

ANNUAL REPORT

ON THE DRUG PHENOMENA

2001

Commissioned by the European Monitoring Centre on Drugs and Drug Addiction

Lisboa, Outubro de 2001

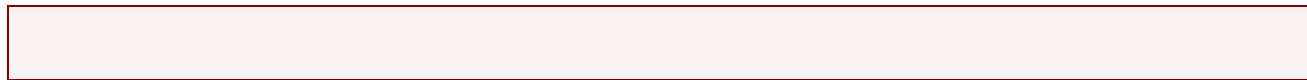


TABLE OF CONTENTS

SUMMARY	4
<u>PART 1 - NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORKS</u> ..	5
1. DEVELOPMENT IN DRUG POLICY AND RESPONSES	6
1.1. Political framework in the drug field.....	6
1.2. Policy implementation, legal framework and prosecution	9
1.3. Developments in public attitudes and debates.....	10
1.4. Budget and funding arrangements.....	10
<u>PART 2 - EPIDEMIOLOGICAL SITUATION</u>	12
2. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE	13
2.1. Main developments and emerging trends	13
2.2. Drug use in the population	14
2.3. Problem drug use.....	16
3. HEALTH CONSEQUENCES.....	19
3.1. Drug treatment demand.....	19
3.2. Drug-related mortality.....	20
3.3. Drug-related infectious diseases.....	20
3.4. Other drug-related morbidity	21
4. SOCIAL AND LEGAL CORRELATES AND CONSEQUENCES	22
4.1. Social problems.....	22
4.2. Drug offences and drug-related crime.....	22
4.3. Social and economic costs of drug consumption	25
5. DRUG MARKETS.....	26
5.1. Availability and supply	26
5.2. Seizures	26
5.3. Price, purity	27
6. TRENDS PER DRUG.....	29
7. DISCUSSION.....	33
7.1. Consistency between indicators.....	33
7.2. Implications for policy and interventions	33
7.3. Methodological limitations and data quality.....	34
<u>PART 3 - DEMAND REDUCTION INTERVENTIONS</u>	36
8. STRATEGIES IN DEMAND REDUCTION AT NATIONAL LEVEL	37
8.1. Major strategies and activities.....	37
8.2. Approaches and New Developments.....	39
9. INTERVENTION AREAS	40
9.1. Primary prevention	40
9.2. Reduction of drug related harm.....	47
9.3. Treatment.....	49
9.4. After-care and re-integration.....	51
9.5. Interventions in the Criminal Justice System.....	53
9.6. Specific targets and settings – The military setting	53
10. QUALITY ASSURANCE.....	55
10.1. Quality Assurance Procedures	55
10.2. Evaluation.....	55
10.3. Research.....	55
10.4. Training for professionals.....	56

PART 4 - KEY ISSUES	58
11. POLIDRUG USE: DRUG SET AND SETTING.....	ERROR! BOOKMARK NOT DEFINED.
11.1. Patterns and users groups	<i>Error! Bookmark not defined.</i>
11.2. Health and social consequences	<i>Error! Bookmark not defined.</i>
11.3. Risk assessment and local market.....	<i>Error! Bookmark not defined.</i>
11.4. Specific approaches to the interventions	<i>Error! Bookmark not defined.</i>
11.5. Methodological issues.....	<i>Error! Bookmark not defined.</i>
12. SUCCESSFUL TREATMENT: THE EFFECTIVENESS OF THE INTERVENTIONS	ERROR! BOOKMARK NOT DEFINED.
12.1. The approaches to treatments and related concepts of sucess	<i>Error! Bookmark not defined.</i>
12.2. Evaluation of the treatments	<i>Error! Bookmark not defined.</i>
12.3. Methodological issues.....	<i>Error! Bookmark not defined.</i>
13. DRUG USERS IN PRISON.....	ERROR! BOOKMARK NOT DEFINED.
13.1. Epidemiological situation	<i>Error! Bookmark not defined.</i>
13.2. Availability and supply	<i>Error! Bookmark not defined.</i>
13.3. Contextual information	<i>Error! Bookmark not defined.</i>
13.4. Demand reduction policy in prison.....	<i>Error! Bookmark not defined.</i>
13.5. Evaluation of drug users treatments in prison.....	<i>Error! Bookmark not defined.</i>
13.6. Methodological issues.....	<i>Error! Bookmark not defined.</i>
REFERENCES	59
Bibliography: books and reviews.....	59
Data base: software used, Internet addresses	59
ANNEXES.....	61
Drug monitoring systems and sources of information.....	61
List of Tables used in the text.....	61
List of Figures used in the text.....	62
List of Maps used in the text	62
List of Abbreviations used in the text.....	62

Summary

In 2001, main national developments include the preparation and approval of the National Action Plan – Horizonte 2004, which set the specific objectives for the implementation of the *National Strategy*, the setting up of the Commissions for the Dissuasion of Drug Use (CDTs) to implement the drug use decriminalisation Law and the preparation and approval of the legal framework for harm reduction and the preparation and public discussion of the legal framework for prevention programmes.

Although data from the general population survey is not yet available, national estimations on problematic drug use were finalised and it is estimated that, in Portugal, there are between 2.7 and 10 problematic drug users for each 1000 inhabitants aged 16-64 years, or between 18,000 and 68,000 problematic drug users, in the age group 15-64.

Concerning health consequences of drug use, 2000 treatment data indicate that first treatment demands decreased, there was an increase in terms of availability of treatment facilities and more co-operation amongst institutions in the field was reported which made it possible to admit more drug users to treatment. Infectious diseases in drug users data, namely on HIV/AIDS, Hepatitis B and C and Tuberculosis, suggest stabilisation and, in some cases, slight decreases in the percentage of positive cases in comparison to 1999. On the other hand, drug related deaths also decreased in comparison to 1999 and the percentage of positive tests in all requested tests has also been decreasing for the past few years.

Concerning legal aspects, and in comparison to 1999, the category of traffickers gained relative importance amongst presumed offenders, convicted individuals and individuals in prison for offences against the drug Law. The category of users in all those circuits stabilised.

Data regarding the drug market, an increase in the efficacy of traffic repression actions was reported. Although there was a decrease in the total number of seizures, there was an important increase in the number of significant seizures, in the quantities seized and in average prices at street level. The average cost of the seized drugs at street level registered, with the exception of ecstasy, a general increase in comparison to 1999 and the analysis of the seized cannabis and cocaine shows decrease in purity in comparison to 1999 whereas heroin in 2000 was on average purer than in 1999.

The profile of the individuals in all these legal and health areas remain mainly of the male gender but a slight increase was verified in terms of age in comparison with the previous years. The main substance involved in both health and legal related consequences remains heroin but in several indicators, hashish gained relative importance as well as polysubstances.

At regional level, the districts of Lisbon, Porto, Setubal and Faro are still, for most indicators, the areas with more problematic situations in terms of the drug and drug use phenomena.

At the level of responses, the main concern was the implementation of the National Action Plan's 30 objectives. The general concern over drug related health consequences, such as infectious diseases, and the issues of social exclusion concerning problematic drug users lead to the focus on new harm reduction approaches, the further enlargement of substitution treatment and the investment in rehabilitation measures. The emphasis of law enforcement interventions concerning drug users is now focused on the fact that, although drug use remains illegal, drug users should be treated as individuals with a health problem and not as criminals. Prevention interventions were focused mainly on the development of the national prevention network and the integrated municipal plans and are expected to be the national priority in 2002.

Part 1

National Strategies: Institutional and Legal Frameworks

1. Development in Drug Policy and Responses

1.1. Political framework in the drug field

The most significant developments regarding the political framework in the drug field in the second semester of 2000 and the first semester of 2001 were the approval of the National Plan Against Drug and Drug Addiction - Horizonte 2004, the setting up of the Commissions for the Dissuasion of Drug Addiction (Comissões para a Dissuasão da Toxicodependência – CDTs) and the approval of the general framework for harm reduction policies.

The National Action Plan Against Drug and Drug Addiction - Horizonte 2004, approved on the 13th of March 2001, indicates the quantified objectives and goals and the specific actions, measures and initiatives to develop for a period of four years, in the framework of the adopted political priorities of the 1999 *National Strategy* and inline with the new European Policy guidelines of the European Union Action Plan Against Drugs - 2000-2004, approved in the European Council of Santa Maria da Feira in June 2000.

The IPDT was mandated by the Government to coordinate the preparation of the Action Plan (Resolution of the Council Ministers n.º 109/2000 of the 19th of August) which was a participative process in which all national partners of the *Comissão Técnica de Acompanhamento* (a follow up Commission with representatives of all Ministries) were represented in order to reach a harmonized and coherent new model of intervention.

The Action Plan has the following 30 objectives, which cover all areas referred in the *National Strategy*:

Primary Prevention

1. To increase the amounts available for primary prevention in 150%.
2. To reduce the number of new consumers of substances under the age of 18.
3. To define and implement plans for primary prevention in 100% of the districts in the country- if possible on a municipal level.
4. To double civil society's capacity for intervention by increasing the involvement of the IPSS's (Private Welfare Institutions) and NGO's as well as youth, student and sports associations in specific prevention activities.
5. To promote monthly prevention campaigns on a national level every year; these shall be targeted at the population in general and also at specific segments and groups and shall deal with the use and abuse of legal and illegal substances, and to create action teams in recreational and leisure areas with a view to providing information about the effects of consuming legal and illegal substances and the risks associated with their consumption.
6. To ensure that by 2002 the prevention of legal and illegal substance consumption is included in the educational projects of the 1 300 schools belonging to the *Rede Nacional de Escolas Promotoras de Saúde* (National Network of Schools Promoting Health) (22% of the school population) and in 100% of all schools by 2004.
7. Between 2001 and 2004, to produce and disseminate support materials for diagnosing risk situations in 100% of the schools and to 100% of educational partners as well as increasing the production of existing support materials for the prevention of drug addiction from the 1st cycle of basic education through to secondary education, using the new information technologies.

8. To include educational objectives, suggestions of activities and support materials related to this topic in the curricular guidelines that are being developed for the different areas and subjects.
9. To qualify and empower the forces of law and order who are responsible for the practice of close policing in order to develop prevention programmes in the area of drug addiction.

Prevention and harm reduction; problematic drug consumption, public health and the health of consumers in particular

10. To create a primary national network for harm reduction composed of outreach workers, contact and information points, syringe exchange programmes and low threshold methadone substitution programmes in 100% of the districts, and a secondary national harm reduction network which covers all districts in critical areas of high consumption with the most appropriate configuration.
11. To promote the creation of metropolitan networks of shelters, reception centres and day centres which are solely occupational, tending to cover 100% of drug addicts without a socio-familiar context.
12. To make harm reduction programmes available to 100% of reclusive drug addicts.
13. To sustain and reverse the trend of drug addicts' contamination with HIV, hepatitis B and C and tuberculosis, thus converging with the average for the European Union.
14. To reduce the number of deaths related to drug consumption by 50%.
15. To reduce the practises of problematic consumption, namely syringe sharing (by at least 50%) and intravenous consumption.
16. To create a national network of combined therapy centres for drug addicts and those suffering from tuberculosis and HIV and to create a national network of early, anonymous and voluntary HIV detection centres with free monitoring accessible to the drug addicted population.
17. To reduce the consumption of heroin by 1/3.

Treatment

18. To complete the national CAT network by the end of 2002, to increase the number of drug addicts under treatment by 50% and substantially augment the number of drug addicts whose treatment is successful.
19. To increase, until 2002, in 50% the existing capacity of the detoxification services, so that the existent resources meet the demands.
20. To increase the public capacity for substitution treatment with a high threshold of demand by 100%.
21. To expand the number of health centres which already collaborate with the SPTT in providing substitution therapies by close to 100% and to increase the number of health centres and hospital services which have agreements to take part in the monitoring and treatment of drug addicts by 300%.

Social reintegration

22. To reinforce Programme Vida Emprego as the main programme for social reintegration for drug addicts and reclusive drug addicts in order to increase its capacity by 50% and to include new values which specifically work towards preventing the exclusion of working drug addicts or ex-addicts.
23. To expand the network of reintegration apartments destined for drug addicts in rehabilitation, increasing the current capacity by 100%.

The fight against the illegal trafficking of drugs and money laundering

24. To substantially reduce the availability of illegal drugs, increasing by approximately 50% the quantity of illegal substances seized by means of a concerted effort by the security forces and services, which should involve the articulation of the production of information with police action and criminal investigation in accordance with the law.
25. To reduce criminality associated to drugs in 25% by reinforcing community policies of close policing, increasing the visibility of the police and rationalising these instruments.
26. To reinforce the fight against money laundering from drug trafficking by making access to bank information more flexible and through closer co-operation with international agencies and foreign police.

Research, and statistical and epidemiological information

27. To increase scientific research and disseminate the information resulting from it, increasing the amounts for this area by 200% and attracting the most prestigious universities and scientific research institutions to the issues of drugs and drug addiction.
28. To create a data processing support network for the NISDDA (National Information System) by 2002, which should optimise information gathering and institutionalise the practise of national three yearly (2001, 2004, 2007, etc.) surveys of the population in order to define how the prevalence of drug consumption and problematic drug consumption have evolved.

Policy and programme assessment

29. To implement internal and external assessment mechanisms for 100% of the programmes with a view to correcting the initiatives undertaken and, in consequence, the national policy.

International Co-operation

30. To establish and implement a joint programme with Spain to control the cross-border flow of traffickers and consumers.

Concerning the setting up of the CDTs, one CDT was implemented in each district to implement Law 30/2000 which decriminalises drug use and places the priority of law enforcement concerning drug use in treatment and social inclusion, rather than in criminal or penal aspects. Each Commission is constituted by three members, a technical team of 3 to 5 professionals (psychologists, social workers and lawyers) and administrative staff. Drug users who are identified by the police are referred to the CDT of their residential area where they are registered in the Central Drug Users' Registry of the CDTs (Regulation n. ° 604/2001, of the 12th of June 2001). Individual cases are assessed, support is given and a decision is taken on the procedures to follow and/or sanctions to apply. It is important to re-state that although drug use in Portugal ceased to be a crime it remains illegal. Users are identified by the police and if they refuse to appear before a

Commission they face one-sided decisions/sanctions taken by the Commission on their absence and subsequent enforcement of those decisions/sanctions. The priority concerning drug use is now to provide support and treatment to drug users rather than applying sanctions.

The diploma that describes the general framework for harm reduction policies (cf. 1.2.) aims at creating programmes and social and health structures designed to raise awareness amongst drug users and to guide them towards treatment, as well as to prevent and reduce risk attitudes and to minimise the damage caused to individuals and society by drug addiction. For that purpose, it defines and regulates the following social and health programmes and structures:

- a) Drop-in centres for drug addicts without social or family support;
- b) Refuges;
- c) Shelters;
- d) Contact and information units;
- e) Mobile centres for the prevention of infectious diseases;
- f) Low threshold substitution programmes;
- g) Syringe exchange schemes;
- h) Outreach work;
- i) Programmes for supervised drug use.

1.2. Policy implementation, legal framework and prosecution

The new main legal diplomas in this area refer to the aspects mentioned above and are the following (in chronological order):

Law n. ° 30/2000 of the 29th of November 2000 – defines the new legal framework for personal use of illicit substances (cf. last years report).

Resolution of the Council Ministers 69/2001 of the 24th of February 2001- adds new substances to tables II-A, II-B and IV of the Drug Law (Decree-Law 15/93, of the 22 of January).

Resolution of the Council Ministers 39/2001 of 9th the April- approves the National Plan Against Drug and Drug Addiction - Horizonte 2004. The Plan has 30 concrete objectives and a financial support of 32 millions till 2004. The main objective concern the reduction to 1/3 the drug use of heroin, reduce drug-related deaths by half and reinforcement of the financial support to primary prevention by 150%.

Decree-Law n. ° 130-A/2001 of the 23rd of April– regulates the functioning of the Commissions for the Dissuasion of Drug Use (CDTs) (see previous chapter).

Decree-Law n. ° 162/2001 of the 22nd of May 2001– regulates testing and related procedures on individuals suspected of driving under the influence of illicit substances, as well as on all involved individuals in case of a road accident.

Regulation n. ° 603/2001, of the 11th of June 2001- indicates compulsory elements and information to be given to the Ministry of Health's SPTT for the purpose of certifying and inspecting private institutions working in the field of drug abuse treatment.

Regulation n. ° 604/2001, of the 12th of June 2001- regulates the Central Drug Users' Registry of the CDTs.

Decree-Law n. ° 183/2001, of the 21st of July 2001- approves the general framework of harm reduction policies.

The main guidelines of the *National Strategy* continued to be implemented according to the lines reported in the 2000 National Report and through the approval of the National Action Plan – Horizonte 2004 in April. A detailed follow up on the objectives for 2001 of the National Plan will be available early in 2002, but many initiatives, mainly in the priority area for 2001 – harm reduction – already started to be implemented as described in the Demand Reduction chapters.

1.3. Developments in public attitudes and debates

In 2000 and early 2001 the public debate was again mostly centered around the issue of the decriminalisation of drug use and infectious diseases, but also included issues concerning the new harm reduction legal framework.

The press continued to cover issues related to drug related infectious diseases. The situation led to the setting up of interministerial working groups to define, for the first time in Portugal, legal frameworks for interventions in the areas of harm reduction and prevention. In this respect, one of the most discussed measures was the creation of assisted injecting rooms, which has not been adopted yet in practice, partly due to the strong perception that populations have transmitted that the existence of those services will menace their security.

When the CDTs opened in July 2001, there were some reactions from some local populations, especially those who live near the Commissions, complaining about their fear that drug users might create public nuisance. After dialogue was established between the local CDTs and the populations and objectives and procedures were made clear, the public opposition faded out and the Commissions began their work with the support of their local communities.

1.4. Budget and funding arrangements

According to the National Action Plan, public investment in this field is expected to increase 10% per year until it reaches 159 615 327 € in 2004.

The figures presented in the next two tables show the distribution per Ministry and the distribution per areas in both 2000 and 2001. 2000 figures were updated since their reporting in our 2000 National Report and 2001 figures may still be updated until the end of the year. They do not include a special amount of 17.500 € used for setting up the CDTs and to support treatment facilities to receive drug users referred by the CDTs.

Most of the fluctuation between the 2000 and the 2001 budgets are due to small increases and decreases in PIDDAC, the Government Integrated Plan for the Development of the Central Administration, which is attributed each year to different infrastructures development programmes.

IPDT figures for 2000 still includes some residual budget from Projecto VIDA and figures for the Ministry of Justice and the Law Enforcement area do not include Criminal Police Budget.

There is also a special 2.394.230 € budget (not included in the table) for research which will be made available, through the Ministry of Science, within a period of 3 years.

Table 1 – Public Administration Budget on Drugs and Drug Abuse (€)

2000-2001

Ministries	2000	2001
Presidency of the Council of Ministers		
IPDT	15,335,598€	15,443,795€
Youth State Secretary	7,132,810€	7,681,488€
Ministry of Health	36,366,057€	37,180,180€
Ministry of Education	3,396,814€	3,484,293€
Ministry of Justice	4,205,530€	2,979,450€
Ministry of Employment and Social Affairs	13,592,243€	14,440,199€
Ministry of Internal Affairs	24,007,143€	23,768,319€
Ministry of National Defence	1,666,758€	972,307€ ¹
Total	105,722,937€	105,950,031€

Table 2 – Public Administration Budget on Drugs and Drug Abuse by Intervention Areas (€)

2000-2001

Area	2000	2001
Prevention	24,150,976€	27,154,009€
Treatment	31,333,187€	32,192,202€
Rehabilitation	15,229,195€	15,661,162€
Harm Reduction	4,589,728€	4,073,782€
Prisons	3,427,404€	2,231,253€
Law Enforcement	24,007,142€	23,768,318€
Research	2,097,445€	732,036€
International co-operation	887,860€	137,269€
Total	105,722,937€	105,950,031€

¹ Prevention only

Part 2

Epidemiological Situation

2. Prevalence, Patterns and Developments in Drug Use

2.1. Main developments and emerging trends

The available use prevalence indicators registered slight increases in the cases of both the school population, and the military populations. These indicators concern specific populations and should not be extrapolated to the general population. Data on the first national general population survey is expected to be available before the end of December.

The first data on national and local estimates problematic drug use indicate that there are between 2.7 and 10 problematic drug users for each 1000 inhabitants aged 16-64 years, or between 18,000 and 68,000 problematic drug users, in the age group 15-64. Such a wide range of values depend on the available data and on some of the underlying assumptions such as the coverage of the specialised treatment centres of the SPTT.

In terms of the indicators concerning health related problems which in Portugal refer to long drug use careers and a specific population of drug users (mainly heroin addicts) – there was an increase in terms of clients following any type of treatment in the SPTT specialised outpatient treatment centres (+5%), of detoxification unit clients (+4%), of substitution treatment clients (+38%) and of inpatients in licensed therapeutic communities (+7%). Nevertheless, the number of first treatment demands in the SPTT specialised outpatient treatment centres decreased (-4%) in comparison to 1999. The percentage of the notification of AIDS cases amongst drug users within all notified AIDS cases has been showing signs of levelling off with values (in 31.03.2001) of 63% for 1998, 59% for 1999 and 57% for 2000. Infectious diseases data from the SPTT (HIV, Hepatitis B and C and Tuberculosis) also point towards stabilisation and, in some cases, to a decrease in percentages of positive results in comparison to 1999. Drug related deaths registered a 14% decrease in comparison to 1999 and the percentage of positive results in the total number of toxicological tests performed has also been decreasing in the past few years.

Indicators concerning drug use direct legal consequences - which necessarily mirror the orientations and actions of the intervening bodies in this area-, registered increases at the level of presumed offenders and levelling off for convicted individuals. The number of individuals in prison for drug law offences decreased.

Use patterns of drugs concerning the school and military population show that hashish is the preferred illicit substance, which is also true concerning illicit use first use. Individuals in the treatment and legal system mainly report heroin as their main substance and heroin is also the substance more often associated to legal consequences and market indicators.

On the other hand, there is more visibility and expression concerning the emergence of new use trends, namely polydrug use including LSD and MDMA and the emergency of new groups associated to the use of these drugs and referred in media pieces.

Nevertheless, heroin is still the most involved substance in problematic drug use, as the health related indicators show concerning treatment demand, drug related deaths and risk behaviours associated to infectious diseases and the legal indicators concerning drug use presumed offenders, drug use convictions and drug related crimes.

The users with drug related health problems that presented themselves to health services (mainly of the male gender, aged 25-40) reported less use of heroin than in 1999 and less intravenous drug use in the last 30 days before the first consultation.

In the groups of drug users with legal problems, those who appeared in police, judicial and/or penal circuits for their use of drugs, presumed users and those convicted by drug use were both mainly of the male gender,

younger than 30, of Portuguese nationality, with no more than the basic educational background, high unemployment rates and mostly carried heroin at the time of the interpellation.

Concerning the **regional patterns**, the areas in Portugal where drug use problem represented a more significant problem were the districts of Lisbon, Porto, Setubal and Faro.

Concerning **drug markets**, the quantitative variation in relation to previous years registered decreases in the number of seizures but general increases in the quantity of seized substances in comparison to the previous year. In comparison to 1999, in 2000, there was a higher number of seizures for liamba and ecstasy and decreases in the number of seizures for heroin, cocaine and cannabis. On the other hand, the quantity of drugs involved in these seizures were quite higher than in previous years, which may reflect a more effective approach of the involved law enforcement agencies and a focus on “major traffic”. Only the number of seized ecstasy pills decreased in comparison to 1999. Prices increased for all drugs except for ecstasy, whereas purity seems to be lower for cannabis and cocaine and higher for heroin.

Concerning traffickers profile, those who were presumed offenders or were convicted by traffic were mainly of the male gender (although registering higher percentages of female individuals and older individuals in comparison to other categories), younger than 30, low educational rate and trafficking mainly heroin or heroin/cocaine. The individuals in prison for traffic related crimes were also of the male gender and older than 29.

Indicators related to the origin and destination of seized drugs suggest that, similarly to previous years, cocaine came mainly from South America countries and destined to Spain and other countries. Hashish came mainly from Morocco and, contrarily to 1999, the seized hashish was destined to other countries, especially to The Netherlands. The other drugs were destined to the national market and heroin came mostly from Turkey and Spain, liamba/marijuana from Angola and ecstasy from The Netherlands.

Setubal and Lisbon districts reported the higher quantities of heroin seized whereas Lisbon and Coimbra reported the higher quantities of cocaine seized. Faro and Lisbon were the districts where more hashish was seized and most of the cannabis leaves were seized in Lisbon. Porto registered the highest quantity of ecstasy seized.

2.2. Drug use in the population

Data on the first national general population survey is expected to be available before the end of December.

Concerning the **school population**, ESPAD 1999 data refer to students born in 1983 enrolled in the 8th, 9th and 10th grades in public schools which represented around 83% of all students of that age enrolled in public schools. The sample was random and stratified by clusters. Representativity was ensured for 16 year old students at two levels: the global sample (grades 8 to 10) and only for the 10th grade (for comparability proposes with the 1995 data). 107 schools and 639 classes were involved.

From the 3 609 individuals selected, 46% were of the male gender and 54% of the female gender. 530 students were enrolled in the 8th grade, 879 in the 9th grade and 2 200 students in the 10th grade. The questionnaires were filled in strict anonymous and voluntary conditions.

The main results indicate that legal drugs are the most used psychoactive substances by this group: 78% had had at least one lifetime experience with alcohol (49% reported having drunk alcohol at least once in the last 30 days) and 59% had had at least one lifetime experience with tobacco (31% reported having smoked at least once in the last 30 days). 8% reported at least one lifetime experience of tranquillisers or sedatives without a medical prescription and 5% alcohol and pills. Around 3% reported at least one lifetime experience

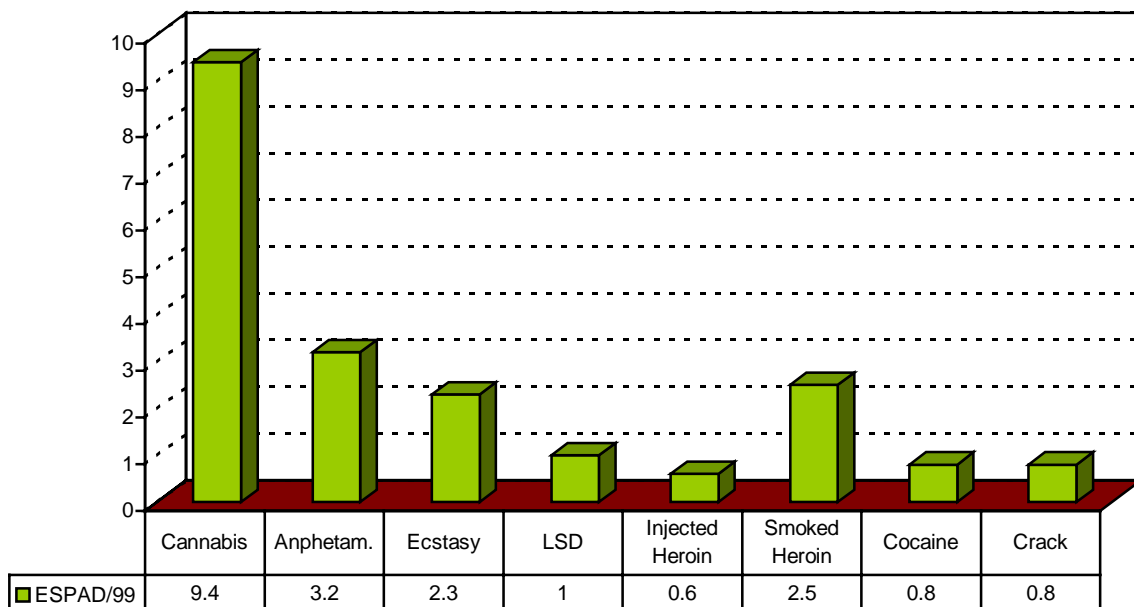
of inhalants and 1% of steroids. The use of tranquillisers and sedatives is more often reported by girls and the use of inhalants and steroids by boys.

Concerning illicit drugs, 12% reported ever having experienced with any illicit drug. Cannabis is the most used illicit drug (9,4% lifetime experience and 5% in the last 30 days). Lifetime experience of other substances includes amphetamines (3,2%), smoked heroin (2,5%), ecstasy (2,3%), LSD and/or other hallucinogens (1%), crack (0,8%), cocaine (0,8%) and injected heroin (0,6%).

Age at first use is, on average, 14-15 years old and boys tend to experiment and use regularly more than girls.

In comparison to 1995, there was an increase in the illicit drug use prevalence, namely concerning cannabis (mainly at the level of occasional use) and ecstasy. Also a higher percentage of students used illicit drugs other than cannabis 20 times or more.

Figure 1 - ESPAD/99- Mainland Portugal (students born in 1983, grades 8th to 10th)
Lifetime Prevalence of Illicit Drugs (%)



Another school survey [Matos2001] which involved 6 903 students, of the 6th, 8th and 10th grades, from 191 public schools nationwide, recently published data which suggest that students who report more often physical (headaches, stomach aches, backaches and dizziness) and psychological (depression, irritability, nervousness and difficult to fall asleep) symptoms, and who state they are less happy than others, also report, more often than others, distant relationships with their families, schools and colleagues and are more often involved in violence episodes at school and in experimenting and using alcohol, tobacco or illicit drugs.

Concerning the **military population**, the use prevalence rates that exist are the result of the toxicological tests made by Armed Forces. The programme for the Prevention and the Fight Against Drugs and Alcohol in the Armed Forces - PPCDAFA – implements a set of specific and integrated measures to fight against traffic, dissuade the use, treat the abuse and rehabilitate treated drug users. Based on a common programme, each branch of the Armed Forces develops a specific project for implementing an early and dissuasive diagnostic control through toxicological tests for the detection of drug use and alcohol abuse. Projects vary from one branch to the other, namely concerning the sample selection.

In 2000, the Armed Forces collected 20 013 samples (20 000 in 1999) from a total of 17 950 individuals and performed 81 406 toxicological tests (78 000 in 1999). The results of the tests made by Navy and the Air Force personnel and of the random tests made in the army, present a positive result percentage of 1.5%, a slight increase in comparison to 1999 (1,3%).

Concerning the users profile and respective use patterns in 2000, according to the result of the questionnaires filled in case of a positive result, we may emphasise the following aspects, which are identical to the 1999 users' profile:

- The percentage of positive cases is higher amongst volunteers and contracted military personnel, and there are a very low percentage of positive cases amongst the career military personnel;
- Most individuals were of the male gender, with the primary or secondary school;
- The substances used were mainly cannabis. The use of opiates, cocaine and amphetamines is residual;
- Most users started to use drugs before joining the Armed Forces, while they were between 17 and 20 years of age.

2.3. Problem drug use

Concerning problematic drug use, a study carried out in 2000 [Negreiros2001] provides estimates using different methods. The multipliers used in these different methods were developed on the base of local studies, nevertheless it is possible to identify the range values prevalences could have. The local studies were developed in the North of the country (Matosinhos and Oporto), places where – similarly to Lisbon and Setúbal – the highest rates of drug use are found.

The report provides two types of estimates: one concerning the EMCDDA operational definition of problem drug use [Kraus1999] - *intravenous drug use (IDU) or long term duration/regular use of opiates, cocaine or amphetamines; during one year period, in the age group 15-64* - and another using a broader definition that refers to drug users in general (including regular and occasional cannabis and synthetic drug users) that were identified by some law enforcement agencies (the police, for example). Thus, estimates based on Police data will not be referred here. Table 3 indicates only the estimates presented in this study according to the EMCDDA operational definition.

Table 3 - National Estimates of Problematic Drug Use

<i>Case definition</i>	<i>Intravenous drug use (IDU) or long term duration/regular use of opiates, cocaine or amphetamines, during one year period, in the age group 15-64</i>			
<i>Year</i>	2000			
<i>Method</i>	Multiplier method using treatment data	Multiplier method using mortality data	Capture-recapture	Back calculation based on HIV/AIDS cases
Source	SPTT - (Specialised Drug Treatment Public Centres)	Forensic Medicine Institutes	Social Services; Treatment Centre; Local Prison; Harm Reduction Centre	CNLCS (National Commission of Fight against AIDS) and SPTT (Specialised Drug Treatment Public Centres)
Total number of cases identified by the source	29,204	318	Local Study	14,500-21,500
Estimated rate	0.60 - 0.70*	0.1- 0.2	0.10*	0.64*
Total estimate	42,000 - 48,000	18,500 - 37,000	68,000	23,000 - 34,000
Prevalence estimate ² : rate/1000 in the age group 15-64	4.0 - 4.7	2.7 - 5.4	0.10	3.3 -5.0

* Multipliers identified in studies developed in the area of Oporto and Matosinhos [Negreiros2001]

It is thus estimated that, in Portugal, there are between 2.7 and 10 problematic drug users for each 1000 inhabitants aged 16-64 years, or between 18,000 and 68,000 problematic drug users, in the age group 15-64.

Nevertheless, it is important to keep in mind that these estimates are based on studies carried out at local level in one specific region. It will be necessary to develop new studies in each district in order to identify regional estimates covering all the country, and, after that to build the global estimate for the whole country based on the local estimates.

A practical example of the referred limitations is the estimations based on treatment data. According to [Negreiros2001], in the Oporto region, the in-treatment rate among drug users is between 60 and 70%. But according to [Godinho2001], in the region of Setúbal, a study developed some time ago, showed that the in-treatment rate was only 30%. Considering both this and that treatment availability has been increasing all over the country during last years, perhaps - according to [Feijão2001] - a more realistic estimate should consider a range of in-treatment rate between 40% and 60%, which would lead to an estimate of between

² Population of the age group 15-64 in 2000 estimated from data of the 1900 Census.

49,000 and 73,000 problematic drug users and to a prevalence estimate of 7.2 to 10.8 per each 1000 inhabitants aged 15-64 years.

Comparing with 1999 estimates, it is possible to verify that estimations made: a) using mortality data, decreased; b) using HIV/AIDS data, are stable; c) using treatment data and capture recapture data are still increasing. This is, perhaps, the result of the implementation of programmes based on harm reduction strategies, developed primarily in the regions of Lisbon and Oporto but now extending to all the country.

3. Health Consequences

3.1. Drug treatment demand

Indicators related to drug treatment demand are very important to the understanding of the drug problem despite their known limitations which include: the influence of the opening and re-dimensioning of the treatment facilities, the fact that they still do not include the total number of existing facilities in Portugal and that they only cover a part of the drug users population, i.e., they do not cover the street users nor those whose main substance of abuse is not heroin, who usually do not request treatment in those facilities.

The figures mentioned in this chapter refer to the national aggregated data released by the SPTT and may not, in some aspects, coincide with the figures reported in the standard tables for treatment. It is a transitional phase since the SPTT information system is not fully implemented and only some CATs are able to report desegregated data while most of them report aggregated data to the central services of the SPTT.

Available indicators report an increase in terms of clients following any type of treatment in the SPTT specialised outpatient treatment centres (+5%), of detoxification unit clients (+4%), of substitution treatment clients (+38%) and of inpatients in licensed therapeutic communities (+7%). Nevertheless, the number of first treatment demands in the SPTT specialised outpatient treatment centres decreased (-4%) in comparison to 1999. All regional offices registered a decrease in first treatment demands (between -7% and -17%) except Lisbon and the Tagus Valley where there was a 3% increase.

There was a total of 29 204 active clients in the SPTT services in 2000, representing a 5,2% increase in relation to the previous year and a 23% increase in relation to 1998. The number of active clients in the Regional Directions of Lisbon and Tagus Valley and North represented in 2000, 70% of the total of clients.

In 2000, there were 1 939 inpatients in the SPTT detoxification units (DUs). The referred 4% increase was mainly due to the region of Lisbon and Tagus Valley with a 14,2% increase. The occupation rate of these facilities was between 73,2% and 84% and the inpatients represented 15% of the total of active clients in SPTT in 2000. Concerning the 6 DUs of NGOs with protocols with the SPTT, the number of inpatients was 2 429. The total of inpatients in all DUs was 4 368 registered an increase of 2,8% in relation to the previous year.

The number of inpatients of the 2 therapeutic communities (TCs) of the SPTT was of 67 in 2000. The occupation rate of these units was 85,5% (more 4,4%) and the inpatients represented 2,6% of the active clients. Regarding the 56% TCs with a protocol with the SPTT, the number of inpatients was 2 586, 97,4% done by the TCs that have protocols with SPTT.

83 clients were registered in the programmes of the 4 day centres (DCs) of the SPTT, which represents a decrease of 21,7% in comparison with 1999. There was a decrease of the number of clients in DC, especially in the region of Lisbon, but also because one of the DC closed temporarily for remodelling. In 2000, the number of clients of the 3 NGO DCs with protocols with the SPTT was 252. The total of clients in DCs was 335, the SPTT give answer to 24,8% of the total and the others DCs 75,2%.

Concerning the type of treatment programmes, of the 29 204 SPTT active users around 29% were in substitution treatment programmes with methadone, LAAM and buprenorphine. This represents a significant 38% increase in comparison to 31/12/1999 and an 85% increase in comparison to the 31/12/1998. In terms of the programme itself, and in comparison to the 1999, there was a 42% increase in methadone and a 3% increase in LAAM. The SPTT specialised treatment centres are the services where most of the methadone and all LAAM is administrated but more Health Centres, hospitals, pharmacies and prisons are currently involved in this programmes in comparison to 1999. In this context, special emphasis should be given to the

opiate substitution treatment in pharmacies, which started in July 1998. In December 2000, 212 pharmacies had already joined in, 124 of which were giving methadone to a total of 385 clients.

In absolute terms, the Northern region has a higher number of clients registered in LAAM substitution programmes (68,8%), and the region of Lisbon and Tagus Valley in methadone substitution programmes 30,6% and has a higher number of clients registered in other types of treatment responses. But considering the percentage in terms of total number of active clients it is the region of Algarve (78%) and Alentejo (36%), which report higher values of clients in substitution programmes.

Concerning the profile of the drug users in treatment, and on the basis of the data concerning the clients who requested treatment for the first time in 2000, 84% were of the male gender and around 53% were aged 25-34. In comparison to 1999 this population is slightly older as in 1999 around 25% were aged under 25 and 22% were older than 34 whereas in 2000 around 21% were aged under 25 and 26% were older than 34.

Concerning the profile of inpatients in DUs, 84,9% are of the male gender and 31,1% of the age group 31,1%. In public and certified TCs, on the basis of answers to questionnaires concerning 2000, 83,2% were of the male gender and 33,5% were in the aged 25-29.

On the basis of data collected in a significant number of SPTT specialised centres, it was possible to verify that around 75% were heroin users, 33% were cocaine users and 36% used, at least once during the last previous 30 days, the IV route of administration. Although 1999 data is not comparable, since different treatment centres responded to this item in 1999 and in 2000, the decrease (45% in 1999 and 36% in 2000) is consistent with recent data concerning syringe exchange which points towards an increase in the number of exchanged syringes (2 993 703 in 1999 and 3 502 567 in 2000) at national level.

3.2. Drug-related mortality

Data from National Forensic Institute (Special Register) show that the number of drug-related deaths is decreasing and that 318 cases were registered in 2000. The figure represents a 14% decrease in relation to the previous year (369).

The Southern Region (Lisbon included) registered the highest decrease but still registers the higher number of cases in comparison to Coimbra (Central Region) and Porto (Northern Region).

About 88% of the cases involved opiates, either exclusively (33%) or in association with other drugs (55%), mainly cocaine and/or alcohol (46%). In 2000, around 88% of these cases were of the male gender, these deaths occurred mainly in individuals with ages between 20 and 39 years (83%), particularly between 25-39 years (67%).

On the other hand, concerning AIDS related deaths, the CVEDT reported, until 31/03/01, 2 210 cases which occurred amongst drug users with AIDS, representing 55% of this population..

National efforts are underway to harmonise the Special and General Mortality Registers as, currently, data from the General Mortality Register still suffers from significant underreporting.

Concerning the indicator on mortality of drug users and with the objective of quantifying drug users mortality and identifying its most frequent causes a study was conducted in a population of individuals using any type of drug, through any administration route, who had started treatment (for the first time or not) in the largest SPTT specialised treatment centre in Lisbon (CAT das Taipas). The studied cohort, approximately 3400 individuals, included all those who started treatment between the 1st of January 1992 and the 31st of December 1997.

The research project allowed to conclude that the risk of death for drug users in Lisbon, even those who seek and uptake treatment, is 10 times higher than for general population individuals of the same age and gender. Drug abuse may therefore be considered a pathology with a significant associated mortality. During the 90s, the mortality trend for the studied cohort increased for both genders.

3.3. Drug-related infectious diseases

According to the SPTT, 57,7% of the clients who demanded treatment for the first time in 2000 reported results of toxicological tests for infectious diseases within 30 days of their first consultation. Of those, 14% were HIV positive (18% in 1999) and, of those, 22% were in treatment for HIV. Concerning Hepatitis, 9,6% presented positive results for hepatitis B (9,6% in 1999) and 48,9% for hepatitis C (55,7% in 1999). An increase in positive results for infectious diseases was only verified in tuberculosis: 2,1% reported positive tests against 1,4% in 1999.

In public and certified DUs, the situation concerning HIV, hepatitis B, hepatitis C and tuberculosis was known for, respectively, 97%, 96%, 94% and 98% of the clients: of those, 14% were HIV positive, 4% were AgHBs positive, 60% were HVC positive and 1% were being treated for tuberculosis.

Concerning public and certified TCs, on the basis of answers to questionnaires concerning 2000 and for those who presented positive results, 16,5% were positive for HIV, of those 68,8% were in antiretroviral treatment. 13,5% were positive for hepatitis B and 48,8% positive for HCV. Concerning tuberculosis, 1,1% presented positive tests. In relation to 1999, the percentage of inpatients with HIV, hepatitis and tuberculosis decreased. The percentages of HIV positive individuals in antiretroviral treatment increased (54,5% in 1999 to 68,8% in 2000).

Data from the Centre for the Epidemiological Surveillance of Transmissible Diseases shows that drug users represented 51% of all notified cases until 31/03/2001. In 2000, around 87% of the drug users diagnosed with AIDS were of the male gender, a figure which has been constant since 1997. The rhythm of growth of the drug users population diagnosed with AIDS in comparison to the total of cases diagnosed with AIDS has been decreasing in the last few years. Of the diagnosed cases in 2000, that proportion was 57%. Such fact is even more relevant if we consider the increasingly active role of CATs in this surveillance system which contributes to an increase of the notifications in this transmission category within the universe of the notifications.

3.4. Other drug-related morbidity

There is no new information available on this topic.

4. Social and Legal Correlates and Consequences

4.1. Social problems

According to the available SPTT data, the main social problems which affect problematic drug users are still drug related morbidity, unemployment, which often leads to occasional and precarious schemes to fund their dependence, such as prostitution, begging, indicating parking spaces to car drivers in exchange for money (arrumadores) and robbery or theft. Unemployment is also one of the main social problems reported by presumed offenders for crimes against the Drug Law.

The Ministry of Labour and Solidarity which funds treatment and medication, outreach work and housing projects for recovering drug users reports that this group lives in a general situation of vulnerability which puts a lot of weight on the user him/herself but also on their families. There is a general need to improve their life conditions and their income in order to help re-establish their personal and social balance to prevent social exclusion group.

A recent prison setting survey (see chapter 13) also report low economic conditions, educational status and professional skills and well as unemployment as social problems in individuals in prison for direct and indirect drug related crime.

Usually, the most commonly perceived consequences of drug use by the general public are: personal degradation, family problems, AIDS and other health problems, crime and death, amongst others.

4.2. Drug offences and drug-related crime

In Portugal, in 2000, drug offences were offences of drug use, drug trafficking-use and drug trafficking according to Law 15/93. This chapter presents data concerning presumed offenders (those interpellated by the police), convicted individuals (those against whom criminal charges were brought upon) and individuals in prison for crimes against the drug law. Changes brought upon by the new Law concerning the decriminalisation of drug use only became effective in 2001 and will be reported next year. For information on indirect drug related crime, please see Key Issue: **Drug use in Prison** (chapter 13).

The number of **presumed offenders** involved in police interpellation for suspected offences against the drug Law has been registering a continuous growth since 1994. Nevertheless, in 2000 the increase was due more to presumed traffickers and presumed trafficker-users, and not to presumed users as was the case in previous years. In effect, for the first time since 1996 an increase in the number of presumed traffickers was verified which, taken together with the increases in the significant quantities of drugs seized in the retail market reinforces the hypothesis of the seizing interventions being more effective.

In 2000, 14 276 individuals were identified representing a 10% increase in comparison to 1999. Of these 14.276 individuals, 53% were identified as presumed users, 27% as traffickers/users and 17% as traffickers.

Table 4 – Presumed Offenders, by Year, Category, and by Sex

1997-2000

<i>Year</i>	1997	1998	1999	2000
<i>Category/Sex</i>				
Total	9 333	11 395	13 020	14 276
Trafficker	2 018	1 831	1 790	2 478
Male	1 555	1 390	1 381	1 955
Female	463	441	409	523
Unknown	..	..	..	..
User	5 362	6 910	8 030	7 592
Male	4 762	6 149	7 190	6 973
Female	600	761	840	619
Unknown	..	..	..	..
Trafficker-User	1 953	2 654	3 200	3 806
Male	1 751	2 410	2 917	3 497
Female	202	244	283	309
Unknown	..	..	..	..
Unknown	..	..	..	400
Male	..	..	..	281
Female	..	..	..	119

Source: IPDT / Sumários de Informação Estatística, 2000

Regarding the involved substances, 68% of these individuals possessed one type of drug, (71% in 1999) mainly heroin (33%) or cannabis (29%). In the cases where polydrugs were concerned, 14% of the total of presumed offenders and 32% of individuals with polydrugs carried both heroine and cocaine.

In this aspect presumed users were different from the other presumed offenders categories since most of them (74% against, 64% of presumed trafficker-users and 60% of presumed traffickers) possessed only one type of drug at the moment of the identification, and by the fact that, although heroin is the main drug in all categories, cannabis presents a higher percentage in the users group in comparison with the other two categories (respectively 36% in the users, 22% of the trafficker-users and 17% of the traffickers only had cannabis at the time of the interpellation).

Some socio-demographic data of these individuals show that the majority was of the male gender (89%) and in the age group 21-44 (78%). In comparison to 1999, the average age is higher which reflects, on the one hand, the current aging trend regarding these individuals and, on the other, the higher weight, in comparison to 1999, of traffickers and trafficker-users (groups where usually the average age is higher than in the group of users) in the total group of presumed offenders.

On the basis of data from the **judicial decisions of crime processes** for infractions under the Drug Law in 2000, sent to the IPDT until 31/03/01 by the Courts, 2 479 processes were finalised and a total of 4 064 individuals were taken to court, which represented, unlike previous years, a decrease in the order of 17%. Decreases were verified in amnesties (-74%), forfeited processes (-80%) and death situations (-40%).

The decrease in the number of individuals taken to court in 2000 was mainly verified due to the decrease in the number of individuals taken to court as users (-25%) and traffickers (-13%), whereas slight increases were verified for the category of trafficker-users (11%). More individuals (2%) were acquitted.

3 154 individuals were **convicted** under the Drug Law: 60% for traffic, 35% for use and 5% for traffic-use. In comparison to the previous year there was a slight increase in the number of convicted individuals (2% due to more convicted traffickers (7%).

Similarly to the identified presumed offenders, the main substance involved was heroin, responsible for 42% of the convictions, followed by polydrugs (28%), cannabis (19%) and cocaine (5%).

Heroin was the main drug involved in the higher number of traffic convictions (43%), use convictions (39%) and traffic-use convictions (63%).

Table 5 – Imprisoned Individuals, by Category and by Type of Drug

<i>Category</i>		<i>Total</i>	<i>Trafficker</i>	<i>User</i>	<i>Trafficker-User</i>
<i>Type of Drug</i>					
Total	1999	3 083	1 772	1 119	192
	2000	3 154	1 896	1 106	152
Heroin		1 335	810	430	95
Cocaine		143	103	37	3
Hashish		608	261	340	7
Liamba		8	2	3	3
Medicines		11	10	1	..
Other		7	3	3	1
Polidrugs		877	651	196	30
Unknown		165	56	96	13

Source: IPDT / Sumários de Informação Estatística, 2000

As for the type of conviction/penalty applied to the convicted individuals, effective imprisonment predominated (41%), followed by fine (31%) and suspended imprisonment (23%). Effective imprisonment was the most applied penalty for crime of trafficking (61%), effective fine (82%) in convictions for use and suspended prison (43%) for trafficker-users.

Around 12% of the individuals were convicted for more than one crime, mostly those convicted by traffic (9%). In the case of traffickers and trafficker-users the second crime usually involved "drug use" and "explosive substances and guns". In the case of users, it usually involved "theft", "qualified theft" and "robbery".

Concerning the socio-demographic profile of these individuals, the majority were male (88%), younger than 30 (52%). The group of those convicted by traffic, registered higher percentages of female individuals and older individuals in comparison to other categories. The majority of the convicted individuals were single (62%), especially in the users group. The educational status is only known for 39% of the convicted individuals and 33% have not gone beyond compulsory school (final basic level). Concerning the professional status, 24% worked in the construction sector, especially in the traffic-use group. 25% were unemployed at the time of their conviction, especially those who were convicted by traffic-use.

According to data from the General Directorate of Prisons (Direcção-Geral dos Serviços Prisionais), on the 31st of December 2000 there were 3 829 **convicted individuals in prison** under the Drug Law i.e. around 43% of the convicted imprisoned individuals.

Despite the decrease occurred in 1999, only in 2000 was a slight decrease in the percentage of these individuals within the total number of convicted individuals in prison under the Drug Law.

Table 6 - Total of Imprisoned Individuals (by any crime) and imprisoned individuals under the Drug Law, by Year

1997-2000

<i>Year</i>	Situation in 31-12 of each year			
	1997	1998	1999	2000
<i>Imprisoned Individuals</i>				
Total of Imprisoned Individuals	10 333	10 348	8 756	8 917
Imprisoned Individuals under the Drug Law	3 653	3 902	3 863	3 829

Source: IPDT / Sumários de Informação Estatística, 2000

From those 3 829 individuals, around 88% were convicted by traffic, 5% for less gravity traffic and 3% for traffic-use and less than 1% for drug-use related crimes.

Around 85% of the convicted individuals in prison under the Drug Law on the 31st of December 2000, were of the male gender.

Around 81% of these individuals were aged 25-49 and 40% were aged 30-39. Crimes of traffic, in comparison to other types of drug related crimes, have more expression in the female group in all age groups except 16-10.

4.3. Social and economic costs of drug consumption

Apart from the Public administration budgets reported in Part 1, there is no information available regarding this issue.

5. Drug Markets

5.1. Availability and supply

Information on availability is scarce and inferred through seizures (data presented in the next chapter) and perception of availability as reported by the ESPAD study (data presented in chapter 2.2).

Concerning the routes of significant quantities of seized drugs in Portugal in 2000, the situation was similar to the previous year with the exception of heroin which in 2000 came mostly from Turkey, a situation which had not been verified since 1995.

Heroin came mainly from Turkey (24%), Spain (13%) and Netherlands (6%). Cocaine came mainly from Venezuela (52%), Colombia (39%) and Brazil (5%). Hashish came mainly from Morocco (75%); contrarily to previous year the hashish seized was destined to other countries especially to Netherlands. Marijuana/marijuana came from Angola (98%). Ecstasy came mainly from the Netherlands. Most seized drugs were destined to the national market, with the exception of hashish (25% was destined to Portugal and the rest was mainly destined to The Netherlands). In effect, 82% of the seized heroin was destined to Portugal and only 2% to Spain. 92% of the seized cocaine was destined to the internal market and 7% to other countries (4% to Europe – mainly to Spain but also to Italy, The Netherlands and Belgium – and 3% to Africa – mainly Mozambique, South Africa and Ivory Coast).

5.2. Seizures

On the basis of data collected by the Law Enforcement agencies and Customs and centralised by the Criminal Police, in 2000, and similarly to the trend of the last few years, heroin was the substance involve in the larger number of seizures. In comparison with 1999, in 2000, there was a higher number of seizures (10% and 11%) for liamba and ecstasy and decreases in the number of seizures for heroin (-21%), cocaine (-30%) and cannabis (-3%). On the other hand, the quantity of drugs involved in these seizures were quite higher than in previous years - heroin (+643%), cocaine (+268%), hashish (+186%) and liamba (+239%) - which may reflect a more effective approach of the involved law enforcement agencies. Only the number of seized ecstasy pills decreased in comparison to 1999 (-19%).

Table 7 - Drug Quantity Seized, by Type of Agency

2000					
Grammes (g) / units (u)					
<i>Drug</i>	Heroin	Cocaine	Hashish	Marijuana	Ecstasy
<i>Type of Agency</i>	(g)	(g)	(g)	(g)	(u)
Law enforcement agencies	565 429	2 763 654	30 467 121	5 092	25 496
Customs	2 104	262 721	0	218 120	0
Total	567 533	3 026 375	30 467 121	223 212	25 496

Source: Polícia Judiciária / Direcção Central de Investigação do Tráfico de Estupefacientes.

In 2000, law enforcement agencies (GNR, PSP and, particularly, the Criminal Police) seized higher quantities of all drugs except marijuana which was mostly seized by Customs.

Table 8 - Drug Quantity Seized, by Year and Drug

1997-2000

<i>Year</i>	1997	1998	1999	2000
<i>Type of Drug</i>				
	Gramme			
Heroin	57 389	96 666	76 417	567 533
Cocaine	3 162 638	624 949	822 560	3 026 374
Hashish	9 621 188	5 574 794	10 636 075	30 467 121
Liamba	72 256	7 115	65 766	223 212
Other	14 348	23 792	6 955	25 106
	Unit			
Ecstasy	524,5	1 127	31 319	25 496

Source: IPDT / Sumários de Informação Estatística, 2000

Considering the relation between the number of seizures and the quantities seized, around 87% of the number of seizures were seizures of heroin and cocaine which involved quantities below 10g, and seizures of hashish and liamba/marijuana which involved quantities below 100g. At the level of seizures related to significant quantities, heroin was the most significant substance, a situation that did not occur since 1994.

In 2000, these type of seizures related to “major traffic”, represented, in the case of heroin around 4% of the number of the seizures, in the case of cocaine they represented around 9% of the number of seizures, cannabis represented 2%.

5.3. Price, purity

The average cost of the seized drugs at street level registered, with the exception of ecstasy (-11%), a general increase in comparison to 1999. The increase might be related to a lower availability of these drugs in the market considering the increase in the quantities of seized drugs in comparison to 1999.

Table 9 - Drug Prices in Retail, by Drug (€)

1997-2000

<i>Year</i>	1997	1998	1999	2000
<i>Type of Drug</i>				
	Gramme			
Heroin	38,50	38,50	31,33	49,72
Cocaine	45,63	45,63	40,37	60,31
Hashish	1,99	1,78	1,09	4,13
Liamba	2,25	2,25	1,40	3,83
	Unit			
Ecstasy	8,94	11,7	6,7	5,98

Source: IPDT / Sumários de Informação Estatística, 2000

The higher increases in average costs were verified in cannabis (278% to hashish and 174% to liamba), heroin (59%) and cocaine (49%). Cocaine is still the most expensive drug in the market.

Concerning purity, and although the quantity of analysed samples differs significantly from year to year, the analysis of the seized cannabis and cocaine shows decrease in purity in comparison to 1999 whereas heroin in 2000 was on average purer than in 1999.

Table 10 - Purity at Street Level of some Illegal Substances

1997-2000

<i>Year</i>	1997	1998	1999	2000
<i>Size of the sample</i>	N = 619	N = 3 953	N = 236	N = 151
	Average	Average	Average	Average
Cannabis resin	3,4	4,3	3,7	2,2
Cannabis leaves	1,2	1,6	0	0,2
- 'nederwiet'				
- other grass	0	0,083	0,037	0,006
Heroin brown	35	34,7	36,1	37
Heroin white				
Cocaine	68,4	65	68,9	53,3
Crack				
Amphetamines	0	4	0	0
MDMA	35,7	15,7	0	0

Source: Forensic Laboratory of the Criminal Police.

The routine analysis of seizures also indicated, in comparison to 1999, a decrease in quantity of MDMA and an increase of amphetamines or metamphetamine in the composition of tablets being sold as illicit drugs. This seems to agree with the perception often transmitted by law enforcement agents that a significant quantity of tablets that are sold as ecstasy or other “new drugs” are, in reality, amphetamines.

Table 11 - Composition of Tablets sold as Illicit Drugs

1997-2000

<i>Year</i>	1997	1998	1999	2000
<i>Size of the sample</i>	N= 419	N= 885	N= 16 199	N= 12 997
	%	%	%	%
MDMA	205	113	15 106	10 963
MDEA	127	0	161	0
MDA	0	6	0	4
Combination of some of these substances MDMA, MDEA, MDA	45	0	57	2
Amphetamine or metamphetamine	28	766	870	2 028
Combination of MDA/MDEA/MDA and amphetamine/metamphamine	14	0	5	0
Other psychoactive substance (e.g. 2-cb, DOB, MBDB, 4-MTA, atropine, etc.)	0	0	0	0
Other substances (e.g. caffeine, ephedrine, paracetamol, etc.) and unknown substances)	0	0	0	0

Source: Forensic Laboratory of the Criminal Police.

6. Trends per Drug

Cannabis

Inline with the previous years' trend, cannabis, namely hashish, is still the preferred illicit substance for users of specific sub-groups such as the school and military populations and the substance usually involved in the first use experience with illicit substances. Relatively to school population, based in data from the results of ESPAD/99, cannabis use prevalence between young people age 16 in Portugal, suffered a increase between 1995 and 1999, especially at the level of occasional use. Cannabis use prevalence continued to be higher in the boys' group and 15 was the modal age of first use experience of this substance. It is still the preferred illicit substance in the first use experience with illicit substances. In military populations it continues to be the preferred illicit substance for users, and has been associated to other drugs, such as cocaine, amphetamines and opiates.

It remains non-associated to problematic use, namely concerning health consequences, as the number of cannabis addicts who seek treatment or die in consequence of cannabis use is not significant. It is however more significant at the level of legal consequences of drug use as it is involved in police interpellation to presumed offenders for drug use (in 2000, 37% of interpellations) and in convictions for drug use (in 2000, it was responsible for 31% of those convictions). On the other hand, in these contexts, this type of substance has been associated to other drugs, especially ecstasy.

Concerning the profile of cannabis users, based in data related to convictions by use, they are similar to users of other drugs: mainly of the male gender (96%), registering a higher percentage of single individuals (84%) and with younger ages (81% aged under 30). Users have a higher education status relatively to other convicted groups by other types of drug use (38% completed or went further than compulsory school). Close to 24% were unemployed at the time of their conviction. Amongst those who referred their profession, close to 17% worked in the construction sector, 16% were non-qualified construction sector workers, 11% worked in security agencies and 9% were metallurgic workers.

At the level of markets, the seized quantities of cannabis increased, came mostly from Morocco and was seized in the south of Portugal (Faro District). Most of the seized liamba/marijuana in 2000 came mainly from Angola and was seized in Lisbon. In 2000, cannabis price, for the first time in the last years, increased at wholesale and retail level. Lastly, similarly to last year, cannabis had less relative importance when considering all drugs involved in presumed offenders, individuals convicted for traffic and as trafficker-users, than in presumed users and individuals convicted for use.

Amphetamines, ecstasy and LSD

The use of this type of drugs has been increasing in the last years. Results from ESPAD/99, indicates an increase of use prevalence of these substances between 1995 and 1999, among student aged 16 in Portugal. Use prevalence of these substances are higher in the boys group aged 14-15, respectively the age of first use of ecstasy and amphetamines. In the military populations, they are still residual drugs, which may be the result of some limitations that still exist at laboratory level.

They continue to have a secondary role at the level of circuits concerning the health and legal consequences of drug use, despite, in the last years, having had more visibility, especially in the circuits of legal consequences of use, in association with other drugs, such as cannabis.

At market level, in comparison to previous years, in 2000, the seized amphetamines, ecstasy and LSD quantities have decreased. In 2000, seized ecstasy came mainly from The Netherlands and was seized in Porto and Lisbon Districts. Ecstasy registered decreases in the average price.

Heroin / opiates

Opiates, namely heroin, are still the illicit substance more frequently associated to problematic drug use. On the other hand, they are less relevant in specific sub-groups of the general population. At the level of school population, the results from ESPAD/99 point to a lifetime prevalence use of smoked heroin in 3% and non-smoked 1%. Use prevalence is higher in the male group. It is a substance which experimentation, similarly to cocaine, is perceived as a great risk and subject to the highest disapproval rate by the students and referred to as being difficult to acquire. Concerning the military populations, although still a residual drug either isolated or together with others (namely cannabis and cocaine), it is the drug which, after cannabis, presents the higher rate of positive test results.

Heroin is still the main drug associated to problematic drug use, namely at the level of health and legal drug use related consequences. Although, in some indicators, it is starting to loose relative importance in comparison to other, more diversified, substances.

At the level of treatment demand, amongst patients in first admissions, the use of heroin as well as the use of drugs by IV in the 30 days prior to their first consultation, were less referred in comparison with 1999. In the scope of prevention policies and risk reduction, the increase registered in the number of syringes retreat (recoil) at national level relatively to last year.

Opiates are the main responsible substances involved in drug related deaths. Drug related deaths involving IV administration route remain residual and decreased in comparison to 1999.

Concerning legal drug use related consequences - whether in the context of presumed offenders or in convictions for use - heroin alone continued to be the main substance, but in 2000, in comparison with the previous year, lost relative importance to situations related with the use of hashish and polydrugs.

Concerning the profile of heroin users, and once more based in data about convictions for use, most were of the male gender (91%), single (70%), and, in average, older than other users (only 51% were aged under 30). In comparison to cannabis users they refer an inferior educational status (only 26% completed or went further than compulsory school). Around 34% were unemployed at the time of their conviction, and amongst those who had a profession, close to 21% worked in construction sector, 15% were metallurgic workers, 11% were non-qualified construction sector workers and 8% worked in security agencies.

At the level of markets, heroin was the drug that registered the highest increase in quantities seized, in comparison to previous year. That contributed to the increase of the average prices in the wholesale and at retail level which probably points towards less availability of this drug in the national markets (82% of the heroin seized was destined to the national market). It came mostly from Turkey (a situation that did not occur since 1995), Spain and The Netherlands and was seized in Setúbal, Lisbon, Porto, Leiria and Santarém.

In this market context, an increase in the quantities seized of other opiates, like morphine, opium and methadone was verified in comparison to 1999.

Cocaine/crack

Cocaine use is still less significant in the school and military populations. The results of ESPAD/99 indicate a lifetime use prevalence of cocaine and crack of 1%. Similarly to other illicit substances, the boys' group presents a higher use prevalence of this substance than girls. Similar to heroin, it is a substance which experimentation is perceived as a great risk and is subjected to a high degree of disapproval by these students as well as being considered as a low availability drug. In the military populations, its use is very residual and appears mainly associated to the use of opiates or cannabis.

Cocaine has been almost always associated to heroin in some problematic drug use circuits, having less importance when considered alone. In effect, this association to the use of heroin is present in several indicators, namely at the level of drug related deaths (in 2000 7% of those deaths involved only the use of cocaine, 20% of cocaine associated to heroin and 6% of the cases involving the use of cocaine and heroin with other drugs), the police interpellations to presumed users (3% of the presumed users had only cocaine, and 11% cocaine and heroin) and in convictions for drug use (3% of the convictions for drug use had only cocaine and 10% had cocaine and heroin, and 1% cocaine with heroin and other drugs).

Concerning the profile of the convicted individuals for cocaine use, the majority was of the male gender (92%) but the percentage of single individuals (61%) was lower than in the two previous groups of users. This group presents younger ages than the heroin users and older ages than cannabis users (62% aged under 30). In relation to educational status, this group has a lower educational status (only 21% completed or went further than compulsory school). Around 30% were unemployed at the time of their conviction, and amongst those that had a profession, close to 19% worked in the construction sector, 19% were metallurgic workers, 11% were drivers, 7% were non-qualified construction sector workers and 7% were employees of public organisations.

At the level of markets, in 2000, the seized quantities of cocaine registered high increases in comparison to 1999 (including base cocaine), and contrary to the previous year, the majority was destined to the internal market. It came mostly from South American Countries, namely Venezuela and Colombia and was seized mostly in Lisbon and Coimbra. In 2000, in comparison to 1999, increases were registered in average prices both in the wholesale and retail market. Although this increase was inferior to the heroin increase, cocaine is still the most expensive drug in the national market.

Other drug use / Multiple use

Parallel to the already traditional use association of cocaine and heroin, in 2000 an increase was verified in the association of hashish with ecstasy and other associations of drugs involving a diversified number of substances.

Multiple use increased. It was especially registered in the indicators at the level of legal use consequences, especially in police interpellations to presumed users (in 2000, polydrugs possession increase in comparison to previous year, and of the presumed users that possessed more than one drug, 34% possessed at least another substance apart from heroin, cocaine or cannabis, this average was only 8% in 1999) and in convictions for use.

Concerning the profile of those convicted by multiple use, two groups of polyusers exist: 1) those who use heroin and/or cocaine and 2) those who did not use heroin and cocaine.

In relation to the first group, 85% were of the male gender, single (71%), aged under 30 (59%), the age group of 25-29 (31%) predominating. They presented a lower educational status with a percentage inferior to 21 individuals who completed or went further than compulsory school, a percentage similar to the heroin group users. Near 34% were unemployed at the time of their conviction, and amongst those who had a profession, near 29% worked in the construction sector, 11% were metallurgic workers, 11% were drivers and 9% were non-qualified construction sector workers. Concerning the group of polyusers without heroin and cocaine use, are majority of the male gender (82%), single (68%), aged under 30 (52%), with a preponderance of the group aged 20-24 (33%). They presented a superior educational status (45% completed or went further than final basic level) to the other group of polyusers. Near 26% were unemployed at the time of their conviction, and amongst those who had a profession, 26% worked in construction sector, 13% were industrial workers, 9% were metallurgic workers and 9% were non-qualified construction sector workers.

In the context of polyuse, alcohol, and with less expression, medication, continue to be associated to the use of these illicit substances. ESPAD/99 data shows that near 6% of students aged 16 had already use alcohol associated with cannabis; Drug related deaths data report that in 25% of these deaths the use of alcohol was associated with illicit substances, in particular with opiates; the use of medicines associated to the use of illicit substances, particularly opiates, was involved in 10% of the deaths.

7. Discussion

7.1. Consistency between indicators

In general, the different indicators were consistent at the level of the main trends of the phenomenon.

At the level of use in general population subgroups - school and military population-, hashish is still the most use illicit substance and the other drugs have a residual expression. On the other side, in these subgroups an increase was registered in the use of hashish in comparison to previous years, and the use of other drugs such as amphetamines, ecstasy and LSD, started to acquire equal or more importance than the use of cocaine and heroin.

This increase of hashish and other drugs use, such as amphetamines and ecstasy, was also verified at the level of the indicators related with the legal consequences of use. Despite heroin remaining the most important substance associated to problematic use it lost, in comparison to the previous year, relative importance in favour of situations related with the use of hashish and polydrugs, confirmed by data related to police interpellations and convictions by use.

At the level of the health and social related consequences of drug use, where the circuits are more associated to problematic use than legal circuits are, heroin remains the predominant drug, confirmed by the data related to first treatment demands and drug-related deaths.

It is still too soon to talk about trends, as these may be momentary and not long-lasting changes, but in what concerns risk behaviour practices in the context of infectious diseases transmission, particularly syringe exchange, in 2000, several indicators point to a minor uptake of this type of behaviour. Less reference to the use of IV administration route by the inpatients in first consultation at the SPTT, a higher number of exchanged syringes at a national level and the stability verified in the data concerned to infectious diseases in drug users population, in comparison to previous year seem to support this interpretation.

At the market level, an internal consistency of the indicators was verified in 2000. Despite the decrease in the total number of seizures, the increase verified in the number of seizures involving significant drug quantities was reflected in a substantial increase of seized drugs (except ecstasy) and a generalised increase of average prices at retail level (with the exception of ecstasy) was verified. This is probably due to the increases in the seized quantities which is reflected in lower availability of the substances. It should also be referred that the highest increase in average retail prices, in comparison to last year, was verified in hashish, although this has not been the substance with higher increases of seized quantities. This fact, together with the increase in hashish use reflected by other indicators, may be the result of a higher demand of this substance in the national market.

At the level of regional patterns and similarly to previous year, the generality of indicators also indicated that the most problematic situations occurred in the districts of Lisbon, Porto, Setúbal and Faro.

At the level of users profile in these health and social legal circuits, as a use consequence, the male gender continues to be predominant in several indicators, and, in comparison to 1999 a slight aging of this population was verified.

7.2. Implications for policy and interventions

The increase of hashish other drugs use, such as amphetamines and ecstasy is probably related - despite the influences which came from other European countries associated to certain cultural and musical trends- with a lower risk perception, higher accessibility and a lower degree of disapproval, in comparison to use of other drugs, confirmed in ESPAD/99 data. Also considering that these substances are used by a younger population than those who use cocaine and heroin (as shown in use convictions data), and its use is more associated to recreational use, the more affordable price (in comparison to heroin and cocaine) is also a preferential factor for the use of these substances.

On the other hand, taking in consideration the propagation of infectious diseases between populations with IV administration route use - associated especially with the use of traditional drugs as heroin and cocaine -, and the intense efforts developed at national level for several years in terms of preventing IV use, it is plausible that younger users search for alternative substance use. This hypothesis is reinforced by the fact that problematic drug users (mostly heroin users seeking treatment) are getting older.

This search by younger people of alternative drugs, in association to the national investment made in risk and harm reduction policies (syringe exchange and substitution treatment, for instance), probably resulted in 2000, in a lower reference of IV administration route use by inpatients in first treatment demand, higher adherence to syringe exchange programmes, and in the stability verified in data concerning infectious diseases in drug users population.

At the level of drug markets, the higher increase in the quantity of seized drugs; appears to be associated to a higher degree of efficiency in police/customs interventions, taking in consideration the increase number of seized drugs quantity (related to traffic) and the decrease in the total number of seizures. The increase in prices, together with higher quantities seized, may indicate less offer in the market.

This improvement in the efficiency of interventions in 2000, more focussed to traffic repression, could be related to a strategy of anticipation to the new legislation for decriminalising drug use which was implemented in 2001.

Considering these trends and developments in drug use in Portugal, specific prevention measures, such as the ones being carried out concerning synthetic drugs, as well as research in this area to support the conceptualisation of more adequate preventive and treatment interventions, have been developed is future reinforcement, as well as research in this area.

These data also supported the new legal diploma for a framework of risk and harm reduction interventions and the efforts currently under way to bring users closer to health services and to help prevent social exclusion and promote social inclusion. The newest intervention at this level targets specifically synthetic drugs with the setting up of on-site pill testing facilities in several Lisbon areas.

7.3. Methodological limitations and data quality

Data quality improvement continues to be one of the main priorities of the National Information System. The identification of the main methodological limitations at the level of the indicators, developed in the framework of National Information System continues to show that, in the global context of the available indicators, there is a reasonable degree of accessibility, consistency, reliability and usefulness. The more important limitations remain concerned with the timely availability and few data concerning some specific requests, namely by the EMCDDA.

In this framework, the additional information needs and priorities for future work are considered at two levels:

- At the level of the already available indicators it is necessary (1) more data desegregation and (2) timely availability, and (3) in specific cases it is necessary to further guarantee the standardisation of collection procedures and criteria;

- At the level of the indicators which are not yet available it is necessary to obtain information concerning (1) general population use prevalence – data will be available before the end of 2001, (2) as well as to invest in other indicators which will enable a better profile of the drug users populations which do not request health and social support in existing drug users' support services and (3) to ensure the continuity of data collection at the level of presumed drug use offenders in the new legal framework of the decriminalisation Law which also have an impact on data concerning price, purity and tablet content.

Considering the priorities set for 2000, it was possible to implement the general population survey, to complete the first national estimations of problematic drug use and to collect current and past data on purity and tablet contents, although still with some limitations concerning the fact that different seizure levels are not yet possible to distinguish.

Part 3

Demand Reduction Interventions

8. Strategies in Demand Reduction at National Level

8.1. Major strategies and activities

Major strategies and activities in demand reduction followed last years guidelines to implement the *National Strategy* in this area and the National Action Plan – Horizonte 2004 - measures concerning demand reduction (for more information on Horizonte 2004 please see Part 1 of this report) which are:

Primary Prevention

- To increase the amounts available for primary prevention in 150%.
- To reduce the number of new consumers of substances under the age of 18.
- To define and implement plans for primary prevention in 100% of the districts in the country- if possible on a municipal level.
- To double civil society's capacity for intervention by increasing the involvement of the IPSS's (Private Welfare Institutions) and NGO's as well as youth, student and sports associations in specific prevention activities.
- To promote monthly prevention campaigns on a national level every year; these shall be targeted at the population in general and also at specific segments and groups and shall deal with the use and abuse of legal and illegal substances, and to create action teams in recreational and leisure areas with a view to providing information about the effects of consuming legal and illegal substances and the risks associated with their consumption.
- To ensure that by 2002 the prevention of legal and illegal substance consumption is included in the educational projects of the 1 300 schools belonging to the *Rede Nacional de Escolas Promotoras de Saúde* (National Network of Schools Promoting Health) (22% of the school population) and in 100% of all schools by 2004.
- Between 2001 and 2004, to produce and disseminate support materials for diagnosing risk situations in 100% of the schools and to 100% of educational partners as well as increasing the production of existing support materials for the prevention of drug addiction from the 1st cycle of basic education through to secondary education, using the new information technologies.
- To include educational objectives, suggestions of activities and support materials related to this topic in the curricular guidelines that are being developed for the different areas and subjects.
- To qualify and empower the forces of law and order who are responsible for the practice of close policing in order to develop prevention programmes in the area of drug addiction.

Prevention and harm reduction; problematic drug consumption, public health and the health of consumers in particular

- To create a primary national network for harm reduction composed of outreach workers, contact and information points, syringe exchange programmes and low threshold methadone substitution programmes in 100% of the districts, and a secondary national harm reduction network which covers all districts in critical areas of high consumption with the most appropriate configuration.

- To promote the creation of metropolitan networks of shelters, reception centres and day centres which are solely occupational, tending to cover 100% of drug addicts without a socio-familiar context.
- To make harm reduction programmes available to 100% of reclusive drug addicts.
- To sustain and reverse the trend of drug addicts' contamination with HIV, hepatitis B and C and tuberculosis, thus converging with the average for the European Union.
- To reduce the number of deaths related to drug consumption by 50%.
- To reduce the practises of problematic consumption, namely syringe sharing (by at least 50%) and intravenous consumption.
- To create a national network of combined therapy centres for drug addicts and those suffering from tuberculosis and HIV and to create a national network of early, anonymous and voluntary HIV detection centres with free monitoring accessible to the drug addicted population.
- To reduce the consumption of heroin by 1/3.

Treatment

- To complete the national CAT (Treatment Centres for Drug Addicts) network by the end of 2002, to increase the number of drug addicts under treatment by 50% and substantially augment the number of drug addicts whose treatment is successful.
- To increase, until 2002, in 50% the existing capacity of the detoxification services, so that the existent resources meet the demands.
- To increase the public capacity for substitution treatment with a high threshold of demand by 100%.
- To expand the number of health centres which already collaborate with the SPTT (Drug Addiction Treatment and Prevention Service) in providing substitution therapies by close to 100% and to increase the number of health centres and hospital services which have agreements to take part in the monitoring and treatment of drug addicts by 300%.

Social reintegration

- To reinforce Programme VIDA-EMPREGO as the main programme for social reintegration for drug addicts and reclusive drug addicts in order to increase its capacity by 50% and to include new values which specifically work towards preventing the exclusion of working drug addicts or ex-addicts.
- To expand the network of reintegration apartments destined for drug addicts in rehabilitation, increasing the current capacity by 100%.

To start implementing these measures in 2001, the available budgets, as referred in Part 1, include 27,154,009 € for prevention, 32,192,202 € for treatment, 4,073,782 € for harm reduction and 15,661,162 € for rehabilitation.

8.2. Approaches and New Developments

The Portuguese approach to demand reduction intervention continues to stress the importance of integrated interventions which are able to target the several aspects and settings of the selected target groups. A significant effort was placed in the conceptualisation of legal diplomas that set the framework for work in this area which had not yet been subject to rules for quality control. A **national prevention network** supported by the IPDT and implemented through community organisations and partners is currently being set up to guarantee the necessary infrastructures for responses at local level

Concerning the interventions themselves, in the area of prevention the main focus was on the conceptualisation and initial implementation of the **integrated municipal plans** (see chapter 9.1.4), the setting up of the 2nd National Framework for the Financial Support of Prevention Programmes - **Programa Quadro Prevenir**- in 2001. In harm reduction there was an investment in the **enlargement of low threshold services**, the setting up of new responses such as **on-site pill testing** and **mobile posts of low threshold programmes** and the support of **outreach work**. In the area of treatment, **substitution treatment** programmes were further enlarged and new **specialised treatment centres** were opened to ensure full geographical coverage, and in the area of rehabilitation the National Programme Vida-Emprego increased the number of supported initiatives in 180%. The development of the national prevention network and of the integrated municipal plans and are expected to be the national priority in 2002.

Finally, the **Commissions for the Dissuasion of Drug Use** (CDTs) were set up in all districts in order to implement the new law for the decriminalisation of drug use (see chapter 9.5). The emphasis of law enforcement interventions concerning drug users is now focused on the fact that, although drug use remains illegal, drug users should be treated as individuals with a health problem and not as criminals.

9. Intervention Areas

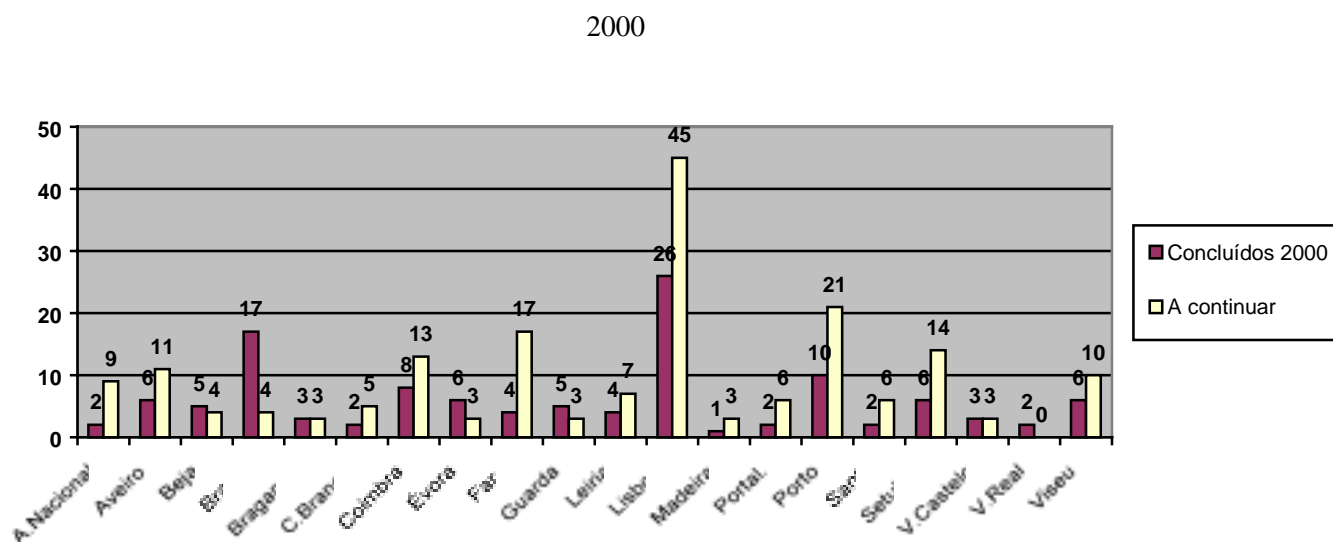
9.1. Primary prevention

The National Framework for the Financial Support of Prevention Programmes-Programa Quadro Prevenir-was set up in 1997 to define technical and funding criteria for the organisations wishing to apply for public funds for the development of prevention projects. This framework constitutes the backbone of prevention at national level for all areas excluding the school and military settings, which have their own specific framework. Most of these interventions are transversal to several settings, as co-ordination between the various areas and groups is strongly supported, and were designed and implemented by multidisciplinary teams, although the main professional group involved was of teachers/education agents.

In 2000 and early 2001, these interventions took place in several settings, such as the local community, youth clubs and family settings, amongst others, and were developed by different agents (governmental organisations, municipalities, health centres, prevention professionals, NGOs) all over country, especially in urban areas identified, by the interventions promoters, as priority interventions areas. The identified problems that support the need for these interventions were mainly to handle risk situations, to intervene at the level of the school setting, of dysfunctional families, poor socio-economic conditions, the need for professional training of prevention agents, information dissemination and social and individual skills. The main target group was mainly adolescents, identified as more vulnerable to risk behaviours, and the need to intervene at early stages to prevent risk factors, especially in problematic settings, was emphasised by many of the promoters. Strategic target groups were often identified, especially teachers and parents.

Of the 517 projects financed in 1997 and 1998, 214 were finalised until the end of 1999 and 110 until the end of 2000. The rest requested continuity for 2001. The Framework financed 1316826 €worth of activities and programmes.

Figure 2 - Number of Projects of the National Framework for Prevention



This Programme was evaluated in 2000 at national level and the main conclusions point towards:

- The co-operation and networks developed amongst local partners which are now able to support a national prevention network;
- The high quality of the interventions developed by experienced agents with specific skills in drug abuse prevention;
- The development of intervention capacity in the participating organisations;
- The lack of qualified professionals in the area of primary prevention;
- The uneven achievements of the programmes on account of the different realities in terms of the local agents skills and their resources.

The evaluation report thus recommends:

- The development of horizontal responses aiming at setting up “resource centres” for other, more specific initiatives;
- The development of integrates responses in problematic areas encompassing prevention, harm/risk reduction, treatment and rehabilitation;
- The development of stricter support criteria concerning programme design, including evaluation procedures, instruments and indicators’ monitoring;
- The promotion of professional training in the area of drug abuse prevention to promote more clear definition of objectives, more structured programmes and more efficient use of financial support;
- The support of shorter experimental programmes to test new methodologies and identify new promoters;
- The support of more focused and specific programmes;
- The support of medium term programmes to allow for more consistent developments.

Considering, on the one hand the positive evaluation of this framework and, on the other, the need to ensure the continuity of the prevention policy defined by the *National Strategy*, it was decided to have a 2nd National Framework for the Financial Support of Prevention Programmes-Programa Quadro Prevenir- in 2001.

Other primary prevention initiatives are currently being included in the integrated municipal plans (see chapter 9.1.4.)

9.1.1. Infancy and Family

Several municipalities' organised information and awareness sessions specially targeted to parents and educators. The sessions fostered dialogue and the sharing of preventive strategies to ensure a global and integrated prevention strategy.

Within the school setting national programme (see chapter 9.1.2.) training is also provided to parents of small children.

Several interventions took place, in the framework of Programa Quadro Prevenir, targeted to children and young people in risk situations with the objective of promoting the development of individual and social skills, to improve self-esteem and resilience, promote realistic expectations and foster healthy lifestyles. The groups acquired specific knowledge in the areas of health, education, citizenship; they respected the group's rules and felt motivated towards developing realistic projects.

All the collected indicators: assiduity, active participation, motivation and self-assessment indicate the initiatives were pertinent and welcomed by the participants.

9.1.2. School programmes

In 2000, the priority of the Ministry of Education at this level was to consolidate the implementation of the National Network of Health Promoting Schools to set up a network specifically committed to the development of healthy life styles - an investment at the level of the physical and emotional space of the school setting actors - and to help minimise risk factors associated to deviant behaviours and/or the use/abuse of licit and illicit drugs.

Main activities include regular meetings and workshops for the involved schools, a strong training component for the involved professionals and the support and referral in specific problematic situations, usually in close co-operation with health centres and specialised treatment centres of the SPTT.

In close co-operation with the IPDT and the other national partners, and in the spirit of the implementation of the *National Strategy*, the Commission for the Co-ordination of Health promotion and Education implemented in the school setting the National Action Plan – Horizonte 2004.

There are currently 772 Health Promoting Schools in which the approach to the prevention of drug abuse is included in an holistic health promotion and education strategy.

Taking into account the 1999 ESPAD results, and although figures concerning drug use and abuse in the school setting remain low, a series of objectives were set until 2004, namely:

- To contribute towards "reducing the number of new users under 18";
- To be actively involved in the setting up of the Integrated Municipal Plans in the area of primary prevention;
- To integrate health promotion in general and the prevention of substance abuse in the Educative Projects of Schools;
- To develop and disseminate new instruments for prevention, namely using the new technologies and the Internet;
- To include and/or update the substance abuse prevention issues in the school curricula.

At the same time, continuity was ensured concerning:

- The training of education agents (teachers, all school staff and parents) at all school levels (from primary school to the end of secondary school);
- The referral of detected users to CATs and/or Health centres where they are integrated in a special follow up programmes in close co-ordination with the school;

- The protocols with Youth Groups and Clubs as to increase the participation of young people in preventive actions.

In May 2000 the Health Promotion Schools reported as their main concerns correct eating habits (59,5%), hygiene (37,9%), issues concerning sexuality (33,1%), interpersonal relationships (26,7%) and, only then, substance use/abuse.

The CCPES developed or helped develop, in 2000, the following education instruments:

- “What is Health in the School Setting”: A self-assessment instrument for schools in the area of health education and promotion which includes a chapter on drug abuse preventive actions;
- Guidelines on the use and abuse of licit and illicit substances prevention for School Boards;
- Bulletins on Health Promotion and Education;
- Distribution in schools of “Promoting the Health of the European Youth – guidelines for teachers and other educational agents” which include guidelines to approach the issue of substance use/abuse.

Specifically targeted at young pupils, the IPDT and the CCPES implement Programme PATO (Prevention of Alcohol, Tobacco and Other substances). The strategic target populations are parents and teachers. The programme is based on the Personal Skills Developed Programme model associated to a specific information component on drugs adapted to children. It aims at helping the children to establish good relationships with others, to promote their well-being and to protect themselves against general risk behaviours and the use of drugs in particular.

A project co-ordinator helps teachers assess the needs of the classes, define an approach and support the initiatives implemented, ensuring the continuity of the project which is meant to last for 4 years.

A project animator helps in the initiatives implemented and the families and local communities are, as much as possible, involved in the projects.

Teachers in some districts, specially Braga, Viana do Castelo and Viseu, reported an extremely positive reaction to the programme referring that it had promoted their personal development, their relationship with the pupils and respective families and a perception of having contributed to a healthier development of the children.

9.1.3. Youth programmes outside schools

Two national awareness interventions took place (in March and December) in nightlife settings to inform young people about the risks associated to psychoactive substance use through a peer approach. General information on risk reduction measures was also made available and the national telephone help line Linha Vida was publicised. Kits to verify the ingestion alcohol and t-shirts with slogans were freely distributed.

The intervention teams considered the events to have been quite positive due to the interest rose in the target group and the proactive search for information verified from the young people who saw the buses.

During the December intervention some data was collected from the young people who wished to participate in an effort to help re-conceptualise future interventions of this type. The results show that:

- 95% of the respondents consider that drug abuse is a serious or very serious problem in Portugal;

- 58,2% of the respondents stated they usually go out at night every weekend; 78% stated they go out at night once or twice per week;
- More than 90% considered these type of intervention and the distributed material to be very positive;
- The positive aspects more often referred were the answer to information needs (48,2%) and raising awareness to the drug abuse problem (24%). 4,2% stated that these interventions and not frequent and systematic enough.

More of these interventions will take place in October and November 2001 in 13 district capitals. In some capitals the interventions will be developed in association with the National Commission to Fight Against AIDS and local specialised treatment centres (CATs).

Other youth interventions outside school are mainly developed by municipalities, local NGOs and the Ministry of Justice. Data on these types of interventions which are funded by Projecto VIDA/IPDT is available in Chapter 9.1.4 - Community programmes.

The University setting is also being targeted by prevention approaches. Projecto Unidades develops training sessions to university students to enable a peer intervention at the level of the prevention and harm reduction of substance abuse in the university setting.

9.1.4. Community programmes

Community intervention is one of the priorities set up by the *National Strategy* and one of the areas where more work is under development. Some examples of community involvement may be found in projects described in the harm reduction section and the IPDT is developing, in co-operation with municipalities, Integrated Plans for all districts of the country.

The objective of these plans is to adequate the strategies of each municipality to the mobilisation of local communities to develop prevention projects in different settings (school, family, youth programmes outside schools and sport and leisure clubs and groups).

The Municipality of Vila Franca de Xira's project was the first integrated plan to be implemented and was described in last year's report. In 2000 other projects were developed and were set up in several districts. The first stage is foreseen to end in 2001 with the setting up of 40 Plans.

Table 12 – Integrated Municipal Plans

Phases-Dates		
District	Municipality	Date
Aveiro	Oliveira de Azeméis	20.07.01
	Oliveira Bairro	20.07.01
	Ovar	
Beja	Beja	14.11.01
	Mértola	14.11.01
	Ourique	14.11.01
Braga	Famalicão	07.11.01
	Povoa do Lanhoso	07.11.01
	Fafe	07.11.01
	Guimarães	07.11.01
Bragança	Bragança	10.08.01
	Mirandela	10.08.01
	Macedo Cavaleiros	10.08.01
Castelo Branco	Belmonte	04.09.01
	Fundão	04.09.01
Coimbra	Lousã	24.06.01
	Figueira da Foz	Still to be defined
Évora	Reguengos Monsaraz	14.11.01
Faro	Faro	19.06.01
	Portimão	19.06.01
	Tavira	Still to be defined
Guarda	Guarda	Still to be defined
	Gouveia	16.10.01
Leiria	Leiria	06.07.01
	Alcobaça	06.07.01
Lisboa	Sintra	15.11.01
	Amadora	November
	Oeiras	Still to be defined
	Cascais	29.06.01
Portalegre	Portalegre	18.07.01
	Ponte de Sôr	18.07.01
Porto	Matosinhos	16.07.01
	V.N. Gaia	16.07.01
Santarém	Rio Maior	12.10.01
Viana do Castelo	Monção	07.11.01
	Ponte Barca	07.11.01
Vila Real	Chaves	10.08.01
	Alijó	10.08.01

9.1.5. Telephone help line

2000 data from Linha VIDA, the free telephone help line already described in previous reports, indicate:

Both centres (Lisboa and Porto) received a total of 51 152 calls but only 8 630 were real calls, the rest being silent calls (20 313) or hoaxes. This may be related to the fact that this service became free of charge and changed the number, to the mass media campaigns on the help line, to the enlargement of the hours the service is available (from 10 to 20 in 1999 and now available from 10 to 24) and also to the enlargement of the responding team. Nevertheless, in comparison to 1999, the help line received 373 more real calls than in 1999.

The substance involved in most requests for information and help concerned heroin, followed by hashish, cocaine, alcohol and ecstasy.

Concerning the clients profile, and unlike previous years, most calls were made by those who had the problem or needed the information and not by their family members. Most callers were aged 21-25 and were mainly from the female gender (49,78%).

1678 calls concerned actual use situation, 229 concerned individuals in treatment, 67 were related to withdrawal symptoms and 47 to individuals in rehabilitation phase, for the 2 111 calls where it was possible to obtain information on the current situation of the caller.

The help line made 5 205 referrals: 2 889 to specialised treatment centres, 1 363 to Therapeutic Communities, 382 to Detoxification Units and 258 to self-help groups. 720 individuals were referred to other type of institutions.

9.1.6. Mass media campaigns

During most of 2000 a mass media campaign was developed to disseminate the new availability and number of the Helpline – Linha VIDA (see last chapter). The campaign made use, mostly, of the regional press and the local radios and leaflets were made available all throughout the country.

Also, and as usual, on the International Day for the Fight Against Drugs (26th of June) advertisements in the national TV were promoted and several allusive materials were distributed in schools and public spaces to create awareness to the drug issue.

9.1.7. Internet

The IPDT website continues to be a privileged channel to disseminate new programmes and legal documents, collect public opinions on drug issues, and make available documents and other resources to the general public and the professionals.

National participation in EDDRA through the maintenance and the collection of new projects and the dissemination of that resource to professionals working in the demand reduction area is also a priority. A leaflet with information on EDDRA was widely distributed to professionals in seminars and workshops. Two training sessions were made (Internet and Offline Tool), six meetings took place between the national network.

To help promote the use of new technologies in the prevention of drug abuse, the IPDT participated in the Prevnet training session “Telematics Methods in Drug Prevention” promoted by the European Addiction Training Institute.

9.2. Reduction of drug related harm

Reduction of drug use related harm is the principal priority of the *National Strategy* to ensure the protection of public health and to help prevent social exclusion and delinquency. Given the specificity of the target groups- usually heavy drug users living in precarious situations-and of the settings themselves, harm reduction programmes are usually developed through partnerships between public services and local NGOs. Such is the case of syringe exchange programme "Say no to a second hand syringe" which is developed by the National Commission for the Fight Against AIDS and the National Association of Pharmacies and of the new approach which is being tested called Pontos de Contacto (*Contact Points*) described in the next chapter.

The newly adopted legal framework for harm reduction policies (cf. chapter 1.2.) aims at creating programmes and social and health structures designed to raise awareness amongst drug users and to guide them towards treatment, as well as to prevent and reduce risk attitudes and to minimise the damage caused to individuals and society by drug addiction. For that purpose, it defines and regulates:

- a) Drop-in centres for drug addicts without social or family support;
- b) Refuges;
- c) Shelters;
- d) Contact and information units;
- e) Mobile centres for the prevention of infectious diseases;
- f) Low threshold substitution programmes;
- g) Syringe exchange schemes;
- h) Outreach work;
- i) Programmes for supervised drug use.

9.2.1. Outreach work

Outreach work has been mainly implemented through integrated low threshold services such as those described in the next chapter. Nevertheless, the Ministry of Labour and Solidarity has been increasingly supporting this type of intervention and new approaches are currently being tested.

The Contact Points are a part of the Integrated Municipal Plan of Lisbon. Currently 2 buses have a specific route with pre-determined stops in areas particularly linked to problematic drug use. Each bus work for a maximum of 20 hour periods and makes available direct services supplied by doctors, psychologists, social workers, nurses amongst others but also low threshold substitution programmes, referrals, information dissemination and paraphernalia exchange to minimise risks. At some of the stops, these buses also perform on-site pill testing every day from 11 p.m. to 3 a.m.

The Ministry of Labour and Solidarity also supports outreach work. In 2000, 842.434,38 € were spent with the already existing 22 outreach work groups, which reach, on average, 17 328 problematic drug users in the Centre, Lisbon and Tagus Valley, Alentejo and Algarve regions, and 9 new groups were created in the North, Centre and Algarve Regions which implied a 325.192,89 € investment.

The Ministry also support both drug users and their families by making grants available to pay for medication, treatment, food and transportation for outpatient treatment. In 2000 the global amount conceded

was 601.505,97 € for a total of 1 452 isolated drug users and of 1.627.835,35 € for a total of 3 652 families responsible for their treatment/rehabilitation.

9.2.2. Low threshold services

Casal Ventoso

The problematic situation of Casal Ventoso, a neighbourhood in Lisbon, led to the development and implementation of the Casal Ventoso Integrated Drug Abuse Programme in 1996.

The Plan currently includes a Drop In Centre, a short duration Residential Centre, a Centre for the Homeless and Outreach workers.

The **Drop In Centre** (Gabinete de Apoio) makes basic services available to drug users who just come to the neighbourhood to buy and use and to those who are homeless. The services include a low threshold methadone substitution programme and, since February 1997, syringe exchange integrated in the national syringe exchange programme. It also works as an open door for referral to other available services. This Centre registered from 01/01/2000 to 31/12/2000 1107 clients (929 male and 178 female) which in comparison to 1999 (2 334 clients) show a decrease.

The short duration **Residential Centre** (Centro de Acolhimento) offers a temporary place to stay during the preparation to a more structured and long lasting treatment programme. It includes bed, meals, specialised therapeutic care, social and psychological support and other facilities. From 01/01/2000 to 31/12/2000, this Centre welcomed 119 clients (109 from October 1998 to October 1999) and registered 2 285 clinical acts (1 078 from October 1998 to October 1999), 8 361 psychosocial support acts (8 308 from October 1998 to October 1999) and 989 nursing acts (1 398 from October 1998 to October 1999).

The **Centre for the Homeless** (Centro de Abrigo) has grown from a capacity for 125 homeless drug users in the neighbourhood in 1999 to 155, most of whom are integrated in the already referred low threshold methadone substitution programme. It gives temporary shelter, meals (only breakfast and dinner) and basic hygiene and health services. In the year 2000, this Centre served 142 965 meals, registered 1 502 hygiene acts, 751 nursing acts, 152 clinical support acts and 240 psychological support acts. 2000 figures are similar in comparison to figures registered from October 1998 to December 1999.

The **outreach workers** are active since January 1999 and include psychologists, social service and psychosocial professionals amongst other professionals. They support drug users where they are, using a harm reduction approach and encouraging the use of the Drop In Centre. In 2000 they reported 47 660 informal approaches, 2 721 approaches with follow up, 128 emergency approaches and 73 family approaches. In comparison with 1999, an increase was registered in the informal approaches (22 783 in 1999) and in the approaches with follow up (1 330 in 1999).

A preliminary informal evaluation of this work points towards a strong adhesion from the target population to this service, the advantages of the co-operation with other available services, the difficulty of maintaining clients motivated when they are so close to the neighbourhood, waiting lists in institutional services with substitution treatment programmes and infectious diseases and difficulty in referring clients to other public services with temporary residential facilities.

The Contrato de Cidade

The *Contrato de Cidade* is a protocol between the Government and the Municipality of Porto to develop an integrated programme to promote urban safety in the city. It includes drug use demand reduction interventions as well as interventions to prevent prostitution, family violence and urban delinquency and it uses a community intervention approach.

The co-operation achieved between the government, the municipality, law enforcement agencies and NGOs responsible for setting up the project allowed for a better knowledge of the phenomena, adopting social policies for prevention and decreasing the insecurity perception of the citizens. The programme includes a monitoring centre on Security, a support programme for prostitutes, a support programme for victims of violence and a Programme for the prevention of drug abuse. This last programme is divided in four projects:

- The **outreach workers** are responsible for helping problematic drug user and their families. They promote health education, preventive and harm/risk reduction behaviours and refer them to other services available in Porto. The help minimize social exclusion and promote social inclusion.
- The institution Casa de Vila Nova offers services (**basic care, day centre and shelter**) to drug users without social or family network support.
- The Aldoar **Day Centre** responds to currently abstaining drug users who need social and professional/training reintegration support. This structure has capacity for 20 patients who may benefit from the services from periods of six months up to one year.

9.2.3. Prevention of infectious diseases

The National Commission for the Fight Against AIDS (Comissão Nacional de Luta Contra a Sida), in cooperation with the National Association of Pharmacies (Associação Nacional de Farmácias), implements the national syringe exchange programme "Say no to a second hand syringe" which was set up in October 1993 to prevent HIV spread amongst IV drug users. It currently involves approximately 2175 pharmacies nation-wide and 3 mobile centres: 1 at Casal Ventoso, 1 in Curraleira (another problematic neighbourhood in Lisbon) and 1 in the Algarve. The programme was also enlarged through protocols with several organisations which also ensure clinical care and support, HIV and other infectious diseases detection, meals psycho-social support, legal support and referral to other health care services. The new partners include drop in centres for prostitutes and for the homeless and other low threshold programmes.

The SPTT CATs have, in general, increased their active participation in the prevention of infectious diseases through the motivation of clients towards tests, vaccination and/or treatment, depending on their situation and some have even entered more active arrangements with local hospitals to facilitate treatment to infected users.

Recent data points towards an increase in the number of exchanged syringes (2 993 703 in 1999 and 3 502 567 in 2000) at national level.

9.3. Treatment

9.3.1. Treatments and health care at National level

The SPTT from the Ministry of Health is the national authority on specialised drug use treatment. It is organized in Central Services, Regional Offices and Local Centres. The services provided include:

- Specialised Treatment Centres (*Centros de Atendimento a Toxicodependentes - CAT*) and specialised units in Health Centres, both outpatient services;
- Detoxification Units (*Unidades de Desabituação*), inpatient units to which clients are referred to by CATs to go through a 6 day detoxification programme;
- Therapeutic Communities (*Comunidades Terapêuticas*), which are long-term inpatient units;

- Day Centres (*Centros de Dia*), which are interface structures between treatment and rehabilitation to prepare the client towards its social and family reinsertion.

In 2000, the SPTT had 43 specialised treatment centres (40 in 1999), 7 specialised units in health centres, 13 decentralised consultation units, 5 detoxification units, 2 therapeutic communities and 4 day centres.

Table 13 – Public SPTT Specialised Treatment Units

2000

	Northen Region	Central Region	Lisbon / Tagus Valley Region	Alentejo Region	Algarve Region	Portugal (excluding the Isles)
Specialised Treatment Centres	13	11	13	4	2	43
Consultation Units	1	2	9	--	1	13
Detoxification Units	1 (10 beds / 431 clients)	1 (7 beds / 321 clients)	2 (21 beds / 911 clients)	-	1 (8 beds / 276 clients)	5
Therapeutic Communities	-	1 (12 beds / 27 clients)	1 (20 beds / 40 clients)	-	-	2
Day Centres	2 (36 clients)	-	2 (47 clients)	-	-	4

Source: Serviço de Prevenção e Tratamento da Toxicoddependência.

Certification of NGOs and protocols between certified NGOs and the SPPT ensure a wide access to quality services. The current capacity seems to be adequate to the needs, although the creation of more places in therapeutic communities is currently under consideration.

Table 14 - NGO Units with protocols with the SPTT

2000

Portugal (excluding the Isles)	Organisations	Units	Capacity	Clients
Detoxification Units				
Certified	8	8	61 beds	-
With Protocols	6	6	55 beds	2 429
Therapeutic Communities				
Certified	45	66	1 751 places	-
With Protocols	39	54	1 055 places	2 519
Day Centres				
Certified	5	5	235 places	-
With Protocols	3	3	135 places	-

Source: Serviço de Prevenção e Tratamento da Toxicoddependência.

In 2000, **CATs** registered a total of 9 559 first consultation and 300 485 follow-up consultations to a total of 310 044 active clients (clients who had at least one consultation in 2000). SPTT **Detoxification Units had** 1 939 inpatients, which represents a 4% increase in comparison with 1999. NGOs had 55,6% of all inpatients (4 638) in Detoxification Units. **Therapeutic Communities** also registered a high occupation rate: SPTT

TCs had 67 inpatients (2,6%) and NGOs 2519 (97,4%), in a total of 2 586 clients. Finally, SPTT **Day Centres** had 83 clients in 2000 and NGOs 252 (75,2%), in a total of 335 clients.

9.3.2. Substitution and maintenance programmes

Substitution programmes (methadone, LAAM and buprenorphine) continued to be expanded throughout the country to help increase the quality of life and social insertion of drug users who are not in a position of attaining full abstinence and to reduce drug use related harm in risk groups.

Of the 29 204 SPTT active users around 29% were in substitution treatment programmes with methadone, LAAM and buprenorphine. This represents a significant 38% increase in comparison to 1999 and a 85% increase in comparison to 1998. In terms of the programme itself, and in comparison to 1999, there was a 42% increase in methadone and a 3% increase in LAAM.

Accessibility to substitution programmes has been increasing progressively. The SPTT specialised treatment centres are the services where most of the methadone and all LAAM is administrated but more Health Centres, hospitals, pharmacies and prisons are currently involved in this programmes in comparison to 1999. In this context, special emphasis should be given to the opiate substitution treatment in pharmacies, which started in July 1998. In December 2000, 212 pharmacies had already joined in, 124 of which were giving methadone to a total of 509 clients.

Table 15 - Clients in Methadone and LAAM Programmes, % by Region

2000					
	Northen Region	Central Region	Lisbon / Tagus Valley Region	Alentejo Region	Algarve Region
Methadone	27,7%	11,2%	30,6%	6,9%	23,5%
LAAM	68,8%	19,9%	10,2%		
Methadone and LAAM	31,0%	13,2%	27,8%	7,3%	20,7%

Source: Serviço de Prevenção e Tratamento da Toxicodependência.

9.4. After-care and re-integration

The IPDT's National Framework Projecto Quadro Reinsereer financially supports after-care and reintegration projects and programmes. The supported projects aim at the promotion of the individual, the reintegration in society and family, in the work setting and in the community as to avoid his/her social exclusion. From the 24 programmes selected in 1997 (in the areas of individual and social development promotion, education and training, employment, housing, family support and legal counselling), and until the end of 2000, 6 programmes were completed, 18 were close to completion and 18 expected to be completed before the end of 2001.

Programme VIDA-EMPREGO, specifically directed towards employment is described in chapter 9.4.2.

The Ministry of Labour and Solidarity invests in re-integration through the Institute for Employment and Professional Training (IEFP) and the General Directorate for Solidarity and Social Welfare (DGSSS). The IEFP is a partner of Programme VIDA-EMPREGO but also promotes protected employment and professional training. The DGSSS supports housing programmes (see chapter 9.4.3.) and *ad hoc* interventions

for situations which are not covered by any other governmental programme. In 2000, 5 protocols existed for these interventions, which supported 85 individuals and cost 216.119,14 €

The SPTT also promotes re-integration programmes as a part of their treatment programmes, mainly in its Day Centres but also in co-operation with NGOs and other governmental bodies.

9.4.1. Education and training

The IEFP promotes professional training for groups facing social exclusion or difficulties in the work market. In 2000, 201 drug users participated in IEFP programmes.

See also next chapter.

9.4.2. Employment

Specifically in the employment area, Programme VIDA-EMPREGO was created in 1998 and aims at supporting social and professional reintegration of former drug users. This objective is implemented through a set of initiatives concerning professional orientation and training as well as a proactive positive discrimination attitude to help the socio-professional reintegration of former drug users.

The selection criteria includes the age group and completion (or short term completion) of a treatment process (including those in prison setting) and promotes the following measures:

- Contracting mediators to help former drug users in their professional rehabilitation process (75 contracts in 2000);
- Promoting paid training in the workplace to former drug users with jobs (787 grants in 2000);
- Prizes to employers who admit former drug users to help paying their salaries and social security (6 prizes and 305 financial grants in 2000);
- Granting financial aid to businesses started by former drug users (19 grants in 2000).

A budget of 7 481 € was made available to 1999 and 2000. In 2000, 1 117 initiatives were supported which represents a 180% increase in comparison to (399 supported initiatives).

The Ministry of Labour and Solidarity, through the IEFP, promotes protected employment for groups facing social exclusion or difficulties in the work market. In 2000, 70 drug users participated in IEFP employment programmes.

9.4.3. Housing

The Ministry of Labour and Solidarity makes 19 rehabilitation apartments available which, in 2000 were used by 352 residents as half way houses. Residents usually stay for 6 months. The available resources for maintenance 781.246,79 € in 2000 were spent by the regions in the following way:

North - Braga and Porto - 124.289,26 €

Centre - Coimbra and Leiria - 102.094,76 €

Lisbon and the Tagus Valley - Loures, Sintra, Setúbal and Santarém 386.184,49 €

Alentejo - Évora - 133.167,06 €

Algarve - 35.511,22 €

9.5. Interventions in the Criminal Justice System

To implement the new Law on the decriminalisation of drug use one Commission for the Dissuasion of Drug Abuse (CDT) was set up in each district. Three members constitute each Commission, a technical team of 3 to 5 professionals (psychologists, social workers and lawyers) and administrative staff. Drug users who are identified by the police are referred to the CDT of their residential area where they are registered in the Central Drug Users' Registry of the CDTs (Regulation n.º 604/2001, of the 12th of June 2001). Individual cases are assessed, support is given and a decision is taken on the procedures to follow and/or sanctions to apply.

In the Prison setting, the Special Drug Abuse Prevention Programme in Prisons (*Programa Especial de Prevenção da Toxicodependência nos Estabelecimentos Prisionais-PEPTEP*) set up in 1999 which includes interventions in treatment, social rehabilitation and harm reduction was described in last year's report. It continues to be implemented by the General Directorate of Prisons in close co-operation with the SPTT and the Social Re-insertion Institute (*Instituto de Reinserção Social*).

In 2000, 534 individuals were in the Drug Treatment Units and 341 in Substitution and Maintenance programmes. Active co-operation with local CATs ensured substitution programmes with methadone for individuals of 33 Prison Establishment, antagonist substitution programmes for individuals 36 Prison Establishment and outpatient care for individuals in preventive imprisonment.

Several awareness and information events took place in various prisons, specifically targeted at prevention and health promotion, and training was made available to foster the setting up of multidisciplinary and multifunctional groups of health mediators to develop annual intervention projects in the area of prevention and health promotion (see also chapter 10.4.).

See Key Issue 13 for more information on this setting.

9.6. Specific targets and settings – The military setting

Available data from the Data from the Programme for the Prevention and Fight of Drug and Alcohol Abuse [MDN2000], was already discussed in the epidemiological situation chapter.

Interventions in the framework of this programme include a prevention approach - mainly through information dissemination and awareness sessions -; dissuasion interventions, such as the toxicological tests themselves and drugs search with K9 teams (in 2000 there were 75 in the navy, 9 in the Army and 22 in the Air Force); and treatment, which always include a reinsertion stage.

The Armed Forces have their own specialised treatment facility (the UTITA) that provides alcohol and drug treatment programmes, including social and professional rehabilitation in co-operation with professionals and families. Although the facilities were remodelled, which limited the availability of services the main interventions were the following:

Table 16 - Main Interventions of the UTITA and Clients Involved

2000

	Interventions	Individuals
Assessment	112	45
Psychiatry (alcohol and other drug abuse)	23	13
Tobacco addiction	10	10
Family Psychotherapy	31	11
Group Psychotherapy	80	23
Individual Psychotherapy	20	3
Relapse Prevention	52	61
Counselling	40	10
Total	368	176

Source: Defesa Nacional/Grupo Coordenador para a Prevenção e Combate às Toxicodependências nas Forças Armadas.

Medical services from drug and alcohol abuse treatment are also available at the Army and Air Force Hospitals. In 2000, the Army Hospital had 20 individuals in inpatient care and made a total of 99 outpatient consultations while the Air Force Hospital registered 14 inpatients and a total of 120 outpatient consultations. These figures include alcohol both and drug abuse treatment.

10. Quality Assurance

10.1. Quality Assurance Procedures

Certification of NGOs by the SPTT (in case of treatment programmes) continues to be the most widely used quality assurance procedure in the area of demand reduction. Nevertheless, the newly issued legal diplomas on the criteria to develop and support prevention and harm reduction programmes will enable the IPDT and other governmental agencies to implement new and

In the prevention area professionals developing projects under the National Framework for Prevention (*Programa Quadro Prevenir*) were involved in training initiatives which included issues on drug abuse, health education promotion.

10.2. Evaluation

The evaluation of the 1st National Framework for the Financial Support of Prevention Programmes-*Programa Quadro Prevenir* in 2000 (see chapter 9.1.) proved to be an extremely valuable exercise in terms of assessing the type of programmes being developed and of the available support to implement them. Its results were the basis for the development of the 2nd National Framework for the Financial Support of Prevention Programmes-*Programa Quadro Prevenir* and constituted an important input both for the setting up of the national prevention network and for current national discussion being held on the legal framework for prevention programmes.

Specific approaches to programme evaluation has been fostered mainly through the EDDRA national network and training for professionals.

Research on evaluation methodologies is also encouraged by the research framework of the National Action Plan (see next chapter).

10.3. Research

In the framework of the National Action Plan – Horizonte 2004 the research supported will focus mainly in the following areas:

- Descriptive research on the drug phenomena;
- Explicative and interpretative research concerning the relation between different types of drugs, individual behaviours and drug use settings;
- Research on the dangerousness of the different drugs;
- Research on social experimentation (such as monitored use amongst others)
- Research on programme evaluation methodologies for the different types on responses;
- Research on economic and finance impact of the drug phenomena and its impact in the national economy and in public finance.

To ensure proper financing a protocol was set up between the IPDT and the Ministry of Science and Technology which may finance research projects in these areas up to a total of 798 076 €/year, (a total of 2 349 229 €for 3 years).

Relevant projects in 2000 outside the scope of this protocol include:

- Co-operation in the preparation of a survey in prisons to assess the dimension and characteristics of the phenomena in the prison setting;
- The follow-up of the general population survey being developed by the Faculdade de Ciências Humanas da Universidade Nova de Lisboa/CEOS, which first data will be available before the end of 2001;
- The follow-up of the research on the estimates of problematic drug use being developed by the Faculdade de Psicologia do Porto which preliminary results were already made available to the EMCDDA;
- Portuguese data analysis for the ESPAD/99 report.

10.4. Training for professionals

Professionals developing projects under the National Framework for Prevention (Programa Quadro prevenir) were involved in training initiatives which included issues on drug abuse, health education promotion. These initiatives guaranteed a commitment of the national partners towards a common intervention philosophy and motivated them for future projects.

In the school setting the CCPES, in line with the priorities for the previous years, maintained the focus on training the professionals of the school setting according to the areas identified by the professionals themselves. They involved professionals from different areas namely health, social service and youth amongst others.

The IV ongoing training programme of the SPTT in drug abuse prevention certified, in 2000, 21 professionals (mostly medical doctors, psychologists, social workers and nurses) and the V programme (with 60 participants) is currently under way.

Professionals and other agents may also request training at the SPTT Information and Counselling centres - Centres for Information and Counselling. In 2000 a decrease was verified in terms the number of participants in the interventions at this level:

Table 17 - Number of participants in initiatives of the SPTT Centres for Information and Counselling

2000			
	Interventions		Totals
	Information/ Awareness	Training	
Doctors	1	91	92
Nurses	2	15	17
Other Health Professionals	0	10	10

Psychologists	11	73	84
Social Workers	7	36	43
Teachers	425	210	635
School Staff (other than teachers)	21	1	26
Psychosocial Professionals	0	10	10
Association Membres	4	46	50
Law Enforcement Agents	1	0	1
Other Professionals	3	5	5
Families	185	0	185
Heterogeneous Groups	38	301	339
Young People (in group)	792	0	792
Others	150	0	150
Totals	1640	798	2438

Source: Serviço de Prevenção e Tratamento da Toxicodependência.

In the prison setting, several training programmes were set up and included:

- Training for health mediators;
- Drug Abuse and Substance Traffic training for prison guards (which in 2000 involved 528 prison guards);
- Training sessions in the area of drug abuse and infectious diseases.



Part 4

Key Issues

References

Bibliography: books and reviews

[Capucha2000] Capucha, Luis (coord) et al, *Relatório: Programa Quadro Prevenir – Avaliação das acções de prevenção primária das toxicodependências*, IPDT, Lisboa, 2000

[CVEDT2001] Centro de Vigilância Epidemiológica das Doenças Transmissíveis do Instituto Nacional de Saúde, *A situação em Portugal a 30 de Março de 2001*, Lisboa, 2001

[DGSSS2001] Direcção-Geral da Solidariedade e Segurança Social, *Relatório das actividades em 2000 no âmbito da toxicodependência*, Lisboa, 2001

[Feijão2001] Feijão, F. & Lavado, E, *Prevalence and patterns of problematic drug use in Portugal-2001*, Lisboa: IPDT (unpublished).

[Godinho2001] Godinho, J., “Algumas reflexões sobre a estimativa do número de consumidores de heroína em Portugal”. *Boletim Informações Março/Abril 2001*. Lisboa: SPTT.

[IPDT2001a] Instituto Português da Droga e da Toxicodependência, *Sumários de informação estatística 2000*, Lisboa, 2001

[IPDT2001b] Instituto Português da Droga e da Toxicodependência, *A situação do país em matéria de drogas e toxicodependências 2000: Relatório Anual*, Lisboa, 2001

[Kraus1999] Kraus, L. et al, *Methodological guidelines to estimate the prevalence of problem drug use on the national level*, EMCDDA, 1999.

[Matos2001] Matos, Margarida, Carvalhosa, Susana, *Saúde mental e mal estar físico na idade escolar*, 3, 1, FMH/PEPT/GPT, Lisboa, 2001

[MDN2000] Grupo Coordenador para a Prevenção e Combate à Droga e ao Alcoolismo nas Forças do Ministério da Defesa Nacional *Relatório de Actividades-2000 do Programa para a Prevenção e Combate à Droga e ao Alcoolismo das Forças Armadas*, Lisboa, 2000.

[Negreiros2001] Negreiros, Jorge, *Prevalence and patterns of problem drug use in Portugal*, Interim Report, 2001

[SPTT2001] Serviço de Prevenção e Tratamento da Toxicodependência, *Relatório de actividades 2000*, Lisboa 2001

[Torres2001] Torres, Anália et al, *Trajectórias e consumos de drogas nas prisões: um diagnóstico*, Lisboa 2001 (unpublished).

Data base: software used, Internet addresses

Bibliographical and legal diploma database:

<http://www.ipdt.pt>

EDDRA database:

<http://www.reitox.emcdda.org:8008/eddra/>

Annexes

Annex 1 - Drug monitoring systems and sources of information

The NISDDA maintains much of what was described in last year's report. 2000 was a year for consolidation and improvement of data quality. The national network was enlarged with the formal participation of the General Directorate of Health and National Institute of Statistics experts on drug related deaths. On the other hand, the three National Forensic Institutes merged into a National Forensic Institute. These new developments allowed the creation of a national group for conceptualising and implementing the harmonised concept of acute drug related deaths in all national territory in 2001.

Also for the first time, with the active involvement and motivation of the Criminal Police Forensic Laboratory, it was possible to collect 2000 data on purity and tablet composition and to retrieve past data going back to 1997.

Disaggregated treatment demand data remains dependent of the local implementation of the SPTT national information system. Nevertheless, some pilot projects not mentioned in this report as their data cannot be extrapolated for the national level allow more specific data to be collected on specific populations (pregnant women, clients of substitution treatment and clients of detoxification units).

Data collection instruments continued to be developed and discussed with several national partners to ensure data quality and comparability and will presently be extended to the areas of prevention and social inclusion/exclusion interventions. The national death certificate is also being revised inline with current NISDDA needs.

Negotiations are underway with the General Directorate of Prisons to ensure routine data collection through their new Prison Information System. Negotiations also proceed with the Criminal Police's Information System and harmonisation procedures were implemented to ensure that the information on presumed offenders for drug use (now collected by the IPDT through the CDTs national registry) is neither lost nor overlaps. The same applies for information concerning purity, composition and price at users level.

Annex 2 - List of Tables used in the text

Table 1 – Public Administration Budget on Drugs and Drug Abuse (€).....	11
Table 2 – Public Administration Budget on Drugs and Drug Abuse by Intervention Areas (€)	11
Table 3 - National Estimates of Problematic Drug Use.....	17
Table 4 – Presumed Offenders, by Year, Category, and by Sex.....	23
Table 5 – Imprisoned Individuals, by Category and by Type of Drug	24
Table 6 - Total of Imprisoned Individuals (by any crime) and imprisoned individuals under the Drug Law, by Year.....	25
Table 7 - Drug Quantity Seized, by Type of Agency	26
Table 8 - Drug Quantity Seized, by Year and Drug.....	27
Table 9 – Drug Prices in Retail, by Drug (€).....	27

Table 10 - Purity at Street Level of some Illegal Substances	28
Table 11 - Composition of Tablets sold as Illicit Drugs	28
Table 12 – Integrated Municipal Plans	45
Table 13 – Public SPTT Specialised Treatment Units.....	50
Table 14 - NGO Units with protocols with the SPTT.....	50
Table 15 - Clients in Methadone and LAAM Programmes, % by Region	51
Table 16 - Main Interventions of the UTITA and Clients Involved	54
Table 17 - Number of participants in initiatives of the SPTT Centres for Information and Counselling.....	56

List of Figures used in the text

Figure 1 - ESPAD/99- Mainland Portugal (students born in 1983, grades 8th to 10th) Lifetime Prevalence of Illicit Drugs (%)	15
Figure 2 - Number of Projects of the National Framework for Prevention	40

List of Maps used in the text

No maps were used in the text

List of Abbreviations used in the text

ANF - Associação Nacional de Farmácias/National Association of Pharmacies

CAT - Centro(s) de Atendimento de Toxicodependentes/Specialised Treatment Centres (Ministry of Health/SPTT)

CCPES - Comissão de Coordenação da Promoção e Educação para a Saúde/Co-ordination Commission for the Promotion of health Education (Ministry of Education)

CDT – Comissão para a Dissuasão da Toxicodependência/Commission for the Dissuasion of Drug Use

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

DC – Day Centres

DGSSS – Direcção Geral da Solidariedade e Segurança Social/General Directorate for Solidarity and Social Welfare (Ministry of Labour and Social Welfare)

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

DU - Detoxification Units

EDDRA - *Exchange on Drug Demand Reduction Action*

EMCDDA - European Monitoring Centre for Drugs and Drug Addiction

ESPAD - European School Survey Project on Alcohol and other Drugs

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

IPDT - Instituto Português da Droga e da Toxicodependência/Portuguese Institute for Drugs and Drug Addiction (Presidency of the Council of Ministers)

NGOs - Non-Governmental Organisations

PATO - Prevenção do Álcool, Tabaco e Outras/Prevention of Alcohol, Tobacco and Other Substances

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

PI DDAC - Plano Integrado de Desenvolvimento da Administração Central/Government Integrated Plan for the Development of the Central Administration

PPCDAFA - Programa para a Prevenção e Combate à Droga e ao Alcoolismo nas Forças Armadas/ Programme for the Prevention and Fight Against Drug and Alcohol Abuse (Ministry of National Defence)

PSP - Polícia de Segurança Pública / Public security Police (Ministry of Home Affairs)

SPTT - Serviço de Prevenção e de Tratamento da Toxicodependência / Service for the Prevention and Treatment of Drug Abuse (Ministry of Health)

UTI TA - Unidade de Tratamento Intensivo de Toxicodependência e Alcoolismo / Intensive Treatment Unit for Drug and Alcohol Abuse (Ministry of National Defence)