European Monitoring Centre for Drugs and Drug Addiction

I.D.T.
Instituto da Droga e da Toxicodependência, I.P.

2007 NATIONAL REPORT (2006 data) TO THE EMCDDA
by the Reitox National Focal Point

"PORTUGAL"

New Development, Trends and in-depth information on selected issues

REITOX

The staff of the IDT's National Monitoring, Training and International Relations Department wish to thank the motivation and active co-operation of our internal departments and all our national partners, which made this National Report possible.

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Summary

Concerning **National policies and context**, the most important development in 2006 was the implementation and the regulation of the priorities set out in the National Action Plan on Drugs and Drug Addiction – Horizon 2008. New legal frameworks for prevention and harm reduction criteria were issued as well as extensive regulation on illicit drug testing in drivers.

As for **situation and responses,** data presented in this report allow to conclude that:

Concerning drug use:

The results from the 2006 school survey data which indicated a decrease in drug use prevalence amongst the pupils of the 6th, 8th and 10th grades (aged 12 to 19) seem to be confirmed by another school survey, held in late 2006/early 2007. However these data have not been available in time to be included in this Report and will only be reported through Standard Table 2.

Cannabis continues to be the most used drug and its visibility in several indicators continues to increase, alone or in combination with other substances. Nevertheless, heroin remains as the main drug involved in health drug use related consequences and in some of the legal drug use related consequences. The presence of cocaine is increasingly being mentioned in several indicators, namely concerning the recreational, treatment and market settings.

Responses to drug use were focused on local diagnosis and the provision of services according to the new integrated responses programme under which projects will have the possibility of including the areas of prevention, harm reduction, treatment and rehabilitation. Under the Selective Prevention National Programme (PIF), 23 projects were approved for IDT funding and started to be implemented in 2007.

Concerning drug related health consequences:

Indicators available continue to suggest effective responses at treatment level (increase in the number of clients involved in both drug free and substitution programmes) and at harm reduction level (levelling off of infectious diseases). The number of active clients in the outpatient public treatment network increased though first treatment demands continue to decrease. Heroin continues to be 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 cocaine and cannabis in this setting are increasing;

The availability of substitution programmes continues to increase though the number of clients in buprenorphine substitution treatment decreased for the first time since this substance was introduced (in 1999).

In 2006, treatment clients were again mainly from the male gender and reporting a mean age of 30-35 in all treatment settings, confirming the ageing trend of this population, already perceptible in previous years.

The decreasing trend in the percentage of drug users in the total number of notifications of AIDS cases continues to be registered. Concerning HIV infection and hepatitis B and C in the treatment setting, positive cases remained stable in comparison to previous years.

The stabilisation and decrease of the global rates of positive HIV tests may be related, amongst other factors, to the implementation of harm reduction measures, which may be leading to a decrease in intravenous drug use (also visible in data concerning administration route in first treatment demands), or to intravenous drug use in better sanitary conditions, as indicated by the number of exchanged syringes in the National Programme “Say no to a second hand syringe”;

In 2006, a small decrease was registered on drug-related mortality in the Special Register in comparison to 2005. 46% of the positive cases with information on the presumed aetiology in

the Special Register were considered possible acute drug related deaths, a higher percentage than the one reported in 2003 (44%) but inferior to the ones registered in 2004 and 2005 (51%) and in 2002 (58%). Opiates continued to be the most referred substance associated with these cases but its relative importance continues to decrease;

The national outreach network continues to be implemented, targeting particularly problematic drug users. In 2006 a follow-up study made on several populations of clients showed the benefits of this type of interventions.

Concerning drug related legal consequences:

In 2006, concerning the administrative sanctions for drug use, the Commissions for the Dissuasion of Drug Use instated a similar number of processes to 2005 most of which were, again, referred by the Public Security Police (PSP). These cases are mainly related to hashish use but reference to cocaine increased in comparison to previous years.

From the 3 020 rulings made, 81% suspended the process temporarily, 2% found the presumed offender innocent and 17% were punitive rulings (this percentage continues to rise in comparison previous years).

In 2006, the number of presumed offenders arrested by criminal offences against the Drug Law decreased in comparison to 2005, due to a decrease in the number of presumed trafficker-users.

Amongst the presumed offenders who possessed only one drug, for the sixth time since 2001, hashish (47%) was reported more often than heroin (11%), which until 2000 had always been the substance more often reported to be held by presumed offenders at the time of their arrest. The percentage of cases related to cocaine increased in comparison to 2005.

Court data indicates that, in the past years, decreases were reported in terms of the number of convictions for traffic and for traffic-use. The majority of these individuals possessed only one drug, mainly hashish, for the third time, and not heroin, as in previous years. In comparison to previous years the number of individuals who possessed only cocaine continues to increase. Of the convicted individuals, 96% were convicted for traffic, 1% for use (cultivation) and 3% for traffic-use.

The percentage of individuals in prison for Drug Law offences, in 2006, continues to decrease to reach again the lowest value since 1997 (27% of all individuals in prison). Individuals were mainly imprisoned for traffic offences (90%).

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. Harm reduction measeures to help prevent the spread of infectious diseases are one of the main issues currentely in public and expert discussion.

Markets

Following the trend, which has been verified since 2000, the number of heroin seizures decreased and now ranks below hashish and cocaine. However, the number of seizures increased for all substances in comparison to previous years. For the fifth time since 1990, the number of hashish seizures again surpassed that of heroin, the substance that always registered the highest number of seizures in Portugal until 2002, and for the second time the number of cocaine seizures also surpassed that of heroin.

The seized quantities of heroin and hashish and ecstasy registered decreases in comparison to 2005. The seized quantities of ecstasy registered a small decrease and the seized quantities of cocaine were the highest ever registered, almost doubling again, in comparison to 2005.

Concerning countries of origin of the seized drugs, heroin came mainly from The Netherlands and Spain, cocaine from Venezuela, Columbia and Brazil, hashish from Morocco, herbal

cannabis (liamba) from Angola and ecstasy from The Netherlands. Research funded by the IDT allowed for the first time for a characterisation of the portuguese market for cannabis.

Regarding the prices of drugs at trafficker and trafficker-user level the mean prices of herbal cannanbis and ecstasy were the lowest reported since 2002, contrary to cocaine which registered in 2006 the highest price since 2002.

Key issues

Public expenditures

The Portuguese *National Strategy for the Fight against Drugs*, published in 1999, established 13 strategic options one of which was "To double public investment to PTE 32 billion (at the rhythm of 10% a year) over the next five years, so as to finance the implementation of the national drug strategy."

In 1999 public investment in all the areas that encompassed the Portuguese policy against drugs amounted to PTE 16 billion. However, due to the lack of information, the external evaluators of the National Strategy in 2004, reported that it was not possible to compare public expenditures in 1999 and 2003.

In subsequent years the national report presented every year to the National Parliament did not include an overall estimate of drug-related public expenditures, because of the difficulty of distinguishing direct and indirect drug-related expenditures in budgets and activity reports of institutions that implement the Portuguese National Strategy. However, some costs are possible to estimate and others were reported under the framework of the new National Action Plan – Horizon 2008. But in order to develop compatible methodologies on drug-related public expenditure, Member States must agree on a common methodology for quantifying public expenditure in the field of drugs.

Vulnerable groups of young people

The majority of studies and scientific research in the drug field in Portugal have not paid much attention to vulnerable groups, focusing instead on the general population, school population or on patients in drug treatment or rehabilitation.

For this reason, not much data regarding the profile of these vulnerable groups is available, with the exception of party goers. In recent years, several qualitative studies on clubbers or members of youth cultures have also been developed.

Responses are available under the national prevention framework but information on the interventions is still scarce as most have started in 2007. Treatment, rehabilitation and harm reduction have progressively become more available to vulnerable populations.

Drug-related research in Europe

The 1999 National Drugs Strategy laid much more emphasis on the issue of drug-related research, as one of the areas in need of development. Amongst the 30 objectives of the National Action Plan against Drugs and Drug Addiction – Horizon 2004, research, statistical and epidemiological information were to be improved by increasing the amount of research by 200%, involving universities and scientific research institutions and implementing a national information system. In 2001, under this Action Plan, a specific funding programme for drug-related research was, for the first time, established by the IPDT and the Ministry of Science and Technology.

In 2004, the evaluation of the National Strategy determined that research in this area had indeed increased by more than 200% (INA2004) and, in the following National Action Plan, priority was given to the repetition of major epidemiological surveys but also to evaluation and to social and economic research that might support decision making in all intervention areas.

In this period of time, the scientific community developed, increased and drug related research networks were set up, though concerns still exist on research coordination and funding mechanisms.


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Bragança
Porto
Aveiro
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Castelo Branco
Leiria
Santarém
Portalegre
Lisboa
Évora
Setúbal
Beja
Faro

Part A

New Developments and Trends

1. National Policies and Context

1.1. Overview

2006 was characterised by the discussion of innovative programmes to be established under the National Action Plan on Drugs– Horizon 2008.

- A significant investment was made in designing and setting up of monitoring instruments and evaluation criteria for the objectives established in the Action Plan – Horizon 2008;
- A decision was reached on the main priorities of the Portuguese Presidency of the European Council in the area of drugs (drug trafficking in western African countries and the evaluation of policies and programmes) and governmental services with a responsibility in the area of international cooperation started to prepare the respective programme and events;
- Public discussion began on syringe exchange programmes in the prison setting and especially on programmes for supervised drug use, following a proposal from the municipality of Lisbon to set up two of these facilities.

In parallel, and following a decision from the Minister of Health, the IDT's mission was enlarged to encompass all alcohol related issues and particular effort was made to involve the civil society on the design, implementation and follow-up of the National Action Plan through the National Council on Drugs and Drug Addiction, the body representing civil society under the national coordination mechanism.

In 2007, following the reforms announced in 2006, particular attention was given to the legal framework for controlling driving under the influence of illicit psychoactive drugs and to the follow-up of the National Action Plan on Drugs – Horizon 2008.

1.2 Legal framework

Diploma 1089/2006 of the 11th of October 2006 –. Approved the regulation for the selection and financial support of Focalized Intervention Programmes (PIF). (Please see chapter 3, for specific information on the programme).

Resolution of the Council of Ministries 166/2006 of the 15th of December 2006 – Approved the National Action Plan for Inclusion (PNAI) for the period of 2006-2008. The PNAI 2006-2008, based on a global strategy for the analysis of the socio–economic context of deprived areas and its reflexes on poverty and social exclusion, defines three political priorities of intervention:

- to invest in the area of persistent poverty;
- to raise the levels of qualification as an important factor for the break of the poverty cycle;
- to promote measures of prevention for the the risk of exclusion.

The Plan was drafted inline with other national strategic processes, including the National Plan Against Drug and Drug Addiction 2005-2012.

Law 3/2007 of the 16th of January 2007 - Adopted measures to prevent infectious diseases in the prison setting and sets the legal framework for a syringe exchange programme in that setting, to avoid the contamination and propagation of infectious diseases. Other responses concerning the prevention of infectious diseases and the availability of treatment for drug abuse were also reinforced.

Diploma Nº 22 144/2007 of the 21st of September 2007, approved the specific regulation for a syringe exchange pilot project in selected prisons (Please see chapter 7.3.).

Law 18/2007 of the 18th of May 2007 – Regulate Law 44/2005, of the 23rd of February 2005 (the Road Code) on what concerns the actual screening of alcohol and alcohol or psychotropic substances amongst drivers. Regarding the psychotropic substances, cannabis, cocaine, opiates and amphetamines are screened by trained police officers. The detection of psychotropic substances includes a first on-site test and, in case the result is positive, a confirmation test has to follow. The costs of these tests were published in **Diploma 902-A/2007, of the 13th of August**, the technical criteria for the selection of test kits and other logistical aspects of the procedure in **Diploma 902-B/2007, of the 13th of August** and the guidelines for police officers on the detection of signs that may indicate that an individual is under the effect of psychoactive substances which may impair his/her driving skills **Diploma nº 35/2007 of the 25th of September 2007.**

Decree-Law n. º 221/2007 of the 29th of May 2007 – Approved the re-organization of the Institute of Drug and Drug Addiction, I.P. which gained a mandate in alcohol abuse prevention, treatment and reintegration issues.

Diploma n. º 748/2007, of the 25th of June 2007 – Established the criteria for the IDT to authorise the setting up of harm reduction programmes and facilities listed in Decree-Law 183/2001 (please see chapter 7 for information on the criteria).

Diploma 749/2007, of the 25th of June 2007 – Established the criteria for the IDT to fund harm reduction programmes and facilities listed in Decree-Law 183/2001 (please see chapter 7 for information on the criteria).

Law 37/2007, of the 14th of August 2007 – Revised Law 183/2001 of the 21st of June and implemented new measures for the prevention of smoking and the reduction of risks or negative effects that the use of the tobacco brings for the health of the smoking and non smoking individuals. The law banned smoking in a significant number of places that range from services of the public administrations to closed spaces for ATM machines and includes schools, hospitals and health centres, museums, showrooms, restaurants, canteens, bars and public transportation amongst others. The diploma does include an exception clause for inpatient facilities for drug treatment (amongst others), provided physical separation from the non-smoking areas and direct ventilation are possible.

1.3. Institutional framework, strategies and policies

Coordination arrangements and National Plan

In 2006, following the approval of the National Strategic Plan 2005-2012 and the National Action Plan - Horizon 2008, the interministerial working groups which had been set up in 2005 to draft the Plans were formalised as sub-committees to follow-up on the implementation of the Plans in each respective area: 6 for the mission areas - Prevention, Treatment, Harm Reduction, Rehabilitation, Dissuasion and Supply Reduction – and 2 for the cross-cutting areas: Information, Research, Training and Evaluation, and International Relations. Two new sub-committees were set up, one on the work setting, an area which had not been directly contemplated in the National Plans, and one on the evaluation of the National Action Plan – Horizon 2008. These sub-committees have been meeting regularly and are currentely preparing a progress report on the implementation of the Plan and on its 2008 evaluation.

At european and international level, late 2006 and early 2007 was an important period in terms of coordination arrangements and efforts:

- The IDT, with the cooperation of the Criminal Police, organised a meeting in Lisbon for the National Drug Coordinators of African Portuguese speaking countries. All countries but Guinea Bissau participated with discussions and presentations in the areas of both demand and supply reduction, along with Brazil, which was invited to share cooperation experiences between Brazil and Portugal;
- Three formal requests from the INCB were duly answered by national authorities. These concerned questions on the Lisbon's municipality proposal to open a safe injection room in Lisbon and follow-up on previous INBC missions;
- Several Ministry Departments and Universities participated in Pompidou Group platform meetings and working groups: Prevention, Legal Issues, Research, Airports and Ethics.
- The Program of the Portuguese Presidency of the Council of the European Union concerning drugs was presented for the second half of 2007. Its aim was to develop and to intensify the politics of the EU on the drug and drug addiction area, in accordance with the EU Strategy against Drug (2005-2012) and with the EU Action Plan Against Drug (2005-2008).
    - The central subject of the Portuguese presidency was the reinforcement of the cooperation with Western Africa due to the worrying increase of cocaine traffic and use in Europe and to the growing weight of Western Africa as platform for cocaine traffic. In the first meeting of the HDG, a thematic debate on the subject "Western Africa while platform of cocaine" took place.
    - The other priority of the Presidency was a Conference on the Evaluation of Policies and Programs in the drugs area. The objective of this event was to promote the discussion at European level on the evaluation of public policies and programs of intervention in the areas of demand reduction, supply reduction and of the international cooperation in the area of drugs and drug addiction.
    - During the regular National Drug Coordinators meeting, which took place in October, the EMCDDA introduced two debates, one on coordination mechanisms and another on the "Cocaine use in the EU: implication for treatment services". The meeting was also an opportunity for National Coordinators to be briefed on the evaluation of UNGASS and to discuss a common EU position for the CND meeting in March 2008;
    - Other themes debated under Portuguese Presidency included: "Information and intelligence exchange mechanisms", "Harm reduction in the prison setting" and "Preventing the distribution of drugs at streets level".
    - The two other events which were included in the formal programme of the Portuguese Presidency will be the Conference of the European Federation of Services Telephone (FESAT), on "Taking a call on cannabis – Drug helplines response" and the Pompidou Group's Conference on "Families, lifestyles and drugs – reaching families in prevention".
- The General Directorate of European Affairs (DGAE) reported that Portugal ratified the Europol Convention Protocols and the European Convention on Mutual Legal Assistance.

On the 13th October 2006 the Third Mutual Evaluation Report on Anti-Money Laundering (AML) and Combating the Financing of Terrorism (CFT) for Portugal was published (FATF/GAFI2006).

The document is an outline of the AML/CFT measures in place in Portugal in March 2006 (the date of the on-site visit). The report describes and analyses those measures and proposes recommendations on how to improve the system. It also describes the Portuguese

level of commitment with the FATF (Financial Action Task Force) Forty Recommendations 2003 and the Nine Special Recommendations on TF 2001 of the Financial Action Task Force.

The assessment of the AML and CFT frame in Portugal was elaborated using the AML/CFT Methodology 2004. The assessment team (comprised by members of the FATF secretariat and also FATF experts in criminal law, law enforcement and regulatory issues) collected information and relevant documents (regulations and laws) and met with officials and representatives of all relevant Portuguese government agencies and the private sector in Portugal.

The main conclusions and state of art regarding drug issues were the following:

- "Portugal ratified the Vienna Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances in 1991, the International Convention for the Suppression of Terrorism Financing in 2001 and the Convention against Transnational Organised Crime in 2004. The country is also party to a number of multilateral conventions containing provisions for mutual legal assistance (MLA), including the Council of Europe Convention on Mutual Assistance in Criminal Matters 1957, and the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds of Crime 1990.
- There is now a definition of ML in the Criminal Code (Article 368-A, amended by Law 11/2004) and has been enlarged the set of predicate offences for ML which includes in a single provision the ML definition set forth in Article 23 of Decree-Law 15/93 (ML related to drug trafficking) and in Article 2 of Decree-Law 325/95 (ML related to other predicate offences).
- Portuguese authorities identified that narcotics related crimes provide the main source of criminal proceeds. Due to its geographical location Portugal provides passage for, and is a point of logistical support, in the transit of drugs destined to other countries in Europe and, as one of the entry points for international drug trafficking into Europe, it could therefore be vulnerable to the placement of funds from crimes committed outside the country.
- Investigations into ML have confirmed that the proceeds from drug trafficking are most likely to involve the attempted placement of cash into the financial system. There is no clear evidence of TF operations in Portugal, although there are some indications of fundraising for the support of radical organizations outside Portugal.
- Portugal is currently in the process of further reviewing its criminal legislation and updating its legislation for the purposes of implementing the Third EU Money Laundering and Terrorism Financing Directive.
- Portugal provides passage for, and is a point of logistical support in the transit of drugs destined to other countries in Europe. Portugal, as one of the entry points for international drug trafficking into Europe, is therefore vulnerable to the placement of funds from crimes committed outside the country. Its long coastline and vast territorial waters and privileged relationships with South America make it a gateway country for Latin American cocaine. Portugal is also a trans-shipment point for drugs coming from North Africa entering Europe. Portugal's vulnerability to drug related crime is reflected in a relatively high number of drug seizures. In the first three months of 2006 15 tones of cocaine were intercepted (this represents 20% of the total number of seizures in Europe). A number of considerable drug seizures have been made over recent years.
- Investigations have shown that criminal organizations operating in Portugal are often located in other countries and use Portuguese nationals for logistical support, specifically in terms of unloading, storing and transporting drugs.

- The number of inquiries made through Europol channels reflects the authorities' detection of criminal activity. Portugal was in 2004, one of the countries that made the biggest use of the Europol channel to exchange operational intelligence. Information in relation to drug trafficking investigations accounted for most of the requests for information sent by the Portuguese authorities to Europol.
- Given the ML risk associated with money remittance service, Portugal's increasingly cosmopolitan society and its location as a drug trafficking transit country continued attention should be paid to the ML risk associated with money value transfer services.
- Portugal was the twenty fifth FATF member country to be reviewed during the second round of mutual evaluations. The main deficiencies/difficulties identified in the second FATF Mutual Evaluation Report in 1998 were: (a) there was a need for harmonization between drug trafficking and other primary offences with regard to both criminal conspiracy and ML. (b) that it was not possible to conduct confiscation independent of prosecutions and (c) that was a need to link the predicate offence for a successful prosecution of ML. (d) That improvements could be made to the Suspicious Transaction Reports (STR) reporting system – both in the number of STRs made and the processing of STRs once submitted. (e) That a tradition of banking confidentiality resulting in a reluctance to submit STRs. (f) That regulators should re-enforce monitoring systems for detecting STRs." (FAFT/GAFI2006)

The last 10 years have seen a significant increase in the collaboration of EU member states to tackle drug trafficking from South America to Europe, resulting in some sizeable seizures. However even with this unprecedented level of cooperation the amount of cocaine targeted at European markets continues to rise. Thus, the Maritime Analysis Operations Centre (Narcotics) based in Lisbon, was launched on the 30th of September 2007 to target cocaine traffickers in the Atlantic. The centre, which is known as MAOC-N, matches up intelligence with military and law enforcement assets to provide a rapid response to drug traffickers attempting to supply the EU with cocaine.

The International agreement was signed between Portugal, Spain, the UK, Ireland, France, the Netherlands and Italy. It provides for the first time a coordination point to counter drug trafficking by sea and air in an operational area extending from the Cape of Good Hope in Southern Africa to as far North as the Norwegian Sea. The centre will also house Europol and US personnel.

1.4. Budget and public expenditure

All the available information is reported in chapter 11.

1.5 Social and cultural context

In 2006 and 2007 the media and public debate focused mainly on the following drug-related issues:

- The proposal of the Lisbon municipality to set up 2 safe injection facilities in the city and the debate that followed. The election of a new Mayor in 2007 postponed this discussion and there are currently still no such facilities in Portugal;
- The approval of the syringe exchange programme in prisons (see chapters 1.2. and 7.3);
- The increasing visibility of cocaine trafficking in Portugal, the need to implement preventive measures to reduce maritime drug trafficking and the setting up of MAOC-N (see chapter 1.3.);

- Alcohol and psychoactive substances screening amongst drivers and instruments for the rehabilitation of offending drivers (see chapters 1.2.);
- New preventive programmes to decrease the number of those newly infected by HIV and the increased availability of free anonymous testing (please see chapter 7.3);
- Events under the Portuguese Presidency of the European Council (see chapter 1.3.).

In 2006, the two main institutional moments were the International Day against Drug Abuse and Illicit Trafficking, on the 26th of June, and the National Meeting of the IDT, on the 29th and 30th November, in Lisbon.

In the International Day against Drug Abuse and Illicit Trafficking, the National Coordinator presented the Programme for the Portuguese Presidency of the Council of the European Union, concerning drugs and drug abuse. The Criminal Police organised a debate on the prevention of traffic and investigation of drugs distributed at local level, coastal and aeroport fiscalisation and international traffic routes.

At the National Meeting of the IDT, the Portuguese Annual Report for National Parliament on drugs and drug abuse and the Annual Report of the EMCDDA on the drugs problem in the EU and Norway were presented to the public and to the press.

A working paper was published on the perceptions on drugs in Portugal (Gomes2006) and on the sociological factors that influence such perceptions.

The paper presents and discusses data about perceptions on drugs use and abuse, collected in the beginning of 2005, through a sample of the Portuguese population. The main objective was to identify, characterize and analyze different ways of perceiving drug issues in Portugal and to understand relations corresponding with illicit substances, experience, social discrimination of drug addicts, public policies and interventions, legislation but above all how the substances, users and drug use are perceived by the general population.

A questionnaire was answered by 1 002 respondents, aged 15 or older, living in mainland Portugal in February 2005.

When questioned on the way they perceive psychoactive substances commonly known as “drug” or “drugs”, the Portuguese elect as main characteristics that “several illicit substances that provoke effects and different consequences on the individuals” (90,2 %) exist and also that it is a “serious social and criminal problem” (88 %). For around ¾ of the Portuguese “illicit drugs are an economical resource for the subsistence of many populations in several places of the world” (73 %) while fewer think that “drugs would stop being illicit if financial interests associated to the narcotic traffic were finished” (66,9 %). There is much less agreement in the Portuguese population on the fact that “illicit drugs make part of any society and they must be faced as such” (51 %). The researcher argues that these results clearly show a tendency from the Portuguese to assume drugs as a problematic issue, with serious consequences for society.

As for the users of illicit drugs, the opinions of the respondents revealed, first and foremost, the predominance of the idea of chemical dependence of a certain substance (86,7 %). 41,1% claim that all users are addicts and 45,6 % that a lot of them are so. So the idea of drug addiction is one of the representations about drug users with a stronger presence in the opinion of the Portuguese. But almost an identical percentage (86,3%) agree that drug users are sick people.

Also 85% agree with the statement that drug users “are young people that don’t think about the consequences of their acts for the future”, and, with values still above 75%, 78,5 % consider that users of illicit drugs “are persons who live in situations of social exclusion”.

There is not, therefore, an unanimous perception on drug users, instead, the perceptions on drug users can be divided in three groups:

1) A more normative and conservative one, which considers them as transgressors and deviant from the social norms. This is the opinion of a minority, less qualified, inactive and older group of respondents;
2) Another more liberal and permissive one, which sees the users of illicit psychoactive substances as equal to all other individuals, only with a different lifestyle, also the opinion of a minority group whose members usually refer a proximity to contexts of drug use or to individuals who use drugs;
3) And finally, those which see them essentially as persons with a health problem related to the chemical dependence of this type of substances. This represents the majority of the respondents, usually more qualified, working adults, who are also those who believe more in treatment and rehabilitation.

Concerning the causes and consequences of drug use, the Portuguese identify as main explicative factors for the use of illicit drugs, on the one hand, exogenous factors (the influence of the friends and relatives), and, on the other, factors related to the individual (curiosity and personal affirmation) and to society (instability, family conflicts and poverty).

As for the consequences of drug use, the majority of the respondents consider drug use as very harmful to one's health (only 3,8% disagrees from this statement). Most of them (70%) also disagree from the statement that drug users have an easier and happier life than the rest of the population, 48% disagree that drug users can have professional and school careers as well successful as anyone else and only 7,5% disagrees that discrimination and social exclusion are inevitable consequences of dependency and the abuse of illicit drugs.

The potential for social exclusion is also reflected in the fact that 92,3% of the respondents believe that drug users cause a lot of problems to society and that the major part of drug-related crime is committed in order to obtain money to fund their addiction (90%).

2. Drug Use in the Population

2.1. Overview

Drug use in the population is monitored mainly through surveys repeated every 5 or 6 years (general population and prison surveys), every 2 years (school population surveys) and on an ad-hoc basis for specific groups such as University students or young people in recreational settings. In 2006 or early 2007 several surveys took place to allow for time trends in these different settings: 2 school surveys (the HBSC/WHO survey in February and the National School Survey in December), 1 survey in the recreational setting (an EC funded project implemented in Portugal by IREFREA-Portugal in April/May 2006) and 1 general population survey (late 2006 and 2007). The repetition of the 2001 prison survey is scheduled for 2007.

The National School Survey 2006/2007 results seem to be inline with the already reported HBSC/WHO survey results, and suggest a decrease in terms of drug use and experimentation amongst young people in the school setting. However, data was not available until the end of October 2007.

Results from a recent survey in the recreational setting indicate that users of illicit drugs in the Lisbon recreational setting report drug use percentages lower than the other EU cities average and an higher age of onset for all licit and illicit substances. Users have also reported favouring the use of one substance, though more refer the use of 3-4 substances than the use of 2 substances.

2.2. Drug use in the general population

NO NEW INFORMATION AVAILABLE

In late 2006 and early 2007, the II National Population Survey on Psychoactive Substances was implemented. As for the 2001 project, the survey will use a probabilistic sample of 30 000 individuals to guarantee 15 000 interviews, which will be representative at national and regional level for the population aged 15-64. The questionnaire, implemented using the Computer Assisted Personal Interviewing (CAPI) methodology, was shortened, in comparison to the 2001 version as its length was one of the main reasons identified for the refusal to respond, but full comparability with the EMCDDA's key indicator on the prevalence of use in the general population protocol was assured. The questionnaire also tested the questions on the problematic use of cannabis and availability of drug use currentely being addressed by the EMCDDA. However, data was not available until the end of October 2007. Prevalences will be reported to the EMCDDA, using Standard Table 1 in November 2007.

2.3. Drug use in the school and youth population

NO NEW INFORMATION AVAILABLE

The National School Survey 2006/2007 results seem to be inline with the already reported HBSC/WHO survey results, and suggest a decrease in terms of drug use and experimentation amongst young people in the school setting. However, data was not available until the end of October 2007. Prevalences will be reported to the EMCDDA, using Standard Table 2 in November 2007.

2.4. Drug use among specific groups

A survey on **recreational settings** nationwide was conducted by IREFREA-Portugal in the framework of the EC funded Project *Recreational culture as a tool to prevent risk behaviour* (IREFREA2007b). The survey was carried out in 2006, in recreational venues in 9 European cities (Athens, Berlin, Brno, Lisbon, Liverpool, Ljubljana, Palma, Venice and Vienna). For Lisbon, 144 individuals, mainly males (55,9%) with a mean age of 22,5, answered the questionnaire. They reported going out at night 3 nights per month.

Concerning the reported drug use, the majority of the Lisbon respondents stated they had never experimented with any illicit drug except cannabis, which only 34% had never experimented with and 11,1% reported using 1 to 3 times a month. The main used substances continue to be alcohol, used 2 to 4 days a week by 27,8% of the respondents and tobacco, used 47,9% of the respondents 5 or more days a week. Concerning the other illicit drugs, only cocaine (7,6% reported using it less than once a month) and sedatives (2,1% reported using it less than once a month) ranked higher than 1% in all the reporting periods. Concerning never having experimenting with illicit drugs, Lisbon reported higher values than the EU average for all substances.

The mean age of onset for those who reported using/experimenting with licit or illicit psychoactive substances ranged from 14,85 for alcohol to 22,56 for sedatives. For the age of onset, Lisbon reported higher ages than the EU average for all, licit and illicit, substances.

Though polydrug use (including alcohol) is referred, data analysis of the 9 cities showed that most users (26,8%) favour the use of one substance, 13% refer the use of 2, 15% the use of 3 or 4 and 11,9% the use of more than 4 substances.

In Portugal, data was also collected from other 10 cities, which will allow for a more global understanding of the recreational setting. However the data will only be available in 2008.

Lomba (2006), researched on 223 **young ecstasy users** living in the city of Coimbra, and concluded that these are “youngsters with an average age of 21, predominantly male, single, living with their parents”:

- They were students (38%) or working-students (13%), and 10% had no occupation and/or dropped out of school;
- 59% claimed to have a medium economic status;
- 66% lived with the parents or relatives;
- 85% took ecstasy only on weekends;
- 92% took ecstasy in the company of friends (no one claimed to take ecstasy when alone);
- They reported using ecstasy mostly in parties (86%), discos (72%) and after-hours (66%);
- 51% had, at some point, thought of stopping ecstasy use, and 49% never considered stop using it;
- Only 9% claim to have a bad relationship with their parents.

Please see also chapter 12 for more on this study and other information on vulnerable groups.

In the **military setting** (MDN2007), in 2006, the **Armed Forces** collected 16 260 urine samples from contracted (RC), volunteer (RV) and permanent (QP) staff (mandatory service ceased in 2005). The samples are mostly collected on a random basis but follow-up tests (after one positive test) and tests following drug use suspicion reports are also included in these figures. The age group 18-39 is overrepresented in the sample due to the low mean age of service men and women.

72 056 toxicological tests were performed on the collected samples for illicit drug use (cannabis, opiates, amphetamines and cocaine). 1,3% of these samples tested positive, which represents a decrease in comparison to 2005 (1,5%), 2004 (2,3%) and 2003 (2,2%).

When considering the results per professional category, contracted personnel registered a higher percentage of positive tests (1,6%), immediately followed by the volunteer staff (1,5%) and the permanent staff ranked quite lower at 0,06%. However, in 2006, in comparison to 2005, a decrease in the percentage of positive results was registered in all categories of staff. The main illicit substance found was cannabis (93% of all positive tests, 86% in 2005) and positive tests for opiates, cocaine and amphetamines (alone or together with other substances) were residual.

The National Action Plan – Horizon 2008 includes a research project based on data from this regular survey in the military setting. Consolidated results are expected to be available in 2008.

In 2007 the II National Prison Survey on Psychoactive Substances was implemented. As for the 2001 project, the survey used a ramdom sample of 20% to 25% of the individuals in prison, proportional to the number of individuals in each prison. Directors and staff will also be interviewed on perceptions. The sample was representative at national level and comparability with the EMCDDA's Standard Table 12 will be ensured. However data was still not available when this report was drafted.

See also chapters 4.3., 7.2. and 8.3. for related information.

3. Prevention

3.1. Overview

The National Plan Against Drugs and Drug Addiction 2005-2012, the European Strategy 2005-2012 and the European Plan of Action 2005-2008 point towards the increase of the number of programmes of prevention based on scientific evidence, the increase of programmes of selective prevention directed to vulnerable groups and the improvement of the process of selection, monitoring and evaluation.

Also, the evaluation of prevention responses in the framework of the previous National Strategy 1999-2004, it was concluded that a fundamental investment in a more focused intervention, resorting to methodologies of selective intervention and directed at sub-groups of the population in risk, was needed (Silva et al 2006).

Therefore, in the framework National Action Plan – Horizon 2008, and after an extensive diagnosis process already described in last year's National Report, the main investment at the IDT (the main national actor in the area of drug abuse prevention) has 4 priority areas:

1) The Operational Plan of Integrated Responses (PORI) is the major intervention of the IDT and aims at performing a national needs assessment to define territories for priority intervention in cooperation with the local communities and governmental and non-governmental organisations. 163 territories were defined and interventions are being designed (please see the sub-chapter on community prevention);
2) Selective Prevention Interventions (PIF) – 23 pilot projects are currently being funded by the IDT to be tested as good practices and help develop future accreditation criteria for this area;
3) Diagnosing and designing interventions for areas lacking in responses, such as the use of steroids in gyms, the university setting, minors under the tutelage of the State, interventions in the work setting and in professional schools;
4) The development of a website addressed to young people www.tu-alinhas.pt (please see the sub-chapter on community prevention);

The Ministry of Education (the main national actor in the area of drug abuse prevention in the school setting) continues to ensure that drug abuse issues are included in school curricula and health promotion projects (please see the sub-chapter on school prevention and SQ 22/25 and ST19).

3.2. Universal prevention

In the framework of the National Plan 2005-2012, PORI is an intervention framework, targeted at drug demand reduction and organised at local/regional level. The principles are: to integrate responses, to profit from synergies at local level; to empower citizens and to promote their participation in partnerships that address identified needs of the community. Thus, in each specific territory, an intervention may address different problems and bring together different partners, working in different settings, depending on the identified needs.

The general objectives of PORI are the following: (IDT2007b).

- To increase the knowledge on the use of psychoactive substances;
- To build a comprehensive network of integrated and complementing responses, in the framework of prevention, dissuasion, harm and risk reduction, treatment and reintegration;
- To increase the scope, the accessibility, the effectiveness and the efficiency of interventions, by targeting them to specific groups;

- To set up a quality development process through the reinforcement of scientific and methodological components;
- To promote coherent and sustainable interventions.

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

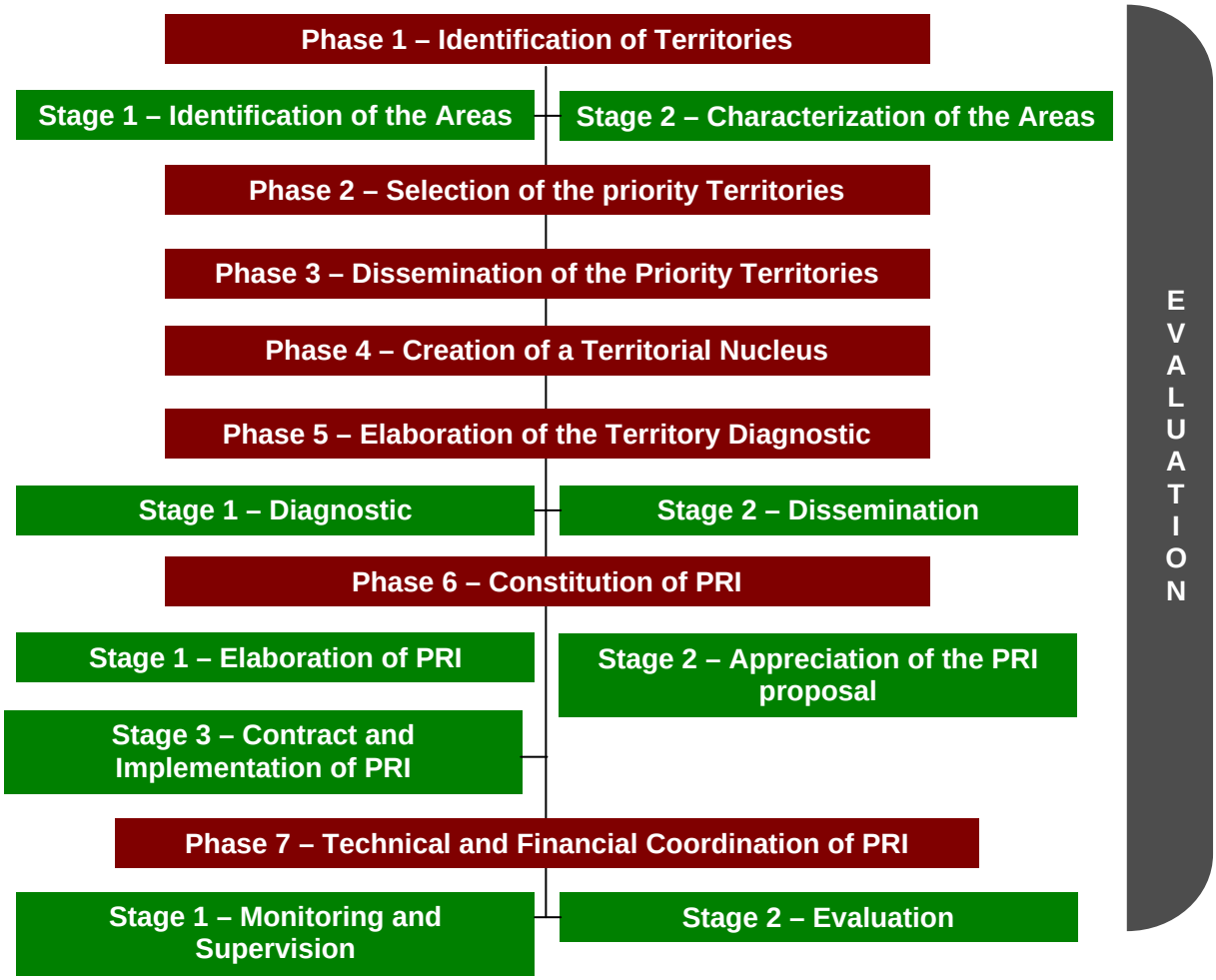


Figure 1 – Operational scheme of PORI (IDT2007b)

School

In 2006, school-based prevention in Portugal continued to be mainly implemented through programmes 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; the IDT (Ministry of Health) through the PORI framework described above and the Public Security Police (Ministry of Home Affairs).

Prevention of drug use is part of the **school curricula** in Portugal and dealt with in the framework of health promotion and education (please see SQ22/25 for description of framework and availability of responses). Contents can be approached in several school subjects mainly in Sciences, Biology and Civic Education (92%), Project Area (89%) and Psysical Education (81%).

Data from the Ministry of Education indicate that more than 70% of all public schools regulations include mentions to the use of licit psychoactive substances and that 57% do so also for the use of illicit psychoactive substances. Furthermore, several schools promoted specific information/awereness sessions on alcohol and tobacco for pupils (90%), teachers

(48%), auxiliary staff (42%) and parents (28%) and information/awereness sessions on other psychoactive substances for pupils (87%), teachers (39%), auxiliary staff (33%) and parents (24%). These sessions counted on the participation of local Health Centres (72%) or local IDT prevention units (31%). Training sessions are more rarely refered, still 15% of the schools indicate some type of intervention at this level.

Though still with limited availibility, several multi-session, standardised, printed programmes (MUSTAP) are also implemented in the school setting. The IDT is currently reporting on 4 such programmes (please see ST19) which are mainly targeting 1st grade pupils (1 in kindergarden).

The IDT, is also focusing on the development of educational kits that can be used by teachers while addressing curricular contents and set up a website dedicated to young people which can also be explored in the school setting (please see following chapter on community interventions)

The Ministry of Home Affairs established a proximity policing programme, *Escola Segura* (Safe Schools) to improve security in the vicinity of schools through the PSP (Public Security Police) and the GNR (National Republican Guard).

For a target population of 979 200 pupils in all school levels (including Universities), in the school year of 2006/07 the PSP had a total of 375 police officers (as in the previous year and 55 more than in the 2004/2005 school), 183 patrol cars, 91 motorbikes and 48 scooters, all duly identified, specifically allocated to prevention actions in the school setting, which reflects an investment in this programme. The law enforcement agents ensure proximity policing and offence dissuasion, both during the day and at night, and are also involved in awareness and training activities in the teaching establishments (targeting students, parents, school staff and law enforcement agents), especially in the following areas:

- Drug abuse and alcoholism;
- Road safety;
- Self-protection;
- Risk prevention;
- Security of the school community.

The PSP promoted 3 167 awareness, training and demonstration sessions in schools, with the participation of **193 733 pupils**, **10 655 parents**, **12 070 teachers** e **2 620 police officers.**

Data on criminal activity in the area of responsibility of the PSP show a 2,4% increase in the number of criminal reports (2 986 reports) in comparison to the previous school year. Robbery registered a 27,6% decrease, bomb threats a 22,4% decrease and drug possession a 41,7% decrease. On the other hand, theft registered a 17,5% increase, insults and menaces a 15,9% increase, possession of weapon a 6,3% increase, assault a 8,1% increase and sex offences a 25,9% increase. The reported increases may not reflect that criminal activity has indeed gone up but rather an increase in reporting these activities, due to the higher visibility of the *Escola Segura* programme.

The number of presumed traffic cases in the vicinity of schools has stabilised but was verified an increase in the amount of seized substances. In many cases the schools are affected by the negative effects of the social context, demographic, urbanity and criminal context of their location.

Cannabis was the main drug seized by the PSP in the school setting or vicinity (around 900 grammes), followed by heroin (about 157 grammes) and cocaine (about 140 grammes).

Possession/ Use of illicit drugs	1997/98	1998/99	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05	2005/2006	2006/07
	12	12	45	60	98	76	26	24	36	31

Table 1 - PSP offence interpellations in *Escola Segura* - 1997-2006 (IDT2007a)

GNR data indicate that in 2005 a total of 196 agents (208 in 2005 and 279 in 2004), were allocated to this programme. Apart from the proximity policing and offence dissuasion, these law enforcement agents are also involved in training and awareness raising initiatives in schools. The initiative covers 8 302 schools but more were covered by the GNR in awareness raising sessions (7 218 1st level schools, 1 800 2nd and 3rd level schools and 667 secondary schools) and demonstrations (803 1st level schools, 249 2nd and 3rd level school and 58 secondary schools).

Family

Family based prevention will depend on projects developed under PORI. Specific information will only be available for next year's National Report.

Community

In 2006 and early 2007, following a EMCDDA-IDT funded *National Reitox Academy on Assessment of Needs for Service Provision*, priority territories were identified nationwide.

The following figure indicates the 163 territories identified, in 80 of the 278 municipalities in mainland Portugal, which corresponds to a percentage of 29%. The Regions with a higher number of priority territories were the Central Region (101), the Northern Region (68) and the Lisbon and the Tagus Valley Region (50). 754 governmental and non-governmental organisations worked with the IDT on this diagnosis and are currently finalising the design of adequate responses for these territories.

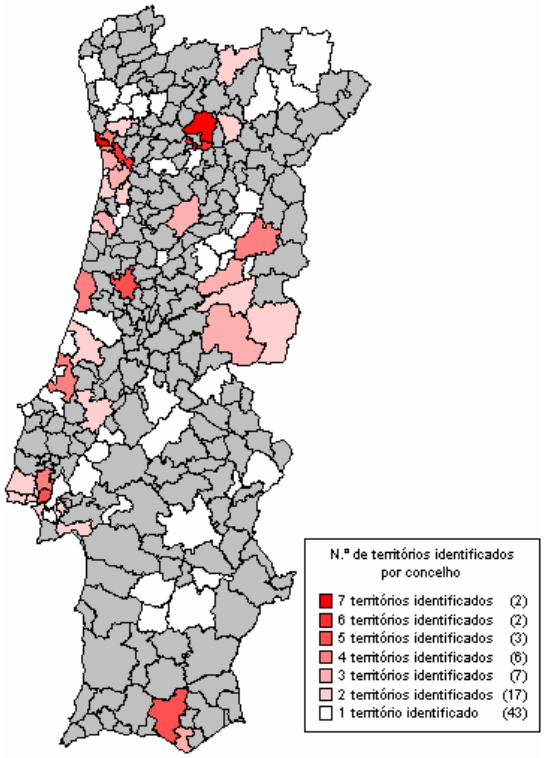
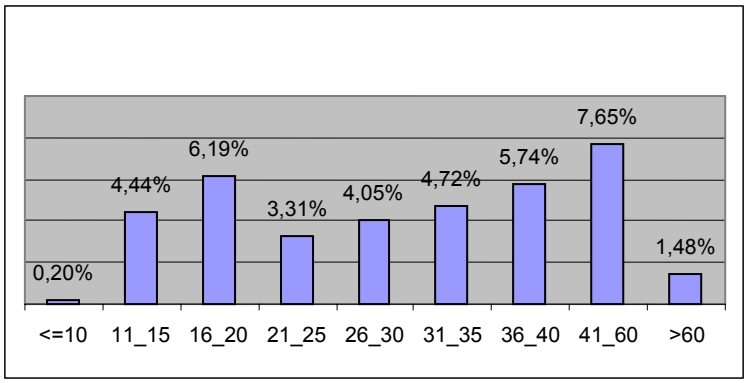


Figure 2 – Territories identified by Council (IDT2007b)

At a more general level, the IDT keeps the national telephone helpline, *Linha Vida – SOS Drogas* 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). In 2006, *Linha Vida* was available from 10 am to 8 pm every working day. Its staff includes doctors, psychologists, pharmacists and social workers with specific training in the drug abuse.

From the 1st January to 31st December 2006, the helpline received a total of 31 030 calls (47 132 in 2005) from which only 3 923 (5 847 in 2005) were real calls, the rest being silent calls (6 583 in 2006 and 10 679 in 2005), pranks (20 101 in 2006 and 30 173 in 2005) and 423 (793 in 2005) insults.

Concerning the client profile, most calls continue to be made by those who had a problem or needed the information (58,40% in 2006, 67% in 2005, 71% in 2004 and 76% in 2003) followed by calls made by mothers (14,63% in 2006, 12% in 2005, 10% in 2004 and 7,7% in 2003) with doubts about drug use and relationship problems with their children. In 2006, most callers were aged 16-20 (6.19%) and 41-60 (7.65%) and were mainly female (56.3% in 2006, 54% in 2005, 53,3% in 2004 and 55,3% in 2003).



Graph 1 – Age groups of the Linha Vida callers (IDT2007a)

2 551 calls (3 452 in 2005 and 2 592 in 2004) concerned information requests about substances mainly cannabis and cocaine followed by opiates, alcohol, tobacco and ecstasy. Calls which concerned substance use (792 calls for which it was possible to register information against 1 003 in 2005, 638 in 2004 and 873 in 2003) include 658 calls related to active drug use (857 in 2005, 509 in 2004 and 716 in 2003) and 78 from individuals in treatment (85 in 2005, 101 in 2004 and 88 in 2003). 25 of those callers (40 in 2005, 31 in 2004 and 35 in 2003) referred being abstinent and 31 (21 in 2005, 10 in 2004 and 21 in 2003) in reinsertion programmes at the time of their calls.

Linha Vida also continued to respond to emails (e-mail counseling) sent to a publicly advertised address in order to improve the availability of information and referral services. In 2006, 781 emails were received (811 in 2005, 322 in 2004 and 103 in 2003).

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.

Linha Vida is also a member of the National Early Warning System Network and, in that framework, all references made by callers to new or under monitoring substances are immediately reported to the National Monitoring Centre for Drugs and Drug addiction.

Linha Vida is also a member of FESAT and, as such, contributed with monitoring questionnaires, participated in telephonic conferences and in the bimonthly electronic newsletter published by the FESAT.

Other community intervention projects using the new technologies include:

- The setting up of a new website: www.tu-alinhas.pt, a website for the promotion of healthy behaviours and the prevention of drug use for a teenager-youth public (12-21,

with different areas). This project covers areas such as interpersonal relations, risk reduction and detail information about psychoactive substances. The objective is to inform and create awareness in an interactive way by using games, questionnaires and an online chat room, where specific debates are held once every two weeks. Specific objectives include 1) to make customised contents more accessible to this particular age-group; 2) provide reliable information on drugs and drug abuse; 3) prevent risk behaviours and promote healthy lifestyles; 4) create awareness for the adequate use of telephone helplines and prevent prank calls.

Figure 3 – Promotional logo for the IDT new website for youngsters *Tu, alinhas?* (IDT2007a)

- The EELDA project – Evidence Based Electronic Library on Drug and Drug Addiction- was another activity, funded by the EC, in which the *Linha Vida* team was involved together with the Trimbos Institute in the Netherlands and Drugscope in England. The project was officially finalised in 2005 but in 2006 the IDT still participated in:
    - Finalising the contents on ecstasy and cocaine;
    - Revising the contents on cannabis, ecstasy and cocaine;
    - Translating part of the contents of the website to Portuguese and Dutch;
    - Design and disseminate at national level promotional material for the official launch of the website (brochures, posters, etc.).

3.3. Selective/indicated prevention

The investment in selective/indicated intervention (IDT2006b), addressed to sub-groups or specific groups of the population, which show risk factors connected with the use/abuse of substances, requires projects to prioritise strategies of selective intervention. These

programmes need to be evidence-based and fulfil specific quality criteria concerning monitoring and evaluation.

Thus, the following categories were defined for intervention:

a) To develop preventive interventions for vulnerable families, children and young people, so as to promote specific skills to deal with substance use risks;

b) To develop preventive interventions for recreational drug users, to decrease misuse, abuse and related problems.

Criteria for funding selective prevention programmes include:

- Focus in a specific target-group which presents risk factors for the use/abuse of psychoactive substances;
- Proactivity in promoting protective factors to help communities tackle licit and illicit substance use/abuse;
- Sustainability in duration and intensity to ensure results which are effective and sustainable;
- Comprehensiveness by integrating several setting present in the life on an individual, namely school, family and community;
- A conceptual and methodological framework to base the intervention on, namely the EMCDDA logical framework PERK;
- Selective intervention strategies aimed at vulnerable groups;
- Use a multicomponent and innovative approach in the programme design and in the target group approach;
- Use evaluation as an integrated component of the project;
- A qualified team of professionals with specific training in the area of drug abuse prevention and health promotion;
- Coherence between the technical and the financial dimensions of the project.

197 projects applied for funding under this framework, but 8 were excluded since they did not comply with the eligibility criteria:

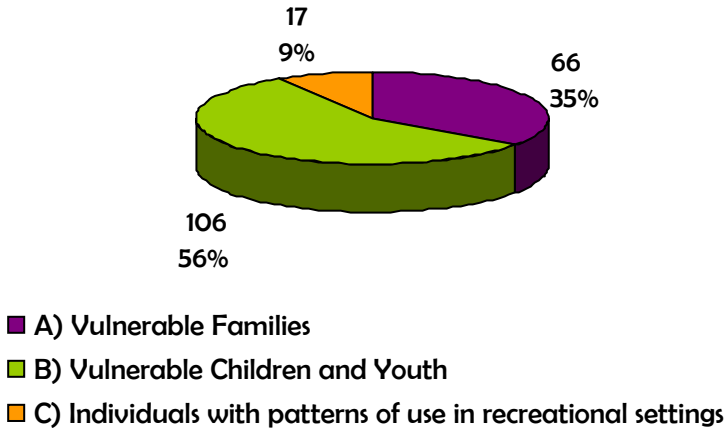


Figure 4 – Number of PIF candidate projects by category (IDT2006b)

23 of those projects were selected:

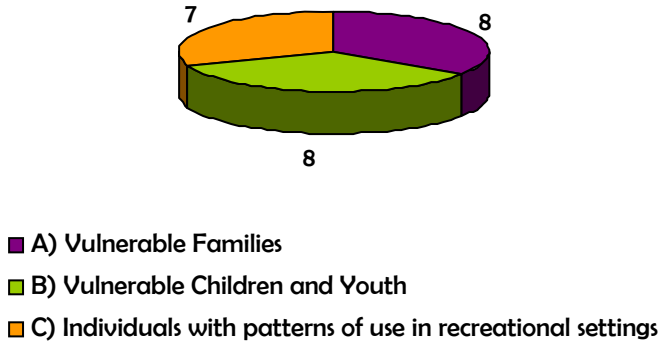


Figure 5 – Number of PIF projects approved (IDT2006b)

Projects started to be implemented in July 2007 and will run until July 2009. Data on these projects will only be available for next year's National Report.

Recreational Settings

The patterns of psychoactive substance use suffered changes that are associated, among other factors, to the increasing number of night recreational settings and of *ad-hoc* events such as raves and music festivals. The recreational experience currently has great social acceptance, exists in all geographical areas of the country and target all types of participants.

In these settings, a higher acceptance of the use of psychoactive substances was noted, symbolically associated with the search for pleasure and well-being. Use is therefore positively connoted, and the perception of risk is low. It was also noted that the age of onset for going out at night and/or for the first use episodes is decreasing, the most used substances being cannabis, tobacco, alcohol, MDMA and cocaine, with a growing tendency for polydrug use (IDT2006b).

Intervention should therefore target use patterns of these individuals (with priority to the pre--adolescent and adolescents), the motivation for use, the type of used substances and the pattern and settings for use, through the approach, among others, of the following dimensions:

• Perception of the risk associated to substance use;

• Skills to deal with substance use and the abuse;

• Information about psychoactive substances and risks associated with its use.

At-risk groups

In childhood and especially during adolescence, standards of behaviour that will influence the development of the individual throughout his/her life emerge and are consolidated. Though this is a period when a higher incidence of risk and problematic behaviours is possible, it can also be an opportunity for the promotion of healthy behaviour.

Research has shown that, on the one hand, the onset of substance use behaviours can be more and more precocious and, on the other, that these behaviours are influenced by a set of individual factors or circumstances connected with the community, family, school and peer group (IDT2006b).

It is therefore important to develop selective interventions towards vulnerable children and young people in with school problems, delinquency, living away from their families or in other situation of social exclusion. These interventions must be based on a comprehensive approach to their needs and to consider, among others, the following dimensions:

• Individual skills;

• Social skills;

• School and family bonds;

• Information about psychoactive substances and risks associated with its use.

At-risk families

Research carried out in the context of preventive interventions show that the family bond – positive familiar environment in which the child/youth feels involved, safe and reinforced – has an important and basic role in their individual development, namely in the skills of those who deal with psychoactive substance use/abuse associated risk. That is why it is important to develop selective interventions with families that present risk factors, namely the abuse of psychoactive substances, violence, negligence and mistreating, criminal problems, mental health problems and exclusion (IDT2006b).

Thus, intervention in the family setting should approach the family as a whole, or in other words, work with all its elements, namely on the following dimensions:

• Relationship skills parents/children;

• Parental skills/ parental practices;

• Children skills;

• Information about psychoactive substances and risks associated with its use.

To better understand the reality of at risk families and to design appropriate interventions, the IDT set up a group of researchers and outpatient (CAT) practitioners to collect data on the children of CAT clients in treatment (IDT2007c). Participation in this group was voluntary and it not obey to any inclusion or exclusion criteria. For that reason, the results cannot be extrapolated at national level and may not even be representative of each CAT's geographical area.

Two forms were used to collect the data: Form A is filled in for each CAT client with children and Form B for each child who lives with a CAT client. Data in Form A is socio-demographic and concerns both clients and their children (living or not with the client), and data in Form B (children living with the client) refer clinical and toxicological data of the parents, children and other cohabitants. The total sample included 632 children in 2003, 48 in 2004 and 49 children in 2005. TeleForm® application was used for database storage and SPSS® for data analysis.

Results concerning the years 2003 to 2005 for the children who actually live with the CAT client allow us to conclude that these children:

- Are mainly children of male CAT clients;
- Have no siblings;
- Live with a nuclear or enlarged family;

- Are male and aged 12 or less;
- Had 1 reference caretaker during their early childhood years[1];
- Attend schools, kindergarten or stay at home with their mothers/other family members, depending on their age;
- Those at school present a regular school record;
- Do not use drugs;
- Do not raise particular concern on the part of their parents (main concerns reported are regular health and school problems and also the fear, of the parent, that the child might use drugs at an older age).

Children who do not live with the CAT client, are mainly living with their mothers, their fathers being the drug users.

In parallel to this project, and because the CAT is seen by these families as their link with the health system, a discussion was promoted on the appropriated channels for handling and reporting domestic risk and violence situations and the promotion of a closer cooperation amongst CATs, local Health Centres and Child and Victim Protection Services.

[1] 47.9% and 33.0% of 288 children knew 1 and 2 main caretakers, respectively, during their infancy.

4. Problem Drug Use

4.1. Overview

Problem drug use is monitored mainly through estimates. The national estimate of 2001 (2000 data) is being repeated in 2007 to allow for both a comparison and a baseline for the current National Action Plan.

2006 data on the profile of clients in the treatment setting show no significant changes. Heroin is still the main substance leading to a request for treatment, followed by cocaine, which is gaining visibility each year. Smoking/inhaling is increasingly being referred as administration route whereas injecting behaviours are generally becoming less frequent. These individuals are mainly of the male gender, aged 25-39 – the ageing trend of this population continues to be visible – low educational status and unstable labour conditions.

Data is also being collected for the specific population of pregnant women in public outpatient treatment for problematic drug use and for drug users following therapeutic programmes through pharmacies.

As for data from non-treatment sources, populations of drug users involved in outreach projects are older and report lower educational status and unstable labour conditions as well as more problematic patterns of drug use and risk behaviours than the populations in treatment, however data from the same populations collected after outreach work interventions were set up show significant improvement in terms of use patterns and risk behaviours.

4.2. Prevalence and incidence estimates

NO NEW INFORMATION AVAILABLE.

The problem drug use national estimate of 2001 (2000 data) is currently under way to allow for both a comparison and a baseline for the current National Action Plan. The methodologies and case definitions will be in-line with the EMCDDA's recommended standards so as to ensure comparability with estimates from other Member-States.

4.3. Profile of clients in treatment

In 2006, 32 460 clients were active (had at least one treatment episode during the year) in the 77 public specialised treatment centres (CATs), which represent a small increase in comparison to 2005 and 2004, contrarily to the decrease registered between 2001 and 2003.

Of those 32 460 active clients, 4 745 (20,2%) requested treatment for the first time.The total number of active clients has remained relatively stable in the past few years (previous maximum value in 2001 with 32 064 individuals and minimum value in 2003 with 29 596 individuals), and though less and less individuals request treatment for the first time in absolute terms, in 2006, for the first time since 2001, the percentage of clients in treatment for the first time increased (27,3%, 19,6%, 17,6%, 16,6%, respectively in 2001, 2002, 2003 and 2004.

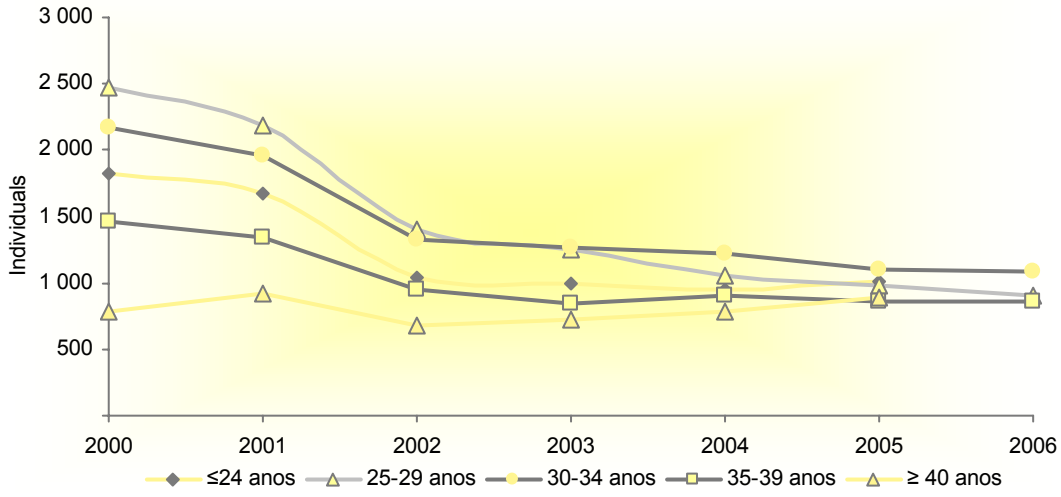
The following table summarises the information presented below and mirrors a similar situation to the one reported in previous years for clients in treatment.

Use	Structure / Networks	Outpatient Clients in the Public Network – Total	Outpatient Clients in the Public Network – 1 treat demand	Clients Detoxification Units (Public and Accredited)	Clients Therapeutic Communities (Public and Accredited)	Clients Day Centers (Public and Accredited)
Main Drug	Heroin	72,8%	64,3%	61,6%	48,6%	65,6%
	Heroin and Cocaine	10,9%	12,0%	9,4%	15,8%	1,5%
	Cocaine	5,2%	8,5%	15,4%	16,2%	17,8%
	Cannabis	5,3%	10,8%	0,9%	3,4%	2,5%
	Alcohol	0,4%	1,1%	9,5%	12,6%	7,6%
V. Administração Main Drug	Smoking	69,0%	74,4%	45,1%	33,1%	41,4%
	Injecting	29,2%	21,9%	42,3%	45,1%	40,2%
Intravenous Use	Lifetime Prevalence	48,6% [b]	37,1% [b]	66,5%	55,6%	50,3%
	Last 30 Days	31,2% [b]	20,1%	40,0%	22,4%	14,3%
Paraphernalia Sharing	Syringes	_	_	22,2%	33,9%	38,6%
	Other Intravenous Material	_	_	32,2%	42,4%	48,9%
	Non-Intravenous Material	_	_	5,6%	49,9%	64,4%

Table 2 – Drug use profile of clients in treatment in the public and accredited services (IDT2007a)

2006 national **first treatment demand data** concerned 4 745 individuals from the **outpatient** public network centres (CATs) (please see also Standard Table 34). These individuals were mainly:

- Of the **male gender** (84.5%) – 84% in 2004; 85% in 2005
- **Aged 32** (31 in 2005 and 2004) – 60% were aged 25-39 (19.2% were 25-29, 22.8% were 30-34 and 18% were 35-39),19.7% were aged under 25 (13% were 20-24) and 20.3% over 39. In 2006, the ageing trend of this population, already visible in previous years, was again confirmed. In 2006 38.3% of these clients were aged over 34 (36% in 2005, 34% in 2004, 31% in 2003, 30% in 2002, 28% in 2001, 26% in 2000 and 22% in 1999).



Graph 2 – Age group distribution in first treatment demands in CATs (IDT2007a)

- Using mainly **heroin as the main substance** (64%)[2] **-** 62% in 2005, 50% in 2004 and 55% in 2003 - , followed by heroin and cocaine (12% - 15% in 2005 and 25% in 2004),

[2] This apparent increase of heroin being referred as the main substance and the decrease in the category "heroin and cocaine" reflects a change of criteria in the treatment information sub-system of the Lisbon and Alentejo Regions, where cases previously

cannabis (10.8% - 11% in 2005 and 12% in 2004), cocaine (8.48% - 8% in 2005 and 7% in 2004), benzodiazepines (0.38 - 0,2% in 2005 and 2% in 2004) and ecstasy (0.27% - 0,4% in 2005 and 0,5% in 2004)

- 73,4% of the clients referred **daily use of their main substance** while 11,4% stated they had not used it for the past month (74% and 11% respectively in 2005; 69% and 16% in 2004);
- Data concerning the **administration route of the main substance** indicate that 74.4% (77% in 2005 and 72% in 2004) of these clients refer smoking/inhaling and 21.9% referred injecting (30% in 2003, 25% in 2004 and 20% in 2005);
- Concerning the **administration route of any substance** during the last 30 days prior to the first treatment episode, 20% of the clients referred injecting (36% in 2000, 32% in 2001, 28% in both 2002 and 2003, 25% in 2004 and 21% in 2005);
- 94% (95% in 2005 and 2004) were Portuguese, 61% (as in 2005 and 2004) were single and 54% (as in 2005, 56% in 2004) had not completed compulsory school;
- 37% (37% in 2005 as in 2004) were employed when the treatment programme started but 50.7% (52% in 2005 and in 2004) were unemployed;
- 42.7% lived with their parents and siblings (45% in 2005 and 52% in 2004).

In 2006, the active **clients in treatment** (32 460 clients, 31 822 in 2005) in CATs were:

- Of the **male gender** (83.5% - 84% in 2005 and 83% in 2004);
- **Aged 35** (34 in 2005 and in 2004) – 82% were aged 25-44 (39.9% were 25-34, 42.3% were 35-44);
- Using mainly **heroin as the main substance** (72.8% - 72% in 2005 and 63% in 2004[3]), followed by heroin and cocaine (10.9% - 10% in 2005, 22% in 2004), cannabis (5%, as in 2005 and 2004) and cocaine (5%, as in 2005 - 3% in 2004);
- 81% (as in 2005, 80% in 2004) of the clients referred **daily use of their main substance** when the treatment started while 10% in 2006 (as in 2005, 11% in 2004) stated they had not used it for the past month.
- Data concerning the **administration route** of the main drug indicate that 69% (as in 2005, 64% in 2004) of these clients referred smoking/inhaling and 29% (as in 2005, 34% in 2004) referred injecting;
- They were mostly Portuguese (96% as in 2005 and 2004), single (62% as in 2005, 63% in 2004) and had not completed mandatory education (60.8%, 62% in 2005 and 2004);
- 45.7% (48% in 2005 and 2004) were employed and 45.7% (44% in 2005 and 43% in 2004) unemployed;
- 48.5% (50% in 2005 and 49% in 2004) were living with their parents and siblings.

In public and private[4] **detoxification units**, the 3 059 clients (less than in previous years) registered in 2006 were:

- Mainly of the **male gender** (84.7%) as in previous years;
- **Aged 25-34** (45%);

registered as "heroin and cocaine" (a separate category in the national information system) started to be registered as "heroin". The figures should therefore be interpreted with caution.

3 Please see previous note.

[4] Throughout the Report data concerning private units only cover the units accredited by the IDT.

- Most of these clients continued to refer **heroin as the main substance** for which they were seeking treatment (62%), followed by cocaine (15%), heroin and cocaine (9.4%) and alcohol (9.5%), a similar profile to previous years;
- Concerning the **administration route** for the main drug 45% of the clients reported smoking/inhaling, while 42% reported injecting. 67% reported ever having injected and 40% reported having done so in the past 30 days;
- As for **risk behaviours** concerning syringe and paraphernalia sharing ever in life, 22% reported syringe sharing, 32% shared other IDU paraphernalia and 6% shared non-IDU paraphernalia;
- These clients were mainly unemployed (63%) as in previous years;
- And continued to report a low educational level as 45% had not finished the 9 years of compulsory basic school.

In public and private[5] **therapeutic communities**, the 4 228 clients (stable in comparison to previous years) registered in 2006 were:

- Mainly from the **male gender** (84%), as in previous years;
- The **mean age** was 29, the lower mean age in the treatment system, with a tendency to decrease in comparison to previous years;
- They continue to **request treatment mainly for heroin** (47%), heroin and cocaine (16%), cocaine (16%) and alcohol (13%);
- Concerning the **administration route** for the main drug 33% of the clients reported smoking/inhaling, while 45% reported injecting. 56% reported ever having injected and 22% reported having done so in the past 30 days;
- As for **risk behaviours** concerning syringe and paraphernalia sharing ever in life, 34% reported syringe sharing, 42% shared other IDU paraphernalia and 50% shared non-IDU paraphernalia;
- And continued to report a low educational level as 45% had not finished the 9 years of compulsory basic school.

In public and private **day centres**[6][7] clients (608, less than in previous years) were:

- Of the **male gender** (86%);
- **Aged (mean age) 34**;
- With the lowest educational status (59%) in treatment units, similarly to previous years;
- These clients also **reported heroin as the main substance** (66%) followed by cocaine (16%) and much lower figures for all the other substances;
- Concerning the **administration route** for the main drug 41% of the clients reported smoking/inhaling, while 40% reported injecting. 50% reported ever having injected and 14% reported having done so in the past 30 days;
- As for **risk behaviours** concerning syringe and paraphernalia sharing ever in life, 39% reported syringe sharing, 49% shared other IDU paraphernalia and 64% shared non-IDU paraphernalia;

[5] Throughout the Report data concerning private units only cover the units accredited by the IDT.
[6] Throughout the Report data concerning private units only cover the units accredited by the IDT.
[7] Day Centres can be the first step of a treatment programme, the last one or continuous activity during a treatment programme, depending on the methodology used.

Concerning clients in the **methadone therapeutic programmes through pharmacies**, the following data were available (see also chapter 5.4.):

Of the 1 681 integrated clients from July 1998 to December 2006:

- 75% were of the male gender;
- Most were aged 31 to 45. An ageing trend has been noticeable and the percentage of clients aged above 41 is increasing. On the contrary, the percentage of clients under 30 is decreasing.
- 58% were employed and 35% were unemployed;
- 4% had a temporary job, 2% were receiving professional training, 1% had retired, 0.5% was students and 0.4% were house workers.
- On the 31st of December 2006, 529 clients were active in pharmacies. As for the 1 152 who left the programme, the majority (699), changed to administration place to a CAT or a Health Centre, an ordinary situation when the client moves or changes work location. 90 of the active clients had been in the programme for more than 5 years.

As for other specific **sub-groups of problematic drug users in treatment**, one of the main concerns and priorities of CATs has been the admission and follow-up of pregnant women and parturients with drug abuse problems. A specific working group was set up at the IDT, with experts from the IDT Research Unit and several CATs, to work on the collection of data on the profile of these women. Participation in this group was voluntary and it not obey to any inclusion or exclusion criteria. For that reason, the results cannot be extrapolated at national level and may not even be representative of each CAT's geographical area.

A form was used to collect the data in CATs concerning the period since the first pregnancy appointment until childbirth. The record comprises socio-demographic data, toxicological history and clinical data throughout pregnancy, as well as the obstetric details and the situation of the child after childbirth. The sample in 2003 contained 317 individuals, 84 in 2004 and only 29 in 2005. TeleForm® application was used for database storage and SPSS® for data analysis.

Results concerning the years 2003 to 2005 for pregnant women include the following:

- They were CAT clients at the time they got pregnant and were usually following a high threshold substitution programme and psychotherapy,
- They asked for a specific pregnancy appointment at the CAT during the first trimester of pregnancy;
- They usually did not have other children;
- They were aged between 24-30;
- They had completed either the 6th or the 9th grade at school;
- They were married or were living with a partner, usually someone with a drug use history;
- They were unemployed;
- already in treatment since the first appointment (consult),
- They were HIV negative.

For the same period of time, the parturients reported:

- Normal child delivery at between 38 and 40 weeks;
- Children weighting 2,5 kg or more;
- Children with Neonatal Abstinence Syndrome;
- Child Protection Services are involved but the child stays with the mother (alone or with the involvement of other family members);
- A significant decrease in heroin use, sometimes total abstinence, coupled with an increase in tobacco use[8].

It is also important to refer that, from 2003 to 2005, less pregnant women had positive results for HIV, Hepatitis B and Hepatitis C tests;

The results of this project supported the interventions already available in CATs for pregnant drug users and their families, brought in some suggestion for future research and intervention, and emphasised the importance of cohort studies and child development studies, cooperation and quality in the support network, early detection of risks and adequate referral and training for professionals.

4.4. Main characteristics and patterns of use from non-treatment sources

(Andrade2007) followed up and assessed, for one year (2004 to 2005), a drug users population of 331, contacted by **outreach** workers funded by the IDT (15 projects nationwide from the existing 24). Data was collected during the first contact, in 2004, through a standard form (client profile) and again in 2005 using a different standard form (client evaluation). The client profile form collects socio-demographic, family, drug use history, treatment, risk behaviour, medical, criminal and follow up and referral data. The client evaluation form collects the same data to allow for an assessment of the progress. The forms are filled in by an outreach worker, when a close relationship with the user is established, in the users setting. The user is informed about the objective of the data collecting and the confidentiality of his/her data. The collected data were stored and analysed with *SPSS® 14.0* for *Windows.*

Please see chapter 7.3. for information on the interventions available for these individuals.

The profile of these individuals in 2004 was the following:

- Male individuals (84,8%), single (63,0%), of Portuguese nationality (94,2%) and aged 27 to 46 (85,8%);
- Most had frequented mandatory basic school (71,2%), were unemployed (88,5%) and lived with their families (42,7%);
- Received no welfare pay (75,9%);
- Considered their relationship with their family as satisfactory (41,8%) but referred the use of psychoactive substances by family members (41,3%), mainly of illicit substances (82,2% of the 41,3%);
- 36,5% reported having been arrested at least once and 28,1% had even served time in prison. 39,4% had pending issues with the criminal justice system;
- 11,6% reported at least one overdose;
- 85,7% reported some type of detoxification episode and 69,4% reported at least one treatment attempt;

[8] At the time of their first pregnancy appointment 61.6% of 304 pregnant women were abstinent, or only smoked tobacco, and during follow-up 63.0% of 208 were abstinent, or only smoked tobacco, and that this pattern was kept during pregnancy for 77.3% of 168 women.

- 85,2% reported the use of heroin and 64,5% the use of cocaine. Cannabis use was reported by 32,6%, benzodiazepines by 13% and alcohol by 14,8%. 83% reported polydrug use, mainly heroin and cocaine and 11,4% considered this combination as their main drug of abuse;
- 62,2% of the heroin users reported intravenous drug use of that substance, while 42,9% reported smoking it. 89% reported daily use of this substance;
- 51% of the cocaine users reported intravenous drug use of that substance, while 50% reported smoking it. 49,1% reported daily use of this substance while 50% reported regular but not daily use;
- 90,5% of the benzodiazepines users reported taking the substance orally, but injecting it was reported by 19%. 61,9% reported occasional use but 35,7% reported daily use of this substance;
- 28,5% reported sharing drug use paraphernalia;
- 62,9% of the drug users with a partner reported not using condoms during sexual intercourse with his/her partner.
- 59,5% tested positive for hepatitis C, 33,5% for HIV and 22,5% for hepatitis B;

One year after the intervention started (see chapter 7.3.), the population was again assessed and the results show that:

- There was a 26,2% decrease in terms of illicit psychoactive substance use as only 229 of the 331 individuals reported illicit drug use in 2005;
- A decrease was also verified amongst the percentage of drug users reporting heroin use, from 88,1% to 71,3%;
- Reported cocaine use showed no significant change from 2004 to 2005;
- Polydrug use dropped from 83% to 77,9%;
- The percentage of drug users reporting cannabis registered a 7% increase;
- Concerning intravenous drug use a decrease was verified for all substances as 55,2% reported IDU for heroin, 47,5% for cocaine and 16,2% for benzodiazepines;
- As for daily use, again decreases were verified for all substances except benzodiazepines, where an increase was verified, as 71,8% reported daily use of heroin, 37,6% of cocaine, 51,1% of cannabis and 51,1% of benzodiazepines;
- Whereas, in 2004, 89 individuals admitted having shared drug use paraphernalia, in 2005, only 46 individuals reported such behaviour;
- Only 47,9% of the individuals continued to report not using a condom during sexual intercourse with his/her partner;
- 99% of these individuals were referred to treatment programmes: 40% to detoxification, 38% started a substitution programme and 22% another type of treatment programme in a CAT, TC or with a private doctor.

The paper concludes that these types of interventions have a positive impact in the health status of these individuals and are an opportunity for bridging the gap between the treatment services and more problematic populations of drug users.

5. Drug-Related Treatment

5.1. Overview

Indicators available continue to suggest effective responses at treatment level (increase in the number of clients involved in both drug free and substitution programmes) and at harm reduction level (levelling off of infectious diseases). The number of active clients in the outpatient public treatment network increased though first treatment demands continue to decrease. Heroin continues to be 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 cocaine and cannabis in this setting are increasing.

The availability of substitution programmes continues to increase and the number of clients continues to increase steadily, though in 2006 the percentage of those who were involved in buprenorphine programmes, slightly decreased in comparison to previous years.

5.2. Treatment systems

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

- To ensure just-in-time access to integrated therapeutic responses to all those who request treatment;
- To make different treatment and care programmes available, encompassing a wide range of psycho-social and pharmacological possibilities, based on ethical guidelines and science based practices;
- To implement a continuous process for improving quality for all therapeutic programmes and interventions.

Outpatient units (mainly CATs) are usually the 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 programmes, mainly inpatien ones (detoxification units or therapeutic communities). In CATs, clients have access to individual and group therapy, substitution programmes (usually high threshold) and a variety of support services for the drug user and his/her family, depending on the CAT resources (infectious diseases testing and treatment or referral, family therapy, general health care, amongst others).

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 not all, available programmes are drug free.

Day centres can be the first step of a treatment programme, the last one or continuous activity during a treatment programme, depending on the methodology used. They can offer drug free programmes or substitution treatment, depending on their specific objectives.

Please see next chapters for a more indepth view of each available service in the system and chapter 4.3. for the main characteristics of clients in treatment in these services.

5.3. Drug free treatment

Inpatient drug free treatment is mainly available in public and private[9] therapeutic communities. In 2006 there were 73 therapeutic communities (3 public and 70 private units) in mainland Portugal. In comparison to 2005 there was 1 more public therapeutic community.

[9] Data from private units cover only the units accredited by the IDT.

Contrarily to the decreasing figure that has been registered since 2002, in 2006 the number of registered clients in both public (110 clients, 68 in 2005) and private units (4 118 clients, 4 093 in 2005) increased in comparison to previous years.

Data from the **public therapeutic communities** indicate that 62% of their clients (41% in 2005 and 53% in 2004) in 2006 were admitted for the first time into a TC. 98% of the admissions (93% in 2005 and 96% in 2004) resulted from a therapeutic project. Of those:

- 92.7% were referred by a CAT therapist;
- 3.7% by a private therapist;
- 0.9% by a therapist from another health service.

There was no record of individuals referred by the Court as an alternative to prison in this setting (3% in 2005 and 1% in 2004 - see also chapter 9.2.).

The situation of these clients on the 31/12/2006 was the following:

- 8.2% (9% in 2005 and 2004) clients had been given programmed medical release (14.3% of all those who left the TC). All these individuals were in inpatient care for more than 1 year and, upon their release where referred to a CAT.
- 49% had left without medical release (86% of those who left) - 47% in 2005, 61% in 2004
    - Those who left without medical release did so at their own request (76% in 2006, 69% in 2005 and 57% in 2004), were expelled (15% in 2006, 22% in 2005 and 35% in 2004) or ran away (7.4% in 2006, 9% in 2005 and 2% in 2004);
    - 48% of these situations (50% in 2005 and 52% in 2004) occurred after the first 3 month period and 30% (22% in 2005 and 20% in 2004) during the first month period;
    - 90.4% of those who left without programmed medical release (93% in 2005 and 80% in 2004) were referred to a CAT.
- 43% were still following their programme at the TC (44% in 2005 and 29% in 2004).On that same date, all those who had left - with or without programmed medical releases - were abstinent of their main drug.

2006 data for **private therapeutic communities** indicate that 48% (48% in 2005 and 50% in 2004) of the clients had been admitted for the first time in a therapeutic community in that year. 42% (38% in 2005 and 32% in 2004) of those were admitted following a referral by a therapist:

- 27.9% (25% in 2005 and 22% in 2004) of the clients were referred to the TC after 2 month follow-up at an outpatient treatment centre;
- 9.6% (9% in 2005 and 8% in 2004) by a therapist from another Health Service;
- 7% (4% in 2005 and 3% in 2004) by a private therapist.
- 27.4% (28% in 2005 and 33% in 2004) were self-referred, 21.4% (23% in 2005 and 28% in 2004) were referred by their families and 4% by the Court as an alternative to prison (4% in 2005).

The situation of these clients on the 31/12/2006 was the following:

- 29.1% (26% in 2005 and 28% in 2004) of the 2006 clients had been given programmed medical release (41% of all those who left the TC):
    - 37.4% (41% in 2005 and 36% in 2004) of those who had programmed medical release were referred to half-way apartments for rehabilitation projects;

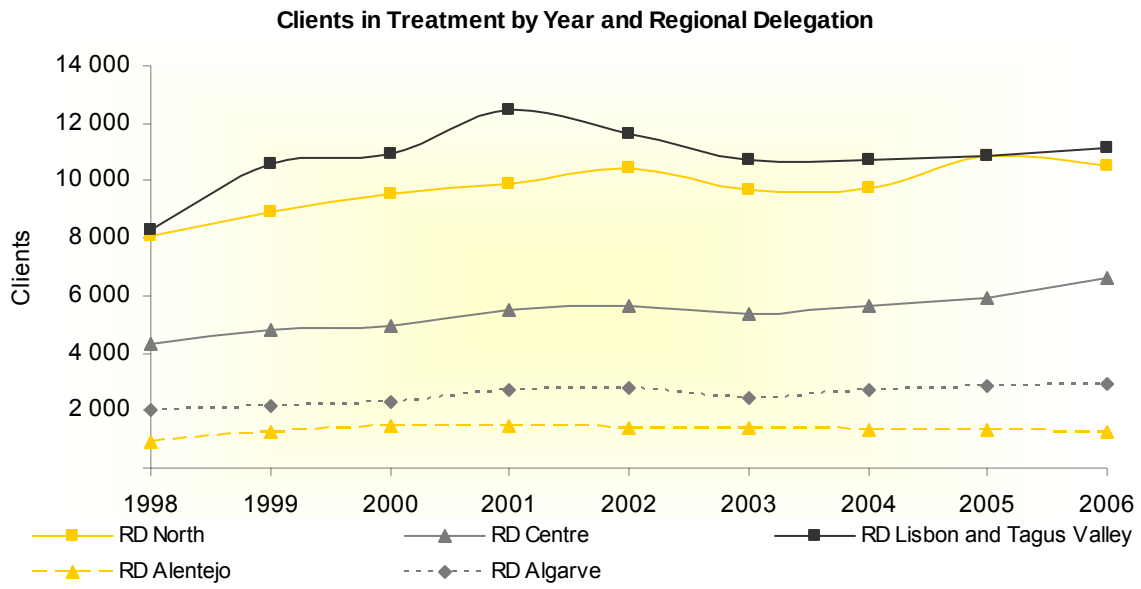
  - 9% (8% in 2005 and 5% in 2004) were referred to a CAT;
  - 10.6% (5% in 2005 and 6% in 2004) were referred to a private therapist;
  - 6.5% were referred to other treatment centres.
  - 33.3% were in inpatient care at the TC for more than 1 year;
  - 38.6% between 3 months and 1 year;
  - 28.1% were in inpatient care at the TC for less than 3 months.
- 41.3% (43% in 2005 and 2004) had left without medical release (62.1% of those who left).
  - 77.3% of those who left without medical release did so at their own request (77% in 2005 and 72% in 2004), were expelled 13% (13% in 2005 and 14% in 2004) and 6% ran away (8% in 2005 and 12% in 2004);
  - 39% of these situations (42% in 2005 and 39% in 2004) occurred during the first month period and 37% after the first 3 month period (31% in 2005 and 33% in 2004);
  - 45.5% of those who left without programmed medical release were referred to a CAT (35% in 2005 and 43% in 2004), 7.5% to a private therapist (8% in 2005 and 2004) and 3% to a day centre (5% in 2005 and 4% in 2004).
- 30% (31% in 2005 and 29% in 2004) were still following their programme at the TC.

- On the same date, those who had left with programmed medical releases were mainly abstinent (77% in 2006, 80% in 2005 and 81% in 2004) for their main drug. 15% (15% in 2005 and 8% in 2004) stated they were using regularly but 5.5% were following a treatment programme and 8% (4% in 2005 and 10% in 2004) were using occasionally.
- For those who had left without programmed medical release, 39% (36% in 2005 and 33% in 2004) were abstinent of their main drug, 47% (51% in 2005 and 35% in 2004) were using regularly but 16.6% of those were following a treatment programme, 12% (11% in 2005 and 9% in 2004) were using occasionally and, as in 2004 and 2005, 2% had died.

For information on the profiles of clients in these units please see chapter 4 of this Report.

In 2006, 55 **outpatient treatment centres** were active in mainland Portugal as well as 23 decentralised consultation units (*locais de consulta*). These centres provide both drug free and medically assisted treatment but this latter will be described in the next subsection.

A 2% increase (in comparison to 2005) was verified in the number of active clients in the outpatient public treatment network. This is the third time a small increase in this number occurs (2% increase had been verified from 2003 to 2004 and a 5% increase from 2004 to 2005) after the decrease verified in 2002 and 2003. The number of active clients in all the Regional Delegations increased, except in the Regional Delegation of the Alentejo, and in the Northen Region. The 32 460 active clients in 2006 were regionally distributed in the following way: 34% in Lisbon and the Tagus Valley, 32.5% in the North, 20% in the Centre, 9% in the Algarve and 4% in Alentejo.



Graph 3 – Clients in treatment by year and Regional Delegation (IDT2007a)

Once again, the districts of Lisbon and Porto, followed by Setúbal, Faro, Braga and Aveiro registered the highest numbers of active clients in 2006. Decreases were registered mainly in the districts of Porto (6 558 in 2006 and 7 016 in 2005 representing -6.5%) and Portalegre (323 in 2006 and 350 in 2005 representing - 7.7%). Similarly to previous years Faro, Beja, Setúbal and Bragança were the districts with higher rates of active clients per total number of inhabitants aged 15-44.

Concerning the source of referral for the active clients in treatment[10] (32 460 in 2006)

- 31% (32% in 2005 and 31% in 2004) of the clients registered in the CAT by their own initiative;
- 29% (as in 2005 and 2004) were referred by other health services;
- 12.5% (11% in 2005 and 2004) were referred by their families or friends;
- 6% (as in 2005 and 2004) by the Criminal Justice Services;
- 4.4% (5% in 2005 and 2004) by the Social Services.

In 2006, 428 855 **follow-up treatment episodes** were reported, the highest value ever and a 6% increase in comparison to 2005 (406 410).

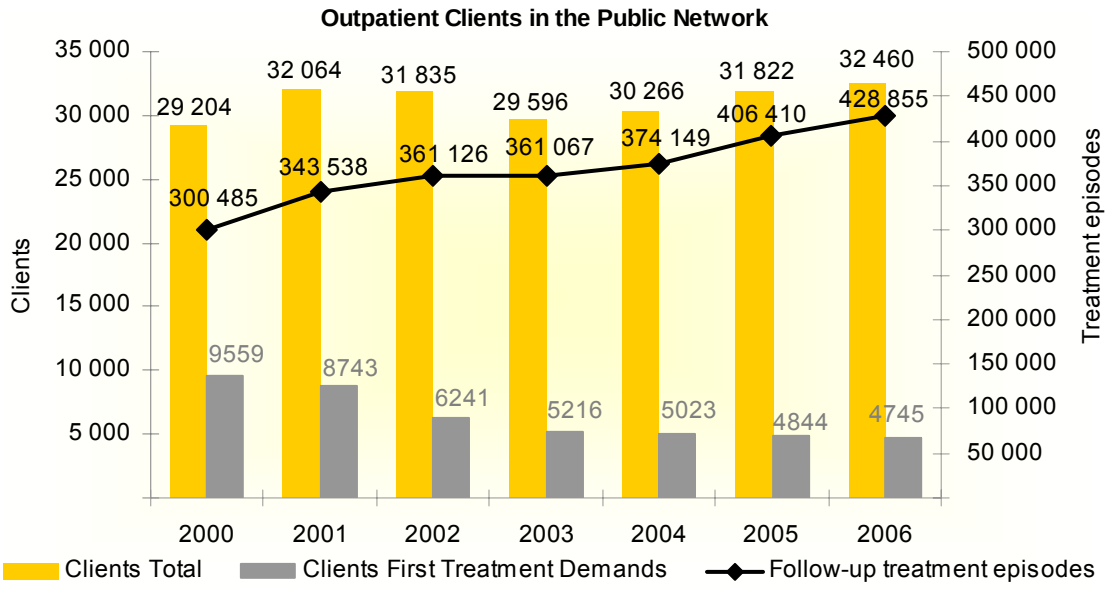
Similarly to what has been registered since 2000, the number of **first treatment episodes in the outpatient public network** in 2006 (4 745) also decreased in comparison to 2005 (-2%). Concerning the Regional level and in comparison to last year, in 2006 with the exception of the Regions of Alentejo and the Northern Region increases were registered in the number of clients in the other Regional Delegations, particularly in the Central Region where first treatment demands increased by 22% in comparison to 2005.

Concerning the source of referral for the clients who demanded treatment for the first time:

- 30% (32% in 2005 and 33% in 2004) were referred by the Health services;
- 25% (26% in 2005 and 25% in 2004) came by their own initiative;
- 11% (12% in 2005 and 2004) were referred by their families or friends;

[10] These can be either in drug-free or medically assisted programmes but the specific profile of those in medically assisted programmes are described in the next subsection.

- 9% (8% in 2005 and 2004) by the Criminal Justice Services;
- 6% (5% in 2005 and 2004) by the Social Services;
- 3% (2% in 2005) by the Commissions for the Dissuasion of Drug Abuse.



Graph 4 – Outpatient Clients in the Public Network (IDT2007a)

Public and private[11] **day centres** also provide drug-free outpatient care in Portugal. In 2006 608 clients were registered in day centres, both public (77 – 74 in 2005) and private (531 - 560 in 2005).

Year / Day Centres	1998	1999	2000	2001	2002	2003	2004	2005	2006
Day Centres	**76**	**380**	**335**	**507**	**579**	**617**	**611**	**634**	**608**
Public	*76*	*106*	*83*	*80*	*89*	*73*	*83*	*74*	*77*
Accredited	_	*274*	*252*	*427*	*490*	*544*	*528*	*560*	*531*
Funded by the IDT	_	274	252	318	340	338	317	351	323

Table 3 – Clients in Day Centres by Year (IDT 2007a)

84.4% (70% in 2005 and 80% in 2004) of the **public units'** clients had never registered in a **day centre** and, as in 2004, all these clients were referred to the day centre by a CAT therapist.

These clients reported mainly heroin (77%) as their main drug of abuse, followed by cocaine (9%), heroin and cocaine (2%), alcohol (4%).and cannabis (3%)

On the 31/12/2006 the situation of the 2006 clients was the following:

- 27.3% (43% in 2005 and 40% in 2004) had left with medical release (44%, 63% in 2005, 57% in 2004 - of all that left):

[11] Data from private units cover only the units accredited by the IDT.

  - 52% (59% in 2005 and 64% in 2004) of these clients remained for less than 6 months;
  - 85.7% (44% in 2005 and 82% in 2004) were referred to a CAT;
  - 14% (22% in 2005 and 15% in 2004) were referred to a TC.
- 35% (26% in 2005 and 30% in 2004) left without medical release (56% in 2006, 37% in 2005 and 43% in 2004 - of all that left):

At the **private day centres**, 65% (60% in 2005 and 75% in 2004) of the clients had never registered in a day centre.

Concerning the source of referral:

- The majority of these clients (36% in 2006, 38% in 2005 and 40% in 2004) stated they had registered in the centre due to their family pressure or initiative;
- 24% (27% in 2005 and 28% in 2004) by their own initiative;
- 25.6% (25% in 2005 and 26% in 2004) were referred by a therapist (13% in 2006, 12% in 2005 and 17% in 2004 - by a CAT therapist, 9% in 2006, 11% in 2005 and 8% in 2004 - by a therapist from another treatment service and 4% in 2006, 2% in 2005 and 1% in 2004 - by a private therapist).

Concerning the main substance of abuse:

- 64% indicated heroin;
- 18.6% indicated cocaine;
- 3% indicated non-prescribed buprenorphine;
- 0.2% indicated alcohol and
- 2% indicated cannabis.

48% of these clients admitted having used intravenous administration route at least once during their lifetime.

On the 31/12/2006, the situation of these clients was the following:

- 34% (30% in 2005 and 33% in 2004) of the 2005 clients had left with programmed medical release (44% in 2006, 41% in 2005 and 45% in 2004 - of all who left);
  - 69% (62% in 2005 and 68% in 2004) of these clients remained in the programme for less than 6 months;
  - 61% as in 2005 (58% in 2004) were referred to a TC.
  - 8% were referred to a CAT;
  - 10% (7% in 2005 and 2% in 2004) to half-way apartments.

- 44% (43% in 2005 and 40% in 2004) left without programmed medical release (56% in 2006, 59% in 2005 and 55% in 2004 - of all who left):
  - 89% (82% in 2005 and 93% in 2004) abandoned the programme at their own request;
  - 5% (7% in 2005 and 4% in 2004) were expelled;
  - 63% (43% in 2005 and 47% in 2004) of those who left without medical release did so during the first month of the programme and 13% (22% in 2005 and 20% in 2004) after the first 3 months of the programme;

  - 36% (27% in 2005 and 35% in 2004) of these clients were referred to a CAT, 21% (11% in 2005 and 5% in 2004) to a TC, 0% to other specialised treatment centres and 19% (8% in 2005 and 4% in 2004) to a private therapist.

- The remaining 22% (27% in 2005 and 2004) remained at the Day Centre.

In the specific area of abstinence-oriented treatment in the **prison setting**, in 2006, a new drug-free unit became available, increasing to 7 the number of drug-free units in seven prisons with a total capacity for 200 (179 last year) individuals. The therapeutic community with a capacity for 45 individuals and one halfway house with capacity for 12 beds remain available.

In 2006, 263 inmates were integrated in the drug-free units, which represented a variation of +8%, +13%, -25%, +17%, -2% and -3% in comparison to, respectively, 2005, 2004, 2003, 2002, 2001 and 2000. 74 inmates followed a programme in the therapeutic community, which represented a variation of +51%, -27%, -23%, 0%, +11% and -42% in comparison to, respectively, 2005, 2004, 2003, 2002, 2001 and 2000. 19 inmates were registered in the halfway house representing a increase in comparison to 2005 (14 clients).

5.4. Medically assisted treatment

Withdrawal treatment is mainly available in public and private[12] **detoxification units**. In 2006 there were 14 detoxification units (5 public and 9 private units) in mainland Portugal, a figure identical to 2005. In 2006, a decrease in the number of clients in detoxification units was registered 1 466 in public units and 1 205 in private units (3 237 in 2005, 3 059 in 2004).

As to the source of referral, in public units 99% of the clients came from other health services, mainly from CATs (98%) whereas in private units 84% also came from other health services, mainly CATs (81%) but 4% requested treatment due to family pressure and 2% were self-referred.

Both public and private detoxification units reported on the motive and main objective of the detoxification request. Clients referred as motives and main objectives the following:

In **public units**:

- Motives:
  - 94% as in 2005 (92% in 2004) wanted to achieve detoxification from one or more illicit substances;
  - 20% stated reasons concerning substitution programmes and
  - 5% co-morbidity problems.
- Objectives:
  - Most wanted to stop their problematic drug use of heroin (94%), cocaine (29%), heroin and cocaine (6%) and alcohol (13%);
  - 56.5% (63% in 2005 and 61% in 2004) wanted to start a substitution treatment programme;
  - 14% (13% in 2005 and 16% in 2004) wanted to enter a TC;
  - 16% wanted to cease their substitution programmes;
  - 16% (10% in 2005 and 9% in 2004) wanted to achieve abstinence from illicit substances, agonists and antagonists.

[12] Data from private units cover only the units accredited by the IDT.

In **private units**:

- Motives:
  - 94% wanted to be detoxified from their substance(s) of abuse;
  - 12% also reported motives concerning substitution programmes;
  - 12% also reported motives concerning psychiatric co-morbidity.
- Objectives:
  - To stop their problematic drug use of heroin (64%), heroin and cocaine (28%), cocaine (33.5%) and alcohol (18.5%);
  - 43% wanted to start a substitution treatment programme;
  - 22.5% wanted to enter a TC;
  - 25% wanted to achieve abstinence from illicit substances, agonists and antagonists;
  - 6% wanted to cease their substitution programmes.

On the 31/12/2006, the situation of these clients was the following:

In **public units**:

- 79% as in 2005 (80% in 2004) of the 2006 clients had left with programmed medical release;
- 21% as in 2005 (20% in 2004) left without programmed medical release: 78.5% abandoned the programme at their own request, 20% were expelled and 2% left for other reasons.

In **private units** of the 2006 clients in slots funded by the IDT

- 80% (73% in 2005 and 76% in 2004) had left with programmed medical release;
- 19% (25% in 2005 and 23% in 2004) had left without programmed medical release;
- 1% remained in the programme.

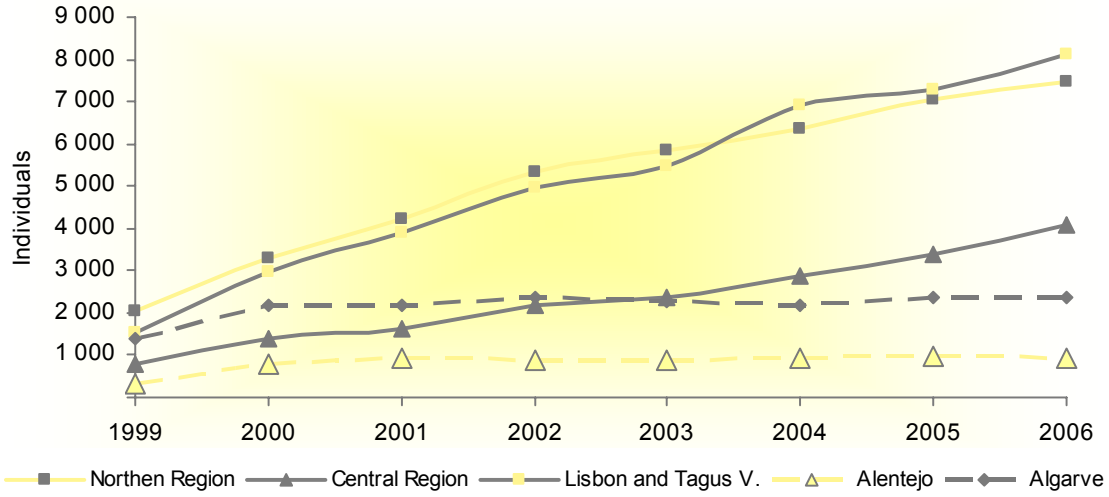
For information on the profiles of clients in these units please see Chapter 4 of this Report.

In 2006, the number of clients in **substitution and maintenance programmes** represented 71% of the total active clients in the outpatient public treatment network, a 9% increase in comparison to 2005 and reinforcing the tendency of increase of previous years (66% in 2005, 64% in 2004, 57% in 2003, 50% in 2002, 40% in 2001, 36% in 2000 and 22% in 1999).

22 922 clients were registered in these programmes in 2006 (21 054 in 2005). 4 833 cases were new admissions (4 206 in 2005) and 6 087 (5 222) left the programme during the year, 16% of whom with medical release (17% in 2005).

Regional data show that:

- For the third time, the Region of Lisbon and the Tagus Valley registered the highest number of clients followed by the Northern Region;
- Nevertheless, the percentages in relation to the total number of active clients in each region continued to be higher in south area, the Algarve Region (81% - 83% in 2005) and the Alentejo Region (76% - 76% in 2005);
- At regional level and in comparison to previous year with the exception of the Algarve Region and Alentejo Region all the other Regions reported an increase in the number of clients with emphasis to the Central Region that suffered a 21% increase.



Graph 5 – Clients in substitution programmes (IDT 2007a)

A survey made each year on the 31st of December 2006 allows differentiation in terms of substances involved in this type of treatment.

On that date, 16 835 clients were registered in the outpatient public treatment network substitution programmes, representing an increase of 8%, 9% 27%, 30%, 55%, 90%, in comparison to the same date in 2005, 2004, 2003, 2002, 2001 and 2000, respectively.

- 73% (71% in 2005 and 72% in 2004) were registered in methadone programmes;
- 27% (29% in 2005 and 28% in 2004) in buprenorphine programmes.

In comparison with the situation on the 31st of December 2005, the trend for an increase in the percentage of clients registered in buprenorphine programmes was discontinued. This was mainly due to decreases in the Northern, Alentejo and Algarve Regions.

Nevertheless, buprenorphine continues to be considered a relevant option for opioid maintenance treatment, namely for pregnant women, as it is associated to less neonatal abstinence syndrome and with lesser severity and duration. (Bettencourt2006) presented a retrospective study with 7 opiate-dependent pregnant women prescribed with buprenorphine from a Lisbon Maternity, between 2001 and 2004 to assess the effects of maternal treatment with buprenorphine in pregnancy and to the newborn. In all cases, pregnancy occurred without major complication; gestational age at delivery stayed between 35 and 40 weeks and went without problems. The mean birth weight was 2900g. Two cases of mild neonatal abstinence syndrome and a moderate neonatal abstinence syndrome were registered, all of which occurred in newborns whose mothers had reported use at least one month before delivery, and in one case the pregnant woman was not taking buprenorphine. All the newborns presented an adequate development. The mean inpatient stay was 10 days. Three children were breast-fed.

Concerning the **place of administration** for the clients registered in methadone programmes, on the 31st of December 2006:

- 69% (as in 2005, 68% in 2004) of these clients took their methadone in CATs;
- 19% (as in 2005 and 2004) in health centres;
- 4% (as in 2005 and 2004) in the prison setting;
- 3% (as in 2005 and 2004) in pharmacies;
- 2% in Hospitals;

- 3% (as in 2005 and 2004) in other settings[13].

In all Regions, CATs were the main place of administration, followed by the health centres (primary health care centers).

Structures / Regional Delegation	Total	Treatment Centres for Drug Addicts	Health Centres Users	Prison Establishment	Hospitals	Pharmacies	Other Structures [a)]
On the 31/12/2005	**11 315**	7 757	2 180	463	225	318	372
Total							
On the 31/12/2006	**12 265**	**8 407**	**2 278**	**533**	**246**	**409**	**392**
Northern	**4 091**	2 689	704	213	195	130	160
Central	**2 012**	1 334	467	104	27	75	5
Lisbon and Tagus Valley	**4 174**	3 340	290	149	20	189	186
Alentejo	**500**	301	156	25	1	6	11
Algarve	**1 488**	743	661	42	3	9	30

Table 4 – Clients of the Methadone Administration Network and place of administration, by Regional Delegation (IDT 2007a)

In the case of pharmacies it was possible to collect more data on the profile of clients (see Chapter 4) and on the provision of service. **Provision of methadone in pharmacies** for clients of the public outpatient treatment network started in 1998 and involved up to 431 pharmacies and 618 pharmacists for a total of 1 681 clients referred by CATs on the basis of specific criteria.

At the end of 2006, considering the active clients, 90 clients had been involved in the programme for more than 5 years, but the majority (111) stayed for a period of 6 to 12 months or (122) for a period of 1 to 2 years. As for the clients who had already left the programme, the majority (331) stayed for a maximum of 3 months (but this figure include those who use the programme during holiday periods) or for 1 to 2 years (240). These clients who left the programme did so mostly (699) because they decided to change their place of administration to a CAT or Health Centre or because they received medical release (164).

In 2006, 48 pharmacists from 40 pharmacies were involved in therapeutic programmes with **Naltrexone and Buprenorphine**, and 202 pharmacies were delivering methadone therapeutic programmes. These clients are always referred to pharmacies from CATs where their situation is assessed and where they keep mandatory follow-up appointments.

Two training sessions were held in 2006, involving 34 new pharmacists from 26 new pharmacies in the programme. CATs with clients involved in this programme promoted a total of 37 meetings with pharmacies to follow-up on the procedures and the clients.

In the particular case of the **prison setting**, a 5% increase was verified in the number of clients using methadone prescribed by CATs (533 clients on the 31/12/06 in comparison to the 463 31/12/05), but administered in the prison setting. The number of clients using methadone prescribed by the health services of Prisons registered the lowest figure in the last 7 years with a total of 258 individuals on the 31/12/06, a decrease of 5%, 14%, 21%, 3%, 29% and 21% in comparison to 2004, 2003, 2002, 2001 and 2000.

[13] At home, in Pulmonary Diagnostic Centres and other local organisations.

6. Health Correlates and Consequences

6.1. Overview

In 2006, a very small decrease (219 in 2005 to 216 in 2006) was registered on drug-related mortality in the Special Register. Although data from the Special and General Registers are not directly comparable, both registered a decreasing trend until 2003. 52% of the positive cases with information on the presumed aetiology in the Special Register were considered possible acute drug related deaths, a higher percentage than the one reported in 2003 (44%), 2004 (51%) and 2005 (46%). Opiates continued to be the most referred substance associated with these cases but its relative importance continues to decrease.

The decreasing trend in the percentage of drug users in the total number of notifications of AIDS cases continues to be registered. Concerning HIV and hepatitis infection in the treatment setting, data on HIV, hepatitis B and hepatitis C positive cases remained stable in comparison to previous years.

This stabilisation may be related, amongst other factors, to the implementation of harm reduction measures, which may be leading to a decrease in intravenous drug use (also visible in data concerning administration route in first treatment demands), or to intravenous drug use in better sanitary conditions, as indicated by the number of exchanged syringes in the National Programme “Say no to a second hand syringe”.

6.2. Drug related deaths and mortality of drug users

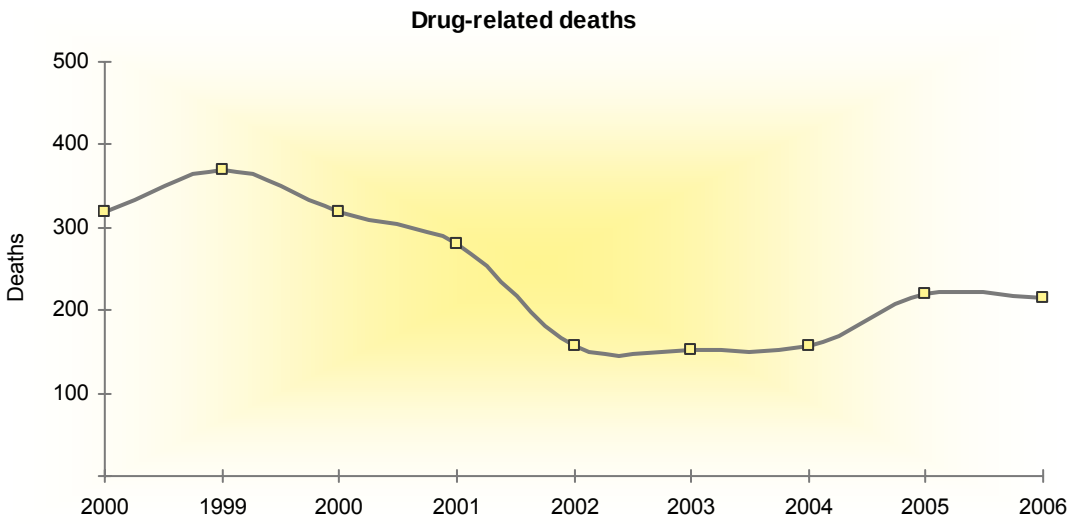
Direct overdoses and (differentiated) indirect drug related deaths

As reported in Standard Tables 5 and 6, the national definition of drug-related deaths is still based in data from the Special Mortality Register (SMR) due to the already reported limitations of the General Mortality Register (GMR) and for trend setting purposes.

Data from the GMR (Selection B of the DRD Protocol) continue to indicate a decrease which started to take place from 1996 (114 cases) until 2005 (9 cases). The number of cases implies that breakdown data on them ceased to be available for statistics privacy reasons.

Although acute drug-related deaths are not yet possible to identify amongst the cases reported by the SMR, it has been possible to identify the percentage of suspected acute drug-related deaths. In 2006, 216 cases with positive *post mortem* toxicological tests were reported by the Special Register. A figure close to the one registered in 2005 (219) but an increase in comparison to previous years (156 on 2002, 152 in 2003 and 156 in 2004). 52% of the cases with positive toxicological tests and information on the presumed aetiology of death were suspected to be acute drug-related deaths. This percentage, which decreased between 2000 and 2003, increased in 2004 to 51% and again in 2005 to 58%, in comparison to previous years (44% in 2003, 58% in 2002, 73% in 2001 and 72% in 2000) and decrease again in 2006.

In 2006 like in 2005, 46% of these deaths (51% in 2004) occurred in the forensic region of Lisbon, 22% in Coimbra (21% in 2005 and 29% in 2004) and 31% (33% in 2005 and 20% in 2004) in Porto.



Graph 6 – Drug-related deaths 1997 – 2006 (IDT 2007a)

The number of requested tests continues to increase (6% in relation to 2005) since 1998 but, at the same time, there has been a decrease in the number of positive tests since 1998 in all the delegations of the INML. In 2006, the percentage registered for all delegations was 9% (10% in 2005, 9% in 2004, 11% in 2003, 13% in 2002, 22% in 2001, 25% in 2000, 35% in 1999 and 37% in 1998).

Most of these episodes[14] occurred in individuals of the male gender (94%), mainly aged 30-39 (46%). Opiates are, again and in all age groups, the main substance involved in drug related deaths, except in the lowest age group (<25 years), where cannabis was predominant. The age group 35-39 reported the highest absolute values of opiates and cocaine cases, but the highest intra-group percentages of opiate and cocaine cases came, respectively, from the 40-44 year-old group (89%) and the 25-29 year-old group (41%).

As in 2005, but not the previous years, cases where only one substance was detected were predominant (58%).

- Once again opiates[15] were the main substance involved in drug related deaths (62% of the cases – 67%, 69%, 64%, 69%, 81%, 88% and 95%, in 2005, 2004, 2003, 2002, 2001, 2000 and 1999), followed by cocaine (35% - 48%, in 2005, 49% in 2004, 37% in 2003 and 44% in 2002) and cannabis (27% -12% in 2005, 10% in 2004, 22% in 2003 and 13% in 2002). In comparison to 2005, it is important to refer the increase in the number of cannabis related cases and the decrease in the number of cocaine and opiate cases.
- In 84% of the cases, cocaine was found together with other substances (particularly opiates and/or alcohol);
- Methadone was detected in 8% of the cases, as in 2005;
- Amphetamines were detected in less than 3% of the cases (less than 1% in 2005 and 3% in 2004);
- Alcohol was involved, in combination with other illicit drugs, in 28% of the cases (23% in 2005, 33% in 2004 and 26% in 2003) and in 16% of the cases medication was associated to other drugs (16% in 2005, 9% in 2004 and 3% in 2003).

[14] Percentages calculated on the cases for which information exists on the considered variables.
[15] Includes heroin, morphine and codeine.

Age Group/Gender / Type of Drug	Total		
	MF	M	F
2005 Total	219	198	21
2006 Total	216	204	12
Amphetamines	3	3	..
Cannabis	28	28	..
Cocaine	12	10	2
Methadone	6	6	..
Opiates	41	39	2
Amphetamines+Alcohol	1	1	..
Amphetamines+Cannabis	1	1	..
Amphetamines+Medication	1	..	1
Cannabis+Alcohol	11	10	1
Cannabis+Cocaine	1	1	..
Cannabins+Medication	2	2	..
Cocaine+Alcohol	9	9	..
Methadone+Medication	2	2	..
Opiates+Álcool	19	19	..
Opiates+Cannabis	1	1	..
Opiates+Cocaine	30	28	2
Opiates+Medication	8	6	2
Opiates+Methadone	3	3	..
Cocaine+Cannabis+Alcohol	3	3	..
Cocaine+Medication+Alcohol	2	2	..
Methadone+Medication+Alcohol	1	1	..
Opiates+Cannabis+Alcohol	2	2	..
Opiates+Cannabis+Mediction	3	3	..
Opiates+Cocaine+Alcohol	3	3	..
Opiates+Cocaine+Cannabis	1	1	..
Opiates+Cocaine+Medication	5	4	1
Opiates+Cocaine+Methadone	3	3	..
Opiates+Medication+Alcohol	7	7	..
Opiates+Cannab.+Methadone+Medication	1	1	..
Opiates+Cocaine+Amphet.+Medication	1	1	..
Opiates+Cocaine+Cannab.+Alcohol	2	2	..
Opiates+Cocaine+Cannab.+Medication	1	1	..
Opiates+Cocaine+Cannab.+Methadone	1	1	..
Opiates+Cocaine+Medication+Alcohol	1	..	1

Table 5 – Deaths, by age group, gender and type of susbtance (IDT2007a)

Mortality and causes of deaths

The Epidemiological Surveillance Centre of Transmissible Diseases (CVEDT) received, from 1993 and until the 31/03/2007, 6 643 notifications of AIDS-related deaths, 51% of which were drug related (a percentage identical to previous years National Reports). The percentage of deaths in drug-related and non drug-related AIDS cases were, respectively, 51% and 46%. Once again it was verified that the districts which presented higher percentages of drug-

related AIDS cases (Lisbon, Porto and Setúbal) were the ones that also registered a higher number of deaths[16].

Cases/Gender Geographical area of Residence	AIDS Cases								Deaths of AIDS Cases							
	Total Number of Cases				Drug Users				Total Number of Cases				Drug Users			
	Total	M	F	Unkn.	Total	M	F	Unkn.	Total	M	F	Unkn.	Total	M	F	Unkn.
Total	13762	11307	2451	4	6667	5677	988	2	6643	5623	1018	2	3398	2943	454	1
Portugal	13429	11036	2389	4	6571	5597	972	2	6521	5518	1001	2	3370	2920	449	1
Other countries	99	79	20	..	9	9	..	..	55	46	9	..	6	6	..	..
Unknown	234	192	42	..	87	71	16	..	67	59	8	..	22	17	5	..

Table 6 – Notifications of AIDS Related Deaths - Total number of cases and cases associated to drug use, by gender, 01/01/1983 - 31/03/2006 (IDT2007a)

6.3. Drug-related infectious diseases[17]

According to 31/03/2007 **notification data** (from analytical tests) from the Surveillance Centre of Transmissible Diseases (CVEDT), the decreasing trend concerning the percentage of drug users in the total number of notified HIV positive cases since 1993 continues to be reported. From the 31 132 notifications ever received, 45% (46% in 2005 and 48% in 2004) were drug use related. Considering the different stages covered by these notifications, 48% of the AIDS cases, 40% of the AIDS related complex cases and 44% of the asymptomatic carriers cases were drug use associated.

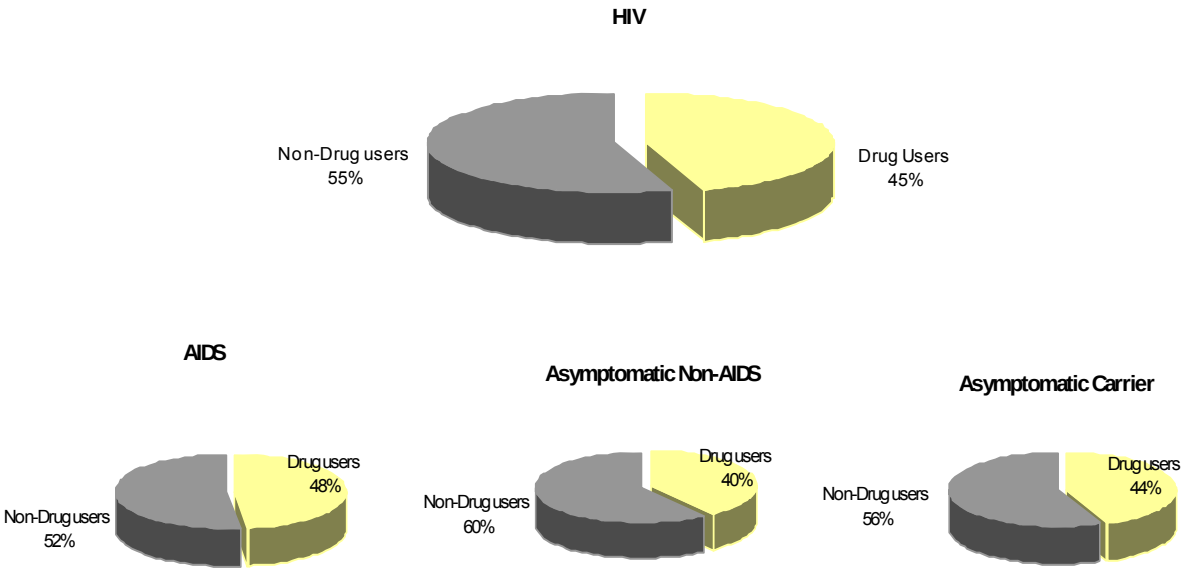
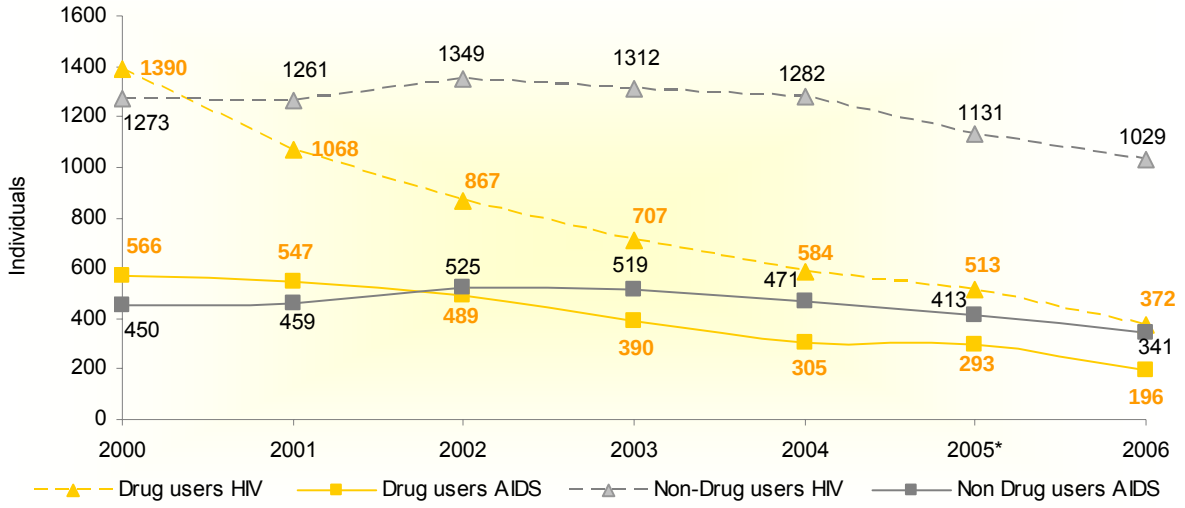


Figure 6 – HIV Notifications associated or not to Drug Addiction in the different stadiums of the infection % (IDT2007a)

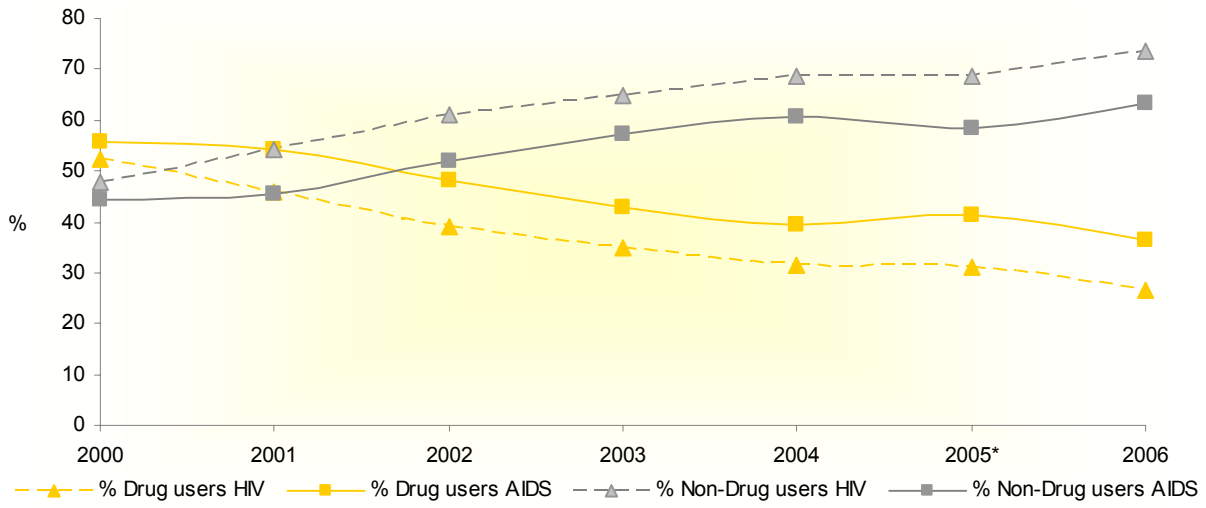
[16] Please note that, in 2005, as referred in previous National Reports, the infection by HIV was included in the national list of diseases which implies mandatory notification. This had implications in data for the following years.
[17] All data reported in this chapter comes from analytical tests.

Taking only 2006 notified cases, 37% of the AIDS cases, 28% of the AIDS related complex cases and 19% of the asymptomatic carriers cases were drug use associated.

This agains reinforces the decreasing trend, verified since 1998, in the absolute numbers and percentage of drug users in the overall number of diagnosed AIDS cases, as seen in the graph below, despite the fact that, in 2005, the infection by HIV was included in the national list of diseases which implies mandatory notification.



Graph 7 – HIV/AIDS notifications – drug users and non drug users by diagnosis year, absolute numbers (IDT 2007a) [18]



Graph 8 – HIV/AIDS notifications drug users and non drug users by diagnosis year and % (IDT 2007a) [19]

2006 notified drug use-related AIDS cases are:

- Mainly of the male gender 85% (85% in 2005 and 88% in 2004),

[18] a) Notifications for 2005 and previous years may be updated.
[19] a) Notifications for 2005 and previous years may be updated.

- Most of them (87%) aged 20-39, (89% in 2005 and 90% in 2004), mainly (57%) 25-34, (58% in 2005 and 59% in 2004).

Cases/Gender / Age Group	AIDS cases							
	Total Number of cases				Drug Users			
	Total	M	F	Unkn.	Total	M	F	Unkn.
Total	**13 762**	**11 307**	**2 451**	**4**	**6 667**	**5 677**	**988**	**2**
≤ 14 years	**111**	59	52	..	**2**	2	..	..
15-19 years	**158**	104	54	..	**92**	68	24	..
20-24 years	**1 141**	851	289	1	**840**	655	184	1
25-29 years	**2 661**	2 136	522	3	**1 909**	1 590	318	1
30-34 years	**2 906**	2 466	440	..	**1 890**	1 642	248	..
35-39 years	**2 359**	1 995	364	..	**1 215**	1 075	140	..
40-44 years	**1 556**	1 329	227	..	**512**	453	59	..
45-49 years	**970**	813	157	..	**137**	127	10	..
50-54 years	**701**	582	119	..	**32**	29	3	..
55-59 years	**437**	354	83	..	**8**	8	..	..
60-64 years	**333**	260	73	..	**..**	..	..	..
≥ 65 years	**372**	308	64	..	**1**	1	..	..
Unknown	**57**	50	7	..	**29**	27	2	..

Table 7 – AIDS notifications (total and drug use related), by gender and age group 01/01/1983 - 31/03/2007 (IDT2007a)

The male gender is also predominant in the other AIDS cases not drug use-related (79%), but those individuals are older: only 45% were aged 20-39, and 52% were aged over 39. Drug users with AIDS related complex and asymptomatic carriers are mainly of the male gender and aged 20-39.

The districts of Lisbon, Porto and Setúbal registered the highest rates of AIDS cases in general (41%, 23% and 14% of all notifications) as well as of drug users with AIDS (39%, 32% and 13%). Again, the relativisation of notification data to the resident population in each district also shows the districts of Lisbon, Porto and Setúbal as the ones with higher rates of drug users with AIDS per inhabitant.

Also concerning this topic, it is important to consider data concerning HIV analytical **testing** in the **drug user's sub-populations which requested treatment** in the public detoxification and treatment network and in the accredited private detoxification and treatment units[20], as reported in Standard Tables 9.

2006 outpatient **first treatment demand data** concerning HIV tests indicate 11% of HIV positive individuals amongst those individuals who presented the results of their tests. This percentage was lower than the ones registered since 2001 except for 2002 which registred an identical percentage. Near 27% of these HIV positive individuals were following antiretroviral therapy, a lower percentage than in 2005 (29%) and 2003 (28%) but higher than the one registered in 2004 (19%).

As to the **active clients of the public treatment network** (clients with at least one consultation episode during the year, which also includes first treatment demands) 15% of these clients tested positive for HIV (these clients are tested at the moment of their

[20] In 2006, 32% of the clients in outpatient first treatment episodes, 40% of the active clients in treatment (data presented for the first time), 86% of the clients of detoxification units (98% of the clients of DUs and 75% of the clients in accredited DUs) and 98% of the clients in Therapeutic Communities (100% of the clients of public TCs and 98% of the clients in accredited TCs), presented valid tests for HIV status.

admission) as in 2005 (16% in 2004 and 2003). 43% of them were following antiretroviral therapy, a higher percentage than the ones registered in 2005 (40%), 2004 (36%) and 2003 (34%).

13% of clients from **inpatient public and private detoxification units** tested positive for HIV. This percentage is identical to 2005 and 2004 (16%, 13%, 17% and 14%, respectively in 2003, 2002, 2001 and 2000). 33% of these individuals were on antiretroviral therapy, (29% in 2005, 36% in 2004, 40% in 2003, 38% in 2002, 28% in 2001 and 27% in 2000) 2006 specific data on infectious diseases amongst IDUs in this setting can be consulted in Standard Table 9.

Concerning **public and private therapeutic communities**, the percentage of clients tested HIV positive (16%) was identical to 2005, 2003 and 2002 and slightly lower than in 2004 (17%). 63% of those were in antiretroviral therapy, a percentage higher than in 2005 (60%) but lower than the ones verified in 2004 (68%), 2003 and 2002 (69%).

Figures are therefore stable in comparison to recent years, although in 2006, the percentage of clients who tested positive for HIV and were in antiretroviral therapy, ranged from 27% and 76% whereas in 2005 values ranged from 29%-66%, in 2004 from 19%-68% and in 2003 from 28%-88%.

HIV/Year / Services	Tested Clients							HIV positive Clients						
	2000	2001	2002	2003	2004	2005	2006	2000	2001	2002	2003	2004	2005	2006
Public Outpatient														
First treatment demands	2 533	2 683	1 688	1 443	1 154	917	1 520	367	365	182	219	141	114	165
Active clients during the year	–	–	–	7 466	6 516	7 548	13 048	–	–	–	1 216	1 070	1 144	1 922
Detoxification Units	**3 214**	**2 694**	**2 764**	**2 767**	**2 824**	**3 274**	**2 619**	**450**	**452**	**367**	**440**	**372**	**419**	**353**
Public Network	1 885	1 802	1 840	1 812	1 641	1 696	1 430	272	302	245	289	225	236	203
Accredited network	1 329	892	924	955	1 183	1 578	1 189	178	150	122	151	147	183	150
Therapeutic Communities	**3 398**	**3 863**	**3 930**	**3 966**	**3 993**	**3 962**	**4 128**	**561**	**688**	**630**	**637**	**665**	**637**	**664**
Public network	65	59	66	57	75	68	110	5	6	14	8	5	7	18
Accredited network	3 333	3 804	3 864	3 909	3 918	3 894	4 018	556	682	616	629	660	630	646

Table 8 – Clients tested for HIV, by year and type of service 2000-2006 (IDT2007a)

Concerning **Hepatitis B and C**[21]**,** data available, and also as reported in Standard Table 9, refer to the analytical **tests** made in drug user's subpopulations that demand treatment in the public and accredited treatment structures.

In 2006, data on Hepatitis B and C show that 3% of the tested **active clients in outpatient treatment** were positive for Hepatitis B (AgHBS+) and 54% for Hepatitis C (HCV+). These percentages were very similar to the ones verified in 2005, 2004 and 2003.

3% of the tested clients in their **first outpatient treatment episode** were positive for Hepatitis B (AgHBS+) and 42% for Hepatitis C (HCV+). These percentages are similar to the ones verified in previous years, especially in the case of Hepatitis C (39% in 2005, 44% in 2004, 45% in 2003, 64% in 2002, 45% in 2001 and 49% in 2000), but also for Hepatitis B (3% in 2005, 2004 and 2003, 8% in 2002, 5% in 2001 and 10% in 2000).

[21] In 2006, results for Hepatitis B were presented by 36% of all active clients in outpatient treatment, 29% of the clients in outpatient first treatment episodes, 83% of the clients of detoxification units (91% of the clients in public DUs and 75% of the clients in accredited DUs) and 96% of the clients in Therapeutic Communities (100% of the clients in public TCs and 95% of the clients in accredited TCs).
Results for Hepatitis C were presented by 39% of all active clients in outpatient treatment, 32% of the clients in outpatient first treatment episodes, 84% of the clients of detoxification units (93% of the clients in public DUs and 75% of the clients in accredited DUs) and 97% of the clients in Therapeutic Communities (100% of the clients of public TCs and 97% of the clients in accredited TCs).

In **detoxification units** the global[22] percentages for public and accredited units were 9% for Hepatitis B and 48% for Hepatitis C, similar figures to the ones verified in previous years (5%, 9%, 7%, 10% and 7% in 25% in 2005, 2004, 2003, 2002 and 2001, respectively, for Hepatitis B and 54%, 62%, 62% 59% and 58% for Hepatitis C). 2006 specific data on infectious diseases amongst IDUs in this setting can be consulted in Standard Table 9.

In public and accredited **therapeutic communities** 6% of the clients were positive for Hepatitis B and 43% for Hepatitis C. The percentage of positive tested clients in these units was in 2005, 2004, 2003, 2002 and 2001, respectively 7%, 7%, 8%, 10%, 95 and 14% for Hepatitis B, and 46% 50%, 48%, 51% and 51% for Hepatitis C.

Concerning **Tuberculosis**[23], again 3% of the **active outpatient clients** who presented results for their tests were positive and all were following treatment. This figure is identical to the one registered in 2005 and 2003 (3%) and lower to the one registred in 2004 (4%).

2% of the **new outpatient clients** who presented results for their tests were positive and all were following treatment. This figure is lower than the ones registered in 2003 and 2005 (3%), 2004 and 2002 (4%) and identical to percentages in previous years (2% in 2001 and 2000).

In **detoxification units** the global percentage of positive cases was below 1% for Tuberculosis (1% in 2005, 2004, 2003 and 2002).

In **therapeutic communities** the percentage of positive cases was 2% for Tuberculosis (2% in 2004 and 2003 and 1% in 2005, 2002, 2001 and 2000).

Infectious Diseases / Structure / Network	HIV HIV+	Hepatitis B AgHBs+	Hepatitis C HCV+	Tuberculosis
Outpatient/Public Network				
Clients in Treat. In the year	15%	3%	54%	3%
Clients First Treat. Demand	11%	3%	42%	2%
Detoxification Units (Public and Accredited)	13%	9%	48%	0,4%
Therapeutic Communities (Public and Accredited)	16%	6%	43%	2%

Table 9 – Percentages of clients who tested positive for HIV, Heapatitis B, Heaptitis C and Tuberculosis by type of service in 2006 (IDT2007a)

Partial 2007 data (first semester) are already available through **programme Klotho**, already described in last year's National Report, an initiative of the IDT and the National Coordination for HIV/AIDS which aims at early detection of the infection amongst drug users and their early referral to treatment, thus increasing their quality of life and life expectation.

The pilot project now runs in a majority (40) the outpatient centres (CATs), 2 mobile units and 10 harm reduction projects and will be progressively enlarged to all pubic outpatient centres in the country. Clients are tested by health professionals using a rapid HIV response kit and reactive tests are sent for laboratorial confirmation. Clients which test was reactive are immediately sent to a hospital to confirm. The hospital, in case of a positive confirmation contacts the CAT where the clients are follow up by a psychologist.

Until the end of June 2007:

- A total of 3 880 clients were tested;

[22] Considering results per type of service but not differentiating between public and accredited units.
[23] Concerning Tuberculosis, in 2006, tests results were presented by 16% of all active clients in outpatient treatment, 14% of clients in outpatient first treatment episodes, 86% of the clients of detoxification units (99% of the clients of public DUs and 75% of the clients in accredited DUs) and 95% of the clients in Therapeutic Communities (100% of the clients of public TCs and and 95% of the clients in accredited TCs).

- 3 198 were clients in follow-up treatment;
- 682 were first treatment demands (50% of all first treatment demands in the involved CATs);

2007 1º semester	Nº of clients tested		Nº of clients with reactive test		% with reactive test	
	Follow-up treatment	First treatment demand	Follow-up	First treatment	Follow-up	First treatment
Northern Region	907	282	24	9	2,64%	3,19%
Centre Region	1340	211	21	3	1,56%	1,42%
Lisbon and Tagus Valley	152	42	6	5	3,94%	11,90%
Alentejo	320	61	3	0	1,20%	0
Algarve	479	86	19	3	2,30%	3,49%
TOTAL	3198	682	73	20	2,28%	2,93%

Table 10 – Klotho balance of the first semester (IDT 2007)

6.4. Psychiatric co-morbidity (dual diagnosis)

NO NEW INFORMATION AVAILABLE

6.5. Other drug-related health correlates and consequences

NO NEW INFORMATION AVAILABLE

7. Responses to Health Correlates and Consequences

7.1. Overview

The main priorities established by the National Plan for the 2005-2012 period (please see chapter 1.3.) on the area of risk and harm 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 programmes;

In 2006 risk reduction and harm minimisation interventions were targeted at the sustainability of outreach and vicinity projects and facilities which aim at preventing and reducing risk attitudes and behaviours, minimising of individual and social damage related to drug abuse, creating awareness for treatment and referring to treatment. All the foreseen objectives for 2006 in the National Action Plan were achieved (IDT2007a), as interventions were adapted to the conclusions of the study on the characteristics of outreach clients (data was reported in last year's National Report). This study concluded that this population is in need of very basic health care, such as food, shelter and hygiene. It also drew attention to the high prevalence of problematic use, risk behaviours and infectious diseases.

A follow-up study (Andrade2007) was also completed on the results of outreach work. The study collected data from 331 clients in 2004, at the beginning of the outreach work intervention, and then again in 2005, one year after the intervention had started. Intervention related information is reported in chapter 7.2. and user's profile related information in chapter 4.4. The main conclusions of this study point towards a very positive impact of outreach work on the individuals, the community and public health (IDT2007a).

Two major legal diplomas were published on the criteria for setting up and funding harm reduction programmes and facilities (please see chapter 1.2.). The IDT is the accreditation service and the criteria are the following:

- For setting up a programme or facility, the proposal submitted to the IDT has to ensure that:
    - Interventions are coherent and consistent over time;
    - The intervention methodologies are specific and adequate to the different settings;
    - There is a consistent and sustainable cooperation with existing relevant actors and the setting up of new networks, when appropriate;
    - The facilities and technical quality of the staff meet the existing legal standards;
    - The promoting organisation is legally constituted and duly registered;
    - Annual activity reports will be sent to the IDT.

The accreditation lasts for a 2 year period and can be renewed for equal periods of time if not terminated by the IDT. The IDT may order on-site inspections and require data and information.

As for funding criteria, it has to follow a duly publicised (at least in two national newspapers and on the IDT website) announcement that funds are available, indicating the amount available, the type of facilities/programmes targeted, as well as the evaluation, classification and selection criteria. Funds can only be attributed to accredited programmes and facilicites, as described above, which have to further guarantee that:

- They have additional funds available, as IDT funds can only cover a maximum of 80% of the total amount of expenses foreseen;
- They can start the intervention within a 60 day deadline after the funding is approved;
- The IDT financial support is duly recognised and publicised in their actions, equipment or activities;
- They will be able to send monthly reports to the IDT with quantitative indicators of their activity and to keep detailed records of the service's implementation.

The IDT may order on-site inspections and require data and information.

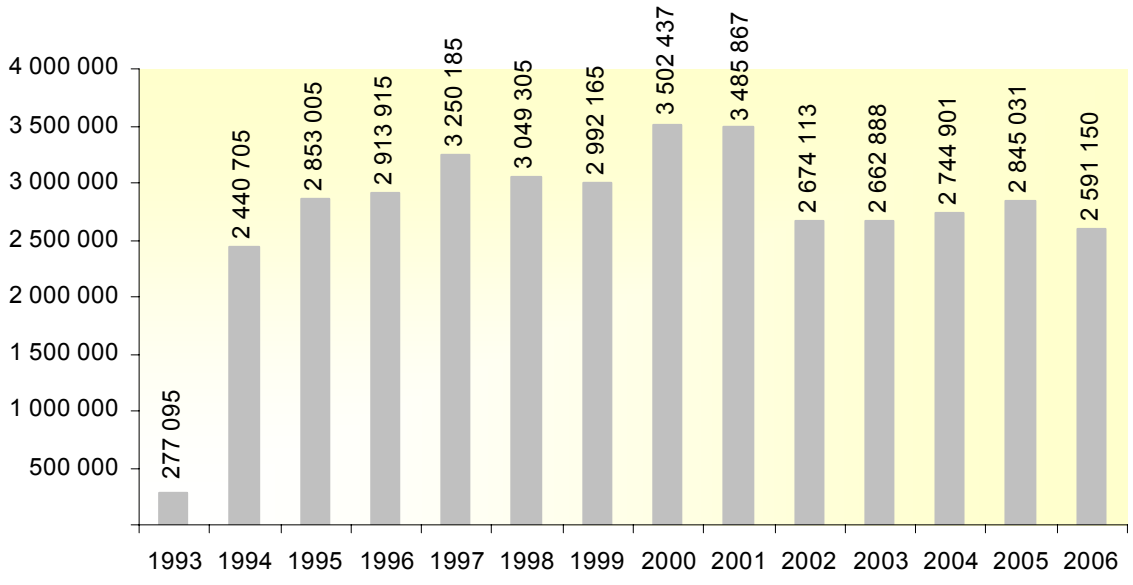
7.2. Prevention of drug related deaths

Prevention of drug related deaths is one of the activities included in the National Harm Reduction Network, funded by the IDT. Please see last year's SQ 29.

7.3. Prevention and treatment of drug-related infectious diseases

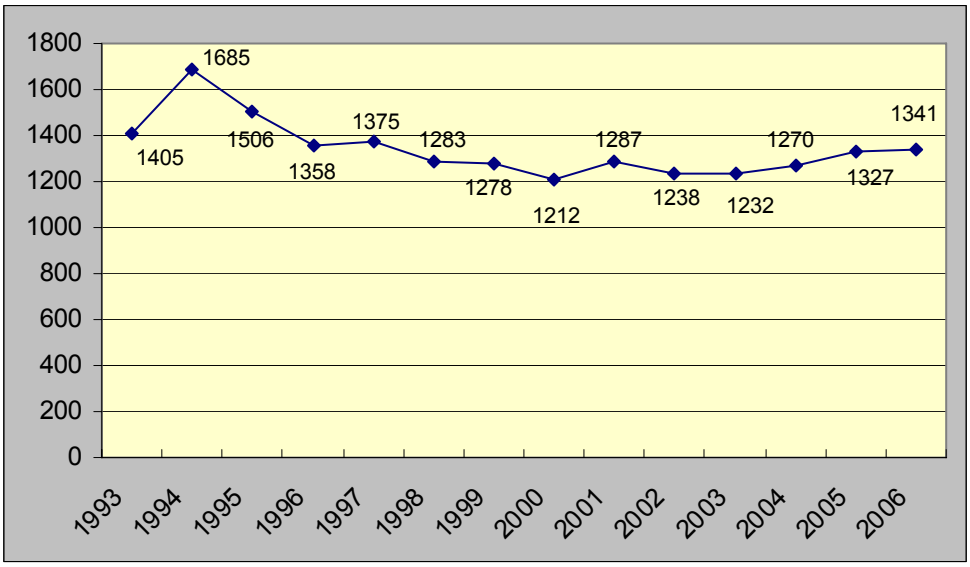
Prevention of drug-related infectious diseases amongst problematic drug users is mainly ensured through the **national syringe exchange programme** "Say no to a second hand syringe", established by the National Commission for the Fight Against AIDS (CNLCS) in collaboration with the National Association of Pharmacies (ANF). Since it was set up, in October 1993, it has used 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. This programme was externally evaluated in 2002 (as reported in previous National Reports) and it was concluded that it had avoided 7 000 new HIV infections per each 10 000 IDU during the eight years of existence of this programme.

38 282 762 syringes have been exchanged through this programme since October 1993 and until December of 2006 (ANF2007). In 2006, 2 591 150 syringes were exchanged, which represented a 8.9% decrease in comparison to 2005. These syringes are included in a kit with 2 syringes, 2 disinfecting towels with 70º alcohol, 1 condom, 1 ampoule of bi-distilled water, 1 filter and 1 informative leaflet.



Graph 9 – Syringes exchanged/ Totals of the Country from 1993 to 2006 (Programme "Say no to a second hand syringe" 1993 to 2006 ANF) (ANF2007)

In 2006, 1 341 **pharmacies** (1 327 in 2005) were active in this programme (48% of the existing pharmacies in the country – 48% in 2005). Those pharmacies exchanged 1 368 322 syringes (1 412 732 in 2005), representing more than 52.8% of the total of syringes exchanged in 2006 in the framework of this programme (49% in 2005).



Graph 10 – Number of pharmacies in the national exchange syringe programme 1993 to 2006 (ANF2007)

The **mobile units** of Cova da Moura (set up in July 2002) and Odivelas (set up in October 2003), exchanged 18 112 syringes in 2006 (22 406 in 2005, 0.69% of the total syringes exchanged – 0.78% in 2005).

The remaining syringes – 1 204 716 (1 409 973 in 2005) - were exchanged by the other 35 partners of the programme, representing 46.5% of the total number of exchanged syringes in 2006 (49.5% in 2005) in the context of the programme.

The districts of Lisbon, Porto and Setúbal, continued to be the ones that registered the highest number of syringes collected since the beginning of the program, representing near 46%, 20% and 10%, respectively, 76% of the total number of exchanged syringes

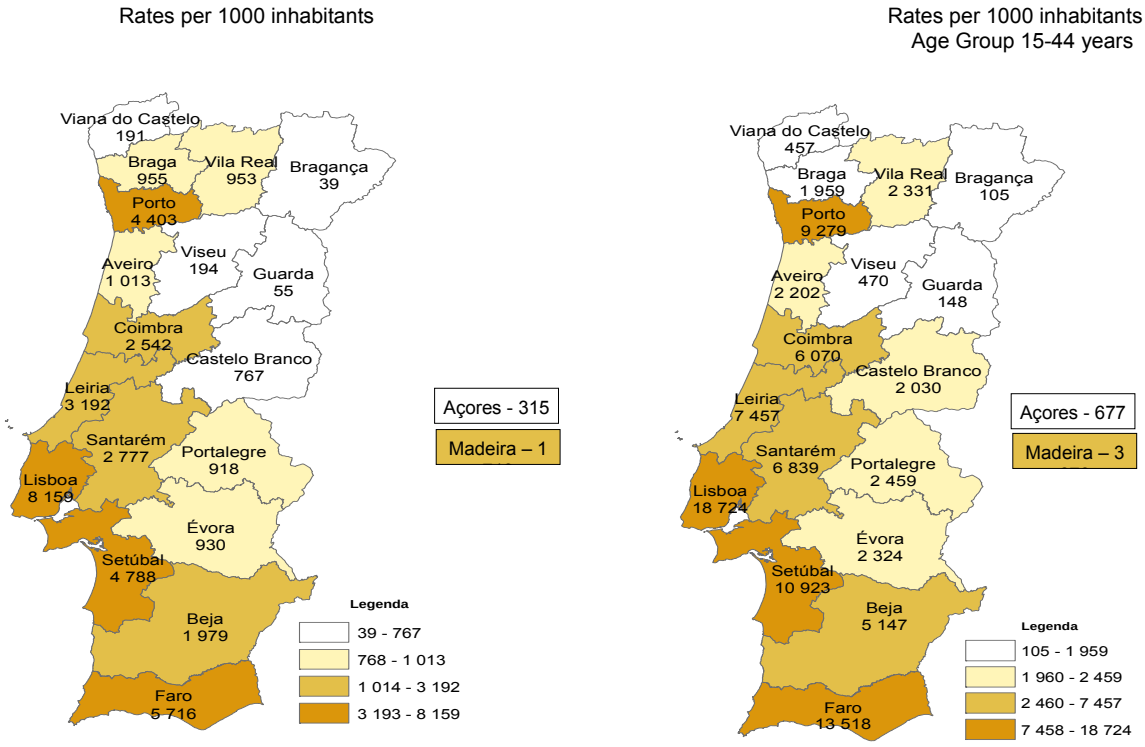


Figure 7 – Exchanged syringes in the framework of the National Syringe exchange programme 1993 to 2006 (IDT2007a)

The Program "Say no to a second hand syringe" will be implemented until the end of the year in the **prison setting**, as a pilot project (see chapter 1.2) in the Prisons of Lisbon and Paços de Ferreira (Northen Region). The conditions for setting it up included an initial assessment of both prisons, a specific training programme for the prison staff.

Other innovative responses, such as vending/distribution machines for syringes and supervised drug use are currently under discussion with the Municipality of Lisbon, but no actual implementation is foreseen for the near future.

Programme Klotho, an initiative of the IDT and the National Coordination for HIV/AIDS aims at early detection of the infection amongst drug users and their early referral to treatment, thus increasing their quality of life and life expectation please see chapter 6.3. for a descrition of the programme and preliminary 2007 data.

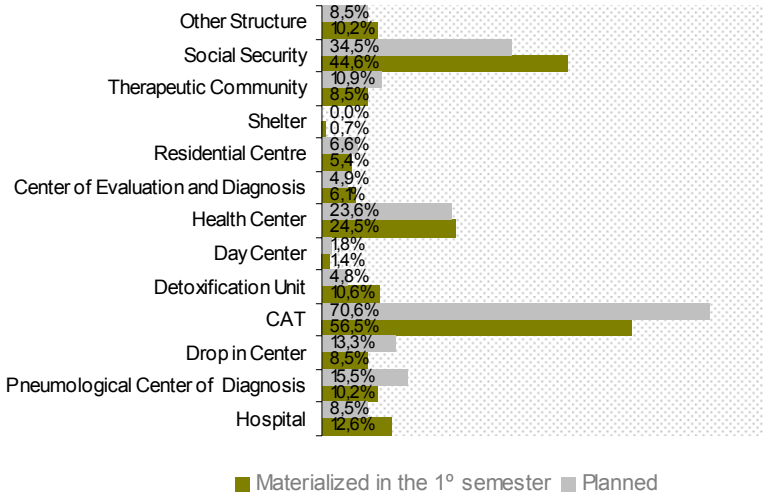
The prevention of drug related infectious diseases is also one of the activities included in the **National Harm Reduction Network**, funded by the IDT, which includes 24 outreach projects throughout the country.

(Andrade2007) followed up and assessed, during one year (2004 to 2005), a drug users population of 331, contacted by outreach workers (15 projects nationwide from the existing 24). Data was collected during the first contact, in 2004, through a standard form (client profile) and again in 2005 using a different standard form (client evaluation). The client profile form collects socio-demographic, family, drug use history, treatment, risk behaviour, medical, criminal and follow up and referral data. The client evaluation form collects the same data to allow for an assessment of the progress. The forms are filled in by an outreach worker, when a close relationship with the user is established, in the users setting. The user is informed about the objective of the data collecting and the confidentiality of his/her data. The collected data were stored and analysed with *SPSS® 14.0* for *Windows.*

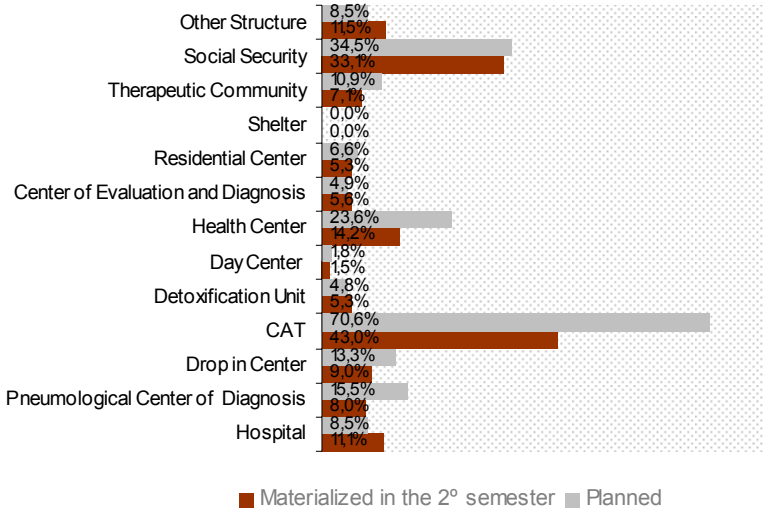
Please see chapter 4.4. for information on the profile of these individuals.

Interventions implemented by the outreach workers involved in these projects respected quite closely the plan for each semester and included mainly social support (in 85,2% of the cases), psychological support (in 60,1% of the cases) and food provision (in 50,5% of the cases). Other, less requested, interventions were: hygiene care, nursing care, medical care, medication provision and low threshold substitution and legal support.

As reported in the next two graphs, referrals were made mainly to outpatient treatment centres (CATs) and to the social services, though a significant percentage was referred to the local Health Centres.



Graph 11 – Referrals materialized in the first semester (Andrade2007)



Graph 12 – Referrals materialized in the second semester (Andrade2007)

As reported in chapter 4.4., at the end of the year, clients reported significant benefits for their health, they reported positive changes in their patterns of drug abuse, they reported positive changes concerning risk behaviours at both drug abuse and sexual level and were, for the most part, integrated in therapeutic projects.

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

about waiting lists in public hospitals and accessibility issues in general, including the price of medication.

In outpatient public treatment centres (CATs) efforts to promote free **antiretroviral treatment** and hepatitis B vaccination, as reported in previous National Reports, continue to be implemented. However, as reported in Chapter 6.2. of this Report, the percentage of clients in antiretroviral treatment in several public and certified units (outpatient, detoxification and TCs) ranges between 27% and 76% (29% and 66% in 2005, 19% and 68% in 2004) in these populations, the lowest percentage corresponding to the group of clients in first treatment demands.

In the **prison setting**, inmates and staff are routinely vaccinated against Hepatitis B.

The National Coordination for the Infection with HIV/AIDS substituted the National Commission for the Fight against AIDS and is the service of the Ministry of Health with the responsibility to coordinate all preventive activities in this area in the country (MSaude2006). It presented the National Programme to Prevent and Control HIV/AIDS 2007-2010, which goals are:

a) To reduce by, at least 25%, the number of new HIV infections, AIDS cases and AIDS-related deaths;

b) To contribute, at international level, to reduce HIV transmission and to improve the available health care and support given to HIV and AIDS patients.

Through the following specific objectives:

1. Knowing the dynamics and the determinants of the infection through reliable, first and second generation, epidemiological indicators which may support institutional and community planning;
2. Preventing the infection, particularly amongst the most vulnerable populations, by increasing the percentage of individuals who adopt preventive behaviours concerning HIV;
3. Increasing the availability of early detection of the infection and promoting adequate referral by reducing the obstacles to volunteer testing;
4. Providing state of the art treatment to all those infected by HIV;
5. Providing sustained follow-up care and social support to all those infected with and affected by HIV;
6. Fighting against stigma and discrimination towards individuals infected or affected by HIV/AIDS;
7. Sharing responsibilities, inside and outside the Ministry of Health, with the private sector and the civil society;
8. Providing continuous, adequate and state of the art training for all actors in the prevention, treatment, care and support individuals infected with HIV/AIDS;
9. Promoting quality HIV/AIDS research in Portugal;
10. Fostering international cooperation to help reducing HIV transmission worldwide, particularly in Europe and within the Community of Portuguese Speaking Countries;
11. Guaranteeing that this programme is monitored and evaluated.

7.4. Interventions related to psychiatric co-morbidity

NO NEW INFORMATION AVAILABLE

7.5. Interventions related to other health correlates and consequences

NO NEW INFORMATION AVAILABLE

8. Social Correlates and Consequences

8.1. Overview

In 2006, concerning the **administrative sanctions** for drug use, the Commissions for the Dissuasion of Drug Use instated less 0,7% processes than in 2005 most of which were, again, referred by the Public Security Police (PSP). On the 31st March 2006, 26% had been suspended, 51% were pending and 22% had been filed. These cases are mainly related to hashish use but reference to cocaine increased in comparison to 2005. On the other hand, the reference to polydrugs and heroine decreased.

From the 3020 rulings made, 81% suspended the process temporarily, 2% found the presumed offender innocent and 17% were punitive rulings (this percentage continues to rise in comparison previous years, 15% in 2005)

In 2006, **criminal offences** against the Drug Law decreased, especially due to a decrease in the number of presumed trafficker-users, in comparison to 2005.

Again, the visibility of cocaine increased in this setting, particularly amongst traffickers. However, the number of offenders arrested for the possession of heroin alone increased, for the first time in the last 5 years, whereas the number of those who possessed only cannabis (mostly trafficker-users) decreased.

Court data indicates that, in the past years, decreases were reported in terms of the number of convictions for traffic and for traffic-use. The majority of these individuals possessed only one drug, mainly hashish, for the third time, and not heroin, as in previous years. In comparison to previous years the number of individuals who possessed only cocaine continues to increase.

The percentage of **individuals in prison** for Drug Law offences, in 2006, continues to decrease (-0,7% than in 2005) to reach again the lowest value since 1997 (27% of all individuals in prison). Individuals were mainly imprisoned for traffic offences (90%).

8.2. Social Exclusion

The National Integration Plan (please see chapter 1.2.) refers drug users as a vulnerable population, based on the profiles of problem drug users in treatment settings and of offenders. The available information on the residential status of these individuals, educational and employment data usually refers a lower educational status and a higher unemployment rate than the national average for the same age groups and gender (see chapters 4. 2 and 8.3 of this Report). It also reports that amongst the individuals in prison, 32% of the reported aquisitive crimes and 27% of the reported crimes against people are drug-related in the sense that they are used to obtain resources for drug use.

Another social exclusion indicator is the number and type of requests (psycho-social, referrals and financial support) from users and their families, to the Institute of Solidarity and Social Security (ISSS).

Please see chapter 4.3. for more information on the profile of these clients.

8.3. Drug related Crime

Drug offences

Concerning the **administrative sanctions for drug use**[24], in 2006, the 18 Commissions for the Dissuasion of Drug Use (CDT) instated 6 216 processes[25], a number very similar to the one registered last year.

Similarly to preceding years, most of these processes were instated in the **districts** of Lisbon (25.6%) and Porto (23%), followed by Braga (9.8%), Faro (7.8%), Setúbal (6.8%) and Aveiro (6.7%). However, when taken into account the number of residents in each district, Faro, Beja, Portalegre and Lisbon presented the higher occurrences rates per inhabitant aged 15-44.

- The **monthly distribution** of the processes ranged between 408 in the month of June and 619 in the month of May, registering a monthly average of 518 processes (less than the 522 registered in 2005 and higher than the 508 registered in 2004);
- Similarly to previous years, most cases (42%) were **referred** by the Public Security Police (PSP), followed by the Courts (30%) and the Republican Guard (GNR) with 28% of the cases;
- On the 31st of March 2006, less than half ot the processes related to the processes instated in 2006 had been decided on[26]: 51% were **pending** (25% in 2005 and 31% in 2004), 22% **filed** (49% in 2005 and 36% in 2004) and 26% **suspended** (26% in 2005 and 32% in 2004);

Of the 6 216 processes instated in 2006, the Commissions had **ruled** on 48.5% (3 020 processes). This percentage is lower than the ones verified in previous years – 51% in 2005, 68% in 2004, 76% in 2003, 78% in 2002 and 75% in 2001[27]:

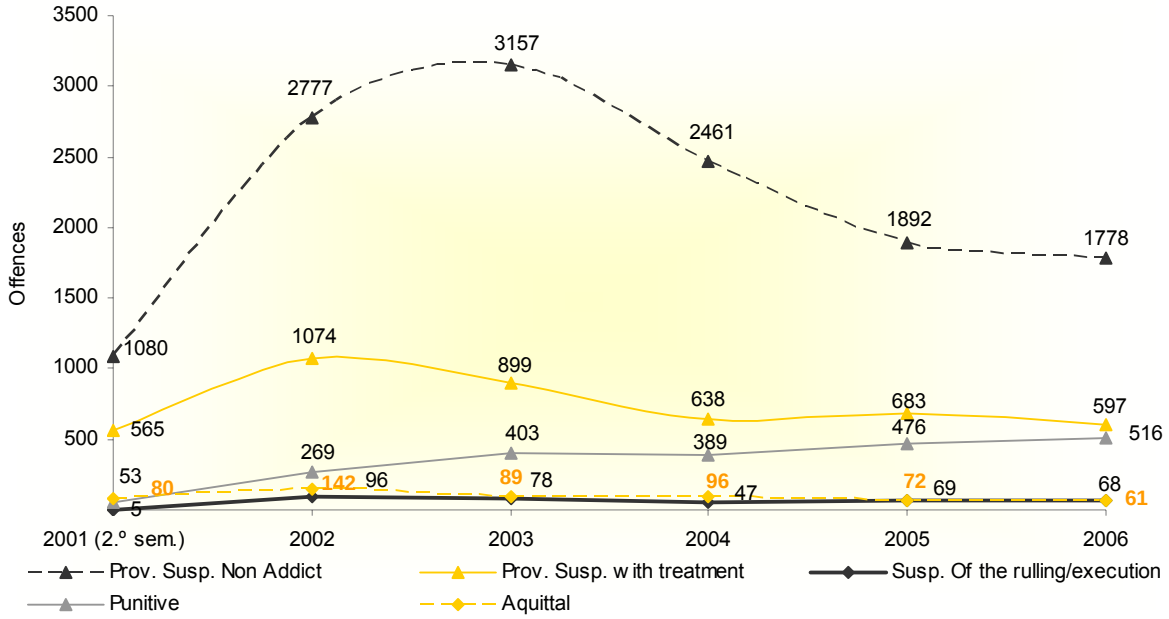
- 81% were suspensive rulings,
- 17% were punitive rulings and
- 2% found the presumed offender innocent.

As in previous years, the **provisional suspension** of the process in the case of users who were not considered addicted were the majority of the total percentage of rulings (59%). However, this was, together with the identical 2005 figure, the lowest figure since 2001 (61% in 2001, 64% in 2002 and 68% in both 2003 and 2004).

On the contrary, an increase was registered for the second time in the percentage of **suspensive rulings** in the case of drug users who accepted to undergo treatment (20%) slightly decreased in comparison to previous years (21% in 2005, 18% in 2004, 19% in 2003, 25% in 2002, 32% in 2001).

On the other hand, **punitive rulings** in this setting continue to increase (17% in 2006, 15% in 2005, 11% in 2004, 9% in 2003, 6% in 2002 and 3% in 2001). The non-pecuniary sanctions represent 11% of the punitive rulings (59%, 49%, 38%, 23% and 11% in, 2005, 2004, 2003, 2002, 2001, respectively) and are manly related with the periodical presence in a place selected by the CDT.

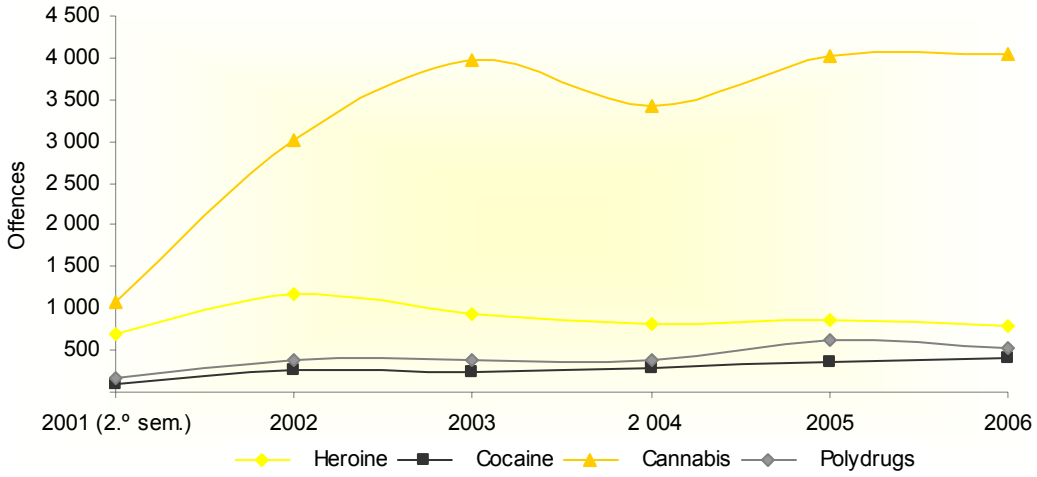
[24] Law n. º 30/2000, of the 29th November, regulated by the Decree-Law n. º 130-A/2001, of 23rd of April, and by Regulation n. º 604/2001, of the 12th of June.
[25] Each process corresponds to one occurrence and to one individual.
[26] When interpreting these data one need to take in account that some CDTs were functioning without a quorum: Viseu and Guarda since 2003, Faro and Bragança since late 2004 and Lisbon since 2005. Article 35 of Decree-Law 130-A/2001 of the 23rd of April states that a quorum of 2 CDT members (staff excluded) is mandatory to audition and decide on processes. Some of these CDTs, however, in order to minimise the situation, only took those types of decisions not eligible for judicial appealing.
[27] In 2001 data refers to 6 month only as the Law was implemented from the 1st of July on. It is also important to mention that, during the reporting period the Lisbon and Faro CDTs had no possibility of ruling due to lack of quorum.



Graph 13 – Type of ruling for administrative offences by year (IDT2007a)

Concerning the **substances** involved:

- In 2006 there was a decrease of processes involving polydrugs (-16%) and of those related to heroin only (-9%). On the other hand, the number of processes involving cocaine only increased (+9%);
- as in previous years, most cases involved **only one drug** (91%):
  - Mainly **hashish** (70%) - (65% in 2005, 66% in 2004, 67% in 2003, 57% in 2002 and 47% in 2001).
  - 14% of these processes involved only **heroine** (15% in 2005, 17% in 2003 and 2004, 24% and 33% in 2002 and 2001). 7% involved only **cocaine** (6%, 4%, 6% and 5%, respectively in 2005 and 2004, 2003, 2002 and 2001).
  - Processes involving only heroin have a wider geographical dispersion;
  - The percentage of cases involving only the possession of **herbal cannabis** (liamba) was 3% (2% in 2005 and 2004, 3% in 2003 and 2002 and 5% in 2001), and the cases related only with ecstasy 0,5%
- For the 9% processes involving more than one drug (12% in 2005), the association heroin-cocaine (58%) was again predominant followed by the association heroin-cannabis (4%) and cocaine-cannabis (2%).



Graph 14 – Type of drug involved in administrative offences by year (IDT2007a)

Concerning the **individuals** involved:

- In 2006, **5 815 individuals were involved (5 824 in 2005)** in the instated processes (absolution rulings excluded) at the Commissions for the Dissuasion of Drug Abuse;
- 5% of those **were referred twice in 2006** to a Commission (6% in 2005, 5% in 2004 and 6% in 2003). Although large urban centres such as Porto and Lisbon continue to register most of these cases, other less urban district capitals such as, Braga and Faro also started to be mentioned in association with this variable;
- In relation to previous years, no relevant changes were verified concerning **the socio-demographic profile** of these individuals[28]:

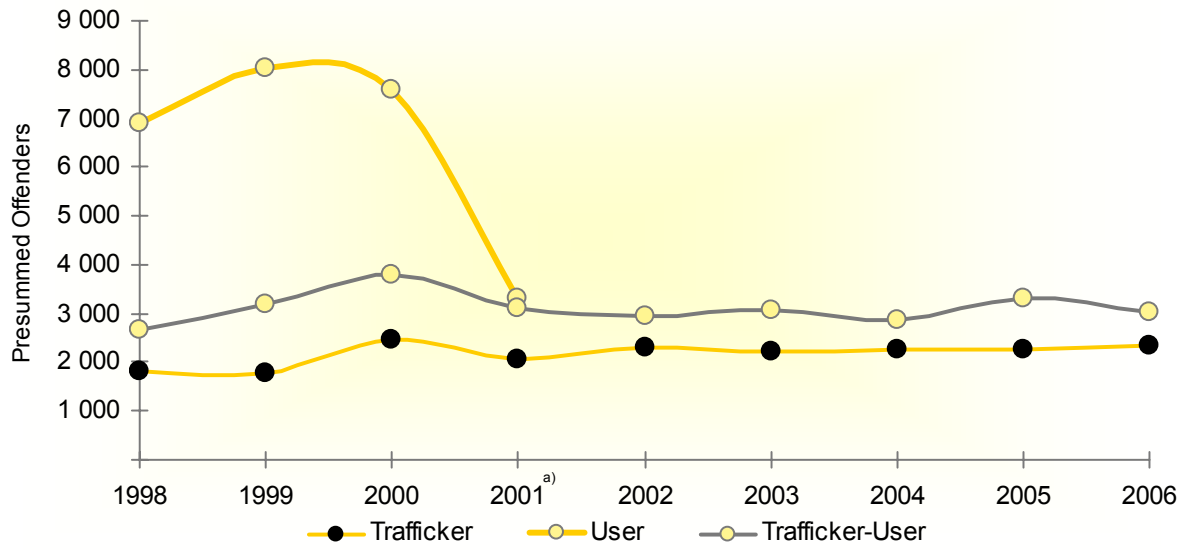
    - They were mostly from the male gender (94%);
    - 81% were aged 16-34;
    - They were mainly Portuguese (94%), single (84%) and living with their parents/siblings (63%);
    - 38% had frequented the 3rd level of compulsory school (7th - 9th grade) and 34% reported an educational status above that;
    - 30% were unemployed and among the 47% who were employed most were in the extraction industries and civil construction, artisans and non-qualified labour in general.

Drug related crime

Concerning **criminal offences**, in 2006, data from the Criminal Police identified 5 425 presumed offenders: 44% were presumed traffikers and 56% presumed trafficker-users.

The number of **presumed offenders** was lower then in 2005 (-3%) especially due to an decrease in the number of presumed trafficker-users though an increase was registered in the number of presumed traffikers (+5%).

[28] Individuals who were sent twice to a Commission in any given year (and thus originated the instatement of more than one process) were counted only once.



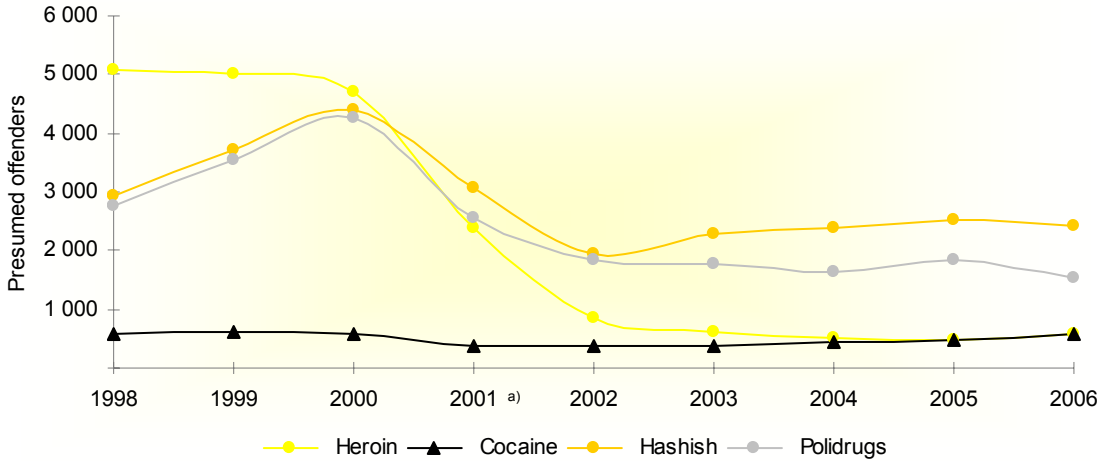
Graph 15 – Presumed offenders by category of criminal offence (IDT2007a)

Similarly to previous years[29], the districts which reported a higher number of, presumed offenders were the more populated ones: Lisbon (42%), Porto (16%), Faro (6%), Setúbal (5%) and Braga (5%). The rates of presumed offenders per inhabitant again highlight Lisbon, Faro, the Autonomous region of Madeira and Azores, Beja and Porto.

Concerning the **substances** identified in the moment of the occurrence:

- 71% of these individuals possessed only one drug (64% in 2005, 65% in 2004, 64% in 2003 and 62% in 2002);
- Among these cases, and for the sixth consecutive year, **hashish** was predominant in comparison to the other substances (47%), contrarily to what occurred in the years before 2001, when heroin was always predominant;
- 11% of the cases concerned **heroin** only**,** a percentage that had been decreasing in the past years (10%, 12%, 17%, 28%, 33% and 39% of the cases respectively in 2004, 2003, 2002, 2001, 2000 and 1999), but which, in comparison to 2005, increased by 19%;
- 11% of the cases concerned **cocaine** only, an increase of 26% in comparison to 2005. For the first time the number of presumed offenders in the possesion of cocaine only was superior to the ones that had heroin only.
- The offenders in the possession of **herbal cannabis** (liamba) alone (3%) or **ecstasy** alone (0.7%) continued to register low frequencies;
- The offenders in the possession of **ecstasy** alone (0.7%) continued to register low frequencies;
- In the situations where more than one drug was involved (29%), a -18% decrease was registered in comparison to 2005, the main combination was “heroin and cocaine” (49%) followed by the category “others” (15%) which groups of less traditional combination of substances and which in 2004 reported higher values than “heroin and cocaine”.

[29] The percentage data presented are calculated for the cases for which information exists on the considered variables and do not include neither individuals who relapsed nor those found innocent.



Graph 16 – Presumed offenders by substance involved (IDT2007a)

When comparing the traffickers and the trafficker-users, the latter present 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. They registered, more often then traffickers, situations where only one drug was possessed and the possession of hashish, a profile closer to that of users referred to the Commissions for the Dissuasion of drug Abuse.

Concerning the individuals involved:

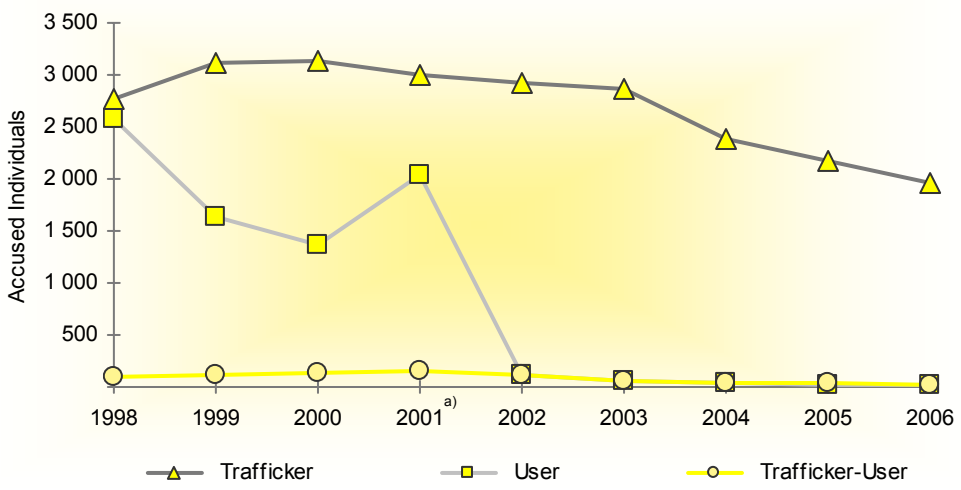
- 88% of the presumed offenders were of the male gender;
- 71% were aged between 16-34, mainly 16-24 (36.7%) and 25-34 (34.3%);
- 81% were Portuguese, a percentage that has been decreasing since 2000, also related to the increase in the relative weight of the traffickers among these presumed offenders. Among those who were not Portuguese nationals, most of them came from Portuguese speaking countries (12%), mainly from Cape Verde and Angola a situation already verified in previous years;
- 81,7% were single;
- 32.8% reported having frequented the 3rd level of compulsory school (7th to 9th grades);
- 53% were unemployed, 36.5% were employed and 7.7% were students at the time of their arrest.

Please see also in chapter 8.3. a reference to drug-related crime in the framework of the National Inclusion Plan.

Concerning **Court** data:

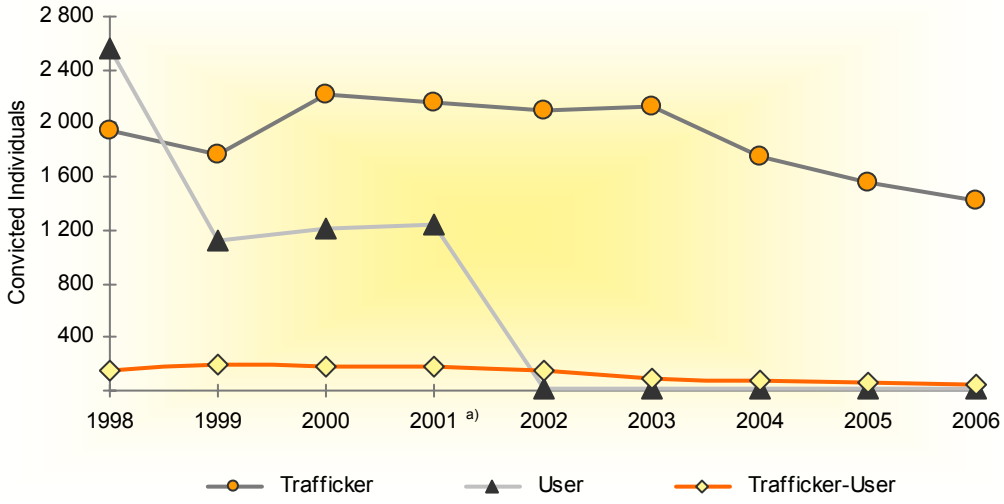
- In 2006, 1 288 processes were finalised, which represents an increase in comparison to 2005 (1 187) but a decrease in comparion to 2004 (1 390), 2003 (1 625) and 2002 (1 640);
- These processes involved 1 996 (1 792 in 2005, 2 335 in 2004 and 2 454 in 2003), individuals. The vast majority were accused of traffic (98%). Near 74% were convicted and 26% were aquitted;

- From the 1 474 indivuals convicted for Drug Law offences in 2006, 96% were accused of traffic, 3% accused of traffic-use and 1% accused of use (growing any illicit substance remains a crime of use);



Graph 17 – Individuals presented in Court for crimes against the Drug Law (IDT2007a)

- Of the 1 474 convicted individuals[30] (1 281 in 2005, 1 669 in 2004 and 1 828 in 2003), 96% were convicted for traffic, 3% for traffic-use and 1% for use[31]);
- The districts of Lisbon (41%) and Porto (15%), followed by Faro (7%) and Setúbal (6%) registered the highest number of these convictions. The districts of Lisbon, Faro, Autonomous Region of Azores and Madeira and Portalegre registered the higher rates per resident.
- These convictions involved mainly[32] effective prison (46%) and suspended prison (49%);
- No significant changes were registered in this setting, compared to previous years.

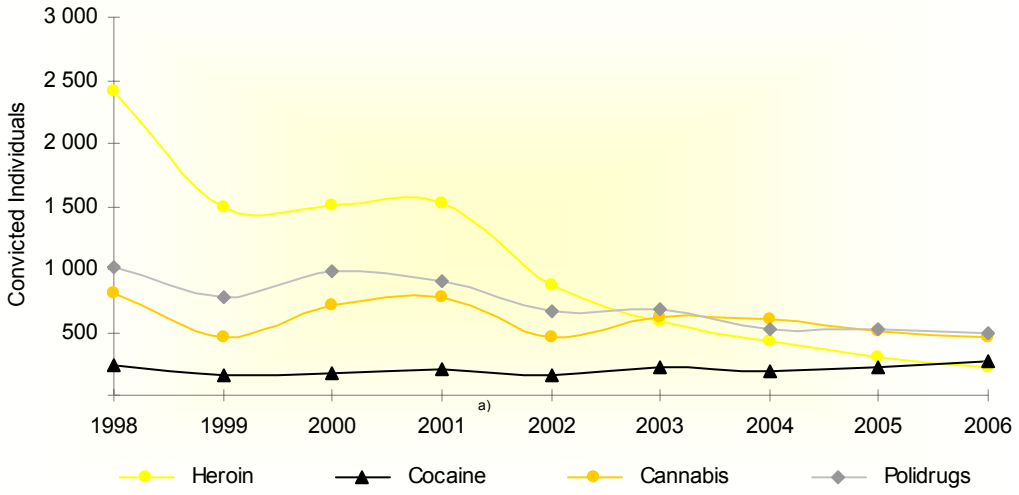


Graph 18 – Individuals convicted in Court for crimes against the Drug Law (IDT2007a)

[30] Percentage data presented are calculated for the cases, which have information on the considered variables.
[31] Illicit drug growing (article 40. º of Decree-Law 15/93, of the 22nd of January) continues to be considered a crime of use.
[32] Sanctions may involve more than one crime.

As for the **substances** involved:

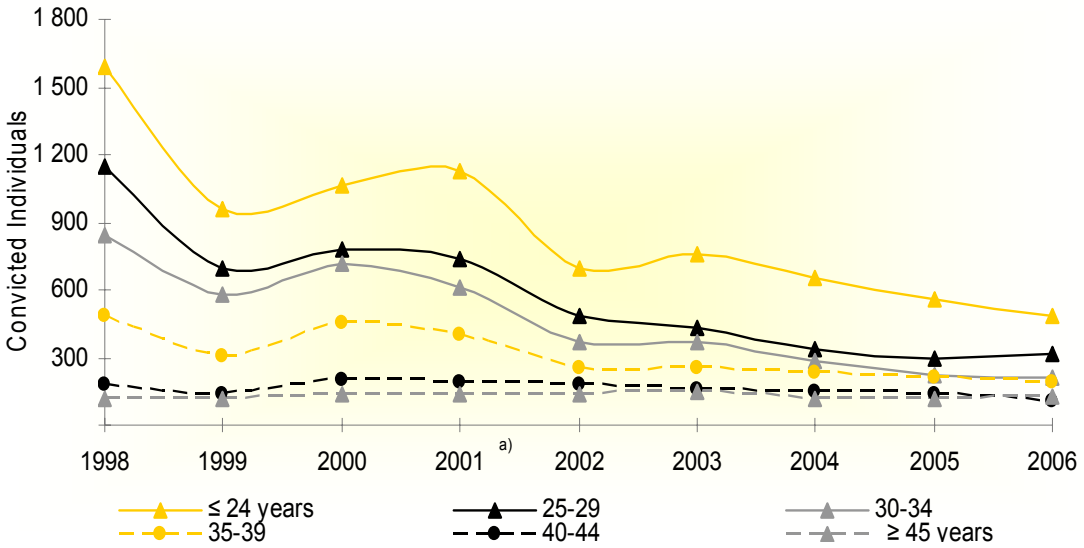
- The majority of these convictions involved, once again, the possession of only one drug (67% in 2006 and 2005, 69% in 2004). Hashish was, for the third time, the main substance involved (32% in 2006, 30% in 2005, 28% in 2004), followed by cocaine (18% in 2006, 15% in 2005, 11% in 2004), heroin (16% in 2006, 18% in 2005, 24% in 2004) and 1% several other drugs.
- When polydrugs are considered (in 33% of the processes), the association heroin-cocaine (28% of the total of convictions and 49.3% of those who possessed polydrugs) was predominant.
- The trend, initiated in 1998, of the decreasing importance of heroin related convictions, continued, (16%, 18%, 24%, 28%, 40%, 44%, 45%, and 52% of the cases, respectively in 2006, 2005, 2004, 2003, 2002, 2001, 2000 and 1999).
- On the other hand, the situations where other drugs were involved, particularly in the case of hashish only and cocaine only, continue to increase.



Graph 19 – Involved drugs in Court convictions for crimes against the Drug Law (IDT2007a)

Concerning the **individuals** involved:

- Most of these convicted individuals were of the male gender (85%)
- Aged 16-34 (70%), mainly 16-24 (34.3%) and 25-34 (36.4%), 20 being the mean age;

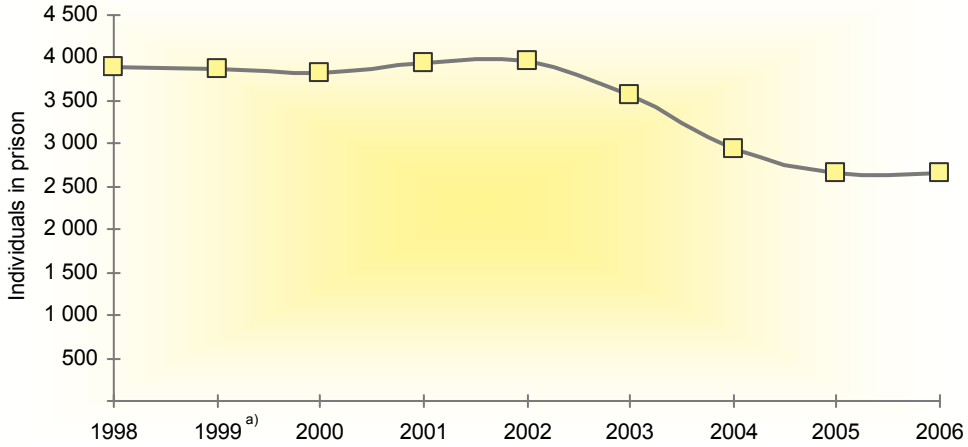


Graph 20 – Age groups of individuals convicted in Court for crimes against the Drug Law (IDT2007a)

- They were mostly Portuguese (80%), an inferior percentage to the ones registered in 2005 (82%), 2004 (84%), 2003 (86%) and 2002 (90%), single (57%) and living with their parents/siblings (33.2%);
- The gradual increase in terms of educational status already verified in previous years continues to be registered, with 30% of those individuals reporting having attended the 3rd level of compulsory school (7th to 9th grades);
- Concerning the professional status, 50% were employed at the time of their conviction, and 39% were unemployed, similar percentages to the ones registered in 2005. Near 5% were students.

In comparison to traffickers-users, traffickers were mainly individuals from the male gender, portuguese nationality, single, with more academic habilitations and a higher percentage of individuals employed and students.

Prison data indicate that, on the 31st of December 2006, 2 650 individuals were in prison for crimes against the Drug Law. This is the lowest number reported since 1997 and represents 27% of all individuals in prison. In comparison to 2005 -0.7% individuals were in prison for such crimes. These individuals continue to be mainly of the male gender (86%), aged 30-39 (38%) and 40-49 (27%), being that 25% had less than 30 years old, the mean age was 37, 71% were Portuguese, although the percentage of foreign individuals continued to increase (29% in 2006).



Graph 21 – Individuals in prison for crimes against the Drug Law (IDT2007a)

Most of these individuals were convicted for traffic (90%) but also for less serious trafficking (7%) and for traffic-use (2%).

8.4. Drug Use in Prison

In 2007 the II National Prison Survey on Psychoactive Substances was implemented. As for the 2001 project, the survey used a ramdom sample of 20% to 25% of the individuals in prison, proportional to the number of individuals in each prison. Directors and staff will also be interviewed on perceptions. The sample was representative at national level and comparability with the EMCDDA's Standard Table 12 will be ensured. However data was still not available when this report was drafted.

See also chapters 4.3., 7.2. and 8.3. for related information.

8.5. Social Costs

Under the National Action Plan – Horizon 2008, the IDT funded research at the School of Economics (*Faculdade de Economia*) of Universidade Nova de Lisboa which had 2 main objectives: to develop a model to estimate costs of drug abuse and test it, and to estimate the size of the illicit markets of heroin, cocaine, cannabis and synthetic drugs (see chapter 10.2). A first theorectical approach was proposed to perform a cost-benefit analysis, identifying the consequences of drug abuse and to use it as an evaluation instrument for the impact of this problem in the different areas of society. The methodology, its principles and its limitations were presented and a first attempt was made to identify costs and benefits associated to drug abuse. Cost include health and legal consequences, impact in academic and professional career, as well as in future earnings, psychological and social costs. Benefits include licit and illicit earnings for individuals involved in this area, impact on markets and on the knowledge infrastructure.

(Soares2007) identified the following direct and indirect costs and benefits of drug use:

Areas	Health	Economy	Consequences in Legal Settings	Psychological and Political- Social
Direct costs	Treatment of: - Excessive use - Diseases resulting from use - Diseases for which use is a high risk factor Research	Impact on the professional career: - Reduction of the productivity - Higher absenteeism - Higher risk of punishment for illicit activities	Effort of investigation and location of the trafficking networks and control of the local sale Criminality resulting from drug use Judicial system Production of legislation	Stress and pain felt by the users, their relatives and friends Reduction of the quality of life of the individual
Indirect costs	Treatment of the victims of violence caused by the addiction Informal care by relatives and friends Cost of opportunity of the resources	Impact on the academic career Reduction of the fiscal revenue of the state	Lobbying for the role of each agency in the fight against drugs Cost of opportunity of the resources	Stress and pain felt by the victims of violence caused by the abuse
Benefits	Research can have positive externalities	Positive usefulness of drug use Profit received by the individuals who work in this area		

Table 11 – Categories for direct and indirect costs and benefits of drug abuse (Soares2007)

The cost-benefit analysis of the drugs problem does not depend on the existing market structure in terms of the identified cost and benefit items. However, estimating the value of costs and benefits is very much influenced by the existing market structure as it affects some of its variables such as price, risks involved in using drugs and the available quantities of drugs. Market data is therefore important for the next steps of this research.

Practical implementation of this model to one area of intervention is currentely under consideration and dependent on the availability of the necessary data.

9. Responses to Social Correlates and Consequences

Overview

Responses to social consequences of drug abuse in Portugal are mainly promoted by social reintegration programmes implemented by the IDT, the Institute for Labour and Professional Training (IEFP), the Institute of Solidarity and Social Security from the Ministry of Social Security and by public and private treatment centres which consider reinsertion to be part of the complete treatment process. In the criminal justice setting the Institute for Social Reinsertion and the Directorate General of Prisons are the main actors in this area.

The main priorities established by the National Plan for the 2005-2012 period (please see chapter 1.3.) on the area of rehabilitation are:

- To ensure comprehensiveness and coordination of the rehabilitation resources in all aspects of the clients' lives to facilitate the development of responsible and demanding life projects;
- To promote rehabilitation as a global process, involving all stakeholders in integrated responses, through an effective and participated management.

In 2006, particular attention was given to the cooperation amongst governmental agencies in several areas: with the IEFP to revitalise programme Vida-Emprego (see below) and the setting up of PASITForm (Action Programme for Awareness and Intervention in Drug Abuse – Professional training), with the Social Security to implement the Manual of Proceedures for local units (see last year's National Report) and with workers unions to promote training and professional insertion (IDT2007a).

The priority area was, however, the implementation of PORI (see chapter 3) at reinsertion level. The framework is based on a manual published by the IDT (IDT2007d) which drew from internationally recognised good practices in this area and a working group (with which the EMCDDA cooperated) is currently structuring a national approach to data collection systems, information flows and evaluation indicators to be used which is based in a comprehensive view of this area.

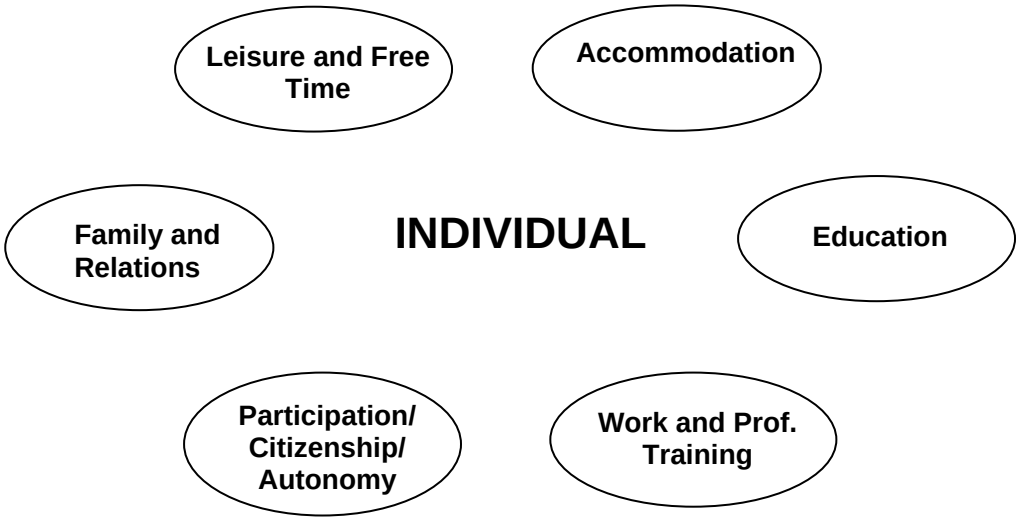


Figure 8 – Intervention in Reintegration (IDT2007d)

According to the EMCDDA Structured Questionnaire 28, reintegration comprises 4 dimensions: Education, Work and Professional Training and Others (including leisure activities, counselling). To guarantee the comparability of the data, the first 3 dimensions

were maintained and 3 new ones were introduced within the dimension *others*: Participation / Citizenship / Autonomy, Leisure and Free Time, Family and Relations.

Regarding to the data collection, the following structure was defined:

Ex-ante evaluation: a first assessment is made when the individual requests a service;

On-going evaluation: During the follow-up process, changes to the initial assessment are registered every 6 months;

Ex-post evaluation: At the end of the intervention the situation is again assessed, 1 year after the entry of the individual into the system and repeated successively each 12 months.

One of the main aspects of public policies in Portugal is that different Ministries try to coordinate their policies in matters of shared objectives. The issue of poverty and social exclusion in one of them and, as such, the approval of the National Action Plan for Inclusion (PNAI) for the period 2006-2008 (please see chapter 1.2) is of particular importance.

PNAI states that particular vulnerable groups include people with disabilities, children and young people at risk, victims of human traffic, drug users, individuals in prison, individuals who left prison and the homeless, amongst others (please see chapter 8.3.). It foresees several integration programmes that include the areas of poverty and housing, education and training, and discrimination for which drug users, as a vulnerable group, are particularly eligible. The Plan includes a list of programmes with the correspondent responsible party and available budget and its implementation will include an on-going monitoring system supported by: a) the use of structural indicators of social cohesion and Laken indicators, for comparability with other Member States; b) result indicators for each of the 3 main areas referred above and c) progress and follow-up indicators to measure the implementation of the programmes.

9.1. Social Reintegration

Housing

Governmental welfare centres at district level are responsible for the certification process of reinsertion **housing facilities** available for drug users after the initial treatment period. In 2006, 27 of 28 reinsertion apartments - (halfway houses for clients of treatment centres leaving with a programmed medical release or for individuals in prison after release) were active during the year for a total of 277 individuals/month (315 in 2005) needing that type of service. The annual costs incurred in € 1.026.97, 17 (€ 827 343,59 in 2005) and € 420 438,50 in 2004 - but some organisations did not report on this item on time).

In order to ensure quality of service, the Institute regularly visits these projects onsite.

Please see chapter 4.4. for a profile of these clients.

Education, training

Prevention programmes for **young school drop outs** and **young offenders** may be funded by the IDT under PIF. In general they aim at developing preventive measures on the basis of the promotion of social integration, vocational counselling and pre-professional training. They may be implemented both in the school setting and outside of school. Please see information on chapter 3.2. of this Report.

Employment

The major actor in employment related reinsertion activities in Portugal is the IEFP which main objective, concerning this area, is to promote the social and professional (re)integration of recovered drug users, or of drug users in treatment, through their participation in professional training and job promotion initiatives. The referrals, made by the IEFP regional and local services, are usually combined with specific counselling and intervention in the clients' personal and social setting.

In 2006, the IEFP acted mainly in two different areas:

- Regular programmes and interventions where no identification of drug users is made and thus no specific data exists for this area;
- Specific programmes and interventions (already described in the 2004 National Report) where information exists for the number of drug users who were involved:

	2000	2001	2002	2003	2004	2005	2006
Specific training	102	50	9	76	62	n.a.	77
Reinsertion businesses	56	60	97	83	47	n.a	n.a.
Insertion/Employment	n.a.	23	46	61	36	23	3
Occupational programmes	n.a.	n.a.	58	23	78	69	31
Other programmes	n.a.	48	18	132	134	n.a	38
Totals	158	181	228	375	357	n.a	184

Table 12 – Number of drug users involved in special interventions of the IEFP– 2001-2006 (IDT2007a)

Particularly targeted to ex-drug users who have finished or are finishing a treatment programme is **Programme *Vida-Emprego*** (Resolution of the Council of Ministers n. º 136/98, of the 4th of December), implemented through 5 regional agencies and already described in previous National Reports.

In 2006, this programme had a budget of € 4 839 963,24 (€ 5 948 397 in 2005, € 5 756 333,92 in 2004 and € 5 994 835,82 in 2003). Data is also available since 1999 on request which was not totally executed (€ 4 853 735) through the funding of 1 403 initiatives (1 593 in 2005, 1 428 in 2004 and 1 445 in 2003) 804 companies, non-profit organisation and local and central administration services (715 in 2005 and 778 in 2004) were active partners in this programme. The Northern region implemented 34% of the initiatives, the region of Lisbon and the Tagus Valley 29%, the Central region 19%, the Alentejo region 11% and the Algarve region 7% of the initiatives in the framework of this programme, figures very similar to 2005 and 2004.

The IDT's Regional Delegation of the Algarve, traditionally the most proactive one at this level, also promoted specific reinsertion programmes for recovering drug users.

- Programme SABER, followed-up on 275 clients placed in 45 companies. 125 were, after the end of the programme, fully re-integrated in the work setting without any intervention from the programme;

- Through the Programme ***Rede de Artesãos*** (Artisans' Network), an EQUAL funded programme until 2005, which aims at promoting pre-professional experiences to help integrate drug users, and Professional Training Programmes, the Regional Delegation reached 181 individuals (41 in 2005, 117 in 2004 and 115 in 2003). The programme involved a significant number of private businesses, non-profit organisations and local and central public administration services. This represented a 1,7% increase in the number of clients integrated in the Programme *Rede de Artesãos* and a 34,7% increase in the number of employers involved in comparison to 2003. This programme was nominated, in 2006, as a best practice in the public service;

9.2. Prevention of drug related crime

As an **alternative to prison**, the 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 abuse, 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).

In 2006:

- No clients starting treatment in a public therapeutic community were by the Court as an alternative to prison (3% in 2005 and 1% in 2004). 4% of those starting treatment in a private therapeutic community (as in 2005 and 2004) were referred by the Court as an alternative to prison;
- 6% of all the active clients and 9% of first treatment demands in the public outpatient units were referred by Criminal Justice Services, identical figures to previous years.

The Directorate General of Prisons and the Institute for Social Rehabilitation, agencies of the Ministry of Justice, are the main actors in the criminal justice system. In the **prison setting**, interventions are implemented in the framework of the Special Drug Abuse Prevention Programme in Prisons (*Programa Especial de Prevenção da Toxicodependência nos Estabelecimentos Prisionais*-PEPTEP) set up in 1999 and already described in previous National Reports. It includes interventions in treatment, social rehabilitation and harm reduction and is implemented by the General Directorate of Prisons in close co-operation with the IDT and the Institute for Social Rehabilitation.

As reported in chapters 1.2 and 7.3, a pilot syringe exchange programme will be set up in two prisons until the end of 2007.

In the specific area of abstinence-oriented treatment in the **prison setting**, in 2006, a new drug-free unit became available, increasing to 7 the number of drug-free units in seven prisons with a total capacity for 200 (179 last year) individuals. The therapeutic community with a capacity for 45 individuals and one halfway house with capacity for 12 beds remain available.

Substitution treatment is also available in the prison setting. Please see chapter 5.4.

In the area of risk reduction and health promotion this programme implements infectious diseases testing (HIV and hepatitis B and C), hepatitis B vaccination, the provision of medical care for such conditions, condom and disinfecting substances distribution. These have also already been described in previous National Reports. The available figures concerning these responses are reported in chapter 7.2. of this Report.

10. Drug Markets

10.1. Overview

Concerning the **number of seizures**:

- In 2006, for the 5th consecutive year, hashish was the substance involved in a higher number of seizures (2 511), followed by cocaine (1 399), leaving heroin (wih 1 317) for the second time in 3rd place. The number of herbal cannabis (liamba) (362) and ecstasy (135) seizures continue to be much lower;
- In comparison to 2005, there were more seizures of herbal cannabis (liamba) (+19%), cocaine (+2%), heroin (+1%) and less seizures of cannabis (-7%) and ecstasy (-19%);
- The number of seizures of cocaine and herbal cannabis (liamba) were the higher ones registered since 2000, in the case of cocaine for the fourth consecutive year and for the third consecutive year in the case of herbal cannabis (liamba);
- For the first time seizures of 2C-B and mCPP were registered.

Concerning the **seized quantities**:

- In comparison to 2005, cocaine registered the most higher value ever, representing an increase of +91% in comparison to last year. Contrarly the quantities of seized cannabis decreased -70% in comparison to 2005, and registered the lower value in the last four years
- As for less traditional substances, LSD stamps and flasks, magic mushrooms, cannabis pollen and powder and ecstasy crystals, already referred in previous years, were seized and, for the third time, there was a reference to the seizure of buprenorphine pills.

Concerning **countries of origin** of the seized drugs, heroin came mainly from The Netherlands, cocaine from Venezuela, hashish from Morocco, liamba from Angola and ecstasy from The Netherlands. Most of the cocaine and hashish seized were destined to the external market.

Concerning the prices of these substances at **trafficker and trafficker-user level** and in comparison to 2005, herbal cannabis (liamba) and ecstasy reported decreases whereas cocaine reported an increase. The mean prices of herbal cannabis (liamba) and ecstasy registered the lowest values since 2002, and cocaine the highest value since 2002.

10.2. Availability and supply

Regarding the **main origin** of the seized drugs in Portugal:

- The Netherlands and Spain are the main origin of the **heroin** seized in 2006 (respectively 48% and 6%) The origin of 41% of the seized heroin remains unknown;
- In the case of cocaine, more than half of the **cocaine** seized in 2006 was again from unknown origin, from Venezuela (4%), Brazil (1%) and Colombia (1%);
- Similarly to previous years, Morocco (70%) was the main origin countries of the seized **hashish** but 27% of the seized hashish was of unknown origin;
- Concerning **herbal cannabis** (liamba), again Angola (64%) appeared as the main origin with only 27% reaching Portugal from an unknown origin;
- The Netherlands were the main origin for the seized **ecstasy** (76%).

The IDT funded a study on the **dimension and characteristics of the cannabis market**. (Barros 2006) concluded that:

- Cannabis present in the national market is produced outside of Portugal;
- Demand is sensitive to price, mainly in aggregate markets terms, but also at the individual level;
- There is a certain degree of product differentiation, mainly due to the different importation origins;
- Alcool and ecstasy are complementary products of cannabis use, in the economic sense of the term. A decrease in the price of cannabis is usually associated to an increase in the use of these three products;
- There are legal barriers to cannabis supply, as this is an illicit activity;
- The storing requirements to imports do not create significant barriers to entry of new actors in the distribution of the product;
- Distribution networks are not a significant barrier to entry in the supply side. The distribution networks have several hierarchical levels, although the available information does not allow for a detailed and precise characterisation;
- Existing distribution networks show enough flexibility to adapt to the needs of each place so as to minimise distribution costs. Distribution networks have, in general, a light and decentralized structure;
- There is, in many cases, a proximity relationship between the “retailer” and the final user. A stable and specific relationship between the “retailer” and final user may develop, as a way to overcome the uncertainty over product quality;
- The existence of exclusive distribution territories has important implications for the functioning of markets. Currently, there is no information available on the existence, size and effectiveness of exclusive territories;
- It seems that an existing supplier will not face significant barriers to entry in different geographical regions;
- Continental Portugal was considered to be a single geographical market, although some geographical differences persist. Integration at national level is ensured by the potential geographic mobiliy of supply side actors. The degree of integration in a single national market is assessed by the analysis of price differentials across distinct geographical areas;
- Within the integrated market in Continental Portugal, some geographic segmentation can be identified, with the region of Great Oporto on the one side and the region of Great Lisbon, on the other;
- The Autonomous Regions of Azores and Madeira constitute separate geographical markets;
- Laundering of profits is an important component of supply side activities. It is done both in small and large scale, according to the size of the group operating on the supply side;
- The exercice of market power by the supplier has ambiguous effects on social welfare if a pre-judgement exists which favours a smaller use level;
- From the available information, it is possible to conclude in favour of a market structure for cannabis supply in Portugal, characterised by the existence of a decentralised decision model, operating close to the notion of perfect competition, as entry conditions are easy and the operating organisations are small;
- In the context of this market, and taking into consideration the probability of law enforcement interventions, with the associated penalties, the expected profit margin

seems relatively small, and allows only for what is known in economis by a “normal return”.

Please see chapter 1.3. for information on the setting up of MAOC-N.

10.3. Seizures

Quantities and numbers of drug seizures

In terms of **numbers of drug seizures** and for the fifth consecutive year **hashish**, and not heroin, was the main substance involved in seizures[33] (2 511), contrarily of what had been happening since 1990. It was followed, for the second time by cocaine (1 399) and then by heroin (1 317).

Since 2000 the number of **heroin** seizures had been decreasing, but in comparison to 2005, and though ranking below cocaine for the second time, a 1% increase was registered in 2006.

In 2006, the number of **cocaine** and **herbal cannabis** (liamba) seizures also registered increases for the fourth consecutive year, respectively +2% and +19%, reaching the higher values since 2000.

As usual **herbal cannabis** (liamba) and **ecstasy** registered lower numbers of seizures (respectively 362 and 135). Contrarily to the increase registered for herbal cannabis, the number of ecstasy seizures decreased by 19% in comparison to 2005.

Concerning the **quantity of seized drugs**, in comparison to 2005, in 2006 an increase was verified in the seized quantity of **cocaine** (+91%) the highest value ever registered. A decrease was registered in the quantity of hashish seized (-70% than in 2005), the lower value of the last four years.

Concerning other drugs availability in the national market, seizures of several other substances ocurred (capsules of amphepramone, amphetamines, ground ecstasy, ecstasy crystals, LSD) and for the first time there was reference to 2C-B and to mCPP.

Seizures involving **significant quantities**[34] in 2006 recorded similar percentages to previous years: 6% of the total number of **heroin** seizures, 27% of **cocaine**, 4% of **hashish**, 4% of **herbal cannabis** (liamba) and 20% of the **ecstasy** seizures.

These seizures involving significant quantities have been increasing their relative weight in the total number of seizures, which reflects, on the one hand the consequences of the decriminalisation of drug use, and, on the other, the reinforcement of supply control interventions and/or higher availability of drugs in the country, especially because, in some cases, the increasing trend became visible before decriminalisation was implemented.

At regional level:

- The district of Lisbon registered the highest quantity seized of **heroin** (73%)
- Concerning **cocaine,** Faro registered the highest quantity of seized cocaine (24%) followed by Braga (18%), Lisbon (17%) and Aveiro (12%);
- Concerning **hashish**, Beja registered the highest quantity of seized (46%) followed by Faro (40%);
- Similarly to previous years, Lisbon was the district with the highest quantity of seized **herbal cannabis** (liamba) (75%);
- Porto was the district with the highest quantity of seized ecstasy.

[33] A seizure involving more than one drug is included in the number of seizures for each of the involved substances.

[34] For heroin and cocaine quantities above 100g are considered and for cannabis quantities above 1000g are considered, according to the criteria used by the UN. For ecstasy, according to the criteria used by the National Criminal Police, seizures above 50 pills were considered significant. Accordingly, for the purpose of data analysis, only the seizures expressed in that unit were considered.

In 2006, the district of Lisbon recorded the highest quantities of hallucinogenic mushroom and LSD stamps seized, the Island of São Miguel (Azores) the highest quantity of seized buprenorphine pills and Braga the highest quantity of cannabis pollen. This indicates a dispersion at district level which has been also registered in drug use indicators.

Year / Type of Drug [b]	1998	1999	2000	2001 [a]	2002	2003	2004	2005	2006
Grammes									
Heroin	96 666	76 417	567 533	316 039	96 315	72 365	99 047	182 266	144 295
Cocaine	624 949	822 560	3 026 374	5 573 994	3 140 103	3 016 881	7 422 752	18 083 231	34 477 476
Hashish	5 574 794	10 636 075	30 467 121	6 472 688	7 022 029	31 555 686	28 994 459	28 258 016	8 458 418
Herbal Cannabis	7 115	65 766	223 212	234 533	361 026	264 821	118 929	121 394	151 915
Pills									
Ecstasy	1 127	31 319	25 496	126 451	222 466	155 492	107 734,5	118 162	113 835

Table 13 – Seizures, by year and by Type of Drug 1998-2006 (IDT 2007a)

a) With the implementation, on 1st of July 2001, of the new legal framework on the decriminalisation of drug use, data in this area started to be collected in a central register kept by the IDT and kept apart from the Criminal Police's central register. f) to j) See Standard Table 13

10.4. Price/Purity

In comparison to 2005, in 2006 the price of drugs at **trafficker and trafficker-user level**[35] did not suffer relevant variations, with the exception of the decrease registered in the average price of herbal cannabis (liamba), that presented for the first time in the last five years a value inferior to hashish.

The mean prices of herbal canabis (liamba) and ecsatsy were the lowest reported since 2002, contrary to cocaine which registered in 2006 the highest price since 2002. Since 2002 cocanie prices have been increasing and those of ecstasy decreasing. For the second consecutive year cocaine was priced higher than heroin.

Year / Type of Drug	1998	1999	2000	2001	2002	2003	2004	2005	2006
Per gramme									
Heroin	38,50 €	31,33 €	49,72 €	50,27 €	43,78 €	46,80 €	46,54 €	41,01 €	42,17 €
Cocaine	45,63 €	40,37 €	60,31 €	53,51 €	38,57 €	41,40 €	42,23 €	45,11 €	45,73 €
Hashish	1,78 €	1,09 €	4,13 €	4,06 €	2,45 €	2,49 €	2,31 €	2,13 €	2,18 €
Herbal Cannabis	2,25 €	1,40 €	3,83 €	3,26 €	2,62 €	4,00 €	2,66 €	3,67 €	2,15 €
Per tablet									
Ecstasy	11,70 €	6,70 €	5,98 €	6,86 €	5,90 €	5,27 €	4,50 €	3,56 €	3,18 €

Table 14 – Average Price of drugs 1998-2006 (IDT 2007a)

In 2006 concerning **purity**, and according to the data reported in Standard Table 14, increases were verified in the average purity of cannabis resin and herbal cannabis and decreases registered in amphetamines and ecstasy, contrarly to what happend in 2005. The **composition of pills** sold at street level, as reported in Standard Table 15, indicates a decrease in the percentage of pills where a combination of substances was found (MDMA, MDA, MDEA) and a significant decrease in the percentage of the category "2 (meth)amphetamine (as the only scheduled substances)".

[35] The Criminal Police does not collect data on price at street level since the 1st of July 2001, when the decriminalisation law came into force as users are no longer questioned by the police.

Part B

Selected Issues

11. Public Expenditures

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Overview

The Portuguese *National Strategy for the Fight against Drugs* (NSFAD) (PCM1999), published in 1999, established 13 strategic options one of which was "To double public investment to PTE 32 billion[36] (at the rhythm of 10% a year) over the next five years, so as to finance the implementation of the national drug strategy, especially in the areas of primary, secondary and tertiary prevention, (now named prevention (universal, selective and indicated), treatment, harm reduction and rehabilitation), research and training, to subsidise families within the framework of the support system for treatment and social reintegration of drug addicts and to support initiatives of public interest promoted by private charity institutions and other institutions representing civil society. This public investment also contemplates the development of a special drug prevention programme in prisons." (PCM1999).

In 1999 public investment in all the areas that encompassed the Portuguese policy against drugs amounted to PTE 16 billion[37], as stated in the annual report presented to the Portuguese National Parliament (*Assembleia da República*) (IPDT2000).

However, due to the lack of information, the *Instituto Nacional de Administração*, which was commissioned with the external evaluation of the National Strategy (INA2004) carried in 2004, reported that it was not possible to compare public expenditures in 1999 and 2003.

In subsequent years the national report presented every year to the National Parliament did not include an overall estimate of drug-related public expenditures, no doubt because of the difficulty of distinguishing direct and indirect drug-related expenditures in budgets and activity reports of institutions that implement the Portuguese National Strategy (INA2004).

Methodology

To provide a current update of information on drug-related expenditure in Portugal 2005 was considered as reference year, the most recent year for which it is possible to have access to a broad range of comprehensive published documents and reports in order to research accurate data. In some cases, when 2006 data is available, figures for both years are reported.

The focus was placed in the sectors of Public Order and Safety, and Health and each budgeted labelled drug related fund within a COFOG function (1st level) and group (2nd level) was researched. In some cases it was possible to classify within a COFOG class (3rd level). Additionally, each budgeted labelled drug related fund within one of the four Reuter's (Reuter2006) drug programs division was classified: 1. Prevention programs; 2. Treatment programs; 3. Enforcement programs; 4. Harm reduction programs.

The allotment of expenditures according to COFOG's or Reuter's brought us to different results, since when following a programmatic division for expenditure an important mass of funds, mostly related to management, human resources and administrative tasks are left out by the institutions reports.

This is quite visible for the two Portuguese agencies that are fully dedicated to the fight against drugs: the *Instituto da Droga e da Toxicodependência, I.P.* (Institute for Drugs and Drug Addiction - IDT), and the *Direcção Central de Investigação do Tráfico de*

[36] 159.615.327,06 €.
[37] 79.807.663,53 €.

Estupefacientes (DCITE), the Criminal Police Sub-directorate that is fully dedicated to drug supply reduction. In each case, figures in the year-end report are very different, depending if that they are presented according to a programmatic or an organic division.

When it was not possible to list labelled drug-related expenditures, an estimation of the attributable proportions of non-labelled (drug-related) expenditures was estimated based on criteria presented for each case.

The Portuguese Institutional Framework

For a comprehensive understanding of the figures presented it is important to have an overview of the design of the Portuguese institutional framework regarding the drug and drug addiction public policy.

The IDT, an agency of the Ministry of Health, concentrates its activity in the implementation of demand reduction policies and treatment of drug abusers: prevention, treatment, harm reduction and rehabilitation. Public treatment offer is complemented by formal agreements between the IDT and the private sector institutions and NGOs. Prevention and harm reduction activities may be acquired to third parties, mostly NGOs.

Additionally, the IDT's President is the National Coordinator on the Fight against Drugs and Drug Addiction. The IDT is due to supply administrative support, including expenditures incurred in carrying out the National Coordinator's mandate, which includes international co--operation, the chairmanship of the Technical Commission of the Interministerial Council for the Fight against Drugs, a body of experts representing the ministers that sit in the Interministerial Council, and the National Council for the Fight against Drugs, a consultation body representing the Autonomous Regions of Madeira and Azores, independent organs such as Courts, the Public Prosecutor Office, public and private universities and several bodies from the civil society.

The IDT is also responsible for the administrative support to the Drug Abuse Dissuasion Commissions (CDTs).

The Ministry of Health implements a needle exchange programme in pharmacies and harm reduction selected points. This programme is managed by the National Association of Pharmacies within a public private partnership. Funds are technically overviewed by the High Commission for Health, a body of the Ministry of Health, and paid for by the Institute for Informatics and Financial Management of Health[38] (IGIF) (please see chapter 7).

The Ministry of Education has a special unit dedicated to the design of contents to school curricula and materials, the *Direcção-Geral de Inovação e Desenvolvimento Curricular* (DGIDC). This unit produces materials, under the umbrella of the Health Education Programme, meant to promote drug prevention in schools (please see chapter 3).

The *Direcção-Geral dos Serviços Prisionais* (DGSP), the General Directorate for Prison Services is a body of the Ministry of Justice which implement a treatment programme of its own. Treatment programmes are implemented on so called drug-free prison wings, a therapeutic community and a halfway house. The DGPS also cooperates with the IDT to guarantee inmates' drug addiction treatment both during and after prison (please see chapter 5).

The Ministry of National Defence carries a labour intervention program that covers Prevention, and Treatment, the Program for the Prevention and Fight of Alcoholism and Drug Addiction (PPCDAFA). The Naval Corps of the Ministry of National Defence are also active in the field of protection and intervention against drug trafficking in international sea waters.

The implementation of Public Order and Safety policies is distributed amongst the Ministries of Internal Administration, Justice, Finance (for the Customs operations) and National Defence.

[38] IGIF was extinct in 2007 and its functions are currently committed to the Secretary General of the Ministry of Health.

The Ministry of Internal Administration encompasses two bodies of police, the PSP, active in large and medium urban agglomerations, and the GNR, which is active in smaller urban and rural areas. Both cooperate in a prevention program aimed to the school community (curricula, teachers, pupils and parents) the *Programa Escola Segura*, Safe School Program, in co-operation with the Ministry of Education (please see chapter 3), as well as pursuing supply reduction investigation and on the field action. These police corps are also active in field action including investigation, road controls and search for drivers under the influence of drugs or psychotropics and general prevention actions aimed at youngsters and parents.

Furthermore, the GNR has a special unit dedicated to coast and national sea water patrol, specially oriented to prosecute drug trafficking vessels and inhibit the disembark of drug along the Portuguese sea shore.

The *Agência Nacional de Autoridade Rodoviária*, the Portuguese National Authority for Road Safety, previously the Directorate General for Traffic (DGV), in the scope of the Ministry of Internal Administration, is responsible for the administration of the traffic system and road safety policies, thus cooperating closely with proximity police bodies, PSP and GNR.

The Ministry of Justice encompasses the Judiciary Police, the Directorate General for Prisons and the *Instituto Nacional de Medicina Legal* (INML), the National Institute for Forensic Medicine. In the scope of the Criminal Police there is a special Sub-Directorate exclusively for the investigation of drug trafficking (DCITE) and a body of scientific police, *Laboratório de Polícia Científica* (LPC), the Scientific Police Laboratory, that is responsible for analysis of substances apprehended in field operations.

The *Direcção Geral das Alfândegas e Impostos Especiais sobre o Consumo* (DGAIEC), Directorate General of Customs and Excises, has a specific mandate regarding drug trafficking, under the umbrella of customs and border protection, inhibiting import, transit and export of prohibited and restricted merchandises. DGAIEC cooperates both at external and internal level with police and intelligence services and other customs authorities.

Courts are sovereign bodies, independent from each other. The *Conselho Superior da Magistratura* (CSM), Magistrate High Council, is the State body to which are entitled the judiciary movement, promotion and disciplinary functions. Judges fees are paid through the CSM, which represents court judges at central level.

The Public Prosecutor Office (PGR) exercises, among others, the penal action, which is delegated through Public Ministry Offices at the administrative division.

The *Banco de Portugal*, Portugal's central bank, carries the task of financial supervisor, which includes overview of co-operation in money laundering. Expenditures incurred by the Bank of Portugal have not been considered in this chapter.

The design of the Portuguese institutional framework for the fight against drugs and drug addiction implies that two agencies play a role exclusively oriented towards drug related policies, IDT on the Demand Reduction, Treatment and Harm Reduction axis, and DCITE, the Criminal Police specialized department, in the Supply Reduction axis.

Table 15 summarises public expenditures tables according to source along the COFOG structure:

Division	Group	Class		Ministry/Organ
01	General Public Services			Ministry of Finances
	01.1	01.1.2	Financial and Fiscal Affairs	
02	Defence			Ministry of Defence
	02.1	Military Defence		
03	Public Order and Safety			Ministry of Internal Administration Courts Public Prosecutor
	03.01 03.03 03.04 03.06	Police Services Law Courts Prisons Public order and safety n.e.c.		
0.7	Health			Ministry of Health
	07.1	Medical products, appliances and equipment		
	07.2	Outpatient services		Ministry of Health Ministry of Defence Ministry of Justice
	07.2.2	Specialised Medical Services		
	07.4	Public health services		Ministry of Education
		07.4.0	School health monitoring and prevention services	
	07.6	Health n.e.c.		Ministry of Health
10	Social Protection[39]			Ministry of Labour and Social Security

Table 15 - Portuguese drug-related public expenditures institutional framework according to COFOG[40]

Table 16 presents drug-related public expenditures from Ministerial sources according to Reuter's (2006) drug programmes division: 1. Prevention programmes; 2. Treatment programmes; 3. Enforcement programmes; 4. Harm reduction programmes. In this case, the COFOG structure was correlated to that division.

In accordance to Portugal's politic administrative division, public expenditures reported by all institutions listed in table 16 are central level related, even if corresponding to regional or local field operations and services.

Because of the difficulty in appraising such expenditures, this chapter does not provide drug-related public expenditures from Municipalities, incurred mainly in the fields of prevention and harm reduction. A large number of activities undertaken by them are sponsored by programs financed by the IDT. Thus, public expenditures presented in this chapter either under COFOG Division 07 or Reuter's divisions 1 (prevention) and 4 (harm reduction) are likely to cover most drug-related public expenditures incurred by Municipalities. This covers, for instance, prevention activities and street teams doing outreach work, financed at national level by the IDT and implemented at local level by NGOs, sometimes in partnership with Municipalities. This chapter does not provide drug-related public expenditure in the Azores and the Madeira Autonomous Regions.

[39] Public expenditures in COFOG division 10 will not covered by this report. It is provided for methodological and information purpose only.
[40] United Nations Statistics Division, http://unstats.un.org/unsd/cr/registry/regcst.asp?Cl=4&Lg=1.

Reuter's Division	COFOG Structure	Ministry	Institution[41]
1. Prevention programs	03.6.0 Police Services[42]	Ministry of Internal Administration	GNR PSP
	07.4.0 Public Health Services	Ministry of Education Ministry of Health	DGIDC IDT
2. Treatment	0.7.2.2 Specialised Medical Services	Ministry of Health Ministry of Justice Ministry of Defence	IDT DGSP DGPRM
	07.4.0 Public Health Services	Ministry of Education	DGIDC
3. Enforcement programs	01.1.2 Financial and Fiscal Affairs	Ministry of Finances	DGAIEC
	02.1 Military Defence	Ministry of Defence	AN (Naval Authority)
	03.1 Police Services	Ministry of Internal Administration	GNR, PSP, DGV
		Ministry of Justice	PJ DCITE LPC
			INML
	03.3 Law Courts	Courts Public Prosecutor Ministry of Justice[43]	
	03.4 Prisons	Ministry of Justice	DGSP
4. Harm reduction programs	0.7.2.2 Specialised Medical Services	Ministry of Health	IDT IGIF
		National Association of Pharmacies	

Table 16 - Portuguese drug-related public expenditures according to Reuter's Programmatic Division correlated to the COFOG Structure

The next table accounts for the 2005 budget and year-end report public expenditures in Ministries with direct involvement within the Drug National Strategy, structured according the XVII Constitutional Government ministerial division.

[41] Portuguese acronyms.
[42] Expenditure incurred within the Safe School Programme (*Programa Escola Segura*, please see also chapter 3).
[43] Includes expenditures related to the administration of Justice such as law court buildings, administrative personnel, etc.

COFOG Structure	Ministry (XVII CG)	Budget as of December 2005	Execution Year-End
		Million €	
01.1.2 Financial and Fiscal Affairs	Finances and Public Administration	54.727,4	57.292,9
0.7.2.2 Specialised Medical Services	National Defence	1.929,6	2.042,3
03.1 Police Services 03.6.0 Police Services[44]	Internal Administration	1.442,3	1.556,7
03.1 Police Services 0.7.2.2 Specialised Medical Services	Justice[45]	952,0	1.066,7
0.7.2.2 Specialised Medical Services 07.4.0 Public Health Services	Health	6.019,8	7.759,1
07.4.0 Public Health Services	Education	5.679,9	6.062,8
10. Social Protection	Labour and Social Security	4.612,5	4.942,4

Source: Ministry of Finances and Public Administration, Directorate General of Budget, 2005 State General Account, 2006, Lisbon, available at http://www.dgo.pt/Cge/cge2005/index.htm.

Table 17 - 2005 Portuguese State Budget and year-end report in Ministries with drug-related expenditures

The cost of implementing the Portuguese Action Plan - Horizon 2008 was estimated and reported as presented in the next table.

[44] Expenditure incurred with the Safe School Program (*Programa Escola Segura*, please see chapter 3).
[45] The Ministry of Justice has resources of its own that channel to operating expenses.

Group	Class		Ministry		2006 Budget	2007 Budget	2008 Budget	Σ
01 General Public Services			Finances and Public[46] Administration		€ 2.095.000,00	€ 2.150.000,00	€ 2.214.500,00	€ 6.459.500,00
01.1	01.1.2	Financial and Fiscal Affairs						
02 Defence			National Defence		€ 180.000,00	€ 185.400,00	€ 190.962,00	€ 556.362,00
02.1	Military Defence[47]							
03 Public Order and Safety			Internal Administration					
03.01	Police Services			PSP[48]	€ 37.948,00	€ 39.086,44	€ 40.259,03	€ 117.293,47
				GNR	€ 4.400.000,00	€ 4.532.000,00	€ 4.667.960,00	€ 13.599.960,00
03.06	Public order and safety n.e.c.		Justice[49]		€ 413.848,43	€ 426.263,88	€ 439.051,80	€ 1.279.164,11
07 Health			Health					
07.1	Medical products, appliances and equipment			IDT[50]	€ 21.000.000,00	€ 25.813.795,47	€ 26.588.209,33	€ 73.402.004,80
				SG[51]	€ 1.139.655,92	€ 1.173.845,60	€ 1.209.060,97	€ 3.522.562,49
07.2	Outpatient services							
07.2.2	Specialised Medical Services							
07.3.2	Medical Specialised Services		National Defence[52]		€ 819.877,00	€ 844.473,31	€ 869.807,51	€ 2.534.157,82
07.3.2	Medical Specialised Services		Justice[53]		€ 233.857,00	€ 240.872,71	€ 248.098,89	€ 722.828,60
07.4	Public health services							
	07.4.0	School health monitoring and prevention services	Education		€ 191.000,00	€ 196.730,00	€ 202.631,90	€ 590.361,90
			Internal Administration[54]		€ 4.818.500,00	€ 4.963.055,00	€ 5.111.946,65	€ 14.893.501,65
10	Social Protection[55]		Labour and Social Security		€ 12.827.251,00	13.212.068,53	€ 13.608.430,59	39.647.750,12
				Total	€ 48.156.937,35	€ 53.777.509,94	€ 55.390.918,67	€ 157.325.446,96

Table 18 – Portuguese Action Plan Horizon 2008 Anticipated Expenditures (IDT2007e)

[46] Personnel and capital amortization related with detection technical means. This estimate was not disclosed beforehand.
[47] Naval Authority.
[48] PSP's Drug Road Patrol Kits.
[49] Judiciary Police's Sub Directorate for the Drug Traffic Investigation. This item does not include drug-relayed expenditures to be incurred by the National Road Authority, Judiciary Police Scientific Laboratory and the Forensic Institute.
[50] This item covers only Conventions and integrated Programs (Prevention, Treatment, Harm Reduction, Rehabilitation as well as Research and Formation) expenditures acquired from third parties.
[51] Needle Exchange Program (please see chapter 7).
[52] Program for the Prevention and Fight of Alcoholism and Drug Addiction.
[53] Expenditure with personnel working in Drug Free Wings.
[54] PSP's Safe School Program (*Programa Escola Segura*, please see chapter 3).
[55] Public expenditures in this COFOG division are not the object of this report. This information is provided for information purpose only.

In the next sections we will present the results of the research on the institutions' labelled and unlabelled drug-related expenditures for which data was possible to collect.

11.1. National estimates of LABELLED drug-related expenditures

In this section we present labelled drug-related expenditures according with the COFOG structure and indicating, when possible, the aforementioned Reuter's division. Within the concept of Enforcement we have included expenditures incurred by the military as well as police corps, prisons and rule of law (courts and public prosecutor).

02 - Military Defence - Programme for the Prevention and Fight of Alcoholism and Drug Addiction in the Military

The Programme for the Prevention and Fight of Alcoholism and Drug Addiction in the Military (PPCDAFA) is managed by the Directorate General of Human Resources and Military Recruitment (DGPRM) and coordinated by a high level unit comprising all bodies of the Armed Forces.

The programme includes prevention, substance detection and rehabilitation activities, as well as treatment. Within the Navy there is one laboratory with international reputation and one special treatment unit, which serves all branches of the military. In case of availability, the treatment unit has a special agreement with the IDT to accept non-military patients.

COFOG's class 07.3.2 includes military base hospitals, therefore we classified expenditures incurred through the Armed Forces Programme for the Prevention and Fight of Alcoholism and Drug Addiction (PPCDAFA) in COFOG's division 07, since the PPCDAFA is aimed to the military, a specific population. This labour intervention programme aims to assure also military security.

According with the programme's managing body, direct labelled expenditures account for half of the overall expenditure.

Published reports do not allow the division of expenditures according with Reuter's division, Prevention, Treatment, Enforcement and Harm Reduction.

Since this programme is also aimed to the prevention and fight of alcoholism, it would be necessary to correct the figure to present only the portion related with drugs. However, this estimate is not available.

COFOG's	
07.3.2 Specialised hospital services	
Total	€ 1.424.501
Reuter's	
1. Prevention; 2. Treatment; 3. Rehabilitation	
Total	€ 1.424.501

Source: IDT (2006)

Table 19 - Program for the Prevention and Fight of Alcoholism and Drug Addiction in the Military in 2005

02 Military Defence - Naval Authority

Under the Portuguese Naval Authority System, the Portuguese Navy is entrusted with the mandate to assure the State authority on sea, as well as cooperation with the Judiciary Police regarding drug trafficking operational coordination and field operations on sea. Several drug apprehensions occurred in 2005.

COFOG's
02.1 Military Defence

Year	2005	2006
Total	€ 62.870	€ 180.000
Reuter's		
3. Enforcement		
Year	2005	2006
Total	€ 62.870	€ 180.000

Source: Naval Authority, IDT 2006, internal documents.

Table 20 - Drug-related field operation expenditures of the Naval Authority in 2005

03 Public Order and Safety - The Criminal Police - Sub-Directorate for the Investigation of Drug Traffic (DCITE)

In the scope of the Criminal Police there is a special Sub-Directorate exclusively for the investigation of drug trafficking (DCITE) and a body of scientific police, the Scientific Police Laboratory (LPC).

For the Criminal Police, drug-related labelled expenditures in 2005 accounted as follows:

COFOG's	
03.1.0 Police Services	
Investigation	€ 162.500,00
Human Resources and Administration	€ 4.246.982,90
Toxicology Materials	€ 12.765,51
Total	€ 4.422.248,43
Reuter's	
3. Enforcement	€ 162.500

Source: National Directory Judiciary Police, 2006, IDT internal documents.

Table 21 - Labelled drug-related Judiciary Police expenditures in 2005

Interestingly enough, a study undertaken by the Scientific Police Laboratory estimated that, at market value prices based in the tab set and published by the Toxicology Institute for 2005, the 23.842 toxicology analysis would amount to € 1.869.213,60.

Table 20 shows two very different figures, depending on the classification chosen for expenditures incurred by the Criminal Police. Investigation, the bulk of the Criminal Police enforcement, is labour intensive and requires the extensive use of support technologies, means and personnel.

03 Public Order and Safety Guarda Nacional Republicana (GNR)

This police corps has a network of Drug Crimes Investigation Units in 23 territorial divisions that in 2005 comprised a force of 145 dedicated men and women and 76 man-dog teams ready for detecting drugs, though they may also undertake other purpose sniffing. There is also has a specialised body for law enforcement along the coast provided with state of the art communications network. In 2006, drug-related expenditures were estimated at € 4.400.000 (please see table 18).

03 Public Order and Safety Public Security Police (PSP)

This police corps in 2005 comprised a force of 320 dedicated men and women, 142 "Programa Escola Segura" identified vehicles, 64 motorcycles and 47 scooters. Labelled and unlabelled drug-related expenditures, however, were unavailable, except for the following in table 22.

	2005	2006
COFOG's	€	
03.6 Police Services	5950	37.948
Reuter's		
3. Enforcement	4223	36.934

Source: PSP, IDT internal documents (2006).

Table 22 - Public Security Police drug-related expenditures in 2005 and 2006

07 Health - Institute for Drugs and Drug Addiction, I.P (Ministry of Health)

The IDT is a national agency of the Ministry of Health. It operates on a regional basis.

	€	
	2005	2006
Intervention Area[56]		
Prevention[57]	7.247.717	5.542.172
Treatment and Rehabilitation	36.711.103	39.853.789
Harm Reduction	3.491.031	3.043.379
Sub Total	50.940.882	48.434.340
Administration, Management and Technical Coordination	14.692.683	19.669.176
Total	62.142.534	68.108.516

Source: IDT Activity Reports 2005 and 2006, available at http://www.idt.pt (2006 and 2007).

Table 23 - IDT's global expenditure in 2005

Expenditures with the Drug Addiction Dissuasion Commissions are included in the Prevention item, since the Action Plan against Drugs and Drug Addiction – Horizon 2008[58] encompasses Dissuasion in the Demand Reduction Vector.

The IDT ensures the labour intensive activity of the Dissuasion Commissions. Therefore, the attributable portion to Dissuasion (€ 2.745.379 in 2005 and € 2.708.799 in 2006) under "Prevention" in Table 23 is just a part of public expenditure incurred, since the Civil Governments Offices[59] support all other functioning expenditures. It was not possible, though, to estimate Civil Governments' unlabelled expenditures related to this item.

07 Health Needle Exchange Programme

The cost of the Needle Exchange Programme, a national harm reduction public program managed by a private institution, the National Association of Pharmacies, amounted to € 1.021.962,84 in 2005 (85.163,57€/month).

[56] According to Reuter's (2006) drug programs division.
[57] This item includes expenditure with Dissuasion.
[58] Available at http://www.idt.pt/id.asp?id=p1.
[59] Civil Government Offices ensure Government representation on national territory in accordance with the principle of administrative devolution.

The cost of management is undetermined. Management includes the production, in some cases acquiring and assembling of the components that constitute the kits, as well as distributing the kits amongst partners. Partners include both entities that act as warehouses and pharmacies that act at the front line.

The National Association of Pharmacies charges monthly the Ministry of Health for the cost of kits. Bills are overviewed by the High Commission for Health. Payment delay was approximately 43 days in 2005.

COFOG's	€
0.7.2.2 Specialized Medical Services	1.021.962,84
Reuter's	
4. Harm Reduction	
Needle Exchange Program	1.021.962,84

Table 24 - Needle exchange program expenditure in 2005 (IDT 2006)

Figures match both COFOG's and Reuter's division in this case. According to an internal source, the National Association of Pharmacies does not calculate the Programme's managing costs. Therefore it is not possible to estimate unlabelled expenditures related with this program.

11.2. Attributable proportions estimation of NON-LABELLED drug-related expenditures

In this section we will estimate courts, prisons and forensic non-labelled drug-related expenditures, when available or foreseeable.

Courts

According with data from the Directorate General of Criminal Policy, the percentage of processes regarding drug related crimes was 27,41% at 1st Instance and 3,28% at Appeal Courts.

Total Number of Processes	Drug-related Processes	%Drug-related over Total 2005
First Instance Courts	First Instance Courts	First Instance Courts
697.511	1912	27,41 %
Appeal Courts	Appeal Courts	Appeal Courts
24.146	794	3,28%
First and Appeal Courts		
721.657	2706	37,49%

Source: DGPJ, IDT internal documents (2007).

Table 25 - Court processes ended in 2005

Aggregated data for budget and year for Courts and Public Prosecutor Offices were unavailable; therefore the estimated amount is not presented.

Prisons

At the end of 2004 there were 10 152 inmates, of which, according to the DGPS, 28,8% were in prison for drug-related crimes. Since the total expenditure amounted to € 207.053.821, non-labelled drug-related expenditure for the Directorate General of Prison Services in 2005 amounted to € 53.631.500,44.

Forensic Institute

Drug-related tests performed by the Forensic Institute amount to € 655.564,80. These tests may that be ordered to be paid for by Courts' mandates.

Type of Analysis	Number	UC	€
Autopsies performed	525	1680	161.280,00
Persons involved in Accidents	1609	5.148,8	494.284,80
		Total	655.564,80

Source: Forensic Institute, available at http://www.inml.mj.pt

Table 26 - Forensic Institute Drug-related Toxicology Activity in 2005

Note: -Toxicology correspondence: 3,2 unity of count. Unit of count value: 96,00 €

11.3. National studies on drug-related public expenditures: methods and results and network of EU experts

No studies on drug-related public expenditures in this area were available but please see chapter 8.5. for information on research on drug-abuse **cost-benefit analysis** and chapter 10 for information on the **estimation of the cannabis market** in Portugal.

Conclusions

As tables presented throughout this chapter show, there are different estimations for public expenditure for the same agencies and programmes, depending on at which level those estimations are made and on the conceptual frame.

In most cases, General Administration expenditures, including staff, are not included in programme's cost evaluation. Or this item is not even estimated.

The agencies' annual budget is estimated regarding the operating costs, but programmatic activities usually do not reflect those costs, also because as Reuter (2006)[60] refers "most drug related expenditures are embedded in broader programs" or budgets.

Also, if there is a change in the ministries or institutions structure, it becomes even more difficult to get exact data.

The allotment of expenditures according to COFOG's or Reuter's brought us to different results, since when following a programmatic division for expenditure an important mass of funds, mostly related to management, human resources and administrative tasks are left out by the institutions reports.

In order to develop compatible methodologies on drug-related public expenditure, Member States must agree on a common methodology for quantifying public expenditure in the field of drugs.

The ultimate purpose being to provide policy makers with decision-making tools related to the level of resources allocated to particular drug-related services, it may be necessary to agree with the conceptual notion that services rendered by Public Administration agencies have a cost, which cost must be estimated as accurately as possible for policy purposes.

[60] Reuter, Peter (2006): What drug policies cost. Estimating government drug policy expenditures. Addiction, Volume 1001, Number 3, March 2006, pp. 315-322, Blackwell Publishing.

For comparing figures among Member States it is necessary not only that the conceptual framework is equivalent but that public administrations accounting throughout EU achieve consistent and comparable financial information.

12. Vulnerable groups of young people

Overview

The majority of the studies and scientific research in the drug field in Portugal have not paid much attention to vulnerable groups, focusing instead on the general population, school population or on patients in drug treatment or rehabilitation.

For this reason, not much data regarding the profile of these vulnerable groups is available, with the exception of party goers. In recent years, several qualitative studies on clubbers or members of youth cultures have been developed.

Responses are available under the national prevention framework but information on the interventions is still scarce as most have started in 2007. Treatment, rehabilitation and harm reduction have progressively become more available to vulnerable populations.

12.1. Profile of main vulnerable groups

Colen (2005) recently published a paper on children and adolescents living in a government care institution: *Santa Casa da Misericórdia de Lisboa (SCML)*. The study reaches the conclusion that this population is an obvious vulnerable and **risk group**. The main problem identified is a week personal investment in school and education.

The study is based on a sample of 150 individuals, 55% males and 45% females, that lived in SCML between 1986 and 2001. When they joined the Institution, 9.3% had less than 1 year old, 27.3% had between 1 and 3 years old, 34% had between 4 and 6 years old, 20.1% had between 7 and 11 years old, and 9.3% had more than 12 years old.

At the same date, only 18% had not been victim of negligence or abuse. 7.3% had suffered abuse, 43.3% suffered negligence, and 31.3% suffered negligence and abuse.

The children and adolescents living there came mostly from **problematic families**: with social and economic needs, working in illegal activities (prostitution and drug trafficking mainly), and with high prevalence of health problems (alcoholism and mental illnesses, mainly). 67% of the children's fathers were alcoholics and 33% took illicit drugs. 26% of the children's mothers were alcoholics, 29% took illicit drugs and 37% were prostitutes. This family background, according to this research, leads to high prevalence of academic failure and alcohol and drug consumption.

According to a study made by Colen (2005), 12% of a 150 sample of youngsters living in SCML had at some point trouble with the law. Of these, 17% had spent time in prison due to drug trafficking. The sample included 55% male individuals and 45% female individuals, aged 12 or less at the time

Another recent paper, presented results for a small research on 20 children and adolescents (of both genders), Negrão and Seabra (2007) reflect about learning disorders in children and adolescents whose parents are drug addicts. The authors establish a relationship between a **families at risk** (drug addicts) and development problems in children and adolescents, mainly learning disorders. 50% of the children analysed had flunked in school at least once.

Also in a recent qualitative study on ecstasy consumption in Coimbra, Lomba (2006) concludes that "youngsters with less exposition to risk, by having family members consuming drugs less frequently, consume themselves less ecstasy than those more exposed to the same risk" (p.123).

The IDT (2007a) reports that in 2006, 15% of those involved in **administrative sanctions** for drug use were 19 years old or less. Of these, 96% were males and 4% females (Please see chapter 8.3).

Matos (2005) recently published results on the school population (a sample of 919 pupils aged 11 to 18 year from 12 public schools), in **deprived areas** of Lisbon. Lifetime prevalences for licit and illicit drugs are as follows:

- 64% of the students had tried alcohol;
- 5,3% of the students had tried cannabis;
- 0,9% of the students had tried ecstasy;
- 0,6% of the students had tried heroin;
- 0,3% of the students had tried cocaine;
- 0,2% of the students had tried LSD.

According to this study, boys take alcohol and drugs more often than girls do and they also start taking them earlier. 60% of the sample had their first experience with illicit drugs at the age of 14 or less. 23% of the sample was of foreign nationality, and 64% of the parents were non-Portuguese.

In recent years, several qualitative studies on **party goers** have been carried out, especially on clubbers and synthetic drugs users.

Following a two-year ethnographic research, Silva (2006) published an article analysing the 3 most important groups of *dance music* in Portugal: Trance, House and Techno. He concluded that the three subcultures have different characteristics in what relates to drugs used, types of use, objectives of use, and also in what concerns to the social-economic origins, shared values and stylistic resources (clothes) used.

- **Techno** – polydrug use, namely ecstasy, cocaine, alcohol and cannabis. Intensive pill use (amphetamines and ecstasy);
- **House** – polydrug use, cannabis, alcohol, but mostly ecstasy and cocaine. This population almost never uses heroine, LSD or magic mushrooms;
- **Trance** – polydrug use to some extent, but an evident preference for LSD and magic mushrooms was reported.

Calado (2006), in an exploratory research which analysed 423 messages between July 2002 and July 2003 from 5 electronic discussion *fora* and other e-documents associated to *trance subculture*, identified three main trends: a) the rejection of heroin and alcohol, substances connected to other lifestyles; b) an enchantment with acids and psychedelic drugs, such as LSD; c) the glorification of natural substances, such as magic mushrooms and psilocybin. This research concludes that the cultural context of this phenomenon is linked to a magical, psychedelic and esoteric world. The means for escaping the daily life routine and the sense distortions are an aim in themselves, as something that allows for a «trip», reflecting the values and ideas that are expressed in the discourse of this subculture.

Carvalho (2007) carried out an ethnographic research on psychedelic trance youth subculture. Although in Portuguese recreational contexts MDMA is the main substance associated with electronic dance music, the author found out that the studied population (*trancers*) also use LSD and other hallucinogenic substances and new synthetic drugs, such as GHB, 2CB and Ketamine.

Lomba (2006), researched on 223 **young ecstasy users** living in the city of Coimbra, and concluded that these are “youngsters with an average age of 21, predominantly male, single and living with their parents”:

- They were students (38%) or working-students (13%), and 10% had no occupation and/or dropped out of school;
- 59% claimed to have a medium economic status;
- 66% lived with the parents or relatives;
- 85% took ecstasy only on weekends;
- 92% took ecstasy in the company of friends (no one claimed to take ecstasy when alone);
- They reported using ecstasy mostly in parties (86%), discos (72%) and after-hours (66%);
- 51% had, at some point, thought of stopping ecstasy use, and 49% never considered stop using it;
- Only 9% claim to have a bad relationship with their parents.

Finally, Murcho (2001), in a study involving 5 577 adolescents and young adults, aged between 12 and 37, concluded that "there is an inverse relation between adolescents and young adults anxieties towards life plans and their drug use" (p.5). According to this study, "a small degree of anxieties can act as a risk factor to drug abuse, while a high level of anxieties can act as a protection factor" (p.138).

12.2. Drug use and problematic drug use among vulnerable groups (from special studies)

Concerning research on problematic users in Portugal (Negreiros2002), the 3 multipliers methods (treatment, mortality and policy data) and back-calculation method were used to reach an estimation between 2.3 and 8.6 problematic users (1000 inhabitants), aged 15-64, which indicates figures between 15 900 58 980 individuals.

Problematic drug users in Portugal are of the male gender, single, aged between 26 and 35 years old, and reported low or medium schooling level. Heroin is reported as the main drug (figures between 95% and 98.5%). Analogue results were shown in a prison survey (Torres2002) with a nationally representative sample of 2 057 individuals in prison.

National data from 2003 ESPAD on vulnerable groups were not available at the time when this report was drafted, however, in 1999 (ESPAD1999), students who had an elder sibling were asked whether the sibling(s) ever smoked cigarettes, drank alcohol, got drunk, smoked marijuana or hashish, took tranquilisers or sedatives or took ecstasy. In 1999, the Portuguese students were below the ESPAD average on ever getting drunk among elder siblings (39%, while the ESPAD average was 44%).The opposite happened regarding the sibling(s) who ever smoked cigarettes, drank alcohol, smoked marijuana or hashish, took tranquilisers or sedatives or took ecstasy.

Concerning truancy, (ESPAD1999) showed that 18% of all the Portuguese students missed schooldays (18% in the male group and 19% in the female group) at least once during the last 30 days because of truancy.

12.3. Vulnerable groups amongst the treatment population

Please see chapter 4.3 for information on pregnant drug users in treatment.

12.4. Correlates and consequences of substance use among vulnerable groups

NO SPECIFIC DATA AVAILABLE

Please see chapter 6 for Health correlates and Consequences and chapter 8 for Social Correlates and Consequences in the general population.

12.5. Responses to Drug Problems Among Vulnerable Groups

Policy and Legal development

One of the main aspects of public policies in Portugal is that different Ministries try to coordinate their policies in matters of shared objectives. The issue of poverty and social exclusion in one of them and, as such, the approval of the National Action Plan for Inclusion for the period 2006-2008 (please see chapter 1.2) is of particular importance.

PNAI states that particular vulnerable groups include people with disabilities, children and young people at risk, victims of human traffic, drug users, individuals in prison, individuals who left prison and the homeless, amongst others (please see also chapters 8.3. and 9).

Therefore, according to PNAI and to the EU Drugs Strategy and 2005-2008 Action Plan, and in the framework of the current National Plan against Drugs and Drug Abuse 2005-2012 a political compromise was made to invest in universal, selective and indicated prevention targeting these, and other, vulnerable groups.

Another significant legal development was the publication of criteria to accredit and fund harm reduction programmes and facilities as these types of interventions target mainly vulnerable populations of excluded drug users.

Please see chapters 1, 3 and 7 for more information on the policy and legal framework.

Prevention and Treatment

Currently, the Institute on Drugs and Drug Abuse (IDT) – a public institute that develops its activity under the Ministry of Health – is developing a **national selective prevention programme**, called PIF - Focalised Intervention Program. Under PIF, which will run from 2006 to 2008, a call for tender was issued to develop evidenced-based preventive interventions for specific groups such as at-risk families, children and young people. It aims at developing skills to deal with the risk of use and abuse of psychoactive substances, by using selective strategies to improve the quality of the preventive intervention. This programme is mainly targeted at vulnerable populations and it is described in detail in chapter 3.3. where information on selection criteria and funded programmes is also reported.

As for treatment, and again inline with PNAI and in the framework of the National Plan against Drugs and Drug Abuse 2005-2012 the IDT mainly seeks to make treatment available to vulnerable populations, through the customisation of a wide range of therapeutic programmes, free of charge. Thus, within the treatment setting, minors, pregnant drug users and individuals in prison are specifically targeted vulnerable populations (please see last year's report on minors and drug use and chapters 3.3 and 4.3.on this report). Users with physical, psychic or social co morbidity are also increasingly being targeted by customised interventions.

Please see chapters 5 and 7 for more information on treatment and harm reduction services available.

13. Drug-related research in Europe

Overview

The 1999 National Drugs Strategy laid much more emphasis on the issue of drug-related research, as one of the areas in need of development. Amongst the 30 objectives of the National Action Plan against Drugs and Drug Addiction – Horizon 2004, research, statistical and epidemiological information were to be improved by increasing the amount of research by 200%, involving universities and scientific research institutions and implementing a national information system. In 2001, under this Action Plan, a specific funding programme for drug-related research was, for the first time, established by the IPDT and the Ministry of Science and Technology.

In 2004, the evaluation of the National Strategy determined that research in this area had indeed increased by more than 200% (INA2004) and, in the following National Action Plan, priority was given to the repetition of major epidemiological surveys but also to evaluation, social and economic research that might support decision making in all intervention areas.

In this period of time, the scientific community developed, increased and drug related research networks were set up, though concerns still exist on research coordination and funding mechanisms.

13.1. Research structures

In Portugal drug-related research is defined in the National Strategic Plan for the Fight against Drugs 2005 – 2012 (National Plan) as one of the six main axes recognized as cross-cutting areas. The **key priorities** of this axe are the following:

- "Increasing the interaction between knowledge, decision and intervention, namely by promoting combined research and action projects;
- Enhancing the support for population-based projects, both those directed to the general population and those targeting specific groups, i.e., in schools, the prison environment, the military environment, and the working environment in general;
- Promoting studies on the reliability and relevance of the indicators used, as well as on the significance of their variations, both geographical and between different population groups;
- Negotiating, with the relevant bodies, a research agenda together with a consistent and stable matching funding plan for the period of implementation of this National Plan, with well-defined criteria and priorities for project selection. "(IDT2005a)

The subject is brought further in detail in the National Action Plan against Drugs and Drug Addiction - Horizon 2008 (Action Plan), also as a cross-cutting areas. The specific **objectives** to be attained until 2008 are (IDT 2006a):

- To promote "research-action" projects;
- To promote population-based surveys;
- To promote studies in new decision-making supporting areas;
- To promote the follow-up, monitoring and evaluation of interventions;
- To promote a research/evaluation agenda with a matching funding plan.

The emphasis on action-research and on the evaluation of responses was based on a recommendation of the external evaluation of the 2004 National Strategy (INA2004) which defined that one of the constraints of this area was that it lacked a focus on interventions.

On what concerns basic research, most of the existing projects are long-running, University-based projects, for which funding mechanisms are available under the regular national funding scheme at the Ministry of Science through the Science and Technology Foundation (Fundação para a Ciência e a Tecnologia" - FCT) for the medical, biology or chemistry areas. The IDT, as the national coordination agency on drugs, is usually informed of these projects but contributes very little, or not at all, in terms of funding.

The FCT was set up in 1997 and its mandate is to develop scientific knowledge and to promote opportunities in all scientific and technologic areas (FCT2007). It is currently the main public research funding agency and a new agreement with the IDT is currently under preparation, in the framework of the National Action Plan – Horizon 2008.

In Portugal, there is a close link between drug-related **research and policy making**. If, on the one hand, national policy, by determining research priorities also determines where research funding priorities will focus, on the other hand, drug-related research, particularly surveys and evaluation research allow for the follow up of policy implementation and the design of new policies (EMCDDA 2005). Results from all the main national research projects were used to set the framework for both the 1999-2004 National Strategy and 2005-2012 National Plan and to evaluate the implementation of the 1999-2004 National Strategy through its Action Plan – Horizon 2004. Available data is already feeding the follow-up and evaluation processes of the current Action Plan – Horizon 2008.

All drug policy is decided by coordination mechanisms which have been described in previous National Reports. This included national research priorities. Although the IDT is the main responsible for promoting drug-related research in Portugal, the Ministry of Science and Higher Education is represented in the drug policy coordination mechanisms and directly involved in a number of concrete objectives and actions of the Action Plan, particularly in research and prevention. Other ministries with a more active role in drug-related research are the Ministry of Health, the Ministry of Justice and the Ministry of National Defence.

Universities have a representative at the National Council, the main coordination body for the involvement of NGOs in drug policy.

Apart from basic research, all other drug-related research is mainly carried out by the IDT itself or through IDT funding of research centres (INA 2004). The following **universities, research centres and institutions have been working with/funded by the IDT** under the previous or the current National Action Plan:

- The School of Psychology and Educational Sciences (FPCE) at the Porto University;
- The CEOS at the School of Social and Human Sciences (FCSH) of the New University of Lisbon;
- The School of Human Kinetics (FMH) at the Technical University of Lisbon;
- The CIES at the Institute of Business and Labour Sciences (ISCTE) in Lisbon;
- The School of Medicine at the University of Coimbra;
- The Abel Salazar Biomedical Sciences Institute, an autonomous research unit of the University of Porto;

The IDT has also supported, financially or otherwise, the production of master and doctoral thesis, either by members of its own staff or by other researchers who submit projects which are inline with the national research priorities (database available at the IDT website) and research work of European networks such as IREFREA, the Pompidou Group and the ESSDR.

Nevertheless, the scientific community has repeatedly expressed the need for more opportunities to develop and coordinate and the concern that drug-related research is usually cross-cutting and sometimes difficult to fit into funding programmes in more traditional areas.

Therefore, in 2001, under the then current Action Plan Horizon 2004, the IDT (then IPDT) signed and agreement with the FCT to fund research projects pertaining to the national research priorities. Four projects were evaluated by an international panel and accepted into the funding programme:

- "Heroin and Ecstasy: Distances and Approximations between Old and New Drugs" (coordinated by Luís Fernandes at the School of Psychology and Educational Sciences/University of Porto);
- "Amphetamines and Physical Exercise. Dangerous combination?" (coordinated by Félix Dias Carvalho at the Institute of Agricultural and Agro-alimentation Sciences and Technologies (ICETA)/University of Porto);
- "Evaluation and Follow Up of the Fight against Drugs and Drug Addiction" (coordinated by Ana Maria Cotrim Pires at the Centre for Territorial Studies (CET) in Lisbon);
- "Alcohol and Drugs in Work Settings: Attitudes, Social Representations and Strategies" (coordinated by Orlindo Gouveia Pereira at the School of Economy/New University of Lisbon).

From 2000 to 2006, between the IDT and the FCT, almost 4 million euros were invested in drug-related projects. The next table reports on the yearly expenditures and the next chapter refers the main recent studies and publications which were, for the most part, funded by these agencies.

Year	Amount in € provided for drug-related research by the FCT under the protocol with the IDT
2000	2.097.445,00
2001	732.036,00
2002	335.674,00
Year	**Amount in € provided for drug-related research by the IDT**
2003	48.000,00
2004	37.617,00
2005	46.000,00
2006	624.223,00

Table 27 - Amount in € provided for drug-related research by the FCT under the protocol with the IDT (IDT2007e)

13.2. Main recent studies and publications

The number and quality of research projects in the area of drugs increased significantly since 2000. As is impossible to list all projects (particularly if basic science research projects are also considered), the following were selected based on their relevance to the EMCDDA requests and priorities.

- **National School Survey Project** (2001 and 2006/2007)
  - The National School Survey Project is an IDT research project which aims at characterising the use of psychoactive substances at national level amongst adolescents from an epidemiological view;
  - It was funded by the IDT (IPDT in 2001);
  - Methods, results and conclusions have been reported in previous National Reports;
  - Main publications:

    Feijão, F. (2006). *Adolescentes e consumo de substâncias psicoactivas: O tempo e o território enquanto factores subjacentes às dinâmicas de consumo, em Portugal e na Europa*. Toxicodependências 13 (1): 59-75.

    Feijão, F. & Lavado, E. (2004). *Inquérito Nacional em Meio Escolar – 2001 – Ensino Secundário*. Lisbon: IDT.

    Feijão, F. & Lavado, E. (2004). *Evolução do consumo de drogas na adolescência: ruptura ou continuidade?* Toxicodependências 10 (3): 31-47.

Feijão, F. & Lavado, E. (2003). *Assimetrias geográficas e jovens consumidores de drogas. Portugal. 2001*. Toxicodependências 9 (1): 73-84.

Feijão, F.; Lavado, E. (2002), *Inquérito Nacional em Meio Escolar 2001: 3.º ciclo do ensino básico, consumo de drogas e outras substâncias psicoactivas*, Lisbon: IDT (não publicado).

Feijão, F. & Lavado, E. (2004). I*nquérito Nacional em Meio Escolar – 2001 – Ensino Secundário*. Lisbon: IDT (not published).

- **National General Population Survey on Psychoactive Substance Use** (2001 and 2006/2007)
  - The National General Population Survey on Psychoactive Substance Use is a research project from CEOS at the Faculty of Social and Human Sciences, New University of Lisbon. It aims at characterising the use of psychoactive substances at national level amongst individuals aged 15 to 64 from a sociological view;
  - It was funded by the IDT (IPDT in 2001);
  - Methods, results and conclusions have been reported in previous National Reports;
  - Main publication: Balsa, Casimiro; Farinha, Tiago; Nunes, João Pedro e Chaves, Miguel. 2003, *Inquérito Nacional ao Consumo de Substâncias Psico-activas na População Portuguesa*, CEOS, Faculdade de Ciência Sociais e Humanas, Universidade Nova de Lisboa. Colecção Estudos-Universidades, IDT.

- **Prevalence and Patterns of Problematic Drug Use in Portugal** (2001 and 2007)
  - The Prevalence and Patterns of Problematic Drug Use in Portugal is a research project from the School of Psychology and Educational Sciences at the University of Porto. It provides estimates using the EMCDDA operational definition of problem drug use for the age group 15-64.
  - It was funded by the IDT (IPDT in 2001);
  - Methods, results and conclusions have been reported in previous National Reports;
  - Main publications: Negreiros, Jorge (2002). Estimativa de prevalência e padrões de consumo problemático de drogas em Portugal, CIPCDS/Faculdade de Psicologia e Ciências da Educação da Universidade do Porto, Porto.
  - http://www.idt.pt/media/consumo_problematico.pdf

- **Drugs and Prisons in Portugal** (2001 and 2007)
  - The Drugs and Prisons in Portugal is a research project from the CIES, a research centre at the Institute of Business and Labour Sciences (ISCTE) in Lisbon. The objective of the project is to find out the level of drug use in Portuguese prisonal system;
  - It was funded by the IDT (IPDT in 2001);

- Methods, results and conclusions have been reported in previous National Reports;
- Main publication: TORRES Anália e GOMES, Maria do Carmo (2002), *Drogas e Prisões em Portugal*. Lisboa, CIES, Instituto Superior de Ciências do Trabalho e da Empresa, IPDT.

- **European School Survey on Alcohol and other Drugs** (ESPAD) (2003 and 2007)
  - The ESPAD is, in Portugal, an IDT research project which aims at periodicaly monitoring the epidemiological view on psychoactive substances use amongst school atending 16 years old (in Portugal, the survey was conducted on pupils aged 13 to 18);
  - It was funded by the IDT;
  - Methods, results and conclusions have been reported in previous National Reports;
  - Main publications:

    Feijão, F. (2006). Adolescentes e consumo de substâncias psicoactivas: O tempo e o território enquanto factores subjacentes às dinâmicas de consumo, em Portugal e na Europa. Toxicodependências 13 (1): 59-75.

    Feijão, F. & Lavado, E. (2006). *Os Adolescentes e a Droga – Portugal 2003*. Lisbon: IDT.

    Feijão, F. & Lavado, E. (2006). *Os Adolescentes e o Álcool – Portugal 2003*. Lisbon: IDT.

    Feijão, F. & Lavado, E. (2006). *Os Adolescentes e o Tabaco – Portugal 2003*. Lisbon: IDT.

The following is a list of articles by main Portuguese researchers in this area which were published in scientific journals in 2006 in alphabetical order. The papers are often part of projects conducted by the researchers at the above mentioned main institutions and research centres. The journals include topics in areas such as pharmacology, experimental therapeutics, neuroscience, pharmaco-genetics, psychology and health.

- Félix Carvalho, University of Porto, Faculty of Pharmacy

João Paulo Capela, Andreas Meisel, Artur Abreu, Paula Branco, Luísa Ferreira, Ana Lobo, Fernando Remião, Maria de Lourdes Bastos, and Félix Carvalho (2006) Neurotoxicity of ecstasy metabolites in rat cortical neurons. Influence of hyperthermia. in *Journal of Pharmacology and Experimental Therapeutics* 316(1):53-61.

João Paulo Capela, Karsten Ruscher, Marion Lautenschlager, Dorette Freyer, Ulrich Dirnagl, Maria de Lourdes Bastos, Andreas Meisel and Félix Carvalho (2006). Ecstasy-induced cell death in cortical neuronal cultures is 5HT2A-receptor– dependent and potentiated under hyperthermia. in *Neuroscience* 139 (3):1069–1081.

Helena Carmo, Marc Brulport, Matthias Hermes, Franz Oesch, Renata Silva, Luísa M. Ferreira, Paula S. Branco, Douwe de Boer, Fernando Remião, Félix Carvalho, Michael R Schön, Niels Krebsfaenger, Johannes Doehmer, Maria de Lourdes Bastos, and Jan G. Hengstler (2006) Influence of CYP2D6 polymorphism on 3,4-methylenedioxymethamphetamine ("Ecstasy") cytotoxicity. in *Pharmacogenetics and Genomics* 16(11):789-799.

Maria Teresa Ferreira, Rita Ferreira, Félix Carvalho, José Alberto Duarte (2006) Influência do exercício físico em marcadores de cardiotoxicidade aguda, induzida pela administração de d-anfetamina, no modelo animal. in *Revista Portuguesa de Cardiologia*. 25 (11): 983-996.

- Jorge Negreiros, Faculty of Psychology and Educational Sciences of University of Porto

Negreiros, J. (2006).). Psychological drug research: *Current themes and future developments*. Strasbourg: Council of Europe Publishing.

- Teresa Oliveira – Faculty of Medical Science at the University of Coimbra

Domingues A, Cunha Oliveira T, Laco ML, Macedo TR, Oliveira CR, Rego AC. (2006) *Expression of NR1/NR2B N-methyl-D-aspartate receptors enhances heroin toxicity in HEK293 cells.* Ann N Y Acad Sci. 2006 Aug;1074:458-65. PMID: 17105944

Milhazes N, Cunha-Oliveira T, Martins P, Garrido J, Oliveira C, Rego AC, Borges F. (2006). *Synthesis and cytotoxic profile of 3,4-methylenedioxymethamphetamine ("ecstasy") and its metabolites on undifferentiated PC12 cells: A putative structure-toxicity relationship.* Chem Res Toxicol. 2006 Oct;19(10):1294-304. PMID: 17040098

Cunha-Oliveira T, Rego AC, Cardoso SM, Borges F, Swerdlow RH, Macedo T, de Oliveira CR. (2006) *Mitochondrial dysfunction and caspase activation in rat cortical neurons treated with cocaine or amphetamine.* Brain Res. 2006 May 17;1089(1):44-54. Epub 2006 Apr 25. PMID: 16638611

Cunha-Oliveira T, Rego AC, Morgadinho MT, Macedo T, Oliveira CR. (2006) *Differential cytotoxic responses of PC12 cells chronically exposed to psychostimulants or to hydrogen peroxide.* Toxicology. 2006 Jan 5;217(1):54-62. Epub 2005 Oct 19. PMID:16242230

- Margarida Gaspar de Matos –Faculty of Human Kinetics, Technical University of Lisbon.

Matos, MG; Dadds, M, Barrett; P, (2006) Family-school issues and the mental health of adolescents: post hoc analysis from the Portuguese National Health Behaviour in School aged children survey, *Journal of Family Studies*, (2), 261-274

13.3. Collection and dissemination of research results

One of the most important tasks entrusted to the IDT is the development and support of scientific research on the phenomenon of drugs and drug addiction, either by itself or through other public or private entities, particularly university institutions (IDT 2007a). The National Information System on Drugs and Drug Addiction therefore aims at collecting, analysing and disseminating statistics, research results and any other type of data or relevant information that might support professionals and decision makers.

The priorities for this Information System under the new National Action Plan against Drugs - Horizon 2008 are to extend, strengthen and optimise it through the following actions:

- To define and establish priorities for new indicators to be included in the System;
- To implement newly selected indicators;
- To evaluate the work achieved in relation to each indicator used, and to optimise concepts and procedures in cooperation with the established national expert groups;

- To monitor the prescription of certain pharmacotherapeutic groups of medication acting on the Central Nervous System.

Collection and analysis of harmonised data and information is mainly achieved through the work of the IDT units of Statistics and Research, whereas dissemination is the main responsibility of the IDT's Documentation and Publications Unit and of the peer reviewed journals, such as:

Toxicodependências

"Toxicodependências" is a scientific multidisciplinary journal issued periodically by the IDT. The journal serves as an instrument for promoting drug abuse research and issues as a "multifactorial" phenomenon.

This peer reviewed journal is aimed at professionals working in the field, as well at staff engaged directly or indirectly in drug abuse issues, educators, amongst others (Toxicodependências 2007).

Acta Médica Portuguesa

Acta Médica Portuguesa is the first Portuguese journal, internationally acknowledged by the Vancouver Treaty. The articles are addressed to medical professionals in Portuguese speaking countries. Moreover, they are written in a way to fit unspecialized readers. Before publishing, the works are submitted to consultants appointed by the Presidents of the speciality and then by Scientific Council. The journal guarantees quality standards (Latindex 2007).

The Portuguese Journal of Social Science (PJSS)

PJSS is an english language Portuguese journal funded by the FCT and coordinated by the Social Science Research Unit at ISCTE. The journal offers current papers of Portuguese researchers in the field of social sciences. Above all, it makes the work os Portuguese researchers available to the non-Portuguese scientific community. Some articles initially written in other language than English may also be published in PJSS. The papers are peer reviewed by two referees appointed by an Editorial Committee. The journal includes articles from the areas of anthropology, demography, economics, history, political science, social geography, social psychology and sociology (UNICS2002).

Sociologia, Problemas e Práticas

Sociologia, Problemas e Práticas is another yearly scientific journal engaged in sociological research. It was founded in 1986 by the Centre for Research and Studies in Sociology at ISCTE. The journal contains sociology papers as well as other social sciences, and it promotes Portuguese research work. The journal ensures the scientific quality, paradigmatic openness and social relevance. It tends to publish work of senior authors and young researchers alike. The articles are reviewed on an anonymous basis by recognised professionals. The published work is available in Portuguese, English, French and Spanish (ISCTE2006).

Other means of dissemination includes websites, such as the IDT webpage in the section "Investigação", which provides updated information about drug research and past and current projects. http://www.idt.pt/id.asp?id=p1 Although other websites exist, the one from

CIES (Centre for Research and Studies in Sociology), a research centre of ISCTE, was evaluated as “excellent” by the FCT (http://www.cies.iscte.pt/).

Presentations at national established conferences, such as the national yearly meeting of the IDT, the yearly meeting of the Lisbon CAT *Taipas*, is also one of the major dissemination channels at national level.

In 2007, a research network was set up by a group of national researchers. Its first meeting, partially funded by the IDT, was dedicated to the dissemination and discussing of academic work in the area of drug-related research. The network is planning another meeting for 2008 in which members from the Brazilian National Researchers Network (also partially funded by the IDT) will take part, as well as researchers from the Portuguese Speaking African Countries Community. The main aims will be to promote the exchange of best practices in this area and to support research in the African countries.

Part C

Bibliography and Annexes

14. Bibliography

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15. Annexes

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List of Abbreviations used in the text

AM – Autoridade Marítima

AML – Anti-Money Laundering

ANF – Associação Nacional de Farmácias / National Association of Pharmacies

BUP – Buprenorfina / Buprenorphine

CAPI –Computer Assisted Personal Interviewing

CAT – Centro de Atendimento a Toxicodependentes / Specialised Outpatient Drug Abuse Treatment Centres (Ministry of Health/IDT)

CDT – Comissão para a Dissuasão da Toxicodependência / Commission for the Dissuasion of Drug Use (Ministry of Health/IDT)

CET – Centro de Estudos Territoriais / Centre for Territorial Studies

CFT – Combating the Financing of Terrorism

CIES – Centro de Investigação e Estudos de Sociologia/Centre for Research and Studies in Sociology

CND – Commission on Narcotic Drugs

CNJ – Confederação Nacional de Jovens Agricultores / National Confederation of Young Farmers

CNLCS – Comissão Nacional de Luta Contra a SIDA / National Commission for the Fight against AIDS

COFOG – Classification of the Functions of Government

CSM – Conselho Superior da Magistratura /Magistrate High Council

CVEDT – Centro de Vigilância Epidemiológica das Doenças Transmissíveis / Epidemiological Surveillance Centre of Transmissible Diseases (Ministry of Health)

DCITE – Direcção Central de Investigação do Tráfico de Estupefacientes / Central Narcotic Traffic Investigation Division, Criminal police

DGAE – Direcção-Geral dos Assuntos Europeus / General Directorate of European Affairs

DGAIEC – Direcção Geral das Alfândegas e dos Impostos Especiais sobre o Consumo

DGEIC – Direcção Geral de Inovação e Desenvolvimento Curricular

DGIDC – Direcção-Geral de Inovação e de Desenvolvimento Curricular

DGPRM – Direcção Geral de Pessoal e Recrutamento Militar – Ministério da Defesa Nacional

DGSP – Direcção-Geral dos Serviços Prisionais / General Directorate for Prisons (Ministry of Justice)

DGV – General Directorate for Traffic / Direcção Geral de Viação

DIC – Departamento de Intervenção na Comunidade/ Department of Intervention in the Community, IDT

DR – Regional Directorate

DRD – Drug-related deaths

DTRDR – Departamento de Tratamento, Redução de Danos e Reinserção / Treatment, Harm Reduction and Reintegration Department, IDT

DU – Detoxification Units / Unidades de Desabituação

EC – European Commission / Comissão Europeia

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction / Observatório Europeu da Droga e das Toxicodependências

ENLCD – Estratégia Nacional de Luta contra a Droga

ESPAD – European School Survey Project on Alcohol and other Drugs

ESSD – European Society for Social Drug Research

EU – European Union

EURIDICE – European Investigations on Dafne and other International Collider Experiments

FATF – Financial Action Task Force

FCT – Fundação para a Ciência e Tecnologia / Foundation for Science and Technology

FCSH – School of Social and Human Sciences

FESAT - European Federation of Services Telephone

FMH – School of Human Kinetics /Faculdade de Motricidade Humana

FPCE – Faculdade de Psicologia e de Ciências da Educação / Faculty of Psychology and Educational Sciences

GAFI – Groupe d'action financière sur le blanchiment de capitaux/ Financial Action Task Force

GMR – General Mortality Register (In Portugal the INE/DGS) / Registo Geral de Mortalidade (em Portugal o INE/DGS)

GNR – Guarda Nacional Republicana / National Republican Guard (Ministry of Home Affairs)

GTES – Grupo de Trabalho de Educação Sexual

HBSC/WHO – Health Behaviour in School-aged Children/World Health Organization

HDG – Horizontal Drugs Group / Grupo Horizontal de Drogas

HOMALS – Multiple correspondence analyses

ICETA – Instituto de Ciências e Tecnologias Agrárias e Agro Alimentares / Institute of Agricultural and Agro-alimentation Sciences and Technologies

ISCTE – Institute of Business and Labour Sciences

IDT – Instituto da Droga e da Toxicodependência / Institute for Drug and Drug Addiction (Ministry of Health)

IDUs – Intravenous Drug Users / Consumidores de drogas injectáveis

IEFP – Instituto de Emprego e Formação Profissional / Portuguese Institute for Labour and Professional Training (Ministry of Labour and Social Welfare)

IGIF – Instituto de Gestão Informática e Financeira da Saúde

INA – Instituto Nacional de Administração

INCB – International Narcotics Control Board

INML – Instituto Nacional de Medicina Legal / National Forensic Institute (Ministry of Justice)

IPDT – Instituto Português da Droga e da Toxicodependência / Portuguese Institute for Drugs and Drug Addiction (1999-2002. Replaced by the IDT)

IREFREA – European Research Institute of Risk Factors on Adolescents / Instituto Europeu para o Estudo dos Factores de Risco e de Protecção em Crianças e em Adolescentes

ISCTE – Instituto Superior de Ciências do Trabalho e da Empresa / Higher Institute of Business and Labour Sciences

ISS – Instituto da Segurança Social / Institute of Social Security

ISSS – Instituto de Solidariedade e Segurança Social / Institute of Solidarity and Social Security (Ministry of Labour and Welfare)

LPC – Laboratório de Polícia Científica / the Scientific Police Laboratory

KLOTHO – Projecto de Identificação Precoce e Prevenção da Infecção VIH/Sida e Direccionado a Utilizadores de Drogas / Project of Early Identification and Prevention of HIV/AIDS Directed to Drug Users

MAOC-N – Maritime Analysis Operations Centre - Narcotics

MDN – Ministério de Defesa Nacional

MILDT – La Mission interministérielle de lutte contre la drogue et la toxicomanie / Interdepartmental Mission for the Fight against Drugs and Drug Addiction

ML – Money Laundering

MLA - Mutual Legal Assistance

NAS – Neonatal Abstinence Syndrome

NGOs – Organizações Não Governamentais / Non-Governmental Organisations

NR – Núcleo de Reinserção / Reintegration Unit

NSFAD – National Strategy for the Fight against Drugs

OPC – Órgão de Polícia Criminal /Criminal Police Body

PASITForm – Programa de Acção para a Sensibilização e Intervenção nas Toxicodependências / Action Programme for Awareness and Intervention in Drug Abuse

PATO – Prevenção de Álcool, Tabaco e Outros / Prevention of Alcohol, Tobacco and Other Substances

PCM – Presidência do Conselho de Ministros

PEPTEP – Programa Especial de Prevenção da Toxicodependência nos Estabelecimentos Prisionais / Special Drug Abuse Prevention Programme in Prisons (DGSP/Ministry of Justice)

PERK – Prevention and Evaluation Resources Kit

PGR – Public Prosecutor Office

PIF – Programa de Intervenção Focalizada / Program of Focused Intervention

PJ – Crimninal Police/ Polícia Judiciária

PJSS – The Portuguese Journal of Social Science

PM – Polícia Marítima / Maritime Police

PNAI – Plano Nacional de Acção para a Inclusão / National Action Plan for Inclusion

PORI – Operational Framework for Integrated Responses / Programa Operacional de Resposta Integradas)

PPCDAFA – Programa de Prevenção e Combate À Droga e ao Alcoolismo nas Forças Armadas

PRI – Programas de Respostas Integradas / Programs of Integrated Responses

PSP – Polícia de Segurança Pública / Public Security Police (Ministry of Home Affairs)

PTE – Portuguese Escudos

QP - Permanent staff of Armed Forces of Portugal

RAR – Rapid Assessment and Response

RC – Contracted staff of Armed Forces of Portugal / Regime de Contrato

RV – Volunteers of Armed Forces of Portugal / Regime de Voluntariado

SABER – Serviço de Enquadramento Bio-Psico-Social / Service of Bio-Psycho-Social Framework

SCML – Santa Casa da Misericórdia de Lisboa

SMR – Special Mortality Register (In Portugal the INML) / Registo Especial de Mortalidade (em Portugal o INML)

SNIDT – Sistema Nacional de Informação sobre Drogas e Toxicodependências / National Information System on Drugs and Drug Addiction

SNS – Sistema nacional de saúde / National Health System

SPTT – Serviço de Prevenção e Tratamento da Toxicodependência (Ministério da Saúde até 2002, fundido com o IPDT em 2002 para formar o IDT) / Service for Drug Abuse Prevention and Treatment (Ministry of Health until 2002 - merged with the IPDT in 2002 into the IDT)

STD – Sexual Transmissible Diseases

STR – Suspicious Transaction Reports

TC – Therapeutic Community / Comunidade Terapêutica

TF – Terrorist Financing

UNGASS – UN General Assembly Special Session

UP – Prevention Unit, IDT

UN – United Nations

Part D

Standard Tables and Structured Questionnaires

List of Standard Tables and Structured Questionnaires sent to the EMCDDA

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