European Monitoring Centre
for Drugs and Drug Addiction

DRUG POLICY PROFILES

Portugal

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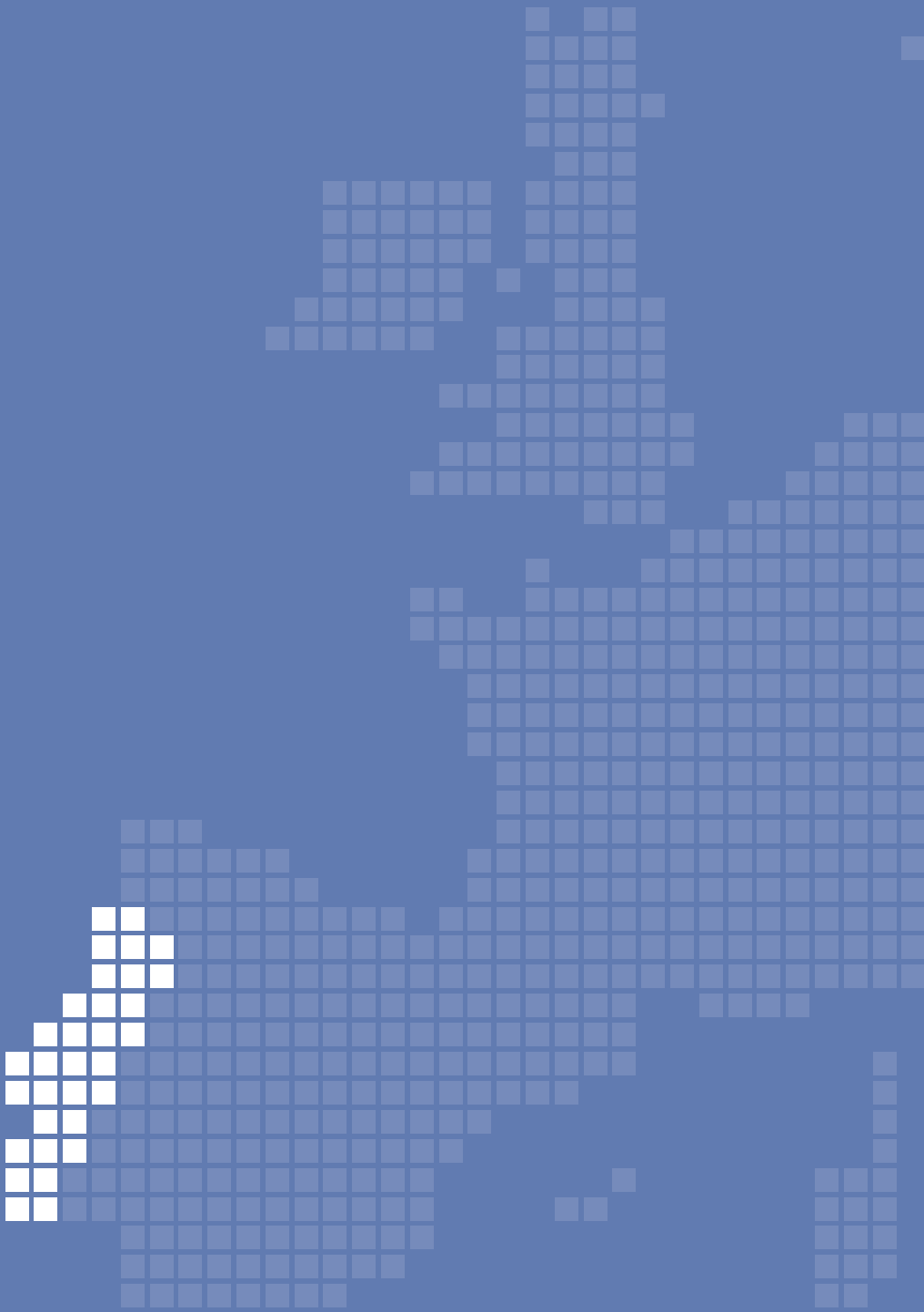


Introduction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is publishing this new series of profiles with the aim of describing some of the main characteristics of national drug policies in Europe and beyond. In contrast to other approaches, we do not attempt to assess these policies, but instead outline their development and main features. Our objective is to help readers — from researchers to policymakers — gain a better understanding of the way in which countries control drugs and respond to drug-related security, social and health problems.

National drug policies are the result of the interaction of multiple factors, such as political and administrative structures, the role and influence of stakeholders, financial resources, the drug situation, other public policies (e.g. health, security) and international agreements. There is no model for how to combine these factors and assess their respective weight and interrelations. However, this should not prevent analysts from exploring the significant changes in these factors that may have shaped drug policy in the short and long term. This series uses a historical perspective to identify such drug policy changes. While some of these changes may have occurred in parallel in many countries because they were facing the same issues (e.g. the adoption of new UN conventions, HIV/AIDS epidemics, diffusion of new drugs), this series of policy profiles will also show that each country has its specific drug policy timeline.

This first profile describes the national drug policy of Portugal, a policy that has attracted significant attention recently in the media and in policy debates. It considers national strategies and action plans, the legal context within which they operate and the public funds spent, or committed, to resource them. It also describes the political bodies and mechanisms set up to coordinate the response to the multi-faceted problem and the systems of evaluation that may help to improve future policy. The profile puts this information in context by outlining the size, wealth and economic situation of the country as a whole, as well as the historical development of the current policy. One note of caution for the reader is that the availability of information and analysis in the area of demand reduction is, as with most national and international drug policy studies, much greater than in the area of supply reduction.

What is a drug policy?

Responses to this question range from 'it covers all activities related to illicit drugs' to 'it is a set of principles or an ideology that directs public action in this field (e.g. war on drugs, harm reduction)'. To prevent too broad or too restrictive an approach, we will use here the following definition of public policies: 'A system of laws, regulatory measures, courses of action and funding priorities concerning (illicit) psychoactive drugs and promulgated by a governmental entity or its representatives' (adapted from Kilpatrick, 2000).

Portugal in figures

		Year	Portugal	EU (27 countries)
Population		2010	10 637 713 (P)	501 105 661 (P)
Population by age	15–24	2010	11.1 %	12.1 % (P)
	25–49		37.2 %	35.8 % (P)
	50–64		18.6 %	19.1 % (P)
GDP per capita in PPS (1)		2009	80 (P)	100
Total expenditure on social protection (% of GDP) (2)		2008	24.3 %	26.4 % (P)
Unemployment rate (3)		2010	11.0 %	9.6 %
Unemployment rate of population aged under 25 years		2010	22.4 %	20.9 %
Prison population rate (per 100 000 of national population) (4)		2009	104.4	
At risk of poverty rate (5)		2009	17.9 %	16.3 %
Political system			Centralised	

(P) Eurostat provisional value.

(1) Gross domestic product (GDP) is a measure of economic activity. It is defined as the value of all goods and services produced minus the value of any goods or services used in their creation. The volume index of GDP per capita in purchasing power standards (PPS) is expressed in relation to the European Union (EU-27) average set to equal 100. If the index of a country is higher than 100, this country's level of GDP per head is higher than the EU average and vice versa.

(2) Expenditure on social protection contains benefits, which consist of transfers in cash or in kind to households and individuals to relieve them of the burden of a defined set of risks or needs.

(3) Unemployment rate represents unemployed persons as a percentage of the labour force. Unemployed persons comprise persons aged 15 to 74 who are: (a) without work during the reference week; (b) currently available for work; (c) actively seeking work.

(4) Situation in penal institutions on 1 September 2009.

(5) Share of persons with an equivalent disposable income below the 'at risk of poverty' threshold, which is set at 60 % of the national median equivalised disposable income (after social transfers).

Source: EMCDDA Country overview — Portugal (EMCDDA, 2011b)

Policy timeline — key dates

UN Single Convention on Narcotic Drugs	1961	
	1963	Mental health law mentions treatment of 'drug addiction'
First law regulating the production, traffic and use of narcotics	1970	
	1971	UN Convention on Psychotropic Substances
First addiction treatment service opens	1973	
	1976	First mention in a legal document of the decriminalisation of drug use
Criminal law recognises the drug user as a person in need of medical care	1983	
	1987	First National Programme to Fight Against Drugs
UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances	1988	
	1993	Law states that drug user is sanctioned in a 'quasi-symbolic manner'
National Strategy for the Fight Against Drugs	1999	
	2000	Law passed to decriminalise use and personal possession
National Action Plan for the Fight Against Drugs and Drug Addiction — Horizon 2004. Comprehensive law to regulate harm reduction activities	2001	
	2005	National Plan Against Drugs and Drug Addiction 2005–12 and Action Plan Against Drugs and Drug Addiction 2005–08 — Horizon 2008
Action Plan Against Drugs and Drug Addiction 2009–12	2009	

The early days of drug control in Portugal

Portugal began legislating on drug issues as early as the1920s, when the national legal framework was adapted to the recommendations of the International Opium Convention of 1912 (Dias, 2007; IDT, I.P., 2011b). For almost 40 years after that, no other legislation was passed on illicit drugs, nor was the topic addressed in political debate — that is until the treatment of 'drug addiction' was mentioned in the 1963 mental health law (although no specific service was set up to deal with it).

In the 1970s, drug use became visible as a health problem and what can be considered Portugal's first modern drug policy was created while the country was still under an authoritarian government (George et al., 2007). The first law to regulate the production, traffic and use of narcotics (Decree-Law 420/70) was approved in 1970, providing the legal framework for the criminalisation of drug use. The concept of narcotic drugs was legally defined and personal possession offences would be punished with up to two years' imprisonment or a fine of PTE 5 000 to 50 000 (EUR 25 to 250). Traffickers could be punished by two to eight years in prison. Consumption causing danger or encouraging others to consume would be punished by six months to two years in prison or by a fine.

One year later, Portugal ratified the 1961 UN Single Convention on Narcotic Drugs and a first addiction treatment service was opened in 1973. Political debates at that time focused on the moral aspects of drug use, describing it as the source and cause of crime and of the increasing social opposition to the political regime. Stopping the phenomenon from spreading was seen as imperative to keeping Portuguese young people from 'physical and moral degradation' (Dias, 2007, p. 43).

The first changes were made to Portuguese drug policy following the democratic revolution of 1974, when there was a sudden increase in experimentation with drugs, which was associated with the idea of new-found freedoms. In reaction to this, two governmental bodies were established under the Council of Ministers: the *Centro de Estudos da Juventude* (Youth Studies Centre) for developing prevention and treatment research; and the *Centro de Investigação Judiciária da Droga* (Drug Criminal Investigation Centre), concerned with law enforcement and supply reduction.

The Youth Studies Centre had a mandate to develop, among other things, studies on drug issues that could support the setting up of interventions, particularly in the areas of treatment and prevention. The Drug Criminal Investigation Centre was given a mandate to assess drug-related issues in the criminal justice system and to implement criminal investigation, control and repression in this field. A coordination office was also set up, to oversee and coordinate the two bodies.

Though drug policy was not high on the agenda, political debates and changes to the legislation in the post-revolution period focused on: the need to adapt services; the provision of scientific research and data for supporting drug policy decision-making; and whether drug use should be considered primarily as a crime or whether a medical-psychosocial approach should be promoted (Dias, 2007, pp. 41–64).

In 1976, the notion of drug use decriminalisation was introduced for the first time in the national legal framework. The foreword to a legal text that enlarged the mandate of the Youth Studies Centre suggests that the 'concept of drug use as a criminal act' should be revised and replaced 'when justified, by a set of norms' to bring it under an administrative offence framework. The response to drug use would thus move from a criminal penalty model towards 'clinical treatment and the qualification of the drug user as a patient and not as a criminal' (Trigueiros et al., 2010).

With the growing visibility of drug problems, services created during the previous decade were re-structured in 1982 and responsibility for them was moved, for budgetary and operational reasons, to the Ministry of Justice. This brought the whole area, including treatment and prevention, closer to the criminal justice system.

In 1983, a new law (Decree-law 430/83), which adapted the national legal framework to the 1971 UN Convention on Psychotropic Substances (which Portugal had ratified in 1979), also increased the repressive focus on drug trafficking. It maintained that the use of illicit drugs was 'socially condemnable', thus retaining its status as a crime. However, the law recognised the drug user as a patient in need of medical care, stating that the priority was to treat and not to punish. This brought the Ministry of Health into the drug policy area and allowed for the opening of its first treatment centres. Most treatment centres and prevention services, however, were still under the auspices of the Ministry of Justice.

First stages of an integrated drug policy

In 1987, following increases in heroin problems and in drug trafficking operations, a first National Programme to Fight Against Drugs, Projecto VIDA, was adopted. The programme, overseen by the Council of Ministers, was a major drug policy development, being the first indication of a comprehensive and integrated drug policy in Portugal, covering both demand and supply reduction. It also reflected a stronger and increasing political commitment to addressing drug problems.

The programme established a national drug coordination mechanism and included 30 measures that were allocated to 'information and awareness measures', 'treatment and social rehabilitation' and 'supply control'. Innovations included: the call for the implementation of AIDS prevention initiatives among drug users and a free telephone helpline service; consideration of the legal possibility of setting up low-threshold services and drug treatment in prisons; and a focus on the coordination of supply reduction interventions. Progressively, specialised treatment centres were set up throughout Portugal and the treatment centres, previously operating under the Ministry of Justice, were brought under the Ministry of Health. The first syringe-exchange and HIV-testing programme started in 1993.

In 1993, a new drug law was adopted and remains today the primary Portuguese law on supply reduction (see box, page 13). This law transposed the recommendations of the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, focusing on drug money laundering and control of drug precursors. It maintained the criminalisation of drug use but developed a specific approach to it.

The preamble to the law stated that 'the drug user is sanctioned … in a quasi-symbolic manner, in which the contact with the formal justice system is designed to encourage him or her to seek treatment' and observed that 'this position is gaining support in countries such as Italy and Spain, for example'. It concluded that occasional users 'should, above all, not be labelled or marginalised' (Portuguese Government, 1993, p. 93). The Minister of Justice, who introduced the law, also stated that:

> *the option to criminalise drug use does not stem from a clear strategy which considers this as the only possible solution, but mainly from the conviction that introducing changes in such complex areas, as this one, is only justifiable if the available data are reliable enough to demonstrate that the new system is clearly better than the one traditionally adopted.*
>
> (translated from Dias, 2007, p. 86)

Decree-law 15/93 — the Portuguese drug control law

Six lists of controlled substances, which determine the punishment of drug law offences, are annexed to Decree-law 15/93. List I is divided into opiates, coca derivatives, cannabis and derivatives. List II is divided into hallucinogens, amphetamines and barbiturates. List III contains preparations with controlled substances. List IV contains tranquillisers and analgesics. Lists V and VI contain precursors.

Trafficking in substances included in Lists I to III attracts a prison sentence of four to 12 years, while substances in List IV may be punished by a prison sentence of one to five years. Separate and clear penalty scales are also set out for 'traffic of minor importance' and, at the other extreme, aggravating circumstances. The level of addiction of the trafficker is also taken into account (Art. 26). If users sell drugs to finance their own consumption ('trafficker–consumer'), the maximum penalty is reduced: for Lists I, II, III up to three years (instead of four to 12); for List IV up to one year (instead of one to five years), provided the quantity of drugs found was no more than five days' average consumption.

The section of the law penalising consumption offences is headed 'Consumption and treatment'. Up to 2001, use or personal possession offences attracted a potential sentence of up to three months in prison or a fine. If the quantity of drugs was more than that necessary for three days' average consumption, the maximum sentence rose to one year. However, it was also specified that, if the offender was an occasional user, the penalty for a minor offence could be waived, and, if the offender was an addict, the prosecution or sentence could be suspended if he/she attended treatment.

The new law formally attributed responsibility for drug treatment to the Ministry of Health, instead of the Ministry of Justice, and approved, for the first time, an official mandate on prevention to the Ministries of Health, Education and Youth. It also established that property forfeited to the State would be distributed in defined proportions to support prevention, treatment and social reintegration measures and programmes.

In parallel to the adoption of the 1993 law, members of all political parties represented in the Portuguese Parliament expressed their concerns regarding the increasing drug problem in the country. They questioned the criminalisation of drug use and called for a wider policy consensus that could allow for a truly national strategy to be agreed and implemented (Dias, 2007).

Following a change in government, the Parliament set up a Special Parliamentary Commission for the Follow-up of Drug Abuse and Trafficking in Portugal (composed of 29 members from a range of political parties). The Commission unanimously approved a report that, amongst other recommendations, concluded there was a need for a 'clear and integrated strategy' that could promote better 'planning and coordination of the interventions as well as the evaluation of the obtained results'. Some of its recommendations translated into changes in the existing drugs coordination mechanism (Projecto VIDA). This body had been set up in 1987

and was restructured several times (1994, 1996 and 1998) in order to promote decentralisation, merge different public bodies with similar mandates, implement an inter-ministerial commission ([1]) and set up a monitoring centre for data collection and analysis ([2]).

Between 1995 and 1998, the financial investment allocated to the fight against drugs more than doubled, according to the Portuguese authorities. Funds allocated to Projecto VIDA rose from PTE 7 213 360 000 (approximately EUR 36 million) to PTE 15 006 500 000 (approximately EUR 75 million). This was largely due to an increase in central government funding of drug treatment and social reintegration.

([1]) A commission presided over by the Prime Minister and composed of the Ministers of Defence, Home Affairs, Justice, Education, Health, Qualification and Employment, Welfare, the Assistant Minister and the National Drugs Coordinator. Its main objective was to ensure the top-level coordination and necessary resources to implement the measures defined by Projecto VIDA.

([2]) Observatório VIDA, set up as part of Projecto VIDA, had the mandate to act as the Reitox national focal point for the EMCDDA but also played a central role in promoting research and collecting, analysing and disseminating data for national purposes.

A new drug policy

Despite increasing efforts by the government during the 1990s, the Portuguese drug situation continued to be problematic, especially in the areas of heroin addiction and HIV transmission. In 1998, the government appointed the Commission for the National Strategy to Fight against Drugs, with the mandate to produce a report with guidelines for the 'fight against drugs and drug addiction', namely on the topics of prevention, treatment, social reinsertion, training, research, risk reduction and supply control (Dias, 2007).

The Commission had nine members, including five recognised (legal or health) experts/researchers in the drugs area, two from the relevant public bodies in the Health and Justice Ministries, a representative of the office of the minister in charge of drugs policy (Assistant Minister of the Prime Minister) and an independent and internationally recognised researcher with no previous direct links to drug policy, who chaired the Commission.

The Commission made use of its broad mandate and delivered its report to Parliament the same year. The report included comprehensive recommendations for 12 different areas of drug policy (international cooperation, legal framework, prevention, treatment, harm reduction, prisons and drugs, rehabilitation, supply reduction and money laundering, research and training, civil society, coordination and financial resources). It also recommended the decriminalisation of personal drug use.

The Parliamentary Committee on Drugs unanimously approved the report and, one year later, the Council of Ministers formally approved its content, which became the 1999 National Strategy for the Fight Against Drugs (Portuguese Government, 1999). It remains the foundation of today's drug policy in Portugal. This strategy specifies eight principles, which embody a set of values that should guide interventions in this area. 'Humanism', for example, is the recognition of the inalienable human dignity of citizens, including drug users, and translates into a commitment to offer a wide range of services to those in need and to adopt a legal framework that causes no harm to them. 'Pragmatism' calls for the adoption of solutions and interventions that are based on scientific knowledge, while 'Participation' calls for the involvement of the community in drug policy definition and implementation.

This strategy also puts forward a set of 13 strategic options to guide public action in the drugs field: reinforce international cooperation; decriminalise (but still prohibit) drug use; focus on primary prevention; assure access to treatment; extend harm reduction interventions; promote social reintegration; develop treatment and harm reduction in prisons; develop treatment as an alternative to prison; increase research and training; develop evaluation methodologies; simplify interdepartmental

coordination; reinforce the fight against drug trafficking and money laundering; and double public investment in the drugs field.

These principles and strategic options, which are the foundations of the current drug policy in Portugal, were first implemented through the National Action Plan for the Fight Against Drugs and Drug Addiction — Horizon 2004 (IDT, I.P., 2001). The plan, adopted in 2001, introduced 30 primary objectives related to the increase and improvement of drug-related interventions and to the reduction of drug use, risk behaviours and drug-related harms. The Action Plan had also, for the first time, an associated budget, set according to national priorities and distributed by the entities in charge of its implementation. When the plan was conceived in 1999, drug-related public investment was expected to increase by 10 % every year between 1999 and 2004, reaching EUR 159 615 327 in its last year. An external evaluation carried out a few years later (see below) concluded, however, that it was not possible to assess whether the planned budgetary objectives were effectively attained.

The new policy also needed new coordination mechanisms. In 1999, the two coordination structures, Projecto VIDA and the office of the Ministry of Justice with a mandate on planning and coordinating drugs issues, were merged and formed the Portuguese Institute on Drugs and Drug Addiction (IPDT). In 2002, this agency was moved to the Ministry of Health (where it remains today), merged with the department in charge of drug abuse, prevention and treatment and renamed the Institute on Drugs and Drug Addiction (IDT). The Prime Minister appointed the Minister of Health as the member of government in charge of drug policy. The inter-ministerial coordination mechanisms (see box, page 19) were reinforced and enlarged during this period and became responsible for overseeing, at a political level, the implementation of the 1999 National Strategy for the Fight Against Drugs and the National Action Plan for the Fight Against Drugs and Drug Addiction — Horizon 2004.

One important proposal of the new drug strategy was the decriminalisation of drug use that was discussed and approved by Parliament and implemented with Law 30/2000, which entered into force on 1 July 2001. This law established a system of 'dissuasion commissions' that is unique in Europe and managed by the Ministry of Health, rather than the Ministries of Justice or the Interior (see box below).

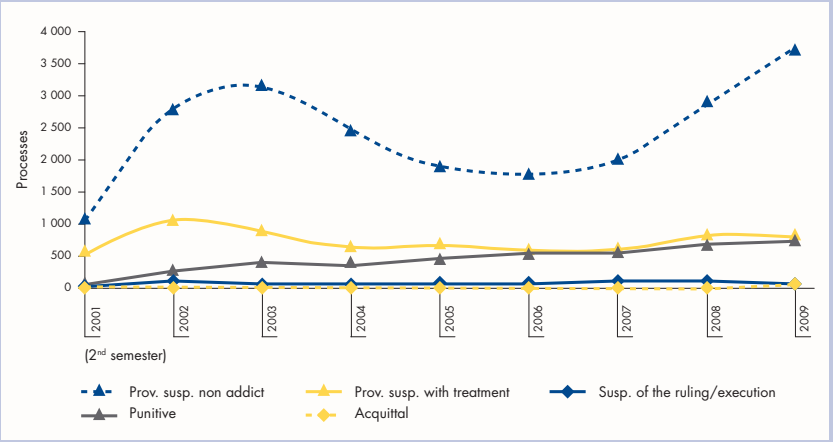
Law 30/2000 – Decriminalisation

The new law of 2000 maintained the status of illegality for using or possessing any drug for personal use without authorisation. However, the offence changed from a criminal one, with prison a possible punishment, to an administrative one. The procedure and mechanism for dealing with such offences also changed and is now dealt with under an administrative

procedure. When a person is caught in possession of no more than 10 daily doses of drugs (their corresponding gram limits had already been established in a regulation), and the police have no suspicions or evidence that supply offences are involved, the drug will be seized. The case will then be transmitted to the Commission for the Dissuasion of Drug Abuse (CDT), of which there is one in each of Portugal's 18 districts. The CDT is composed of three members appointed by the Ministries of Justice and Health (the member appointed by the Ministry of Justice has to be a legal expert, the other two usually being a health professional and a social worker), and is supported by a small team of practitioners who will have similar backgrounds to the members. These practitioners meet the offender and evaluate his/her situation and then, based on the case assessment, the CDT hears the offender and rules on the offence, aiming to treat any addiction and rehabilitate the person using the most appropriate interventions.

Several options are available to the CDT when ruling on the drug use offence, including warnings, banning from certain places, banning from meeting certain people, obligation of periodic visits to a defined place, removal of professional licence or firearms licence. Sanctioning by fine, which may vary by drug involved, is an available option (though not for addicts) but it is not the main objective in this phase. Users found in possession of more than 10 daily doses will be prosecuted in court for a criminal consumption offence.

The implementation of the decriminalisation framework showed that in 2009 the majority of CDT rulings (68 %) were for provisional suspension of the process, for users who were not considered addicted. A further 15 % were provisionally suspended with an agreement to undergo treatment. Some 14 % were punitive rulings, comprising 4 % fines and 10 % non-pecuniary sanctions (mainly requiring periodic attendance in a place selected by the CDT). In total, 76 % of these processes involved cannabis alone, 11 % heroin, and 6 % cocaine; the remaining 6 % were polydrug users, predominantly combining heroin and cocaine.



Type of ruling for administrative offences by year (IDT, I.P., 2010b).

A new legal basis for harm reduction measures was also adopted, in the form of Decree-law 183/2001, on 21 June 2001. This comprehensive law regulates harm reduction interventions overall, as well as drop-in centres for drug addicts, refuges and shelters, mobile centres for the prevention of infectious diseases, low-threshold substitution programmes (methadone and buprenorphine), syringe exchange schemes, programmes for supervised drug use (though none was set up), contact and information units and street workers.

Both the Strategy and its Action Plan made provision for evaluation, and in 2004 external evaluators were contracted to assess the policy developments that had occurred over the period 1999–2003 (Moreira et al., 2007). The evaluators concluded, based on several data collections focusing on the implementation of the policy and its perception by stakeholders (including drug users), that progress had been made in developing services for drug users in general, and implementation of the new decriminalisation framework was also progressing, with the development of the new Commissions for the Dissuasion of Drug Abuse (Tavares et al., 2005). However, they also noted a lack of major developments in some areas (e.g. social reintegration), and that drug policy coordination and monitoring was still insufficient. In terms of outcomes, the evaluators observed several changes in the Portuguese drug situation, both improvements (drug-related deaths and HIV infections) and deteriorations (drug use among young people, deaths related to drugs other than opiates).

Fine tuning the policy

Drug policy coordination in Portugal

The overall responsibility for drug policy coordination lies with the Inter-ministerial Council, a coordinating body chaired by the Prime Minister and comprising the National Drug Coordinator and 10 ministers (Assistant Minister of the Prime Minister and the Ministers of Justice, Health, Education, Welfare and Employment, Home Affairs, Foreign Affairs, National Defence, Finance and Cities and Environment. This list could vary slightly according to government restructuring). The Inter-ministerial Council set up an Inter-ministerial Committee, chaired by the National Coordinator and comprising representatives designated by the Ministers themselves.

The Institute on Drugs and Drug Addiction (IDT) is located under the Ministry of Health and is in charge of implementing the National Strategy and the Action Plan. The President of the IDT is the National Drug Coordinator for both demand and supply issues, although the Criminal Police *(Polícia Judiciária)* at the Ministry of Justice coordinates interventions and information on supply reduction.

In 2010, the coordination mechanisms' arrangements were revised to include a mandate on the definition and implementation of policies on alcohol misuse. The Ministries of the Economy, Labour and Agriculture were added to the newly renamed Inter-ministerial Council for Drug-related Problems, Drug Abuse and the Harmful Use of Alcohol, and the national drugs coordinator is now also the national coordinator for the harmful use of alcohol.
The coordination mechanisms now have an explicit responsibility to promote the integration of drug- and alcohol-related policies.

The National Council for the Fight Against Drugs, Drug Addiction and the Harmful Use of Alcohol is an advisory body, chaired by the Minister of Health. It is composed of representatives of the regional governments of Madeira and the Azores, the Judiciary, the General Prosecutor and civil society, as well as five personalities designated by the government.
It advises the government on the national strategies and action plans, and follows reports of their implementation.

Following the conclusions of the 2005 evaluation report, the 1999 National Strategy for the Fight Against Drugs was retained as the foundation of Portuguese drug policy, but was complemented by a new National Plan Against Drugs and Drug Addiction 2005–12 (IDT, I.P., 2006a). This plan developed four additional principles to improve drug-related interventions. These should be: 1) planned and managed at the local level; 2) better integrated both inside and between service providers; 3) more focused on the users' needs; and 4) of improved quality, notably through accreditation mechanisms.

The National Plan also defined a set of objectives and principles for the drug policy areas of coordination, international cooperation, information/research/training/evaluation, the legal framework, demand reduction and supply reduction. These were

translated into two successive action plans for the periods 2005–08 (Horizon 2008) (IDT, I.P., 2006b) and 2009–12 (IDT, I.P., 2010a)([3]). These have numerous objectives (87 for the first action plan and 69 for the second) and include a long list of actions to be implemented over a period of four years (almost 250 for the first action plan and 214 for the second). For each of these actions, the plan specifies the responsible party(ies), a timetable and the assessment tool/indicator to monitor the plan's implementation. The action plans also broadly define a set of around 20 'identifiable results' for each area of the policy. One example of such a result is 'Make available a number of diversified treatment and care programmes, covering a wide range of psychosocial and pharmacological approaches, based on ethical standards and scientific evidence.'

Portugal's drug situation

Portugal's drug situation is characterised by a level of drug use in the general population that is, on the whole, below the European average and much lower than its only European neighbour, Spain. For example, last-year cannabis use among young adults aged 15–34 was 6.7 % in 2007, about half the current European average of 12.1 %. Surveys of children aged 15–16 also reported one of the lowest lifetime prevalence of cannabis use in Western Europe (13 %). The Portuguese figure for last-year cocaine use among 15- to 34-year-olds was 1.2 % in 2007 compared to an estimated current average of 2.1 % for the EU and Norway. In terms of trends, school and general population surveys show a stable situation regarding cannabis use in Portugal but a possible increase in cocaine use among young adults.

In contrast to moderate levels of drug use in the general population, problem drug use and drug-related harms are closer to, and sometimes above, the European average. The most recent (2005) estimate of the number of problem drug users in Portugal was about 42 000, which is slightly below six cases per thousand population aged 15–64. The estimate of the number of drug-induced deaths (overdoses) is currently under revision but there are first indications that the rate in Portugal is slightly below the European average. The number of newly diagnosed HIV cases among drug users (13.4 per million population in 2009) is well above the European average (2.85 cases per million in 26 countries) and one of the highest in the EU. There is, however, a clear declining trend over recent years.

Portugal's geographic location and ties to drug producing or transiting regions such as South America, West and North Africa, make it an entry point into Europe for drugs such as cocaine and cannabis. Every year, Portuguese law enforcement bodies confiscate several tonnes of cocaine, with a record amount of more than 34.5 tonnes seized in 2006. A regular increase in quantities of cannabis resin seized could also be observed over recent years, though there has been a recent decline between 2008 (61 tonnes) and 2009 (23 tonnes).

See EMCDDA 2011b for more information

([3]) This is the same structure and timeline as for the EU drug action plans.

An internal evaluation, relying on the work of 10 thematic expert commissions that covered the main areas of the 2005–08 Action Plan, concluded in 2009 that 86.8 % of the actions set out in the Horizon 2008 plan had been implemented and that 17 of its 19 identified results had been attained. The only results that were not considered to have been attained were in the areas of legal framework review and supply reduction (IDT, I.P., 2009).

The evaluation also mentioned that most drug-related indicators in Portugal showed an improving drug situation over the period 2004–07. However, as is often the case with evaluations of national drug strategies and action plans, the wider European and international trends were not considered. A final external evaluation of both action plans and of the overall National Plan 2005–12 will be carried out in 2012.

In terms of budgetary resources, an annual growth of 3 % was anticipated for the allocated drug-related public expenditure associated with the first action plan and it was foreseen that these expenditures would represent about 0.05 % of GDP. However, figures are not available to assess if this was the case. Existing data suggest that, in 2006, planned expenditure fell compared to 2005 (-36 %) and increased in the following two years by 7 % and 2 %. In this period, on average, 48 % of the available labelled public expenditure ([4]) was allocated to health programmes, 33 % to defence and public order activities, 25 % to social protection and 4 % to organisational activities.

The new Action Plan Against Drugs and Drug Addiction 2009–12 provides for the creation of a Subcommittee on Public Expenditure to better follow and assess this area. In the meantime, the world economic crisis and internal economic problems have left Portugal in a difficult financial situation, which have already had an impact on drug-related public expenditure.

Linking alcohol and drug policies

The Portuguese National Plan 2005–12 is primarily a drug strategy. Nevertheless, it notes that inter-ministerial coordination within the Health Ministry should ensure that any Portuguese citizen faced with a substance abuse problem 'including alcohol, tobacco and medicines' should be considered holistically in terms of Ministry responses. It also emphasises that a key objective for treatment will be to offer a wide range of services covering psychosocial and pharmacological approaches, targeting both illicit and licit (including alcohol, tobacco and medicines) psychoactive substance users (EMCDDA, 2011a).

In 2006, the Institute on Drugs and Drug Addiction (IDT) received an extended mandate for policy coordination to include the field of alcohol and is now responsible for the planning,

([4]) For a detailed explanation of labelled and unlabelled public expenditure, see EMCDDA Selected Issue on this topic (EMCDDA, 2008).

management, monitoring and evaluation of prevention, treatment and rehabilitation for both drugs and alcohol. Although a separate national plan on alcohol still exists (*Plano Nacional para a Redução dos Problemas Ligados ao Álcool 2010–12*), from 2012 a common new strategy with corresponding action plan(s) on alcohol and illicit drugs is expected to be considered.

In Portugal, the minimum purchasing age for alcohol is 16, for off- and on-premises consumption and for the three main types of alcohol (beer/wine/spirits). Restrictions exist at the national level on places of sale of alcoholic beverages, as well as on sales at specific events and sales to intoxicated persons. There are no restrictions on hours or days of sales. There are national and legally binding regulations on alcohol advertising, sponsorship, product placement and sales promotion. Recorded alcohol consumption by adults (15+) is stable at about 12.5 litres of pure alcohol per year, of which just over half is wine (Eurocare, 2011).

There is little political or institutional coordination between drug and tobacco policy in Portugal. Issues relating to tobacco are dealt with under the General Directorate for Health through the implementation of specific objectives under the National Health Plan 2004–10 and no significant changes are foreseen for the next National Health Plan 2011–16. The minimum age for purchasing tobacco is 18 and Portugal introduced partial smoke-free legislation in bars and restaurants in 2008. Using the Tobacco Control Scale, Portugal was ranked joint 19th of 30 countries in Europe in 2010, with a score of 43/100 (Joossens and Raw, 2011); the WHO stated the adult daily smoking prevalence rate in 2006 was 21 %.

Conclusions

Portugal has been under the spotlight in recent years because of its decriminalisation of drug use and the implementation of the Commissions for the Dissuasion of Drug Abuse, managed primarily by the Ministry of Health rather than Justice or the Interior. This change is now 10 years old and has attracted criticism and support both at national and at international level.

This policy profile can contribute to a better understanding of the Portuguese model at three different levels. First, it demonstrates that the policy reform that occurred between 1999 and 2001 was the result of more than two decades of drug policy debates in which there had been ongoing tension between the criminalisation of drug use and the desire to help drug users.

The debates around the drug laws of 1983, 1993 and 2000 have many similarities and show a progressive move towards a model that clearly prioritises early intervention and treatment over any form of sanction. This transition is the result, among others, of an established and growing agreement among political parties in Parliament on the need to address drug use as a health issue and not as a criminal matter. Signs of such an agreement were first visible in 1963 and 1976 but came to the fore with the 1993 drug law which first allowed for a symbolic sanctioning of drug users.

What makes the Portuguese case special is that decriminalisation was not, as in other countries, associated with an increasing prevalence of cannabis use among young people and the consequent difficulties for law enforcement bodies in coping with it. In Portugal, problem drug users — mainly heroin users — were the focus of the policy discussions and it was with them (and their problems) in mind that it was decided to change the law in 2000.

The second aspect that can be clarified from this policy profile is that the decriminalisation of drug use should be understood as only one element of a larger policy change that has:

- progressively removed responsibilities from the Ministry of Justice to give them to the Ministry of Health;
- led to more integrated and detailed plans;
- highlighted the importance of evaluation as a policy management tool; and
- brought alcohol and drug policy closer together.

These changes have a strong public health orientation and this might be the best way to characterise the Portuguese drug policy today. While some want to see the

Portuguese model as a first step towards the legalisation of drug use and others consider it as the new flagship of harm reduction, the model might in fact be best described as being a public health policy founded on values such as humanism, pragmatism and participation.

The Portuguese policy also reflects the main elements of drug policy convergence that have been observed in the European Union over the last two decades: the development of an overarching and detailed policy; the acceptance of harm reduction interventions; the recognition of the drug user as a person in need of help and not as a criminal; and the attempt to further link or integrate illicit and licit drug policies (Bergeron and Griffiths, 2006).

The third and final aspect that has been clarified in this paper is that Portugal's drug policy — as with all other national drug policies — is unlikely to be a 'magic bullet'. The country still has high levels of problem drug use and HIV infection, and does not show specific developments in its drug situation that would clearly distinguish it from other European countries that have a different policy. Portugal has, however, developed a policy that appears internally consistent and that tries to respond to drug problems in a pragmatic and innovative way. This is not always the case in modern drug policy. While individual elements of the drug policy and their implementation might suggest a more critical discussion is needed, it appears that Portugal has attempted to develop a transparent, coherent and well-structured policy.
The changes that were made in Portugal provide an interesting before-and-after study on the possible effects of decriminalisation, as the drug prevalence rates have not confirmed the theory that decriminalisation, or a less punitive approach, leads to increased use (Hughes and Stevens, 2010).

The coming years may well bring new challenges for Portuguese drug policy. After implementing several austerity plans, which have already had an impact on drug services, the government requested in early 2011 a rescue loan from the European Union, the European Central Bank and the International Monetary Fund, which will be associated with further austerity measures. Following this, general elections in June 2011 resulted in a change in government that may translate into new orientations in public health and security policies. How all these developments will affect the content and the resources of the Portuguese drug policy in the coming years is a matter for future investigation.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is one of the European Union's decentralised agencies. Established in 1993 and based in Lisbon, it is the central source of comprehensive information on drugs and drug addiction in Europe. The EMCDDA collects, analyses and disseminates factual, objective, reliable and comparable information on drugs and drug addiction. In doing so, it provides its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA Drug policy profiles aim to describe some of the main characteristics of national drug policies in Europe and beyond. The profiles do not attempt to assess these policies, but instead outline their development and main features. The objective is to help readers — from researchers to policymakers — gain a better understanding of the way in which countries control drugs and respond to drug-related security, social and health problems.

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