



European Monitoring Centre
for Drugs and Drug Addiction



**2008 NATIONAL REPORT (2007 data) TO THE
EMCDDA
by the Reitox National Focal Point**

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

REITOX

This Report was completed with the advise, support and cooperation of IDT, I.P. internal departments and national partners, to whom, the IDT's National Monitoring, Training and International Relations Department extends it's most deepest regards.

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Summary

Concerning **National policies and context**, the most important developments in 2007 were: the structure of the Institute on Drug and Drug Addiction (IDT, I.P.), enlarged its mission to encompass all alcohol related issues; the Portuguese Presidency in the second semester of 2007; the new legal framework that establishes the public financing conditions of the projects composing the Programs of Integrated Responses. We can point out, as well, the beginning of the evaluation process of the Action Plan Against Drugs and Drug Addictions – Horizon 2008.

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

Concerning drug use:

Results from the II National Population Survey on Psychoactive Substances indicate that cannabis, cocaine and ecstasy are the substances preferely used by Portuguese. In 2007, despite the increase of lifetime prevalence in several illicit substances, a generalised decrease was verified in continuation rates use.

According to more recent national school surveys, the use of drugs that was increasing since the 1990's, decreased for the first time in 2006. Studies indicate that between 2001 and 2006, a general decrease in the use of all illicit substances was verified both in third Cycle and Secondary students.

Results from 2006 school survey data indicate a decrease in lifetime prevalence of all illicit substance use amongst the pupils of the 6th, 8th and 10th grades (aged 12 to 19) with the exception of inhalants and solvents.

Results from national estimations on problematic drug use in Portugal indicate that there are between 6.2 and 7.4 problematic drug users for each 1 000 inhabitants aged 16-64 years, and between 1.5 and 3.0 for the definition of problematic drug users (injecting drug users).

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

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

Responses to drug use were focused on local diagnosis and the provision of services according to the new integrated responses programme under which projects will have the possibility of including the areas of prevention, harm reduction, treatment and rehabilitation.

The Operational Plan of Integrated Responses (PORI) is based in four strategic principles: integration, territory, partnership and participation. Its operationalisation obeys to sequential phases implementation and its efectivated with the creation of Integrated Responses Programme (PRI).

Concerning drug related health consequences:

In 2007, significant changes took place in the context of specialised drug treatment structures in the public network, namely the capacity and territorial redistribution of some unities, as well as readjustments in the functional dependence of the Treatment Teams of Regional Delegations and the integration of new competences concerning alcohol issues.

Indicators available continue to suggest effective responses at treatment level (increase in the number of clients involved in both drug free and substitution programmes) and at harm reduction level (slight decrease of infectious diseases). The number of active clients in the outpatient public treatment network increased as well as first treatment demands (for the first time since 2000 changed the decrease trend). Heroin continues to be the main substance associated to health consequences and specifically in the sub-population of drug users that seek access to different treatment structures, but references to cocaine, cannabis and alcohol in this setting are increasing.

The availability of substitution programmes continues to increase and the number of clients continues to increase steadily (increases were registered in the number of clients in methadone and buprenorphine programmes).

In 2007, treatment clients were again mainly from the male gender and reporting a mean age of 29-36 in all treatment settings, confirming the ageing trend of this population, already perceptible in previous years.

The decreasing trend in the percentage of drug users in the total number of notifications of HIV/AIDS cases continues to be registered. Concerning HIV infection and Hepatitis B and C in the treatment setting, positive cases remained stable in comparison to previous years. In the case of HIV and Hepatitis C, there is a tendency for a slight decrease.

This decrease may be related, amongst other factors, to the implementation of harm reduction measures, which may lead 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 2007, a increase was registered on drug-related mortality in the Special Register in comparison to 2006. 35% of the positive cases with information on the presumed aetiology in the Special Register were considered possible acute drug related deaths, a smaller percentage than the one reported in previous years. Opiates continued to be the most referred substance associated with these cases but increased the number of cases with the presence of methadone and cannabis.

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

Concerning drug related legal consequences:

In 2007, concerning the administrative sanctions for drug use, Commissions for the Dissuasion of Drug Use (CDTs) instated 6 744 processes, representing the highest value ever. Most of which were again referred by the Public Security Police (PSP). These cases are mainly related to cannabis use.

From the 3 338 rulings made, 82% suspended the process temporarily, 1% found the presumed offender innocent and 17% were punitive rulings.

In 2007, the number of presumed offenders arrested by criminal offences against the Drug Law decreased in comparison to 2006, due to a decrease in the number of presumed trafficker-users.

Amongst the presumed offenders who possessed only one drug, for the seventh time since 2001, cannabis (44%) was reported more often than heroin (11%), which until 2000 had

always been the substance more often reported to be held by presumed offenders at the time of their arrest. The percentage of cases related to cocaine decreased in comparison to 2006.

Court data indicates that, a stabilisation over the last two years in the number of processes, of individuals accused and convicted for criminal offences against the Drug Law. This tendency of decrease was already verified in previous years. The majority of these individuals possessed only one drug, mainly cannabis, for the fourth time, and not heroin, as in previous years. For the second consecutive year there is a predominance of convictions for the possession of cocaine only in relation to the situations involving heroin only, consolidating the trend verified in the last years of higher visibility of cocaine in this circuits. Of the convicted individuals, 97% were convicted for traffic, 1% for use (cultivation) and 2% for traffic-use.

The percentage of individuals in prison for Drug Law offences, in 2007, continues to decrease (27% of all individuals in prison). Individuals were mainly imprisoned for traffic offences (90%).

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

“HIV/AIDS within prison context” report a description of Tires and Montijo prison establishments, which revealed on HIV/AIDS infection a higher prevalence on women (9.9%) in comparison to men (8.9%); Hepatitis C was positive in 22% of tested men and 12% of tested women; Hepatitis B was positive in 2% of tested men and tested women; syphilis prevalence was 2.2% in men and 3.6% in women. Chlamydia infection was diagnosed on 6% of men and 1% of women.

Markets

Following the trend, verified since 2000, the number of heroin seizures decreased and now ranks below hashish and cocaine. However, the number of seizures decreased for all substances in comparison to previous years with the exception of hashish. For the sixth time since 1990, the number of hashish seizures again surpassed that of heroin, (the substance that always registered the highest number of seizures in Portugal until 2002), and for the third time the number of cocaine seizures also surpassed those of heroin.

The seized quantities of hashish registered an increase in comparison to 2006, being the highest value of the decade. The seized quantities of cocaine, heroin, herbal cannabis (liamba) and ecstasy decrease in comparison to 2006.

Concerning countries of origin of the seized drugs, heroin came mainly from the Netherlands and Spain, cocaine from Mexico, Venezuela, Brazil, hashish from Morocco, herbal cannabis (liamba) from South Africa and ecstasy from The Netherlands.

Central Division for Criminal Intelligence (DCITE) drawn up a situation analysis on *International Drug Trafficking by Sea* which prove the increasing relevance of this issue.

Regarding the prices of drugs at trafficker and trafficker-user level the mean price of heroin was the lowest reported since 2002, contrary to hashish and herbal cannabis (liamba) which registered in 2007 the highest price reported since 2002.

Key issue

Sentencing Statistics



Part A

New Developments and Trends

1. National Policies and Context

1.1. Overview

2007 was characterized by some changes specially in the structure of the Institute on Drugs and Drug Addiction (IDT, I.P.) with the enlargement of its mission¹ to encompass alcohol related issues.

IDT. I.P. started the evaluation process of the Action Plan Against Drugs and Drug Addiction – Horizon 2008, which results will be presented in the end of 2008, together with the new Action Plan – Horizon 2012.

During the second semester of 2007, Portugal assumed the Portuguese Presidency of the European Union (EU) and together with the Ministry of Foreign Affairs (MNE) IDT assured the Presidency of the Horizontal Drugs Group (HDG). (Please see chapter 1.3, for information on the Portuguese Presidency).

2007 can be considered the launching year for a set of projects/programmes that will be consolidate by more concrete and visible results throughout 2008, aiming at the preparation of the Action Plan Against Drugs and Drug Addiction 2009-2012.

In 2007, one of the main objectives of the Operational Plan of Integrated Responses (PORI) was reached: identification of which territories in Continental Portugal need an integrated intervention over the use of psychoactive substances.

From this mapping, conditions were created to develop specific and adequate interventions to the needs of the affected populations and to the particular characteristics of the different contexts, through the Programs of Integrated Responses (PRI) (the creation of the PRI only became possible after the publication of the Administrative 131/2008 Rule of the 13th of February 2008, see chapter 1.2).

To note the enormous effort done for the country diagnostic, condition that guarantees the quality of the intervention and a better understanding and visibility of results expected and obtained.

1.2 Legal framework

Administrative Rule nº 1556/2007 of the 10th of December 2007 - Approves the new Regulation for alcohol measurement devices control.

Regulative Decree 86/2007 of the 12nd of December 2007 - Coordinates the action of police authorities and other competent authorities on maritime spaces under sovereignty and national jurisdiction.

Administrative Rule 131/2008 of the 13rd of February 2008 - Approves the regulation that establishes the conditions of public financing for projects within the Programs of Integrated Responses (PRI).

Resolution of the Council of Ministries 49/2008 of the 6th March 2008 - Approves National Mental Health Plan (2007-2016). A significant increment of the prevalence of psychiatric disorders is foreseen for the future, and in particular, the case of insanity, linked with the increase of life hope and consequent ageing of the population. A growing impact is

¹ IDT, I.P. mission is to promote the reduction of illicit and licit drug use and the decrease of drug addiction. Data from alcohol Units is not included in this report.

equally predicted in the Portuguese society of problems directly or indirectly related with mental health, such as domestic violence, the excessive alcohol and drugs use, or youthful delinquency.

Order 18683/2008 of the 14th of July 2008 - Setting of the requirements to observe in the establishment of conventions between the State, through the IDT, I.P. and private health units, with or without lucrative endings, in view to support treatment to drug users and alcoholics.

Normative Order n.º 51/2008, of the 1st of October 2008 – Approves the Internal Regulation of the IDT, I.P. (definition of the different functional units of central and decentralized services).

1.3. Institutional framework, strategies and policies

Coordination arrangements and National Plan

National Plan on Drugs and Drug Addictions (2005-2012) foresees that its evaluation should be organised as a monitoring and feedback constant process in order to guarantee, apart from its implementation, a real adaptation to field realities as well as to human and financial resources availability. It is also foreseen an internal and external evaluation.

In 2007, IDT, I.P. started the evaluation process of the Action Plan Against Drugs and Drug Addiction – Horizon 2008, which results will be presented in the end of 2008, together with the new Action Plan – Horizon 2012.

Inter-ministerial Technical Commission members committed on proceed on a first stage the internal evaluation of the Action Plan – Horizon 2008 and decided that the external evaluation of the National Plan will be launch after the approval and publication of the Action Plan – Horizon 2012.

Internally, a sub-commission presided by the National Coordinator on Drugs – Follow-up and evaluation sub-commission - was nominated within the Inter-ministerial Technical Commission, with the aim of following National Plan implementation.

Besides this sub-commission, the Inter-ministerial Technical Commission created other 10 sub-commissions specialized in each and every mission and cross-cutting areas of the Action Plan. Sub-commissions were coordinated by IDT, I.P., Criminal Police and National Defence Ministry. All 13 sub-commissions coordinators are part of the Follow-up and evaluation sub-commission. These sub-commissions, which work started in September 2007, include 88 representatives from all the services responsible for implementing Action Plan – 2008 Horizon.

The follow-up of the National Council against Drugs and Drug Addiction was assured through the appreciation of the assessment methodology and through oral reports presented in the National Council meetings.

National Coordinator prepared and submitted to the Inter-ministerial Technical Commission an evaluation methodology, which is presented in table bellow.

Work Methodology	
1. Evaluation period:	1st October 2006 to 30th June 2008 ⁱ
2. Filling Action Plan – Horizon 2008 tables	Double criteria for each Sub-Commission contributions
	Common Structure;
	.Filling up the new column “Present situation”
3. Process Evaluation.	
4. Results evaluation, based on the results fulfilment analysis in each Cross-cutting and Mission Areas	
5. Impact Evaluation.	
6. SWOT Analysis.	SWOT Analysis in each Sub-Commission.
	Aggregation of all Sub-Commissions SWOT
7. Overall General Questionnaire.	
8. Foreseen Financial Expenses and executed by the responsible services as stated at the Action Plan – Horizon 2008.	
9. Conclusions and Strategic Recommendations.	

Table 1 – Evaluation methodology (IDT 2008a)

With the aim of evaluating the real accomplishment of the Action Plan – Horizon 2008 another column “ Present Situation “ was added to the Plan grid in order to present the situation verified at the 1st semester of 2008. Each of the 246 actions was evaluated.

The qualitative evaluation was done based on the “Results to achieve” established for cross-cutting and mission areas, through the SWOT analyses within each sub-commission and through an overall evaluation questionnaire (table bellow)

Based on the axes and vectors defined what is the gain with the application of the Action Plan?
Did the Action Plan introduce any gain in terms of results of public policies? In which areas?
Which are the strengths and weakness of the Action Plan? This question is answered by the SWOT analysis
Comments and important remarks for Action Plan evaluation not mentioned before.

Table 2 – Overall evaluation questionnaire (IDT 2008 a)

The Portuguese Presidency of the HDG engaged on pursuing the work of the previous Presidencies, under the heading of the EU Drugs Strategy 2005-2012 and the EU Action Plan on Drugs 2005-2008. In this sense, the agenda of the Group under Portuguese Presidency was established according to two main objectives: responding to the ever-changing dynamics of drug supply and drug demand and proposing future actions to take forward the Action Plan.

In line with the above-mentioned effort, the Portuguese Presidency of the HDG placed West Africa - a rapidly growing platform for the redistribution to Europe of cocaine produced in South America – on the top of the Group’s agenda. This constituted a major novelty in the context of the traditional HDG priorities for international cooperation (Andean Countries and Afghanistan).

Such priority aimed to answer to the recent but strong emergent phenomenon of cocaine traffic through that region towards Europe.

Regarding support measures conceived to Western Africa a set of results highlighted the consolidation of this subject not only in the HDG agenda but in EU as well:

1. A thematic debate on the drug situation in Western Africa, which culminated with the approval of Council conclusions on drug trafficking along cocaine route, including Western Africa;
2. First ECOWAS/EU Troika meeting on drugs;
3. Approval by the EU Council of recommendations and future cooperation measures with Western Africa;
4. Signature in Lisbon, on September 2007, of the international agreement establishing the Maritime Analysis and Operations Centre - Narcotics (MAOC-N), a law enforcement centre with military support, launched by seven Member States (United Kingdom, France, Spain, Ireland, Netherlands, Italy and Portugal), but open to others. Based in Lisbon, the centre aims at the suppression of illicit drug trafficking by sea and by air across the Atlantic towards Europe and the West African seaboard, throughout the exchange and analysis of operational information and the planning of interdiction operations conducted on a national basis, involving the deployment of naval and aerial assets of Member States;
5. Resolution, approved at the Commission on Narcotic Drugs (CND), (March, 2008) on "Reinforce of International support to West Africa on the fight against drugs";
6. International Conference on Drugs problem in Guinea-Bissau (December 2007) which aimed to congregate efforts against drug trafficking in that country (5 million Euros were pledged by several donors).

In order to fully implement the EU Action Plan, the Portuguese Presidency promoted three other thematic debates:

- In the HDG September meeting, the Portuguese Presidency promoted a thematic debate on **Information and intelligence exchange mechanisms** (Action 18.1 and 36.1 of the EU Drugs Action Plan 2005-2008). The purpose of this debate was to bring to the political level the operational aspects carried out by the law enforcement forces and the intelligence services, and to reflect on its results and articulation possibilities with other supply reduction instruments;
- In the HDG November meeting, took place a thematic debate on **Interventions in Prisons: the role of harm reduction measures** (Action 13.2 and 15 of the EU Drugs Action Plan 2005-2008). On the basis of the replies to the questionnaire of the discussion paper prepared by the Presidency, several orientations were agreed upon a basis for future work;
- At the last HDG meeting under Portuguese Presidency, in December, a thematic debate was held on **preventing the distribution of drugs at street level** (Action 25.2 of the EU Drugs Action Plan 2005-2008). This debate aimed to promote the exchange of experiences and good practices, contributing to improve the intervention of Member States in this area.

As part of the official programme of the Ministry of Health, the Institute on Drugs and Drug Addiction organised two events:

- **International Conference on the Evaluation of Public Policies and Programmes on Drugs** which took place in Lisbon, on 19th and 20th September 2007. The Conference was a follow up to the section on evaluation in the EU Drugs Strategy 2005-2012 and EU Drugs Action Plan 2005-2008. The Conference arrived at several conclusions, which contributed for the assessment of the current EU Action Plan on Drugs and the draw up of the forthcoming 2009-2012 Action Plan;

- **EU National Drug Coordinators Meeting**, in which two particular issues were discussed: “Cocaine use and provision of treatment services” and “Update on coordination mechanisms”.

The Portuguese Presidency supported two other events:

- Conference of the European Federation of Services Telephone (FESAT) about Cannabis (see chapter 3);
- Conference of the Pompidou Group on drug addiction prevention amongst families.

During the Portuguese Presidency, the Council adopted the following documents:

- Programme on Information and Prevention on Drugs;
- Council decision on 1-benzylpiperazine (BZP) defining as new psychoactive substance which is to be made subject to control measures and criminal provisions;
- conclusions on the cooperation with Western Africa on drugs field;
- Council conclusions on cocaine drug trafficking;
- The level of financing, geographical, and thematic distribution of EU projects on the fight against drugs.

In what concerns the participation at Pompidou Group of the Council of Europe, we can state that there was a stronger involvement within its action. Every meeting, seminar and conferences organised under Pompidou’s Group, in 2007, was preceded by a National Coordination meeting.

National participation was enhanced at the following platforms:

1. Ethics, an IDT, I.P. representative at this platform presented a report on “Drug testing in school setting”. This report will contribute to Council of Europe humans’ rights future document;

2. Penal Issues – representatives from IDT, I.P., Public Prosecutor Office (PGR) and DGSP actively participated at the preparation of Bucharest Conference on Treatment and alternatives to prison, by presenting two communications and moderating two round-tables;

3. Prevention – National representatives cooperate actively on the preparation and development of a Conference held in Oporto, under the theme “Families, Lifestyles and Drugs”, which gathered around 120 participants from almost 35 countries of Pompidou Group as well as from Tunisia, Alger and Morocco, academics and international experts and other partner institutions. Civil society members presented communications of experiences developed within their communities;

4. Coordination – Portugal allocates a part of its financial contribution to the Pompidou Group to the cooperation with Mediterranean and Maghreb countries, gathered under Pompidou Groups MedNet Cooperation on Drugs and Addictions.

Together with the MNE, IDT, I.P. assumed the national representation at the Inter-agency Group meeting, held in Warsaw, from 28 to 29 November. This group gathered Pompidou Group representatives, WHO, UNODC as well as from the present EU-Troika. The main goal of the Group is mainly to promote work-oriented cooperation, by maximising synergies and avoiding double working.

International Cooperation – Criminal Police

Cooperation with other law enforcement bodies and international organisations is growing stronger due to drug trafficking global level.

This cooperation has been highlighted by criminal police work, due to the fact that Portugal is one of the main entry points of cocaine and hashish towards Europe and by that the implicit criminal police responsibilities as responsible for the external EU border protection (see chapter 10.2).

Sharing intelligence between Criminal Police and other similar institutions has been increasing over the last years, as reported in 2007.

In what concerns strengthening Portuguese participation for the fulfilment of EU Action Plan on Drugs, namely attending several intelligence-sharing meetings, Criminal Police was present in all monthly HDG meetings and other 17 meetings/international conferences on illicit drugs trafficking.

As controlled deliveries phenomena is concerned (an important international cooperation instrument among illicit drugs trafficking) there was an increase of 26.6% in comparison to 2006 (in 2006 there was already an 87.5% increase in comparison to 2005).

Criminal Police joined two international illicit drug trafficking operations by air. These operations were led by Portugal (one was part of "Cospol Cocaine" project, an initiative of EU Heads of Police Task Force).

1.4. Budget and public expenditure

We are still waiting for some data of other institutions. Data is expected to be available early December.

1.5 Social and cultural context

In 2007 and 2008 media and public debate was focused mainly on the following drug-related issues:

- Portuguese Presidency of the European Union (see chapter 1.3.);
- Presentation of the National School Survey (see chapter 2.3);
- Presentation of the survey “Prevalence Estimates on Problematic Drug Users in Portugal” (see chapter 4.2);
- Presentation of the survey “Drugs and Prisons in Portugal - 2007” (see chapter 8.4);
- Presentation of the National Population Survey on Psychoactive Substances in the Portuguese Population (see chapter 2.2);
- Celebration of implementation contracts for the Programs of Integrated Responses (PRI) (see chapters 1.2 and 3);
- Beginning of the pilot project of syringe exchange programme in the prison establishments of Paços de Ferreira and Lisbon (see chapter 7.3);
- Lisbon and Oporto Bike Tour (large coverage by TV channels and press).

In 2007, the two main institutional moments were the International Day Against Drug Abuse and Illicit Trafficking, on the 26th of June, and presentation to the public and to the press of the 2006 Portuguese Annual Report (“A situação do País em Matéria de Drogas e Toxicodependências”) at the National Parliament and the Annual Report of the EMCDDA on the drugs problem in the EU and Norway.

In the International Day Against Drug Abuse and Illicit Trafficking, the National Coordinator signed 16 protocols between particular institutions of social solidarity and NGO and the IDT, I.P., I.P. for the execution of Programs of Integrated Responses (see chapter 3).

Also in the International Day Against Drug Abuse and Illicit Trafficking, awareness sessions were held at several Institute for Labour and Professional Training (IEFP) centers, involving 4 232 persons (trainees and trainers), (see chapter 9).

2. Drug Use in the Population

2.1. Overview

Drug use in the population is mainly monitored through surveys repeated every 5 or 6 years (general population and prison surveys), every 2 years (school population surveys) and by an ad-hoc basis for specific groups such as University students or young people in recreational settings. In 2006 and 2007 several surveys took place to allow time trends in these different settings: 2 school surveys, 1 general population survey, 1 prison survey, 1 problem drug use survey. With the exception of the HBSC/WHO survey (already exposed in the previous Annual Report and in Standard Table 2), all other studies were presented publicly in 2008.

Results from the II National Population Survey on Psychoactive Substances in the Portuguese Population (15-64 years) indicate that cannabis, cocaine and ecstasy are the substances preferably used by Portuguese, with lifetime prevalences respectively of 11,7%, 1,9% and 1,3%. Between 2001 and 2007, despite the increase of lifetime prevalence in several illicit substances, a generalised decrease was verified in the continuation rates use.

The National School Survey (INEM) 2006 results seem to be inline with the already reported HBSC/WHO survey results, and suggest a decrease in terms of drug use, respectively between 2002-2006 and 2001-2006, where cannabis is the drug with higher prevalences of use between school populations.

Combining the results from the National School Survey with the ones from the National Population Survey on Psychoactive Substances in the Portuguese Population, both point out to the decrease of prevalence use of illicit substances among youngsters (with less than 20 years).

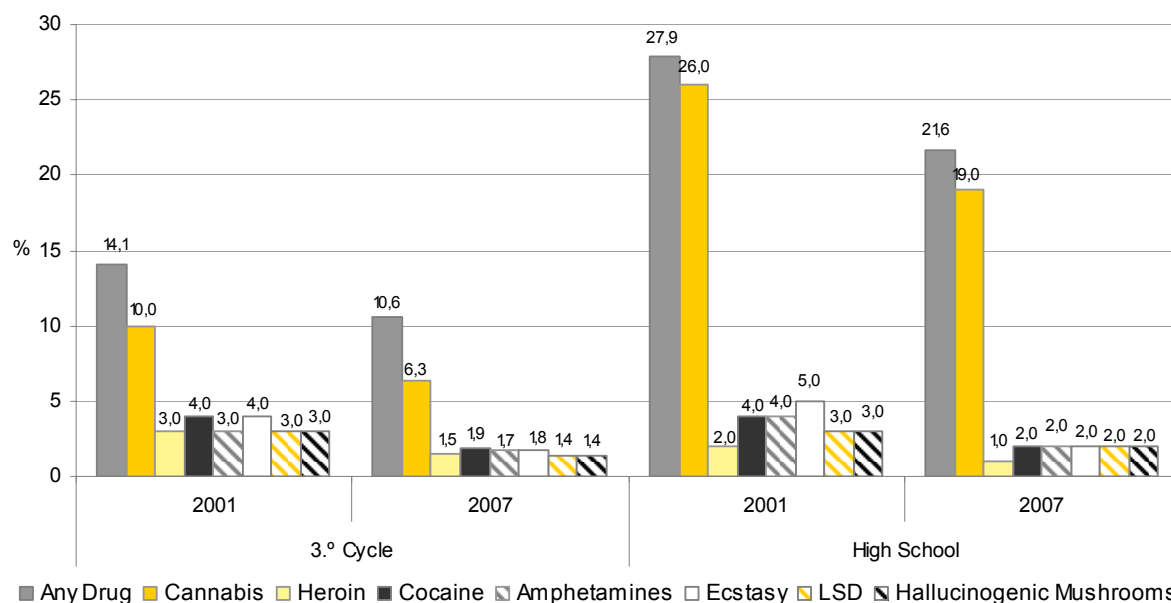
Results from a recent survey in recreational settings of Coimbra indicate that users of psychoactive substances and sexual risk behaviour report that most used substances are alcohol, tobacco and cannabis and the average number of sexual partners per sexually active person was 2.6% and in this group 64.5% experienced sex under drug effects.

2.2. Drug use in the general population

In 2007, the II National Population Survey on Psychoactive Substances in the Portuguese Population (INPP – Inquérito Nacional ao Consumo de Substâncias Psicoactivas na População Portuguesa) was implemented for the second time (first study was in 2001).

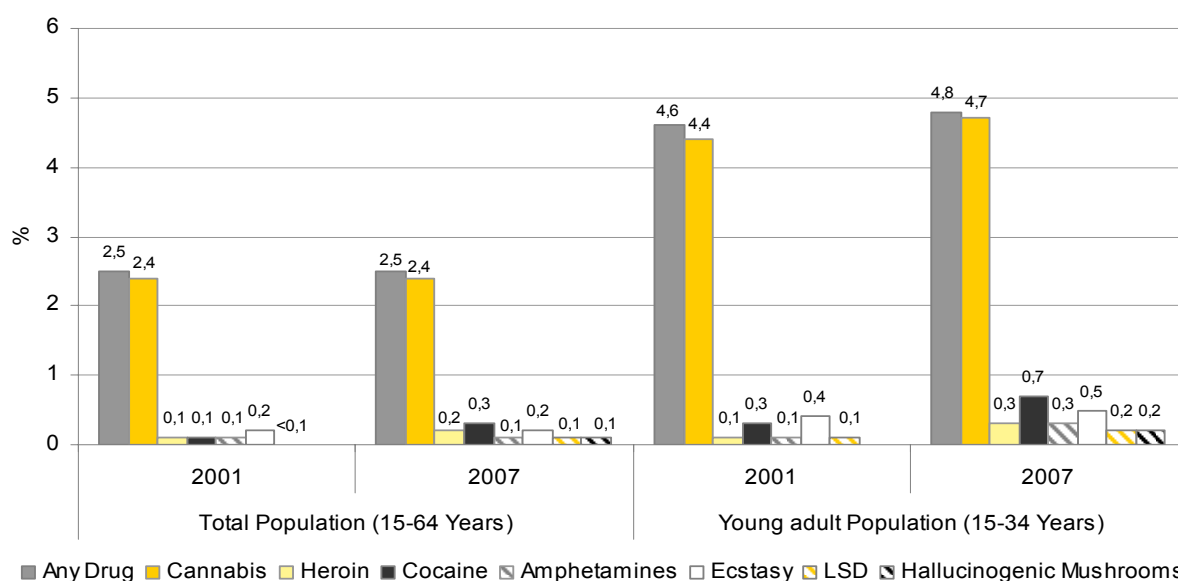
The objective of this epidemiologic study is to describe the dimension and the characteristics of the phenomenon of illicit and licit use of psychoactive substances, in the Portuguese population between the 15-64 years old.

In 2007 as in 2001, cannabis was the illicit substance that registered the higher prevalence of use in the total population (15-64 years) and in young adults (15-34 years) population. With much lower prevalence use, cocaine appears as the second illicit substance preferably used between these populations, followed by ecstasy. As in 2001, young adult population presented in 2007 prevalence's of use superior to the ones presented by the total population.



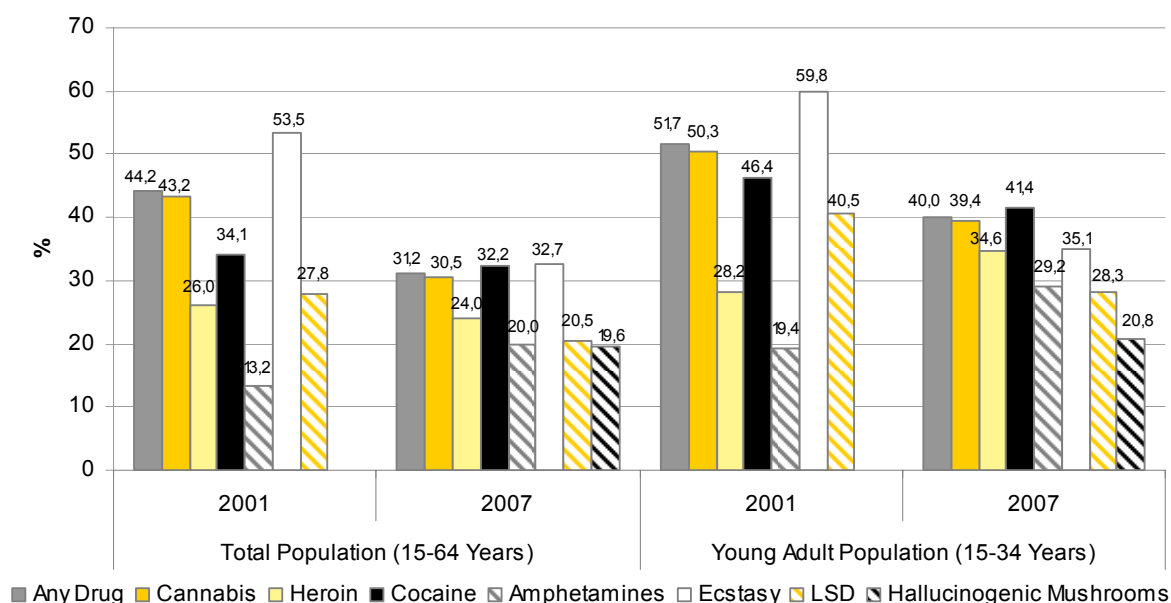
Graph 1 – Portuguese Population (15-64 years) and Young Adults (15-34 years): Lifetime Prevalence by type of drug (IDT2008a)

Between 2001 and 2007 and in the set of the Portuguese population, a generalised increase in lifetime prevalence in several illicit substances was verified as well as a stabilisation in last year and last month prevalence, with the exception of cocaine, heroin, and LSD, whose prevalence of use increased. Between young adult population, a generalised increase in lifetime prevalence and last month prevalence was verified, with the exception of lifetime prevalence for heroin that maintained the same. In general, we can point out in both populations the increase of cocaine prevalence use shown up in 2007 and contrarily to what occurred in 2001, as the second illicit substance with higher prevalence's of use, in the total population and in young adult population.



Graph 2 - Portuguese Population (15-64 years) and Young Adults (15-34 years): Last Month Prevalence by type of drug (IDT2008a)

However, between 2001 and 2007 a generalised decrease in the continuation rates was verified in the total population and young adult population, with the exception of increases in the rates of amphetamines in both populations and rate of heroin in the young adult population. In 2001 and in 2007, young adult population presented continuation rates superior to the total population for all illicit substances. Ecstasy, cocaine, and cannabis were the substances with higher continuation rates in both populations in 2001 and 2007: in 2001, for both populations the higher rates were respectively ecstasy, cannabis and cocaine; in 2007, in total population were ecstasy, cocaine and cannabis, and in the young adult population were cocaine, cannabis and ecstasy. Such variations reinforce higher visibility of cocaine use.



Graph 3 – Portuguese Population: Total Population (15-64) and Young Adults (15-34): continuation rates, by type of drug

The gender-analysis shows that both total population and young adult population, male gender group presented higher lifetime prevalence and last month prevalence than female group for any of the considered illicit substances. The preferential pattern of use of the Portuguese population – in first place, use of cannabis followed by cocaine and ecstasy – maintained the level of male and female group in both populations.

Group age analysis shows that age groups 15-24 and 25-34 are the ones with prevalence's above average. Age group, 15-24, (when separating the results of lifetime prevalence use in two groups – 15-19 years and 20-24 years) it is noticed that from 2001 to 2007 in the younger group there is a decrease in the percentages of users, whereas in the oldest group there is an increase of these values.

In a broader spectrum, general pattern of evolution of these prevalence's of use between 2001 and 2007 continue in the male and female group at the level of total population and young adult, to point out, between the exceptions, a decrease in lifetime prevalence use of heroin in the young adult female group, as well as a decrease of cannabis prevalence use and a stabilisation of cocaine in the last month in both populations of the female group.

Regional analyses shows that the regions of Algarve and Lisbon are the ones that present higher (above the national average) prevalence's of lifetime and last month use of any illicit substance for the total population and for young adult population.

Despite the prevalence's of use of any illicit substance, that reflects mostly the prevalence of use of cannabis, in a general way, either in total population either in young adults, these

regions were the ones registering the higher lifetime and last month prevalence of use for almost all the considered illicit substances. Among the exceptions, special emphasis to the case of amphetamines use in Azores (one of the regions with higher amphetamines lifetime prevalence of use in total and young populations) and to the case of heroin in Alentejo (one of the regions with higher prevalence of heroin use in the total and young populations).

In general, all regions maintained the preferential pattern of use in the country – in first place the use of cannabis, followed by cocaine and ecstasy, with the exception of Alentejo (heroin is the second most used drug after cannabis), Algarve (heroin emerge between the three substances with higher prevalence of use) and Azores (amphetamines have similar position to the one ecstasy occupies at country level).

Also the general pattern of evolution of lifetime prevalence use between 2001 and 2007 was maintained on the whole, at regional level, as in the total population as in the young adult, to state between the exceptions, the decrease of heroin use in the North, in Lisbon and in Azores (in these two last regions only in terms of the young adult population), and the decrease of lifetime prevalence use of all the illicit substances in Madeira (except the increase of cocaine use in the young adult population).

Concerning licit substances:

- Increase in lifetime prevalence use of alcohol and tobacco and decrease in medicines (tranquilisers, etc);
- Regarding more regular use (prevalence in last month) results shows stability for alcohol, tobacco and medicines;
- Last month prevalence of age group 15-34 years shows prevalence below average as for alcohol as for medicines and above average in the case of tobacco.

Finally and comparatively with studies results from other European countries, we can state that, even being the national results the most recent European results, Portugal remains among the countries with the lowest prevalence of use for most of the substances, with the exception of heroin, where Portugal shows higher prevalence's.

2.3. Drug use in the school and youth population

The National School Survey (INME²), of the IDT is a survey which target population is students from 3rd Cycle of Basic School (7, 8, and 9 grades) and Secondary School (10, 11 and 12 grades) was implemented for the second time in 2006 (first study was in 2001).

The aim of this study is to describe the dimension and the characteristics of the phenomenon of illicit and licit use of psychoactive substances, in the populations studied.

The stratified randomised sample is representative at national, regional and district level (district capital and other district areas), and at municipal level. The samples were stratified proportionally by geographic region and year of school, more than 35 thousand students were inquired from the different scholar groups studied, and globally near 75 thousand students, self completed an anonymous questionnaire during a regular class. From those 49% from 3rd Cycle, 51% high school; 45% boys and 55% girls, near 17% for each year of school.

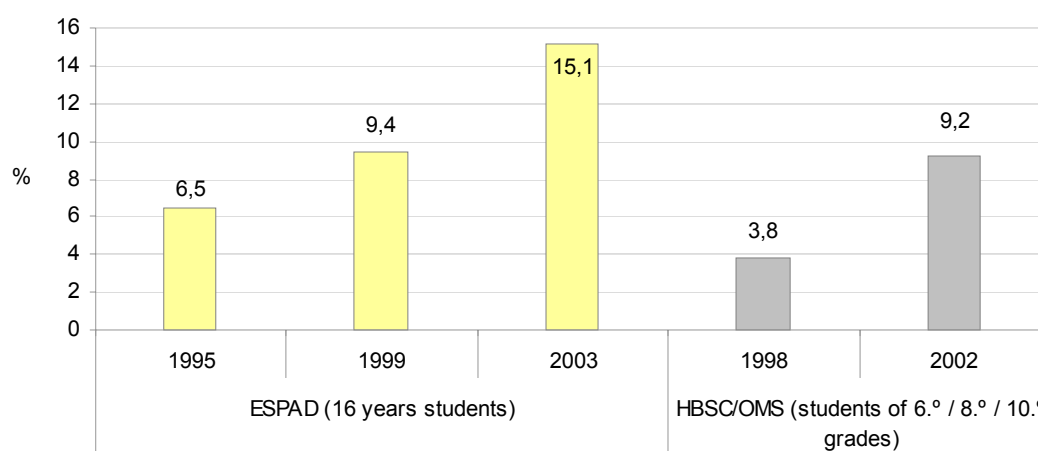
Collected indicators approach several dimensions such as recreational culture and settings, the use of psychoactive substances (including alcohol and tobacco), individual characteristics, family, school setting, and the community, in an effort to contribute to the conceptualisation of prevention programmes.

² INME – National School Survey – is a project from the responsibility of IDT,I.P. started in 2001.

Health Behaviour in School-aged Children/World Health Organization (HBSC/WHO)³ Portuguese survey is repeated every four years and targets young people in school settings (6th, 8th and 10th grades). Data from this study was already reported in 2006 Annual Report.

According to more recent national school surveys, the use of drugs that was increasing since the 1990's, decreased for the first time in 2006. Results from 2006 national survey among students from the 6, 8 and 10 grades (HBSC/OMS) show that cannabis, stimulants and LSD emerge with a higher lifetime prevalence (respectively 8,2%, 3,5% and 1,8%), with special emphasis to decreases on the prevalence use of cannabis and ecstasy (in relation to 2002). The results from the national study carried out between students from 3rd cycle and secondary show that cannabis, cocaine and ecstasy presented a higher lifetime prevalence of use within 3 cycle students (respectively 6,6%, 2,1% and 2,1%), and cannabis, ecstasy and amphetamines, show higher lifetime prevalence of use within Secondary students (respectively 18,7%, 2,1% and 2%). Between 2001 and 2006, a general decrease in the use of all illicit substances was verified (both in 3rd Cycle and in Secondary students).

Results from several national studies carried out between 1995 and 2003 in school setting populations context – European School Survey Project on Alcohol and other Drugs (ESPAD⁴) in 1995, 1999 and 2003, HBSC/OMS in 1998 and 2002, and ECTAD⁵ in 2003, presented prevalences of cannabis use much higher than other drugs. In general, results show a generalized increase of use in 1995/2003 and 1998/2002 periods. In ECTAD context, results related with the perception of regular drugs use, revealed that cannabis and ecstasy were considered as illicit substances whose regular use would be easier to abandon, being the only two substances where this perception increased in the direct reason of age of students.



Graph 4 - School Population: Cannabis Lifetime Prevalence (IDT2008a)

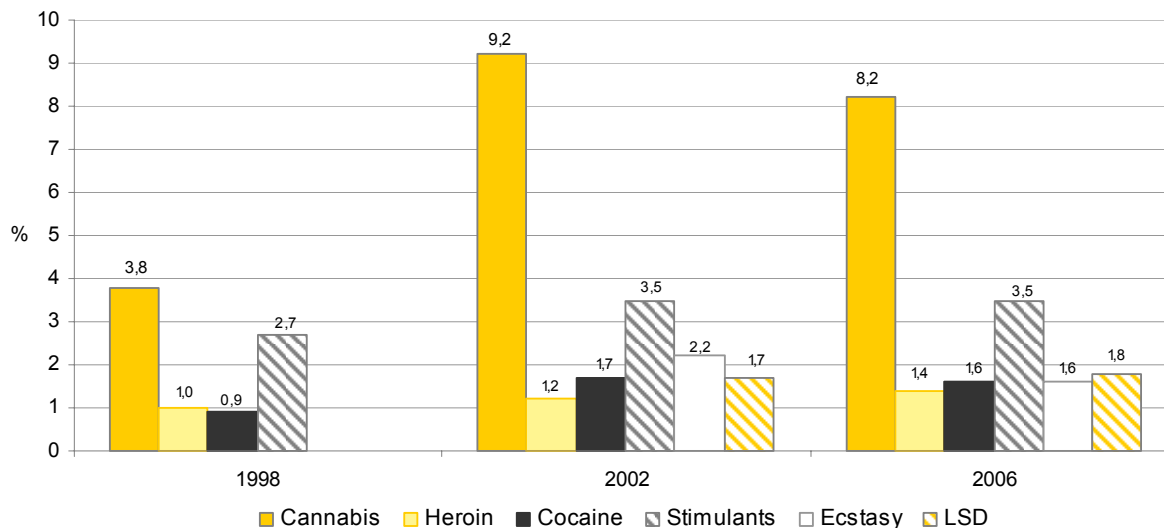
In 2006, results from national studies implemented in the context of school populations, HBSC/OMS and INME, reveal decreases in the consumption, respectively between 2002-2006 and 2001-2006, with cannabis being once more the drug with higher prevalence of use between these populations. In HBSC/OMS, cannabis, stimulants and LSD showed in 2006, higher lifetime prevalences, with special relevance to the prevalence use decrease of

³ PT integrates HBSC/OMS – Health Behaviour in School-aged Children – since 1996 and is an associated member since 1998. National data concerning 1998, 2002 and 2006 studies are published (Matos et al., 2000; Matos et al., 2003; Matos et al., 2006).

⁴ Portugal integrates ESPAD - European School Survey Project on Alcohol and Other Drugs since 1995. National data within the European framework and related to 1995, 1999 and 2003 studies are published (Hibell et al., 1997; Hibell et al., 2000; Hibell et al., 2004).

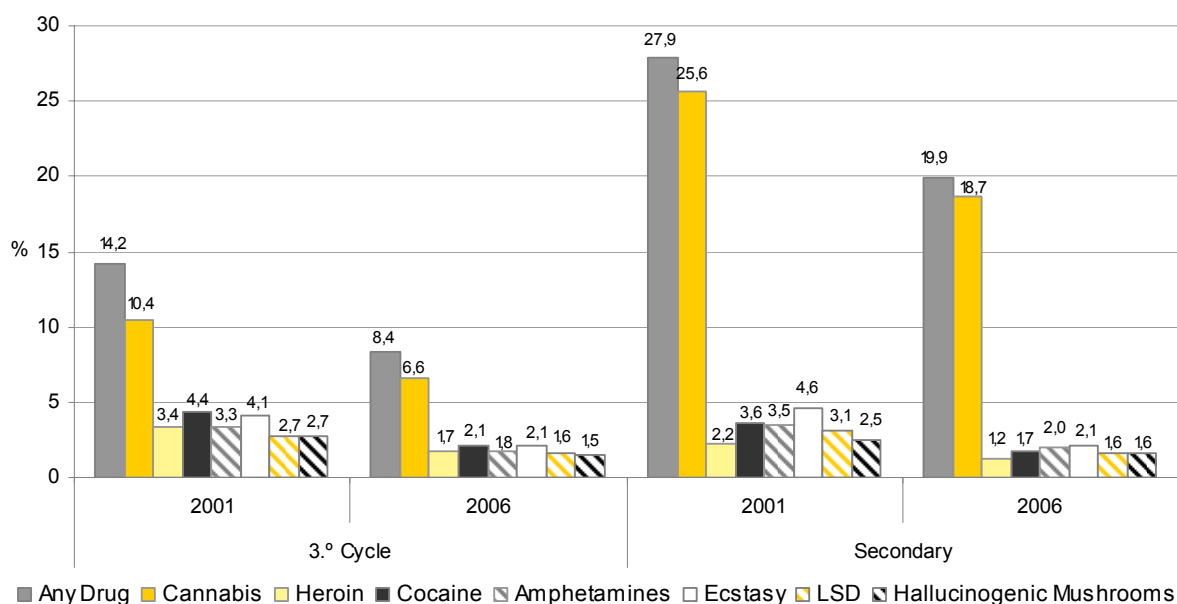
⁵ ECTAD - Estudo sobre o Consumo de Álcool, Tabaco e Droga – started at IDT, I.P., in 2003 (Feijão & Lavado, 2006) and is integrated in the program “Studies in School settings”.

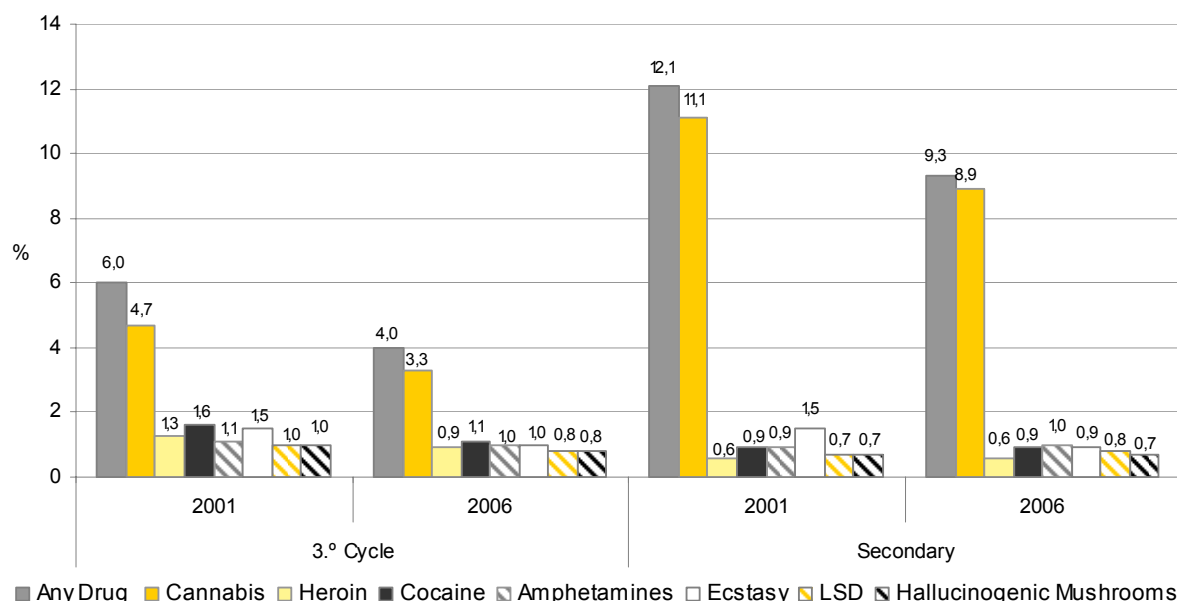
cannabis and ecstasy (in relation to 2002). However, it has to be stated that the existence of subgroups that did not keep this standard of evolution, (specially the younger ones and with a lower economic status) where a reduction of cannabis consumption was not verified.



Graph 5 – School Population – HBSC/OMS (students of 6th/8th/10th grades): Lifetime Prevalence, by type of Drug (IDT2008a)

In the National School Survey (INME), cannabis, cocaine and ecstasy showed in 2006 with a higher lifetime prevalence use between students from the 3rd Cycle, and cannabis, ecstasy and amphetamines with higher prevalence's between Secondary students. Between 2001 and 2006 a decrease in prevalence's use of all illicit substances was evident, both among 3rd Cycle students and Secondary students. A decrease in last month prevalence was also verified at the level of these two students groups, with some exceptions in Secondary students.



Graph 6 – School Population – 3rd Cycle and Secondary: Lifetime Prevalence, by type of Drug**Graph 7 - School Population – 3rd Cycle and Secondary: Last Month Prevalence, by type of Drug**

2.4. Drug use among specific groups

A survey that characterizes the use of psychoactive substances and sexual risk behaviour among young people in recreational night settings in the city of Coimbra⁶ (Lomba et al, 2008), the survey was carried out in several recreational settings of Coimbra.

143 teenagers' frequent visitors of nocturnal recreational settings took part in this study. Average age 21 years, 51,05% male; 48,95% female. 55,94% are single, 42,66% live with their companions 1,40 are married. In what education is concerned 2,10% have compulsory education; 16,78% secondary education and 81,12% university students.

The sample was selected by variation of RDS (Respondent Driven Sampling), in the recreational settings of Coimbra.

The instrument used was the "Characterization of the Population Questionnaire", which integrates the ECRIP – "Study of recreative culture as a means of prevention"(IREFREA, 2006).

Results: the most used substances are alcohol (95,10%), tobacco (79,72%) and cannabis (65,73%). The average number of sexual partners per sexually active persons was of 2,66 (SD=3,57). In this group, 64,52% experienced sex under drug effects. 40,33% never/seldom used a condom and 9,64% admitted not having used a condom due being "drunk" or "stoned". 14,60% engaged in sexual activity due to the consumption of drugs and alcohol, having regretted it later. 26,61% undertook medical tests for Sexually Transmitted Infections (STIs).

Conclusions: there are high levels of drug and alcohol consumption and indicators of risky sexual behaviour. Young people are aware that some types of sexual behaviour are risky and acknowledge that consumption of substances is a risk factor leading to such behaviour.

⁶ Coimbra is located in the Central Region of Portugal and it is the major university campus.

Considering these results, local community intervention proposals are analysed and preventive implications are further discussed.

Recreational settings have become key places of socialization in which young adults participate actively. Yet the hedonistic culture associated to this social phenomenon has promoted the consumption of alcoholic drinks and use of drugs, as well as the engagement in sexual risk behaviour.

At the **military setting** (MDN2008), in 2007, the **Armed Forces** collected 12 841 (16 260 in 2006) urine samples from contracted (RC), volunteer (RV) and permanent (QP) staff. The samples are mostly collected on a random basis but follow-up tests (after one positive test) and tests following drug use suspicion reports are also included in these figures, (age group was 18-39).

51 364 toxicological tests were performed on the collected samples for illicit drug use (cannabis, opiates, amphetamines and cocaine). 0.8% of these samples tested positive, which represents a decrease in comparison to 2006 (1,3%), 2005 (1,5%), 2004 (2,3%) and 2003 (2,2%).

When considering results per professional category, contracted personnel registered a higher percentage of positive tests (1,1%), immediately followed by volunteer staff (0,8%) and permanent staff ranked quite lower (0,1%). However, in 2007, in comparison to 2006, a decrease in the percentage of positive results was registered in all staff categories. The main illicit substance found was cannabis (85% of all positive tests, 93% in 2006 and 86% in 2005) followed by opiates (7%) and cocaine (6%), positive tests for amphetamines and polydrug use were residual.

In 2007, a partnership between the General-Directorate of Personal and Military Recruitment (DGPRM) and the Pharmacy Toxicological Analysis Laboratory of the Navy (LAFTM), concluded in the navy, the realisation of an epidemiologic prevalence study, with the objective to estimate the dimension of drug use in militaries of both sexes (Permanent and Contracted staff).

This research is part of a pluri-annual Project that includes the Armed Forces, conducted by the Army and Air Force.

The implemented study was foreseen in the Action Plan Against Drug and Drug Addiction – Horizon 2008.

Main objective is to estimate the use of illicit drugs in each armed forces branch, from a random sample of militaries.

A Navy central computer selected the random sample. Final selection was of 1 039 militaries, that is 10% of the navy population, referred in December 2006.

Specifically referring to results of the 1 039 individuals submitted to toxicological tests (by urine sample), LAFTM identified 4 samples testing positive, that is 3,8/1000 (possible error 0,37%). By that, we can assume a trustful result of 95% (the real value of drug use prevalence within the Navy is between 0,1/1000 and 7,5/1000). When considering the present number of navy active dimension – 10 033 military in December 2006, the actual number of illicit drug users in the navy, in 2007, is between 1 and 75 militaries.

Concerning the social demographic characteristics, the four cases detected did not allow statistic inference. Nevertheless, cases characteristics suggest a consideration of the risk groups defined.

The specific objective of the identification of a pattern methodology for conducting similar studies among other military branches and other organisations was reached: the technological programme that allows naming donors and registering all investigation basic steps is secure and fulfil all international reference standards; the analytical technology is

known, by scientific community, as the most adequate; study design and statistical study were conducted by internal and external validation criteria.

Conclusions and Recommendations:

Prevalence of use, showed a well succeed strategy implemented by the Navy, with significant steps done with training, information and dissuasive capacity from the tests, associated to disciplinary and administrative measures foreseen for detected positive tests.

For the characteristics of the organization and especially for the human resources that integrate it, it is recommended the observation of case series and regular epidemiologic studies, that help to redefine target groups, understand the dimension of the phenomena and the exact measure the same interfere with health, security and the performance of individuals.

In 2007 the II National Prison Survey on Psychoactive Substances was implemented.

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

3. Prevention

3.1. Overview

The year 2007, was characterised, essentially by the concretisation of obtaining diagnosis data, improving a better definition results, as well as, a better characterisation of groups and intervention contexts, and by that a launching year of a set of projects/programmes to be consolidated, by more concrete and visible results, during 2008, aiming at the preparation of the Action Plan Against Drugs and Drug Addiction – Horizon 2012.

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

Therefore, within the framework of Action Plan – Horizon 2008, and after an extensive diagnosis process, main investment at the IDT (the main national actor in the area of drug abuse prevention) was:

- 1) The Operational Plan of Integrated Responses (PORI) is the major intervention of IDT, I.P. and aims at performing a National needs assessment to define territories for priority intervention in cooperation with the local communities and governmental and non-governmental organisations. 163 territories were defined and 92 were selected. Selection process was determinant to put PORI into practice and consequently PRI, which is a specific intervention programme that integrates interdisciplinary and multi sector answers (please see the sub-chapter on selective/indicated prevention);
- 2) Selective Prevention Interventions (PIF) – 23 pilot projects are currently being funded by IDT, I.P. to be tested as good practices and help develop future accreditation criteria for this area;
- 3) The implementation, consolidation and dissemination of a website addressed to young people www.tu-alinhas.pt (please see the sub-chapter on community prevention);

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

3.2. Universal prevention

In the sense of reinforcing universal efficient and evaluated prevention actions, to apply in schools, special emphasis was given to the website **Tu-Alinhas** that constitutes already an answer to find information for school activities, being possible the spread near the Regional Direction of Education (DRE) and schools, with the collaboration of DGIDC and the Ministry of Education (ME). To refer, in the scope of the same objective, the publication “Use of psychoactive substances and prevention in the school setting”, elaborated jointly between the ME/DGIDC, DGS and IDT, I.P.

School

In 2007, school-based prevention in Portugal continued to be mainly implemented through programmes developed by 3 different actors: Ministry of Education, which is responsible for the inclusion of health promotion and substance use prevention in the school curricula;

IDT, I.P. (Ministry of Health) through the PORI framework described above and the Public Security Police (Ministry of Home Affairs).

Prevention of drug use is part of the **school curricula** in Portugal and dealt with in the framework of health promotion and education (please see SQ22/25 for description of framework and availability of responses submitted last year) approached in several school subjects mainly in Sciences, Biology and Civic Education.

During the school year 2007/2008, were developed in the school settings, several prevention actions and projects, in a more global perspective of health promotion and in a more specific scope of thematic approach to the use of psychoactive substances, contributing to reinforce the universal efficient and evaluated prevention actions, to apply in schools.

Also in the school year of 2007/2008 continuity was given to the implementation of several prevention programmes, with a structured and continued character; examples are: *Projecto Atlante* (for the second and third cycle of Basic School); o *Programa Crescer a Brincar* (for the first cycle); o *Programa PRÉ – competências* for the preschool (see SQ 22/25 submitted last year), the experimental launch of the *Projecto “Eu e os Outros”*; *Projecto Aldeia* and *Projecto Entre Todos*, among others, contributing to increase the number of support materials to prevention, which illustrate the importance of partnerships.

It was also launched an edictal, through which, all the Groupings and Schools not grouped, interested on being supported in the concretisation of projects in the area of “Promotion and Education for Health” were invited to present their projects, and by this, give continuity to the practice developed in most recent years.

The information/awareness sessions continue to be frequently carried on by teachers and/or helped by experts of several entities (health centres, autarchies, IDT, I.P., NGO). Many of these activities developed in schools use participant methodologies, such as research about the thematic, elaboration of works and group dynamics that favour the learning and decision taking process.

General Directorate of Innovation and Curricular Development (DGIDC), in partnership with General Directorate of Health (DGS) and IDT, I.P., produced the publication “Use of psychoactive substances and prevention in the school setting”, technical-pedagogical backup to approach this thematic in schools.

In line with the cooperation agreement between the DGIDC/ME and the IDT, I.P.⁷ emphasis was given for a set of meetings, in order to articulate actions in the school setting, and then giving fulfilment to the established agreement of partnership. These meetings approached among other subjects, the implementation of the projects “*Copos - quem decide és tu*”; *Project “Eu e os Outros”*, “*Projecto Trilhos*” and the analyse of the proposal “*Pastilhas, põe-te a milhas*”.

Cooperation with DGIDC/NESASE can be enhanced by the projects implemented by IDT, I.P. where counselling was given on materials and interventions strategies for school settings particularly on the website “Tu alinhas– game “*Eu e os Outros*” and for *Projecto Trilhos*.

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

For a target population of 979 200 pupils in all school levels (including Universities), school year of 2006/07, PSP had a total of 328 police officers (375 in 2006/2007), 183 patrol cars, 91 motorbikes and 48 scooters, all duly identified, specifically allocated to prevention actions in the school settings. Law enforcement agents ensure proximity policing and offence dissuasion, both during day and night, and are also involved in awareness and training

⁷ Cooperation Agreement between DGIDC/ME and IDT, I.P., was signed on the 4th August 2006.

activities (targeting students, parents, school staff and law enforcement agents), especially in the following areas:

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

PSP promoted more than **3 200** awareness, training and demonstration sessions in schools, with the participation of near **190 000 pupils, 10 000 parents, 11 000 teachers e 2 700 police officers**.

Many of these actions were also directed at prevention questions on risk behaviour in general, specially the use of drugs, having in some cases, counted with the collaboration of IDT, I.P. experts (both, in the preparation of pedagogical materials and in the accomplishment of the actions).

PSP registered 44 occurrences of possession/use of drugs in school settings in the year 2007/2008 (21 in the year 2006/2007). Of these 44 cases, 18 occurred in the inside and 26 in the outside of schools (in the previous year 9 situations inside school and 12 in the outside).

Concerning traffic/possession of drugs, some stabilisation in the number of cases has been registered along the years and an increase of the seized quantities.

In many of the occurrences, verified, negative effects of the social, demographic urbanity and criminal context of their location affect schools.

Most of the students identified are youngsters, aged between 14 and 18 and 80% of them are male.

Most seized Drug by PSP, among school communities, is hashish (around 5 207 grammes seized during 2007/2008 school year), followed by heroin (1 121 grammes) and cocaine (163 grammes). An important detail is that for heroin and cocaine seized, they didn't correspond to students or other school community intervenient, but to specific individuals that undertake illicit activities around school compounds.

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Between 17th September and 26th October 2007 and between 26th May and 20th June 2008, PSP launched a national awareness campaign called "School year opening 2007/2008" and "Safe school – closing school year 2007/2008".

Their operation had a preventive and pedagogical approach and involved other local actors in order to emphasise healthy behaviour and drug and alcohol consumption dissuasion, around schools. Between both operations 1 058 individuals were detained and the seizures reached 4 506 grammes hashish, 1 121 grammes of heroin, 289,95 grammes of cocaine and 138,19 grammes of other illicit drugs.

GNR data indicate that in 2007, 198 agents (196 in 2006, 208 in 2005 and 279 in 2004), were allocated to this programme. Apart from the proximity policing and offence dissuasion, these law enforcement agents are also involved in training and awareness raising initiatives in schools. The initiative covers 8 115 schools but more were covered by the GNR in awareness raising sessions (8 057) and demonstrations (922) covering a universe of 806 572 students.

Family

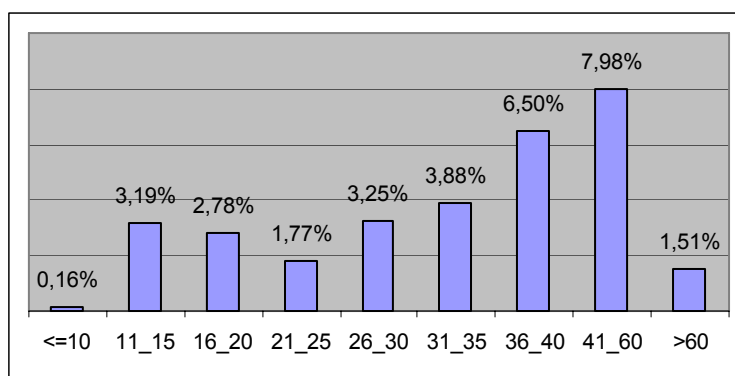
Family based prevention will depend on projects developed under PORI. Specific information will only be available for next year's National Report.

Community

The IDT keeps the national telephone helpline, *Linha Vida – SOS Drogas* an anonymous and confidential service that gives priority to counselling, information and referral in the drug abuse area and associated themes (adolescence, sexuality, AIDS, amongst others). In 2007, *Linha Vida* was available from 10 am to 8 pm every working day. Its staff includes doctors, psychologists, pharmacists and social workers with specific training in the drug abuse. In 2008, *Linha Vida – SOS Drogas* celebrate 20 years of existence.

From the 1st January to 31st December 2007, the helpline received a total of 23 412 calls (31 030 in 2006) from which only 3 169 (3 923 in 2006) were real calls, the rest being silent calls (5 069 in 2007 and 6 583 in 2006), pranks (14 881 in 2007 and 20 101 in 2006) and 293 (423 in 2006) insults.

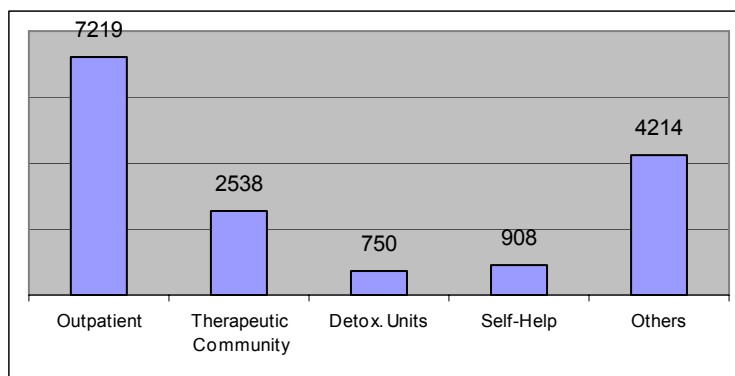
Concerning the client profile, most calls continue to be made by those who had a problem or needed information (56,48% in 2007, 58,40% in 2006, 67% in 2005, 71% in 2004 and 76% in 2003) followed by calls made by mothers (16,66% in 2007, 14,63% in 2006, 12% in 2005, 10% in 2004 and 7,7% in 2003) with doubts about drug use and relationship problems with their children. In 2007, most callers were aged 36-40 (6,50%) and 41-60 (7,98%) and were mainly female (56,6% in 2007, 56,3% in 2006, 54% in 2005, 53,3% in 2004 and 55,3% in 2003).



Graph 8 – Age groups of Linha Vida callers (IDT2008a)

1 922 calls (2 551 in 2006, 3 452 in 2005 and 2 592 in 2004) concerned information requests about substances mainly cannabis and opiates followed by cocaine, tobacco, alcohol and ecstasy. Calls which concerned substance use (1 293 calls for which it was possible to register information against 792 in 2006, 1 003 in 2005, 638 in 2004 and 873 in 2003) include 750 calls related to active drug use (658 in 2006, 857 in 2005, 509 in 2004 and 716 in 2003) and 73 from individuals in treatment (78 in 2006, 85 in 2005, 101 in 2004 and 88 in 2003). 30 of those callers (25 in 2006, 40 in 2005, 31 in 2004 and 35 in 2003) referred being abstinent and 17 (31 in 2006, 21 in 2005, 10 in 2004 and 21 in 2003) in reinsertion programmes at the time of their calls.

15 629 referrals were given the necessary counselling and other detailed information based on the specific request and the specific problem – situation.



Graph 9 – Referrals done by Linha Vida (IDT2008)

Linha Vida also continued to respond to emails (e-mail counseling) sent to a publicly advertised address in order to improve the availability of information and referral services. In 2007, 689 emails were received (781 in 2006, 811 in 2005, 322 in 2004 and 103 in 2003). 65% of the emails are requests for information and 23% are related to requests for support/counseling. Concerning the client profile, most emails are sent by those who had a problem or needed the information (67%) followed by the parents (7%). In 2007, was verified that most questions came from female gender (59%), male gender (37%).

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

Linha Vida is also a member of the National Early Warning System Network and, in that framework, all references made by callers to new or under monitoring substances are immediately reported to the National Monitoring, Training and International Relations Department of IDT, I.P.

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

In the framework of the Portuguese Presidency of the European Union and with the support of the EMCDDA, the helpline *Linha Vida* as a FESAT member, organised on the 1st and 2nd of October 2007, a Conference subordinated to the theme 'Taking a Call on Cannabis – Drug Helplines Response'.

The main theme of the Conference was Cannabis, taking into account last monitoring telephone services questionnaire in which a raising concern with its use at European level was registered.

Essentially, were debated subjects of interest and telephone services in the drug area, namely most frequent questions, frequent users and use of Cannabis. New technologies associated to telephone services, e-mail counselling, websites target to youngsters as well as forums, and thematic chats were also debated. Juridical and epidemiological questions related with Cannabis and its use at European level was also discussed.

Nearly 60 participants from 25 different European Countries attended this Conference.

Other community intervention project using the new technologies include www.tu-alinhas.pt, a website that promotes healthy behaviours and prevention of drug use in a teenager-youth public (12-21, in different areas). This project is running since 22nd of February 2007, has both entertaining and pedagogical approaches with the main goal of informing and promoting healthy behaviours and drug addiction prevention.

The project was vastly disseminated through:

- Internal awareness – all IDT, I.P. staff was informed by email;
- Promotional material (poster, banners, t-shirts);

- Direct email to all IDT institutional partners;
- Website placed in national and international portals;
- Website placed in special portals dedicated to teachers, parents and educators;
- Direct mailing to Health Centres, City Administrations, youngster organisations and other related institutions.

Following the creation of www.tu-alinhas.pt five games were built up and a virtual chat was developed to stimulate the dialogue between professionals and public (mainly youngster).

During 2007, site reached 26 833 visits and 312 372 visualisations.

In 2007, seven support structures to youngsters were created, IDT, I.P. participated in the development of a Interaction project (Euridice) and one pilot project was developed, where a diagnostic regarding perceptions and representations on psychoactive substances consumption was elaborated by students from professional schools, with the application of 1 654 questionnaires to professional schools.

3.3. Selective/indicated prevention

PORI is a structural measure that highlights accurate diagnosis – fundamental for a field intervention putting in practice, PORI obeys to sequential phases and achieved through the creation of Programs of Integrated Responses (PRI) in each identified territories.

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

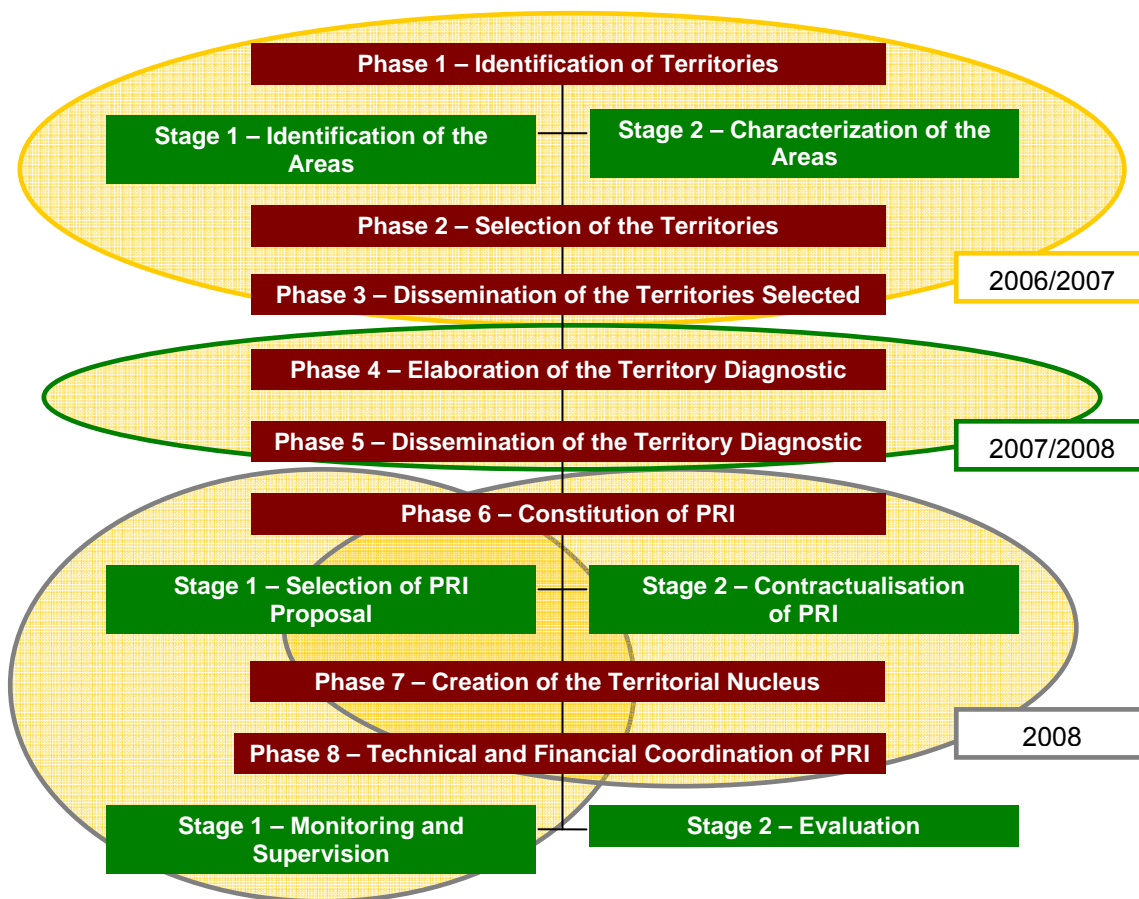


Figure 1 – Operational scheme of PORI (IDT 2008a)

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

The National diagnosis (2006-2007) put in place, allow identifying 163 territories in Continental Portugal where a pressing development for an integrated intervention in the framework of psychoactive use is needed (Phase 1). The identified territory does not border the administrative delimitations, but several places related between themselves by the existence of common problems associated to the use of psychoactive substances, that can be situated at several levels (prevention, treatment, harm and risk reduction, and reintegration). It is associated to the appropriation that persons do from the spaces, to their course and everyday contexts.

In this sense, the emphasis it is on target groups that intends to achieve, taking into account their courses.

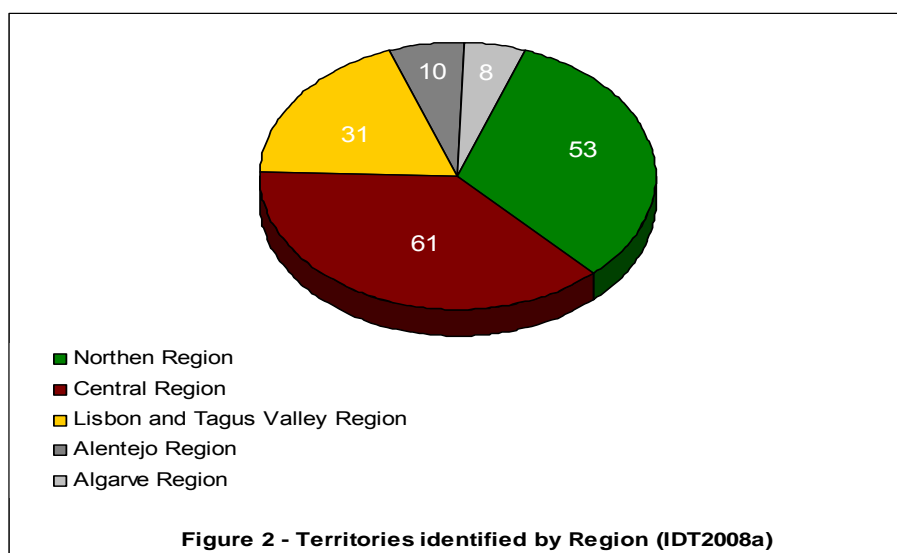
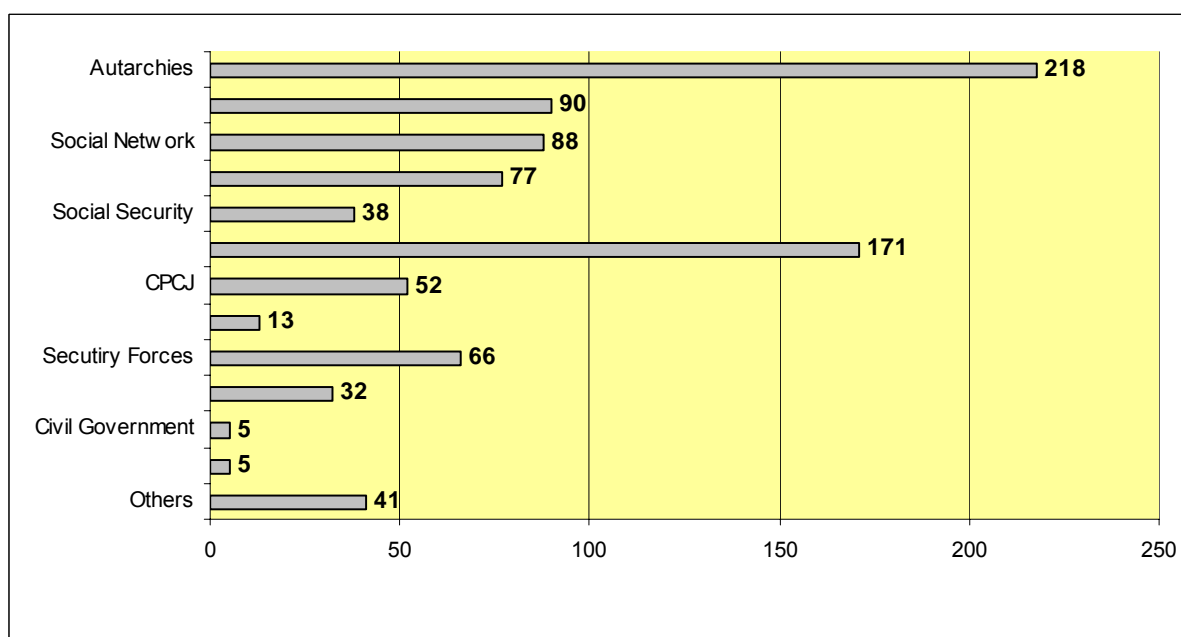


Figure 2 – Territories identified by Region (IDT2008a)

The National diagnosis was developed through a partnership and integrated work with the participation of several public and private entities (896).



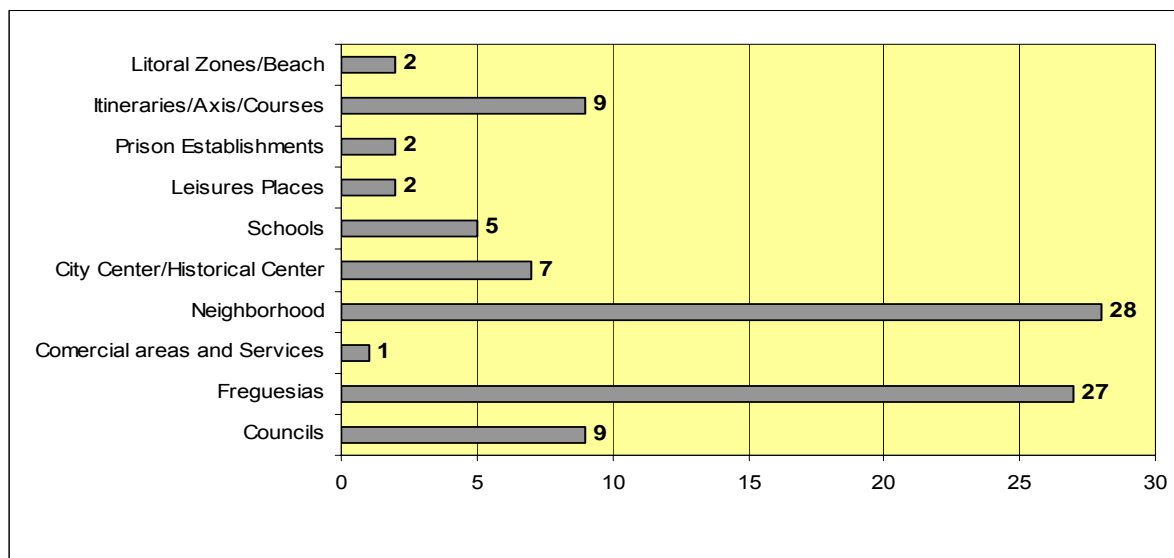
Graph 10 – Typology of entities involved (IDT2008a)

In 2007, a set of priority territories for intervention were selected (Phase 2), than disseminated (Phase 3) and the process of elaboration of diagnosis of each territory selected got started.

Bearing in mind the high number of identified territories, IDT, I.P. Regional Delegations selected those needed of priority interventions, based on information gathered at Phase 1.

Selection process was determinant to put PORI into practice and consequently PRI. For financial and management reasons not all identified territories could be approached and projects developed and implemented. From 163 identified territories, 92 were selected, located throughout 71 councils.

Selected territories have different characteristics and specificities, but can be grouped out in 10 different types:



Graph 11 – Typology of the territories selected (IDT2008)

World Health Organization (WHO) Rapid Assessment and Response approach was chosen for diagnosis development of selected territories, which allowed a quick answer, during a very short period of time.

PORI diagnoses were developed in cooperation with local communities actors. Each territory was analysed at three different levels: structural, communitarian and individual.

These three levels of analysis are fundamental, once interventions in the scope of psychoactive substances consumption require changes on the behaviours, knowledge, and beliefs (individual level), changes near the peer groups and social context where the individuals are inserted (communitarian level), as well as changes at the level of institutional responses available in the territory (structural level).

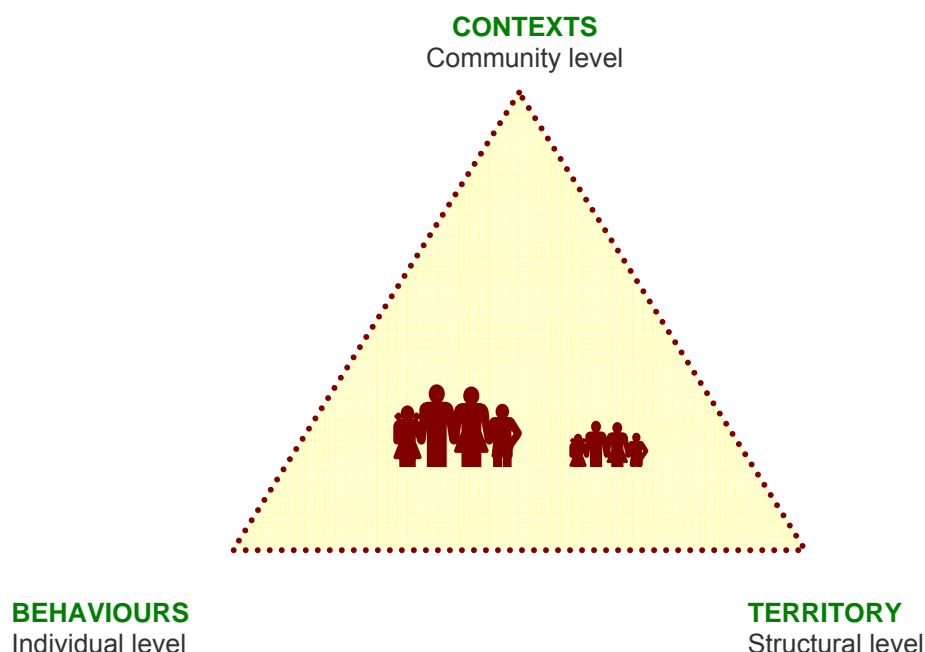


Figure 3 – Levels of analysis (IDT2008)

63 of the 92 selected territories were diagnosed. Diagnosis were made by IDT, I.P. local and regional structures (Centres of Integrated Responses and Regional Delegations) allowing to end a fundamental stage (Phase 4) for the definition of the PRI and technical and financial support to be given by IDT, I.P.

For 2008, is foreseen the implementation and constitution of PRI.

Program of Focused Intervention (PIF) envisages developing selective preventive interventions in the drug addiction area, based in scientific evidence, dealing with problematic specific groups, namely families, vulnerable children and youngsters and individuals with patterns of use in recreational settings.

PIF projects have a specific target group; they are pro-active, continued and long term, comprehensive, multi-component and innovative, a qualified team with specific training and experience in drug addiction prevention and health promotion, to be drawn through the “Logic Model” and have a structuring evaluation model.

These interventions aim developing specific individual and family competences to deal with illicit substances use and inherent problems and risks. The main objective of this programme is the creation of guidelines for prevention interventions practice-based as well as selection, monitoring and evaluation criteria’s for upcoming IDT, I.P. projects and programmes.

1. *Project selection*

Programme was put in practice by public contest and regulated by Administrative Rule nº 1089/2006 of 11th October 2006. Between November and December 2006, 189 applications were received.

The selection process occurred between the end of December 2006 and June 2007 and it was realised in three moments: verification of eligibility criteria of promoting entities and projects, evaluation of the project design and evaluation of the project.

This selection was made by a set of criteria that put in practice PIF oriented principles and measured through a scale created for the effect (available at EMCDDA Best Practice Portal). 34 were pre-selected and 23 of those were finally selected.

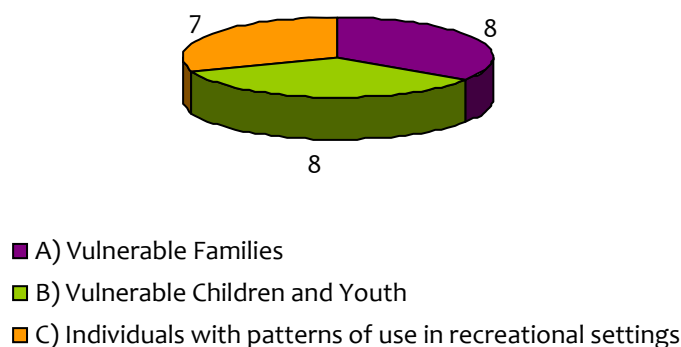


Figure 4 – Number of PIF projects approved (IDT2008a)

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

2. Implementation

PIF implementation took place during July 2007, with a two years period. The 23 selected projects are distributed through 11 districts.

3. Evaluation

Evaluation plan aims a global programme evaluation. It is structured between three different phases – initial evaluation, middle term evaluation and final evaluation. The evaluation combines quantities and qualitative elements complemented by individual project evaluations.

4. Monitoring

By monitoring and following PIF projects, we can develop and guaranty the quality of field intervention, through technical-scientific support at their execution and evaluation. Monitoring model created foresees data collection and distant and presently monitoring of the projects.

Information collection and systematisation instruments were developed on Project evaluation as well as Project database that gather all information concerning these projects.

The IDT, I.P. in a partnership with Casa Pia de Lisboa developed a project on prevention of psychoactive substance use.

This Project, focused at young school and institutional settings intervention was a preventive response to psychoactive substance consumption and healthy development promotion for students at Lisbon Casa Pia (CPL).

Main objective is to design and implement preventive intervention both selective and indicated, appropriate to specific characteristics and needs of target-groups at Casa Pia establishments.

Specific objectives are: getting to know psychoactive substances consumption by Casa Pia youngsters, identifying the needs and perceptions of the different educational actors,

identifying existing resources for the intervention and defining intervention priorities at different levels (students, families and educational actors at CPL).

In 2007, psychoactive substances consumption by youngsters' diagnosis was finalised and complemented by three other methods – document analysis, focus group interviews and questionnaires application for students.

This diagnosis was fundamental to define the lines of intervention for each Centre of Education and Development (CED). These intervention lines point to the sense of: explain and demystify aspects related with the consumption of psychoactive substances, emphasising alcohol, tobacco and cannabis, to standardize proceedings relatively to situations of consumption (suspicion, consumption, possession and traffic); to optimize the add-values of the existent projects avoiding duplication in intervention focused in specific groups; availability of specific information and training for educators, assistants, technicians, teachers and families to deal with situations related with the consumption of psychoactive substances; explore and think about youngster motivations for consumption and for non-consumption.

This diagnosis still supplying other important data as the necessity to focus the intervention in adolescents with ages up to 10 years, in the direction to delay the beginning of consumption and/or decrease this consumption and to consider the differences between boys and girls at the level of the consumption.

Register instruments were built up in order to organise and systemise the intervention.

A questionnaire was applied in order to evaluate perception, motivation, and opinion of several elements on the Project, their involvement, among other issues.

Recreational Settings

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

There are high levels of drug and alcohol consumption and indicators of risky sexual behaviour. Young people are aware that some types of sexual behaviour are risky and acknowledge that consumption of substances is a risk factor leading to such behaviour. Recreational settings have become key places of socialization in which young adults participate actively. Yet the hedonistic culture associated to this social phenomenon has promoted the consumption of alcoholic drinks and use of drugs, as well as the engagement in sexual risk behaviour (Lomba et al, 2008).

At-risk groups

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

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

It is therefore important to develop selective interventions towards vulnerable children and young people in school with problems, delinquency, living away from their families or in other

situation of social exclusion. These interventions must be based on a comprehensive approach to their needs and to consider, among others, the following dimensions:

- Individual skills;
- Social skills;
- School and family bonds;
- Information about psychoactive substances and risks associated with its use.

At-risk families

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

4. Problem Drug Use

4.1. Overview

In the context of the contract celebrated between the IDT, I.P. and the Faculty of Psychology and Educational Sciences (FPCE/UP), it was carried out in 2007, the study “Prevalence Estimate of Problematic Drug Use in Portugal” (Negreiros2008) with the objective to estimate the dimension of problematic drugs use in 2005 and to compare this reality with the one existing in 2001, year of the realization of the previous study.

2007 data on the profile of clients in treatment settings show no significant changes. Heroin is still the main substance leading requests for treatment, followed by cocaine, which is gaining visibility each year. Smoking/inhaling is increasingly being referred as administration route whereas injecting behaviours are generally becoming less frequent. These individuals are mainly male gender, aged 29-36 – the ageing trend of this population continues to be visible – low educational status and unstable labour conditions.

Data is also being collected for drug users following therapeutic programmes through pharmacies.

4.2. Prevalence and incidence estimates

In 2005, the second study on “Prevalence Estimates on Problematic Drug Users in Portugal” (Negreiros2008) was carried out, five years after the accomplishment of the first one.

2005 study appealed to different estimation calculation methods (multiplier methods) for three distinct definitions of case: 1) Users of opiates, cocaine and/or amphetamines; 2) Long term/Regular users of opiates, cocaine, and/or amphetamines; 3) Actual/Recent users of drugs by intravenous use.

Due to some discrepancies with definitions of case and methods used for calculation of the estimates donned in 2000, for comparative effects, some readjustments had to be proceed in 2000⁸, estimates continuing however to be necessary to have some cautions reading comparative data⁹.

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

Table 3 – Prevalence Estimations of Problematic Drug Users in Portugal (IDT2008)

In relation to 2005 estimates, and as foreseen taxes decrease while the definition of case refers to a target-population more and more restricted of problematic drug users, varying the taxes for a thousand inhabitants of 15-64 years between the 6,2-7,4 for the overall definition and between 1,5-3,0 for the definition of problematic drug users more restricted.

⁸ Namely re-calculation of 2000 estimation adapted to the first definition of case.

⁹ Namely at the second definition of case, since 2000 method – back-calculation - aimed to determine the estimation of IDUs. This definition of case is more restrict than the one applied in 2005.

Despite some methodological limitations in the comparative reading 2000-2005 data, it is unquestionable the evidence of a decrease on the estimated number of problematic drug users for any of the considered definitions, being the most significant the one that relates to injecting drug users.

4.3. Profile of clients in treatment

In 2007, 34 266 clients were active (had at least one treatment episode during the year) in the 78 public specialised treatment centres (CATs), which represents an increase (+ 6%) comparing to 2006 and reinforces the increase already registered in the last three previous years contrarily to the decrease registered between 2001 and 2003.

Of those 34 266 active clients, 5 124 (14,96%) requested treatment for the first time (+8% in comparison to 2006). The total number of active clients increased 6% in comparison to previous years (32 460 in 2006, 31 822 in 2005, 30 266 in 2004) and passed the maximum value of 2001 (32 064).

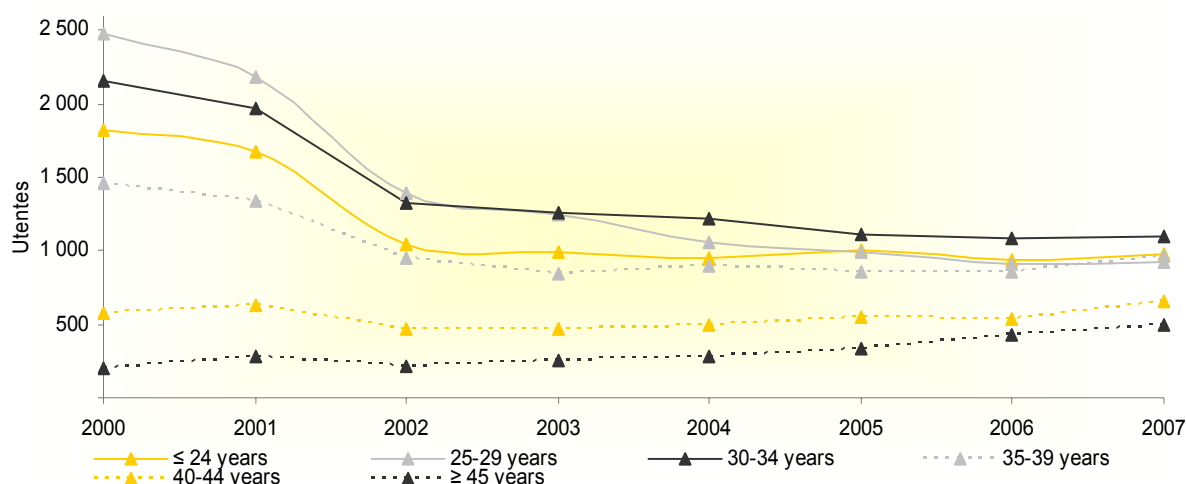
The following table summarises the information presented below

Structure / Networks		Outpatient Clients in the Public Network		Clients Detoxification Units (Public and Accredited)	Clients Therapeutic Communities (Public and Accredited)	Clients Day Centers (Public and Accredited)
Use		Total	1 treat demand			
Main Drug	Heroin	72,2%	59,5%	64,0%	43,8%	59,1%
	Heroin and Cocaine	11,7%	10,3%	6,3%	15,3%	1,1%
	Cocaine	5,7%	11,6%	17,6%	15,8%	17,3%
	Cannabis	5,0%	10,9%	0,8%	4,3%	4,7%
	Alcohol	0,9%	3,0%	8,4%	13,7%	10,7%
R. Administration Main Drug	Smoking	68,4%	74,3%	56,8%	36,0%	40,2%
	Injecting	29,2%	19,0%	32,9%	43,1%	40,4%
Intravenous Use	Lifetime Prevalence	48,7%	34,5%	53,8%	53,9%	56,7%
	Last 30 Days	30,6%	17,4%	31,4%	23,4%	12,7%
Paraphernalia sharing	Syringes	—	—	18,4%	25,9%	20,9%
	Other Intravenous Material	—	—	23,8%	30,6%	28,0%
	Non-Intravenous Material	—	—	2,9%	46,4%	78,7%

Table 4 - Drug use profile of clients in treatment in the public and accredited services (IDT2008a)

2007 national **first treatment demand data** concerned 5 124 individuals from the **outpatient** public network centres (CATs) (see also Standard Table 34). These individuals were mainly:

- **Male gender** (84.3%) – 84.5% in 2006, 85% in 2005, and 84% in 2004;
- **Aged 32** (32 in 2006, 31 in 2005 and 2004) – 58% were aged 25-39 (18% were 25-29, 21.5% were 30-34 and 19% were 35-39), 19% were aged under 25 (12% were 20-24) and 23% over 39. In 2007, the ageing trend of this population, already visible in previous years, was again confirmed. In 2007, 41% of these clients were aged over 34 (38.3% in 2006, 36% in 2005, 34% in 2004, 31% in 2003, 30% in 2002, 28% in 2001, 26% in 2000 and 22% in 1999).



Graph 12 – Age group distribution in first treatment demands in CATs (IDT2008a)

- Using mainly **heroin as the main substance** (59.5% - 64% in 2006, 62% in 2005, 50% in 2004 and 55% in 2003), followed by cocaine (11,6% - 8.5% in 2006, 8% in 2005 and 7% in 2004), cannabis (10.9% - 10.8% in 2006, 11% in 2005 and 12% in 2004), heroin and cocaine (10.3% - 12% in 2006, 15% in 2005 and 25% in 2004) benzodiazepines (0.3% - 0.38% in 2006, 0,2% in 2005 and 2% in 2004) and ecstasy (0.2% - , 0.27% in 2006, 0,4% in 2005 and 0,5% in 2004);
- 73.1% of the clients referred **daily use of their main substance** while 13.1% stated they had not used it for the past month (73.4% and 11.4% respectively in 2006, 74% and 11% in 2005, 69% and 16% in 2004);
- Data concerning the **administration route of the main substance** indicate that 74.3% (74.4% in 2006, 77% in 2005 and 72% in 2004) of these clients refer smoking/inhaling and 19.0% referred injecting (21.9% in 2006, 20% in 2005, 25% in 2004 and 30% in 2003);
- Concerning the **administration route of any substance** during the last 30 days prior to the first treatment episode, 17.4% of the clients referred injecting (20% in 2006, 21% in 2005, 25% in 2004, 28% in both 2003 and 2002, 32% in 2001 and 36% in 2000);
- 94.6% (94% in 2006 and 95% in 2005 and 2004) were Portuguese, 58.9% (61% in 2006, 2005 and 2004) were single and 53.5% (54% in 2006 and 2005, 56% in 2004) had not completed compulsory school;
- 37% (37% in 2006, 2005 and 2004) were employed when the treatment programme started but 47.9% (50.7% in 2006, 52% in 2005 and in 2004) were unemployed;
- 40.3% lived with their parents and siblings (42.7% in 2006, 45% in 2005 and 52% in 2004).

In 2007, active **clients in treatment** (34 266 clients, 32 460 in 2006) in CATs were:

- **Male gender** (83.9% - 83.5% in 2006, 84% in 2005 and 83% in 2004);
- **Aged 36** (35 in 2006, 34 in 2005 and in 2004) – 80.4% were aged 25-44 (36.4% were 25-34, 44% were 35-44);
- Using mainly **heroin as the main substance** (72.2% - 72.8% in 2006, 72% in 2005 and 63% in 2004), followed by heroin and cocaine (11.7% - 10.9% in 2006, 10% in 2005,

22% in 2004), cocaine (5.7% - 5% in 2006 and 2005, 3% in 2004) and cannabis (5%, as in 2006, 2005 and 2004);

- 82.7% (81% in 2006 and 2005, 80% in 2004) of the clients referred **daily use of their main substance** when the treatment started while 8.9% in 2007 (10% in 2006 and 2005, 11% in 2004) stated they had not used it for the past month;
- Data concerning the **administration route** of the main drug indicate that 68.4% (69% in 2006 and 2005, 64% in 2004) of these clients referred smoking/inhaling and 29% (as in 2006 and 2005, 34% in 2004) referred injecting;
- They were mostly Portuguese (96% as in 2006, 2005 and 2004), single (62% as in 2006 and 2005, 63% in 2004) and had not completed compulsory education (60.5%, 60.8% in 2006, 62% in 2005 and 2004);
- 45.6% (45.7% in 2006, 48% in 2005 and 2004) were employed and 45.1% (45.7% in 2006, 44% in 2005 and 43% in 2004) unemployed;
- 47.9% (48.5% in 2006, 50% in 2005 and 49% in 2004) were living with their parents and siblings.

In public and private¹⁰ **detoxification units**, the 3 196 clients (more than in previous years) registered in 2007 were:

- Mainly **male gender** 85.8%;
- **Aged 25-34** (42%);
- Most of these clients continued to refer **heroin as the main substance** for which they were seeking treatment (64%) followed by cocaine (17.6%), heroin and cocaine (6.3%) and alcohol (a similar profile to previous years);
- Concerning the **administration route** for the main drug, 56.8% of the clients reported smoking/inhaling while 32.9% reported injecting. 53.8% reported ever having injected and 31.4% reported having done so in the past 30 days;
- As for **risk behaviours** concerning syringe and paraphernalia sharing ever in life, 18.4% reported syringe sharing, 23.8% shared other IDU paraphernalia and 3% shared non-IDU paraphernalia;
- These clients were mainly unemployed (53.4%) as in previous years;
- And continued to report a low educational level as 39.6% had not finished the 9 years of compulsory basic school.

In public and private¹¹ **therapeutic communities**, the 4 557 clients (stable in comparison to previous years) registered in 2007 were:

- Mainly from the **male gender** (83.2%) as in previous years;
- The **mean age** was 29, the lower mean age in the treatment system, with a tendency to decrease in comparison to previous years;
- They continue to **request treatment mainly for heroin** (43.8%), cocaine (15.8%), heroin and cocaine (15.3%);
- Concerning the **administration route** for the main drug, 36% of the clients reported smoking/inhaling, while 43.1% reported injecting. 54% reported ever having injected and 23% reported having done so in the past 30 days;

¹⁰ Throughout the Report data concerning private units only cover the units accredited by the IDT.

¹¹ Throughout the Report data concerning private units only cover the units accredited by the IDT.

- As for **risk behaviours** concerning syringe and paraphernalia sharing ever in life, 26% reported syringe sharing, 30.6% shared other IDU paraphernalia and 46% shared non-IDU paraphernalia;
- And continued to report a low educational level as 45% had not finished the 9 years of compulsory basic school.

In public and private **day centres**¹²¹³ clients (531 less than in previous years)

- **Male gender** (84%);
- **Aged (mean age) 35;**
- With the lowest educational status (57%) in treatment units, similarly to previous years;
- **Reported heroin as the main substance** (59.1%), followed by cocaine (17.3%) and much lower figures for all the other substances;
- Concerning the **administration route** for the main drug, 40% of the clients reported smoking/inhaling, while 40% reported injecting. 56.7% reported ever having injected and 13% reported having done so in the past 30 days;
- As for **risk behaviours** concerning syringe and paraphernalia sharing ever in life, 21% reported syringe sharing, 28% shared other IDU paraphernalia and 79% shared non-IDU paraphernalia;

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

Of the 1 915 integrated clients from July 1998 to December 2007:

- 76% were male gender;
- Most were aged 36 to 40. An ageing trend has been noticeable and the percentage of clients aged above 41 is increasing. On the contrary, the percentage of clients under 30 is decreasing.
- On 31 December 2007, 471 clients were active in pharmacies. As for the 1 444 who left the programme, the majority (925), changed to administration place to a CAT or a Health Centre, an ordinary situation when the client moves or changes work location. 80 of the active clients had been in the programme for more than 5 years.

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

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

¹² Throughout the Report data concerning private units only cover the units accredited by the IDT.

¹³ Day Centres can be the first step of a treatment programme, the last one or continuous activity during a treatment programme, depending on the methodology used.

confidentiality of his/her data. The collected data were stored and analysed with *SPSS® 14.0* for *Windows*.

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

See results of this study in last year Annual Report.

5. Drug-Related Treatment

5.1. Overview

In 2007, significant changes took place in the context of specialised drug treatment structures in the public network, namely the capacity and territorial redistribution of some unities, as well as readjustments in the functional dependence of the Treatment Teams of Regional Delegations and the integration of new competences concerning alcohol¹⁴ issues.

Indicators available continue to suggest effective responses at treatment level (increase in the number of clients involved in both drug free and substitution programmes) and at harm reduction level (slight decrease of infectious diseases). The number of active clients in the outpatient public treatment network increased as well as first treatment demands (new clients). Concerning first treatment demands for the first time was inverted the trend of decrease initiated in 2000, probably due to an upper and better articulation of responses in the field, registering an increase of 8% in relation to 2006.

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

The availability of substitution programmes continues to increase and the number of clients continues to increase steadily, increases were registered in the number of clients in methadone and buprenorphine programmes.

5.2. Treatment systems

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

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

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

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

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

¹⁴ Former Alcohol Regional Centres are now part of National IDT Network (since the 1st of August 2007). Data from Alcohol Units is not included in this report.

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

5.3. Drug free treatment

Inpatient drug free treatment is mainly available in public and private¹⁵ therapeutic communities. In 2007 there were 76 therapeutic communities (3 public and 73 private units) in mainland Portugal. In comparison to 2006 there was 3 more private therapeutic communities. Contrarily to the decreasing figure that has been registered since 2002, in 2007 the number of registered clients in both public (134 clients, 110 in 2006) and private units (4 423 clients, 4 118 in 2006) increased in comparison to previous years.

Data from the **public therapeutic communities** indicate that 49% of their clients (62% in 2006, 41% in 2005 and 53% in 2004) in 2007 were admitted for the first time into a TC. 98.5% of the admissions (98% in 2006, 93% in 2005 and 96% in 2004) resulted from a therapeutic project. Of those:

- 95.5% were referred by a CAT therapist;
- 1.5% by a private therapist;
- 0.7% by a therapist from another health service.

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

The situation of these clients on the 31/12/2007 was the following:

- 20.9% (8.2% in 2006, 9% in 2005 and 2004) clients had been given programmed medical release (31% of all those who left the TC). All these individuals were in inpatient care for more than 1 year and, upon their release where referred to a CAT.
- 47% had left without medical release (69% of those who left), 49% in 2006, 47% in 2005, 61% in 2004;
 - Those who left without medical release did so at their own request (76% in 2007 and 2006, 69% in 2005 and 57% in 2004), were expelled (17.5% in 2007, 15% in 2006, 22% in 2005 and 35% in 2004) or ran away (7.4% in 2006, 9% in 2005 and 2% in 2004);
 - 48% of these situations (48% in 2006, 50% in 2005 and 52% in 2004) occurred after the first 3 month period and 32% (30% in 2006, 22% in 2005 and 20% in 2004) during the first month period;
 - 91.7% of those who left without programmed medical release (90.4% in 2006, 93% in 2005 and 80% in 2004) were referred to a CAT.
- 32% were still following their programme at the TC (43% in 2006, 44% in 2005 and 29% in 2004). On that same date, all those who had left - with or without programmed medical releases - were abstinent of their main drug.

2007 data for **private therapeutic communities** indicate that 46.5% (48% in 2006 and 2005 and 50% in 2004) of the clients had been admitted for the first time in a therapeutic community in that year.

- 26.4% (27.9% in 2006, 25% in 2005 and 22% in 2004) of the clients were referred to the TC after 2 month follow-up at an outpatient treatment centre;
- 7.9% (9.6% in 2006, 9% in 2005 and 8% in 2004) by a therapist from another Health Service;

¹⁵ Data from private units cover only the units accredited by the IDT.

- 6.5% (7% in 2006, 4% in 2005 and 3% in 2004) by a private therapist;
- 27.8% (27.4% in 2006, 28% in 2005 and 33% in 2004) were self-referred, 20.3% (21.4% in 2006, 23% in 2005 and 28% in 2004) were referred by their families and 3.8% by the Court as an alternative to prison (4% in 2006 and 2005).

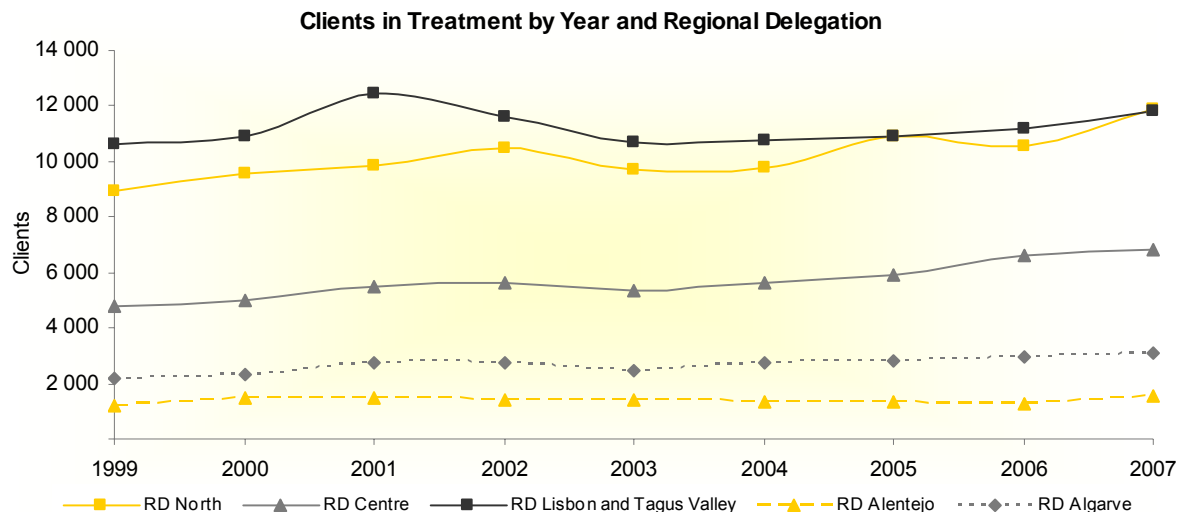
The situation of these clients on the 31/12/2007 was the following:

- 27.9% (29.1% in 2006, 26% in 2005 and 28% in 2004) of the 2006 clients had been given programmed medical release (41% of all those who left the TC):
 - 31.3% (37.4% in 2006, 41% in 2005 and 36% in 2004) of those who had programmed medical release were referred to half-way apartments for rehabilitation projects;
 - 8.7% (9% in 2006, 8% in 2005 and 5% in 2004) were referred to a CAT;
 - 11.8% (10.6% in 2006, 5% in 2005 and 6% in 2004) were referred to a private therapist;
 - 2.4% were referred to other treatment centres;
 - 27.9% were in inpatient care at the TC for more than 1 year;
 - 40.8% between 3 months and 1 year;
 - 31.3% were in inpatient care at the TC for less than 3 months.
- 43.4% (41.3% in 2006, 43% in 2005 and 2004) had left without medical release (62.1% of those who left).
 - 71.8% of those who left without medical release did so at their own request (77.3% in 2006, 77% in 2005 and 72% in 2004), were expelled 13% (13% in 2006 and 2005 and 14% in 2004) and 6% ran away (6% in 2006, 8% in 2005 and 12% in 2004);
 - 41% of these situations (39% in 2006, 42% in 2005 and 39% in 2004) occurred during the first month period and 37% after the first 3 month period (31% in 2005 and 33% in 2004);
 - 42.2% of those who left without programmed medical release were referred to a CAT (45.5% in 2006, 35% in 2005 and 43% in 2004), 7.5% to a private therapist (7.5% in 2006, 8% in 2005 and 2004) and 3% to a day centre (3% in 2006, 5% in 2005 and 4% in 2004).
- 29% (30% in 2006, 31% in 2005 and 29% in 2004) were still following their programme at the TC.
- On the same date, those who had left with programmed medical releases were mainly abstinent (79.5% in 2007, 77% in 2006, 80% in 2005 and 81% in 2004) for their main drug. 14% (15% in 2006 and 2005 and 8% in 2004) stated they were using regularly but 5.6% were following a treatment programme and 5.6% (8% in 2006, 4% in 2005 and 10% in 2004) were using occasionally.
- For those who had left without programmed medical release, 37.5% (39% in 2006, 36% in 2005 and 33% in 2004) were abstinent of their main drug, 50% (47% in 2006, 51% in 2005 and 35% in 2004) were using regularly but 15.9% of those were following a treatment programme, 10% (12% in 2006, 11% in 2005 and 9% in 2004) were using occasionally and, as in 2004 and 2005, 2% had died.

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

In 2007, 55 **outpatient treatment centres** were active in mainland Portugal as well as 23 decentralised consultation units. These centres provide both drug free and medically assisted treatment but this latter will be described in the next subsection.

A 6% increase (in comparison to 2006) was verified in the number of active clients in the outpatient public treatment network. This is the fourth time an increase in this number occurs (a 2% increase had been verified from in 2006; a 5% increase from 2004 to 2005 and a 2% increase from 2003 to 2004) after the decrease verified in 2002 and 2003. The number of active clients in all the Regional Delegations increased. The 34 266 active clients in 2007 were regionally distributed in the following way: 35% in the North, 34.5% in Lisbon and the Tagus Valley, 20% in the Centre, 9% in the Algarve and 4.5% in Alentejo.



Graph 13 – Clients in treatment by year and Regional Delegation (IDT2008a)

Once again, the districts of Lisbon and Oporto, followed by Setúbal, Faro, Braga and Aveiro registered the highest numbers of active clients in 2007. Similarly to previous years Faro, Beja, Bragança and Leiria were the districts with higher rates of active clients per total number of inhabitants aged 15-44.

Concerning the source of referral for the active clients in treatment¹⁶ (34 266 in 2007)

- 30% (31% in 2006, 32% in 2005 and 31% in 2004) of the clients registered in the CAT by their own initiative;
- 29% (as in 2006, 2005 and 2004) were referred by other health services;
- 13% (12.5% in 2006, 11% in 2005 and 2004) were referred by their families or friends;
- 6% (as in 2006, 2005 and 2004) by the Criminal Justice Services;
- 4.5% (4.4% in 2006, 5% in 2005 and 2004) by the Social Services.

In 2007 467 789 **follow-up treatment episodes** were reported, the highest value ever and a 9% increase in comparison to 2006 (428 855).

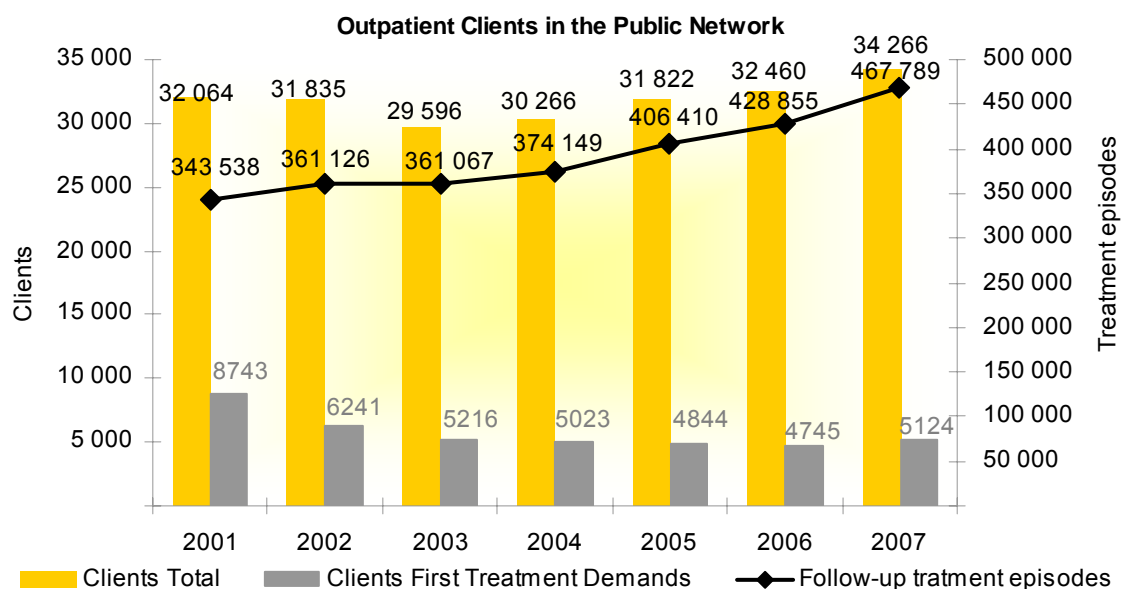
Contrarily to what has been registered since 2000 (4 745 in 2006, 4 844 in 2005, 5 023 in 2004, 5 216 in 2003, 6 241 in 2002 and 8 743 in 2001) the number of **first treatment episodes in the outpatient public network** in 2007 (5 124) increased in comparison to 2006 (+8%), probably due to a higher and better articulation of the responses in the field. Concerning the Regional level and in comparison to last year, in 2007 with the exception of

¹⁶ These can be either in drug-free or medically assisted programmes but the specific profile of those in medically assisted programmes are described in the next subsection.

the Central Region (due to the transition of several treatment structures to other Regional Delegations) increases were registered in the number of clients in the other Regional Delegations, particularly in the Alentejo Region where first treatment demands increased by 65% in comparison to 2006.

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

- 31% (30% in 2006, 32% in 2005 and 33% in 2004) were referred by the Health services;
- 23.4% (25% in 2006, 26% in 2005 and 25% in 2004) came by their own initiative;
- 12% (11% in 2006, 12% in 2005 and 2004) were referred by their families or friends;
- 10.1% (9% in 2006, 8% in 2005 and 2004) by the Criminal Justice Services;
- 5.8% (6% in 2006, 5% in 2005 and 2004) by the Social Services;
- 2% (3% in 2006, 2% in 2005) by the Commissions for the Dissuasion of Drug Abuse.



Graph 14 – Outpatient Clients in the Public Network (IDT2008a)

Public and private¹⁷ **day centres** also provide drug-free outpatient care in Portugal. In 2007 531 clients were registered in day centres, both public (82 – 77 in 2006) and private (449 – 531 in 2006).

Year									
	1999	2000	2001	2002	2003	2004	2005	2006	2007
Day Centres									
Day Centres	380	335	507	579	617	611	634	608	531
Public	106	83	80	89	73	83	74	77	82
Accredited	274	252	427	490	544	528	560	531	449
Funded by the IDT	274	252	318	340	338	317	351	323	218

Table 5 – Clients in Day Centres by Year (IDT 2008a)

¹⁷ Data from private units cover only the units accredited by the IDT.

69.5% (84.4% in 2006, 70% in 2005 and 80% in 2004) of the **public units'** clients had never registered in a **day centre** and, as in 2004, all these clients were referred to the day centre by a CAT therapist.

These clients reported mainly heroin (63.4%) as their main drug of abuse, followed by cocaine (20.7%), heroin and cocaine (1.2%), alcohol (5%) and cannabis (3.7%)

On the 31/12/2007 the situation of the clients was the following:

- 29.3% (27.3% in 2006, 43% in 2005 and 40% in 2004) had left with medical release (45.2% in 2007, 44% in 2006, 63% in 2005, 57% in 2004 - of all that left):
 - 37.5% (52% in 2006, 59% in 2005 and 64% in 2004) of these clients remained for less than 6 months;
 - 83.3% (85.7% in 2006, 44% in 2005 and 82% in 2004) were referred to a CAT;
 - 16.7% (14% in 2006, 22% in 2005 and 15% in 2004) were referred to a TC.
- 35% (35% in 2006, 26% in 2005 and 30% in 2004) left without medical release (56% in 2006, 37% in 2005 and 43% in 2004 - of all that left):

At the **private day centres**, 50% (65% in 2006, 60% in 2005 and 75% in 2004) of the clients had never registered in a day centre.

Concerning the source of referral:

- The majority of these clients (32% in 2007, 36% in 2006, 38% in 2005 and 40% in 2004) stated they had registered in the centre due to their family pressure or initiative;
- 27% (24% in 2006, 27% in 2005 and 28% in 2004) by their own initiative;
- 20.5% (25.6% in 2006, 25% in 2005 and 26% in 2004) were referred by a therapist (7% in 2007, 13% in 2006, 12% in 2005 and 17% in 2004 - by a CAT therapist, 6% in 2007, 9% in 2006, 11% in 2005 and 8% in 2004 - by a therapist from another treatment service and 8% in 2007, 4% in 2006, 2% in 2005 and 1% in 2004 - by a private therapist).

Concerning the main substance of abuse:

- 58.4% indicated heroin;
- 16.7% indicated cocaine;
- 3.8% indicated non-prescribed buprenorphine;
- 11.8% indicated alcohol and
- 4.9% indicated cannabis.

57% of these clients admitted having used intravenous administration route at least once during their lifetime.

On the 31/12/2007, the situation of these clients was the following:

31.6% (34% in 2006, 30% in 2005 and 33% in 2004) of the clients had left with programmed medical release (43% in 2007, 44% in 2006, 41% in 2005 and 45% in 2004 - of all who left);

- 63% (69% in 2006, 62% in 2005 and 68% in 2004) of these clients remained in the programme for less than 6 months;
- 48.6% (61% in 2006 and 2005, 58% in 2004) were referred to a TC;
- 1.4% were referred to a CAT;
- 10.6% (10% in 2006, 7% in 2005 and 2% in 2004) to half-way apartments.

- 42.5% (44% in 2006, 43% in 2005 and 40% in 2004) left without programmed medical release (57% in 2007, 56% in 2006, 59% in 2005 and 55% in 2004 - of all who left):
 - 77% (89% in 2006, 82% in 2005 and 93% in 2004) abandoned the programme at their own request;
 - 9.4% (5% in 2006, 7% in 2005 and 4% in 2004) were expelled;
 - 50% (63% in 2006, 43% in 2005 and 47% in 2004) of those who left without medical release did so during the first month of the programme and 18% (13% in 2006, 22% in 2005 and 20% in 2004) after the first 3 months of the programme;
 - 46% (36% in 2006, 27% in 2005 and 35% in 2004) of these clients were referred to a CAT, 20% (21% in 2006, 11% in 2005 and 5% in 2004) to a TC, 0% to other specialised treatment centres and 4% (19% in 2006, 8% in 2005 and 4% in 2004) to a private therapist.
- The remaining 26% (22% in 2006, 27% in 2005 and 2004) remained at the Day Centre.

In the specific area of abstinence-oriented treatment in the **prison setting**, since 2007 there is one less drug-free unity available, decreasing to 6 the number of drug-free unities, in comparison to last year (less 19 beds in drug-free units). A therapeutic community with a capacity for 45 beds and one halfway house with capacity for 12 beds remain available.

In 2007, 262 inmates were integrated in the drug-free units, which represented a variation of -0,4, +8%, +13%, -25%, +17%, -2% and -3% in comparison to, respectively, 2006, 2005, 2004, 2003, 2002, 2001 and 2000. 60 inmates followed a programme in the therapeutic community, which represented a variation of -19%, +51%, -27%, -23%, 0%, +11% and -42% in comparison to, respectively, 2006, 2005, 2004, 2003, 2002, 2001 and 2000. 10 inmates were registered in the halfway house representing a decrease in comparison to 2006 (19 in 2006 and 14 clients in 2005).

5.4. Medically assisted treatment

Withdrawal treatment is mainly available in public and private¹⁸ **detoxification units**. In 2007 there were 16 detoxification units (5 public and 11 private units) in mainland Portugal, two more private units than in 2006. In 2007, a increase (+11%) in the number of clients in detoxification units was registered 1 599 in public units and 1 597 in private units (3 196 in 2007, 3 059 in 2006 and 3 237 in 2005).

As to the source of referral, in public units 99% of the clients came from other health services, mainly from CATs (98%) whereas in private units 93% also came from other health services, mainly CATs (87%) but 2.9% requested treatment due to family pressure and 3.2% were self-referred.

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

In public units:

- Motives:
 - 95% (94% in 2006 and 2005, 92% in 2004) wanted to achieve detoxification from one or more illicit substances;
 - 23% stated reasons concerning substitution programmes and
 - 5% co-morbidity problems.

¹⁸ Data from private units cover only the units accredited by the IDT.

- Objectives:
 - Most wanted to stop their problematic drug use of heroin (94%), cocaine (29%), heroin and cocaine (6%) and alcohol (13%);
 - 58% (56.5% in 2006, 63% in 2005 and 61% in 2004) wanted to start a substitution treatment programme;
 - 14% (14% in 2006, 13% in 2005 and 16% in 2004) wanted to enter a TC;
 - 16% wanted to cease their substitution programmes;
 - 20% (16% in 2006, 10% in 2005 and 9% in 2004) wanted to achieve abstinence from illicit substances, agonists and antagonists.

In private units:

- Motives:
 - 91% wanted to be detoxified from their substance(s) of abuse;
 - 13% also reported motives concerning substitution programmes;
 - 12.5% also reported motives concerning psychiatric co-morbidity.
- Objectives:
 - To stop their problematic drug use of heroin (65%), heroin and cocaine (17.5%), cocaine (36.6%) and alcohol (16.5%);
 - 40% wanted to start a substitution treatment programme;
 - 16.5% wanted to enter a TC;
 - 30% wanted to achieve abstinence from illicit substances, agonists and antagonists;
 - 6.5% wanted to cease their substitution programmes.

On the 31/12/2007, the situation of these clients was the following:

In public units:

- 73.5% (79% in 2006 and 2005, 80% in 2004) of the 2006 clients had left with programmed medical release;
- 26% (21% in 2006 and 2005, 20% in 2004) left without programmed medical release: 81.3% abandoned the programme at their own request, 17% were expelled and 2% left for other reasons.

In private units of the 2007 clients in slots funded by the IDT

- 73% (80% in 2006, 73% in 2005 and 76% in 2004) had left with programmed medical release;
- 26% (19% in 2006, 25% in 2005 and 23% in 2004) had left without programmed medical release;
- 1% (1% in 2006) remained in the programme.

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

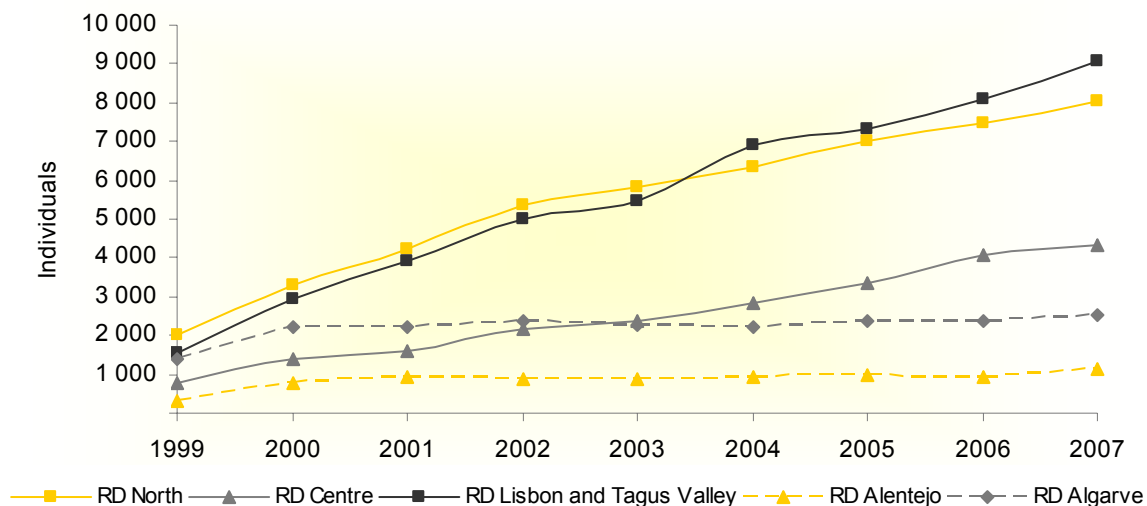
In 2007, the number of clients in **substitution and maintenance programmes** represented 71% of the total active clients in the outpatient public treatment network, a 6% increase in

comparison to 2006 and reinforcing the tendency of increase of previous years (71% in 2006, 66% in 2005, 64% in 2004, 57% in 2003, 50% in 2002, 40% in 2001, 36% in 2000).

24 312 clients were registered in these programmes in 2007 (22 922 in 2006). 4 953 cases were new admissions (4 833 in 2006) and 6 530 (6 087) left the programme during the year, 15% of whom with medical release (16% in 2006).

Regional data show that:

- For the fourth time, the Region of Lisbon and the Tagus Valley registered the highest number of clients followed by the Northern Region;
- Nevertheless, the percentages in relation to the total number of active clients in each region continued to be higher in south area, the Algarve Region (82% in 2007, 81% in 2006 and 83% in 2005)
- At regional level and in comparison to previous year all the Regions reported an increase in the number of clients with emphasis to the Alentejo Region that suffered a 22% increase.



Graph 15 – Clients in substitution programmes (IDT 2008a)

A survey made each year on the 31st of December 2007 allows differentiation in terms of substances involved in this type of treatment.

On that date, 17 782 clients were registered in the outpatient public treatment network substitution programmes, representing an increase of 6% in comparison to 2006 (16 835).

- 74% (73% in 2006 and 71% in 2005) were registered in methadone programmes;
- 26% (27% in 2006 and 29% in 2005) in buprenorphine programmes.

In comparison with the situation on the 31st of December 2006, methadone clients increase more (+7%) than buprenorphine (+1%) ones due to the decrease of buprenorphine clients in the North, Centre, and Alentejo Regional Directorates, only in the Centre Region was verified a decrease in the number of methadone¹⁹ clients.

Concerning the **place of administration** for the clients registered in methadone programmes, on the 31st of December 2007:

¹⁹ Some cautions are needed in the reading of these regional comparisons, due to the readjustments in the functional dependence of treatment structures occurred in 2007.

- 70% (69% in 2006 and 2005, 68% in 2004) of these clients took their methadone in CATs;
- 18% (19% in 2006, 2005 and 2004) in health centres;
- 5% (4% in 2006, 2005 and 2004) in the prison setting;
- 3% (as in 2006, 2005 and 2004) in pharmacies;
- 2% in Hospitals (as in 2006);
- 3% (as in 2006, 2005 and 2004) in other settings²⁰.

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

Structures		Treatment	Health				
Regional Delegation	Total	Centres for	Centres	Prison	Hospitals	Pharmacies	Other
		Drug Addicts	Users	Establishment			Structures
On the 31/12/2006	12 265	8 407	2 278	533	246	409	392
Total							
On the 31/12/2007	13 175	9 223	2 321	597	241	417	376
Northern	4 669	3 049	844	243	197	116	220
Central	1 517	1 038	270	136	21	50	2
Lisbon and Tagus Valley	4 675	3 859	332	124	19	235	106
Alentejo	655	392	178	73	1	6	5
Algarve	1 659	885	697	21	3	10	43

Table 6– Clients of the Methadone Administration Network and place of administration, by Regional Delegation (IDT 2008a)

In the case of pharmacies it was possible to collect more data on the profile of clients (see Chapter 4) and on the provision of service. **Provision of methadone in pharmacies** for clients of the public outpatient treatment network started in 1998 and involved up to 431 pharmacies and 618 pharmacists for a total of 1 915 clients referred by CATs on the basis of specific criteria.

At the end of 2007, considering the active clients, 80 clients had been involved in the programme for more than 5 years, but the majority (165) stayed for a period of 1 to 2 years or (149) for a period of 0 to 3 months. But in the year 2007 the the average periodo was 23 months. The clients who left the programme did so mostly (925) because they decided to change their place of administration to a CAT or Health Centre or because they received medical release (191).

Pharmacies provide Buprenorphine and Naltrexone as well.

Due to restructure in the National Association of Pharmacies, in 2007 there was no training sessions and no data on the number of clients, pharmacies and pharmacists providing Buprenorphine and Naltrexone.

In the particular case of the **prison setting**, a 12% increase was verified in the number of clients using methadone prescribed by CATs (597 in comparison to the 533 clients on the 31/12/06), but administered in the prison setting. The number of clients using methadone prescribed by the health services of Prisons registered a total of 273 individuals on the 31/12/07, a 6% increase in relation to 2006.

²⁰ At home, in Pulmonary Diagnostic Centres and other local organisations.

6. Health Correlates and Consequences

6.1. Overview

In 2007, an increase (216 in 2006 to 314 in 2007) was registered on drug-related mortality in the Special Register the highest value since 2001. 35% of the positive cases with information on the presumed aetiology in the Special Register were considered possible acute drug related deaths, a smaller percentage than the one reported in 2006 (52%), 2005 (46%), 2004 (51%) and 2003 (44%). Opiates continued to be the most referred substance associated with these cases but its relative importance continues to decrease.

The decreasing trend in the percentage of drug users in the total number of notifications of AIDS cases continues to be registered. Concerning HIV and Hepatitis infection in the treatment setting, data on HIV, Hepatitis B and Hepatitis C positive cases remained stable in comparison to previous years. In the case of HIV and Hepatitis C, there is a tendency for a slight decrease.

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

6.2. Drug related deaths and mortality of drug users

Direct overdoses and indirect drug related deaths

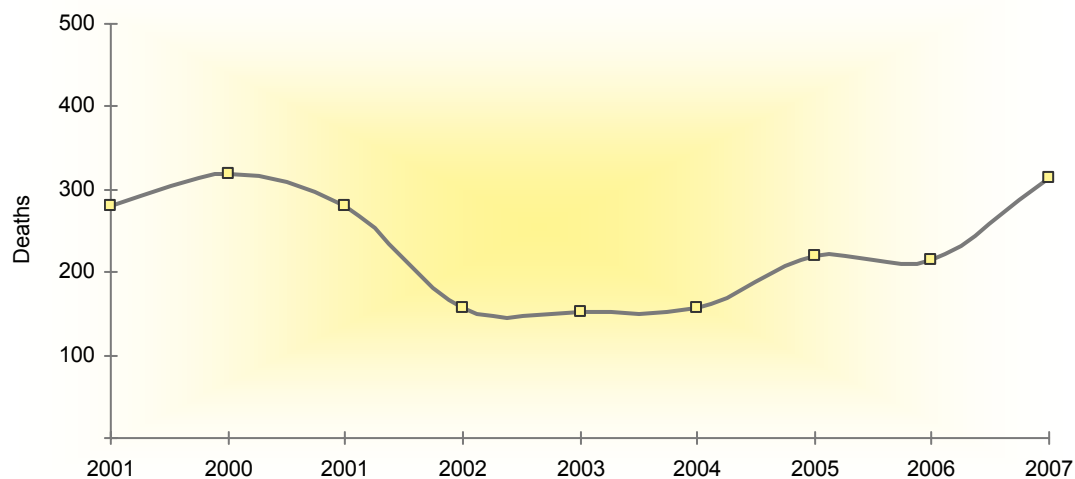
As reported in Standard Tables 5 and 6, the national definition of drug-related deaths is still based in data from the Special Mortality Register (SMR) due to the already reported limitations of the General Mortality Register (GMR) and for trend setting purposes.

Data from the GMR (Selection B of the DRD Protocol) continue to indicate a decrease which started to take place from 1996 (114 cases) until 2007 (8 cases). The number of cases implies that breakdown data on them ceased to be available for statistics privacy reasons.

Although acute drug-related deaths are not yet possible to identify amongst the cases reported by the SMR, it has been possible to identify the percentage of suspected acute drug-related deaths. In 2007, 314 cases with positive *post mortem* toxicological tests were reported by the Special Register. Representing an increase of 45% in relation to 2006 (216) and the highest value since 2001 (280). 35% of the cases with positive toxicological tests and information on the presumed aetiology of death were suspected to be acute drug-related deaths (52%, 58%, 60%, 56%, 58% e 73%, respectively in 2006, 2005, 2004, 2003, 2002 e 2001).

This percentage, which decreased between 2000 and 2003, increased in 2004 to 60%, decreasing in 2005 to 58%, decreasing in 2006 to 52% and decreased again in 2007.

In 2007, 45% of these deaths (46% in 2006) occurred in the forensic region of Lisbon, 32% in Coimbra (22% in 2006, 21% in 2005 and 29% in 2004) and 23% (31% in 2006, 33% in 2005 and 20% in 2004) in Oporto.



Graph 16 – Drug-related deaths 1997 – 2006 (IDT 2008a)

The number of requested tests continues to increase (9% in relation to 2006) since 1998 but, contrarily to what has been verified since 1998, in 2007 an increase was registered in the number of positive tests in all the delegations of the National Forensic Institute (INML). In 2007, the percentage registered for all delegations was 12% (9% in 2006, 10% in 2005, 9% in 2004, 11% in 2003, 13% in 2002, 22% in 2001, 25% in 2000, 35% in 1999 and 37% in 1998).

For the first time since 2000, the trend of decrease of these percentages of positivity was broken, thus strengthening the inversion of the trend of decrease in absolute terms occurred in 2005.

Most of these episodes²¹ occurred in individuals of the male gender (91%), mainly aged 25-39 (54%), older than 39 (30%). Opiates are, again and in all age groups, the main substance involved in drug related deaths, except in the lowest age group (<25 years), where cannabis was predominant. The age group 30-34 reported the highest absolute values of opiates and cocaine cases, but the highest intra-group percentages of opiate and cocaine cases came, respectively, from the 30-34 years-old group and older than 39 (62%).

In the last three years, cases where only one substance was detected were predominant (69%).

- Once again opiates²² were the main substance involved in drug related deaths (55% of the cases – 62%, 67%, 69%, 64%, 69%, 81%, 88% and 95%, in 2006, 2005, 2004, 2003, 2002, 2001, 2000 and 1999), followed by cannabis (33.4% - 27% in 2006, 12% in 2005, 10% in 2004, 22% in 2003 and 13% in 2002) and cocaine (32.8% - 35% in 2006, 48%, in 2005, 49% in 2004, 37% in 2003 and 44% in 2002). In comparison to 2006, it is important to refer the increase in the number of all substances related cases (specially methadone and cannabis) with the exception of the decrease of amphetamines related cases;
- In 88% of the cases, cocaine was found together with other substances (particularly opiates and/or alcohol);
- Methadone was detected in 11% of the cases (8% in 2006);
- Amphetamines were detected in less than 2% of the cases (less than 3% in 2006, 1% in 2005 and 3% in 2004);

²¹ Percentages calculated on the cases for which information exists on the considered variables.

²² Includes heroin, morphine and codeine.

- Alcohol was involved, in combination with other illicit drugs in 36% of the cases (28% in 2006, 23% in 2005, 33% in 2004 and 26% in 2003) and in 24% of the cases medication was associated to other drugs (16% in 2006 and 2005, 9% in 2004 and 3% in 2003).

Type of Drug	Age Group/Gender	Total		
		MF	M	F
Total	2006	216	204	12
	2007	314	287	27
Amphetamines		2	2	..
Cannabis		31	29	2
Ketamine		1	1	..
Cocaine		12	11	1
Methadone		9	7	2
Opiates		42	36	6
Amphetamines+Alcohol		1	..	1
Cannabis+Alcohol		39	38	1
Cannabis+Cocaine		2	1	1
Cannabis+Methadone		2	2	..
Cannabis+Medication		5	4	1
Cannabis+Opiates		4	3	1
Cocaine+Alcohol		7	6	1
Cocaine+Medication		3	3	..
Cocaine+Methadone		2	1	1
Cocaine+Opiates		36	36	..
Medication+Opiates		19	18	1
Medication+Methadone		9	8	1
Methadone+Alcohol		1	1	..
Methadone+Opiates		1	1	..
Opiates+Alcohol		18	17	1
Amphetamines+Cannabis+Alcohol		1	1	..
Amphetamines+Cocaine+Alcohol		1	1	..
Cannabis+Cocaine+Alcohol		3	3	..
Cannabis+Cocaine+Methadone		1	1	..
Cannabis+Cocaine+Opiates		2	2	..
Cannabis+Medication+Alcohol		4	4	..
Cannabis+Medication+Opiates		1	1	..
Cannabis+Methadone+Opiates		1	1	..
Cannabis+Opiates+Alcohol		3	3	..
Cocaine+Medication+Alcohol		3	2	1
Cocaine+Medication+Opiates		9	8	1
Cocaine+Methadone+Opiates		6	4	2
Cocaine+Opiates+Alcohol		9	9	..
Medication+Methadone+Alcohol		1	1	..
Medication+Opiates+Alcohol		12	12	..
Methadone+Opiates+Alcohol		1	1	..
Cannabis+Cocaine+Medication+Alcohol		1	1	..
Cannabis+Cocaine+Opiates+Alcohol		2	2	..
Cannabis+Medication+Methadone+Alcohol		1	..	1
Cannabis+Medication+Opiates+Alcohol		2	2	..
Cocaine+Medication+Methadone+Opiates		1	..	1
Cocaine+Medication+Opiates+Alcohol		3	3	..

Table 7 – Deaths, by age group, gender and type of substance (IDT2008a)

Mortality and causes of deaths

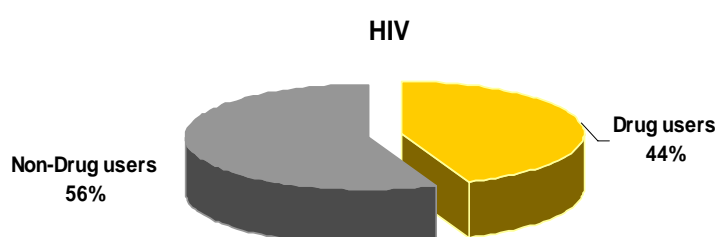
The Epidemiological Surveillance Centre of Transmissible Diseases (CVEDT) received, from 1993 and until the 31/03/2008, 6 951²³ notifications of AIDS-related deaths, 51% of which were drug related (a percentage identical to previous years National Reports). The percentage of deaths in drug-related and non drug-related AIDS cases were, respectively, 51% and 45%. 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 deaths²⁴.

Cases/Gender Geographical area of Residence	AIDS Cases: Total								AIDS Cases Associated to drug use							
	Total Number of Cases				N° of Deaths				Total Number of Cases				N° of Deaths			
	Total	M	F	Unkn.	Total	M	F		Total	M	F	Unkn.	Total	M	F	
Total	14 440	11 825	2 613	2	6 951	5 874	1 077		6 932	5 907	1 024	1	3 553	3 077	476	
Portugal	14 099	11 548	2 549	2	6 820	5 762	1 058		6 836	5 828	1 007	1	3 522	3 052	470	
Other countries	104	84	20	..	57	48	9		9	9	..	..	6	6	..	
Unknown	237	193	44	..	74	64	10		87	70	17	..	25	19	6	

Table 8– Notifications of AIDS Related Deaths - Total number of cases and cases associated to drug use, by gender, 01/01/1983 - 31/03/2006 (IDT2008a)

6.3. Drug-related infectious diseases²⁵

According to 31/03/2008 **notification data** (from analytical tests) from the Surveillance Centre of Transmissible Diseases (CVEDT), the decreasing trend concerning the percentage of drug users in the total number of notified HIV positive cases since 1993 continues to be reported. From the 33 134 notifications ever received, 44% (45% in 2006, 46% in 2005 and 48% in 2004) were drug use related. Considering the different stages covered by these notifications, 48% of the AIDS cases, 39% of the AIDS related complex cases and 42% of the asymptomatic carriers cases were drug use associated.



²³ Due to the sub notification of deaths, information related to mortality does not reflect the cases of the ones that survive.

²⁴ Please note that, in 2005, as referred in previous National Reports, the infection by HIV was included in the national list of diseases which implies mandatory notification. This had implications in data for the following years.

²⁵ All data reported in this chapter comes from analytical tests.

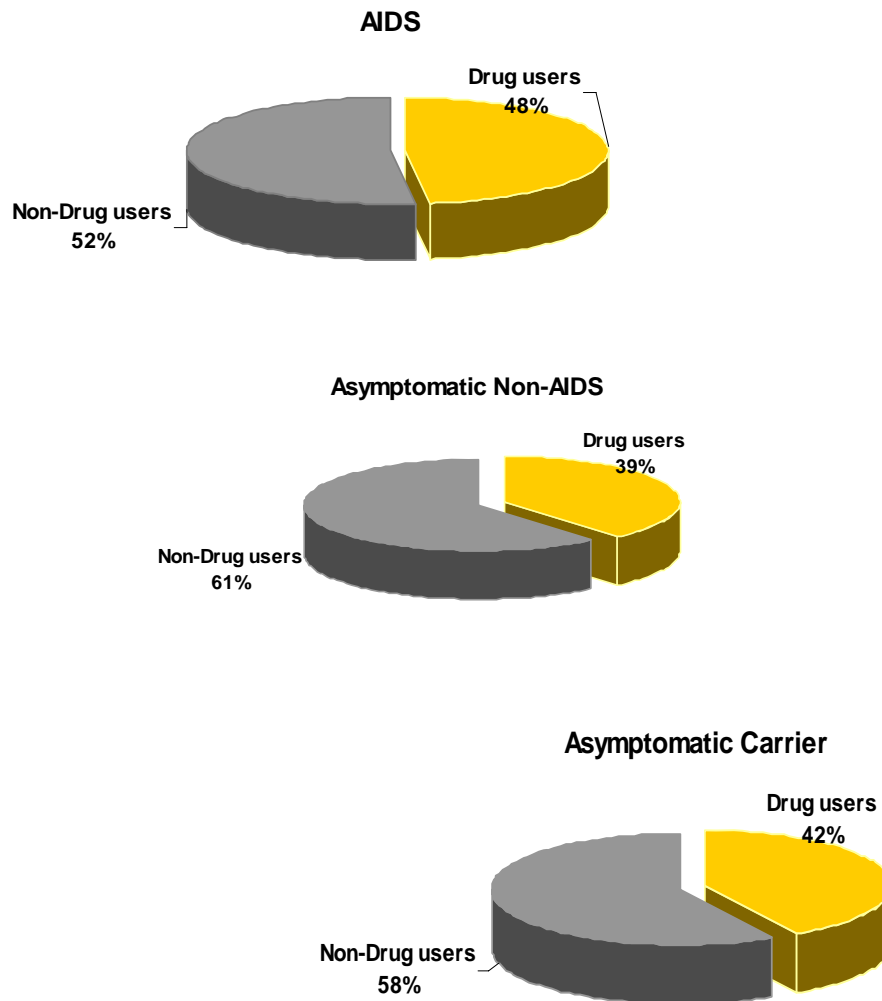
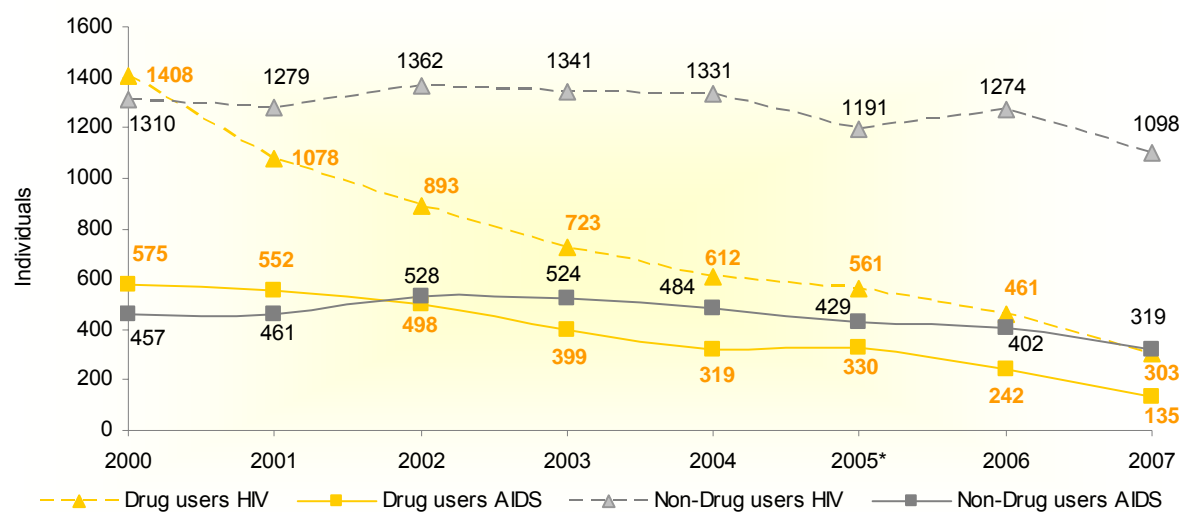


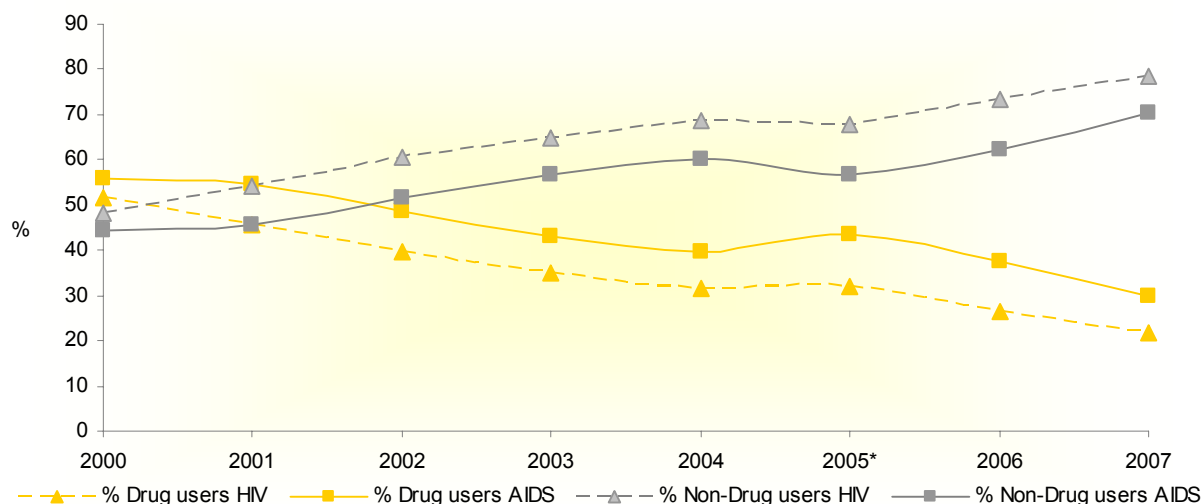
Figure 5 – HIV Notifications associated or not to Drug Addiction in the different stadiums of the infection % (IDT2008a)

Taking only 2007 notified cases of HIV diagnosed at 31/03/2008, the cases associated to drug addiction represented 22% of the total diagnosed cases in the different stadiums of the infection: 30% of the AIDS cases, 15% of the AIDS related complex cases and 18% of the asymptomatic carriers cases were drug use associated.

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



Graph 17 – HIV/AIDS notifications – drug users and non drug users by diagnosis year, absolute numbers (IDT 2008a)²⁶



Graph 18 – HIV/AIDS notifications drug users and non drug users by diagnosis year and % (IDT 2008a)²⁷

2007 notified drug use-related AIDS cases are:

- Mainly of the male gender 85% (as in 2006 and 2005 and 88% in 2004),
- Most of them (87%) aged 20-39, mainly (56%) 25-34, (57% in 2006, 58% in 2005 and 59% in 2004).

²⁶ Notifications for 2005 and previous years may be updated.

²⁷ Notifications for 2005 and previous years may be updated.

Cases/Gender Age Group	AIDS Cases							
	Total Number of Cases				Drug Users			
	Total	M	F	Unkn.	Total	M	F	Unkn.
Total	14 440	11 825	2 613	2	6 932	5 907	1 024	1
≤ 14 years	116	63	53	..	2	2	..	..
15-19 years	162	106	56	..	94	69	25	..
20-24 years	1 168	874	294	..	856	672	184	..
25-29 years	2 739	2 186	551	2	1 952	1 624	327	1
30-34 years	3 025	2 554	471	..	1 962	1 704	258	..
35-39 years	2 484	2 094	390	..	1 278	1 128	150	..
40-44 years	1 671	1 424	247	..	554	489	65	..
45-49 years	1 041	865	176	..	156	146	10	..
50-54 anos	751	620	131	..	38	35	3	..
55-59 years	458	372	86	..	8	8	..	..
60-64 years	356	277	79	..	..	..	..	..
≥ 65 years	407	335	72	..	1	1	..	..
Unknown	62	55	7	..	31	29	2	..

Table 9 – AIDS notifications (total and drug use related), by gender and age group 01/01/1983 - 31/03/2008 (IDT2008a)

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

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

Also concerning this topic, it is important to consider data concerning HIV analytical **testing** in the **drug user's sub-populations which requested treatment** in the public detoxification and treatment network and in the accredited private detoxification and treatment units²⁸, as reported in Standard Tables 9.

2007 outpatient **first treatment demand data** concerning HIV tests indicate 9% of HIV positive individuals amongst those individuals who presented the results of their tests. This percentage was lower than the ones registered since 2001. Near 35% of these HIV positive individuals were following antiretroviral therapy, a higher percentage than in 2006 (27%), 2005 (29%), 2004 (19%) and 2003 (28%).

As to the **active clients of the public treatment network** (clients with at least one consultation episode during the year, which also includes first treatment demands) 12% of these clients tested positive for HIV (these clients are tested at the moment of their admission), 15% in 2005, 16% in 2004 and 2003. 39% of them were following antiretroviral therapy, a lower percentage than the ones registered in 2006 (43%) and 2005 (40%), but higher than in 2004 (36%) and 2003 (34%).

13% of clients from **inpatient public and private detoxification units** tested positive for HIV. This percentage is identical to 2005 and 2004 (16%, 13%, 17% and 14%, respectively

²⁸ In 2007, 36% of the clients in outpatient first treatment episodes, 40% of the active clients in treatment (data presented for the second time), 83% of the clients of detoxification units (92% of the clients of public DUs and 75% of the clients in accredited DUs) and 93% of the clients in Therapeutic Communities (99% of the clients of public TCs and 93% of the clients in accredited TCs), presented valid tests for HIV status.

in 2003, 2002, 2001 and 2000). 37% of these individuals were on antiretroviral therapy, (33% in 2006, 29% in 2005, 36% in 2004, 40% in 2003, 38% in 2002, 28% in 2001 and 27% in 2000) 2007 specific data on infectious diseases amongst IDUs in this setting can be consulted in Standard Table 9.

Concerning **public and private therapeutic communities**, the percentage of clients tested HIV positive (16%) was identical to 2006, 2005, 2003 and 2002 and slightly lower than in 2004 (17%). 60% of those were in antiretroviral therapy, a similar percentage than in 2006 but lower than the ones verified in 2004 (68%), 2003 and 2002 (69%).

Figures are therefore stable in comparison to recent years, although in 2007, the percentage of clients who tested positive for HIV and were in antiretroviral therapy, ranged from 35% and 69% whereas in 2006 values ranged from 27%-76, in 2005 values ranged from 29%-66%, in 2004 from 19%-68% and in 2003 from 28%-88%.

HIV/Year	Tested Clients								HIV positive clients							
Services	2000	2001	2002	2003	2004	2005	2006	2007	2000	2001	2002	2003	2004	2005	2006	2007
Public Outpatient																
Active clients during the year	—	—	—	7 466	6 516	7 548	13 048	16 662	—	—	—	1 216	1 070	1 144	1 922	2 023
First treatment demands	2 533	2 683	1 688	1 443	1 154	917	1 520	1 845	367	365	182	219	141	114	165	167
Detoxification Units	3 214	2 694	2 764	2 767	2 824	3 274	2 619	2 664	450	452	367	440	372	419	353	340
Public Network	1 885	1 802	1 840	1 812	1 641	1 696	1 430	1 466	272	302	245	289	225	236	203	205
Accredited Network	1 329	892	924	955	1 183	1 578	1 189	1 198	178	150	122	151	147	183	150	135
Therapeutic Communities	3 398	3 863	3 930	3 966	3 993	3 962	4 128	4 232	561	688	630	637	665	637	664	659
Public Network	65	59	66	57	75	68	110	132	5	6	14	8	5	7	18	18
Accredited Network	3 333	3 804	3 864	3 909	3 918	3 894	4 018	4 100	556	682	616	629	660	630	646	641

Table 10 – Clients tested for HIV, by year and type of service 2000-2006 (IDT2008)

Concerning **Hepatitis B and C**²⁹, data available, and also as reported in Standard Table 9, refer to the analytical **tests** made in drug user's subpopulations that demand treatment in the public and accredited treatment structures.

In 2007, data on Hepatitis B and C showed that 4% of the tested **active clients in outpatient treatment** were positive for Hepatitis B (AgHBS+) and 52% for Hepatitis C (HCV+). These percentages were very similar to the ones verified in 2005, 2004 and 2003.

3% of the tested clients in their **first outpatient treatment episode** were positive for Hepatitis B (AgHBS+) and 39% for Hepatitis C (HCV+). These percentages are similar to the ones verified in previous years, especially in the case of Hepatitis C (39% in 2006 and 2005, 44% in 2004, 45% in 2003, 64% in 2002, 45% in 2001 and 49% in 2000), but also for Hepatitis B (3% in 2005, 2004 and 2003, 8% in 2002, 5% in 2001 and 10% in 2000).

In **detoxification units** the global³⁰ percentages for public and accredited units were 10% for Hepatitis B and 48% for Hepatitis C, similar figures to the ones verified in previous years

²⁹ In 2007, results for Hepatitis B were presented by 39% of all active clients in outpatient treatment, 27% of the clients in outpatient first treatment episodes, 82% of the clients of detoxification units (89% of the clients in public DUs and 75% of the clients in accredited DUs) and 94 % of the clients in Therapeutic Communities (96% of the clients in public TCs and 94% of the clients in accredited TCs).

Results for Hepatitis C were presented by 41% of all active clients in outpatient treatment, 28% of the clients in outpatient first treatment episodes, 84% of the clients of detoxification units (93% of the clients in public DUs and 76% of the clients in accredited DUs) and 92% of the clients in Therapeutic Communities (90% of the clients of public TCs and 92% of the clients in accredited TCs).

(9%, 5%, 9%, 7%, 10%, 7% and 25% in 2006, 2005, 2004, 2003, 2002 and 2001, respectively, for Hepatitis B and 48%, 54%, 62%, 62%, 59% and 58% for Hepatitis C). 2007 specific data on infectious diseases amongst IDUs in this setting can be consulted in Standard Table 9.

In public and accredited **therapeutic communities** 7% of the clients were positive for Hepatitis B and 44% for Hepatitis C. The percentage of positive tested clients in these units was in 2006, 2005, 2004, 2003, 2002 and 2001, respectively 6%, 7%, 7%, 8%, 10%, 9% and 14% for Hepatitis B, and 43%, 46%, 50%, 48%, 51% and 51% for Hepatitis C.

Concerning **Tuberculosis**³¹, again 3% of the **active outpatient clients** who presented results for their tests were positive and all were following treatment. This figure is identical to the one registered in 2005 and 2003 (3%) and lower to the one registered in 2004 (4%).

2% of the **new outpatient clients** who presented results for their tests were positive and all were following treatment. This figure is lower than the ones registered in 2003 and 2005 (3%), 2004 and 2002 (4%) and identical to percentages in previous years (2% in 2006, 2001 and 2000).

In **detoxification units** the global percentage of positive cases was below 1% for Tuberculosis (1% in 2006 and 2005, 2004, 2003 and 2002).

In **therapeutic communities** the percentage of positive cases was 3% for Tuberculosis (2% in 2006, 2004 and 2003 and 1% in 2005, 2002, 2001 and 2000).

Infectious Diseases Structure / Network	HIV	Hepatitis B	Hepatitis C	Tuberculosis
	HIV+	AgHBs+	HCV+	
Outpatient/Public Network				
Clients in Treat. In the year	12%	4%	52%	3%
Clients First Treat.Demand	9%	3%	39%	2%
Detoxification Units (Public and Accredited)	13%	10%	48%	0,4%
Therapeutic Communities (Public and Accredited)	16%	7%	44%	3%

Table 11 – Percentages of clients who tested positive for HIV, Hepatitis B, Hepatitis C and Tuberculosis by type of service in 2007 (IDT2008A)

Programme Klotho, already described in last year's National Report, is an initiative of the IDT, I.P. and the National Coordination for HIV/AIDS which aims at early detection of the infection amongst drug users and their early referral to treatment, thus increasing their quality of life and life expectation.

Programme Klotho expanded and consolidate in 2007, enclosing progressively the treatment structures (from 40 to 45) and the harm and risk reduction teams (from 2 to 10), getting information for more than 10 000 clients of the public treatment network, such as demographic characteristics of clients, description of the consumptions, knowledge's and attitudes face to risk behaviours.

To note the elaboration of a Guide for Monitoring and Quality Control of Klotho Program, in its different planning and implementation phases.

The project now runs in a majority (45) of the outpatient centres (CATs), 10 harm and risk reduction teams. Clients are tested by health professionals using a rapid HIV response kit and reactive tests are sent for laboratorial confirmation. Clients which test is reactive are

³⁰ Considering results per type of service but not differentiating between public and accredited units.

³¹ Concerning Tuberculosis, in 2007, tests results were presented by 16% of all active clients in outpatient treatment, 14% of clients in outpatient first treatment episodes, 86% of the clients of detoxification units (99% of the clients of public DUs and 75% of the clients in accredited DUs) and 95% of the clients in Therapeutic Communities (100% of the clients of public TCs and 95% of the clients in accredited TCs).

immediately sent to a hospital to confirm it. The hospital, in case of a positive confirmation contacts the CAT where the clients are follow up by a psychologist.

From January to December 2007, from a total of 10 025 registers:

- 8 703 were clients in follow-up treatment:
 - From those 7 087 were tested
 - 6561 with non-reactive test (92,5%)
 - 101 with reactive test (1,4%)
 - 425 clients without registered results (6%)
- 1 322 were first treatment demands (25,8% of all first treatment demands in the involved CATs):
 - From those 1 225 were tested
 - 1 137 with non-reactive test (92,8%)
 - 36 with reactive test (2,9%).
 - 52 without results (4,2%).

		First treatment demands		Follow-up treatment	
Results from the rapid test		Non reactive n (%)	Reactive n (%)	Non reactive n (%)	Reactive n (%)
Total		1137 (96,9)	36 (3,1)	6561 (98,5)	101 (1,5)
Gender	Female	179 (96,2)	7 (3,8)	1098 (98,5)	17 (1,5)
	Male	884 (97,1)	26 (3,9)	5224 (98,6)	76 (1,4)
Age	<25	195 (98,5)	3 (1,5)	354 (98,9)	4 (1,1)
	25-29	248 (96,9)	8 (3,1)	880 (98,3)	15 (1,7)
	30-34	239 (96,0)	10 (4,0)	1589 (98,8)	20 (1,2)
	<34	448 (96,8)	15 (3,2)	3720 (98,4)	61 (1,6)
Country	Portugal	1058 (97,2)	31 (2,8)	6343 (98,5)	95 (1,5)
	Other	44 (91,7)	4 (8,3)	115 (97,5)	3 (2,5)
Injecting drug use	Never	543(99,6)	2 (0,4)	2161 (99,4)	12 (0,6)
	Sometime	488 (93,7)	33 (6,3)	4034 (97,9)	88 (2,1)

Table 12 – Results from the rapid test in accordance with clients' characteristics

6.4. Psychiatric co-morbidity (dual diagnosis)

NO NEW INFORMATION AVAILABLE

6.5. Other drug-related health correlates and consequences

NO NEW INFORMATION AVAILABLE

7. Responses to Health Correlates and Consequences

7.1. Overview

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

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

In 2007, were financed, followed, and evaluated two new outreach work teams in the city of Oporto, two mobile units with substitution programmes – low threshold in Lisbon, two Drop in Centres in Lisbon and 1 in Oporto. Continuity was given to the monitoring of proximity and intermediate structures in function, respectively 23 outreach work teams, 4 mobile units with substitution programmes – low threshold, 4 Drop in Centres and 3 Residential Centres.

With the aim of evaluating the relevance of the places of intervention at national level, diagnose of needs was carried out on the framework of PORI, 163 territories identified and 92 selected (see chapter 3). A PORI interdepartmental group was created, where it is included the Harm and Risk Reduction area.

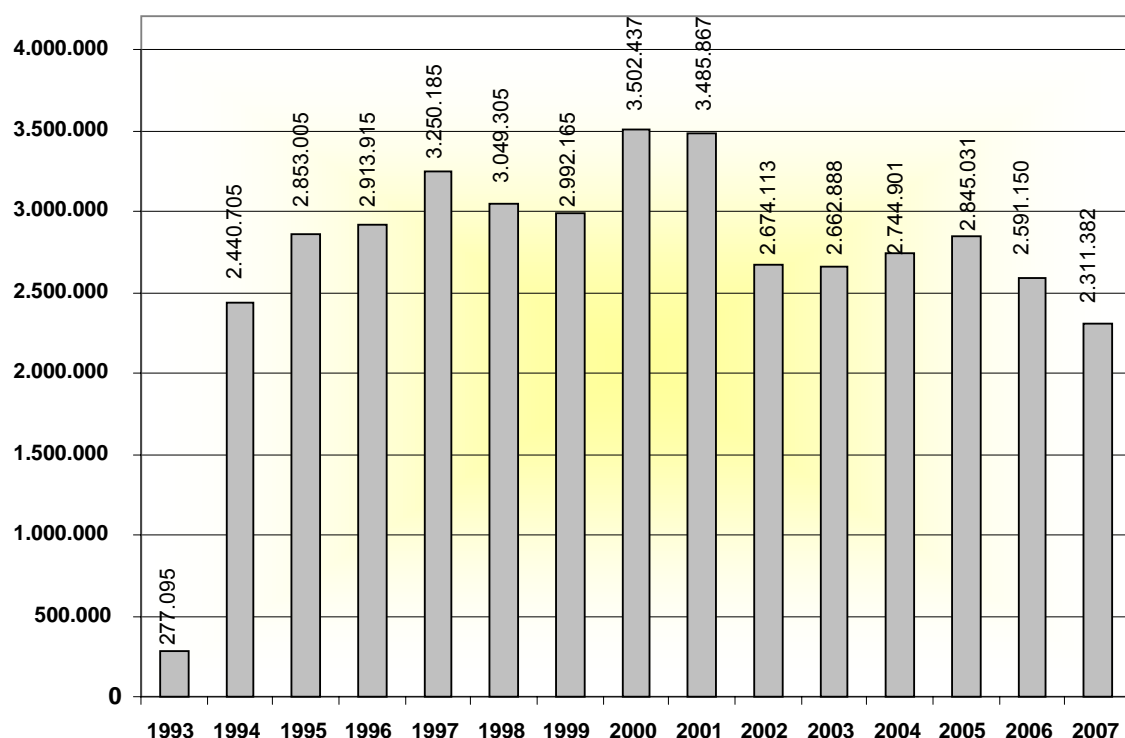
7.2. Prevention of drug related deaths

Prevention of drug related deaths is one of the activities included in the National Harm Reduction Network, funded by the IDT.

7.3. Prevention and treatment of drug-related infectious diseases

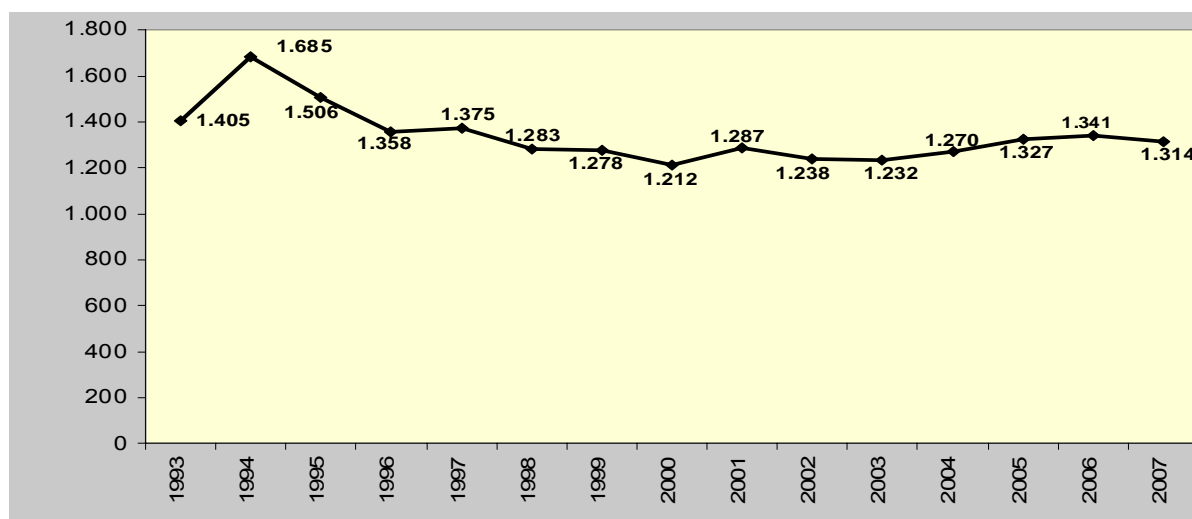
Prevention of drug-related infectious diseases amongst problematic drug users is mainly ensured through the **national syringe exchange programme** “Say no to a second hand syringe”, established by the National Commission for the Fight Against AIDS (CNLCS) in collaboration with the National Association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

40 594 144 syringes have been exchanged through this programme since October 1993 and until December of 2007 (ANF2008). In 2007, 2 311 382 syringes were exchanged, which represented a 10.8% decrease in comparison to 2006. These syringes are included in a kit with 2 syringes, 2 disinfecting towels with 70° alcohol, 1 condom, 1 ampoule of bi-distilled water, 1 filter and 1 informative leaflet.



Graph 19 – Syringes exchanged/ Totals of the Country from 1993 to 2007 (Programme “Say no to a second hand syringe” 1993 to 2007 ANF) (ANF2008)

In 2007, 1 314 **pharmacies** (1 341 in 2006) were active in this programme (48% of the existing pharmacies in the country – 48% in 2006). Those pharmacies exchanged 1 340 408 syringes (1 368 322 in 2006), representing more than 58% of the total of syringes exchanged in 2007 in the framework of this programme (52.8% in 2006).



Graph 20 – Number of pharmacies in the national exchange syringe programme 1993 to 2007 (ANF2008)

The **mobile units** of Cova da Moura (set up in July 2002) and Odivelas (set up in October 2003), exchanged 15 986 syringes in 2007 (18 112 in 2006, 0.69% of the total syringes exchanged, 22 406 in 2005, 0.78% in 2005).

The remaining syringes – 954 988 (1 204 716 in 2006) - were exchanged by the other 36 partners of the programme, representing 41.3% of the total number of exchanged syringes in 2007 (46.5% in 2006) in the context of the programme.

Districts of Lisbon, Porto and Setúbal, continued to be the ones that registered the highest number of syringes collected since the beginning of the program, representing near 44%, 21%, 10%, respectively, 75% of the total number of exchanged syringes.

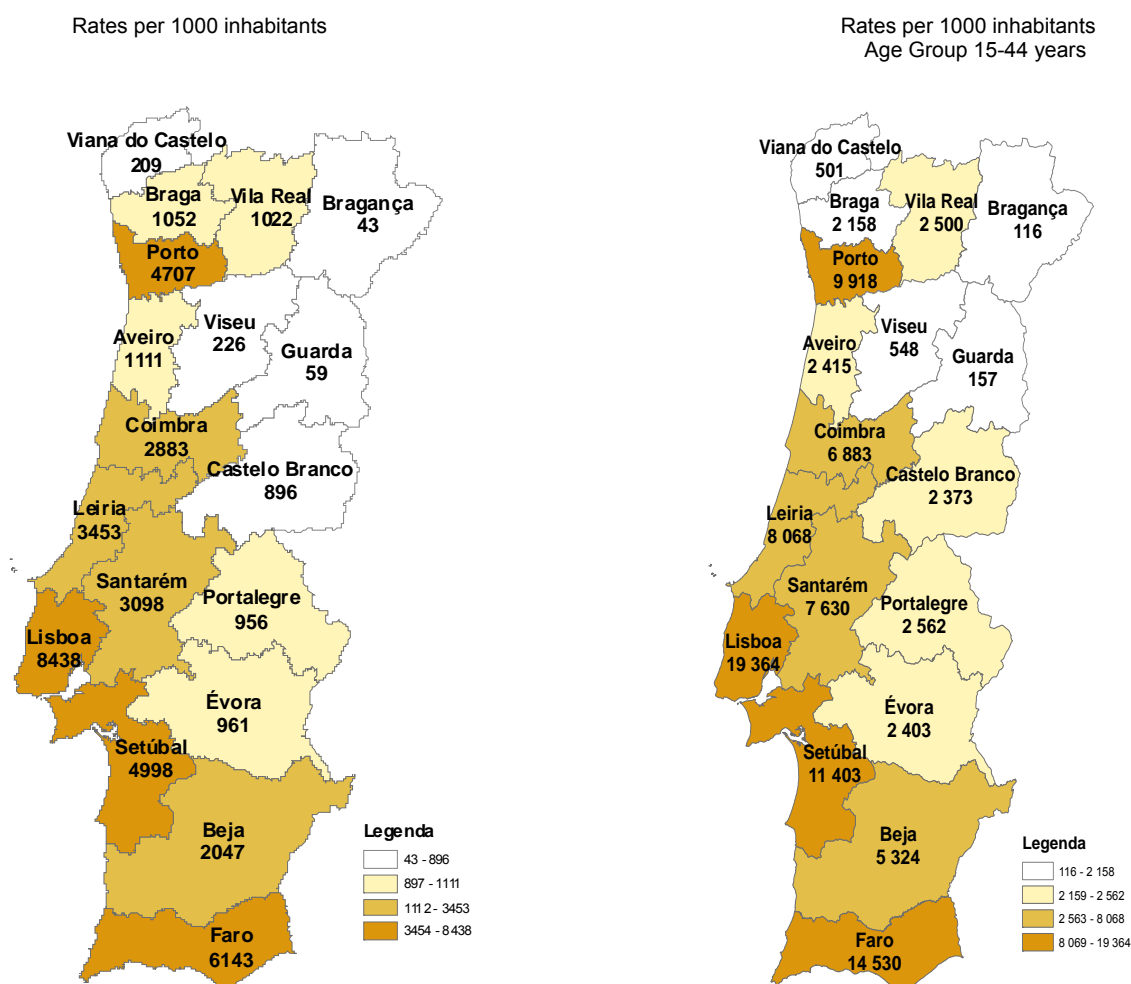


Figure 6 – Exchanged syringes in the framework of the National Syringe exchange programme 1993 to 2007 (IDT2008a)

With the purpose of implementing National Action Plan for the Fight Against the Spread of Infection Diseases in Prison Setting (PANCPDI), the President of IDT,I.P. participated in several work groups, for the elaboration of the Plans operational document. Thus, an inter-ministerial work group was created, with representatives from different institutions (DGSP, CNHIV/AIDS and IDT,I.P.) in order to define specific objectives, operational methodology and evaluation of the implementation of the Specific Exchange Syringes Programme (PETS), in two prison establishments: Lisbon and Paços de Ferreira (as reported in last year Annual Report, see chapters 1.2 and 7.3). In this context, it was established the legal framework for PETS, through the Law nº 3/2007 of 16 of January and Order nº 22 144/2007 of the Ministry of Justice and Health (both laws were also reported in last year Annual Report).

The conditions for setting it up included an initial assessment of both prisons and a specific training programme for prison staff.

For monitoring and evaluation purposes of the pilot Project, inter-institutional groups were created, respectively, National Group of Accompaniment and Monitoring (GNAM) and Local Operational Groups (GOL), the selection of Lisbon and Paços de Ferreira prison establishments to implement the pilot project was made for methodological reasons. The prison establishments, in the period in appraise, made 231 interventions in the areas included in the Plan, namely, in the area of health promotion and diseases prevention.

The Clinic Services of Paços Ferreira and the health space of Lisbon were visited by near two hundred inmates that received information/counseling about health, from whom 10% were referred to treatment programs.

Programme Klotho is an initiative of the IDT, I.P., and the National Coordination for HIV/AIDS aims at early detection of the infection amongst drug users and their early referral to treatment, thus increasing their quality of life and life expectation (please see chapter 6.3. for a description of the programme).

The prevention of drug related infectious diseases is also one of the activities included in the **National Harm Reduction Network**, funded by the IDT, I.P., which includes **23** outreach projects throughout the country which followed 8 761 clients at national level. 3 542 new clients were contacted in 2007 (see ST 10).

In Portugal, **treatment for HIV, AIDS and Hepatitis B and C** is included in the National Health Service and therefore available and free for all who need it. However, clients complain about waiting lists in public hospitals and accessibility issues in general, including the price of medication.

In outpatient public treatment centres (CATs) efforts to promote free **antiretroviral treatment** and Hepatitis B vaccination, as reported in previous National Reports, continue to be implemented. However, as reported in Chapter 6.2. of this Report, the percentage of clients in antiretroviral treatment in several public and certified units (outpatient, detoxification and TCs) ranges between 35% and 69% (27% and 76% in 2006, 29% and 66% in 2005, 19% and 68% in 2004) in these populations, the lowest percentage corresponding to the group of clients in first treatment demands.

In the **prison setting**, inmates and staff are routinely vaccinated against Hepatitis B, 1 290 doses were supplied to the prison establishments being 1249 for prisoners and 41 for functionaries.

In 2004, a cooperation protocol was celebrated between Calouste Gulbenkian Foundation, DGSP, CNLCS and IDT, I.P. for the implementation and execution of the project AIDS in prison settings. This project was developed near the population of the Prisons Establishments of Tires and Montijo in a three years period, with the aim of studying the knowledge, attitudes and behaviours of prisoners in relation to AIDS, identify the prevalence of infectious diseases and launch a specific treatment programme for persons or drug addicted infected with HIV/AIDS. In this work, research and action were jointed, based in methods and practices with international recognition, to know with scientific accuracy the prevalence of pathologies, its evolution trend, and behaviours associated to risk infection. (See results of this Project in Chapter 8.4).

7.4. Interventions related to psychiatric co-morbidity

NO NEW INFORMATION AVAILABLE

7.5. Interventions related to other health correlates and consequences

NO NEW INFORMATION AVAILABLE

8. Social Correlates and Consequences

8.1. Overview

In 2007, concerning the **administrative sanctions** for drug use, the Commissions for the Dissuasion of Drug Use instated more 8% processes³² than in 2006 most of which were, again, referred by the Public Security Police (PSP). On the 31st March 2007, 27% had been suspended, 50% were pending and 23% had been filed.

From the 3 338 rulings made, 82% suspended the process temporarily, 1% found the presumed offender innocent and 17% were punitive rulings (17% in 2006 and 15% in 2005).

In 2007 **criminal offences** against the Drug Law decreased, especially due to a decrease in the number of presumed trafficker-users (-9%) and a slight increase in the number of presumed traffickers (+3%), in comparison to 2006.

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

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

The percentage of **individuals in prison** for Drug Law offences, in 2007, continues to decrease (-5% than in 2006) to reach again the lowest value since 1997 (27% of all individuals in prison). Individuals were mainly imprisoned for traffic offences (90%).

8.2. Social Exclusion

The National Integration Plan refers drug users as a vulnerable population, based on the profiles of problem drug users in treatment settings and of offenders. The available information on the residential status of these individuals, educational and employment data usually refers a lower educational status and a higher unemployment rate than the national average for the same age groups and gender (see chapters 4. 2 and 8.3 of this Report). Another social exclusion indicator is the number and type of requests (psycho-social, referrals and financial support) from users and their families, to the Institute of Solidarity and Social Security (ISSS).

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

8.3. Drug related Crime

Drug offences

Concerning the **administrative sanctions for drug use**³³, in 2007, the 18 Commissions for the Dissuasion of Drug Use (CDT) instated 6 744 processes³⁴, a 8% increase in comparison to last year.

Similarly to preceding years, most of these processes were instated in the **districts** of Lisbon (23.7%) and Porto (20.3%), followed by Faro (10.6%), Setúbal (8.6%), Braga (8.1%) and

³² Each process corresponds to one occurrence and to one person.

³³ Law n. ° 30/2000, of the 29th November, regulated by the Decree-Law n. ° 130-A/2001, of 23rd of April, and by Regulation n. ° 604/2001, of the 12th of June.

³⁴ Each process corresponds to one occurrence and to one individual.

Aveiro (6.9). However, when taken into account the number of residents in each district, Faro, Beja, Portalegre and Lisbon presented the higher occurrences rates per inhabitant aged 15-44 (like in 2006).

- **Monthly distribution** of the processes ranged between 319 in the month of December and 827 in the month of January, registering a monthly average of 562 processes (more than the 518 registered in 2006, 522 registered in 2005 and the 508 registered in 2004);
- Similarly to previous years, most cases (39%) were **referred** by the Public Security Police (PSP), followed by the Republican Guard (GNR) with 33% and the Courts with 28% of the cases;
- On the 31st of March 2007, near half of the processes related to the processes instated in 2007 had been decided on³⁵: 50% were **pending** (51% in 2006, 25% in 2005 and 31% in 2004), 23% **filed** (22% in 2006, 49% in 2005 and 36% in 2004) and 27% **suspended** (26% in 2006 and 2005 and 32% in 2004);

Of the 6744 processes instated in 2007, the Commissions had **ruled** on 49.5% (3 338 processes). This percentage is slightly higher than the one verified last year but lower than the ones verified in previous years – 48.5% in 2006, 51% in 2005, 68% in 2004, 76% in 2003, 78% in 2002 and 75% in 2001³⁶:

- 82% were suspensive rulings;
- 17% were punitive rulings and
- 2% found the presumed offender innocent.

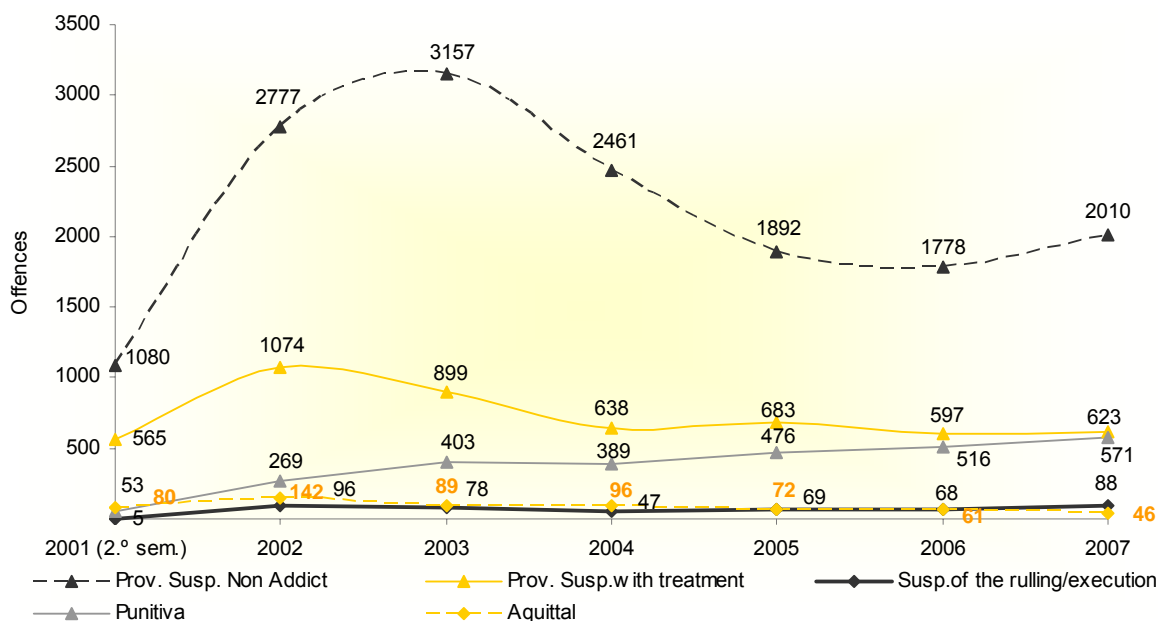
As in previous years, the **provisional suspension** of the process in the case of users who were not considered addicted were the majority of the total percentage of rulings (60%), (59% in 2006 and 2005, 68% in 2004 and 2003, 64% in 2002 and 61% in 2001).

A small decrease was registered in the percentage of **suspensive rulings** in the case of drug users who accepted to undergo treatment (19%), (20% in 2006, 21% in 2005, 18% in 2004, 19% in 2003, 25% in 2002, 32% in 2001).

Punitive rulings in this setting was identical to last year (17% in 2007 and 2006, 15% in 2005, 11% in 2004, 9% in 2003, 6% in 2002 and 3% in 2001). The non-pecuniary sanctions represent 10% of the punitive rulings (11%, 59%, 49%, 38%, 23% and 11% in, 2006, 2005, 2004, 2003, 2002, 2001, respectively) and are mainly related with the periodical presence in a place selected by the CDT.

³⁵ When interpreting these data one need to take into account that some CDTs were functioning without a quorum: Viseu and Guarda since 2003, Faro and Bragança since late 2004 and Lisbon since 2005. Article 35 of Decree-Law 130-A/2001 of the 23rd of April states that a quorum of 2 CDT members (staff excluded) is mandatory to audition and decide on processes. Some of these CDTs, however, in order to minimise the situation, only took those types of decisions not eligible for judicial appealing.

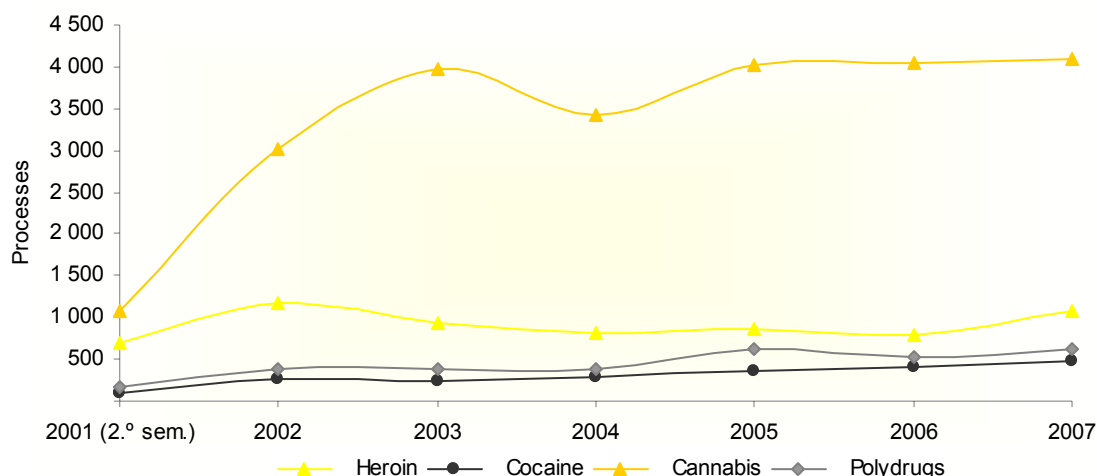
³⁶ In 2001 data refers to 6 month only as the Law was implemented from the 1st of July on. It is also important to mention that, during the reporting period the Lisbon and Faro CDTs had no possibility of ruling due to lack of quorum.



Graph 21 – Type of ruling for administrative offences by year (IDT2008a)

Concerning the **substances** involved:

- In 2007 due to the increase in the total number of processes (8%) in comparison to last year, resulted from the increase of processes on several drugs: +38% of the processes involving only heroin, +29% involving only ecstasy, +23% involving only cocaine, +19% of the processes involving several drugs and +2% of processes involving only cannabis.
- as in previous years, most cases involved **only one drug** (90%):
 - Mainly **cannabis** (64%) - (70% in 2006, 68% in 2005, 69% in 2004, 71% in 2003, 62% in 2002 and 53% in 2001);
 - 17% of these processes involved only **heroin** (14% in 2006, 15% in 2005, 17% in 2003 and 2004, 24% and 33% in 2002 and 2001). 8% involved only **cocaine** (7%, 6%, 4%, 6% and 5%, respectively in 2006, 2005, 2004, 2003, 2002 and 2001);
 - Processes involving only heroin have a wider geographical dispersion.
- For the 10% processes involving more than one drug (9% in 2006, 11% in 2005), the association heroin-cocaine (6%) was again predominant followed by the association cocaine-cannabis (1%).



Graph 22 – Type of drug involved in administrative offences by year (IDT2008a)

Concerning the **individuals** involved:

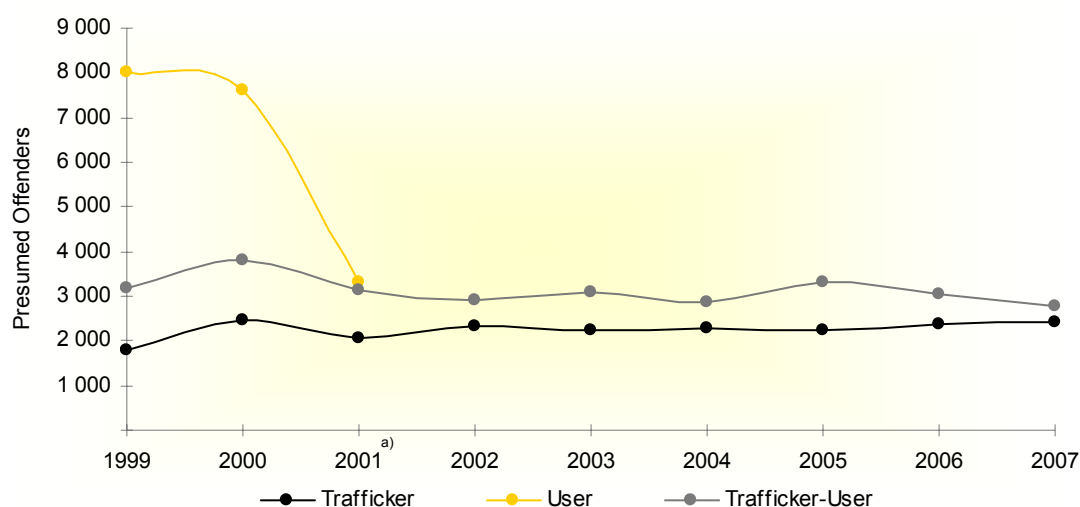
- In 2007, **6 268 individuals were involved (5 815 in 2006, 5 824 in 2005)** in the instated processes (absolution rulings excluded) at the Commissions for the Dissuasion of Drug Abuse;
- 6% of those **were referred twice in 2007** to a Commission (5% in 2006, 6% in 2005, 5% in 2004 and 6% in 2003). Although large urban centres such as Porto and Lisbon continue to register most of these cases, other less urban district capitals such as, Braga and Faro also started to be mentioned in association with this variable;
- In relation to previous years, no relevant changes were verified concerning **the socio-demographic profile** of these individuals³⁷:
 - They were mostly from the male gender (93%);
 - 79% were aged 16-34;
 - They were mainly Portuguese (94%), single (84%) and living with their parents/siblings (63%);
 - 39% had frequented the 3rd level of compulsory school (7th - 9th grade) and 33% reported an educational status above that;
 - 28% were unemployed and among the 49% who were employed most were in the extraction industries and civil construction, artisans and non-qualified labour in general.

Drug related crime

Concerning **criminal offences**, in 2007, data from the Criminal Police identified 5 202 presumed offenders: 47% were presumed traffickers and 53% presumed trafficker-users.

³⁷ Individuals who were sent twice to a Commission in any given year (and thus originated the instatement of more than one process) were counted only once.

For the second consecutive year the number of **presumed offenders** decrease in relation to last year (-4%), especially due to an decrease in the number of presumed trafficker-users (-9%) and a slight increase in the number of presumed traffickers (+3%).



Graph 23 – Presumed offenders by year and category of criminal offence (IDT2008a)

Similarly to previous years³⁸, districts which reported a higher number of, presumed offenders were the more populated ones: Lisbon (38%), Porto (18%), Faro (6%), Setúbal (6%) and Braga (5%). The rates of presumed offenders per inhabitant again highlight Lisbon, Faro, Porto, Portalegre and the Autonomous Region of Madeira and Azores.

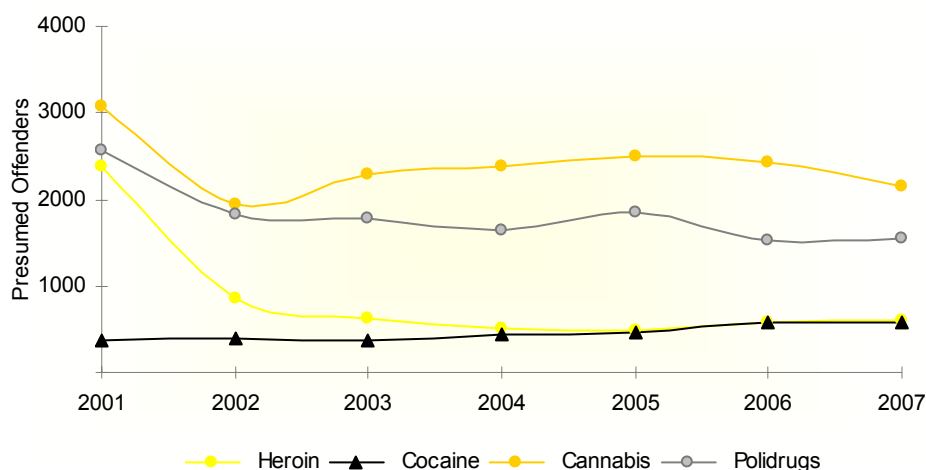
Concerning the **substances** identified in the moment of the occurrence:

- 68% of these individuals possessed only one drug (71% in 2006, 64% in 2005, 65% in 2004, 64% in 2003 and 62% in 2002);
- Among these cases, and like in previous years, **cannabis** was predominant in comparison to other substances (44%), contrarily to what occurred in the years before 2001, when heroin was always predominant;
- 12% of the cases concerned **heroin** only, for the second consecutive year the percentage of these cases increased (11%, 9%, 10%, 12%, 17%, 28%, 33% and 39% of the cases respectively in 2005, 2004, 2003, 2002, 2001, 2000 and 1999), but which, in comparison to 2006, increased by 2.4%;
- 12% of the cases concerned **cocaine** only, a decrease of 2.1% in comparison to 2006;
- The offenders in the possession of **ecstasy** alone (0.4%) continued to register low frequencies (0,7% in 2006, 1% in 2005);
- In the situations where more than one drug was involved (32%), a 2% increase was registered in relation to 2006, the main combination was “heroin and cocaine” (16%) followed by the combination of heroin, cocaine and cannabis (5%).

In comparison to 2006, we can point out a decrease in the number of presumed offenders in the possession of ecstasy only (-40%) and cannabis only (-12%), ecstasy can be explained by the decrease in the number of presumed traffickers and cannabis to the decrease in the number of presumed traffickers-users.

³⁸ The percentage data presented are calculated for the cases for which information exists on the considered variables and do not include neither individuals who relapsed nor those found innocent.

For the second consecutive year in a row, there was an increase of the number of presumed offenders in the possession of heroin alone and a decrease of those in possessions of cannabis alone. Like in previous years, situations related with possession of cocaine alone continue to have a higher relative importance in the group of presumed traffickers than in the group of trafficker-users; the opposite is verified in the situations related with cannabis.



Graph 24 – Presumed offenders by substance involved (IDT2008a)

When comparing the traffickers and the trafficker-users, the latter present a higher percentage of male gender individuals, portuguese nationality, single, more academic skills, a higher percentage of employed individuals and students, and are also younger. They registered, more often than traffickers, situations where only one drug was possessed and the possession of hashish (a profile closer to that of users referred to the Commissions for the Dissuasion of drug Abuse).

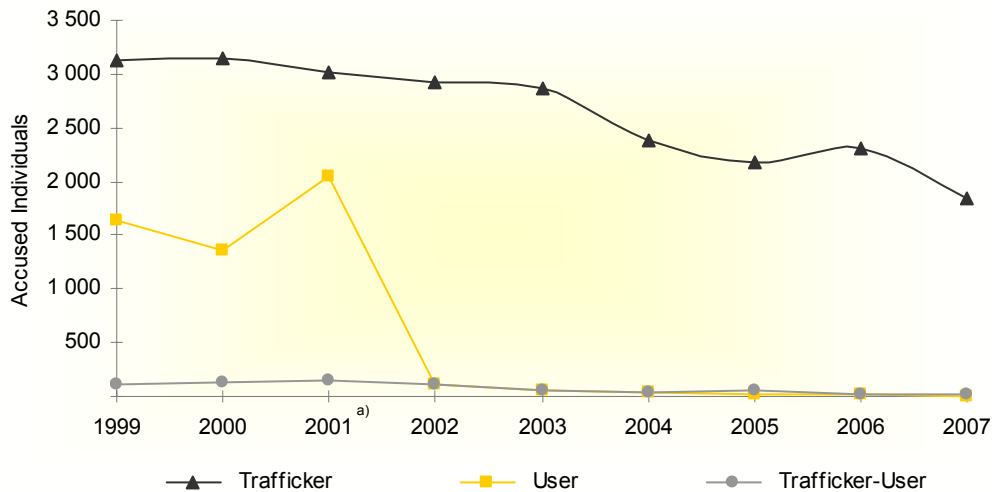
Concerning the individuals involved:

- 88% of the presumed offenders were of the male gender;
- 66% were aged between 16-34, mainly 25-34 (33.4%) and 16-34 (32.8%) being de mean age 31;
- 81% were Portuguese, a percentage that has been decreasing since 2000, also related to the increase in the relative weight of the traffickers among these presumed offenders. Among those who were not Portuguese nationals (19%), the Africans were predominant (12%), mainly from Cape Verde and Angola a situation already verified in previous years. 81% were single, 51% frequented the 3rd level of compulsory school and 55% were unemployed at the time of their arrest;
- 80.5% were single;
- 33.2% reported having frequented the 3rd level of compulsory school (7th to 9th grades);
- 55.2% were unemployed, 35.2% were employed and 6.3% were students at the time of their arrest.

Concerning **Court** data:

- In 2007, 1 287 processes were finalised, which represents a stabilisation in comparison to 2006 (1288) but a decrease in comparion to 2004 (1 390), 2003 (1 625) and 2002 (1 640);

- These processes involved 1 871 (1 996 in 2006, 1 792 in 2005, 2 335 in 2004 and 2 454 in 2003), individuals³⁹. The vast majority were accused of traffic (99%). Near 76% were convicted and 23% were acquitted;
- From the 1 420 individuals convicted for Drug Law offences in 2007, 97% were accused of traffic, 2% accused of traffic-use and 1% accused of use;



Graph 25 – Individuals presented in Court for crimes against the Drug Law (IDT2008a)

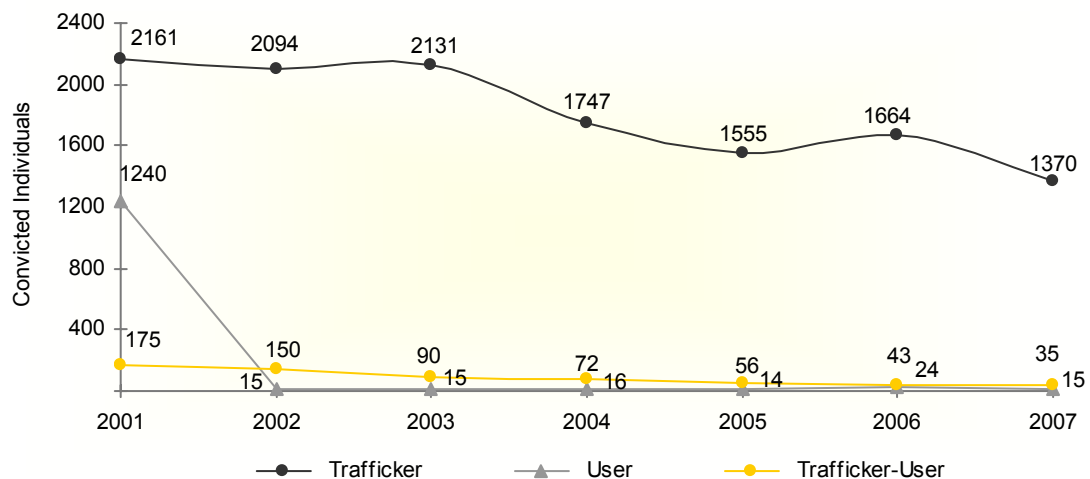
- Of the 1 420 convicted individuals⁴⁰ (1 474 in 2006, 1 281 in 2005, 1 669 in 2004 and 1 828 in 2003), 97% were convicted for traffic, 2% for traffic-use and 1% for use⁴¹;
- The districts of Lisbon (41%) and Porto (17%), followed by Faro (5%), Leiria (5%) and Setúbal (5%) registered the highest number of these convictions. The districts of Lisbon, Beja, Autonomous Region of Azores and Madeira, Faro and Leiria registered the higher rates per resident.
- These convictions involved mainly⁴² suspended prison (57%) and effective prison (37%) contrarily to what happened in 2005 and 2006

³⁹ In line with the methodological criteria used in previous years, the judicial decisions dated of 2007, and registered at IDT until 31st of March 2008 it was taken into account. 2007 data will be updated next year and 2007 decisions registered between 31st March 2008 and 31st March 2009 will be taken into account.

⁴⁰ Percentage data presented are calculated for the cases, which have information on the considered variables.

⁴¹ Illicit drug growing (article 40. ° of Decree-Law 15/93, of the 22nd of January) continues to be considered a crime of use.

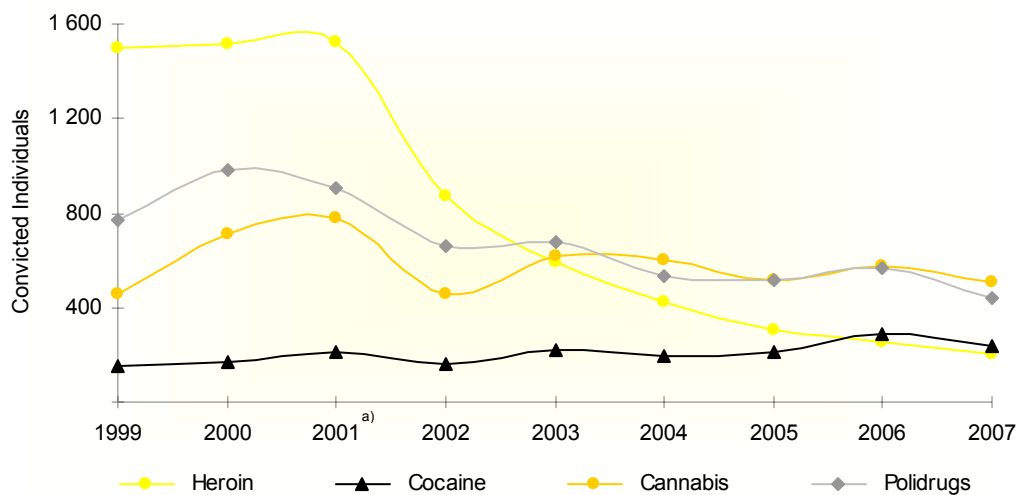
⁴² Sanctions may involve more than one crime.



Graph 26 – Individuals convicted in Court for crimes against the Drug Law (IDT2008a)

As for the **substances** involved:

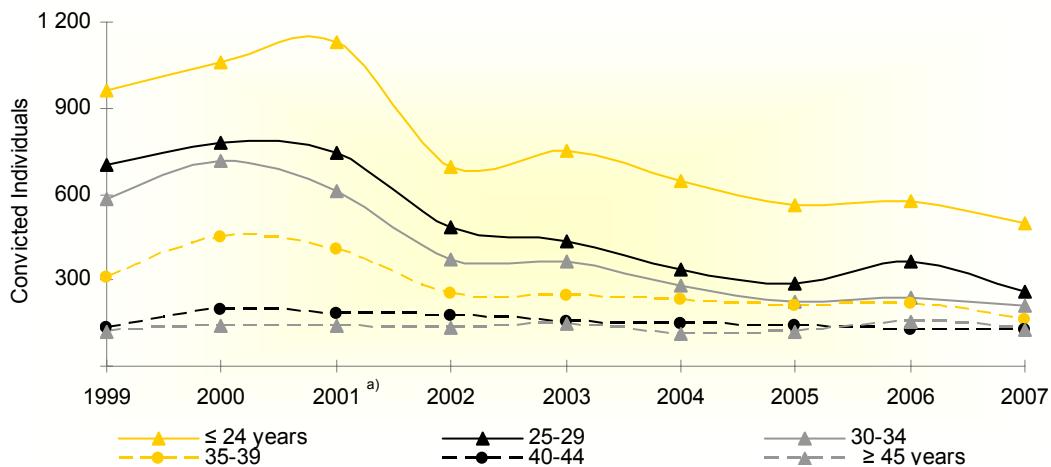
- The majority of these convictions involved, once again, the possession of only one drug (69% in 2007, 67% in 2006 and 2005, 69% in 2004). Hashish was, for the fourth time, the main substance involved (36% in 2007, 32% in 2006, 30% in 2005, 28% in 2004), followed by cocaine (17% in 2007, 18% in 2006, 15% in 2005, 11% in 2004), heroin (14% in 2007, 16% in 2006, 18% in 2005, 24% in 2004) and 1% several other drugs.
- When polydrugs are considered (in 31% of the processes), the association heroin-cocaine (18% of the total of convictions and 59% of those who possessed polydrugs) was predominant.
- The trend, initiated in 1998, of the decreasing importance of heroin related convictions, continued, (14%, 16%, 18%, 24%, 28%, 40%, 44%, 45%, and 52% of the cases, respectively in 2007, 2006, 2005, 2004, 2003, 2002, 2001, 2000 and 1999).
- On the other hand, the situations where other drugs were involved, particularly in the case of hashish only and cocaine only, continue to increase.



Graph 27 – Involved drugs in Court convictions for crimes against the Drug Law (IDT2008a)

Concerning the **individuals** involved:

- Most of these convicted individuals were of the male gender (86%);
- Aged 16-34 (70%) mainly 16-24 (36%) and 25-34 (34%), 29 being the mean age;

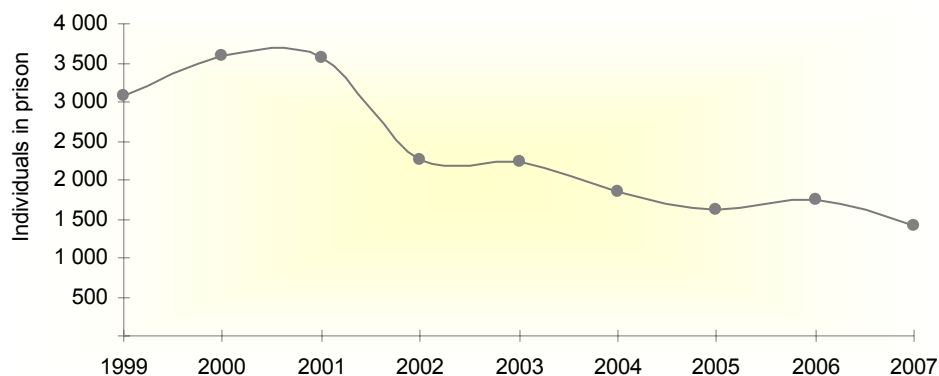


Graph 28 – Age groups of individuals convicted in Court for crimes against the Drug Law (IDT2008a)

- They were mostly Portuguese (83%), single (58%) and living with their parents/siblings (36.5%);
- The gradual increase in terms of educational status already verified in previous years continues to be registered, with 35% (30% in 2006) of those individuals reporting having attended the 3rd level of compulsory school (7th to 9th grades);
- Concerning the professional status, 50% were employed at the time of their conviction, and 39% were unemployed, similar percentages to the ones registered in 2006. Near 5% were students.

Traffickers-users in comparison to traffickers presented more individuals from the female gender and Portuguese nationality, older age group, with more academic habilitations and a higher percentage of individuals unemployed and students.

Prison data indicates that, on the 31st of December 2007, 2 524 (-5% than in 2006 with 2 650 individuals) individuals were in prison for crimes against the Drug Law. For the first time since 2000, the weight of these individuals in the universe of convicted prisoner population was similar to the one verified on the same period of the previous year (27%), contrary to the decrease trend that has been verified since 2000. These individuals continue to be mainly male gender (86%), aged 30-39 (38%) and 40-49 (27%), being that 25% had less than 30 years old, the mean age was 37, 69% were Portuguese, although the percentage of foreign individuals continued to increase (31% in 2007).



Graph 29 – Individuals in prison for crimes against the Drug Law (IDT2008a)

- Most of these individuals were convicted for traffic (90%) but also for less serious trafficking (7%) and for traffic-use (2%), these percentages are inline with previous years patterns.

Taking in consideration the weight of the individuals convicted for traffic is not to find odd that its evolution is similar to the one of the total number of convicted under the Drug Law. In both cases decreases in the last four years were registered. A trend for decrease is also verified in other crimes under the Drug Law.

Most of these convicted individuals were male gender (86%); aged 30-39 (38%), 40-49 (27%) and 25% with less than 30 years; mean age 37.

They were mostly Portuguese (69%), but once more was reinforced the increasing tendency of foreigners weight verified in previous years.

8.4. Drug Use in Prison

In 2007, the II National Prison Survey on Psychoactive Substances (Torres2007) was implemented (first study was in 2001). As for the 2001 project, the survey used a random sample of 20% of the individuals in prison. Directors and staff were also interviewed on perceptions. The sample was representative at national level and comparability with the EMCDDA's Standard Table 12 was ensured.

The IDT commissioned for the second time a prison survey. The survey was conducted on a random sample of 2 394 (2 601 in 2001) imprisoned individuals (20% of all imprisoned individuals in Portugal - Continent and Isles) from whom 1 986 (2 057 in 2001) valid, anonymous and self-completed questionnaires were collected in 44 prisons (47 in 2001).

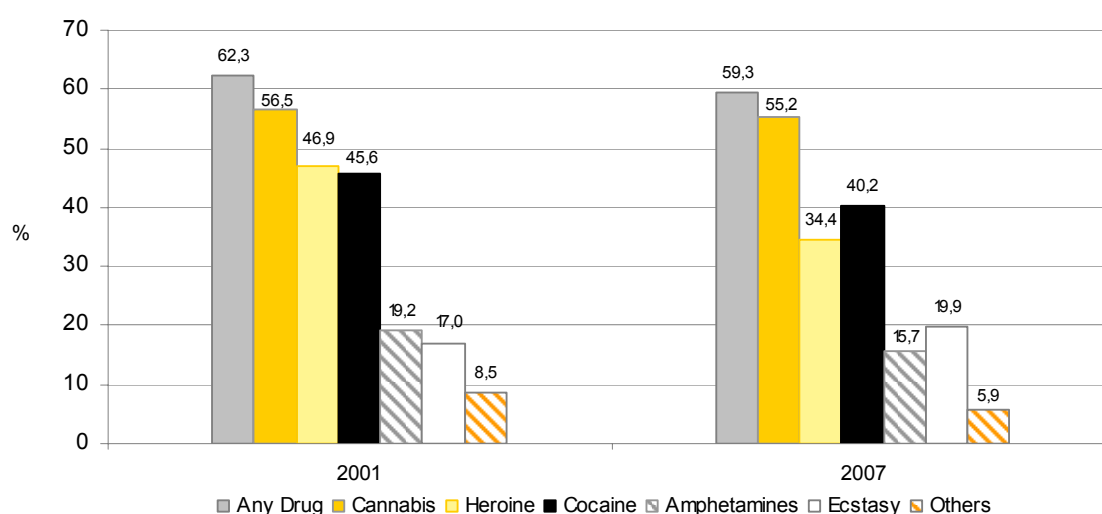
Questions approached integrated three aspects:

- type of crimes practiced and their relation with drugs;
- characterisation of drug users and practices of consumption;
- infectious diseases and intravenous drug use.

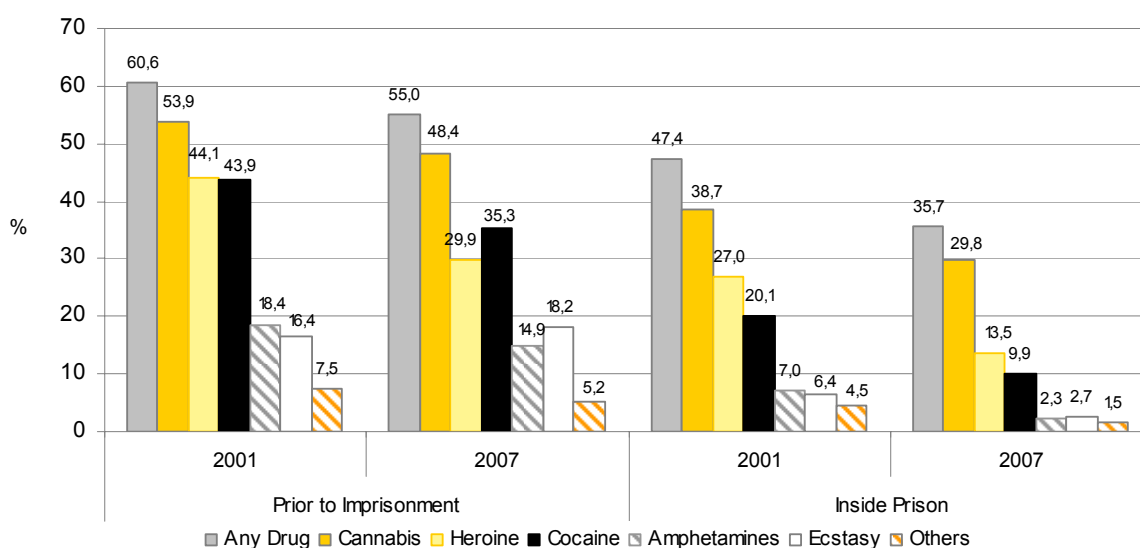
See also chapters 4.3., 7.2. and 8.3. for related information.

Results from national study implemented in 2007 in the prisoner population show that cannabis, cocaine and heroin are the substances with higher prevalence of use in these population, as in the prior imprisonment context (respectively 48,4%, 35,3% and 29,9%) as in prison (respectively 29,8%, 9,9% and 13,5%). Between 2001 and 2007, a generalised decrease was verified in the prevalence's of drug consumption in both contexts, but more accentuated in the prison context. To note the important reduction of intravenous drug use in relation to 2001, in prior imprisonment context (27% in 2001 and 18% in 2007) and prison context (11% in 2001 and 3% in 2007).

In 2007, as in 2001 cannabis was the illicit substance that registered the highest prevalence of use in the context prior to imprisonment and in prison. Contrarily to 2001, in 2007, in prior to imprisonment context, the prevalence's of cocaine use was superior to heroin, the inverse situation was verified in prison context, similar to what happened in 2001.



Graph 30 – National Prisoner Population: Lifetime Prevalence, by type of Drug

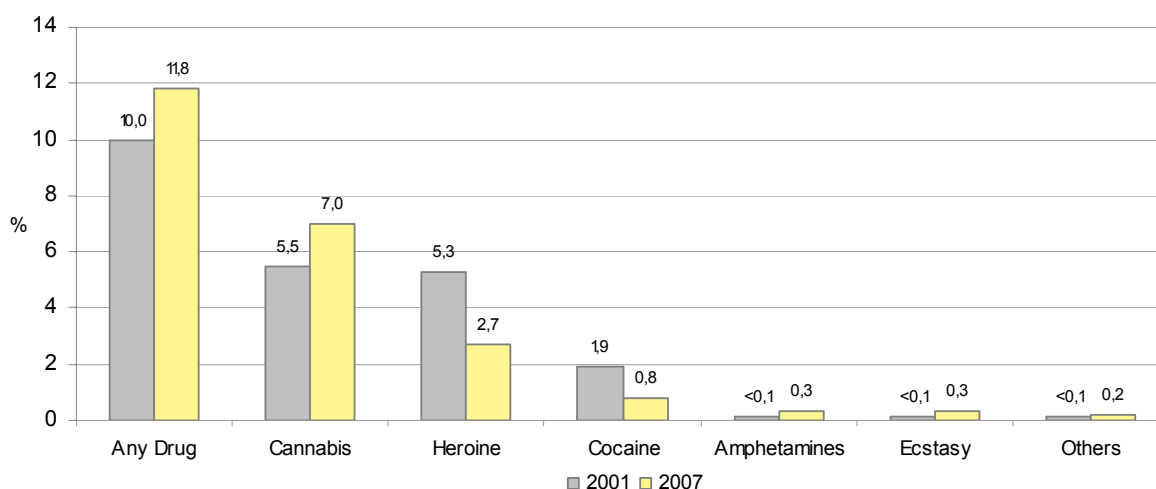


Graph 31 – National Prisoner Population: Prevalence of Use in Prison by type of Drug

Between 2001 and 2007, a generalised decrease of the prevalence's of use between the prisoners population was evidenced. Such was verified at the level of several contexts and illicit substances, being the only exception the slight increase in the prevalence of use of ecstasy (experienced at least once) before imprisonment. In both contexts - prior to imprisonment and in prison - special accent to the decrease of prevalence's use of heroin and cocaine.

The evolution pattern of lifetime prevalence of any illicit substance decrease between 2001 and 2007 was not maintained, at the female level and older age groups (more than 35 years), where increases were verified.

Both in 2001 and in 2007, was noted that prison has a containment role in consumption, being the decrease of consumption with entrance in prison more accentuated in 2007. However, in prison, the regular consumption – everyday in the last month – of several illicit substances with the exception of heroin and cocaine was superior in 2007.



Graph 32 – National Prisoner Population: Regular Consumption in Prison, by year and type of Drug

In 2007 an important reduction of intravenous drug use in relation to 2001 was verified, in the context prior to imprisonment (18% in 2007 and 27% in 2001) and in prison (3% in 2007 and 11% in 2001).

Concerning lifetime prevalences of 2001 to 2007, the results indicate:

- slight decrease in the percentage of prisoners that consumed drugs, being superior to the values of general population;
- decrease of the percentage of prisoners that consumed heroin, cocaine, medicines of the type tranquilisers, amphetamines and other substances.

On the 23rd November 2004, Calouste Gulbenkian Foundation, DGPS, CNLS and IDT signed a protocol for the implementation of a project on HIV/AIDS at prison settings (Tires and Montijo prison establishments).

The project included:

- A study of two prison settings in what concerns knowledge, attitudes and behaviours towards HIV/AIDS and risk behaviours;
- The characterisation of that same population in terms of HIV, Hepatitis B and C, syphilis and Chlamydia infection.

Tires prison holds both gender inmates but Montijo prison only has male inmates. Due to the Tires high female/male ratio, the survey sample was mainly women (60.8%). This proportion is almost 10 times higher to the 6.8% women existing by 31st of December 2005, among total number of prisoners' population in Portugal. To overcome this limitation, the option was on dividing analysis results by gender and punctually, comparison between genders.

Information was gathered through a self-applied questionnaire in order to characterise knowledge, attitudes, and behaviours related with HIV/AIDS, through blood samples for detection of HIV/AIDS, Hepatitis B and C and syphilis infection. Chlamydia was determined by urine sample.

The majority of prisoners, in both settings, participated, which corresponds to 323 men and 502 women (almost were convicted fellows).

71% women and 51% men mentioned had already donned the HIV/AIDS test. 40% declared having no sufficient information on HIV/AIDS infection and among them; majority was mainly interested on learning how the infection is transmitted. This particular infection was defined as very important by almost every inquired, but approximately 20% stated themselves as not worried.

39% men and 31 women mentioned having sexual relations during the previous 3 months, from which 36% and 10% mentioned having more than one partner. More than 2/3 of the individuals declared not having used condom during their last sexual relation. This behaviour remains coherent with condom use prevalence – more than three quarts stated as being non-consistent.

HIV/AIDS infection prevalence was 8.9% among men and 9.9% among women. From inmates that tested HIV/AIDS positive, 75% of men and 61% women already had referred at the questionnaire, having the infection.

In what concern Hepatitis C, 22% men, and 12% women were infected and among these, 48% and 60% knew their status.

Hepatitis B tested positive among 2% of men and 2% of women, but only 44% men and 13% women were aware of their serological status.

HIV, Hepatitis C, and B prevalence infections were higher than those described between prisoners of most European Countries. Syphilis and Chlamydia prevalence were lower when

comparing to other countries. 2.2% men and 3.6% women for syphilis and 6% men and 1% women for Chlamydia trachomatis.

This survey highlights the sample prevalence on risk behaviours, namely by using drugs and sexual relation unprotected, behaviours, that, nevertheless can be modify through health and prevention promotion measures (although this particular study cannot be applied to the general prison population). This survey allowed investigators to obtain a set of essential epidemiological second-generation indicators that will allow predicting consequences of the eventual treatment and prevention policies.

8.5. Social Costs

Last study on this issue (Soares2007) was the IDT funded research at the School of Economics (*Faculdade de Economia*) of Universidade Nova de Lisboa which had 2 main objectives: to develop a model to estimate costs of drug abuse and test it, and to estimate the size of the illicit markets of heroin, cocaine, cannabis and synthetic drugs (see chapter 10.2). A first theoretical approach was proposed to perform a cost-benefit analysis, identifying the consequences of drug abuse and to use it as an evaluation instrument for the impact of this problem in the different areas of society. The methodology, its principles and its limitations were presented and a first attempt was made to identify costs and benefits associated to drug abuse. Cost include health and legal consequences, impact in academic and professional career, as well as in future earnings, psychological and social costs. Benefits include licit and illicit earnings for individuals involved in this area, impact on markets and on the knowledge infrastructure.

9. Responses to Social Correlates and Consequences

Overview

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

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

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

This dynamic action lies under the logic of integrated responses, network intervention, in strict articulation with other ministries and entities that promote answers in the scope of reintegration.

During 2007, there was a reinforcement of partnerships with entities with interests and responsibilities in drug addiction, such as Institute of Social Security (ISS), Santa Casa da Misericórdia de Lisboa (SCML) and Institute for Labour and Professional Training (IEFP) between others.

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

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

9.1. Social Reintegration

Housing

Social protection responses available at the Institute of Social Security include, among others: equipments/temporary settlement, reinsertion apartments, financial support for housing expenses as renting, medication, transportation, etc. Reinsertion apartments (for those drug users at their final phase of rehabilitation process) are a very important response for the individuals' emancipation and consequent socio professional integration.

Viewing the improvement of quality services provided to the drug addict and the prevention of social duplication responses to the client/family, conditions were created for the

development of an integrated intervention, in the scope of insertion courses of IDT, I.P. clients, that have lack of support from ISS, I.P. In June 28 was formally signed a protocol that vinculates IDT, I.P., ISS, I.P. and SCML to the adoption and application of a joint methodology and integrated response, that has for base the satisfaction of specific needs of each client, identified in the scope of the Individual Plan for Insertion. In this context several meetings had place, training dynamics with technicians from local attendance services were developed to incorporate and consolidate joint rules and procedures to be adopted and operationalise the implementation of instruments foreseen in the Proceeding Manual.

Governmental welfare centres at district level are responsible for the certification process of reinsertion **housing facilities** available for drug users after the initial treatment period. In 2007, 28 reinsertion apartments - (halfway houses for clients of treatment centres leaving with a programmed medical release or for individuals in prison after release) were active during the year for a total of 232 individuals/month (277 in 2006, 315 in 2005) needing that type of service. The annual costs incurred in € 1.032.822,80 (€ 1.026.97, 17 in 2006, € 827 343,59 in 2005 and € 420 438,50 in 2004) - but some organisations did not report on this item on time).

Education, training

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

In what concerns professional training, we can point out PASITForm Program (Action Programme for Awareness and Intervention in Drug Abuse), developed together with IEFP. The development of this joint action plan, allows the enhancement and better responses for the targeted public.

Related to this programme, some activities were promoted all throughout the country as expert joint meetings, training on the problematic of drug addiction. In the International Day Against Drug Abuse and Illicit Trafficking, on the 26th of June, awareness sessions were held at several IEFP training centres involving 4 232 persons (trainees and trainers).

In the context of the Programme for Prevention and Fight Against Drug and Alcohol in the Armed Forces, reinsertion is constituted by the set of integrated actions, which aim the socio-laboral reintegration of the military and prevention relapse, involving all useful elements to the individual recovery.

Employment

The major actor in employment related reinsertion activities in Portugal is 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.

	2000	2001	2002	2003	2004	2005	2006	2007
Specific training	102	50	9	76	62	n.a.	77	21
Reinsertion businesses	56	60	97	83	47	n.a.	n.a.	n.a.
Insertion/Employment	n.a.	23	46	61	36	23	3	n.a.
Occupational programmes	n.a.	n.a.	58	23	78	69	31	17
Other programmes	n.a.	48	18	132	134	n.a.	38	22
Totals	158	181	228	375	357	n.a.	184	60

Table 13 – Number of drug users involved in special interventions of the IEFP– 2000-2007⁴³ (IDT2008a)

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

Programme Vida-Emprego aims to reintegrate socially and professionally former drug users or those finishing treatment, through five specific measures. Training and employment mediation, socio-professional integration trainingships, socio-professional integration award, support to employment and self-employment.

In 2007, 1 283 drug addicts in treatment and reinsertion process, were reached by this programme, with the intervention of 78 mediators for training and employment and 710 companies.

In 2007, this programme had a budget of € 5.396.739,78 (€ 4 839 963,24 in 2006, € 5 948 397 in 2005, € 5 756 333,92 in 2004 and € 5 994 835,82 in 2003), through the funding of 1 283 initiatives (1 403 in 2006, 1 593 in 2005, 1 428 in 2004 and 1 445 in 2003), € 488.217,88, referred to structure expenses and € 4.908.521,90, to direct costs with specific measures, among them, employment support and trainingships.

2007 was a year of deep reflection on this programme, based on the experienced acquired in almost ten years of its implementation and taking into account problems identified along its functioning and social economic restrictions resulting from the Community Support Framework – Human Potential Operational Programme (POPH). An external evaluation of the programme donned in 2005 and its results were taken in consideration in this reflective analysis.

Some re-thinking was done on some specific measures, reorganising responses, strengthening articulation mechanisms, among others, certainly will have an impact on the coming years.

Intervention at work settings can be referred by EURIDICE, a Project developed by a Workers Confederation and IDT, I.P. on technical and financial support to projects developed in work setting. This project has a strong prevention and promotion component of workers health, promoted several information, training, and awareness campaigns. This dynamics conceived and developed by IDT local structures, particularly technical and expert support (contents and methodologies).

⁴³ Although it is not possible to quantify accurately the number of persons with drug addiction problems enclosed in the scope of these general measures, since the internal informatic register of IEFP, I.P. doesn't allow to present execution data having as base situation of clients with drug addiction history, it is important to note that beyond the answers promoted in the scope of Programme Vida Emprego specific measures, in 2007 were identified a total of 60 interventions.

Meetings of the working group on intervention at work settings were held, with external and internal experts, with the objective of conceiving action orientation lines for the intervention and integrated responses in work settings.

Still dealing with intervention in work settings, IDT contributed for the scientific revision of the publication “Alcohol and Drugs problems at Work” which will be published in 2008, by International Labour Organization (OIT) – Lisbon office, another national instrument for IDT, I.P. intervention in work settings.

9.2. Prevention of drug related crime

As an **alternative to prison**, Courts may send drug abusers to treatment instead of sending them to prison when the crime in question was committed with the intent to finance personal drug abuse, clinical evidence suggests the individual could profit from treatment and the judges find no aggravating circumstances that might raise objections to treatment outside prison. Other Services from the Criminal Justice System also refer clients to treatment services, while they are on probation, just being follow-up or upon release from prison (see also chapter 5.2. on this Report).

In 2007:

- 1% clients starting treatment in a public therapeutic community were referred by the Court as an alternative to prison (zero in 2006, 3% in 2005 and 1% in 2004). 4% of those starting treatment in a private therapeutic community (as in 2006, 2005 and 2004) were referred by the Court as an alternative to prison;
- 6% of all the active clients and 10% of first treatment demands in the public outpatient units were referred by Criminal Justice Services, identical figures to previous years.

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

As reported in chapter 7.3, a pilot syringe exchange programme was set up in two prisons establishments.

In the specific area of abstinence-oriented treatment in the **prison setting**, in 2007, a decrease was registered in its capacity in comparison to last year (less 19 beds in drug-free units). The therapeutic community with a capacity for 45 beds and one halfway house with capacity for 12 beds remain available. The number of prisoners enclosed was 332 (52 women).

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

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

10. Drug Markets

10.1. Overview

Following the trend, verified since 2000, the number of heroin seizures decreased and now ranks below hashish and cocaine. However, the number of seizures decreased for all substances in comparison to previous years with the exception of hashish. For the sixth time since 1990, the number of hashish seizures again surpassed that of heroin, (the substance that always registered the highest number of seizures in Portugal until 2002), and for the third time the number of cocaine seizures also surpassed those of heroin.

Central Division for Criminal Intelligence (DCITE) drawn up a situation analysis on *International Drug Trafficking by Sea* which prove the increasing relevance of this issue.

The seized quantities of hashish registered an increase in comparison to 2006, being the highest value of the decade. The seized quantities of cocaine, heroin, herbal cannabis (liamba) and ecstasy decrease in comparison to 2006.

Regarding the prices of drugs at trafficker and trafficker-user level the mean price of heroin was the lowest reported since 2002, contrary to hashish and herbal cannabis (liamba) which registered in 2007 the highest price reported since 2002.

Concerning the **number of seizures**:

- In 2007, for the 6th consecutive year, hashish was the substance involved in a higher number of seizures (2 227) followed by cocaine (1 369), leaving heroin (with 1 309) for the third consecutive year in 3rd place. The number of herbal cannabis (liamba) (424) and ecstasy (110) seizures continue to be much lower;
- In comparison to 2006, there were more seizures of herbal cannabis (liamba) (+17%), and less seizures of heroin (-1%), cocaine (-2%), cannabis (-11%) and ecstasy (-19%). Is the second consecutive year that decreases were verified in the number of seizures of cannabis and ecstasy, continuing on the other hand for the 4 consecutive year increasing the number of seizures of herbal cannabis (liamba). The number of seizures of heroin and cocaine has been remained relatively stable in the last three years.
- For the first time seizures of bufotenin, khat, DMT, were registered.

Concerning the **seized quantities**:

- In comparison to 2006, cannabis registered the higher value of the decade, representing an increase of +406% in comparison to last year. Contrarily decreases were registered in the quantities of seized cocaine (-79%) and heroin (-57%), representing in the case of heroin the lowest value of the last decade. Also the quantities of herbal cannabis (liamba) and ecstasy decrease in comparison to 2006, respectively -12% and -49%;
- As for less traditional substances, LSD stamps, magic mushrooms, cannabis pollen and powder and ecstasy crystals, already referred in previous years, were seized.

Concerning **countries of origin** of the seized drugs in 2007, heroin and ecstasy from The Netherlands, cocaine from Mexico, liamba from South Africa and hashish from Morocco. Most of the the heroin and ecstasy seized were destined to the internal market, as well contrarily to what occurred in previous years the majority of the cocaine seized. By the second consecutive year and contrarily to what was verified in previous years the majority of hashish seized was destined to the external market and for this year the same happened in relation to liamba.

Concerning the prices of these substances at **trafficker and trafficker-user level** and in comparison to 2006, heroin reported decreases whereas hashish and herbal cannabis (liamba) reported increases.

10.2. Availability and supply

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

- The Netherlands and Spain are the main origin of the **heroin** seized in 2007 (respectively 15% and 4%) the origin of 81% of the seized heroin remains unknown;
- In the case of cocaine, more than half of the **cocaine** seized in 2007 was again from unknown origin, from Mexico (30%), Brazil (10%) and Venezuela (5%);
- Similarly to previous years, Morocco (57%) was the main origin countries of the seized **hashish** but 14% of the seized hashish was of unknown origin;
- Concerning **herbal cannabis** (liamba), South Africa (86%) appeared as the main origin with 14% reaching Portugal from an unknown origin;
- Netherlands was the main origin for the seized **ecstasy** (93%).

Central Divison for Criminal Intelligence (DCITE) drawn up a situation analysys on *International Drug Trafficking by Sea* which prove the increasing relevance of this issue.

At national level, a broader and more sophisticated mean for the introduction of drugs into the European area subsists - in parallel with trafficking by air -, which requires a more complex logistic process. We particularly highlight the maritime trafficking of cocaine and hashish undertaken either in containers (by concealing or storing it amid certain imported products), or through underground trans-shipments carried out on high sea from mother vessels into smaller ones, and subsequent unloading in coastal areas presenting favourable geographic features previously controlled by criminal organisations.

Results achieved by the authorities, in what concerns repression of drug trafficking by sea and reports of bales of drugs - cocaine and hashish - frequently washed-up at continental and insular coast in result of unsuccessful trafficking operations, reveal the existence of such underground phenomenon at the national maritime border. They are as well revealing indicators of their important role in the context of the economy, illegally generated due to the introduction of this type of drugs into the European area - usually amounting to tons.

Considering the importance of Portugal's geographic location and its large extent of continental sea border, it is relevant to outline a picture of the way maritime drug trafficking phenomenon occurs within national territory. Thus, it is important to find out how control and surveillance systems are structured and articulated at maritime border areas, so that we can better understand the sea as a potential channel for the introduction of drugs in Europe. Which agents operate under such a system? What infrastructures are there? How are they connected with each other? What are the results achieved so far when trying to curb this phenomenon?

Portugal's geographical position places it at the main international routes and flows of cocaine and hashish heading for the EU. This inexorably leads to an enhancement of the gravity and strategic importance of the criminal threat.

As far as hashish is concerned, Portuguese mainland, located at the utmost western point of Europe and very near to the African platform, namely Morocco⁴⁴, favours the introduction of hashish in Europe.

The most apparent manifestation of the phenomenon under analysis, including its perception by the common citizen, is cocaine and hashish bales washed-up along the coast, as well as the abandonment on beaches of vessels and other means and equipments used for underground unloading operations, clearly indicates that operations – some failed, others succeed.

The location of these wash-up provides us with an indication of the different sites where the introduction of cocaine and hashish into the continental territory takes place. Cocaine wash-ups happen mostly on Costa da Prata (Silver Coast), in strong correlation with Costa Verde (Green Coast), whereas hashish wash-ups occurs mostly along the Algarve Coast. This information is reinforced by the fact that these areas are repeatedly chosen by criminal organizations to perform unloading operations.

On the other hand, the profusion of port infrastructures along the national coastline, with the emphasis lying on the great movement of commercial vessels – particularly that of container ships – as well as the traffic made up of recreational vessels; tend to be used as a whole to carry out illicit operations aimed at introducing drugs into Portugal.

With regard to cocaine trafficking, it was noted that organized groups made up of citizens from various Latin American countries conspire with European groups, particularly Spanish, as well as Dutch, the majority of whom are also established in Spain.

Indeed, about 60% of the individuals arrested in this context are aliens, the vast majority of them being male.

The magnitude of the means used and the amount of drugs transported per operation indicate that, in the majority of the situations, drugs were not exclusively aimed at the national territory. Thus, from the cases under analysis, in about 77% of cases, the drugs aimed other countries than Portugal. When referring separately to cocaine and hashish, in 74% and 82% of the cases, respectively, the greater amount of drugs aimed other destinations.

These findings support the theory according to which the amounts of hashish and cocaine transported by sea, and calling at Portugal, are almost exclusively aimed at supplying Europe. Criminal organizations involved – either European, African or American – that are, to this end, established in Spain, seek logistic support in Portugal.

Regarding the type of site used as gateway for cocaine and hashish into the national territory, there is a clear dichotomy between the different types of sites used to introduce cocaine and those used to introduce hashish, as well as between the different means used for transporting and concealing cocaine and those used for hashish.

Within the scope of cocaine and hashish trafficking processes by sea, two quite different places stand out corresponding to disparate *modus operandi*, as far as the introduction of drugs in the national territory is concerned.

As for the introduction of drugs under analysis, the places more often chosen as gateway for the introduction of cocaine were deep water ports (51%) – commercial ports –and, as far as the introduction of hashish is concerned, places without surveillance, in particular, beaches located in places without surveillance (81%) that are closely associated with hashish unloading procedures along the coast, as well as with wash-ups.

In both trafficking situations, we have also established that recreational and fishing ports – more often the first than the second one – are facilities used for cocaine and hashish trafficking, obviously with resort to recreational and fishing vessels.

⁴⁴ Only 124 nautical miles separate Faro from Larache.

As for the *modus operandi*, go-fast boats are the main maritime means of transport used for international hashish trafficking, whereas containers are the main means used for trafficking cocaine. However, it is also relevant to lay stress on the importance recreational and fishing vessels have assumed, in both illegal cocaine and hashish trafficking processes.

Under the present legislative model in force, responses to this criminal threat involves and binds a wide range of authorities and entities which, guided by their principles of speciality and complementarities, must develop their capacities and powers in a co-ordinated and articulate way.

In essence, the response, which is meant to be global and interactive, goes along the following lines of action:

- Criminal intelligence;
- International co-operation;
- Surveillance and control;
- Criminal investigation.

In the area of **criminal intelligence**, and taking into consideration a medium-range perspective, investments were made to increase the capacity of interaction with the sociological criminal environment and of data collection at the field, as well as to create backstage functional instruments aimed at data processing (cross-matching and analysis), thus increasing the flow of operational, useful and validated information in the sphere of drug trafficking.

Unfortunately, we realise that the project aimed at centralizing and managing criminal information at the national level (SIIC Global) is far from achieving the goals set out by the lawmaker, its development being compromised by elementary solutions that conflict with the spirit and letter of the law and contribute to maintain high rates of wasted information, thus diminishing the global capacity of response from all the entities involved, particularly from the Criminal Police, in this field of action.

On the level of **international co-operation**, whilst this is acknowledged to be one of the main domains to combat transnational organized crime, investments were made into the exponential growth of dialogue and shared information with other police organizations and institutions, as well as into an active participation in international projects, programs and working groups, although severe measures of budgetary restriction have impaired and deterred this type of activity over the last few years.

Thus, the implementation of a Lisbon-headquartered structure called Maritime Analysis and Operations Centre – Narcotics (MAOC-N) is in its project stage, aimed at carrying out future analysis and processing of criminal intelligence and co-ordinating international operations to combat drug trafficking by sea (please see chapter 1.3).

Also very positive and adequate are the dialogue and operational co-operation developed by the foreign liaison officers accredited to Portugal.

Surveillance and control carried out on the coast and shoreline regarding circuits of international maritime trade and flows of goods are truly decisive interventions aiming at preventing and dissuading the use of the national territory by international narco-trafficking.

These areas of intervention can and must be more dynamic by increasing the capacity of response and effective presence on the field, the development of risk analysis projects and projects aimed at monitoring circuits and trading procedures, as well as the circulation and sharing of information and alerts concerning uncommon or suspicious situations⁴⁵.

⁴⁵ To this regard, it should be noted that 55% of the number of cocaine seizures and 30% of hashish seizures are the direct result of criminal investigations. Considering that respectively 37% and 30% of the number of seizures of cocaine and hashish

On the **criminal investigation** level, and considering the characteristics of underlying criminal threat, tried to develop a systematic use of new investigative techniques/means of evidence taking and, especially with regard to the maritime trafficking, undercover operations, and making good use of the recent legal instruments among criminal procedures.

In the scope of this specific and exacting segment of this police action, emphasis should be laid on the extremely positive work accomplished by the PJ/DCITE in collaboration with the competent judiciary authorities (*Departamento Central de Investigação e Acção Penal – DCIAP* - [Central Office for Investigation and Criminal Action]; *Tribunal Central de Instrução - TCIC* – [Central Criminal Investigation Court]; *Departamento de Investigação e Acção Penal -DIAP* – [Office for Investigation and Criminal Action]; and the Lisbon based *Tribunal de Instrução Criminal – TIC* – [Criminal Investigation Court]).

The adoption of these measures has allowed, over the last three years, to increase the capacity of operational response with regard to drug trafficking by sea, particularly cocaine trafficking originating from South America.

These efforts, combined with activities developed by the Spanish authorities within the same framework, have increased the degree of difficulty and obstacles of preventive and repressive nature to the use of the Iberian Peninsula as a gateway for drugs into the European Union. Consequently, criminal organizations have opted for a defensive change in their operational strategies, diversifying their routes and *modi operandi*.

At the Iberian level we have noticed, with some perplexity, a drastic reduction in hashish flows and also (although to a less visible extent) in those of cocaine by means of the usual routes and procedures, while signs of new alternative routes arise (through countries on the West African coast and Eastern Mediterranean countries), along with new means of transport (increase in trafficking by air, carried out by drug couriers coming from South America and Africa, the use of small private aircrafts for underground transportations of narcotics from North Africa to the Iberian Peninsula, as well as an increase in narcotics transportation carried out inside containers in the context of regular trading circuits by sea and air).

RECOMMENDATIONS

This framework of change forces the authorities involved to carry out a rapid and diligent reassessment of strategies and priorities, in order to adjust the means and operational resources to the new emerging realities, thus seeking to avoid, as much as possible, any losses in terms of continuity and knowledge gathered.

Under these circumstances, the following priorities are identified:

AT INTERNATIONAL LEVEL

- ENHANCING INTERNATIONAL POLICE CO-OPERATION⁴⁶ with other Member States and third countries⁴⁷ that play a relevant role in cocaine and hashish cultivation, production and transit aimed at Europe;
- IMPLEMENTING AND CONSOLIDATING THE MARITIME ANALYSIS AND OPERATION CENTRE – NARCOTICS (MAOC-N) as an instrument for promoting operational co-operation and cohesion among its Member States in the fight against drug trafficking by sea;
- UPGRADING AND ENHANCING EUROPOL'S ROLE AND POWERS as a structure for centralizing and managing the information produced by operational activities carried out by the Member States.

transported by sea are wash-ups, we conclude that very few drug seizures result directly from the interception of underground maritime transports and container inspections.

⁴⁶ International co-operation at the levels of production, management and exchange of criminal intelligence, as well as at operational level, increasing the development of joint and shared investigations and operations.

⁴⁷ South American and Caribbean countries and especially countries of the West African Coast, their emerging importance being nowadays unquestionably recognized.

AT NATIONAL LEVEL

- UPGRADING THE SO-CALLED NETWORKING, AND RENDERING IT PROFITABLE among all the participating entities, who must develop their legal powers and functions in constant interaction, the main guiding principles being specialization, complementarity, and co-ordination and rationalization of means;
- INCREASING THE EXCHANGE OF INFORMATION by fully accomplishing the legally established goals with regard to centralization;
- ENHANCING SURVEILLANCE AND SUPERVISION of the coastline, seashore and of the international maritime trade circuits, particularly the maritime movement of containers, by tightening co-operative relationships and information exchange with the criminal investigation.

10.3. Seizures

Quantities and numbers of drug seizures

In terms of **numbers of drug seizures** and by sixth consecutive year **hashish**, and not heroin, was the main substance involved in seizures⁴⁸ (2 227), contrarily of what had been happening since 1990. It was followed, by cocaine (1 369) and then heroin (1 309).

In the last three years a stabilisation was verified in the number of heroin seizures, by the third consecutive year the number of cocaine seizures was superior to heroin.

In 2007, the number of **hashish** seizures registered the most higher value of the decade, representing an increase of +406% in comparison to last year

As usual **herbal cannabis** (liamba) and **ecstasy** registered lower numbers of seizures (respectively 424 and 110). Contrarily to the increase registered for herbal cannabis (+17%), the number of ecstasy seizures decreased by 19% in comparison to 2006.

Concerning the **quantity of seized drugs**, in comparison to 2006, in 2007 an increase was verified in the seized quantity of hashish (+406%) the highest value of the decade. A decrease was registered in the quantity of cocaine (-76% than in 2006) and heroin (-57%) the lowest value of the last decade.

Concerning other drugs availability in the national market, seizures of several other substances occurred (capsules of amphetamine, amphetamines, ground ecstasy, ecstasy crystals, LSD) and for the first time there was reference to bufotenin, khat and DMT.

Seizures involving **significant quantities**⁴⁹ in 2007 recorded similar percentages to previous years: 6% of the total number of **heroin** seizures, 22% of **cocaine**, 4% of **hashish**. In the case of **herbal cannabis** (liamba) and **ecstasy** these percentages were 3% and 4% respectively, registering the lowest value of the last years.

At regional level:

- The districts of Lisbon (16%) and Oporto (16%) registered the highest quantity seized of **heroin**;
- Concerning **cocaine**, **Oporto** registered the highest quantity of seized cocaine (38%) followed by the Autonomous Region of Madeira (28%), Aveiro (20%) and Lisbon (10%);
- Concerning **hashish**, Faro registered the highest quantity seized (67%) followed by Setúbal (15%);
- Similarly to previous years, Lisbon was the district with the highest quantity of seized **herbal cannabis** (liamba) (89%);
- Lisboa was the district with the highest quantity of seized ecstasy (94%).

In 2007, the district of Lisbon recorded the highest quantities of hallucinogenic mushroom, the districts of Oporto, Portalegre and Beja the highest quantities of LSD stamps seized, the districts of Lisbon, Portalegre and Oporto recorded the highest quantities of amphetamines. In relation to the seizures of bufotenin, DMT and Khat, the first two the seizure was in the district of Aveiro and the last one in Lisbon.

⁴⁸ A seizure involving more than one drug is included in the number of seizures for each of the involved substances.

⁴⁹ 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.

Type of Drug	Year						
	2001 ^{a)}	2002	2003	2004	2005	2006	2007
Grammes							
Heroin	316 039	96 315	72 365	99 047	182 266	144 295	61 669
Cocaine	5 573 994	3 140 103	3 016 881	7 422 752	18 083 231	34 477 476	7 362 975
Hashish	6 472 688	7 022 029	31 555 686	28 994 459	28 258 016	8 458 418	42 772 113
Herbal Cannabi	234 533	361 026	264 821	118 929	121 394	151 915	133 300
Pills							
Ecstasy	126 451	222 466	155 492	107 734,5	118 162	113 835	58 515

Table 14 – Seizures, by year and by Type of Drug 2001-2007 (IDT 2008a)

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

10.4. Price/Purity

In comparison to 2006, in 2007 the price of drugs at **trafficker and trafficker-user level**⁵⁰ suffered some variations, with the decrease registered in the average price of heroin and the increase in the average price of hashish and herbal cannabis (liamba).

The mean price of heroin were the lowest reported since 2002, contrary to cocaine which for the third consecutive year was priced higher than heroin. The mean prices of hashish and herbal cannabis (liamba) registered the highest values since 2002. For the first time since 2002, was broken the increase trend of cocaine price and the decrease of ecstasy price.

Type of Drug	Year						
	2001	2002	2003	2004	2005	2006	2007
Per gramme							
Heroin	50,27 €	43,78 €	46,80 €	46,54 €	41,01 €	42,17 €	37,57 €
Cocaine	53,51 €	38,57 €	41,40 €	42,23 €	45,11 €	45,73 €	44,65 €
Hashish	4,06 €	2,45 €	2,49 €	2,31 €	2,13 €	2,18 €	3,45 €
Herbal Cannabis	3,26 €	2,62 €	4,00 €	2,66 €	3,67 €	2,15 €	4,70 €
Per tablet							
Ecstasy	6,86 €	5,90 €	5,27 €	4,50 €	3,56 €	3,18 €	3,20 €

Table 15 – Average Price of drugs 2001-2007 (IDT 2008a) sees Standard Sable 16

In 2007, concerning **purity**, and according to the data reported in Standard Table 14, increases were verified in the average purity of cannabis resin and heroin, cocaine, crack, amphetamines and ecstasy and decreases registered in herbal cannabis.

The **composition of pills** sold at street level, as reported in Standard Table 15, indicates a decrease in the percentage of pills where a combination of substances was found (MDMA, MDA, MDEA) and an increase in the percentage of pills with MDMA.

⁵⁰ The Criminal Police does not collect data on price at street level since the 1st of July 2001, when the decriminalisation law came into force as users are no longer questioned by the police.

Part B

Selected Issue

11. Sentencing Statistics

Part C

Bibliography and Annexes

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List of Abbreviations used in the text

ANF – National Association of Pharmacies / Associação Nacional de Farmácias

BUP – Buprenorphine / Buprenorfina

BZP – 1 – benzyloperazine / benzilpiperazina

CAT – Specialised Outpatient Drug Abuse Treatment Centre / Centro de Atendimento a Toxicodependentes

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

CED – Centre of Education and Development / Centro de Educação e Desenvolvimento

CNCDT – National Council of Fight Against Drugs and Drug Addiction / Conselho Nacional do Combate à Droga e Toxicodependência

CND – Commission on Narcotic Drugs / Comissão de Estupefacientes das Nações Unidas

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

CPL – Lisbon Casa Pia / Casa Pia de Lisboa

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

DCIAP – Central Office for Investigation and Criminal Action / Departamento Central de Investigação e Acção Penal

DCITE – Central Narcotics Traffic Investigation Division, Criminal Police / Direcção Central de Investigação do Tráfico de Estupefacientes, Polícia Judiciária

DGIDC – General Directorate for Innovation and Curricular Development / Direcção-Geral de Inovação e de Desenvolvimento Curricular

DGPRM – General Directorate of Personal and Military Equipment / Direcção Geral de Pessoal e Recrutamento Militar

DGS – General Directorate for Health / Direcção-Geral da Saúde

DGSP – General Directorate for Prisons / Direcção-Geral dos Serviços Prisionais

DIAP – Office for Investigation and Criminal Action / Departamento de Investigação e Acção Penal

DR – Regional Directorate / Delegação Regional

DRD – Drug-related deaths / Mortes relacionadas com droga

DRE – Regional Directorate of Education / Direcção Regional de Educação

DU – Detoxification Units / Unidades de Desabilitação

ECATD – Estudo sobre o Consumo de Álcool, Tabaco e Droga / Study on Alcohol, Tobacco and Drugs use

ECOWAS – Economic Community of West African States / Comunidade Económica dos Estados da África Ocidental

ECRIP – Study of recreative culture as a means of prevention / Estudo da Cultura Recreativa como Instrumento para a Prevenção de Comportamentos de Risco

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

ENLCD – Estratégia Nacional de Luta contra a Droga / National Strategy on the Fight Against Drugs

ESPAD – European School Survey Project on Alcohol and other Drugs / Inquérito Europeu sobre o Consumo de Álcool e outras Drogas

EU – European Union / União Europeia

FESAT – European Foundation of Drug Helplines / Fundação Europeia de Linhas Telefónicas de Ajuda

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

GMR – General Mortality Register / Registo Geral de Mortalidade

GNAM – National Following and Monitoring Group / Grupo Nacional de Acompanhamento e Monitorização

GNR – National Republican Guard / Guarda Nacional Republicana

GOL – Local Operational Groups / Grupos de Operacionalização Local

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

HDG – Horizontal Drugs Group / Grupo Horizontal Drogas

IDT, I.P. – Institute for Drugs and Drug Addiction, Public Institute / Instituto da Droga e da Toxicodpendência, Instituto Público

IDUs – Intravenous Drug Users / Consumidores de drogas injectáveis

IEFP – Institute for Labour and Professional Training / Instituto de Emprego e Formação Profissional

INEM – National School Survey / Inquérito Nacional em Meio Escolar

INML – National Forensic Institute / Instituto Nacional de Medicina Legal

INPP – National Population Survey on Psychoactive Substances in the Portuguese Population / Inquérito Nacional ao Consumo de Substâncias Psicoactivas na População Portuguesa

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

ISS – Instituto da Segurança Social / Institute of Social Security

ISSS – Institute of Solidarity and Social Security / Instituto de Solidariedade e Segurança Social

LAFTM – Pharmacy Toxicological Analysis Laboratory of the Navy / Laboratório de Análises Farmaco-Toxicológicas da Marinha

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

MAOC-N – Maritime Analysis Operations Centre – Narcotics / Centro de Análises e Operações contra o Narcotráfico Marítimo

MDN – Ministry of National Defence / Ministério de Defesa Nacional

MNE – Ministry of Foreign Affairs / Ministério dos Negócios Estrangeiros

NGOs – Non-Governmental Organisations / Organizações Não Governamentais /

OIT - International Labour Organization/ Organização Internacional do Trabalho

PANCPDI – National Action Plan for the Fight Against the Spread of Infection Diseases in Prison Setting / Plano de Acção Nacional de Combate à Propagação de Doenças Infecciosas em Meio Prisional

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

PEPTEP – Special Drug Abuse Prevention Programme in Prisons / Programa Especial de Prevenção da Toxicodependência nos Estabelecimentos Prisionais

PETS – Specific Exchange Syringes Programme / Programa Específico de Troca de Seringas

PGR – Public Prosecutor Office / Procuradoria-Geral da República

PIF – Program of Focused Intervention / Programa de Intervenção Focalizada

PJ – Criminal Police/ Polícia Judiciária

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

POPH - Human Potential Operational Programme / Programa Operacional de Potencial Humano

PORI – Operational Plan of Integrated Responses / Programa Operacional de Resposta Integradas

PRI – Programs of Integrated Responses / Programas de Respostas Integradas

PSP – Public Security Police / Polícia de Segurança Pública

QP – Permanent staff of Armed Forces of Portugal / Quadro Permanente das Forças Armadas de Portugal

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

RDS – Respondent Driven Sampling

RV – Volunteers of Armed Forces of Portugal / Regime de Voluntariado das Forças Armadas de Portugal

SCML – Santa Casa da Misericórdia de Lisboa

SMR – Special Mortality Register / Registo Especial de Mortalidade

STI – Sexual Transmissible Infections / Infecções Sexualmente Transmissíveis

TC – Therapeutic Community / Comunidade Terapêutica

TCIC – Central Criminal Investigation Court / Tribunal Central de Instrução

TIC – Criminal Investigation Court / Tribunal de Instrução Criminal

UN – United Nations / Nações Unidas

WHO - World Health Organization / Organização Mundial de Saúde

Part D

Standard Tables and Structured Questionnaires

List of Standard Tables and Structured Questionnaires sent to the EMCDDA

Standard table 01: basic results and methodology of population surveys on drug use

Standard table 02: methodology and results of school surveys on drug use

Standard table 03: characteristics of persons starting treatment for drugs

Standard table 05: acute/direct related deaths

Standard table 06: evolution of acute/direct related deaths

Standard table 07/08: problem drug use

Standard table 09: prevalence of hepatitis B/C and HIV infection among injecting drug users

Standard table 10: syringe availability

Standard table 11: arrests/reports for drug law offences

Standard table 12: drug use among prisoners

Standard table 13: number and quantity of seizures of illicit drugs

Standard table 14: purity at street level of illicit drugs

Standard table 15: composition of tablets sold as illicit drugs

Standard table 16: price in euros at street level of illicit drugs

Standard table 17: leading edge indicators for new developments in drug consumption

Standard table 18: overall mortality and causes of death among drug users

Standard table 24: Access to treatment

Standard table 30: methods and results of youth surveys

Standard table 34: TDI data

Structured questionnaire 27: treatment programmes (part I)

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Merged structured questionnaires 23 & 29: prevention and reduction of health-related harm associated with drug use