



**REPORT TO THE EMCDDA
by the Reitox National Focal Point**

PORTUGAL
**New developments, Trends and in-
depth information on selected issues**

REITOX

The IDT's National Monitoring Centre for Drugs and Drug Addiction staff members wish to thank the motivation and active co-operation of our internal departments and all our national partners, which made this National Report possible.

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Summary

Concerning the **institutional and legal frameworks**, the most important development in 2004 was the evaluation of the National Strategy. The external evaluators concluded that the majority of the Action Plan's main objectives had been partially or totally attained but also indicated areas where information was not available, limitations of instruments and services and a general increase in terms of prevalence of drug use as reported by national school surveys.

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

Concerning drug use:

Regional data from national surveys confirm the geographical dissemination and changes in use patterns already reported since 2001;

Cannabis continues to be the most used drug and its visibility in several indicators continues to increase, alone or in combination with other substances. Although heroin remains as the main drug involved in health and legal drug related consequences, cannabis continues to gain relative weight in several indicators and its prevalence, though mainly experimental, continues to increase amongst the school population;

Responses to drug use continue to include several types of prevention interventions with special emphasis on community/municipal prevention. The monitoring system which has been put in place allowed for an evaluation of the work already developed and for an identification and systematisation of best practices in this area.

Concerning drug related health consequences:

Indicators available continue to suggest effective responses at treatment level (elimination of the waiting lists and increase in the number of clients involved in substitution programmes) and at harm reduction level (decrease in drug related deaths, levelling off of infectious diseases. Follow-up treatment episodes slightly decreased in the outpatient public treatment network. Heroin is still the main substance associated to health consequences and specifically in the sub-population of drug users that seek access to different treatment structures;

The availability of substitution programmes continues to increase and the scope of the enlargement of the methadone substitution programmes network for alternative services, other than CATs, are gaining importance as the preferred place to take methadone. The number of clients in buprenorphine substitution treatment has been increasing steadily since this substance was introduced (in 1999).

In 2003 treatment clients, were mainly from the male gender and from the age group 25-39, (mean age in outpatient public treatment network was 31) confirming the ageing trend of this population, already perceptible in previous years;

The decreasing trend in the percentage of drug users in the total number of notifications of AIDS cases continues to be registered. Concerning HIV infection in the treatment setting, data on HIV positive cases remained stable in comparison to previous years though data from outpatient treatment public network registered a slight increase in comparison to 2002. Concerning hepatitis, data collected since 2000 register a decreasing trend for hepatitis B and stabilisation for hepatitis C;

The stabilisation of the global rates of positive HIV tests may be related, amongst other factors, to the implementation of harm reduction measures, which may be leading to a decrease in intravenous drug use (also visible in data concerning administration route in first treatment demands), or to intravenous drug use in better sanitary conditions, as

indicated by the number of exchanged syringes in the National Programme “Say no to a second hand syringe”;

In 2003, following the trend verified in recent years, a decrease was again registered on drug-related mortality (-3% in comparison to 2002). 44% of the positive cases with information on the presumed aetiology were considered possible acute drug related deaths, an inferior percentage to the one reported in previous years. Opiates continued to be the most referred substance although its relative importance amongst all the detected substances continues to decrease;

The national outreach network continues to be implemented, targeting especially problematic drug users.

Concerning drug related legal consequences:

In 2003, concerning the administrative sanctions for drug use, the Commissions for the Dissuasion of Drug Use instated 9% more processes than in 2002 most of which were, again, referred by the Public Security Police (PSP). On the 31st March 2003, 52% had been suspended, 22% were pending and 26% had been filed.

From the 4 358 rulings made, 89% suspended the process temporarily, 2% found the presumed offender innocent and 9% were punitive rulings (this percentage continued to rise in comparison previous years).

In 2003, concerning criminal offences against the Drug Law, the number of presumed traffickers was similar to 2002 (+1%), and the number of presumed trafficker-users increased (5%), contrarily to what had happened in 2002.

Amongst the presumed offenders who possessed only one drug, for the third time since 2001, hashish (41%) was reported more often than heroin (12%), which until 2000 had always been the substance more often reported to be held by presumed offenders at the time of their identification. The percentage of cases related to cocaine stabilised in comparison to 2002, which may be related to the absence of drug users in the criminal circuit after the decriminalisation of drug use in 2001.

Court data indicates that, in the past years no significant changes were reported in terms of the number of convictions for traffic and for traffic-use. The majority of these individuals possessed only one drug, mainly heroin, followed by hashish, as in previous years. However, in comparison to 2002 there was a 20% increase in the number of individuals who possessed only cocaine. Of the convicted individuals 95% were convicted for traffic, 1% for use (cultivation) and 4% for traffic-use, which reflects the new legal framework.

The percentage of individuals in prison for Drug Law offences, in 2003, decreased again to reach the lowest value since 1997. Individuals were mainly imprisoned for traffic offences (90%) and the number of imprisoned individuals for criminal association, contrarily to what was registered in 2002, decreased in comparison to previous years.

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

Markets

Following the trend, which has been verified since 2000, the number of heroin seizures decreased but, contrarily to that same trend, the number of hashish and cocaine seizures increased in comparison to 2002. The number of ecstasy seizures went also against last year's trend and decreased and the same was verified for liamba. For the second time since 1990, the number of hashish seizures again surpassed that of

heroin, the substance that always registered the highest number of seizures in Portugal until 2002.

The seized quantities of hashish registered the highest value of the decade, the seized quantities of liamba and ecstasy registered the second highest values of the decade and the seized quantities of cocaine and heroin registered the lowest value ever since 2000 and 1998, respectively.

Concerning countries of origin of the seized drugs, heroin came mainly from The Netherlands and Spain, cocaine from Brazil, hashish from Spain, liamba from Angola and ecstasy from The Netherlands. The most part of the seized quantities were destined to the national market and cocaine was, once again, the substance with a higher percentage of quantities destined to the external market.

Regarding the prices of drugs at street level, and contrarily to what had happened in 2002, a general increase was verified for all substances except for ecstasy, with a special impact in the case of liamba. For the second consecutive year and contrarily to what was the case since 1997, the average price of cocaine was lower than that of heroin.

Key issues

Buprenorphine is one of the authorised substances for opiate substitution programmes in Portugal, the other one being methadone. Potential clients of buprenorphine programmes are selected according to specific criteria, usually more demanding than those for methadone substitution programmes. Professional training and evaluation reports are mentioned. The substance is reported to be available outside the legal market but misuse reports are rare. Since the implementation of these programmes in 1999, the number of clients has been increasing both in absolute terms and in comparison to methadone substitution programmes' clients.

Alternatives to prison targeting to drug using offenders are defined in the Portuguese law, are routinely employed by the courts and each case is subjected to adequate follow-up through the competent public services.

Part A

New Developments and Trends

1. National Policies and Context

1.1 Legal framework

In the final months of 2003 and in 2004, significant legal changes in the area of the fight against drugs include:

Four diplomas implemented EU and UN decisions:

Law n.º 17/2004, of the 11th of May 2004: adds GHB, 2C-B and Zolpidem to the schedules annexed to the Decree-Law 15/93, of 22nd of January which defines the legal regime applicable to trafficking and use (only cultivation) of narcotic drugs and psychotropic substances. GHB and 2C-B were added to table II-A, and Zolpidem to table IV.

Resolution of the National Parliament 45/2004 of the 25th June: Ratifies the convention established on the basis of article K:3 of the Treaty for a European Union, concerning mutual assistance and cooperation amongst Customs Authorities, including in the area of illicit drug trafficking.

Law n.º 36/2003, of the 22nd of August 2003: Defines procedures for the implementation of the EU Council Decision which established EUROJUST, e regulates the statute and mandate of the respective national member.

Law n.º 65/2003, of the 23rd of August 2003: Approves the European detention mandate in accordance with the Council framework Decision 2002/584/JAI, of the Council on the 13th of June.

Two international treaties were ratified:

Decree-Law 5/2004, of the 26th of March: Cooperation agreement between the Government of the Republic of Portugal and the Government of the Federative Republic of Brazil on demand reduction, fight against production and repression of the illicit drug and psychotropic substances trafficking, in view of establishing a training programme for professionals in the area.

Resolution of the Republic Assembly 5/2004 of the 13th of January: Ratifies the Cooperation Framework between Portugal and East Timor, including the fight against drugs and related criminality.

One Laws addressed specific supply control issues:

Law n.º 48/2003, of the 22nd of August 2003: Second change to Law 144/99, of the 31st of August, which approves the international criminal cooperation law in for penal matters, establishing the possibility of creating joint criminal investigation teams between the Portuguese authorities and other national authorities for several investigation purposes including those associated to drug trafficking and money laundering.

Three diplomas were issued concerning specific law implementation matters:

Resolution of the Council Ministries n.º 121/2003, of the 20th of August 2004: defined the institutional and functional reorganisation of the National Commission for the Fight Against AIDS (CNCLS).

Regulamentary Decree n.º 19/2004, of the 30th April 2004: Changes Regulamentary Decree 61/94, of the 12th of October, that defines the rules concerning the control of the licit market of narcotics, psychotropic substances, precursors and other chemical substances susceptible of being used in illicit drug manufacturing, indicating the General-Directorate of Customs as the national authority in charge of supplying the

necessary authorisations in accordance with criteria of national interest, particularly in the medical, veterinary, scientific and educational areas.

Resolution of the Regional Parliament of the Azores 5/2004/A of the 3rd of May: Recommends that the Regional Government should ensure the necessary procedures for the fight against drug addiction in cooperation with the IDT.

1.2 Institutional framework, strategies and policies

2004 was the final implementation year of the National Strategy for the Fight against Drugs through its Action Plan – Horizon 2004. The last months were devoted to its evaluation which was both internal and external. This had significant repercussion at all levels of the national policy in this area.

At National Coordination level, the Technical Committee (representatives of the Ministers involved in the implementation of the National Strategy) met three times in 2004: February 13 and November 17 and 30.

Meetings were held in connection with the evaluation of the National Strategy. In the first meeting representatives were asked to gather information regarding the assessment made in each Ministry in what concerned projects related to the implementation of the Strategy.

During the meeting of November 17, following the appointment of Nuno Freitas as National Coordinator, and also inline with the running evaluation, representatives were informed of the process and asked to report on their internal evaluation. In November 30, a final meeting was held with representatives of the external evaluators who presented some of the conclusions and asked for further data in order to have the process finalised by the 15th of December, when a public session was held on the results of the evaluation.

The **external evaluation**, developed by the National Institute of Administration (INA) and available at the IDT's website for download, compares the situation in 1999 and in 2003 and concludes that, concerning the 30 main objectives of Horizon 2004, the results of the evaluation are as follows:

30 Objectives	External evaluation result
1. To increase the amounts available for primary prevention in 150%.	No information available or information available not enough to allow for a conclusion
2. To reduce the number of new consumers of substances under the age of 18.	Objective not attained
3. To define and implement plans for primary prevention in 100% of the districts in the country- if possible on a municipal level.	Objective not attained
4. To double civil society's capacity for intervention by increasing the involvement of the IPPS's (Private Welfare Institutions) and NGO's as well as youth, student and sports associations in specific prevention activities.	No information available or information available not enough to allow for a conclusion

30 Objectives	External evaluation result
5. To promote monthly prevention campaigns on a national level every year; these shall be targeted at the population in general and also at specific segments and groups and shall deal with the use and abuse of legal and illegal substances, and to create action teams in recreational and leisure areas with a view to providing information about the effects of consuming legal and illegal substances and the risks associated with their consumption.	Partially attained objective
6. To ensure that by 2002 the prevention of legal and illegal substance consumption is included in the educational projects of the 1,300 schools belonging to the <i>Rede Nacional de Escolas Promotoras de Saúde</i> (National Network of Schools Promoting Health) (22% of the school population) and in 100% of all schools by 2004.	Partially attained objective
7. Between 2001 and 2004, to produce and disseminate support materials for diagnosing risk situations in 100% of the schools and to 100% of educational partners as well as increasing the production of existing support materials for the prevention of drug addiction from the 1 st cycle of basic education through to secondary education, using the new information technologies.	No information available or information available not enough to allow for a conclusion
8. To include educational objectives, suggestions of activities and support materials related to this topic in the curricular guidelines that are being developed for the different areas and subjects.	No information available or information available not enough to allow for a conclusion
9. To qualify and empower the forces of law and order who are responsible for the practice of close policing in order to develop prevention programmes in the area of drug addiction.	Attained objective

30 Objectives	External evaluation result
10. To create a primary national network for harm reduction composed of street teams, contact and information points, syringe exchange programmes and low threshold methadone substitution programmes in 100% of the districts, and a secondary national harm reduction network which covers all districts in critical areas of high consumption with the most appropriate configuration.	Partially attained objective
11. To promote the creation of metropolitan networks of shelters, reception centres and day centres which are solely occupational, tending to cover 100% of drug addicts without a socio-familiar context.	No information available or information available not enough to allow for a conclusion
12. To make harm reduction programmes available to 100% of reclusive drug addicts.	Partially attained objective
13. To sustain and reverse the trend of drug addicts' contamination with HIV, hepatitis B and C and tuberculosis, thus converging with the average for the European Union.	Attained objective
14. To reduce the number of deaths related to drug consumption by 50%.	Attained objective
15. To reduce the practises of problematic consumption, namely syringe sharing (by at least 50%) and intravenous consumption	Partially attained objective
16. To create a national network of combined therapy centres for drug addicts and those suffering from tuberculosis and HIV and to create a national network of early, anonymous and voluntary HIV detection centres with free monitoring accessible to the drug addicted population.	No information available or information available not enough to allow for a conclusion
17. To reduce the consumption of heroin by 1/3.	Attained objective
18. To complete the national CAT (Treatment Centres for Drug Addicts) network by the end of 2002, to increase the number of drug addicts under treatment by 50% and substantially augment the number of drug addicts whose treatment is successful.	Objective not attained

30 Objectives	External evaluation result
19. To increase, until 2002, in 50% the existing capacity of the detoxification services, so that the existent resources meet the demands.	Partially attained objective
20. To increase the public capacity for substitution treatment with a high threshold of demand by 100%.	Attained objective
21. To expand the number of health centres which already collaborate with the SPTT (Drug Addiction Treatment and Prevention Service) in providing substitution therapies by close to 100% and to increase the number of health centres and hospital services which have agreements to take part in the monitoring and treatment of drug addicts by 300%.	Partially attained objective
22. To reinforce the <i>Programa Vida Empleo</i> (Life Work Programme) as the main programme for social reintegration for drug addicts and reclusive drug addicts in order to increase its capacity by 50% and to include new values which specifically work towards preventing the exclusion of working drug addicts or ex-addicts.	Partially attained objective
23. To expand the network of reintegration apartments destined for drug addicts in rehabilitation, increasing the current capacity by 100%.	Partially attained objective
24. To substantially reduce the availability of illegal drugs, increasing by approximately 50% the quantity of illegal substances seized by means of a concerted effort by the security forces and services, which should involve the articulation of the production of information with police action and criminal investigation in accordance with the law.	Attained objective
25. To reduce criminality associated to drugs in 25% by reinforcing community policies of close policing, increasing the visibility of the police and rationalising these instruments.	Objective not attained
26. To reinforce the fight against money laundering from drug trafficking by making access to bank information more flexible and through closer co-operation with international agencies and foreign police.	No information available or information available not enough to allow for a conclusion

30 Objectives	External evaluation result
27. To increase scientific research and disseminate the information resulting from it, increasing the amounts for this area by 200% and attracting the most prestigious universities and scientific research institutions to the issues of drugs and drug addiction.	Attained objective
28. To create a data processing support network for the <i>Sistema Nacional de Informação</i> (National Information System) by 2002, which should optimise information gathering and institutionalise the practise of national three yearly (2001, 2004, 2007, etc.) surveys of the population in order to define how the prevalence of drug consumption and problematic drug consumption have evolved.	Partially attained objective
29. To implement internal and external assessment mechanisms for 100% of the programmes with a view to correcting the initiatives undertaken and, in consequence, the national policy.	Objective not attained
30. To establish and implement a joint programme with Spain to control the cross-border flow of traffickers and consumers.	Attained objective

Table 1 - Results from the external evaluation

This means that, of the 30 main objectives of the Action Plan to implement the National Strategy, 7 were not possible to evaluate due to lack of information, 10 were partially attained, 8 were totally attained and only 5 were not attained. It is also important to state that two of the major objectives in terms of public health were attained: objective 13, which determined that the trend concerning drug use-related infectious diseases should be sustained and reversed, and objective 14 which called for a 50% reduction in the number of deaths related to drug use.

This external evaluation also includes the results of a questionnaire made available to clients of treatment services to contribute to an evaluation of the quality of service made by the beneficiaries. The results are presented in Chapter 5 of this Report.

The report includes 8 recommendations for the future strategy:

1. To redesign and re-implement the National Information System on Drugs and Drug Addiction;
2. To reduce supply by increasing the arrest of traffickers;
3. To develop a new generation of prevention initiatives and programmes with municipalities, schools, sport clubs, associations, recreational settings (bars, discos and such) and corporations;
4. To improve the risk reduction and harm minimisation systems through further development of the initiatives already in place (substitution programmes, syringe exchange, campaigns for the use of condoms, etc.);

5. To enrich the currently available services, in terms of the diversity of the target groups and in terms of the regulation of adopted therapeutic standards, in specialised outpatient centres, day centres and therapeutic communities, improving also the monitoring and evaluation systems;
6. To launch new initiatives to reduce drug-related social stigma amongst employers and to promote social and workplace reinsertion;
7. To reorganise the IDT and to establish a new model for interministerial cooperation;
8. To clarify priorities in the areas of training and research in order to improve results.

The National Strategy and the implementation of its Action Plan were also **internally evaluated** by all the relevant actors, namely by the IDT's professionals through an anonymous questionnaire, the Criminal Police, national meetings with the local specialised units (prevention, outpatient and inpatient treatment), the municipalities and major NGOs and NGO's umbrella organisations. Their individual contributions may be found at the IDT's website. The National Coordinator, in an executive summary of all these contributions, lists problems and limitations of the evaluation (lack of *ex-ante* diagnosis for some of the objectives and the limitations of the current National Information System, the large number and scope of the objectives to attain, the excessive institutionalisation and bureaucratisation of the governmental services, the excessive number of legal diplomas and length of the legislative process, problems of coordination and cooperation, the lack of involvement of the civil society) but concludes that this is the most complete evaluation exercise in the specific area of the fight against drug abuse and, in general, in all national public policies.

The IDT professionals present at the IDT's National Congress which was held in Santa Maria da Feira in November 2004 were invited to fill in an anonymous questionnaire on their perceptions on the impact of the implementation of the strategy. Questionnaires were distributed and 191 were filled in, which represented a return rate of 40,7%. Although results¹ have to be interpreted carefully due to bias caused by the selection procedure and the objectives and location of the event, it is interesting to remark that 76% of the respondents were of the female gender, 38,6% were aged between 30 and 39, 53% had worked in public services in this area for 6 years or less, 73,8% are *técnicos superiores* (hold a university degree) and 74% work at regional level (72% work in the Northern and Central regions):

- 56,8% of the respondents considered that the issue of drug abuse in Portugal is serious, followed by 33,7% who believe that the problem is very serious;
- 65,1% thought the problem increased during the implementation period of the National Strategy;
- 76,9% of the respondents considered that the drug users is mainly someone in need of medical care;
- 60% considered that drugs became more available during the implementation period of the National Strategy;
- 46,6% considered that decriminalisation of drug use affected the phenomenon, namely, 67% considered that treatment became more available, 73,9% considered that it decreased drug users exclusion and 78,4% that it facilitated the approach to drug users;

¹ Internal non-published report, available upon request.

- 40% thought that the investment of the IDT on prevention during the implementation period generated new investment in the civil society in this area;
- 72,6% considered that the involvement of the private sector in the area of treatment represents an advantage to drug users and their families;
- Treatment services were considered to be effective by 72,5% of the respondents;
- Harm reduction and risk minimisation were considered areas which contributed to an increase of public and individual health by a majority of the respondents;
- 87,2% of the respondents considered that the existence of a national strategy in this area is useful and 84% reported having read the document.

An **opportunity for the general public to participate** in this process was also made available through an online questionnaire and free text form at the IDT's website. Results are presented in chapters 1.4 and 2.4. of this Report.

After the results of the evaluation were presented, in the public session held in Lisbon on the 15th of November 2004, the Minister of Health announced the guidelines for the next National Strategy which, similarly to the EU Strategy, is expected to cover the 2005-2012 period and have two different Action Plans:

1. A focus on the individual;
2. An active partnership with civil society;
3. Proactivity and proximity approaches;
4. Prevention in the school and family settings;
5. "Treatment works";
6. Integrated Programmes and Services;
7. National and sectorial Action Plans;
8. Tougher in supply control;
9. More effectiveness in dissuasion;
10. Building up Knowledge;
11. New responses to new addictions;
12. A shared responsibility in a drug-free society.

1.3 Budget and public expenditure

Although budgets were generally available in the past concerning most of the Ministries involved in the National Coordination for the Fight against Drugs 2003 proved almost impossible to collect mainly due to the change of Government in July 2004 which coincided with the timing of the IDT's request for purposes of the evaluation of the National Strategy and Action Plan and for the National and the EMCDDA's Reports.

This situation lead, amongst others, to the conclusion of the external evaluators on Objective 1 of the 30 main objectives of Horizon 2004, i.e., that no information was available which allowed a conclusion on the implementation of a 150% increase in funding for prevention programmes.

It is however possible to present the IDT's expenses in 2003 which represent the main part of public expenditures in the areas of prevention, treatment, harm reduction,

research, information, training and international cooperation and also include major areas of investment:

Total budget available	€65 205 966
State budget	€ 52 457 354
Own funds	€ 11 550 229
Investment in treatment ² :	
Enlargement of the public treatment network	
National funds	€ 81.047
EU funds	€ 590.983
Investments in non-governmental organisations	€ 526.353
Investment in prevention programmes ³	
Renewed Municipal Plans	€ 1 678 552,07
New Municipal Plans	€ 1 032 993,79
Framework for Prevention II	€ 207 274,13
Ad-hoc Projects	€ 402 205,14

Table 2- Budget and funding arrangements at the IDT – 2003

Also available is the information that the Institute of Solidarity and Social Security (Ministry of Social Security) spent, in 2003, € 2 815 779,95 in reinsertion projects, and € 3 153 786,71 to support families and individuals in treatment programmes, as described in Chapters 8 and 9 of this Report.

The lack of availability of information in this area is expected to be contextual and temporary and more complete data is expected to be available concerning 2004 budgets and funding arrangements.

1.4 Social and cultural context

In June 2004 the IDT promoted an International Congress on Cannabis entitled “From trends to intervention”. The Congress, which was held in Estoril, called on researchers and professionals in the area to reflect and share ideas and practices on cannabis use, social and cultural interpretations of the phenomenon, legal framework, treatment availability, information dissemination approach and national position on European and international responses to these issues. Several workshops were held on themes such as the drug use phenomenon and responses in the school, political, workplace, recreational, treatment and mass media settings. An online forum was opened during the days of the event where 1096 students participated, from 27 different schools throughout the country, aged between 14 and 16, who were accompanied by their teachers and had previously prepared their interventions. The most discussed issues were the following:

- The legal framework on cannabis use;
- Long-term physical and psychic effects;
- The importance of peer pressure:

² PIDDAC

³ Please see Chapter 3 on this Report for more information on these programmes

- How parents may help;
- Parents' skills for listening their children;
- Differences between soft and hard drugs;
- Effective prevention;
- How to help someone with a problem.

Public opinion on drug issues was sought during the evaluation procedures of the National Strategy and Action Plan. As part of the evaluation initiatives the IDT made available a special webpage where it was possible to fill in a questionnaire on the individual perceptions concerning the implementation of the strategy and/or a free text box with thoughts and ideas about this issue. Due to the selected methodology it is not possible to extrapolate any results but general ideas on several strategy related issues include⁴:

8 152 questionnaires were filled online, mostly by respondents of the male gender (53,5%), in the age group 16-27 (56,7%) and mainly resident in Lisbon (34,5%) and Porto (18,3%). On the perceptions of the National Strategy's impact 57,4% considered the problem increased and 64,7% that the availability of drugs increased during the period of its implementation. The general perception was that drugs are more available in their neighbourhood, near their place of residence and in schools but less available at the workplace. More than half of the respondents considered that information has become more available but 39,8% considered that responses in this area did not suffer any considerable change, although 23,6% stated that responses increased and improved and 30% that responses increased but did not improve. 66,1% thought that drug-related crime increased but most of the respondents were neutral when asked if supply reduction had become more or less effective. 47% agree with drug use decriminalisation but 37,5% do not. Amongst those who had had a drug abuse problem in the family during the implementation period (19,7%) more than 40% stated that the response given by the treatment services had not been satisfactory. Finally, most of the respondents were neutral when asked if the National Strategy had been negative or positive. Other results are reported in the chapter on attitudes to drugs and drug users.

A national survey was also contracted to the CESOP/Universidade Católica Portuguesa on the attitudes towards drug addiction which included questions on the perceived impact on the implementation of the National Strategy. 1 585 valid questionnaires were obtained through direct interview. The report, available on the IDT's webpage, states that 83,7% of the respondents perceived an increase in the number of drug addicts in Portugal in the last 4 years but referred no significant changes in their neighbourhood, at school or in the workplace. Drug availability in their neighbourhood was perceived to be easy or very easy by 66,8% of the respondents and information availability by 62,8%. 55,9% thought that the available information on drugs improved in the past 4 years. 35,9% considered that responses in the area of treatment did not suffer any changes but 29,7% considered that responses increased and improves and 27,4% that responses increased but did not improve. 77,3% of the respondents felt that drug-related crime increased and 38,5% that efficacy in supply control had remain identical in the past 4 years. However another 36% stated that it had been rather higher. 51,8% of the respondents agreed (totally or in part) that personal drug use should be punished with fines and other sanctions but not with prison. From the 17,3% who referred having had a drug problem in their family in the last 4 years, 72% indicated that the person in question went to health services for help and, of those, 60,1% considered the response to be reasonable or quite satisfactory.

⁴ Internal non-published report, available upon request.

In February 2004 the National Parliament debated on the medical prescription of cannabis but no diploma was approved regarding that issue.

Also during the IDT's National Congress held in Santa Maria da Feira in November 2004 an opportunity was given to all political parties represented in National Parliament to discuss, in front of the audience, their opinions on the Strategy itself and on its implementation.

A media report⁵ prepared by the media consultants Manchete concerning the first semester of 2004 shows reports 402 media news in this area (an average of 67/month), 86% of which were published in the national newspapers, 8% on the television, 5% in the Internet and 1% in the radio. 17% of the published news were very positive for the IDT, 75% were positive and only 8% were negative.

⁵ Internal non-published report, available upon request.

2. Drug Use in the Population

2.1 Drug use in the general population

NO NEW INFORMATION AVAILABLE (the general population survey is scheduled to be repeated in 2005)

2.2 Drug use in the school and youth population

Portugal has participated in the ESPAD project since 1995 and, in 2003, collected data, through a common methodology and instrument to all participating countries, from a sample of 18 000 students not only aged 16 (the reference age for the ESPAD project) but aged 13 to 18 in order to better understand the national trends also reported by the National Schools Surveys which are held every 4 years (last one in 2001 and next scheduled for 2005).

Results⁶ in concerning the 16 year old students show a trend towards stabilisation or decrease in lifetime (66% in 2003 and 69% in 1999) and last 30 days (35% in 2003 and 37% in 1999) prevalence of tobacco. Last 30 day prevalence on tobacco slightly decreases between 1999 and 2003. Concerning alcohol, prevalence and drunkenness indicators stabilised. There is almost no difference in gender concerning last 30 day use of tobacco but boys (54,9%) still drink more alcohol than girls (42,3%). Regarding illicit drug use, and although Portugal remains bellow average when compared to the other participating countries, lifetime prevalence increased from 12% in 1999 to 18% in 2003, mostly due to cannabis experimentation (9% in 1999 to 15% in 2003) while for other drugs values increased very little in general (6% in 1999 and 7% in 2003 for all drugs other than cannabis), stabilized for amphetamines and slightly decreased for heroin. The lifetime prevalence in this age concerning tranquilisers and sedatives decreased from 8% in 1999 to 5% in 2003. Boys still report higher lifetime prevalence of drugs in comparison to girls but girls also registered increases for all substances in comparison to 1999. Students report, more often than in 1999, having had their first experience with illicit drugs before the age of 13 (2,3% in 1999 and 4,2% in 2003). They however reported stabilisation or decrease in the perceived availability of all substances except cannabis and *magic mushrooms*.

The analysis of data concerning other ages show reason for concern in younger students who reported a higher lifetime prevalence of drugs other than cannabis. On the other hand, cannabis's more regular use (last 12 month and last 30 day prevalence) reaches, at its most, a modest 11% peak around the age of 18.

2.3 Drug use among specific groups

In 2003, the Armed Forces collected 19 001 samples and performed 85 247 toxicological tests. The results of the tests made in the army, present a positive result percentage of 2,2%.

Concerning the users profile and respective use patterns in 2003, according to the results of the questionnaires filled in case of a positive result, the following aspects may be referred:

- The percentage of positive cases is higher amongst the regular service staff (9,4%) and the volunteers (3,5%). There is a very low percentage of positive cases amongst the military career personnel (0,26% for permanent staff and 1,2% for contracted staff).

⁶ Complete data on illicit drugs and references in Standard Table 2

- In comparison to 2002, the percentages are similar with the exception of the regular service staff, which registered, in 2003, a decrease of 4,5%. But the general decrease in the number of conscripts due to the end of the mandatory military service may have had an impact on the registered values.
- The main substance reported was cannabis. Report on the use of opiates, cocaine and amphetamines were residual.

2.4 Attitudes to drugs and drug users

The national survey contracted to the CESOP/Universidade Católica Portuguesa and already described in Chapter 1 reports results on attitudes to drugs and drug users, namely:

- 33,7% of the respondents agreed, totally or in part, that drug users should be sanctioned but not imprisoned and suggested that they should be subjected to treatment, should do community work and/or should receive more information on the risks of using drugs;
- 52,2% considered that an individual has only solved his/her drugs problem when capable of resuming his/her normal life;
- When asked to associate ideas to the word “drugs”, 20,3% referred criminality/exclusion, 14,3% escape from reality, and 14,1% AIDS/tuberculosis/hepatitis.

For more information on other dimensions of this survey, please see Chapter 1 of this report.

3. Prevention

As in previous years, intervention in the area of prevention in 2003 focused on the guidelines of the National Strategy namely on what concerns its local implementation, particularly based on an effort of proximity concerning the local problems, resources and responses and on developing a complementary approach between the regulating and stimulating role of the IDT and the commitment of municipalities and the civil society.

The approach allowed for a development in terms of continuity and sustainability to the national prevention network, based on the technical and financial support given to projects in the framework of the two programmes already described in previous reports:

- **The Primary Prevention Municipal Plans** – intervention projects integrated in a municipal plan (or a plan which joins more than one municipality with similar problems) in a partnership between the IDT, the intervening municipalities and non-governmental organisations with a view to act in the school, sports, family and recreational settings and amongst young people who have left school at an early age;
- **Framework for Prevention II** – intervention projects which complement those of the Municipal Plans with a view to develop specific actions in the school, sports, family and recreational settings, amongst young people who have left school at an early age and also in the framework of *Programa Escolhas* (Programme “Choices”) for young offenders.

This network is being implemented for about 3 years and was complemented by a set of agreements signed between the IDT and non-profit non-governmental organisations which promoted the development of transversal initiatives considered to be good practice or innovative interventions in the area of prevention and also of itinerant initiatives. Due the continuity and sustainability of this network, it was possible to identify “good practices” in this area and to promote accountability.

In 2003, 22 new Municipal Plans were established (51 existed in 2002) increasing to 73 the total number of Municipal Prevention Programmes and to 155 the number of projects involved in those plans. A new type of Municipal Plan – the Inter-Municipal Plans, which involve more than one neighbour municipality which similar needs – was also established involving the municipalities of Alvito, Cuba and Vidigueira (District of Beja - Alentejo)

This achievement represents an important effort involving technical support in the different steps of the project methodology: conceptualisation, design, implementation and evaluation of the projects. It also implied a global investment of € 3.321.025,13 in 2003 distributed in the following way:

Program	Amount
Renewed Municipal Plan	€ 1.678.552,07
New Municipal Plans in 2003	€ 1.032.993,79
Framework for Prevention II	€ 207.274,13
<i>Ad-hoc</i> Projects	€ 402.205,14
Total	€ 3.321.025,13

Table 3 - IDT global investment in prevention programmes (2003)

An internal evaluation concerning the 2003 intervention allowed to conclude the following:

- The Municipal Plans and the Framework for Prevention are promoting interventions which supplement each other in terms of the type of activity and of the target-group;
- The school setting is the most frequent prevention setting registered;
- A significant number of locations are made available by the promoting entities themselves which indicates commitment of these institutions concerning prevention;
- Educational and cultural activities, followed by skills acquisition and training have been the most reported types of activities;
- All districts reported activities directed towards large groups, which is an indicator of visibility concerning prevention;
- The most frequently referred target-population was infancy and adolescence;
- Psychologists and educators, followed by social services professionals, were the main professional groups involved in delivering the interventions;
- A low level of intervention was verified in more specific/selective areas, target-groups, initiatives and methodologies;
- A low level of intervention was verified with and through strategic target-groups (peers and mediators);
- Except for the psychologists, very few health professionals were involved in prevention projects;
- A higher involvement of the Ministry of Education and of other services of the Ministry of Health is needed in the development of the national prevention network;
- Training and trainers in the area of prevention should be properly certified;
- Continuous project monitoring and evaluation is needed to improve efficacy and best practices.

It was also possible, for the first time, to clearly identify best practices and organise the information in forms which include their identification, number of implementation years, intervention area, main problem targeted, general objectives, target population(s), selected strategies/methodologies, used materials, developed actions, geographical

scope, infrastructures involved and main evaluation instruments/type of evaluation (forms available upon request). The projects identified as best practices are currently being prepared to be inserted in the EDDRA database.

3.1 Universal prevention

School

In 2003, school-based prevention in Portugal was mainly implemented through programmes developed by 3 different actors: the Ministry of Education through its Coordination Commission for Health Promotion and Education; the IDT (Ministry of Health) through both the Framework for Prevention II and the Municipal Prevention Plans; and the Public Security Police (Ministry of Home Affairs).

The Coordination Commission for Health Promotion and Education (CCPES) is a service within the Ministry of Education, which has, as one of its priority areas the prevention of licit and illicit substance use in the school setting. This issue has been gradually inserted in school curricula and has been particularly approached by the National School Health Promotion Network, developed in a partnership between the Education and Health Ministries, which has been, since 1994, a part of the European Network of Health Promoting Schools.

According to its mandate, the CCPES has been developing activities in the following areas:

- Teacher and other school setting actors training;
- Peer training;
- Development and promotion of specific materials;
- Promotion of the participation of schools in national and international health-related contests;
- Celebration of events
- Integration of the theme “alcohol, tobacco and drugs” in the curricula of the 1^o and 2^o cycles.

The National School Health Promotion Network, together with their Health Centre partners at local level, developed 301 Work Programmes (corresponding to 2 018 schools) prioritising intervention areas:

1. Safety and hygiene information;
2. Sex education;
3. Substance abuse/addictive behaviours;
4. Eating habits and physical activities;
5. Development of social skills

Concerning the IDT's Municipal Plans with projects in this area, it is possible to verify that the highest number of activities takes place between the 5th and 9th grade (ages 10-15, approximately) approaching mainly issues such as individuals and social skills development, educational/cultural activities and training activities. Projects in the school setting are the dominant type of projects in the Municipal Plans on all districts except in Faro, Porto and Viseu.

As far as intervention in the school setting in the Framework for Prevention II, the main objectives of the funded projects was to improve the quality of interpersonal

relationships, minimise the risk factors linked to the use/abuse of licit and illicit substances.

A total of 104 activities were developed, the main type being cultural/educational (26,9%), followed by training activities and acquisition of individual and social skills (approximately 21,15% for each).

This set of activities targeted all the actors in the school setting, the main target groups being the students aged 6 to 18 (over 84,5% of the total involved population).

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

PSP data indicate that the school target population of this programme in 2003/04, with no significant change in comparison to 2002/03, was the following:

Teaching Establishments			Number of Students
	Public	Private	
Basic (1 st Cycle)	1 245	266	173 056
Basic (2 nd Cycle)	334	131	113 405
Basic (3 rd Cycle)	371	124	131 405
Secondary	289	117	200 404
University	125	73	213 392
Total	2 101	599	832 082

Table 4 – PSP Target population for *Escola Segura* (2003/04)

In the school years of 2002/03 and 2003/04 PSP had a total of 310 police officers and 207 vehicles specifically allocated to prevention actions in the school setting. The law enforcement agents ensure proximity policing and offence dissuasion, both during the day and the night, and are also involved in awareness and training activities in the teaching establishments, especially in the following areas:

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

Data on the interpellation of individuals in the schools or in the vicinity of schools for possession/use of illicit drugs registered a 22% decrease in the school year 2002/03 in comparison to the school year 2001/02.

Possession/Use of illicit drugs	1997/98	1998/99	1999/2000	2000/01	2001/02	2002/03	TOTAL
	12	12	45	60	98	76	303

Table 5 - PSP offence interpellations in *Escola Segura* (1997-2003)

GNR data indicate that a total of 400 agents and 90 vehicles are currently allocated to this programme. Apart from the proximity policing and offence dissuasion, these law enforcement agents are also involved in training and awareness raising initiatives in schools.

	Bragança, Vila Real, Braga, Viana do Castelo and Porto	Guarda, Castelo Branco, Viseu, Coimbra and Aveiro	Leiria, Santarém, Caldas da Rainha, Setúbal and Lisbon	Évora, Beja, Faro and Portalegre
Nº of teaching establishments	3 348	2 955	2 154	848
Nº of students	288 390	194 233	219 065	73 207
Nº of particularly committed agents	62	81	78	42
Nº of vehicles (not full time)	55	67	77	34
Nº of training actions	3 087	1 062	3 272	1 763

Table 6 - GNR activity data on *Escola Segura* intervention (2002/03)

Both law enforcement agencies stress the importance of having female agents allocated to this programme and praise their performance.

More information on school prevention is reported through Structured Questionnaire 22.

Family

The development of projects in the area of family aims at increasing and promoting parental skills and to provide updated and useful information in the area of drug abuse.

In 2003, there was an emphasis on training, counselling/follow-up, skills acquisition, workshops/debates and the implementation of self-help groups (the latter with higher values than the usual for this type of activity in prevention).

Those activities involved all age groups, the main group involved being the individuals aged 26 or above (54,4%) but also worth mentioning the involvement of the age group 16-25 (13,7%).

Community

Community intervention at prevention level is mainly achieved through the Municipal Plans and projects funded under the Framework for Prevention. In a general sense, all Municipal Plans aim at community prevention though in different settings of the community and with different target groups. Please see also the information provided at the beginning of this chapter on funding and evaluation.

At a more general level, the IDT maintains the national telephone helpline, *Linha Vida – SOS Drogas* which, in 2003, was available from 10 am to midnight every working day and also started to respond to emails sent to a publicly advertised address in order to improve the availability of information and referral services (103 emails were received, 53,4% of which were information requests on substances).

From the 1st January to 31st December 2003, the helpline received a total of 50 266 calls from which only 7 341 were real calls, the rest being silent calls (13 939), hoaxes (27 810) and 1 176 insults.

Concerning the client profile, most calls were made by those who had a problem or needed the information (76%) followed by calls made by mothers (7,7%) with doubts about drug use and relationship problems with their children. Most callers were aged 11-15 and were mainly female (55,3%).

4 093 calls concerned information requests about substances mainly cannabis and opiates followed by cocaine, tobacco, alcohol and ecstasy. Calls which concerned substance use (873 calls for which it was possible to register information) include 716 calls related to active drug use and 101 from individuals in treatment. 35 callers referred being abstinent and 21 in reinsertion programmes at the time of their calls.

In particular situations and under specific criteria, *Linha Vida* makes face-to-face counselling available to some of the callers, mainly for psycho-social assessment and referral.

In 2003, *Linha Vida* was also involved in developing materials, both for general information (leaflets on *Linha Vida*) and for prevention purposes (a leaflet of the effects of drugs *Drogas e os seus efeitos*, for professionals and the general public and another for parents and teachers *Guia para pais e educadores de jovens dos 13 aos 16 anos*).

3.2 Selective/indicated prevention

Recreational Settings

Both the Municipal Plans and the projects funded under the Framework for Prevention reported initiatives in this area, mainly for promoting healthy lifestyles through strategic interventions in recreational, leisure and sports settings normally used as leisure time settings. Under the Municipal Plans, 37 such interventions were reported but only 6 were directly related to disco/bar/rave settings, and under the Framework for Prevention 102 interventions were implemented in this area, also mainly in sports and daily leisure time settings (only 3 in disco/bar/rave settings), with special focus on “educational and cultural activities” which accounted for 49% of the total. These latter interventions involved 2 123 individuals with special emphasis on the age group 6-9 (21,9% from the total of elements) and the age group 10-12 (21,38% from the total of elements). Is important to refer the participation of 4,7% of individuals aged over 40.

At-risk groups

Both the Municipal Plans and the projects funded under the Framework for Prevention reported initiatives in this area. Prevention in the prison setting aims at developing a health promotion and integrated development approach at individual, social and professional level through different strategies such as individual, social and parental skills’ development in an attempt to reduce vulnerability situations at the moment of release.

This set of activities involved mainly the age group 26-40 (65,1%). Younger ages were almost not present in these types of interventions although present in the prison setting.

On the other hand, the projects funded by Programme “Choices” target specifically young offenders aiming at the promotion of healthy lifestyles and specific activities for the development of social and individual skills. In 2003, 46 education/cultural activities (28,26%) and sportive initiatives were implemented. Here, the majority of participants were aged 13-15 (28,86%), 16-18 (24,23%) and 19-25 (15,20%).

At risk families

NO INFORMATION AVAILABLE

4. Problem Drug Use

4.1 Prevalence and incidence estimates

NO NEW INFORMATION AVAILABLE (the national estimate project is scheduled to be repeated in 2005)

4.2 Profile of clients in treatment

2003 National first treatment demand data concerned 5 212 individuals from the **outpatient** public network centres (CATs). In 2003, similarly to previous years, outpatient first treatment clients were mainly of the male gender (83%). The average age was 31, and near half of them was aged 25-34 (25% were 25-29 and 25% were 30-34). 19% were under 25 (14% were 20-24) and 31% over 34 (17% were 35-39). In 2003, the ageing trend of this population, already visible in previous years, was again confirmed: in 2002, near 30% were over 34 (28% in 2001, 26% in 2000 and 22% in 1999). The regions of North and Lisbon and the Tagus Valley registered an older population, the Centro and Alentejo Regions registered a younger population.

These data also indicate that heroin remains the main substance used (55%) by these problematic drug users, followed by heroin and cocaine (24%), cannabis (10%), cocaine (5%), benzodiazepines (2%) and ecstasy (0,6%). 70% of the clients referred daily use of their main substance while 17% stated they had not used it for the past month.

Data on the first treatment demands and follow-up episodes in the **outpatient** public network centres (CATs) is reported in Standard Tables 3 and 4.

Data concerning the administration route indicate that 68% of these clients refer smoking/inhaling and 30% referred injecting. 28% of clients in first treatment demand referred injecting drug use in the last 30 days prior to the first treatment episode, the same percentage of last year and a lower percentage in comparison to 2001 (32%), 2000 (36%) and 1999 (45%).

In public and private⁷ **detoxification units**, clients are mainly for the male gender (85% in public units and 86% in private units) aged 25-34, although in the private units the age distribution within this age group indicated a younger profile, with a tendency towards aging in comparison to 2002 data. These clients were mainly unemployed (61% in public units and 58% in private units).

Most of these clients referred heroin as the main substance for which they were seeking treatment (76% in public units and 58% in private units), followed by cocaine (15% in public units and 28% in private units). In public units 4% of the clients indicated methadone as the substance which had lead to detoxification demand.

63% of the clients in public and 50% in private **therapeutic communities** were admitted for the first time in 2003. 100% of the clients in public TCs had a therapeutic project but only 51% in private TCs had one. These clients were mainly from the male gender (70% in public units and 84% in private units) and aged 25-29 (40% in the public units and 25% in the private units) and 30-34 (35% in the public units and 28% in the private units).

In public and private **day centres** most clients were of the male gender (80% in public units and 84% in private units), aged 30-34 (42% in public units and 30% in private

⁷ Data concerning private units cover only the units certified by the IDT.

units), and with low education status (most had only attended 5th or 6th grade). These clients reported heroin as the main substance (81% in both units), followed by cocaine (30% in the public units and 10% in the private units), and most had used for more than 10 years (86% in the public units and 54% in the private units).

Pharmacies involved in methadone **substitution treatment** (see Chapter 5) reported a majority of male clients (72%) aged 18-60 but mainly 31-35 (29%) and 36-40 (27%). 58% of these clients reported having a regular job but 34% were unemployed. Data refer to the first semester only of 2003.

4.3 Main characteristics and patterns of use from non-treatment sources

NO NEW INFORMATION AVAILABLE

5. Drug-Related Treatment

5.1 Treatment systems

In 2004, a major effort was devoted to the development of guidelines to ensure the quality of service in the public treatment system, particularly in what concerns substitution treatment programmes. These guidelines will be presented in February 2005 and implemented immediately after in all outpatient treatment public network (the CATs).

For information on treatment systems within the prison setting, please see Chapter 9.2. of this Report. For more information on treatment systems, please see Structured Questionnaire 21.

5.2 Drug free treatment

Inpatient drug free treatment is mainly available in public and private⁸ therapeutic communities. In 2003 there were 75 therapeutic communities (2 public and 73 private units) in mainland Portugal. In comparison to 2002 there were 5 less therapeutic communities (all private ones). A 4% decrease in the number of registered clients in private units was verified in comparison to 2002. The number of registered clients in public units was identical to the one verified in 2002.

In 2003, 2 948 inpatient clients were registered in **therapeutic communities**, both public (57) and private (3 081).

Data from the public therapeutic communities indicate that the majority of their clients (63%) were admitted for the first time in 2003 into a therapeutic community. All cases resulted from a therapeutic project, 84% were referred to the TC after 2 months follow-up at an outpatient treatment centre, 11% after a detoxification programme in a detoxification unit and 5% after follow-up at a day centre. The majority (89%) had been referred by a CAT therapist.

On the 31/12/2003, 16% of the 2003 clients had been given programmed medical release and 42% had left without medical release. 33% of those who had medical release were referred to halfway houses for rehabilitation programmes. Those who had left without medical release did so at their own request (54%), were expelled (38%) or ran away (8%). 63% of the situations where release was not programmed occurred within 3 months of the beginning of the programme and 8% within the first month.

On the same date, those who had left with programmed medical releases were mainly abstinent (78%) for their main drug. 22% stated they were using occasionally. For those who had left without programmed medical release, 31% were abstinent of their main drug, 13% indicated occasional use and 56% stated they were using regularly but were under treatment⁹.

2003 data for private therapeutic units indicate that near 50% of the clients had been admitted for the first time in a therapeutic community in 2003 but only in 51% of the cases was there a therapeutic project. 25% of the clients were referred to the TC after 2 month follow-up at an outpatient treatment centre, 15% after a detoxification programme at a detoxification unit and 11% after follow-up at a day centre.

⁸ Data from private units cover only the units certified by the IDT.

⁹ For 33% of clients that left without having completed treatment in 2003 the situation is unknown. The situation in 2003 of inpatients in public and private therapeutic communities in 2000 was the following: 75% of those who completed treatment in 2000 were abstinent in 2003 of the drug (s) which had lead to admittance (the situation is unknown for 14% of the cases); 50% of those who left without a programmed medical release were abstinent, in 2003, of the drug (s) which had lead to admittance (the situation is unknown for 48% of the cases).

On the 31/12/2003, 29% of the 2003 clients had been given programmed medical release and 42% had left without medical release. 34% of those who had medical release were referred to halfway houses for rehabilitation programmes. Those who had left without medical release did so at their own request (76%), were expelled (14%) or ran away (8%). 35% of the situations where release was not programmed occurred within 3 months of the beginning of the programme and 38% within the first month.

On the same date, those who had left with programmed medical releases were mainly abstinent (84%) for their main drug. 5% stated they were using occasionally and 10% that they were using regularly. For those who had left without programmed medical release, 44% were abstinent of their main drug, 12% indicated occasional use and 41% stated they were using regularly (17% referred being under treatment)¹⁰.

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

Outpatient treatment centres are all public in Portugal. In 2003, there were 53 such centres in mainland Portugal, 1 less than in 2002, and 14 decentralised consultation units (*locais de consulta*), less 3 than in 2002.

On the 31/12/2003, following the trend verified since 2001, there were no individuals on the waiting lists in the outpatient treatment public network (244 individuals in 2002 and 514 in 2001).

In 2003, similarly to 2002, a decrease was verified in the number of active clients in the outpatient public treatment network (-7% in comparison to 2002). The number of active clients in all the Regional Delegations decreased and, in particular, the Regional Delegation of Algarve reported the largest decrease (-11%). The 29 596 active clients in 2003 (31 835 in 2002) were regionally distributed in the following way: 36% in Lisbon and the Tagus Valley, 33% in the North, 18% in the Centre, 8% in the Algarve and 5% in the Alentejo.

Once more the districts of Lisbon and Porto, followed by Setúbal, Faro and Braga registered, in 2003, the highest numbers of active clients. In comparison to last year, increases were registered in the districts of Santarém, Portalegre, Guarda, Bragança, Viana do Castelo and Lisbon. Decreases were registered in the districts of Setúbal, Vila Real, Braga and Faro. Similarly to previous years Faro, Beja and Setúbal were the districts with higher rates of active clients per total number of inhabitants, but in 2003 Bragança reported higher rates than Beja e Setúbal.

Similarly to what has been registered since 2000, the number of first treatment episodes in the outpatient public network in 2003 (5 212 clients) also decreased in comparison to 2002 (-16%), representing the lowest value registered since 1994. With the exception of Algarve Region, where the number of first treatment episodes was equal to 2002, all the other Regional Directions registered decreases. Lisbon, Porto and Setúbal, were again the districts that registered the highest number of clients in first treatment episodes. However, the districts of Faro, Bragança, Lisbon and Portalegre were the ones, which registered the highest rates of first treatment demands per total number of inhabitants.

In 2003, 355 018 follow-up treatment episodes were reported, a 2% decrease in comparison to 2002 (361 126) but a 3% increase and 18% in comparison to 2001 (343 538) and 2000 (300 485).

¹⁰ The situation was unknown for 23% of the clients that left with programmed medical release and for 52% of the clients who had not completed treatment. The situation in 2003 of inpatients in public and private therapeutic communities in 2000 was the following: 74% of those who completed treatment in 2000 were abstinent in 2003 of the drug (s) which had lead to admittance (the situation is unknown for 33% of the cases); 56% of those who left without a programmed medical release were abstinent, in 2003, of the drug (s) which had lead to admittance (the situation is unknown for 70% of the cases).

In a very recent article, Coutinho (2004) stated that although the number of first treatment episodes in CATs has been decreasing, that should not be taken, at least in some geographical areas such as Lisbon, as an indicator of the treatment unit's response adequacy to the phenomena since a significant number of drug users are not demanding treatment as a result of their "individual and social lack of organisation". The author refers data from a local low threshold intervention programme (the city of Lisbon's *Plano Integrado de Prevenção das Toxicodependências* which was described in previous National Reports) which were compared to those of outpatient units (CATs) in the Lisbon region to show that up to 48,7% of the individuals registered in that proximity programme had not contacted the outpatient units. Data were also cross-checked with public and certified therapeutic communities' data to show that up to 97,4% of the individuals registered in that proximity programme had not been admitted to an inpatient treatment programme in these units. The author also referred that 47% of 301 users from the Intendente area (a problematic neighbourhood in Lisbon), that 35% of the 335 users registered in the area of the Xabregas CAT had never contacted the CAT and that, in an unpublished internal memorandum from 2002, the treatment services (at the time the SPTT – Service for the Prevention and Treatment of Drug Abuse) estimated that around 15 000 drug users in the metropolitan area of Lisbon were not being treated in CATs. Reasons for this situation mainly concern, according to the author, accessibility issues such as geographical lack of proximity to a CAT in some areas, lack of timely response capacity in some cases and lack of adequacy of the responses to different realities and needs in other cases.

Public and private¹¹ **day centres** also provide outpatient care in Portugal. In 2003, 617 clients were registered in day centres, both public (73) and private (544), representing a slight decrease in comparison to 2002 for the public units but an increase for the private ones.

81% of the public units' clients had never registered in a day centre. The majority (96%) registered after 2 month follow-up at an outpatient centre and 4% after a detoxification programme at a detoxification unit. On the 31/12/2003, 45% of the 2003 clients had left with programmed medical release and 25% without programmed medical release.

At the private day centres, 73% of the clients had never registered in a day centre. 40% of the individuals registered after 2 month follow-up at an outpatient centre, 7% after a detoxification programme at a detoxification unit and 2% after frequenting a therapeutic community. For the remaining 51% of the clients entering a day centre was not a result of a therapeutic project. On the 31/12/2003, 36% of the 2003 clients had left with programmed medical release and 35% without programmed medical release.

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

5.3 Medically assisted treatment

Withdrawal treatment is mainly available in public and private¹² detoxification units. In 2003 there were 15 detoxification units (5 public and 10 private units) in mainland Portugal. In comparison to 2002 there was 1 less detoxification unit (a private one). In 2003, slightly less clients were registered in public detoxification units, in comparison to 2002 (-6%), but more (+4%) were registered in private detoxification units.

Both public and private **detoxification units** reported on the main objective of the detoxification request: clients (1 873 in public units and 1 493 in private units) referred

¹¹ Data from private units cover only the units certified by the IDT.

¹² Data from private units cover only the units certified by the IDT.

as main objective in public units (72%) to start substitution treatment and in private units (60%) to enter a therapeutic community.

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

In 2003, the number of clients in **substitution and maintenance programmes** represented near 57% of the total active clients in the outpatient public treatment network, an increase in comparison to previous years (50% in 2002, 40% in 2001, 36% in 2000 and 22% in 1999).

16 877 clients were registered in these programmes in 2003, which represented a 7% increase in comparison to 2002 (15 768), although this increase is inferior to the annual variation verified in previous years (+23%, +21%, and 76%, respectively in 2002, 2001 and 2000). Similarly to previous years, and despite the Northern Region being the Region that registered the highest number of clients, the percentages in relation to the total number of active clients in each region continued to be higher in south area, the Algarve Region (93%) and the Alentejo Region (66%). Other regions registered a relative weight of these clients between 44% and 60%. From the 16 877 clients in substitution programmes in 2003, 3 461 were new admissions and 4 369 left the programme, 25% with programmed medical release.

On the 31st of December 2003, there were 12 508 clients in the outpatient public treatment network substitution programmes, representing an increase of 3%, 22%, 50%, in comparison to the same date in 2002, 2001 and 2000, respectively. 78% were registered in methadone programmes and 22% in buprenorphine programmes. In comparison with the situation on the 31st of December 2002, a decrease of 4% was registered in the number of clients in methadone programmes, mainly due to the decrease in the southern region of the country. On other hand, an increase (+38%) of clients was registered in buprenorphine treatment in all regions. Similarly to previous years, the Northern Region registered the highest number of clients in substitution treatment programmes, both with methadone and buprenorphine.

Concerning the place of administration, on the 31st of December 2003, 45% of the clients registered in methadone programmes took it in CATs, whereas in the same date but in 2002 51% did so and in 2001 59% did so. Nevertheless, and similarly to last year, CATs are still the main place of administration, with 4 377 clients, followed by other settings¹³, with 2 350 clients, and Health Centres, with 2 250 clients. In comparison to the situation on the 31/12/2002, decreases were registered in the number of clients using CATs for this service (-15%) and Pharmacies (-2%). Increases were registered in the other services, particularly in Hospitals (+24%) and Prison Establishments (+18%). In the Lisbon and Tagus Valley Region and Alentejo Region more clients chose CATs as the place of administration, whereas in the Central and Algarve Region the clients chose mainly Health Centres, and in the North Region the clients other settings.

In the case of pharmacies it was possible to collect more data on the profile of clients (see Chapter 4) and on the provision of service. Provision of methadone in pharmacies for clients of the public outpatient treatment network started in 1998 and involved up to 260 pharmacies. On the 31st of July 2003, 159 pharmacies were providing methadone for 410 individuals. 530 individuals left the programme between 1998 and 2003: 13 changed to buprenorphine substitution treatment; 5 were admitted to hospital, 10 were arrested, 37 chose to abandon the programme, 305 changed their place of administration (mainly to Health Centres for better compatibility with their work activities and to CATs for not having complied with the established programme rules), 23 were admitted to therapeutic communities, 39 were suspended from the programme for not

¹³ Pulmonary Diagnostic Centres and other local organisations.

complying with the requirements of their therapeutic contract, 16 died and 82 were given programme releases after completing the therapeutic plan of dosage reduction. Data refer to the first semester of 2003 only.

6. Health Correlates and Consequences

6.1 Drug related deaths and mortality of drug users

Direct overdoses and (differentiated) indirect drug related deaths

As reported in Standard Tables 4 and 5, the national definition of drug-related deaths is still based in data from the Special Register due to the already reported limitations of the General Register and for trend setting purposes. Although acute drug-related deaths are not yet possible to identify amongst the reported cases it has been possible to identify the percentage of acute drug-related deaths suspected.

In 2003, 152 drug-related deaths (cases with positive *post mortem* toxicological tests) were reported by the Special Register, representing a small decrease (-3%) in comparison to last year, but maintaining the decrease trend registered since 2000 (14% decrease between 1999 and 2000, 12% decrease between 2000 and 2001 and 44% decrease between 2001 and 2002). Near 49% of these deaths occurred in the forensic region of Lisbon, 39% in Porto and 12% in Coimbra.

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

Most of these episodes occurred in individuals¹⁴ of the male gender (93%), mainly aged 25-39. In general, the cases registered in 2003 report a higher weight of the male gender and refer to an older age group than those of previous years. Opiates are, in all age groups, the main substance involved in drug related deaths, except in younger age groups (<20 years), where cannabis was predominant. In those groups cocaine appears as the second most involved drug and the number of cases involving cannabis was equal (20-24 years) to the cases involving cocaine, similar to last year.

In younger age groups were predominant the cases of a substance detected alone, contrarily to what occurred between the older age groups. The age group 40-44 was the one that present the higher percentage¹⁵ of deaths involving more than one illicit drug.

Once again opiates¹⁶ were the main substance involved in drug related deaths (64% of the cases), followed by cocaine (37%) and cannabis (22%). In 2003, the decreasing trend in the importance of opiates among the detected substances was again verified (69%, 81%, 88% and 95%, in 2002, 2001, 2000 and 1999).but the importance of cannabis went up to 22% (respectively 13%, 11%, 6% and 5%, in 2002, 2001, 2000 and 1999). Similarly to what happened for the first time in 2002, in 2003, cannabis was detected isolated in most cases (16%).

Methadone was detected in 3% of the cases and MDMA in 2% of the cases.

In 26% cases, alcohol was involved in combination with other illicit drugs, and in 3% of the cases medication was associated to other drugs. Percentages in close proximity to the ones registered in 2002 (respectively 23% and 2%) and lower percentages in comparison to 2001 (respectively 41% and 8%).

Similarly to 2002, and contrarily to what occurred in previous years, deaths related with only one illicit substance (53%) were predominant, taking into account the association with both illicit and/or licit substances.

¹⁴ Percentages calculated on the cases for which information exists on the considered variables.

¹⁵ Percentages calculated within each group.

¹⁶ Includes heroin, morphine and codeine.

Near 44% of the cases with positive toxicological tests and information on the presumed aetiology of death were suspected to be acute drug-related deaths. This percentage has been decreasing in comparison to previous years (58% in 2002, 73% in 2001 and 72% in 2000).

Mortality and causes of deaths

The Surveillance Centre of Transmissible Diseases (CVEDT) received, from 1993 and until the 31/03/2004, 5 795 notifications of AIDS-related deaths, 51% of which were drug related. The percentage of drug-related and non drug-related AIDS cases did not differ much (respectively, 54% and 52%), which in comparison to 2002 data represent a slight decrease concerning the drug-related AIDS cases. In both sub-populations it was mainly the male gender, in approximately the same proportion which was more affected. The same is true in both groups with mortality by gender. Once again it was verified that the districts which presented higher percentages of drug-related AIDS cases (Lisbon, Porto and Setúbal) were the ones that also registered a higher number of deaths. Nevertheless, inland districts (such as Vila Real, Castelo Branco, Guarda e Portalegre) registered the highest mortality percentages of drug related AIDS cases. In comparison to 2002 data,

6.2 Drug-related infectious diseases

HIV/AIDS, viral hepatitis, STD, tuberculosis, other infectious morbidity

According to 31/03/2004 notification data from the Surveillance Centre of Transmissible Diseases (CVEDT), the decreasing trend concerning the percentage of drug users in the total number of diagnosed cases of AIDS continues to be verified: 62%, 59%, 56%, 55%, 48% and 42% of the diagnosed cases in, respectively, 1998, 1999, 2000, 2001, 2002 and 2003.

Notifications of drug use related cases diagnosed in 2003, accounted for, respectively, 50%, 44% and 50% of the total accumulated AIDS, AIDS related complex and asymptomatic carrier's cases, percentages that have also been decreasing in comparison to previous years.

Notified drug-related AIDS cases are mainly of the male gender (85%), most of them aged 20-39 (90%), mainly 25-34 (59%). The male gender is also predominant in the other AIDS cases not drug use related (81%), but those individuals are older: only 47% are aged 20-39, and 50% with ages over 39.

Drug users with AIDS related complex and asymptomatic carriers are mainly of the male gender and aged 20-39. Once again the district of Porto registered the highest rates of drug users with AIDS over the total number of AIDS cases notifications (71%). The relativisation of notification data to the resident population in each district also shows the districts of Lisbon, Porto and Setúbal as the ones with higher rates of drug users with AIDS per inhabitant. Faro ranked fourth, despite registering only 3% of the total number of notification cases of AIDS and 2% of drug use related AIDS.

Also concerning this topic, it is important to consider data concerning HIV testing in the drug user's sub-populations which requested treatment in the public treatment network and the certified private treatment units¹⁷, as reported in Standard Table 9.

2003 outpatient first treatment demand data concerning HIV tests indicate 15% of HIV positive individuals amongst those individuals who presented the results of their tests.

¹⁷ In 2003, present results (data) for the HIV testing, 28% of the clients in outpatient first treatment episodes, 82% of the clients of detoxification units (97% of the clients of DUs and 64% of the clients in certified DUs) and 96% of the clients in Therapeutic Communities (100% of the clients of public TCs and 96% of the clients in certified TCs).

This percentage is higher than the one registered in 2002 (11%), in 2001 (14%) and in 2000 (14%) and upturn the tendency of decrease of the last years. Near 28% of these HIV positive individuals were following antiretroviral therapy, a lower percentage than the ones registered in 2002 (33%) and 2001 (44%) and higher than in 2000 (22%).

16% of clients from inpatient and private detoxification units tested positive for HIV. These percentages were 13%, 17% and 14%, respectively in 2002, 2001 and 2000. 40% of these individuals were in antiretroviral therapy, a percentage higher than the ones registered in 2002 (38%), in 2001 (28%) and in 2000 (27%).

Concerning public and private therapeutic communities, the percentage of clients tested HIV positive was the same of last year (16%), and slightly inferior to the ones verified in the last years (18% in 2001 and 17% in 2000, 69% of those were in antiretroviral therapy percentage similar to the one verified in 2002. In the last years the percentages of clients in antiretroviral therapy were 76% and 69%, respectively in 2001 and 2000.

Analysing separately public and private units, the percentages of HIV positive cases in different drug users subpopulations that requested treatment in different units, ranged in 2003 from 14% to 16% (in 2002 between 11% and 21%, in 2001 between 10% and 18% and in 2000 between 8% and 17%), and the percentage of clients who tested positive for HIV and were in antiretroviral therapy, ranged from 28% to 88% (in 2002 between 31% and 69%, in 2001 between 27% and 83% and in 2000 between 22% and 80%).

Ranges are therefore stable although outpatient first treatment demand data registered a slight increase, contrary to the decreasing trend of the previous years. In 2003, the percentage of clients who tested positive for HIV and were in antiretroviral therapy, ranged from 28% and 69%.

Concerning **Hepatitis and Tuberculosis**, data available, and also as reported in Standard Table 9, refer to the tests made in drug user's subpopulations that demand treatment in the public and certified treatment structures¹⁸.

In 2003, data on Hepatitis B and C show that 3% of the tested clients in their first outpatient treatment episode were positive for Hepatitis B (AgHBS+) and 45% for Hepatitis C (HCV+). These percentages were lower than the ones verified in the last years, especially in the case of Hepatitis B (8% in 2002, 5% in 2001 and 10% in 2000) for Hepatitis C (64% in 2002, 45% in 2001 and 49% in 2000).

In detoxification units the global¹⁹ percentages for public and certified units were 7% for Hepatitis B and 62% for Hepatitis C. The percentage of positive tested clients in this structure was in 2002, 2001 and 2000, for the Hepatitis B respectively 10%, 7% and 25% and in the case of Hepatitis C, 59%, 58% and 69%.

In public and certified therapeutic communities 8% were positive for Hepatitis B and 49% for Hepatitis C. The percentage of positive tested clients in this structure was in 2002, 2001 and 2000, for the Hepatitis B respectively 10%, 9% and 14%, and in the case of Hepatitis C, 51%, 51% and 49%.

¹⁸ In 2003, results for Hepatitis B were presented by 26% of the clients in outpatient first treatment episodes, 81% of the clients of detoxification units (94% of the clients in public DUs and 65% of the clients in certified DUs) and 97% of the clients in Therapeutic Communities (100% of the clients in public TCs and 97 of the clients in certified TCs).

Results for Hepatitis C were presented by 26% of the clients in outpatient first treatment episodes, 81% of the clients of detoxification units (94% of the clients in public DUs and 65% of the clients in certified DUs) and 96% of the clients in Therapeutic Communities (100% of the clients of public TCs and 95% of the clients in certified TCs).

Concerning Tuberculosis, tests results were presented by 17% of clients in outpatient first treatment episodes, 72% of the clients of detoxification units (75% of the clients of public DUs and 68% of the clients in certified DUs) and 98% of the clients in Therapeutic Communities (100% of the clients of public TCs and 98% of the clients in certified TCs).

¹⁹ Considering results per type of service but not differentiating between public and accredited units.

Registered data since 2000 suggests, in the case of Hepatitis B, shows a tendency for decrease of the positive percentages, in the case of Hepatitis C, a stability of these percentages.

Concerning **Tuberculosis**, 3% of the new outpatient clients who presented results for their tests were positive and all were following treatment. This percentage was in close proximity to the one registered in 2002 (4%) and in last years (2% in 2001 and in 2000).

In detoxification units the global percentage of positive cases was 1% for Tuberculosis. Identical percentage was registered in 2002 and 2000, being punctual the value registered in 2001 (13%), reinforcing one more time the necessity of contextualisation of the annual values in longer periods of time.

In therapeutic communities the percentage of positive cases was 2% for Tuberculosis, being this percentage of 1% in the last three years.

6.3 Psychiatric co-morbidity (dual diagnosis)

NO NEW INFORMATION AVAILABLE

6.4 Other drug-related health correlates and consequences

NO NEW INFORMATION AVAILABLE

7. Responses to Health Correlates and Consequences

7.1 Prevention of drug related deaths

Prevention of drug related deaths is one of the activities included in the National Harm Reduction Network, funded by the IDT, which included 28 projects throughout the country in 2003. However, no specific information is available on that type of activity.

7.2 Prevention and treatment of drug-related infectious diseases

Prevention of drug-related infectious diseases amongst problematic drug users is mainly ensured through the National Syringe exchange programme “Say no to a second hand syringe”, established by the National Commission for the Fight Against AIDS in collaboration with the National Association of Pharmacies. Since it was set up, in October 1993, it has used the national network of pharmacies and has enlarged its partner network through protocols with mobile units, NGOs and other organisations in order to reach a wider population. This programme was evaluated in 2002 (as reported in previous National Reports) and it was concluded that it had avoided 7 000 new HIV infections per each 10 000 IDU during the eight years of existence of this programme.

30 101 680 syringes have been exchanged through this programme since October 1993 and until December of 2003.

In 2003, 1 232 pharmacies were active in this programme (45,2% of the existing pharmacies in the country). Those pharmacies exchanged 1 580 720 syringes, representing 59% of the total of syringes exchanged in 2003 in the framework of this programme. The mobile units of Curraleira (set up in November of 1998), Cova da Moura (set up in July 2002) and Odivelas (set up in October 2003), exchanged 47 487 syringes in 2003 (2% of the total syringes exchanged). 1 034 681 other syringes were exchanged by the other 36 partners of the programme, 39% of the total number of exchanged syringes in 2003 in the context of the programme. This totalled 2 662 888 syringes exchanged at national level in 2003.

On the districts of Lisbon, Porto, Setúbal and Faro, continued to be the ones that registered the highest number of syringes collected since the beginning of the program.

The number of exchanged syringes increase between 1994 and 1997, reaching a maximum that was stable until 1999, increased again in 2000, decreased 23% in 2002 and slightly decreased in 2003 (-0,42%).

In 2003, the National Commission for the Fight against AIDS started a series of initiatives to implement until 2006 with a view to improve the efficiency of this programme, namely:

- To develop research in cooperation with the National Association of Pharmacies and the IDT to identify areas in need of this programme which are not currently covered and to suggest adequate solutions for those areas;
- To add two new elements to the kit which is currently being distributed: a recipient to prepare the substance and citric acid;
- To elaborate, in cooperation with the IDT, a needs assessment document for professional training to outreach workers in order to develop a national training programme for HIV/AIDS infection prevention;
- To elaborate, in cooperation with the National Association of Pharmacies, a needs assessment document for professional training to pharmacy staff in order to develop a national training programme for HIV/AIDS infection prevention;

In public treatment centres (CATs) efforts to promote antiretroviral treatment and hepatitis B vaccination, as reported in previous National Reports, continue to be implemented.

Prevention of drug related infectious diseases is one of the activities included in the National Harm Reduction Network, funded by the IDT, which included 28 projects throughout the country in 2003. In comparison to 2002:

- The number of projects increased 21,7%;
- The number of new contacts decreased by 13,2% (10 429 in 2003);
- The number of follow-up contacts also decreased (-21,9% with 91 086 such contacts in 2003);
- The number of exchanged syringes increased by 15,8% (465 290 exchanged syringes in 2003);
- The number of distributed condoms decreased (-23,1% with 259 757 distributed condoms);
- The number of clients in low threshold substitution programmes increased significantly (by 71,3% with 692 clients in such programmes in 2003);
- The number of referrals to CATs decreased (-5% with 556 referrals), to detoxification units increased (53,2% with 95 referrals) and to therapeutic communities stabilised (+0,8% with 127 referrals).

See also the information reported in Standard Table 10 and Structured Questionnaire 23. On the importance of proximity programmes in the city of Lisbon, please see the reference to Coutinho (2004) in Chapter 5.2. of this Report.

7.3 Interventions related to psychiatric co-morbidity

NO NEW INFORMATION AVAILABLE

7.4 Interventions related to other health correlates and consequences

NO NEW NATIONAL INFORMATION AVAILABLE. On the importance of proximity programmes in the city of Lisbon, please see the reference to Coutinho (2004) in Chapter 5.2. of this Report.

8. Social Correlates and Consequences

8.1 Social Exclusion

Social exclusion indicators continue to be visible in the profiles of problem drug users in treatment settings and of offenders. Although very little information is available on the residential status of these individuals, educational and employment data usually refers a lower educational status and a higher unemployment rate than the national average for the same age groups and gender (see Chapters 4 and 8.2 of this Report).

Another social exclusion indicator is the number and type of financial support requests, from users and their families, to the Institute of Solidarity and Social Security. In 2003, this governmental agency, supported 5 512 such requests (3 366 from families and 2 146 from individuals) with a total of €3 153 786,71, distributed in the following way:

- 1 778 requests (€467 747,46) for medication;
- 1 462 requests (€1 086 208,22) for food and shelter;
- 1 189 requests (€1 248 618,02) for treatment programmes in private organisations;
- 418 requests (€78 146,65) for transportation;
- 665 requests (€273 066,36) for other types of support.

8.2 Drug related Crime

Drug offences and drug related crime

Concerning the **administrative sanctions for drug use**²⁰, in 2003, the 18 Commissions for the Dissuasion of Drug Use (CDT) instated 6 100 processes²¹, representing an increase of 9% in relation to 2002 (5 580 processes), most of which in the districts of Porto (20%), Lisbon (17%), Braga (10%), Aveiro (8%), Setúbal (8%) and Faro (7%). However, when taken into account the number of residents in each district, Beja, Portalegre and Faro presented the higher occurrences rates.

The monthly distribution of the processes ranged between 326 in the month of December and 603 in the month of January, registering a monthly average of 508 processes.

Similarly to previous years, most cases (47%) were referred by the Public Security Police (PSP), followed by the Republican Guard (GNR) with 28% of the cases and the Courts with 25%.

40% of the instated processes in 2003 had been filed, 36% were suspended and 24% were pending. In comparison to 2002, increases were registered in the processes filled (+69%) and decreases were registered in suspended processes (-25%).

Of the 6 100 processes instated in 2003, the Commissions had ruled on 4 626: 89% were suspensive rulings, 2% found the presumed offender innocent and 9% were punitive rulings. As in previous years, the provisional suspension of the process in the case of users who were not considered addicted were the majority of the total percentage of rulings (68%). Once again, the percentage of suspensive rulings in the case of drug users who accepted to undergo treatment (19%) decreased in comparison to previous years (25% in 2002, 32% in 2001). On the other hand, an increase was

²⁰ Law n. ° 30/2000, of the 29th November, ruled by the Decree-Law n. ° 130-A/2001, of 23rd of April, and by the Regulation n. ° 604/2001, of the 12th of June.

²¹ Each process corresponds to one occurrence and to one individual

registered in punitive rulings (9% in 2003, 6% in 2002 and 3% in 2001) Once again, amongst the punitive rulings, the non-pecuniary sanctions were predominant (62% of the punitive rulings and 5% of the total number of rulings), despite of the increasing trend of the weight of pecuniary sanctions (representing in 2003, 2002, 2001, respectively 38%, 23% and 11% of the punitive rulings). The most frequent non-pecuniary sanction was the mandatory periodical presentation in an institution chosen by the CDT, representing 73% of the non-pecuniary sanctions and 45% of all the punitive rulings.

With a percentage very similar to previous years, in 2003 the vast majority of these cases involved only one drug (92%), mainly hashish (67%), a higher percentage than the one registered in 2002 (57%) and in 2001 (47%). Contrarily, a decrease was verified in the percentage of processes involving only heroine (17%, 24% and 33% respectively in 2003, 2002 and 2001) and in the ones related only with cocaine (4%, 6% and 5%, respectively in 2003, 2002 and 2001). In relation to last year the percentage of cases involving only the possession of liamba remained stable (3% in 2003 and 2002 and 5% in 2001), the cases related only with ecstasy being inferior to 1%. For processes involving several drugs, the association heroin-cocaine was again predominant (4% of the total of cases and 55% of those identified with polydrugs), followed by the association heroin-cannabis (1% of the total of cases and 9% of the situations involving polydrugs) and the possession of ecstasy with cannabis (1% of the total of cases and 8% of the processes with polydrugs).

6% of the 5 615 individuals involved in the 2003 instated processes (absolution ruling excluded) relapsed in 2003. The highest concentration of such cases was verified once again in the coast districts, in 2003 mainly in the district of Lisbon.

In relation to previous years, no relevant changes were verified concerning the socio-demographic profile of these individuals²². They were mostly from the male gender (94%) and 86% were aged 16-34, with a distribution by age group slightly younger than in 2002 and 2001: near 54% were younger than 25 (33% between 20-24 and 21% between 16-19). They were mainly Portuguese (96%), single (86%) and with no children (91%). Similarly to previous years, 40% had frequented the school levels 7 to 9 and 26% reported an educational status above mandatory school (9th grade). 29% were unemployed and among the 46% who were employed (2% in temporary work) most were in the extraction industries and civil construction, artisans and non-qualified labour.

Concerning criminal offences, in 2003, data from the Criminal Police identified 5 318 presumed offenders: 2 222 presumed-traffickers (42%) and 3 074 presumed trafficker-users (58%).

The number of presumed offenders was very similar to 2002 (+1%), the number of presumed-traffickers registering a slight variation (-4%) as well as the number of trafficker-users (+5%). These variations are in the opposed way of what happened between 2001 and 2002.

Similarly to previous years²³, the districts, which reported a higher number of, presumed offenders were the most populated ones: Lisbon (39%), Porto (18%), Setúbal (8%), Faro (6%), Braga (5%) and Aveiro (4%). The rates of presumed offenders per inhabitant shows that, besides Lisbon, Faro, Setúbal and Porto, already mentioned in previous years data, the Autonomous Regions of Madeira also reported high rates, already referenced in 2002.

²² Individuals who relapsed (who originated the instatement of more than one process in any given year) were counted only once.

²³ The percentage data presented are calculated for the cases for which information exists on the considered variables and do not include individuals who relapsed nor those found innocent.

Concerning the substances identified in the moment of the occurrence, 64% of these individuals possessed only one drug (62% in 2002). Among these cases and for the third consecutive year, hashish (41%, 33%, 34%, 29%, and 26% of the cases, respectively in 2002, 2001, 2000 and 1999) was predominant in comparison to the other substances, and has been so since 2001, contrarily to what occurred in the years before when heroin was always predominant. Near 12% of the cases concerned heroin only, a percentage that has been decreasing in the past years (17%, 28%, 33% and 39% of the cases respectively in 2002, 2001, 2000 and 1999). 7% of the cases concerned cocaine only, a percentage similar to the one registered in 2002 (8%) and higher than in previous years (4% in 2001 and 2000, and 5% in 1999). This is influenced by the current composition of this group: the absence of the users' group, which had, until July 2001, an important weight in the offenders' group and registered very small percentages of situations which involved cocaine only. But it also reflects the frequency of this situation in the traffickers' group. The offenders in the possession of liamba alone (1%) or ecstasy alone (1%) continued to register low frequencies. In the situations where more than one drug was involved (36%), the main combination was heroin and cocaine (13% of the presumed offenders and 35% of those who possessed more than one drug). 7% of the offenders (19% of the presumed offenders with polydrugs) possessed heroin, cocaine and cannabis and 3% of the presumed offenders (10% of the presumed offenders with polydrugs) possessed heroin and cannabis. The situations, which involved the possession of cocaine and cannabis as well as ecstasy and cannabis, registered the same weight (2% of the total of presumed offenders and 6% of the offenders with polydrugs). Although still predominant, the traditional association of heroin with cocaine has been losing relative importance since 2000 in favour of other associations, especially the ones related with cannabis. This situation occurs in both groups of presumed offenders but with special emphasis in trafficker-users.

Considering that the total number of presumed offenders was very similar to last year (+1%), is important to refer, in comparison to 2002, the increase in the number of offenders in the possession of cannabis alone (+24%), ecstasy (+33%), and, on the other hand, decreases in the number of offenders in the possession of heroin alone (-29%) and liamba (-40%). The number of offenders in the possession of cocaine alone (-3%) and in the possession of polydrugs (-3%) remained stable.

87% of the presumed offenders were of the male gender and near 75% were aged between 15 and 34, mainly 20-24 (29%) and 25-29 (20%). Since 2002 these presumed have become younger in both groups (presumed traffickers and presumed trafficker-users). Concerning the nationality, 83% were Portuguese, a percentage that has been decreasing since 2000, also related to the increase in the relative weight of the traffickers among these presumed offenders. Among those who are not Portuguese nationals, most of them come from the Portuguese speaking countries (10%), mainly from Cape Verde (8%), a situation already verified in previous years.

Concerning **Court** data, in 2003, 1 625 processes were closed which represents a small decrease in comparison to 2002 (1 640). These processes involved 2 454 individuals, 74% of whom were convicted and 19% found innocent. The vast majority of these individuals were accused of traffic (96%), 2% accused of traffic-use and 2% accused of use (growing any illicit substance remains a crime of use).

In 2003, of the 1 828 convicted individuals²⁴, 95% were convicted for traffic, 4% for traffic-use and 1% for use²⁵. In 2003, the districts of Lisbon (35%) and Porto (17%), followed by Setúbal (9%), Faro (7%) and Braga (6%) registered the highest number of these convictions. The districts of Faro, Lisbon and Autonomous Region of Azores

²⁴ Percentage data presented are calculated for the cases, which have information on the considered variables.

²⁵ Drug planting (article 40.º of Decree-Law 15/93, of the 22nd of January) continues to be considered a crime.

registered the highest rates of conviction per resident, followed by Setúbal and Bragança. These convictions involved²⁶ effective prison (47%) and suspended prison (49%).

The majority of these convictions involved, once again, the possession of only one drug (60%), heroin being the main substance involved (29%), followed by hashish (23%), cocaine (10%) and liamba (6%). When polydrugs are considered, the association heroin-cocaine (18% of the total of convictions and 57% of those who possessed polydrugs) was predominant followed by heroin-cannabis (4% of the convicted and 11% of those who possessed polydrugs). For the first time in this setting, the variable “others” (other, less usual, substance associations) presented the same percentage that the traditional association of heroin-cannabis. In comparison to previous years the trend, initiated in 1998, of the decreasing importance of heroin related convictions was reinforced, (29%, 40%, 44%, 45%, and 52% of the cases, respectively in 2003, 2002, 2001, 2000 and 1999). On the other hand, there has been an increase in other situations, particularly the ones related with hashish only. Data from the last three years also indicate the trend towards an increase of cases concerning cocaine only, and, in 2003, a significant increase of convictions related to liamba only. For the first time in 2003, the number of convictions related to cannabis only (only hashish and/or only liamba) was very similar to the number of convictions related to heroin only, and already higher when considered the traffickers’ group alone. These trends, though referring to a process which happens later in time, are consistent with the ones verified with the presumed offenders.

Most of these convicted individuals were of the male gender (87%) and younger than 35 (75%). The age structure was similar to those who were convicted in 2002, though slightly younger. Since 2001 a small increase has also been reported for the under 20 age group. They are mostly of Portuguese nationality (86%), an inferior percentage to the one registered in 2002 (90%), single (61%) and with no children (68%). Despite the gradual increase in terms of educational status, a low educational status is still reported: 1st to 4th grade (28%) or 7th to 9th grade (27%), mainly. Concerning the professional situation, 47% were employed at the time of their conviction, and 41% were unemployed, a slightly inferior percentage to the one registered in 2002 (38%). Near 5% were students and 4% were in prison. Most of the employed individuals worked in the extraction industries and civil construction, with a high number of cases reporting non-qualified work in several activity sectors.

In comparison to traffickers-users, traffickers reported a lower percentage of situations involving the possession of heroin only but higher percentages of situations involving hashish, cocaine and polydrugs (the same happened in 2002). Traffickers also reported a younger age structure than traffickers-users, and a higher weight of foreign individuals, married individuals and individuals with children under care. Educational status in this group was higher than in the group of traffickers-users and, once again, the percentage of unemployed individuals was lower. Similarly to previous years traffickers reported higher percentages of effective prison and aggravated sentences.

The Criminal Police published a report on drug related crime (excluding *Drug Law* offences) to assess the situation in comparison to 2000 and report against the objective of the National Action Plan – Horizonte 2004 which stated that a 25% reduction on drug related crime should be attained by 2004. The report concludes that drug related crime concerns mainly acquisitive crime and is divided on two main types: crimes of a less complex nature and no special requisites in terms of organisation and execution, which increased significantly between 2000 and 2003; and crimes of a more complex nature, demanding special requisites in terms of organisation and execution, which decreased significantly between 2000 and 2003.

²⁶ Sanctions may involve more than one crime.

8.3 Drug Use in Prison

NO NEW INFORMATION AVAILABLE (the Prison Survey project is scheduled for 2005).

8.4 Social Costs

Please see data reported in Chapters 1, 8.1 and 9.1 of this Report.

9. Responses to Social Correlates and Consequences

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

The IDT defined as main priorities for 2003 the following:

- To set up cooperation networks between the IDT's regional and local services and among the IDT and the above stated national partners;
- To promote the involvement of public and private agencies in reinsertion projects;
- To maintain and manage, in cooperation with the IEFP, Programme *Vida-Emprego*, already described in previous reports;
- To cooperate with employers associations and labour unions in the promotion of reinsertion and the prevention of exclusion;
- To plan and develop reinsertion training for professionals.

9.1 Social Reintegration

Housing

Governmental welfare centres at district level are responsible for the certification process of reinsertion housing facilities. In 2003, there were 25 reinsertion apartments (halfway houses for clients of treatment centres leaving with a programmed medical release or for individuals in prison after release). 3 of those apartments were certified in 2003, which increased in 23 the number of available slots in that type of service (currently 245 clients/month). The costs incurred in € 1 015 695, 56 for these facilities in 2003. Other reinsertion promoting services certified by the Institute of Solidarity and Social Security include innovative responses for promoting support to homeless users. The Ministry spent € 674 271,99 in 2003 in 8 such projects in Braga, Porto, Viana do Castelo, Lisbon and Faro which provide support for more than 280 clients/month. Although not directly related to housing but as a means of identifying situations and promoting family support and referrals to other services, the Institute funded, with € 1 125 812,40, 23 outreach work projects throughout the country. In order to ensure quality of service, the Institute regularly visits these projects onsite.

Education, training

Prevention programmes for **young school drop outs** are implemented by the IDT mainly through the funding of specific projects under the Framework for Prevention II. In general they aim at developing preventive measures on the basis of the promotion of social integration, vocational counselling and pre-professional training. They may be implemented both in the school setting and outside of school.

In 2003, 39 activities were implemented in this area, most of them focusing in “cultural and educative activities” followed by “counselling and follow-up” and “skills acquisition”.

The target population of these initiatives was mainly aged 10-12 (28,9%), 13-15 (21,8%) and 6-9 (21,3%). For more information on the Framework for Prevention and the Municipal Prevention Plans, please see Chapter 3 of this Report.

Please see information on Programme “Choices” and other exclusion prevention initiatives in Chapter 3 of this Report.

Employment

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

The IEFP has mainly 3 approaches for this area:

- Cooperation with the agencies of the Programme *Vida-Emprego* (already described in previous National Reports) and referrals of cases identified by the Employment Centres to the Programme’s mediators;
- Cooperation with treatment services to define customised professional reinsertion and training approaches;
- Referral of cases identified by Employment Centres to general employment and/or training programmes.

The main programmes available are the following:

- **Reinsertion businesses**, (Resolution of the Council of Ministers n.º 104/96, of the 9th of July, regulated by Portaria n.º 348-A/98, of the 18th of June) – private companies which promote socio-professional (re)insertion through the development of individual, social and professional skills and stimulate local development.
- **Insertion/Employment** (Resolution of the Council of Ministers n.º 104/96 of the 9th of July and regulated by Portaria n.º 1109/99 of the 27th of December) – promotes social and professional insertion for beneficiaries of the Survival Pension (*Rendimento Mínimo Garantido*) through training and professional activities promoted by the IEFP and the Ministry of Social Security. A total of 83 ex-drug users are currently integrated in this programme.
- **Special Professional Training** (*Despacho Normativo* n.º 140/93, of the 6th of July) – qualifies and promotes the socio-professional integration of individuals in particularly difficult situations or belonging to excluded or vulnerable social groups to reduce gaps and facilitate the access to other employment and professional training programmes. It targets mainly young people at risk, ex-drug users, individuals who were recently released from prison, homeless individuals and other cultural and ethnic minority groups.
- **Occupational Programmes** (Portaria n.º 192/96 of the 30th of May) – aims at promoting a useful occupation to the unemployed who await for other work or professional training alternatives to enable continuous contact with the professional setting thus preventing social isolation and exclusion.

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

In 2003, this programme had a budget of €5.994.835,82 which was executed in 81,9% through the funding of 1 445 initiatives which represented a 9% decrease in terms of the number of initiatives in comparison to 2002. There were 567 private businesses, non-profit organisations and local and central public administration services involved.

The IDT's Regional Delegation of the Algarve also promoted specific reinsertion programmes for recovering drug users. Through the Programme **Rede de Artesãos** (Artisans' Network), an EQUAL funded programme which aims at promoting pre-professional experiences to help integrate drug users, and Professional Training Programmes, the Regional Delegation reached 115 clients in 2003 and involved 49 private businesses, non-profit organisations and local and central public administration services. This represented a 17% increase in the number of clients integrated in the Programme *Rede de Artesãos* and a 58% increase in the number of employers involved in comparison to 2002.

9.2 Prevention of Drug related Crime

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

In the framework of the Framework for Prevention (see Chapter 3), prevention in the prison setting main aims at health promotion, the promotion of a global development at personal, social and professional level and the development of personal, social and parental (among mothers in the prison setting) skills, all aiming at social inclusion.

In the specific area of abstinence-oriented treatment, in 2003, there were 5 drug-free units in five prisons with a total capacity for 172 individuals, a therapeutic community with a capacity for 45 individuals and one halfway house with capacity for 12 individuals.

324 inmates were integrated in the drug-free units and 64 in the therapeutic community which represented, respectively, 55% and 31% increases in comparison to 2002 and 31% and 45% increases in comparison to 2001. 17 clients were registered in the halfway house.

Regarding substitution treatment, an increase was verified in the number of registered clients in comparison to previous years, both in the methadone programmes under the supervision of CATs (298 in 2003, 253 in 2002 and 224 in 2001 on the 31st of December of each year) and in the methadone and buprenorphine programmes under the supervision of the General-Directorate of Prisons (345 individuals which represented a 23% increase in comparison to 2002).

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

Alternatives to prison for drug users are presented in Chapter 12.

10. Drug Markets

In opposition to the trend verified since 2000, in 2003 the number of cocaine and cannabis seizures registered increases. The number of liamba seizures decrease and for the first time in the last years a decrease of ecstasy seizures was registered. For the second time the number of hashish seizures surpassed heroin.

In comparison to 2002, in 2003 decreases of the seized quantity of heroin cocaine liamba and ecstasy were registered, the quantity of cannabis registered a significant increase.

Concerning countries of origin of the seized drugs, heroin came mainly from the Netherlands and Spain, cocaine from Brazil, hashish from Morocco and Spain, ecstasy from the Netherlands and Liamba from Angola.

Regarding the prices of drugs at street level, with the exception of ecstasy, was verified on seized drugs at street level a general increase in the price of drugs.

10.1 Availability and supply

Regarding the **perceived availability** of drugs, the national survey contracted to the CESOP/Universidade Católica Portuguesa and already described in Chapter 1 also reports results on perceived availability, namely, drug availability in their neighbourhood is perceived to be easy or very easy by 66,8% of the respondents. Another survey, also reported in Chapter 1, which was promoted by the IDT but was web based which means that results cannot be extrapolated to the general population indicated that 64,7% of the respondents considered that the availability of drugs increased between 1999 and 2004. The general perception was that drugs are more available in their neighbourhood, near their place of residence and in schools but less available at the workplace.

Regarding the **main origin** of the seized drugs in Portugal, The Netherlands and Spain are the main origin of the heroin seized in 2003 (respectively 21% and 16%) both being traditional countries referred in these routes in previous years. The origin of 53% of the seized heroin remains unknown. In the case of cocaine, near half of the cocaine seized in 2003 was from unknown origin, from Brazil (26%), Surinam (10%) and Venezuela (7%). Similarly to previous years, Morocco (19%) and Spain (2%) were the main origin countries of the seized hashish but the origin of 78% of it was unknown. Concerning Liamba, again Angola (80%) appeared as the main origin, and 17% reached Portugal of an unknown origin. Similarly to previous years, The Netherlands (50%) was the main origin for the seized ecstasy.

In 2003, as in previous years, most of the seized drugs were destined to the national market. The totality of the seized quantities of heroin and liamba, with information concerning its route, had Portugal as destination. Cocaine remains the substance with a higher percentage (10%) destined to the foreign market.

The IDT is funding research at the School of Economics (*Faculdade de Economia*) of Universidade Nova de Lisboa which aims at proposing a definition of an economic model to serve as a reference for the decision making process of illicit drug traffickers concerning the maximisation of their business value. It also aims at presenting an estimation of the drug trafficking business in Portugal. Results will be available in 2005.

10.2 Seizures

Quantities and numbers of drug seizures

For the second consecutive year cannabis, and not heroin, was the main substance involved in seizures²⁷ (2 276), contrarily of what had been happening since 1990. Followed by heroin (1 154) and cocaine (988). As usual, liamba and ecstasy registered lower numbers of seizures (respectively 210 and 149). Since 2000 the number of heroin seizures has been decreasing, in comparison to 2002 a 14% decrease was registered. In 2003, the number of cocaine and cannabis seizures registered increases, respectively +2% and 16%, contrarily to the decreasing trend which was being verified since 2000. The numbers of liamba seizures decreased in comparison to 2002 (-27%), and, for the first time in the last years, a decrease of ecstasy seizures was registered (-22%).

The trends verified in the number of seizures do not always match to the quantity of seized drugs. In comparison to 2002, in 2003 decreases were verified in the seized quantity of heroin (-25%), cocaine (-4%), liamba (-27%) and ecstasy (-30%). The quantity of cannabis, on the other hand, registered a significant increase (+349%). Globally speaking, when considering the quantities seized during the last decade, in 2003 the highest values of hashish were registered, the second highest values were registered for liamba and ecstasy and cocaine and heroin registered the lowest quantities seized since, respectively, 2000 and 1998.

Concerning other drugs availability in the national market, seizures of LSD stamps, hallucinogenic mushrooms, cannabis pollen and powder ecstasy were again referred in 2003 and there was a first time reference to ecstasy capsules and amphetamine crystals.

Seizures involving significant quantities²⁸ in 2003 recorded similar percentages to 2002: 7% of the total number of heroin seizures, 22% of cocaine, 4% of cannabis, 7% of liamba and 30% of the ecstasy seizures. In the past years, these seizures involving significant quantities have been increasing their relative weight in the total number of seizures, which reflects, on the one hand the consequences of the decriminalisation of drug use, and, on the other, the reinforcement of supply control interventions and/or higher availability of drugs in the country, especially because, in some cases, the increasing trend became visible before decriminalisation was established.

At regional level, the district of Lisbon registered the highest quantity of seized heroin (46%), followed by the districts of Porto (18%), Setúbal (8%), Coimbra (5%) and the Autonomous Region of the Azores (5%). Concerning cocaine, the Azores registered the highest quantity of seized cocaine (27%), followed by the districts of Lisbon and Porto (20%), Setúbal (18%) and Aveiro (10%). Contrarily of what happened in previous years, in 2003, Setúbal registered the highest quantity of seized hashish (62%), instead of Faro (30%), followed by the district of Beja (4%). Similarly to previous years, Lisbon was the district with the highest quantity of seized liamba (79%), followed by Porto (14%) and Azores (3%). Lisbon (82%) and Porto (13%) were the districts that registered the highest quantity of seized ecstasy in 2003.

In 2003, the districts of Guarda and the Azores, recorded the highest quantities of hallucinogenic mushroom seized, Lisbon and Santarém the highest quantities of LSD stamps, and Porto of powder ecstasy. Setúbal and Aveiro presented the highest quantities of cannabis pollen. The ecstasy capsules were mainly seized in the district of

²⁷ A seizure involving more than one drug is included in the number of seizures for each of the involved substances.

²⁸ For heroin and cocaine quantities above 100g are considered and for cannabis quantities above 1000g are considered, according to the criteria used by the UN. For ecstasy, according to the criteria used by the National Criminal Police, seizures above 50 pills were considered significant. Accordingly, for the purpose of data analysis, only the seizures expressed in that unit were considered.

Lisbon, with records also in the district of Viseu, and the amphetamine crystals were exclusively seized in the district of Beja.

10.3 Price/Purity

In comparison to 2002, with the exception of ecstasy, a general increase in the **price** of drugs at street level was verified. The increase was particularly relevant in the case of liamba (€4/gramme in 2003 and €2,62/gramme in 2002), which taken together with the small deviation of the price of cannabis (€2,49/gramme in 2003 and €2,45/gramme in 2002), rather increased the price range of these substances.

In 2003, for the second time since 1997,²⁹ the average price of cocaine (€41,40/gramme) at street level presented a lower value than heroin (€46,80/gramme); increases in the prices of these substances were registered in comparison to 2002. The price of ecstasy suffered a small decrease (€5,27/tablet in 2003 and €5,90 in 2002). Please see Standard Table 16 for complete information on this indicator.

Concerning purity, and according to the data reported in Standard Tables 14 and 15, increases were verified in cannabis resin, crack and brown heroin (but, for the latter, still below the 2001 registered values). The composition of pills sold at street level also indicate an increase for all types of substances except for MDEA and methamphetamine (where slight decreases were verified) and ketamine (for which the same values were reported in comparison to 2002). On the other hand, decreases were verified in cannabis herb and cocaine.

²⁹ First time data on this indicator became available.

Part B

Selected Issues

11. Buprenorphine, treatment, misuse, and prescription practices

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In Portugal it is legal to use two opiates drugs for opiate addicts' substitution treatment: methadone and buprenorphine *high dose*.

Buprenorphine *high dose* (Subutex®) started being used in Portugal in 1999 for the opiate substitution treatment of heroin addicts.³⁰ Step by step, this treatment was enlarged in the treatment centres where it begun and, in the 2000s, it spread all over the country, mainly in the specialised centres of the public treatment network (CATs), but also in private clinics and other health institutions.

Thus, buprenorphine treatment was implemented on a step-by-step basis, it has been increasing since 1989 and most doctors have been given some kind of information/training in this matter.

11.1 Treatment with buprenorphine

Prescribing

Buprenorphine *high dose* is being prescribed in Portugal for opiate substitution treatment mainly by the psychiatrists of the specialised centres of the public treatment network (CATs), and by the general practitioners they work with.

In order to prescribe buprenorphine it is not required to hold a specific accreditation, but doctors must have a special prescription book, which is the case for all narcotic medication, available from the Portuguese Medical College.

For each prescription the doctor will indicate (with 2 copies)³¹:

- Patient name, age, gender, residence, identity card number, social security card number;
- Name of drug, mg doses, number of boxes (maximum four of seven pills);
- Doctor identification, workplace identification, city, street and number, date, professional card number (the inscription in the Medical College), date and signature.
- The doctor's personal stamp with code bars must be stuck in the first sheet.

The doctor must also fill another sheet with the patient's name, drug, doses, number of box, quantity of each box and date which he is obliged to keep for three years. The doctor then gives the prescription (the original and two copies) to the patient (often gives it also to a third individual, chosen by the patient to help him/her managing this medication).

³⁰ Initially at CAT Taipas in Lisbon followed by others four Cat's, over the country trying to understand if there were differences with places and populations..

³¹ The original is sent to the Health Administration to reimburse the pharmacy; the second copy is kept in the pharmacy and the third is sent to the Health Ministry drug department INFARMED

In the same prescription sheet in the pharmacy, the pharmacist has to indicate the name of the purchaser, identification card number and address.

The National Health Service beneficiary will have a discount of 40% or 55%, over the normal price (seven pills box of 8mg= €26,26 and seven pills of 2mg = €8,61).

Currently, the pharmacy market has available sublingual pills dosed at:

- 8mg each disposable in box with seven;
- 2mg each disposable in box with seven;
- 0.4mg each disposable in box with seven.

However, *low dose* Buprenorphine (Buprex®) has been used in Portugal for a long time but in different treatments, namely in pain management. In the mid-80s, this medicine was misused (injected by the heroin addicts), which lead to a change in the law of medical classification. With this legal change, and with proper medical training, this misuse disappeared for years.

Education and training

Since the early 2000s, several education training courses and regular teaching sessions have been held in Portugal on opiate substitution, mainly on Buprenorphine *high dose* (Subutex®). A significant number of sessions were held all over the country³², at local, regional and even national level, and also international seminars.

Most of these training sessions have been held by the initiative of health professionals, doctors and treatment centres. Pharmaceutical companies sponsored many of those sessions and took the initiative to hold them in some cases.

In Portugal, after the dissemination of the first protocol developed by the Health Centres of the Ministry of Health, the guidelines for Buprenorphine *high dose* (Subutex®) were published by the laboratory: a guide for doctors, but also a guide for patients and third persons involved.

Criteria

For starting a Buprenorphine *high dose* (Subutex®) programme the main criteria are:

- To be an opiate addict, that is, to have confirmation for opiate (street heroin) dependency;
- To be over 18 years of age;
- Not being pregnant.

Since the beginning of the programmes, other criteria have been adopted by the majority of the CATs, namely:

1. To have unsuccessful drug free treatments;
2. To accept clinical evaluation, namely thoracic x-ray and blood analysis;
3. To present no contraindications for opiate substitution treatment;
4. To accept the involvement in the treatment programme of a third person to help manage the medication;

³² Portimão, Faro, Beja (2), Sines, Évora (2), Portalegre, Lisboa (more than 20), Santarém, Abrantes (2), Coimbra (3), Aveiro, Porto (more than 5), Braga, Guimarães, Bragança. Also in Madeira (Funchal) and Açores (Ponta Delgada, Angra and Faial)

5. To accept urine screening, regular and on demand;
6. To sign an Informed Consent Form. But some criteria are not mandatory, such as the 1st, 4th and 6th criteria.

Buprenorphine is prescribed mainly to clients who are able to integrate a high threshold substitution treatment program. The majority of specialised doctors³³ request the patients to invite a third person to help managing the medication. The medication is usually administered at home and, many treatment centres request urine analysis for opiates and cocaine. So buprenorphine is prescribed mainly to opiates addicts who have a better individual and social context than those in methadone programmes.

In 2001, in the opiate substitution treatment programmes in CATs, 10 233 patients were registered, mainly in methadone programmes. There was an increase of 23%, and 69% and 127% in comparison to 2000, 1999 and 1998 data, respectively. There was also a significant increase in the number of patients under buprenorphine (which began in October 1999) although these numbers are probably underestimated.

In the year 2002, in the opiate substitution treatment programmes of the CATs, 84% of patients were in methadone and 16% in buprenorphine. Comparing to 2001, a 5% increase was registered in methadone programmes and a 277% increase was verified for buprenorphine.

In 2003, in the opiate substitution treatment programmes in CATs, 78% of patients were registered in methadone programmes and 22% in buprenorphine substitution treatment. Comparing to 2002, there was decrease (-4%) in the number of patients under methadone and an increase in the number of patients in buprenorphine programmes (+38%). (See also Chapters 4 and 5 for more information on substitution programmes and client profiles).

Selection criteria

Patients treated with buprenorphine are naturally opiates addicts (former street heroin addicts). They may start a buprenorphine substitution treatment from several backgrounds:

- Methadone maintenance substitution treatment;
- Methadone detoxification treatment;
- Methadone low threshold programs;
- Directly from street heroin use;
- Street methadone use;
- Or even from street buprenorphine use.

Gradually, the buprenorphine substitution treatment developed in the course of the four years.

Methadone, the oldest opiate substitution drug treatment, begun in Portugal in the late 70s³⁴. There are mainly three modalities of methadone programmes:

- Methadone maintenance substitution treatment;
- Methadone low threshold programmes;
- Methadone detoxification treatment (very few use);

³³ At the CATs.

³⁴ In Porto (1977).

Taking into account the pharmacological differences between methadone and buprenorphine as substitution substances may help a rational choice on the substitution substance, made on an individual basis.

Methadone, a total opiate agonist, has more secondary effects than buprenorphine, a partial opiate agonist. It is used in low threshold opiate substitution settings while, on medium and high threshold, methadone or buprenorphine may be used. For pregnant addicts methadone is also used, although the opiate privation symptoms are lighter with buprenorphine.

In what concerns “take home” dosage of buprenorphine it is almost always feasible and available in all pharmacies. On the other hand, methadone can be used at home but only under certain conditions and usually during one or two weeks at the most.

Also buprenorphine treatment allows taking doses every other day, while methadone must be taken daily.

Evaluation presented on buprenorphine in Portugal.

Evaluation results have been presented by several CATs, namely:

In Taipas – Lisbon –

- 2001, *One year evaluation of treatment with Buprenorphine high dose (Subutex®)*;
- 2002³⁵, *Advances in opiate addiction treatment: high dose buprenorphine (Subutex®) integrated with psychosocial treatment. Follow up at 12, 18, 24 months.* By Patrício. L, Vicente. T, MD – MD Psychiatrists Consultants & al. CAT das Taipas, Lisbon – Portugal
- 2004³⁶, *Advances in opiate addiction treatment: high dose buprenorphine (Subutex®) integrated with psychosocial treatment. Follow up at 12, 24, 36, 48 months. Preliminary evaluation.* Patrício. L., MD, Consultant Psychiatrist & Duran. D, Clinical Psychologist. CAT das Taipas, Lisbon – Portugal

but also the CATs at Aveiro, Cedofeita-Porto, Almada, Abrantes, Braga, Viana, Coimbra and Guimarães, and the Hospital de Angra (Azores)³⁷.

11.2 Misuse of buprenorphine

In Portugal the misuse of buprenorphine is very low. Information given by patients suggests that, in certain places, Subutex® is available (bought either in Portugal or in France). This *street buprenorphine* is much more expensive than in pharmacies.

Some addicts buy it to:

- Overcome heroin withdrawal symptoms;
- Start on their own this type of substitution maintenance;
- Continue buprenorphine maintenance started before with *Subutex®* from somebody else.

In the eighties some Portuguese addicts had already injected buprenorphine low doses (Buprex®). Currently, some addicts coming from France share buprenorphine injection

³⁵ World Harm Reduction Conference - Lubidjiana

³⁶ XVII Encontro das Taipas – Lisboa.

T3E Summer University - Glasgow

³⁷ Encontro das Taipas (XV, XVII), Symposium Europeu – Ponta Delgada (2004) and other meetings

misuse but this kind of misuse is still unusual in Portugal. Also buprenorphine snorting is not frequent. Usually the route of administration is sublingual.

On the extent of buprenorphine prescription and non-prescribed use, there are no conclusive data. It is not difficult to buy it on the black market, in certain places, however there is no reference to it in police seizure data.

The main known risk related to the misuse of this substance is to abort a therapeutic process and to break out an acute withdrawal syndrome. The second worst risk is the severe respiratory depression in association with other sedatives or alcohol, however, this situation has not yet been reported in Portugal.

Some doctors give out information on the risks concerning buprenorphine-injected pills during the presentation of the buprenorphine programme initial protocol.

There are no provisions of specific syringes as a specific harm reduction measure.

A few substances were reported to be used together with buprenorphine. Some people taking buprenorphine also use other abuse substances, mainly cocaine, alcohol and cannabis.

The level of diversion of buprenorphine into black markets has an increasing significance. In the main cities, patients say that is not difficult to get Subutex® pills. The cost of buprenorphine on the black market is about 10 euros for one 8mg pill. The street heroine low doses cost about 20 euros.

In Portugal, until now, at least in CATs, most of the clients using buprenorphine substitution treatment in a high threshold programme have psychosocial support, a third person to help manage the medication, to support its provision and its correct use and to avoid misuse.

Persons misusing buprenorphine are:

- the clients that did not had success with a high threshold programme;
- the heroin addicts that are not included in any treatment service;
- the regular street heroin users that use buprenorphine eventually to treat opiate withdrawal symptoms;
- the regular street heroin users that by themselves suspended heroine use and started buprenorphine before demanding treatment.

Reported health consequences of buprenorphine misuse are mainly related to acute abstinence syndromes after taking buprenorphine. No reports of abscess or overdoses are known. Also, no deaths related to buprenorphine misuse have been reported until now, neither by itself nor in combination with other drugs.

Statistics data of opiate substitution programs in Portugal are presented in Chapters 5 and 9. The available data reflects a significant enlargement in the number of patients under buprenorphine, which started October 1999, although these numbers may be underestimated.

Portuguese professionals have regularly shared their experience with professionals from other Member States. Since the beginning of buprenorphine use in Portugal training and training exchanges have been very close with France. Portuguese professional have participated in training in other countries: France, Germany, Spain, and Scotland. Collaboration, education and information have been shared with the European Network T3E and also with the Euro-Methwork, in the development of the European Methadone Guidelines.

12. Alternatives to prison targeting to drug using offenders

Drug use in Portugal is not a crime since 2001 (Law 30/2000 of the 29 of November) so drug users never face the sentence of prison for their dependence. Drug users who are identified by law enforcement agents are referred to the Commissions for the Dissuasion of Drug Abuse (CDTs) which, in turn, assess the situation and refer them to treatment, therapy, social services or other responses depending on each situation.

According to the *Drug Law* (Law 15/93 of the 22nd of January 1993) in the case of drug users who have been sentenced for a crime related to drug use and who have been deemed to be drug dependent the court may suspend execution of the sentence provided that the individual voluntarily agrees to treatment or admission to an appropriate establishment. If, during this period of suspension, the drug user culpably fails to submit to treatment or to comply with the rules of conduct imposed by the court, suspension may be revoked and the individual sent to prison as sentenced. These cases are followed by the health services and the Institute for Social Reinsertion of the Ministry of Justice, according to the individual treatment and rehabilitation plan developed for each case.

13. Public nuisance: definitions, trends in policies, legal issues and intervention strategies

NO INFORMATION AVAILABLE

Part C

Bibliography and Annexes

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15. Annexes

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List of Abbreviations used in the text

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

CCPES – Comissão de Coordenação da Promoção e Educação para a Saúde/Coordination Commission for the Promotion of Health Education (Ministry of Education)

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

CESOP/UCP - Centro de Estudos e Sondagens de Opinião da Universidade Católica Portuguesa

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

DCITE – Direcção Central de Investigação do Tráfico de Estupefacientes/Central Narcotics Traffic Investigation Division

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

DU – Detoxification units

EDDRA - *Exchange on Drug Demand Reduction Action*

EMCDDA - European Monitoring Centre for Drugs and Drug Addiction

ESPAD - European School Survey Project on Alcohol and other Drugs

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

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

IDUs - Intravenous Drug Users

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

INA – Instituto Nacional de Administração/National Public Administration Institute (Ministry of Finances)

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

IPSS - Private Non-profit Organisations

IRS -Instituto para a Reinserção Social/Institute for Social Rehabilitation (Ministry of Justice)

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

NGOs – Non-Governmental Organisations

ODT – Observatório de Droga e Toxicodependências

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

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

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

SPTT – Serviço de Prevenção e Tratamento da Toxicodependência (formerly at the Ministry of Health, currently merged with the IPDT into the IDT)

TC – Therapeutic community