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**EXTERNAL EVALUATION
OF PNRCAD 2013-2020**

**Executive
Summary**

| INGLÊS |

JANUARY 2021

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Title: Executive Summary – External Evaluation of PNRCAD 2013-2020

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Editor: General-Directorate for Intervention on Addictive Behaviours and Dependencies

Edition: Lisboa 2021

ISBN: 978-989-53198-8-6

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Abbreviations and acronyms

ARS – Regional Health Administration (*Administração Regional de Saúde*)

ASAE – Food and Economic Safety Authority (*Autoridade da Segurança Alimentar e Económica*)

AUDIT - Alcohol Use Disorders Identification Test

BAR - Blood Alcohol Rate

CAD – Addictive Behaviors and Dependencies (*Comportamentos Aditivos e Dependências*)

CDT – Commission for the Deterrence of Drug Addiction (*Comissão para a Dissuasão da Toxicodependência*)

CRI – Integrated Response Center (*Centro de Respostas Integradas*)

DGRSP – General Directorate for Reintegration and Prison Services (*Direção Geral de Reinserção e Serviços Prisionais*)

ECATD-CAD – Study on Alcohol, Tobacco, Drug and Other Addictive Behaviors (*Estudo sobre o Consumo de Álcool, Tabaco, Drogas e Outros Comportamentos Aditivos*)

EU - European Union

FNAS – National Alcohol and Health Forum (*Fórum Nacional Álcool e Saúde*)

Horizon 2020 - Action Plan for the Reduction of Addictive Behaviors and Dependencies Horizon 2020, SICAD, 2018.

IABA – Alcohol and Alcoholic Beverage Tax (*Imposto sobre o Álcool e Bebidas Alcoólicas*)

INPG – National Survey on The Consumption of Psychoactive Substances in the General Population (*Inquérito Nacional ao Consumo de Substâncias Psicoativas na População Geral*)

NPS - New Psychoactive Substances

PARCAD 2013-2016 – Action Plan for the Reduction of Addictive Behaviors and Dependencies 2013-2016 (*Plano Nacional para a Redução dos Comportamentos Aditivos e das Dependências*)

PJ - Judicial Police

PNCA – National Sampling Plan (*Plano Nacional de Colheitas de Amostras*)

PNCDT – National Plan Against Drugs and Drug Addictions (*Plano Nacional Contra a Droga e as Toxicodependências*)

PNS – National Health Plan (*Plano Nacional de Saúde*)

PNRCAD 2013-2020 - SICAD, – National Plan for the Reduction of Addictive Behaviors and Dependencies 2013-2020, Lisbon, 2013 (*Plano Nacional para a Redução dos Comportamentos Aditivos e das Dependências 2013-2020, Lisboa, 2013*)

Strategic Plan 2017-2019 - SICAD, Strategic Plan 2017-2019, Lisbon, March 2017

PORI - Integrated Response Operational Plan (*Plano Operacional de Respostas Integradas*)

PSP - Public Security Police

RAI – Intermediate Evaluation Report of the National Plan for the Reduction of Addictive Behaviors and Dependencies 2013-2020 (*Relatório de Avaliação Intermédia do Plano Nacional para a Redução dos Comportamentos Aditivos e das Dependências 2013-2020*)

Evaluation Report Plan 2017-2019 - SICAD, Strategic Plan Evaluation Report 2017-2019, Lisbon, April 2020

NOVA IMS Benchmarking Report - NOVA IMS, PNRCAD External Assessment 2013-2020: Comparative assessment of plans to reduce addictive behaviors and dependencies between 4 European countries, September 2020

NOVA IMS Indicator report - NOVA IMS, PNRCAD External Assessment 2013-2020: Current situation: Framework and comparison 2012 vs 2016 vs 2018, July 2020

NOVA IMS Qualitative Report - NOVA IMS, PNRCAD External Assessment 2013-2020: Qualitative Report, July 2020

NOVA IMS Quantitative Report - New IMS, PNRCAD External Assessment 2013-2020: Quantitative Report, September 2020

PAS - Psychoactive Substances

RRHM - Risk reduction and harm minimization

SICAD - Intervention Service in Addictive Behaviors and Dependencies (*Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências*)

SOGS - South Oaks Gambling Screen

SSA - Automatic Selection System

UA/UD- units of alcoholology and dishabituatation

UNCTE - National Anti-Narcotics Trafficking Unit (*Unidade Nacional de Combate ao Tráfico de Estupefaciente*)

WHO - World Health Organization

Introductory Note

This document is the executive summary of the final report of the Evaluation of the National Plan for the Reduction of Addictive Behaviors and Dependencies 2013-2020. The main objective of the project was the critical analysis of the 2013-2020 cycle, through the evaluation of the implementation of the PNRCAD 2013-2020 and its impact, while obtaining indications and recommendations that allow to outline the strategic planning for the next cycle.

The assessment was based on the five General Objectives of the National Plan, namely to prevent, deter, reduce and minimize problems related to the consumption of psychoactive substances, addictive behaviors and addictions; reduce the availability of illicit drugs and new psychoactive substances on the market; ensure that the availability, sale and consumption of lawful psychoactive substances on the market, is done safely and does not induce harmful use/consumption; provide opportunities for legal and safe gambling that does not induce addictive behaviour; and ensure the quality of services provided to citizens and the sustainability of policies and interventions.

The assessment simultaneously took into account the quantifiable goals defined in the Plan: To reduce the perceived ease of access in the markets; Increase the perceived risk of consumption of

psychoactive substances; Delay the age of beginning consumption of psychoactive substances; Decrease the prevalence of recent consumption, risky consumption patterns and dependence on psychoactive substances; Reduce the prevalence of gambling and addiction; Decrease CAD-related morbidity; Decrease CAD-related mortality; and the results obtained therein.

The final report is based on 4 main pillars that were previously substantiated in interim reports: a benchmarking study that comparatively evaluates plans to reduce addictive behaviors and dependencies in 4 European countries; a qualitative study based on semi-structured interviews with a group of entities in the field of CAD; a quantitative study based on a survey extended to stakeholders working in the relevant areas of CAD intervention and a retrospective and comparative analysis based on a set of relevant indicators for understanding the evolution of the national situation.

Following the structure of the Final Report closely, this executive summary is divided into six chapters, the first of which corresponds to the framework and comparison of the current European situation in the scope of the DACs in the years 2012 and 2016. The second chapter refers to the evaluation of the design and implementation, namely, the analysis of the correspondence between the needs

previously identified and the strategic options taken, their external and internal coherence, and the implementation strategy applied in order to meet its objectives. The third chapter corresponds to the assessment of efficiency and effectiveness, allowing to assess the extent to which the defined objectives were achieved in the different areas of intervention and what factors contributed to the results. This chapter also includes the evaluation of the efficiency, effectiveness

and quality of specific interventions in the demand and supply domains. The fourth chapter assesses the impact and added value of the Plan under evaluation. The fifth chapter analyzes a set of other themes, which include sustainability and issues associated with major strategic options in the field of policies to combat CAD. Finally, the conclusions and recommendations for future planning exercises are dealt with in the sixth chapter.

1. Current Situation

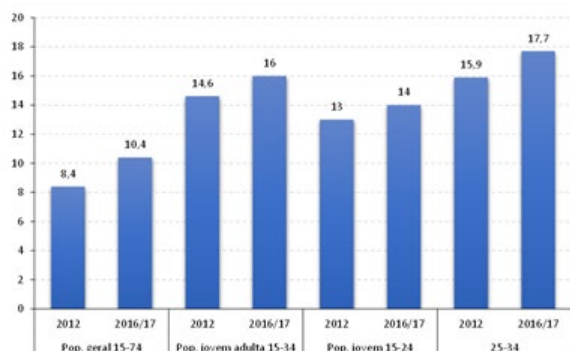
The characterization of the current and evolving situation of the country, in relation to 2012 and 2016, in terms of Addictive Behaviors and Dependencies, within the scope of the external evaluation of the PNRCAD 2013-2020, focused on three domains: (i) epidemiological indicators; (ii) the existing responses, namely in terms of the relative evolution of the indicators of consumption of illicit psychoactive substances, alcohol and gambling; (iii) the consequences related to consumption.

With regard to psychoactive substances, there was an increase in lifetime prevalence of use of any drug in the general population (15-64 years), in the young adult population (15-34 years) and in the young population (15-24 years)) between 2001 and 2007. In contrast, over the same period, there was a stabilization of the consumption of any drug in the last year and in the last 30 days in the adult population and in the young adult population, and a decrease in the young population. Between 2007 and 2012, there was a general decline in the prevalence of consumption in the three segments: general population, young adult population and young population. However, between 2012 and 2016, there was a general increase in the same indicators for cannabis consumption, following a European trend.

The prevalence of lifetime use of any drug in the school-age population decreased between 2001 and 2007, but increased between 2007 and 2011. Between 2015 and 2019, there was a generalized decline in these indicators in the school population from 13 to 18 years. The prevalence of consumption of the school population mainly affects the consumption of cannabis, and the use of other drugs also decreased between 2015 and 2019. There was also a decrease in the consumption of any drug in the prison population, before and during their current imprisonment between 2001 and 2007. This trend was also observed in consumption during the current incarceration between 2007 and 2014, but consumption before the current incarceration remained constant in the same period.

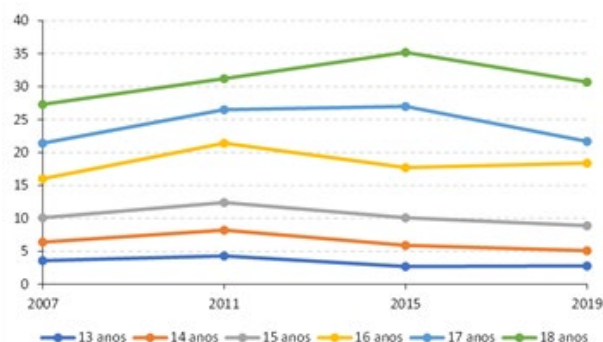
Regarding the European reality, using as reference the countries selected for the Benchmarking Report (United Kingdom, France, Croatia, Spain), Portugal remains in a significantly more favorable situation. In fact, despite having the highest growth rate in the sample countries, Portugal is the only country with a prevalence of use of any drug in the young adult population below 10%.

FIGURE 1.1 - LIFETIME PREVALENCE OF USE OF ANY DRUG IN THE GENERAL POPULATION, IN THE YOUNG POPULATION AND THE ADULT YOUTH POPULATION



Source: Balsa et al., 2018. IV Inquérito Nacional ao Consumo de Substâncias Psicoativas na População Geral, Portugal 2016/17. Lisboa: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

FIGURE 1.2 - LIFETIME PREVALENCE OF CONSUMPTION IN YOUNG PEOPLE 13-18 YEARS



Source: ECATD-CAD/2019. Elsa Lavado, Vasco Calado, Fernanda Feijão. SICAD/DMI/DEI

In terms of treatment, there is a general decrease, between 2010 and 2018, in the number of patients undergoing treatment each year. Regarding the consequences related to consumption, namely infectious diseases, there was a general decrease between 2001 and 2018 in the number of cases of HIV and AIDS infection, mostly associated with drug addiction.

Regarding the number of deaths with positive toxicological results, there was a slight increase between 2001 and 2007, a trend that was reversed between 2007 and 2012, when the PNRCAD began. With regard to overdose deaths, these show a substantial decrease between 2001 and 2016, from 71 to 30. Their number remained relatively stable between 2012 and 2016, having seen, however, an increase in the three-year period 2016-2018.

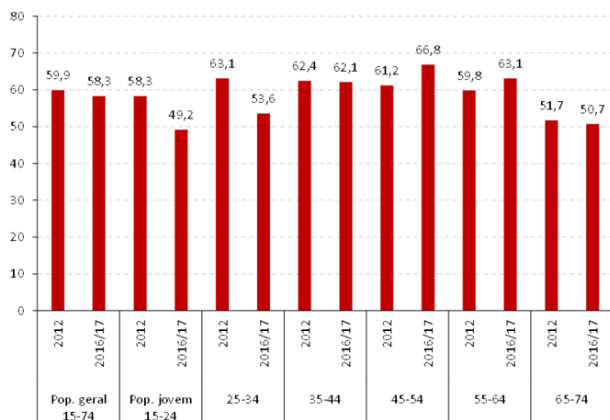
With regard to deterrence indicators, the number of misdemeanors for drug use, measured by the number of – cases of drug use indictees for CDTs (commissions for the deterrence of drug addiction), decreased between 2001 and 2007, but registered an upward trend between 2007 and 2018.

With regard to alcohol, and in terms of major trends, there was an increase in the lifetime prevalence of consumption of any alcoholic beverage, in all age groups analyzed between 2001 and 2007. This rise is also observed in the prevalence of consumption of any alcoholic beverage in the last year. However, during this period, there was a stabilization in the consumption of any alcoholic beverage in the last 30 days in the adult population, a slight decrease in the young adult population and an increase in the young population. Between 2007 and 2012, there was a general decline in the indicators of prevalence of consumption of the general population, young adult population and young population. On the other hand, between 2012 and 2016 there was an increase in the drinking prevalence throughout life in all age groups.

Also, between 2012 and 2016, the prevalence of binge drinking in the last year decreased in the general population and in most of the age groups analyzed, but increased in females. The prevalences of consumption of any alcoholic beverage in the school-age population (13-18 years), in the last 12 months, maintained a downward trend between 2007 and 2015. Recently, between 2015 and 2019, there was a stabilization in drinking prevalences.

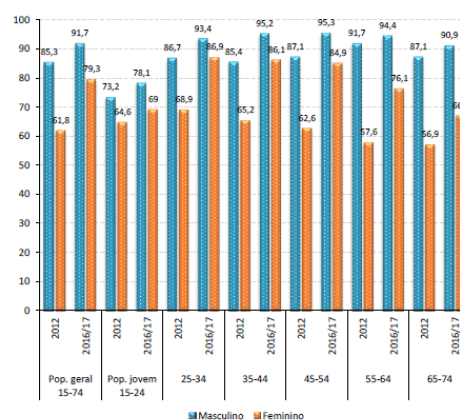
In terms of alcohol dependence and abuse, the majority of the population has a low risk profile. However, between 2012 and 2016, there was a worsening of alcohol dependence in the total population and a slight increase in the high or harmful risk of alcohol, which was more significant in the age groups between 35 and 74 years old and in women (AUDIT test).

FIGURE 1.3 - PREVALENCE OF CONSUMPTION OF ANY ALCOHOLIC BEVERAGE IN THE LAST 12 MONTHS, BY AGE GROUP (%)



Source: Balsa et al., 2018. IV Inquérito Nacional ao Consumo de Substâncias Psicoativas na População Geral, Portugal 2016/17. Lisboa: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

FIGURE 1.4 - PREVALENCE OF CONSUMPTION OF ANY ALCOHOLIC BEVERAGE IN THE LAST 12 MONTHS, BY AGE GROUP (%)



Source: Balsa et al., 2018. IV Inquérito Nacional ao Consumo de Substâncias Psicoativas na População Geral, Portugal 2016/17. Lisboa: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

Compared to other European countries, Portugal has significantly lower prevalence rates of consumption in the last year, even being one of the countries with the lowest indicators. The prevalence of consumption in the last year has remained relatively stable in recent years in the European countries used for benchmarking, but at a level higher than that recorded in Portugal.

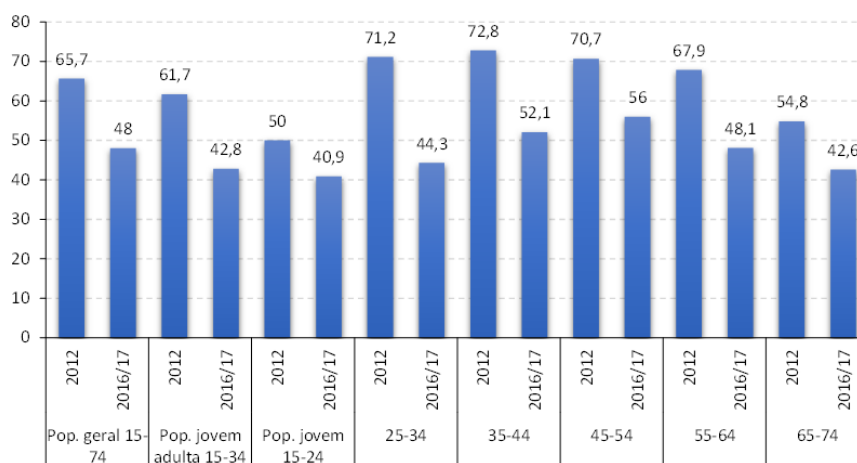
With regard to treatment, there is a gradual increase in the number of outpatients in the public network between 2010 and 2018. Between 2010 and 2012, just before the beginning of the PNRCAD 2013-2020, there was a significant increase in the number new users and readmitted users. In the period from 2012 to 2016, there was a slight increase in new users and a decrease in readmitted users. Between 2016 and 2018 there was a slight decrease in new users and an increase in readmitted users.

In the alcoholology and withdrawal units (UA / UD) and therapeutic communities (TC), there was a decrease in the total number of users undergoing treatment between 2010 and 2012. This trend was reversed between 2012 and 2016 and again between 2016 and 2018.

In terms of the consequences related to alcohol consumption, hospital admissions where the main diagnosis is related to alcohol consumption decreased between 2010 and 2017 and increased between 2017 and 2018. Regarding the control indicators, the number of cases of offenses related to driving with Blood Alcohol Rate (BAR) $\geq 1.2\text{g/L}$ increased from 2010 to 2012, having subsequently gradually decreased in the period between 2012 and 2018.

Regarding gambling, there was a general decline in the prevalence indicators of any gambling, in all age groups, between 2012 and 2016, both for men and women.

FIGURE 1.5 - PREVALENCE GAMBLING BY AGE GROUPS



Source: Balsa et al., 2018. IV Inquérito Nacional ao Consumo de Substâncias Psicoativas na População Geral, Portugal 2016/17. Lisboa: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

The prevalence of gambling tends to be higher in males and lower in the young population (15-24 years). Between 2012 and 2016, there was a decrease in the prevalence of gambling in the young adult population (15-34 years), with a particular incidence in young adults aged between 25 and 34 years. The downward trend is observed in almost all types of gambling (EuroMillions, totobola / totoloto, lotteries, card games, dice games, skill games and sports games), except for scratch cards, where prevalence of gambling increased by 3% in males and 8% in females.

In prison settings, data from the national survey on addictive behaviors in prison indicate that, in 2014, 34% of inmates report having gambled at some point in their lives outside prison and 26% in confinement.

Regarding the gambling addiction, the impact on the playing population is residual.

In summary, it is concluded that the PNRCAD 2013-2020:

- was designed to mitigate the problems related to illicit psychoactive substances, with most of the main indicators showing an improvement between 2007 and 2012. This picture was inverted between 2012 and 2016 in the prevalence of use, in the number of deaths and the number of administrative offenses related to illicit psychoactive substances.

- was developed to mitigate alcohol consumption. Most of the main indicators showed an improvement trend between 2010 and 2012. A general analysis of the indicators reflects that this picture remained between 2012 and 2016 in the prevalence of drinking in the last 12 months for the general population and for most of the age groups, although lifetime prevalences of drinking show an inverse trend. In this period between 2012 and 2016 there was also a decrease in abstainers and an increase in quitters, within a framework of stabilization or decrease in recent and current consumers.
- was characterized by a situation of mitigation of the prevalence of players without addiction problems and, in contrast, by a situation of increase in the prevalence of players with some addiction problems and with probability of being pathological players.

2. Design and Implementation

2.1. DESIGN

The PNRCAD 2013-2020 comes with a profoundly innovative proposal, based on the most advanced public health approaches at the international level, and fully aligned with a perspective of redefining health policies and services that was being advocated at the time.

The basic concept of the PNRCAD 2013-2020 is based on a balance between the demand and supply domains. Historically, many countries favour supply, as an alternative to the option of balancing the two domains, which, in the light of current evidence, seems the most appropriate, although political and geostrategic specificities may suggest other approaches for other countries.

With regard to demand reduction, the assumption of centrality in the individual was established in the development of global and comprehensive interventions, considering their context and life cycle, and the interventions that contribute to the promotion of their health and well-being. These are prevention, deterrence, risk reduction and harm minimization (RRHM), treatment and social reintegration.

With regard to supply reduction, in addition to the already established component of reducing the availability and access to traditional illicit substances, new proposals are emerging in order to give greater visibility to new psychoactive substances and, for the first time, to integrate regulation and inspection of lawful substances, specifically gambling and the internet.

In December 2012, the European Council presented the EU Drugs Strategy for 2013-2020. This strategy is structured around two areas of intervention, which are the reduction of the demand and supply of drugs, and three transversal themes: coordination, international cooperation and research, information, monitoring and evaluation. This model was followed in the PNRCAD, adding other transversal themes.

On the other hand, the EU Drugs Strategy also follows the guidelines issued by the UN towards an integrated and balanced approach between reducing the demand and supply of drugs as elements of the policy against mutually reinforcing illicit substances. In this respect, the PNRCAD is also aligned with international references.

At the level of European policies, there is no consensus in terms of adopting an integrated strategy, centered on the individual. This is another area in which Portuguese strategy has positioned itself at the forefront of international models. In this case, more than a question of

aligning the national plan with international practices, it was an innovative option, a forerunner of the orientation that other countries would follow.

With regard to the alignment of the PNRCAD 2013-2020 with the Portuguese legislation, plans and strategies in the area of health, there is also an orientation of the plan to previous approaches, in the sense of its compatibility with the policy guidelines in this area, determined by the Ministry of Health in December 2011. This aimed at extending the scope of intervention to other addictive behaviors and dependencies, the creation of the Intervention Service for Addictive Behaviors and Dependencies (SICAD) and the assignment to the Regional Health Administrations (ARS, IP) the operationalization of these policies. It was also in this context that the plan expanded responses to other Addictive Behaviors and Dependencies (CAD), including drugs, anabolic steroids, and gambling, in addition to illicit substances, new psychoactive substances and alcohol. It is in this context, with the broadening of the focus beyond drug addiction, to understand the wide range of CAD, that the strategic cycle 2013-2020 establishes the principle of citizen-centeredness. However, the absence of a plan for certain addictions or addictive behaviors, such as tobacco, while not preventing it, limits the scope of the application of this principle.

Therefore, it can be concluded that the PNRCAD 2013-2020 follows, in its formulation and objectives, not only the legislation, but the main international references, with emphasis on the European Union and WHO, and national ones, namely the National Health Plan. To highlight, also, the relevance that the Portuguese strategy acquired at the international level, constituting a respected reference, that generates frequent visits of experts and international delegations, and the accomplishment of scientific studies. In essential aspects, the Plan not only responded to previous recommendations, but in certain aspects, went beyond those recommendations. This aspect is illustrated by the broadening of the scope of responses and CADs beyond illicit psychoactive substances.

In several domains, the Plan also appears to be adequately aligned with the most advanced scientific evidence, through the use of national and foreign studies in its preparation. Of note is the integration of Portuguese structures in international scientific research projects, thus contributing to the creation of a scientific knowledge base.

2.2. IMPLEMENTATION

2.2.1. ADEQUACY OF PNRCAD'S GOALS AND ACTION PLANS

From reading the PNRCAD Intermediate Assessment Report carried out by SICAD and the correlation between objectives, goals and indicators, it appears that there is no clear correlation between the execution of actions and the achievement of the associated goals in the 42 quantitative indicators.

In fact, the degree of achievement of the objectives remains at 55% (RAI, p. 39), while 78% (103 in 134) of the actions were implemented with 18 having been partially implemented (approximately 15% of the total). total) and only 6 actions out of a total of 134 were assessed as not having been executed (RAI, p. 59).

Table 2.1 compares the degrees of achievement of objectives and the implementation of actions, revealing the absence of a clear correlation between the two indicators.

TABLE 2.1 - DEGREE OF ACHIEVEMENT OF OBJECTIVES AND ACHIEVEMENT OF ACTIONS

General Objective	Target	Degree of achievement of the objectives	Degree of implementation of actions
OG 1	M2	40 %	100 %
OG 1	M3	71 %	75 %
OG 1	M4	42 %	80 %
OG 1	M6	67 %	75 %
OG 1	M7	100 %	0 %
OG 2	M1	40 %	86 %
OG 3	M1	75 %	50 %
OG 4	M5	0 %	100 %
OG 5	n.a.	n.a.	98 %

For the preparation of the next action cycle, the following recommendations may be considered:

- i. Greater connection between goals, indicators and evaluation criteria of actions in the construction of the plan, taking into account that the link between PNRCAD and PARCAD is not always evident and intuitive;
- ii. Identification of the critical success factors for the achievement of goals and concentration of efforts in their implementation, to the detriment of the multiplicity of specific actions and objectives that can lead to some dispersion of efforts;
- iii. Simplification of the organizational structure, stability of stakeholders, namely representatives of the subcommittees of the Technical Committee of the Interministerial Council, and of communication and reporting channels;
- iv. Quantification of the contribution of actions to the achievement of objectives;
- v. Introduction of review cycles, with the mid-term review of the PNRCAD and PARCAD may be justified, in terms of the review of the goals and the inclusion of new objectives dictated by social dynamics, which also includes the possibility of introducing changes to the actions to be implemented;
- vi. Implementation of agile and more effective structures, monitoring and reporting of the PNRCAD.

2.2.2. ADEQUACY OF THE SCOPE OF THE PLAN TO THE TYPES OF SUBSTANCES, CAD WITHOUT SUBSTANCES, DIFFERENT CONTEXTS AND LIFE CYCLES

The Plan's orientation towards the citizen, instead of focusing on illicit substances, presupposes the integration of all types of substances with relevant expression in Portuguese society.

The current situation results from an evolution of the 1999 Strategy, focused on illicit psychoactive substances, and the extension to alcohol, in 2010, with the National Plan for the Reduction of Alcohol-Related Problems 2010-2012 and the attribution of responsibilities in this area to the National Coordinator for Drug Problems and Drug Addiction. Finally, in 2013, the approach was extended to other addictive behaviors and addictions, in addition to those that refer to psychoactive, legal and illegal substances, namely, medicines and anabolic steroids and gambling.

The theme of new additive behaviors, namely screen addiction, is not reflected in the Plan, considering that at the time it was designed, they did not yet have the importance they came to acquire. Regarding the Action Plan for the Reduction of Addictive Behaviors and Dependencies - Horizon 2020, the omission is less justified, since it already refers to a period in which this type of addiction already had a relevant expression. There is only a reference to studies carried out in this field, in the Description of Responses and Interventions of the Action Plan for the Reduction of Addictive Behaviors and Dependencies - Horizon 2020, with regard to the study carried out by the General Directorate of Education, with the objective of monitoring the work being done in schools in the context of CAD prevention.

The use of doping substances, namely anabolic steroids, growth hormones, insulin or diuretics, despite the recognition of the worrying dimension that the consumption of these substances is reaching, is also not reflected in the plan, in terms of setting goals and actions. With regard to the scope of the plan to the various types of substances, it is also noteworthy the exclusion of any reference to tobacco, given its prevalence of consumption in most of the various sociodemographic segments of the population.

In the domain of demand reduction, the conceptualization of the framework of policy options and interventions based on the centrality of the citizen, is associated with the breakdown by life cycle stages and by the contexts of belonging. The definition of specific objectives by stage of the life cycle demonstrated the enormous advantage of ensuring that no stage is omitted, namely that of adults over 65 years of age. However, the scarcity of information available to characterize the profiles and behaviors of individuals in each of these stages, hindered the definition of detailed actions and objectives.

The contextual approach is also very important as the space shared by individuals may be associated with certain risk behaviors or health problems.

2.2.3. DID DECRIMINALIZATION FACILITATE THE IMPLEMENTATION?

The decriminalization of consumption (“Decriminalizing drug use, prohibiting it as an illicit act of mere social order”) was a milestone in the definition of anti-drug policies and in the reduction of dependencies, constituting one of the strategic measures conveyed by the National Strategy to Fight against Drugs, contained in the Resolution of the Council of Ministers no. 46/99, of 26 May.

This new legal regime established a new intervention paradigm, original in the context of European policies against CAD, having generated a high level of international interest and curiosity.

The information available today does not allow to state unequivocally that the Decriminalization Law has reduced consumption, considering that other factors, national and international, may be as or more relevant to explain this evolution than the Decriminalization Law.

The circumstance that consumers of illicit substances stop being criminals with this Law, constitutes an undeniable social and health advance, since, in addition to mitigating the social stigma associated with them, they can now seek help and treatment, without running the risk of being reported and suffering legal penalties. Not only did it become possible to identify and know who the users are, but intervention structures to support their condition were created. The extraordinary reduction in cases of HIV infection and AIDS cases is also a reflection of consumer demand by public health structures. Even in terms of international benchmarks, the evolution seen in Portugal is significant.

According to the experts who participated in the NOVA IMS Qualitative Report, several effects of this policy stand out:

- **At the supply level**, law enforcement, inspection and investigation bodies have significantly changed their strategies to combat trafficking in illicit substances, adopting a top down approach, instead of traditional bottom up methods. Instead of focusing on the consumer, linked to the small dealer, who in turn depends on the big dealer, the focus has shifted to collaboration among the different national and international police forces, using new technologies, developing the capacity to seize large quantities of substances, on land and at sea, in high scale and complex operations, to the detriment of the seizure of grams or kilograms of substance on the ground.
The quantity of drugs seized, after an initial period of adaptation by the police and security agencies to the Decriminalization Law, increased significantly, contributing to a reduction in the quantity of available substances.
- **In terms of demand**, decriminalization has made it possible to distinguish between consumers and criminals. From a system centered on the intervention of police and judicial forces, a new model has evolved in which health and social support also assume a central role.

The establishment and deepening of partnerships is decisive in achieving the objectives against CAD. There is an ongoing focus on joining forces with partners. However, two types of constraints are identified:

- Some dispersion of the members of the subcommittees, which despite their motivation, sometimes disperse between submissions, which combined with their professional duties, limits the central availability to ensure effective intervention by the various entities and bodies represented;
- Some inefficiency and inefficiency of the mechanisms for exchanging and recording information.

2.2.4. WERE THE MECHANISMS OF INVOLVEMENT OF THE DIFFERENT STRATEGIC PARTNERS EFFECTIVE?

Engagement with partners is crucial, given the multidisciplinary nature of the approach to addictive behaviors and dependencies. The complexity inherent to CAD requires a holistic view, whose interventions are centered on the individual as the center of the approach, which requires multidisciplinary, articulated and coherent approaches, which act on the various aspects of the phenomenon.

The Portuguese model is based on inter-ministerial coordination and intersectoral articulation between different partners for the definition and implementation of policies on CAD, through the convergence of objectives, resources and strategies. The creation of the subcommittees of the Technical Commission of the Interministerial Council, composed of about 80 professionals from approximately 20 directorates-general and public institutes, PGR and CSM, reflects the commitment of a very wide group of entities to work towards the realization of the PNRCAD 2013 -2020.

FNAS, as a platform that brings together Public Administration bodies and relevant civil society institutions on the subject of alcohol consumption, is a good example of a space for discussion between entities with different perspectives on policies and interventions, which develop relevant projects with the common goal of mitigating the harmful use of alcohol. In the SICAD Strategic Plan 2017-2019 Report, 88 partners with active commitments in FNAS were identified.

The creation of SICAD by Decree-Law no. 17/2012, of 26 January, with the transfer of the regional and local structures of IDT, IP to the Regional Health Administrations, IP (ARS, IP), significantly increased the importance of the involvement with partners in the implementation of the plan's actions. In the PNRCAD's intermediate assessment (RAI, p. 24), there was some disturbance and entropy in the fluidity of coordination with other bodies and entities, namely within the scope of PARCAD Structuring Measures.

Nevertheless, several central measures in the CAD intervention were implemented, namely in terms of training, both in carrying out diagnoses with the Ministry of Health's partners and in their implementation.

In terms of communication, it was possible to establish very relevant partnerships, in which SICAD emerges as a specialist in the evaluation of content within the scope of CAD. In this area, it would be important to monitor performance indicators, which are indispensable to its evolution, in the sense of an effective response to the needs and profiles of end users.

In terms of obtaining data to monitor the degree of implementation of the Plan's actions, and consequently its evaluation, difficulties were identified due to the diversity of the monitoring and reporting processes of the partners. The development of interoperability circuits between the entities' various computer systems, in order to allow the development of integrated responses, is particularly relevant in this regard. The articulation between the partners of the national network of data source services of the National Information System in CAD, both within the scope of activities related to the improvement of registration practices and information systems, and in the provision of information for national, European and international purposes, should be strengthened in order to overcome existing obstacles.

It is also worth noting, with regard to the Referral Network, the fact that, despite the efforts of all the relevant entities having been gathered and consolidated for its conception, producing a project at the level of the best international practices, it has not yet been possible to materialize its implementation.

In the supply domain, the establishment of efficient networks for the exchange of information and interventions is critical to its success, as widely referred to in the literature.

In the transversal theme of International relations and cooperation, we highlight the strong international partnerships established, not only with counterparts from other countries, but also with bodies, institutes and universities dedicated to the study and intervention in CAD.

The current PNRCAD 2013-2020 evaluation process is also an example of the importance of the commitment and support of all partners, with the involvement of all actors committed to its execution, especially in the phases of obtaining data and information, of quantitative and qualitative nature, as for example, in the 35 interviews conducted.

In conclusion, the establishment and deepening of partnerships is decisive for the achievement of the objectives aimed at mitigating CAD. There is a permanent focus on pooling efforts with partners, since, in the current political and legal framework, this is the only way to implement effective policies. However, two types of constraints are identified, in terms of the reduced involvement of some partners, which hinder a greater capacity to achieve goals and objectives. The first, at the level of dispersion of the members of the subcommittees, who despite their motivation, sometimes have limited availability, which conditions effective intervention by the various entities and bodies represented. The second is the mechanisms of exchange and registration of information, whose inefficiency and inefficiency, not only generate a huge consumption of resources, but also limit the management capacity of the National plan and the action plans and do not properly reflect all the involvement and the enormous activity developed by the partners within the scope of the Plan.

2.2.5. WAS THERE A BALANCE BETWEEN IMPLEMENTATION AND MONITORING?

The performance at the implementation level was higher than that of monitoring, and the performance in the planning activities was higher than that of the implementation. It is noted that there is a disproportion of time and resources spent in the planning phases versus implementation, and the implementation versus monitoring.

At the planning level, it was possible to bring together a very diverse set of skills and resources, which enabled the production of a national plan and operational plans at the level of international best practices, reflecting the state of the art in this field.

In terms of implementation, most of the initiatives foreseen at the national level and in the action plans were launched. The completion rate, referred to in section [2.2.1](#), is noteworthy.

In terms of monitoring, more significant shortcomings were identified than in implementation. First of all, due to the impossibility of establishing agile information collection and recording processes, and also due to the partners' lack of commitment to the procedures for monitoring and controlling activities. In fact, the PNCDT Evaluation Report 2005-2012 already recommended the need to consolidate the plan's follow-up, monitoring, and evaluation system. Subsequently, the RAI would reiterate the same recommendation to improve the information reporting process, in order to make it more efficient,

The difficulties in monitoring the actions of the Plan and, consequently, its evaluation, are reported as one of PARCAD's weaknesses, without, however, having seen evidence of a relevant evolution of this situation, considering the persistence of monitoring difficulties and failures in reporting the information.

3. Efficiency and effectiveness

3.1. DEMAND

3.1.1. DID THE PLAN RESPOND TO CAD PROBLEMS WITH DRUGS AND ALCOHOL?

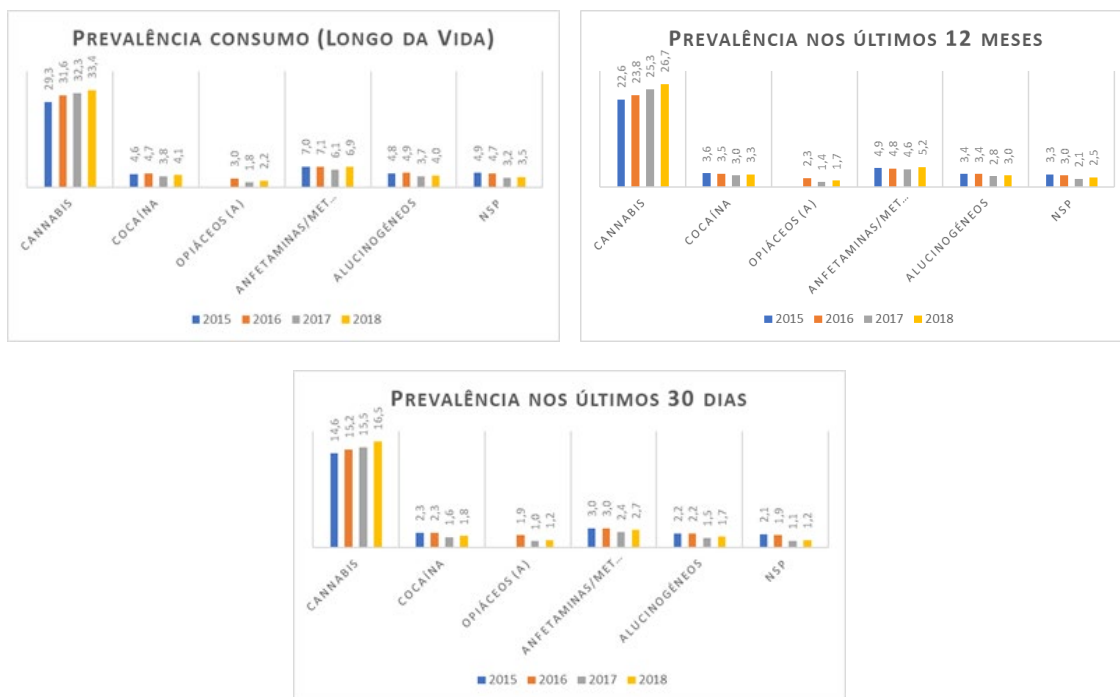
The question regarding the Plan's capacity to respond to CAD problems must be framed with the perceptions of the main stakeholders, ascertained in the survey carried out within the scope of this assessment. The results obtained indicate that the interventions were globally positive, even though in certain domains they did not fully meet expectations. Gambling clearly appears as the area of greatest fragility, followed by NPS (New Psychoactive Substances). It is worth mentioning the fact that these are two areas where the prevalence in Portugal is relatively minor, compared to the other addictive dependencies and behaviors. In contrast, excessive alcohol consumption is the best assessed dependency.

Overall, the best and worst evaluated types of intervention are, respectively, treatment and prevention, which may suggest an inversion of priorities, given that acting at the beginning of the cycle, in terms of prevention, impacts all of the following types of intervention.

i. Illicit substances and NPS

With regard to illicit substances and NPS, the evolution trend is not homogeneous among the various substances: on the one hand, there is a relative stability in terms of the evolution of prevalences in most substances, namely in opiates; on the other hand, there is a significant increase in cannabis, the substance whose use is more widespread, although in this case, as indicated, the relative position of Portugal, in the European panorama, is favorable.

FIGURE 3.1 - PREVALENCE OF CONSUMPTION



Source: Relatório Anual 2018 - A Situação do País em Matéria de Drogas e Toxicodependências – Anexo

In addition, there is also a tendency towards stabilization of the ages of onset of use in most substances, with the exception of Ecstasy, in which the tendency is to delay that age.

FIGURE 3.2 - YOUNG POPULATION, PORTUGAL - INPG (15-24 YEARS): AGES OF ONSET OF CONSUMPTION

Tipo de Droga	Grupo 15-24 anos: Idades de Início dos Consumos					
	2012			2016/17		
	Média	Moda	Mediana	Média	Moda	Mediana
Cannabis	17	16	17	17	17	17
Heroína	19	20	20
Cocaína	19	20	20	19	19	19
Anfetaminas	18	18	18	18	18	18
Ecstasy	18	17	18	19	17	18
LSD	20	21	21	19	21	18
Cogumelos Alucinogénios	19	17	18	19	19	19

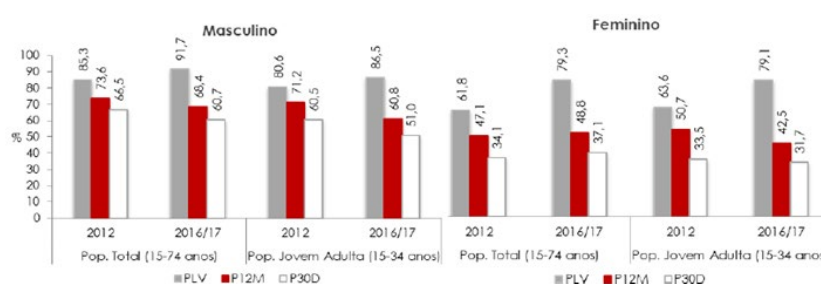
Source: Relatório Anual 2018 - A Situação do País em Matéria de Drogas e Toxicodependências – Anexo

Considering the PNRCAD Quantitative External Assessment Report 2013-2020, in terms of interventions, also with regard to illegal substances and new psychoactive substances, the best performance is observed in treatment and the worst in prevention.

ii. Alcohol

Regarding the evolution of prevalences in Portugal, it appears that, although the lifetime prevalence of use increased between 2012 and 2016, which can be explained by the cohort effect, we highlight the reduction registered in the prevalence of use in the last 12 months, both in the total population and in young adults (overall, men and young adult women, since the female population, considered in the general population, was the exception to this rule). The same phenomenon was observed in the prevalence of use in the last 30 days.

FIGURE 3.3 - PREVALENCE OF LIFETIME ALCOHOL CONSUMPTION (PLV), IN THE LAST 12 MONTHS (P12M) AND IN THE LAST 30 DAYS (P30D)



Source: Relatório Anual 2018 - A Situação do País Em Matéria De Álcool, SICAD

Considering the PNRCAD Quantitative External Evaluation Report 2013-2020, the best performance, in terms of interventions, is also registered in treatment, and the worst in prevention, reinsertion and monitoring/repression.

3.1.2. DID THE PLAN RESPOND TO NEW EMERGING PROBLEMS (ONLINE GAMBLING, NPS, DRUGS AND ANABOLIC STEROIDS, SCREEN ADDICTION)?

i. Gambling

In terms of major trends, a general decline in the prevalence indicators of any gambling was observed in all age groups between 2012 and 2016, both for men and women. Particularly noteworthy is the evolution in the younger age groups (25-34 years).

Considering the PNRCAD Quantitative External Evaluation Report 2013-2020, regarding interventions, as mentioned, the area of “risk gambling and pathological gambling” is the one that generates the worst assessments, especially “prevention” in the recreational and prison contexts, being rated negatively (4.9 on a scale of 1 to 10).

The reasons behind these assessments are the scarcity or lack of intervention. This is one of the areas where diagnostic means are scarce, so the implementation of the Referral Network can dramatically improve the performance of the intervention in this field.

Although this field of addictive behaviors does not have the dimension or the impacts of others, there are clear signs that the situation is getting worse, becoming more sophisticated, and more complex.

ii. Drugs and anabolic steroids

With regard to medication, there is a significant reduction in the prevalence of consumption, generalized to different age groups.

FIGURE 3.4 - PREVALENCE OF PRESCRIPTION DRUG USE IN THE LAST 12 MONTHS (%)



Source: SINOPSE ESTATÍSTICA 2018 – Medicamentos

In the stakeholder survey, drugs were studied in conjunction with anabolic steroids, and it was found that, as was the case with the other substances and dependencies, the most highly rated intervention type was “treatment”, but, contrary to what was found in the remaining interventions, the least well rated was enforcement/repression. In this respect, the determining factor is the lack of punitive actions associated with ease of access.

In summary, the evolution has been positive, and it can be concluded that the plan adequately responded to CAD problems associated with medications and anabolic steroids. However, there is a need to evolve in terms of the enforcement and repression of these substances.

3.1.3. WERE THE RESOURCES IN THE AREA OF DEMAND APPROPRIATE?

The assessment of the adequacy of the resources applied in the demand domain is based on three elements: the first is a comparative analysis of the volume of investments in absolute terms and in the relationship between supply and demand; the second is the verification of the degree to which the targets set in the plan, with regard to the demand domain, were achieved; the third, in the way in which stakeholders, evaluate the performance of the Portuguese situation, with respect to initiatives in this field.

With regard to the comparative evaluation of investments applied in demand, it appears that Portugal is one of the countries that invests less, in absolute terms and in relation to GDP, in the area of CAD (see detailed analysis in Benchmarking Report NOVA IMS) . In terms of the division between the domains of supply and demand, it appears that Portugal is in a balanced situation, with neither component favoring the other.

In terms of meeting the objectives of the plan, there is a general goal in the demand domain, which covers five global goals, with different degrees of indicators achieved. Of these five global goals, only two did not present a positive performance:

- The goal “M4 - Reduce the prevalence of recent use (last 12 months), patterns of hazardous use and dependence on psychoactive substances”, only five of the 12 indicators were achieved, highlighting the evolution of the indicator of prevalence of use of any illicit drug in the past 12 months, which not only did not decrease, but increased to more than twice the initial value.
- The goal "M2 - Increase the perceived risk of consuming psychoactive substances" had only two of the five indicators achieved, highlighting on the positive side, the significant increase in the perception of health risk of cannabis consumption.

From the analysis of the extent to which the targets set in the plan, with regard to the demand domain, have been achieved, the second element of the assessment of the adequacy of the resources applied in the demand domain, it is concluded that there is a need for strengthening the general resources, which allows for progress in reducing the prevalence of recent consumption and increasing the perceived health risk of psychoactive substance use.

Regarding the stakeholders’ assessment of the adequacy of the resources applied in the demand domain, the perceptions are generally positive, but only to a satisfactory degree. The type of intervention most highly rated is treatment and the least well rated is prevention, as detailed in the NOVA IMS Quantitative Report.

In summary, with regard to the third element of the assessment of the adequacy of resources applied in the demand domain, performance is good in terms of treatment interventions, but there is also a pressing need to increase, diversify and generalize initiatives in the area of prevention, especially in prison, recreational and family settings.

3.1.4. 3.1.4. COST-EFFECTIVENESS BY TYPE OF INTERVENTION: PREVENTION; RRHM; TREATMENT; REINSERTION; DETERRENCE

i. PORI

The cost-benefit and cost-effectiveness assessment was centered on a set of projects in the Operational Plan for Integrated Responses (PORI). PORI is a structuring measure at the national level in terms of integrated intervention in the area of addictive behaviors and dependencies, which seeks to enhance the synergies available in the national territory, through the development and implementation of methodologies that allow the realization of diagnoses that support the intervention and implementation of Integrated Response Programs (IRP).

The cost-effectiveness analysis is a comparative analysis between the relative costs and the results (effects) of different courses of action, attributing a monetary value to the result. In general, it can be applied in order to assess the efficiency of projects, analyzing the relationship

between the cost of each project and its result (s). The evaluated projects were selected randomly, for each type of intervention, that is, prevention, risk reduction and harm minimization, treatment and reinsertion.

a. Prevention

The Braga Solidarity Center / Projeto Homem was the institution responsible for the “Mais Vale Prevenir” (*prevention is better*) Project, developed from 12/23/2015 to 12/22/2017.

The identified benefits of the project were:

- **Action 1:** Awareness-raising actions reached 62 education professionals, 80 social technicians, 16 health technicians, 450 young people and 85 parents.
- **Action 2:** Increase of self-concept among the young participants, after the information / awareness session. Increased emotional intelligence among young participants after a session. It was estimated that about 79 young people changed their beliefs about drugs after the information / awareness session.
- **Action 3:** It was estimated that about 1279 young people out of the 1647 participants had a positive experience in recreational activities.
- **Action 4:** Training for parents: Of the 123 parents who participated in the training, it is estimated that about 118 see improvements in their problems and 102 are very satisfied / satisfied with the results and with what was learned in the training and feel that they have the skills needed to solve their problems.
- **Action 5:** About 85% of teachers found the topics covered to be good and full and about 95% of operational assistants found the topics covered to be good and full. All parents present in the training found the topics covered to be good and full.
- **Action 6:** About 48 of the 66 young people who consumed stopped using marijuana / hashish. About 35 of the 43 youths who consumed stopped consuming alcohol. About 10 of the 12 young people who consumed stopped using heroin. About 10 of the 18 young people who consumed stopped consuming LSD, ecstasy or amphetamines.
- **Action 7:** Regarding referrals, 82 technicians were assisted, 4 parents were assisted and 10 young people were referred.
- **Action 9:** Regarding the risks and harms of psychoactive substances, 1300 young people were contacted. In order to prevent infectious diseases, 170 young people were reached and in relation to support structures, 2300 young people were reached. 250 condoms (male / female) were distributed. About 325 information leaflets on the risks of tobacco consumption, 880 on the prevention of infectious diseases, 5880 on the risks / damages of psychoactive substances.

Based on the results listed above, it appears that with regard to action 2, the diligence of the informative action has an effectiveness of about 16.7%, in action 3 the effectiveness was about 77.7%, in action 4 a effectiveness rate was around 96%. The effectiveness of action 5 was calculated through the average of satisfied teachers and operational assistants, being around

93.3% and, finally, in action 6 the effectiveness in eradicating substance use among young people monitored was 81.4% for alcohol, 72.7% for hashish / marijuana, 83.3% for heroin and 55.6% for LSD, ecstasy or amphetamines.

Taking into account the weight of each action in the final cost of the project, as cost-effectiveness we have:

TABLE 3.1 – MAIS VALE PREVENIR PROJECT: COST-EFFECTIVENESS

Action	Benefit	Weight (%)	Cost per action (€)	Cost-effectiveness Ratio (current scenario)	Cost-effectiveness Ratio (ideal scenario)	Percentual change (current scenario – ideal scenario)
2	It was estimated that about 79 young people changed their beliefs about drugs after the information / awareness session.	19.6	8 690.29	110.0	18.41	83.26%
3	It was estimated that about 1279 young people (77.4% of the total) had a positive experience in recreational activities.	19.3	8 557.28	6.69	5.20	22.27%
4	Training for parents: Of the 123 parents who participated in the training, it is estimated that about 118 see improvements in their problems and 102 were very satisfied / satisfied with the results and with what they learned in training and feel they have the necessary skills to solve their problems	3.3	1 463.16	12.40	11.90	4.03%
6	48 of the 66 young people who used marijuana / hashish stopped using. 35 of the 43 young people who consumed alcohol stopped drinking. 10 of the 12 young men who used heroin stopped using it. 10 of the 18 young people who consumed LSD, ecstasy or amphetamines stopped consuming.	13.5	5 985.66	58.11	43.06	25.90%

The objectives defined in the application were satisfactory and in accordance with what was foreseen, which made it possible to fill the identified needs / problems of the population identified as needing intervention.

Regarding the cost-effectiveness analysis, there are very good results, with the exception of the diligence of the beliefs of action 2. Through the questionnaire provided after the training, there was an increase in the category “I don't know”, indicating that the young people were not fully enlightened during the training. It should be added that the cost per action may be overestimated, given that only the result of a diligence of the complete action is considered,

however the cost-effectiveness value would never represent an efficient relationship, due to the fact that the change in beliefs occurred in a small number of participants. This result may be due to the poor execution of the awareness action itself or to the poor construction of the questionnaire to characterize the progress of the participants, leading respondents to select, for the most part, the neutral option.

b. Risk Reduction and Harm Minimization (RRHM)

The “Santana – Equipas de Rua” (*Santana – Street Teams*) Project, developed by the Novo Olhar Association, took place between 01/13/2016 and 01/12/2018, with a duration of 24 months. It intended to respond to the gap area of risk reduction and harm minimization, diagnosed by the CRI of Leiria, in the territory of Marinha Grande.

With regard to effectiveness, in general, the results are positive, with the expected benchmarks having been reached and even in some cases exceeded.

Regarding cost-effectiveness, for each euro invested in the project, savings of 6.54 euros are generated, a value greater than one, indicating that the benefits are greater than the costs of the project. Due to the complexity of the activities carried out in the scope of risk reduction and harm minimization, as a proxy for the cost-effectiveness ratio, the cost-benefit ratio was used (Yates, 1999). Although there is no equivalent value for comparison purposes, considering that the calculation of this value is underestimated, it is quite positive and there is a satisfactory cost-effectiveness ratio.

c. Treatment

In the Treatment axis, the institution responsible for the development of the selected project was the Christian Social Action Group (GASC). The “Sorrir: Consulta Descentralizada” project in Barcelos ran from 02/01/2016 to 01/01/2018 and aimed to provide support, as a response developed in the treatment axis.

With regard to the benefits of the project, the main objective and benefit will be a decrease in the consumption pattern and an abstinence from illicit substance use by the clients during the course of the project. Thus, about 349 users did not consume illicit substances during an average period of 66 weeks and about 55 users presented a pattern of non-problematic use. However, these will not be the only benefits of the project, given that the monitoring and treatment of users will bring an increase in the quality of life, associated with access to formal support, breaking of isolation, social inclusion, improvement of family relationships and improvement in physical health. In addition, this monitoring allows the mitigation of risk behaviors. As such, during the course of the project, around 335 users did not have any infractions, 145 users maintained their professional activity and 480 did not present a risk of contracting an infectious disease. As in previous analyses, it is not possible to monetize all the benefits, so that only the benefits associated with the cost saved through the failure to pay unemployment benefits and

the cost saved to the NHS due to the lack of treatment for infectious diseases. For the calculation of this first benefit, it was assumed that users received a salary of € 700, multiplying this value by the number of users covered by the benefit and the number of months in the project. For the second and last monetized benefit, the diagnosis and treatment of the infectious disease Hepatitis B (mentioned in the project report as one of the most common diseases) was considered, multiplying by the number of users covered by the benefit and the prevalence of the disease for drug addicts in Portugal (DGS, 2019). The detailed calculation of these values is available in Annex 1-A of the Final Report of the External Evaluation of the PNRCAD 2013-2020 prepared by NOVA IMS.

Considering the monetizable benefits (Table 3.1), it is possible to calculate the cost-benefit ratio of the project in question. Thus, knowing that the project costs a total of € 203 145.97, this ratio has a value of around € 13.23. Thus, for every euro invested in the project, € 13.23 is saved.

TABLE 3.2 - SORRIR PROJECT - MONETIZABLE BENEFITS

Benefits	Monetized Benefits (€)	Description
145 users maintained their professional integration	2 436 000.00	Cost saved from unemployment benefits
480 users without risk of contracting infectious diseases	251 925.50	Cost saved to the NHS due to the absence of infectious diseases

TABLE 3.3 – SORRIR PROJECT: COST-EFFECTIVENESS

Benefits/Results	Cost-Effectiveness (current scenario)	Cost-Effectiveness (ideal scenario)	Percentual Change (current scenario – ideal scenario)
349 users did not use drugs, in an average period of 66 weeks	0.26	0.18	30.07%

Regarding the effectiveness of the project's actions, quite positive results are observed, being that, in general, the users presented low risk behaviors during the project. Regarding cost-effectiveness, considering that, on average, users had 66 weeks in abstention, it appears that each week in abstention costs the project € 0.26. This figure is 31% higher than the ideal (and unrealistic) scenario of 96 weeks (project duration) of abstention. Thus, the same is considered satisfactory, due to the lack of comparison with a more realistic result, with some room for improvement compared to the next projects.

d. Reinsertion

The RIS Project, developed by the Portuguese Red Cross: Aveiro Delegation, ran from 10/02/2016 to 02/09/2018 and was created to respond to the needs of people with CAD, undergoing treatment, throughout the municipality of Aveiro.

In this project, about 17 of the 33 unemployed users signed an employment contract and another 9 had vocational training. The monetized benefit will correspond to the cost saved in unemployment benefits, assuming that users earned a salary of € 700. In the case of users in

training, the amount saved is not immediate, so a discount rate of around 30% was applied (Yates, 1999) to monetize this benefit.

TABLE 3.4 - RIS PROJECT - MONETIZABLE BENEFITS

Monetized Benefits	Monetized Benefits per month (€)
17 out of 33 users were employed and 31 users maintained their employment contract	33 600.00
9 users out of 16 obtained vocational training	4 846.15

TABLE 3.5 - RIS PROJECT: COST-BENEFIT RATIO

Monetized Benefits/Results (total(€)/month)	Cost (total(€)/mês)	Cost-Benefit (current scenario)	Cost-Benefit (ideal scenario)	Percentual Change (current scenario – ideal scenario)
38 446.15	2 446.91	15.71	21.83	-28.02%

Looking at Table 3.5, there is the cost-benefit ratio, given by the quotient between the monetized benefits (per month) and the project costs (per month). The value obtained means that for each euro invested, approximately € 15.71 is saved. For the ideal scenario values, it was assumed that all 33 unemployed users were employed and that the 16 users obtained vocational training. Thus, it appears that in the ideal scenario, an additional 28.02% would be saved for each euro invested. Thus, the cost / benefit ratio of the project is quite satisfactory, given that the benefits are largely greater than the cost. It should be noted that this value may be underestimated because the quality of life gain on the part of the users is not quantified, only the monetizable benefits associated with the cost saved from unemployment benefits were included in the analysis.

TABLE 3.6 - RIS PROJECT: COST-EFFECTIVENESS RATIO

Results	Cost of the project	Cost-Effectiveness (current scenario)	Cost-Effectiveness (ideal scenario)	Percentual change (ideal scenario – current scenario)
17 employed users	€58 725.74	€1 030.28	€734.07	28.75%
31 users maintained their employment contract				
9 users get vocational training				

With regard to cost-effectiveness analysis, the ratio between the costs of the project and its positive results (outputs) was considered, such as the number of users employed and the number of users who obtained professional training. Thus, each user with a positive project output, cost about € 1030.28. In an ideal scenario, where all users covered by the project would have obtained vocational training and / or would be employed, the cost would be around € 734.07, representing a decrease of 28.75% compared to the current scenario. Given the percentage difference and the fact that, in practice, the ideal scenario is unrealistic, it was concluded that the project produced a good result in terms of effectiveness.

ii. Conclusion

After the cost-effectiveness analysis of PORI projects, of the different types of intervention, it is concluded that, in general, the relationship between cost and effectiveness is quite satisfactory. In many cases, cost-effectiveness measures are close to the ideal scenario, showing the efficiency of the projects developed. Thus, in these cases, the activities developed and the work of the human resources involved are highlighted as a positive aspect.

iii. Deterrence: 360º Evaluation

Deterrence was not included in the cost-effectiveness analysis, having already been the subject of an assessment of the degree of satisfaction of all stakeholders: CDT professionals regarding the support provided by EMCAD, CDT partner entities and CDT defendants in relation to the intervention. In deterrence. It was found that the professionals, stakeholders and users of the CDT are globally satisfied.

3.1.5. DEGREE OF EFFECTIVENESS OF STRUCTURING MEASURES

i. Operational Plan for Integrated Responses (PORI)

In terms of achieving the PORI, it is worth highlighting the execution of action 14 “Implementation of the PORI, promoting the development of PRI, through the co-financing of projects in gap areas identified by diagnoses with territorial incidence”, of Specific Objective 4 “Developing specific approaches interventions in CAD, adapted to the needs and characteristics of the citizens” of PARCAD 2013-2016. During 2016, 78 projects were carried out in 44 priority territories identified in the territorial diagnostics.

In the SICAD 2017-2019 Strategic Plan, 100% of objective 36 “Monitoring rate and / or final assessment in the scope of PORI projects and other interventions” is found. This plan also indicates that Indicator 31 (“PORI Projects with inserted indicators (%)”) has been completed at 100%. Indicator 36 (“Monitoring rate and / or final assessment in the scope of PORI projects and other interventions”), achieved 118%.

In 2018, 122 projects were carried out in 45 priority territories, most of them in the area of Risk Reduction and Harm Minimization. Although the PORI is in operation, constituting, in fact, a structural part of the PNRCAD 2013-2020, there are two areas for improvement so that the efficiency and effectiveness of the PORI projects are not lost:

- The first priority improvement area is the in-depth updating of territorial diagnoses that, in many cases, will already be quite outdated, leading to the continued investment where it is not a priority and not investing in the new priority areas.

- The second area of improvement is the effort to simplify and reduce bureaucracy. The procedures for collecting information on projects are described as long, complex and “archaic”. The consequences are the loss of productivity of assistants to service users.

ii. Referral / Articulation Network

In the 2013-2016 cycle, the construction of the Referral/ Articulation Network was achieved in conjunction with the various levels of stakeholders, and was considered technically and theoretically well designed (GT Report created by Dispatch no. 1774 – B / 2017, of 24 February) but, after its elaboration, it was not possible to gather conditions for its implementation, including the interface of the information collection and treatment systems.

Following the non-implementation of the Referral / Articulation Network, in the PARCAD 2013-2016 process evaluation, the negative impact of not implementing this network on the final achievement of the National Plan goals was highlighted, recommending that its implementation constitute a priority of the next cycle.

3.2. SUPPLY

3.2.1. ILLICIT SUBSTANCES: ANALYSIS OF EFFICIENCY AND EFFECTIVENESS OF MEASURES TO REDUCE SUPPLY 2013-2019

The drug control strategy adopted by Portugal since 2001 has a strong focus on reducing demand, with public expenditure for reducing the supply of illegal and legal substances being around 48% of the total.

i. Efficiency Evaluation

The evaluation of the efficiency and impact of programs to reduce supply on the availability of and access to illicit drugs deals with analyzing the relationship between the use of resources and the results produced. Depending on how the results are measured, there are two analysis techniques to measure efficiency, namely:

- (a) Cost-effectiveness analysis
- (b) Cost-benefit analysis

a. Cost-effectiveness analysis

For the cost-effectiveness analysis, we considered as input an indicator of resources used: the expenses of the PJ directly related to drug trafficking (‘PJ Expenses’).

As outputs, we considered as result indicators the total number of seizures made by the PJ and the total number of actors (offenders detained and non-detained) for illicit drug trafficking reported by the PJ.

Table 3.7 shows the cost-effectiveness ratio of PJ seizures in each year between 2013 and 2019. In addition, it also presents the ratio in two different sub-periods: 2013-16 and 2017-19. A higher ratio implies a higher cost per seizure. On average, in the 2013-19 period, each seizure involved a cost of approximately €52 660. In the 2013-2016 period, each seizure represented a cost of € 53 391, whereas in the 2017-2019 period this cost per seizure was € 51 766.

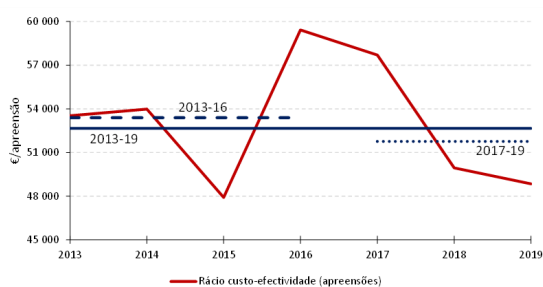
TABLE 3.7 - COST-EFFECTIVENESS RATIO [SEIZURES]: 2013-19

Year	PJ Expenses (€)	PJ seizures	Ratio (€/seizures)
2013	12 955 085	242	53 533
2014	12 741 249	236	53 988
2015	13 464 187	281	47 915
2016	13 429 481	226	59 422
2017	13 272 202	230	57 705
2018	14 383 442	288	49 943
2019	14 067 590	288	48 846
2013-2016	52 590 002	985	53 391
2017-2019	41 723 233	806	51 766
2013-2019	94 313 234	1791	52 660

Source: Polícia Judiciária - Unidade Nacional de Combate ao Tráfico de Estupefacientes - Secção Central de Informação Criminal

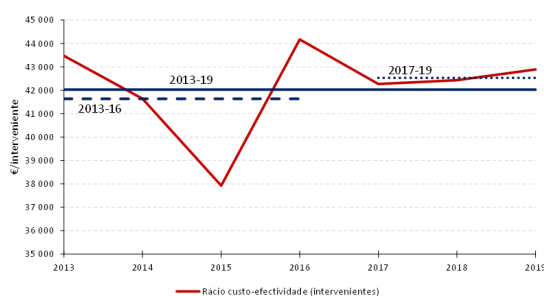
As we can see in Figure 3.5, the year with the lowest cost per seizure is 2015. There is an improvement in the cost-effectiveness ratio (seizures) between 2014 and 2015, followed by a decrease between 2015 and 2016, mainly due to a significant reduction in the number of seizures in 2016. In the 2016-2019 period there was an improvement in this ratio, since the cost per seizure gradually decreased. Overall, the cost-effectiveness ratio (seizures) shows a better result (lower cost per seizure) in the 2017-19 period than in the 2013-16 period.

FIGURE 3.5 - COST-EFFECTIVENESS RATIO [SEIZURES]: 2013-19



Source: Polícia Judiciária - Unidade Nacional de Combate ao Tráfico de Estupefacientes - Secção Central de Informação Criminal

FIGURE 3.6 - COST-EFFECTIVENESS RATIO [ACTORS]: 2013-19



Source: Polícia Judiciária - Unidade Nacional de Combate ao Tráfico de Estupefacientes - Secção Central de Informação Criminal

Figure 3.6 shows, once again, that the year with the lowest cost-effectiveness ratio (stakeholders) is 2015. There is an improvement (lower values) in the cost-effectiveness ratio between 2013 and 2015, followed by an increase in cost per stakeholder between 2015 and 2016.

b. Cost-Benefit Analysis

The cost-benefit analysis focuses on a ratio that results from the division of monetary results generated by the total costs incurred and is measured in monetary units. For this cost-benefit analysis, we consider PJ expenses (referred to above) as an indicator of total costs and as an indicator of monetary results generated the estimated market value of the substances seized by the PJ. This ratio therefore results in an estimate of the seized market value of illicit substances for each euro of PJ costs.

$$\text{Cost - Benefit Ratio} = \frac{\text{Aprehension Market Value}}{\text{PJ Expenses}}$$

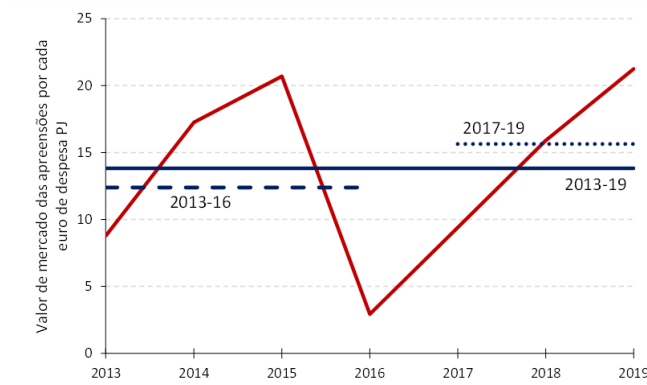
Based on the 2013-2019 time horizon, we obtain the following cost-benefit ratio:

$$\text{Cost - Benefit Ratio} = \frac{1\,304\,103\,052\ \text{€}}{94\,313\,234\ \text{€}} = 13.8$$

In other words, the 2013-2019 cost-benefit ratio indicates that, in this timeframe, each euro of PJ costs with illicit substances resulted in the seizure of substances with a market value of € 13.80.

As we can see in Figure 3.7, the years with the highest cost-benefit ratio were 2015 and 2019, years in which each euro of PJ costs resulted in the seizure of substances with an approximate value of € 21. The years 2013, 2016 and 2017 are below the average for the period, in which each euro of PJ costs resulted in less than € 13.8 in value seized. By type of drugs, cocaine seizures are those with the highest cost-benefit ratio, followed by cannabis seizures, which is the substance seized in greater quantities and cocaine the substance with the highest average price.

FIGURE 3.7 - COST-BENEFIT RATIO: 2013-19



Source: Polícia Judiciária - Unidade Nacional de Combate ao Tráfico de Estupefacientes - Secção Central de Informação Criminal

In Table 3.8 we can see the evolution of the cost-benefit ratio in the periods under analysis. In the 2017-2019 period, PJ expenses were lower than in the 2013-2016 period and the market value of seizures by the PJ was higher, presenting a cost-benefit ratio of € 15.60, which is higher than in the 2012-2016 period and higher than the average for the period 2013-2019.

TABLE 3.8 - COST-BENEFIT RATIO

Year	PJ Expenses (€)	Seizure Market Value (€)	Cost-Benefit Ratio
2013-2016	52 590 002	651 509 278	12.4
2017-2019	41 723 233	652 593 774	15.6
2013-2019	94 313 234	1 304 103 052	13.8

ii. Effectiveness Evaluation

To assess the effectiveness of specific interventions in the supply domain, we developed an analysis that measures the relationship between intermediate outputs - results produced directly related to supply reduction actions (measured in monetary units) and the final outputs in terms of effectiveness.

In this analysis, we consider as intermediate outputs the market value of the seizures (VM (ap)) reported by the National Unit to Combat Narcotics Trafficking (UNCTE), which includes the seizures made by all police forces, disaggregated by type of drug, and the respective growth rate.

As final outputs we consider the prevalence of drug use in the last year and the perception of ease of access to obtaining drugs (if desired) by type of drug in 2012 and 2016, years in which surveys were carried out among the Portuguese population.

This analysis is based on two theoretical hypotheses:

Hypothesis 1: The effective reduction in supply may lead to a reduction in the prevalence of consumption;

Hypothesis 2: The effective reduction in supply may lead to a decrease in the perception of ease of access in obtaining drugs, if desired.

We emphasize, however, that there are other factors that can contribute to variations in these final outputs, this being an indirect analysis and based solely and exclusively on the indicators we describe below. As such, the results we present must be interpreted with these conditions in mind.

Let us first consider the market value of seizures in 2012 and 2016, years for which we have data on the prevalence of consumption: this is higher in 2012 than in 2016. Hypothesis 1 suggests that the effective reduction in supply may lead to a reduction in the prevalence of consumption. If we admit that this effect is 'immediate', that is, that it materializes in the year itself, then the available indicators seem to suggest that one of the possible explanatory factors for the increase

in the prevalence of consumption in 2016 (compared to 2012) was the lowest seized market value.

Naturally, it is plausible to admit that these effects may not be 'immediate', that is, that the prevalence of consumption in 2016 may be associated with the market value seized in previous years. It can be seen that, in the 2013-16 period, the average market value seized, in each year was € 192.4m, a value clearly higher than that recorded in 2016: € 63m. Furthermore, the average annual growth rate of the market value seized in the 2013-16 period was negative: -6%. This suggests that not only was the market value seized in 2016 lower than the average in the 2013-16 period, but the trend in the 2013-16 period was towards a reduction in the seized market value. These two facts seem to support hypothesis 1, that is, one of the possible explanatory factors for the increase in consumption prevalences in 2016 may have been the lower market value seized, which may have been associated with a greater availability of (or easier access to) illicit substances in Portugal.

With no data on the prevalence of consumption in 2019 yet available, the observed trend points in the opposite direction to what we described above: the market value seized in 2019 of € 352.8m is higher than the average value in the period 2017-19 (€ 253.8m). In addition, the average annual growth rate of the market value seized in the 2017-19 period was very high: 83%. Therefore, assuming hypothesis 1 and the reasoning we developed for the 2013-16 period as plausible, it is expected that the effort to reduce the supply of illicit substances, translated into an increase in the market value apprehended, may have contributed to a reduction in the prevalence of consumption in 2019. This is, however, a conjecture, since data on the prevalence of consumption in 2019 are not yet available.

iii. Compliance with the targets defined in the PNRCAD 2013-2020

In order to assess the effectiveness of specific interventions in the supply domain, it is important to analyze whether the actions directly related to supply reduction programs have achieved the goals related to the objectives defined in the PNRCAD 2013-2020.

To assess compliance with the general objectives, a set of targets was developed to be achieved in 2016 and 2020. For general objective 2, we analyzed the achievement of Target 1 (Reduce the perceived ease of access (if desired) in the markets), whose objective defined in the PNRCAD 2013-2020 was to place Portugal 2 percentage points below the European average (at the time of drafting the PNRCAD) in 2016 and 5 percentage points in 2020.

The defined indicators referring to ecstasy and amphetamines (ESPAD Students 16 years old) were reached in 2016. However, these were not reached in 2020. The defined indicators referring to cannabis (ESPAD Students 16 years old) were not reached in 2016 and although there has been verified a decrease of these in 2020, they were also not reached. With regard to cocaine and heroin (Eurobarometer 15-24 years old), the indicators were not met in 2016. There are no recent data on the Eurobarometer for the perceived ease of acquiring illicit drugs by young people aged 15 to 24 years.

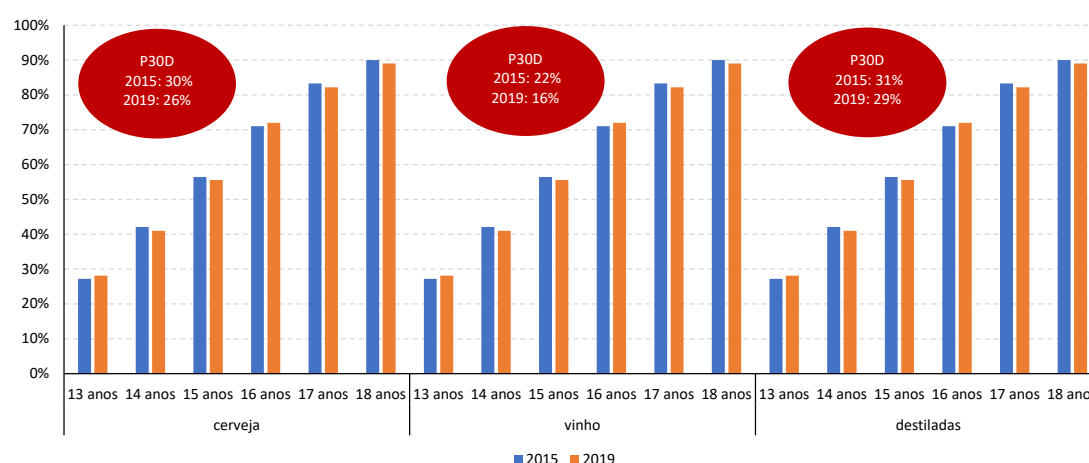
3.2.2. ALCOHOL: ANALYSIS OF THE EFFECTIVENESS OF SUPPLY CONTROL MEASURES 2013-2019

This chapter focuses mainly on measures to control the supply of alcohol. For the analysis of the effectiveness of these measures, we assessed the degree to which the actions directly related to supply reduction programs reached the targets defined in the PNRCAD 2013-2020.

In Figure 3.8, we can see that although the perceived ease of purchasing alcoholic beverages has not undergone significant changes between 2015 and 2019, there was a reduction in the prevalence of drinking in the last 30 days, from 40% to 38%, among students among students. 13 and 18 (ETCAD-CAD 2019). By type of drink it appears that the prevalence of wine consumption in the 'last 30 days' was the one that reduced the most.

Regarding lifetime prevalence of consumption, there was a slight decrease in 2019 and a stabilization in consumption in the 'last year' compared to 2015. The prevalence of binge consumption had a slight increase between 2015 and 2019, while the prevalence of drunkenness declined slightly in 2019 compared to 2015.

FIGURE 3.8 - PERCEPTION OF EASE OF ACQUIRING ALCOHOLIC BEVERAGES (ECATD: 13-18 YEARS) AND PREVALENCE OF ALCOHOL CONSUMPTION IN THE LAST MONTH - STUDENTS 13-18 YEARS



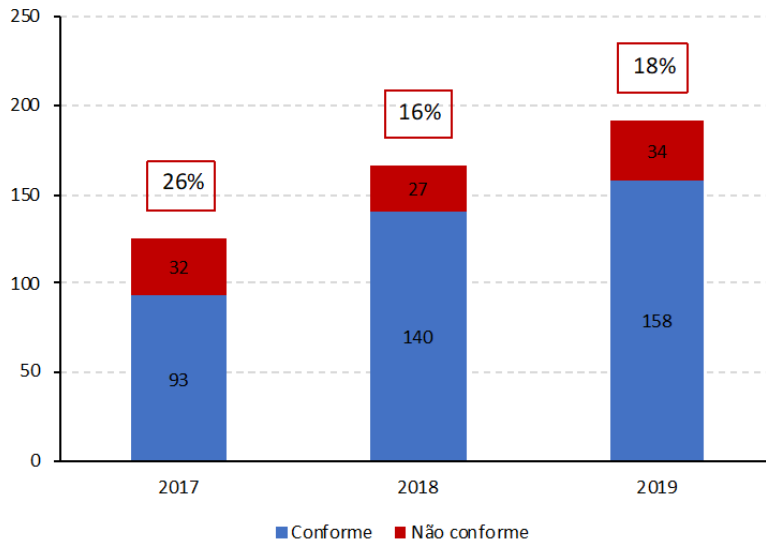
Source: ECATD-CAD/2019. Elsa Lavado, Vasco Calado, Fernanda Feijão. SICAD/DMI/DEI

3.2.3. REDUCING THE IMPACT OF ILLEGAL, UNREGISTERED AND COUNTERFEIT ALCOHOL

Still within the scope of strategies to minimize the harmful use of alcohol to achieve goal 21, which aims to ensure that the availability, sale, access and consumption of alcohol on the market is done safely, we analyze the evolution of the enforcement of the regulation of illegal, unregistered and counterfeit alcohol that is monitored by ASAE through the National Sample Collection Plan (PNCA).

As we can see in Figure 3.9, the number of samples collected and analyzed for alcoholic beverages increased in the period 2017-2019. The percentage of non-compliant samples in relation to the total of samples decreased by eight percentage points between 2017 and 2019 - from 26% to 18%.

FIGURE 3.9 - SAMPLES COLLECTED AND ANALYZED FOR ALCOHOLIC BEVERAGES



Source: Autoridade para a Segurança Alimentar e Económica (ASAE)

4. Impact and added value

4.1. DEGREE OF COMPLIANCE WITH THE TARGETS AND GOALS AND INFLUENCING FACTORS

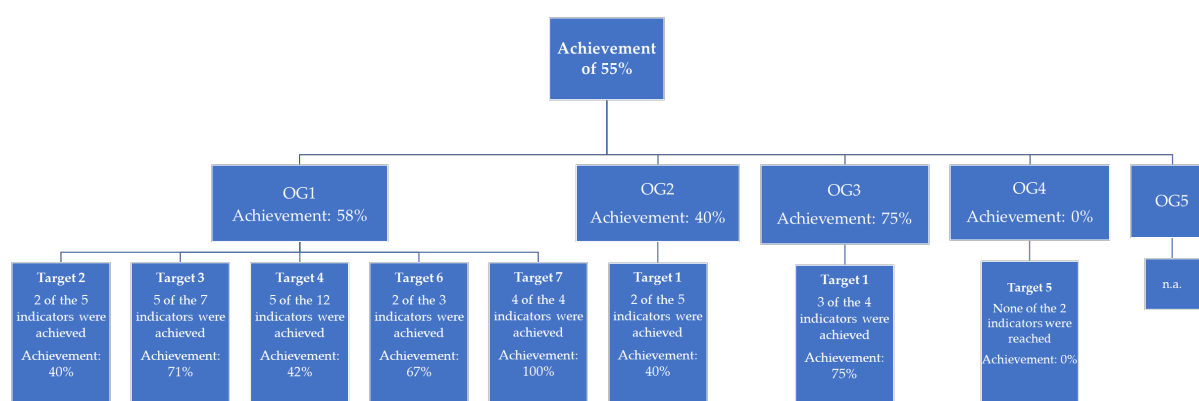
The assessment of the degree of fulfillment of the goals and objectives refers to the assessment of the 1st operational plan of the cycle, presented in the 2018 intermediate evaluation report, and to the SICAD Report of the Strategic Plan 2017-2019, since the 2nd strategic cycle will end at the end of 2020, after which it can be evaluated.

The PNRCAD 2013-2020 defines five general objectives, whose achievement is measured through seven global targets, broken down and quantified into 13 specific targets, with 42 indicators to be reached at the end of the two reference cycles, 2016 and 2020.

At the end of the 1st strategic cycle, the targets for 23 of those indicators were reached, which corresponds to a compliance rate of 55%, broken down by the following groups:

- Illicit drugs: 19 indicators, 11 (58%) of which were met;
- Alcohol: 18 indicators, 10 (56%) of which were reached;
- Medications: 3 indicators, 2 (67%) of which were achieved;
- Gambling: 2 indicators, both (100%) of which were not met.

Considering the data of the indicators for the year 2016 and disaggregating the General Objectives by the respective goals, there is a degree of achievement of 55% (23 of the 42 indicators were achieved):



In the course of preparing this report, it was possible to gather data on a subset of indicators available for the year 2020. For this year, and with the information available, there is a degree of achievement of objectives of around 25% (5 out of the 20 available indicators were achieved):



It should be noted, however, that 13 of these 20 indicators (65%) show a favorable evolution between 2016 and 2020, and that in several cases they are positioned very close to the defined objective (although without reaching it).

PARCAD 2013-2016 establishes 134 actions, 36 specific objectives, 5 general objectives, with the following results:

Executed	Partially executed	Not executed	Not considered	Not evaluated	Not scheduled
103 (76.1%)	18 (13.4%)	4 (4.4%)	1	6	1

In terms of achieving the goals, the goal "7 - Decrease CAD-related mortality" stands out, with 100% of the indicators achieved by the year 2016.

There were also positive performances in the goals "3 - Delay the age of onset of consumption of psychoactive substances" and "6 - Decrease morbidity related to CAD", above the 2/3 of achievement.

The goal "1 - Reduce the perceived ease of access (if desired) in the markets" has reached more than half of the objectives with regard to alcohol and less than half in illicit substances.

Finally, the goals "4 - Reduce the prevalence and patterns of risk and dependence on psychoactive substances", "2 - Increase the perceived risk of consumption of psychoactive substances", and "5 - Reduce the prevalence of risk and addiction gambling", with percentages of achievement, respectively, of 42%, 40% and 0%, recorded negative performances.

In addition, the results of the self-assessment carried out by SICAD in relation to its Strategic Plan 2017-2029 are highlighted, resulting in a rate of execution of its 13 strategic objectives, always equal to or greater than 100%. Naturally, there is a multiplicity of entities that contribute to the achievement of the PNRCAD 2013-2020, but for which it was not possible to carry out an assessment of the achievement of its own objectives, in relation to the contribution to the implementation of the national plan.

4.2. DEGREE OF IMPACT OF THE PNRCAD'S STRATEGIC OPTIONS AND ACTION PLANS IN THE FULFILMENT OF THE OBJECTIVES

The definition of strategic options and action plans were crucial, during the cycle under analysis, to ensure that the outlined course was pursued and that it was understood by all involved. Thus, there were three purposes that were achieved with the clear determination of the strategic options and the respective action plans:

- Firstly, ensure that Portuguese policy in the field of CAD was in line with the most advanced scientific knowledge and with Portuguese health policy options, as detailed in chapter 2 of this executive summary.
- Second, in ensuring that all types of consumers and the entire chain of networks and interactions were included in the plan, and had a response towards their management. The centrality on the citizen is the only way to attend to polyconsumption, between substances and between dependencies with and without substance, and also to attend to the fact that the existence of certain dependencies can trigger or originate another type of dependencies. For example, alcoholism may be triggered by gambling, just as there are also phenomena of alcoholism among heroin addicts.
- Finally, the management of the plan itself, in the sense of identifying strengths and weaknesses, and the ability to intervene on vulnerabilities, would not be possible without strategic options and action plans.

In global terms, it appears, for example, that despite Portugal investing significantly less than the European average in the fight against CAD, the rate of drug-induced deaths is much lower than that of the other countries, which seems to be largely the result of its strategic options.

Finally, there is an impossibility of full compliance with the principle of citizen-centeredness to the extent that there are dependencies that are not covered by the plan, as is the case with tobacco, and others that are not within the purview of the National Coordinator, such as the gambling, limiting the scope of intervention of the plan itself.

4.3. CONTRIBUTION OF CROSS-SECTIONAL AREAS TO THE ACHIEVEMENT OF OBJECTIVES AND TARGETS

i. Cross-sectional themes in general

According to the RAI, in global terms, it appears that the transversal theme of Training and Communication was clearly the most successful, since all 11 planned actions were carried out, immediately followed by the theme International Relations and Cooperation, with the execution of 16 of the 17 planned actions, with the remaining action partially implemented. The Quality theme also presents a good performance, with three of the four planned actions, carried out,

and one action partially carried out. The Information and Research theme has already registered one non-executed action, even though 11 of the 15 actions were executed and only three were partially executed. The theme of Plan Management: Coordination, Budget and Evaluation, was the one that registered the worst performance, noting that, of the nine planned actions, four were executed, three were partially executed and two were not executed. In summary, some difficulties in the management of the Plan result from RAI, but a good or very good performance in the remaining four transversal themes.

The second element of analysis of the contribution of the transversal areas to the fulfillment of the objectives and goals is the survey carried out within the scope of this project to the stakeholders involved with the CAD phenomenon. The main conclusions obtained indicate, in general terms, that the global evaluation was 6.2 on a scale of 1 to 10. On the other hand, it appears that the transversal theme with the best performance was “International Relations and Cooperation”, followed by “Quality” and “Information and Research”. In addition, it appears that the only issues assessed above 7 values are on the theme of “International Relations and Cooperation”, namely the “General assessment of the international performance strategy”.

Training and Communication, which has the particularity of being the transversal theme with the highest degree of execution of the actions, appears penalized in this survey, mainly due to the training aspect, namely the “training offer” and the “Articulation of services providing qualified training with regional and local entities”. Thus, it can be concluded that an effort should be made to renew the training offer, not only in terms of content, but also formats.

In general terms, it can also be seen that the most penalized transversal theme is the Management of the Plan, but in detail it appears that the factors that justify this classification are different from those identified in the RAI. While in RAI the actions not carried out were in the field of evaluation, in the stakeholder survey the main vulnerability is in the lack of budget adequacy and also in the relationship / coordination between the various entities of the Public Administration and between the public and private entities.

It is important to highlight, with regard to evaluation, the 360-degree evaluation project, implemented within the scope of the CDT, in a logic of continuous improvement of the deterrence approach, which is a good practice that should continue and extend to other areas of intense contact with stakeholders, such as PORI projects.

ii. Cross-sectional themes: scientific production

The amount of scientific production on CAD, registered by SICAD, vary significantly over the period observed. The last few years seem to indicate a sharp drop in the two main products (articles and master's dissertations), with breaks exceeding 50% in 2018 and 2019, when compared to 2017, the year in which the maximum amount of scientific production was reached.

Although, for the most recent years, specifically 2019 and 2020, the existing information may not include all the work produced, due to the lack of a systematic collection methodology that

ensures the timely information on the work carried out, the observed data indicate a significant reduction in production, across all types, which began in 2018 and accentuated in more recent years.

In this sense, there seems to be an opportunity to define and implement a robust and procedural methodology for collecting information, especially from Universities, which ensures the shortest possible delay between the time of production and the timing of recognition of this fact by SICAD. It would also be important to have new mechanisms for monitoring the production carried out and analyzing the causes of the observed reduction.

4.4. EXTERNAL FACTORS INFLUENCED THE RESULTS ACHIEVED: ECONOMIC CRISIS, RESTRUCTURING SICAD, REGULATION ON ALCOHOL

The methodology used was based on the characterization of the various factors identified in terms of the scope of its intervention, its origin and the moment of its impact. Thus, it was considered that the scope of the intervention of the identified factors could be political, economic, social and technological.

At the political level, the factors that positively influenced the results achieved were the international recognition of the Portuguese model and the national consensus around policies in the field of CAD. On the other hand, the factor of a political nature that most negatively influenced the results achieved was the lack of definition of the organizational model in the area of health related to CAD.

With regard to the economic factors that influenced the results achieved, the impacts of the financial and economic crisis of 2009, which continued in the following years, are highlighted. In national terms, the low level of economic growth was coupled with a very low level of public investment, which continued over the next decade. One of its effects was, during the period in which the PNRCAD 2013-2020 was in force, the suspension and / or cancellation of many projects that, regardless of their value, did not generate immediate, short-term results that would respond to urgent needs, and were therefore not of the highest priority, with the consequent discontinuation. It is evident that the discontinuity of relevant prevention or reintegration projects has very important and widespread impacts in the medium term, for example, the age of onset of consumption, the prevalence of consumption in the last days or months, or even the perception of availability of substances, which future plans will have to identify, characterize and mitigate.

In terms of the social factors that influenced the results achieved, it is worth noting, in the first place, the change in the demographic structure, with a tendency of a clear inversion of the age pyramid in Portugal, with the narrowing of its base (reflecting the reduction of the young

population, a consequence, among other factors, of the decrease in birth rates) and the widening of the top, which corresponds to the increase in the number of elderly people, due to the increase in longevity. One of the consequences of this population aging trend is the change in the profile of consumers and, consequently, in consumption patterns.

Another social factor that is especially relevant in the younger sections of the population is the lack of awareness of the risks associated with the consumption of addictive substances and other behaviors that generate addictions.

At the technological level, a number of relevant blockages remain, which not only do not allow taking advantage of the potential of new technologies, but have negatively affected the ability to implement structural projects and the productivity and efficiency of ongoing programs. The two main problems identified are related to the lack of interconnection of SICAD's computer networks with the NHS support computer system, and the existence of complex and repetitive procedures that could be significantly improved with their digitization.

5. Other issues

5.1. SUSTAINABILITY

The issue of sustainability is explicitly mentioned in a general objective of the plan and outlined in specific objective 36. The PNRCAD 2013-2020, sought to move forward with a more comprehensive and integrated view of addictive behaviors and dependencies, including other themes within its scope. such as NPS, medication and anabolic abuse and gambling. The results observed demonstrate a globally positive evolution, which corroborates the sustainability of the path set. However, on the other hand, it is important to recognize some warning signs regarding the sustainability of the model outlined.

Firstly, with regard to the recent evolution of the indicators, and as detailed elsewhere in this report, we observe a heterogeneous reality, with the overall indicators showing very positive values, but with some trends that deserve special reflection. Second, it is important to point out that, in terms of central commitment to the DAC issue, some factors of an organizational / political nature did not contribute in the desired way to the sustainability of the strategy and intervention, such as:

- I. The fact that SICAD has, from a legislative point of view, its national coordination role limited to drugs and alcohol, not including anabolic drugs and gambling.
- II. In terms of a governance model, the division of competences between SICAD and the ARS, resulting from the extinction of the IDT, and considering the multiple competences and attributions committed to the five ARS, makes it difficult to coordinate actions and ensure that the implementation of decisions is done in a unitary sense and at the same pace throughout the national territory.
- III. Additionally, as is expressly mentioned in RAI (p. 68), another very relevant aspect is the implementation of the Referral / Articulation Network

In summary, it is understood that there was sufficient social and political commitment, at central, regional and local level, to guarantee the sustainability of the plan, but mitigated by the data mentioned above, understanding that in the definition of the next cycle these matters should be subject to review and a clear definition at the political level, for further implementation by the Administration, in its different functional and geographic layers. The relevant factors for the sustainability of the national strategy for the reduction of CADs are the complexity and incompleteness of the implemented organizational model and the indispensability of consolidating the structure and integrating, under the same coordination, the issues of gambling and medications and anabolic steroids; the economic environment; the extent and complexity of the plan, the collection and processing of relevant information; the

creation of knowledge; the training of professionals; the communication; international cooperation.

The following stand out as relevant factors for the sustainability of the national strategy for the reduction of CADs:

- The complexity and incompleteness of the implemented organizational model and the indispensability of consolidating the structure and integrating the themes of gambling and drugs and anabolic steroids under the same coordination;
- The economic environment;
- The extent and complexity of the plan;
- The collection and processing of relevant information;
- The creation of knowledge;
- The training of professionals;
- Communication;
- International cooperation.

Within the scope of sustainability, a relevant topic is also the budgeting of the plan. In this regard, it is emphasized that only through a careful selection of activities to be developed, based on knowledge of the costs involved and the expected benefit and the possibility of measuring them effectively, is it possible to ensure the sustainability and effectiveness of policies, plans and actions developed. It is therefore crucial to move towards achieving effective budgeting, in the different structures and bodies involved in the execution of the PNRCAD, of the costs associated with the execution of the actions, the accounting of the expenses incurred and their reporting to SICAD, according to a uniformly established and adopted methodology. Objective evaluations of the value for money of the actions undertaken should also be planned, in order to assess their effectiveness and economic sustainability.

5.2. IS THE FRAMEWORK FOR DECRIMINALIZATION AN ASSET?

The policy of decriminalizing consumption of illicit substances for personal use, established at the end of 2000, was relevant to change perceptions regarding the issue of addictions and dependencies, allowing to see consumers as individuals with a solvable problem before the intervention of specialists. Although the information available today, does not allow us to state unequivocally that the Decriminalization Law has reduced consumption, it seems unquestionable that it constituted an undeniable social and health advance. Moreover, based on the econometric model developed (Appendix 1-B of the main report), and adjusted with European data, the decriminalization of consumption appears to be an asset, as a country where cannabis use is an offense presents a reduction in the prevalence of cannabis use of about 54.9%, compared to a country that criminalizes the use of this substance.

5.3. IS A GLOBAL PLAN OR PER SUBSTANCE PLAN PREFERABLE?

In Portugal, the strategic option adopted in the PNRCAD is based on a global plan. This presupposes a plan focused on the citizen, where the citizen constitutes the center of the conceptualization of policies and interventions, having as base assumption the importance of responding to the needs of individuals, in a dynamic way along the continuum of their life cycle. This is an area in which Portuguese strategy has positioned itself at the forefront of best international practices. However, one cannot fail to draw attention to the need to obtain more empirical evidence that confirms the theoretical benefits of this strategy, having to be something to be confirmed, in the long term, through the continuous evaluation of the adopted mechanisms.

5.4. WHAT IS THE ADDED VALUE OF A NATIONAL COORDINATION?

The approach to addictions in Portugal is not only to decriminalize consumption, but also to reinforce intervention in the areas of prevention, treatment, reintegration and creation of responses in the area of risk reduction and harm minimization (RRHM). This approach is possible due to the existence of national coordination of the entire intervention. Also based on the econometric models developed, in the European context, it is confirmed that the existence of a national plan is an added value, given the existence of a national plan, it has an estimated impact of -22.2% on the prevalence of cannabis use. The existence of a national plan makes the existence of national coordination particularly credible and it appears that the countries considered in the analysis have national coordination (EMCDDA, 2017). Thus, the analyzed variable can be considered a proxy for national coordination, thus demonstrating its benefit in reducing the prevalence of consumption. In addition, throughout the various analyses carried out within the scope of this assessment, evidence was recorded regarding the importance of broadening the national coordination competencies, namely to other types of addictive behaviors and dependencies.

6. Conclusions and recommendations

6.1. CONCLUSIONS

The PNRCAD 2013-2020 is based on the most advanced public health approaches at the international level, being aligned with a perspective of redefining health policies and services, which contributes to the continuity of the effective implementation of the integrated intervention model. On the positive side, we highlight:

- The consensus reached in the field of public policies on CAD, which may be associated with the progressive disappearance of the problems associated with CAD from the media agenda and, consequently, from the social and political agenda. There seems to be a very significant evolution in the prevailing perceptions in Portuguese society, regarding the issue of addictions and dependencies, as well as to consumers.
- International recognition of the merits of Portuguese politics.
- The commitment of a very wide range of entities to work towards the realization of the PNRCAD 2013-2020.
- The broadening of the focus of action to other areas, beyond traditional illicit substances, to include the wide range of CAD, which the 2013-2020 strategic cycle establishes with the principle of citizen centrality.
- Establishing the assumption of centrality on the individual in the development of global and comprehensive interventions, considering their context and life cycle, and the different types of interventions that contribute to the promotion of their health and well-being.
- The results achieved, in relation to the defined goals and the cost-effectiveness of the actions taken.
- With regard to supply reduction, in addition to the already established component of decreasing availability and access to traditional illicit substances, new proposals are also emerging, not only in order to give greater visibility to new psychoactive substances, but also aiming at integrating, for the first time, the regulation and surveillance of the market for legal substances with the areas of gambling and the internet.

Regarding aspects to be improved, the following are of note:

- The fact that the coordination structure does not cover all government areas included in the PNRCAD 2013-2020.
- The fact that the Plan was drawn up under the vision that SICAD would resume responsibility for direct intervention activities with the citizens in public outreach services. The Plan was built for a structure whose split created difficulties in the implementation of measures and required a greater effort associated with distributed coordination.
- The absence from the Plan of certain addictions or addictive behaviors, such as tobacco, which, while not preventing the application of the principle citizen-centeredness, limits its scope. The use of doping substances, namely anabolic steroids, growth hormone, insulin or diuretics, despite the recognition of the worrying dimension that consumption is reaching, is also not reflected in the plan, in terms of defining objectives and actions.
- With regard to the Referral / Articulation Network, despite the efforts of all the entities relevant to its design having been brought together and consolidated, producing a project at the level of best international practices, it has not yet been possible to implement it for reasons attributable to the inexistence of an interface for the information collection and processing systems, and for organizational issues, namely, the loss of priority in the implementation of the Network dictated by the responsible entities in the area of CAD and the consequent lack of involvement of the professionals responsible for its implementation. .
- The information management component was not as present, either in the preparation of the plan, or in its implementation and monitoring. There seems to be a margin for progress in the use of information systems capable of accessing and integrating data from different sources, as well as processing and making them available to various audiences in a faster, more granular and customized way.
- The existence of some difficulties in the functioning of the subcommittees of the technical commission of the ministerial council, resulting essentially from the dispersion of its members and the fact that they dedicate themselves to the work of the part-time commissions, as well as the fact that sometimes their replacement is not carried out with the desired speed.

The question of whether the Plan has adapted to the evolution of CADs must be seen in the light of the perceptions of the main stakeholders, ascertained in the survey carried out within the scope of this assessment. The results indicate that the interventions were positive overall, although in certain domains they did not fully meet expectations. Gambling clearly emerges as the area of greatest weakness, followed by NPS. It should be noted that these are two areas in which the prevalence in Portugal is relatively less relevant than in other European countries. On

the contrary, excessive alcohol consumption is the most highly rated addiction. Also, the issue of new behaviors, namely screen addiction, are not reflected in the Plan, considering that at the time it was designed, they did not yet have the importance they have come to acquire.

In the factors directly related to the Portuguese options in the field of CAD, the need to increase investments in preventive interventions should also be highlighted. Although all types of intervention (prevention, deterrence, risk reduction and harm minimization, treatment, reinsertion and enforcement / repression) contribute to all goals, the truth is that some goals are more related to a specific type of intervention. It is noted that the goal where the most success was achieved, decreasing mortality, is strongly associated with treatment; the goal with average performance, the reduction of the perceived ease of access, being closely related to enforcement / repression, and the three goals with the most negative performances, the reduction of prevalences and the perceived risk, are mainly related to prevention.

On the other hand, with regard to new addictions, namely with regard to drugs and anabolic steroids and, especially, gambling, several indicators suggest the need to reformulate the approaches, strategies and actions, since the evolution of the current situation must be reversed.

Overall, from the analysis carried out, it appears that there is a good performance in terms of treatment interventions, but a need to increase, diversify and generalize initiatives in the area of prevention, especially in the prison, recreational and family settings.

It is also noted that the performance at the level of implementation was higher than that of monitoring, and the performance in planning activities was higher than that of implementation. In terms of monitoring, more significant weaknesses were identified than in the implementation, due to the impossibility of establishing more agile processes for the collection and registration of information and, also, the lack of commitment of partners with the procedures for monitoring and controlling activities.

In summary, the monitoring of the National Plan and Action Plans is fundamentally supported by the preparation of general and thematic reports, and there is ample room for evolution towards the provision of updated indicators with a minimum monthly periodicity, encompassing all processes and actions, and that are available online, not only for SICAD, but for all stakeholders.

6.2. RECOMMENDATIONS

As a result of the evaluation carried out, the main recommendations are summarized below, which, in our view, should be considered in the preparation of the next PNRCAD:

Framework | Design | Implementation | Supply | Demand | Cross-Sectional Areas

SICAD ORGANIZATION / STRUCTURE

1. Consider the option of re-integrating the local / regional structures of ex-IDT, IP (which have since been integrated into the ARS), within the scope of SICAD, as a way to obtain an improvement in efficiency and cost reduction. Until this integration is achieved, it is important to develop mechanisms that enhance the articulation between SICAD and the ARS.

DURATION OF THE STRATEGIC CYCLES

2. Consider in the preparation of the next national plan the possibility of introducing shorter mid-term review cycles with effects on PARCAD, but also with the possibility of amending the PNRCAD.

TOBACCO

3. Inclusion of Tobacco as an addiction in the National Plan.

Framework | **Design** | Implementation | Supply | Demand | Cross-Sectional Areas

SCOPE AND CONCEPTUALIZATION

4. Consider the integration into the Plan of the new types of addictions and dependencies that have been gaining relevance (e.g. screen addiction, gambling and doping substances, in addition to anabolic steroids, namely growth hormone, insulin or diuretics).
5. Reinforce the link between targets, indicators and evaluation criteria of the actions in the construction of the plan, in order to make the link between the PNRCAD and PARCAD more evident.
6. Encourage the development of metrics and the quantification of objectives, in order to discern which are crucial for the achievement of goals and how actions can be measured.

7. Identify the critical success factors for achieving the goals and concentrating efforts on their execution, to the detriment of the multiplicity of specific actions and objectives that can lead to some dispersion of efforts.
8. Implementation of agile and more effective structures for monitoring and reporting.
9. Conducting an update of the territorial diagnoses.

PRIORITIES/ORGANIZATION

10. Simplify the design of the plan, including form, content, organizational structure and channels used.
11. Significantly reduce actions and indicators, in order to highlight priorities, individual and collective, that are really relevant and that can be adequately monitored.
12. Avoid segmenting the plan by regions, without prejudice to declining regional data, so that the ARS and other regional services can adapt this plan to their regional specificity. Involve CRIs in the design of the plan, and ensure that all adapt the national objectives to their realities, being equally important to establish mechanisms for reporting and monitoring the evolution of indicators at the local level.
13. Increase the involvement of stakeholders, both in the design, in the definition of priorities and objectives, and in follow-up and monitoring.
14. Increase alert levels and ensure a capacity for agile and rapid intervention for an emergency diagnosis with regard to synthetic products, given the frequency with which new substances appear.
15. Create a forum, following the example of the FNAS, for gambling.

Framework | Design | **Implementation** | Supply | Demand | Cross-Sectional Areas

SUBCOMMITTEES

16. Reduction of subcommittees, avoiding a high level of segmentation and increasing the effectiveness of their members' contributions.
17. Reduction in the number of participants, in order to ensure greater availability for this activity, eventually extending its functions to the dissemination of information and coordination of activities with entities that are no longer represented.

INDICATORS

18. Standardize objectives and indicators, avoiding overly generic or imprecise indicators.
19. Prioritize indicators that constitute international references.

SYSTEMS / NEW TECNOLOGIES

- 20.** Improve the connection of the SICAD computer network to the SNS network and the computerization and digitalization of information collection and exchange processes.
- 21.** Strengthen the coordination between the partners of the national network of data source services of the National CAD Information System, namely by creating information systems that are more effective in their data integration capacity.

STRUCTURING MEASURES: PORI AND REFERRAL / ARTICULATION NETWORK

- 22.** Update the PORI diagnoses and its extension to other substances.
- 23.** Establish a higher level of ambition and demand regarding the availability (insertion) of PORI Project indicators.
- 24.** Relaunch of the Referral Network, ensuring inter-operability between the SIM and SClinico IT systems, greater prioritization of this topic at the level of the directive and management structures of the entities involved and the involvement of local health structures and their professionals.

LEGAL FRAMEWORK

- 25.** Extension of the competences of the National Coordinator / Director-General of SICAD to other types of addictions and addictive behaviors, namely tobacco, gambling and new addictions (e.g. screens).
- 26.** Extending the powers of the CDT to intervene in processes related to legal substances.
- 27.** Increase the autonomy of the CDT with regard to the current obligation to suspend deterrence processes whenever consumers with no record of previous misdemeanors are considered non-drug users, providing for the possibility of temporarily suspending the process, with or without a plan for individual intervention or monitoring.
- 28.** Establish that the maximum quantities of illicit psychoactive substances for personal consumption (including NPS) must be defined according to a known calculation formula and resulting from the conclusions of an expert task force.
- 29.** Keep the ordinances regarding the maximum quantities of substance admitted for 10 days updated.
- 30.** Prepare a study to evaluate the introduction of the IABA - Tax on Alcohol and Alcoholic Beverages in wine (“still and sparkling wines”).
- 31.** Extend the misdemeanor and penal classification of doping to a larger universe than competitive sport.
- 32.** Increase, proportionally, the measure of fines provided for in the anti-doping law in sport.
- 33.** Clarify, by legislative means, the competent supervisory body for cases of doping in sports activities outside a federated context, such as recreational sports.

34. Review of the legislative framework for gambling in order to treat this practice as a behavior with addictive potential and dependence.
35. Establish a clear ban on gambling and betting advertising that encourages gambling based on emotional / irrational aspects.
36. Establish a model for systematically updating substances in the law that is capable of reacting quickly to the emergence of new substances.
37. Include NPS in the law that regulates the remaining substances.
38. Establish a legal framework that establishes the periodic updating of territorial diagnoses, defining a periodicity, at least every four years.

Framework | Design | Implementation | **Supply** | Demand | Cross-Sectional Areas

ADVERTISING AND BUNDLING

39. Revisiting the theme of advertising and its regulation, namely through greater inspection of commercial practices that induce consumption.

INTERNATIONAL COOPERATION

40. Extend existing good practices of cooperation between law enforcement and research bodies, including trends in terms of practices / modus operandi, trafficking processes, trafficker profiles, routes and means, as well as aligning priorities based on scientific evidence.

GAMBLING

41. Consider restrictions on the most popular gambling venues, where greater negative social impacts have been detected.

Framework | Design | Implementation | Supply | **Demand** | Cross-Sectional Areas

AUDIT, ASSIST AND SOGS DIAGNOSTIC

42. Possible extension of the area of deterrence to other behaviors and substances in addition to illegal ones. Create diagnostic tools and forms that cover all addictions.
43. Establishment of objectives for AUDIT, ASSIST and SOGS diagnoses for the CDT, including the new behaviors identified in 42.

INFORMATION

- 44.** Seek an evolutionary solution for the current Life Line, which should take the form of a counseling area, possibly based on multiple channels and supported by new platforms and technologies (e.g. Chat, Bot) that can be a gateway, of recommendation and guidance, for individuals or family members who believe they can demonstrate some form of addiction with or without substance. This system can be complemented with the implementation of diagnostic tools (e.g. APP supported) that allow referral to service channels.
- 45.** Optimize data quality and efficiency in processing information in all areas of the Plan. This optimization will have to be accompanied by the implementation of information systems for the collection, storage, processing and reporting of customized information for different types of audiences.

TRAINING

- 46.** Make an effort to renew the training offer, not only in terms of content, but also in terms of formats. Consider the possibility of complementing face-to-face training with the provision of courses in the e-learning and b-learning modalities. Additionally, it is recommended to adopt other means of communication of these actions, such as SMS, Whatsapp, e-mails and / or social networks.
- 47.** The establishment of protocols with higher education institutions, which train and certify professionals in the field of CAD with skills in new technologies, is a very relevant step to mitigate the identified scarcity of resources.
- 48.** Encourage the inclusion of responsible consumption modules in training courses in the area of alcohol consumption, as well as in hotel management and related courses.

COMMUNICATION

- 49.** In the communication / presentation of Portuguese legislation in this area, clarify the issue of the illegality of the consumption of illicit substances, and eventually devise punitive measures, which may be of a monetary nature, applicable to individuals whose recourse to CDTs is ineffective.
- 50.** Reinforcement of the adoption of new digital technologies and tools such as SMS, Whatsapp, e-mails and / or social networks, by the entire network of partners, making communication in general more effective, and in particular that which concerns awareness and information actions, among the younger populations.

SCIENTIFIC RESEARCH

-
- 51.** Creation of a more active and intervening Council of Experts in Portugal.
 - 52.** Encourage studies, research and knowledge, in order to counteract the trend of decreasing scientific production.

QUALITY

-
- 53.** Extend the 360-degree evaluation project, in a logic of continuous improvement in the approach to deterrence (which is good practice) to other areas of intense contact with stakeholders.

PLAN EVALUATION

-
- 54.** Reformulate the evaluation model based on the monitoring carried out by the Subcommittees.
 - 55.** Continuous monitoring of the Action Plan, with different levels of granularity, taking more advantage of information systems and technologies.
 - 56.** It is recommended that all the objectives and actions of the Action Plans have associated quantitative monitoring measures, with the identification of the verification mechanisms and the respective responsible entities and participants.

INTERNATIONAL COOPERATION

-
- 57.** Expand good practices, such as the example of Cape Verde, with which we have a close bilateral cooperation relationship in this area, for the PALOP.

BUDGET

-
- 58.** Distinguish what already constitutes current activity of the various services, from what is specific to the plan, reserving for the plan's domain the new activities to implement or substantially reinforce.
 - 59.** Move towards achieving effective budgeting, in the different structures and bodies involved in the execution of the PNRCAD, of the costs associated with the execution of the actions, the accounting of the expenses incurred and their reporting to SICAD, according to a uniformly established and adopted methodology.
 - 60.** Plan to carry out objective assessments of the value for money of the actions undertaken, in order to assess their effectiveness and economic sustainability.

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