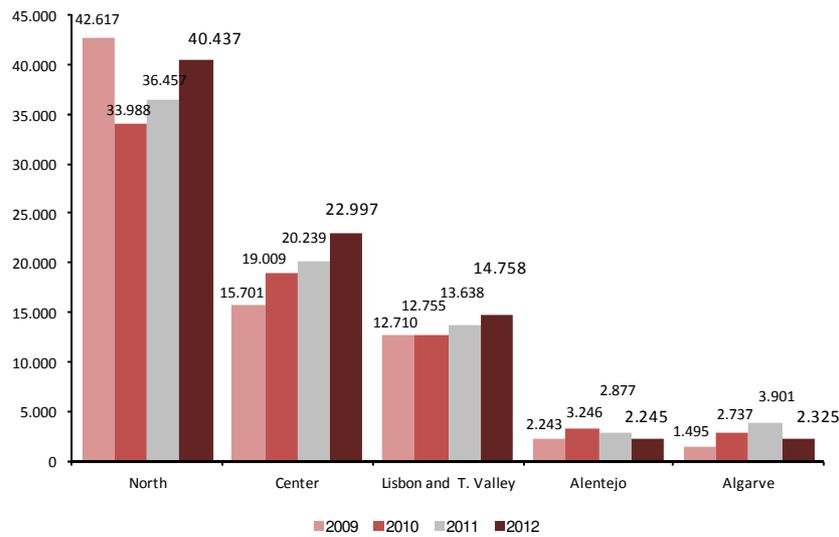
**Graph 56 – Evolution of homeless situations diagnosed, total national (SICAD2012)**

Concerning the substance of use, 371 of the homeless people present consumption of illicit substances, while 208 have problems linked to alcohol. It should be noted in this respect that the main substance of consumption has been changing, the problems linked with alcohol have been increasingly present in homeless situations (in 2011 were 315 with illicit substance problems and 158 with alcohol related problems). The northern region continues to represent a large part of this problem (51%), similar to what was verified in previous years.

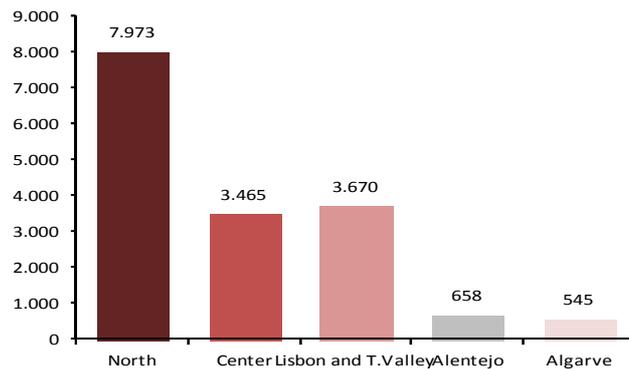
In comparison to 2011 it's verified that the number of diagnosed homeless people by the reintegration teams increased 22%.

### 8.3 Social Reintegration

Mirroring a fundamental part of the work developed by the experts of the reintegration teams and a key component of the intervention in this area, throughout 2012, around 82 762 (77.112 in 2011), reintegration consultations (therapeutic and social service) took place, covering 16.311 patients (15.064 in 2011).



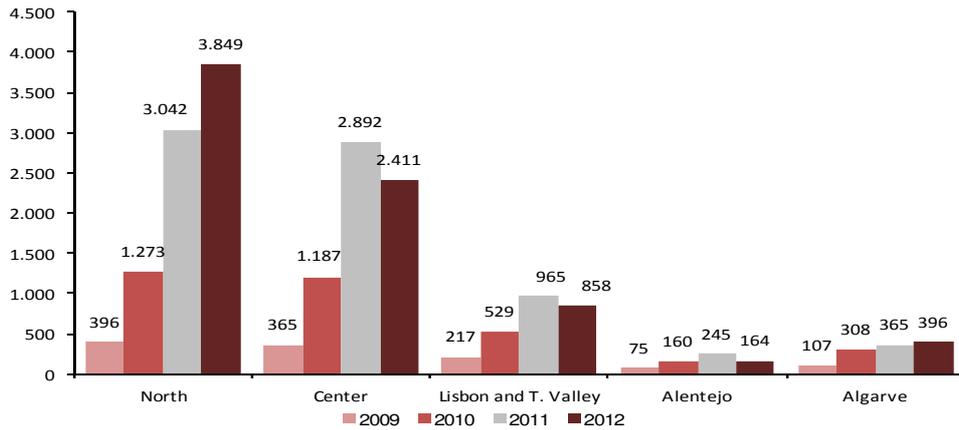
**Graph 57 – Reintegration appointments made by the CRI, by Region and year (N=82 762) (SICAD2013)**



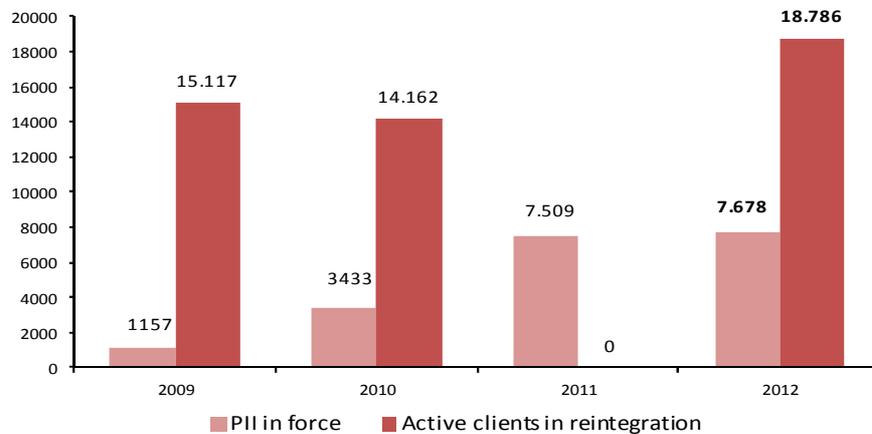
**Graph 58 – Patients followed by CRI Reintegration teams, by region (N=16 311) (SICAD2013)**

Having as reference the total number of active users monitored (45 724) reintegration teams followed 36% (16 311), value slightly higher than in 2011 (33%).

As a result of the implementation of the Intervention Model in Reintegration (MIR) 7 678 Insertion Individual Plans (PII) were in force, value a bit higher (+2%) than the one registered last year (7 509).



Graph 59 – Patients with Insertion Individual Plans in force, by region (N=7 678) (SICAD2013)



Graph 60 – Patients with Insertion Individual Plans/active clients with reintegration (SICAD2013)

The Intervention Model in Reintegration under the format of guidelines for Social Intervention<sup>50</sup> points to an integrated intervention involving, concomitantly, the dimensions of individual and social systems, where the family plays a key role. The systematic monitoring strategies and social mediation are fundamental and embody in the definition, evaluation and follow up of the Insertion Individual Plan, negotiated and contracted with the person, based on the social diagnosis and the personal interests.

The online registration of interventions continues to play a crucial role in the performance of competences defined for SICAD under the monitoring and evaluation of activities in reintegration. This process, implemented at national level, with the participation of all organic units with intervention in this area, allow, once more, gather a set of indicators that reflect the reality of the needs of users and the capacity of the services and their partners have to meet these needs.

See chapter 3.4 of this Annual Report, Reintegration Axe.

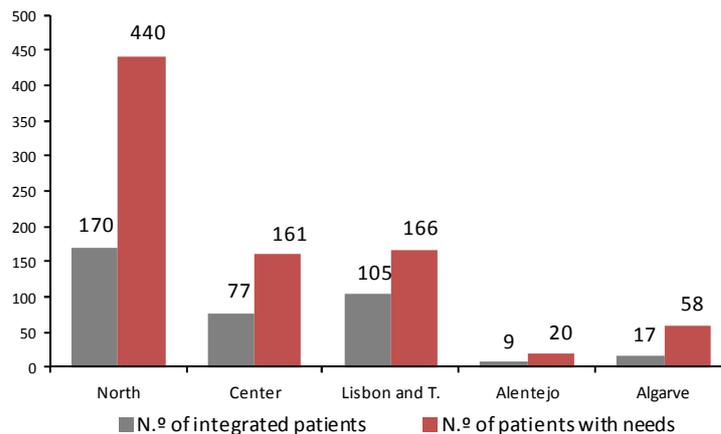
<sup>50</sup> <http://www.idt.pt/PT/Reinsercao/Documents/MIR.pdf>

## Housing

Housing is a fundamental component for a sustained and durable integration, as it is a central part in people's lives.

The housing intervention is sustained on a partnership with local entities, Private Institutions of Social Solidarity, Social Security Institute, Institute of Housing and Urban Renovation (IHRU), among others.

In 2012, were identified 845 housing needs and the responses capacity was of 45%, representing a considerable increase and contrarily to the downtrend registered in previous years (32% in 2011 and 37% in 2010).



**Graph 61 – Patients with needs/integrated in housing responses, by Region (N=845) (SICAD2013)**

The answers provided include situations of temporary accommodation, as well as other of permanent character having contributed to the total number of housing responses available due to partnerships established with the structures of each territory, in particular the municipalities. In 2012 were in operation 20 partnerships in the housing area, in the Central, Alentejo and Algarve Region, and 4 were created in 2012 and the remaining 16 in previous years.

	Years				
	2008	2009	2010	2011	2012
Identified Needs (A)	1 662	1 443	1 323	1 359	845
Positive responses (B)	706	592	484	431	378
Response rate (B/A)	42%	41%	37%	32%	45%

**Table 13 – Clients with Needs/Integrated in housing or shelters responses (SICAD2013)**

Social Reintegration Apartments remain a social response fundamental for those lacking social/family and housing support, that have completed the treatment process via outpatient services, therapeutic communities or prisons and are now searching for a job.

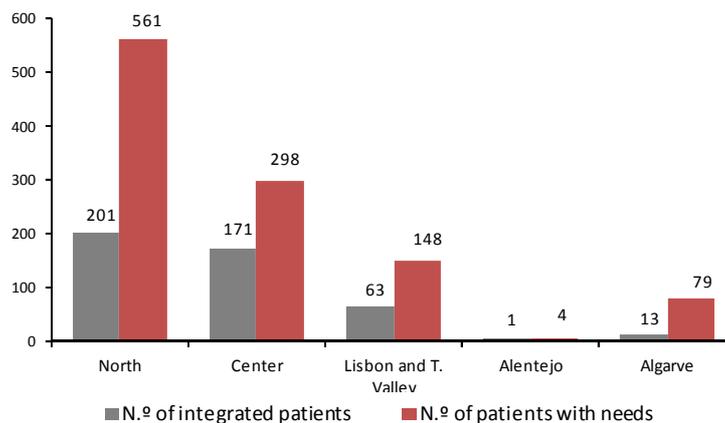
Within the integrated response to users in situations of socio-economic disadvantage and in order to ensure adequate access to social protection measures from services of social

action, remained a dynamic integrated response with stakeholders with responsibilities in this area, namely the Social Security Institute and the Santa Casa da Misericórdia de Lisboa.

### Education, training

Education is one of the aspects of individual lives that can and should be encouraged in the context of the intervention in rehabilitation. The acquisition of a mandatory minimum level of education may be crucial to the success of other interventions (employment and professional training) and the route of the user.

At national level 1 090 (1 766 in 2011) needs for improving qualification were identified being the capacity of response to the needs diagnosed of 41% (49% in 2011 and 44% in 2010).



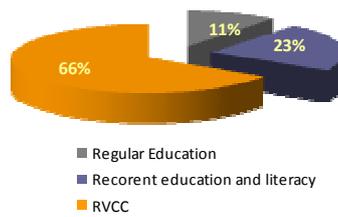
**Graph 62 – Patients with needs/integrated in education responses, by region (N=1 090) (SICAD2013)**

In comparison to last year, in 2012 was verified a decrease in the number of diagnosed needs in education, as well as a decrease in the responses provided (41% against 49% of last year).

	Years				
	2008	2009	2010	2011	2012
Identified needs (A)	1 867	2 208	1 965	1 766	1090
Positive needs (B)	596	661	861	872	449
Response rate (B/A)	32%	30%	44%	49%	41

**Table 14 – Users with specific needs integrated in educational responses (SICAD2013)**

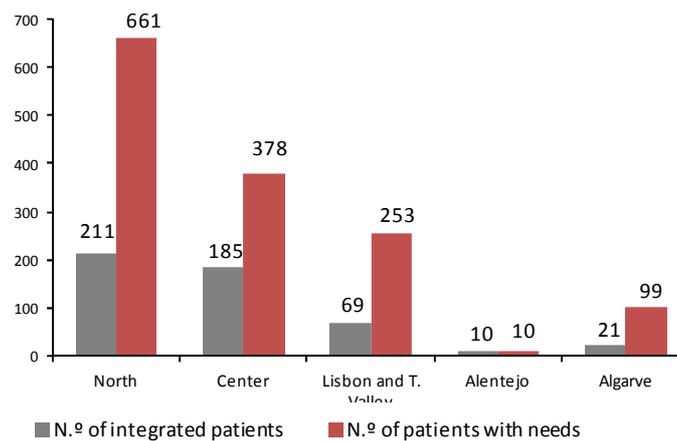
The Revalidation and Certification of Competences (RVCC), similarly to previous years continued to be the most frequent option, representing 66% of the cases (297 users). According to the characteristics, criteria and flexible procedures, this option is best suited to the profile of users and access is easier, compared to other options available of regular and recurrent education.



**Graph 63 – Type of response provided in the area of education, national total (n=449), (SICAD2013)**

Vocational training is a key resource in the acquisition of professional skills for the performance of a profession often essential to the insertion pathway of the patient.

In comparison to previous years the needs identified in 2012 (1 401) were slight inferior, with respect to access to vocational training, the response capacity of 35% value similar to the one verified in previous year.



**Graph 64 – Patients with needs/integrated in responses of vocational training, by Region (N=1 401) (SICAD2013)**

Despite maintained values similar to the ones registered in previous year, those are still not satisfactory, showing that once more an important part of users with an Individual Insertion Plan (65%) do not find appropriate responses in the domain of vocational training.

	Years				
	2008	2009	2010	2011	2012
Identified needs (A)	2 466	2 150	2 280	1 675	1 401
Positive responses (B)	575	501	601	608	496
Response rates (B/A)	23%	23%	26%	36%	35%

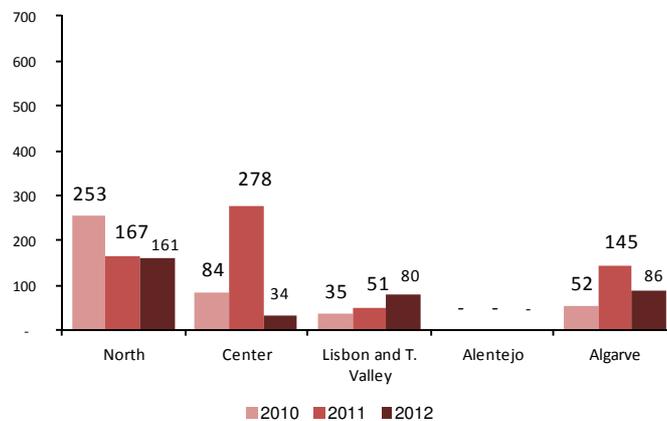
**Table 15 – Users with specific needs integrated in vocational training (SICAD2013)**

The guidelines<sup>51</sup> created to improve the communication channels and articulation of IDT, I.P. and the IEPF, I.P. continued to be implemented in 2012, aiming at better meeting the users' needs in the areas of training and employment via an integrated response.

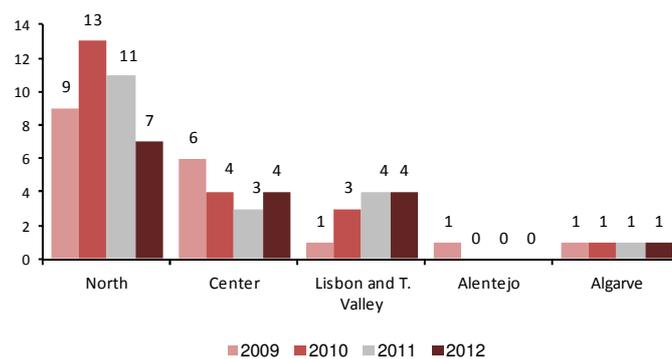
Through the application of these guidelines is visible a greater working together culture and integration of responses, producing positive results in the sphere of users, although not yet fully satisfactory.

Another key component of the intervention, which promotes a set of skills essential to insertion pathways, is the socio therapeutic intervention. CRI Reintegration teams provide answers in this area and one of the strategies used is the formation of social skills training groups.

In 2012, these interventions covered 838 patients, representing a 40% decrease comparing to 1 930 patients face to the 1 390 of the patients in 2011. In relation to the substance of use, 361 presented use of illicit substances and 477 problems associated with alcohol use.



Graph 65 – Total number of patients covered by training groups of social skills, by Region (SICAD2013)



Graph 66 – Services that streamlined training groups of social skills (N=16) (SICAD2013)

The number of persons covered by these groups decreased in almost all regions, except the region of Lisbon and Tagus Valley which presents a slight increase in relation to 2011. It is noteworthy in this context, the strong decline verified in the Center Region. With regard to

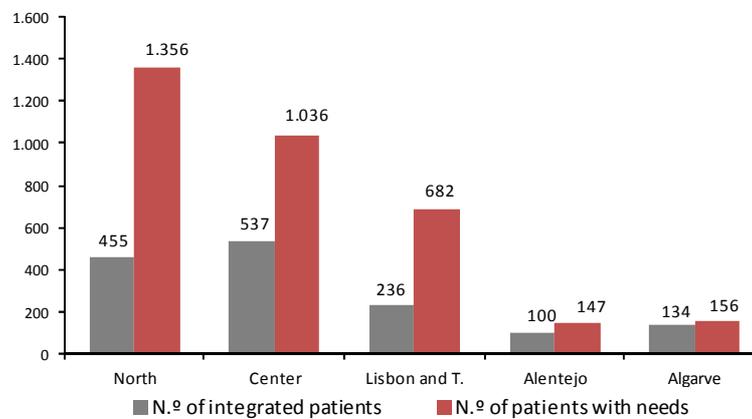
<sup>51</sup> Orientação Técnica n.º 2/2009/DTR/NR, reportada no relatório de 2009, disponível em [http://www.idt.pt/PT/Reinsercao/Documents/OrientacaoN02\\_10.pdf](http://www.idt.pt/PT/Reinsercao/Documents/OrientacaoN02_10.pdf)

services that provide this answer, except for the Northern Region, there was general maintenance of the answers provided in previous year.

In the Center Region there is a focus for the intervention developed under this ambit in 2 prisons, as well as promoting awareness actions aimed at employability (developed in a prison in the region). Also important to mention the technical monitoring of inmates with the purpose to prepare the exit made in the Central and Alentejo regions (31 inmates at the Centre and 6 in Alentejo).

**Employment**

The possibility of obtaining and keeping an employment is a priority for most users followed as an important step in the integration process that allows maintaining him and family, getting self-esteem, social skills, knowledge and life experience which contribute to the self-stability, as an active member of the society.



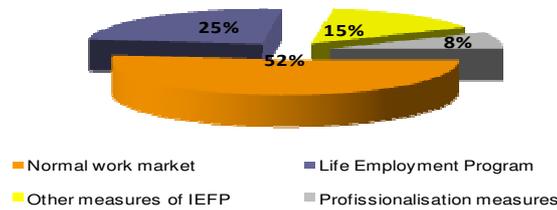
**Graph 67 – Patients with needs/integrated in employment responses, by Region (N=3 377) (SICAD2013)**

In 2012, 3 377 needs in the context of employment were identified, 43% of which were satisfied (similar to the ones registered in previous years).

	Years				
	2008	2009	2010	2011	2012
Identified needs(A)	4 338	4 626	4 719	4 246	3 377
Positive responses (B)	1 654	1 700	2 011	1 883	1 462
Response rate (B/A)	38%	37%	43%	44%	43%

**Table 16 – Users with specific needs/integrated in employment programs (SICAD2013)**

The satisfaction of these employment needs was obtained through the mobilization of different responses adjusted to the job profile of each person, as we can see in the chart below:



**Graph 68 – Type of employment answer (n=1 462), (SICAD2013)**

The regular work market integration, without protected employment programs continues to be the most frequent response with 52% of cases (762 patients). This option proposes an employment contract, with full rights and duties, which represents an effective integration.

These responses correspond to protected or semi-protected employment mechanism, which allows experiences in work context.

In the field of employment, Programa Vida Empleo (Life-Employment Program- PVE)<sup>52</sup> that aims to provide an employment to drug users in treatment process in therapeutic community, outpatient or in prison settings, involved, in 2012, 1 086 persons in reintegration process, accompanied by the Reintegration teams of the CRI and other structures licensed or accredited, with the following specific measures:

	2005	2006	2007	2008	2009	2010	2011	2012
Stages of Socio-professional	688	646	623	559	596	715	676	532
Support for Employment	535	624	603	554	479	501	489	51
Socio-Professional Integration	40	53	57	54	35	27	77	503
Support for Self-Employment -	1	1	-	1	5	1	1	0
<b>Total</b>	<b>1 264</b>	<b>1 324</b>	<b>1 283</b>	<b>1 168</b>	<b>1 115</b>	<b>1 244</b>	<b>1 243</b>	<b>1 086</b>

**Table 17 – Specific measures of of PVE, national total (N=1 086), (SICAD2013)**

Similar to what was verified in previous years among the different measures proposed, the stages of socio-professional integration is the one that gathered more users (49%), followed by the measure Socio-professional integration Premium (46%), with a high increase in comparison to previous years. This is a very positive fact since, once that this premium is intended to support hiring patients under a labor contract without term<sup>53</sup>.

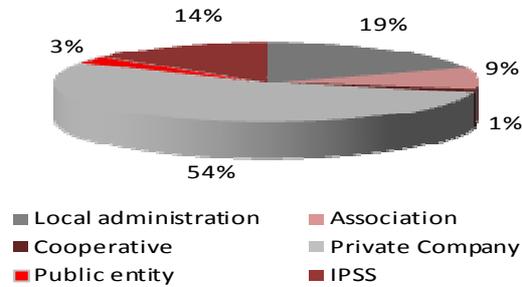
To facilitate users' access to labour market, the Reintegration Teams use a computerized database at national level – Exchange of Employers, a support tool for experts created in 2009, which aim to organize and share information of employers' partners. In 2012, 102 new entities were recruited, which constitute along with the existing 926 entities a wide network of

<sup>52</sup> Program to support employment to drug addicts in process of reintegration in function since 1998.

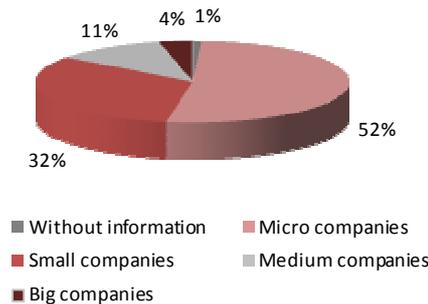
<sup>53</sup> Employers entities receive for each job created, a grant in the amount of twelve times the national minimum wage and the respective social charges.

partners. This database allows the characterization of possible employers, mainly private companies, Local Administration and private Institutions of Social Solidarity, by location, sector, size and history of collaboration.

These employment partnership entities have the following characteristics:



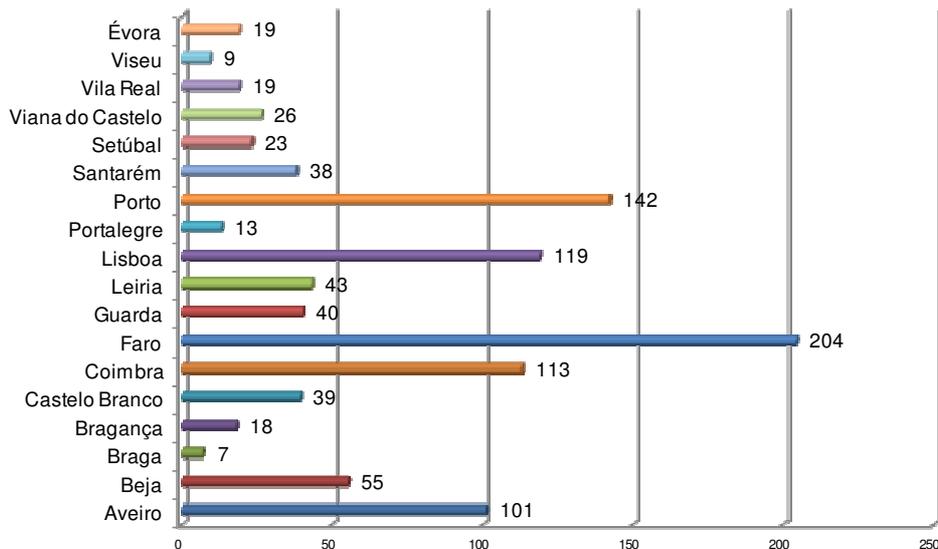
**Graph 69 – Juridical nature of the entities involved in the exchange of employers (1 028) (SICAD2013)**



**Graph 70 – Dimension of the entities included in the Exchange of Employers, defined according to the number of workers (N=1 028), (SICAD2013)**

Most employers' entities are private companies (54%), and are micro enterprises (52%), with less than ten employees. As regards the activity sector, 20% are located in the area of Human Health activities and Social support, 15% in the area of public administration and Defence, compulsory Social Security and 11% in other services activities.

Next it's presented the geographical distribution of employers' entities included in the Exchange of Employers, by district.



**Graph 71 – Location of the entities involved in the Exchange of Employers (N=1 028) (SICAD2013)**

This database allows characterizing employers' entities potentially available to hire patients by geographic location, sector of activity, size and history of articulation.

We must also highlight, in the area of employment, the publication of the first “Handbook for the Employability of drug users and recommendations for the integration of peer education”<sup>54</sup>. This manual of good practice follows the work developed under the experimental project InPar, research action-project cofinanced by IDT, I.P. and developed by Piaget Development Agency (APDES), from 2009 to 2011.

The Handbook translates the result of research carried out throughout the project, presenting a proposal for a methodology for the integration of drug users and recommendations regarding peers education.

<sup>54</sup><http://www.idt.pt/PT/Noticias/Paginas/ManualparaaEmpregabilidadeUtilizadoresdeDrogaseRecomenda%C3%A7%C3%B5e paraaIntegra%C3%A7%C3%A3opelaEduca%C3%A7%C3%A3odePares.aspx>

## 9. Drug-related crime, prevention of drug related crime and prison

### 9.1. Introduction

The main drug law in Portugal was adopted in 1993 and remains today the primary Portuguese law on supply reduction. This law transposed the recommendations of the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, focusing on drug money laundering and control of drug precursors.

In 1997, drug addiction was rated first among concerns of the Portuguese people. The Government then convened an expert group to assess the problem and develop a new strategy. As a result, the first Portuguese National Strategy on Drugs and Drug Addiction was developed and approved in 1999. Our strategy was based on the principles of *Humanism* and *Pragmatism*. It was designed as a balanced approach between supply and demand reduction measures, with concrete proposals for integrated responses on prevention, treatment, harm reduction and re-integration into society, within a framework of decriminalisation of personal consumption of drugs. Drug addiction was henceforth considered as a disease, with drug addicts being viewed as patients and not as criminals.

Personal consumption and possession for consumption of drugs was decriminalised in 2000 and the law was enforced from July 2001. It is a crime to possess drugs in a quantity greater than an average of 10 days consumption. Below that limit (differently defined for each substance) possession or consumption is considered as an administrative offence. Special bodies (Drug Addiction Dissuasion Commissions) were created to apply administrative sanctions. In fact, they act as a “second line” of preventive interventions, evaluating the personal circumstances of drug users referred by police and directing them to the appropriate responses (treatment or others).

### 9.2. Drug-related Crime

In 2012 concerning the administrative sanctions for drug use<sup>55</sup>, the 18 Commissions for the Dissuasion of Drug Addiction (CDT) based in every capital district of Continental Portugal instated 8 573 processes<sup>56</sup>, representing the highest value since 2001 and an increase of 24% in comparison to 2011, most of which were, again, referred by the Public Security Police (PSP), National Republican Guard (GNR) and Courts.

From the 7 394 rulings made, 82% suspended the process temporarily, 15% were punitive rulings and 3% found the presumed offender innocent.

The number of presumed offenders was very similar to last year registering these last four years the highest values since 2002. Continues the trend manifested through the decade of the predominance of presumed offenders in the possession of cannabis and the increased visibility of presumed offenders in the possession of cocaine (the values registered in the last four years for cannabis and cocaine were the highest since 2002). In the case of heroin, after the downward trend verified in the first half of the decade, followed by a stability and a peak in 2009, it's verified again a decrease in the number of presumed offenders. Concerning the number of presumed offenders in the possession of several drugs, the value registered in 2012 is the lowest since 2001, contrasting the stability trend occurred since 2006 (with a punctual peak in 2010).

In the context of judicial decisions under the Drug Law, in 2012, 1 616 crime processes were finalised involving 2 376 individuals, the vast majority were accused of traffick (88%). Near 86% were convicted and 14% were acquitted.

<sup>55</sup> Law n.º 30/2000, of the 29<sup>th</sup> November, regulated by the Decree-Law n.º 130-A, 23 April and Administrative Rule n.º 604/2001, 12 of June.

<sup>56</sup> Each process corresponds to one occurrence and to one person.

Concerning the sanctions applied in these convictions, mostly related with trafficking crimes, such as occurred in 2004 and contrary to previous years, these convictions involved mainly suspended prison (48%) instead of effective prison (31%). To refer specially since 2009, the increase of convicted only sentenced with an effective fine, predominantly applied to convictions related with consumption. Similarly to previous years, the majority of these convictions were related to only one drug, maintaining the predominance of cannabis by the tenth consecutive year and a higher number of convictions by possession of cocaine in relation to heroin by the seventh consecutive year, consolidating the trend verified in previous years of the increase visibility of cocaine in these convictions.

**Prison data** indicates that, on the 31<sup>st</sup> of December 2012, 2 252 (+9% than in 2011 with 2 075) individuals were in prison for crimes against the Drug Law, representing an increase of 9% in relation to 2011. After the continuous decrease in the number of individuals convicted under the Drug Law between 2002 and 2008, it seems that a period of upward trend begun and is reinforced in 2012, though still below the values registered until 2007.

These inmates represented on the 31<sup>st</sup> of December 2012 near 21% in the universe of the convicted prisoner population, keeping this proportion very similar since 2008. Most of these individuals were convicted for traffic (88%) but also for minor traffic (10%) and less than 1% for traffic-use, these percentages are in line with previous year's patterns.

### 9.3. Drug Law offences

Concerning the administrative sanctions for drug use<sup>57</sup>, in 2012, the 18 CDT based in every capital district of Continental Portugal instated 8 573 processes<sup>58</sup>, representing the highest value since 2001 and an increase of 24% in comparison to 2011.

Like in previous years the districts of Porto and Lisbon followed by Setúbal, Braga, Faro and Aveiro, registered the higher number of processes; the districts of Faro, Beja, Porto and Guarda presented the higher occurrences rates per inhabitant aged 15-64.

In comparison to last year, the highest increase in absolute values occurred in the district of Porto, Setúbal, Faro and Lisbon and in percentual values in the districts of Guarda and Vila Real. Bragança, Portalegre and Santarém were the only districts where were verified decreases in the number of processes in relation to last year, but in the case of Santarém the number registered in 2012 represents the second highest value since 2001.

<sup>57</sup> Law n.º 30/2000, of the 29<sup>th</sup> November, regulated by the Decree-Law n.º 130-A, 23 April and Administrative Rule n.º 604/2001, 12 of June.

<sup>58</sup> Each process corresponds to one occurrence and to one person.

## Rates per 100 000 inhabitants in the age group 15-64 years

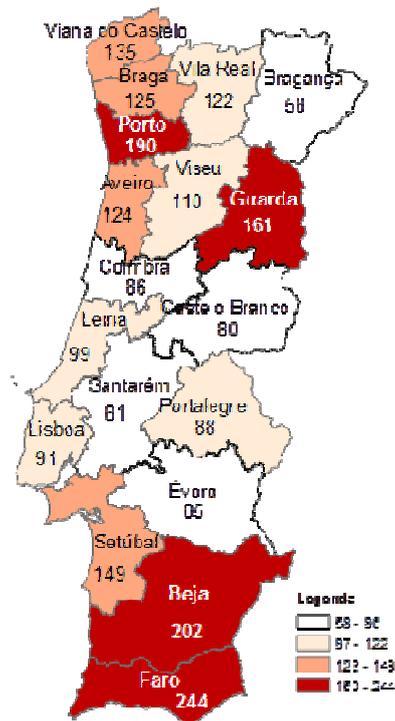


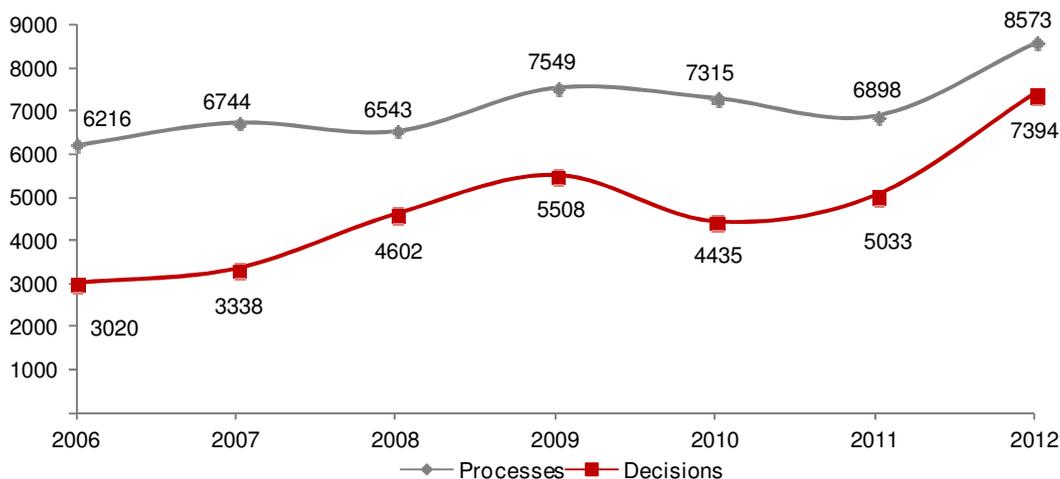
Figure 7 – Distribution of the Administrative sanctions for drug use by District (SICAD2013)

Similarly to previous years, most cases (47%) were referred by the PSP, followed by the GNR with (38%) and the Courts with 14% of the cases. In comparison to last year was registered an increase in the number of occurrences sent by PSP (+28%) and by GNR (+28%) and a stability in the number of processes referred by the Courts (-1%). However, it is noted that in the last four years were registered the highest values ever of occurrences sent by the GNR and PSP and the lowest values of occurrences sent by the Courts<sup>59</sup>.

At the date of data collection information near 86% of the processes instated in 2012 had been decided: 40% were suspended (40% in 2011, 26% in 2010, 31% in 2009, 35% in 2008 and 27% in 2007) and 46% were filed (33% in 2011, 35% in 2010 and 2% in 2009, 35% in 2008 and 23% in 2007), indicating a substantial increase in the decision-making capacity in relation to previous years<sup>60</sup>, even more relevant considering that the number of processes in 2012 achieved the higher value since 2001.

<sup>59</sup>The decrease in the number of processes by the Courts can be related, among others, with the Judicial precedent of the Supreme Court of Justice n.º 8/2008, of 5 August (Acórdão do Supremo Tribunal de Justiça n.º 8/2008, de 5 de Agosto), which remains in force n.º 2 of the article 40 of the Decree-Law n.º 15/93, of 22 January, "... not only "the cultivation" and on the acquisition or possession, for personal consumption, plants, substances or preparations listed in Tables I to IV, this shall not exceed the quantity required for an average individual consumption during a period of 10 days".

<sup>60</sup> The decreases in the number of pending cases were related with the investment done in the processual efficacy and efficiency.



\*When interpreting the data related to the decision taken, should be take in account that some CDTs were in certain periods functioning without a quorum, that conditioned the diligences in some CDTs, namely the decision making in the application of Law 30/2000 and the consequent procesual diligencies: since 2003 the CDT of Viseu and Guarda; since last semester of 2004 Faro and Bragança; since 2005 the CDT of Lisbon; since the end of June 2007 the CDT of Coimbra and June 2008 the CDT of Vila Real. The reposition of quorum in these CDTs was accomplished during the first semester of 2008, with the exception of the CDT of Vila Real which reposition occurred in February 2009. Between 2010 and 2011, the CDT of Porto and Faro stayed without quorum in September having been reinstated in August and November 2011 respectively. On other hand continued to persist gaps in some CDT technical teams, related to the insufficient number of professionals

\*\*Year when occurred the fact sanctioned as an administrative offence. Information collected on 31 March of the year after the one when occurred the fact sanctioned as an administrative offence.

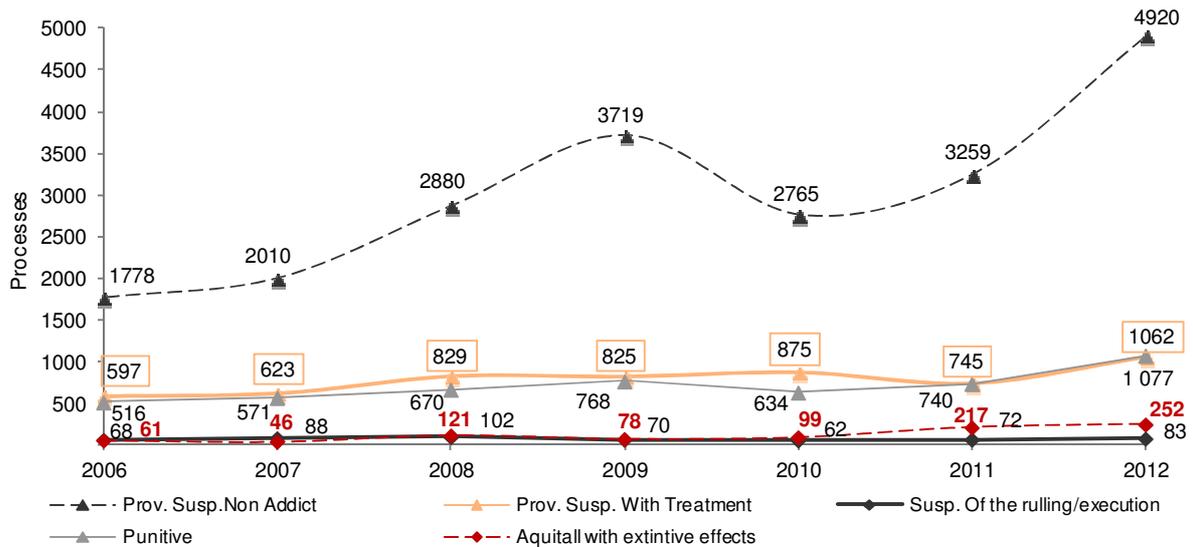
**Graph 72 – Administrative sanctions processes and decisions\*, by year\*\* (SICAD2012)**

From the 7 394 decisions taken:

- 82% were suspensive rulings;
- 15% were punitive rulings and
- 3% found the presumed offender innocent.

As in previous years, the provisional suspension of process in the case of users who were not considered addicted were the majority of the total percentage of rulings (67%), (65% in 2011, 62% in 2010, 68% in 2009, 63% in 2008 and 60% in 2007), followed by suspensive rulings in the case of drug users who accepted to undergo treatment (14% in 2012, 15% in 2011, 20% in 2010, 15% in 2009, 18% in 2008 and 19% in 2007).

In 2012, the proportion of the punitive ruling in this setting was identical to last year (15% in 2011), continues to be predominant non-pecuniary sanctions (12%), particularly the ones related with periodical presence in a place designated by the CDT. It should be noted the increased application of sanctionary measures that appeal to responsabilisation of the indicted, as the provision of free services to the community and the determination of delivery of cash contributions to Private Social Solidarity Institutions (IPSS).



\*Year when occurred the fact sanctioned as an administrative offence. Information collected on 31 March of the year after the one when occurred the fact sanctioned as an administrative offence.

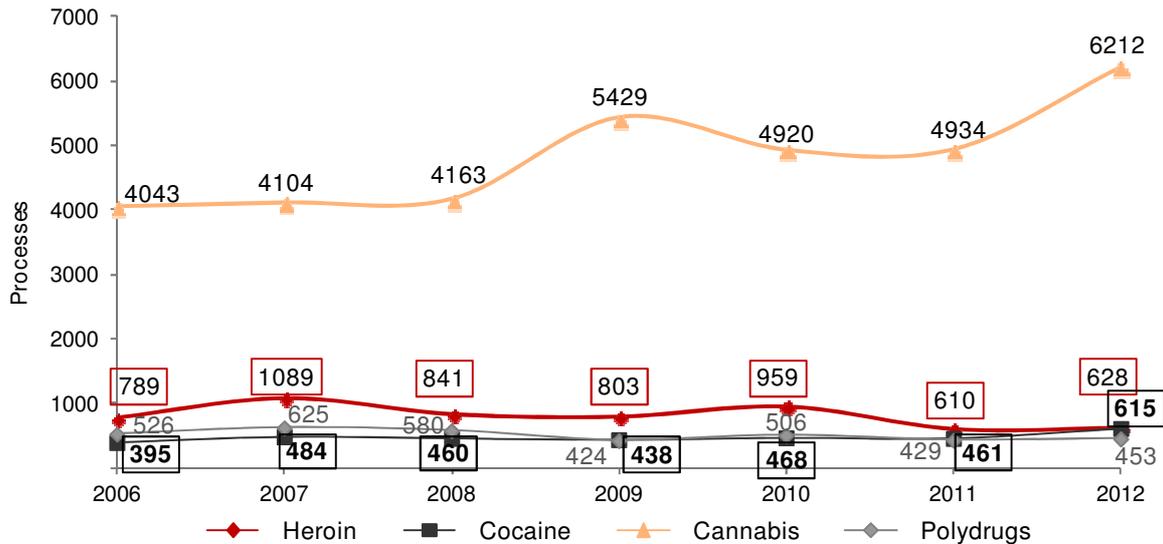
\*\*When interpreting the data related to the decision taken, should be take in account that some CDTs were in certain periods functioning without a quorum, that conditioned the diligences in some CDTs, namely the decision making in the application of Law 30/2000 and the consequent processual diligences. Between 2003 and 2009: since 2003 the CDT of Viseu and Guarda; since last semester of 2004 Faro and Bragança; since 2005 the CDT of Lisbon; since the end of June 2007 the CDT of Coimbra and June 2008 the CDT of Vila Real. The reposition of quorum in these CDTs was accomplished during the first semester of 2008, with the exception of the CDT of Vila Real which reposition occurred in February 2009. In 2010, the CDT of Porto and Faro stayed without quorum in September having been reinstated in August and November 2011 respectively. On other hand continued to persist gaps in some CDT technical teams, related to the insufficient number of professionals

Graph 73 – Type of rulling for administrative sanctions by year\* and type of decision\*\* (SICAD2013)

Concerning the substances involved:

- As in previous years, most cases involved only one drug (94%):
- Mainly cannabis (78%) – 76 in 2011, 71% in 2010, 76% in 2009, 68% in 2008 and 64% in 2007;
- 8% of these processes involved only heroin (9% in 2011, 14% in 2010, 11% in 2009, 14% in 2008 and 17% in 2007). 8% involved only cocaine (7%, 7%, 8%, 6% and 8%, respectively in 2011, 2010, 2009, 2008, 2007);
- Similar to previous years, the predominance of occurrences involving only cannabis was found in all CDTs,

For the processes involving more than one drug (6% in 2012, 7% in 2011 and 2010, 6% in 2009, 10% in 2008 and 2007), once more the association heroin-cocaine was predominant. Like in the last eight years. The association cocaine-cannabis, and for the first time the association ecstasy-cannabis surpassed the association heroin-cannabis.



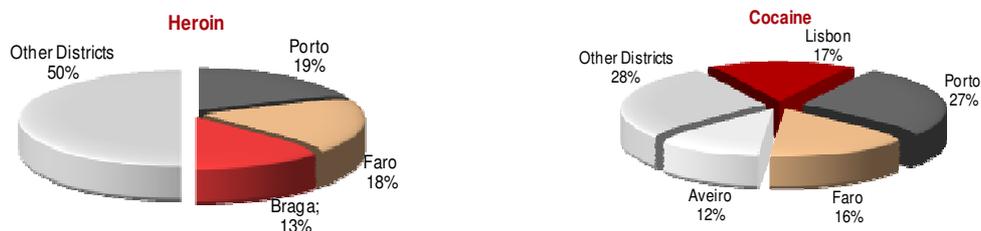
Graph 74 – Type of drug involved in administrative offences by year\* (SICAD2013)

\*Year when occurred the fact sanctioned as an administrative offence. Information collected on 31 March of the year after the one when occurred the fact sanctioned as an administrative offence.

In comparison to 2011, increases in the number of processes at the level of all drugs were registered. The higher increases were verified in the processes related with cocaine only (+33%), cannabis only (+26%) and ecstasy only (+25%), being more residual the increases of the processes related with heroin only (+3%) and the ones related with several drugs (+6%). It is also worth mentioning the increase in the number of processes related with other drugs (+48%). These, as well as the processes involving cocaine only and cannabis only registered in 2012 the highest values ever.

In general, the distribution of processes by district and type of drug involved showed that the districts with the highest total number of processes (Porto, Lisbon, Setúbal, Braga, Faro and Aveiro), are those where is concentrate also the largest number of processes of each of the drugs considered, (except Beja that registers 11% of the processes related with several drugs).

It's verified a diversified distribution of cases between those districts depending on the type of drug, and to highlight the fact that the district of Porto presents the highest proportions of processes of each drug considered. Lisbon does not appear among the districts with the highest concentration of processes related with heroin only.





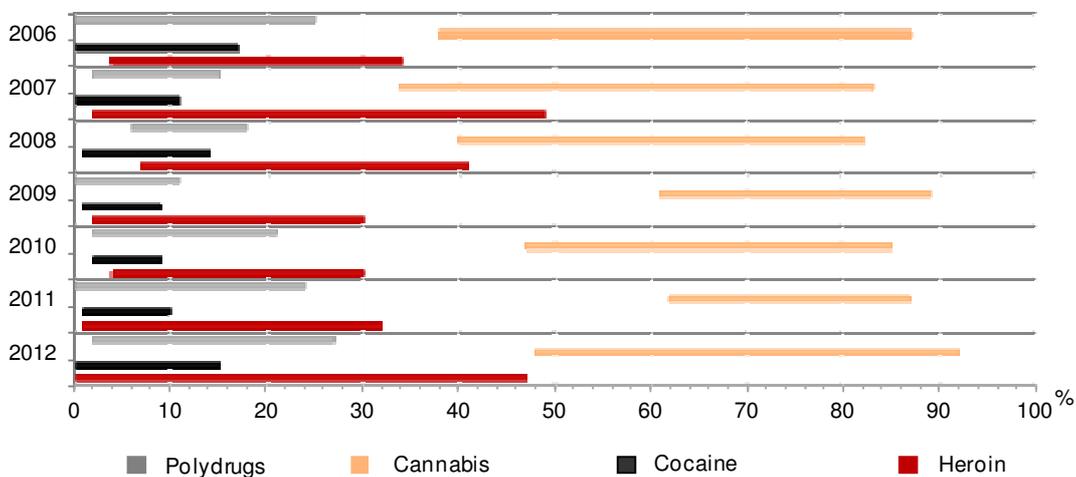
(Districts with more than 10% of the total number of processes of each type of drug)

**Graph 75 – Distribution of the administrative sanctions by type of drug involved and by district (SICAD2013)**

Also the reading of the interdistrict percentages by type of drug<sup>61</sup> showed some heterogeneity: processes involving only cannabis varied at district level between 48%-92%, heroin only between 0%-47%, cocaine between 0%-15% and the processes involving several drugs between 2%-27%.

In general, these variations between minimum and maximum values of the interdistrict percentages by type of drug involved in the processes followed the pattern registered in previous years.

As can be seen over the years, the biggest interval of those values are registered at the level of heroin and cannabis, though there is less variation in the proportions of processes involving only cocaine and various drugs.



**Graph 76 – Administrative sanctions processes by type of drug, intervals of the interdistrict percentages, by year (SICAD2013)**

Concerning the individuals involved:

<sup>61</sup> Considering as percentual base the processes opened in each district.

- In 2012, 7 817 individuals<sup>62</sup> were involved (6 507 in 2011, 6 826 in 2010, 7 122 in 2009, 6 044 in 2008 and 6 268 in 2007) in the instated processes and without acquittal of the CDT's;
- 6% of those were recidivists in 2011 to a Commission (5% in 2011 and 2010, 4% in 2009, 6% in 2008 and 2007). The majority of the recidivists (88%) registered only one criminal relapse in the year.
- The district of Porto registered the higher number of recidivists in the year and the higher interdistrict percentages of recidivists in the year were in the districts of Beja, Braga, Faro and Porto (near 8%).
- In relation to previous years, no relevant changes were verified concerning the socio-demographic profile of these individuals:

They were mostly from the male gender (93%);

- 88.5% single
- 50.9% were aged 16-24;
- 28.6% were aged 25-34;
- Mean age 27;
- They were mainly Portuguese (94.4%), single (88.5%) and living with their parents/siblings (65.5%);
- 42.7% had frequented the 3<sup>rd</sup> level of compulsory school (7<sup>th</sup>-9<sup>th</sup> grade) and 30.9% reported an educational status above that;
- 32.1% were unemployed, 35.5% were employed and 26.7% students.

Like in previous years, the majority were Portuguese, between foreigners (6%), Europeans (3%) and Africans (2%) were predominant (2%). Last years a gradual increase of the proportion of foreigners with European nationality, for the first time this year a predominance of those in relation to Africans was verified. Among European foreigners, the French are predominant and among Africans continue the predominance of Cape Verdeans.

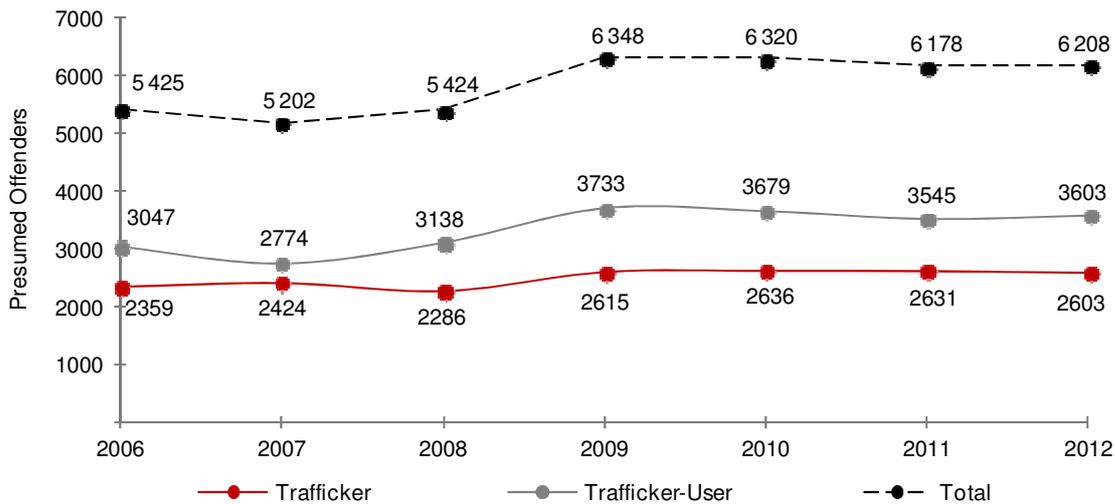
#### 9.4 Other Drug related crime

Concerning **criminal offences**, in 2012, data from the Criminal Police identified 6 206 presumed offenders<sup>63</sup>: 42% were presumed traffickers and 58% presumed trafficker-users, 4 748 (77%) were arrested.

The number of presumed offenders was very similar to last year (+0.5%) registering these last four years the highest values since 2002.

<sup>62</sup> Individuals who were sent twice to a Commission in any year (and thus originated the instatement of more than one process) were counted only once.

<sup>63</sup> Data from presumed offenders refer to intervenients arrested and non-arrested. An individual may be account for more than one time since involved in more than one occurrence in the year.



**Graph 77 – Presumed Offenders by year and situation towards drug (SICAD2013)**

Similarly to previous years, the districts of Lisbon and Porto presented the higher percentages of these presumed offenders (respectively 35% and 24%), followed by Setúbal and Faro (both with 8%). The higher rates of presumed offenders per inhabitant from the age group 15-64 were registered in the districts of Faro, Lisbon, Porto and Beja.

Concerning the substances identified in the moment of the occurrence:

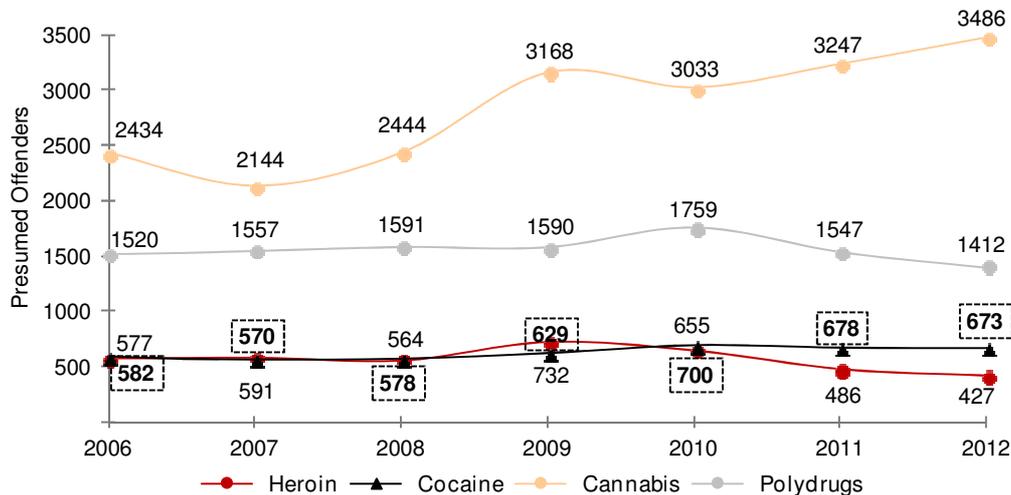
- 77% of these individuals possessed only one drug (74% in 2011, 71% in 2010, 74% in 2009, 70% in 2008 and 68% in 2007);
- Among these cases, and like in previous years, cannabis was predominant in comparison to other substances (58%);
- 11% of the cases concerned cocaine (11% in 2011 and 2010, 10% in 2009, 11% in 2008 and 12% in 2007);
- 7% of the cases concerned heroin only (8% in 2011, 11% in 2010, 12% in 2009, 11% in 2008 and 12% in 2007);
- 1% of the cases concerned several other drugs;
- In the situations where more than one drug was involved (23%), the combination of heroin with cocaine continues to be predominant, followed by the combination of cocaine with cannabis and the association of heroin with cocaine and cannabis.
- In comparison to 2011, was registered a decrease in the number of presumed offenders in the possession of heroin only (-12%) and in the possession of polydrugs (-9%) and a stability in the number of presumed offenders in the possession of cocaine only (-0.7%). On the other hand, increased the number of presumed offenders in the possession of other drugs (+42%) and in the possession of cannabis only (+7%).

It's worth noting that the values registered in the last four years at the level of cannabis and cocaine was the highest since 2002, thus reinforcing after the stability occurred between 2006 and 2008, the increasing trend verified throught the last decade. In the case of heroin, after the downward trend verified in the first half of the decade, followed by a stability and a peak in 2009, it's verified again a decrease in the number of presumed offenders.

Concerning the number of presumed offenders in the possession of several drugs, the value

registered in 2012 is the lowest since 2001, contrasting the stability trend occurred since 2006 (with a punctual peak in 2010).

Like in previous years, situations related with possession of cocaine alone continue to have a higher relative importance in the group of presumed traffickers than in the group of trafficker-users; the opposite was verified in the situations related with cannabis.



**Graph 78 – Presumed offenders, by year, and type of drug (SICAD2013)**

The distribution by district of presumed offenders by type of drug involved, evidenced like in previous years, a highly concentration of presumed offenders in the districts of Lisbon and Porto for any of the drugs considered. Also like in previous years, it worth noting the higher concentration of presumed offenders in the possession of cocaine alone in the district of Lisbon, and there is a higher regional dispersion in the case of presumed offenders in possession of other drugs, namely in the possession of heroin alone.

The interdistrictal percentages by type of drug in the possession of presumed offenders once more present some heterogeneity: the percentages of those who were in possession of cannabis only ranged between 35%-73%, in the possession of only heroin between 0%-34%, in the possession of only cocaine between 0%-19% and the percentage of presumed offenders with several drugs ranged between 13%-35%.

Concerning the individuals involved:

- 89% of the presumed offenders were of the male gender;
- 70% were aged between 16-34, mainly 16-24 (36%) and 25-34 (34%), being the mean age 31;
- 83.8% were Portuguese, among those who were not Portuguese (16%); the Africans were predominant (10%), mainly from Cape Verde. Most (84%) were single, near 61% frequented the 3<sup>rd</sup> level of compulsory school and more than half (61%) were unemployed when they were interplead by the police.

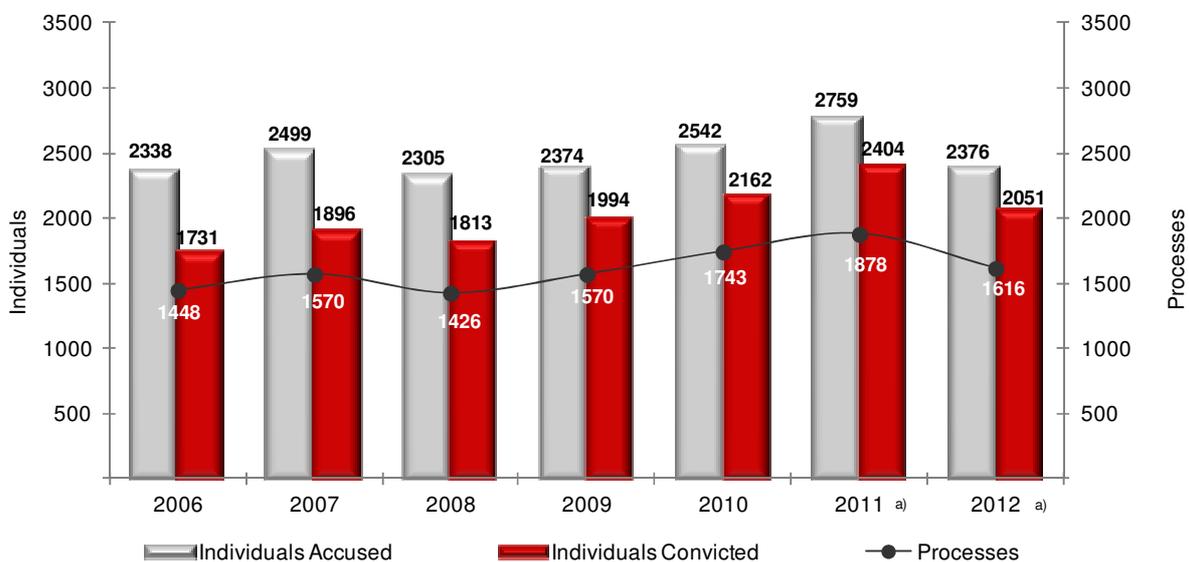
Once more the presumed trafficker-users when compared to presumed traffickers, presented a higher percentage of male gender individuals, Portuguese nationality, single, more academic skills, a higher percentage of employed individuals and students, and are also younger.

Concerning **Court data**:

In the context of judicial decisions under the Drug Law<sup>64</sup>, in 2012, 1 616 crime processes were finalised involving 2 376 individuals<sup>65</sup>, the vast majority were accused of traffick (88%). Near 86% were convicted and 14% were acquitted.

Despite the annual variations in the number of processes, of individuals accused and convicted under the Drug Law, there was a decreasing trend in the first half of the past decade, on the other hand a slight increase in the second half, which becomes more pronounced and continuing from 2009.

In 2011 were registered the higher numbers of processes of individuals accused and convicted, respectively since 2003, 2004 and 2002. It is expectable that the 2012 data update next year, results in an increase of processes, of individuals accused and convicted in relation to 2011.



a) In line with the methodological criteria used in previous years, the judicial decisions dated of 2011 and 2012, and registered at SICAD until 31<sup>st</sup> of March 2013. 2012 data will be updated next year and 2012 decisions registered between 31<sup>st</sup> of March 2013 and 31<sup>st</sup> of March 2014 will be counted.

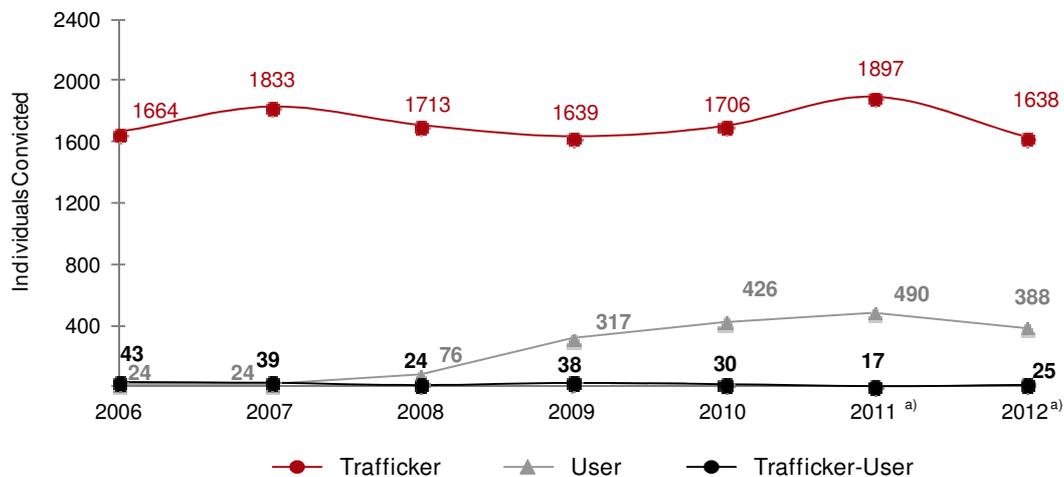
**Graph 79 – Processes, Individuals Accused and Convicted under Drug law, by Year (SICAD2013)**

Of the 2 051 convicted individuals under the Drug Law (2 041 in 2011, 770 in 2010, 1 684 in 2009, 1 392 in 2008 and 1 420 in 2007), 80% were convicted for traffic, 19% for use and 1% for traffic-use. The focus goes to the increase in the proportion of individuals convicted by use since 2008, related with the fixation of case law on situations for own use in superior amount than the required for the average individual use during a period of 10 days (Supreme Court of Justice n.º 8/2008, of 5 August). Indeed, in 2012, in about 74% of convictions for

<sup>64</sup> With the enter in force on the 1 July 2001, the Law 30/2000 of 29 November, the use of illicit substances was decriminalized being an administrative offence. The cultivation situation foreseen in the article 40 of the Decree Law 15/93, of the 22 January is still considered a crime independently of the entering in force of the Law 30/2000. Later one with the Judicial precedent of the Supreme Court of Justice n.º 8/2008, of 5 August (Acórdão do Supremo Tribunal de Justiça n.8/2008, de 5 de Agosto), which remains in force n.º 2 of the article 40 of the Decree-Law n.º 15/93, of 22 January, "... not only "the cultivation" and on the acquisition or possession, for personal consumption, plants, substances or preparations listed in Tables I to IV, this shall not exceed the quantity required for an average individual consumption during a period of 10 days".

<sup>65</sup> In line with the methodological criteria used in previous years, the judicial decisions dated of 2011 and 2012 and registered at SICAD until 31<sup>st</sup> of March 2013. 2012 data will be updated next year and 2012 decisions registered between 31<sup>st</sup> March 2013 and 31<sup>st</sup> March 2014 will be taken into account.

use was made express reference to this Judgment (76%, 75% and 84%, respectively of the convictions for use in 2011, 2010 and 2009).



a) In line with the methodological criteria used in previous years, the judicial decisions dated of 2011 and 2012, and registered at SICAD until 31<sup>st</sup> of March 2013. 2012 data will be updated next year and 2012 decisions registered between 31<sup>st</sup> of March 2013 and 31<sup>st</sup> of March 2014 will be counted.

With the enter in force on the 1 July 2001, the Law 30/2000 of 29 November, the use of illicit substances was decriminalized being an administrative offence. The cultivation situation foreseen in the article 40 of the Decree Law 15/93, of the 22 January is still considered a crime independently of the entering in force of the Law 30/2000. Later one with the Judicial precedent of the Supreme Court of Justice n.º 8/2008, of 5 August (Acórdão do Supremo Tribunal de Justiça n.8/2008, de 5 de Agosto), which remains in force n.º 2 of the article 40 of the Decree-Law n.º 15/93, of 22 January, "... not only "the cultivation" and on the acquisition or possession, for personal consumption, plants, substances or preparations listed in Tables I to IV, this shall not exceed the quantity required for an average individual consumption during a period of 10 days".

Graph 80 – Individuals Convicted, by Year and situation towards drug (SICAD2013)

From the 1 638 individuals convicted for traffic, 1 635 were initially accused for that crime and 3 for traffic-use. From the 388 individuals convicted for use, 232 (60%) were accused for that crime, 152 (39%) for traffic and and 4 (1%) for traffic-use. Of the 25 individuals convicted of traffic-use, 19 (76%) were accused for traffic and only 6 (24%) for traffic-use.

Once more Lisbon and Porto were the districts that registered the higher percentages of these convictions (respectavily 36% and 19%), followed by the Autonomous Region of Azores (6%), Setúbal (5%), Aveiro (5%) and Braga (5%).

The higher rates per inhabitants aged 15-64 were registered in the autonomous Region of Azores and in the districts of Lisbon, Portalegre and Vila Real.

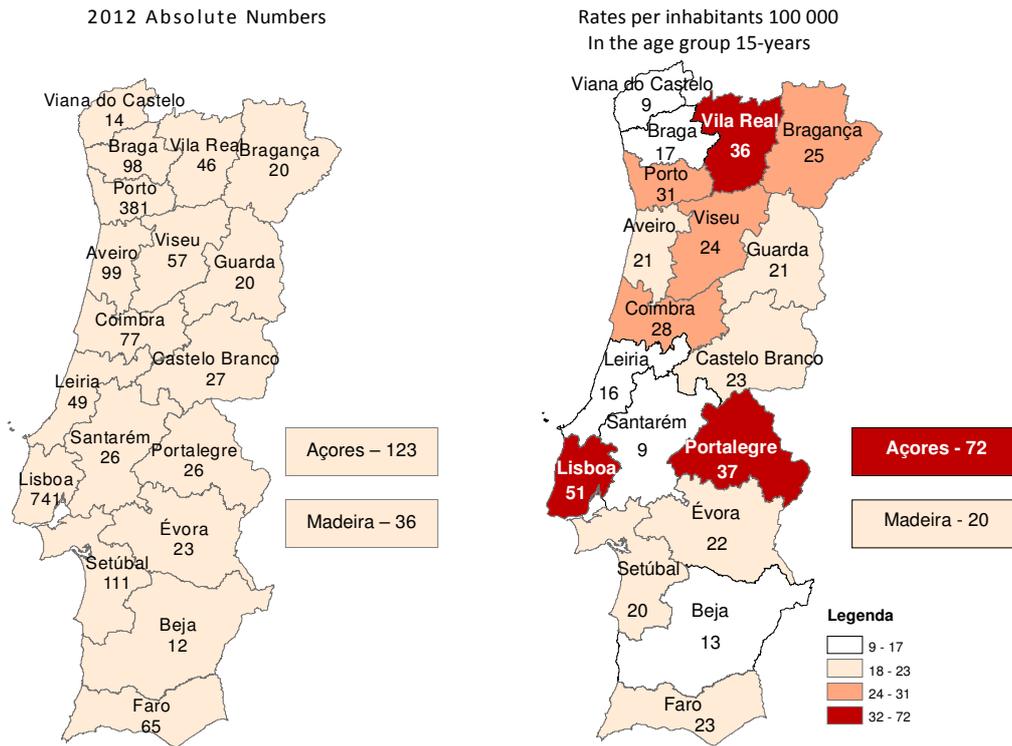
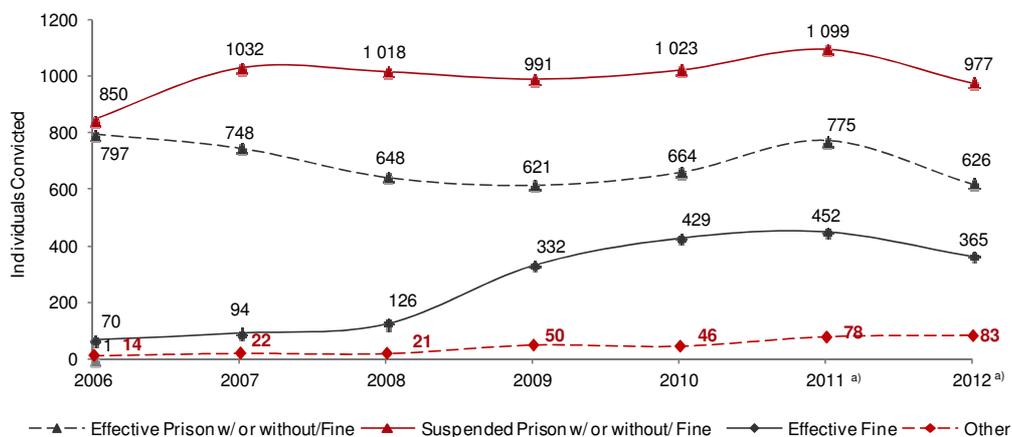


Figure 8 – Total Number of individuals convicted, by geographical area of occurrence of the conviction (SICAD2013)

Concerning the sanctions<sup>66</sup> applied in these convictions, mostly related with trafficking crimes, such as occurred in 2004 and contrary to previous years, these convictions involved mainly suspended prison (48%) instead of effective prison (31%). To refer specially since 2009, the increase of convicted only sentenced with an effective fine, predominantly applied to convictions related with consumption.



a) In line with the methodological criteria used in previous years, the judicial decisions dated of 2011 and 2012, and registered at SICAD until 31<sup>st</sup> of March 2013. 2012 data will be updated next year and 2012 decisions registered between 31<sup>st</sup> of March 2013 and 31<sup>st</sup> of March 2014, are not presented the variations in relation to previous years.

Graph 81 – Individuals convicted, by year, by type of sanction (SICAD2013)

<sup>66</sup> Sanctions concern the final conviction and may involve more than one crime.

As for the substances involved:

- In 2012 the majority of these convictions involved, once again, the possession of only one drug (72%, 71% in 2011, 70% in 2010, 65% in 2009, 66% in 2008 and 69% in 2007).

Hashish was the main substance involved (45%, 43% in 2011, 42% in 2010, 37% in 2009, 36% in 2008 and 2007), followed by cocaine (16% in 2012 and 2011, 17% in 2010, 16% in 2009 and 2008 and 17% in 2007), heroin (11% in 2012, 2011 and 2010, 12% in 2009 and 2008 and 14% in 2007) and less than 1% several other drugs;

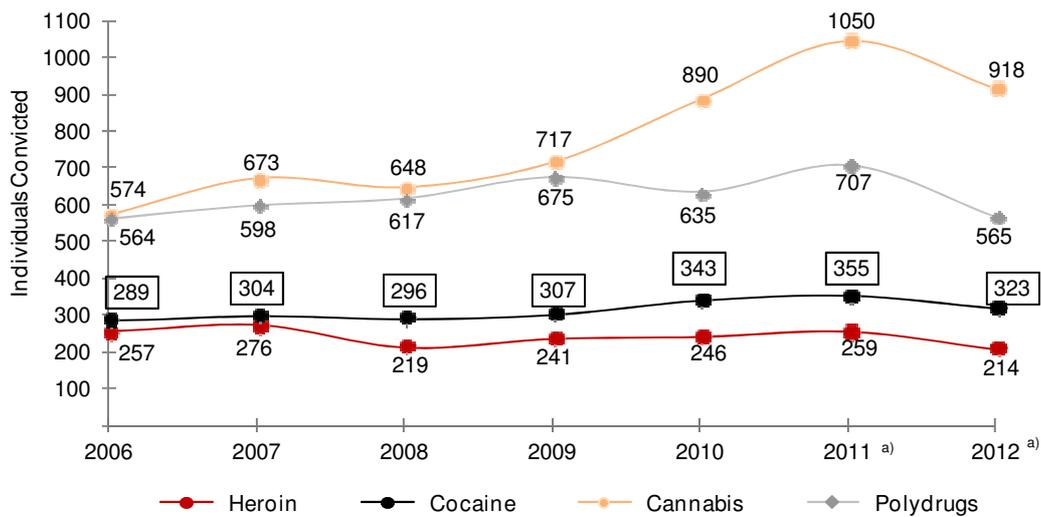
- When polydrugs are considered (in 28% of the processes), the association heroin-cocaine was once more predominant.

Situation Towards Drug Type of Drug	Total		Trafficker		User		Traf.-User	
		%		%		%		%
<b>Total</b>	<b>2 051</b>	<b>100,0</b>	<b>1 638</b>	<b>100,0</b>	<b>388</b>	<b>100,0</b>	<b>25</b>	<b>100,0</b>
Heroin	214	10,6	189	11,6	15	4,1	10	40,0
Cocaine	323	15,9	314	19,2	7	1,9	2	8,0
Cannabis	918	45,3	601	36,8	313	85,1	4	16,0
Ecstasy	2	0,1	..	..	2	0,5	..	..
Other	4	0,2	3	0,2	1	0,3	..	..
Polydrugs	565	27,9	526	32,2	30	8,2	9	36,0
Unknown	25	..	5	..	20	..	..	..

\*In line with the methodological criteria used in previous years, were considered the judicial decisions dated of 2011 and 2012, and registered at SICAD until 31<sup>st</sup> of March 2013. 2012 data will be updated in the next year and will be counted the decisions related to 2012 registered in the SICAD between 31<sup>st</sup> of March 2013 and 31<sup>st</sup> of March 2014.

With the enter in force on the 1 July 2001, the Law 30/2000 of 29 November, the use of illicit substances was decriminalized being an administrative offence. The cultivation situation foreseen in the article 40 of the Decree Law 15/93, of the 22 January is still considered a crime independently of the entering in force of the Law 30/2000. Later one with the Judicial precedent of the Supreme Court of Justice n.º 8/2008, of 5 August (Acórdão do Supremo Tribunal de Justiça n.º 8/2008, de 5 de Agosto), which remains in force n.º 2 of the article 40 of the Decree-Law n.º 15/93, of 22 January, "... not only "the cultivation" and on the acquisition or possession, for personal consumption, plants, substances or preparations listed in Tables I to IV, this shall not exceed the quantity required for an average individual consumption during a period of 10 days".

Table 18 – Individuals Convicted\* by situation towards drug and type of drug (SICAD2013)



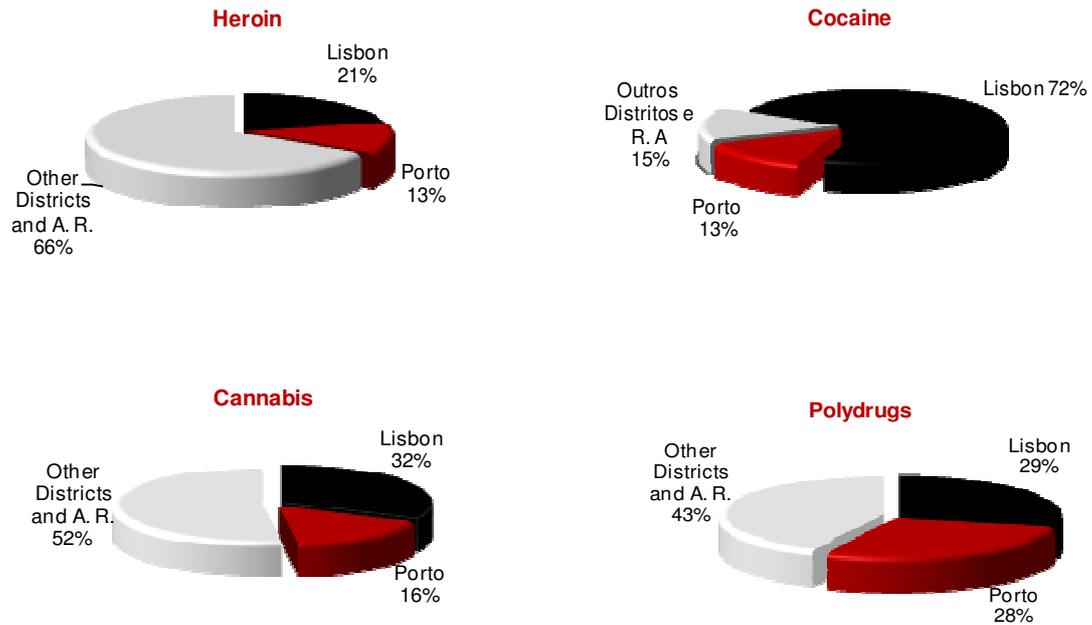
a) In line with the methodological criteria used in previous years, the judicial decisions dated of 2011 and 2012, and registered at SICAD until 31<sup>st</sup> of March 2013. 2012 data will be updated in the next year and will be counted the decisions related to 2012 registered in the IDT between 31<sup>st</sup> of March 2013 and 31<sup>st</sup> of March 2013.

**Graph 82 – Individuals convicted, by year type of drug (SICAD 2013)**

As in previous years and similar to what occurred with presumed offenders identified, cases related with the possession of cocaine only continue to have greater relative importance in the convicted by traffic than in the other groups convicted. In the group of convicted by crimes related with consumption, once more the vast majority of the cases were cannabis related.

In comparison to previous years and despite 2012 data is going to suffer changes in next year, it was noted in the convictions related to only one drug, the preponderance of hashish for the tenth consecutive year instead of heroin, and the preponderance for the seventh consecutive year (since 2006) of the convictions by possession of cocaine only in relation to the cases involving only heroin, strengthened the trend verified in last years of higher visibility of cocaine in these circuits.

In relation to the district distribution of convicted by type of drug involved and as occurred with presumed offenders, it is to highlight the high concentration of convicted in the districts of Lisbon and Porto to any of the drugs considered, to highlight the high concentration of convicted in the possession of only cocaine in the district of Lisbon, compared to greater regional dispersion in the case of those convicted in the possession of other drugs, particularly in the possession of only heroin.



**Graph 83 – Distribution of convicted individuals by type of drug involved, by district and Autonomous region (A.R.) % (SICAD2013)**

The interdistrict percentages by type of drug in the possession of individuals convicted shows some district heterogeneity: the percentages of convicted in the possession of cannabis only ranged from 36%-86%, in the possession of heroin only from 0%-28%, in the possession of cocaine from 0%-33% and the percentages of convicted with several drugs ranged from 11%-44%.

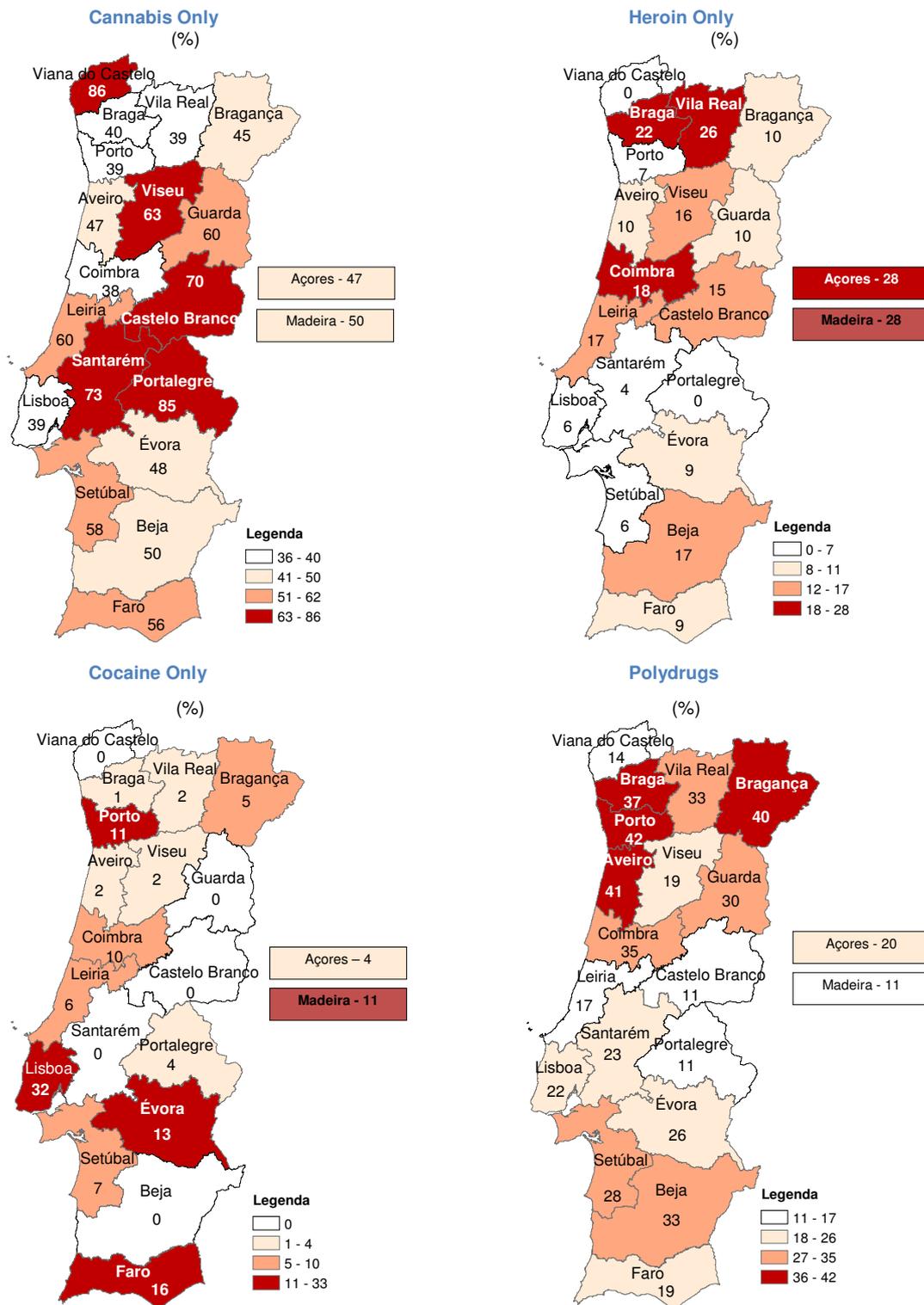


Figure 9 – Interdistrict percentages of individuals convicted by type of drug (SICAD2013)

Concerning the individuals involved:

Similar to previous years, convicted in 2012 for crimes under the Drug Law were mostly of the male gender (89%)

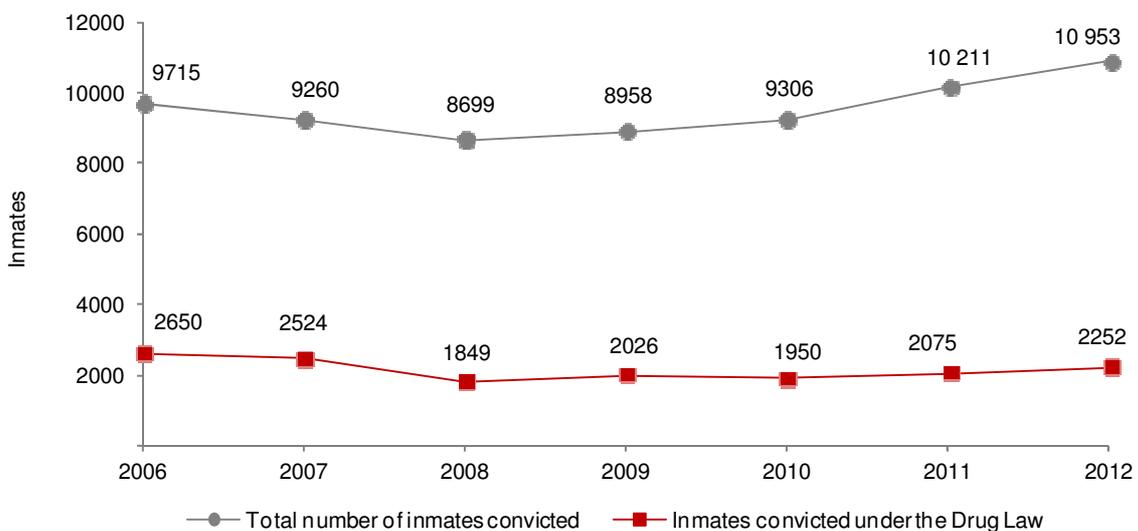
- Aged mainly 16-24 (34%) and 25-34 (34%), 30 being the mean age;

- They were mostly Portuguese (90%), the higher percentage in the last ten years, single (57%) and living with their parents/siblings (32%). Like in previous years, among those who were not Portuguese (10%), the Africans (5%) were predominant with special relevance to Cape Verdeans;
- Near 55% had habilitations equal to or above 3rd cycle;
- Concerning the professional status, 40% were employed and 51% unemployed at the date of their conviction.

Convicted by consumption represent a socio demographic profile more differentiated comparatively to traffickers and traffickers-users, with more individuals from the male gender, young, single, living with their parents, with higher level of education and a higher percentage of employed and students.

**Prison data** indicates that, on the 31<sup>st</sup> of December 2012, 2 252 (+9% than in 2011 with 2 075) individuals were in prison for crimes against the Drug Law, representing an increase of 9% in relation to 2011. After the continuous decrease in the number of individuals convicted under the Drug Law between 2002 and 2008, begun a period of upward trend that is reinforced in 2012, though still below the values registered until 2007.

These inmates represent on the 31<sup>st</sup> of December 2012 near 21% in the universe of the convicted prisoner population, keeping this proportion very similar since 2008.



**Graph 84 – Total number of Inmates convicted and Inmates convicted under the Drug Law (SICAD2013)**

Most of these individuals were convicted for traffic (88%) but also for minor traffic (10%) and less than 1% for traffic-use, these percentages are in line with previous year's patterns.

Type of Crime	2012	%	Δ 11-12	Δ 09-12	Δ 06-12
<b>Inmates Convicted Total</b>	<b>2 252</b>	<b>100,0</b>	<b>8,5</b>	<b>11,2</b>	<b>-15,0</b>
Traffic	1 991	88,4	6,9	9,8	-16,7
Minor Traffic	221	9,8	24,9	24,2	17,6
Traffic-Use	13	0,6	0,0	-59,4	-75,5
Other	27	1,2	17,4	1250,0	42,1

**Table 19 – Inmates convicted under the Drug Law and by type of crime (SICAD2013)**

In comparison to last year, was maintained the same number of inmates convicted by traffic-use and on the other hand, increases were registered in the number of inmates convicted by minor traffic (+25%) and by traffic (+7%). It's important to refer the increase in the last two years of inmates convicted by other crimes related to the Drug law (although with a very residual weight – 1%), with emphasis, for the first time since 2003, the reclusion situation of 2 individuals convicted by crimes related with precursors.

Most of these convicted individuals were male gender (89%); aged 30-39 (34%), 40-49 (29%) and 20% with less than 30 years; mean age 39. They were mostly Portuguese (70.5%), registering in 2012 a slight decrease in the proportion of foreigners in comparison with previous years.

#### 9.4. Other drug related crime

e.g. property crimes, illegal prostitution, prescription offences, violence under the influence; driving offences; etc.

#### 9.5. Prevention of drug related crime

The Ministry of Home Affairs continues to develop a proximity policing program, *Escola Segura* (Safe School) to improve safety in the neighbourhood of schools through the PSP (Public Security Police) and the GNR (National Republican Guard).

The commitment in the work to be carried out near schools and educational communities is one of the fundamental pillars of the institutional strategy, which is reflected in the "Safe School Program". The main objectives of this program are: raising awareness and acting near students, parents, teachers and responsible school staff for the problematic of security; advising good practices and recommending the adoption of adequate preventive measures with the aim of ensuring that schools will be a safe place and free of drugs, collect information, statistical data and conduct studies to provide the competent entities an objective knowledge about violence, insecurity feelings and the victimisation in the educational community.

In the school year 2012/2013, PSP teams allocated to the Program "Safe School" around 384 (391 in 2011/2012, 369 in 2010/2011) police officers at national level.

In the school year 2012/2013, PSP promoted more than 4 840 awareness/information actions at national level, focussing especially in issues such as prevention and road safety education (with 1 793 actions), alcohol and drugs (684 actions) and bullying (with 614 actions).

In the school year 2012/2013 from the 3 582 schools covered were involved 618 515 studentes and 25 631 professors and auxiliary educators (139 651 professors and auxiliary educators in 2011/2012).

GNR data indicates that in 2012, 311 agents (263 in 2011, 237 in 2010, 228 in 2009, 211 in 2008), were allocated to Safe School Programme. Apart from the proximity policing and offence dissuasion, these law enforcement agents were also involved in training and awareness raising initiatives in schools. The initiative targeted 6 406 schools (6 902 in 2011) covering a universe of 765 778 students (79 0655 in 2011) and 2 293 awareness raising sessions were developed (10 843 in 2011). 274 visits to schools and/or groups of students to military facilities took place (for more detailed information see chapter 3.2).

## 9.6. Interventions in the criminal justice system

As an alternative to prison, Courts may send drug abusers to treatment instead of sending them to prison when the crime in question was committed with the intent to finance personal drug use, clinical evidence suggests the individual could profit from treatment and the judges find no aggravating circumstances that might raise objections to treatment outside prison. Other Services from the Criminal Justice System also refer clients to treatment services, while they are on probation, just being follow-up or upon release from prison (see also chapter 5.2. on this Report).

### Alternatives to prison

The decriminalisation of possession and use of drugs, Law 30/2000 of 29 of November, is an operational instrument of objectives and policies to combat the use and abuse of drugs, and the promotion of public health, complementary to the strategies of other areas of intervention of IDT, I.P. in the field of demand reduction, representing as well a measure against social exclusion.

The purpose of this legal change was the reduction of drug use and safeguard of the needs of individuals at preventive, health and therapeutic level. For this objective, Commissions for the Dissuasion of Drug Use (CDT) were created in each capital of district to develop a proximity work in the mediation between situations of use and the application of administrative sanctions (see chapter 9.3 for further developments).

The CDT's continued to play in 2012 an important role in the articulation with the CRI's in the context of the preventive responses. There were a significant number of referrals to structures with responses in risk reduction and harm reduction, as well as regular contacts and meetings with the treatment facilities in the various districts, in a relation of proximity and positive articulation.

In order to enhance the intra-ministerial articulation under the Health Ministry, regular referrals to structures within the Ministry, as health centers, hospitals and other integrated services were developed.

Proximity work with the Public Ministry and Police Forces, maintaining also a regular joint working with partners in the field of social reintegration

To achieve these referrals is necessary to assess and evaluate the connexion that the individual has with the illicit substance consumed. This means trying to meet the actual needs of each individual, allowing for early detection of problem drug use and identification of dysfunctional behaviours, which involve greater risks, including escalation of consumption.

Some awareness actions to Prison establishments were streamlined, presenting the CDT as a platform for promotion and referral to health.

During the year were also made meetings and actions of training/awareness with police authorities, in particular, and as in previous years an awareness session was held with the staff and commanders of posts GNR seconding Braga, publicizing the CDT importance of a legal framework internationally commended and clarifying various issues of practical nature related to the collaboration as partners.

The following tables characterize the situation of consumption of the individuals in process filed in 2012 and the type of forwarding /reply, within the scope of a provisory suspension of proceedings.

Individuals	N.º
Drug Addict	942
Non- Drug Addict	4 908
Pending cases	975
<b>Total</b>	<b>6.825</b>

**Table 20 – Situation towards the use of the primary individuals without previous record (SICAD2013)**

Approximately 76% (6 825) of the new cases in 2012 were related to primary individuals. On 975 cases, it was not possible to define the individuals position with regard to consumption due to non-appearance in the CDT or because they were waiting for procedural issues.

Type of referral	N.º of Individuals			Total
	Treatment Teams	Health Centre	Other responses	
Referral	135	6	23	164
Second Referral a)	117	5	8	130
Follow-up treatment	409	1	83	493
<b>Total</b>	<b>661</b>	<b>12</b>	<b>114</b>	<b>787</b>

**Table 21 – Provisional suspension of the processes for primary Drug addicts (voluntary treatment) (SICAD2013)**

Of the 942 drug addicts presented to CDTs, 787 (84%) voluntarily agreed to go to treatment, under a suspension of the process. From those, 164 (21%) had never established contact with treatment facilities, 130 (17%) reinitiate the treatment once had left and 493 (63%) were under treatment at the time when the offence occurred.

It should be noted an increase in the number of addicts who voluntarily agreed to go to treatment compared to 2011 (620, 27%) and 2010 (702, 12%).

Type of answers	N.º
Without motivation diligence	1 228
Only motivation diligence	2 466
Motivation diligences and referral for support structures	981
Direct referral to support structures	233
<b>Total</b>	<b>4 908</b>

**Table 22 – Provisional suspension of the process for primary Non-drug addicts (SICAD2013)**

From the total number of individuals non-drug addicts (4 908), it was answered 3 680 (near 75%). From those 2 466 (67%) were subject only to diligence of motivation, 981 (27%) were subject to measures of motivation and referred for support and 233 (6%) were directly referred for support without motivation diligence.

To highlight in 2012, an increase in the number of primary non-drug addicts that were subject to motivation diligence and/or referred to support structures in (2011, 2 537 and 2010, 1 982).

### 9.7. Drug use and problem drug use in prisons

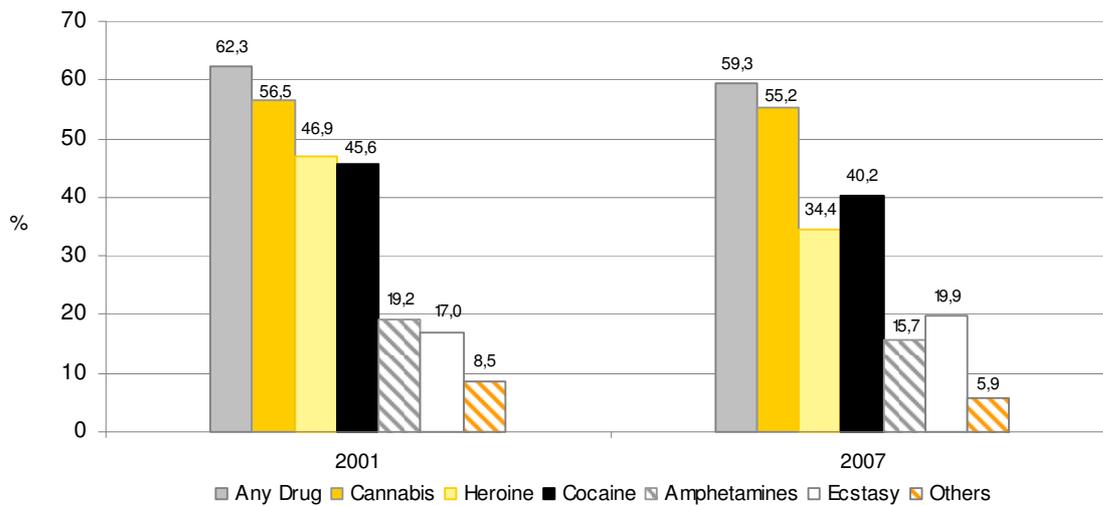
In 2012 there were no new studies on drug use in prisons, so we continue to report here the last study realized. In 2007, the II National Prison Survey on Psychoactive Substances (Torres 2007) was implemented (first study was in 2001). As for the 2001 project, the survey used a random sample of 20% of the individuals in prison. Directors and staff were also interviewed on perceptions. The sample was representative at national level and comparability with the EMCDDA's Standard Table 12 was ensured.

The IDT, I.P. commissioned for the second time a prison survey. The survey was conducted on a random sample of 2 394 (2 601 in 2001) imprisoned individuals (20% of all imprisoned individuals in Portugal - Continent and Isles) from whom 1 986 (2 057 in 2001) valid, anonymous and self-completed questionnaires were collected in 44 prisons (47 in 2001).

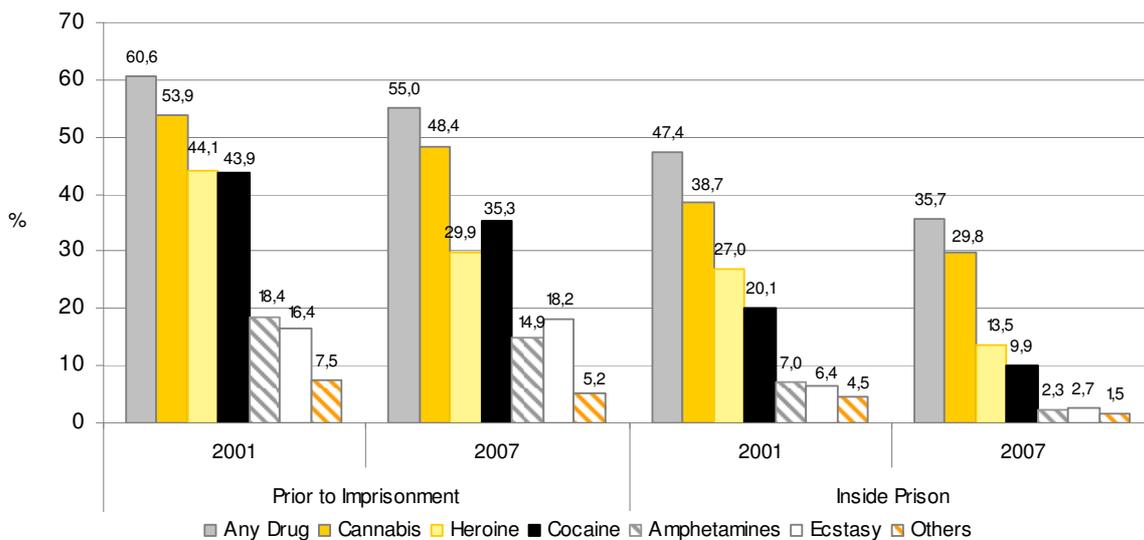
See also chapters 5.4 and 7.3.

Results from national study implemented in 2007 in the prison population show that cannabis, cocaine and heroin are the substances with higher prevalence of use in these population, as in the prior imprisonment context (respectively 48,4%, 35,3% and 29,9%) as in prison (respectively 29,8%, 9,9% and 13,5%). Between 2001 and 2007, a generalised decrease was verified in the prevalence's of drug consumption in both contexts, but more accentuated in the prison context. To note the important reduction of intravenous drug use in relation to 2001, in prior imprisonment context (27% in 2001 and 18% in 2007) and prison context (11% in 2001 and 3% in 2007).

In 2007, as in 2001 cannabis was the illicit substance that registered the highest prevalence of use in the context prior to imprisonment and in prison. Contrarily to 2001, in 2007, in prior to imprisonment context, the prevalence's of cocaine use was superior to heroin; the inverse situation was verified in prison context, similar to what happened in 2001.



Graph 85 – National Prisoner Population: Lifetime Prevalence, by type of Drug (IDT, I.P. 2009)



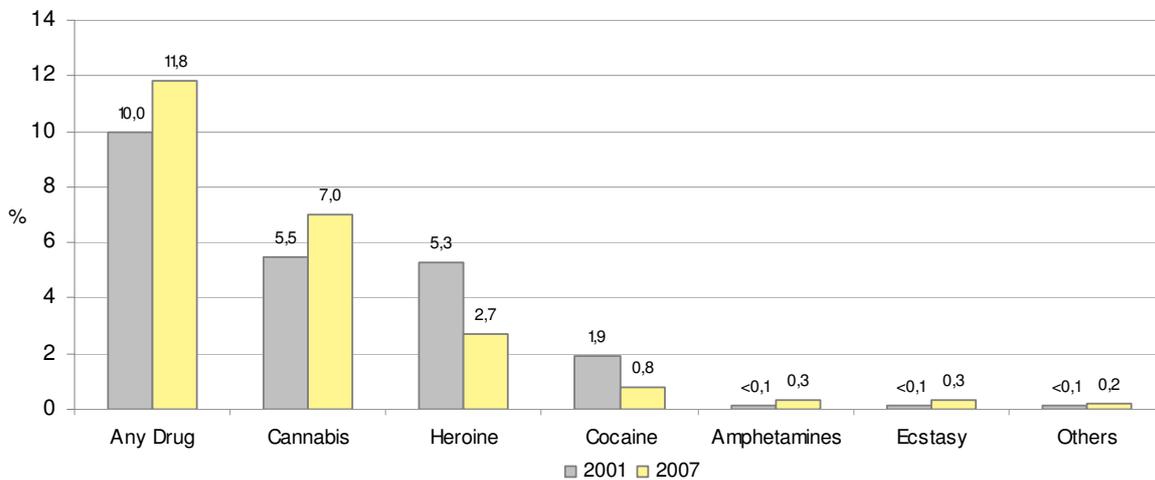
Graph 86 – National Prisoner Population: Prevalence of Use in Prison by type of Drug (IDT, I.P. 2009)

Between 2001 and 2007, a generalised decrease of the prevalence's of use between the prisoners population was evidenced. Such was verified at the level of several contexts and illicit substances, being the only exception the slight increase in the prevalence of use of ecstasy (experienced at least once) before imprisonment. In both contexts - prior to imprisonment and in prison - special accent to the decrease of prevalence's use of heroin and cocaine.

The evolution pattern of lifetime prevalence of any illicit substance decrease between 2001 and 2007 was not maintained, at the female level and older age groups (more than 35 years), where increases were verified.

Both in 2001 and in 2007, was noted that prison has a containment role in consumption, being the decrease of consumption with entrance in prison more accentuated in 2007.

However, in prison, the regular consumption – everyday in the last month – of several illicit substances with the exception of heroin and cocaine was superior in 2007.



**Graph 87 – National Prisoner Population: Regular Consumption in Prison, by year and type of Drug (IDT, I.P. 2009)**

In 2007 an important reduction of intravenous drug use in relation to 2001 was verified, in the context prior to imprisonment (18% in 2007 and 27% in 2001) and in prison (3% in 2007 and 11% in 2001).

Concerning lifetime prevalence's of 2001 to 2007, the results indicate:

- slight decrease in the percentage of prisoners that consumed drugs, being superior to the values of general population;
- Decrease of the percentage of prisoners that consumed heroin, cocaine, medicines of the type tranquilisers, amphetamines and other substances.

## 9.8. Responses to drug-related health issues in prisons

### Drug treatment

The referral to treatment is encouraged in the prison setting, as is ensured to all new inmates the continuity of pharmacological treatments initiated in freedom. Since the entry into force of the Guide of Procedures for Health Care in Prison Settings in 2009, certain practices were strengthened, namely the importance of identification and referral of inmates that are close to release to the adequate health structures, to guarantee they won't interrupt treatment.

The General Directorate for Prisons (DGSP) coordinates treatment programs aimed at abstinence (Drug Free Wings and Exit Units) and pharmacological programs (with opioids agonists and antagonists), being important to refer that the number of inmates participating in treatment programs in prisons settings in December 2012 was 1 379 (1 385 in 2010, 1 411 in 2011). From those, 1 146 were in substitution treatment, 111 in detoxification, 5 in substitution treatment with Subutex, 65 in substitution treatment with Suboxone and finally, 52 in opioid agonist programs.

In 2012, in the context of drug addiction treatment structures from prison establishment responsibility, maintained stable the capacity of treatment programs aimed at abstinence (less one bed then in 2011 in the drug free wings), after the decrease verified in 2011 (less 11 beds in the drug free wings then in 2010 and closure of the Exit unit). In 2012, were integrated 215 inmates in treatment programs aimed at abstinence, value closer to the ones registered in the two previous years, but representing the lowest value in the 2005-2012 strategic cycle, throughout was verified a decreasing trend in the number of patients integrated in these programs.

Type of program	N.º inmates integrated
Opioid Substitution	1.146
Orientated for abstinence	111
Subutex	5
Suboxone	65
Antagonist	52
Total	1.379

**Table 23 – number of inmates in treatment programs at 31<sup>st</sup> of December 2012 (SICAD2013)**

### Prevention and reduction of drug-related harm

In 2012, although many of the actions of information/awareness on health promotion and drug addiction developed in prison settings also addressed the harm and risk reduction issues, 54 specific actions were promoted, comprising 343 inmates.

Such initiatives covered various topics, including: programs to reduce harm and risk; morbidity and co-morbidity associated with risk behaviours, risks associated with piercings and tattoos, risk behaviour and protective behaviour; the acquisition of healthy lifestyles, among others.

### Prevention, Treatment and care of infectious diseases

The implementation of the National action plan against spread of infectious diseases in prison settings (PANCPDI) followed the schedule, undertaking activities on the 5 main areas defined: Health promotion and prevention disease, drug treatment, tuberculosis, infectious diseases, harm reduction.

In the context of the Plans for Health Promotion and Prevention of Diseases in Prison Establishments several actions were organized to raise information/awareness among the prison population, to promote the acquisition of healthy lifestyles and increase knowledge on the psychoactive substances use and their associated risks. These activities aim at preventing the first use and promoting the motivation toward treatment.

For this purpose were promoted 354 actions, covering a total of 5 587 inmates focused in themes such as: healthy lifestyles, use of psychoactive substances/polyuse; new drugs: psychoactive substances use and their associated risks and harms; use of anabolic steroid; use and abuse of medicines among others.

In the prison setting, inmates and staff are routinely vaccinated against Hepatitis B.

### Prevention of overdose-risk upon prison release

See chapter 7.3.

## 9.9. Reintegration of drug users after release from prison

In the area of education and training several activities were continued, promoted by partners, always with the aim of creating conditions for increasing skills and educational qualifications in the inmates.

In the academic year of 2012, 3 709 (2 170 in 2010, 3 893 in 2011) inmates were attending classes, distributed in the following levels:

	Students 2011/2012	Students 2012/2013
Primary	1 282	1 544
Secondary	146	614
Post-secondary (technical courses)	2	21
University	49	51
<b>Total</b>	<b>1 479</b>	<b>2 230</b>

**Table 24 – Number of Inmates attending school during 2012 (SICAD2013)**

The training in prison setting aims at providing inmates tools to a better social and professional reintegration, through the acquisition of technical and social skills, for a qualified professional performance and personal/social development.

In 2012, 1 780 (2 086 in 2010, 1 905 in 2011) inmates participated in professional training activities.

<b>Inmates working according their criminal legal situation</b>		
<b>Criminal legal situation</b>	30-06-2012	31-12-2012
Preventive	486	457
Convicted	4 187	4 197
<b>Total</b>	<b>4 673</b>	<b>4 654</b>

**Table 25 – Number of inmates working during 2012 (DGRSP2013)**

## 10. Drug Markets

### 10.1. Introduction

The year 2012 consolidates the trends verified in previous years in terms of various indicators in the markets context most notably in 2012, evidence of the transition of mephedrone into the illicit market, after being banned in March 2012, integrating the tables of the Decree-Law n.º 15/93 of 22 January.

Similar to what occurred in the last decade, hashish was the main substance involved in seizures (3 298) and reinforcing the trend initiated in 2005, once more the number of cocaine seizures (1 238) was superior to heroin (971), followed by liamba (816) and with a much lower number ecstasy (101).

In comparison to 2011, there were increases in the number of seizures of liamba, hashish and ecstasy, it was verified a decrease in the case of heroin and cocaine. It's worth mentioning the increase, especially in the last four years, in the number of hashish and liamba seizures (registering in 2012 the highest value since 2002), and the increase in the last three years in the number of ecstasy seizures. On the other hand, the numbers registered in 2012 of heroin and cocaine seizures were the lowest of the last years, respectively since 2002 and 2005.

Concerning countries of origin of the seized drugs in 2011, stood out in the ambit of international trafficking: Netherlands in the case of heroin, Argentina and Brazil in the case of cocaine, once more Morocco in the case of hashish and Netherlands in the case of ecstasy, the majority of the seized quantities of liamba in the country in 2012 is from unknown origin.

Regarding the average prices of drugs seized at trafficker and trafficker-user level in 2012, they didn't register relevant changes in relation to 2011, with the exception of heroin that registered a significant decrease, representing the lowest value since 2002. Despite the annual variations, since 2002 there has been a downward trend in the average prices of heroin, an upward trend in the case of cocaine and a stability in the average price of hashish (although with slightly higher values in the second half of the decade).

### 10.2. Availability and supply

Regarding the **main origin** of the seized drugs in Portugal in 2012, stood out in the ambit of international trafficking: Netherlands in the case of heroin, Argentina and Brazil in the case of cocaine, once more Morocco in the case of hashish and Netherlands in the case of ecstasy, the majority of the seized quantities of liamba in the country in 2012 is from unknown origin. The majority of the seized quantities of all drugs with information on the routes were destined to the domestic market. To be noted that a large number of seizures particularly cocaine, that had other countries as final destination, especially European – with particular emphasis in Spain, maintaining the trend of Portugal being a transit point in the trafficking route of producing countries to Europe, despite recent signs of greater diversification of these routes. It is also important to note that despite the relevance of this geostrategic position of Portugal in terms of drug trafficking flows, the country does not function as the headquarters of most criminal organizations linked to drug trafficking.

With regard to the means used to transport the confiscated drugs, stood out with the largest amount seized in 2012, land transport for heroin, ecstasy and cannabis, and maritime transport for cocaine and hashish. Also relevant were air transport in the case of heroin and cocaine and hashish in the case of land transport.

According to several studies, in Portugal, as in the rest of Europe, cannabis is perceived as the drug of greater accessibility.

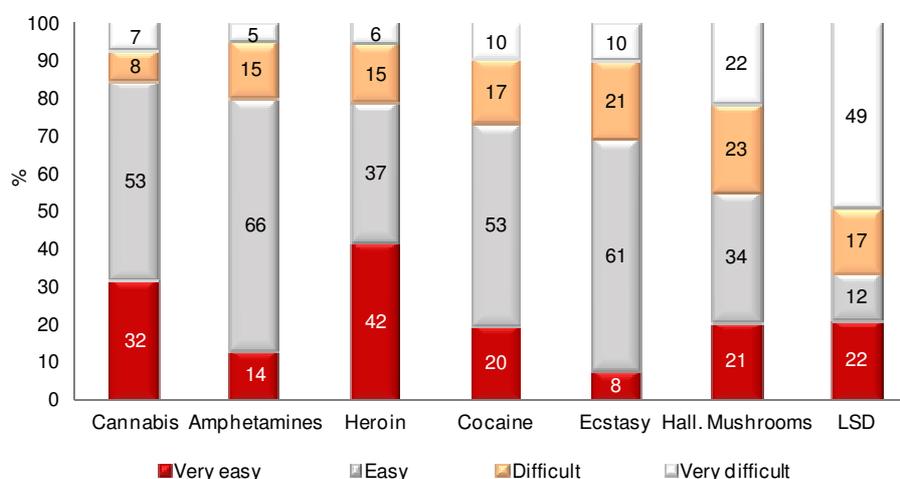
According to the study *Flash Eurobarometer – Youth attitudes on drugs*<sup>67</sup>, conducted in 2011 among young European aged 15-24, 49% of young Portuguese perceived relatively easy or very easy to access cannabis in a 24h period (if desired), being the corresponding percentages of cocaine, ecstasy and heroin, 23%, 22% and 18%.

Compared with the european averages, Portuguese young people aged 15-24, had a perception of easy access (relatively easy or very easy) inferior in relation to cannabis (european average of 57%), similar to ecstasy and cocaine (european average of 22%) and superior in relation to heroin (european average of 13%).

In accordance with the results of the European School Survey Project on Alcohol and Other Drugs, in 2003, 2007 and 2011, cannabis was also considered by the 16 years students as the drug of greater accessibility, maintaining this perception very similar between 2003 and 2011 (30% in 2011 and 29% in 2007 and 2003, reported to be relatively easy or very easy to obtain cannabis).

Ecstasy and amphetamines were considered by 16 years students as less accessible than cannabis, decreasing the perceived access between 2003 and 2011 for ecstasy (15%, 16% and 21%, in 2011, 2007 and 2003, referred to be relatively easy or very easy obtain ecstasy), but not for amphetamines (14%, 15% and 12% in 2011, 2007 and 2003 reported being relatively easy or very easy to obtain amphetamines).

Results of the III National Population Survey on Psychoactive Substances, Portugal 2012, conducted on the residents of Portugal (15-64), issues related to perceptions on the difficulty of obtaining illicit substances within 24 hours (if desired) have been answered only by consumers of these substances (in any time throughout life).



Perception of greater access in the obtention of Drugs (if desired), 2012

(% of users throughout of each Drug)

**Graph 88 – General Population, Portugal – Total (15-64 years)**

Indeed, in 2012, and considering lifetime users of each of the substances, it appears once again that cannabis is the drug perceived as greater accessibility, with 85% of cannabis users considering easy or very easy access to this substance in a 24-hour period (if desired). Followed by amphetamines, heroin, cocaine, ecstasy, LSD and hallucinogenic mushrooms, with respectively 80%, 79%, 73%, 69%, 55% and 34% of users of these substances considering to be easy or very easy the access to them in a 24 hour period (if desired).

<sup>67</sup> The Gallup Organization (2011).

The focus on consumers who considered very difficult the access to these substances is reflected in proportions varying between 5% and 10% for almost all substances, with the exception of hallucinogens (22% of mushrooms users and 49% of LSD users).

Comparing the results of 2001, 2007 and 2012 studies is evident among the main trends of evolution of these perceptions, the increased in the facility perceived of access to amphetamines.

In 2012, drug trafficking in Portugal didn't registered significant changes in trends or prevalences, continuing to identify three major levels of intervention:

- International Trafficking: international organizations which carry out the intercontinental transport of drugs by air and sea, seeking their input and distribution in Europe, using the national territory.
- Trafficking of large and medium sized with national/regional distribution: groups and organizations that acquire, internally or abroad, significant quantities of drugs, aiming at placing it to illicit market for domestic consumption, ensuring the functioning of the regional supply circuits necessary to meet the needs of demand.
- Trafficking of small dimension and local distribution: individuals and groups responsible for the preparation, distribution and direct sale to the consumer.

The phenomenon of drug trafficking has been regularly studied by Criminal Police through intelligence analysis, with a view to better understanding how it has developed in recent years.

From the analysis performed it appears that, with regard to heroin and ecstasy, negotiating logics in national territory continue to correspond essentially to a negotiating dynamic concession of illegal goods coming almost exclusively from abroad, for supplying the domestic markets consumption, checking up close links with Spain and the Netherlands, resorting to either by land or air.

Regarding the traffic of cocaine and hashish, the internal logics are similar to the ones referred to heroin and ecstasy. However, given the geographical location of the sites where the processing production and transformation of hashish and cocaine took place, respectively in Africa and South America, national continental and islands territory, continues to constitute a tempting entry point, essentially transit, particularly to Europe.

Hashish is mainly transported by sea and introduced in mainland using landings made on the coast, followed later by road to other destinations. Still remains the introduction of hashish into the country by land, through medium spectrum groups that use drug couriers to pursue the transport (often inside the body) of significant amounts of hashish for local supply, through Spain and from Morocco.

With regard to cocaine, maritime means remain the most widely used for the transport of very significant amounts, sometimes using recreational boats, sometimes containers, to capture traffic of international trade. Although with lower amounts involved, continues to be massive the transport of this substance by international commercial aviation, using human element as a 'mule' for the introduction of medium quantities of cocaine that aim the fast, direct and immediate supply of retail and consumption markets in Europe.

In the context of international drug trafficking, national territory has continued to be essentially in a potential introduction platform of cocaine and hashish, running in the national space the orchestrating logistics structures with the use of individuals, especially Portuguese, serving organizations that, as a rule, are located and based outside Portugal.

Aiming to strengthen the surveillance activities, control and inspection of the external border of the European Union in order to eliminate the possibilities of introducing drugs into the

national territory and in Europe, in the ambit of the Criminal Police (PJ) participation in the Maritime Analysis and Operation Centre – Narcotics (MAOC-N), was proceeded in 2012, the treatment and monitoring of numerous vessels on suspicion of being used for transcontinental traffic resulting in the seizure of significant amounts of cocaine. In the effort of the countries that have joined together to create this Center, which includes Portugal, count with the support of international observers that cooperate to confront this threat, as is the case of the EMCDDA, the European Commission, Europol, and Joint Interagency Task Force South (JIATF-S). In 2012, were made several control operations, collection of information, monitoring and surveillance of passengers and risk analyses related with suspects of involvement in drug trafficking by air trafficking. Concerning inspections activities carried out at the airport of Lisbon, were in 2012 reported 551 situations.

It should be noted, the close collaboration between PJ, the Coastal Management Unit of the GNR, General Directorate of Customs and Special Taxes on Consultation (DGAIEC) and Emigration Services (SEF). Through the Coordination and Criminal Investigation Units (UCICs) and bilaterally have been developed actions aimed at prevention and repression of drug and psychotropic substances and their precursors trafficking phenomena. These efforts are permanently linked with the international structure of MAOC-N.

In order to prevent and fight against money laundering generated by the production and trafficking of illicit drugs, psychotropic substances and precursors, the investigations trafficking of narcotic drugs and psychotropic substances and their precursors are in PJ, always complemented by a prior research and evaluation of any assets belonging to suspects. The Financial Information Unit (UIF) is the central national authority for the collection, analysis and dissemination of information on money laundering and terrorism<sup>68</sup> financing and it's also responsible for the processing of information relating to tax infractions, which is an atypical competence among counterparts and a very important tool for their purposes.

At the level of international cooperation on the exchange of information with counterparts, 173 requests for information were received, having also received 50 requests for information of the entities.

In 2012, PJ intervention had particular impact on drug trafficking at international level affecting important criminal structures, responsible for the introduction of hashish and cocaine in Europe and for supplying at national and regional level several types of drugs. In cooperation with other counterparts, PJ actively contributed to the dismantling of criminal organizations in other countries.

The illegal circulation of capitals is a vital segment of any criminal organization. Therefore represents a vital segment in criminal structure and of extraordinary importance in the structured effort of repression developed by the authorities against drug trafficking, in the dimension of the object itself illicit activity, the income obtained illegally.

The seizure and confiscation of goods and advantages resulting from the activity of drug trafficking is one of the most effective ways to curb this illegal activity and fight organized crime, having been concentrated efforts in this area.

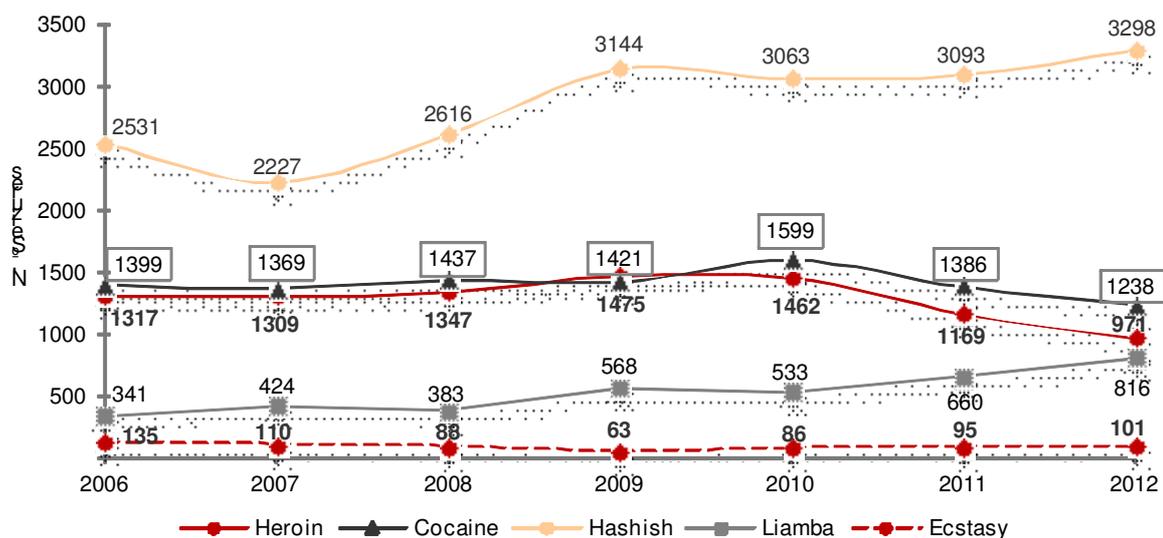
The seizure and confiscation of immovable property and cash worth mentioning in the results of PJ for the year 2012, although the cash value has not surpassed the value registered in 2011.

<sup>68</sup> Law n° 25/2008, from 5th June - Establishes measures of preventive and repressive nature of fight against laundering benefits of illicit origin and terrorism financing, transposing into internal juridical law Directives N° 2005/60/EC of the European Parliament and the Council of 26 October and 2006/70/EC of the Commission.

### 10.3. Seizures

#### Quantities and number of drug seizures (for more information see ST 13)

In terms of number of drug seizures similar to what occurred in the last decade, hashish<sup>69</sup> was the main substance involved in seizures (3 298) and reinforcing the trend initiated in 2005, once more the number of cocaine seizures (1 238) was superior to heroin (971), followed by liamba (816) and with a much lower number ecstasy (101).



Graph 89 – Number of Seizures, by Year and Type of Drug (SICAD2013)

In comparison to 2011, there were increases in the number of seizures of liamba (+24%), hashish (+7%) and ecstasy (+6%), it was verified a decrease in the case of heroin (-17%) and cocaine (-11%). It's worth mention the increase, especially in the last four years, in the number of hashish and liamba seizures (registering in 2012 the highest value since 2002), and the increase in the last three years in the number of ecstasy seizures. On the other hand, the numbers registered in 2012 of heroin and cocaine seizures were the lowest of the last years, respectively since 2002 and 2005.

In addition to these seizures, in 2012 were confiscated several other substances, to highlight, whether by the quantities seized and/or by the absence or rarity of records of previous seizures, some stimulants: the quantities seized of mephedrone (81.8 Kg in the district of Lisbon), may indicate the trend manifest in some European countries of availability of this substance in the illicit market and with a high demand, being noted as a rare example of the transition of new psychoactive substances for the illicit market; quantities seized of 2C-B (912 tablets in the district of Santarém), whose first record seizure occurred in 2006 (only one capsule) without previous records until 2012; and seized quantities of methylphenidate (5.1 Kg in the district of Lisbon), with the first seizure record in 2012.

Concerning the **quantity of seized drugs** in 2012, there was an increase in comparison to 2011 in ecstasy, hashish and cocaine, on other hand, decreases in the seized quantities of heroin and liamba. In the case of liamba it is worth noting here that are not accounted the quantities (expressed in other measure units) of other forms of herbal cannabis, namely plants and seeds, whose quantities seized have acquired greater expression in the last four years and registered an important increase between 2011 and 2012. Despite the annual

<sup>69</sup> Data relative to hashish include resin, and cannabis pollen.

fluctuations its worth mention the increasing trend of cocaine seized quantities in the last four years.

Type of Drug	Year						
	2006	2007	2008	2009	2010	2011	2012
<b>Grammes</b>							
Heroin	144 295	61 669	68 090	128 073	46 947	72 908	65 541
Cocaine	34 477 476	7 362 975	4 877 905	2 697 083	3 244 350	3 678 217	4 019 866
Hashish a)	8 503 664	44 623 450	61 262 140	22 965 577	34 773 666	14 632 884	18 314 067
Liamba	151 915	133 300	36 634	5 044 569	40 079	107 873	49 390
<b>Pills</b>							
Ecstasy b)	133 290	70 591	70 309	8 987	48 370	7 791	73 887

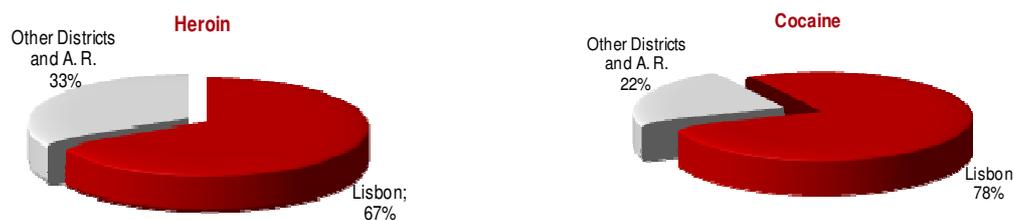
a) Hashish quantities include resin and cannabis pollen

b) Ground and dust Ecstasy seized quantities were converted in pills, according to the Administrative Rule 94/96 of 26 of March. In 2012, were seized 7 302g of ground ecstasy and 867 tablets.

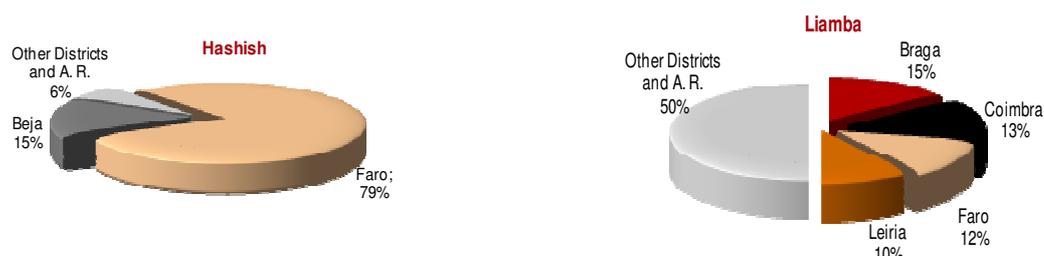
**Table 26 – Drug seized, by year and type of drug 2006-2012 (SICAD2013)**

Seizures involving **significant quantities**<sup>70</sup> in 2012 represented 1% of the total number of liamba seizures, 3% of hashish, 5% of heroin, 9% of ecstasy and 21% of cocaine seizures. However, in terms of quantities seized, those seizures involving significant amounts represented 44% of the liamba seized and almost the totality of heroin (90%), ecstasy (94%), hashish (above 99%) and cocaine (above 99%) seized in the country in 2012.

At regional level, once more the districts of Lisbon and Porto were the ones with the higher number of seizures at the level of several substances (except in the case of ecstasy that in Castelo Branco registred a higher number of seizures than Porto), although in terms of quantities seized, the district of Lisbon stood out in the case of heroin and cocaine and the district of Faro at the level of hashish, the quantities seized of liamba showed a greater geographical dispersion.



<sup>70</sup> For heroin and cocaine, quantities equal or above 100g are considered and in the case of cannabis quantities equal or above 1000g are considered and in the case of ecstasy equal or above 250 pills, according to the criteria used by the UN. The percentages presented here were calculated on the seizures expressed in grammes, or in the case of ecstasy in pills (quantities seized of ground ecstasy or in dust were converted in pills, according to the Administrative Rule 94/96 of 26 March).



**Graph 90 – Distribution of the quantities of drug seized, by district and Autonomous regions (%) (SICAD2013)**

#### 10.4. Price/Purity

As for the information on drugs prices, a fundamental indicator in the characterization of the markets, it is important to have some caution in its reading, since there are still several methodological limitations in the information available and the analytical methods, namely: 1) lack of information on prices in consumer markets since 2002<sup>71</sup>; 2) Scarcity of information at the level of drug markets and drug-consumption which prevents most of the times a price analysis for the distribution in the market and sometimes even the calculation of descriptive statistics measures; 3) the absence of crossing information on the prices of seized drugs with the results of the respective forensic analysis on its degree of purity. Meanwhile, even with all these limitations, Portugal has important data with great potentiality in terms of trend analysis.

The average price<sup>72</sup> of drugs in 2012 didn't registered relevant changes in relation to 2011, with the exception of heroin that registered a significant decrease, representing the lowest value since 2002. Despite the annual variations, since 2002 there has been a downward trend in the average prices of heroin, an upward trend in the case of cocaine and a stability in the average price of hashish (although with slightly higher values in the second half of the decade).

Type of Drug	Year						
	2006	2007	2008	2009	2010	2011	2012
<b>Grammes</b>							
Heroin	42,17 €	37,57 €	33,25 €	36,62 €	35,32 €	35,74 €	28,04 €
Cocaine	45,73 €	44,65 €	45,56 €	47,44 €	46,00 €	50,07 €	48,01 €
Hashish	2,18 €	3,45 €	3,28 €	2,99 €	3,59 €	3,12 €	3,03 €
Liamba	2,15 €	4,70 €	5,09 €	6,22 €	_ a)	_ a)	_ a)
<b>Pills</b>							
Ecstasy	3,18 €	3,20 €	2,80 €	_ a)	3,68 €	_ a)	_ a)

\* Prices posterior to 2001 refers only to trafficking and trafficking-use market

a) No sufficient data to proceed with the calculation of average price

**Table 27 – Average\* price of drugs, by year and type of drug 2006-2012 (SICAD2013)**

<sup>71</sup> With the entry into force of the Law 30/2000 of 29 November, information on the Drug price paid by users questioned by the authorities is not collected anymore.

<sup>72</sup> Since 2002 prices refer only to traffic and traffic-use market. This information is obtained through the individuals arrested in the context of this seizures, that mention the price they paid by the product seized.

The potency/degree of purity of drugs is an important indicator not only from the perspective of public health, but from the markets perspective too, as a reflection of the operational strategies of supply to the market from traffickers, in order to condition the demand for certain drugs.

According to the results of forensic analysis of drugs seized<sup>73</sup> done by LPC/PJ, the potency (% THC) average of cannabis seized in national territory and particularly of cannabis resin has increased in the last three years compared to previous years, reaching the maximum value in 2012.

Also "street samples"<sup>74</sup> analyses of ecstasy tablets, indicate an increase of its average purity (MDMA) in the past three years, despite the scarce number of batches analyzed require some caution in reading these data. On the other hand, in relation to "street samples" of brown heroin (chemical form of base) and cocaine powder (hydrochloride salt, HCl), the most common forms in Portugal, it is noted that the average purity has declined over the past three years, reaching the lowest values in 2012.

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<sup>73</sup> The samples analyzed refer only to the withdrawn of circulation, and it is not possible to make quantitative analyzes of all substances seized due to resource constraints.

<sup>74</sup> Packages with a liquid weight between 1g to 10g and less than 1g.

## **Part B**

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### Drug Policy

<http://www.idt.pt/EN/Reports/Paginas/NationalReports.aspx>

[http://www.idt.pt/PT/IDT/RelatoriosPlanos/Documents/2013/RelatorioAvaliacaoExternaPNCD\\_T\\_05\\_12.pdf](http://www.idt.pt/PT/IDT/RelatoriosPlanos/Documents/2013/RelatorioAvaliacaoExternaPNCD_T_05_12.pdf)

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### PREVENTION

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[http://www.idt.pt/PT/CentroDocumentacao/Documents/IntervencaoPreventivaComGruposVulneraveis\\_ExpDoPIF.pdf](http://www.idt.pt/PT/CentroDocumentacao/Documents/IntervencaoPreventivaComGruposVulneraveis_ExpDoPIF.pdf)

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<http://www.coe.int/T/DG3/Pompidou/Source/Activities/Workdrug/Resumo.pdf>

Centro de Atendimento a Jovens e Envoltentes (CAJE) - [www.cm-pombal.pt](http://www.cm-pombal.pt)

Ei! Clica aqui! - [www.eiclicaqui.com](http://www.eiclicaqui.com)

Tu-Alinhas - [www.tu-alinhas.pt](http://www.tu-alinhas.pt)

Observatório Europeu da Droga e da Toxicodependência (OEDT) [www.emcdda.europa.eu](http://www.emcdda.europa.eu)

*Prevention Evaluation Resource Kit (PERK)* - [www.emcdda.europa.eu](http://www.emcdda.europa.eu)

*Electronic Evaluation Instrument Bank (EIB)* - [www.eib.emcdda.europa.eu](http://www.eib.emcdda.europa.eu)

Portal Boas Práticas - [www.emcdda.europa.eu/themes/best-practice](http://www.emcdda.europa.eu/themes/best-practice)

*Fundación de Ayuda contra la Drogadicción (FAD)* - [www.fad.es](http://www.fad.es)

*Plan Nacional sobre Drogas (PNSD)* - [www.pnsd.msc.es](http://www.pnsd.msc.es)

Sociedade científica Espanhola de Estudos sobre o Álcool, Alcoolismo e outras Toxicomanias - [www.socidrogalcohol.org](http://www.socidrogalcohol.org)

*Education para la Salud Y la Prevencion de las Drogodependencias* - [www.edex.es](http://www.edex.es)

*Centre for Public Health* - UK - [www.cph.org.uk](http://www.cph.org.uk)

*The National Collaborating Centre for Drug Prevention (NCCDP)* - UK - [www.drugpreventionevidence.info/default.asp](http://www.drugpreventionevidence.info/default.asp)

*Center for Substance Abuse Prevention (CSAP)* - EUA - <http://nrepp.samhsa.gov>

SAMHSA - <http://modelprograms.samhsa.gov>

*The Centers for Disease Control and Prevention (CDC)* - EUA [www.cdc.gov/hiv/projects/rep/compend.htm](http://www.cdc.gov/hiv/projects/rep/compend.htm)

*The National Institute of Drug Abuse (NIDA)* - EUA - [www.nida.nih.gov](http://www.nida.nih.gov)

*Office of Juvenile Justice and Delinquency Prevention (OJJDP)* - EUA - [www.colorado.edu/cspv/blueprints/index.html](http://www.colorado.edu/cspv/blueprints/index.html)

*The Surgeon General's Office (SGO)* - EUA  
[www.surgeongeneral.gov/library/youthviolence/report.html](http://www.surgeongeneral.gov/library/youthviolence/report.html)

*Evidence-Based Electronic Library for Drugs and Addiction (EELDA)* - <http://pt.eelda.org>

Instituto para el Estudio de las Adicciones - [www.ieanet.com/drogas/](http://www.ieanet.com/drogas/)

[www.drogasycerebro.com/](http://www.drogasycerebro.com/) / [www.talktofrank.com](http://www.talktofrank.com)

[www.namethatdrug.com](http://www.namethatdrug.com)

Modelo Lógico - [www.uwex.edu/ces/lmcourse](http://www.uwex.edu/ces/lmcourse)

[www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html](http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html)

[www.edtechevaluation.com/logicmaphow2.htm](http://www.edtechevaluation.com/logicmaphow2.htm)

## **TREATMENT**

Associação Portuguesa de Narcóticos Anónimos - <http://www.na-pt.org/>

*Euro-Methwork - Amsterdam* - [www.euromethwork.org](http://www.euromethwork.org)

Entidade Reguladora da Saúde – ERS - [www.ers.pt](http://www.ers.pt)

Direção Geral de Saúde – DGS - [www.dgs.pt](http://www.dgs.pt)

Inspeção-Geral das Atividades em Saúde – IGAS - [www.igas.min-saude.pt](http://www.igas.min-saude.pt)

Institute of Behavioral Research - IBR - [www.ibr.tcu.edu](http://www.ibr.tcu.edu)

*The Drug Abuse Treatment Outcome Studies – DATOS* - [www.datos.org](http://www.datos.org)

## **RISK AND HARM REDUCTION**

Associação *AIDES* - [www.aides.org](http://www.aides.org)

Associação de Redução de Danos da Argentina - ARDA - <http://arda.iwarp.com>

*Canadian Harm Reduction Network* - [www.canadianharmreduction.com](http://www.canadianharmreduction.com)

*Dance Safe* - [www.dancesafe.org](http://www.dancesafe.org)

Fundação *Drugtext* - [www.drugtext.org](http://www.drugtext.org)

*Energy Control* - [www.energycontrol.org](http://www.energycontrol.org)

*Euro - MethWork* - [www.q4q.nl](http://www.q4q.nl)

*Harm Reduction Coalition* - HRC - [www.harmreduction.org](http://www.harmreduction.org)

*Harm Reduction Journal* - [www.harmreductionjournal.com](http://www.harmreductionjournal.com)

Ministério da Saúde Francês - [www.sante.gouv.fr](http://www.sante.gouv.fr)

Associação *Prevtech* - [www.prevtech.ch](http://www.prevtech.ch)

SIDA InfoService – SIS - [www.sida-info-service.org](http://www.sida-info-service.org)

## **REINTEGRATION**

[http://www.idt.pt/PT/CentroDocumentacao/Documents/Manual\\_Reinsercao.pdf](http://www.idt.pt/PT/CentroDocumentacao/Documents/Manual_Reinsercao.pdf)

[http://www.idt.pt/PT/CentroDocumentacao/Documents/novaspersp\\_novoshoriz.pdf](http://www.idt.pt/PT/CentroDocumentacao/Documents/novaspersp_novoshoriz.pdf)

<http://www.idt.pt/PT/Reinsercao/Documents/MIR.pdf>

<http://www.apdes.pt/files/otrabalhoprimeiro/>

Rede Europeia Anti Pobreza / Portugal [www.reapn.org](http://www.reapn.org)  [www.flashrede.blogspot.com](http://www.flashrede.blogspot.com)  
Programa Operacional do Potencial Humano (POPH) [www.poph.qren.pt](http://www.poph.qren.pt)  
↳ Instituições nacionais com respostas na área da Reinserção Social  
Fundação de Assistência Médica Internacional (AMI) [www.ami.org.pt](http://www.ami.org.pt)  
Comissão Nacional de Proteção das Crianças e Jovens em Risco [www.cnpcir.pt](http://www.cnpcir.pt)  
Direção Geral de Reinserção Social [www.irsocial.mj.pt](http://www.irsocial.mj.pt)  
Instituto de Apoio à Criança [www.iacrianca.pt](http://www.iacrianca.pt)  
Instituto da Segurança Social (ISS) [www.seg-social.pt](http://www.seg-social.pt)  
Instituto do Emprego e Formação Profissional (IEFP) [www.iefp.pt](http://www.iefp.pt)  
Instituto Português da Juventude (IPJ) [www.juventude.gov.pt](http://www.juventude.gov.pt)  
Ministério do Trabalho e da Solidariedade Social [www.mtss.gov.pt](http://www.mtss.gov.pt)  
Ministério dos Negócios Estrangeiros (MNE) [www.mne.gov.pt](http://www.mne.gov.pt)  
Novas Oportunidades [www.novasoportunidades.gov.pt](http://www.novasoportunidades.gov.pt)  
Portal Tribunais [www.tribunaisnet.mj.pt](http://www.tribunaisnet.mj.pt)  
Santa Casa da Misericórdia (SCML) [www.scml.pt](http://www.scml.pt)  
União das Misericórdias Portuguesas (UMP) [www.ump.pt](http://www.ump.pt)  
Direção-Geral de Reinserção e Serviços Prisionais <http://www.dgrs.mj.pt/web/rs/index>

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## List of Abbreviations used in the text

ADR - Counselling Detection and Reference / Aconselhamento Detecção e Referenciação  
 ANF – National Association of Pharmacies / Associação Nacional de Farmácias  
 APDES - Agência Piaget para o Desenvolvimento  
 ARS – Regional Health Administrations / Administrações Regionais de Saúde  
 ASAE - Food and Economic Safety Authority / Autoridade de Segurança Alimentar e Económica  
 CAD – Addictive Behaviours and Dependencies / Comportamentos Aditivos e Dependências  
 CAST – Cannabis Abuse Screening Test  
 CAT – Specialised Outpatient Drug Abuse Treatment/  
 CDT – Commissions for the Dissuasion of Drug Use / Comissão para a Dissuasão da Toxicodependência  
 CED - Education Centers and Development  
 CGTP-IN - General Confederation of Portuguese Workers / Confederação Geral dos Trabalhadores Portugueses  
 CNLCS – National Commission for the Fight against AIDS / Comissão Nacional de Luta Contra a SIDA  
 CNIVS – National Coordination for HIV/AIDS Infection  
 CNJ – National Council for Youth  
 CPL – Lisbon Casa Pia / Casa Pia de Lisboa  
 CRI - Centre of Integrated Responses/ Centros de Respostas Integradas  
 CSI - Social Integrated Competency  
 TC – Therapeutic Communities/ Comunidades Terapêuticas  
 DGAIEC - General Directorate of Customs and Special Taxes on Consultation  
 DGIDC – General Directorate for Innovation and Curricular Development / Direcção-Geral de Inovação e de Desenvolvimento Curricular  
 DGS – General Directorate for Health / Direcção-Geral da Saúde  
 DGRSP – General Directorate of Reintegration and Prisons/  
 DGSP – General Directorate for Prisons / Direcção-Geral dos Serviços Prisionais  
 DPIC – Division of Prevention and Community Intervention/  
 DR – Regional Directorate / Delegação Regional  
 DRA – Alentejo Regional Delegation  
 DRAL – Algarve Regional Delegation  
 DRC – Center Regional Delegation  
 DRD – Drug-related deaths / Mortes relacionadas com droga  
 DRE – Regional Directorate of Education / Direcção Regional de Educação  
 DRLVT – Lisbon and Tagus Valley Regional Delegation  
 DRN – Northern Regional Delegation

ECATD – Estudo sobre o Consumo de Álcool, Tabaco e Droga / Study on Alcohol, Tobacco and Drug use

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction / Observatório Europeu da Droga e das Toxicodependências

EP – Prison Establishment

ESPAD – European School Survey Project on Alcohol and other Drugs / Inquérito Europeu sobre o Consumo de Álcool e outras Drogas

ETs - Treatment Teams / Equipas de Tratamento

EU – European Union

EURIDICE - European Research and Intervention on Dependency and Diversity in Companies and Employment

FIDC – Initial Formation on Dual Certification

FNAS – National Alcohol and Health Forum

FPCE – Faculty of Psychology and Educational Sciences / Faculdade de Psicologia e de Ciências da Educação

GDP - Gross Domestic Product

GIES - Group of Intervention in Higher Education / Grupo de intervenção no Ensino Superior

GMR – General Mortality Register / Registo Geral de Mortalidade

GNR – National Republican Guard / Guarda Nacional Republicana

HBSC/OMS – Health Behaviour in School-aged Children

HIV/AIDS - Human immunodeficiency virus infection/Acquired immunodeficiency syndrome

ICD – Classificação Internacional das Doenças / International Classification of Diseases

IDT, I.P. – Institute on Drugs and Drug Addiction, Public Institute / Instituto da Droga e da Toxicodependência, Instituto Público

IDUs – Intravenous Drug Users / Consumidores de drogas injectáveis

IEFP – Institute for Labor and Professional Training / Instituto de Emprego e Formação Profissional

IHRU – Institute of Housing and Urban Renovation/

INE – National Statistics Institute / Instituto Nacional de Estatística

INFARMED – National Institute of Pharmacy and Medicines/Instituto Nacional da Farmácia e do Medicamento

INME – National Survey at School setting/Inquérito Nacional em Meio Escolar

INML – National Institute of Forensic Medicine / Instituto Nacional de Medicina Legal

INPP – National Population Survey on Psychoactive Substances in the Portuguese Population / Inquérito Nacional ao Consumo de Substâncias Psicoactivas na População Portuguesa

INSA, I.P. - National Health Institute Doutor Ricardo Jorge / Instituto Nacional de Saúde Doutor Ricardo Jorge

IPJ – Portuguese Youth Institute / Instituto Português da Juventude

IPSS - Private Social Solidarity Institutions / Instituições Particulares de Solidariedade Social

ISS – Social Security Institute / Instituto da Segurança Social

JIATF-S - Joint Interagency Task Force South

KC - Kosmicare

LPC/PJ -

LSD - Lysergic acid diethylamide

MAOC-N - Maritime Analysis and Operation Centre – Narcotics

MDN – Ministry of National Defence / Ministério de Defesa Nacional

ME – Ministry of Education /Ministério da Educação

MIR - Intervention Model in Reintegration

NGOs – Non-Governmental Organisations / Organizações Não Governamentais

NP – Prevention Nucleus / Núcleo de Prevenção

NPISA - Planning and Intervention Units for Homeless / Núcleos de Planeamento e Intervenção Sem-Abrigo

NPS – New Psychoactive Substances

NT – Territorial Nucleus / Núcleos Territoriais

NUTS - Nomenclature d'unités territoriales statistiques /Nomenclaturas de Unidades Territoriais para fins Estatísticos

OMS – Organização Mundial de Saúde

PANCPDI – National Action Plan for the Fight Against the Spread of Infectious Diseases in Prison Setting / Plano de Acção Nacional de Combate à Propagação de Doenças Infecciosas em Meio Prisional

PDU – Problem drug use

PES - Promotion and Education for Health / Promoção e Educação para a Saúde

PETS – Syringe Exchange Programme

PIB - Gross national product/Produto Interno Bruto

PIEF (Programa Integrado de Educação e Formação / Integrated Program of Education and Training)

PIF – Program of Focused Intervention / Programa de Intervenção Focalizada

PII – Insertion Individual Plans

PJ – Criminal Police/ Polícia Judiciária

PNCDDT – National Plan on Drugs and Drug Addiction

PNRCAD - National Plan for the Reduction of Addictive Behaviours and Dependencies

PNRPLA – National Plan for reducing Alcohol related Problems

PPCDAFA – Programa de Prevenção e Combate à Droga e ao Alcoolismo nas Forças Armadas/ Prevention and Fight Against Drugs and Alcoholism in the Armed Forces

PORI – Operational Program of Integrated Responses / Programa Operacional de Resposta Integradas

PREMAC - Plano de Redução e Melhoria da Administração Central public administration restructuring programme

PRI – Programs of Integrated Responses / Programas de Respostas Integradas

PSO-BLE - Low Threshold Substitution Program / Programa de Substituição de Baixo Limiar

PSP – Public Security Police / Polícia de Segurança Pública

PVE – Life-Employment Program / Programa Vida Emprego  
QP – Permanent Staff of Armed Forces of Portugal / Quadro Permanente das Forças Armadas de Portugal  
RA – Autonomous Regions  
RC – Contracted Staff of Armed Forces of Portugal / Regime de Contrato das Forças Armadas de Portugal  
RDS – Respondent Driven Sampling  
RRMD – Harm and risk reduction / Redução de Riscos e de Minimização de Danos  
RV – Volunteers of Armed Forces of Portugal / Regime de Voluntariado das Forças Armadas de Portugal  
RVCC – Revalidation and Certification of Competencies  
SDS – Severity of Dependence Scales  
SEF – Emigration Services  
SICAD - General-Directorate for Intervention on Addictive Behaviours and Dependencies  
SIM – Multidisciplinary Information System/Sistema de Informação Multidisciplinar  
SIPAFS – Integrated System of Financial Support Programs in Health  
SMR – Special Mortality Register / Registo Especial de Mortalidade  
SPA – Psychoactive substances / Substâncias Psicoactivas  
SPSS - Statistical Package for the Social Sciences  
SWOT - Strengths, Weaknesses, Opportunities and Threats  
TDI - Treatment Demand Indicator  
UCIC – Coordination and Criminal Investigation Units / Unidades de Coordenação de Investigação Criminal  
UIF - Financial Information Unit  
UNCTE – National Unit for the Fight Against Traffic and Drugs  
WHO – World Health Organization

## List of Standard Tables and Structured Questionnaires sent to the EMCDDA

- Standard table 01: basic results and methodology of population surveys on drug use
- Standard table 02: methodology and results of school surveys on drug use
- Standard table 05: acute/direct related deaths
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- Standard table 09-1: prevalence of hepatitis B/C and HIV infection among injecting drug users: methods
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- Structured Questionnaire 25: Universal Prevention
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- Structured Questionnaire 26: Selective and indicated prevention

## List of full references of laws in original language

### Chapter 1:

- Decreto-Lei 124/2011 de 29 de Dezembro (Diário da República, 1.<sup>a</sup> série — N.º 249 — 29 de Dezembro de 2011) - Aprova a Lei Orgânica do Ministério da Saúde. O IDT deixa de existir e a maior parte das suas funções passa para o novo Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD).

<http://dre.pt/pdf1s/2011/12/24900/0549105498.pdf>

- Decreto-Lei n.º 17/2012 de 26 de Janeiro (Diário da República 1.<sup>a</sup> série — n.º 19 de 26 de Janeiro de 2012) - Aprova a orgânica do Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências.

[http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Servi%C3%A7o%20de%20Interven%C3%A7%C3%A3o%20nos%20Comportamentos%20Aditivos%20e%20nas%20Depend%C3%Aancias/Decreto-Lei\\_17\\_2012.pdf](http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Servi%C3%A7o%20de%20Interven%C3%A7%C3%A3o%20nos%20Comportamentos%20Aditivos%20e%20nas%20Depend%C3%Aancias/Decreto-Lei_17_2012.pdf)

- Despacho n.º 251/2013 de 7 de Janeiro (Diário da República, 2.<sup>a</sup> série - n.º 4 - de 7 de Janeiro 2013) - Conclusão do processo de fusão do Instituto da Droga e da Toxicodependência, I. P., no Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências, nas Administrações Regionais de Saúde, I. P., e na Inspeção-Geral das Atividades em Saúde.

<http://dre.pt/pdf2sdip/2013/01/004000000/0054200543.pdf>

- Portaria n.º 25/2013 de 14 de Janeiro (Diário da República, 2.<sup>a</sup> serie - n.º 9 – de 14 de Janeiro 2013) - Autoriza o IDT, I.P. - Instituto da Droga e da Toxicodependência, I.P. e, na data da extinção deste, o SICAD - Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências a proceder à repartição de encargos relativos aos contratos de atribuição de financiamento público a programas e estruturas sócio-sanitárias de redução de riscos e minimização de danos no domínio da droga e da toxicodependência.

<http://dre.pt/pdf2sdip/2013/01/009000000/0187301874.pdf>

- Portaria n.º 22/2013 de 23 de Janeiro (Diário da República, 1.<sup>a</sup> série - n.º 16 - de 23 de Janeiro 2013) - Aprova a lista de substâncias e métodos proibidos, dentro e fora das competições desportivas.

<http://dre.pt/pdf1sdip/2013/01/01600/0047100474.pdf>

- Portaria n.º 27/2013 de 24 de Janeiro (Diário da República, 1.<sup>a</sup> série - n.º 17 – de 24 de Janeiro 2013) - Aprova o Regulamento que Estabelece as Condições de Financiamento Público dos Projetos que Constituem os Programas de Respostas Integradas.

<http://dre.pt/pdf1sdip/2013/01/01700/0049100495.pdf>

- Aviso n.º 4295/2013 de 26 de Março (Diário da República, 2.<sup>a</sup> série — N.º 60 — 26 de Março de 2013) - Autorização para aquisição direta de substâncias estupefacientes, psicotrópicas e seus preparados concedida à entidade SICAD - Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências, para uso exclusivo dos doentes em programas de tratamento com estupefaciente substituto (metadona).

[http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Servi%C3%A7o%20de%20Interven%C3%A7%C3%A3o%20nos%20Comportamentos%20Aditivos%20e%20nas%20Depend%C3%Aancias/Aviso\\_4295\\_2013.pdf](http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Servi%C3%A7o%20de%20Interven%C3%A7%C3%A3o%20nos%20Comportamentos%20Aditivos%20e%20nas%20Depend%C3%Aancias/Aviso_4295_2013.pdf)

- Decreto-Lei n.º 50/2013 de 16 de Abril (Diário da República, 1.<sup>a</sup> série n.º 74 – de 16 de Abril 2013) - Cria um novo regime de disponibilização, venda e consumo de bebidas alcoólicas em locais públicos e em locais abertos ao público.

<http://dre.pt/pdf1sdip/2013/04/07400/0220302206.pdf>

- Decreto-Lei n.º 54/2013 de 17 de Abril (Diário da República, 1ª série - n.º 75 - de 17 de Abril 2013) - Procede à definição do regime jurídico da prevenção e proteção contra a publicidade e comércio das novas substâncias psicoativas.

<http://dre.pt/pdf1sdip/2013/04/07500/0225002254.pdf>

- Portaria n.º 154/2013 de 17 de Abril (Diário da República, 1ª série - n.º 75 - de 17 de Abril 2013) - Aprova a Lista de novas substâncias psicoativas.

<http://dre.pt/pdf1sdip/2013/04/07500/0225402257.pdf>

- Decreto-Lei n.º 15/93 de 22 de Janeiro (Diário da República, 1ª série – N.º 18 de 22 de Janeiro) – *Regime Jurídico do tráfico e Consumo de Estupefacientes e Psicotrópicos*.  
<http://dre.pt/pdf1sdip/1993/01/018A00/02340252.pdf>

### Chapter 3:

- Decreto-Lei n.º 50/2013 de 16 de Abril (See Chapter 1)

- Decreto-Lei n.º 54/2013 de 17 de Abril (See Chapter 1)

- Lei n.º 37/2007, de 14 de Agosto (Diário da República 1ª série — n.º 156 de 14 de Agosto de 2007) – aprova as normas para a protecção dos cidadãos da exposição involuntária ao fumo do tabaco e medidas de redução da procura relacionadas com a dependência e a cessação do seu consumo.

<http://www.dre.pt/pdf1s/2007/08/15600/0527705285.pdf>

- Portaria n.º 749/2007, de 25 de Junho (Diário da República 1ª série — n.º 120 de 25 de Junho de 2007) - aprova o regulamento da atribuição de financiamento público, através do Instituto da Droga e da Toxicodependência, I.P, a programas e a ... sócio sanitárias de redução de riscos e minimização de danos no domínio da droga e da toxicodependência.

<http://www.sg.min-saude.pt/NR/rdonlyres/A110CE46-A607-4BD1-AB82-BE86B31314C3/18575/402540291.pdf>

- Decreto-Lei 183/2001 de 21 de Junho (Diário da República, 1ª série — N.º 142 — 21 de Junho de 2001) – Aprova o regime geral das políticas de prevenção e redução de riscos e minimização de danos

[http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Preven%C3%A7%C3%A3o e Tratamento da Toxicodepend%C3%Aancia/dl\\_183\\_2001.pdf](http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Preven%C3%A7%C3%A3o e Tratamento da Toxicodepend%C3%Aancia/dl_183_2001.pdf)

### Chapter 6:

- Lei n.º 22/2008 de 13 de Maio (Diário da República, 1ª série, n.º 92, de 13 de Maio) – *Lei do Sistema Estatístico Nacional* <http://dre.pt/pdf1sdip/2008/05/09200/0261702622.pdf>

### Chapter 7

- Portaria n.º 749/2007, de 25 de Junho (See chapter 3)

- Portaria n.º 131/2008, de 13 de Fevereiro (Diário da República, 1ª série — N.º 31 – 13 de Fevereiro de 2008) – Aprova o Regulamento que estabelece as condições de financiamento público dos projectos que constituem os Programas de Respostas Integradas (PRI).

[http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Reinser%C3%A7%C3%A3o Social/port\\_131\\_2008.pdf](http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Reinser%C3%A7%C3%A3o Social/port_131_2008.pdf)

- Decreto-Lei 183/2001 de 21 de Junho (See chapter 3)

**Chapter 9:**

- Lei nº 30/2000 de 29 Novembro (Diário da República, 1ª série A – Nº 276 de 29 de Novembro) – *Define o regime jurídico aplicável ao consumo de estupefacientes, bem como a proteção sanitária e social das pessoas que consomem sem prescrição médica.* <http://dre.pt/pdf1sdip/2000/11/276A00/68296833.pdf>

- Decreto-Lei nº 15/93 de 22 de Janeiro (Diário da República, 1ª série – Nº 18 de 22 de Janeiro) – *Regime Jurídico do tráfico e Consumo de Estupefacientes e Psicotrópicos.* <http://dre.pt/pdf1sdip/1993/01/018A00/02340252.pdf>

- Lei nº 30/2000 (See chapter 1)

Decreto-Lei 130-A/2001 de 23 de Abril (Diário da República, 1ª série A – Nº95 de 23 de Abril) - Estabelece a organização, o processo e o regime de funcionamento da comissão para a dissuasão da toxicoddependência, a que se refere o n.º 1 do artigo 5.º da Lei n.º 30/2000, de 29 de Novembro, e regula outras matérias complementares.

<http://dre.pt/pdf1sdip/2001/04/095A01/00020008.PDF>

- Portaria nº 604/2001 de 12 de Junho (Diário da República, 1ª série B – Nº136 de 12 de Junho) – *Procede à regulamentação do registo central dos processos de contra-ordenação previstos na Lei n.º 30/2000, de 29 de Novembro.*

[http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Controle da Oferta e da Procura/portaria\\_604\\_2001.pdf](http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Controle da Oferta e da Procura/portaria_604_2001.pdf)

- Acórdão do Supremo Tribunal de Justiça nº 8/2008, de 5 de Agosto (Diário da República, 1ª série N.º 150 — 5 de Agosto de 2008) - Não obstante a derrogação operada pelo artigo 28.º da Lei n.º 30/2000, de 29 de Novembro, o artigo 40.º, n.º 2, do Decreto-Lei n.º 15/93, de 22 de Janeiro, manteve-se em vigor não só «quanto ao cultivo» como relativamente à aquisição ou detenção, para consumo próprio, de plantas, substâncias ou preparações compreendidas nas tabelas I a IV, em quantidade superior à necessária para o consumo médio individual durante o período de 10 dias.

<http://www.dre.pt/pdf1sdip/2008/08/15000/0523505254.PDF>

- Decreto-Lei nº 15/93 de 22 de Janeiro (See chapter 1)

**Chapter 10:**

- Decreto-Lei nº 15/93 de 22 de Janeiro (See chapter 1)

- Lei nº 25/2008 de 5 de Junho (Diário da República, 1ª série N.º108 – 5 de Junho) - Estabelece medidas de natureza preventiva e repressiva de combate ao branqueamento de vantagens de proveniência ilícita e ao financiamento do terrorismo, transpondo para a ordem jurídica interna as Diretivas nºs 2005/60/CE, do Parlamento Europeu e do Conselho, de 26 de Outubro, e 2006/70/CE, da Comissão, de 1 de Agosto, relativas à prevenção da utilização do sistema financeiro e das atividades e profissões especialmente designadas para efeitos de branqueamento de capitais e de financiamento do terrorismo, procede à segunda alteração à Lei n.º 52/2003, de 22 de Agosto, e revoga a Lei n.º 11/2004, de 27 de Março.

[http://www.incm.pt/site/resources/docs/L\\_25\\_2008.pdf](http://www.incm.pt/site/resources/docs/L_25_2008.pdf)

- Portaria nº 94/96 de 26 de Março (Diário da República, 1ª série B – Nº 73 de 26 de Março) – *Procedimentos de diagnóstico e dos exames periciais necessários à caracterização do estado de toxicoddependência* <http://dre.pt/pdfgratis/1996/03/073B00.pdf>

- Lei nº 30/2000 de 29 Novembro (See Chapter 9)