European Monitoring Centre for Drugs and Drug Addiction

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

2009 NATIONAL REPORT (2008 data) TO THE EMCDDA
by the Reitox National Focal Point

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

REITOX

As the Focal Point to the EMCDDA, one of the core tasks of the Institute on Drugs and Drug Addiction (IDT, I.P.) is the elaboration of this Annual Report, which structure and contents are mandatorily defined by the EMCDDA (to allow comparability of data among National Focal Points).
This year report describes the national situation in 2008 as well as new developments and trends regarding 2009. The report is divided in three main parts: summary, new developments and trends and selected issues.

In addition to this Annual Report, the core tasks of the Portuguese Focal Point are the following:

- including data in several standard tables and structured questionnaires;
- implementation of the 5 key epidemiological indicators;
- implementation of the Council Decision on New Psychoactive Substances trough the National Early Warning System;
- monitoring good practices projects under the Exchange on Drug Demand Reduction Area;
- updating national legal framework information to the European Legal Data Base on Drugs.

The National Focal Point works closely with several other Governmental Departments, namely, Polícia Judiciária (Criminal Police), Direcção Geral das Alfândegas e Impostos Especiais sobre o Consumo (Customs), Instituto Nacional de Estatísticas (Portugal Statistics), Instituto Nacional Medicina Legal (National Forensics Institute).

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Summary

Part A: New development and trends

Drug Policy: legislation , strategies and economic analysis

The year 2008, proved to be of particular importance in the transition from the first to the second strategic policy cycles on drugs and drug addiction, in the framework of the National Plan Against Drugs and Drug Addiction 2005-2012. The 2008 Action Plan Evaluation Report and the new Action Plan 2009-2012 were presented to the Health Minister, in April 2009. Both documents are still waiting for formal political approval.

The 2006-2008 Action Plan internal evaluation included a Public Expenditure analysis for the years 2006 to 2008. The framework annual comparison is based on figures foreseen by each Ministry in 2006 to implement the 2008 Action Plan and year end reports from 2006 to 2007 and estimates for 2008. Due to the fact that most institutions were not able to present direct or indirect figures for actions achieved, the new 2009-2012 Action Plan coordination area foresees the creation of a Subcommittee on Public Expenditures.

BZP was included in the annexed tables of the Decree-Law 15/93, which defines the legal regime applicable to the trafficking and consumption of narcotic drugs or psychoactive substances.

Drug use in the general population and specific targeted-groups

Results from the II National Population Survey on Psychoactive Substances in the Portuguese Population (15-64 years old) indicate that alcohol and tobacco are the licit substances preferly used by the Portuguese population and cannabis, cocaine and ecstasy the illicit substances with lifetime prevalences respectively of 11,7%, 1,9% and 1,3%.

In 2007, alcohol and tobacco were the most widespread psychoactive substances used by the Portuguese population aged from 15 to 64. The most widespread illicit trade drugs were cannabis, cocaine and ecstasy (the prevalence's of use at least once in lifetime were 11,7% for cannabis, 1,9% for cocaine and 1,3% for ecstasy). Use of other illicit drugs was less common, apart from heroin, which prevalence of use at least once in lifetime was 1,1%.

Considering the use of illicit psychoactive substances in the last year and in the last month, a stabilisation was verified, with the exception of cocaine, heroin and LSD, whose prevalence of use increased a little.

Results from the Survey on Alcohol, Tobacco and Drug Use indicate that not only drug use did not increase among young people, but instead the trend seems to be in the direction of a decrease, either in the number of users (prevalence) or in the intensity of use (lower level of intensive use-more than 20 times in last 12 months) among the users.

Results from a recent study on recreational use of substances and road traffic security (in a sample of 200 university students and a sample of 282 individuals regular clients of pubs and discos located in Braga), indicated that these clients are more frequently substance' consumers and drive more frequently under substance effects.

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.

Prevention

The implementation of universal prevention strategies has been achieved through a set of responses that are meant to prevent use and abuse of illicit psychoactive substances among large ranges of the Portuguese population. The universal prevention strategies are being developed at school, community and family level.

The challenges of the Operational Plan of Integrated Responses (PORI) were seen as an opportunity to put in the field a considerable number of projects (prevention, treatment, harm reduction and reintegration), according to the new paradigm, of answering to needs identified through diagnoses in territories of priority intervention, in a pro-active logic instead of reactive. PORI is being implemented and is now on his eight phase of implementation – Technical and Financial Coordination of Program of Integrated Responses.

In the ambit of PIF, during 2008, 23 projects were in development targeted to risk groups: vulnerable families (8), children, vulnerable children, youth (8), and individuals with patterns of use in recreational settings (7).

An investment in the use of new technologies of communication at intra and inter-institutional level was donned, in order to make available different information content and tools, to the public and stakeholders.

Problem Drug use

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 15-64 years, and between 1.5 and 3.0 for the definition of problematic drug users (injecting drug users).

Between 2000 and 2005, the estimate number of problematic drug users in Portugal has shown a clear decline, with special relevance for injecting drug users.

Drug-related treatment: treatment demand and treatment availability

In 2008, the restructure initiated in 2007, was consolidated, in the framework of public specialised drug addiction treatment centre structures, namely, the availability of integrated responses at local level, the full integration of the new competences on alcohol and improved articulation with other structures and external services that intervene in this area, which was reflected in the increase of capacity and quality of the services provided.

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. The number of active clients in the outpatient public treatment network increased as well as first treatment demands (for the second 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 2008, treatment clients were again mainly from the male gender and reporting a mean age 33-36 in all treatment settings, confirming the ageing trend of this population, already

perceptible in previous years, namely the clients of first treatment demands of the public network.

Health Correlates and Consequences

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 in the treatment setting, the percentages of HIV positive cases (prelavences) varied between 9% and 25%, showing a tendency for decrease in last years.

Hepatitis B positive cases (prevalences) remained stable in comparison to previous years and Hepatitis C registered the smaller values of the last four years.

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”.

In 2008, a increase was registered on drug-related mortality in the General Mortality Register in comparison to 2007 (20 in 2008 and 14 in 2007).

Responses to Health Correlates and Consequences

In 2008, it is worth noting the enlargement of the socio sanitary structures and responses to drug users, the definition and implementation of technical guidelines in order to improve the quality of intervention and procedures that are more efficient, as well as the participation in working groups to define responses to populations with specific needs.

In fact, under PORI, taking into account the problems associated to the consumption of psychoactive substances identified, territories were selected, which involve more than one target group needing intervention. It is important to assure a convergent and integrated response, involving IDT, I.P mission areas: Prevention, Dissuasion, Risk and Harm Reduction, Treatment and Reintegration.

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). This programme was externally evaluated in 2002 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.

Programme Klotho (Project of Early Identification and Prevention of HIV/AIDS directed to Drug Users) is an initiative of the IDT, I.P. and the National Coordination for HIV/AIDS Infection which aims at early detection of the infection amongst drug users and their early referral to treatment, thus increasing their quality of life and life expectation. The program was designed as a pilot intervention in public health, targeted to a population of approximately 30 000 drug users, from the public drug addiction treatment, and aimed to develop a network of early identification of HIV / AIDS through the local integration of health care providers. The program was focused on drug users and adapted to the specificities of their relation with health structures, using rapid tests for detection of HIV infection and promotion of mechanisms for referral between providers of health care.

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

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

Social Correlates and Social Reintegration

In 2008, a monitoring system was developed to monitor and evaluate activities and interventions, which allows every three months to have a state of play of the national situation regarding interventions in rehabilitation.

On this basis, there are initiatives for the operationalization of the strategies agreed with the user, coordinating with other institutions and mobilizing the community resources, in logic of integrated responses, to meet the identified needs and to create conditions for the development of a sustained insertion pathway. Reflecting the work carried out by the rehabilitation teams over the years, more then 69 446 requests for rehabilitation were considered within the universe of the 38 532 patients that were received by the IDT, IP in 2008.

Among the responses in the area of socio-professional integration, Programme Vida-Emprego, continues to be of vital importance as a resource in the area of employment, which in 2008 benefited 1 168 individuals.

Drug related Crime

In 2008, concerning the administrative sanctions for drug use, Commissions for the Dissuasion of Drug Use instated 6 543 processes, representing a 3% decrease in comparison to last year. Most of which were again referred by the Public Security Police. These cases are mainly related to cannabis use.

From the 4 602 rulings made, 83% suspended the process temporarily, 3% found the presumed offender innocent and 14% were punitive rulings (17% in 2007 and 2006 and 15% in 2005).

In 2008, the number of presumed offenders arrested by criminal offences against the Drug Law decreased in comparison to 2007, due to a decrease in the number of presumed trafficker-users and a slight increase in the number of presumed traffickers.

Amongst the presumed offenders who possessed only one drug, for the eight time since 2001, cannabis (47%) was reported more often than heroin (11%), which until 2000 had always been the substance more often reported to be held by presumed offenders at the time of their arrest. The percentage of cases related to cocaine had a slight decrease in comparison to 2007.

Court data indicates that, there seems to be verified since 2006 a tendency to increase the number of processes of individuals accused and convicted under the Drug Law, thus breaking the downward trend observed in previous years. The majority of these individuals possessed only one drug, mainly cannabis, followed by cocaine and heroin. For the third 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, 95% were convicted for traffic, 3% for use (cultivation) and 2% for traffic-use.

Prison data indicates that, on the 31st of December 2008, 1 849 (-27% than in 2007 with 2 524) individuals were in prison for crimes against the Drug Law, the lowest value registered since 1995 and reinforcing the continous decrease trend registed since 2002. Was also reinforced the trend initiated in 2000, of weight of these individuals in the universe of convicetd prisoner population, representing on the 31st of December 2008 near 21% of this population.

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.

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.

Drug 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 seventh consecutive year 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 fourth time the number of cocaine seizures also surpassed those of heroin.

The seized quantities of cannabis registered an increase in comparison to 2007, being the highest value of the decade, also the seized quantities of heroin increase in comparison to 2007. The seized quantities of cocaine, herbal cannabis (liamba) and ecstasy decrease in comparison to 2007.

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

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

The average price of drugs in 2008 didn't suffer relevant changes in comparison to 2007, with the exception of the decrease of heroin average price, which for the fourth consecutive year was inferior to cocaine.

Part B Selected Issue

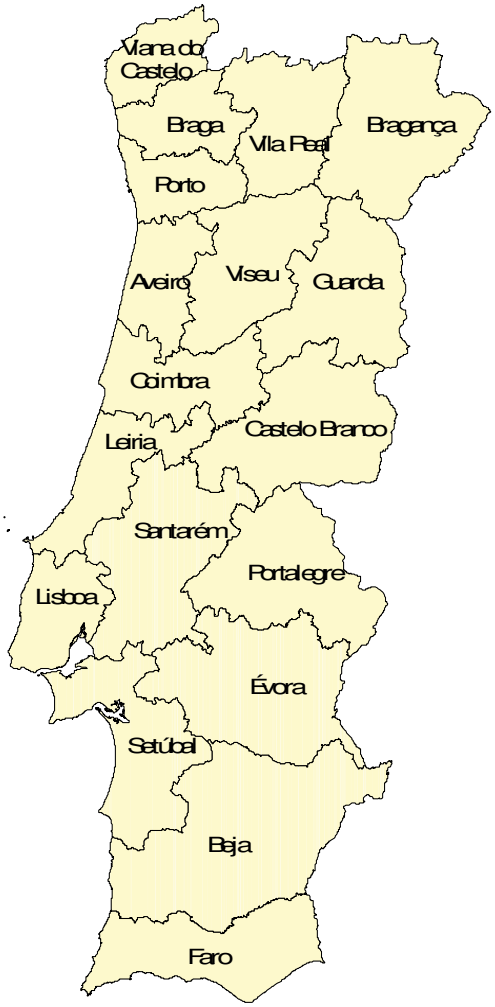
Market and production of cannabis

According to an online research which analysed information expressed in an electronic forum of discussion on cannabis and cannabis cultivation, we can conclude that this website user's community adopts a speech suited on unconditional defence of cannabis, denying and minimising the risks inherent to its use.

The production of cannabis for personal use is not recent in Portugal, although it was intensified in last three or four years, with strong expansion foreseen in coming years.

The overwhelming majority of cannabis produced in Portugal is not aimed to drug trafficking, but for personal use and small networks of friends, approach that is corroborated by users and police authorities. In Portugal, cannabis leaves are not processed into hashish. There is, therefore, virtually no herbal cannabis on Portuguese market (' who has, cultivates it '), where herbal cannabis is a small fraction of illicit drug market.

As it is difficult to quantify the number of cultivations, we can only say that they are generally small free-range farming, such as small kitchen gardens or back garden, backyards, greenhouses, balconies etc. There is also some indoor production in annexes or rooms specially prepared (with cutting-edge technology – plantations off), but law enforcement agencies consider that proportion of indoor cultivation to outdoor is about half. There is no information on hydroponic cultivation.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Santarém
Portalegre
Lisboa
Évora
Setúbal
Beja
Faro

Part A

New Developments and Trends

1. Drug policy: legislation, strategies and economic analysis

1.1. Introduction

The Institute on Drugs and Drug Addiction (IDT, I.P.) is the national governmental structure responsible for the policy coordination in the field of illicit drugs and alcohol. The Institute assures the planning, conception, management, monitoring and evaluation of the different steps of prevention, treatment and rehabilitation in the field of drugs and alcohol, in the perspective of a better fulfilment in the coordination and implementation of the policies and strategies established.

The main responsibility of the IDT, I.P. is to promote the reduction of the use of licit and illicit substances and the decrease of addictions.

The main areas of intervention of the Institute are:

- Prevention
- Treatment
- Harm reduction
- Rehabilitation
- Dissuasion
- Research and Monitoring
- Training
- International Relations

For IDT, I.P demand reduction is clearly a central task. A strategic reorientation of demand reduction interventions was recently implemented to ensure consistency and coherency of coordination and optimization of health results. The main principles are:

- Focus on the person - interventions for substance abuse are no longer considered the last goal; any intervention must refer to the person objective and subjective needs, rather than on the substances;

- Territoriality - for a better understanding, intervention and planning, an increased focus on local and regional management is necessary;

- Integrated approaches and responses at internal and external level – approaches and responsibilities should be built in an integrated way, not dissociating individual and social reality. Services should set up their operational interventions using comprehensive response mechanisms, based on a coherent network able to deal with the complexity and cross-cutting nature of the drugs and alcohol related issues.

In May 1999, was published the National Strategy on the Fight Against Drugs[1] (ENLCD), a landmark in the political intervention. It is a structuring document whose principles and fundamentals remain generally current face to the characteristics of the problem.

Therefore, the definition of the National Plan on Drugs and Drug Addiction 2005-2012 [2] gave continuity to the aforementioned Strategy, meanwhile adapted to the existing reality and framing it in terms of the several national documents already published. Similarly, to the European option, Portugal adopted a 2005-2012 National Plan, operated by an Action Plan until 2008, followed by an evaluation, after which an Action Plan for the period 2009-2012

[1] Estratégia Nacional de Luta Contra a Droga (1999), *Presidência do Conselho de Ministros, Imprensa Nacional – Casa da Moeda, Lisboa*

[2] Council of Ministers Resolution n. º 115/2006, September 18 - approves the National Plan against Drugs and Drug Addiction 2005-2012 and the National Action Plan against Drugs and Drug Addiction 2005-2008

was prepared. The evaluation report of the Action Plan 2005-2008 and the new Action Plan 2009-2012 are both waiting for formal political approval.

The main drug law in Portugal is Decree Law 15/93 of 22 of January, which defines the legal regime applicable to trafficking and consumption of narcotic drugs and psychoactive substances.

The Portuguese legal framework on drugs changed on November 2000 with the adoption of Law 30/2000. The decriminalisation of consumption and possession for own use of substances is no longer a crime, but constitutes an administrative offence, sentenced with penalties whose main purpose is the dissuasion of the consumption. According to the Decriminalisation Law, the offences are no more judged in court; they are submitted to the Commissions for the Dissuasion of Drug Addiction (CDT), especially created for this purpose. There are Commissions all over the country and in the Autonomous Regions of Madeira and Azores. These Commissions, which main objective is the dissuasion of consumption, hear all the offenders, found in possession or use of drugs, whether in a public place, in prison, or being judged by other crimes. However, a person caught in possession of a small quantity of drugs for personal use (established by law, this shall not exceed the quantity required for an average individual consumption during a period of 10 days), without any suspicion of being involved in drug trafficking, will be evaluated by the Commission, composed of a lawyer, a doctor and a social worker (see chapter 9.2 for data on administrative offences).

This law reinforces the resources in the context of demand reduction by sending to treatment drug addicts and pointing out those that are not addicted but need a specialized intervention. With this Law, we expect to contribute to the resolution of the problem in an integrated and constructive way, looking at the drug addict as a sick person, who nevertheless must be responsible for a behaviour that is still considered an offence in Portugal.

1.2 Legal framework

- Resolution of the National Parliament N. º 2/2009 of 2 February 2009 - approves the Agreement between Ireland, the Netherlands, Spain, Italy, Portugal, France and the United Kingdom and Northern Ireland establishing a Maritime Analysis Operations Centre – Narcotics (MAOC-N), adopted in Lisbon on the 30 of September 2007.

In its two years of existence, MAOC-N registered 89 Development Operations (DEVOPS) and 39 Sea Operations (SEAOPS), resulting 124 interventions in ships and airplanes, as well as the seizure of 45 tonnes of cocaine and 25 tonnes of hashish.

It is an operational centre for information sharing and joint management of air and sea to combat trafficking by sea in the North Atlantic and Central -. West (West Africa). MAOC-N is the core operational answer on the fight against maritime drugs trafficking from South America, passing through West Africa.

- Law 18/2009 of the 11th of May 2009 – Proceed to the sixteen amendment to Decree-Law N.º 15/93 of the 22 of January, which approved the legal regime applicable to the trafficking and consumption of narcotic drugs or psychoactive substances adding oripavina and 1-benzylpiperazine to the annexed Tables.

1.3. National action plan, strategy, evaluation and coordination

The 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.

The National Plan determines that to ensure a timely and qualified evaluation (processes, results, and impacts) the National Plan shall be evaluated internally and externally, which terms are to be defined by the Technical Committee of the Interministerial Council for the Fight against Drugs and Drug Addiction.[3]

In 2007, as reported in last year Annual Report, IDT, I.P. started the evaluation process of the Action Plan Against Drugs and Drug Addiction – Horizon 2008. The Inter-ministerial Technical Commission members committed on proceeding, at a first stage, the internal evaluation of the Action Plan – Horizon 2008 and decided that the external evaluation of the National Plan will be launched after the approval and publication of the Action Plan – Horizon 2012.

The internal evaluation comprised five elements: process and results evaluation, impact evaluation, SWOT's analysis and a public expenditures analysis between 2006-2008.

For the internal evaluation, the Technical Committee created an "Evaluation and Follow-Up Subcommittee " - with the aim to follow-up the implementation of the Action Plan - and created 10 subcommittees covering each of the missions and cross cutting areas of the Action Plan (these commissions have 13 coordinators and 88 members, and include different stakeholders involved in the drug policy). The 10 Subcommittees are the following: 1) International Cooperation, 2) Information, Research, Training and Evaluation, 3) Law Reorder, 4) Drug Addiction Dissuasion, 5) Prevention, 6) Harm Reduction, 7) Treatment, 8) Reintegration, 9) Labour Integration and 10) Supply Reduction.

This Evaluation and Follow-Up Subcommittee is chaired by the National Coordinator and composed by the Coordinators of all the other Subcommittees and the IDT Management Board.

The Evaluation and Follow-Up Subcommittee is on-going. In 2008 it coordinated the evaluation done at each Subcommittee's level and presented it to the Technical Committee. The wrap up was done by the National Coordinator, with IDT, I.P. ensuring the consultancy to the National Council Against Drugs and Drug Addiction[4].

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 at the National Council meetings.

The internal evaluation methodology prepared by the National Coordinator and approved by the Technical Commission is presented in the table below:

[3] Decree Law 1/2003 of 6 January – Reorganizes the coordination structures of fight against drug and drug addiction and creates the Interministerial Council of Fight Against Drugs and Drug Addiction. Create de Interministerial Council of Fight Against Drugs and Drug Addiction, which is responsible for the approval of the National Drugs Strategy.

[4] The National Council was created by Decree-Law 1/2003 of 6 January

Work Methodology	
1. Evaluation period:	1st October 2006 to 30th June 2008[i]
2. Filling Action Plan – Horizon 2008 tables	Double criteria for each Subcommittee 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 Subcommittee
	Aggregation of all Subcommittees 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, I.P. 2009)

Because the National Plan 2005-2012 and the Action Plan 2005-2008 were published late 2006, the evaluation methodology foresees that the Action Plan 2008 evaluation timeframe will be between October 2006 and June 2008. However, due to the delay of the final report, actions carried out between July 2008 and December 2008 may be considered, subject to the Coordinators judgement and data availability.

In 2008, the Interministerial Technical Committee pursued the task of the internal evaluation of the Horizon 2008 Action Plan and was due to present a preliminary report to the National Council by December 2008. However, due to reporting delay from some Subcommittees and an additional proposal from the National Coordinator concerning the inscription of data, the National Council approved the preliminary report subject to the changes proposed. The Interministerial Technical Committee meeting to approve the final evaluation report was set for the beginning of 2009, thus granting extra time to complete Subcommittee's reports and readjust available data.

The preliminary report presented an evaluation based on the achievement of the 19 objectives and the 246 actions. The 19 objectives were evaluated in terms of results achieved for each of the Transversal Areas and Mission Areas' Vectors (Demand Reduction and Supply Reduction). Each of the 246 actions was assessed as "accomplished", "partially accomplished", "not accomplished" or "dismissed" based on the set of indicators established by the 2008 Action Plan. The preliminary report concluded that a significant number of the 246 actions (distributed by 19 objectives) had been achieved. Because it was not possible to conduct an impact evaluation, the National Coordinator proposed that 2004 and 2007 data for key indicators be compared in order to assess the situation before and after the application of the 2008 Action Plan. Data was collected from the IDT,I.P. Annual Reports presented to the Parliament in 2005 and 2008. Key indicators cover general population, lifetime prevalence, and continuity drug consumption prevalence, school population lifetime prevalence, inmate's drug consumption prevalence before and after prison, inmates' drug injection prevalence before and after prison, problematic drug users' estimates, HIV and AIDS notifications, toxicological examinations with positive drug related results, drug dissuasion and indirect indicators related with supply reduction. The final report of the internal evaluation was approved in January 2009 and submitted to the Health Minister in April 2009.

Based on the 2008 Action Plan evaluation exercise, the report draws conclusions from which the 2009-2012 Action Plan was built. These conclusions reveal a positive appreciation of the national coordination model, especially in the implementation process, as well of the new intervention paradigm, based on integrated responses, the need to pursue research on key

areas to a timely knowledge of an ever-changing phenomena and the need to create a new setting of articulated initiatives with the Autonomous Regions Governments and Municipalities.

By the time the Action Plan Horizon 2008 internal evaluation was being completed, the 11 Subcommittees worked simultaneously on the proposal of the 2009-2012 Action Plan. The 2008 Action Plan Evaluation Report and the new Action Plan 2009-2012 were presented to the Health Minister, in April 2009. Both documents are still waiting for formal political approval.

The National Plan establishes that the external evaluation will be conducted by an external entity and will include a working team with multidisciplinary competencies and if necessary, international consultants. Once the 2009-2012 Action Plan is approved, the Technical Committee will discuss and approve, under a proposal put forward by the National Coordinator, the methodology and the terms of the external evaluation call for tender. Once this procedure is complete, the external evaluation procedure of the National Plan 2005-2012 will begin.

1.4. Economic analysis

The 2006-2008 Action Plan internal evaluation included a Public Expenditure analysis for the years 2006 to 2008. The framework annual comparison is based on figures foreseen by each Ministry in 2006 to implement the 2008 Action Plan and year end reports from 2006 to 2007 and estimates for 2008. Due to the fact that most institutions were not able to present direct or indirect figures for actions achieved, the new 2009-2012 Action Plan coordination area foresees the creation of a Subcommittee on Public Expenditures.

The Portuguese Standard Table for Public Expenditure was built with data reported from institutions that implemented the 2008 Action Plan. However, not all of them reported labelled or unlabelled expenditures for 2008 due to the fact that not all of them follow the Portuguese National Public Accounting System or that some have an insufficient accounting level of disaggregation. Except for Municipalities, which public expenditure level in the field of drugs is unknown, and the Autonomous Regions budget and year end reports, the labelled public expenditure on the Portuguese Standard Table for Public Expenditure cover most actions implemented in the field of drugs.

Efforts in reporting on Non-labelled public expenditure in Prisons were undertaken on a top-down methodology. For that purpose the year end public expenditure report was multiplied by the percentage of inmates convicted of drug related crimes. To assess the number of inmates in December 2008, it was necessary to calculate the average number of inmates during the year.

Since the number of convicted individuals by drug-related crime on the 31st of December 2007 was 2524 and the number of convicted individuals by drug-related crime on the 31st of December 2008 was 1849, the average number in 2008 was thus 2186 individuals. The percentage of convicted individuals by drug-related crime during the year of 2008 regarding the overall prison population amounted to 24,26%. The 2008 Prison's General Directorate year end expenditure report was € 208,271,234, the percentage of this expenditure regarding the convicted individuals by drug-related crime amounts to € 50,526,601.36 (24.26% x € 208,271,234).

2. Drug use in the general population and specific targeted-groups

2.1. Introduction

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 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.

Results from the II National Population Survey on Psychoactive Substances in the Portuguese Population (15-64 years old) indicate that alcohol and tobacco are the licit substances preferly used by the Portuguese population and cannabis, cocaine and ecstasy the illicit substances with lifetime prevalences respectively of 11,7%, 1,9% and 1,3%.

Results from the Study on Alcohol, Tobacco and Drug Use (ECTAD) indicate that not only drug use did not increase among young people, but instead the trend seems to be in the direction of the decrease, either in the number of users (prevalence) or in the intensity of use (lower level of intensive use-more than 20 times in last 12 months) among the users.

Results from a recent study on recreational use of substances and road traffic security (in a sample of 200 university students and a sample of 282 individuals regular clients of pubs and discos located in Braga), indicated that these clients are more frequently substance' consumers and drive more frequently under substance 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.

The questionnaire was used on a sample of 15 000 individuals, representative of the Portuguese population aged 15-64 years old living in family household, at national and regional levels.

The questionnaire was administered via a face-to-face interview (CAPI). A multi-stage sampling was used, stratified according to congregations, with previous selection of primary units (councils) and secondary units (sectors) following a proportional random method and the selection of the final units (individuals) by means, first, of a systematic selection of the homes and, them, selecting individuals by an aleatory numbers table.

In 2007, alcohol and tobacco were the most widespread psychoactive substances used by the Portuguese population aged from 15 to 64. The most widespread illicit trade drugs were cannabis, cocaine and ecstasy (the prevalence's of use at least once in lifetime were 11,7% for cannabis, 1,9% for cocaine and 1,3% for ecstasy). Use of other illicit drugs was less common, apart from heroin, which prevalence of use at least once in lifetime was 1,1%.

Considering the use of illicit psychoactive substances in the last year and in the last month, a stabilisation was verified, with the exception of cocaine, heroin and LSD, whose prevalence of use increased a little.

	2001	2007
Prevalence of use at least once in lifetime		
Alcohol	75,6	79,1
Tobacco	40,2	48,9
Tranquilizers or sedatives	22,5	19,1
Any illicit drug	7,8	12,0
Cannabis	7,6	11,7
Cocaine	0,9	1,9
Amphetamines	0,5	0,9
Ecstasy	0,7	1,3
Heroin	0,7	1,1
LSD	0,4	0,6
Hallucinogenic Mushrooms	--	0,8
Prevalence of use in the last 12 months		
Alcohol	65,9	70,6
Tobacco	28,8	30,9
Tranquilizers or sedatives	14,4	12,0
Any illicit drug	3,4	3,7
Cannabis	3,3	3,6
Cocaine	0,3	0,6
Amphetamines	0,1	0,2
Ecstasy	0,4	0,4
Heroin	0,2	0,3
LSD	0,1	0,1
Hallucinogenic Mushrooms	--	0,1
Prevalence of use in the last 30 days		
Alcohol	59,1	59,6
Tobacco	28,6	29,4
Tranquilizers or sedatives	11,0	9,9
Any illicit drug	2,5	2,5
Cannabis	2,4	2,4
Cocaine	0,1	0,3
Amphetamines	0,1	0,1
Ecstasy	0,2	0,2
Heroin	0,1	0,2
LSD	0,0	0,1
Hallucinogenic Mushrooms	--	0,1

Table 2 – Portuguese Population (15-64 years old): Lifetime Prevalence by type of drug 2001-2007 (IDT, I.P. 2009)

In 2007, the average age of initiation in drug use varied substantially depending on the type of drug. In general terms, use of licit drugs began at a younger age: as was the case for tobacco and alcoholic drinks (17 years). Cannabis (18) was the illicit drug for which initiation of use at an earlier age was observed.

The reverse was true for sedatives, for which use began later in life (34). In general terms use of other drugs was initiated between the ages of 20 and 22.

Comparing with the results of 2001, the average age of initiation is the same for alcohol, tobacco, cannabis and heroin, and increased a year or two for the remaining substances.

Except for the case of tranquilizers or sedatives, the extent of drug use in the Portuguese population was significantly higher amongst males than females. This was especially so in the case of illicit drugs, for which prevalence amongst males was several times higher than for females. In reference to use over the last 12 months, differences in cannabis use (18.4% for males, and 5.2% amongst females) and cocaine use (0.9% for males and 0.3% for females) are significant.

There are no significant differences between 2001 and 2007 results; there was a slight increase of cocaine and heroin use at least once in lifetime by females and a decrease in all the other substances.

Prevalences / Type of Drug	Lifetime		Last 12 Months		Last 30 Days	
	2001	2007	2001	2007	2001	2007
Any Drug	7,8	12,0	3,4	3,7	2,5	2,5
Cannabis	7,6	11,7	3,3	3,6	2,4	2,4
Heroin	0,7	1,1	0,2	0,3	0,1	0,2
Cocaine	0,9	1,9	0,3	0,6	0,1	0,3
Amphetamines	0,5	0,9	0,1	0,2	0,1	0,1
Ecstasy	0,7	1,3	0,4	0,4	0,2	0,2
LSD	0,4	0,6	0,1	0,1	0,0	0,1
Hallucinogenic Mushrooms	_	0,8	_	0,1	_	0,1

Table 3 – Portuguese Population (15-64 years old), Lifetime, Last 12 Months and Last 30 days Prevalence by type of drug (IDT, I.P. 2009)

As in 2001, drug use is higher amongst younger age groups, except in the case of licit drugs, mainly tranquilizers or sedatives. The use of psychoactive substances was made by young people, aged 25-34 years. This was particularly true for illicit drugs, with a prevalence of use over the last 12 months in almost all cases much higher for this group of age. Heroin has a higher prevalence in the age group 35-44.

Most drug users only consume one illicit drug (75,5%). Around 11% use two substances and 6% three substances. Cannabis is the most used drug. The most frequents combinations of substances are cannabis and cocaine (3,8%) and cannabis, cocaine and heroin (3%).

Comparing with the results from the prior study, the percentage of polydrug use has increased. In 2001, 81% of drug users consumed one illicit drug, 8% combined two substances, and 4% used the combination of three drugs. The most frequent combinations in 2001 were cannabis and ecstasy, and cannabis and cocaine.

The types of conduct considered most dangerous by respondents were frequent use of cannabis, and occasional use of ecstasy and cocaine. On the other hand, types of behaviour subject to lower perceived risk were five or more drinks on the weekend and to smoke one or more packs of cigarettes per day.

Regional analyses show that Algarve and Lisbon are the regions 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, both in the total population and amongst young adults, 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).

Between 2001 and 2007, the use of any illicit substance increased from 7,8% to 12%.It means that 12 % of respondents, aged 15 to 64, had used an illicit drug at least once in their lives (lifetime prevalence).

The most-reported substance in this context was cannabis (11,7 % lifetime prevalence). The use of other illicit drugs was less frequently reported. Lifetime prevalence was almost 2% for cocaine (1,9%), near 1% for ecstasy (1,2%) and heroin (1,1%), and less than 1% for amphetamines (0,9%), hallucinogenic mushrooms (0,8%) and LSD (0,6%).

Gender differences concerning illegal drugs experimentation were found for all substances. A higher proportion of males than females had used these substances at least once (18.4 % vs 5.2 % for cannabis, 1.8 % vs 0.4 % for heroin and 3.2 % vs 0.7 % for cocaine).

The use of illicit drugs is more frequent among the youngest (15-34 years old), especially in the age group 25-34 years.

A significant proportion of the population perceives a relatively low risk attached to these types of behaviour: take five or more drinks on the weekend; smoke one or more pack of cigarettes per day; and smoke hashish/marijuana regularly.

In 2001, the Portuguese population perceived the access to substances in a 24-hour period as more difficult than in 2007.

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

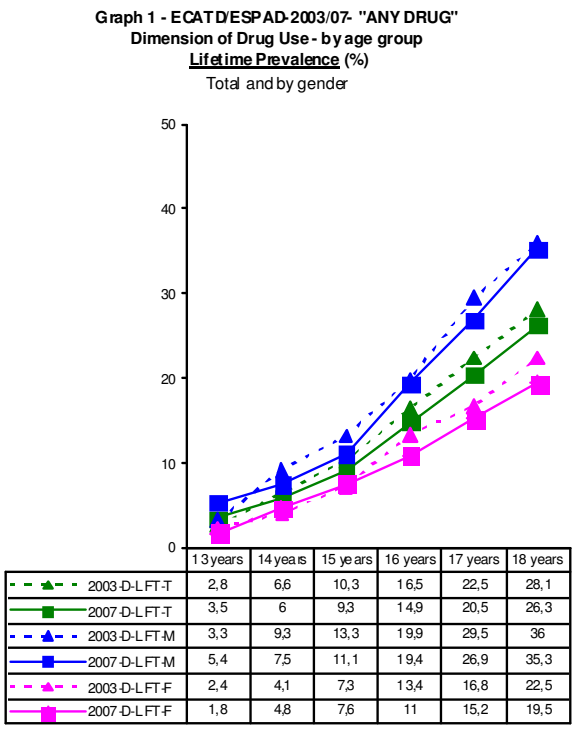
Portugal developed school surveys on probabilistic samples representative, at national level, of students from basic school since 1989. Portugal is also among the countries developing the ESPAD since the first survey in 1995. Furthermore, since 2003, the ESPAD is being developed in samples representative not only of the 16 years old cohort, but also among those between 13 and 18 years old.

In 2007, was conducted the ECATD – Estudo sobre o Consumo de Álcool, Tabaco e Drogas (Study on Alcohol, Tobacco and Drug use), which questionnaire include the core questions of ESPAD and additional questions about specific attitudes, information about the effects of drug use and beliefs on the difficulty of quitting drug use. All the methodology, either for data collection or for data analysis, is the same of ESPAD. Results from the 16 years old age group are sent to the ESPAD Coordination to be included in the European Report. The sample was designed in order to have about 2 800 students in each age group (globally about 18 000 students).

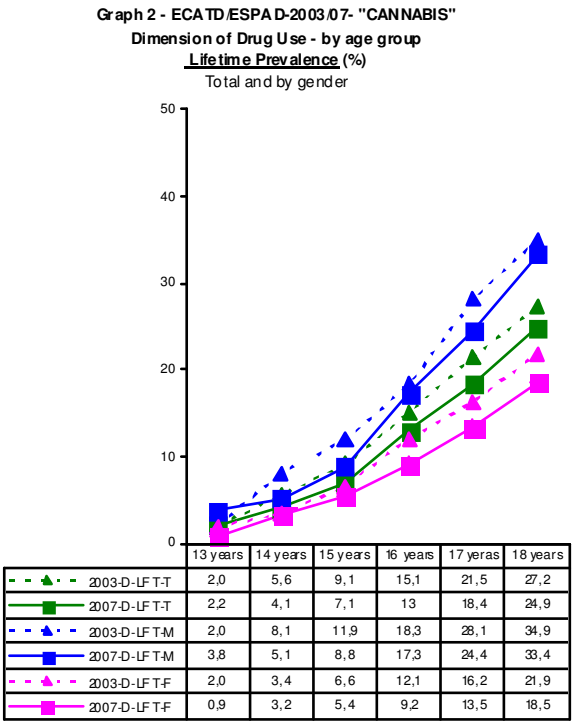
Below we will present the 2007 (Feijão, F. 2009a) results and their comparability with those from 2003 (Feijão, F & Lavado, E., 2006).

Prevalence and frequency of drug use by age cohort and gender

Considering either the global indicator about the use of any drug or cannabis use, at least once in lifetime, results point to a general decrease from 2003 to 2007, in all age groups globally (T) and for both males (M) and females (F).



	13 years	14 years	15 years	16 years	17 years	18 years
2003-D-LFT-T	2,8	6,6	10,3	16,5	22,5	28,1
2007-D-LFT-T	3,5	6	9,3	14,9	20,5	26,3
2003-D-LFT-M	3,3	9,3	13,3	19,9	29,5	36
2007-D-LFT-M	5,4	7,5	11,1	19,4	26,9	35,3
2003-D-LFT-F	2,4	4,1	7,3	13,4	16,8	22,5
2007-D-LFT-F	1,8	4,8	7,6	11	15,2	19,5



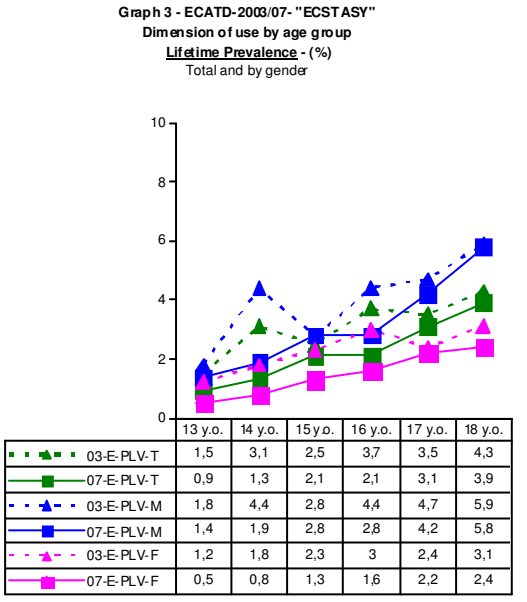
	13 years	14 years	15 years	16 years	17 years	18 years
2003-D-LFT-T	2,0	5,6	9,1	15,1	21,5	27,2
2007-D-LFT-T	2,2	4,1	7,1	13	18,4	24,9
2003-D-LFT-M	2,0	8,1	11,9	18,3	28,1	34,9
2007-D-LFT-M	3,8	5,1	8,8	17,3	24,4	33,4
2003-D-LFT-F	2,0	3,4	6,6	12,1	16,2	21,9
2007-D-LFT-F	0,9	3,2	5,4	9,2	13,5	18,5

Graph 1 – Lifetime Prevalence for Any Drug (ECTAD/ESPAD 2007)

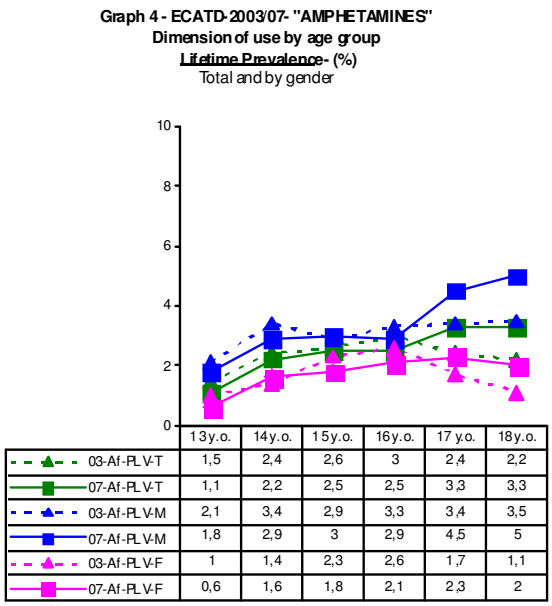
Graph 2 - Lifetime Prevalence Cannabis (ECTAD/ESPAD 2007)

Drug use of other substances, with the exception of cannabis, is present in less than 5% of the students of all the age groups.

In 2007, lifetime prevalence of ecstasy use, remains at a low level presenting some decrease when comparing with 2003, particularly among girls in all the age groups. Lifetime prevalence of amphetamine use remains stable for all age groups except for the two older ones (17 and 18 years old) that show some small increase, for boys and girls.



	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03-E-PLV-T	1,5	3,1	2,5	3,7	3,5	4,3
07-E-PLV-T	0,9	1,3	2,1	2,1	3,1	3,9
03-E-PLV-M	1,8	4,4	2,8	4,4	4,7	5,9
07-E-PLV-M	1,4	1,9	2,8	2,8	4,2	5,8
03-E-PLV-F	1,2	1,8	2,3	3	2,4	3,1
07-E-PLV-F	0,5	0,8	1,3	1,6	2,2	2,4

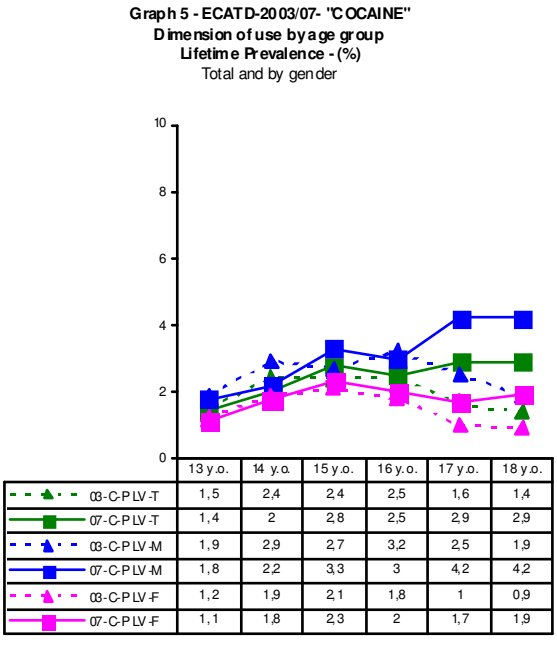


	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03-Af-PLV-T	1,5	2,4	2,6	3	2,4	2,2
07-Af-PLV-T	1,1	2,2	2,5	2,5	3,3	3,3
03-Af-PLV-M	2,1	3,4	2,9	3,3	3,4	3,5
07-Af-PLV-M	1,8	2,9	3	2,9	4,5	5
03-Af-PLV-F	1	1,4	2,3	2,6	1,7	1,1
07-Af-PLV-F	0,6	1,6	1,8	2,1	2,3	2

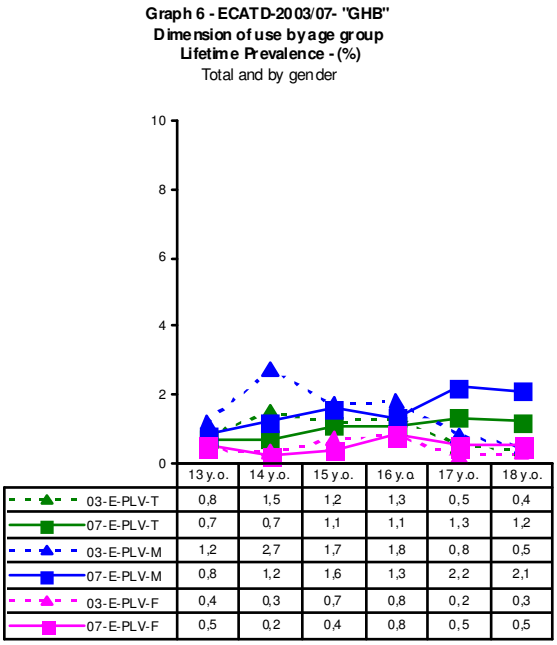
Graph 3 - Lifetime Prevalence Ecstasy (ECTAD/ESPAD 2007)

Graph 4 - Lifetime Prevalence Amphetamines (ECTAD/ESPAD 2007)

Cocaine use lifetime prevalence pattern is very similar to amphetamines: stable since 2003 and with a small increase in 2007 for the 17 and 18 years old students, either male or female. Relating GHB, among the younger age groups there was a stability or some decrease and again a small increase for older age groups (17-18).



	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03-C-PLV-T	1,5	2,4	2,4	2,5	1,6	1,4
07-C-PLV-T	1,4	2	2,8	2,5	2,9	2,9
03-C-PLV-M	1,9	2,9	2,7	3,2	2,5	1,9
07-C-PLV-M	1,8	2,2	3,3	3	4,2	4,2
03-C-PLV-F	1,2	1,9	2,1	1,8	1	0,9
07-C-PLV-F	1,1	1,8	2,3	2	1,7	1,9

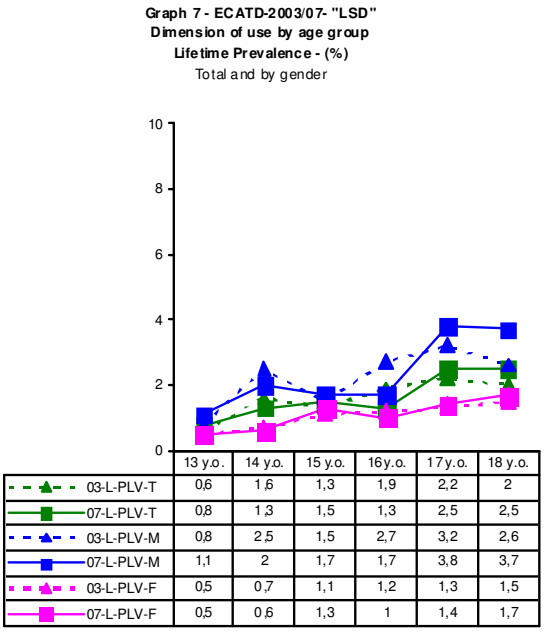


	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03-E-PLV-T	0,8	1,5	1,2	1,3	0,5	0,4
07-E-PLV-T	0,7	0,7	1,1	1,1	1,3	1,2
03-E-PLV-M	1,2	2,7	1,7	1,8	0,8	0,5
07-E-PLV-M	0,8	1,2	1,6	1,3	2,2	2,1
03-E-PLV-F	0,4	0,3	0,7	0,8	0,2	0,3
07-E-PLV-F	0,5	0,2	0,4	0,8	0,5	0,5

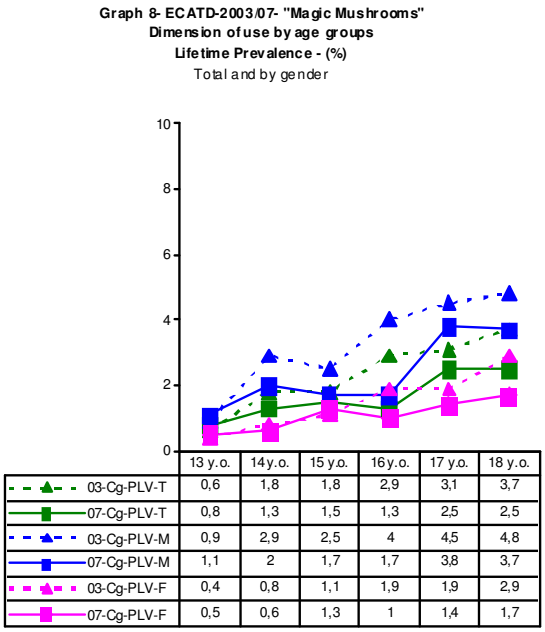
Graph 5 - Lifetime Prevalence Cocaine (ECTAD/ESPAD 2007)

Graph 6 - Lifetime Prevalence GHB (ECTAD/ESPAD 2007)

Lifetime prevalence of hallucinogenic substance use, from 2003 to 2007, also show stability (LSD) or decrease (magic mushrooms) among the younger age groups and among the older ones (17-18 years old) there was some increase for boys, both for LSD and magic mushrooms and stability (LSD) or decrease (magic mushrooms) for girls.



	13 y.o.	14 y.o.	15 y.o.	16y.o.	17y.o.	18 y.o.
03-L-PLV-T	0,6	1,6	1,3	1,9	2,2	2
07-L-PLV-T	0,8	1,3	1,5	1,3	2,5	2,5
03-L-PLV-M	0,8	2,5	1,5	2,7	3,2	2,6
07-L-PLV-M	1,1	2	1,7	1,7	3,8	3,7
03-L-PLV-F	0,5	0,7	1,1	1,2	1,3	1,5
07-L-PLV-F	0,5	0,6	1,3	1	1,4	1,7

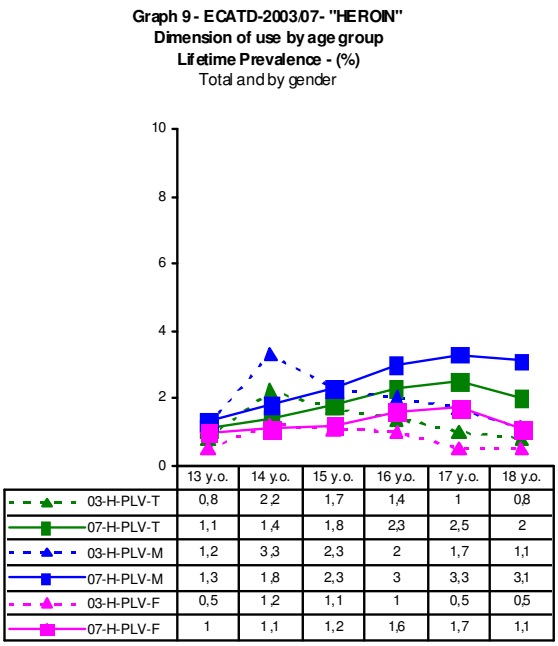


	13 y.o.	14y.o.	15 y.o.	16y.o.	17 y.o.	18 y.o.
03-Cg-PLV-T	0,6	1,8	1,8	2,9	3,1	3,7
07-Cg-PLV-T	0,8	1,3	1,5	1,3	2,5	2,5
03-Cg-PLV-M	0,9	2,9	2,5	4	4,5	4,8
07-Cg-PLV-M	1,1	2	1,7	1,7	3,8	3,7
03-Cg-PLV-F	0,4	0,8	1,1	1,9	1,9	2,9
07-Cg-PLV-F	0,5	0,6	1,3	1	1,4	1,7

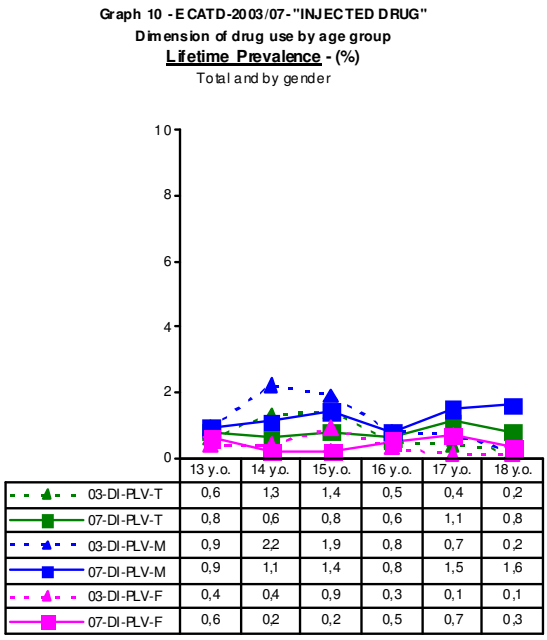
Graph 7 - Lifetime Prevalence of LSD (ECTAD/ESPAD 2007)

Graph 8 - Lifetime Prevalence of Magic Mushrooms (ECTAD/ESPAD 2007)

The same pattern of lifetime prevalence, by age group, is found for heroin and injected drug use: lower level among the younger ones and, from 2003 to 2007, stability among these age groups and small increase among the 17 or 18 years old students, boys and girls.



	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03-H-PLV-T	0,8	2,2	1,7	1,4	1	0,8
07-H-PLV-T	1,1	1,4	1,8	2,3	2,5	2
03-H-PLV-M	1,2	3,3	2,3	2	1,7	1,1
07-H-PLV-M	1,3	1,8	2,3	3	3,3	3,1
03-H-PLV-F	0,5	1,2	1,1	1	0,5	0,5
07-H-PLV-F	1	1,1	1,2	1,6	1,7	1,1

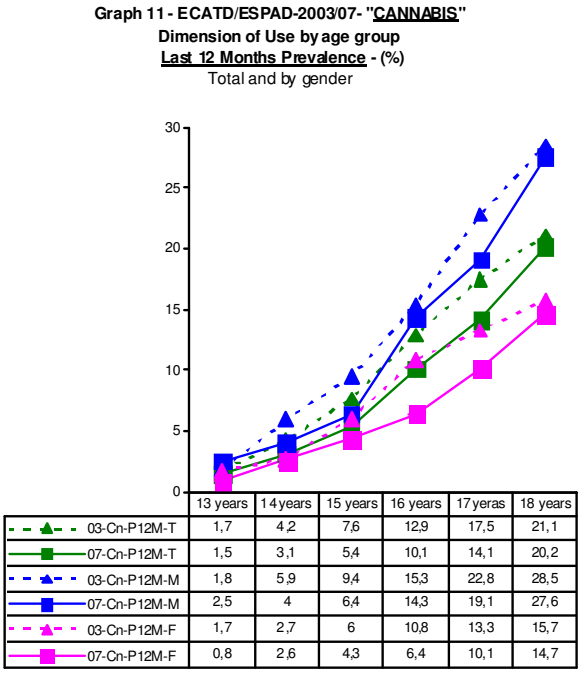


	13 y.o.	14 y.o.	15y.o.	16 y.o.	17 y.o.	18 y.o.
03-DI-PLV-T	0,6	1,3	1,4	0,5	0,4	0,2
07-DI-PLV-T	0,8	0,6	0,8	0,6	1,1	0,8
03-DI-PLV-M	0,9	2,2	1,9	0,8	0,7	0,2
07-DI-PLV-M	0,9	1,1	1,4	0,8	1,5	1,6
03-DI-PLV-F	0,4	0,4	0,9	0,3	0,1	0,1
07-DI-PLV-F	0,6	0,2	0,2	0,5	0,7	0,3

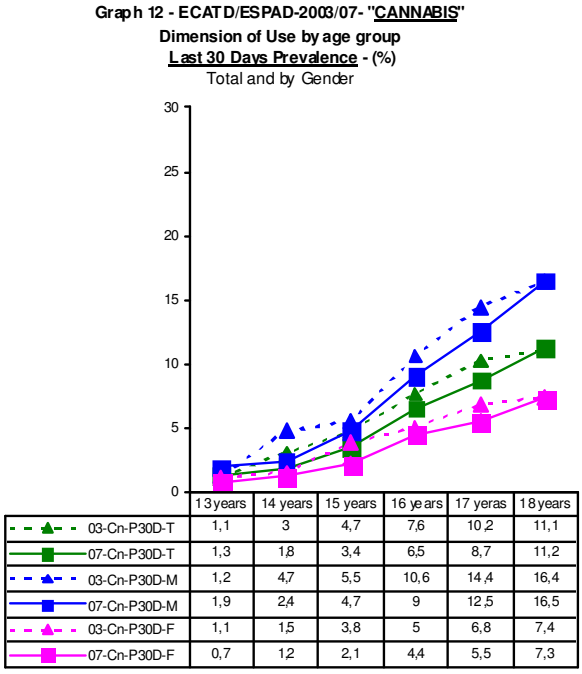
Graph 9 - Lifetime Prevalence Heroin (ECTAD/ESPAD 2007)

Graph 10 - Lifetime Prevalence of Injected Drug (ECTAD/ESPAD 2007)

Considering again cannabis use, last 12 months and last 30 days prevalence repeat the pattern found for lifetime: general decrease for boys and girls in almost all age groups since 2003.



	13 years	14 years	15 years	16 years	17 yeras	18 years
03-Cn-P12M-T	1,7	4,2	7,6	12,9	17,5	21,1
07-Cn-P12M-T	1,5	3,1	5,4	10,1	14,1	20,2
03-Cn-P12M-M	1,8	5,9	9,4	15,3	22,8	28,5
07-Cn-P12M-M	2,5	4	6,4	14,3	19,1	27,6
03-Cn-P12M-F	1,7	2,7	6	10,8	13,3	15,7
07-Cn-P12M-F	0,8	2,6	4,3	6,4	10,1	14,7



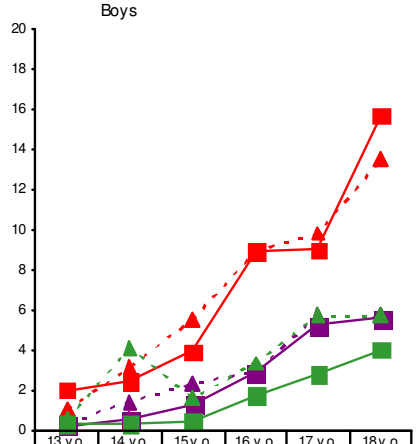
	13 years	14 years	15 years	16 ye ars	17 yeras	18 years
03-Cn-P30D-T	1,1	3	4,7	7,6	10,2	11,1
07-Cn-P30D-T	1,3	1,8	3,4	6,5	8,7	11,2
03-Cn-P30D-M	1,2	4,7	5,5	10,6	14,4	16,4
07-Cn-P30D-M	1,9	2,4	4,7	9	12,5	16,5
03-Cn-P30D-F	1,1	1,5	3,8	5	6,8	7,4
07-Cn-P30D-F	0,7	1,2	2,1	4,4	5,5	7,3

Graph 11 – Last 12 Months Prevalence – Cannabis (ECTAD/ESPAD 2007)

Graph 12 - Last 30 Days Prevalence – Cannabis (ECTAD/ESPAD 2007)

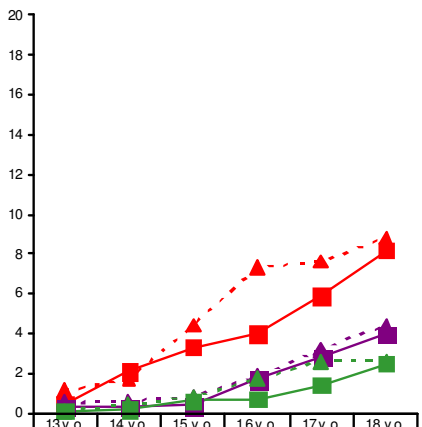
Going into depth in the characterisation of the pattern of cannabis use, the frequency of use show that the decrease is more relevant in all age groups for the higher level of use: 20 times or more in the last 12 months.

Graph 13 - ECATD/ESPAD-2003/07- "CANNABIS"
Dimension of Drug Use by age goup
Last 12 Months Frequency - N.º occasions (%)
Boys



	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
07-Can: 1-5	1	3,1	5,5	8,9	9,8	13,5
07-Can: 1-5	2	2,4	3,9	8,9	9	15,7
03-Can: 6-19	0,3	1,4	2,3	2,9	5,7	5,7
07-Can: 6-19	0,2	0,5	1,3	2,9	5,2	5,6
03-Can: 20 ou +	0,5	4,1	1,6	3,3	5,7	5,7
07-Can: 20 ou +	0,3	0,3	0,4	1,7	2,8	4

Graph 14 - ECATD/ESPAD-2003/07- "CANNABIS"
Dimension of Drug Use by age group
Last 12 Months Frequency - N.º ocasions (%)
Girls



	13y.o.	14 y.o.	15 y.o.	16 y.o.	17y.o.	18 y.o.
03-Can: 1-5	1,1	1,7	4,4	7,3	7,6	8,8
07-Can: 1-5	0,4	2,1	3,3	4	5,9	8,2
03-Can: 6-19	0,5	0,6	0,8	1,8	3,2	4,4
07-Can: 6-19	0,3	0,3	0,4	1,7	2,8	4
03-Can: 20 or+	0,1	0,4	0,8	1,7	2,6	2,6
07-Can: 20 or+	0,1	0,2	0,6	0,7	1,4	2,5

Graph 13 – Last 12 Months Frequency of Cannabis - Boys (ECTAD/ESPAD 2007)

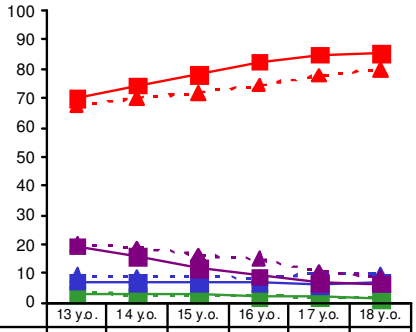
Graph 14 - Last 12 Months Frequency of Cannabis - Girls (ECTAD/ESPAD 2007)

Perceptions and beliefs

The analysis of risk perceptions shows that from 2003 to 2007, in general, there was an increase of those considering that there is a "high" risk in the drug use, either among "non users" or among "users". Here, "non users" are those that never try any drug.

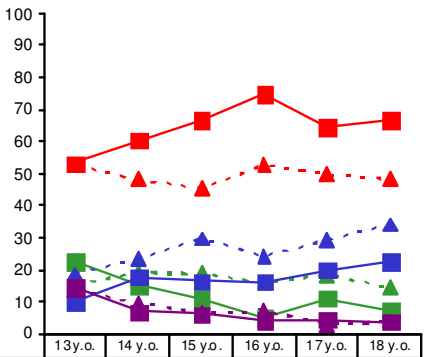
In the case of cannabis, among non-users this increase is due mainly to the decrease in the percentage of those that didn't know how to evaluate the risk; and among drug users that increase is due mainly to the decrease in the perception of "low" or "moderate" risk of use.

Graph 15 - ECATD/2003 - CANNABIS
PERCEPTIONS of RISK - by age group
Regular Use - NON Users (%)



	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03- No/Low	3,4	2,7	2,7	2,5	1,6	1,9
07- No/Low	3	2,6	3,1	1,7	1,8	1,3
03- Moderate	9,3	8,6	9	8,3	10	9,5
07- Modesrate	7,4	7,1	6,7	6,6	6,2	6,9
03- High	67,2	70	71,9	74,4	77,8	79,9
07- High	70,1	74,3	78,3	82,6	85	85,4
03- Don't know	20,1	18,7	16,3	14,8	10,7	8,7
07- Don't know	19,5	16	11,9	9,1	7	6,4

Graph 16 - ECATD/2003 - CANNABIS
PERCEPTIONS of RISK - by age group
Regular Use - Users (%)



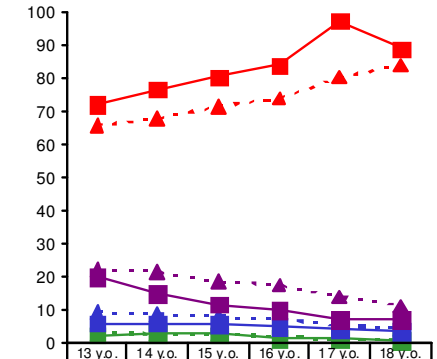
	13y.o.	14 y.o.	15 y.o.	16 y.o.	17y.o.	18 y.o.
03- No/Low	15,3	19	18,8	15,8	18,3	14,3
07- No/Low	22,6	14,9	10,7	4,9	11,1	7,1
03- Moderate	18,6	23,4	29,6	24,2	29,2	33,9
07- Modesrate	9,7	17,7	16,4	16,2	19,9	22,5
03- High	52,5	48,1	45,3	52,6	49,6	48,1
07- High	53,2	60,5	66,9	74,7	64,5	66,8
03- Don't know	13,6	9,5	6,3	7,3	2,8	3,7
07- Don't know	14,5	6,8	6	4,2	4,5	3,6

Graph 15 – Cannabis Perceptions of Risk, Regular Use – Non-Users (%) (ECTAD/ESPAD 2007)

Graph 16 - Cannabis Perceptions of Risk, Regular Use – Users (%) (ECTAD/ESPAD 2007)

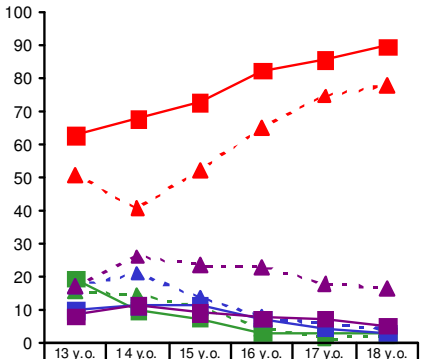
Considering the perceptions of risk about cocaine use, the increase in the percentage of those considering "high" risk is due to the decrease of those saying they don't know how to evaluate, either among "non users" or "users".

Graph 17 - ECATD/2003 - COCAINE PERCEPTIONS of RISK - by age group Regular Use - NON Users (%)



	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03- No/Low	2,9	2,6	2,3	1,8	0,9	0,6
07- No/Low	2,2	2,6	2,4	1,4	1,2	0,6
03- Moderate	9,3	8,5	7,9	7	5,1	4,4
07- Modesrate	5,9	5,9	5,6	4,9	4,3	3,5
03- High	65,7	67,6	71,5	73,8	80,3	83,9
07- High	72,2	76,7	80,3	83,9	97,4	89
03- Don't know	22,1	21,4	18,3	17,3	13,8	11
07- Don't know	19,7	14,8	11,6	9,8	7,1	7

Graph 18 - ECATD/2003 - COCAINE PERCEPTIONS of RISK - by age group Regular Use - Users (%)



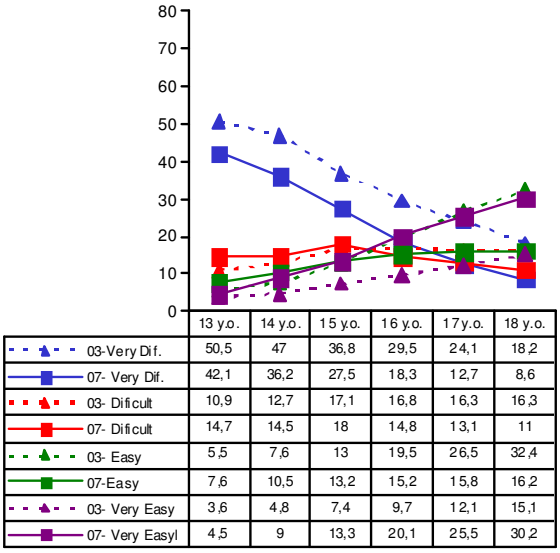
	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03- No/Low	15,3	14,4	10,8	4,4	1,2	1,7
07- No/Low	19,4	9,8	7,2	2,9	2,5	2,4
03- Moderate	16,9	20,9	13,6	7,7	5,6	4
07- Modesrate	9,7	11,2	11,1	7,3	4,5	3
03- High	50,8	40,5	52,1	64,8	74,6	77,8
07- High	62,9	67,8	72,9	82,3	85,7	89,6
03- Don't know	16,9	26,1	23,4	23	17,7	16,5
07- Don't know	8,1	11,2	8,9	7,5	7,3	5,1

Graph 17 – Cocaine Perceptions of Risk, Regular Use – Non-Users (%) (ECTAD/ESPAD 2007)

Graph 18 - Cocaine Perceptions of Risk, Regular Use – Users (%) (ECTAD/ESPAD 2007)

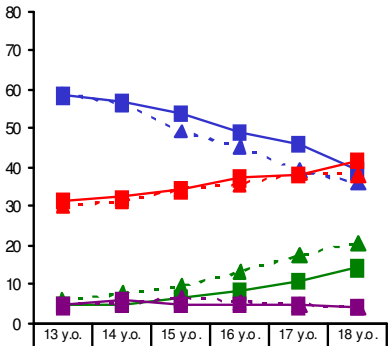
In both cases cannabis and cocaine (but also this was the case for the other drugs whose results are not presented here), there was a bigger increase in the risk perception as "high", among drug "users" than among "non users".

Graph 19 - ECATD/2003 - CANNABIS
PERCEPTIONS of MARKET - by age group - Total
Access to substance (%)



	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03-Very Dif.	50,5	47	36,8	29,5	24,1	18,2
07- Very Dif.	42,1	36,2	27,5	18,3	12,7	8,6
03- Dificult	10,9	12,7	17,1	16,8	16,3	16,3
07- Dificult	14,7	14,5	18	14,8	13,1	11
03- Easy	5,5	7,6	13	19,5	26,5	32,4
07-Easy	7,6	10,5	13,2	15,2	15,8	16,2
03- Very Easy	3,6	4,8	7,4	9,7	12,1	15,1
07- Very Easyl	4,5	9	13,3	20,1	25,5	30,2

Graph 20 - ECATD/2003 - CANNABIS
BELIEFS about QUITTING - by age group - Total
Regular use (%)



	13 y.o.	14 y.o.	15 y.o.	16 y.o.	17 y.o.	18 y.o.
03-Very Dif.	59	56,2	49,2	45,4	39,1	36
07- Very Dif.	58,5	56,6	54,1	49,1	46,1	39,1
03- Dificult	30,2	31,4	34,4	35,8	38,4	38,2
07- Dificult	31,6	32,4	34,3	37,5	38,4	42
03- Easy	5,8	7,6	9,6	13,2	17,5	20,6
07-Easy	5,1	5	6,7	8,3	11	14,4
03- Very Easy	5	4,8	6,7	5,6	4,9	4,2
07- Very Easyl	4,8	6,1	5	5	4,6	4,4

Graph 19 – Cannabis perceptions of market – access to the substance

Graph 20 – Cannabis beliefs quitting by age group – Regular use

The perceptions about the market, namely concerning the facility to the access to drugs, show that there was a decrease in the percentage of those saying that it is “very difficult” and a correspondent decrease among those saying that it is “very easy”.

The beliefs about how difficult it would be to quit using cannabis after a regular use, only among the older ones (16 to 18 age groups) some change was found: in 2007 more students refer that it would be “very difficult” and less refer that it would be “easy”.

Conclusion

Considering the legal status of drug use in Portugal – decriminalization of drug use was implemented in 2001 – it is interesting to realize that drug use did not increase among young people, but instead the trend seems to be in the direction of the decrease either in the number of users (prevalence) or in the intensity of use (lower level of intensive use-more than 20 times in last 12 months) among the users.

On the other side, the perceptions of the risk of using drugs show a generalised increase of those considering that drug use presents a “high risk” despite the fact that the perception of access to the cannabis (and other substances) had increased.

The beliefs about being very difficult to quit the regular use also increased among the older students, perhaps translating a deeper knowledge about the effects and risks of cannabis use and being one of the possible explanations to the decrease in the prevalence of cannabis use.

2.4. Drug use among targeted groups/settings at national and local level

A study (Cunha2009) on recreational use of substances and road traffic security was carried out in a sample of 200 university students and a sample of 282 individuals randomly

assembled among the population that are regular clients of pubs and discos located in Braga. Results indicate that pubs and discos' clients are more frequently substance' consumers and among them males consume more frequently than females. In the same way, these individuals drive more frequently under substance effects. Implications for road traffic security campaigns are also addressed.

In the last few years, drug consumption in juvenile population became a growing concern, as one of greatest social problems. Juvenile consumption is not only a health problem and do not emerge separately from other risk behaviours (e.g. Lomba, Apostolo, Loureiro, Graveto, Silva & Mendes, 2008; Matos, Carvalhosa, Reis, Dias, 2001; Mendes & Lopes, 2007).

Juvenile consumptions adopt proper patterns and typologies. Thus, was observed a higher concentration of consumptions during the weekend, out of home and in recreational contexts (Silva, 2005). Studies presented several reasons for the consumption of substances, including the search for new sensations, diversion, peers pressure, desire of testing limits, problems escape, and stress reduction and to make them less inhibited (Macfarlane, Cordeiro, Macfarlane, & Robson, 1997; Negreiros, 1991; Silva, 2005).

Several studies show that young people seem to underestimate the potential risks related to driving under alcohol effect (Ferreira, 2003, *in* Silva, 2005). This is explained in a study of Greenfield and Rogers (1999, *in* Silva, 2005) and they concluded that younger subjects admitted to drive after the consumption of alcoholic drinks. In Portugal we assist to a *"road traffic culture of impunity and violence"* (Graça Ramos, 2001, p.4), being the practice of driving in Portugal marked by a collective and generalized impunity internalization, factor that could explain the great number of dead and injured in the roads. This feeling of impunity isn't more than the management of a knowledge collectively shared by Portuguese drivers, in which the practice of dangerous shunting, velocity excess and all other aggressive behaviours are sporadically superintended and sanctioned. Additionally, is also shared the idea that juridical condemnation of crimes and infractions practice related with road traffic environment is irrelevant (cf., Graça & Ramos, 2001).

The main goal of this study is to alert for the risks of driving under the effect of alcohol, comparing the obtained data in a study about the relationship between substances consumption and road traffic security, achieved in a sample of university students, with the results obtained with a sample of pubs and discos' clients.

Data collection was achieved by using a self-report, called "Recreational Consumptions and Road Traffic Security", developed by the authors from the literature in the field (e.g. Negreiros, 1999; Melo, 2000) and from previous studies (e.g. Mourão & Torgal, 1999, 2001; Balsa *et al.*, 2001; Fonte, 2003; Silva, 2005) with an intent to know the prevalence and frequency of consumptions and to assess driving practices among young people. The self-report include demographic questions, frequency of alcohol and other drugs consumption, reasons for the consumption, driving under alcohol effect, no fulfilment of velocity limits and motives for that. In the first step, subjects were questioned about substances consumption in general and, subsequently, since road traffic questions were on alcohol consumptions, the questions were guided to consumption and driving under alcohol effect. Firstly the self-report was applied to university students and after to pubs and discos' clients.

The sample was constituted by 482 persons: 200 university students and 282 clients of pubs and discos'. The mean age was 21.28 years old (*sd* = 3.81) to university students, varying between 18 and 45 years old. Pubs and discos' clients group had a mean age of 25.44 years old (*sd* = 5.97), and vary between 16 and 51 years old. University students sample was constituted by 114 females (57%) and 86 males (43%), while pubs and disco's clients sample have 63 female (22.3%) and 219 male (77.7%). 177 female and 305 male constitute the total sample.

Concerning substance consumption in general, in both samples, was found that more than 50% of inquired referred that use "sometimes" substances (cf. Table 4). In students sample, was verified a significant association between consumptions and participants gender (X^2 (3)

= 9.609, p = .022). Actually, male consume substances more frequently than female (Z = 3.04, p = < .01). Was also verified a significant negative correlation between age and substance consumption (rho = -.220, p < .01), being the younger participants the ones who use substances more frequently.

In the same way, was found a significant effect of age variable (X^2 (2) = 9.98, p < .01). In Mann Whitney tests with Bonferroni correction, was verified that younger participants use more frequently substances. In the sample of pubs and discos' clients, was found a significant association between sex and substance consumption (X^2 (3) = 36,71, p < .001), being that male consume substances more frequently (Z = -5,037, p < .001). In relation to age variable, was not found a significant correlation (*rho* = -.041, NS) in this sample.

Frequency of substance consumption		
Frequency	**University students sample (N = 200)**	**Pubs and discos' clients sample (N = 282)**
Never	31,5% (N = 63)	7,1% (N = 20)
Sometimes	50,5% (N = 101)	55,7% (N = 157)
Many times	9% (N = 18)	16% (N = 45)
Often	9% (N = 18)	21,3% (N = 60)

Table 4 – Sample distribution according to substance consumption frequency

In relation to the type of substance consumed, was verified that, in both samples, alcoholic drinks (60% and 86,2%, to students and pubs and discos' clients, respectively) are the most consumed (cf. Table 5). In university students, was found a significant relationship between gender and type of consumed substance (X^2 (2) = 9,056, p < .05), being this substances consumed preferentially by male. Nevertheless, was not found a significant association between age and type of substance consumed (X^2 (4) = 3,64, NS). Also in pubs and discos' clients sample, there is a significant association between participants gender and substance consumption (X^2 (1) = 3,44, p < .05), suggesting that women consume less substances than men. However, wasn't verified a significant effect of gender variable (Z = 1,85, NS). With respect to age variable were not found, also, significant differences between age groups (X^2 (3) = 7,01, NS).

Substance consumed		
Frequency	**University students sample (N = 200)**	**Pubs and discos' clients sample (N = 282)**
Alcoholic drinks	60% (N = 120)	86,2% (N = 243)
Other drugs	1% (N = 2)	-
Alcoholic drinks and other drugs	8% (N = 16)	8,1% (N = 23)
No consumption	31% (N = 63)	5,7% (N = 16)

Table 5 – Sample distribution according to substance consumed

The most reported motives to substance consumption, in both samples, were non-inhibition (19,5% to students), stress release (16,5% to students), relaxing (20,5% to students), feel good (25% and 18,1% to students and pubs and discos' clients, respectively) and diversion (58,2% to pubs and discos' clients) (cf. Table 3). Either in the sample of university students or in the sample of pubs and discos' clients, was not found a relationship between gender and motives to substance consumption, with the exception of "to establish contacts with the opposite sex", being that motive almost exclusively reported by male individuals. In relation to age, any association was not found between this variable and motivations to substance consumption.

Motives of substance consumption		
Motives	**University students sample**	**Pubs and discos' clients sample**
Peers pressure	5,5% (N = 11)	2,1% (N = 6)

Non-inhibition	19,5% (N = 39)	-
To establish contacts with the opposite sex	7,5% (N = 15)	4,3% (N = 12)
Testing limits	3% (N = 6)	2,5% (N = 7)
Search for new feelings	8,5% (N = 17)	2,5% (N = 7)
Problem escape	3% (N = 6)	-
Social acceptance	3% (N = 6)	-
Stress release	16,5% (N = 33)	-
Relaxing	20,5% (N = 81)	-
Relationships establishment	7,5% (N = 15)	-
Feel good	25% (N = 50)	18,1% (N = 51)
Diversion	-	58,2% (N = 164)

Table 6 – Sample distribution according to the motives of substance consumption

In what concerns driving under the effect of substances, was observed that more than 40% of students stated "never" drive under the effect of substances, while 20% refer to do it "sometimes". On the other hand in the sample of pubs and discos' clients, 24,5% reported that "never" drive under the effect of substances and 46,1% told that drive "sometimes" under the effect of substances (cf. Table 7).

In the sample of university students was not found any association between gender and driving under substances effect (X^2 (3) = 3,281, NS). However, significant differences in the sample of pubs and discos' clients (X^2 (3) = 37,31, $p < .001$) were found, being that males drive more frequently under substance effect. Actually, there is a significant effect in gender variable (Z = -5,65, $p < .001$). This could explain the differences between both samples, since pubs and discos' clients sample is majority constituted by male individuals, while university students sample has more female individuals.

In students sample was verified a significant association between age and driving under substances effect (*rho* = .252, $p < .005$). In fact, there is a significant effect of age (X^2 (2) = 12,096, $p < .01$) and in Mann Whitney tests with Bonferroni correction, older participants drive more frequently under substances effect. Also in pubs and discos' clients sample a significant association between age and driving under substances effect (*rho* = .167, $p < .01$) was found. Thus, was verified a significant effect of the age variable (X^2 (3) = 14,93, $p < .01$): the older individuals drive more frequently under substances effect. This also could explain the differences between samples, since that subjects from pubs and discos' clients samples are older than individuals from university student's sample. Additionally, a great number of university students (46,1%) don't have a car.

Frequency of driving under substances effect		
Frequency	**University students sample (N = 138)**	**Pubs and discos' clients sample (N = 259)**
Never	44% (N = 88)	24,5% (N = 69)
Sometimes	20% (N = 40)	46,1% (N = 130)
Many times	1% (N = 2)	6,4% (N = 18)
Often	4% (N = 8)	14,9% (N = 42)

Table 7 – Samples distribution according to the frequency of driving under substances effect

In respect to the infraction of velocity limits, the major part of participants (more than 40%) break "sometimes" the limits (cf. Table 8). Differences were verified between both samples: pubs and discos' clients sample break velocity limits more frequently. In university students sample, was not found a significant association between participants gender and velocity limits infraction (X^2 (3) = 3,665, NS). On the other hand, in pubs and discos' clients sample was found a significant association between those both variables (X^2 (3) = 25,229, $p < .001$), suggesting that men break more frequently velocity limits than women. In fact, was verified a

significant effect of gender participants (Z = -4,25, $p < .001$). In relation to age variable, was not found a significant association either in university students sample (*rho* = .070, NS) or in pubs and discos' clients sample (*rho* = -.046, NS).

Frequency of velocity limits infraction		
Frequency	**University students sample (N = 188)**	**Pubs and discos' clients sample (N = 267)**
Never	15,5% (N = 31)	18,1% (N = 51)
Sometimes	46,5% (N = 93)	44% (N = 124)
Many times	19,5% (N = 39)	13,5% (N = 38)
Often	12,5% (N = 25)	19,1% (N = 54)

Table 8 – Sample distribution according to the frequency of velocity limits infraction

Concerning the motives for the non fulfilment of velocity limits, was found that car cylinder capacity (16,5% and 12,1% to students and pubs and discos' clients, respectively), inadequate velocity limits (38,5% and 35,1% to students and pubs and discos' clients, respectively) and time pressure (51,5% and 31,9% to students and pubs and discos' clients, respectively) are the most reported by individuals in both samples (cf. Table 9). Was noted that "testing limits" (X^2 (1) = 5,079, $p < .05$) and "car cylinder capacity" (X^2 (1) = 8,504, $p < .005$), are more frequently reported by male subjects. On the other hand, "time pressure" is more referred by older subjects (X^2 (2) = 7,039, $p < .05$).

Motives to velocity limits infraction		
Motives	**University students sample**	**Pubs and discos' sample**
Car cylinder capacity	16,5% (N = 33)	12,1% (N = 34)
Inadequate velocity limits	38,5% (N = 77)	35,1% (N = 99)
Peer pressure	2% (N = 4)	1,4% (N = 4)
To impress	4,5% (N = 9)	0,7% (N = 2)
To test the limits	6% (N = 12)	-
To defy the authority	4% (N = 8)	1,8% (N = 5)
Search for new sensations	5% (N = 10)	5,3% (N = 15)
Time pressure	51,5% (N = 103)	31,9% (N = 90)

Table 9 – Sample distribution according to motives to velocity limits infraction

The study revealed that alcohol and other drugs consumption, in both samples are related with nocturne and diversion contexts. The motives to substance consumption are, as mentioned in the literature, search for pleasure, diversion and relaxing (e.g. Macfarlane, Cordeiro, Macfarlane, & Robson, 1997; Negreiros, 1991; Silva, 2005).

Data are congruent with data obtained from other national samples, either respecting to consumptions of Portuguese population in general (Balsa, *et al.*, 2001; Matos & Carvalhosa, 2003), or respecting to the consumptions of university population (Mourão & Torgal, 1999, 2001; Negreiros, 2001a,b; Fonte, 2003). Males revealed that consume more frequently, either alcoholic drinks or other drugs, but such effect is more evident in males that are pubs and discos' clients. In the studies conducted in Portugal drug consumption is, generally, higher in men than in women (Balsa et al., 2001; Feijão & Lavado, 2001, 2004; Negreiros, 2001a,b; Mourão & Torgal, 2001), fact that was also observed in this study as well.

In the same way, was also found that individuals from both samples disrespect velocity limits, but men do it more frequently. In fact, it seems to exist a disrespect of ethical and juridical rules and a lack of prudence in driving (Graça & Ramos, 2001). The social practice of road traffic driving in Portugal is marked by collective and generalized impunity internalization (Graça & Ramos, 2001), where driving under alcohol and drugs effect and velocities

excesses occur frequently. University students, compared with pubs and discos' clients, affirm that consume less drugs and drive less frequently under drug effects. This suggests that those individuals are more responsible, and the qualification factor could be the protector element in relation to the involvement in risk behaviours. Additionally, the fact that students are younger than pubs and discos' clients, could suggest that they have more psychological immaturity and, consequently, more tolerance to the risk. However, the results suggest that this hypothesis was not verified, although a specific evaluation of this dimension was not undertaken.

The obtained results in this study allow a factual knowledge about juvenile reality with respect to abusive consumptions and driving under substance effect, reinforcing previous evidences that pointed to an association between consumption and other risk factors, as involvement in risk sexual behaviours (e.g. Lomba *et al.*, 2008). In this sense, understanding contexts (Melo, 2000), reasons and factors that are in the origin, direct or indirect of problem (Mendes, 2000), it is possible to prevent in an effective way the abusive consumptions and risk behaviours in the road. Thus, becomes clear that eventual campaigns about drug consumption related with a conscious driving, where risks are underestimated, should be oriented to a young male public, in contexts that they visit, especially those where could occur excesses and subsequent risk behaviours. However, it is important to note that the obtained conclusions are limited to the sample specificity in terms of participants' age and gender representativeness. Even so, the results about consumptions patterns are very similar to results of other epidemiologic studies (e.g. Feijão & Lavado, 2001, 2004; Matos *et al.*, 2001).

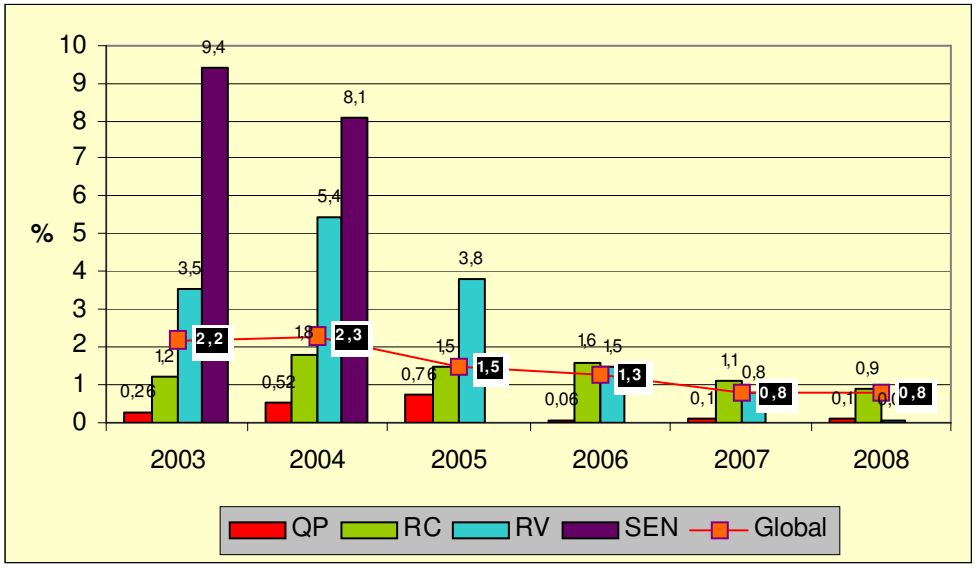
It seems crucial to study the risk associated with irresponsible consumptions and unconscious behaviours, and to highlight that blood alcohol is not a linear outcome of the type of substance consumed and the amount of consumption, but part of a whole, and factors, as individuals' weight, age and gender and the context of consume are important. Those factors should be considered on consumption of any kind of substance, since the substance abuse by itself could not constitute a risk factor but when associated to other behaviours, as driving under substance effect, could constitute itself as a vulnerability factor to the occurrence of serious accidents.

At the **military setting** (MDN2009), in 2008, the **Armed Forces** collected 11 282 (12 841 in 2007, less 1 599 than in 2007) 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).

45 128 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 the same value of 2007 and 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 (0,9%), immediately followed by volunteer staff (0,6%) and permanent staff ranked quite lower (0,1%). However, in 2008, in comparison to 2007, the percentage of positive results registered in all staff categories maintained the same. The main illicit substance found was cannabis (88% of all positive tests, 85% in 2007, 93% in 2006 and 86% in 2005) followed by opiates (3%) and cocaine (9%), positive tests for amphetamines and polydrug use were residual.

In relation to previous years, was verified the evolution synthesized in the next graph. It is important to recall that in the last four years under consideration is no longer considered the provision of SEN Service (normal effective service), due to the extinction of the service, which was the compulsory military service, usually with relatively higher positivity.



Graph – Positivity (%) in the toxicological screening, between 2003 and 2008, by regime of service (MDN2009)

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 with an epidemiologic prevalence study, with the objective to estimate the dimension of drug use in militaries of both sexes (Permanent and Contracted staff).

This study was implemented in 2007, in the Navy, (results were reported in last year Annual Report), and it is part of a pluri-annual Project that will include in the following years the Army and the Air Force.

3. Prevention

3.1. Introduction

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

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

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

1) The Operational Plan of Integrated Responses (PORI) is the major intervention of the 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.
2) Program of Focused Intervention (PIF) – 23 projects are currently being developed by the IDT, I.P. to be tested as good practices and help to develop future accreditation criteria for this area;
3) Diagnosing and designing interventions for areas lacking in responses, such as the use of steroids in gyms, the university setting, minors under the tutelage of the State, interventions in the work setting and in professional schools;
4) The consolidation and dissemination of a website addressed to young people www.tu-alinhas.pt

During 2008, there was a mobilisation to improve the information collection process of indicators and results, in order to obtain a clear and objective vision of the work in prevention and provide indications to produce new guidelines for preventive intervention, in terms of universal prevention, which should be more effective and evaluated, and in terms of selective and indicated prevention.

The challenges of the Operational Plan of Integrated Responses (PORI) were seen as an opportunity to put in the field a considerable number of projects (prevention, treatment, harm reduction and reintegration), according to the new paradigm, of answering to needs identified through diagnoses in territories of priority intervention, in a pro-active logic instead of reactive.

The evaluation process of Program of Focused Intervention (PIF), that in 2008 passed by the accomplishment of monitoring and intermediate evaluation, allowed the production of a range of instruments that started to be disseminated and progressively implemented. There were areas where small but important steps were given to improve the intervention, particularly in regards to the development of intervention guidelines with regard to the care of young users of psychoactive substances, including alcohol.

Finally, an investment in the use of the new technologies of communication at intra and inter-institutional level was donned, in order to make available different information content and tools, to the public and stakeholders.

3.2. Universal prevention

The implementation of universal prevention strategies has been achieved through a set of responses that are meant to prevent use and abuse of illicit psychoactive substances among large ranges of the Portuguese population. The universal prevention strategies are being developed at school, community and family level.

School

The preventive intervention in schools is major universal prevention, aiming at give some awareness to school population on the use and the risks associated to it.

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

In 2008, 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 below and the Ministry of Home Affairs (Public Security Police and National Republican Guard).

During the school year 2008/2009, several prevention activities, and projects were developed in the school settings, in a more global perspective of health promotion and in a more specific scope of thematic approach to the use of psychoactive substances.

These awareness actions and/or projects have been developed in the schools curricula dynamics, in the disciplinary curricula areas and in the non-disciplinary as well, or through specific programs for the prevention of psychoactive substances (SPA).

The schools activities were developed by teachers with the participation of students, several times in articulation with partners working in this area: health centres, autarchies, IDT,I.P., NGOs, among others.

The articulation with the five the Regional Directorate of Education (DRE), in particular with their health promotion interlocutors, is an important element for the monitoring and follows up of interventions at the level of Promotion and Education for Health (PES) and prevention in the school setting.

Also in the school year of 2008/2009, continuity was given to the implementation of several prevention programmes, in a structured and continued way; 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); the launch of the *Projecto "Eu e os Outros"*; *Projecto Aldeia* and *Projecto Entre Todos,* among others. These programmes illustrate the importance of partnerships in the development of preventive interventions. In fact, specialised technicians of IDT,I.P., NGOs, Autarchies, with the active participation of teachers and other school technicians, as well as, the collaboration of DRE and General Directorate for Innovation and Curricular Development (DGIDC) were involved in the concretisation of these projects.

These are some examples of good practices, seat in structured programmes, supported by specific technical-pedagogical materials, integrated in the school curricula dynamics and with consistent evaluation processes.

On the 23 September it was 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, giving continuity to the practice developed in most recent years.

589 schools/groupings answered to this edictal and presented activities in the four priority areas: SPA prevention, food education, sexuality and prevention of HIV-AIDS, violence prevention and mental health.

The SPA prevention area was worked in 88% of the educational establishments, being the third area more focused (after food education (94%) and sexual education (89%).

In more than 50% of the schools, group dynamics and strategies of family involvement (54%) were used and revealed important in terms of community participation. Simultaneously, the tasks/activities developed had integrated other partners, namely the Health Centres (84%), Parents associations (44%), and Autarchies (43%).

Still in the school year 2008/2009, a national questionnaire was applied by DGIDC allowing to have a more complete and rigorous perspective of the intervention at health promotion and SPA prevention level.

The questionnaire was targeted to Basic and Secondary public schools, in the Continent a total of 1 216 schools, with a 95% response rate.

Thus, we point out some of the results of the questionnaire:

- The prevention of SPA use is approached by 86.2% of the schools, being the fourth area more approached;
- Inside the prevention area, it was verified that school internal regulation gives priority to specific themes such as: the use of alcohol/tobacco (76%), the use of “other drugs” (66%).

The Group of Intervention in Higher Education (GIES – Grupo de intervenção no Ensino Superior) was created in 2006 and aims to create conditions to increase the involvement of the Universities in the community intervention (prevention, risk reduction, rehabilitation and research) and to give answers to the academic community (prevention, risk reduction and treatment) in the scope of the use of psychoactive substances. To achieve these objectives the GIES proposes to (1) promote the collection of information that characterizes the existing patterns of consumption in Higher Education as well as the existing interfaces between higher education and the structures of its intervention in the area of drug addiction; (2) promote the reinforcement of the training addressed to the different internal and external actors to the university context in order to increase the capacity to act; (3) create lines of action in which stakeholders can participate actively, learning through direct contact with the practice, within the philosophy of the Bologna Treaty.

The activities developed in 2008 were the following:

1. The IDT, I.P. and the Universities concluded the identification of interfaces for cooperation, collaboration in the areas of research produced, training offer, student support offices, partnerships with student unions and articulations in the field (with IPSS and NGOs). Questionnaires were sent to more than 800 institutions/structures in order to collect data, which final report will be finalized in 2009;

2. Design the instrument and methodological scheme of a National Survey to Universities in articulation with IDT, I.P and General Directorate of Higher Education (DGES – Direcção-Geral do Ensino Superior);

3. Continuous involvement of higher education institutions on the Project “Eu e os outros” (see subchapter community) while facilitators in the application of the project with groups of young people. Eight establishments of Higher Education were involved covering the five regions of the country in a total of 68 voluntary students, who interact with 512 youngsters aged 9 to 17 years old;

4. Development of peer-to-peer intervention by volunteer universitary students in risk and harm reduction activities during Academic Weeks and freshmen reception. The intervention

was developed in 9 cities, with the participation of 51 technicians of IDT, I.P. that worked with 251 volunteers. The intervention covered 54 days/nights of Academic Weeks of 9 cities in a total of more than 300 hours of action on the field. 46,655 flyers, 8,500 tapes pulse, 39,700 male condoms, 5,000 female condoms, 930 lubricants, near 6,000 alcohol tests, about 100 kg of lollypops/candies and some T-shirts were distributed. In addition to these materials 40 000 flyers were produced by the Porto University with the technical collaboration of the IDT, I.P.;

5. Beginning of an articulated work with the national network of offices for student support that included awareness for the questions related to prevention and treatment of situations involving the misuse of psychoactive substances. This work evolve into the organisation of a training program that will serve as a starting point for a more stable articulation, both in terms of prevention and treatment responses and counselling that can be provided by the structures.

This work was developed in the framework of a protocol signed by IDT, I.P. and the General Directorate of Higher Education (DGES – Direcção-Geral do Ensino Superior). Locally other partnership agreements were signed between the Regional Delegations of the IDT, I.P. and Higher Education Institutions involved in the actions described above.

The difficulties experienced in this work with Higher Education were related to some instability of volunteers, inherent to the academic calendar, as well as a lower recognition/framework of volunteering as a training process, which reduces the participation of students in the most demanding projects in terms of training load and intervention. Also partnerships in this area have revealed some instability with special emphasis on student associations, whose election cycle is often an obstacle to continued work. However, it is a context of enormous strategic potential and significant incidence of drug abuse that deserves continued intervention. It is expected for 2009 the intervention in academic festivals in more cities, with a wider group of volunteers and further consolidation of the support structure in university context, reinforcing the partnerships with the offices of student support, academic associations and university departments.

Another example of universal prevention is the Project “Copos ..quem decide és tu” – is a partnership Project betwen Portuguese Red Cross (CVP – Cruz Vermelha Portuguesa) and the IDT, I.P. with the support of General Directorate for Health (DGS – Direcção-Geral da Saúde), with the intention to raise awareness between secondary school population, aged between 15 and 20 years, to the problems of harmful use and early drinking.

This project aimed at preventing the use, with special emphasis on prevention of alcohol abuse, taking into account the current patterns of consumption and the contexts in which these occurred. With the overall aim of youth aware to the problematic of harmful alcohol use, providing information about alcohol and promoting reflexion on this type of consumption.

The project has substantially increased its interventions, expanding to more districts (17), more schools (23) and more students (4 342) and is in a consolidation process.

The Project was publicly presented in October 2008, with a press conference at the national headquarters of the Portuguese Red Cross, together with the results of the evaluation project in the academic year 2007/2008.

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).

The commitment in the work to be carried out near schools and educational communities is one of the fundamental pillars of the institutional strategy, which is reflected in the "Safe School Program". The main objectives of this programme are: raising awareness and acting near students, parents, teachers and responsible school staff for the problematic of security;

advising good practices and recommending the adoption of adequate preventive measures with the aim of ensuring that schools will be a safe place and free of drugs.

For a target population of 979 200 pupils in all school levels (including Universities), in the school year 2008/09, 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 activities (targeting students, parents, school staff and law enforcement agents).

PSP promoted more than 3 639 awareness, training, and demonstration sessions in schools, with the participation of near 206 694 pupils.

Many of these actions were about prevention, criminal prevention and road safety prevention; actions for education for citizenship were also undertaken and several other events.

Specifically targeted for the prevention of risk behaviour, prevention and fight against drug use, it is important to mention the operation – Recreio Seguro (*Safe Playground*) - with the following slogan: "A droga e a violência não são ocupação dos tempos livres" (Drug and violence are not free time occupation). PSP focused its operational capacity in order to increase the feeling of safety in the vicinity of school premises, preventing crime and violence. For example small robberies (wallets, cell phones, backpacks, clothing accessories) near schools of 2nd and 3rd Cycle and promoting a systematic and determined fight against drug trafficking and illegal sale of alcohol and tobacco; detecting and signalling the use of psychotropic substances and alcohol, as well as promoting the referral to the Commissions for the Dissuasion of Drug Use (CDT).

GNR data indicate that in 2008, 211 agents (198 in 2007, 196 in 2006, 208 in 2005 and 279 in 2004), were allocated to Safe School 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 targeted 9 209 schools covering a universe of 811 640 students and 6 630 awareness raising sessions were developed.

Family

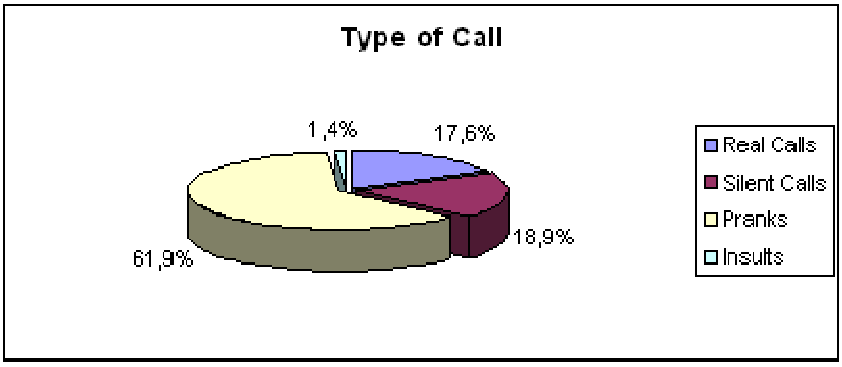
In some of the projects developed under PORI and PIF (please see subchapter 3.3) interventions of universal prevention occurred in the communities where those target populations are included.

Community

The IDT, I.P. 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 2008, *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* celebrated 20 years of existence.

In the beginning of 2008, a new application that contains the online registry of the telephone calls, emails and a support database was implemented.

From the 1st January to 31st December 2008, the helpline received a total of 15 860 calls (23 412 in 2007) from which only 2 787 (3 169 in 2007) were real calls, the rest being silent calls (3 000 in 2008 and 5 069 in 2007), pranks (9 854 in 2008 and 14 881 in 2007) and 219 (293 in 2007) insults. Corresponding in percentual values respectively to 17,6% of real calls, 18,9% silent calls, 61,9% pranks and 1,4% insults.



Graph 21 – Type of Calls received by Linha Vida (IDT, I.P. 2009)

Of the 15 860 calls received by the end of December 2008, we found a 25% decrease in the total number of calls received in the same period of 2007.

Concerning the client profile, most calls continue to be made by those who had a problem or needed information (57.86% in 2008, 56,48% in 2007, 58,40% in 2006, 67% in 2005, 71% in 2004 and 76% in 2003) followed by calls made by mothers (16.87% in 2008, 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 2008, most callers were aged 36-50 (7,716%) and 26-35 (5,882%) and were mainly male (50,3%).

1922 calls in 2008 (1 992 in 2007, 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.

A number of 414 referrals of different types were made, according to the specific problem situation. Of these, 128 relate to day-care services, 180 to therapeutic communities, 34 to inpatient services, 7 to groups of self-help and 65 for other institutions.

Linha Vida also continued to respond to emails (e-mail counseling). In 2008, 707 emails were received (689 in 2007, 781 in 2006, 811 in 2005, 322 in 2004 and 103 in 2003). 409 of the emails are requests for information and 86 are related to requests for support/counselling. Concerning the client profile, most emails are sent by those who had a problem or needed the information (414 individuals) followed by the parents (32). In 2008 like in 2007, most of the questions came from female gender (337) and 144 from male gender.

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. The purpose of this counselling is the follow-up on a continuous basis of patients and families, functioning as an impulse for seeking help, stimulating family mediation, and allowing access to referral.

Face to face counselling is targeted to patients who go directly to the IDT, I.P. by their own initiative, advice of other services or by suggestion of the Helpline technicians.

In the years of 2003 to 2007, 124 clients were followed-up in the different responses provided by IDT, IP, and 45 new clients were followed in 2008.

Nº of Clients	
Total *Follow-up* 2003-2007	124
Total of new cases in 2008	45
Total	**169**

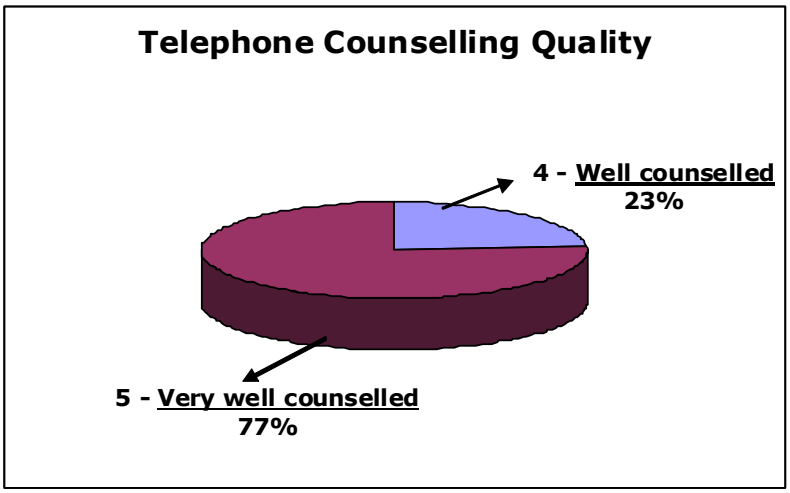
Table 10 – Face-to face counselling (IDT, I.P. 2009)

Linha Vida is a member of the National Early Warning System Network and all references made by callers to new or under monitoring substances are immediately reported to the National Focal Point.

Linha Vida is also a member of the European Foundation of Drug Helplines (FESAT) and assumed its Presidency in the beginning of 2008. In the context of FESAT Presidency Linha Vida organised a training seminar of two days (29 and 30 of September 2008), to new European telephone helpeline technicians, under the motto "Junior Helpline training".

A customer satisfaction survey was conducted by the Linha Vida from April to June 2009 during the Helpline working period (from 10 am to 8 pm, Monday to Friday). The Helpline gathered 150 fully completed questionnaires. Adherence to the questionnaires by the callers was widespread.

Considering the telephone counselling quality and according to a Likert scale (from 1 point to 5 points[5]) Linha Vida obtained an 4,76 average. None of the inquired clients assessed the Helpline with less than 3 points and 77% of the clients/callers considered to be *very well counselled* and 23% of the clients/callers considered to be *well counselled*.



Graph 22 – Telephone Counselling Quality (IDT, I.P. 2009)

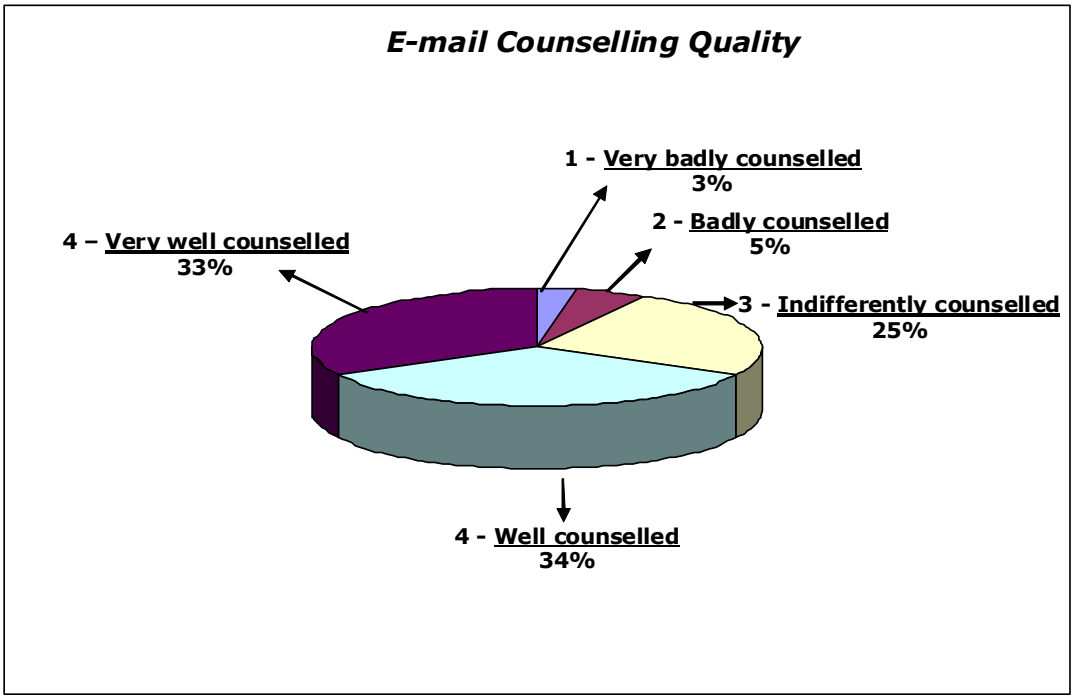
Regarding the use/value of the obtained answer and according to a Likert scale (from 1 point to 5 points[6]) Linha Vida obtained an 4,69 average. None of the inquired clients assessed the Helpline with less than 2 points and 71% of the clients/callers considered to obtain a *very helpful* answer, 28% of the clients/callers considered to obtain a *helpful* answer, only 1% of the callers considered to obtain an *indifferent* answer.

Between 8th and 11th July 2009, the Helpline also conducted a customer satisfaction survey on the e-mail counselling – 1414@idt.min-saude.pt. The Helpline sent 4500 questionnaires by e-mail to the e-mail counselling database (created in 2004). There were 800 returned to sender e-mails and the Helpline received 122 fully completed questionnaires.

Considering the e-mail counselling quality and according to a Likert scale (from 1 point to 5 points[7]) the Linha Vida SOS Droga E-mail Counselling – obtained an 3,89 average. From the total of inquired clients 34% considered to be *well counselled* and 33% of the clients/callers considered to be very *well counselled*, 25% of the clients/callers considered to be

[5] Being 1 the inferior value - "very badly counselled" and 5 the superior value - "very well counselled".
[6] Being 1 the inferior value - "very unhelpful" and 5 the superior value - "very helpful".
[7] Being 1 the inferior value - "very badly counselled" and 5 the superior value - "very well counselled".

indifferently counselled, 5% of the clients / callers considered to be *badly counselled* and 3% of the clients / callers considered to be very *well counselled.*



Graph 23 – E-mail Counselling Quality (IDT, I.P. 2009)

Regarding the use/value of the obtained answer and according to a Likert scale (from 1 point to 5 points[8]) Linha Vida obtained an 3,5 average. From the total of inquired clients 37% of the clients / callers considered to obtain a *helpful* answer, 27% of the clients/callers considered to obtain a *very helpful* answer, 13% of the callers considered to obtain an *indifferent* answer, 13% of the clients/callers considered to obtain a very unhelpful answer and 10% of the callers considered to obtain an unhelpful answer.

Other community intervention project using new technologies is www.tu-alinhas.pt, a website that promotes healthy behaviours and prevention of drug use in a teenager-youth public (12-21 years old). 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 www.tu-alinhas.pt completed at the end of 2008, 19 months old. In comparison to 2007 presented, a very positive growth revealed in the increase of +138% in the number of visits, and a constant updating of its contents was made.

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). The Chat Alinhas had in 2008 a fortnightly periodicity with two hours time (Thursdays from 14h to 16h). During the year 2008, of the 24 sessions scheduled, 16 took place with the following themes: tobacco, drugs, parents, how to help a friend that consumes, different types of consumption, legal and illegal drugs, peer pressure.

In comparison to 2007, the website in 2008 presented an increase of +138% of visits and +88% of pages visualisations. During 2008, site reached 63 941 visits and 586 584 visualisations.

[8] Being 1 the inferior value - “very unhelpful” and 5 the superior value - “very helpful”.

After an experimental year (2007/2008) of Project "Eu e os Outros" (integrated on the website "tu-alinhas?" but having a specific function to be used in the classroom context) an assessment was made and the project received a boost by wrapping a lot more of schools, universities and local units of IDT, IP.

3.3. Selective prevention in at-risks groups and settings

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

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

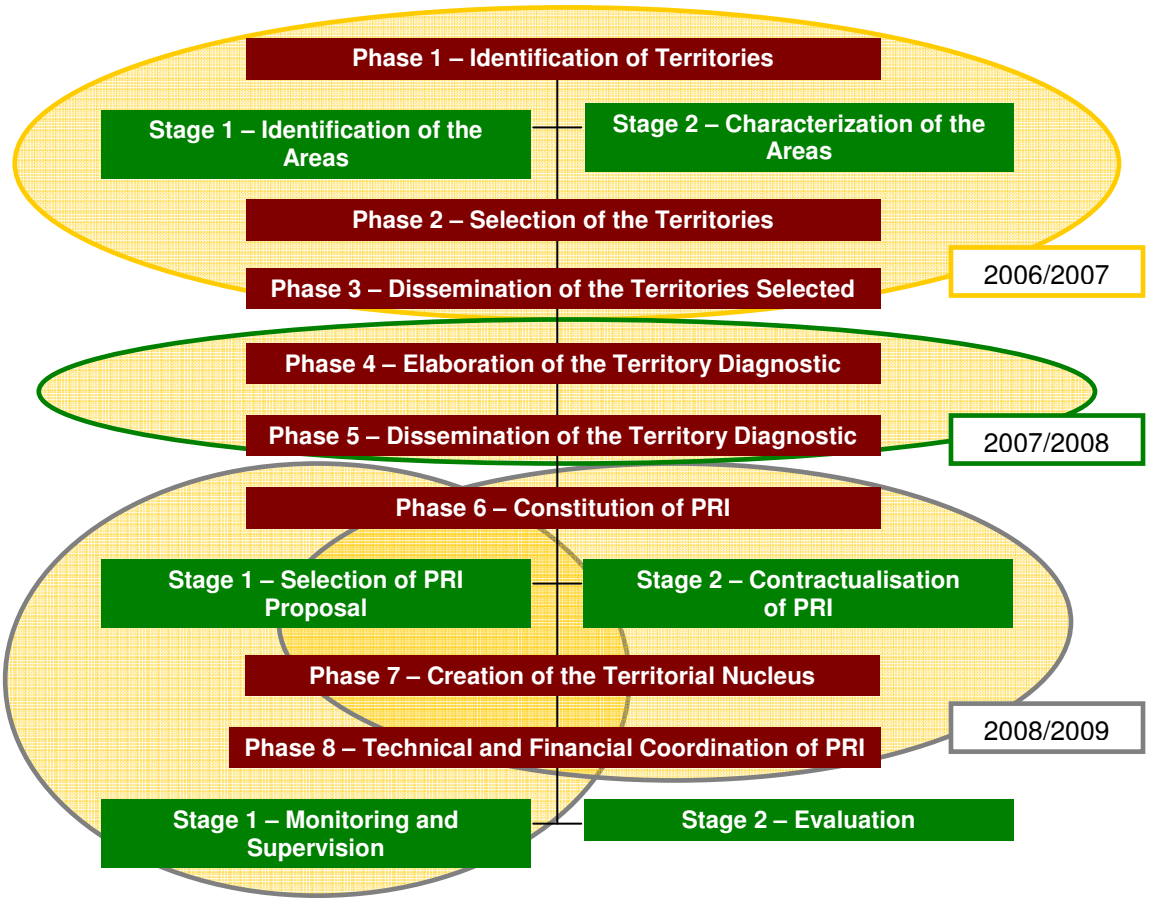


Figure 1 – Operational scheme of PORI (IDT, I.P. 2009)

PRI is a specific intervention programme that integrates interdisciplinary and multi-sectorial answers, according to some or all areas of IDT, I.P. mission (prevention, treatment, harm and risk reduction and reintegration) and its dependent from the diagnoses results of a territory identified as priority.

In 2008 the implementation of Phases 4 and 5 of PORI (elaboration and dissemination of diagnostic territories) continued.

On the 13th February, was published an Administrative Rule No. 131/2008[9], which regulates the conditions for public funding of projects that constitute the PRI. Thus, it became possible

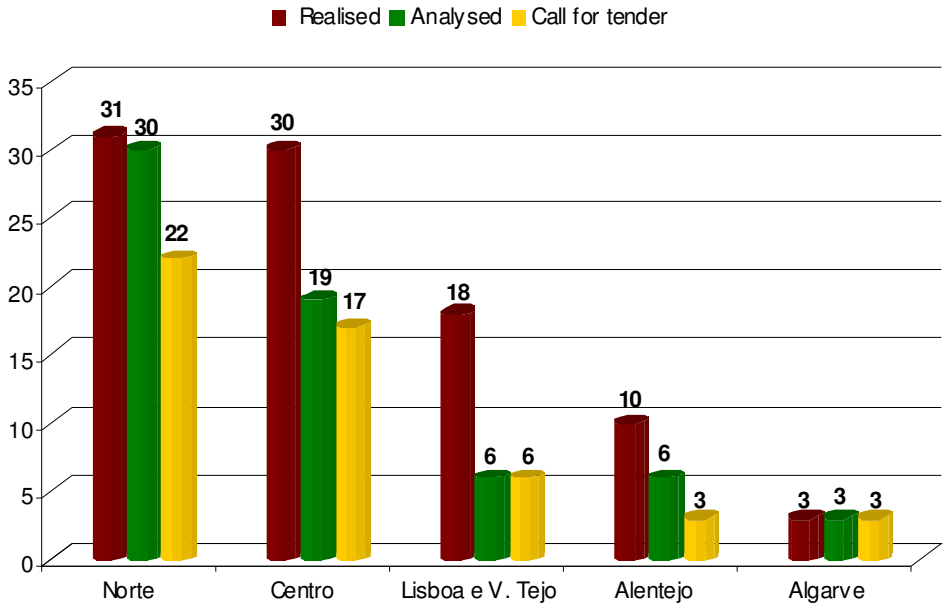
[9] See legal Framework chapter of last year Annual Report.

to move to Phase 6 - constitution of the PRI, by the call for tender for co-financing of projects that integrate PRI. In addition to the procedures set out by the Administrative Rule, each call for tender has followed the following steps:

- dissemination and availability of diagnosis of the territory (website of the IDT, I.P. and in the regional and local services);
- Identification of "areas with gaps" by mission area (prevention, harm and risk reduction, treatment and reintegration), through the signalisation of the problems/priority needs identified in the diagnosis of the territory, target-groups and expected changes with the intervention to be developed. Thus, in each call for tender was planned the co-financing of projects that could give answer to the areas with gaps identified in the territory, by mission area.

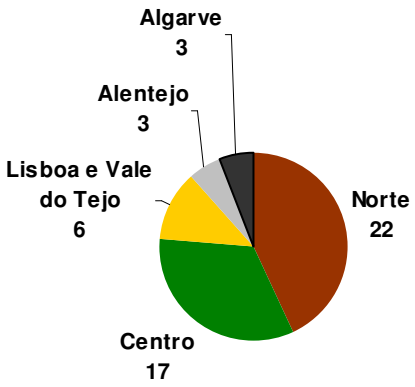
In order to harmonize and prioritize diagnoses in terms of clarity, rigor and objectivity, was created the Commission for Analysis and Diagnostic, constituted by one element of each Regional Delegation and two elements of IDT,I.P. central services. In this regard, was necessary to guarantee the accuracy of the contents, since the candidate projects should propose interventions aimed at solving the identified problems.

Diagnoses were performed in 92 territories, 64 of which were analyzed by the Commission and 51 served as base to the call for tender. The local diagnoses were prepared by CRI, in partnership with local authorities.



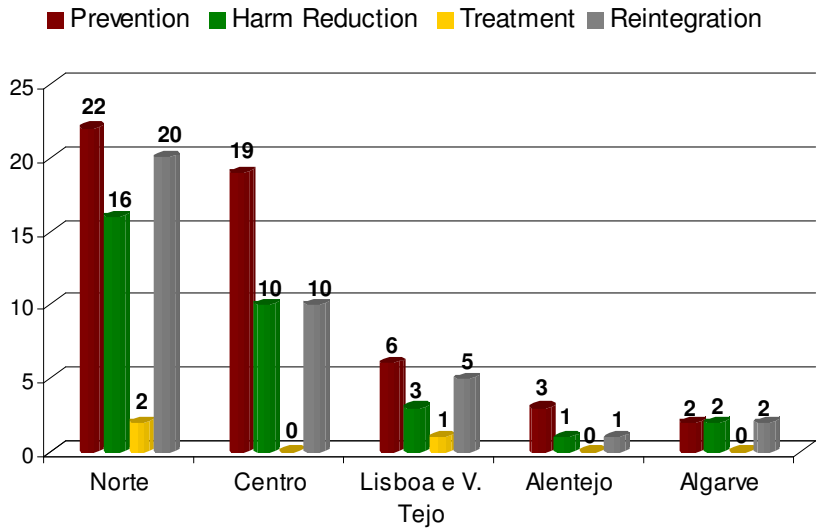
Graph 24 – Distribution of the diagnosis by region (IDT, I.P. 2009)

In 2008, call for tenders were opened for 51 territories, divided in 3 groups (1º group-March, 2º group-May and 3º group-September). The following graph displays the distribution of tenders by region.



Graph 25 – PRI Call for tenders, by Region (n=51) (IDT, I.P.2009)

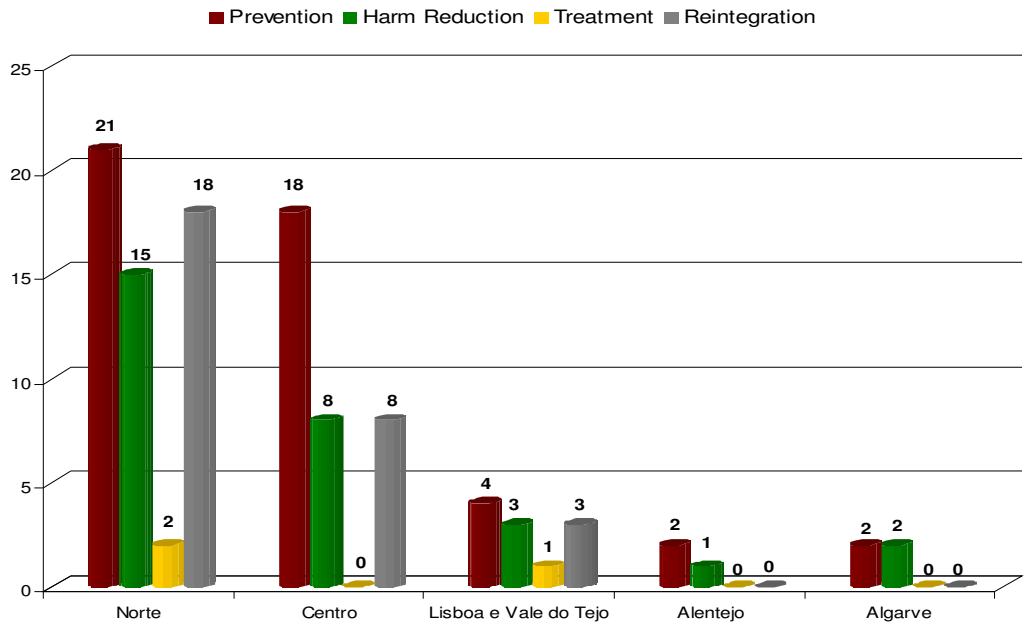
These tenders intended to address the 125 missing areas identified in the four areas of intervention: Prevention (52), Risk and Harm Reduction (31), Treatment (3), Reintegration (38).



Graph 26 – Areas with gaps by Region (n=125) (IDT, I.P.2009)

From the 125 areas with gaps, 108 projects were approved, distributed by the four areas of intervention.

There are areas with gaps that are not being subject of intervention co-funded by IDT, I.P. due to a non-submission or non-approval of applications.



Graph 27 – Projects approved, by area of intervention (n=108) (IDT, I.P.2009)

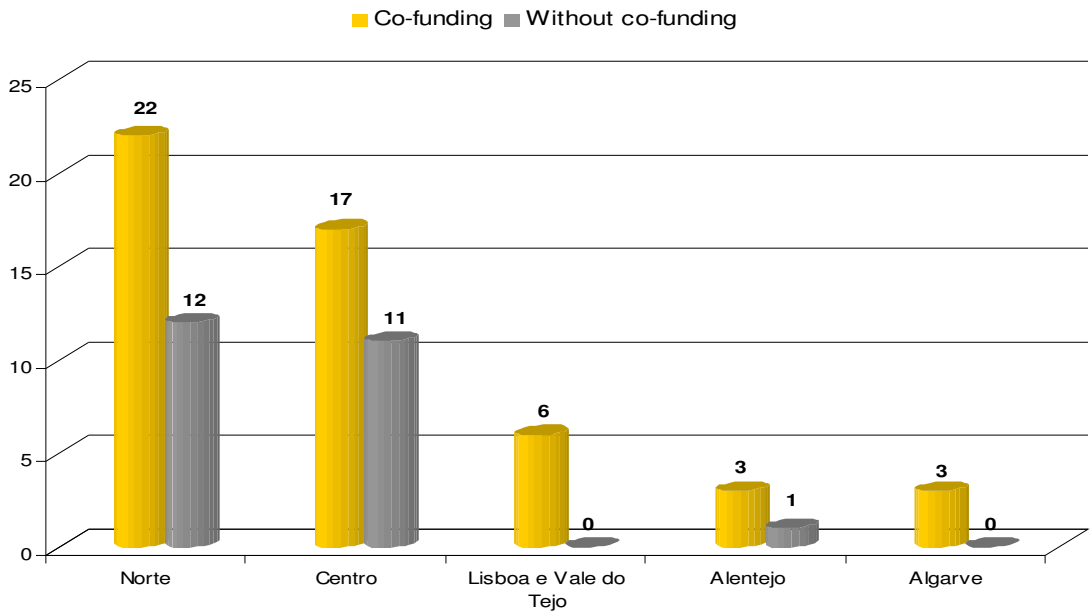
The 108 projects involved a two years funding amount of 9.873.675,56 €, distributed by region.

To realise the creation of the PRI, the Territorial Nucleus were formalised. These are composed by entities that intervene in the territory, funded or not by IDT, I.P. which are organized around a common goal: to implement the PRI. This space of sharing and solving problems together with the various entities will establish a working network, avoiding the isolation of interventions and taking advantage of the resources.

To this end, each Territorial Nucleus elaborates the Planning of PRI for the territory, better defining the groups to cover, the answers to be implemented and the objectives to be achieved.

In 2008, 75 Territory Nucleus were established to implement 51 PRI co-funded by the IDT, I.P. and 24 without additional funding, since for some territories, the diagnoses identified as necessary the reorganisation of interventions.

The procedures for the implementation of PRI without additional funding are identical to the PRI with financial support, with the exception of open contests.



Graph 28 – PRI by Region (n=75) (IDT, I.P. 2009)

With the beginning of the projects implementation, started the follow-up and monitoring of interventions by the Territorial Nucleus, coordinated by CRI, leading to Phase 8 of PORI – Technical and Financial Coordination of PRI. In 2008 was possible to implement the final working stages of PORI.

Since this is an experimental program, issues that need to be improved were identified in particular, the elaboration and analysis of diagnosis and procedures related to the contests that allow a progressive improvement of the quality in terms of process and results.

The 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.

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.

In the ambit of PIF, during 2008, 23 projects were in development targeted to risk groups: vulnerable families (8), children and vulnerable children and youth (8) and individuals with patterns of use in recreational settings (7).

At risk families

The intervention projects with families were developed mainly in a community context and covered the following components: personal competences, family bonding, parenting skills/practical parenting, inter-relations between parents/children, knowledge about psychoactive substances and associated risks of their eventual use, knowledge about other health themes, competences on intra-family relation and social competences. These components have been worked through competences training sessions, guidance, information/awareness sessions, leisure, cultural and pedagogical activities, counselling,

psychosocial supervision, training sessions, individual psychological supervision, family mediation, family therapy and stimulation of communication spaces.

With regard to methodologies, most of these projects made use of structured programs and in validation process (Em Busca do Tesouro das Famílias, Strengthening Families Programme, The Incredible Years – Early Childhood Basic, Parent Effectiveness Training, among others).

At-risk groups

Intervention with children and vulnerable young people took place mainly in school and community context and focused its development on the following components: personal competences, knowledge on psychoactive substances and risks associated with their possible use, parental/parental practices competences, school bonding, family bonding, inter-relations between parents/children, perception of the risk associated to consumption and competences to deal with the use and abuse. The strategies used in developing these components were: competences training sessions, information/awareness sessions, training sessions, counselling, individual psychological supervision, cultural and pedagogical activity, stimulation of communication spaces, study support, vocational guidance, sport activity.

Recreational settings

With regard to intervention with individuals with patterns of use and regulars of recreational settings, the intervention was implemented in recreational nightlife settings (bars, parties, festivals, etc) and focussed in the development of the following components: knowledge on psychoactive substances and risks associated with their possible use, perception of the risk associated to consumption and competences to deal with the use and abuse, knowledge about other health related issues, personal and social competences. The strategies used in the implementation were the follow: distribution of information materials about SPA, distribution of other preventive materials: condoms, referral, training sessions, and awareness/information sessions, distribution of other preventive materials: dissemination of services and resources available in the community, stimulation of communication spaces, counselling, alcohol tests, cultural and pedagogical activity, distribution of other preventive materials: SPA testing, competences training sessions and distribution of other preventive materials: HIV tests. In relation to the methodologies some projects created specific spaces of integration, integrated in recreational nightclubs and others chose to move in these spaces. The majority of these projects foreseen, in addition to intervention with the visitors of recreational nightclubs, an intervention with the responsible for these spaces.

For the monitoring and follow up of PIF projects, a model was created that promotes and ensure the feasibility and quality of the intervention in the field, through technical and scientific support.

The proposed model for the evaluation of PIF results has an experimental character and as such contains some limitations inherent to its experimentalism. However, it is intended a global evaluation of the program, its relationship with the expected objectives (short, medium and long term) transversal and specific for the three categories: vulnerable families, children and vulnerable young people and individuals with patterns of psychoactive substance use in recreational settings. In this sense, guiding questions were defined: The selection criteria were effective in selecting quality projects? The monitoring system was effective? Contribution for the quality of the intervention? The target groups learned or integrated knowledge/competences? The system of evaluation of the program was effective? Expressed the results of the projects? Were guidelines defined for effective preventive interventions in vulnerable groups (families, children and young people who go to recreational settings)? Were guidelines defined for the monitoring of preventive interventions? Were guidelines defined for the evaluation of preventive interventions?

As regards the methodology, the evaluation process is structured in three moments, including initial assessment, intermediate, and final (post-intervention) and will be complemented by evaluations conducted by individual projects. The instruments for data collection were built by the PIF Technical Team, based on the existing research and scientifically validated, particularly those available in the Evaluation Instruments Bank of EMCDDA, the European School Survey Project on Alcohol and Other Drugs (ESPAD 2003), the European Drug Addiction Prevention Trial Questionnaire (EU-DAP) and National School Survey of IDT, I.P. among others. Therefore four questionnaires were created: one directed for vulnerable families, one for teenagers and vulnerable young people (aged over 12 years), one targeted to individuals with consumption patterns in recreational settings and one for the responsible in charge of recreational settings.

Since the program is in the middle of its implementation process, it is not possible to give concrete statements regarding the guidelines on practices validated in the development of new projects with vulnerable groups, or on the processes of selection, monitoring and evaluation for future programs and projects of the IDT, I.P.

However, the assessment carried out so far confirm the validity of some of the assumptions of PIF. It is considered therefore that preventive intervention should focus on the following aspects:

- Technical and scientific support for the design of the projects;
- Selection process of interventions based on clear criteria of quality and scientific evidence;
- Presential evaluation of the projects;
- Logical model as a tool of intervention design;
- Effective monitoring, built-up in a systematic and regular basis through different methodologies, namely technological means of information and communication, presential guidance (through periodical local meetings with the technical teams of the projects by project and target group of intervention);
- Reinforce a constructive approach and centred in the relation and proximity with the technical teams of the projects;
- Technical and scientific support for the teams, through reflection, sharing information and timely and efficient answer to the questions and necessary adjustments to develop the Project;
- Evaluation plan of process and of structured and effective results;
- Creation of training opportunities and update information for the technical teams of the projects;
- External evaluation of the program by entities with competence to do so;
- Technical and scientific supervision by the team program.

In order to share experiences/practices and knowledge about preventive intervention of selective character and to disseminate the work achieved was created a blog with information on the Program of Focused Intervention and the projects (http://programadeintervencaofocalizada.blogspot.com).

Another project of selective prevention, not developed in the framework of PORI, is **Projecto ELIPSE (Interrreg III-A),** a prevention project of risk behaviours associated to alcohol and other substances in recreational nightlife settings.

It is a transnational cooperation project (Portugal - Spain), which partners are the Junta de Andalucía, the Diputación Provincial de Huelva, Regional Delegation of Algarve, Regional Delegation of Alentejo and the IDT, I.P.

9 791 youngsters regulars of nightlife leisure settings were informed about the risks associated with the use/abuse of psychoactive substances, blood alcohol limit allowed by law to drive, and leisure alternatives.

This Project also contributed to enhance the coordination amongst transnational institutions.

The study of the target population of this Project, allowed its characterization in relation to the socio-demographic aspects and at the level of some risk behaviours.

The target population had a very good adhesion to the proposed activities with an average of more than 100 approaches per night, to the population that attends the nightlife leisure settings.

3.4. Indicated Prevention

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).

The 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: 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: explain and demystify aspects related with the consumption of psychoactive substances, emphasising alcohol, tobacco and cannabis, 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 and explore and think about youngster motivations for consumption and for non-consumption.

This diagnosis still supplying other important data as the need to focus the intervention in adolescents with ages up to 10 years, 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.

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

In 2008, a document with the general guidelines on the procedures and approach to situation of suspicion, use and trafficking of psychoactive substances in Casa Pia de Lisboa was completed and adopted as a matrix for the development of a similar instrument by the Ministry of Education.

3.5. National and local media campaigns

In 2008 and 2009 media and public debate was focused mainly on the following drug-related issues:

- On the International Day Against Drug Abuse and Illicit Drug Trafficking, 26 June, the National Coordinator has announced that a manual with guidelines and measures to deal with alcohol and illicit substances in workplaces will be presented in the forthcoming months.

  A working group is preparing this manual with representatives of trade unions, employers, public health experts, experts from IDT I.P. and from the Labour Ministry, meeting regularly since July, with the purpose to present information and set practises to avoid that the internal regulations of companies discriminate and propose illegal measures concerning screening of alcohol and illicit substances. The proposal will also have the approval of the Data Protection Committee to guarantee that individual rights are protected.

- Presentation of the survey “ESPAD”;
- Decriminalisation of drug use (with several articles in the most important international magazines and with a big number of interviews and visits from National and International journalists);
- With the aim to promote healthy lifestyles, the IDT, I.P., in partnership with Sportis, held the 3ª edition of Lisbon bike tour 2008, held in the 22 June, under the theme “Energia usa só a tua” – “Use your own energy”. This initiative had as main route the bridge Vasco da Gama and counted with the participation of 8 500 cyclistes, large coverage by TV channels and press
- The Lisbon event was repeated in Porto Bike Tour 2008, held in July 2008. This initiative internationalised with the realisation of Bike Tour in Madrid (November 2008) and in São Paulo/Brazil (January 2009).

4. Problem Drug Use

4.1. introduction

During 2006-2007, a study was conducted to estimate the national prevalence of problem drug use (PDU) and intravenous drug use (IDU) in Portugal (Negreiros2009). The study adopted EMCDDA definitions of PDU (i.e., injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines) and IDU (i.e., injecting for non-medical purposes). Besides, the prevalence estimates included the age group of the 15-64 year olds and were referred to the year of 2005. The study was carried out in the framework of the contract celebrated between the IDT, I.P. and the Faculty of Psychology and Educational Sciences (FPCE/UP).

PDU and IDU estimates were calculated based on the multiplier method using the treatment data; IDU estimates were also calculated based in the deaths multiplier method. The number of identified problem drug users (benchmark) was provided by the public treatment agencies (i.e., number of problem drug users who underwent treatment in the "Centros de Atendimento a Toxicodependentes" in 2005). The National Forensic Institute provided the information (i.e., number of registered drug- related deaths) for IDU estimates for the deaths multiplier method.

Respondent-driven sampling (RDS) was implemented to recruit problem drug users (n=237) in a large metropolitan area (Porto) and in a medium size city (Viseu; n=50). RDS is a network-based method for sampling hidden populations that has been shown to produce unbiased populations estimates. To implement RDS, ethnographic research was conducted to develop familiarity with local sites and populations. An incentive system (financial reward) was also used. In order to estimate the multiplier value, a direct question and nomination techniques were used.

Elsewhere, both samples were described in terms of social and demographic variables as well as drug use patterns (Negreiros2009).

4.2. Prevalence and incidence estimates of PDU

a. National estimate of overall PDU for Portugal

Multiplier method using treatment data

The number of problem drug users registered in the public treatment agencies served as benchmark. According to the IDT, I.P. the number of problematic drug users registered in these treatment centres, in 2005, was 27 685. The in-treatment rate of problematic drug users was estimated by applying respondent-driven sampling (RDS) and nomination techniques described above.

The estimation of the multiplier was based on research in Porto, a large metropolitan area, and Viseu, a medium size Portuguese city. Respondents were questioned using a direct question and a nomination procedure. The nomination technique evolved into two phases. First, respondents could nominate five friends of their network of acquaintances that were using drugs regularly in the past year. Second, respondents had to indicate the proportion of these drug-using acquaintances that have been for treatment in the past year in a public treatment agency (Centro de Apoio a Toxicodependentes – CAT - Specialised Outpatient Drug Abuse Treatment Centre).

In Porto, the in-treatment rate was 0.59, for the direct question (i.e., in 2005, have you ever attended a CAT?) and 0.52 for the nomination procedure. In Viseu, a medium size

Portuguese city, the in-treatment rates were 0.62 and 0.56 for the direct question and the nomination question, respectively.

Due to lack of information about in-treatment rates outside Porto and Viseu, a range of 0.52-0.62 was used to estimate the number of problem drug users. As so, given that the public treatment centres reached on average 52% of the total number of problem drug users nationally, there are 27 685/0.52 = 53 240 estimated problem drug users; if 62% is taken has an average percentage nationally, there are 27 685/0.62 = 44 653 estimated problem drug users in Portugal.

Limitations

Not all treatment facilities are covered. The public treatment centers couldn't provide data of problem drug users seeking treatment categorized by type of drug. The estimation of the in-treatment rate was based in the samples selected in only two Portuguese cities.

b. National estimates of IDU's in Portugal

Multiplier method using treatment data

The national estimation of IDU method was based in the number of problem drug users that have reported injecting drug use in the last 30 days. In the sample from Porto, the only place where was possible to collect information on this issue, 30% of problem drug users admitted injecting drug use in the last 30 days. Applying this proportion to the total number of problem drug users, the total of IDU cases is estimated at 13 395 - 15 972.

Limitations

This multiplier method was calculated based only on the data from the sample of Porto.

Multiplier method using mortality data

This estimation method is based on the total of drug-related deaths and the mortality rate of problem drug users. In 2005, the number of drug related deaths (the definition of "drug related deaths" included deaths due to an overdose) were 219 cases. If a mortality rate of 1% is used the estimated number of IDU's is 10 950; with a mortality rate of 2%, the estimated number of IDU's is 21 900.

Limitations

Mortality rates are not constant. The existing mortality rates are almost exclusively based on studies on drug users in treatment.

Definition of Case \ Year		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	Treatment Multiplier
	Prevalence Estimation	15 900 - 31 800	10 950 - 21 900	13 183 - 16 285
	Taxas por 1000 habitantes 15-64 anos	2,3 - 4,7	1,5 - 3,0	1,8 - 2,2

Table 11 – Prevalence Estimations of Problematic Drug Users in Portugal (IDT, I.P. 2009)

Conclusion

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 15-64 years, and between 1.5 and 3.0 for injecting drug users.

Between 2000 and 2005, the estimate number of problematic drug users in Portugal has shown a clear decline, with special relevance for injecting drug users.

4.3 Data on PDUs from non-treatment sources

Please see subchapter 4.2.

4.4. Intensive, frequent, long-term and other problematic forms of use

No new information available.

5. Drug-related treatment: treatment demand and treatment availability

5.1. Introduction

Treatment demand data in Portugal is collected through the outpatient public network. In 2008, the network received treatment demand data from all 74 treatment centres across Portugal. Data were available only on clients who entered treatment for the first time in their life (new clients) and not on all those who entered treatment in 2008.

In 2008, the restructure initiated in 2007 was consolidated, in the framework of public specialised drug addiction treatment centre structures, namely, the availability of integrated responses at local level, the full integration of the new competences on alcohol[10] and improved articulation with other structures and external services that intervene in this area, which was reflected in the increase of capacity and quality of the services provided.

The number of active clients in the outpatient public treatment network increased (+12%) as well as first treatment demands (new clients). Concerning first treatment demands for the second 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 37% in relation to 2007.

Heroin remains 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. Strategy/policy

Healthcare for drug users is organized in Portugal mainly through the public network services of treatment for illicit substance dependence, under the IDT, I.P. within the Ministry of Health. In addition to public services, certification and protocols between NGOs and other public or private treatment services ensure a wide access to quality-controlled services encompassing several treatment modalities. The public services provided are free of charge and accessible to all drug users who seek treatment.

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 (target to all citizens);
- 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 (target to problematic drug users and vulnerable population);
- To implement a continuous process for improving quality for all therapeutic programmes and interventions (target to professionals in the treatment area).

[10] 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.

In addition to the National Plan, we have three policies approach:

Decree-Law 183/2001 – the objective is to create programmes and social and health structures designed to raise awareness amongst drug users and to guide them towards treatment, as well as to prevent and reduce risk attitudes and to minimise the damage caused to individuals and society by drug addiction

Administrative Rule 748/2007 Established the criteria for the IDT to authorise the setting up of harm reduction programmes and facilities listed in Decree-Law 183/2001.

Administrative Rule 749/2007 - Established the criteria for the IDT to fund harm reduction programmes and structures listed in Decree-Law 183/2001.

In 2008, the treatment area had to adapt to several changes, namely:

- An internal restructuration of IDT, I.P. that made available locally integrated responses from the different mission areas, implying a better articulation and definition of the competences and functions of the several professionals of the Integrated Responses Centres (CRI) teams. Mechanisms and monitoring indicators of the activity developed were created, assuring simultaneously an increase in this answer capacity: in the number of patients seen, in the number of appointments and in the improvement and diversification of the services given, such as the increase of screening infectious diseases;

- An increase of competences, in the alcohol area, defining reference circuits, promoting the training of professionals from the treatment teams and the articulation with other services that have to intervene in the treatment and support of the population affected by this problem;

- A new operating paradigm posed by the implementation of the Operation Plan for Integrated Responses (PORI, see chapter 3 for more information on this program) which mobilized many resources on the elaboration of diagnostic territories, and tried to potentiate the synergies available in the territory between the IDT, I.P. teams, other public bodies and private institutions of social solidarity;

- Aiming to promote a network of health care resources and social sanitary, involving multiple actors of the public and private sector in a logic of proximity to the citizen and to the community, several protocols were signed in 2008[11]. It was also signed an additional agreement to the protocol between the High Commissioner of Health / National Coordination for HIV/AIDS and the IDT, I.P.;

- With the objective of promoting measures to facilitate access to various treatment programs, managing the waiting times in accordance with ethical and scientific criteria and local realities, the stability of human resources of the different treatment teams (ET) was guaranteed; were tested indicators of evaluation of the activity of different professional groups and were also defined competences of the professional groups.

5.3. Treatment systems

Treatment Structures (ETs), mainly outpatient 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 (public and private detoxification units or therapeutic communities). In ETs, 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 ET resources (infectious diseases testing and treatment or referral, family therapy, general health care, amongst others).

[11] Protocols signed following the publication of the Joint Order No. 18683/2008 of the Ministry of Finance, Public Administration and Health.

In 2008, 46 outpatient treatment centres were working in mainland Portugal as well as 28 decentralised consultation units. These centres provide both drug free and medically assisted treatment.

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). Inpatient drug free treatment is mainly available in public and private therapeutic communities. In 2008 there were 70 therapeutic communities (3 public and 67[12] private units) in mainland Portugal. The number of clients in therapeutic communities increase 7% in comparison to last year (3 385 in 2008 and 3 167 in 2007), consolidating the grown of last years.

In 2008, in the 3 public therapeutic communities of the IDT,I.P. (with 55 beds) were 131 patients, maintaining an occupation rate similar to last year (84.6%).

Substitution treatment is widely available in Portugal, through public services such as specialized treatment centres, health centres, hospitals and pharmacies as well as NGOs and non-profit organizations. Methadone has been made available since 1977, buprenorphine since 1999 and recently also the buprenorphine/naloxone combination.

Methadone treatment can be initiated by treatment centres whereas buprenorphine treatment can be initiated by any medical doctor, specialized medical doctors and treatment centres. Moreover, the provision of buprenorphine in pharmacies started in 2004 (for more information on treatment availability and diversification, please see Structured Questionnaire 27, part I).

Referral to different treatment response is encouraged across the prison system, that, in addition, ensure to all new inmates, the continuity of pharmacological treatments initiated in freedom (for more info see chapter 9.6).

In the first semester of 2008, it was repeated the raising donned at national level near the treatment teams of CRI, and was obtained the values that are listed below, for the average waiting time for entry into detoxification inpatient, first treatment, for therapeutic programmes with methadone and therapeutic community.

The data obtained is compared with the waiting time, considered reasonable for each of the programmes already mentioned, being inferior to these in all the answers.

	Average waiting time at National level (in days)			Reasonable waiting time (in days)
	2006	2007	2008 (1º semester)	
1st treatment demand	16	7	9,1	10
Methadone Programme	18	16.5	6,7	10
Detoxification	18	8.5	11,6	13
Public Therapeutic Community	29	24.5	17,1	22

Table 12 – Average-waiting time (IDT, I.P. 2009)

In order to improve the availability of treatment programs for addicts, guidelines were defined for low-threshold maintenance programs with opioids agonists, for therapeutic communities

[12] Comparing to previous year, there was a change in the number of structures due to some readjustments made in some private units, not reflecting a real decrease of supply in this context, once an increase was verified in the number of beds available.

and vaccination programs. It was also prepared a Reference Guide for clients with alcohol problems, consistent with the Reference Network that is being developed.

It stands out, as well the elaboration of Nursing Norms of Procedures for the outpatient treatment programmes, including pharmacological programs with antagonists and opioid agonists, including medicinal administration extra IDT, I.P., as well as the Nursing Orientation Norm for the administration of vaccines in the Treatment Structures of IDT, I.P.

Contributing to the monitoring and evaluation of treatment programs, indicators for monitoring and evaluation of these programs were defined. The pilot test script of Multidisciplinary Information System (SIM) was distributed and experimental tests were carried out in three treatment structures (Elvas, Santarem and Aveiro).

The increasing of effectiveness of the treatment network is evidenced by several indicators related to the clinic movement of the outpatient and inpatient structures of the public and private networks.

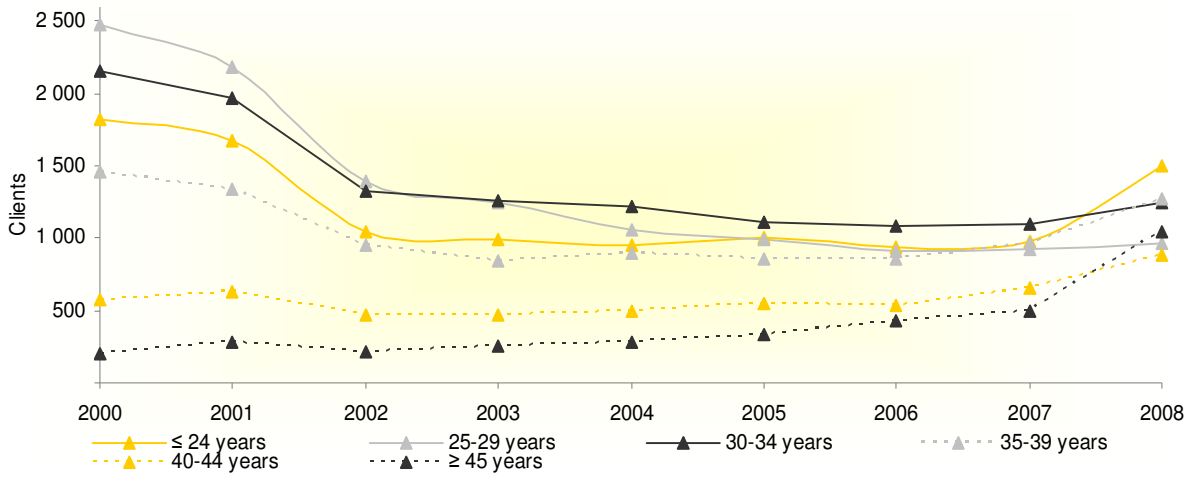
5.4. Characteristics of treated clients

The clients in treatment were mainly from the male gender (82% to 87%), aged 25-34 (32% to 42%) and 35-44 (31% to 45%), varying the mean age between 33 and 36 years old depending on the structure. It remains the gradual ageing of these populations, namely the clients of first treatment demands of the public network.

Continue to be predominantly Portuguese (94% to 98%) and single (53% to 64%). Most living with family, predominantly cohabitation with the family of origin (40% to 48%) or with the family based (24% to 25%). In general, these populations remain with low qualifications (44% to 60% did not complete the third Cycle of Basic School) and precarious labours situations (46% and 63% were unemployed).

2008 national **first treatment demand data** concerned 7 019 individuals from the **outpatient** public network centres (74) (see also Standard Table 34). These individuals were mainly:

- Male gender (83.7%) – 84.3% in 2007, 84.5% in 2006, 85% in 2005, and 84% in 2004;
- Mean Age 33 (32 in 2007 and 2006, 31 in 2005 and 2004) – 50.36% were aged 25-39 (14% were 25-29, 18% were 30-34 and 18.4% were 35-39), 21.6% were aged under 25 (9.7% were 20-24) and 28% over 39. In 2008, the ageing trend of this population, already visible in previous years, was again confirmed, specially in clients in first treatment demand. In 2008, 46% of these clients were aged over 34 (41% in 2007, 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 29 - Age group distribution in first treatment demands in ETs (IDT, I.P. 2009)

- Using heroin as the main substance (51.1% - 59.5% in 2007, 64% in 2006, 62% in 2005, 50% in 2004 and 55% in 2003), followed by heroin and cocaine (11.7% - 10.3% in 2007, 12% in 2006, 15% in 2005 and 25% in 2004), cocaine (10.8% - 11,6% in 2007, 8.5% in 2006, 8% in 2005 and 7% in 2004), cannabis (10.5% - 10.9% in 2007, 10.8% in 2006, 11% in 2005 and 12% in 2004);
- 68.7% of the clients referred daily use of their main substance while 14.6% stated they had not used it for the past month (73.1% and 13.1 in 2007, 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 63.1% (74.3% in 2007, 74.4% in 2006, 77% in 2005 and 72% in 2004) of these clients refer smoking/inhaling and 21.5% referred injecting (19.0% in 2007, 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, 14.4% of the clients referred injecting (17.4% in 2007, 20% in 2006, 21% in 2005, 25% in 2004, 28% in both 2003 and 2002, 32% in 2001 and 36% in 2000);
- 94.4% (94.6% in 2007, 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;
- 34.5% (37% in 2007, 2006, 2005 and 2004) were employed when the treatment programme started but 46.5% (47.9% in 2007, 50.7% in 2006, 52% in 2005 and in 2004) were unemployed
- 39.6% lived with their parents and siblings (40.3% in 2007, 42.7% in 2006, 45% in 2005 and 52% in 2004).

In 2008, active clients in treatment (38 532 clients, 34 266 in 2007, 32 460 in 2006) in CRIs were:

- Male gender (83.9% - 83.9% in 2007, 83.5% in 2006, 84% in 2005 and 83% in 2004);
- Mean Age 36 (36 in 2007, 35 in 2006, 34 in 2005 and in 2004) – 76.3% were aged 25-44 (31.6% were 25-34, 44.7% were 35-44);

  - Using heroin as the main substance (69.2% - 72.2% in 2007, 72.8% in 2006, 72% in 2005 and 63% in 2004), followed by heroin and cocaine (11.8% - 11.7% in 2007, 10.9% in 2006, 10% in 2005, 22% in 2004), cocaine (6.1% - 5.7% in 2007, 5% in 2006 and 2005, 3% in 2004) and cannabis (5%, as in 2007 and 2006, 2005 and 2004);
- 81.5% (82.7% in 2007, 81% in 2006 and 2005, 80% in 2004) of the clients referred daily use of their main substance when the treatment started while 9.4% in 2008 (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 64.1% (68.4% in 2007, 69% in 2006 and 2005, 64% in 2004) of these clients referred smoking/inhaling and 30.8% (29% in 2007, 2006 and 2005, 34% in 2004) referred injecting;
- They were mostly Portuguese 95.8% (96% in 2007, 2006, 2005 and 2004), single 60.3% (62% in 2007, 2006 and 2005, 63% in 2004) and had not completed compulsory education (60.4% in 2008, 60.5% in 2007, 60.8% in 2006, 62% in 2005 and 2004);
- 43.9% (45.6% in 2007, 45.7% in 2006, 48% in 2005 and 2004) were employed and 45.6% (45.1% in 2007, 45.7% in 2006, 44% in 2005 and 43% in 2004) unemployed;
- 46.3% (47.9% in 2007, 48.5% in 2006, 50% in 2005 and 49% in 2004) were living with their parents and siblings.

In public and private **detoxification units**[13], the 3 009 clients registered in 2008 were:

- Mainly male gender 86.6%;
- Aged 25-34 (41.6%);
- Most of these clients continued to refer heroin as the main substance for which they were seeking treatment (63.9%) followed by cocaine (16%), heroin and cocaine (7.5%) and alcohol (10.2%);
- Concerning the administration route for the main drug, 55.9% of the clients reported smoking/inhaling while 32.5% reported injecting. 56.1% reported ever having injected and 31.1% reported having done so in the past 30 days;
- As for risk behaviours concerning syringe and paraphernalia sharing ever in life,16.6% reported syringe sharing, 25.4% shared other IDU paraphernalia and 9.7% shared non-IDU paraphernalia;
- These clients were mainly unemployed (63.2%) as in previous years;
- And continued to report a low educational level as 50.3% had not finished the 9 years of compulsory basic school.

In public and private therapeutic communities, the 3 385 clients registered in 2008 were:

- Mainly from male gender (81.8%), as in previous years;
- The mean age was 34;
- They continue to request treatment mainly for heroin (43.1%), cocaine (18.4%), heroin and cocaine (15.3%);
- Concerning the administration route for the main drug, 44.2% of the clients reported smoking/inhaling, while 38.0% reported injecting. 52.9% reported ever having injected and 20.6% reported having done so in the past 30 days;

[13] For more detailed information about the clinic movement and characterisation of the Public Detoxification Units patients see the Report Public Detoxification Units 2004-2008 (*Relatório Unidades de Desabituação Públicas 2004-2008) available in the IDT,I.P. website* - http://www.idt.pt/PT/Estatistica/Paginas/ReducaodaProcuraConsumos.aspx

- As for risk behaviours concerning syringe and paraphernalia sharing ever in life, 24.5% reported syringe sharing, 27.9% shared other IDU paraphernalia and 48.6% shared non-IDU paraphernalia;
- And continued to report a low educational level as 43.8% had not finished compulsory basic school.

Data from the **public therapeutic communities** indicate that 41.2% of their clients (49% in 2007, 62% in 2006, 41% in 2005 and 53% in 2004) in 2007 were admitted for the first time into a TC. 100% of the admissions (98.5% in 2007, 98% in 2006, 93% in 2005 and 96% in 2004) resulted from a therapeutic project.

The situation of these clients on the 31/12/2008 was the following:

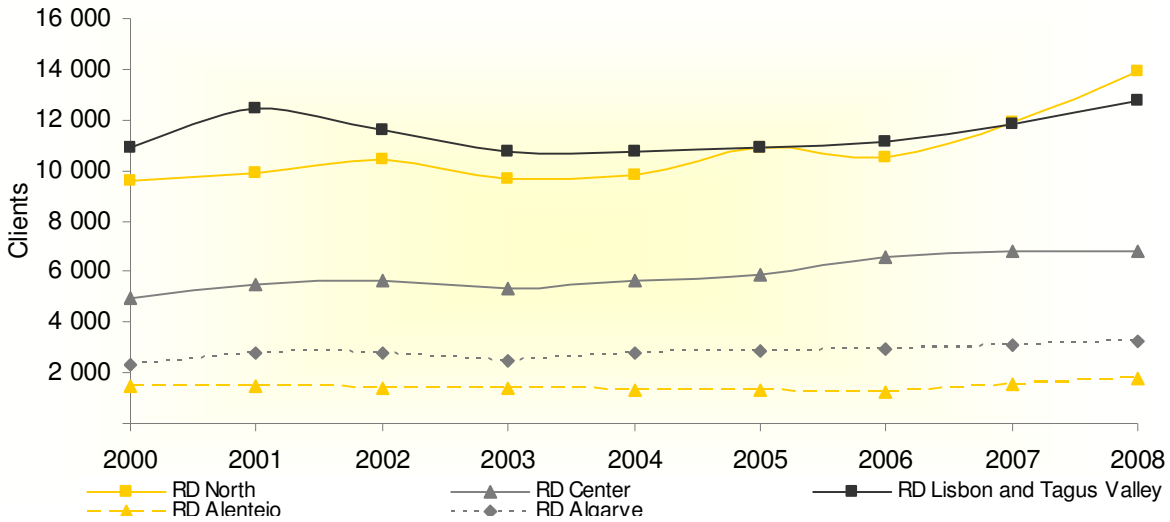
- 29% (20.9% in 2007, 8.2% in 2006, 9% in 2005 and 2004) clients had been given programmed medical release (31% of all those who left the TC).
- 35.1% had left without medical release (47% in 2007, 49% in 2006, 47% in 2005, 61% in 2004);
- 35.9% were still following their programme at the TC (32% IN 2007, 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.

2008 data for **private therapeutic communities** indicate that 50.1% (46.5% in 2007, 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.

The situation of these clients on the 31/12/2008 was the following:

- 31.6% (27.9% in 2007, 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
  - 27.5% (31.3% in 2007, 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;
  - 37.7% (43.4% in 2007, 41.3% in 2006, 43% in 2005 and 2004) had left without medical release (62.1% of those who left).
  - 30.7% (29% in 2007, 30% in 2006, 31% in 2005 and 29% in 2004) were still following their programme at the TC.

A 12% increase (in comparison to 2007) was verified in the number of active clients in the outpatient public treatment network. This is the fifth time that an increase in this number occurs (a 6% increase had been verified from 2007 to 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 38 532 active clients in 2008 were regionally distributed in the following way: 36.2% in the North, 33% in Lisbon and the Tagus Valley, 17.7% in the Centre, 8.4% in Algarve and 4.7% in Alentejo.



Graph 30 – Clients in treatment by year and Regional Delegation (IDT, I.P. 2009)

Once again, the districts of Oporto,Lisbon, Setúbal, Leiria and Faro, registered the highest numbers of active clients in 2008 as well as the higher number of new clients. With the exception of the districts of Aveiro, Coimbra and Vila Real, all the other districts of Mainland Portugal registered in relation to 2007 an increase in the number of new clients. Faro, Leiria, Beja and Oporto were the districts with higher rates of active clients per total number of inhabitants aged 15-64.

Concerning the source of referral for the active clients in treatment[14] (38 532 in 2008)

- 28.9% (30% in 2007, 31% in 2006, 32% in 2005 and 31% in 2004) of the clients registered in the ET by their own initiative;
- 29.6% (29% in 2007, 2006, 2005 and 2004) were referred by other health services;
- 13.3% (13%in 2007, 12.5% in 2006, 11% in 2005 and 2004) were referred by their families or friends;
- 6.7% (6% in 2007, 2006, 2005 and 2004) by the Criminal Justice Services;
- 4.7% (4.5% in 2007, 4.4% in 2006, 5% in 2005 and 2004) by the Social Services.

In 2008, 616 658 follow-up treatment episodes were reported, the highest value ever and a 32% increase in comparison to 2007 (467 789).

Contrarily to what has been registered since 2000 (5 124 in 2007, 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 for the second consecutive year, in 2008 (7 019) increased in comparison to 2007 (+37%), 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 2008 for the second consecutive year, with the exception of 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.

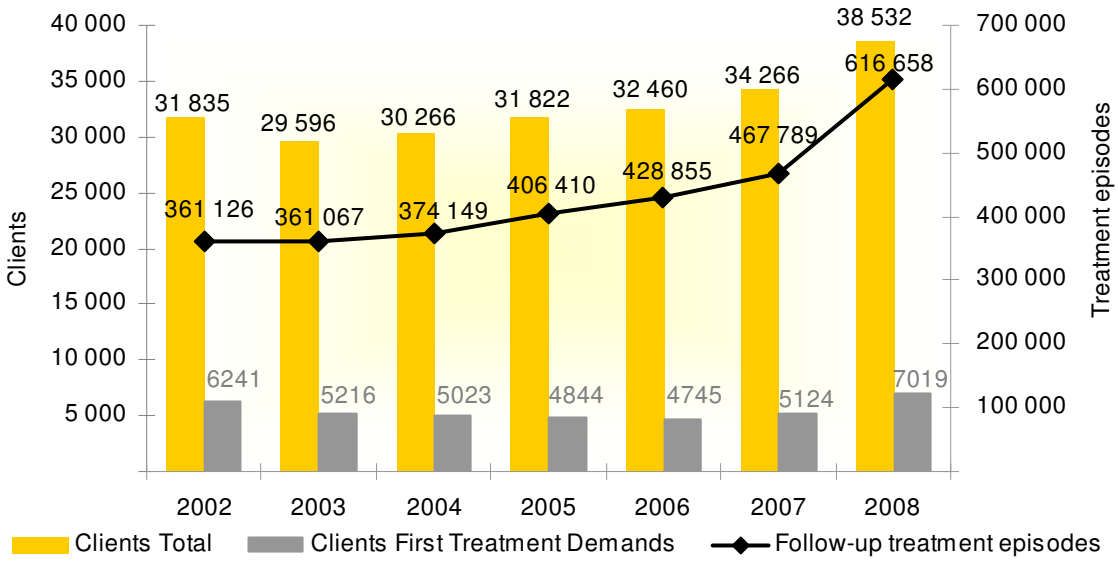
At district level, Porto, Lisboa, Setúbal, Leiria and Faro registered in 2008 the highest number of outpatient clients in the public treatment network, as well as the highest number of new clients. With the exception of the districts of Aveiro, Coimbra and Vila Real, all the other

[14] Either these can be in drug-free or medically assisted programmes but the specific profile of those in medically assisted programmes are described in the next subsection.

portuguese continental districts registered in relation to 2007 an increase in the number of new clients. The higher increases in absolute values were verified in the districts of Porto, Setúbal and Lisboa and in percentual values in the districts of Viana do Castelo (+137%), Porto (+124%) and Évora (+63%).

The higher taxes of outpatient clients – as from the total number of clients as for the new clients – by habitants of 15-64 were registered in the districts of Faro, Leiria and Porto.

Concerning the source of referral for the clients who demanded treatment for the first time (for more information see ST 34).



Graph 31 - Outpatient Clients in the Public Network (IDT, I.P. 2009)

In 2008, 297 inmates were integrated in the abstinence-oriented treatment programmes in the prison setting, 282 in drug-free units and 15 in the halfway house. For the second consecutive year a decrease was registered in the number of inmates in these programmes (-11% in relation to 2007), as well as their capacity (less 26 beds in drug-free units in relation to 2007).

Withdrawal treatment is mainly available in public and private[15] **detoxification units**[16]. In 2008 there were 14 detoxification units (4 public and 10 private units) in mainland Portugal. In 2008, a increase (+1%) in the number of clients in detoxification units was registered 1 856 in public units and 1 305 in private units (3 161 in 2008, 3 196 in 2007, 3 059 in 2006 and 3 237 in 2005).

As to the source of referral, in public units 99.5% of the clients came from other health services, mainly from ETs (98.2%) whereas in private units 95.5% also came from other health services, mainly ETs (85.4%) but 2% requested treatment due to family pressure and 2.5% were self-referred.

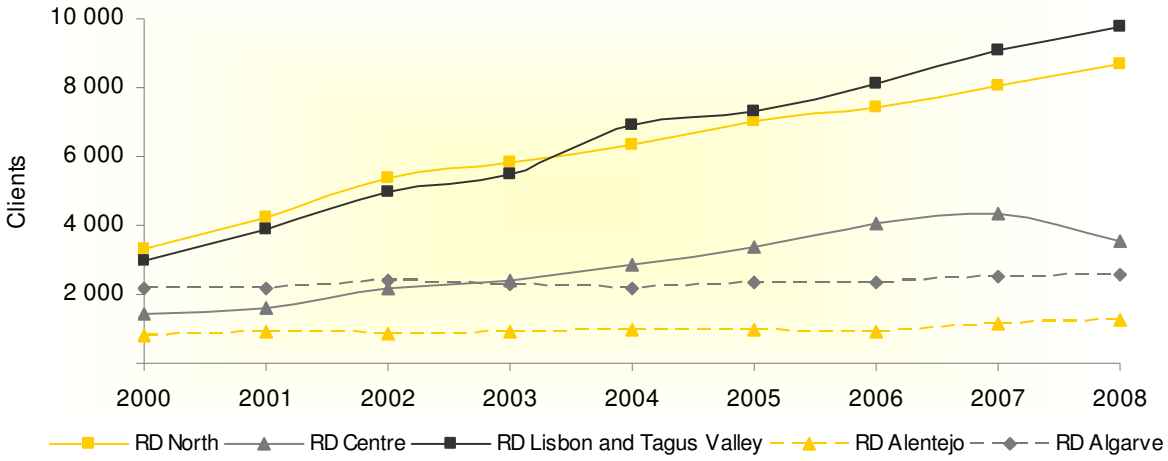
In 2008, the number of clients in **substitution and maintenance programmes** represented 67% of the total active clients in the outpatient public treatment network, a 6% increase in comparison to 2007 and reinforcing the tendency of increase of previous years (71% in 2007 and 2006, 66% in 2005, 64% in 2004, 57% in 200823, 50% in 2002, 40% in 2001, 36% in 2000).

[15] Data from private units cover only the units accredited by the IDT.
[16] For more detailed information, please see ST 09 and the Report on Public Detoxification Units 2004-2008 in the following link: http://www.idt.pt/PT/Estatistica/Documents/ReducaoProcuraConsumos/RelatorioGrupoTrabUD12008.pdf

25 808 clients were registered in these programmes in 2008 (24 312 in 2007). 5 022 cases were new admissions (4 953 in 2007), 3 004 readmissions (2 524 in 2007) and 6 993 (6 530 in 2007) left the programme during the year, 14% of whom with medical release (15% in 2007) and 42% left the programme or were expeled.

Regional data show that:

- Increases in the number of clients in substitution and maintenance programmes were registered in all Regions, with the exception of Central Region (most likely due to adjustments in functional dependence of ET occurred in mid-2007);
- For the fifth 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 (79% in 2008, 82% in 2007, 81% in 2006 and 83% in 2005) and the lowest ones in the Central Region (52%);
- At regional level and in comparison to previous year all the Regions reported an increase in the number of clients with emphasis to the Northern Region that suffered a 8.2% increase.



Graph 32 - Clients in substitution programmes (IDT, I.P. 2009)

A survey made each year on the 31st of December 2008 allows differentiation in terms of substances involved in this type of treatment.

On that date, 18 815 clients were registered in the outpatient public treatment network substitution programmes, representing an increase of 6% in comparison to 2007 (17 782).

- 75% (74% in 2007, 73% in 2006 and 71% in 2005) were registered in methadone programmes;
- 25% (26% in 2007, 27% in 2006 and 29% in 2005) in buprenorphine programmes.

In comparison with the situation on the 31st of December 2007, methadone clients increased more (+7%) than buprenorphine (+2%) ones due to the decrease of buprenorphine clients in the Centre, and Algarve Regional Delegation. In all Regional Delegation, increases were registered in the number of clients in methadone.

Concerning the place of administration for the clients registered in methadone programmes, on the 31st of December 2008:

- 69% (70% in 2007, 69% in 2006 and 2005, 68% in 2004) of these clients took their methadone in the ET;
- 17%[17] (18% in 2007, 19% in 2006, 2005 and 2004) in health centres;
- 4% (5% in 2007, 4% in 2006, 2005 and 2004) in the prison setting;
- 3% (as in 2007, 2006, 2005 and 2004) in pharmacies;
- 2% in Hospitals (as in 2007 and 2006);
- 5% (3% in 2006, 2005 and 2004) in other settings[18].

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

Structures / Regional Delegation	Total	Treatment Technical Teams	Health Centres Users	Prison Establishments	Hospitals	Pharmacies	Other Structures
On the 31/12/2007	13 175	9 223	2 321	597	241	417	376
Total							
On the 31/12/2008	**14 109**	**9 803**	**2 376**	**510**	**264**	**462**	**694**
Northern	**4 837**	3 232	871	117	215	144	258
Central	**1 695**	1 288	211	126	24	44	2
Lisbon and Tagus Valley	**5 156**	4 001	328	168	19	256	384
Alentejo	**738**	410	233	74	1	7	13
Algarve	**1 683**	872	733	25	5	11	37

Table 13 - Clients of the Methadone Administration Network and place of administration, by Regional Delegation (IDT, I.P. 2009)

The methadone therapeutic programmes through pharmacies are the result of a protocol between IDT, I.P., ANF, INFARMED and the Pharmaceutical Order.

Since the beginning of the programme (July 1998) until 31 December 2008, integrate this project 482 pharmacies, 711 pharmaceutics and 2 176 clients.

From the 482 pharmacies, 203 follow 780 clients in 2008 and at this date 579 patients were been following, 22 months it's the average period of permanence in the programme by active clients.

Buprenorphine and Naltrexone is personally administrated to clients in Pharmacies.

In the particular case of the **prison setting**, a 8% increase was verified in the number of clients using opiates agonists prescribed by ETs (652 in comparison to the 597 clients on the 31/12/07), but administered in the prison setting. The number of clients using opiates agonists prescribed by the health services of Prisons registered a total of 286 individuals on the 31/12/07, a slight decrease in relation to 2007[19].

[17] There are partnerships between IDT,I.P. and several agencies – Health Centres, Hospitals, Pharmacies, prison establishments and others – with the objective (aim)to facilitate access to this type of program and promote a higher autonomy and social rehabilitation of users. In case of hospitalisation or detention of users, the treatment teams of IDT articulate with those institutions to ensure the continuity of the medicinal administration.
[18] At home, in Pulmonary Diagnostic Centres and other local organisations.
[19] Last year Annual Report mention 273 individuals using methadone, due to readjustments in the General Directorate for Prisons data from previous years was updated. With this, the figure for 2007 is 306 instead of 273.

5.5 Trends of clients in treatment

For the patients that in 2008 went to the different drug treatment structures[20], heroin remains the substance most referred as main drug (between 43% and 69% depending on the type of structure). Followed by cocaine (between 6% and 18%), and heroin associated to cocaine (between 2% and 15%), cocaine continues to assume greater relevance in the inpatient structures than outpatient, despite the increase verified in the last years of the proportion of clients in first treatment that refers cocaine as main drug (5%, 7%, 8%, 9%, 12% e 11% respectively in 2003, 2004, 2005, 2006, 2007 e 2008). Also references to cannabis (between 0,4% and 11%) and alcohol (between 2% and 14%) as main substance of clients, begin to appear more significantly in the different drug treatment structures, assuming cannabis higher relevance at outpatient level, particularly in the case of first treatments. The route of administration of the main drug is Smoked/inhaled.

Concerning intravenous drug use of any substance, lifetime prevalence in these populations ranged from 32% to 60% and last month prevalence preceding the appointment, inpatient or entry into the program, between 14% and 31%. There was a gradual reduction of this practice of use during the years, especially among new clients in the public drug treatment network where between 2002 and 2008 a decrease of 28% to 14% of clients that used the intravenous administration in the last month preceding the appointment. Concerning sharing drug use material, between 17% and 25% of the population that seek access to the different treatment structures in 2008 have already shared syringes at least once in their lifetime and between 23% and 28% other intravenous material, values lower than the ones registered in the two previous years.

In 2008, 38 532 clients were active (had at least one treatment episode during the year) in the 74 Centres of Integrated Responses, which represents an increase (+ 12%) comparing to 2007 and reinforces the increase already registered in the last four previous years contrarily to the decrease registered between 2001 and 2003.

In first treatment demands, for the second consecutive year and contrarily to the decrease trend verified since 2000, an increase of +37% was registered in relation to last year, due to an upper and better articulation of responses in the field.

Of those 38 532 active clients, 7 019 (18.21%) requested treatment for the first time (37% in comparison to 2007, due to an upper and better articulation of responses in the field). The total number of active clients increased 12% in comparison to previous years (34 266 in 2007, 32 460 in 2006, 31 822 in 2005, 30 266 in 2004).

The following table summarises the information presented above:

[20] Outpatient structures of the public network (where the distinction of the total of clients in treatment during the year and the subgroup of clients in first treatment demands are made), Detoxification Units, Therapeutic Communities and Day Centres from public and accredited)

Use a)	Structure/Network	Outpatient Clients in the Public Network		Clients Detoxification Units	Clients Therapeutic Communities	Clients Day Centres
		Total	1.treat demand	(Public and Accredited)	(Public and Accredited)	(Public and Accredited)
Main Drug	Heroin	69,2%	51,1%	63,9%	43,1%	59,6%
	Heroin and Cocaine	11,8%	11,7%	7,5%	15,3%	1,6%
	Cocaine	6,1%	10,8%	16,0%	18,4%	16,1%
	Cannabis	5,0%	10,5%	0,4%	5,0%	4,3%
	Alcohol	2,3%	8,3%	10,2%	14,1%	12,4%
R. Administration Main Drug	Smoking/Inhaling	64,1%	63,1%	55,9%	44,2%	44,1%
	Injecting	30,8%	21,5%	32,5%	38,0%	42,0%
Intravenous Use	Lifetime Prevalence	47,9% b)	31,8% b)	56,1%	52,9%	59,5%
	Last 30 Days	28,9%	14,4%	31,1%	20,6%	15,6%
Paraphernalia Sharing	Syringes	_	_	16,6%	24,5%	18,0%
	Other Intravenous Material	_	_	25,4%	27,9%	22,9%
	Non-Intravenous Material	_	_	9,7%	48,6%	36,2%

Table 14 - Drug use profile of clients in treatment in the public and accredited services (IDT, I.P. 2009)

a) in the variables considered, only are mentioned the categories with higher percentage relevance.

6. Health Correlates and Consequences

6.1. Introduction

The decreasing trend in the percentage of drug users in the total number of notifications of AIDS cases continues to be registered.

Concerning HIV infection in the treatment setting, the percentages of HIV positive cases (prelavences) varied between 9% and 25%, showing a tendency for decrease in last years

Hepatitis B positive cases (prevalences) remained stable in comparison to previous years and Hepatitis C registered the smaller values of the last four years.

The percentages of positive cases for Tuberculosis (prevalences), varied in 2008 between 1% and 2%, silimar to last years patterns.

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”.

In 2008, an increase (14 in 2007 to 20 in 2008) was registered on drug-related mortality in the General Mortality Register (GMR - Selection B of the DRD Protocol) although the numbers remain low, there has been since 2006 an increasing number of drug-related deaths, contrarily to the downward trend verified in previous years.

6.2. Drug-related infectious diseases[21]

According to 31/12/2008 **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 34 888 notifications ever received, 43% (44% in 2007, 45% in 2006, 46% in 2005 and 48% in 2004) were drug use related. Considering the different stages covered by these notifications, 47% of the AIDS cases, 37% of the AIDS related complex cases and 41% of the asymptomatic carriers cases were drug use associated.

Cases / Year Diagnostic	AIDS Cases		Asymptomatic Non-AIDS Cases		Asymptomatic Carrier Cases	
	Total	Drug Users	**Total**	Drug users	**Total**	Drug Users
Total	**15 020**	**7 133**	**3 374**	**1 257**	**16 494**	**6 689**
2008 a)	387	108	144	19	670	140

Table 15 –HIV notifications: Total number of cases and cases associated to drug use (AIDS, Asymptomatic Non-AIDS and Asymptomatic Carrier) (IDT, I.P. 2009)

a) The posterior update of the cases diagnosed in previous years, requires the reading of these data as provisional

[21] All data reported in this chapter is collected from analytical tests.

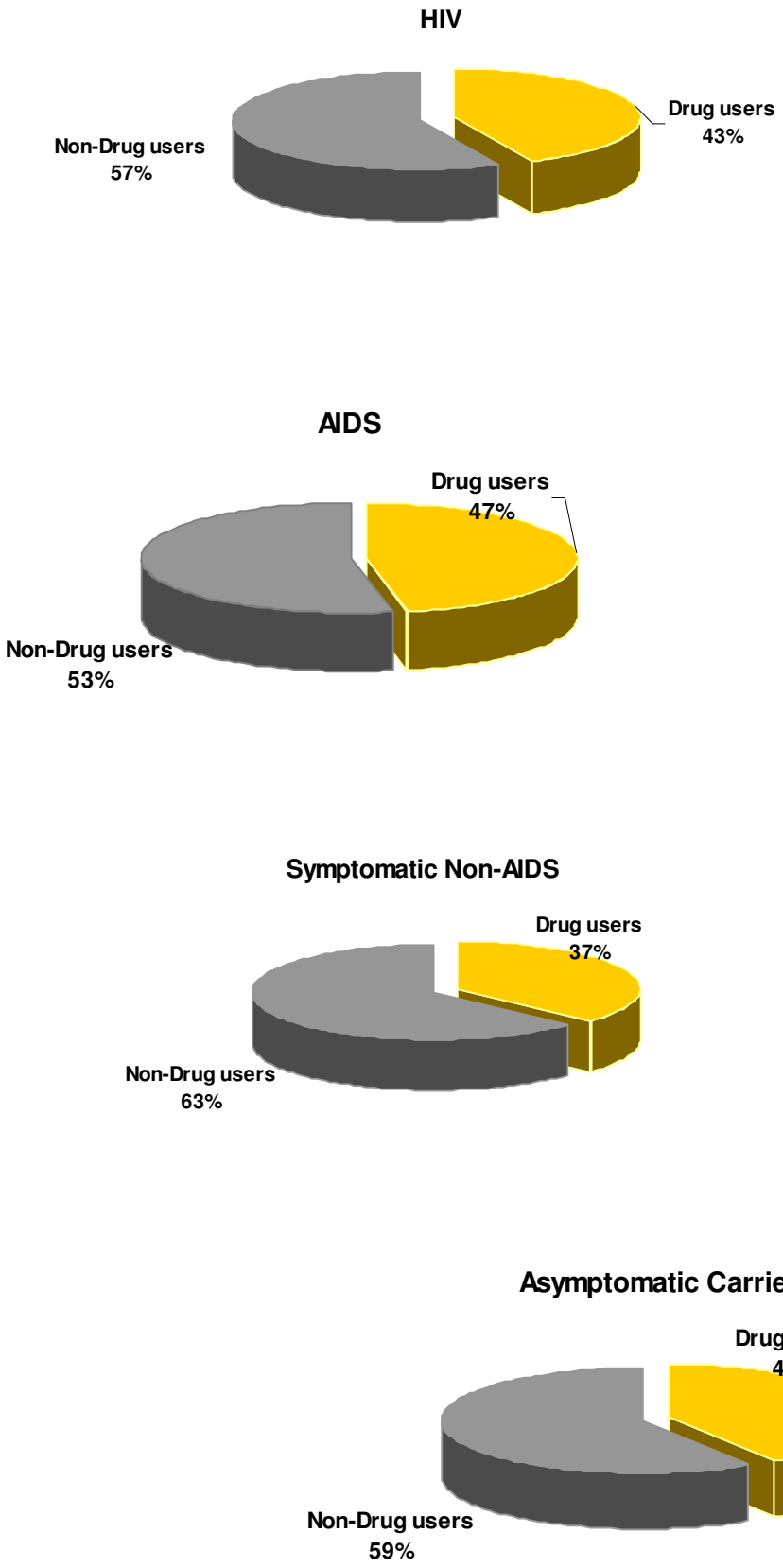
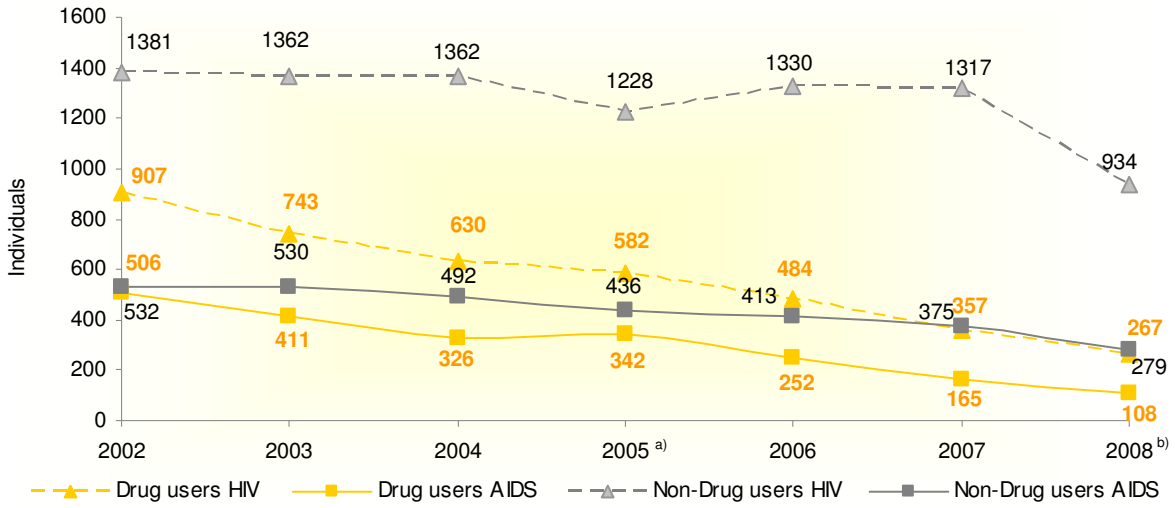


Figure 2 – HIV Notifications associated or not to Drug Addiction in the different stadiums of the infection % (IDT, I.P.2009)

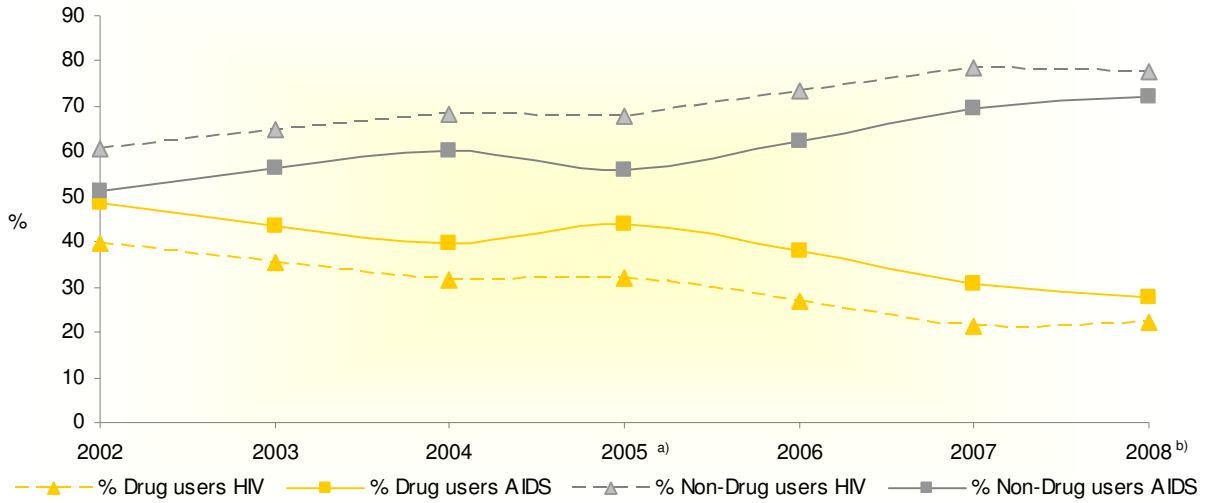
Taking only 2008, of the notified cases of HIV diagnosed at 31/12/2008, the cases associated to drug addiction represented 22% of the total diagnosed cases in the different stadiums of the infection: 28% of the AIDS cases, 13% Symptomatic Non-AIDS and 21% of the asymptomatic carriers cases.

There has been a decrease trend in last years on the weight of drug addicted, in the total number of cases diagnosed each year with HIV infection (22%, 21%, 27%, 32%, 32%, 35% and 40% of the cases diagnosed in 2008, 2007, 2006, 2005, 2004, 2003 and 2002), as in the cases diagnosed each year with AIDS 28%, 31%, 38%, 44%, 40%, 44% and 49% of the cases diagnosed in 2008, 2007, 2006, 2005, 2004, 2003 and 2002). In addition to the decreasing trend of these proportions, it is worth of notice the continuous decrease over the past few years in the number of new cases diagnosed with HIV associated with drug addiction.



a) In 2005, the infection by HIV was integrated in the mandatory list of infectious diseases.
b) The posterior update of the cases diagnosed in previous years, requires the reading of these data as provisional.

Graph 33 – HIV/AIDS notifications – drug users and non-drug users by diagnosis year, absolute numbers (IDT, I.P. 2009)



a) In 2005, the infection by HIV was integrated in the mandatory list of infectious diseases.
b) The posterior update of the cases diagnosed in previous years, requires the reading of these data as provisional.

Graph 34 – HIV/AIDS notifications drug users and non drug users by diagnosis year and % (IDT, I.P. 2009)

In what concerns HIV infection associated to drug addiction diagnosed in 2008 and for which is known the probable year of infection (37%), it is noted that for about half of the cases (51%) the probable date of infection took place more than 5 years ago (26% between 1999 and 2003 and 25% before 1999) and for the remaining 49% the probable date of infection occurred during the last 5 years. In the other cases not associated with drug addiction (29%) the probable dates of infection are more recent (for 83% of the cases the probable data of infection occurred in the last 5 years).

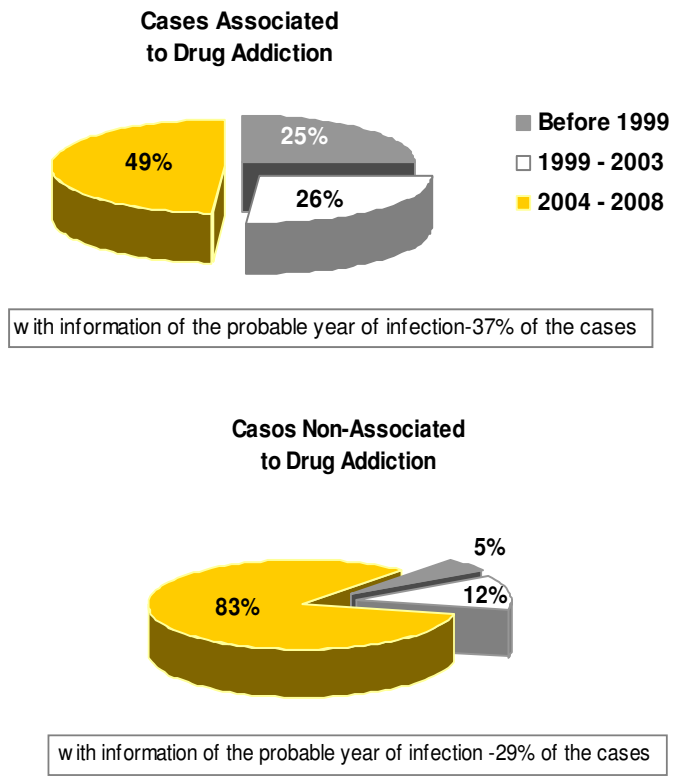


Figure 3 – Cases of HIV infection diagnosed in 2008 (IDT, I.P. 2009)

It should be noted that since 2000 the percentages related to the most recent dates of infection[22] (in the last five years in relation to the date of diagnoses) show a decreasing trend in the group of cases associated with drug addiction, that has remained relatively stable in the group of cases not associated with drug addiction. This situation may be related to an improvement in the screening coverage of HIV infection in the drug use population – namely with the emergence of harm and risk reduction policies in 2001[23] and more recently with the implementation of Klotho Program[24] since 2007. All this combined with was mentioned above on the continuous decrease over the last years in the number of new HIV diagnosed cases associated with drug addiction seems to indicate that we are facing a real decline of recent infections in the drug user population[25].

For AIDS cases associated with drug addiction notified until 31/12/2008, the pathologies predominantly observed at the diagnosis date belonged to the group of opportunistic infections (95%), with emphasis on tuberculosis and P. *jirovecci* (respectively 58% and 11%, and, more 6% with both diagnoses). In the other cases not associated with drug use, was verified a lower weight of opportunistic infections between the pathologies at diagnosis date (87%), namely tuberculosis (30%).

2008 notified drug use-related AIDS cases are:

- Mainly of the male gender 83% (85% in 2007, 2006, 2005 and 2004);
- Most of them (95%) aged 20-44.

[22] In both groups, there was, in the last years, an increased trend of the percentages of cases with information on the probable date of infection.
[23] The measures of risk and harm reduction allowed a closer approximation to drug addiction populations not covered by conventional service, including health, which may explain the weight of diagnosed cases of "old infections".
[24] Since 2007 has been developed, in collaboration with the National Coordination for the Infection of HIV/AIDS, targeted to drug users – Program KLOTHO – implemented at the level of outpatient clients in the public network and clients from the outreach teams.
[25] The policies for risk and harm reduction allowed a change in consumer behaviour, what could explain the decrease of "recent infections".

Cases/Gender / Age Group	AIDS Cases						
	Total Number of Cases				Drug Users		
	Total	M	F	Unkn.	**Total**	M	F
Total	**15 020**	**12 269**	**2 750**	**1**	**7 133**	**6 080**	**1 053**
≤ 14 years	**117**	63	54	..	**2**	2	..
15-19 years	**164**	106	58	..	**94**	69	25
20-24 years	**1 186**	881	305	..	**865**	678	187
25-29 years	**2 804**	2 238	565	1	**1 980**	1 651	329
30-34 years	**3 117**	2 627	490	..	**2 012**	1 747	265
35-39 years	**2 605**	2 190	415	..	**1 329**	1 170	159
40-44 years	**1 766**	1 504	262	..	**600**	530	70
45-49 years	**1 104**	914	190	..	**165**	155	10
50-54 years	**798**	656	142	..	**44**	39	5
55-59 years	**491**	392	99	..	**10**	9	1
60-64 years	**376**	289	87	..	**..**	..	..
≥ 65 years	**428**	353	75	..	**1**	1	..
Uknown	**64**	56	8	..	**31**	29	2

Table 16 - AIDS notifications (total and drug use related), by gender and age group 01/01/1983 - 31/12/2008 (IDT, I.P. 2009)

The male gender is also predominant in the other AIDS cases not drug use-related but this individuals are older. Drug users with Symptomatic NON-AIDS and asymptomatic carriers are mainly of the male gender and aged 20-39.

In general the Districts of Lisbon, Porto and Setúbal registered the highest rates of HIV cases (43%, 16% and 13% of all notifications), as well as of drug users with AIDS (33%, 31% 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 HIV per inhabitant of the age group 15-64.

Also concerning this topic, it is important to consider data on HIV analytical testing in the drug user's sub-populations which requested treatment[26], as reported in Standard Tables 9.

2008 outpatient **first treatment demand data** concerning HIV tests indicate 9% of HIV positive individuals amongst those individuals who presented the results of their tests (prevalences). This percentage was lower than the ones registered since 2001 and the same as in 2007. Near 16% of these HIV positive individuals were following antiretroviral therapy, a lower percentage than in 2007 (35%), 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), 12% in 2007 and 2006, 15% in 2005, 16% in 2004 and 2003. 36% 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%).

12% of clients from **inpatient public and private detoxification units** tested positive for HIV, 13% in 2007, 2006, 2005 and 2004 (16%, 13%, 17% and 14%, respectively in 2003, 2002, 2001 and 2000). 50% of these individuals were on antiretroviral therapy, (37% in 2007,

[26] In 2008, 34% of the clients in outpatient first treatment episodes, 46% of the active clients in treatment, 84% of the clients of detoxification units (92% of the clients of public DUs and 72% of the clients in accredited DUs) and 94% of the clients in Therapeutic Communities (98% of the clients of public TCs and 94% of the clients in accredited TCs), presented valid tests for HIV status.

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 was 14% (16% in 2007, 2006, 2005, 2003 and 2002; 17% in 2004). 66% of those were in antiretroviral therapy, a higher percentage than in 2007 and 2006 (60%), but lower than the ones verified in 2004 (68%), 2003 and 2002 (69%).

In 2008, the percentage of clients who tested positive for HIV and were in antiretroviral therapy, ranged from 16% and 74% (35% - 69% in 2007, 27% - 76% in 2006, 29% – 66% in 2005, 19% – 68% in 2004 and from 28% - 88% in 2003), corresponding once more the minimum percentage to the group of first treatment. It should be noted that there are significant annual fluctuations in the percentages of HIV positive in antiretroviral therapeutic at these drug addicted groups, with special emphasis for the patients in first treatment demand, so it is still difficult to establish trends in this context.

HIV / Year Structures/Networks	Tested Clients [a]									HIV positive clients								
	2000	2001	2002	2003	2004	2005	2006	2007	**2008**	2000	2001	2002	2003	2004	2005	2006	2007	**2008**
Public Outpatient																		
Active clients during the year	–	–	–	7 466	6 516	7 548	13 048	16 662	17 596	–	–	–	1 216	1 070	1 144	1 922	2 023	2 034
First treatment demand clients	2 533	2 683	1 688	1 443	1 154	917	1 520	1 845	2 381	367	365	182	219	141	114	165	167	220
Detoxification Units	**3 214**	**2 694**	**2 764**	**2 767**	**2 824**	**3 274**	**2 619**	**2 664**	**2 648**	**450**	**452**	**367**	**440**	**372**	**419**	**353**	**340**	**323**
Public Network	1 885	1 802	1 840	1 812	1 641	1 696	1 430	1 466	1 703	272	302	245	289	225	236	203	205	206
Accredited Network	1 329	892	924	955	1 183	1 578	1 189	1 198	945	178	150	122	151	147	183	150	135	117
Therapeutic Communities	**3 398**	**3 863**	**3 930**	**3 966**	**3 993**	**3 962**	**4 128**	**4 232**	**4 436**	**561**	**688**	**630**	**637**	**665**	**637**	**664**	**659**	**617**
Public Network	65	59	66	57	75	68	110	132	128	5	6	14	8	5	7	18	18	12
Accredited Network	3 333	3 804	3 864	3 909	3 918	3 894	4 018	4 100	4 308	556	682	616	629	660	630	646	641	605

Table 17 - Clients tested for HIV, by year and type of service 2000-2008 (IDT, I.P. 2009)

Concerning **Hepatitis B and C**[27]**,** 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 2008, data on Hepatitis B and C showed that 3% of the tested active clients in outpatient treatment were positive for Hepatitis B (AgHBS+) and 50% for Hepatitis C (HCV+).

3% of the tested clients in their first outpatient treatment episode were positive for Hepatitis B (AgHBS+) and 33% for Hepatitis C (HCV+). These percentages are similar to the ones verified in previous years, especially in the case of Hepatitis B (3% in 2007, 2005, 2004 and 2003, 8% in 2002, 5% in 2001 and 10% in 2000).

[27] In 2008, results for Hepatitis B were presented by 35% of all active clients in outpatient treatment, 21% of the clients in outpatient first treatment episodes, 85% of the clients of detoxification units (93% of the clients in public DUs and 73% of the clients in accredited DUs) and 95 % of the clients in Therapeutic Communities (100% of the clients in public TCs and 95% of the clients in accredited TCs) and 86% of the clients in Day Centres (100% of the clients in public DC and 84% in accredited DC).
Results for Hepatitis C were presented by 37% of all active clients in outpatient treatment, 21% of the clients in outpatient first treatment episodes, 86% of the clients of detoxification units (96% of the clients in public DUs and 73% 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) and 92% of the clients in Day Centres (100% in public DC and 90% in accredited DC).

In detoxification units the global[28] percentages for public and accredited units were 2% for Hepatitis B and 61% for Hepatitis C. 2008 specific data on infectious diseases amongst IDUs in this setting can be consulted in Standard Table 9.

In public and accredited therapeutic communities 6% of the clients test positive for Hepatitis B and 41% 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**[29], again 2% 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 than 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 2007, 2006, 2001 and 2000).

In detoxification units the global percentage of positive cases was 1% for Tuberculosis (0.4% in 2007, 1% in 2006 and 2005, 2004, 2003 and 2002).

In therapeutic communities the percentage of positive cases was 1% for Tuberculosis (3% in 2007, 2% in 2006, 2004 and 2003 and 1% in 2005, 2002, 2001 and 2000).

Infectious Diseases / Structure Network	HIV HIV+	Hepatitis B AgHBs+	Hepatitis C HCV+	Tuberculosis
Outpatient /Public Network				
Clients in Treat. During the year	12%	3%	50%	2%
Clients First Treat. Demand	9%	3%	33%	2%
Detoxification Units (Public and Accredited)	12%	2%	61%	1%
Therapeutic Communities (Public and Accredited)	14%	6%	41%	1%

Table 18 - Percentages of clients who tested positive for HIV, Hepatitis B, Hepatitis C and Tuberculosis by type of service in 2008 (IDT, I.P. 2009)

In the drug addiction population, the percentages of positivity for Hepatitis B ranged in 2008 between 2% and 6%, values similar to the ones registered in the last years. In the case of Hepatitis C, the percentages of positivity ranged between 33% and 61%, and in the last four years, the values were lower than on previous years.

The percentage of positivity for Tuberculosis in these populations, ranged in 2008, between 1% and 3%, continuing to suit into the pattern of last years.

6.3. Other drug-related health correlates and consequences

On this sub-chapter, we will mention two studies from:
J. Marques-Teixeira, MD, PhD

[28] Considering results per type of service but not differentiating between public and accredited units.
[29] Concerning Tuberculosis, in 2008, tests results were presented by 17% of all active clients in outpatient treatment, 11% of clients in outpatient first treatment episodes, 83% of the clients of detoxification units (90% of the clients of public DUs and 72% of the clients in accredited DUs) and 95% of the clients in Therapeutic Communities (100% of the clients of public TCs and and 95% of the clients in accredited TCs).

Psychiatrist and Psychotherapist
Aggregate Professor of University of Porto
Clinical Director of Neurobios - Neurosciences Institute

Infectious and psychiatric co-morbidity in street addicts: an empirical study from *Porto Feliz* program

Summary

Several studies on the infectious and/or psychiatric co-morbidity among drug abusers has been postulating the poor prognosis associated with such clinical conditions. However, few studies have included drug abusers that do not seek treatment, and those with long careers of drug abuse living in highly poor social environments. This paper tried to fill in this gap in research by studding the infectious, depressive and anxiety co-morbidity in a sample with those less-studied characteristics. Individuals' self-concept and coping strategies were also considered.

Method: Participants were 93 male homeless substance-abusers (mainly injecting heroine for more than 8 years; mean age = 35.10, sd = 6.99) drawn from a larger sample of 423 individuals included in a socio-sanitarian program for street addicts in course in Oporto city. Infectious and psychiatric co-morbidity was assessed within the first two weeks after inclusion in the program using the following measures/instruments: serologic tests for antibodies to HIV1 and HIV2, hepatitis B and C; Zung's Depression and Anxiety scale; Leary's Social Anxiety Scale for psychiatric co-morbidity, as well as Inventário Clínico de Auto-Conceito de Vaz Serra (Vaz-Serra's Clinical Self-concept Inventory) for self-concept characterization and Folkman & Lazarus's Ways of Coping Questionnaire to assess coping skills best used. When necessary, comparison analyses were conducted with a control sample of drug-addicts included in a Therapeutic Community program, matched for gender, age, socio-economical status, and consumption career.

Results: Concerning infectious co-morbidity, 32.8% of the subjects were HIV infected, 10.9% were hepatitis B infected, and 53.1% were hepatitis C infected. Concerning psychiatric co-morbidity, 32.5% presented symptoms of depression, and 78.4% showed symptoms of anxiety. Comparatively with control sample, these individuals had significantly less depression, but not anxiety. Regarding structural variables, about half of the subjects manifested self-concept levels similar to the Portuguese population, although only 35% had similar levels in terms of self-efficacy. More than 50% of the subjects manifested organized patterns of coping strategies, with only 6 out of 43 subjects manifesting avoidance coping strategies. Regression analysis showed that individuals aware of being HIV+ presented higher levels of depression and anxiety, than those not infected. Significant difference was not found when considering hepatitis B and C. Furthermore, self-efficacy (a self-concept factor) was inversely correlated with anxiety, and social acceptance (another self-concept factor) was also inversely correlated with depression. Individuals using confront and self-control coping strategies were found to be more anxious, contrary to those using positive self-re-evaluation.

Psychiatric co-morbidity among street heroin-addicts

Introduction: Psychiatric co-morbidity among drug-addicts is well documented. However, special populations of long-term street-addicts have not been a special focus of attention regarding psychiatric co-morbidity. This study was designed in order to describe this issue in these type of drug-addicts.

Objectives: To evaluate prevalence of psychiatric co-morbidity among long-term street-addicts undergoing a rehabilitation program.

Methods: One hundred and sixty four long-term street-addicts (mean age = 34,1 ; sd = 6,73; range = 20-55) undergoing a rehabilitation program, completed the Brief Symptom Inventory (Derogatis, 1975) at the inclusion in the program.
Analysis was carried out by calculating Positive Symptom Distress Index (PSDI), as well as the prevalence of specific symptoms through the analysis of psychopathology sub-scales.

Conclusions and discussion: We found that 53% of individuals have criteria for psychopathology. On the group of individuals with psychopathology criteria, specific psychopathology was distributed as follows: somatisation (8,0%); depression (18,8%); hostility (14,0%); anxiety (7,1%); phobic anxiety (3,4%); psychotics (12,6%), paranoid ideation (14,8%); obsessive-compulsive symptoms (29,5%) and interpersonal sensibility (0,0%). Conclusions: A great percentage of drug-addicts have psychopathology co-morbidity, and this particular sample of street addicts must be especially cared concerning obsession-compulsive symptoms, depression and paranoid ideation.

6.4. Drug related deaths and mortality of drug users

Drug-induced deaths

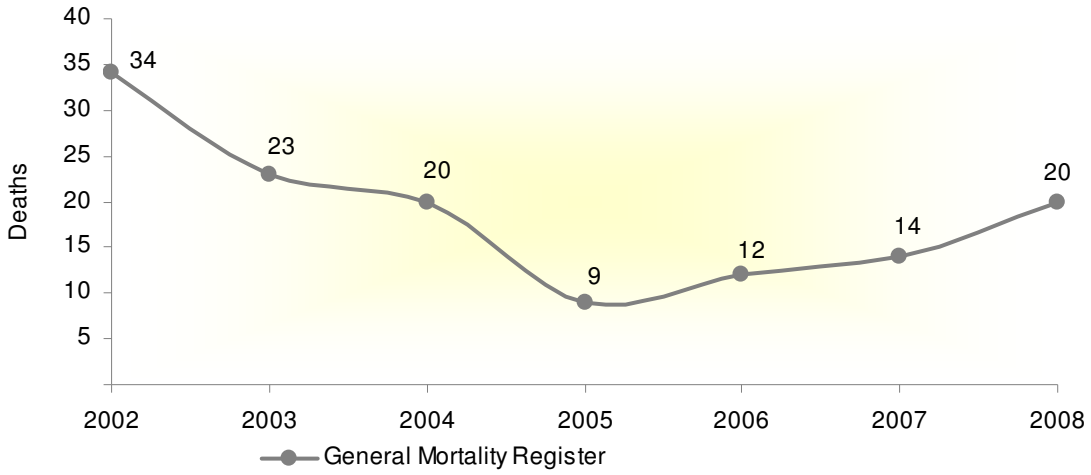
In Portugal, data on drug-related deaths are collected from two different sources: the General Mortality Register - GMR (at the National Statistics Institute, coded by the General Directorate of Health) and the Special Mortality Register - SMR (at the National Institute of Forensic Medicine), both have national coverage. This year, a new methodological option for data used in this indicator and in the context of this report was taken. Only the data from the national mortality statistics from National Statistics Institute (INE), are presented here since it was one of the strategic recommendations for the 2009-2012[30] Action Plan and, in recent years several procedures to improve the quality of these statistics[31] have been implemented. Besides that, the reported case definition of Portugal data that is being used – specific register does not correspond to the EMCDDA definition of drug-induced deaths.

The Portuguese reported case definition is an individual whose post-mortem toxicological analysis is positive for any illicit drug of abuse.

Concerning data from the General Mortality Register (GMR, Selection B of the DRD Protocol), although the numbers remain low, there has been since 2006 an increasing number of drug-related deaths, contrarily to the downward trend verified in previous years.

There are some constraints related with the statistic secrecy[32] that hinder the provision of more disaggregated information for a better contextualization of the mortality statistics (applied on all data disaggregation below 3 cases)

[30] Recommendation made by the Technical Committee of the Interministerial Council in the ambit of the internal evaluation of the Action Plan - Horizon 2008.
[31] The National Health Plan 2004-2010 envisaged a project to improve the mortality statistics "(...) with the aim till 2005, the mortality due to symptoms, signs and undefined affection decrease from 13% to 5%. To this end, was introduced a new medical certificate of death to each will be apply new circuits for data transmission and will made the transition to ICD-10 from January 1, 2002". There will be at short and medium term a number of other measures to improve these statistics, including the on line medical certificate and the beginning of multiple coding.
[32] Law of the National Statistic System - SEN, Law No. 22/2008 of 13 May.



Graph 35 –General Mortality induced with drug use (IDT, I.P. 2009)

In 2008, there were 20 cases of deaths related to drug use (14 in 2007). The values registered in 2008 were higher than those of previous three years, being close to those of 2004 according to the criteria considered, and lower than in 2003.

In 2008[33], all these episodes belonged to individuals of the male gender and were mainly from the age group 35-54 (75%).

Mortality and causes of deaths among drug users

Among all the AIDS cases, 7 273 deaths[34] have been notified until 31/12/08, 51% were associated with drug addiction and 49% of the cases were non-drug addiction associated. Mortality observed among AIDS cases associated with drug addiction was 52% (survival 48%) and in the cases not associated with drug addiction of 45% (survival 55%). In 2008 were notified 142 deaths occurred in the year, among the AIDS cases, 48% of which (68 cases) were cases of AIDS associated with drug addiction. It was verified a decrease trend in this percentage during the last years (65% in 2000, 55% in 2004 and 48% in 2008).

Cases/Gender / Geographical area of Residence	AIDS Notifications: Total number of Cases							AIDS Cases Associated to drug use					
	Total				Nº of Deaths			Total number of cases			Nº of deaths		
	Total	M	F	Unkn	Total	M	F	Total	M	F	Total	M	F
Total	15020	12289	2730	1	7273	6138	1135	7133	6080	1053	3741	3233	508
Portugal	14647	11986	2660	1	7128	6016	1112	7029	5996	1033	3702	3203	499
Other Countries	108	87	21	..	59	49	10	10	9	1	7	6	1
Unknown	265	216	49	..	86	73	13	94	75	19	32	24	8

Table 19– Notifications of AIDS Related Deaths - Total number of cases and cases associated to drug use, by gender, 01/01/1983 - 31/12/2008 (IDT, I.P. 2009)

[33] For reasons of "confidentiality" (Law of the National Statistic System - SEN, Law No. 22/2008 of 13 May) in 2008 is not possible to provide more disaggregated information at the causes of death.
[34] Due to sub notification of deaths, information related to mortality does not reflect the cases of the ones that survive.

7. Responses to Health Correlates and Consequences

7.1. Introduction

The main priorities established by the National Plan for the 2005-2012 period in 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 2008, it is worth noting the enlargement of the socio sanitary structures and responses to drug users, the definition and implementation of technical guidelines in order to improve the quality of intervention and procedures that are more efficient, as well as the participation in working groups to define responses to populations with specific needs.

In the framework of the Administrative Rule N. º 748/2007 and N. º 749/2007, it was possible to open 17 procedures for funding new projects implemented in coordination among the various units of the IDT, I.P. Also through the Administrative Rule N º 131/2008 were opened procedures to finance RRMD structures in the framework of PORI. In this process, the identification of the necessary responses was based primarily on the diagnosis of territorial basis held under PORI.

In fact, under PORI, taking into account the problems associated to the consumption of psychoactive substances identified, territories were selected, which involve more than one target group needing intervention. It is important to assure a convergent and integrated response, involving IDT, I.P mission areas: Prevention, Dissuasion, Risk and Harm Reduction, Treatment and Reintegration.

It was in this context that arose the need of integration of the actions at territorial level, with a view to joint efforts of the intervenient, to maximize resources by establishing partnerships, keeping in view the interest of the analysed individuals and the whole population, stimulating their participation in the activities.

7.2. Prevention of drug related emergencies and reduction 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.

Within the framework of intervention carried out by RRMD structures a systematic work of information and prevention of overdoses is taken as a priority (what is an overdose, risk factors and how to act in the case of an overdose). One of the essential strategies is based on a process of education for a lower use risk made by technical teams of the outreach teams, as well as through the involvement of the users through peer information.

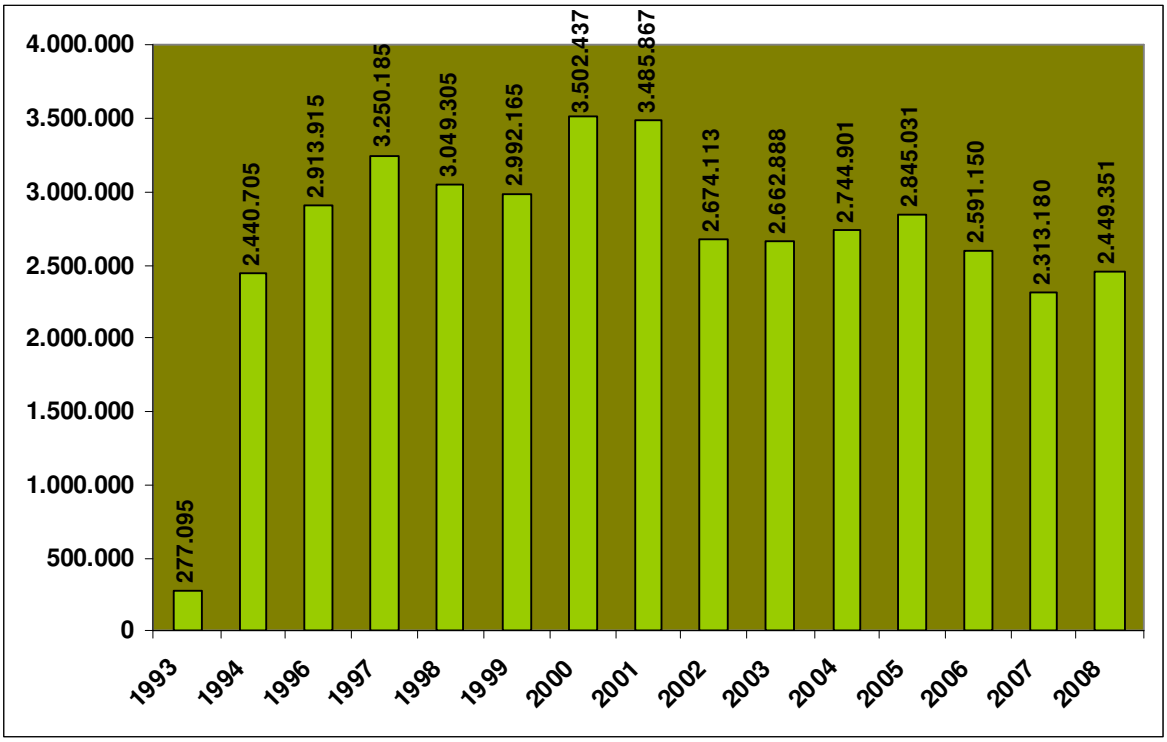
In addition to this work, an experimental intervention is taking place, providing Naloxone administrated by technicians trained for this purpose by the outreach work teams.

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

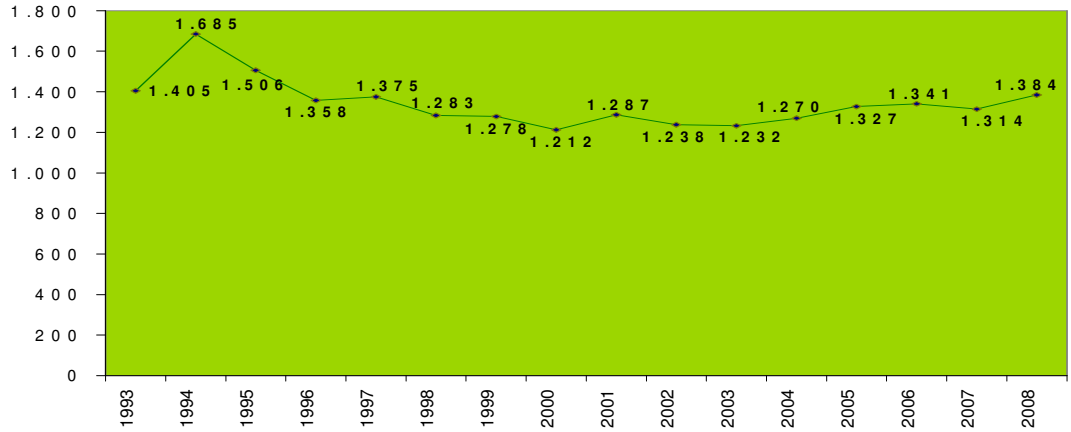
syringe", established by the National Commission for the Fight Against AIDS (CNLCS) in collaboration with the National Association of Pharmacies (ANF). Since it was set up, in October 1993, it has been using the national network of pharmacies and has enlarged its partner network through protocols with 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.

43 045 293 syringes have been exchanged through this programme since October 1993 and until December of 2008 (ANF2009). In 2008, 2 449 351 syringes were exchanged, which represented a 6% increase in comparison to 2007. These syringes are included in a kit with 2 syringes, 2 disinfecting towels with 70º alcohol, 1 condom, 1 ampoule of bi-distilled water, 1 filter and 1 informative leaflet.



Graph 36 – Syringes exchanged / Totals of the Country from 1993 to 2008 (Programme "Say no to a second hand syringe" 1993-2008) (ANF2009)

In 2008, 1 384 pharmacies (1 314 in 2007, 1 341 in 2006) were active in this programme (50% of the existing pharmacies in the country – 48% in 2007 and 2006). This pharmacies exchanged 1 318 682 syringes (1 340 408 in 2007), representing more than 53.8% of the total of syringes exchanged in 2008 in the framework of this programme (58% in 2007).



Graph 37 - Number of pharmacies in the national exchange syringe programme 1993 to 2008 (ANF2009)

The mobile units of Cova da Moura (set up in July 2002, in the sequence of a colaboration protocol with the Municipality of Amadora) and Odivelas (set up in October 2003, in the sequence of a colaboration protocol with the Municipality of Odivelas), exchanged 6 120 syringes in 2008 (15 986 in 2007, 18 112 in 2006, 0.69% of the total syringes exchanged, 22 406 in 2005, 0.78% in 2005).

In the act of exchanging syringes, complementary information is given to the users.

The remaining syringes – 1 121 086 (954 988 in 2007) - were exchanged by the other 36 partners of the programme, representing 45.7% of the total number of exchanged syringes in 2008 (41.3% in 2007) in the context of the programme.

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

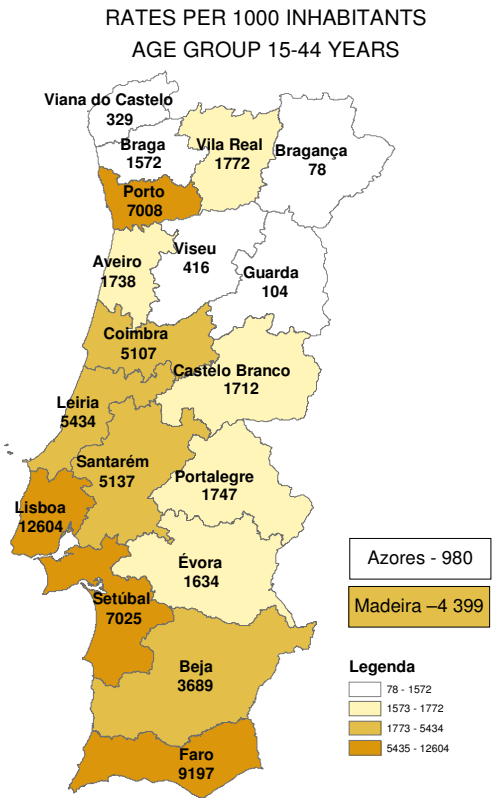


Figure 4 – Exchanged syringes in the framework of the National Syringe exchange programme "Say no to a second hand syringe" 01/10/1993 to 31/12/2008 (IDT, I.P. 2009)

Programme Klotho (Project of Early Identification and Prevention of HIV/AIDS directed to Drug Users) already described in last year's National Report, is an initiative of the IDT, I.P. and the National Coordination for HIV/AIDS Infection 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.

Program KLOTHO continue to be developed by the ETs, applying the methodologie Counselling Detection and Reference (Aconselhamento Detecção e Referenciação – ADR) and a drop blood quick test for the detection of HIV. This programme was implemented in more three ETs, registering an important increase in the number of patients involved in the ADR, simultaneously there was an increase in the number of new clients and clients in follow-up treatment.

Program KLOTHO came from the recognition by the National Coordination for HIV/AIDS Infection (CNIVS) and IDT, I.P. of the central role of injecting of drugs in the transmission of HIV/AIDS in Portugal and, consequently, the priority need for intervention in the drug use population in the country.

The program was designed as a pilot intervention in public health, targeted to a population of approximately 30 000 drug users, from the public drug addiction treatment, and aimed to develop a network of early identification of HIV / AIDS through the local integration of health care providers. The program was focused on drug users and adapted to the specificities of their relation with health structures, using rapid tests for detection of HIV infection and promotion of mechanisms for referral between providers of health care.

The operationalization of the program was planned through two fundamental strategies: the detection of HIV/AIDS infection in formal proximity structures targeted to drug users and the detection of HIV/AIDS infection in the informal structures of risk and harm reduction. In order

to implement these strategies, the program include the following set of activities and operations:

- Training manual in counselling, early detection and referral of HIV/AIDS infection in drug users;
- Good practices manual in counselling, early detection and referral of HIV/AIDS infection in drug users;
- Information, education and communication project targeted to drug users;
- Pilot project for counselling and detection of HIV infection in the Specialised Outpatient Drug Abuse Treatment Centre of Gondomar and the Risk and Harm Reduction Team (ERRMD);
- Implementation of the training program;
- Extension of the Program to a ET and a ERRMD by Regional Delegation of IDT, I.P.;
- Expansion (Extension) of the Program to all ETs and the 5 ERRMD;
- Consolidation.

In this way, was defined as impact objective of the programme, to contribute for the reduction of HIV/AIDS infection incidence among news patients of Public Treatment Network for Drug Addiction and the target population of the risk and harm reduction intervention.

During 2008, the program was implemented in the vast majority of Treatment Teams. During this period, and in relation to the demographic characteristics of patients at national level, more than three quarters were from the male gender and the most common age group 30 to 39 years. More than 95% of the clients were born in Portugal and most had completed basic school. In relation to behavioural variables, the majority of patients reported having ever injected drugs, with more than one third started this behaviour under the age of 20. More than half of the patients, that injected drugs had shared injecting equipment through lifetime, with more than 10% of these had shared in the month prior to the questionnaire. Of the respondents, that continues injecting; approximately 40% had recently injected drugs in the street or in public places. Among the respondents who had been in prison, 17% had injected drugs during imprisonment. Less than half of respondents reported having used condoms consistently in the previous month.

Regarding the frequency of HIV/AIDS, considering the 2 681 clients in their first treatment demand in 2008, 918 clients reported drug use by intravenous administration, among whom were registered 105 cases documented of HIV/AIDS infection and identified 24 new reactive rapid tests (10 confirmed), while the 1 763 clients without injection habits were recorded 20 documented cases and identified 11 reactive tests rapid tests (5 confirmed).

In relation to 8 003 clients in follow-up treatment, among them 4 885 who reported having ever injected drugs, were registered 566 documented cases of HIV/AIDS and identified 58 new reactive rapid tests (23 confirmed). Among 3 118 clients who reported never having injected drugs were registered 56 cases documented and identified 12 reactive rapid tests (1 confirmed).

Region	Screenings donned		% Screening/ New Clients [35]		HIV Reactive Cases		% HIV reactive Cases	
	2007	2008	2007	2008	2007	2008	2007	2008
North	770	1157	66%	70%	19	24	2,5%	2,1%
Center	523	630	62%	68%	4	6	0,8%	1,0%
Lisbon	287	583	41%	33%	12	13	4,4%	2,2%
Alentejo	179	283	87%	80%	4	1	2,2%	0,4%
Algarve	219	272	64%	59%	11	1	4,9%	0,4%
Total	**1.978**	**2.925**	**61%**	**57%**	**50**	**45**	**2,5%**	**1,5%**

Table 20 – Rapid Tests donned to New Clients in 2008 (IDT, I.P. 2009)

Region	Screenings donned		% Screenings/ Eligible (Clients in follow-up treatment that don't know their HIV condition		HIV reactive cases		% HIV reactive cases	
	2007	2008	2007	2008	2007	2008	2007	2008
North	2839	3409	34%	39%	116	51	4,1%	1,5%
Center	2206	2542	42%	47%	24	12	1,1%	0,5%
Lisbon	968	1750	15%	25%	16	25	1,6%	1,4%
Alentejo	779	824	76%	65%	7	3	0,9%	0,4%
Algarve	1097	1155	49%	49%	28	15	2,7%	1,3%
Total	**7.889**	**9.680**	**35%**	**39%**	**191**	**106**	**2,4%**	**1,1%**

Table 21 – Rapid Tests donned to follow-up clients in 2008 (IDT, I.P. 2009)

327 new clients were involved in ADR without quick test application for being positive or having negative result in very recent analysis. 63% of the new clients know now their serologic state. In fact, among new clients, 175 already knew they were HIV positive, being the global prevalence of HIV in the new clients (reactives+already positives) of 7.5%.

770 clients in follow-up were involved in ADR but without application of the quick test for already being positive or having negative result in very recent analysis.

During the year, 12 605 screenings by quick test for the detection of HIV were made, in relation to last year a 26% increase was verified (9 976 screenings made in 2007). The percentage of HIV reactive cases in new clients decrease from 2.5% to 1.5% and in follow-up clients that did quick test also decrease from 2.4% to 1.1%

In order to help streamline the admission and evaluate loss rates before and after the first consultation, a survey was made near the treatment teams, verifying at national level that 87.3% of the users went to more than one appointment.

Based on the partnership established through the years with the NGO's and the theoretical and practical discussion developed about harm reduction, it was possible to define a consensus about the main standards of this approach. The IDT, I.P. Harm Reduction Unit elaborated a Support Guide for the Intervention in Risk and Harm Reduction, which aim is to provide a technical framework of the principles, objectives, activities and methodologies concerning this area of intervention. The Support Guide provides a framework with guidelines that are a starting point for further research and information on this area.

Being RRMD a mission area, crosscutting all the intervention in the ambit of the use of psychoactive substances, in 2008 sought to enhance all the dynamic of intervention already existing in the field, complementing the national network of harm reduction and incorporating

[35] The values presented concern only the ETs where the program was implemented.

it into a broader and complementary logic. Thus, the considerable increase of the number of structures implemented in the field (20 new projects), reflected in the diversity and increase in the range of responses, and at the end of the year worked about 46 structures of socio sanitary of RRMD. This increase in the number of structures was reflected in its diversity and in the increase in the range of responses.

In 2008, continuity was given to the monitoring of proximity structures and intermediate functioning, respectively 30 Street Teams, 6 Mobile Units, 3 Drop in Centre, 2 Residential Centre and 5 Contact Points and Information.

The remodelling in the number and characteristics of funded projects was based in a diagnosis of needs and resources of the territorial base at national level. Overall, in 2008 were established 20 new protocols for the functioning and funding of RRMD projects, and of these, 19 were carried out under the ambit of PORI.

Thus in 2008 functioned a total of 46 RRMD projects, namelly Street Teams.

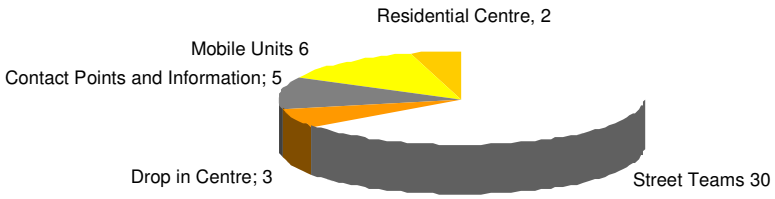


Figure 5 – Number of projects of Risk and Harm Reduction (n=46) (IDT, I.P. 2009)

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

In ETs 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 16% and 74% - (35% and 69% in 2007, 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, in 2008, 1 323 doses were supplied to the prison establishments being 1 314 for prisoners and 9 for functionaries.

In 2008, was kept the access to the specific program Needle Exchange[36], through the distribution of injection material - Kit in the spaces previously defined, particularly in clinical settings in the Paços Ferreira EP and in the Lisbon EP.

In the period from 1 July 2008 and March 31 2009, this Project was developed according to the expected and programmed in the methodological guide and in the internal norms of functioning of the two EP.

[36] The 3/2007 Law, of 16 January, add article 5 to the 170/99 Law of 18 September, which adopts measures of combat to the spread of Infectious diseases in Prison settings, creating therefore the Specific programme on Needle exchange (PETS). the regulation of the Specific Programme on needle exchange was adopted in 14 may 2007 by the Council of ministers, published by the Order 22 144/2007, in the DR II 183, of 21 September 2007 and was destined to prison settings previously selected. In accordance with number 1 of article 9 of the PETS Regulation, the norms for the internal functioning of the two prisons were defined and approved by the Director General of Prisons.

In relation to the instruments used (questionnaires)[37] to know the attitudes and opinions of prisoners, health workers re-education and prison guard's body on interventions in the area of risk behaviour and needle exchange programs in the period under review, were applied in the pre-defined moments (3, 9 and 12 months after the beginning of the program). After 3 months, the second application of the questionnaires was made, to staff and inmates, in a total of 531, 412 in Paços Ferreira EP and 119 in Lisbon EP. After 9 months of the starting of the program 390 opinion questionnaires were applied to prisoners and staff of Paços Ferreira EP and 279 in Lisbon EP. After 12 months, a new application of the opinion questionnaires was donned, to staff and inmates, in a total of 699, 379 in Paços Ferreira EP and 320 in Lisbon EP.

The statistical treatment continued to be provided by the Faculty of Medicine, Oporto University

7.4. Responses to other health correlates among drug users

No new information available.

[37] It should be noted that there are 2 different moments for the submission of the questionnaires: if the questionnaires applied in the periods 0 and 3rd month (T0 and T3) had as main objective the assessment of knowledge of the functioning rules of the programme and its impact on the prison's dynamics; the questionnaires submitted at 9 and 12 months (T9 and T12) aimed at effectively assess the perceived reasons, by inmates or by staff, leading to an inmate drug user injecting not join the program of syringe exchange.

8. Social Correlates and Social Reintegration

8.1. Introduction

The National Plan on Drugs and Drug Addiction 2005-2012, includes objectives and actions based on integrated approaches that simultaneously put the focus on the user and family and on the social systems. While the user approach aims to enable his integration, with the social systems the objective is to reverse the subjective factors, which are a significant obstacle to the emergence of opportunities and possibilities of integration, developing integrated strategies for the systematic monitoring of the relationship between the parties.

For this purpose, knowing the reality of the users and their real needs, is essential to adequate the management and mobilization of responses of the different partners, in a high quality level.

In 2008, a monitoring system was developed to monitor and evaluate activities and interventions, which allows every three months to have a state of play of the national situation regarding interventions in rehabilitation.

The information produced under this monitoring system is an asset for knowing the reality and the needs of users and also the services capacity response. Thus, it is possible to identify barriers to intervention, improvements needed, justifying decisions that involve redirection of practices or strengthening and consolidation of those found positive, in particular as regards the coordination circuits, intervention and adequate responses.

As known, the success of the intervention in the field of social rehabilitation also depends on good coordination between the various partners, with strong skills of specific intervention in the social dynamics involved, particularly with regard to housing, employment, education and training.

The data here presented is mainly the result of the work carried on by the IDT's reinsertion teams, developed in environments sometimes difficult, strongly conditioned by the endemic lack of resources and the economic and social depression.

8.2. Social Exclusion and drug use

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. 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).

8.3 Social Reintegration

Any rehabilitation intervention, regardless the exclusion level of the user, involves the joint development of social diagnosis, with the identification of needs in order to define with the user the integration pathway (Insertion Individual Plan).

On this basis, there are initiatives for the operationalization of the strategies agreed with the user, coordinating with other institutions and mobilizing the community resources, in logic of integrated responses, to meet the identified needs and to create conditions for the development of a sustained insertion pathway. Reflecting the work carried out by the rehabilitation teams over the years, more then 69 446 requests for rehabilitation were

considered within the universe of the 38 532 patients that were received by the IDT, IP in 2008.

Housing

Housing is a fundamental component for establishing procedures for a sustained and durable integration, as it is a central part in people's lives.

The housing issues are belt through a strategy involving partnership and flexibility, associating all the local responsible, including Local Government, Private Institutions of Social Solidarity, Social Security Institute, Institute of Housing and Urban Renewal, among others. During 2008, 796 users have been integrated in a housing response, being most situations temporary accommodation.

677 users that had finished their treatment of psychoactive substances abuse (via outpatient services, therapeutic communities and prisons) and are in reinsertion process have benefited from the *Apartamento de Reinserção Social* responses (Social Reintegration Apartments). Twenty-eight apartments are operational.

In order to adapt this social response to the profiles of consumers, an inventory of physical and technical operating conditions was carried out, in a way of ensuring the quality and effectiveness of responses.

This led to a better understanding of the existing responses, allowing the identification of weaknesses and constraints in the functioning of some equipment. Following this, a reviewing process of the legislation in force was undertaken, in order to maximize the response for users of psychoactive substances and extend it to users with alcohol problems[38]. A joint proposal of IDT, I.P. and Social Security Institute (ISS) is scheduled for 2009.

The partnership with ISS was reinforced in the fields of analysis, evaluation and redrafting of legal responses already existing or to be created.

It is also important to note that the coordination procedures established under the Protocol of Articulation of Manual Procedures of IDT, I.P./ LMS / ISS[39] was maintained. This constitutes an added value for users and services, avoiding duplication of responses and maximizing available resources.

In what concerns the principles and guidelines for Therapeutic Communities, the focus was put on preparing the users way out, supporting the systemic approach that includes since the first moment the social reinsertion as an area to intervene.

Since a considerable number of users of IDT, I.P. has no conditions to be fully autonomous and are not structured, of old age, with handicaps and chronic diseases and no familiar support, a new project was conceived for this specific population needing a long term care – Long Term Residencies. This project was built in partnership with external entities and a Working Group, created in 2008 to develop guidelines for this equipment is due to present its conclusions in 2009.

The Long Term Residential Home are for users needing long-term care and aim to ensure basic life conditions with dignity, provide psychosocial support to the user in order to help balance and well-being; promote the structural development of the users and the acquisition of basic and inter-relational skills, in order to promote their progressive social and occupational integration.

This initiative falls within the scope of intervention to homeless people. IDT, I.P. took part in the drafting of the "National Strategy for the Integration of Homelessness Persons" (signed at

[38]. Since 2007, IDT, I.P. assumed competences in the area of alcohol-related problems.
[39] As mentioned in last year Annual Report, in 2007 was signed a binding protocol among those institutions, with the aim to improve the quality of the services given to drug users.

14 of March 2009), coordinated by the ISS. Having 2015 as deadline, the Strategy defines a set guidelines and actions, assigning responsibility to the various entities involved and aiming to find joint answers for an integrated intervention, thus improving the quality of services to this excluded population. The strategy implies directly IDT I.P. in pursuit of objectives regarding prevention, intervention and monitoring of homeless people.

Education, training

Education is one of the aspects of individual lives that can and should be encouraged in the context of the intervention in rehabilitation. The acquisition of a degree of higher education may be crucial to the success of other interventions and the route of the user.

The type of response triggered to meet these needs depends on the user's profile and the availability and accessibility of local responses. At national level, 596 users with specific needs were integrated.

Of the referrals made, the Recognition, Revalidation and Certification of Competencies Centres (RVCC) were the option mostly chosen, 66% of respondents. It is an option which, by its flexible nature, criteria and procedures, better fits the users profile and to which is easier to access, compared to other available options of regular and recurrent education.

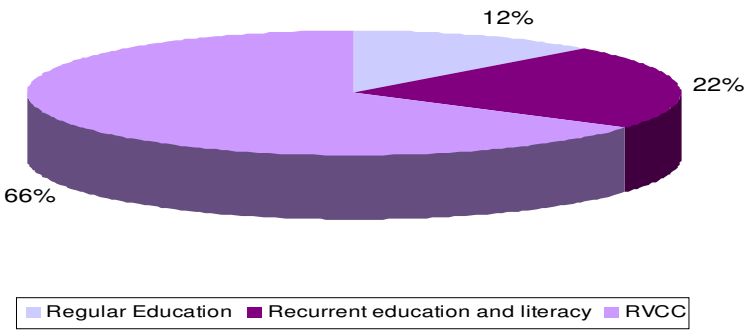


Figure 6 – Type of response provided in the education area, national total (n=596) (IDT, I.P. 2009)

Considering the profile of low employability that users often present, the vocational training sets up a decisive strategy for integration pathways. Besides being an important instrument for acquiring technical and professional's skills, fundamental to performing a profession, also allows for the acquisition or reacquisition of a set of personal tools that enable a balanced professional relationship with colleagues and leadership.

In this context, 575 users with specific needs were integrated into vocational training, organised by the Institute of Employment and Vocational Training (IEFP) or other training organizations.

This number, which may be considered relatively low, can be explained by the low level of education of users, not always compatible with the profiles required by courses and also by some resistance in receiving population using psychoactive substances.

The PASITForm is a joint action program between IEFP and IDT, I.P. that emphasis the articulation of the technicians of the two institutes and maximizes the specific competences of each one, contributing to the improvement of the quality of responses available to the population at risk or exclusion in the field of social and professional integration. Taking stock of the development of this partnership the principles of coordination and the development

and planning of joint activities are being incorporated at national and local level, by both institutions. It is also considered that this partnership is responding to the needs of the trainees of IEFP, in terms of prevention, signalling and follow-up, however, it continues to encounter obstacles in accessing the IDT, I.P. clients, with professional training needs, verifying the non-compliance with the objectives which led to the genesis of PASITForm.

The aim of this programme is to facilitate, in the reintegration area, the access to professional training of drug users in treatment, foreseeing in the prevention axis the intervention in settings considered priority, such as the case of as schools and work place, since the 2008 results were considered a benefit on the prevention area.

Considering the goals and objectives scheduled for 2008, the results of the activities developed came through the monitoring of the indicators previously defined for each project and respective activities with the following results:

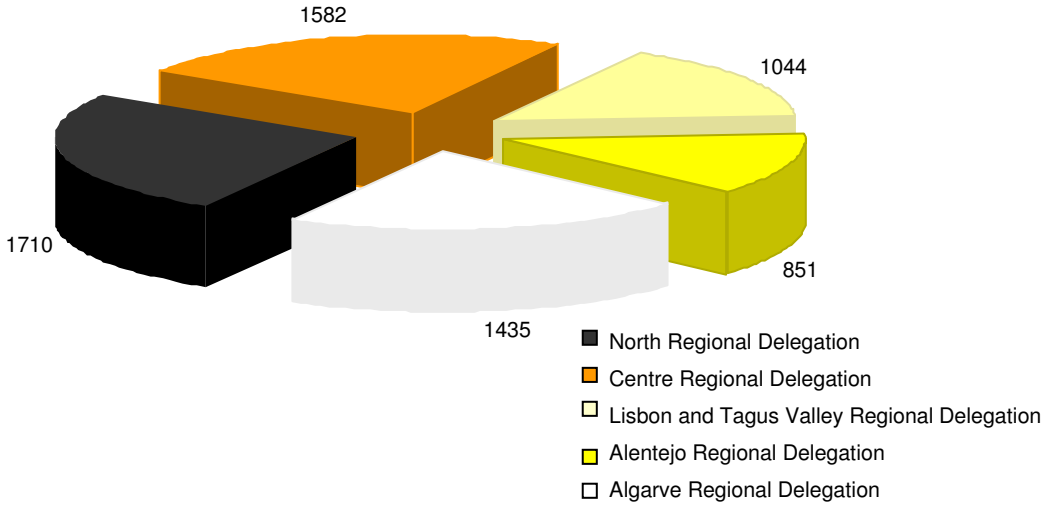
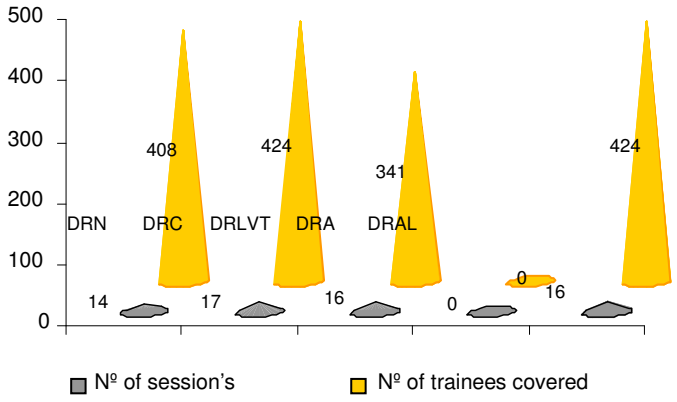


Figure 7 – Number of individuals covered by the activities, by region (IDT, I.P. 2009)



Graph 38 – Number of sessions and trainees covered by awareness sessions, by region (IDT, I.P. 2009)

The activities were divided into five groups, namely:

- Technical meetings for systematizing the local and regional interventions;
- Training on "Programmes and measures of professional training" targeted to IDT,I.P. experts;
- Celebration of the International Day Against Drug abuse and Illicit Drug Trafficking – D Day – an event that in many cases result of the confluence of different preventive activities which were initiated months before 26th June;
- Training of trainers on drug addiction issues, aimed to promote a set of related training in prevention for trainers and experts from the training centres of IEFP;
- Training Peers action, created to develop psychosocial skills in the trainees, so they can contribute to information and awareness to their peers, in the context of addiction.

Employment

Employment is another crucial element for reintegration. The approach developed in the context of integration focuses on the acquisition and consolidation of conditions which enable people to access and maintain respectable and qualifying jobs.

The number of users who expressed needs in the context of employment is high, due to the weak conditions for employability. In other words, they present a set of increased difficulties in accessing labour market: lack of personal and social skills, low qualification skills and, when they have work experience, a route marked by precariousness and undifferentiated jobs. Added to this, the stigma and negative representations that employers have towards this population.

In 2008, 1654 users were professionally integrated. It is considered that this number is not alien to the economic crisis that characterized the year 2008, which contributed to reduce the employment opportunities available. In this context of economic recession, people with difficulties in accessing the labour market have further limited their opportunities.

The satisfaction of these employment needs was obtained through the mobilization of different measures, as we can see in the chart below:

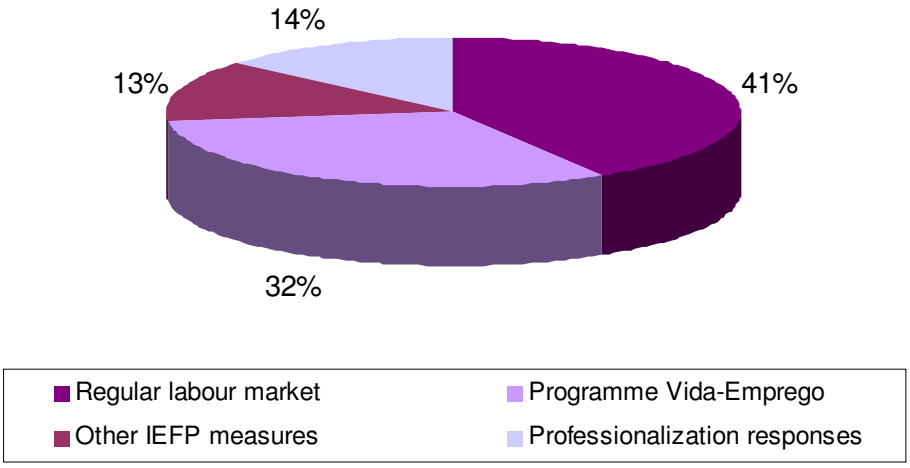


Figure 8 - Type of response provided in the area of employment, the national total in 2008 (n = 1654) (IDT, I.P. 2009)

The Integration in the regular labour market, without recur to protected employment programs, appears to be the most frequent response (41%). This option gives rise to the establishment of an employment contract, with full rights and duties, which represents an effective integration. The remaining responses fall in employment mechanisms protected or semi-protected, such as the Life-Employment Programme, which was activated in 32% of the cases, other measures and Professional Training (13%) and other responses of professionalism (14%) . This type of response is a strategic tool that allows the contact with work contexts, in a protected way.

This response postpones the confrontation of individuals with the working environment unprotected, to periods in which they will feel more confident, being a test of new life experiences, which allow moving forward to situations of full integration and autonomy.

Among the responses in the area of socio-professional integration already referred, Programme Vida-Emprego[40] (PVE), continues to be of vital importance as a resource in the area of employment, which in 2008 benefited 1 168 individuals with the following distribution by the respective specific measures that integrate it:

	2005	2006	2007	2008
Stages of Socio-professional integration	688	646	623	559
Socioprofissional Integration Award	40	53	57	54
Support for Employment	535	624	603	554
Support for Self-Employment	1	1	-	1
Total	1.264	1.324	1.283	1.168

Table 22 – Specific measures of PVE, national total (IDT, I.P. 2009)

The PVE programme is targeted specifically to people with addiction problems, in working age, who are or have completed treatment process, in a therapeutic community or an outpatient care, including drug users undergoing treatment in prison settings appropriately framed by a treatment centre or in the prison.

The PVE aims at promoting social and professional reintegration of people with drug problems as an integral and fundamental part of the treatment process, through the use of 5 specific measures: mediation for training and employment; stages of professional integration; award of professional integration; support for employment and self-employment.

During 2008, 54 mediators were assigned to training and employment elements of the PVE, being this a transition year from the local agencies of the PVE to the IDT, I.P., which will be directly assuring this task from 2009.

It should be noted that, due to the PVE restructuring services, IDT, I.P. has assumed the responsibility previously undertaken by external bodies, namely the role of mediation to training and employment. This function, considered strategic to the intervention, is reflected in the preparation of similar systems, namely in the area of training and employment, to accommodate users and set themselves up as potential elements of the users pathways.

[40] PVE is a support programme that aims to reintegrate socially and professionally former drug users or those finishing treatment

As part of the working environment intervention, and implemented in collaboration with a trade union, the intervention of "Interaction Program" (European EURIDICE Methodology) was continued, to promote development initiatives in the working environment on alcohol and drug addictions. In 2008, 4 300 employees of different employers were concerned. These dynamics had as strategic objective the "promotion of social integration and employment", while raising awareness and information on use and abuse of psychoactive substances.

Also, a Protocol was signed with the Authority for Working Conditions (ACT) - Ministry of Labour, which foresees that by 2012, will be developed and deepened the institutional collaboration between the two institutes, in activities relating to the promotion of workers health and safety, particularly in terms of interventions targeted on the use and abuse of psychotropic substances, licit and illicit drugs. This intervention is based on the principles of promoting health and well-being of workers and prevention of professional risks, by the promoting interventions in the areas of prevention, treatment, rehabilitation and/or prevention of disintegration, with the involvement of other public or private institutions.

The IDT, I.P. created a computer application called “Exchange of Employers ". This database is a tool for the rehabilitation teams, fundamental in social mediation context and includes systematized information on employers and entities partners of IDT, I.P. in the integration of professional users.

9. Drug-related crime, prevention of drug related crime and prison

9.1. Introduction

In 2008, concerning the administrative sanctions for drug use, the Commissions for the Dissuasion of Drug Use instated less 3% processes[41] than in 2007 (year with the highest value ever registered) most of which were, again, referred by the Public Security Police (PSP).

From the 4 602 rulings made, 83% suspended the process temporarily, 3% found the presumed offender innocent and 14% were punitive rulings (17% in 2007 and 2006 and 15% in 2005).

The number of presumed offenders slightly increase in relation to last year (+4%) a decrease was verified in the number of presumed traffickers (-6%) and an increase in the presumed trafficker-users (+13%).

Again, the visibility of cocaine increased in this setting, particularly amongst traffickers than trafficker-users, the opposite is verified in the situations related with cannabis.

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 cannabis, for the sixth time, followed by cocaine. The trend initiated in 1998 of the decreasing importance of heroin related convictions continue.

Prison data indicates that, on the 31st of December 2008, 1 849 (-27% than in 2007 with 2 524) individuals were in prison for crimes against the Drug Law, the lowest value registered since 1995 and reinforcing the continous decrease trend registed since 2002. Was also reinforced the trend initiated in 2000, of weight of these individuals in the universe of convicetd prisoner population, representing on the 31st of December 2008 near 21% of this population. Most of these individuals were convicted for traffic (89%).

9.2. Drug related Crime

Drug Law offences

Concerning the administrative sanctions for drug use[42], in 2008, the 18 Commissions for the Dissuasion of Drug Use (CDT) instated 6 543 processes[43], a 3% decrease in comparison to last year.

Similarly to preceding years, most of these processes were instated in the districts of Porto (22.4%) and Lisbon (19.8%), followed by Setúbal (9.4%), Braga and Aveiro (9.2%) and Faro (7.8%). However, when taken into account the number of residents in each district, Beja, Faro, Portalegre and Aveiro presented the higher occurrences rates per inhabitant aged 15-64.

In comparison to last year, the higher increase in absolute values occured in the district of Aveiro in percentual values in the district of Viseu, the higher decrease in absolute value occured in Lisbon and in percentual value in Santarem.

[41] Each process corresponds to one occurrence and to one person. Information collected on 31 March 2008.
[42] Law n. º 30/2000, of the 29th November, regulated by the Decree-Law n. º 130-A/2001, of 23rd of April, and by Regulation n. º 604/2001, of the 12th of June.
[43] Each process corresponds to one occurrence and to one person. Information collected on 31 March 2008.

Rates per 100 000 inhabitants in the age group 15-64 years

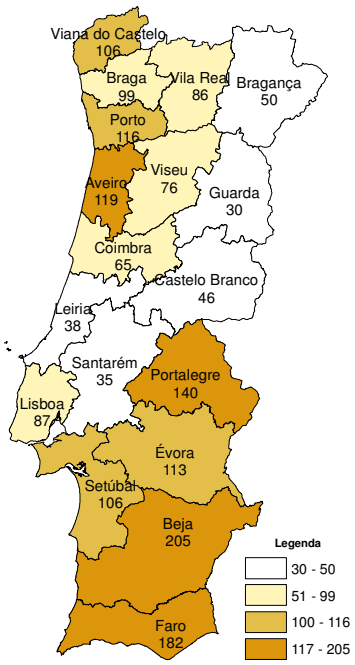


Figure 9 – Distribution of the Administrative sanctions for drug use by District (IDT, I.P. 2009)

Monthly distribution of the processes ranged between 326 in the month of December and 695 in the month of October, registering a monthly average of 545 processes (less than the 562 processes registered in 2007, but more than the 518 registered in 2006, 522 registered in 2005 and the 508 registered in 2004).

Similarly to previous years, most cases (46%) were referred by the Public Security Police (PSP), followed by the Republican Guard (GNR) with 34% and the Courts with 20% of the cases, in relation to last year was an increase in the cases referred by PSP (+15%) and a decrease in the cases referred by the Courts (-30%)[44].

On the 31st of March 2008, near 70% of the processes related to the processes instated in 2008 had been decided: 35% were suspended (27% in 2007, 26% in 2006 and 2005 and 32% in 2004) and 35% were filed (23% in 2007, 22% in 2006, 49% in 2005 and 36% in 2004), representing an increase of decision-making capacity in relation to previous years, which reflects the replacement of quorum in CDTs during the year 2008;

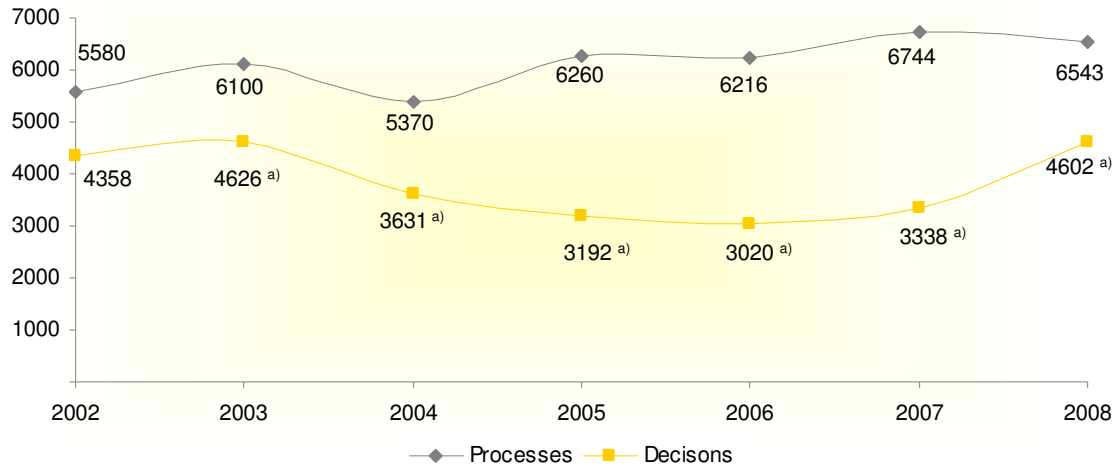
Of the 6 543 instated in 2008, the Commissions had ruled on 70.3% (4 602 processes). This percentage is higher than the one verified last years, but lower than the ones verified in previous years – 49.5% in 2007, 48.5% in 2006, 51% in 2005, 68% in 2004, 76% in 2003, 78% in 2002 and 75% in 2001[45]:

- 83% were suspensive rulings;

[44]The decrease in the number of processses by the Courts can be related, among others, with the Judicial precedent of the Supreme Court of Justice n.º 8/2008, of 5 August (Acórdão do Supremo Tribunal de Justiça n.8/2008, de 5 de Agosto), which remains in force n.º 2 of the article 40 of the Decree-Law n.º 15/93, of 22 January, "… not only "the cultivation" and on the acquisition or possession, for personal consumption, plants, substances or preparations listed in Tables I to IV, this shall not exceed the quantity required for an average individual consumption during a period of 10 days".

[45] 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.

- 14% were punitive rulings and
- 3% found the presumed offender innocent.



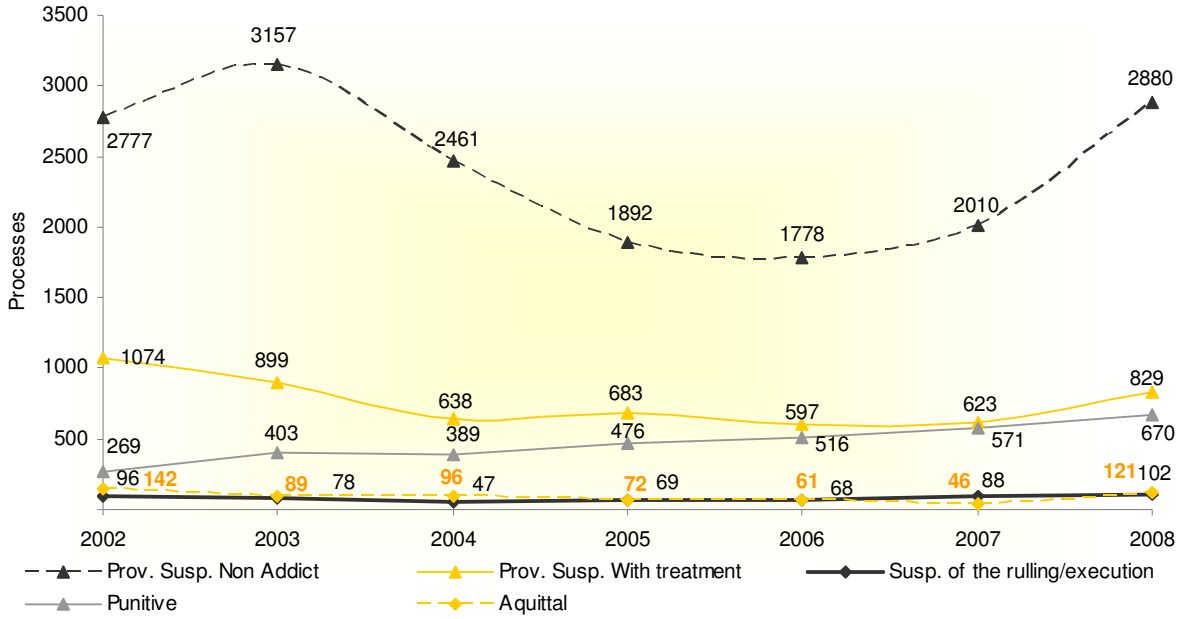
Graph 39 – Administrative sanctions processes and Decisions[46], by year (IDT, I.P. 2009)

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 (63%), (60% in 2007, 59% in 2006 and 2005, 68% in 2004 and 2003, 64% in 2002 and 61% in 2001).

Followed by suspensive rulings in the case of drug users who accepted to undergo treatment (18%), (19% in 2007, 20% in 2006, 21% in 2005, 18% in 2004, 19% in 2003, 25% in 2002, 32% in 2001).

Punitive rulings in this setting was inferior than 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 represented 10% of the punitive rulings (10%, 11%, 59%, 49%, 38%, 23% and 11% in, 2007, 2006, 2005, 2004, 2003, 2002, 2001, respectively) and were mainly related with the periodical presence in a place selected by the CDT.

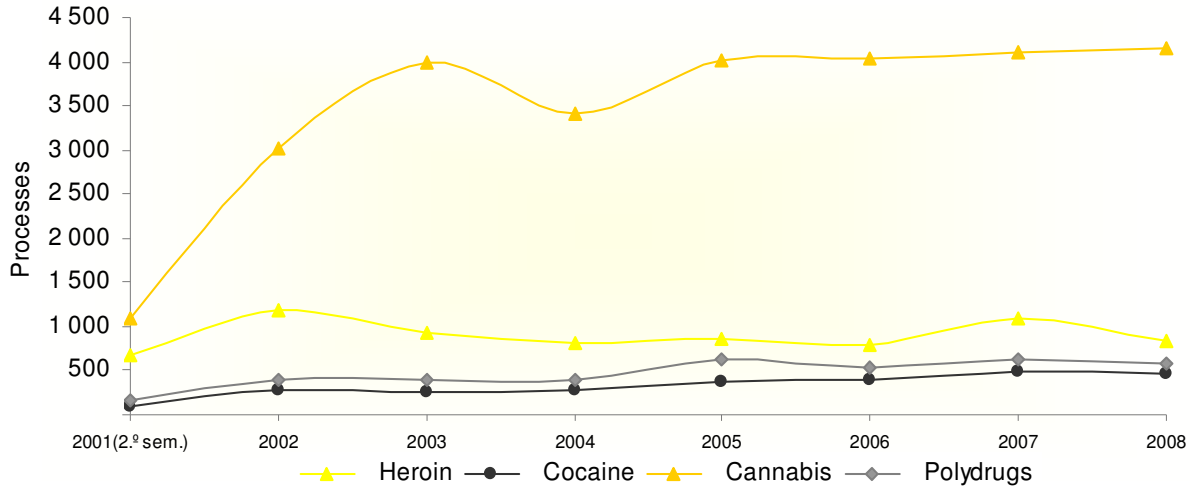
[46] When interpreting the data related to the decision taken, should be take in account that some CDTs were between 2003 and 2008 functioning without a quorum, that conditioned the diligences in some CDTs, namely the decision making in the application of Law 30/2000: since 2003 the CDT of Viseu and Guarda; since last semester of 2004 Faro and Bragança; since 2005 the CDT of Lisbon; since the end of June 2007 the CDT of Coimbra and June 2008 the CDT of Vila Real. The reposition of quorum in these CDTs was accomplished during the first semester of 2008, with the exception of the CDT of Vila Real which reposition happened later on.



Graph 40 – Type of ruling for administrative offences by year (IDT, I.P. 2009)

Concerning the substances involved:

- In relation to 2007, decreases were verified in the number of processes on several drugs (-72% involving only ecstasy, -23% involving only heroin, - 7% involving several drugs and -5% involving only cocaine), with the exception of the processes involving only cannabis (+1%).
- as in previous years, most cases involved only one drug (90%):
  - Mainly cannabis (68%) - 64% in 2007, 70% in 2006, 68% in 2005, 69% in 2004, 71% in 2003, 62% in 2002 and 53% in 2001;
  - 14% of these processes involved only heroin (17% in 2007, 14% in 2006, 15% in 2005, 17% in 2003 and 2004, 24% and 33% in 2002 and 2001). 8% involved only cocaine (8%, 7%, 6%, 4%, 6% and 5%, respectively in 2007, 2006, 2005, 2004, 2003, 2002 and 2001);
  - The predominance of occurrences involving only cannabis was found in all CDTs, with the exception of Beja, in which the number of occurrences involving heroin only was slightly higher.
- For the 10% processes involving more than one drug (10% in 2007, 9% in 2006, 11% in 2005), the association heroin-cocaine was again predominan, followed by the association cocaine-cannabis .



Graph 41 - Type of drug involved in administrative offences by year (IDT, I.P. 2009)

Concerning the individuals involved:

- In 2008, 6 044 individuals[47] were involved (6 268 in 2007, 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 2008 to a Commission (6% in 2007, 5% in 2006, 6% in 2005, 5% in 2004 and 6% in 2003).

- In relation to previous years, no relevant changes were verified concerning the socio-demographic profile of these individuals:
  - They were mostly from the male gender (94%);
  - 47% were aged 16-24;
  - 31% were aged 25-34;
  - Mean age 27;
  - They were mainly Portuguese (95%), single (85%) and living with their parents/siblings (64%);
  - 40% had frequented the 3rd level of compulsory school (7th - 9th grade) and 33% reported an educational status above that;
  - 28% were unemployed and the 46% were employed.

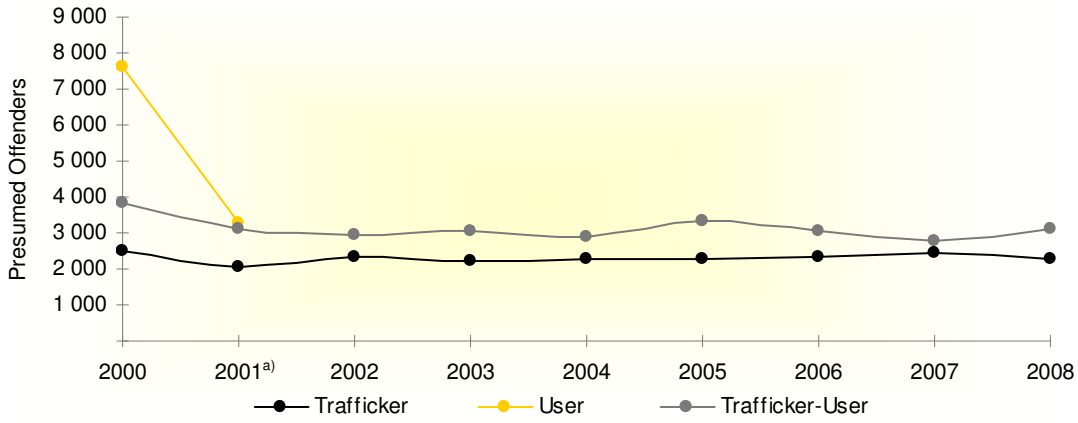
Like in previous years, between foreigners (5%) Africans were predominant (3%), with particular relevance to Cape Verdean and Angolan. Most were single (85%) and near 64% were living with their family of origin. As in previous years, the majority of the individuals were attending third cycle or with a university diploma (67%) and less then half were employees (46%), the group of students is becoming more significant (17%).

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

Other Drug related crime

Concerning **criminal offences**, in 2008, data from the Criminal Police identified 5 424 presumed offenders: 42% were presumed traffickers and 58% presumed trafficker-users.

The number of presumed offenders slightly increase in relation to last year (+4%) a decrease was verified in the number of presumed traffickers (-6%) and an increase in the presumed trafficker-users (+13%).



Graph 42 – Presumed offenders by year and category of criminal offence (IDT, I.P. 2009)

Similarly to previous years, districts which reported a higher number of, presumed offenders were the more populated ones: Lisbon (36%), Oporto (19%), Setúbal (8%), Faro (8%) and Braga (4%). The higher rates of presumed offenders per inhabitant from the age group 15-64 were registered in the districts of Faro, Beja, Lisboa, Porto and in the Autonomous Regions of Azores and Madeira.

Concerning the substances identified in the moment of the occurrence:

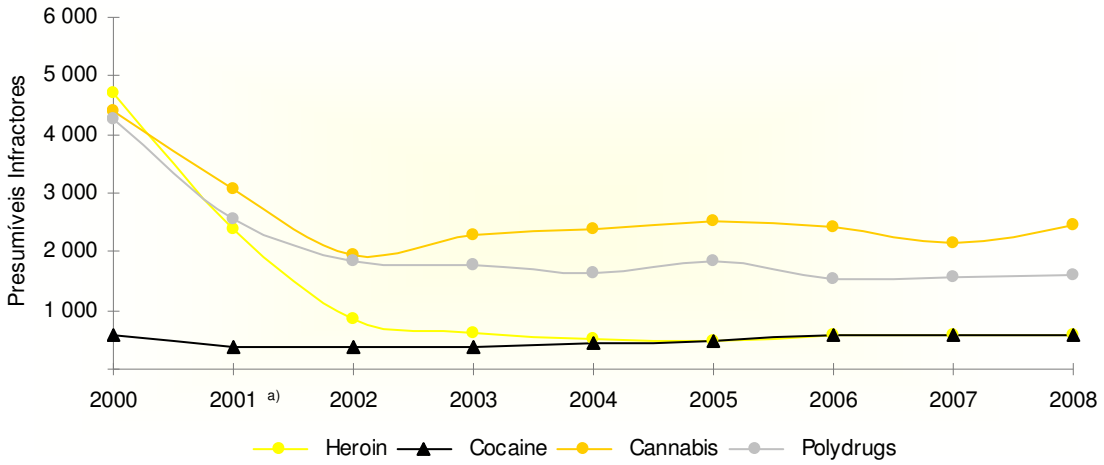
- 70% of these individuals possessed only one drug (68% in 2007, 71% in 2006, 64% in 2005, 65% in 2004, 64% in 2003 and 62% in 2002);
- Among these cases, and like in previous years, cannabis was predominant in comparison to other substances (47%), contrarily to what occurred in the years before 2001, when heroin was always predominant;
- 11% of the cases concerned heroin only, 12% in 2007;
- 11% of the cases concerned cocaine only, 12% in 2007;
- 1% of the cases concerned several other drugs;
- In the situations where more than one drug was involved (30%), a 2% decrease in relation to 2007, the main combination was “heroin and cocaine” (16%) followed by the combination of heroin, cocaine and cannabis (5%).

In comparison to 2007, we can point out an increase in the number of presumed offenders in the possession of cannabis only (+14%), after the decreases registered in two consecutive years that invert the increase trend verified in previous years.

In the last three years, was verified a stability trend in the number of presumed offenders in the possession of heroin alone or in the possession of cocaine alone, after the respective clear trends of decrease and increase that had been registered in previous years.

In the last three years, was verified a stability and even a slight increase in the number of presumed offenders in the possession of several drugs, despite the values being inferiors to the ones registered in previous years.

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 was verified in the situations related with cannabis.



Graph 43 - Presumed offenders by substance involved (IDT, I.P. 2009)

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.

Concerning the individuals involved:

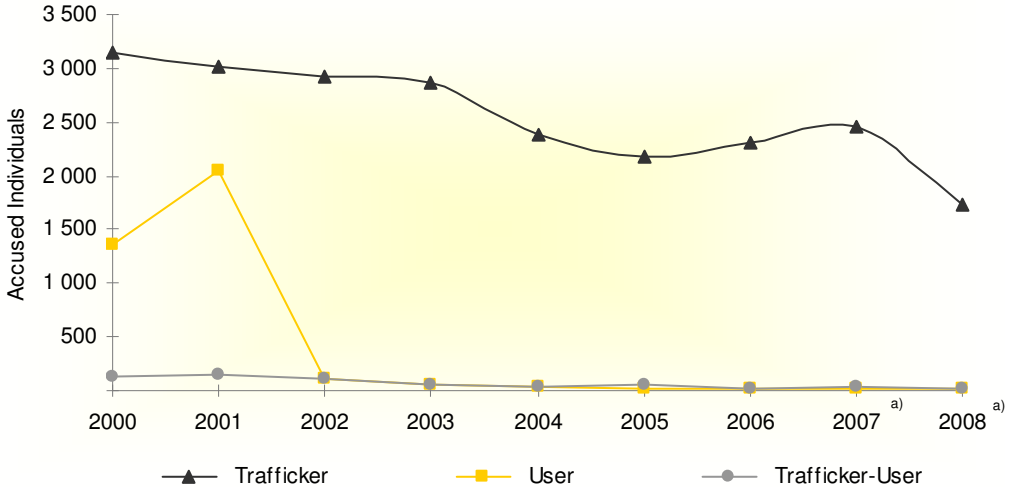
- 90% of the presumed offenders were of the male gender;
- 70% were aged between 16-34, mainly 16-24 (36%) and 25-34 (34%), being the mean age 30;
- 81.5% were Portuguese, among those who were not Portuguese nationals (18%), the Africans were predominant (13%), mainly from Cape Verde. 83% were single, 54% frequented the 3rd level of compulsory school and 54% were unemployed, 35% were employed and 7.9% were students at the time of their arrest.

Concerning **Court data**:

In 2008, 1 163 processes were finalised involving 1 771 individuals[48] involved (1 871 in 2007, 1 996 in 2006, 1 792 in 2005, 2 335 in 2004 and 2 454 in 2003), individuals. The vast majority were accused of traffic (98%). Near 79% were convicted and 21% were aquitted.

Taking in consideration the prevision for the updating of 2008 data next year, there seems to be verified since 2006 a tendency to increase the number of processes of individuals accused and convicted under the Drug Law, thus breaking the downward trend observed in previous years.

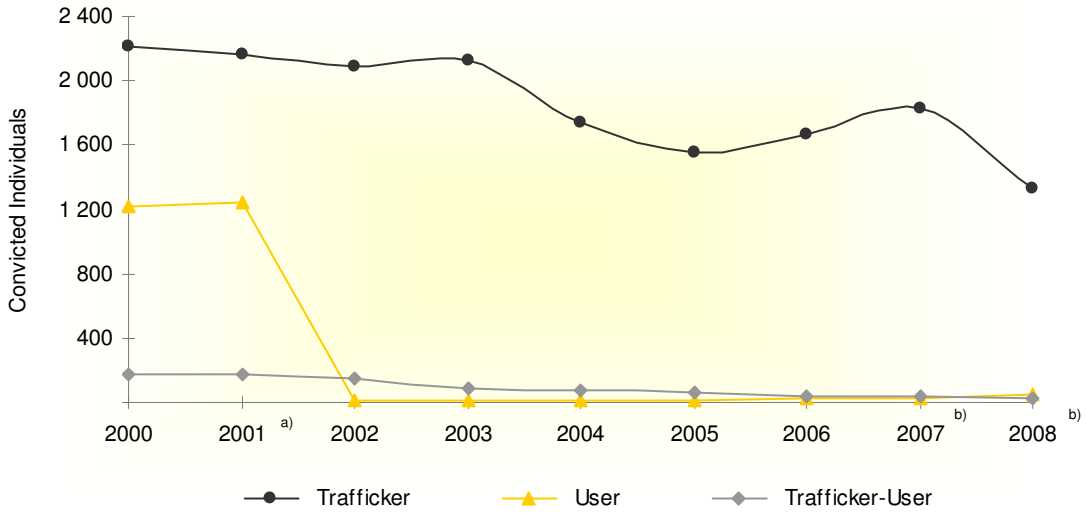
[48]In line with the methodological criteria used in previous years, the judicial decisions dated of 2007 and 2008 and registered at IDT until 31st of March 2009. 2008 data will be updated next year and 2008 decisions registered between 31st March 2009 and 31st March 2010 will be taken into account.



Graph 44 - Individuals presented in Court for crimes against the Drug Law (IDT, I.P. 2009)

a) In line with the methodological criteria used in previous years, the judicial decisions dated of 2007 and 2008, and registered at IDT, I.P. until 31st of March 2009. 2008 data will be updated next year and 2008 decisions registered between 31st of March 2009 and 31st of March 2010 will be count.

- Of the 1 392 convicted individuals[49] (1 420 in 2007, 1 474 in 2006, 1 281 in 2005, 1 669 in 2004 and 1 828 in 2003), 95% were convicted for traffic, 3% for use and 2% for traffic-use[50];
- The districts of Lisbon (38%) and Porto (17%), followed by Setúbal (9%), the Autonomous Region of Azores (6%) and the district of Faro (5%). The Autonomous Region of Azores and the districts of Lisbon, Faro, Bragança and Setúbal registered the higher rates per resident (15-64 years old);
- These convictions involved mainly[51] suspended prison (58%) and effective prison (34%) contrarily to what happened in previous years.

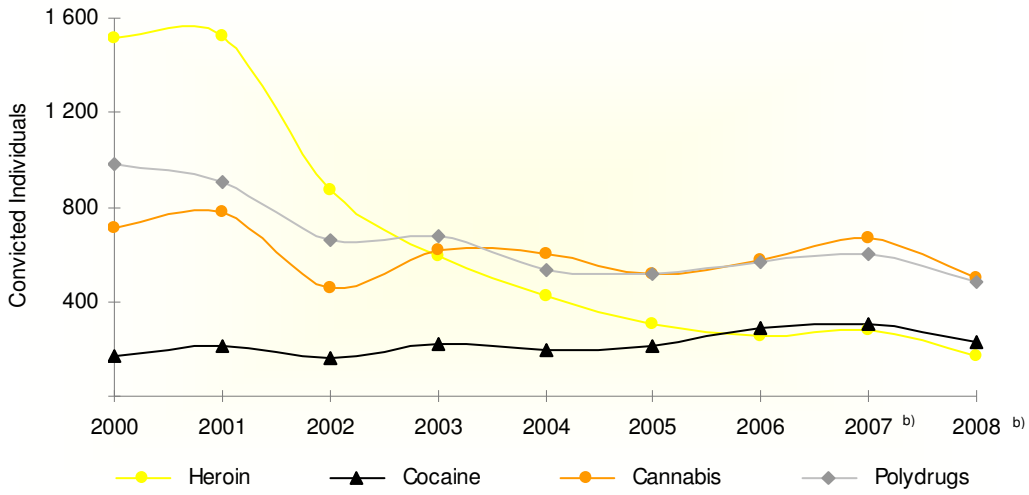


[49] Percentage data presented are calculated for the cases which have information on the considered variables.
[50] Illicit drug growing (article 40. º of Decree-Law 15/93, of the 22nd of January) continues to be considered a crime of use.
[51] Sanctions may involve more than one crime.

Graph 45 – Individuals convicted in Court for crimes against the Drug Law (IDT, I.P. 2009)

As for the substances involved:

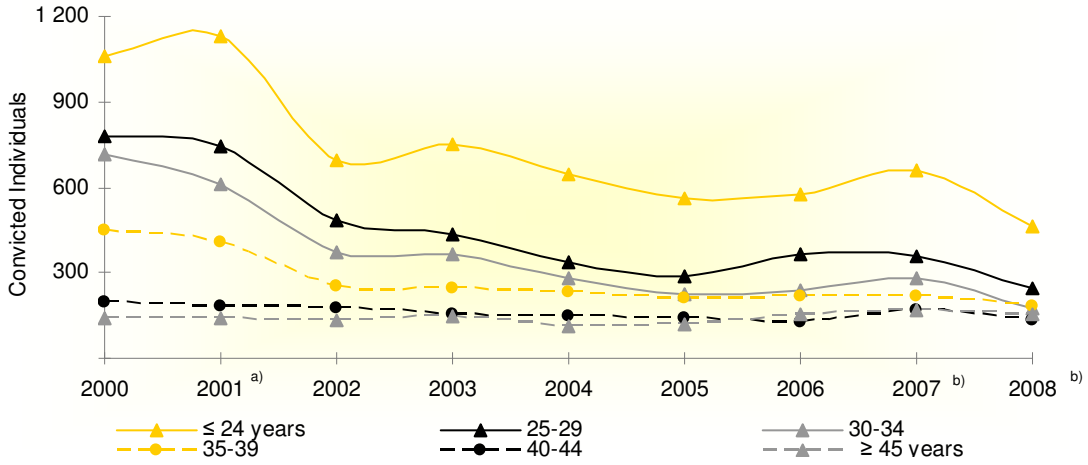
- The majority of these convictions involved, once again, the possession of only one drug (66% in 2008, 69% in 2007, 67% in 2006 and 2005, 69% in 2004). Hashish was, for the sixth time, the main substance involved (36% in 2008 and 2007, 32% in 2006, 30% in 2005, 28% in 2004), followed by cocaine (16% in 2008, 17% in 2007, 18% in 2006, 15% in 2005, 11% in 2004), heroin (12% in 2008, 14% in 2007, 16% in 2006, 18% in 2005, 24% in 2004) and 2% several other drugs;
- When polydrugs are considered (in 34% of the processes), the association heroin-cocaine was predominant;
- The trend, initiated in 1998, of the decreasing importance of heroin related convictions, continued, (12%, 14%, 16%, 18%, 24%, 28%, 40%, 44%, 45%, and 52% of the cases, respectively in 2008, 2007, 2006, 2005, 2004, 2003, 2002, 2001, 2000 and 1999);
- Similar to previous years the cases related with the possession of cocaine only continue to have greater relative importance in the group of traffickers than in the group of traffickers-users. In the group of convicted by crimes related with consumption, once more the vast majority of the cases were cannabis related;
- In comparison to previous years and despite 2008 data is going to suffer changes in next year, it was noted in the convictions related to only one drug, the preponderance of hashish for the sixth consecutive year instead of heroin, and for the third consecutive year of the convictions by possession of cocaine only in relation to the cases involving only heroin, strengthen the trend verified in last years of higher visibility of cocaine in these circuits.



Graph 46 – Individuals convicted in Court by year and type of drug (IDT, I.P. 2009)

Concerning the individuals involved:

- Most of these convicted individuals were of the male gender (87%);
- Aged 16-34 (65%) mainly 16-24 (34%) and 25-34 (31%), 30 being the mean age.

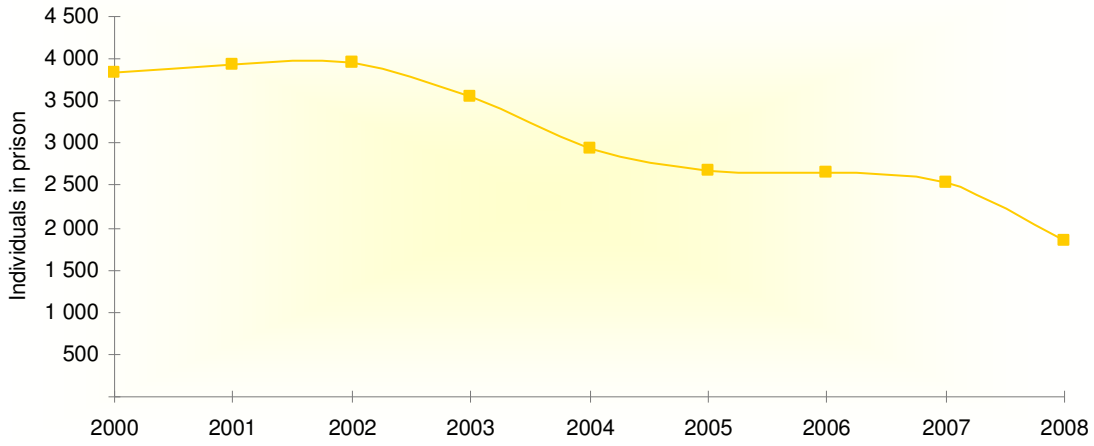


Graph 47 - Age groups of individuals convicted in Court for crimes against the Drug Law (IDT, I.P. 2009)

- They were mostly Portuguese (81.3%), single (53.8%) and living with their parents/siblings (33%). Among those who were not Portuguese (19%), the Africans were predominant with special relevance to Cape Verdeans;
- The gradual increase in terms of educational status already verified in previous years continues to be registered, with 51% (35% in 2007, 30% in 2006) of those individuals reporting having attended the 3rd level of compulsory school (7th to 9th grades);
- Concerning the professional status, 48.2% were employed at the time of their conviction, and 38.1% were unemployed.

Convicted by traffick, comparetively to users and trafficker-users, presented more individuals from the female gender and foreign nationality. Moreover, trafficker-users presented more single individuals, living alone, with higher level of education and a higher percentage of unempolyed in relation to the other two groups of convicted.

Prison data indicates that, on the 31st of December 2008, 1 849 (-27% than in 2007 with 2 524) individuals were in prison for crimes against the Drug Law, the lowest value registered since 1995 and reinforcing the continous decrease trend registed since 2002. Was also reinforced the trend initiated in 2000, of weight of these individuals in the universe of convicetd prisoner population, representing on the 31st of December 2008 near 21% of this population.



Graph 48 – Individuals in prison for crimes against the Drug Law (IDT, I.P. 2009)

Most of these individuals were convicted for traffic (89%) but also for less serious trafficking (9%) 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 six years were registered. Anyway and despite some annual oscillations, is also verified a decrease trend in other crimes under the Drug Law.

Most of these convicted individuals were male gender (87%); aged 30-39 (37%), 40-49 (28%) and 21% with less than 30 years; mean age 38.

They were mostly Portuguese (68%), but once more was reinforced the increasing tendency of foreigners weight verified in previous years.

9.3. Prevention of drug related crime

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).

The commitment in the work to be carried out near schools and educational communities is one of the fundamental pillars of the institutional strategy, which is reflected in the "Safe School Program". The main objectives of this programme are: raising awareness and acting near students, parents, teachers and responsible school staff for the problematic of security; advising good practices and recommending the adoption of adequate preventive measures with the aim of ensuring that schools will be a safe place and free of drugs.

For a target population of 979 200 pupils in all school levels (including Universities), in the school year 2008/09, 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 activities (targeting students, parents, school staff and law enforcement agents).

PSP promoted more than 3 639 awareness, training, and demonstration sessions in schools, with the participation of near 206 694 pupils.

Many of these actions were about prevention, criminal prevention and road safety prevention; actions for education for citizenship were also undertaken and several other events.

Specifically targeted for the prevention of risk behaviour, prevention and fight against drug use, it is important to mention the operation – Recreio Seguro (*Safe Playground*) - with the following slogan: "A droga e a violência não são ocupação dos tempos livres" (Drug and violence are not free time occupation). PSP focused its operational capacity in order to increase the feeling of safety in the vicinity of school premises, preventing crime and violence. For example small robberies (wallets, cell phones, backpacks, clothing accessories) near schools of 2nd and 3rd Cycle and promoting a systematic and determined fight against drug trafficking and illegal sale of alcohol and tobacco; detecting and signalling the use of psychotropic substances and alcohol, as well as promoting the referral to the CDTs.

GNR data indicate that in 2008, 211 agents (198 in 2007, 196 in 2006, 208 in 2005 and 279 in 2004), were allocated to Safe School 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 targeted 9 209 schools covering a universe of 811 640 students and 6 630 awareness raising sessions were developed.

9.4. Interventions in the criminal justice system

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 2008:

- 0% clients starting treatment in a public therapeutic community were referred by the Court as an alternative to prison (1% in 2007, 0% in 2006, 3% in 2005 and 1% in 2004). 4.2% of those starting treatment in a private therapeutic community (4% in 2007 and 2006, 2005 and 2004) were referred by the Court as an alternative to prison;
- 6.7% of all the active clients and 11.5% of first treatment demands in the public outpatient units were referred by Criminal Justice Services, identical figures to previous years.

Alternatives to prison

The decriminalisation of possession and use of drugs, Law 30/2000 of 29 of November, is an operational instrument of objectives and policies to combat the use and abuse of drugs, and the promotion of public health, complementary to the strategies of other areas of intervention of IDT, I.P. in the field of demand reduction, representing as well a measure against social exclusion.

The purposes of this legal change was the reduction of drug use and safeguard of the needs of individuals at preventive, health and therapeutic level. For this objective, Commissions for the Dissuasion of Drug Use (CDT) were created in each capital of district to develop a proximity work in the mediation between situations of use and the application of administrative sanctions (see chapter 9.2 for further developments).

In the course of the year 2008, a new investment was made in the policies related to dissuasion, as theorical model that sustain the application of the law, being solved the

problem of the lack of quorum[52] that had conditioned the decision making process in the application of the Law N. º 30/2000.

This period was marked essentially by a reorganisation in the work of these CDT, due to the replacement of a quorum and the change of facilities of other CDT, having been noted at the end of 2008, an increase in the accomplishment of the objectives defined and a greater investment in the enforcement of the Law, as well as an improvement in the articulation with the other entities involved.

The CDTs have organised several actions related with the follow up of the individuals, towards preventive answers, treatment or, in same cases, to the choice of sanction measures.

To achieve these referrals is necessary to assess and evaluate the connexion that the individual has with the illicit substance consumed. This means trying to meet the actual needs of each individual, allowing for early detection of problem drug use and identification of dysfunctional behaviours, which involve greater risks, including escalation of consumption.

The following tables characterize the situation of consumption of the individuals in process filed in 2008 and the type of forwarding /reply made within the scope of a provisory suspension of proceedings.

Individuals	N.º
Drug Addict	783
Non- Drug Addict	2.816
Pending cases	2.075
Total	**5.674**

Table 23 – Situation towards the use of the individuals without previous record (IDT, I.P. 2009)

Approximately 77% of the cases opened in 2008 are related to the primary individuals, in a figure very close to the previous year. On 2.075 cases, it was not possible to define the individuals position with regard to consumption due to non-appearance in the CDT or because they were waiting for procedural issues.

Type of referral	N.º of Individuals			
	Treatment Teams	Health Centre	Other responses	Total
Referral	140	2	24	166
Second Referral a)	110	4	13	127
Follow-up treatment	315	1	52	368
Total	**565**	**7**	**89**	**661**

a) When an individual goes to a CDT for the second time and has already a process open, he is referred for the second time

Table 24 - Provisional Suspension of the processes from Drug Addicts – voluntary treatment (IDT, I.P. 2009)

[52] This lack of quorum, verified in 2007, conditioned the normal function of the CDTs of Bragança, Viseu, Guarda, Lisboa, Faro, Coimbra and Vila Real.

Of the 783 drug individuals, 661 (84.4%) voluntarily agreed to go to treatment, under a suspension of the process. From those, 166 (25.1%) had never established contact with treatment facilities, 127 (19.2%) reinitiate the treatment once had left and 368 (55.7%) were under treatment at the time when the offence occurred.

Type of answers	N.º
Without motivation diligence	1846
Only motivation diligence	645
Motivation diligences and referral for support structures	186
Direct referral to support structures	139
Total	**2.816**

Table 25 – Provisional Suspension of the process for Non-drug users (IDT, I.P. 2009)

From the total number of individuals non-drug users (2 816), 645 (22.9%) were subject only to diligence of motivation, 186 (6.6%) were subject to measures of motivation and referred for support and 139 (4.9%) were directly referred for support without motivation diligence.

Therefore, it should be noted that 34.4% of the non-users' individuals were considered consumers in a problematic situation which could indicate major risk towards an addiction, needing expert support and differential approach. For the remaining 1 846 (65.6%), mostly were consumption situations, that after psychosocial evaluation, the technical staff considered not worthy of any intervention as they were not risk situations.

Also in the context of referrals, some were made through the application of non-pecuniary sanctions. Almost all penalties consisted on regular presentations at a designated local, usually the CDT, the Health Services or Police Authorities.

9.5. Drug use and problem drug use in prisons

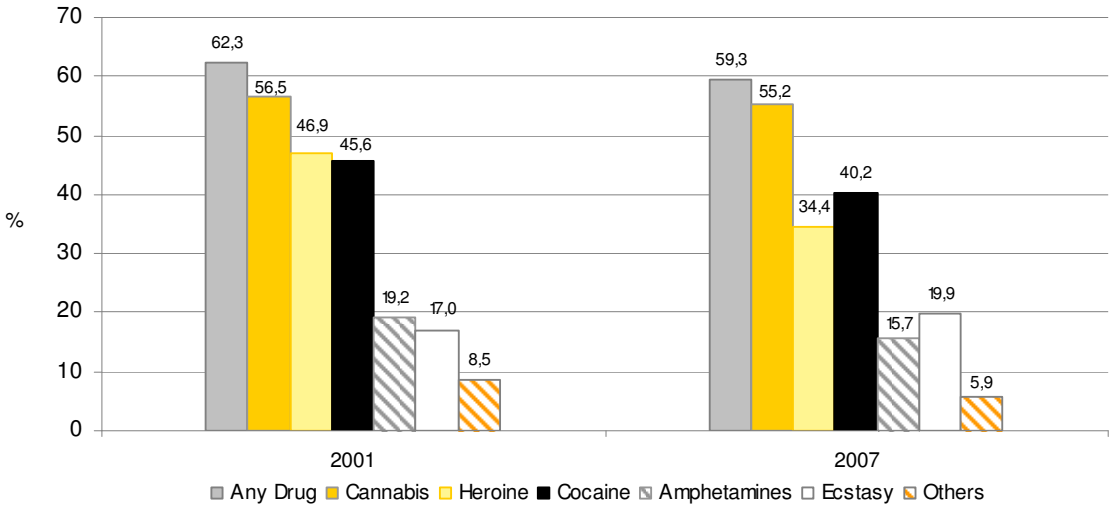
As reported last years Annual Report, in 2007, the II National Prison Survey on Psychoactive Substances (Torres2007) was implemented (first study was in 2001). As for the 2001 project, the survey used a random sample of 20% of the individuals in prison. Directors and staff were also interviewed on perceptions. 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 1986 (2 057 in 2001) valid, anonymous and self-completed questionnaires were collected in 44 prisons (47 in 2001).

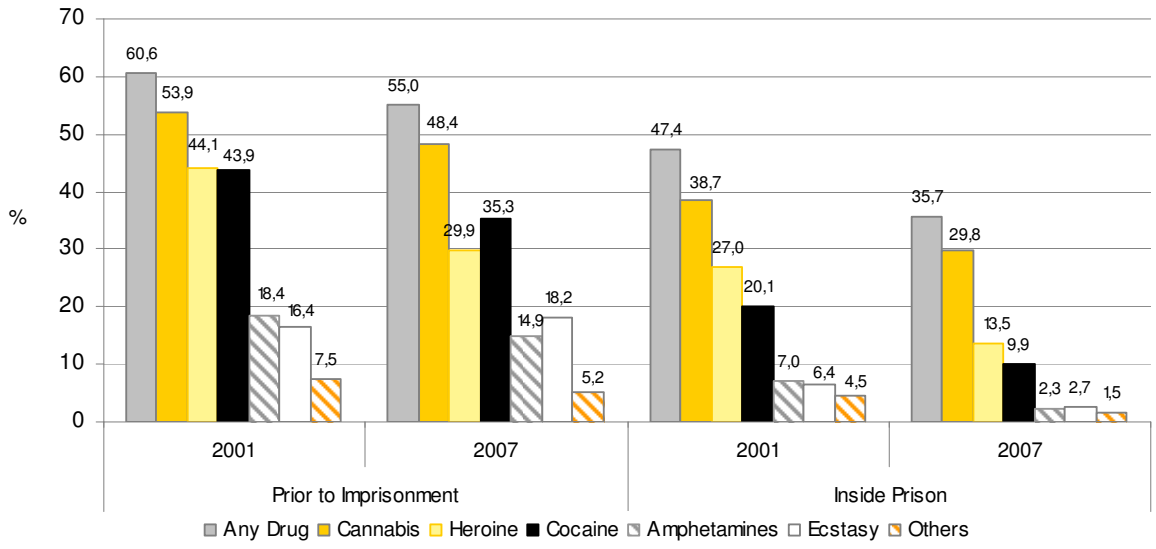
See also chapters 5.4 and 7.3.

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 49 – National Prisoner Population: Lifetime Prevalence, by type of Drug (IDT, I.P. 2009)

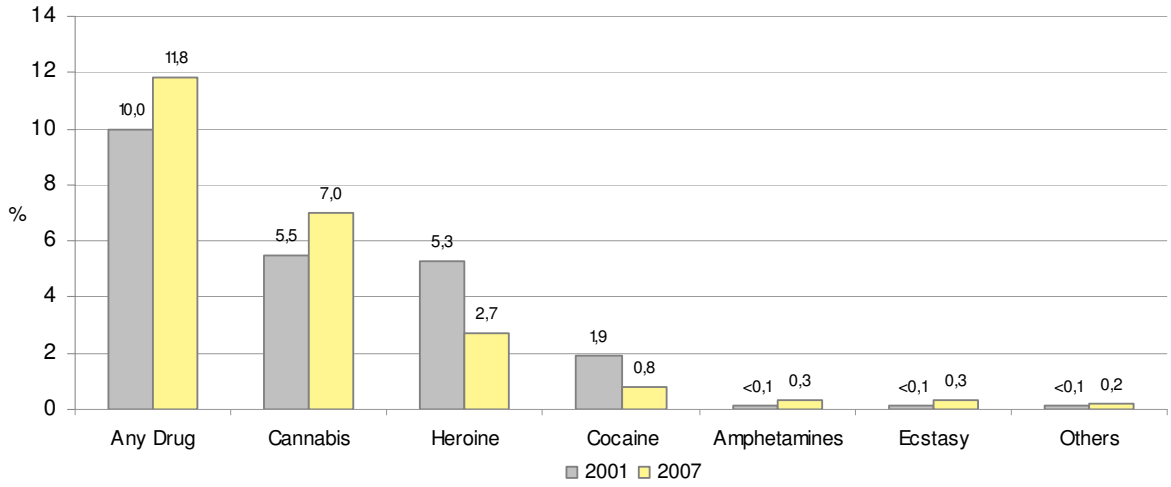


Graph 50 – National Prisoner Population: Prevalence of Use in Prison by type of Drug (IDT, I.P. 2009)

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 51 – National Prisoner Population: Regular Consumption in Prison, by year and type of Drug (IDT, I.P. 2009)

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.

9.6. Responses to drug-related health issues in prisons

Drug treatment

Referral to different treatment response is encouraged across the prison system, that, in addition, ensure to all new inmates, the continuity of pharmacological treatments initiated in freedom.

In this area, we can state the motivation for treatment in a regular way and the carry out of 84 sessions of information/awareness focused on the use of psychoactive substances/polydrugs use; the risks and harms associated with use / abuse of psychoactive substances and on new drugs (risks and associated effects).

In the field of prevention, treatment, harm reduction and reintegration of inmates' dependent of psychoactive substances, three Commitments of Collaboration were celebrated between the IDT, I.P. and the Leiria EP and Guarda EP.

In 2008, 282 inmates' drug users have integrated the programmes aimed at abstinence, among them 51 women.

During 2008, 364 inmates drug users, including 5 women, have integrated opioid substitution Programs (methadone, buprenorphine) and antagonist programmes in 6 prisons (Lisbon, Porto, Tires, Caxias, Linhó and Porto). During 2008, due to the articulation DGSP and IDT, I.P. inmates of 37 prisons were followed under substitution Programmes and inmates of 13 prisons had access to antagonists programmes. In 2008, the substitution and antagonists programs covered 664 inmates.

Prevention and reduction of drug-related harm

In this area the following interventions should be referred:

- 19 information sessions on risk behaviours, risks associated with sharing infected material, Risks associated to tattoos and piercings, protection factors and behaviours;

- In the period 1 July 2008 to 21 March 2009, in Paços de Ferreira e Lisbon prisons 3 trainings were organised aimed at the Prison Board, health experts and experts on re-education and at the prison guards, in which participated 47 trainees;

- A Tattoo workshop was developed in the Paços de Ferreira Prison hosted by professionals of the area and attended by 25 inmates. This action aimed at inform the inmates on safe tattoos in prison settings, risk associated with bad practices and on materials and most adequate tattoo techniques.

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). 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.

In the period 1 July 2008 to 31 march 2009, the pilot project was carried out in both prisons, as defined in the Methodological Guidelines and norms of functioning, but not at the same time. The access to the programme for needle exchange was guarantee and the distribution of injecting material done by the clinical services of the Paços de Ferreira prison and health centre of Lisbon's prison.

Concerning the questionnaires used to assess the attitudes and opinions of inmates, health and re-education experts and prison guards on interventions in risk behaviours and needle exchange programmes, 2 different phases should be referred:

If the questionnaires applied in the periods 0 and 3 month had as main objective the assessment of knowledge of the functioning rules of the programme and its impact in the prison's dynamics; the questionnaires at 9 and 12 months (T9 and T12) requested, to more effectively assess the perceived reasons or by inmates or by staff, leading to an inmate drug user, injecting not join the program of syringe exchange.

Two months later, on the second submission of the opinion questionnaires to staff and inmates, 531 persons were involved, 412 of which from Paços de Ferreira prison and 119 from Lisbon.

In the T9 deadline, 390 opinion questionnaires were submitted, to 390 persons in Paços de Ferreira and 320 in Lisbon.

After 12 months, took place new submission of questionnaires (T12) to 699 persons, 379 from Paços de Ferreira and 320 from Lisbon.

The data analysis is carried out by the Faculty of Medicine of the Porto University.

Prevention, Treatment and care of infectious diseases

The Hepatitis B vaccination programme was maintained in 2008 and 1323 doses of vaccine were distributed, 1314 to inmates and 9 to staff.

The implementation of the National action plan against spread of infectious diseases in prison settings (PANCPD) followed the schedule. The prisons organised during 2008, 426 interventions on the areas of health promotion and prevention diseases.

A technical team was constituted, in collaboration with the Center for Tuberculosis of the Directorate General for health (DGS), in order to plan and ensure the implementation in the prisons of this part of the PANCPDI. This working group met regularly during 2008 and in consequence, the action Plan for 2009 was presented by the end of 2008.

Initially, systematic screening for tuberculosis will cover 15 prisons. This first phase will cover the prisons in the region of Lisbon and Vale do Tejo, being estimated that, after proper appraisals, the systematic screening will be extended to the other prisons during the second half of 2009.

9.7. Reintegration of drug users after release from prison

The reintegration of drug users after release from prison is undertaken in the framework of the national reintegration policy referred in chapter 8.

10. Drug Markets

10.1. Introduction

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

For the seventh consecutive year, hashish[53] was the substance involved in a higher number of seizures (2 616) followed by cocaine (1 437), leaving heroin (wih 1 309) for the fourth consecutive year in 3rd place. The number of herbal cannabis (liamba) (383) and ecstasy (88) seizures continue to be much lower.

The seized quantities of cannabis registered an increase in comparison to 2007, being the highest value of the decade. An increase was registered in the seized quantities of heroin (+10%) in relation to 2007, contrarly to the decreases occurred in the last two years. However, despite the increase in the number of seizures, a decrease was verified in the seized quantities of cocaine (-34%) the lowest value since 2004, and herbal cannabis (liamba) (-73%) being the lowest value of the last decade. In the case of ecstasy, the quantities seized were very similar to 2007 (-0,4%), although much smaller than those seized in previous years, representing the lowest value since 2001.

Regarding the prices of drugs at trafficker and trafficker-user level there was no relevant changes, except the decrease of heroine average price, which for the fourth consecutive year was inferior to cocaine.

Concerning countries of origin of the seized drugs in 2008, heroin from Spain and the Netherlands, cocaine from Venezuela, Argentina, Gambia and Brasil, liamba from South Africa and Cape Verde and hashish from Morocco.

Concerning the prices of these substances at trafficker and trafficker-user level and in comparison to 2007, Os preços médios[54] das drogas confiscadas em 2008 não sofreram alterações relevantes comparativamente a 2007, excepto a descida do preço médio da heroína, que, pelo quarto ano consecutivo, foi inferior ao da cocaína.

10.2. Availability and supply

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

- Spain is the main origin of the heroin seized in 2008 (respectively 2%) the origin of 97% of the seized heroin remains unknown;
- Venezuela, Argentina and Gambia are the main origin of cocaine seized in 2008 (respectively 31%, 13% and 11%) the origin of 25% of the seized cocaine remains unknown;

[53] Data relative to hashish include resin, and cannabis pollen.
[54] Since 2002 that prices refers only to traffic and traffic-use market. Price reported by traffickers and traffickers-users (there is no information at retail/street level).

- Similarly to previous years, Morocco (51%) was the main origin country of the seized hashish but 31% of the seized hashish was from unknown origin;
- Concerning herbal cannabis (liamba), South Africa (23%) and Cape Verde (5%) are the main origin with 69% reaching Portugal from unknown origin;
- Netherlands was the main origin for the seized ecstasy (87%), 13% was from uknown origin.

Similarly to last year most of the ecstasy, heroin and cocaine seized were destined to the internal market. Contrarly to what happened in 2007, most of the hashish and liamba seized in 2008 were destined to the internal market.

However, an important large number of seizures had as final destination other countries, especially Spain, the Netherlands and the United Kingdom, thereby maintaining the trend of Portugal to work as a transit point on international trafficking, particularly in the case of cocaine.

According to 2007 General Population Survey (see Chapter 2), the Portuguese population perceived the access to substances in a 24-hour period more easy than in 2001.

According to the 2007 ECTAD survey (see Chapter 2), there was a decrease in the percentage of youngsters (13 to 18 years old) saying that is “very difficult” to have access to drugs and also of those saying that is “very easy”.

Trafficking patterns, national and international flows, routes, modi operandi, and organisation of domestic drug markets

Central Narcotics Traffic Investigation (DCITE) drawn up a situation analysys on *The Treath* of *International Drug Trafficking by Air and by Sea* (DCITE2009), report 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 among 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 economy context, illegally generated due to the introduction of this type of drugs into the European area.

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 European Union (EU). The report indicates that for the period 2000-2007, 73.9% of the cocaine seized entered by land, 22.1% by air and 2.6% by sea. For the hashish, land was also the most used mean (94.6%), followed by air (2%) and

by sea (1.3%). 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 western point of Europe and very near to the African platform, namely Morocco[55], 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 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 71.0% 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 2006 and 2007, in about 71.45% of cases, the drugs aimed other countries than Portugal. When referring separately to cocaine and hashish, in 58.8% and 71.4% 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 coming 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 (81.3%)– commercial ports –and, as far as the introduction of hashish is concerned, places without surveillance, in particular, beaches located in places without surveillance (44.4%) that are closely associated with hashish unloading procedures along the coast, as well as with wash-ups.

[55] Only 124 nautical miles separate Faro from Larache.

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.

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 mention the importance that recreational and fishing vessels have assumed, in both illegal cocaine and hashish trafficking processes.

The law enforcement controls in national airports reveal the problematic use of commercial and regular flights for drug smuggling into Portugal, mainly for cocaine trafficking.

The number of process related to seizures of cocaine transported by air has increased from 65 to 219 in the period 2000-2007, using regular flights from Brazil and Venezuela to Lisbon and then disseminate the product to European and African countries.

Drug trafficking by commercial airlines mainly uses individuals, mules, who have the responsibility to carry the drug, which is hidden in the body (inside or outside) or in the luggage they carry, under different ways. A residual percentage of cases are associated with deliveries.

Among the forms mostly used to dissimulate drugs carried out by plane, this report shows that 44.9% is hidden in luggage and structure, 21.9% inside the human body, 13.8% around the body, 8.5% in shoes/clothes, 2.3% in food and 8.6% in other ways.

In a way to enhance profit, mules often carry drug inside, stuck to their body and under other forms, since a mule is only able to carry inside his body small quantities, from 100g to 1kg (26.6%) or 1 to 2kg (58%).

Law enforcement data indicate that hashish air transportation is decreasing since 2005. The 2008 report refers organised crime linked to hashish: transcontinental flows from Morocco to Portugal (Beja) in non-commercial flights; intra-communitarian routes from Portugal to UK, The Netherlands, Germany and Ireland, in which the drug is transported by mules and in their luggage; transcontinental flows from Spain, transit in Portugal and destined to Brazil.

Cocaine appears to be the substance more often involved in transcontinental trafficking in Portuguese airports, being 91.5% of the investigations occurred in 2005-2007. In this period, the number of cases evolve from 196 (31.3%) in 2005, 221 (35.3%) in 2006 to 209 (33.4%) in 2007.

The forms of dissimulation of drug vary, the substance being essentially dissimulated in the luggage - 45% and in the human body – 23.3% inside the body and 14.9% around it.

As *modus operandi*, Portugal is mainly the entrance point of cocaine to be distributed to the rest of EU countries, 65.7% of cases detected were in transit.

In what refers to the transcontinental cocaine traffic (most significant in Portugal), a predominance of flows from Venezuela (43.1%) and Brazil (29.6%) is evidenced, with a minor expression of other countries of America (5.6%) and Caribbean (0.6%), characterized by an high percentage of transits destined to other countries, mainly in Europe and an increase importance of the flows from Africa, specially from Western Africa (Guinea Bissau, Senegal and Cape Verde), which tend to affect directly the Portuguese market.

The increased number of transcontinental cocaine trafficking with the source located in some West Africa countries is a cause of great concern for the European authorities, not only due to the geo-political situation of those countries, but also to the fragility of their social organization and political institutions. The flows coming from Guinea Bissau, Senegal, Cape Verde, Mali and São Tomé e Principe are regularly growing, representing 16.9% of the cocaine cases, of which 33% are in transit to Europe – The Netherlands, Spain, France, Belgium, Italy and Andorra. Therefore an important part of the West Africa cocaine is destined to the Portuguese market.

Although the problem of drug trafficking by air is sharper in its international dimension, as most of the situations were detected in international airports (97.4%), mainly at Portela (Lisbon, 80.6%), there is also some internal trafficking of various types of drugs, mainly heroine (59.2%), hashish (32.7%) and cocaine (8.2%) in the different Azorean islands (64.3%) and in Madeira.

The majority of drug trafficking cases detected in the Portuguese airports refers to the transcontinental traffic of cocaine (91.5%), having however to register other types of substances in the clandestine operations as heroine, hashish, liamba, ecstasy and other synthetic drugs, essentially aimed at supplying national market.

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.

The new Lisbon-headquartered structure called Maritime Analysis and Operations Centre – Narcotics (MAOC-N) is in its initial stage of functioning, aimed at carrying out analysis and processing of criminal intelligence and co-ordinating international operations to combat drug trafficking by sea. Some seizures have all ready been undertaken due to the operational co-operation and criminal intelligence exchanges promoted by this body.

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 situations[56].

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-OPERATION[57] with other Member States and third countries[58] 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;

[56] 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 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.

[57] 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.

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

- 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.

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 seventh consecutive year hashish, and not heroin, was the main substance involved in seizures (2 616), it was followed, by cocaine (1 437) and then heroin (1 347).

In 2008, the number of hashish seizures registered an increase (+17%) in relation to last year.

As usual herbal cannabis (liamba) and ecstasy registered lower numbers of seizures (respectively 383 and 88). In relation to 2007, both registered a decrease in the number of seizures in comparison to 2007, liamba (-10%) and ecstasy (-20%).

In comparison to 2007, there were more seizures of hashish (+17%), cocaine (+5%) and heroin (+3%), decreases were verified in the case of herbal cannabis (-10%) and ecstasy (-20%). The number of seizures of cocaine was the highest since 2000 and despite the annual fluctuations, in the last five years an increase trend in the number of seizures for almost all drugs was registered, with the exception of cannabis due to the consecutive decreases registered in the last two years and ecstasy where is a clear decrease trend.

For the first time seizures of Tilidine and for the second time seizures of Khat were registered.

Concerning the **quantity of seized drugs**, in comparison to 2007, in 2008 an increase was verified in the seized quantity of hashish (+37%) the highest value of the decade. An increase was registered in the seized quantity of heroin (+10%) in relation to 2007, contrarly to the decreases occurred in the last two years. However, despite the increased number of seizures, there was a decrease in the quantities of cocaine seized in relation to 2007 (-34%), the lowest value since 2004. As happened with the number of seizures, also seized quantities of cannabis decreased from 2007 (-73%), representing the lowest value of the last decade. In the case of ecstasy and despite the decrease registered in the number of seizures, the quantities seized were very similar to 2007 (-0.4%), but quite inferior to the quantities seized in previous years, representing the lowest value since 2001.

Concerning other drugs availability in the national market, seizures of several other substances ocurred (Khat plants, amphetamines), and for the first time there was a reference to Tilidine.

Seizures involving **significant quantities**[59] in 2008 represented 4% of the total number of heroin seizures, 4% hashish, 4% of liamba, 9% of ecstasy and 17% of cocaine seizures. However, in terms of quantities seized, these seizures involving significant amounts accounted for almost all of the cocaine, hashish and ecstasy seized (99.8% cocaine and hashish and 96% of ecstasy), and most of the heroin and cannabis seized in the country in 2008 (85% of heroin and 76% of liamba).

At regional level the higher number of heroin, cocaine and ecstasy seizures was registered in the districts of Lisbon and Porto, liamba in the districts of Lisbon and Coimbra, the higher number of ecstasy seizures was registered in the districts of Lisbon and Viseu. In terms of quantitites seized, stood out the districts of Lisbon and Faro in the case of heroin, Lisbon, Setubal and Porto at cocaine level, Faro and Setubal in the case of hashish , the districts of Lisbon, Porto, Braga and Leiria at liamba level and the district of Aveiro appeared in 2008 with the higher quantities of seized ecstay in the country.

In relation to Tilidine, the first seizure regist was in 2008 and in the district of Faro.

Year / Type of Drug / Drug	2000	2001 [a]	2002	2003	2004	2005	2006	2007	2008
Grammes									
Heroin	567 533	316 039	96 315	72 365	99 047	182 266	144 295	61 669	68 090
Cocaine	3 026 374	5 573 994	3 140 103	3 016 881	7 422 752	18 083 231	34 477 476	7 362 975	4 877 905
Hashish [c]	30 467 121	6 475 609	7 027 329	31 559 269	28 995 141	28 395 514	8 503 664	44 623 450	61 262 140
Herbal Cannabi	223 212	234 533	361 026	264 821	118 929	121 394	151 915	133 300	36 634
Pills									
Ecstasy [d]	36 386	127 328	239 213	165 539	111 833	213 788	133 290	70 591	70 309

Table 26 - Seizures, by year and by Type of Drug 2000 - 2008 (IDT, I.P. 2009)

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, I.P. and kept apart from the Criminal Police's central register. See Standard Table 13
b) Hashish quantities include resin and cannabis polen.
c) Ground and dust Ecstasy seized quantities were converted in pills

10.4. Price/Purity

The average price[60] of drugs in 2008 didn't suffer relevant changes in comparison to 2007, with the exception of the decrease of heroin average price, which for the fourth consecutive year was inferior to cocaine.

Despite annual variations, since 2002 is verified a decrease trend in the average prices of heroin and ecstasy, presenting in 2008 the lowest values since that date. However an increase trend of the average price of cannabis is being registed specially in the last two years and a stability of the average price of cocaine in the last four years.

[59] For heroin and cocaine, quantities equal or above 100g are considered and in the case of cannabis quantities equal or above 1000g are considered and in the case of ecstasy equal or above 250 pills, according to the criteria used by the UN. The percentages presented here were calculated on the seizures expressed in grammes, or in the case of ecstasy in pills (quantities seized of ground ecstasy or in dust were converted in pills, according to the Administrative Rule 94/96 of 26 of March).
[60] Since 2002 that prices refers only to traffic and traffic-use market. Price reported by traffickers and traffickers-users (there is no information at retail/street level).

Type of Drug \ Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Grammes									
Heroin	49,72 €	50,27 €	43,78 €	46,80 €	46,54 €	41,01 €	42,17 €	37,57 €	33,25 €
Cocaine	60,31 €	53,51 €	38,57 €	41,40 €	42,23 €	45,11 €	45,73 €	44,65 €	45,56 €
Hashish	4,13 €	4,06 €	2,45 €	2,49 €	2,31 €	2,13 €	2,18 €	3,45 €	3,28 €
Herbal Cannabis	3,83 €	3,26 €	2,62 €	4,00 €	2,66 €	3,67 €	2,15 €	4,70 €	5,09 €
Pills									
Ecstasy	5,98 €	6,86 €	5,90 €	5,27 €	4,50 €	3,56 €	3,18 €	3,20 €	2,80 €

Table 27 - Average Price of drugs 2001-2008 (IDT, I.P. 2009)

In 2008, concerning **purity**, and according to the data reported in Standard Table 14, increases were verified in the average purity of cannabis resin, herball cannabis, heroin brown, cocaine and decreases were registered in the average purity of crack, amphetamine and ecstasy

The **composition of pills** sold at street level, as reported in Standard Table 15, indicates a increase in comparison to last year in the percentage of tablets containing MDMA-Like substances.

Part B

Selected Issues

11. Cannabis markets and production

First of all, it is important to note that as product reference, we consider all derivates of *Cannabis Sativa*, since this bush generates several drugs: Liamba, hashish, resin, oil or pollen. In Portugal, there is very good information coming from different sources concerning use and distribution of cannabis, but there is a lack of data concerning domestic production.

Following european trend, cannabis continues to be the most illicit product consumed in Portugal. As for prevalence, cannabis appears with lifetime prevalence of 11,7%, of 3.6% last year and of 2.4% last month with a continuation rate of 30.5%, according to 2007 General Population Survey.

According to 2007 ESPAD Report, lifetime use of marijuana or hashish is 13% (17% for Boys and 9% for Girls).

In context of school population, National School Survey (INME 2006) refers cannabis lifetime prevalence for 3rd cycle of 6,6% and for secondary school 18,7%.

11.1. Markets

According to an exploratory research (Calado2009) which analysed information expressed in an electronic forum of discussion on cannabis and cannabis cultivation, we can conclude that this website user's community adopts a speech suited on unconditional defence of cannabis, denying and minimising the risks inherent to its use. The change of the law that criminalises his cultivation is taking like a true cause by these website users.

The main conclusions of this research are:

- The production of cannabis for personal use is not recent in Portugal, although it was intensified in last three or four years, with strong expansion foreseen in coming years. According to growers, this can be explained by an increasing demand towards cannabis consumed, easier access to products (seeds, cultivation material), increased availability of information (especially Internet pages and forums) and by financial crisis which has affected Portugal and Europe.
- The overwhelming majority of cannabis produced in Portugal is not aimed to drug trafficking, but for personal use and small networks of friends, approach that is corroborated by users and police authorities. In Portugal, cannabis leaves are not processed into hashish. There is, therefore, virtually no herbal cannabis on Portuguese market (' who has, cultivates it '), where herbal cannabis is a small fraction of illicit drug market.
- As it is difficult to quantify the number of cultivations, we can only say that they are generally small free-range farming, such as small kitchen gardens or back garden, backyards, greenhouses, balconies etc. There is also some indoor production in annexes or rooms specially prepared (with cutting-edge technology – plantations off), but law enforcement agencies consider that proportion of indoor cultivation to outdoor is about half. There is no information on hydroponic cultivation.

The electronic discussion forum analysed contains a list of 30 growshops spread throughout the country. There is reference to a smartshop announced as the first in Europe outside the Netherlands.

In growshops are sold: bongos, ashtrays, accessories, filters, cigarette papers, pipes, dosers, scales, jars, material for cultivation (hydroponic or biological), fertilizers, seeds, thermometers, cupboards, lighting equipment, cloning, air-conditioning, rooting and irrigation, legal psychoactive substances (stimulants, incense, herbs, and also products related to cannabis: clothing, books, CDs, etc.

According to the main Drug Law in Portugal nº15/93, article 2.4, " the cultivation, production, manufacture or employment of, trade in or distribution, import, export, dispatch in transit, transport, possession for any purpose or use of plants, substances and preparations indicated above shall be subject to the conditions defined in this text".

Scope of control is defined in article 2 of the Law: "All the plants, substances and preparations mentioned in the conventions on narcotic drugs and psychotropic substances ratified by Portugal, and amendments thereto, as well as other substances indicated in the tables annexed hereto, shall be subject to control".

Law enforcement data is proficuos in adressing issue of routes of entrance, but we are lacking specific info on market and distribution channels in the country. A 2007 study (Pita Barros e Pimentel) indicate the existence of different steps on the distribution system of cannabis, since the entrance in the territory by sea, air or land untill the small drug dealer that sells to use.

Usually, drug dealers buys product in big quantities, later divided in smal packages that are sold to other dealers and finally to users. As drugs go down on the distribution channel (from most important dealers to users) unit price rises. There are also occasions in which users are simultaneously drug mules, being payed in drug, in a system that is flexible and adaptable to evolution of legal framework: as use of small quantities is no longer a crime, drug mules transport maximum quantity allowed by law in a way to minimize the possibility of being caught by law enforcement forces.

One of the conclusions of this study is that distribution network tries to meet demand needs, the switf in first time tried and patterns of use among school population, therefore creating new forms of distributing cannabis in target groups – students, universitarian population, night life settings, problematic users and new users.

In the context of ECATD survey - students from 13 to 18 years - the results on the perception of the market indicate that cannabis appears to be more acessible than ecsatsy and that the perception towards cannabis vary in accordance with the students' age. No changes have been registred in this perception in the 2003 and 2007 surveys.

Before entering into law enforcement data analysis, we should refer methodology and tools developed to gather information, in accordance with Law nº 15/93 and Joint Intervention and Co-ordination Units (UCIC), composed by representatives of Law enforcement agencies, Criminal Police Forces and Customs that designed a mechanism for promoting agreement and co-ordination.

Different police authorities (GNR, PSP and Customs) gather data through a form Traffic and Drug Consumption (TCD), mandatory each time there is a drug seizure or individuals suspected of trafficking-consumption. Any service participating in the UCIC is required to fill out a TCD which as two forms, model A for substances and model B for the presumed offenders. These forms collect information relevant as the authority that made the seizure; data and local; type of drug, quantity and price paid;provenience and destiny of the drug; how the drug was obtained; transport used; individuals that intervene. Socio-demographic information of presumed offender, previous arrests, type of activity and role in the traffic chain are also inscribed. After completing this form, the different authorities send them to Criminal Police (PJ), responsible for centralising and processing all information related to the ofences set out in Decree Law nº 15/93 and Decree Law nº 81/95) in order to be included in Integrated Criminal Information System.

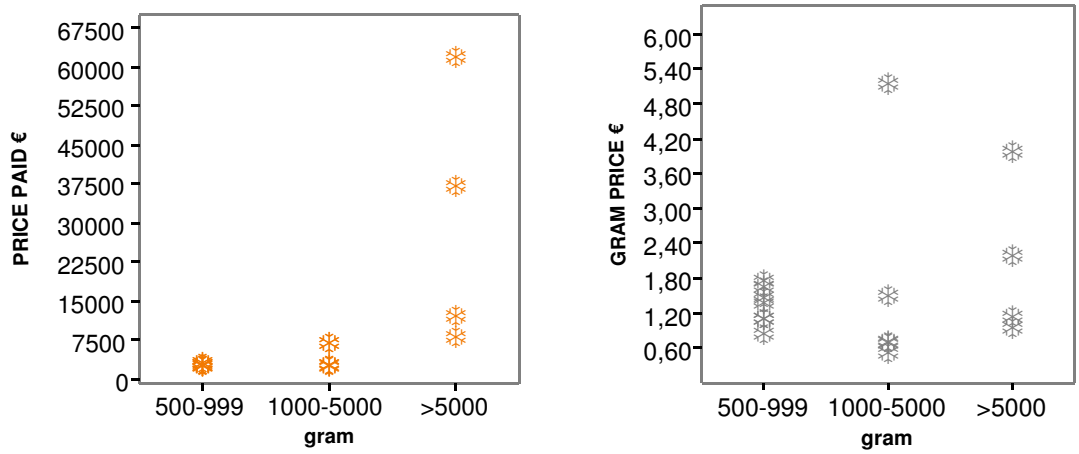
Criminal Police (PJ) provides statistical data from TCD forms to the Institute on Drugs and Drug Addiction, I. P. (IDT, I. P. - National Focal Point), with exception of personal identification data of individuals involved, so that these data be statistically processed, and information produced, with a view to fulfilling national and international commitments.

The major constraint of this system is that few wholesale price records are collected by authorities envolved, but it has the potential for match crossing other variables as drug destination, drug origin, quantities seized. In a near future, it will also analyse match crossing wholesale prices (SIIC) / purity degree (cannabis resin) and data coming from other sources, as judicial decisions.

The **wholesale drugs prices** are commonly identified with prices charged to a certain weight or amount of drugs transacted. For cannabis (herb, oil or resin) reference unit used is 1 Kg.

	Cannabis Resin
≥ 1 Kg	**101seizures** **9 prices**
≥ 0.5 Kg	**127 seizures** **16 prices**

Table 28 – Portugal seizures 2008 (PJ/IDT, I.P. 2009)



Graph 52- Cannabis Resin Price regarding quantities exceeding 500g (PJ/IDT, I.P. 2009)

Per gram	Minimum	Maximum	Mean	Median
2008 (n=9/101)	€ 0,33	€ 4,97	€ 1,67	€ 0,94
2007 (n=5/84)	€ 0,34	€ 1,75	€ 0,83	€ 0,69
2006 (n=12/101)	€ 0,51	€ 1,49	€ 0,82	€ 0,76
2005 (n=14/104)	€ 0,28	€ 0,98	€ 0,66	€ 0,63

Table 29 – Cannabis Resin Wholesale Prices 2005-2008 (PJ/IDT, I.P. 2009)

According to law enforcement data, wholesale drug price for 2008/2009 of cannabis resin vary from 800 € to 1.000€ for quantities near 1 Kg. Since 2005, cannabis wholesale drug price has been increasing.

Prices per Kg	Heroin	Cocaine	Cannabis Resin	Cannabis Pollen
Quantity Approx. 1Kg	16.000€ up to 21.000€	30.000€ a 35.000€	800€ up to 1.000€	1.500€ up to 1.800€
Quantity Approx. 1.000Kg	n.a.	25.000€	500€	1.000€

Table 30 – Wholesale drug prices data from Criminal Investigation 2008/2009 (PJ/IDT, I.P.)

11.2. Seizures

Law enforcement seizures reveal that there are no large cannabis plantations in Portugal. From seizures data, we can state that: 43,05% of the plantations were up to 5 plants; 18,52% of 6 to 10 plants; 19,74 % of 11 to 25, 8,65 % of 26 to 50; 5,55% of 51 to 100, 2,63 % of 101 to 250; and only 1,88% of more than 251 plants.

Due to its strategical location, Portugal plays a double role regarding cannabis. As country of destination (supply domestic market) and as a platform for introduction of cannabis in other European countries.

For portuguese domestic market, trafficking is mostly carried out by portuguese, moving by car to Morocco and Spain to acquire cannabis, mainly in form of resin. The drug is then hidden in various ways: structure of cars, in clothes and luggages, or even by body packing - small packages ("acorns") which are swallowed by drug mules, in this case knowned as “swallower” or “internal carrier”.

For the period 2000-2007, hashish entered in Portugal mostly by land (in 94.6% of the cases), easiest way for transporting large quantities.

Way of transportation	% of seizures	% kg
Air	2.0	0.4
Mail	2.1	0.1
Sea	1.3	50.7
Land	94.6	48.8
Total	100	100

Table 31 - Quantities and seizures of hashish by way of transportation (2000-2007) (DCITE2009)

Sea route is less used (1.3%), but allows for transportation of tons of hashish, using fishing and go-fast boats.

As for national role in large scale trafficking and given its proximity to North of Africa, Portugal is also used to introduce large quantities of hashish, in order of tons. Very well-structured criminal organizations, mainly foreigner, use South of Portugal to organise landings of cannabis, which is then sent to destination countries, mainly through "logistics centers", based in Spain. Drug leaves Portugal on go-fast boats and is placed afterwards in everyday vehicles (truck, 4x4 or family, etc). Packaging is always the same: small packages wrapped in bundles of about 30 kilograms each.

New Lisbon-headquartered structure called Maritime Analysis and Operations Centre – Narcotics (MAOC-N) aims at carrying out analysis and processing of criminal intelligence and co-ordinating international operations to combat drug trafficking by sea. Some seizures have already been undertaken due to operational co-operation and criminal intelligence exchanges promoted by this body. In its two years of existence, MAOC-N registered 89 Development Operations (DEVOPS) and 39 Sea Operations (SEAOPS), resulting 124 interventions in ships and airplanes, as well as the seizure of 45 tonnes of cocaine and 25 tonnes of hashish.

Regarding number of seizures, hashish registered an increase in comparison to 2007 (+17%), contrarily to the consecutive downward registered in the two previous years, after the increase verified between 2002 and 2005. In 2008, for the 7th consecutive year hashish was the substance involved in a higher number of seizures (2 616), but herbal cannabis (liamba) seizures were much lower (383), for the first time in four years the number of liamba seizures representing a decrease (-10%) in comparison to 2007.

In comparison to 2007, there were more 17 % seizures of hashish, but a decrease in herbal cannabis (liamba).

The districts of Lisbon and Porto had the higher number of hashish seizures (respectively 38% and 18%) and in the case of herbal cannabis (liamba), Lisbon (14%), Coimbra (8%) and Faro (8%).

Concerning seized quantities, cannabis registered the higher value of the last decade, representing an increase of 37% in comparison to 2007 and of 620% in comparison to 2006. Quantities seized of liamba have decreased 73% compared to 2007 figures, representing the lowest value of the last decade. Around 4% of hashish seizures and 4% of herbal cannabis (liamba) were of significant quantities[61], representing in terms of quantities seized (99.8% of the hashish and 76% of herbal cannabis (liamba) in 2008 in Portugal.

The districts of Faro and Setubal were the ones with higher quantities seized of hashish (respectively 54% and 26%) and in the case of herbal cannabis (liamba), Lisbon, Porto, Braga and Leiria (respectively 35%, 19%, 16% and 15%).

[61] In the specific case of cannabis quantities equal or superior to 1 000 g in accordance with the criteria used by the United nations.

	2006	2007	2008
Cannabis resin	2531	2227	2616
Herbal cannabis	246	289	250
Cannabis plants	155	199	184

Table 32 – Number of seizures of cannabis: cannabis resin and herbal cannabis (IDT, I.P. 2009)

	2006	2007	2008
Cannabis resin (Kg)	8458.42	42772.11	61203.85
Herbal cannabis (Kg)	151.92	133.30	36.63
Cannabis plants (units)	2434	3222	3252
Cannabis plants (Kg)	0.01	2.53	0

Table 33 – Quantity of drug seized (IDT, I.P. 2009)

Concerning seizures of plantations, data from law enforcement shows that, from 2000 to 2008, 1 057 plants were seized: up to 5 plants – 43.05%, 6 to 10 plants – 18.52%, 11 to 25 – 19.74%, 26 to 50 - 8.65%, 51 to 100 – 5.5%, 101 to 250 – 2.63%, and more than 251 – 1.88%.

Law enforcement agencies consider that in Portugal there are no large cannabis plantations.

Concerning origin countries of seized drugs in 2008, law enforcement data indicated that herbal cannabis (liamba) came from South Africa and Cape Verde and hashish from Morocco and Spain. Contrary to 2007 situation, most of hashish and liamba seized in 2008 was destined to internal market, even if a large number of seizures indicate other destinations as Spain, Netherlands and United Kingdom, confirming Portugal as a transit point on international drugs trafficking.

Law enforcement data indicated some increase of cannabis/hashish seizures in the last years – very important quantities were seized in 2000, 2003 to 2005 and in 2007, and lower in 2001-2002 and 2006, probabily due to the decrease of the moroccan production in these years. In 2008, Portugal seized around 2.5% of the hashish in the Western and Central Europe.

In the period 2000-2007, Portugal made seizures of more then 186 tons, which indicates a repressive effort of 23 tons a year and has conducted more then 19 000 interventions, an average of 2 400 hashish interventions.

11.3. Offences

Portuguese legal framework on drugs changed on November 2000 with the adoption of Law 30/2000. Decriminalisation of consumption and possession for own use of substances is no longer a crime, but constitutes an administrative offence, sentenced with penalties whose main purpose is the dissuasion of use.

According to Decriminalisation Law, offences are no more judged in court; they are submitted to Commissions for Dissuasion of Drug Addiction (CDT), especially created for this purpose. There are Commissions all over the country and in the Autonomous Regions of Madeira and Azores. These Commissions, which main objective is dissuasion of use, hear all the offenders, found in possession or use of drugs, whether in a public place, in prison, or being judged by other crimes. However, a person caught in possession of a small quantity of drugs for personal use (established by law, this shall not exceed the quantity required for an average individual consumption during a period of 10 days), without any suspicion of being involved in drug trafficking, will be evaluated by the Commission, composed of a lawyer, a doctor and a social worker (see chapter 9 for data on administrative offences).

In 2008, concerning administrative sanctions for drug use, the 18 Commissions for the Dissuasion of Drug Use (CDT) instaled 6 543 processes, less 3% than in 2007, the year in which the highest score was reached.

Of 6 543 instated in 2008, Commissions had ruled on 70.3% (4 602 processes). This percentage is higher than the one verified last years, but lower than those verified in previous years – 49.5% in 2007, 48.5% in 2006, 51% in 2005, 68% in 2004, 76% in 2003, 78% in 2002 and 75% in 2001[62]:

- 83% were suspensive rulings;
- 14% were punitive rulings and
- 3% found the presumed offender innocent.

Concerning substances involved:

- In relation to 2007, decreases were verified in the number of processes on several drugs (-72% involving only ecstasy, -23% involving only heroin, - 7% involving several drugs and -5% involving only cocaine), with exception of processes involving only cannabis (+1%).
- As in previous years, most cases involved only one drug (90%):
    - Mainly cannabis (68%) - (64% in 2007, 70% in 2006, 68% in 2005, 69% in 2004, 71% in 2003, 62% in 2002 and 53% in 2001). The predominance of occurrences involving only cannabis was found in all CDT, with the exception of Beja, in which the number of occurrences involving heroin only was slightly higher. In 2008, the processes related only with cannabis are relevant in most of the Portuguese districts (except Beja), being 40 % in Beja to 82 % in Viana do Castelo of the number of the open processes in the CDT's. In addiction to Viana do Castelo, also Lisbon and Évora have percentages equal or superior to 75% of processes only related with cannabis. In absolute figures, the districts of Lisbon and Porto have the highest number of process related only with cannabis.
    - 14% of these processes involved only heroin (17% in 2007, 14% in 2006, 15% in 2005, 17% in 2003 and 2004, 24% and 33% in 2002 and 2001). 8% involved only cocaine (8%, 7%, 6%, 4%, 6% and 5%, respectively in 2007, 2006, 2005, 2004,
- For the 10% processes involving more than one drug (10% in 2007, 9% in 2006, 11% in 2005), the association heroin-cocaine was again predominant followed by the association cocaine-cannabis .

Concerning substances identified in the moment of the occurrence:

- 70% of these individuals possessed only one drug (68% in 2007, 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 (47%), contrarily to what occurred in the years before 2001, when heroin was always predominant;
- 11% of the cases concerned heroin only, 12% in 2007;
- 11% of the cases concerned cocaine only, 12% in 2007;
- 1% of the cases concerned several other drugs;

[62] 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.

- In situations where more than one drug was involved (30%), a 2% decrease in relation to 2007, the main combination was “heroin and cocaine” (16%) followed by the combination of heroin, cocaine and cannabis (5%).

Concerning criminal offences, in 2008, data from the Criminal Police identified 5 424 presumed offenders: 42% were presumed traffikers and 58% presumed trafficker-users.

The number of presumed offender in the possession of cannabis alone (2 444) registered an increase (+14%) superior to the general number of presumed offenders (+4%). Cannabis continues to be predominant towards the other substances has we can see by the percentage of presumed offenders in possession of cannabis (47% in 2008, 44% in 2007, 47% in 2006, 2005 and 2004, 45% in 2003 and 38% in 2002).

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.

In the situations where more than one drug was involved, cannabis have become more relevant, being in 2008 present in 45% of these situations (14% of the total presumed offenders).

Concerning Court data:

In 2008, 1 163 processes were finalised involving 1 771 individuals[63] (1 871 in 2007, 1 996 in 2006, 1 792 in 2005, 2 335 in 2004 and 2 454 in 2003). The vast majority were accused of traffic (98%). Near 79% were convicted and 21% were aquitted.

Of the 1 392 convicted individuals[64] (1 420 in 2007, 1 474 in 2006, 1 281 in 2005, 1 669 in 2004 and 1 828 in 2003), 95% were convicted for traffic, 3% for use and 2% for traffic-use[65];

- The districts of Lisbon (38%) and Porto (17%), followed by Setúbal (9%), the Autonomous Region of Azores (6%) and the district of Faro (5%). The Autonomous Region of Azores and the districts of Lisbon, Faro, Bragança and Setúbal registered the higher rates per resident (15-64 years old).
- These convictions involved mainly[66] suspended prison (58%) and effective prison (34%) contrarily to what happened in previous years.

As for the substances involved:

- The majority of these convictions involved, once again, the possession of only one drug (66% in 2008, 69% in 2007, 67% in 2006 and 2005, 69% in 2004). Cannabis was, for the sixth time, the main substance involved (36% in 2008 and 2007, 34% in 2006, 33% in 2005, 34% in 2004, 29% in 2003 and 21% in 2002).
- When polydrugs are considered (in 34% of the processes), the association heroin-cocaine was predominant.
- The trend, initiated in 1998, of the decreasing importance of heroin related convictions, continued, (12%, 14%, 16%, 18%, 24%, 28%, 40%, 44%, 45%, and 52% of the cases, respectively in 2008, 2007, 2006, 2005, 2004, 2003, 2002, 2001, 2000 and 1999).
- Similar to previous years the cases related with the possession of cocaine only continue to have greater relative importance in the group of traffickers than in the group of traffickers-users. In the group of convicted by crimes related with consumption, once more the vast majority of the cases were cannabis related. In 2008, 497 individuals were convicted for the possession of cannabis only.

[63] In line with the methodological criteria used in previous years, the judicial decisions dated of 2007 and 2008 and registered at IDT, I.P. until 31st of March 2009. 2008 data will be updated next year and 2008 decisions registered between 31st March 2009 and 31st March 2010 will be taken into account.
[64] Percentage data presented are calculated for the cases, which have information on the considered variables.
[65] Illicit drug growing (article 40. º of Decree-Law 15/93, of the 22nd of January) continues to be considered a crime of use.
[66] Sanctions may involve more than one crime.

- In comparison to previous years and despite 2008 data is going to suffer changes in next year, it was noted in the convictions related to only one drug, the preponderance of hashish for the sixth consecutive year instead of heroin, and for the third consecutive year of the convictions by possession of cocaine only in relation to the cases involving only heroin, strengthen the trend verified in last years of higher visibility of cocaine in these circuits.

	Seizures	Quantities
0 - 150 g	2364	44 796,44
>150 g-1000 g	141	53 501,05
>1000 g - 50 000 g	82	734 973,13
>50 000 g	29	60 428 869,27
Total	**2616**	**61 262 139,89**

Table 34 – Number of Hashish seizures and amount seized by weight classes (IDT, I.P. 2009)

	Seizures	Quantities
0 - 150 g	188	2796,689
>150 g-1000 g	17	5925,570
>1000 g - 50 000 g	9	27 911,820
Total	**214**	**36 634,079**

Table 35 – Number of Herbal cannabis (liamba) seizures and amount seized by weight classes (IDT, I.P. 2009)

Part C

Bibliography and Annexes

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Annexes

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List of Abbreviations used in the text

ACT – Authority for Working Conditions /

ADR - Counselling Detection and Reference / Aconselhamento Detecção e Referenciação

ANF – National Association of Pharmacies / Associação Nacional de Farmácias

BZP – 1 – benzylpiperazine / 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

CNIVS – National Coordination for HIV/AIDS Infection / Coordenação Nacional para a Infecção VIH/sida

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

CPL – Lisbon Casa Pia / Casa Pia de Lisboa

CRI - Centre of Integrated Responses/ Centros de Respostas Integradas

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

CVP – Portuguese Red Cross / Cruz Vermelha Portuguesa

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

DEVOPS – Development Operations

DGES – General Directorate of Higher Education / Direcção-Geral do Ensino Superior

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 Desabituação

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

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

ERRMD – Risk and Harm Reduction Team / Equipa de Redução de Riscos e de Minimização de Danos

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

ETs - Treatment Structures/Estruturas de Tratamento

EU – European Union / União Europeia

EURIDICE - European Research and Intervention on Dependency and Diversity in Companies and Employment

EWS – Early Warning System

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

GIES - Group of Intervention in Higher Education / Grupo de intervenção no Ensino Superior

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

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

IDUs – Intravenous Drug Users / Consumidores de drogas injectáveis

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

INE – National Statistics Institute / Instituto Nacional de Estatística

INEM – National School Survey / Inquérito Nacional em Meio Escolar

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

IPSS – Instituições Particulares de Solidariedade Social

ISS – Social Security Institute / Instituto da Segurança Social

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 Direccionado 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

NGOs – Non-Governmental Organisations / Organizações Não Governamentais /

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

PDU – Problem drug use

PES - Promotion and Education for Health

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

PIF – Program of Focused Intervention / Programa de Intervenção Focalizada

PJ – Crimninal Police/ Polícia Judiciária

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

PRI – Programs of Integrated Responses / Programas de Respostas Integradas

PSDI – Positive Symptom Distress Index

PSP – Public Security Police / Polícia de Segurança Pública

PVE – Life-Employment Programme / Programa Vida Emprego

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

RVCC – Revalidation and Certification of Competencies Centres

SEAOPS – Sea Operations

SIM – Multidisciplinary Information System

SMR – Special Mortality Register / Registo Especial de Mortalidade

SPA - Psychoactive Substances

TC – Therapeutic Community / Comunidade Terapêutica

TCD – Traffick and Drug Consumption Form /

TCIC – Central Criminal Investigation Court / Tribunal Central de Instrução

TIC – Criminal Investigation Court / Tribunal de Instrução Criminal

UCIC - Joint Intervention and Co-ordination Units /

UN – United Nations / Nações Unidas

UNODC – United Nations Office on Drugs and Crime

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- Decreto-Lei nº 15/93 de 22 de Janeiro (Diário da República, 1ª série – Nº 18, de 22 de Janeiro) – *Regime Jurídico do tráfico e Consumo de Estupefacientes e Psicotrópicos* http://dre.pt/pdf1sdip/1993/01/018A00/02340252.pdf

- Lei nº 30/2000 de 29 Novembro (Diário da República, 1ª série A – Nº 276 de 29 de Novembro) – *Define o regime jurídico aplicável ao consumo de estupefacientes, bem como a protecção sanitária e social das pessoas que consomem sem prescrição médica* http://dre.pt/pdf1sdip/2000/11/276A00/68296833.pdf

- Resolução da Assembleia da República nº 2/2009 de 2 de Fevereiro (Diário da República, 1ª série – nº 22 de 2 de Fevereiro) – *Aprova o Acordo entre a Irlanda, o Reino dos Países Baixos, o Reino de Espanha, a República Italiana, a República Portuguesa, a República Francesa e o Reino Unido da Grã-Bretanha e da Irlanda do Norte Que Estabelece Um Centro de Análise e Operações Marítimas – Narcóticos, adoptado em Lisboa em 30 de Setembro de 2007* http://dre.pt/pdf1sdip/2009/02/02200/0076300784.pdf

- Lei nº18/2009 de 11 de Maio de 2009 (Diário da República, 1ª série – nº 90 de 11 de Maio) – *Procede à décima alteração ao Decreto Lei nº 15/93, de 22 de Janeiro, que aprova o regime jurídico aplicável ao tráfico e consumo de estupefacientes e substâncias psicotrópicas, acrescentando as substâncias opripavina e 1-benzilpiperazina às tabelas anexas* http://dre.pt/pdf1sdip/2009/05/09000/0276502781.pdf

- Decreto-Lei 1/2003 de 6 de Janeiro (Diário da República, 1ª série, nº 4, 6 de Janeiro) – *Reorganiza as estruturas de coordenação do combate à droga e à toxicodependência* http://dre.pt/pdf1sdip/2009/05/09000/0276502781.pdf

Chapter 3:

- Portaria nº 131/2008 de 13 de Fevereiro (Diário da República, 1ª série, nº 31, 13 de Fevereiro) – *Aprova o Regulamento que estabelece as condições de financiamento público dos projectos que constituem programas de respostas integradas (PORI)* http://dre.pt/pdf1sdip/2008/02/03100/0099100995.pdf

Chapter 5:

- Decreto-Lei nº 183/2001 de 21 de Junho (Diário da República, 1ª série, nº142, de 21 de Junho) – *Aprova o regime geral de prevenção e redução de riscos e minimização de danos* http://dre.pt/pdf1sdip/2001/06/142A00/35943601.pdf

- Portaria nº 748/2007 de 25 de Junho (Diário da República, 1ª série, nº 120 de 25 de Junho) – *Aprova o Regulamento Que Estabelece as Condições e o Procedimento de Criação e Funcionamento de Programas e de Estruturas Sócio-Sanitárias de Redução de Riscos e Minimização de Dano* http://dre.pt/pdf1sdip/2007/06/12000/40244025.pdfs

- Portaria nº 749/2007 de 25 de Junho (Diário da República, 1ª série, nº 120 de 25 de Junho) – *Aprova o Regulamento da Atribuição de Financiamento Público, através do Instituto da Droga e da Toxicodependência, I. P., a Programas e a Estruturas Sócio-Sanitárias de*

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- Despacho nº nº18683/2008 de 14 de Julho (Diário da República, 2ª série, nº 134 de 14 de Julho) – *Apoio ao tratamento de toxicodependentes e alcoólicos nas unidades de tratamento* http://dre.pt/pdf2sdip/2008/07/134000000/3094530949.pdf

Chapter 6:

- Lei nº 22/2008 de 13 de Maio (Diário da República, 1ª série, nº 92, de 13 de Maio) – *Lei do Sistema Estatístico Nacional* http://dre.pt/pdf1sdip/2008/05/09200/0261702622.pdf

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- Portaria nº 131/2008 de 13 de Fevereiro (Diário da República, 1ª série, nº 31 de 13 de Fevereiro) – *Aprova o Regulamento Que Estabelece as Condições de Financiamento Público dos Projectos Que Constituem os Programas de Respostas Integradas (PRI)* http://dre.pt/pdf1sdip/2008/02/03100/0099100995.pdf

- Lei nº 3/2007, de 16 de Janeiro (Diário da República, 1ª série – Nº11 de 16 de Janeiro) – *Medidas de combate à propagação de doenças infecto-contagiosas em meio prisional* http://dre.pt/pdf1sdip/2007/01/01100/03440345.pdf

- Lei nº 170/99, de 18 de Setembro (Diário da República, 1ª série A – Nº 219 de 18 de Setembro) – *Adopta medidas de combate à propagação de Doenças Infecciosas em Meio Prisional* http://dre.pt/pdf1sdip/1999/09/219A00/64576458.pdf

- Despacho nº 22 144/2007 (Diário da República, 2ª série, Nº183 de 21 de Setembro) - *Regulamento do Programa especifico de troca de seringas* http://dre.pt/pdf2sdip/2007/09/183000000/2779927801.pdf

- Decreto-lei nº 15/1993 de 22 de Janeiro (Diário da República, 1ª série – Nº 18, de 22 de Janeiro) – *Regime Jurídico do tráfico e Consumo de Estupefacientes e Psicotrópicos* http://dre.pt/pdf1sdip/1993/01/018A00/02340252.pdf

- Decreto-lei nº 81/1995 de 22 de Abril (Diário da República, 1ª série – Nº 95 de 22 de Abril) – *Altera o Decreto-lei nº15/93 de 22 de Janeiro* http://dre.pt/pdfgratis/1995/04/095A00.pdf

Chapter 9:

- Lei nº 30/2000 (See chapter 1)

- Lei nº 3/2007 (See chapter 7)

- Despacho nº 22 144/2007 (See chapter 7)

Chapter 10:

- Portaria nº 94/96 de 26 de Março (Diário da República, 1ª série B – Nº 73 de 26 de Março) – *Procedimentos de diagnóstico e dos exames periciais necessários à caracterização do estado de toxicodependência* http://dre.pt/pdfgratis/1996/03/073B00.pdf