European Monitoring Centre for Drugs and Drug Addiction

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

2011 NATIONAL REPORT (2010 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 European Monitoring Centre for Drugs and Drug Addiction (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 2010 as well as new developments and trends regarding 2011. 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, Ministérios da Saúde (Health Ministry), Ministério da Educação (Education Ministry), 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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Drug Policy: legislation, strategies and economic analysis

In 2010, the key issue regarding Portugal national policy on drugs was the restructuring of the National Coordination Structure for the Fight on Drugs and Drug Addiction.

Following the endorsement of the national Plan for the Reduction of Alcohol Related Problems, the Inter-ministerial Council approved the enlargement of the National Coordination Structure for the fight against of drugs and drug addiction but rather encompassing drugs, drug addiction and alcohol related problems being therefore designed National Coordination Structure for Drugs, Drug Addiction and Alcohol Related Problems (Decree-Law 40/2010 of 28 April 2010).

In consequence, the composition of the collective organs of the National Coordination structure were revised and added representatives of the different ministries and of the economical and marketing sector of wine.

On the press conference of the 10th anniversary of the Law 30/2000, data presented allow to conclude that there is a positive evolution on most of the indicators related to use, namely the decrease of drug use of all illicit substances among the younger population. There are also fewer cases in the penal system related to drug use, more requests for treatment and a clear decrease of the intravenous users, as well as the diminution of drug-related infectious diseases among users.

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 preferred used by the Portuguese population and cannabis, cocaine and ecstasy the illicit substances with lifetime prevalence's respectively of 11,7%, 1,9% and 1,3%.

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.

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 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.

In 2010, the results of the Health Behaviour in School-Aged Children (HBSC / WHO) showed again an increase in the prevalence of use between 2006 and 2010, contrary to the decrease occurred between 2002-2006. As in 2006, cannabis, stimulants and LSD had in 2010 the highest prevalence of lifetime use (respectively 8.8%, 3.4% and 2%). Between 2006 and 2010 there were increases in the prevalence of lifetime use of various substances -

particularly cannabis (from 8.2% to 8.8%) - as well as the prevalence of drug use in the last month (4.5% in 2006 and 6.1% in 2010). Although the increase of these prevalence's of use are not considered statistically significant, they express a reversal of the decline occurred between 2002 and 2006 thus prompting the need for the reinforcement of preventive measures.

Today night recreational settings are assuming a growing importance in young people's life, determining lifestyles and legitimizing behaviours considered necessary for them to experience fun and immediate pleasure. The study "Portuguese young people attending recreational nightlife settings. Who they are and which behaviours they adopt" (Lomba2011) aimed to characterize the profile of Portuguese young people attending these recreational venues and identify the behaviours they adopt in these settings.

Prevention

During 2010, the intervention in the mission area of prevention followed the task to achieve the main strategic goals defined in previous years: prevent the beginning of psychoactive substance use, prevent the continue use and abuse and the transition from use to abuse or misuse and dependence. To achieve them, the activities were planned in accordance with the operational objectives of the National Plan Against Drugs and Drug Addiction 2005-2012:

- Increase the quality of the intervention through adequate strategies, mainly selected and indicated prevention, with monitoring and evaluation of the results of the interventions;
- Contribute for an integrated intervention of Institute on Drugs and Drug Addiction (IDT, I.P.) investing in seeking answers adapted to the problems and needs, sharing resources in a articulate way, both internally and with civil society.

The Program of Focused Intervention (PIF) was concluded; which allow to identify a set of best practices in gap areas, properly evaluated, by assessing the projects under the Program, the methodologies used since the selection till the planning and evaluation process and their results and the presentation of a set of suggestions, recommendations and proposals in the sense to qualify the intervention in the area of prevention.

There was throughout the country a strong investment in selective and indicated prevention interventions, focused in groups, individuals and contexts that presents a increase risk for the use/abuse of substances, particularly in the implementation of personal and social competence training programs in the vocational and alternative curricular education and the organization and creation of selective and indicated prevention appointment spaces thus contributing to the strengthening of a Teenagers Appointment System in articulation with the Treatment Mission Area.

The year 2010 corresponded to the first moment of the final evaluation and the eventual continuity of the projects developed under the framework of Operational Program of Integrated Responses (PORI), besides the maintenance of all the procedures related to the process of follow-up, monitoring and evaluation of these projects. Important contributes were given during 2010 to the already consolidated integration of the responses to alcohol use in IDT, I.P. teams, with special focus to the integration of the questions and specificities of this substance in the preventive interventions (adoption of a preventive program, elaboration of training modules, enlargement of the intervention to festivals setting). The challenge is to develop, apply and evaluate policies and programs properly adapted to the circumstances of the target group.

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. We will mention several projects of universal prevention that are being implemented in different settings.

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

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.

Treatment Teams (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 programs, mainly inpatient ones (public and private detoxification units or therapeutic communities). In ETs, clients have access to individual and group therapy, substitution programs (usually high threshold) and a variety of support services for the drug user and his/her family, depending on the ETs resources (infectious diseases testing and treatment or referral, family therapy, general health care, amongst others).

In 2010, continuity was given to the articulation with other health care resources and socio-sanitary conditions of public and private sectors, in order to improve the answers to the multiple needs of users with problems associated with the consumption of psychoactive substances. It is also to highlight the orientation for the quality of services provided.

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 a slight decrease in buprenorphine programmes.

Clients in Outpatient treatment were mainly from the male gender (85% to 86%), aged 25-34 (32% to 35%) and 35-44 (28% to 34%), varying the mean age between 32 and 34 years old depending on the structure.

This year for the first time it was possible to have TDI data fully in line with EMCDDA TDI Protocol. 2010 national **first treatment demand data** concerned 6 233 individuals from the **outpatient** public network centres (79) from these population only 3 120 are Drug Users.

Health Correlates and Consequences

The National Action Plan on Drugs and Drug Addiction 2005-2012 includes among its objectives a specific reference to the need of reducing the number of users of psychoactive substances, as well as health and social risks associated, being foreseen an action to promote the counselling, diagnosis and referral of infectious diseases, within drug users population to be implemented until 2012.

Concerning infectious diseases, between populations in drug addiction treatment in 2010, the positivity values for HIV (3%-11%), Hepatitis B (2%), Hepatitis C (24%-46%) and

Tuberculosis (0.1%-1%),reinforcing the downward trend verified in previous years, namely at HIV level and Hepatitis C.

In the ambit of HIV/AIDS infection diagnosis (identified by notifications) maintains the proportional downward trend of the cases associated to drug addiction in the different stadiums of the infection, as well as the continuous decrease through the years of new cases diagnosed with HIV associated to drug addiction. Considering the improvements implemented in last year's at the coverage level of HIV screening in these populations, seems to be towards an effective decrease of recent infections in the drug addiction population, reflecting the decrease in intravenous drug use practices and share of material, and also as a result of harm and risk reduction policies.

In 2010, were registered 27 cases of drug-related deaths, representing an increase in comparison to 2008 (20 in 2008) in the General Mortality Register (GMR - Selection B of the DRD Protocol). The values registered in 2009, were the highest since 2003, but inferior to the ones registered in 2002 (year when ICD-10 was implemented in Portugal).

Following a strategic recommendation of the Action Plan on Drugs 2009-2012, as well as the implementation of procedures to improve the quality of the national mortality statistics, from 2008 start to be presented data from the national mortality statistics of National Statistics Institute (INE, I.P.), simultaneously we intensified the work on optimizing the information coming from the National Institute of Forensic Medicine (INML, I.P.). As result of the excellent articulation between IDT, I.P. and INML, I.P., for the second time it is possible to provide information from the INML, I.P. on overdose cases.

Responses to Health Correlates and Consequences

The Harm and Risk Reduction model implemented in Portugal, aims to propose, through integrated work, to users who are unable or unwilling to renounce drug use, help to reduce harm they cause themselves trough alternatives paths that lead to treatment facilities and therefore a gradual process of stabilization and organization, which may allow the recovery process.

Strategically, IDT, I.P. has invested in the enlargement of the Harm Reduction National Network (RRMD); in all regions, new responses in RRMD were implemented, based on the identified needs. Another important dimension of the RRMD intervention is to facilitate access of users to the different structures of the support network at social or health care level (20% of the population monitored was referred to other services).

In collaboration with organizers of summer festivals, IDT, I.P. intervened, nationally, in 25 summer festivals. This intervention is part of a strategy of information and awareness to participants in these events, for better management of risks potentially associated with use of licit and illicit substances.

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), 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.

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.

Through the study "Psychopathological co-morbidity in drug addicts at Alentejo (Santos2010), a group of psychologists studied drug addicts assisted in Alentejo treatment centres, to evaluate the existence of co morbidity between substance abuse and psychopathology. Data allowed to conclude that there seems to exist co-morbidity between drug abuse and psychopathology.

Social Correlates and Social Reintegration

The National Plan on Drugs and Drug Addiction 2005-2012, includes objectives and actions (see Structured Questionnaire 28) 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.

In 2010, IDT, I.P. strengthened the agreements and protocols already signed with local entities, trade unions, Private Institutions of Social Solidarity, Social Security Institute, Institute of Housing and Urban Renovation to adapt and improve the quality of the existing resources and responses, so they can serve effectively the real users needs in the areas of housing, education and employment. Also the program foreseen the development of integrated interventions was developed in 4 municipalities and 2 private companies.

In 2010, we reinforced the importance to stabilize and standardize the procedures of follow-up, monitoring and evaluation of the activities and interventions in the area of reintegration, as well as the Exchange of Employers in which participate now 751 employers.

Also, the National Strategy for the Integration of Homeless, a priority area given the effective economic disadvantage and social exclusion of a significant group of drug users, entered in its second year. IDT, I.P. and other private and public institutions enhance their collaboration for its full implementation.

Among the responses in the area of socio-professional integration, Programme Vida-Emprego (Life-Employment Program- PVE), which aims to provide an employment to drug users in treatment process, continues to be of vital importance as a resource in the area of employment, and in 2010 benefited 1.244 individuals.

Drug related Crime

In 2010, concerning the administrative sanctions for drug use, Commissions for the Dissuasion of Drug Use (CDT) instated 7 315 processes, representing a slight decrease (-3.1%) in comparison to last year, most of which were, again, referred by the Public Security Police (PSP), National Republican Guard (GNR) and Courts.

Concerning criminal offences, in 2010, the number of presumed offenders was very similar to last year and the last two years registered the highest values since 2002.

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 seventh time, followed by cocaine. The trend initiated in 1998 of the decreasing importance of heroin related convictions continues.

Prison data indicates a decrease in the number of individuals in prison for crimes against the Drug Law, reinforcing the continuous downward trend registered over the decade. Was also reinforced the trend initiated in 2000, of the decrease weight of these prisoners in the universe of the convicted prisoner 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 prevalence's 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

In 2010, increases were verified at the level of several indicators on the drug markets area, many of them registered the highest figures of the decade.

Once again it was confirmed the trend through the decade of cannabis predominance and the increased visibility of cocaine in these contexts. On the other hand, after the continuous decrease of the visibility of heroin in the first half of the decade, there is a tendency to stabilize in the second half, with a greater visibility of heroin in the last two years, in some indicators.

For the nine consecutive year, hashish was the substance involved in a higher number of seizures (3 063) and reinforcing the trend initiated in 2005, and once more the number of cocaine seizures (1 599) was superior to heroin (1 462). In the past two years were registered the highest numbers since 2002 of heroin seizures, the highest numbers of seizures of the decade of cocaine, hashish and liamba, confirming the increasing trend for almost all drugs in the last six years.

Concerning the quantities seized in 2010, increases were registered in comparison to last year on ecstasy, hashish and cocaine. On the other hand, there were decreases in the seized quantities of heroin and liamba. Despite the annual fluctuations it's worth mention the increases of seized quantities of cocaine, hashish and liamba in the second half of the decade in comparison to the first half, contrarily to the decreases verified in the case of heroin and ecstasy.

Concerning countries of origin of the seized drugs in 2010, stood out in the ambit of international trafficking the Netherlands for heroin and ecstasy, Brazil, Venezuela and Colombia in the case of cocaine and once more Morocco in the case of hashish. An important large number of seizures had as final destination other countries, especially European – with particular emphasis to Spain, maintaining the trend of Portugal to work as a transit point on international trafficking, particularly in the case of cocaine.

Regarding the prices of drugs, at trafficker and trafficker-user level, didn't registered relevant changes in relation to 2009, with slight decreases in the case of heroin and cocaine and a slight increase in the case of hashish. Despite the annual variations, since 2002 there has been a downward trend in the average prices of heroin and ecstasy, and a upward trend of liamba and cocaine, and stability in the average price of hashish (although with slightly higher values in the second half of the decade).

Part B Selected Issues

Drug-related health policies and services in prison

Drug use in prisons has always been a major concern for Portuguese policymakers, as available indicators on the judicial system and, in particular, on the prison system showed in the nineties the existence of a high number of imprisoned drug users, with the additional problems of high rates of infectious diseases, especially hepatitis, AIDS and tuberculosis.

Since 1996, drug users were one of the Government's priority and several legislative measures aimed at reinforcing the importance of treatment and reintegration in prison system and inscribed the principle of equivalence of care were developed. Access to health care in terms of quality and continuity is assured to the prison population in identical conditions as for the general population, being the prisoner inscribed in the National Health System. The provision of health care, treatment and harm reduction measures is ensured in most of the 49 prisons establishments of the country, via collaboration procedures between Health and Justice Ministries.

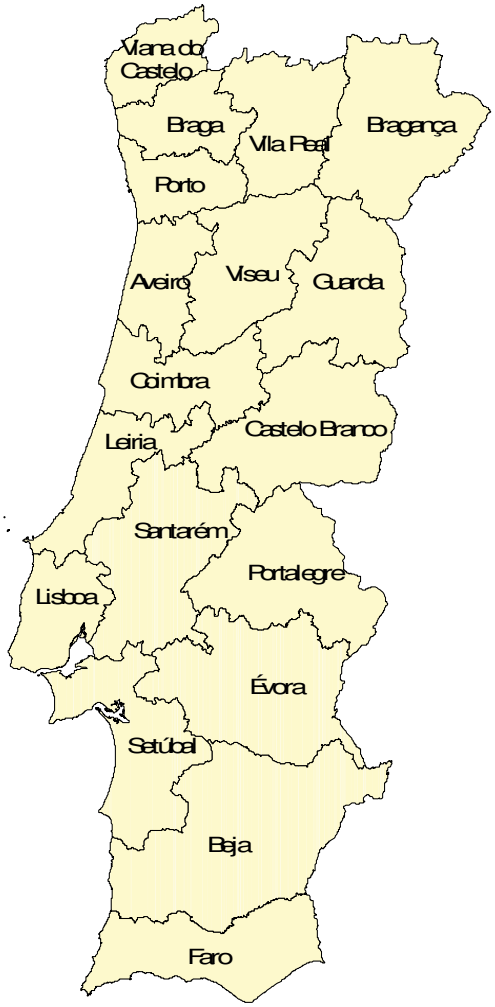
Drug users with children (addicted parents and children related issues)

The issue of pregnancy in women drug users has been subject of a growing attention and dedication, especially in recent years, both within the study/research scope or implementation of strategies/methodologies of intervention.

In Portugal, although there are no national policies specifically aimed at parents, pregnant women, mothers with children in situations of drug use, it should be noted that global comprehensive analysis references are made to the existence of policies, institutions and regulations, some of constitutional and others of juridical character aiming the protection of vulnerable groups, which fit in parents, pregnant women with children in situations of drug use.

In 2010, all Centre of Integrated Responses (CRI) (47) had implemented a customer service, assessment and screening of children in families with addiction or alcohol related problems and youth at risk or youth users of alcohol or drugs.

In order to develop and refine technical guidelines or technical regulations for the different types of intervention were updated the Guidelines for Intervention with Children and Youth with risk behaviors within the ambit of dependences and the guidelines for children of people consuming psychoactive substances. The guidelines for the monitoring of pregnant and postpartum women are in elaboration.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Part A

New Developments and Trends

1. Drug policy: legislation, strategies and economic analysis

1.1. Introduction

In 2010, the key issue regarding Portugal national policy on drugs was the restructuring of the National Coordination Structure for the Fight on Drugs and Drug Addiction.

Following the endorsement of the national Plan for the Reduction of Alcohol Related Problems, the Inter-ministerial Council approved the enlargement of the National Coordination Structure for the fight against of drugs and drug addiction but rather encompassing drugs, drug addiction and alcohol related problems being therefore designed National Coordination Structure for Drugs, Drug Addiction and Alcohol Related Problems (Decree-Law 40/2010 of 28 April 2010).

In consequence, the composition of the collective organs of the National Coordination structure were revised and added representatives of the different ministries and of the economical and marketing sector of wine.

On the press conference of the 10th anniversary of the Law 30/2000, data presented allow to conclude that there is a positive evolution on most of the indicators related to use, namely the decrease of drug use of all illicit substances among the younger population. There are also fewer cases in the penal system related to drug use, more requests for treatment and a clear decrease of the intravenous users, as well as the diminution of drug-related infectious diseases among users.

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 substances and alcohol. 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 Institute assures the planning, conception, management, monitoring and evaluation of the different steps of prevention, treatment and reintegration in the field of illicit substances and alcohol, in the perspective of a better fulfilment in the coordination and implementation of the policies and strategies established.

The main areas of intervention of the Institute are:

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

In May 1999, the National Strategy on the Fight Against Drugs[1] (ENLCD), was published 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

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

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 was prepared.

The year 2009, saw the completion and submission to the Health Secretary of State the evaluation of the "Action Plan Against Drugs and Drug Addiction – Horizon 2008", the drafting of the "Action Plan Against Drugs and Drug Addiction 2009-2012" and the drafting of the "National Action Plan for Alcohol related Problems". All these documents were approved by the Inter-Ministerial Council for the Fight Against Drugs and Drug Addiction, in the 26th of May 2009.

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 Use (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 users, found in possession or using 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.

The Portuguese current policy on drug, namely the decriminalisation, has gained since 2009 international visibility and increased attention not only from the international press, but also from advocacy groups and governments all around the world.

On the 10th anniversary of the implementation of the Law 30/2000, IDT, I.P. organized a press conference to present some data, which allowed to conclude that there is a positive evolution on most of the indicators related to use, namely the decrease of drug use of all illicit substances among the younger population. There also are fewer cases in the penal system related to drug use, more requests for treatment and a clear decrease of the intravenous users, as well as the diminution of drug-related infectious diseases among users.

1.2 Legal Framework

Administrative Rule 198/2011 of 18th May – Establishes the legal framework that obeys the rules of electronic prescription, as well as the transitional regime of the manual prescription. This new model aims at promoting the electronic prescription as mandatory to obtain the reimbursement of medicines and as a way to facilitate the administrative circuit of medicines.

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

Administrative Rule 28/2011 of 10th January – Establishes that the training programs in the areas of infectious diseases and immunology should be regularly updated. The specific training in infectious diseases during medical internship should include, among other items, information on the pathologies of the drug user.

Administrative Rule 1325/2010 of 30 December – Adopts the legal framework against doping in sports, the list of substances and forbidden methods by the World Ant-Doping Code. This Administrative Rule defines a list of substances and forbidden methods in the context of anti-doping activities.

Decree-Law 40/2010 of 28 April 2010 – Reorganizes the coordination structures for the fight against drugs and drug addiction, extending their competences to the definition and implementation of policies related to harmful use of alcohol and defines the first amendment to Decree-Law 1/2003 of 6th January.

1.3. National action plan, strategy, evaluation and coordination

The National Coordination Structure for Drugs, Drug Addiction and Alcohol Related Problems

The key issue regarding the Portuguese national coordination structure in 2010 was the restructuring of the National Coordination Structure for the Fight of Drugs and Drug Addiction.

Following the endorsement of the National Plan for the Reduction of Alcohol Related Problems, the Inter-ministerial Council[3] approved the enlargement of the National Coordination Structure, no longer for the fight of drugs and drug addiction but rather encompassing drugs, drug addiction and alcohol related problems. As of April 28th, the new structure is called National Coordination Structure for Drugs, Drug Addiction and Alcohol Related Problems (Decree-Law 40/2010 of 28 April 2010).

That means that the monitoring of the Portuguese Action Plans on drugs and drug addiction and alcohol related problems, the promotion and implementation of their internal evaluation and the drugs and drug addiction National Plan's external evaluation as well as the policy design of drugs and alcohol related problems will from thence have an integrated approach.

The first result was the enlargement of the collective organs of the national coordination structure: the Inter-ministerial Council, the Inter-ministerial Technical Commission[4] and the National Council[5]. Thus the Inter-ministerial Council composition includes now the Ministers of Agriculture and Economy, the Inter-ministerial Technical Commission includes the Ministers of Agriculture and Economy representatives[6] and the National Council includes

[3] The Inter-ministerial Council is chaired by the Prime Minister and integrates the Ministers with intervention on drugs, drug addiction and alcohol related issues. It appreciates, approves and proposes to the Council of Ministers: the National Strategy; the multiannual and annual Action Plans and the National Strategy evaluation report. It also ensures the inter-ministerial articulation of policies developed by the ministries with competence on drugs, drug addiction and harmful use of alcohol.

[4] The Inter-ministerial Technical Commission supports technically the Inter-ministerial Council decisions and is chaired by the Chairman of the IDT, I.P. Executive Board that is also the National Coordinator for Drugs, Drug Addiction and Alcohol Related Problems. It is composed by Ministers' representatives, closely associated with Minsters' Cabinets. Its core mandate is to design, monitor and evaluate the National Plan on Drugs and Drug Addiction (2005-2012), the Action Plan on Drugs and Drug Addiction (2009-2012) and the National Plan for the Reduction of Alcohol Related Problems.

[5] The National Council is an advisory body, Chaired by the Prime Minister, that can delegate on the Member of Government responsible. It is composed of representatives from 23 constitution organs, public and private institutions such as: Government of the Autonomous Regions of Madeira and Azores, Mayors Association, Judges Council, General Public Prosecutor, University Deans, Churches and Religious Communities, Caring and NGO's, Youth Council, Students, Parenting Associations, Family Federation, Journalists Union, and since 2010 representatives from Alcohol Industry and Commerce.

[6] Currently the Government members responsible for: Foreign Affairs; Finances; National Defence; Home Office; Justice; Economy; Agriculture; Environment; Labour; Social Security; Health; Education; Science and Higher Education.

representatives of the National Federation of Local Youth Associations and representatives of the wine, distilled and alcoholic drinks production, distribution and marketing.

The Inter-ministerial Council also approved the Internal Evaluation Report of the Action Plan on Drugs and Drug Addiction – Horizon 2008 (concluded in 2009), the Action Plan on Drugs and Drug Addiction 2009-2012 and the National Plan for the Reduction of Alcohol Related Problems.

The Action Plan on Drugs and Drug Addiction 2009-2012 operationalises the second half length of the National Plan on Drugs and Drug Addiction 2005-2012.

The Inter-ministerial Council's Technical Commission

After the redesigning of the coordination structure, the eleven members of the Inter-ministerial Technical Commission were newly appointed or in some cases reappointed. Due to the new composition, the internal regulation norms were reviewed, in particular the structuring of the Subcommittees that monitor the implementation of the two National Plans, on drugs and drug addiction and alcohol related problems, and proceed with their internal evaluation. Other than that, the Technical Commission approved the framework for the National Plan on drugs and drug addiction external evaluation terms of reference.

The Subcommittees' new model addresses the following areas:

- evaluation and monitoring;
- international cooperation;
- public expenditures;
- communication, information and training;
- data and research;
- prevention, harm reduction, treatment and reintegration;
- drug addictions' dissuasion;
- intervention in school and university;
- labour, recreational and road settings;
- illicit substances supply reduction;
- Licit substances' regulation and supervision.

In the field of drugs and drug addiction, the agendas of the two meetings of the Inter-ministerial Technical Commission, held in 2010, reflect the major concerns of the work ahead: the Subcommittees composition and representatives' nomination, the approval of the terms of reference for the National Plan on drugs and drug addiction external evaluation and the integrated internal evaluation of the two National Plans (drugs and drug addiction and alcohol related problems).

The late achievement of the Inter-ministerial Technical Commission meeting deferred to 2011 the beginning of the monitoring and internal evaluation Subcommittees work.

The National Council

The National Council on Drugs, Drug Addiction and Alcohol Related Problems held one meeting in 2010, and its agenda was basically oriented for the implementation of the National Plan for the Reduction of Alcohol Related Problems and the Alcohol Forum.

For more details see SQ32.

1.4. Economic analysis

The internal evaluation of the Action Plan on Drugs and Drug Addiction (2005-2009), incorporated a Public Expenditure analysis for the years 2006 to 2008. This exercise highlighted the need to devote further work into the way public institutions carry on their accounting, especially when their core activity is not limited to the field of drugs.

In view of the fact that most institutions were not able to furnish labelled and unlabelled expenditures for actions achieved, the 2009-2012 Action Plan coordination area foresees the creation of a Subcommittee on Public Expenditures.

The work currently undergone at the Public Expenditures Subcommittee will gather aggregated information for the implementation of the Action Plan on Drugs and Drug Addiction 2009-2012, but currently there is no aggregated information on public expenditures for 2010.

Budget

There is no State budget rubric for drug and drug addiction policy. Each of the ministries that implement the National Plan on Drugs and Drug Addiction 2005-2012 are granted rubric for the development of their activities (on an annual basis).

The public administration body with the largest budget for drugs and drug addiction policy is the Ministry of Health's Institute on Drugs and Drug Addiction, but the Institute has, since 2006, an enlarged mandate that encompasses alcohol related problems. Therefore its budget is now allocated for drugs, drug addiction and alcohol related problems in the fields of national coordination, international cooperation, data and research, communication, information and training, prevention, harm reduction, treatment and reintegration.

The budget's amount approved in 2010 was 79.337,463 Euros, of which 75.494,728 Euros were liberated for spending. Of these 45.777,895 were transferred from the Portuguese State budget, and 26.465,000 were transferred from the social games' returns. The remaining comes from IDT's own revenues and from the previous year (2009) balance.

The Ministry of Defence runs the Program for Drug and Alcohol Prevention and Fighting in the Armed Forces, which budget allocation amounted to 631,717 Euros. Please see sub-chapter 2.4. for more information on this Program.

The Ministry of Employment and Social Security also runs several programs aimed at supporting drug addicts under treatment, by supplying resources to buy medicines, for instance, as well as drug addicts recovery associated costs such as housing. In some cases funds are allocated through NGO's.

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

2.1. Introduction

In 2010 there were no new studies on drug use in the general population neither in the school or youth population, so we continue to report here the last studies realized. We report a new study on specific targeted-groups on «non problematic» illicit drug users.

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 preferably used by the Portuguese population and cannabis, cocaine and ecstasy, the illicit substances with lifetime prevalence 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.

Illicit drug use is increasingly used by “conventional” citizens, as a form of diversion and to get pleasure. Studies suggest that various drug users are conscious about drugs’ potential harms but, taking into account their risks and benefits, decide to use them. However, they do it with some care, using some drug use management strategies, in order to minimize potential harms. The existence of drug users whose global adjustment is not significantly damaged by this practice is nowadays recognized. In this study we call them «non problematic» illicit drug users, and we intend to explain the processes by which some subjects manage their drug uses in order to keep them as so. The main results indicate that «non problematic» illicit drug users resort to several strategies to manage their habit, namely, the control over the regularity, locations and types of drugs they use. Understanding these kinds of strategies may be an important contribution to reduce drug use potential harms and to enhance harm reduction efforts.

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). See Standard Table 1.

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 1 – 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 2 – 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.

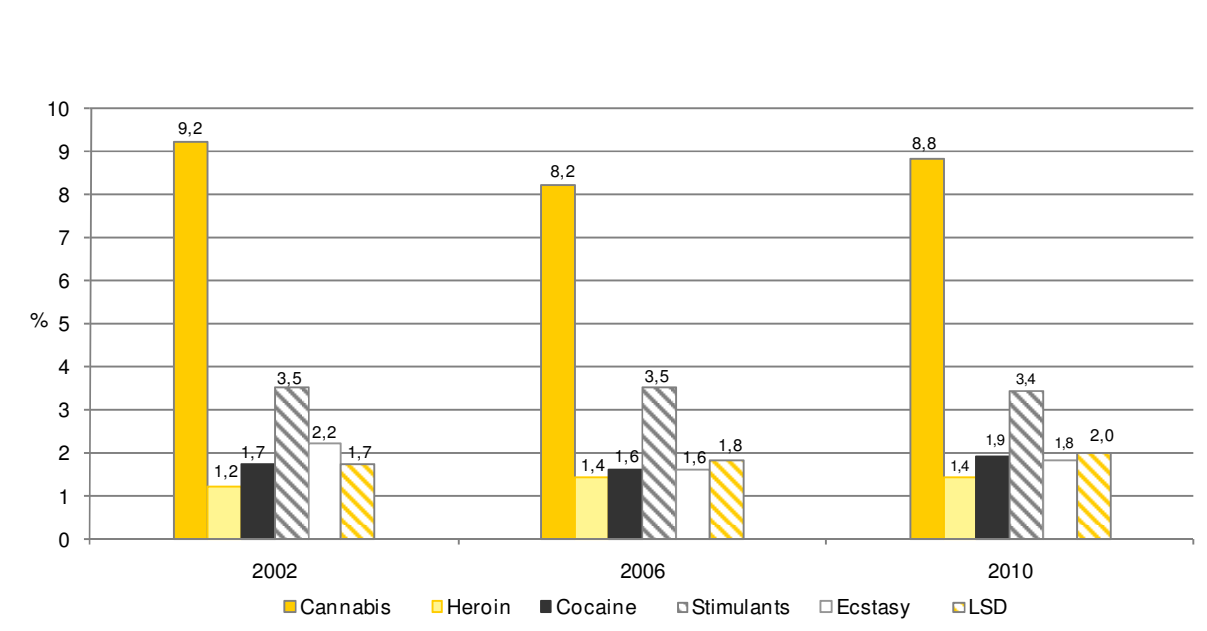
Finally and comparatively with studies results from other European countries, we can state that, even being the national results the most recent European results, Portugal remains among the countries with the lowest prevalence of use for most of the substances, with the exception of heroin, where Portugal 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 2010, the results of the HBSC / WHO showed again an increase in the prevalence of use (Graph 1) between 2006 and 2010, contrary to the decrease occurred between 2002-2006. As in 2006, cannabis, stimulants and LSD had in 2010 the highest prevalence of lifetime use

(respectively 8.8%, 3.4% and 2%). Between 2006 and 2010 there were increases in the prevalence of lifetime use of various substances - particularly cannabis (from 8.2% to 8.8%) - as well as the prevalence of drug use in the last month (4.5% in 2006 and 6.1% in 2010). Although the increase of these prevalence's of use are not considered statistically significant, they express a reversal of the decline occurred between 2002 and 2006[7] thus prompting the need for the reinforcement of preventive measures[8].



Graph 1 – School Population – HBSC/WHO (students of 6º/8º and10º grades): Lifetime Prevalence's of use, by type of drug (IDT, IP. 2011)

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). See Standard table 02.

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

[7] The 2006 survey had already shown the existence of subgroups (including younger's and those with lower socioeconomic status) in which there was not a decrease in cannabis use.

[8] The results from other national surveys conducted in school populations in 2011 - ESPAD, ECATD and INME - will be published in the short term and included in the Annual Report next year. However, some provisional ECATD data all ready published, point the increased use of some drugs among students from 13 to 18 years.

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.

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 stability or some decrease and again a small increase for older age groups (17-18).

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.

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.

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.

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.

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.

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”.

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”.

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, among the older ones (16 to 18 age groups), 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

"Portuguese young people attending recreational nightlife settings. Who they are and which behaviours they adopt" (Lomba2011)

The night, as a unique time and place in comparison with the day; as a rupture from the standardized experience of productive everyday life, from the established relationships and formal context; considered as a period of no obligations and indefinite situations; being full of magical and contradictory references, has been a space of youth appropriation, which explains the high number of recreational settings that are currently targeted specifically at them (Goméz and Pampols, 2000; Calafat et al, 2000; Elbaum, 2008). For many young people having fun means going to popular places with friends and enjoying activities involving music and dancing (Calafat et al, 2003). However, night recreation has such an intrinsic connection with the consumption of alcohol and drugs (Calafat, Fernandez-Gomez, Juan and Becoña, 2005; Calafat, Juan, Becoña e Fernández, 2007) that the use of psychoactive substances in recreational settings is currently so high that these contexts are considered to be risk factors for their consumption (Bellis, Hughes and Lowey, 2002; Simões, 2005; EMCDDA, 2007). Notwithstanding, psychoactive substances trigger the adoption of other risk behaviours in terms of sexuality (Martin, 2001; Hayaki, Anderson and Stein, 2006; Lomba, 2006), driving (NIDA, 2007) and violence (UN, 2005; WHO, 2006), thus it will be essential to analyze, understand and highlight recreational settings to solve the problems associated with their attendance.

The study was conducted on a sample of 1 257 young people attending recreational nightlife settings in 9 Portuguese cities (Angra do Heroísmo, Aveiro, Funchal, Lisbon, Porto, Viana do Castelo, Viseu, Ponta Delgada and Coimbra), between 2007 and 2010, with the aim to describe the socio demographic characteristics, recreational habits and behaviours adopted by young people attending these settings in terms of the use of psychoactive substances, sexuality, driving and violence.

The target population of this study was selected using a variation of RDS – respondent-driven sampling (Heckathorn, 1997), previously developed and validated as a mechanism to recruit users of recreational drugs (Wang et al., 2005).

Participants gave their informed consent to participate in the study. The questionnaires were self-administered, but the researchers were available to clarify any doubts. The instrument used was the "Characterization of the Population Questionnaire" developed by the European Institute of Studies on Prevention (IREFREA) network and translated into Portuguese in 2006.

Sample characteristics: Mean age 22.36 years (SD = 4.10 years), minimum 15 years, maximum 35 years. 50.08% male / 49.02 % female. 52.86% have university education and only 13.83% have compulsory education, although the differences between cities are substantial: Coimbra has 81.25% young people with university education, whereas Ponta Delgada has only 35.77%. As for occupation, in every city, most young people are students

(55.64% of the total sample), with the exception of Porto and Ponta Delgada, where participants were mainly workers.

The fact that eight of the nine cities have university centers, as well as the sample's youthfulness, can explain the high percentage of students in this study (55.83%). Nonetheless, the age range which characterizes it is wider (15 to 35 years). This participation of individuals from different age groups between adolescence and adulthood in the recreational culture makes sense from a perspective which Elbaum (2008) designated as "juvenilization". This is a hegemonic and even totalitarian process since youth emerges in contemporary society as a social privilege; both young people and adults want to have access to icons of youth legitimization, such as specific consumptions, city habits, attendance of trendy venues and standardized recreational activities whose interdiction deprives them from having a full experience of their age period and the non-adhesion influences a deficient attachment/integration in dominant social capitals.

As for gender, there is a large homogeneity in this sample; a result which diverges slightly from those found in other studies carried out in recreational settings (Calafat et al., 1999; Deehan & Saville, 2003; Lomba, 2006; Henriques, 2009) where the predominance of the male gender was more marked. This recent and more active participation of young women in recreational culture may reflect the homogenization between men and women in terms of "social experimentation", but also an emerging female identity based on subjective positions which have been moulded by the current juvenile culture. As stated by McRobbie (1993), the Dance era which is strongly linked to values such as friendship, equality and respect; love; appearance and sexuality; pleasure and the possibility of abandoning everything to dance (which has always been a driving force for women in every subculture) is favourable to women's adherence to this juvenile subculture and promotes new changes in the manifestations of female affirmation.

Nightlife recreational habits: Young people go out more than 6 nights a month: young people from Aveiro, Viseu and Viana do Castelo go out more often ($\overline{X}$ = 8.20; 7.56 and 7.88 nights, respectively) than those from Lisbon ($\overline{X}$ = 3.15 nights/month). In every city, young people go out on average more than one night per weekend ($\overline{X}$ = 1.71 nights) and they attend between 2 and 3 recreational settings per night. On average, these outings last between 5 and 6 hours, and young people spend on average 16 Euros every night. The reasons underlying the choice of recreational settings are the same in the 9 cities in this study: to meet friends (96.10%), the type of music (94.98%) and the venues' safety (92.02%). 59.44% also value the access to cheap alcoholic drinks and 16.71% the possibility to use cannabis.

Issues related to transportation: When travelling to and from the recreational nightlife settings, the majority preferably uses private transportation, both when going to these venues (73.70%), as well as returning home (71.83%), and this preference is noted in the 9 cities under analysis. Public transportation is only used by 5.13% of young people, and the most common reasons given for not using public transportation are the personal choice to use private transportation (55.38%) and the lack of night time transportation services (25.84%).

Sexuality and sexual risk behaviours: 84.63% of young people have already had sexual intercourse with a mean age of initiation of 16.88 years (SD= 2.12). The mean of sexual partners, in the last twelve months, is 1.98 (SD = 2.29). Lisbon, Coimbra and Porto present the highest number of young people who have already had sexual intercourse (between 89.51% and 94.53%) and the lowest mean age of initiation (between16.51 and 16.76 years) as opposed to Viseu (with 65.52% and 17.25 years, respectively). 53.49% of young people have had sexual intercourse under the influence of alcohol, with a higher prevalence in Coimbra (64.80%) and Lisbon (60.42%) and the lowest in Porto (40.34%) and Angra do Heroísmo (45.45%). 24.90% has already had sex under the influence of drugs, with a higher prevalence of this behaviour in Lisbon (36.11%) and the lowest in Porto (14.17%) and Angra do Heroísmo (14.40%). 62.63% of the young people do not normally use a condom.

Consumption of alcohol and illicit drugs: The most used psychoactive substances are alcohol, cannabis and cocaine, and the most experimented are cannabis, ecstasy, mushrooms and cocaine.

Lisbon is the city with the most consumers of cannabis (42.36%), cocaine (11.81%) and ecstasy (8.33%). The consumption of cannabis is less prevalent in Viseu (12.67%) and in Angra do Heroísmo (14.44%), whereas the consumption of cocaine is less prevalent in Viana do Castelo (0.93%) and Viseu (0.67%). In Coimbra, cannabis is consumed by 40.28% and cocaine by 6.94%. Funchal and Porto present similarly higher consumptions of cannabis (28.69% and 24.53%), cocaine (8.93% and 8.42%) and ecstasy (5.36% and 4.12%), while Porto stands out for being the city with the highest consumptions of the less used drugs: LSD (3.13%), Amphetamines (2.17%), Heroine (2.17%), Poppers (3.19%), Magic mushrooms (3.19%) and ketamine (1.09%). Alcohol consumption is generalized in more than 80% of young people, and 52.58% got drunk in the last 4 weeks; on average 1.75 times (SD = 2.68). Coimbra, Funchal and Viana do Castelo are the cities where the highest number of young people gets drunk and which have the highest means of frequency of drunkenness episodes, as opposed to Ponta Delgada, Porto, and Angra do Heroísmo.

The National Survey on the Use of Psychoactive Substances (Balsa et al, 2008) indicates that in the Portuguese population, namely among young people aged 15 to 34, the rates of cannabis, cocaine and ecstasy use in the last year is of 6.7%, 1.2% and 0.9% respectively. So, when comparing the figures which refer to the population in general with the ones regarding the young people in this study, a significant increase in consumption is again noted, which, as stated by Calafat et al. (2007), EMCDDA (2007), etc., is certainly connected to the frequency with which they go to recreational settings. This link between recreational settings and the use of psychoactive substances is also made evident in other studies which show that the consumptions are higher among samples of young people who go to recreational nightlife settings rather than among samples composed of young people in general (Calafat et al., 2001; Centers for Disease Control and Prevention, 2006; EMCDDA, 2006, etc).

Risk behaviours: In the last 30 days, 37.79% of young people were driven by someone who was intoxicated or under the influence of drugs; 19.90% drove while intoxicated; and 9.32% was under the influence of drugs. Angra do Heroísmo, Ponta Delgada and Viseu have the lowest percentages of young people who were driven under the influence of alcohol or drugs (26.67% to 30.00%) as opposed to Funchal, with a percentage of 50%. Angra do Heroísmo, Ponta Delgada e Viseu are the cities with the lowest percentage of young people driving under the influence of alcohol, as opposed to Funchal, Aveiro and Coimbra which had the highest prevalence (26.39% to 30.88%). Driving under the influence of drugs is most prevalent in Coimbra (14.58%) and less prevalent in Angra do Heroísmo (3.89%).

Regarding the occurrence of violent episodes in the last 12 months, 2.71% carried a weapon when attending recreational settings; 8.59% got involved in physical confrontations; and 8.59% was insulted / threatened by someone carrying a weapon. Lisbon is the city in which more young people mention the transportation of weapons (6.25%) and being threatened / insulted by someone carrying a weapon (22.92%). Lisbon, along with Porto, has the highest prevalence of young people who mention being involved in physical confrontations (15.28% and 14.06%, respectively). Viseu and Ponta Delgada have the less significant percentage of young people who carry weapons to recreational settings (0.67% and 0.73%, respectively). Angra do Heroísmo and Ponta Delgada stand out with the lowest number of young people who mention being threatened/insulted by someone carrying a weapon (2.78% and 5.11%, respectively) and with the least involvement in physical confrontations (5.56% and 5.11%, respectively).

Conclusion: The findings make it possible to conclude that there are no major differences between the young people of the 9 cities in relation to the profile and the recreational habits. However, in Lisbon, Coimbra and Funchal higher frequencies of indicators of deep-rooted recreational nightlife habits were observed as opposed to Viseu or Ponta Delgada.

Simultaneously, Lisbon, Coimbra and Funchal have a higher prevalence of some risk behaviour indicators which result from the attendance of recreational contexts as opposed to Viseu, Ponta Delgada and Angra do Heroísmo. These findings suggest that some risk behaviours correlate and interconnect with each other and, sometimes, potentiate one another, in an environmental, social and even cultural background, which is favourable to their occurrence. Thus, it is important to pay attention to the influence of recreational culture on the adoption of potential risk behaviours, especially after verifying the expansion and popularity of nightlife recreational settings among Portuguese young people.

Program for Prevention and Fight against Drugs and Alcoholism in the Armed Forces

The Program for Prevention and Fight against Drugs and Alcoholism in the Armed Forces (PPCDAFA) is coordinated by a Steering Group, chaired by the General Directorate of Personnel and Recruitment and composed by representatives of the Navy, Army and Air Force.

In the branches of the Armed Forces (Navy, Army and Air Force), the coordination of the PPCDAFA is assured by specific Groups of the different branches, operating in accordance with internal directives produced at the level of the respective superior hierarchy.

In primary prevention foreseen by PPCDAFA, plays an important role the toxicological screening of the military population for detection of illicit substances in the urine, primarily cannabis, opiates, amphetamines and cocaine. The laboratories of the Branches of the Armed Forces are equipped with technical means of reference internationally recognized as the most suitable for screening and confirmation of drugs of abuse in urine.

The big advantage of the toxicological screening lies in the early detection as a mean of demand reduction, not only for security reasons of the organization, but fundamentally it allows detecting and stopping addiction as close as possible of the first use.

To ensure the credibility of the whole process and at the same time, the individual rights of the military screened, the realization of analysis is associated with a chain of custody of samples and a control of analytical performance to ensure the security, the accuracy and confidentiality of all data since the collection till the result validation.

Officers, sergeants and soldiers are analysed based on a random nomination, extraordinary (on suspicion) and mandatory (as determined by the governing body of personal or follow-up of previous detection).

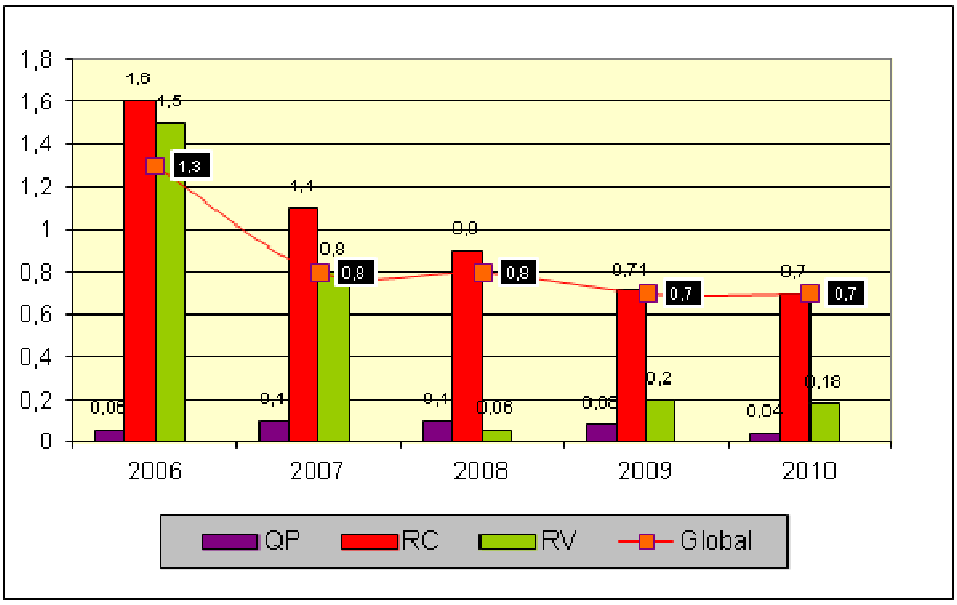
At the military setting (MDN2010), in 2010, the Armed Forces collected 20 961 (11 836 in 2009, 11 282 in 2008, more 554 than in 2008) urine samples. Concerning previous years were added to the urine samples not only the active military population but also the candidates. The samples are mostly collected on a random basis but follow-up tests (after one positive test) and tests following drug use suspicious reports are also included in these figures, (age group was 18-39).

83 844 toxicological tests (47 344 in 2009) were performed on the collected samples for illicit drug use (cannabis, opiates, amphetamines and cocaine). 0.7% of these samples tested positive, which represents the same value of 2009 and less - 0,1% in 2008 and 2007 and a decrease in comparison to 2006 (1,3%), 2005 (1,5%), 2004 (2,3%) and 2003 (2,2%).

A global appreciation of the results of the three branches of the Armed Forces, it is verified a positivity of 0.7% (same of last year and -0.1% in 2008).

When considering results per professional category, permanent staff (0,7%) registered a higher percentage of positive tests followed by volunteer staff (0,18%) and contracted personnel ranked quite lower (0,18%). The main illicit substance found was cannabis (79% of all positive tests, 89% in 2009, 88% in 2008, 85% in 2007 and 93% in 2006) followed by opiates (5%) and cocaine (10%), positive tests for amphetamines (0%) and polydrug (6%).

In relation to previous years, it was verified the evolution synthesized in the next graph:



Graph 2 – Positive results (%) in the toxicological screening, between 2006 and 2010, by regime of service (MDN2011)

3. Prevention

3.1. Introduction

During 2010, the intervention in the mission area of prevention follows the task to achieve the main strategic goals defined in previous years: prevent the beginning of psychoactive substance use, prevent the continue use and abuse and the transition from use to abuse or misuse and dependence. To achieve them, activities were planned in accordance with operational objectives of the National Plan Against Drugs and Drug Addiction 2005-2012:

- Increase quality of intervention through adequate strategies, mainly selected and indicated prevention, with monitoring and evaluation of the results of the interventions;
- Contribute for an integrated intervention of IDT, I.P. investing in seeking answers adapted to the problems and needs, sharing resources in a articulate way, both internally and with civil society.

The objectives were achieved by the local, regional and central services of IDT, I.P. During 2010, it was verified in all regions a diversification of intervention contexts (family, school, professional schools and training centers, care institutions for children and youth, university setting, workplace, recreational settings, prison setting, community), at universal intervention level as well as selective and indicated, and in some cases this intervention was complementary and covered individuals in different spheres of their life.

The first objective was achieved through a program and several projects.

In 2010, the Program of Focused Intervention (PIF) was concluded; which allow to identify a set of best practices in gap areas, properly evaluated, by assessing the projects under the Program, the methodologies used since the selection till the planning and evaluation process and their results and the presentation of a set of suggestions, recommendations and proposals in the sense to qualify the intervention in the area of prevention.

There was throughout the country a strong investment in selective and indicated prevention interventions, focused in groups, individuals and contexts that presents a increase risk for the use/abuse of substances, particularly in the implementation of personal and social competence training programs in the vocational and alternative curricular education and the organization and creation of selective and indicated prevention appointment spaces thus contributing to the strengthening of a Teenagers Appointment System in articulation with the Treatment Mission Area.

The use of interventions based on consolidated programs such as Eu e os Outros - Me and the Other's (See SQ 25 Mustap Questionnaire) and project Trilhos have been privileged in relation to less structured approaches. However, the response to brief or punctual interventions was not abandoned, as it was considered that this might allow future engagement in continuity interventions. In some cases, these initiatives have served as a first approach to groups and contexts.

Other projects contributed towards the same goal, namely:

- Intervention in Casa Pia de Lisboa (CPL), addressing youth in situation of institutionalization, seeking suitable models for the management of problematic situations and strengthen factors that promote resilience;

- in the education system, by strengthening the articulation with the Ministry of Education, and obviously with other health structures, with the use of universal prevention strategies combined with more focused interventions;

- the support of “Project Copos quem decide és tu” – promoted by Portuguese Red Cross Youth that enlarged the intervention in the prevention of alcohol use through the distribution of volunteers in several points of the country;

- the Euridice Project in the workplace setting, promoting awareness on the use of psychoactive substances (SPA);

- the University setting to reinforce intervention, in the promotion of support structures and referral to young people in a logic of early diagnoses and intervention, where from the existing experiences seek a coherent way, from selective prevention to indicated prevention;

- cooperation with other entities in the Educational System where the articulation with other health structures and Ministry of Education will surely be the answer to the shared responsibilities of IDT, I.P.

For the second objective, investment was made in quality within Operational Program of Integrated Responses (PORI). 47 projects managed by the Regional Delegations and the Centres of Integrated Responses (CRI) are in the field.

The year 2010 corresponded to the first moment of the final evaluation and the eventual continuity of the projects developed under the framework of PORI, besides the maintenance of all the procedures related to the process of follow up, monitoring and evaluation of these projects. Important contributes were given during 2010 to the already consolidated integration of the responses to alcohol use in IDT, I.P. teams, with special focus to the integration of the questions and specificities of this substance in the preventive interventions (adoption of a preventive program, elaboration of training modules, enlargement of the intervention to festivals settings, etc.). The challenge is to develop, apply and evaluate policies and programs properly adapted to the circumstances of the target group.

IDT, I.P., namely through its specialised teams, gave technical support to projects and programs developed in partnership with other structures of local and regional community, participate in Local Councils of Social Action of several Social Networks of the region, in meetings of the Enlarge Commissions, elaboration of social diagnosis and respective Plans of Social Development, in plenary sessions of the Municipal Councils of Security as well as in numerous working groups created in the area of psychoactive substance use, contributing to an integrated response to the problems and needs identified.

That strategic option involved an important investment in diagnostic tools for identifying problems, setting priorities, monitoring and evaluating interventions promoted by the IDT, I.P. itself or supported or financed by it.

3.2. Universal prevention

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

Several projects of universal prevention are being implemented in different settings:

School

The preventive intervention in schools is a major area of universal prevention, aimed at giving some awareness to school population on use of drugs and the risks associated 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 2010, school-based prevention in Portugal continued to be mainly implemented through programs developed by 3 different actors: the 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 prevention component of PORI framework described below and the Ministry of Home Affairs (Public Security Police - PSP and National Republican Guard - GNR).

During the school year several prevention activities and projects were developed in 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.

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

Also in this school year, continuity was given to implementation of several prevention programs, in a structured and continued way; examples are: *Projecto Atlante* (for the second and third cycle of Basic School); the *Program Crescer a Brincar* (for the first cycle); o *Programa PRÉ – competências* for the preschool (see SQ 22/25) and the *Projecto "Eu e os Outros"*.

Throughout the year, several prevention actions and projects were developed in school setting, in a global perspective of health promotion or a more specific aspect of approach to the issue of psychoactive substances use, contributing to reinforce universal prevention activities, effective and evaluated, namely the analysis of the approach of content relating to SPA in the curricular disciplinary areas and not disciplinary.

Since the school year 2005/2006 the Program Atlante – Enfrentar o Desafio das Drogas (Portuguese version of ORDAGO – Afrontar el Desafio de Las Drogas), is being implemented in the IDT, I.P. Regional Delegation of Algarve, the implementation of the program to promote personal and social skills: "E Agora Ruca", continues covering children and youth in school.

Training targeted to the technicians of the Integrated Program of Education and Training classes was conducted as well as dynamic and support of activities. In a total of 359 interventions were involved near 21 000 students.

Project of Risk and Harm Reduction in the University context

In 2010, giving continuity to work initiated in 2008, this project was developed by 23 CRI, covering academic festivals developed in 23 Portuguese cities. This project focused in two essential key moments of the academic life: reception of new students and academic week. In total were covered 141 days/nights of intervention (37 in the reception of new students and 104 in academic weeks) corresponding to 782 hours of field work, an average of 5 hours of intervention per day. This work was developed with the support of 638 university volunteers supported by 136 experts of the different CRI involved.

Joining the two moments of intervention were realized 98 255 interactions with youngsters regulars of these events, involving the distribution of promotional materials, providing varied information or proportionate support in situations of crisis. 110 000 flyers were distributed and 100 000 condoms (male and female) and 7 870 alcohol tests.

The evaluation of this intervention involves collecting of information near experts' volunteers and regulars of these events. Concerning the evaluation of these last ones, data was collected on-site intervention or in the subsequent data collection. Were inquired 3 745 regulars during the event, of which 67% were aware the ongoing intervention, a rate that exceeds the 61% achieved last year. 91% of the respondents considered the intervention valid or very valid being almost unanimous the opinion that the intervention should continue, either near the attendees (98%), volunteers (97%) either near the experts (98%).

From a sample of 226 attendees that answered to the post evaluation questionnaire (via email), 87% considered good or very well the option to intervene through the mobilisation of peer volunteers. 82% considered that the relationship established by these volunteers was good or very good, being the quality of the information given considered by 78% as good or very good.

Project Me and the Other's (see SQ 25 Mustap Questionnaire)

Project Me and the Other's was created in 2006 by IDT, I.P. This Project was aimed at promoting a better knowledge and utilization of resources linked with drugs and drugs misuse, as the official website (www.idt.pt and www.tu-alinhas.pt), the help-line (Linha1414), email, chat, etc.

It is a program of universal prevention based on the exploration of interactive narratives covering different topics related to adolescence, addressing the use of psychoactive substances in an integrated manner with other day-to-day problematic of young people, such as sexuality, violence, eating habits, exercise and health, school dropout, etc. This program is targeted to young people between 10 to 18 years old.

The school year 2009/10 finished with the coverage of 218 institutions (schools, professional schools, social security institutions, Private Social Solidarity Institutions (IPSS), involving and training 544 professionals from different areas (teachers, psychologists, social workers, socio cultural animators) for the stimulation of 14 348 young people (between 10 and 24) covering all the country.

It is noted that although most young people involved is part of a universal prevention perspective, some interventions use the program as a selective prevention strategy particularly in the work developed in some homes/shelters, as well as near the classes of Integrated Plan of Education and Training, at risk of interrupt the school career.

In this moment are being used 8 stories of interactive narratives in a new animation format to be more appellative to the youngsters (young people). A platform was created for sharing documents between all experts of IDT, I.P., in order to streamline all the information inherent in this project and its accessible online only to the authorized collaborators.

The process of validation of themes and improvement in the stories has been concluded by the following partners: Ministry of Education (DGIDC – General Directorate for Innovation and Curricular Development), Ministry of Internal Affairs (PSP / GNR - Safe School), Ministry of Health (Platform Against Obesity), Ministry of Work and Social Security (Commission for the Equality Citizenship and Gender - CIG), Portuguese Youth Institute (IPJ), State Secretary of Youth and Sports, under the Presidency of Council Ministries and Institute of Preventive Cardiology.

In higher education were developed partnerships with some universities to train applicators. The development of partnerships has started with Nurse College of Viana do Castelo, Lusíada University of Porto, School of Education and Social Science from Leiria, Psychology, University of Lisbon, School of Education of Faro, Institute of Education of Setúbal, School of Nursing of Évora and University of Évora.

IDT, I.P. has been certified as training entity accredited by the Scientific and Pedagogical Council of Continuous Training, and as well as the specific training given in the project, about

75 experts of the IDT, I.P. assigned to the project were certified as trainers credited in the area of health prevention by the Scientific and Pedagogical Council of Continuous Training of the Ministry of Education.

Project Me and the Others in 2010 suffered a major consolidation with the establishment of institutional partnerships. Increase significantly its number of collaborators, associate partners, 571 applicators, schools, 218 institutions 14 348 players around the country, as well as the improvement of the impact assessment results concerning the general self-efficacy of participants. All IDT, I.P. experts were certified by the Scientific Pedagogical Council of Braga in order to be accredited to train teachers in the frame of this project and the training itself was also proposed to be certified as well, awaiting approval in 2011.

"Copos – Quem decide és tu" (See SQ 25 Mustap Questionnaire)

Another example of universal prevention is the Project "Copos quem decide és tu" – a partnership project between the Portuguese Red Cross (CVP – Cruz Vermelha Portuguesa) and IDT, I.P. with the support of General Directorate for Health (DGS – Direcção-Geral da Saúde). The main goal of the project is 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 alcohol use, with special emphasis on prevention of alcohol abuse, providing information about alcohol and promoting reflexion on this type of consumption.

The Project "Copos – Quem decide és tu", takes place across the country as a school-based intervention endorsed by Portuguese Red Cross and technically supported by the IDT. I, P. Key target areas for the initiative were the issues related to the risks associated to the harmful use of alcohol by young people.

In several districts, the project is implemented in cooperation with municipalities and other local partners aiming to create a more consistent intervention. The main goal of this intervention is to enhance personal responsibility towards alcohol use. The conceptual frame fits in the field of universal prevention, throughout three sorts of actions: peers involvement, school-based activities and geographical flexibility.

The intervention has two main purposes: provide accurate information about harmful use of alcoholic beverages and promote healthy lifestyles and behaviours among young people.

Scientific evidence was collected: the project has been evaluated, in order to gain insights in the most effective instruments and helpful implementation strategies. In 2009/2010, 34 schools were involved, 11 districts and 4 000 students were covered.

Group of Intervention in Higher Education

The Group of Intervention in Higher Education (GIES – Grupo de Intervenção no Ensino Superior), was created in 2006 and aims to increase the involvement of Universities in the community intervention (prevention, risk reduction, reintegration and research) and to give answers to the academic community (prevention, risk reduction and treatment) in the scope of the use of psychoactive substances.

The information/awareness interventions on psychoactive substances and associated harms continued to be asked by the entities namely schools and the prevention teams of CRI give answer seeking to continue the ad-hoc interventions. Prevention teams participated actively in the implementation of some activities in higher education, as training programs of personal and social competences, participation in the curriculum of Nursing Degrees, Science Education and Master Health Education, support in research on the topic of drugs and addictions, intervention in the academic festivities.

Experts from the prevention and harm reduction teams were also involve in interventions in the academic weeks of 33 universities and polytechnic institutes, through the training close to a group of students previously trained to intervene in these events, in a proximity logic through peers interventions.

PASITForm

This project, implemented in the context of professional vocational training, assumes an approach of integrated responses and a perspective of intervention in network, promoting the articulation between the IDT, I.P. and the Institute for Labour and Professional Training (IEFP, I.P.), in context of professional training. This is an intervention in a context considered a priority due to the existence of an increasing number of individuals at risk or in situation of exclusion, namely young people in professional training actions promoted by IEFP, I.P. The relevance of the intervention is based on the assumption that professional training and access to employment may be an important protective factor in relation to the use of psychoactive substances. Thus, the Project focused on three intervention axes in order to: improve the articulation between the services of the two Institutes, defining a methodology for referral and monitoring of users; aware the technicians and trainers for the problematic of consumption of psychoactive substances and aware students to the problematic of consumption.

In 2010 the program continued to enhance the local component of interventions according to the field needs with greater autonomy from central services.

2010 was also a year of up-dating contents of materials and development of activities under the Project PASITForm, namely preparation of qualification actions of social agents of partner entities in the various preventive projects and promotion of awareness and information by Teams (Prevention and Reintegration) of IDT, I.P., together with the local structures of IEFP, I.P.

Professional Schools

A pilot project was designed in 2006 for 5 professional schools in two districts, based on a study of social representations of the trainees about psychoactive substance use. The aim was to elaborate training referential on the use of psychoactive substances to be implemented in professional schools.

At this stage of the project, emphasis is put in the collaboration of a monitoring model with territorial specifications, aimed at early intervention in situations of problematic use and case referral.

In 2010 the Project was enlarged to other districts, often integrating broader interventions.

EURIDICE

This European program (EURIDICE: European Research and Intervention on Dependency and Diversity in Companies and Employment), initiated in 2004, aims to promote health in workplace, enhancing protective factors and minimising the risk factors associated with the consumption of psychoactive substances. The program objectives are:

- Prevent and intervene in problems related with alcohol and other psychoactive substances use;

- Promote healthy lifestyles;

- Changing attitudes, behaviours and risk factors;

- Change the work conditions that favour and/or potentiate the use of psychoactive substances;

- Increase knowledge on psychoactive substance use;

- Promote the creation of a social and healthy workplace.

The National Confederation of Portuguese Workers - National Trades Union (CGTP-IN) and the IDT, I.P. ensured continuity and development of the project.

During 2010 the intervention took place in five different organizational entities, namely: Seixal Council, Loures Council, LOGICA, SAICA PACK, and Águeda Council. To adjust the intervention to the particularities and needs of each entity there were 22 technical meetings with the respective working groups and other meeting to present the project. A diagnostic questionnaire was handed in two companies.

Those actions were followed by, with the elaboration, reproduction and distribution of guidelines on alcohol and drugs problems to directors, the distribution of various materials with information about the harmful consequences of substances use and information sessions, target either to directors or to workers.

In the sequence of some actions already undertaken in previous years, intervention in 2010 was mainly updating and working the contents of the materials on alcoholic beverages and an element of the CGTP-IN responsible for the project also worked with IDT, I.P. in a working group to prepare guidelines for the intervention in the workplace.

Almost over the country activities were developed under the project PASITForm namely: qualification actions of social agents of the various partners' in several prevention projects, awareness and information actions, by Prevention Teams and Reintegration Teams in articulation with the local structures of institute for Labour and Professional Training (IEFP, I.P.).

Safe School Program

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

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 on 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, collect information and statistical data and conduct studies to provide the competent entities an objective knowledge about violence, insecurity feelings and victimization in the educative community.

In the school year 2010/2011, PSP teams allocated to the Program "Safe School" about 369 police officers at national level.

In the school year 2009/2010, PSP promoted more than 4 158 awareness, training, and demonstration sessions in schools where 422 of those actions were directed (where targeted, related) to the prevention of alcohol and drugs. From the 3 417 schools covered, 1 289 786 students and 130 103 teachers were involved.

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.

GNR data indicates that in 2010, 237 agents (228 in 2009, 211 in 2008 and 198 in 2007, were allocated to Safe School Programme. Apart from the proximity policing and offence dissuasion, these law enforcement agents were are also involved in training and awareness

raising initiatives in schools. The initiative targeted 7 666 schools covering a universe of 791 583 students and 9 351 awareness raising sessions were developed.

Family

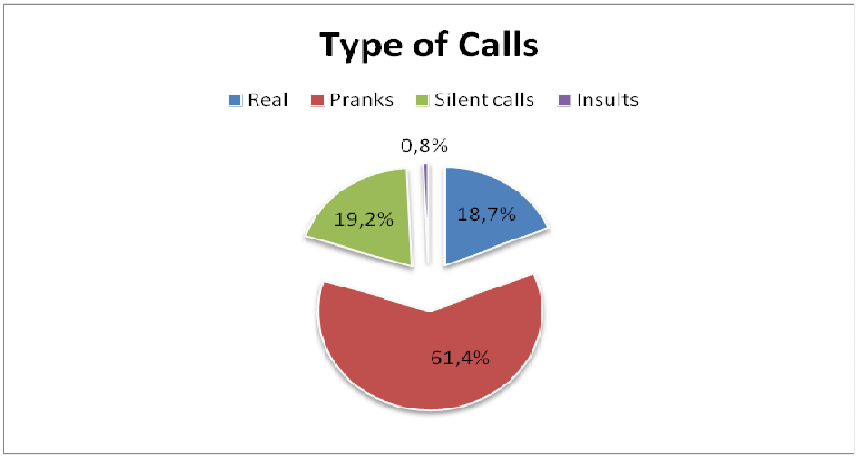
In some of the projects developed under PORI and PIF (please see subchapter 3.3), interventions of universal prevention occurred in the communities, where families are included.

Community

In some of the projects developed under PORI and PIF (please see subchapter 3.3) interventions of universal prevention occurred in the community, mainly complementing selective and indicated approach on target groups.

The IDT, I.P. hosts the national telephone helpline, *Linha Vida – SOS Droga,* 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). The helpline was available from 10 am to 8 pm every working day, and staff includes 5 psychologists and 1 social worker with specific training in counselling and drug abuse.

From the 1st January to 31st December 2010, the helpline received a total of 12 974 calls (13 307 in 2009, 15 860 in 2008, 23 412 in 2007) from which only 2 422 (2 681 in 2009, 2 787 in 2008, 3 169 in 2007) were real calls, the rest being silent calls 2 488 (2 407 in 2009, 3 000 in 2008 and 5 069 in 2007), pranks 7 964 (8 123 in 2009, 9 854 in 2008 and 14 881 in 2007) and 100 (96 in 2009, 219 in 2008, 293 in 2007) insults. Corresponding in percentual values respectively to 18,7% of real calls, 19,2% silent calls, 61,4% pranks and 0,8% insults.



Graph 3 – Type of Calls received by Linha Vida (NAI / IDT, I.P. 2010)

It is verified that a large percentage of calls are Pranks, following the trend observed in previous years with a slight decrease, followed by Silent, appearing after the Real, that contrary have been increasing.

Concerning the client profile, most calls continue to be made by those who had a problem or needed information – 1 824 clients, followed by calls made by mothers 395 with doubts about drug use and relationship problems with their children. In 2010, most callers were aged 36-50 (17%) and 26-35 (8%) and were mainly female (56%).

Concerning the contents of the Real calls, it was verified that 77% of calls fall into the Drugs category and deal with the presentation of a problem or a request for information related to drugs, while 23% refer to other issues.

As expected, most calls answered in the service are drugs related problem, since this is the area of operation of the Helpline. These calls are related either to information requests and clarification of doubts or requests for support or referral.

1 522 calls in 2010 (1 968 in 2009, 1922 in 2008 and 1 992 in 2007) concerned information requests about substances mainly cannabis (29%) and opiates (25%) followed by cocaine (15%) and alcohol (12%).

In calls related to problems drug use, from a total of 390 calls in which was possible to obtain information about the current situation face to drug use, 321 are current situations of active use and 38 refers to individuals in treatment. 7 clients refer situations of stop using.

In relation to referrals made by the services, they are from different types according to specific problem situations: 29% are related to indications of outpatient treatment services, 44% to therapeutic communities, 5% of psychological support and 6% to self-help groups.

Linha Vida also continued to respond to emails (e-mail counselling). In 2010, 160 emails were received (263 in 2009, 707 in 2008, 689 in 2007), 158 came from Linha Vida and 2 from Tu-alinhas. 51 of the emails were requests for information and 25 were related to requests for support/counselling, 14 were requests for both (information and support/counselling), 7 were requests for referral to treatment and 10 to other situations.

Concerning the themes approached, 31 emails were related with substances, from which it was noted a higher number of questions related to drug addiction/drugs in general (22 emails), followed by questions concerning cannabis (18 emails), heroine appears as the second most common referred with 17 emails.

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 IDT, I.P. by their own initiative, advice of other services or by suggestion of the Helpline technicians.

From the years 2005 to 2009, 153 clients were followed-up in the different responses provided by IDT, I.P. and 29 clients were followed in 2010. Most of these clients are from the male gender (93%).

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.

During 2010 were registered 36 355 unique visitors[9], 45 556 visits, 309 169 page visits and 235 3525 hits to the juvenile website “Tu Alinhas”.

IDT, I.P. elaborate the Portuguese version of *Best Practice Guidelines for Drug Helplines* (Fesat2011) from European Foundation of Drug Helplines (FESAT), which are being applied by Linha Vida[10].

[9] ***Hits*** – It’s every time a archive (e.g a photo) or a website page is accessed. Can also be referenced as "*requests*". **Pages** – It is every time a page is seen. Also referred as "*views*" (visualizations). **Visits** – Counts one visit by computer for a few minutes. If the person access the page again after half an hour will be counted one more visit. **Unique Visitors** – Counts un visitor per day no matter how often and at what time accessed. Leaves a *cookie by computer* that expires next day. If the browser doesn’t accept *cookies*, he counts the number of IP.

[10] http://www.idt.pt/PT/LinhaVida/Paginas/Linhasdeorientação.aspx

These guidelines aim to give drug Helpline inspiration and peer advice on crucial aspects in drug helpline work. It's hoped that these guidelines will support future training initiatives for helpline workers.

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 PRI in the identified territories. It promotes an integrated intervention, which means the coordination between all the axes of the intervention (prevention, harm reduction, treatment and reintegration) and not an isolated approach.

PRI is a specific intervention program 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 it is dependent from the results diagnosed in a territory identified as priority.

As can be observed in the operational scheme, the PORI activities developed in 2010 are located on phases 7 and 8 – Creation of Territorial Nucleus and Technical and Financial Coordination of PRI.

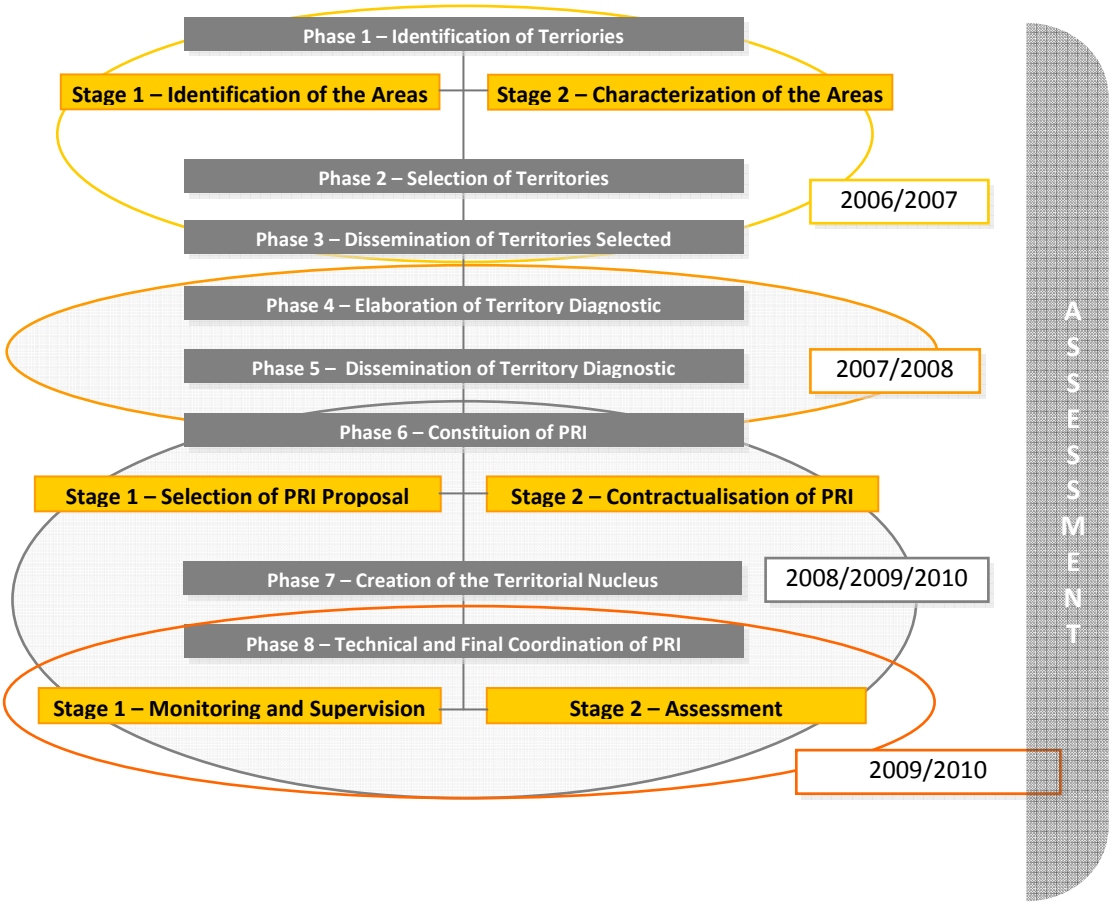


Figure 1 – Operational scheme of PORI (IDT, I.P. 2011)

Thus, in 2010 continuity was given to the implementation of the PRI in operation besides the development of new PRI in the sequence of the projects approved in late 2009 under the last round of call for proposals.

In 2010 the priorities were the continued normalisation of the procedures of follow – up, monitoring and evaluation of the interventions developed, the evaluation of the first period of implementation of the projects and PRI formalised in 2008 and consequently the updating of the initial diagnosis and the decision on the maintaining of co-financed projects taking into account the needs identified as well as the budget available.

Considering the priorities for 2010, the following tools were developed to support the evaluation and continuity of interventions:

- Model for Evaluate Regional Delegations;
- Proposal for continuity (to be presented by the promoter entities) and respective model opinion of the CRI and evaluation model of Regional Delegations
- Increment of modules in the database for optimization of data processing of PRI implementation and monitoring of projects (specially the monthly indicators of the projects with intervention in recreational and /or festivals.

As part of monitoring PORI, in 2010 was proceeded a mapping of the difficulties and added value felt by the different actors in implementing PRI.

In 2010, 98 PRI were functioning driven by the respective Territorial Nucleus (NT), which include 146 projects co-financed by the IDT, I.P. The system for monitoring and evaluation planned, both at projects level as well as at PRI level was also implemented.

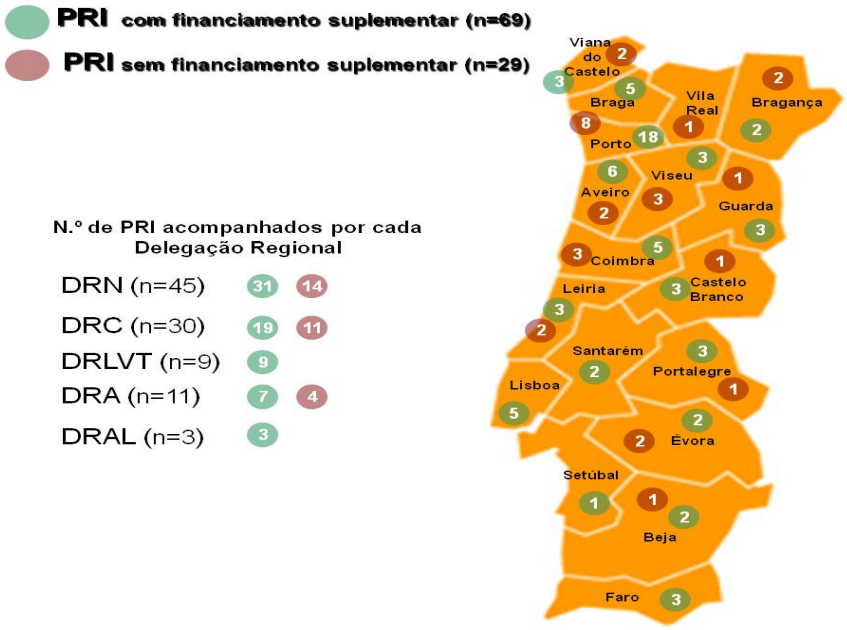
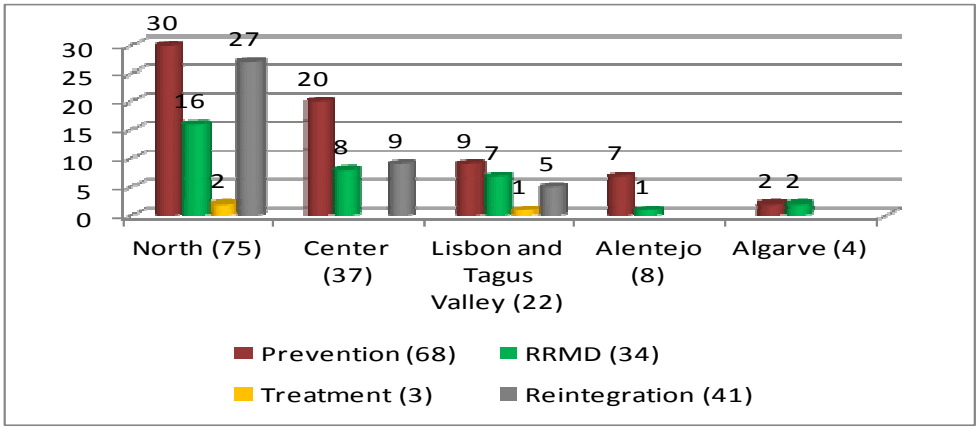


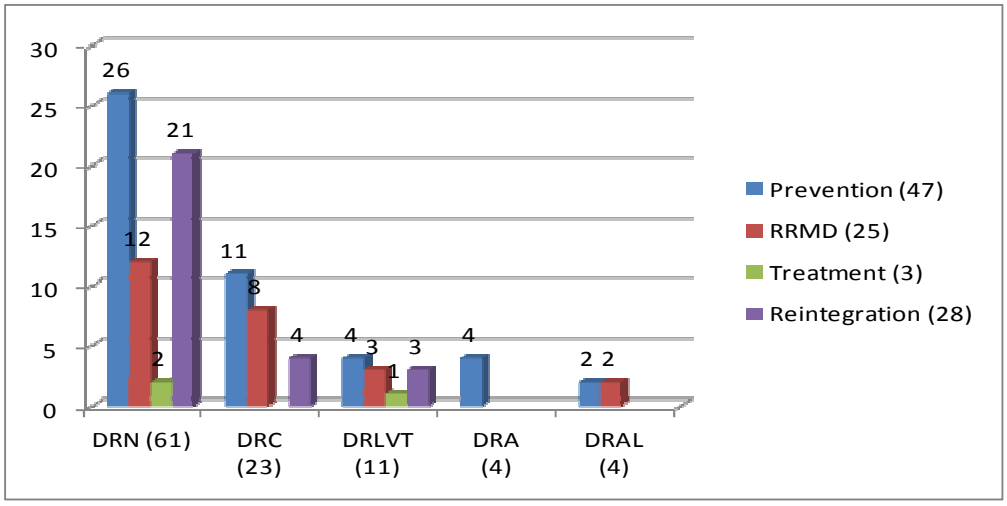
Figure 2 – Programs of Integrated Responses (PRI), by District and Region (IDT, I.P. 2011)

In 2010 were in execution 146 co-financed projects by IDT, I.P., with the following distribution by region and axe of intervention:



Graph 4 – Projects co-financed in execution in 2010 N=146 (IDT, I.P. 2011)

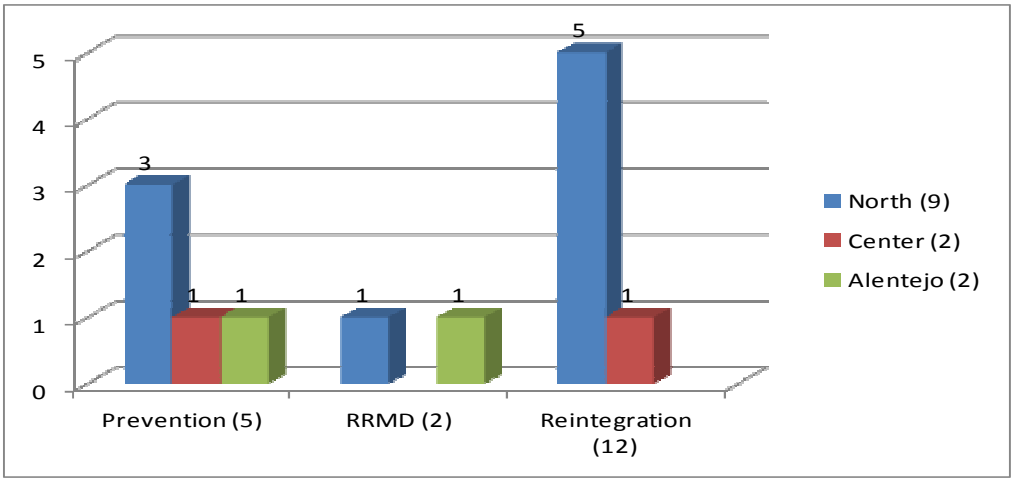
In 2010, the vast majority of projects co-financed by IDT, I.P. in the framework of PRI concluded the 1º or 2º year of implementation. In this sense, in order to decide on the relevance and continuity of projects and the inherent procedures situation points have been drawn up about ongoing projects in the 11º month and 23º month of execution. 103 situation points were elaborated of the 106 projects that meet the conditions for its production, according to the following Graph.



DRN – Northern Regional Delegation; DRC – Center Regional Delegation, DRLVT – Lisbon and Tagus Valley Regional Delegation, DRA – Alentejo Regional Delegation, DRAL – Algarve Regional Delegation

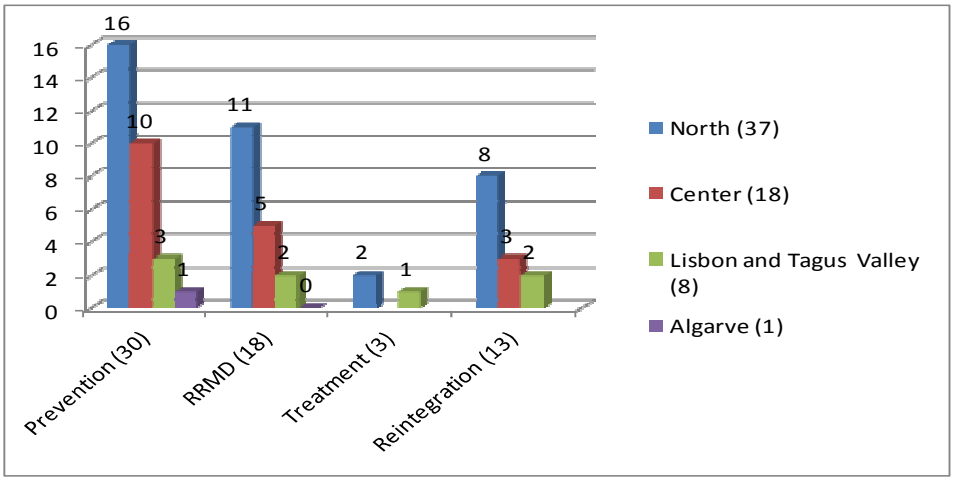
Graph 5 – Distribution of the projects by region and axe of intervention, Point of Situation N=103 (IDT, I.P. 2011)

The analysis of the projects that concluded the execution period (which correspond in most cases to 2 years) led to the renewal of some projects and the conclusion of others. The following graph presents the distribution of the number of projects concluded by region and by axe of intervention.



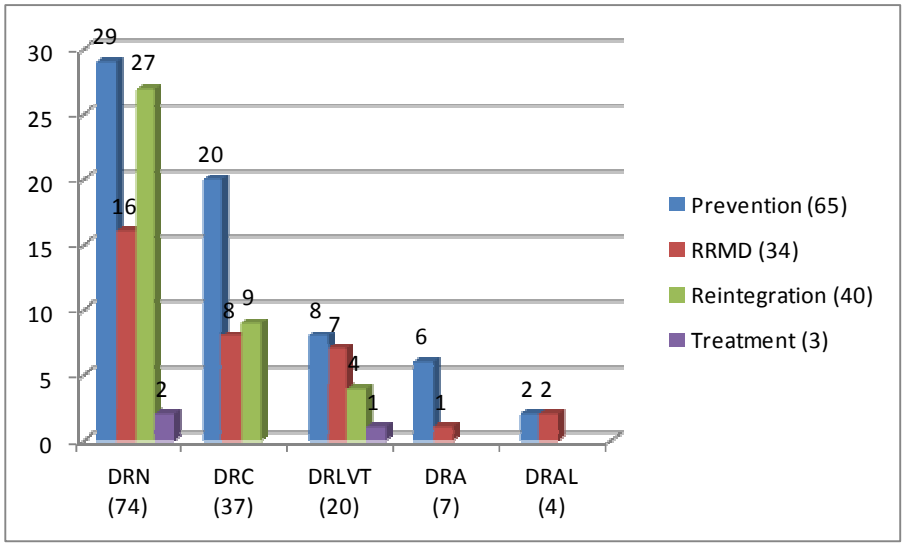
Graph 6 – Projects concluded in 2010, N=13 (IDT, I.P. 2011)

In relation to the projects that have been renovated is presented in the following graph its distribution by region and by axe of intervention. The renewal of these projects is of particular importance since it allows to enhance continuity of the work done among the target groups covered and/or complement the results achieved in the first period of execution.



Graph 7 – Projects renovated in 2010, N=64 (IDT, I.P. 2011)

In 2010, continuity was given to the monthly collection of process indicators of the co-financed projects in the ambit of PRI. In this ambit started the monthly collection of execution indicators of the projects that intervene in recreational contexts and/or festivities. Monthly information was collected from the 142 of the 146 projects in progress, with the distribution by region and axe of intervention showed in the next graph.

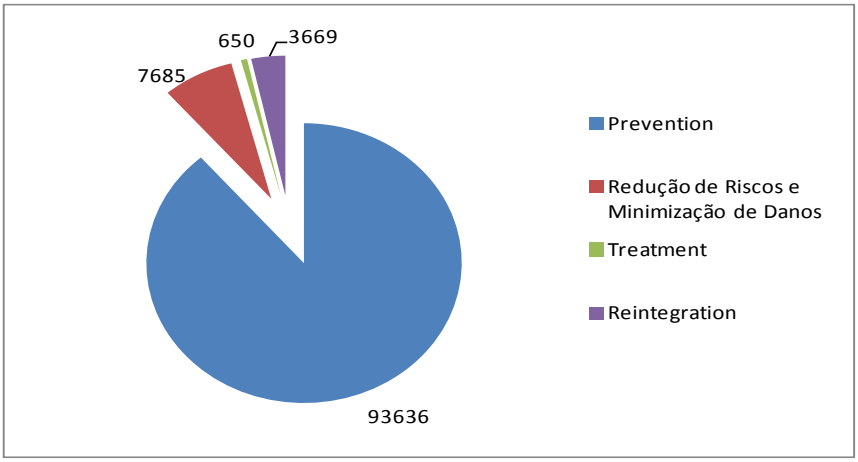


Graph 8 – Distribution of the projects with information concluded and registered in the database, N=142 (IDT, I.P. 2011)

Then it is presented the main data on the number of persons covered (by target-groups) and the type of activities they participate in 2010. It is important to note that the execution indicators monthly relate solely to the actions developed in the projects among the beneficiaries , i.e., are not intended to reflect all the work that the implementation of a project entails, but report some of the most important numbers .

The following Graph presents the total number of individuals covered by the projects with the exception of individuals covered in recreational context and/or festivities.

In the case of Harm and Risk Reduction (RRMD) the 7 685 individuals covered relate to people contacted by Harm Reduction structures (namely: Outreach work teams, Drop in Centre, Low Threshold Substitution Program (PSO-BLE) implemented in the ambit of PORI), which does not mean that users are followed in continuity in the ambit of the projects.

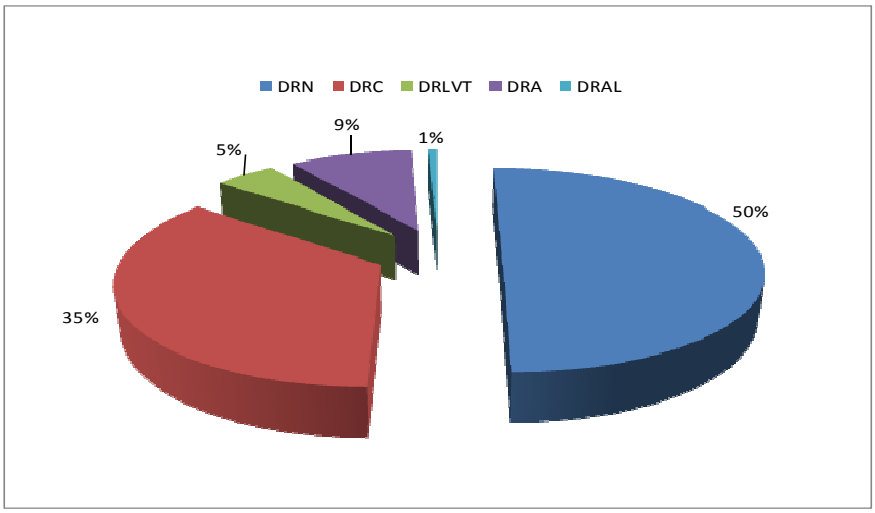


Graph 9 – Total individuals covered by axe of intervention N= 105 640 (IDT, I.P. 2011)

Specification by Axe of Intervention - Prevention

Concerning the prevention axe in the ambit of PRI co-financed by IDT, I.P., 68 projects were implemented (47 in 2009) covering a total of 93 636 individuals (61 230 in 2009).

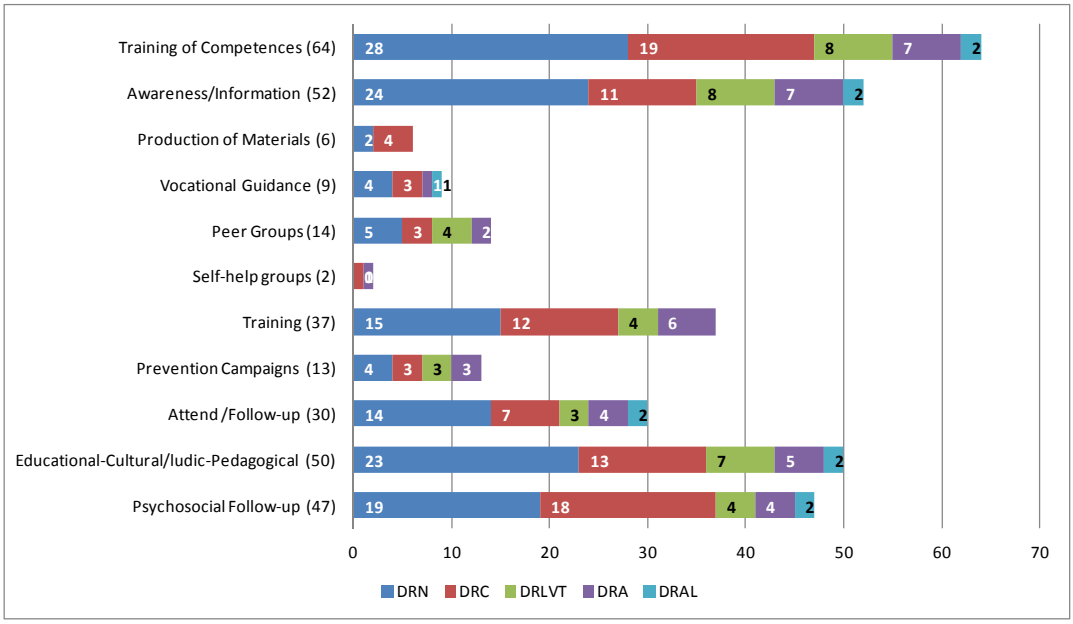
The majority of the population covered is situated in the North (50%) and Center (35%) since these are the regions with a higher number of projects and actions in execution.



DRN – Northern Regional Delegation; DRC – Center Regional Delegation, DRLVT – Lisbon and Tagus Valley Regional Delegation, DRA – Alentejo Regional Delegation, DRAL – Algarve Regional Delegation

Graph 10 – Total individuals covered, N= 93 636, (IDT, I.P. 2011)

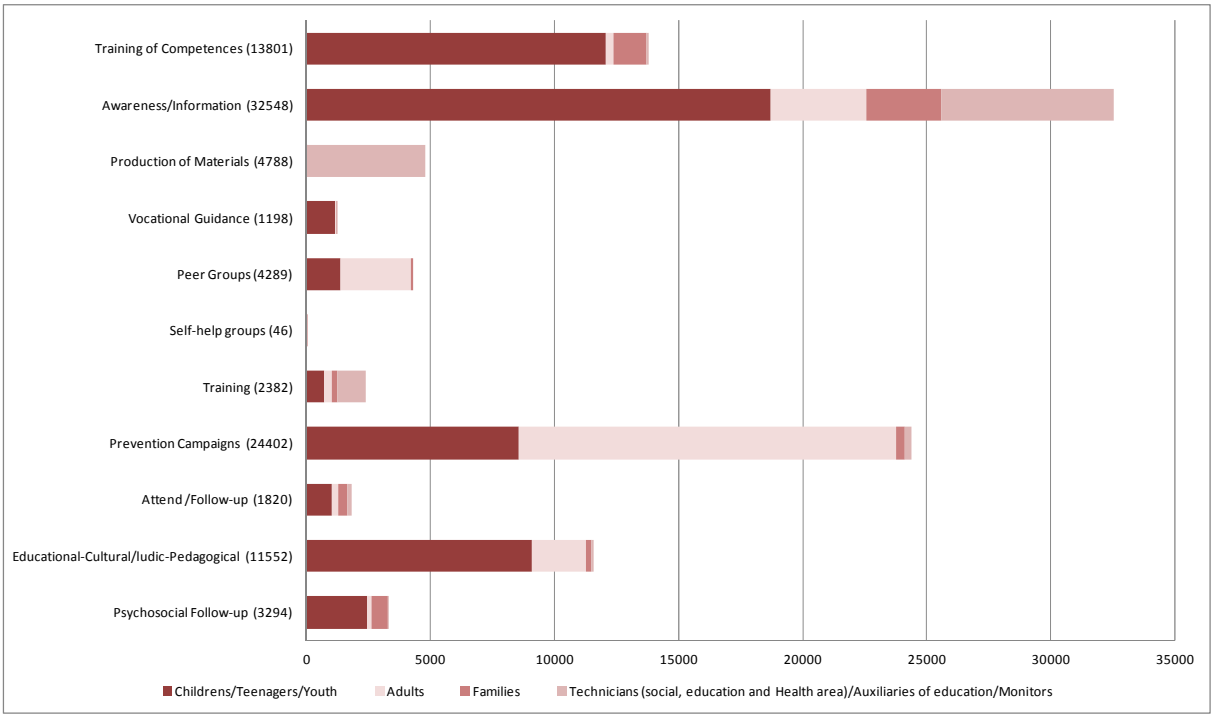
In the following graph is presented the type of actions developed in the 68 projects in execution:



Graph 11 – Type of actions developed in the projects by region, N=68 Projects (IDT, I.P. 2011)

The majority of the projects (64) carries out actions of training competences, 52 of awareness/information, 50 educational-cultural/ludic-pedagogical and 47 projects develops actions of psychosocial follow-up.

The graph below shows the number of individuals covered by target group in the different types of actions and projects. It is important to refer that the same person can fall into several types of action.



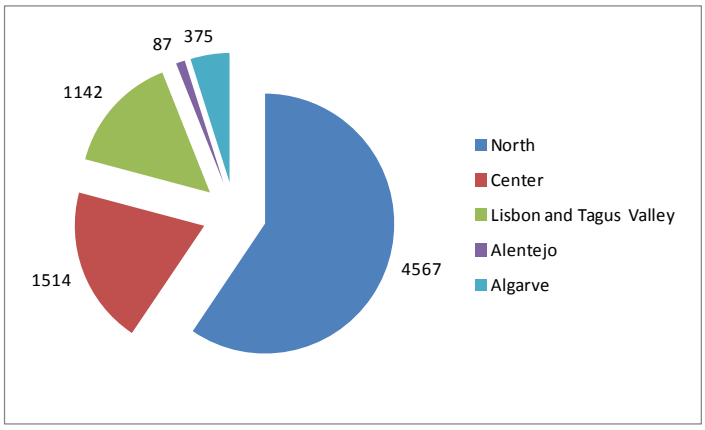
Graph 12 – Distribution of the individuals covered by type of action (N=93 636), (IDT, I.P. 2011)

The type of actions that covered more individuals were the awareness/information and prevention campaigns, usually targeted to larger groups, concerning more focused interventions prevail the type of actions of training competences, psychosocial follow-up and attendance/guidance.

Thus, in 2010 the intervention in the prevention area continues to promote the reinforcement of actions targeted to specific groups with particular emphasis to children, teenagers and young people, remaining the focus of intervention at the level of selective and indicated prevention.

Axe of Harm and Risk Reduction

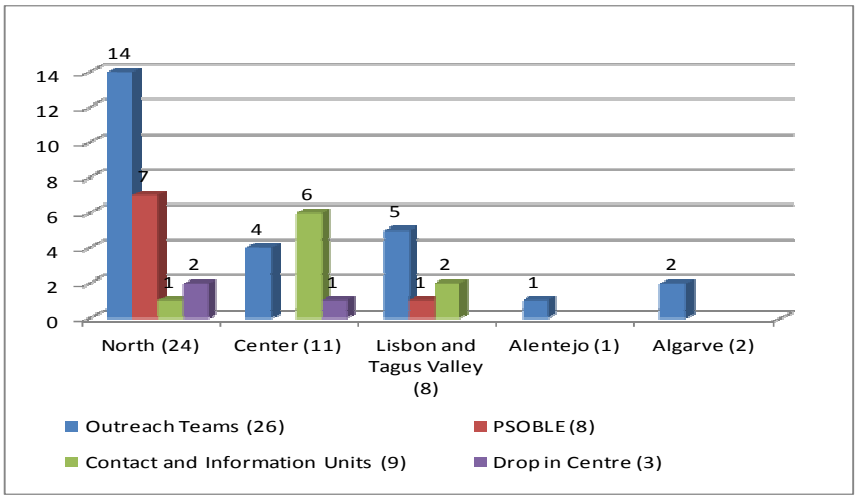
With respect to the axe of Harm and Risk Reduction, in 2010, 34 projects were in course under the PRI (29 in 2009). In the ambit of Outreach teams, Drop in Centre and PSO-BLE, 7 685 people were covered (5 500 in 2009).



Graph 13 – Total number of individuals covered (N=7 685), (IDT, I.P. 2011)

In relation to intervention in recreational and/or festivities settings, the 9 projects under PRI covered near 40 835 individuals from whom 9 896 were contacted in the bar/disco setting and 30 939 in the party/festival context.

The responses developed by the projects, according to the established by Decree-Law N. º 183/2001 of 21 June, are presented in the following graph:

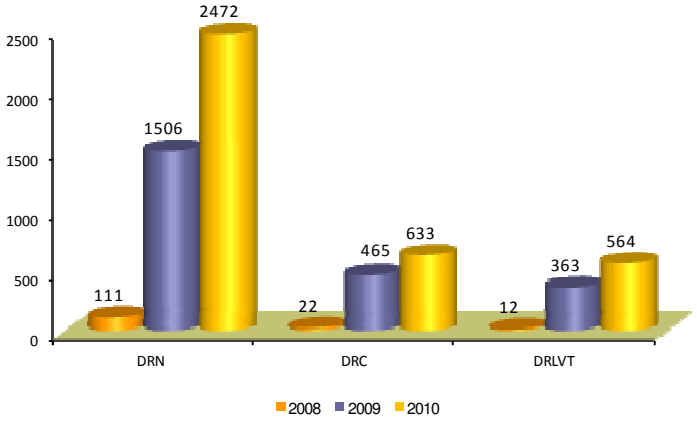


Graph 14 – Total number of responses developed by the projects, by region (N=46), (IDT, I.P. 2011)

Projects co-financed by the IDT, I.P. under Administrative Rule N.º 131/2008 of 13 February, in course in the ambit of PRI, are an integral part of the National RRMD network, so the execution indicators of the interventions are included in chapter 8 of this report. The consultation of this chapter is essential to understand the type of action taken in the RRMD projects, as well as main execution indicators near the target groups, in the street context and in recreational and/ or festive context.

Reintegration Axe

41 co-financed projects were developed in the Reintegration Axe (29 in 2009), distributed by the Northern, Center and Lisbon and Tagus Valley regions. The target population covered (3 669 in 2010, 2 479 in 2009) presents the regional distribution reflected in following graph:

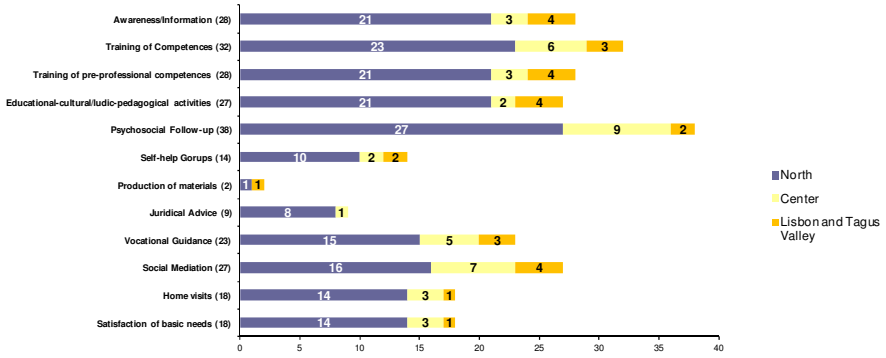


Graph 15 – Total number of individuals covered in 2010 (N=3 669), (IDT, I.P. 2011)

There was a significant increase of people covered by the projects in comparison to previous year (57%). It's important to state that in addition to 3 699 individuals covered a significant part of the target population in 2009 remained at follow-up in 2010.

Most of the covered population is located in the northern region (67%), since it is in this region that 27 of the 41 reintegration projects in implementation in 2010 are being developed.

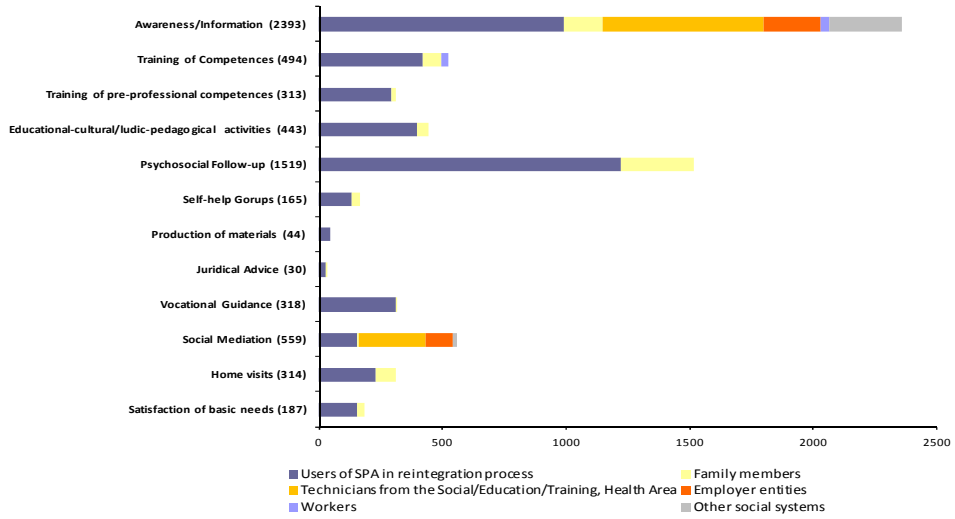
In the following graph is presented a typology of the actions developed in the projects that pretend to have relevant results in the life of persons covered by the interventions.



Graph 16 – Type of actions developed in the projects, by region (N=41 projects), (IDT, I.P. 2011)

The psychosocial follow-up is the base of intervention strategies in reintegration, which is verified by the large number of projects that develop this type of action (38). Also noteworthy the actions of training competences, developed in 32 projects, and the actions of pre professional training competences and awareness/information, developed in 28 projects educational/cultural/ludic/pedagogical activities and the social mediation presented in 27 projects.

These actions involved different target groups, users of psychoactive substances in reintegration process and their parents, and other social systems that play an important role in the concretisation of the reintegration paths of the users, such as experts from partner entities, employer entities, and others which are listed in the following graph:



Graph 17 – Distribution of the individuals covered by type of action (N= 3 669), (IDT, I.P. 2011)

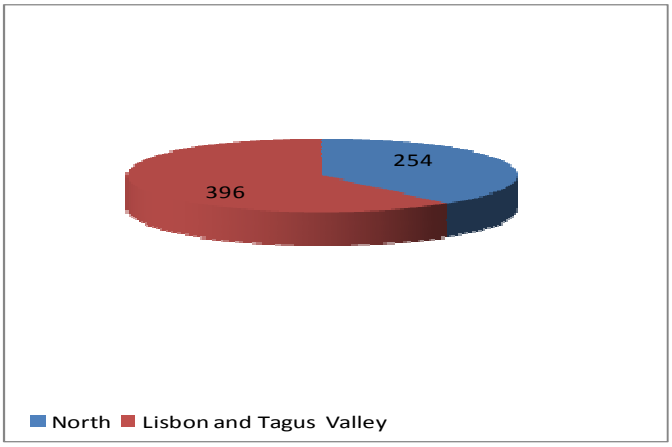
Most of the actions developed were targeted to users in reintegration process, especially the actions of psychosocial follow-up (1 223 patients and 269 families). Awareness/Information actions covered the largest number of people, including users in reintegration process and several elements of social systems, in a total of 2 393 people. It was also stressed the importance of the presence of family elements in several actions developed, taking into account the fundamental role they can play in the reintegration process.

Treatment Axe

With respect to the Treatment axe, and the projects co-financed by IDT, I.P., the intervention was developed in the North Region, with two projects and in Lisbon and Tagus Valley, with one project. In 2010 these projects concluded the 2nd year of execution, their relevance and continuity having been assessed.

Taking into consideration the importance of the work developed, the population covered and the geographical locations of implementation, its continuity was considered essential to intensify the work done.

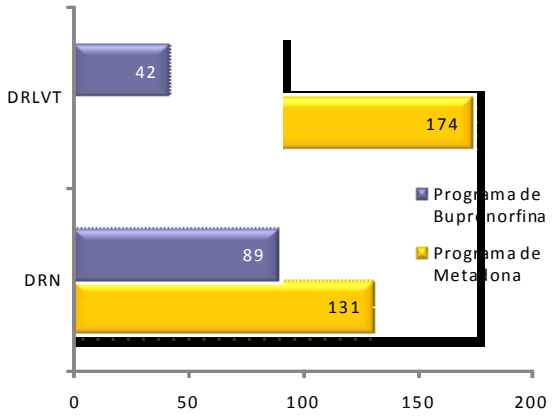
It's worth to note that the population covered with these projects increase from 256 to 650 (254%). This growth is explained in part by the development of partnerships and a more dynamic of Territorial Nucleus.



Graph 18 – Total number of individuals covered (N=650), (IDT, I.P. 2011)

Throughout 2010, 6 607 appointments were realized to the 615 patients followed by 2 projects with an average of 11 appointments by patient, by year.

The three treatment projects have also developed a program of opioids antagonist maintenance as we can observe in the following graph, with a total of 305 patients in methadone program and 131 in buprenorphine, Due to his specificity, these projects were developed in close cooperation with the treatment teams of IDT, I.P.



Graph 19 – Distribution of the individuals covered by the programs of opioids antagonist programs (N=650), (IDT, I.P. 2011)

In the Northern region 173 individuals were screened for HIV, 71 for Hepatitis B and 68 for Hepatitis C.

The treatment mission area as network provider of care developed a close articulation among the 23 treatment teams across the country and the remaining projects, having been a present partner in all PRI.

Implementation of PRI

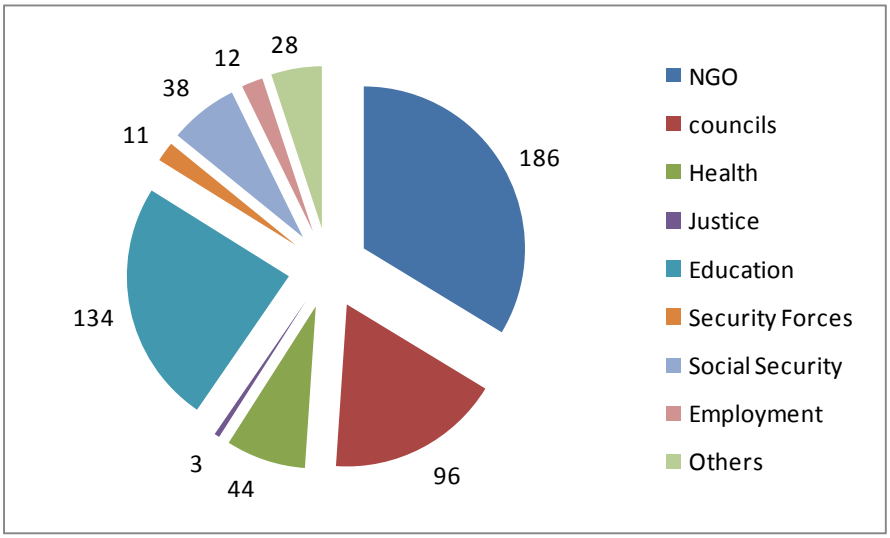
Constitution of Territorial Nucleus:

In what concerns the constitution of Territorial Nucleus (NT) of 82 PRI, from the 98 implemented in 2010, it was verified that several entities are participating in this dynamic and, on average, each Nucleus is constituted by 8 entities.

From the 552 entities that are part of the NT, 186 are NGOs, including Mercies, Private Institutions of Social Solidarity, Associations, Foundations, among others. It was noted that from the 186 NGOs present in the NT, 80 are co-financed by the IDT, I.P. in the ambit of PRI.

With intervention in the Education area 134 entities are present: Elementary Schools and Secondary Education and Universities. There is also an important weight of Municipalities in the NT, with 96 representations, including Council Cameras and Parish Councils. Also noteworthy were the entities in the Social Security area (38), which included the District Centres of the Institute of Social Security, the Commissions for Protection of Children and Young People and Social Networking. In the health area 44 entities were present, including health centre, regional administration of health and local health units.

In the ambit of Employment, IEFP, I.P. was represented by 12 entities, including Centres of Professional Training and Employment Centres. Security forces were also present (11), which included the PSP and GNR. In the area of justice, entities present were the General Directorate for Prisons and the General Directorate of Social Reintegration.



Graph 20 – Typology of the entities that constitute the Territorial Nucleus (N=552), (IDT, I.P. 2011)

PIF is a prevention program for vulnerable groups in the ambit of the mission area of prevention. It also aims to contribute to the definition of guidelines and disseminate practices validated in the development of selective prevention projects and their integration in the selection, monitoring and evaluation in future programs and projects of IDT, I. P. based in quality and effectiveness criteria. From the lessons learned and products developed in the ambit of PIF quality criteria were published for the selection of projects based on scientific evidence, in the EMCDDA Best Practice Portal, and promote the qualification of the technical teams in the area of prevention of IDT, I.P. in project design. The projects execution exceeded what was initially planned in terms number of actions and reach of the target groups.

PIF was designed to increase the number of preventive interventions scientific evidence based and to enhance preventive interventions of selective nature for families, children and vulnerable youth and individuals with patterns of psychoactive substance use in recreational settings (respectively categories A, B and C).

PIF's Final Report was presented in 2010. The results of the evaluation of the application process and selection of projects reinforced the importance and usefulness of the availability of quality support materials. Concerning the planning methodology, the logic model proved to be a very useful tool in the design of projects, following the recommendations of the EMCDDA. At the application phase, the presence evaluation through an interview was considered very useful. Overall, the strategies and the intensity of the monitoring process proved to be very suitable to the needs of the technical staff.

In relation to monitoring, it was timely and appropriate to suit the different needs and difficulties of the teams during the implementation, despite the significant reduction of the technical team of the PIF. The instruments designed proved to be adequate, allowed to systematize data collected and expressed them reliably. Given the experimental nature of the program, the construction of the instruments was progressive and adapted to the needs identified, leading to a time lag in data collection.

The involvement of the teams in the monitoring was adequate and timely. The majority of the technical team answered to solicitations in the monitoring process in an interested and committed way with a view of shared responsibility and co-construction of knowledge with the program team and between the technical teams of different projects.

In general, the model evaluation results, the strategy defined to evaluate the effectiveness of the intervention and the instruments created were assessed as adequate.

The funding model was assessed as very flexible and adapted to the needs of the intervention. The 100% funding, the eligibility for all types of expenditures necessary for the further implementation of the project, the distribution of funds in tranches throughout the execution of the project and the possibility to make adjustments and changes to the plan, underneath a prior proposal through the intervention, were considered very adequate aspects for a better development of the intervention.

The level of coverage of target groups generally exceeded what was expected in the application, having been covered three vulnerable groups (families, children and young people, individuals with patterns of use in recreational settings) in a total of 210 117 individuals distributed as follows:

Nº of Individuals covered by target group		
VULNERABLE FAMILIES (A)	VULNERABLE CHILDREN AND YOUTH (B)	INDIVIDUALS WITH PATTERNS OF USE IN RECREATIONAL SETTINGS (C)
2 558	**4 363**	**203 196**

Table 3 – Number of individuals covered by target group

Components that worked with the target groups corresponded to the ones defined in the regulation program, such as knowledge on substances and its effects, the development of personal and social competences and the development of parental competences, among others. The strategies that carry out those components were also appropriate in general. In addition, there was a match between the type of component and type of approach strategies to target groups.

Concerning the innovative nature of the responses, we highlight the projects in categories A and C. Globally the PIF intervention was comprehensive, in other words, more than one domain was worked. It was verified that there was consistency between the components and the theoretical model and between the strategies and components.

According to the results analyzed, it was verified in all categories a positive effect in the knowledge about SPA and its effects.

Young people that participate in the projects included in category B showed a better adjustment in relation to their expectations face the probability of negative consequences resulting from the use of SPA.

Families who were object of intervention didn't reveal significant statistical differences in the dimensions "parental supervision" and "family relationships". However, the results of individual assessment of each project reveal positive changes in these dimensions. Young people perceived a greater parental supervision and more support and recognition from their parents. At the level of school bonding were not found significant statistical differences

In relation to the implementation process of the program, it can be seen that the assessment process has proved to be very appropriate, since it allowed characterizing and systematizing the development of the components program faithfully.

From the lessons learned and products developed as part of the PIF, it has been possible to publish the quality criteria for project selection based on scientific evidence in the Portal of Best Practices in the EMCDDA, and promote the qualification of the technical teams in the area of prevention of IDT, I.P. through training, among other things, in designing projects through the Logic Model.

PIF created conditions for the development of projects in the area of selective prevention of drug addiction, effective and based on scientific evidence.

PIF was designed according to the logical model, a tool that has revealed very facilitative, either in the initial design, either in the adjustments that had to be implemented within the execution and program evaluation phases.

The execution of the projects exceeds what was initially foreseen in terms of number of actions and coverage of target groups. As for the results obtained by the projects, globally and in categories B and C were partially achieved and in category A were almost fully achieved.

It can be conclude, on the one hand, that interventions developed contribute to the development of some competences in the target groups to deal with the use of SPA and for the knowledge about their effects. On the other hand the intervention was multi component, comprehensive, focused on a specific group, of regular intensity based on a conceptual framework and methodology, developed by multidisciplinary teams of technicians with specific training and experience in the area, contemplating also the evaluation as a structuring principle.

The global reading of the results show that the degrees of fulfillment surpass the expected principles of the PIF, the proposals defined were consolidated and changes in the target groups were observed.

Intervention in the Boom Festival (see also chapter 7.2)

A cooperation agreement was signed between the producer of the Boom Festival, held in Idanha-a-Nova, and IDT, I.P., with the aim of carrying out cooperation actions in the research area, prevention, harm and risk reduction of the use of psychoactive substances, within the existing legal framework.

It stands out particularly in this context, the protocol of cooperation established between the Boom organization and the IDT, I.P., which formalized not only all the technical support, the intervention of RRMD during this event the responsibility of the area of harm reduction (SC - NRD, DRC and CRI Castelo Branco) as well as the realization of a characterization study of the population attending this festival held by the Catholic University of Porto and supervised

by the Prevention Unit, who accompanied the research team during the festival with 4 technicians on the ground.

By his nature, dimension and impact, both national and international, The festival is constituted as a stage of intervention in of risk reduction of psychoactive substances which not only allows to measure the real effectiveness of such intervention, but also serve as a reference for the design of new interventions in such events.

The intervention of the IDT, I.P. in summer festivals comes in a logic of information and awareness to the people attending these events, for better management of risks potentially associated with the consumption of licit and illicit substances. In parallel, it constitutes a mechanism of field knowledge on the dynamics of this type of contexts, in interaction with their visitors, and on the role played by substance use. In this logic, it is relevant that the intervention developed is materialized not only in an evaluation of itself but also in documents in the characterization of the contexts intervened, as a product of knowledge acquired. In 2010 one of these documents was designed, although it has only a local representation.

3.4. Indicated Prevention

Within the Integrated Project of Community Support with IDT, I.P. resources or in articulation with external entities, 30 appointments to youth and adolescents functioned, in a perspective of indicated prevention, located preferably in institutions with no image associated with drug addiction.

Some of the results of the activities realized in 2010 are presented below:

- 1 197 clients registered (children, youth and families or relatives) subject to screening;
- 652 new cases;
- 8171 appointments;
- 159 family appointments;
- 556 psychological evaluation appointments;
- 11 nursing appointments;
- 2 761 psychological appointments;
- 1 908 psychotherapy appointments;
- 570 family interventions.

The IDT, I.P. in partnership with Casa Pia de Lisboa (CPL) 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 CPL.

Following the work developed since 2006 in partnership with Casa Pia de Lisboa, and the diagnosis made, the action of the project for the prevention of substance use has resulted in operationalisation of the identified needs. The intervention focused on two complementary aspects: strengthening qualification of the preventive intervention by conducting training activities and conclusion of leaflets on the procedures to be used in situations of suspicion/consumption/trafficking of psychoactive substances addressed to students, families and social educative agents.

In 2010, continuity was given to the participation of CRI, which covers the geographical areas of Education Centers and Development (CED) of Casa Pia de Lisboa. This participation is guaranteed by the coordinators of the mission area of prevention comprising members of the prevention nucleus and prevention teams and the Central Services of Casa Pia de Lisboa. 121 actions were realised of which 54 were directed at students, 25 were target to families and 42 to collaborators. It was verified an execution degree of 149% face to what was planned. The target population involved in the development of the actions described above included 1219 individuals, representing a 84% increase in comparison to 2009.

The Project also counts with the participation of Reference Groups constituted by professionals of each of the eight CED and the monitoring of each CED is made by the respective CRI according to its territorial scope.

It was signed the Commitment of Cooperation between the Casa Pia de Lisboa, IP and IDT, I.P. and were also reviewed the procedures to be used in cases of suspicion of use, possession and / or trafficking of SPA targeted at students, families and socio educational agents. Adaptation of various monitoring tools was made, namely the registration form in situations of suspicion/use/trafficking of SPA. It was also built and applied a questionnaire to assess the adequacy of the registration form in situations of suspicion/use/ trafficking of SPA.

3.5. National and local media campaigns

In 2010 and 2011 media and public debate was focused mainly on the following drug-related issues:

- Presentation, at the National Parliament, on the 21st December, of the Annual Report 2009 “A situação do País em Matéria de Drogas e da Toxicodependência”;
- With the aim to promote healthy lifestyles, the IDT, I.P., in partnership with Sportis, participated and supported several editions of the Bike Tour: in São Paulo. Madrid, Lisbon and Porto. For the first time a kids bike tour was organized in Porto with the participation of 200 kids;
- On the 1^{0Th} anniversary of the implementation of the Law 30/2000 (^{1st} July 2011), IDT, I.P. organized a press conference to present some data, which allow to conclude that there is a positive evolution on most of the indicators related to drug use. The Portuguese current policy on drug, namely the decriminalisation, has gained, since 2009, international visibility and increased attention not only from the international press, but also from advocacy groups and governments all around the world. Several articles were published in the most important international magazines, as well as several TV programs following the visits of national and international journalists.
- XXIV Taipas Conference (19th to 21st October 2011), with the presence of the Deputy Health Secretary of State. Several topics were approached such as: drug users in medicine services and in psychiatric services; alcohol; tobacco; professional stress; co-morbidity and physiotherapy.

4. Problem Drug Use

4.1. Introduction

In 2010 there were no new studies on problematic drug use, so we continue to report here the last study realized**.**

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 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 4 – 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 2010, the network received treatment demand data from all 79 treatment centres across Portugal. For the first time Portugal is sending Treatment Demand Indicator (TDI) data fully in line with the TDI protocol.

It should be noted that in 2010 came into implementation at national level the Multidisciplinary Information System (SIM) of the IDT, I.P., implying methodological changes particularly in the registration criteria and the potential in data results. These changes were reflected, among others, in the register of medical appointments and the possibility of exclude double counting at national level and individuals with alcohol related problems.

The implementation of new tools for information management (SIM and Business Intelligence), although positive, has generated a number of difficulties associated with both the technical aspects of operation and execution and the need to adapt professionals to new instruments. Some discrepancies in the records of certain events were observed, which required adjustments in the organization of services.

In 2010 continuity was given to the articulation with other health care resources and socio-sanitary conditions of public and private sectors, in order to improve the answers to the multiple needs of users with problems associated with the consumption of psychoactive substances. It is also to highlight the orientation for the quality of services provided.

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 Programs continues to increase and the number of clients continues to increase steadily, increases were registered in the number of clients in methadone and a slight decrease in buprenorphine Programs.

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 periods 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 Programs 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 programs and interventions (target to professionals in the treatment area).

In 2010 there were 37 treatment programs for users of specific substances (alcohol, tobacco, cannabis and cocaine) in function, two of which created that year.

The increased efficiency of treatment network is shown at several indicators related with the clinical movement of outpatient structures and inpatient, from public and private networks.

In order to develop and improve technical guidelines or technical norms for the various types of intervention, including the protocols for coordination and integration, the Guidelines for "Intervention with Children and Youth with Behavioral Risk in the Field of Dependencies "and" Children of People Consumers of Psychoactive Substances were updated.

To improve the intervention in the domain of problems associated with the consumption of psychoactive substances among children, youth and young adults, was signed a cooperation protocol between the IDT, I.P. and the National Commission for the Protection of Children and Youth at Risk, which resulted in a close working relationship between the two institutions.

In 2010, Guidelines on attendance to users were elaborated by IDT, I.P. Harm Reduction Unit. These Guidelines comes from the need to develop, in the professionals involved, competences in the behavioral area, in order to raise awareness for the impact of attitudes and behaviors when communicating with users. It also intends to develop orientations and procedures that enable them to improve telephone and face to face service, as well as the management of complaints and conflict situations.

The purpose of these Guidelines is to provide to practitioners a practical tool that provides guidance for the different phases of attendance and to help to improve their performance.

5.3. Treatment systems

Treatment Teams (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 programs, mainly inpatient ones (public and private detoxification units or therapeutic communities). In ETs, clients have access to individual and group therapy, substitution programs (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).

In 2010, 47 outpatient treatment centres were working in mainland Portugal as well as 32 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 programs 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 2010, there were 69 therapeutic communities (3 public and 66 private units) in mainland Portugal. The number of clients in therapeutic communities increase 6% in comparison to last year (3 601 in 2009, 3 385 in 2008 and 3 167 in 2007), consolidating the grown of last years.

In 2010 there were 13 Detoxification Units (4 public and 9 private units). The number of clients (2 446) in detoxification units decrease 9% in comparison to last year (2 676).

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 sub-chapter 9.6).

Similar to last years, it was repeated at national level by the treatment teams, an evaluation of the average waiting time for entry into treatment programmes.

The data obtained is compared with the maximum waiting time in days, considered reasonable for each of the programs, being inferior in all the cases with the exception of methadone as you can see in the following table.

	Average waiting time at National level (in days)					Reasonable waiting time (in days)
	2006	2007	2008 (1st semester)	2009	2010	
Methadone Program	18	16.5	6.7	8.4	15	10
Detoxification	18	8.5	11.6	9	10	13
Public Therapeutic Community	29	24.5	17.1	12.2	10.5	22

Table 5 – Average-waiting time (IDT, I.P. 2011)

5.4. Characteristics of treated clients

Clients in Outpatient treatment were mainly from the male gender (85% to 86%), aged 25-34 (32% to 35%) and 35-44 (28% to 34%), varying the mean age between 32 and 34 years old depending on the structure.

Continue to be predominantly Portuguese (93% to 99%) and single (58% to 64%). Most living with family, predominantly cohabitation with the family of origin (38% to 41%) or with the family based (19% to 23%). In general, these populations remain with low qualifications (54% to 56% did not complete the third Cycle of Basic School) and precarious labour situations (47% to 50% were unemployed).

2010 national first treatment demand data concerned 6 233 individuals from the outpatient public network centres (79) from these population only 3 120 are Drug Users, this year for the first time it was possible to have TDI data fully in line with EMCDDA TDI Protocol (see also Standard Table 34).

Before the full implementation of SIM in 2010, data was collected through two information systems integrating 80 databases, as expected in these kind of situations there were adaption, implementation, training and data migration difficulties, that are being fine tuning. The implementation of SIM allows excluding from the first treatment demand data:

- Individuals with alcohol related problems;
- Avoid double counting at national level.

The number of individuals in first treatment for 2010, 6 233 includes 3 120 are Drug Users, 1 568 are individuals with alcohol problems and 1 545 are individuals with tobacco problems

(50), 38 with other addictions (internet, game), the remaining (1 457) includes drug users families, children and youth in risk, drug users children, and individuals from indicated prevention appointments.

	New Clients in IDT, I.P.
Alcohol related problems	1 568
Drug Users	3 120
Other clients	1 545

Table 6 – Number of clients by type of problem (IDT, I.P. 2011)

These individuals (3 120) in first treatment demand were mainly:

- Male gender (85%);
- Mean Age 32, 35% were aged 25-34, 28% were aged 35-44, 24% were aged under 25.
- Using heroin as the main substance (54% - 47.5% in 2009, 51.1% in 2008 and 59.5% in 2007), followed by cannabis (21% - 11.7% in 2009, 10.5% in 2008 and 10.9% in 2007);
- cocaine (12% - 8.7% in 2009, 10.8% in 2008 and 11,6% in 2007);
- Data concerning the administration route of the main substance indicate that 93% (64.3% in 2009, 63.1% in 2008 and 74.3% in 2007) of these clients refer smoking/inhaling and 7% referred injecting (12.5% in 2009, 21.5% in 2008, 19.0% in 2007, 21.9% in 2006);
- 99% (94.8% in 2009, 94.4% in 2008, 94.6% in 2007, 94% in 2006) were Portuguese, 64% (54.7% in 2009 and 58.9% in 2008) were single and 54% (59.7% in 2009 and 53.5% in 2008) had not completed compulsory school;
- 27% (30.4% in 2009, 34.5% in 2008 and 37% in 2007) were employed when the treatment program started but 47.2% (47.2% in 2009, 46.5% in 2008 and, 47.9% in 2007) were unemployed;
- 43% lived with their parents and siblings (35.8% in 2009, 39.6% in 2008 and 40.3% in 2007).

In public and private **detoxification units**[11], the 2 446 clients registered in 2010 were:

- Mainly male gender 85.4%;
- Aged 35-44 (45.7%);
- Most of these clients continued to refer heroin as the main substance for which they were seeking treatment (67.4%) followed by cocaine (8.5%), heroin and cocaine (2.3%);
- Concerning the administration route for the main drug, 59% of the clients reported smoking/inhaling while 20.3% reported injecting;

[11] 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 paraphernalia sharing ever in life, 26.6% shared any IDU paraphernalia and 54.7% shared non-IDU paraphernalia;
- These clients were mainly unemployed (62.2%) as in previous years;
- And continued to report a low educational level as 42.3% had not finished the 9 years of compulsory basic school.

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

In 2010, 219 inmates were integrated in the abstinence-oriented treatment programs in the prison setting, 210 in drug-free units and 9 in the halfway house. For the fourth consecutive year a decrease was registered in the number of inmates in these programs (-20% in relation to 2009), despite the capacity maintains the same (more 5 beds in drug-free units in relation to 2008).

Withdrawal treatment is mainly available in public and private[12] **detoxification units**[13]. In 2010 there were 10 detoxification units (4 public and 6 private units) in mainland Portugal. In 2010, a decrease (-7%) in the number of clients in public and accredited detoxification units was registered, representing the lowest value of the decade (2 424 in 2010, 2 597 in 2009, 3 161 in 2008, 3 196 in 2007, 3 059 in 2006 and 3 237 in 2005).

In 2010, were integrated in the drug addiction treatment public network 27 392 (27 031 in 2009, 25 808 in 2008 and 24 312 in 2007), clients in **substitution and maintenance programs**, representing a variation of +1% in relation to 2009 and reinforcing the tendency of increase of previous years.

Regional Delegation	2010	%	Δ 09-10	Δ 07-10	Δ 04-10
Total	**27 392**	**100,0**	**1,3**	**12,7**	**42,2**
North	9 519	34,7	3,3	18,2	49,9
Center	3 743	13,7	5,3	-13,8	31,0
Lisbon and Tagus Valley	9 578	35,0	-4,8	5,4	38,7
Alentejo	1 402	5,1	10,8	22,3	47,6
Algarve	3 150	11,5	7,4	24,5	43,5

Table 7 – Clients in Substitution and Maintenance Programs, by Regional Delegation (IDT, I.P. 2011)

In 2010, near 6 663 of these clients were admitted in the programs (methadone and buprenorphine), being 2 862 readmissions (3 187 in 2009, 3 004 in 2008 and 2 524 in 2007) and 3 801 new admissions (5 029 in 2009, 5 022 in 2008 and 4 953 in 2007), left the program during the year 6 282 (6 302 in 2009, 6 993 in 2008 and 6 530 in 2007), 13% of whom with medical release (14% in 2009 and 2008 and 15% in 2007) and 41% left the program or were expelled[14].

Regional data show that:

- Increases in the number of clients in substitution and maintenance programs were registered in all Regional Delegations with the exception of Lisbon and Tagus Valley;

[12] Data from private units cover only the units accredited by the IDT, I.P.
[13] For more detailed information, please see ST 09 and the Report on Public Detoxification Units 2004-2010 in the IDT, I.P. webpage.
[14] In 2010, left the Methadone programmes 4 847 clients, 14% of which with medical release and 45% abandon or were expelled and left the Buprenorphine programmes 1 435 clients, 11% with medical release and 30% abandon or were expelled.

- The North registered the higher increase in absolute values and the Alentejo Region in percentual values;
- Like in previous years the percentages in relation to the total number of active clients in each region continued to be higher in Algarve (94% in 2010, 85% in 2009, 79% in 2008, 82% in 2007, 81% in 2006 and 83% in 2005);
- The districts of Faro, Beja and Setúbal registered the highest taxes of clients in substitution and maintenance programs by habitants of 15-64 years.

A survey made each year on the 31st of December 2010 allows differentiation in terms of substances involved in this type of treatment.

On that date, 21 110 clients were registered in the outpatient public treatment network substitution programs, representing a 2% increase in comparison to 2009 (20 729).

- 77% (76% in 2009, 75% in 2008 and 74% in 2007) were registered in methadone programs;
- 23% (24% in 2009, 25% in 2008 and 26% in 2007) in buprenorphine programs.

In comparison with the situation on the 31st of December 2009, methadone clients increased (+3%) and buprenorphine decrease (-2%) consolidating the inversion occurred in 2006 of the upward trend of clients in buprenorphine verified in previous years.

Concerning the place of administration for the clients registered in methadone programs, on the 31st of December 2010:

- 67% (69% in 2009 and 2008 and 70% in 2007) of these clients took their methadone in the ET;
- 16%[15] (17% in 2009 and 2008 and 18% in 2007) in health centres;
- 5% (4% in 2009 and 2008, 5% in 2007) in the prison setting;
- 4% (3% in 2009, 2008 and 2007) in pharmacies;
- 2% in Hospitals (as in 2009, 2008 and 2007);
- 5% (as in 2009, 2008 and 2007) in other settings[16].

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

[15] There are partnerships between IDT, I.P. and several agencies – Health Centres, Hospitals, Pharmacies, prison establishments and others – with the 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, I.P. articulate with those institutions to ensure the continuity of the medicinal administration.

[16] At home, in Pulmonary Diagnostic Centres and other local organisations.

Structures / Regional Delegation	Total	Treatment Technical Teams	Health Centers	Prison Establishments	Hospitals	Pharmacies	Other Structures [a]
On the 31/12/2009 Total	15 823	10 976	2 665	672	285	500	725
On the 31/12/2010	**16 287**	**10 941**	**2 591**	**789**	**312**	**594**	**1 060**
North	**5 941**	3 689	929	190	263	168	702
Center	**1 897**	1 339	248	171	22	76	41
Lisbon and tagus Valley	**5 529**	4 315	362	261	22	340	229
Alentejo	**864**	525	224	104	..	2	9
Algarve	**2 056**	1 073	828	63	5	8	79

a) Pulmonary Diagnostic Centers and other local organizations.

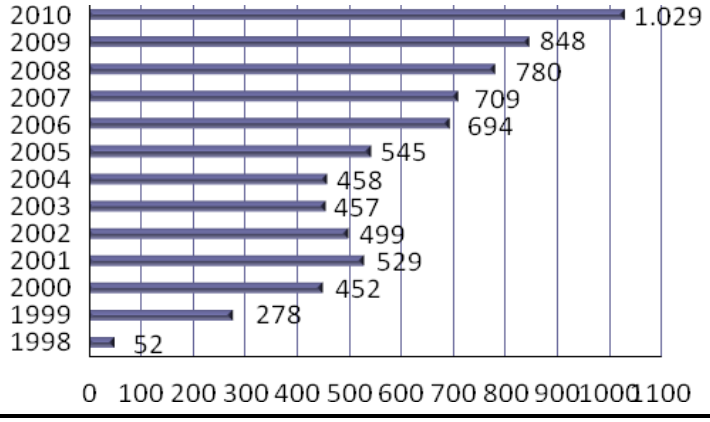
Table 8 – Clients in the Methadone Administration Network and place of administration, by Regional Delegation (IDT, I.P. 2011)

The methadone therapeutic programs through pharmacies are the result of a protocol between IDT, I.P., National Association of Pharmacies (ANF), National Institute of Pharmacy and Medicines (INFARMED) and Pharmaceutical Order.

Since the beginning of the program (July 1998) until 31 December 2010, integrated this project 504 pharmacies, 780 pharmaceutics and 2 726 clients.

From the 504 pharmacies, 237 follow 1 029 clients in 2010 at the date of 31 December 2010, were in methadone program through pharmacies, 777 patients (more 63 individuals that in the same data in 2009). 26 months is the average period of permanence in the program by active clients.

Since the beginning of the program till 31st of December 2010, 211 clients had medical release, after completing the therapeutic scheme for reducing doses. During 2010, two training sessions were made, covering 31 new pharmaceutics and 6 new pharmacies.



Graph 21 – Evolution of the number of clients in pharmacies (IDT, I.P. 2011)

Buprenorphine and Naltrexone are personally administrated to clients in Pharmacies.

In the particular case of the **prison setting**, in 31/12/2010 were integrated 565 inmates in pharmacological programs in prison (505 in opioids agonists' programs and 60 in antagonists

opioids), representing the highest value of the decade and a 20% increase in relation to last year.

5.5 Trends of clients in treatment

This year it's not possible to provide data to this sub-chapter due to the reasons mention in the beginning of subchapter 5.4.

However the methodology used was the same as in previous years, in the public treatment network (outpatient) were 37 983 clients, 8 444 (7 643 in 2009, 7 019 in 2008 and 5 124 in 2007) of whom were new clients (first treatment demand) [17].

[17] These 8 444 new clients accounted was based in the sum of new admissions in the various CRI teams, only 6 233 were never actually enrolled in IDT, IP in the past, and 3 120 went for the first time to IDT, I.P. due to their use of illicit drugs.

6. Health Correlates and Consequences

6.1. Introduction

The National Action Plan on Drugs and Drug Addiction 2005-2012 includes among its objectives a specific reference to the need of reducing the number of users of psychoactive substances, as well as health and social risks associated, being foreseen an action to promote the counselling, diagnosis and referral of infectious diseases within drug users population to be implemented until 2012.

Concerning infectious diseases, between populations in drug addiction treatment in 2010, the positivity values for HIV varied between (3% - 11%) Hepatitis B (2%), Hepatitis C (24% - 46%) and Tuberculosis (0.1% - 1%).

In the ambit of HIV/AIDS infection diagnosis (identified by notifications) maintains the proportional downward trend of the cases associated to drug addiction in the different stadiums of the infection, as well as the continuous decrease through the years of new cases diagnosed with HIV associated to drug addiction. Considering the improvements implemented in last year's at the coverage level of HIV screening in these populations, seems to be towards an effective decrease of recent infections in the drug addiction population, reflecting the decrease in intravenous drug use practices and share of material, and also as a result of harm and risk reduction policies.

In 2010, were registered 27 cases of drug-related deaths, representing an increase in comparison to 2008 (20 in 2008) in the General Mortality Register (GMR - Selection B of the DRD Protocol). The values registered in 2009, were the highest since 2003, but inferior to the ones registered in 2002 (year when ICD-10 was implemented in Portugal).

Following a strategic recommendation of the Action Plan on Drugs 2009-2012[18], as well as the implementation of procedures to improve the quality of the national mortality[19] statistics, from 2008 start to be presented data from the national mortality statistics of National Statistics Institute (INE, I.P.), simultaneously we intensified the work on optimizing the information coming from the National Institute of Forensic Medicine (INML, I.P.) As result of the excellent articulation work undertaken between IDT, I.P. and INML, I.P., for the second time it is possible to provide information from the INML, I.P. on overdose cases.

6.2. Drug-related infectious diseases[20]

According to 31/12/2009 notification data (analytical tests) from the National Health Institute Doutor Ricardo Jorge (INSA, I.P.), 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 39 347 notifications received since 1983, near 41% (42% in 2009 and 2008, 44% in 2007 and 45% in 2006) were drug use related. Considering the different stages covered by these notifications, 46% of the AIDS cases, 34% of Symptomatic Non-AIDS cases and 37% of the asymptomatic carriers cases were drug use associated, confirming the proportional downward trend in this group in the different stadiums of the infection.

[18] Recommendation made by the Technical Committee of the Inter-ministerial Council in the ambit of the internal evaluation of the Action Plan - Horizon 2008.

[19] 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.

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

Cases / Year Diagnostic	AIDS Cases		Asymptomatic Non-AIDS		Asymptomatic Carrier Cases	
	Total	Drug Users	**Total**	Drug Users	**Total**	Drug Users
Total	**16 370**	**7 565**	**3 923**	**1 345**	**19 054**	**7 029**
2010 a)	350	88	109	8	561	53

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

Table 9 – HIV notifications: Total number of cases and cases associated to drug use (AIDS, Asymptomatic Non-AIDS and Asymptomatic Carrier), 01/01/1983 – 31/12/2010 (IDT, I.P. 2011)

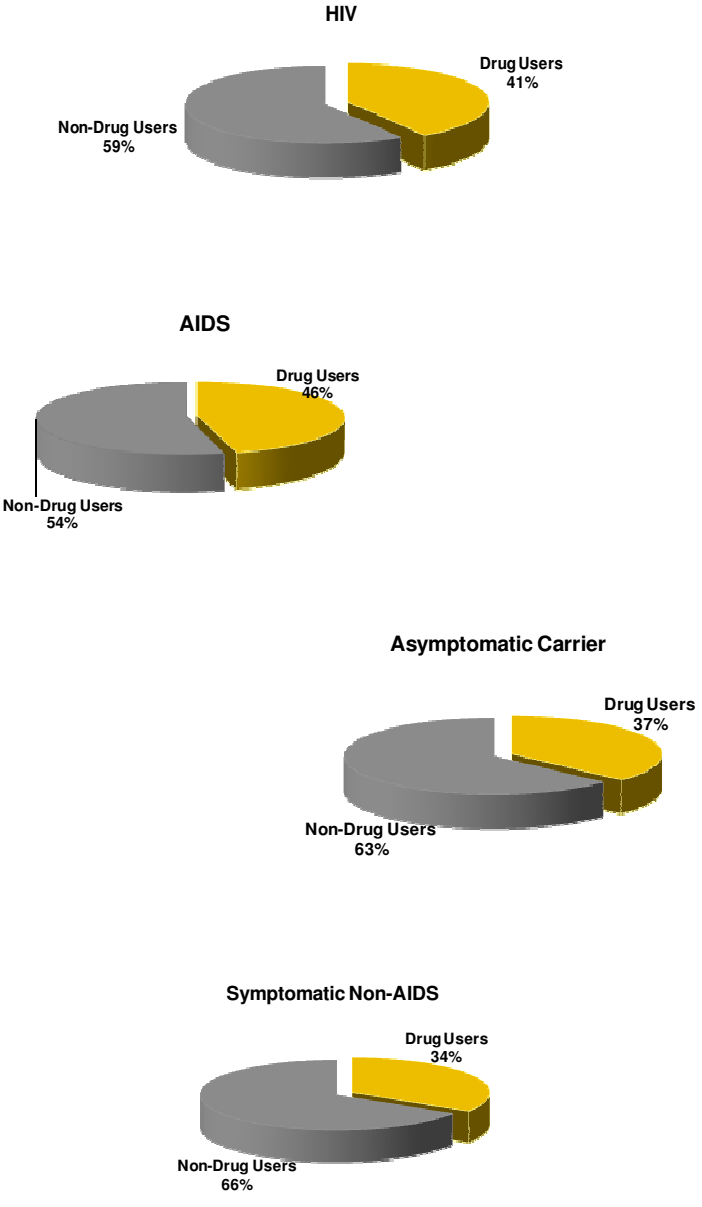
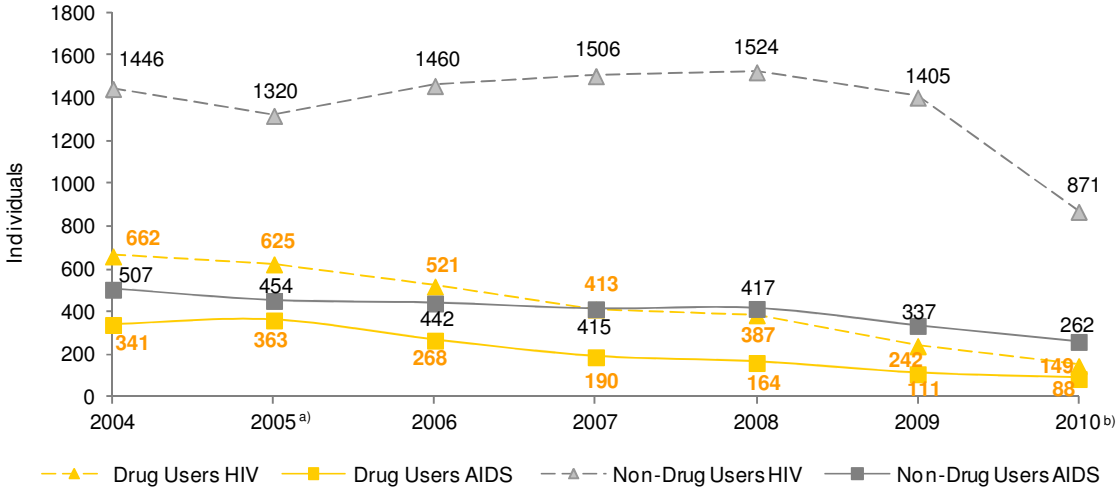


Figure 3 – HIV Notifications associated or not to drug addiction in the different stadiums of the infection (%), (IDT, I.P. 2011)

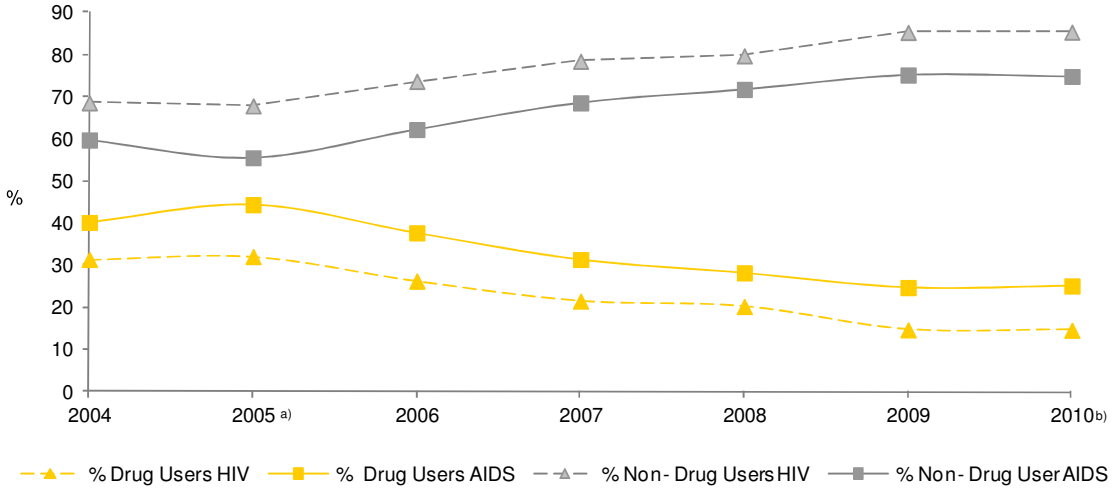
Taking only 2010, from the notified cases of HIV diagnosed at 31/12/2010, the cases associated to drug addiction represented 15% of the total diagnosed cases in the different stadiums of the infection: 25% of the AIDS cases, 7% Symptomatic Non-AIDS and 9% of the asymptomatic carriers cases.

There has been a downward trend in last years on the weight of drug addicts, in the total number of cases diagnosed each year with HIV infection (15%, 15%, 20% and 22%, of the cases diagnosed in 2010, 2009, 2008, 2007), as in the cases diagnosed each year with AIDS (25%, 25%, 28% and 31% of the cases diagnosed in 2010, 2009, 2008, 2007). 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, safeguarding the future update of data (149 cases diagnosed in 2010, 387 in 2008, 521 in 2006 and 662 in 2004).



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 22 – HIV/AIDS Notifications: Drug Users and Non-Drug Users, by year of diagnosis (IDT, I.P. 2011)



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 23 – HIV/AIDS Notifications: % Drug Users and Non-Drug Users by year of diagnosis (IDT, I.P. 2011)

Concerning HIV infection associated to drug addiction diagnosed in 2010 and for which is known the probable year of infection (30%)[21], it is noted that near 41% of the cases the probable date of infection took place more than 5 years ago (14% between 2001 and 2005 and 27% before 2001) and for the remaining 59%, the probable date of infection occurred during the last 5 years. In the other cases not associated with drug addiction and with information on this issue (31%) the probable dates of infection are more recent (for 81% of the cases the probable data of infection occurred in the last 5 years).

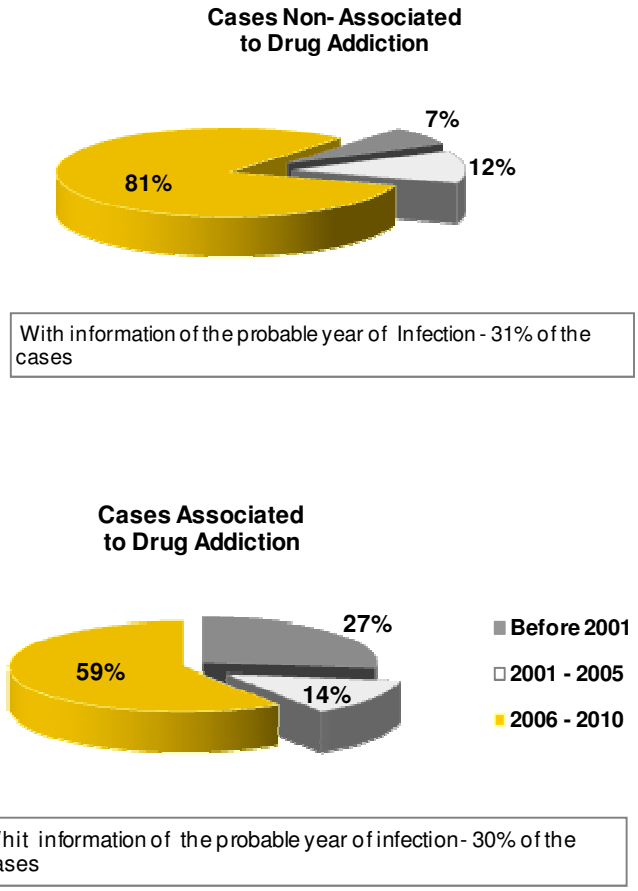


Figure 4 – Cases of HIV infection diagnosed in 2010, Associated or not to Drug Addiction, by probable year of infection (%) (IDT, I.P. 2011)

It is worth to note the 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[22] and more recently with the implementation of Klotho Program[23] since 2007. All this combined with 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[24].

For AIDS cases associated with drug addiction notified until 31/12/2010, the pathologies predominantly observed at the diagnosis date belonged to the group of opportunistic

[21] That means that we are now diagnosing cases of infection that took place ten years ago.
[22] The measures of risk and harm reduction allowed a closer approximation to drug addiction populations not covered by conventional services, including health, which may explain the weight of diagnosed cases of "old infections" in this population.
[23] 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. In 2009 continued to be applied the methodology ADR - Counselling, Detection and Reference – in these clients.
[24] The risk and harm reduction policies allowed a change in the user behaviour, with objective results in terms of decreasing the intravenous drug use and sharing of consumption material, what could explain the decrease of "recent infections".

infections (95%), with emphasis on tuberculosis and P. *jirovecci* (respectively 57% and 11% and more 5% 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%).

2010 notified drug use-related AIDS cases are:

- Mainly of the male gender 83% (83% in 2009 and 2008 and 85% in 2007,);
- Most of them (72%) aged 25-39.

Cases/Gender / Age Group	AIDS Cases						
	Total Number of Cases				Drug Users		
	Total	M	F	Unkn.	**Total**	M	F
Total	**16 370**	**13 279**	**3 090**	**1**	**7 565**	**6 446**	**1 119**
≤ 14 years	**131**	70	61	..	**2**	2	..
15-19 years	**172**	110	62	..	**98**	72	26
20-24 years	**1 249**	927	322	..	**889**	696	193
25-29 years	**2 931**	2 327	603	1	**2 040**	1 696	344
30-34 years	**3 339**	2 794	545	..	**2 117**	1 838	279
35-39 years	**2 818**	2 359	459	..	**1 438**	1 263	175
40-44 years	**1 974**	1 658	316	..	**669**	589	80
45-49 years	**1 274**	1 046	228	..	**209**	197	12
50-54 years	**899**	734	165	..	**56**	50	6
55-59 years	**575**	454	121	..	**12**	11	1
60-64 years	**445**	343	102	..	**1**	..	1
≥ 65 years	**499**	401	98	..	**1**	1	..
Unknow n	**64**	56	8	..	**33**	31	2

Table 10 – AIDS notifications: total and drug use related, by gender and age group 01/01/1983 - 31/12/2010 (IDT, I.P. 2011)

The male gender is also predominant in the other AIDS cases not drug use-related but these individuals are older.

In general, the districts of Lisbon, Porto and Setúbal registered the highest rates of HIV cases (34%, 30% and 14% of all notifications) and of cases of infection by HIV non-drug addiction associated (respectively 44%, 15% and 12%). These districts, together with Faro, are the ones with higher rates of drug users with HIV per inhabitant in the age group 15-64.

Concerning HIV infection between the clients that went to the different drug addiction[25] treatment structures, the percentages of HIV positive cases (prevalence's)[26] varied between 3% and 11%, confirming the last years tendency for decrease of these percentages.

Such situation, is seen in several groups of clients, namely among new clients in the public network (3% in 2010, 7% in 2009, 9% in 2008 and 2007, 11% in 2006, 12% in 2005 and 2004 and 15% in 2003)[27].

[25]Public Outpatient structures (distinction between total clients in treatment in the year and the sub-group of clients in first appointments or new clients): Detoxification Units, Therapeutic Communities of the public and accredited networks.

[26] The percentual base includes all the cases with information on screening results, including the ones made in previous years. It is to refer that for the clients in outpatient, the screening coverage rates were calculated from the total of clients in question, despite some of them are not considered eligible to do this screenings.

It is to refer that in the ambit of Program Klotho and Counseling Detection and Reference (ADR) [28] methodology the results of the quick test donned to new clients and follow-up clients in outpatient public treatment network, shows incidence rates of HIV[29] of 1% and 0.6% in 2010, 1.5% and 0.8% in 2009 and 1.5% and 1.1% in 2008 and 2.5% and 2.4% in 2007.

11% of clients from inpatient public and private detoxification units tested positive for HIV, 12% in 2008, 13% in 2007 and 2006. 37% of these individuals were on antiretroviral therapy, (50% in 2008 AND 2009, 37% in 2007 and 33% in 2006). Specific data on infectious diseases amongst IDUs in this setting can be consulted in Standard Table 9.

Concerning **Hepatitis B and C** data available, 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 2010, data on Hepatitis B (prevalence's AgHBs+) varied in 2010 between 2% and 4%, noting in previous years a greater homogeneity of these percentages among users of the different structures considered (decrease of the higher values)**.**

In the case of Hepatitis C (HCV+) the percentages of positivity varied between 24% and 46% reinforcing the downward trend verified in the last six years.

In detoxification units the global[30] percentages for public and accredited units were 2% for Hepatitis B and 46% for Hepatitis C. 2010 specific data on infectious diseases amongst IDUs in this setting can be consulted in Standard Table 9.

The percentages of positivity for Tuberculosis (prevalence's), in these populations were inferior to 2% following the patterns of last years.

In detoxification units the global percentage of positive cases was 0.1% for Tuberculosis (1% in 2009 and 2008, 0.4% in 2007, 1% in 2006 and 2005, 2004, 2003 and 2002).

6.3. Other drug-related health correlates and consequences

No new information available.

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.

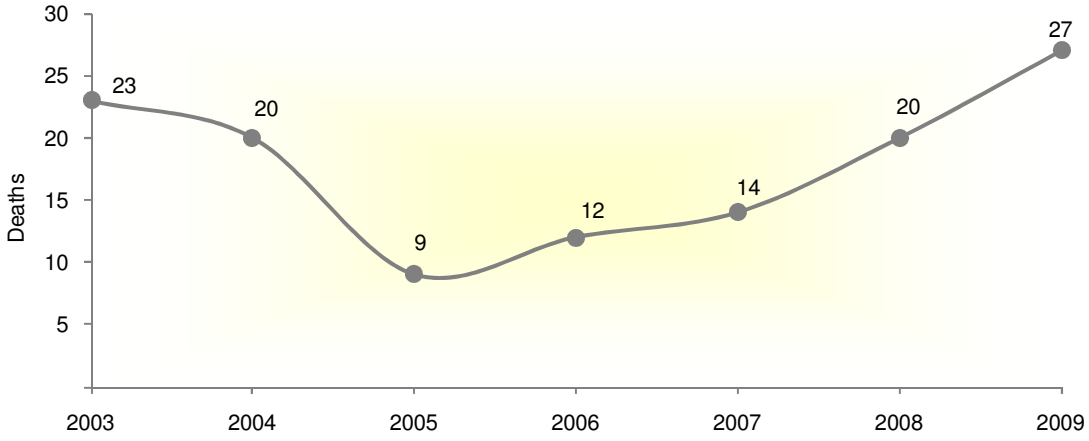
Until 2007, due to the limitations of general mortality registries of the National Statistics Institute, Portugal privileged in the context of this key indicator data records of the National Institute of Forensic Medicine (INML). These data referred to positive post-mortem toxicological results from the INML, which in the absence of information on the cause of

[27] Despite the percentages related to the last two years maybe higher if we consider only the drug addiction clients it is undeniable the downward trend of HIV prevalence over the decade between the populations who have resorted (went) to the different drug addiction treatment structures and particularly in this population of new clients in the public treatment network.
[28] As referred in previous note, in 2007 and 2008 was developed in collaboration with the National Coordination for the HIV/AIDS Infection **a** program of Early Identification and Prevention of HIV/AIDS directed to drug users – program Klotho. In 2009 and 2010, the ETs of IDT, I.P. continue to apply the Counseling Detection and Reference (ADR) methodology.
[29] Not all HIV reactive cases had confirmation of the result.
[30] Considering results per type of service but not differentiating between public and accredited units.

death did not allow an accurate assessment of the number of overdoses, yet possessing rich and quality toxicological data allowing trend analysis[31].

Following a strategic recommendation of the Action Plan on Drugs 2009-2012[32], as well as the implementation of procedures to improve the quality of the national mortality[33] statistics, from 2008 start to be presented data from the national mortality statistics of INE, I.P., simultaneously we intensified the work on optimizing the information coming from the INML, I.P. As result of the excellent articulation between IDT, I.P. and INML, I.P., for the first time it is possible to provide information from the INML, I.P. on overdose cases. In a near future this information will contribute to improve the national mortality statistics in this area[34], and will now overcome some constraints related to statistical secrecy[35] in the provision of toxicological information and social demographic in the context of national mortality registries of INE, I.P. However, it should be noted that these methodological improvements in the general and specific mortality registries, require additional caution in the analysis of trends.

With regard to drug-related deaths in the context of general registries of the INE, I.P.[36], although the numbers remain low, since 2006 there has been an increase in the number of these deaths, contrary to the downward trend observed in previous years, which may be a reflect of the increase in the number of deaths and of the methodological improvements on the general mortality registries.



Graph 24 – General Mortality Register – Drug-related deaths (IDT, I.P. 2011)

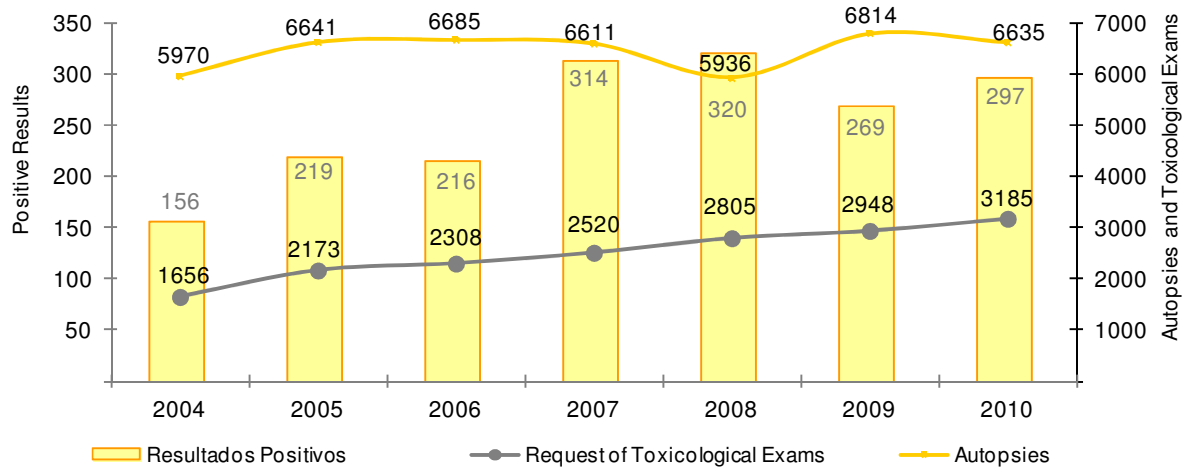
According to the EMCDDA criteria in 2009 were registered 27 cases of drug-related deaths, representing an increase of 35% in comparison to 2008 (20 cases). The values registered in 2009, were the highest since 2003, but inferior to the ones registered in 2002 (year when ICD-10 was implemented in Portugal).

[31] Portugal has data on positive post-mortem toxicological results from the INML more than 25 years.
[32] Recommendation made by the Technical Committee of the Inter-ministerial Council in the ambit of the internal evaluation of the Action Plan - Horizon 2008.
[33] 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.
[34] It is foreseen in a second phase of this work to optimize the flow of information circuits between INML, I.P. and DGS.
[35] Law of the National Statistic System – SEN, Law n. º 22/2008 of 13 May.
[36] Till the date of publication of this report, INE didn't have available information regarding drug-related deaths for 2010.

In 2009[37], the predominant causes of these deaths were disorders (63%): multiple dependence or other, cause that include polydrug use. Vast majority of these deaths (above 84%) were from the male gender and belong to the age group of 25-44 years (81%).

Concerning the information on specific mortality registries related with drug use from the INML, I.P., it is important to contextualize within some indicators related to the activity of this Institute.

In 2010, despite the number of autopsies performed by INML, I.P. (6 635) decreased in relation to last year (-3%), the number of requests for post-mortem toxicological exams (illicit substances) (3 185), showed the highest values of the decade, representing an increase of 8% in relation to previous year and 92% in relation to 2004. The number of cases with positive toxicological results increased as well in relation to 2009 (+10%), maintaining stable the percentage of positivity in the set of exams made (9%, 9%, 11% and 12% respectively in 2010, 2009, 2008 and 2007).



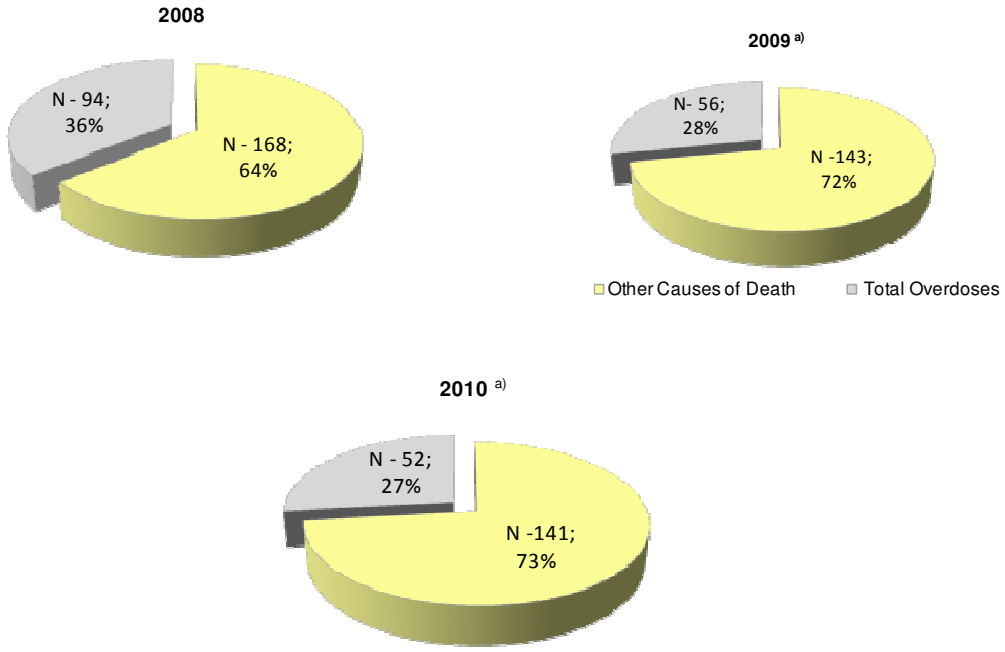
Graph 25 – Autopsies, Toxicological Exams and post-mortem positive results by year (IDT, I.P. 2011)

As previously referred, for the first time in 2009 it was possible to obtain information on causes of death in cases with positive toxicological results (for 2008 and 2009), and thus distinguish in this set of positive results the cases of overdose.

Since these deaths require forensic investigation and difficulties in collecting this information remain,(whether due to the delay in completing the final report or to access it), it was decided to make the update two years after, to optimize the proportion of cases with positive toxicological results and cause of death known. The 2009 data was updated this year and 2010 data will be updated next year, which limit the comparative analyses with previous year.

In 2010, from the 193 deaths with information on the cause of death (65% of the cases with positive toxicological results)[38], approximately 27% were considered overdoses. Despite the comparative limitations referred, will not be very risky to say that is registered a stability in the number of overdoses between 2009 and 2010, considering the current proportion of overdoses in the set of deaths with information on the cause of death in 2009 (28%) and the updates donned this year compared (in relation) to 2009 data. It is also noted the decrease of these percentages in comparison to 2008 (36%).

[37] For "statistic secrecy" reasons (Law of the National Statistic System – SEN, Law n.º 22/2008 of 13 May), there are some constraints in the provision of disaggregated data on the causes of death and socio-demographic of these deaths.
[38] In 2009 and 2008 these percentages were respectively 74% and 82%.



a) 2009 data were updated this year and 2010 data will suffer updates next year
b) *causes of death known at the date of information collection (September 2011)

Graph 26 – Causes of death*of the cases with positive toxicological results, by year (IDT, I.P. 2011)

Despite the comparative limitations referred, will not be very risky to say that is registered a stability in the number of overdoses between 2009 and 2010, considering the current proportion of overdoses in the set of deaths with information on the cause of death. It is also noted the decrease of these percentages in comparison to 2008 (36%). use of death in 2009 (28%) and the updates donned this year compared (in relation) to 2009 data.

Concerning the substances detected in these cases of overdose, predominantly opiates[39] (in 73% of the cases (82% and 89% of the cases in 2008 and 2009), followed by cocaine 50% of the cases (in 54% and 43% of the cases in 2008 and 2009).

The presence of methadone was detected in near 15% of the overdoses in 2010 (4% in 2009 and 9% in 2008).

[39] Includes heroin, morphine and codeine.

Substance	2008	%	2009 a)	%	2010 a)	%
Total	**94**	**100,0**	**56**	**100,0**	**52**	**100,0**
Opioids b)	77	81,9	49	87,5	38	73,1
Alone	4	4,3	5	8,9	4	7,7
Associated w ith alcohol only	18	19,1	16	28,6	7	13,5
With other substances	55	58,5	28	50,0	27	51,9
Cocaine	51	54,3	24	42,9	26	50,0
Alone	8	8,5	4	7,1	3	5,8
Associated w ith alcohol only	1	1,1	..	..	2	..
Associated w ith opioids b)	9	9,6	6	10,7	5	9,6
With other substances non-opioids	6	6,4	2	3,6	3	5,8
With opioids b) and other substances	27	28,7	12	21,4	13	25,0
Methadone	8	8,5	2	3,6	8	15,4
Alone	..	..	..	..	..	..
Associated w ith alcohol only	..	..	..	..	..	..
Associated w ith opioids only b)	..	..	..	..	..	..
With other substances non-opioids	3	3,2	1	1,8	8	15,4
With opioids b) and other substances	5	5,3	1	1,8	..	..
Metanphetamines	1	1,1	..	..	..	..
With other substances non-opioids	1	1,1	..	..	..	..

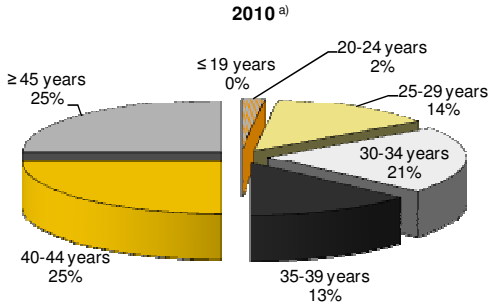
a) 2009 data was updated and 2010 data will suffer updates next year

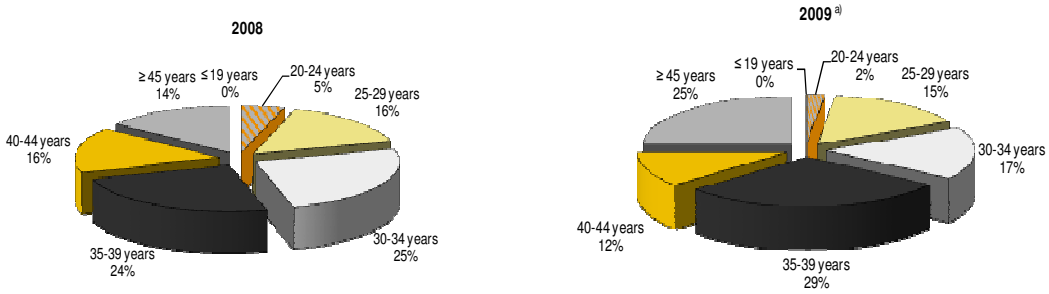
b) Include heroin, morphine and codeine.

Table 11 – Deaths by Overdose, by year and Substance (IDT, I.P. 2011)

Like occurred in the context of the general mortality registries of the INE, I.P., in the majority of these cases of overdose was detected more than one substance (87% in 2010, 84% in 2009 and 87% in 2008), considering the associations with illicit and/or licit substances. In this context, it was noted that the overdoses of opioid with cocaine (10%, 11% and 10% of the overdoses in 2010, 2009 and 2008) or with other substances (25%, 21% and 29% of the overdoses in 2010, 2009 and 2008). In combination with illicit substances, is to highlight the cases of overdose with the presence of alcohol (44%, 57% and 47% of the overdoses of 2010, 2009 and 2008) as well as in the presence of benzodiazepines (35%, 38% and 39% of the overdoses of 2010, 2009 and 2008).

The vast majority (88%) of these overdoses are from the male gender (89% in 2009 and 92% in 2008). Near 50%, were aged 40 or superior (25% between 40-44 years old and 25% with ages superior to 44) and 48% between 25-39, being the mean age 39 (38 in 2009).





a) 2009 data was updated this year and 2010 data will suffer updates next year

Graph 27 – Deaths by Overdose, by year and age group (IDT, I.P. 2011)

Like in 2009 and 2008, in 2010, prevailed in all age groups the cases of overdose with the presence of opioids. In 2010, the older age groups (>45years and 40-44) presented respectively the higher absolute values of cases with the presence of opiates and cases with the presence of cocaine. The higher absolute values of cases with the presence of methadone appeared in the age groups 40-44 and 30-34.

Specific causes of mortality indirectly related to drug use

Among all the AIDS cases, 7 694 deaths[40] have been notified until 31/12/2010, 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 43% (survival 57%). In 2010, were notified 147 deaths occurred in the year, among the AIDS cases, 44% of which were AIDS cases associated with drug addiction.

Cases/Gender / Geographical area of Residence	AIDS Notifications: Total number of Cases							AIDS Notifications: Total Cases Assoc. to Drug Use					
	Total a)				Nº of Deaths			Total a)			Nº of Deaths		
	Total	M	F	Unkn.	Total	M	F	Total	M	F	Total	M	F
Total	16370	13279	3090	1	7694	6463	1231	7565	6446	1119	3944	3402	542
Portugal	15947	12944	3002	1	7539	6333	1206	7454	6357	1097	3903	3371	532
Other Countries	118	93	25	..	64	53	11	11	10	1	7	6	1
Unknown	305	242	63	..	91	77	14	100	79	21	34	25	9

a) Alive and Deaths

Table 12 – Notifications of AIDS related deaths – total number of cases associated to drug use, by gender, 01/01/1983 – 31/12/2010 (IDT, I.P. 2011)

[40] 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 Harm and Risk Reduction model implemented in Portugal, aims to propose, through integrated work, to users who are unable or unwilling to renounce drug use, help to reduce harm they cause themselves trough alternatives paths that lead to treatment facilities and therefore a gradual process of stabilization and organization, which may allow the recovery process. Thus the focus is the National Network of Harm and Risk Reduction (RRMD) as an integrated intervention model, recommended by the Operational Program of Integrated Responses (PORI), via the implementation of projects under the Program of Integrated Response (PRIs).

The main priorities established by the National Plan 2005-2012 in the area of Harm and risk 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 programs.

7.2. Prevention of drug related emergencies and reduction of drug-related deaths

In the area of Harm Reduction, two levels of action on prevention of emergencies related to drug use should be consider: the strategic level of planning, training, setting guidelines, the monitoring/evaluation and the level of direct intervention with drug users.

Strategically, IDT, I.P. has invested in the enlargement of the Harm Reduction National Network; in all regions, new responses in RRMD were implemented, based on the identified needs. In total, 29 new responses were reported (3 in the North, 10 in the Center, 14 in Lisbon and Tagus Valley, 2 in Algarve), being clear that the level of implementation, a national average, correspond to 91% of the identified needs.

In 2010, 49 projects were ongoing at national level, co-funded under the Administrative rules 749/2007 of 25th June and 131/2008 of February 13th. The diagnosis done raised the need to implement several projects to develop responses in the same area, particularly among drug users and recreational settings. In 2010, 61 responses were implemented at national level, within the 49 projects co-funded by IDT, I.P.

Also in 2010, approximately 15 253 persons were contacted by the street teams, the drop in **centres** and on the context of Low Threshold Substitution Program (PSO-BLE). As the population reached by these structures is quite floating in terms of use of the different services, each month were contacted an average of 7 032 persons. These figures show an increase towards 2009, with less 5 000 contacts during the year and less 2 000 per month, although the number of projects implemented is very similar (47 in 2009, 49 in 2010).

Of these, around 1 933 persons benefited each month of the PSO-BLE and an average of 2 258 from the Needle Exchange Program.

As an average of 2 337 drug injectors were followed each month, it appears that the number of users and the beneficiaries of the program are closely linked[41]

Among the 15 253 users reached by RRMD projects, most (11 346) had a psychosocial support and support of basic needs (meaning 74% of the population considered), 2 099 had health care (14%) and 3 001 were referred to other services (20%).

[41] In geographical areas in which coexist RRMD projects with different components, drug injectors may be beneficiaries only of the Needle Exchange Program and not of the other program.

We can therefore conclude that the level of implementation regarding the provision of health care and referral to services has remained constant during the previous year, noting an increase of the execution in what refers to the follow-up at psychosocial level and basic needs satisfaction.

15 253 clients contacted per year		
Beneficiaries of Psychosocial support	**Beneficiaries of Health Care**	**Referrals to other services**
11 346	2 099	3 001
74%	14%	20%

Table 13 - Number of users beneficiaries of psychosocial support, healthcare and referrals in 2010 (IDT, I.P. 2011)

The health care monitoring includes activities as doctor's appointments, nursing, screening, drug therapy and vaccination. The psychosocial monitoring includes psychosocial counselling, hygiene and food care.

Among users' beneficiaries of health care, a significant part was followed by PSO-BLE. In this program, the profile of activities that users most benefit was kept, in particular the number of users that had medical appointments' and drug therapy in comparison with the majority of users accompanied by RRMD structures. Users of PSO-BLE were accompanied by the treatment teams of IDT, I.P, who underwent medical consultations to an average of 133 users' month.

Another important dimension of the RRMD intervention is to facilitate access of users to the different structures of the support network at social or health care level (20% of the population monitored was referred to other services).

As for the referrals, the two types of structures used were the Treatment Units of IDT, I.P (236 users referred each month) and the Diagnostic Pulmonologist Centre (282 referrals per month).

The Residential centres, defined by the Decree Law 183/2001 of 21 June, are structures fundamental in the Portuguese approach of harm and risk reduction These structures welcome drug users with no family background whose characteristics require a multidisciplinary approach, involving medical and psychiatric monitoring, continuous nursing, psychosocial and social support as well as responses in housing, food and clothes supply.

Also, they are central in an approach that is not limited to risk and harm reduction of the use of psychoactive substances, but is also looking to refer this population to structures of treatment and/or reintegration that allow the definition of a continuous project of social reintegration.

In 2010, IDT, I.P. funded 3 residential centres, 315 users in total, and almost of them had access to medical appointments, nursing, screenings and drug therapy.

315 Clients					
Medical appointments	**Nursing**	**Screening**	**Drug therapy**	**Vaccination**	**PSO-BLE**
315	240	252	276	15	107

Table 14 – Number of users' beneficiaries of the different activities in Health Care (Annual results), (IDT, I.P. 2011)

In order to consolidate and refine the model of follow-up, monitoring and evaluation of structures of risk and harm reduction, a separate document was created with guidelines, for projects funded under the Decree No. 749/2007 of 25 June, a record of monthly collection of indicators, for projects in recreational settings and a computer module to analyse data gathered by these projects, which are mostly contact points and information, thus gaining more indicators on the execution of these interventions at national level.

An information system was created to follow the acute cases of over-use – Pilot Project of intervention in overdoses. The form to characterize the over-use situations is filled by the stakeholders of RRMD projects and its dissemination to key interlocutors of IDT, I.P. in a way to identify the early rise of these cases and disseminate alerts if required.

The RRMD IDT, I.P. team started in 2010 an action of collection and systematization of the whole intervention undertaken within the network of RRMD. The gathering of information was held with the support of Instrument Data Collection Protocol for Specialist Harm Reduction Agencies (2008) designed in the Correlation Network, coordinated by the EMCDDA. This instrument was adapted into Portuguese, leading to the Protocol for the collection of information on projects of RRMD. This protocol was sent to partner organizations, in July 2010, with an elapsed period of six months to collect and systematize all the information, being afterwards to the structures for validation. From this work, a portfolio of projects in RRMD is available[42].

In collaboration with organizers of summer festivals, IDT, I.P. intervened, nationally, in 25 summer festivals (16 in the North, 3 in the Centre, 2 in Lisbon and Tagus Valley and 4 in Algarve), responding to all incoming requests and proactively ensuring their involvement in three other festivals.

In this context, the protocol of collaboration between the Boom Festival and IDT,I.P. formalized not only all technical support to the intervention of RRMD during this event as well as a study of characterization of the population participating in this event[43], to be used as a reference to develop further actions in this kind of events

This festival is by its nature, size and impact at national and international level is an important stage of intervention in RRMD, which allow measuring the real effectiveness of this type of intervention, but also a reference to design new interventions in such events.

The intervention of IDT, I.P. in summer festivals is part of a strategy of information and awareness to participants in these events, for better management of risks potentially associated with use of licit and illicit substances.

In parallel, was created a mechanism of information from the field on the dynamics of this type of contexts and on the role played by the use of psychoactive substances, in interaction with their participants. Therefore it is important that the intervention designed will produce not only evaluation analysis but also reports characterizing the settings and target groups involved, key elements for future actions.

[42] http://www.idt.pt/PT/ReducaoDanos/Paginas/Estruturas.aspx

[43] Study undertaken by University Católica of Porto, under the supervision of the IDT, I.P. Prevention Unit.

Also, orientations were drafted on the need to strengthen the collaboration of professionals of different structures, to transform the night life settings in a more secure and pleasant way.

The information that we will be presenting bellow refers to 9 projects developed in recreational settings and/or festivals, 5 being Contact Points that have developed activities during last year and the other 4 projects had duration of 2 to 8 months, during 2010.

In 2010, these projects were present in 62 parties/festivals, in an average of 37 bars and discos. An average of 44 634 persons was reached by these interventions, 4.986 being clearly users of psychoactive substances. Most of the persons were contacted during parties or festivals (37 724), although the number of those reached in bars and discos is also important (9 910).

In this type of intervention, an approach of information and awareness is used, trough personal contacts or the distribution of brochures (36,959 brochures were distributed, 86% on parties/festivals and 14% in bars/discos). Teams also provide material for safer behaviours and/or with less risk, as condoms (73,911 were distributed, 76% on parties/festivals and 24% in bars/discos), or a kit for those who snort drugs (1,272 kits were distributed, most in bars/discos (89%), but some in parties/festivals (11%).

In certain cases, there is a need to refer to health structures (477 referrals in 2010, 57% in parties/festivals, 43% in bars/discos) and to specific emergency facilities (31 referrals in 2010 during parties and festivals).

In most cases, the referrals were proposed by professionals or voluntaries related with the projects (352 cases, 59% in parties/festivals and 41 bars/discos). In 89 cases, the user decided by himself the referral to the health services (71% in bars/discos and 29% in parties/festivals).

Finally, as a component of the intervention of these projects, we should refer the crisis interventions, in 339 cases, mostly during parties /festivals (88%).

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 program “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), with the aim to prevent HIV transmission between intravenous drug users through the distribution of sterilized material and the collection and destruction of the materials used by IDUs.

Over the years the program was adjusted according to the evolution needs of IDUs and harmonization of procedures among the various partners.

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 (49 partners in 2010 and 2009 and 36 in 2008). This program 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 program.

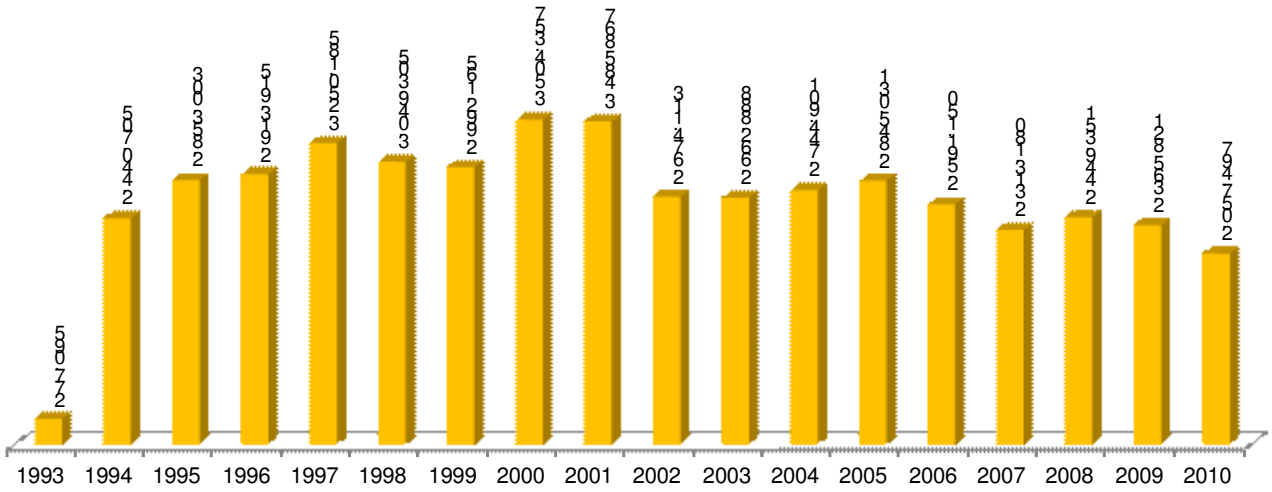
47.470.531 syringes have been exchanged through this program since October 1993 and until December of 2010 (ANF2010). In 2010, 2 057 497 syringes were exchanged representing a 13% decrease in relation to previous year (2 365 821).

These syringes are included in a kit with 2 syringes, 2 ampoules of bi-distilled water, 2 acid citric packages, 2 condoms, 1 filter and 2 disinfecting towels and 1 informative leaflet. (For more information see Standard Table 10 - syringe availability).

As regards the available material, in addition to syringes, were distributed to the participants on the National Syringe Exchange program, around 325 232 ampoules of distilled water, 446 959 wipes, 297 824 filters, 277 857 containers, 314 714 acid citric packages and 447 799 condoms.

Between October 1993 and December 2010 were distributed 47 470 531 syringes by all the entities involved in the National Syringe Exchange program. The number of syringes exchanged increased progressively till 1997, with some fluctuations in the following years. From 2005 has been registered a downward trend in the number of syringes exchanged.

The graph below represents the number of syringes collected in the ambit of National Syringe Exchange program globally: in pharmacies, and the mobile units and partnerships.

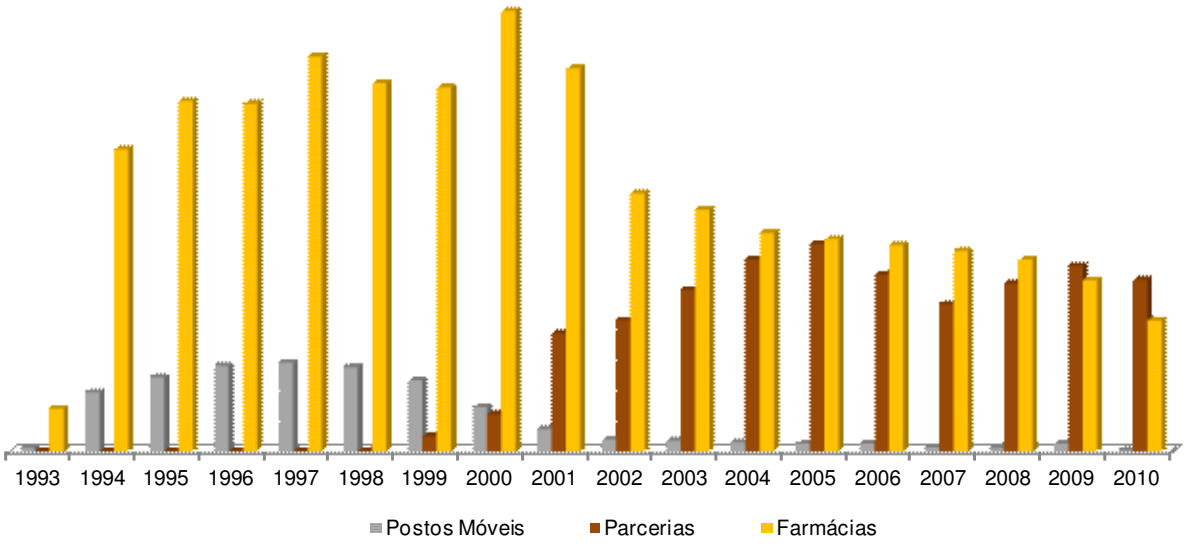


Graph 28 – Syringes exchanged / Totals of the Country from 1993 to 2010 (Program "Say no to a second hand syringe" 1993-2009), (ANF2011)

The Partners in this program are all Governmental and nongovernmental organizations that signed the cooperation protocol with the National Coordination HIV/AIDS and ANF under the program "Say no to a 2nd hand syringe."

From the beginning of the program till know 3 767 145 syringes were exchanged by Mobile Units (in several places, such as Casal Ventoso, Curraleira, Cova da Moura, Bairro de Santa Filomena and Odivelas), 11.380.024 by partnerships and 32.323.362 by pharmacies.

In 2010, 1 336 pharmacies (1 360 in 2009, 1 384 in 2008 and 1 314 in 2007) were active in this program (48% of the existing pharmacies in the country, 48% in 2009, 50% in 2008 and 48% in 2007).



Graph 29 – Comparative between Mobile Units, Partnerships and Pharmacies (ANF2011)

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

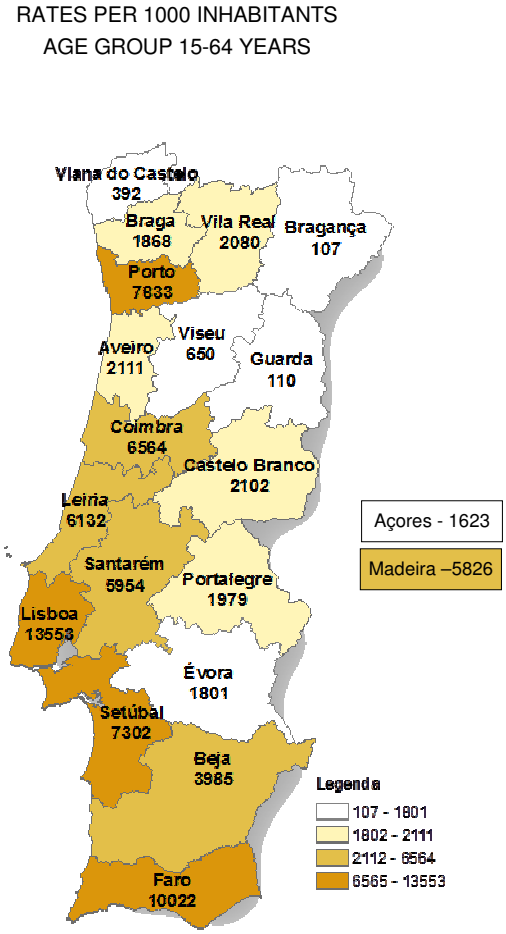


Figure 5 – Exchanged syringes in the framework of the National Syringe exchange program "Say no to a second hand syringe" 01/10/1993 to 31/12/2009 (IDT, I.P. 2011)

During 2010, two meetings were held in Lisbon and Porto for the presentation and distribution of the Manual Procedures of the National Syringe Exchange program to the structures involved (pharmacies, outreach work teams and mobile units). At these meetings participated 105 pharmacists and 140 technicians of outreach work teams.

This Program is one of several approaches that answer to the prevention of transmission of infectious diseases among drug users, with positive results in Portugal. In order to achieve the proposed objectives is essential that pharmacies and NGOs involved share experiences, to tailor the program to the needs of IDUs and trends of the moment.

Program 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 came from the recognition by the National Coordination for HIV/AIDS Infection 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.

Program KLOTHO continue to be developed by IDT, I.P. Treatment Teams, applying the methodology Counselling, Detection and Referral – ADR and a drop blood quick test for the detection of HIV.

The program was progressively incorporated as an integral part of all RRMD structures, and in 2010 there was an increase in their coverage, both in technical training, or in the evaluation of the work developed and results achieved. The ADR system has been implemented in 93% of the relevant structures.

255 new clients were involved in ADR, without quick test application for being positive or having negative result in very recent analysis. 55% of the new clients know now their serologic state. In fact, among new clients, 113 already knew they were HIV positive, being the global prevalence of HIV in the new clients (reactive + already positives) of 4.2% (5.7% in 2009).

515 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. 7 982 drug users under monitoring had information of their HIV status, under ADR methodology.

During the year, 10 641 919 screenings by quick test for the detection of HIV were made; representing a 10,7% decrease in relation to 2009. The percentage of HIV reactive cases in new clients decrease from 1,5% to 1% and in follow-up clients that did quick test decreases from 0.8% to 0.6%.

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.

7.4. Responses to other health correlates among drug users

"Psychopathological co-morbidity in drug addicts at Alentejo" – (Santos2010)

Co-morbidity or dual diagnosis is established by the World Health Organization (WHO) as the 'co-occurrence in the same subject of a dysfunction of psychoactive substance use and any other psychiatric disorder' (WHO, 1995).

Dawe and others (2002), a review of assessment tools for the diagnosis of consumers of alcohol and other drugs and psychiatric disorders, accentuate that in recent years there has been a growing recognition that many people with problems with alcohol and other drugs have also a range of psychological and psychiatric problems, noting that these problems vary gradually from major psychiatric disorders are not detected (that meet the international criteria of Substance and Mental Disorders (DSM) and International Classification of Diseases (ICD) to feeling indefinite mood changes and anxiety (symptoms or clusters of symptoms) for example, but that does not meet the diagnostic criteria (number of symptoms, duration) and yet have a significant impact on the well-being, affecting quality of life and make it difficult to treatment processes. Despite considerable evidence of high levels of co-morbidity, treatment services often fail to identify and responsiveness to problems with simultaneity of substance abuse and psychopathology.

There is a growing feeling of psychologists and other professionals working in the treatment of addictive behaviours, that there is a high occurrence of uncharacterized psychopathological problems with implications for the treatment of drug addicts.

As a result of this observation as well as of a growing need felt in daily clinical practice, the IDT, I.P. Regional Delegation of Alentejo proposed a group of psychologists to study drug addicts assisted in Alentejo treatment centers, and to briefly assess the coexistence of psychopathology. Their intention was also that this study might improve quality and appropriateness of clinical intervention.

The overall objective of this research was to evaluate the existence of co-morbidity between substance abuse and psychopathology in the whole sample.

The sample included 226 individuals, both genders, from outpatient treatment centres in Beja, Elvas, Évora, Alentejo Litoral and Portalegre – south of Portugal.

Gender	23% women 77% men
Ages	<30 → 19% ; 30-49 → 78%
Professional Status	64% workers
Main drug	77% heroin
Consumption age beginning (Main drug)	< 15 → 10%;15-19 → 42%;20-29 → 39%; >30 → 9%
Consumption via	45% intravenous
Type of Therapist	81% Clinical Psychologist
Previous treatment	82% previously treated
Judicial Status	Processes 53% / Arrests 23%

Table 15 – Characterisation of the sample (Santos2010)

Researchers elaborate a data collection form for personal socio-demographic information, drug use history and previous treatments. Brief Symptom Inventory (BSI) LR Derogatis was used, in the Portuguese version adapted to the Portuguese population by Canavarro (1994).

The following issues were considered as exclusion criteria:

- Existence of positive analysis for detection in the urine of metabolites of heroin or cocaine for less than 2 weeks;

- Alcoholic patients;

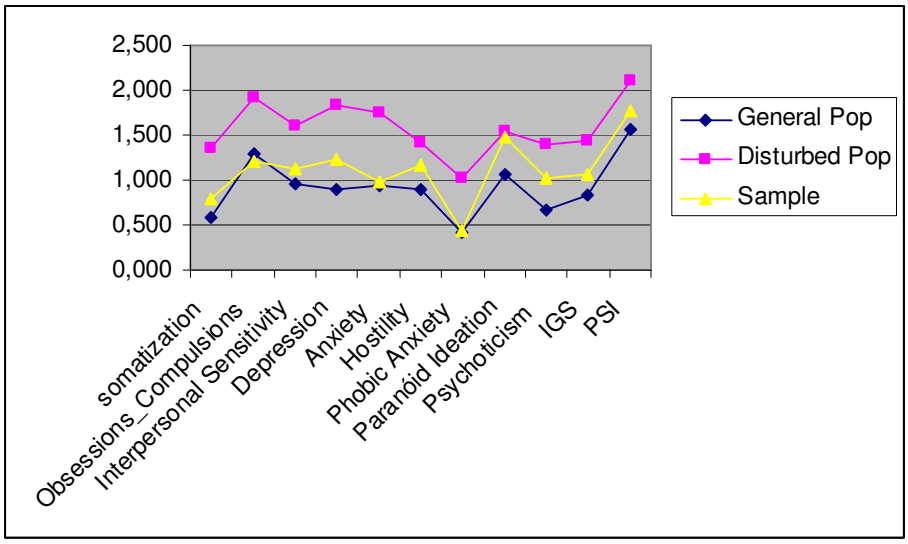
- Teenager patients;

- Stop-smoking patients;

- Imprisoned patients.

Participants answered between March and November 2009.

Data allowed to conclude that there seems to exist co-morbidity between drug abuse and psychopathology. Besides, the psychopathological profile of the sample stands between that of general population and people with emotional disturbance. There is, indeed, a statistically significant difference between the sample and the disturbed populations referred in the standardized Portuguese version of the measurement instrument.



Graph 30 – Psychopathological profile of the general population, the disturbed population and the sample

In the sample, the Paranoid Ideation issue is the one which is closer to Canavarro's profile of emotional disturbed population. In fact, considering ISP ≥ 1.7, the sample is above that cut point, but under the emotional disturbed population (Canavarro, 1994).

Women showed higher values in all dimensions when compared to men and normal population, what situates them near to the population with emotional disturbance.

The sample individuals, who reported cocaine as their primary drug, showed higher values in the dimensions paranoid ideation and hostility, when compared with emotional disturbed population and similar values in psychoticism.

On the other hand, those who referred opiates as their primary drug are closer to disturbed population in what concerns depression dimension.

An important limitation of this study is connected with the instrument used. Indeed, it doesn't provide any information in the area of personality disorders.

The study could also be more representative and make possible more substantial and accurate conclusions if the sample integrated individuals from other Portuguese regions and, eventually, individuals from other treatment programs such as, for instance, therapeutic communities.

8. Social Correlates and Social Reintegration

8.1. Introduction

The National Plan on Drugs and Drug Addiction 2005-2012, includes objectives and actions (see Structured Questionnaire 28), 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.

In 2010, IDT, I.P. strengthened the agreements and protocols already signed, to adapt and improve the quality of the existing resources and responses, so they can serve effectively the real users needs.

In 2010, we reinforced the importance to stabilize and standardize the procedures of follow-up, monitoring and evaluation of the activities and interventions in the area of reintegration, as well as the Exchange of Employers.

Also, the National Strategy for the Integration of Homeless, a priority area given the effective economic disadvantage and social exclusion of a significant group of drug users, entered in its second year. IDT, I.P. and other private and public institutions enhance their collaboration for its full implementation.

8.2. Social Exclusion and drug use

The elaboration of the National Strategy for the Integration of Homeless – Prevention, Intervention and Follow-Up 2009-2015, under the coordination of the Social Security Institute, involved a set of representatives of public/private sectors, namely IDT, I.P.

This strategy is targeted to all individuals independently of gender, age, nationality, social economical aspect, health and mental health condition, being homeless, without house, living in shelters, in public places, temporary housing. Among the risk groups are persons with mental health diseases, drug users, alcoholics, migrants.

The Strategy focus on 3 specific areas: Prevention, Intervention and Monitoring.

The Strategy was based on the analysis of elements that may be considered risk factors, enhancers of homelessness, related to intervention and monitoring of the homeless situation and the follow up of access to housing and insertion, in a way to identify a set of measures aimed at:

- Risk groups prevention;
- Intervention in street and temporary housing;
- Monitoring intervention.

The National Strategy for the Integration of Homeless entered in 2010 in its second year of implementation and focused on the creation of conditions to execute the foreseen measures, as identification and mobilization of missions, choosing the areas of interest, priorities and knowhow of the different partners involved at national and local level in the definition of intervention plans, based on comprehensive diagnosis.

In the Portuguese actual context of economical debility, with a direct effect on poverty and exclusion, IDT, I.P. considers that it is important to ensure the continuity of the Strategy.

According to the last survey undertaken by the Social Security Institute in 2009, there were 2 133 homeless people, mainly men (84%), aged between 30 and 49 (60%) and whit basic education (54%).

The family breakdown is the most given reason (33.1%) to justify the situation of homeless, followed by unemployment (22.3%) and personal causes (20.8%).

Among the problems associated with the situation of homeless and the main cause of need for support are the use of illicit substances (31.3% for drugs and 19% for alcohol), mental health diseases (11.4%), physical diseases (11.3%) and the lack of occupation.

IDT, I.P. reintegration teams identified 496 homeless people, with illicit substances problems, that have enormous difficulty and resistance to search for institutional support, a strong distrust of institutions and on the possibility of changing their situation of marginalization and exclusion.

At national level, 13 Planning and Intervention Units for Homeless (NIPSA) were created, as local bodies responsible for implementing the measures and models of the Strategy, in areas where the diagnosis calls for an intervention. These bodies have the function of planning the intervention in the territory, according to the diagnosis made and the emerging issues (mental illness, unemployment, drug addiction, alcoholism) and ensure the operationalization of the intervention model, with the case manager. IDT, I.P. is a core part of all NPISA created in 2009, sharing responsibilities in the promotion and achievement of the objectives and actions inscribed in the Strategy.

The standardization of concepts, creating a common language for professionals and institutions, namely for a more accurate measurement of the phenomenon of homeless is the basis for the intervention proposed by the Strategy. Thus and following the adoption at national level of the concept of homeless and its dissemination among IDT, I.P. reintegration teams, an evaluation of the concept adoption was concluded, which indicated that within a universe of 141 professionals in reintegration, 87% knows and uses the definition.

8.3 Social Reintegration

In 2010, all IDT, I.P. Integrated Responses Centers adopted the Intervention Model in Reintegration (MIR) as Guidelines for Social Intervention[44] (IDT, I.P.2009), launched in 2009. These guidelines point to an integrated intervention involving, concomitantly, the dimensions of individual and social systems, where the family plays a key role. The systematic monitoring strategies and social mediation are fundamental and embody in the definition, evaluation and follow up of the Insertion Individual Plan, negotiated and contracted with the person, based on the social diagnosis and the personal interests.

At the end of last year, an evaluation of the level of implementation of the guidelines, through a questionnaire applied by all reintegration professionals, indicated that the majority is implementing the guidelines and they consider it to be an added value for the users.

Throughout 2010, around 71 735 reintegration consultations (therapeutic and social service) took place, in a universe of 14 162 persons who contacted IDT, I.P. With reference to the persons followed in 2010 (37 103), the IDT, I.P. teams followed 38% and as a result 3 457 individual plans were contracted.

Also in 2010, the process of monitoring interventions was consolidated, by providing a computer application to each professional to make the registrations online. The analysis of indicators can show the level and type of the persons needs, particularly in terms of housing, training and unemployment. The satisfaction of these needs depends on the involvement and motivation of the user and on the ability of professionals to promote integrated interventions, also with external stakeholders, as IDT, I.P. does not provide an answer to all these issues. This is where the follow-up strategies and social mediation and case management make a difference.

[44] See the link http://www.idt.pt/PT/Reinsercao/Documents/MIR.pdf

Housing

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

The housing intervention is sustained on a partnership with local entities, Private Institutions of Social Solidarity, Social Security Institute (ISS), Institute of Housing and Urban Renovation, among others.

In 2010, were identified 1 323 housing needs and the responses capacity was of 37%. The housing or shelter responses are still insufficient for the needs and most of the responses are temporary.

	Years		
	2008	**2009**	**2010**
Identified Needs (A)	1 662	1 443	1 323
Positive responses (B)	706	592	484
Response rate (B/A)	42%	41%	37%

Table 16 – Clients with Needs/Integrated in housing or shelters responses (IDT, I.P. 2011)

Social Reintegration Apartments remain a social response fundamental for those lacking social/family and housing support, that have completed the treatment process via outpatient services, therapeutic communities or prisons and are now searching for a job or employment.

In 2010, 29 apartments were operational, serving 227 users. If we consider a 6 month period average at the accommodation, it is estimated that 454 used this response.

To ensure adequate access to social protection measures to users in disadvantage economical situation, the stakeholders' dynamic of integrated response created by the 2007 Inter-institutional protocol involving IDT, I.P., the Social Security Institute (ISS) and the Santa Casa da Misericordia was maintained.

This protocol aims to promote a more efficient intervention with users who contact IDT, I.P. services, that have insufficient resources and to promote their access to a network of resources and social protection measures. Under this Protocol, payment of rented bedrooms or small flats, temporary apartments or the referral of situation of homeless to social services was reinforced.

In 2010, the implementation of this cooperation facilitated access to social security services of 1 067 persons referred by IDT, I.P. and IDT, I.P. received 205 new requests for help. Around 809 persons were followed by the professionals of this network.

Education, training

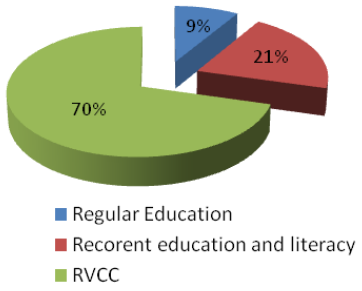
Education is one of the aspects of individual lives that can and should be encouraged in the context of the intervention in rehabilitation. The acquisition of a mandatory minimum level of education may be crucial to the success of other interventions and the route of the user.

In 2010, 1965 needs for improving qualification were identified. And even if the capacity to meet the identified needs is far from desired, there was a more effective intervention in this area (44% versus 30% in 2009).

	Years		
	2008	2009	2010
Identified needs (A)	1 867	2 208	1 965
Positive needs (B)	596	661	861
Response rate (B/A)	32%	30%	44%

Table 17 – Users with specific needs integrated in educational responses (IDT, I.P. 2011)

Analyzing the type of response triggered the Revalidation and Certification of Competences (RVCC), similar to previous years; continue to be the option most chosen, representing 70% of the cases (608 users). According to the characteristics, criteria and flexible procedures, this option is best suited to the profile of users and access is easier, compared to other options available of regular and recurrent education.



Graph 31 – Type of response provided in the area of education, national total (n=861) (IDT, I.P. 2011)

Training presented in the last years a very low level of efficiency in satisfying needs conditioning the acquisition of professional skills, essential to reintegration.

In 2010, 2 280 needs were identified with a response rate of 26%, showing that once more an important part of users with an Insertion Individual Plan (74%) do not find appropriate responses.

	Years		
	2008	2009	2010
Identified needs (A)	2 466	2 150	2.280
Positive responses (B)	575	501	601
Response rates (B/A)	23%	23%	26%

Table 18 – Users with specific needs/users in vocational training (IDT, I.P. 2011)

In the context of the guidelines created to improve the communication channels and articulation of IDT,I.P. and the Institute for Labour and Professional training (IEFP,I.P.), several national meetings were organized to try to meet the user's needs in training and employment.

In 2010, the results of the guidelines implementation were evaluated, trough a questionnaire with open and close questions, submitted to all responsible of Integrated Responses Centres.

A report with the evaluation results and further guidance to be adopted by local and regional structures was adopted. Although there has been a slight increase in the satisfaction of needs ratio, inter-institutional weaknesses persist, due to lack of routine planning, joint monitoring and evaluation. Some obstacles to the development of monitoring and social mediation strategies were also identified.

These evaluation results were reported to the Regional Delegations and to the Integrated Responses Centers, with a detailed analysis of the weaknesses and strengths, which reaffirm the need to prioritize the creation of a regular articulation with IEFP, at regional and local level, proposing strategies for intervention.

Employment

The possibility of obtaining and keeping an employment is a priority for most users followed by IDT, I.P., as an important step in the integration process that allows maintaining himself and family, getting self esteem, social skills, knowledge and life experience which contribute to the self stability, as an active member of the society. In 2010, 4 719 needs in the context of employment were identified, of which 43% were satisfied.

	Years		
	2008	**2009**	**2010**
Identified needs(A)	4 338	4 626	4 719
Positive responses (B)	1 654	1 700	2 011
Response rate (B/A)	38%	37%	43%

Table 19 – Users with specific needs/users integrated in employment users (IDT, I.P. 2011)

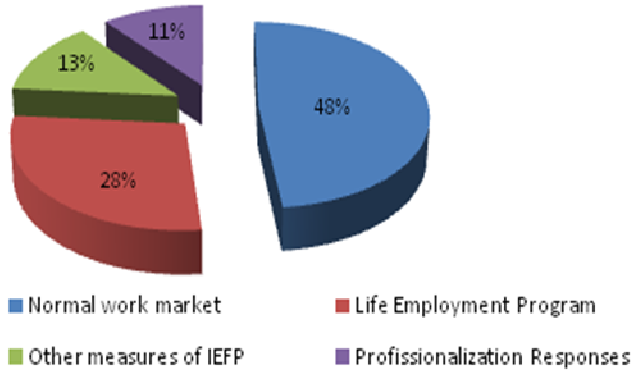
The satisfaction of these employment needs was obtained through the mobilization of different measures, as we can see in the chart below:

The regular work market, without protected employment programs continues to be the most frequent response with 48% of cases.

This option proposes an employment contract, with full rights and duties, which represents an effective integration.

28% of cases appealed to Life-Employment Program, 13% to other IEFP, I.P. measures and 11% to other professionalization measures.

These responses correspond to protected or semi-protected employment mechanism, which allows experiences in work context.



Graph 32 – Type of employment answer (n=2 011), (IDT, I.P. 2011)

In the field of employment, Programa Vida Emprego (Life-Employment Program- PVE) which aims to provide an employment to drug users in treatment process, involved 1 244 persons in reintegration process, accompanied by the Reintegration teams and by other treatment facilities licensed or funded by IDT, I.P. with specific measures:

	2005	2006	2007	2008	2009	2010
Stages of Socio-professional	688	646	623	559	596	715
Support for Employment	535	624	603	554	479	501
Socio-professional Integration	40	53	57	54	35	27
Support for Self-Employment -	1	1	-	1	5	1
Total	1 264	1 324	1 283	1 168	1 115	1 244

Table 20 – Specific measures of PVE, national total (IDT, I.P. 2011)

Among the different measures proposed, the stages of socio-professional integration is the one that gathered more users, as it provides for a practical training in the labour market, useful tool for a future integration. The number of beneficiaries of stages increased 21.3% in comparison with 2009.

Also, it is important to note in a context of budgetary constraints and economical crisis that the measures – Support for employment and Socio-professional integration Awards, that allow for financial aid to employers who provide a contract to drug users in recovery, integrate 509 persons in labour market.

In 2010, the Institute for Labour and Professional Training (IEFP) implemented a program of support for adults and specific targets, a temporary measure of employment integrated in *Iniciativa Emprego* 2010, that provides support for private entities employing ex-drug users, ex-inmates, beneficiaries of social allocations and unemployed for more than 2 years. When celebrating contracts with persons from these target groups, the employer will receive financial support and a reduction of the social contributions. As the program is recent, no figures exist on its implementation.

To facilitate the users' access to labour market, the Reintegration Teams use a computerized database at national level –Exchange of Employers, support tool for experts created in 2009,

which aim to organize and share information of employers' partners of IDT, I.P. This database allows the characterization of possible employers, mainly private companies, Local Administration and private Institutions of Social Solidarity, by location, sector, size and history of collaboration with IDT, I.P.

In 2010, a significant adhesion of professionals to this tool was visible and 574 new entities were recruited. By the end of the year, 751 employers participated in the Exchange (177 in 2009), 52% were private companies and 49% small enterprises with less than 10 employees, mainly located in big cities as Faro, Porto, Coimbra and Lisbon.
It was also found that 85% (639) of the totality of the entities participating received users included in the PVE.

During 2010, the IDT, I.P. Reintegration Unit was particularly active in the conclusion of the guidelines for intervention in work setting – "Security and health Work and Prevention of psychoactive substances use: Guidelines for Workplace Intervention", long claimed by experts and will be available soon.

Also, due to the need of respond to the public and private entities seeking guidance in this field, IDT, I.P. trained 20 professionals, at national level, allowing for an enlarge intervention in the workplace.

To note also the continuity given to the joint protocol, launched by IDT, I.P. and the General Confederation of Portuguese Workers (CGTP IN) to the Interaction Program, European program (EURÍDICE – European Research and Intervention on Dependency and Diversity in Companies and Employment) initiated in Portugal in 2004. This program aims to promote healthy lifestyles, changing attitudes, behavior and risk factors to psychoactive substances use.

In 2010, the program that foresees the development of integrated interventions was developed in 4 municipalities and 2 private companies.

Also, IDT, I.P. gave response to 11 requests of employers interested in implementing in their companies programs for health promotion and prevention of drug use.

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

9.1. Introduction

In 2010, concerning the administrative sanctions for drug use[45], Commissions for the Dissuasion of Drug Use (CDT) instated 7 315 processes[46], representing a slight decrease (-3.1%) in comparison to last year, most of which were, again, referred by the Public Security Police (PSP), National Republican Guard (GNR) and Courts.

From the 4 435 rulings made, 84% suspended the process temporarily, 14% were punitive rulings and 2% found the presumed offender innocent.

The number of presumed offenders was very similar to last year (6 320 in 2010 and 6 348 in 2009), registering these last two years the highest value since 2002. Continues the trend manifested through the decade of the predominance of presumed offenders in the possession of cannabis and the increased visibility of the number of presumed offenders in the possession of cocaine (the values registered in the last two years at the level of cannabis and cocaine were the highest since 2002), and in the case of heroin the values of the last two years were the highest ones since 2003, thus oppose, the stability occurred between 2006 and 2008, the downward trend verified in the first half of the decade.

In the context of judicial decisions under the Drug Law, in 2010, 1 483 crime processes were finalised involving 2 040 individuals, 1 770 were convicted, 78% for traffic, 20% for use and 2% for traffic-use. To be noted the increase in the proportion of individuals convicted for use from 2008, related to the judicial precedent on situations for own use in superior amount than the required for the average individual use during a period of 10 days.

As occurred in 2004, and contrarily to previous years, prevailed once more in 2010, the application of the suspended prison (48%) instead of effective prison (29%) in the convictions under Drug Law. To be noted also the increase in the number of convicted with effective fine, mainly applied to persons convicted for use. Similarly to previous years, the majority of these convictions were related to only one drug, maintaining the predominance of cannabis by the eight consecutive years and a higher number of convictions by possession of cocaine in relation to heroin by the fifth consecutive year, consolidating the trend verified in previous years of the increase visibility of cocaine in these convictions.

Prison data indicates that, on the 31st of December 2010, 1 950 (-4% than in 2009 with 2 026) individuals were in prison for crimes against the Drug Law, representing a decrease of 4% in relation 2009 and reinforcing the continuous downward trend registered over the decade. Was also reinforced the trend initiated in 2000 of the decrease weight of these prisoners in the universe of prisoners convicted, representing at 31/12/2010 near 21% of this population. The majority of these individuals where convicted for traffic (90%), 8% for minor traffic and 2% for traffic-use, values similar to last year.

9.2. Drug related Crime

Drug Law offences

Concerning the administrative sanctions for drug use[47], in 2010, the 18 CDT instated 7 315 processes[48], representing a slight decrease (-3.1%) in comparison to 2009, year that registered the highest value ever of processes.

[45] Law n. º 30/2000, of the 29th November.
[46] Each process corresponds to one occurrence and to one person. Information collected on 31 March 2009.
[47] Law n. º 30/2000, of the 29th November, regulated by the Decree-Law nº 130-A, 23 April and Administrative Rule nº 604/2001, 12 of June.

The districts of Porto, Lisbon followed by Braga, Setúbal, Faro and Aveiro registered the higher number of processes; the districts of Faro, Beja, Porto and Viana do Castelo presented the higher occurrences rates per inhabitant aged 15-64.

In comparison to last year, the highest increase in absolute values occurred in the district of Faro and in percentual values in the district of Guarda and the highest decrease in absolute value occurred in the district of Lisbon and in percentual value in Portalegre.

Similarly to previous years, most cases (47%) were referred by the PSP, followed by the GNR with (36%) and the Courts with 15% of the cases. In comparison to last year was registered a decrease in the number of occurrences sent by GNR (-7% in relation to 2009) and by PSP (-6% in relation to 2009), and an increase in the number of processes referred by the Courts (+9% in relation to 2008). However, it is noted that in the last two years were registered the highest values of the decade of occurrences sent by the GNR and PSP and the lowest values of the decade of occurrences sent by the Courts[49]

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

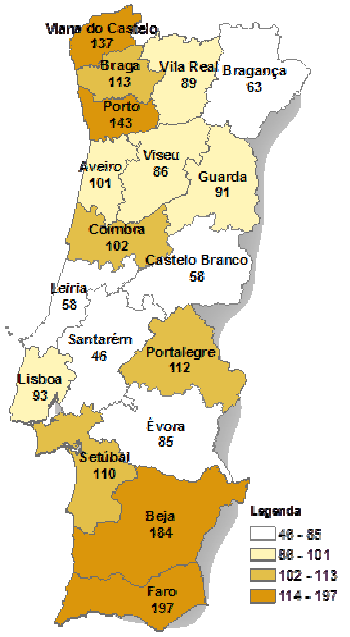
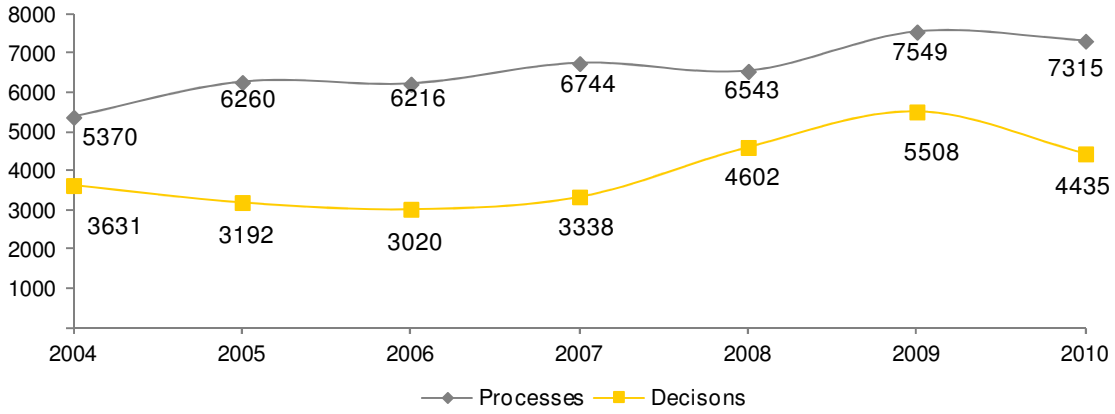


Figure 6 – Distribution of the Administrative sanctions for drug use by District (IDT, I.P. 2011)

On the 31st of March 2010, near 61% of the processes instated in 2010 had been decided: 26% were suspended (31% in 2009, 35% in 2008 and 27% in 2007) and 35% were filed (42% in 2009, 35% in 2008 and 23% in 2007), indicating a decrease in the decision-making capacity in relation to previous years, probably related with the lack of quorum and the need to reinforce the technical teams of some CDT.

[48] Each process corresponds to one occurrence and to one person. Information collected on 31 March 2011.

[49] 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".



***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 occurred in February 2009. In 2010, the CDT of Faro and Porto stayed without quorum in September, on other hand continued to persist gaps in some CDT technical teams, related to the insufficient number of professionals**

**** Year when occurred the fact sanctioned as an administrative offence. Information collected on 31 March of the year after the one when occurred the fact sanctioned as an administrative offence.**

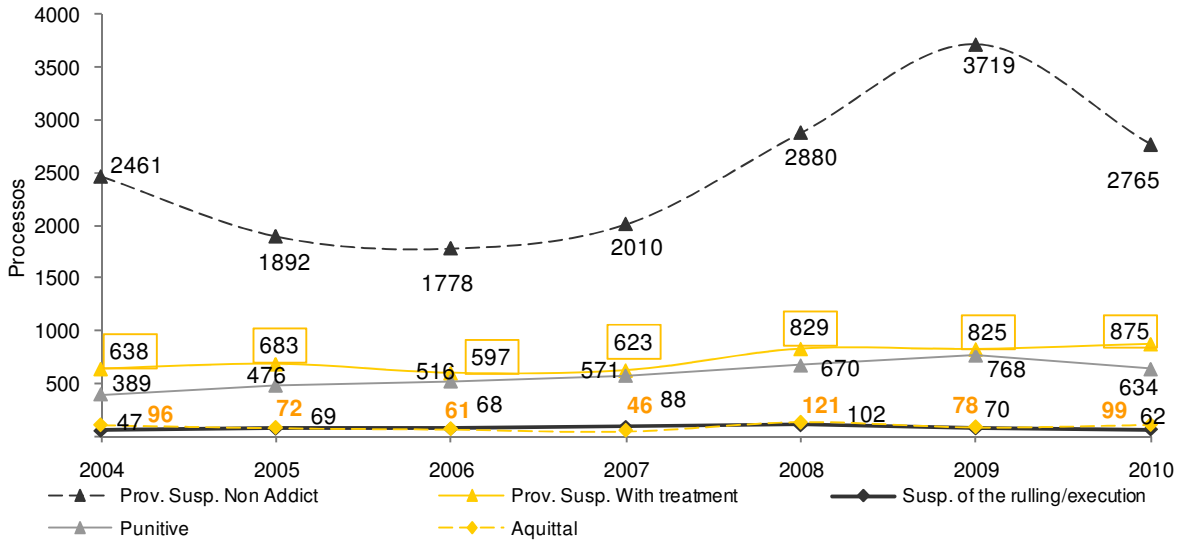
Graph 33 – Administrative sanctions processes and decisions*, by year (IDT, I.P. 2011)**

From the 7 315 instated in 2010, the Commissions had ruled on 4 435 processes

- 85% were suspensive rulings;
- 14% were punitive rulings and
- 2% found the presumed offender innocent.

As in previous years, the provisional suspension of process in the case of users who were not considered addicted were the majority of the total percentage of rulings (62%), (68% in 2009, 63% in 2008 and 60% in 2007), followed by suspensive rulings in the case of drug users who accepted to undergo treatment (20% in 2010, 15% in 2009, 18% in 2008 and 19% in 2007).

In 2010, the weights of the punitive ruling in this setting was identical to last year (14%), continues to be predominant non-pecuniary sanctions (9% in 2010, 10%, 10%, 11% and 59% in, 2008 and 2007), mainly related with the periodical presence in a place selected by the CDT.

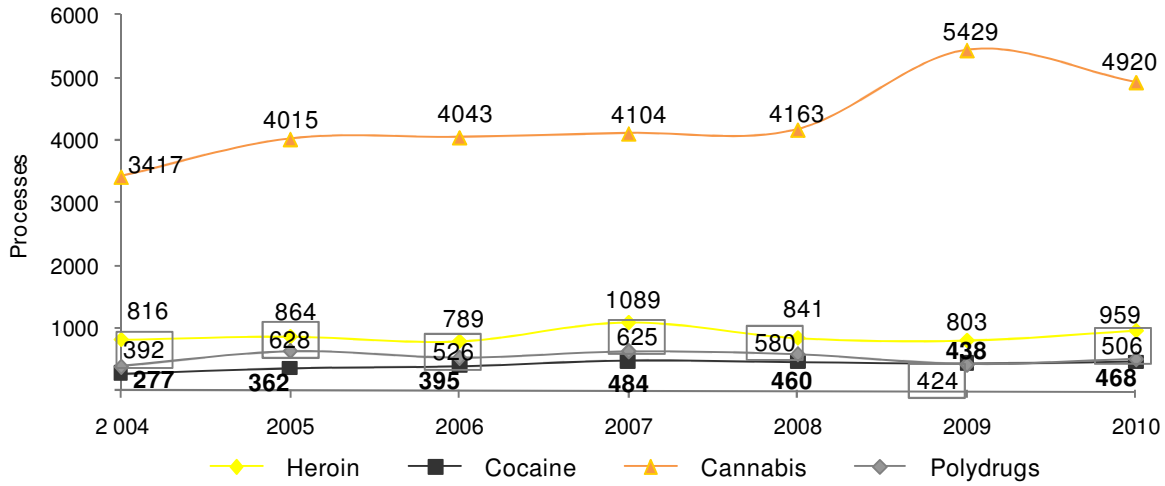


***Year when occurred the fact sanctioned as an administrative offence. Information collected on 31 March of the year after the one when occurred the fact sanctioned as an administrative offence.**
****When interpreting the data related to the decision taken, should be take in account that some CDTs 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 occurred in February 2009. In 2010, the CDT of Faro and Porto stayed without quorum in September, on other hand continued to persist gaps in some CDT technical teams, related to the insufficient number of professionals**

Graph 34 – Type of ruling for administrative sanctions by year* and type of Decision (IDT, I.P. 2011)**

Concerning the substances involved:

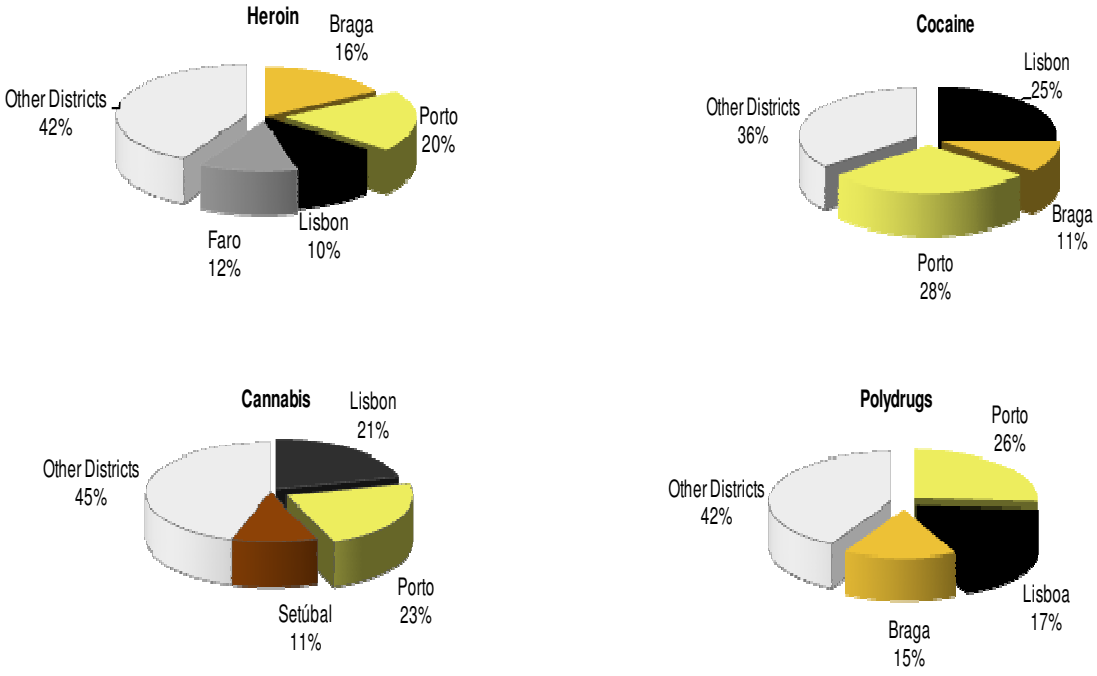
- In relation to 2009, decreases were verified in the number of processes on cannabis (-9%), increases were verified in the number of processes for all the other drugs, namely the processes involving several drugs (+19%), involving only heroin (+19%) and the processes involving only cocaine (+7%).
- As in previous years, most cases involved only one drug (93%):
  - Mainly cannabis (71%) - 76% in 2009, 68% in 2008 and 64% in 2007
  - 14% of these processes involved only heroin (11% in 2009, 14% in 2008 and 17% in 2007). 7% involved only cocaine (8%, 6% and 8%, respectively in 2009, 2008, 2007);
  - The predominance of occurrences involving only cannabis was found in all CDTs,
- For the 7% processes involving more than one drug (6% in 2009, 10% in 2008 and 2007), the association heroin-cocaine was again predominant, and like in the last six years, the association cocaine-cannabis surpassed the association heroin-cannabis.



***Year when occurred the fact sanctioned as an administrative offence. Information collected on 31 March of the year after the one when occurred the fact sanctioned as an administrative offence.**

Graph 35 – Type of drug involved in administrative offences by year* (IDT, I.P. 2011)

In general, the distribution of processes by district and type of drug involved shows that the districts with the highest total number of processes are - Porto (25%), Lisbon (19%), Braga (9%), Setúbal (9%), Faro (8%) and Aveiro (7%). Those districts concentrate also the largest number of processes of each of the drugs considered, although with a different distribution depending on the type of drug.

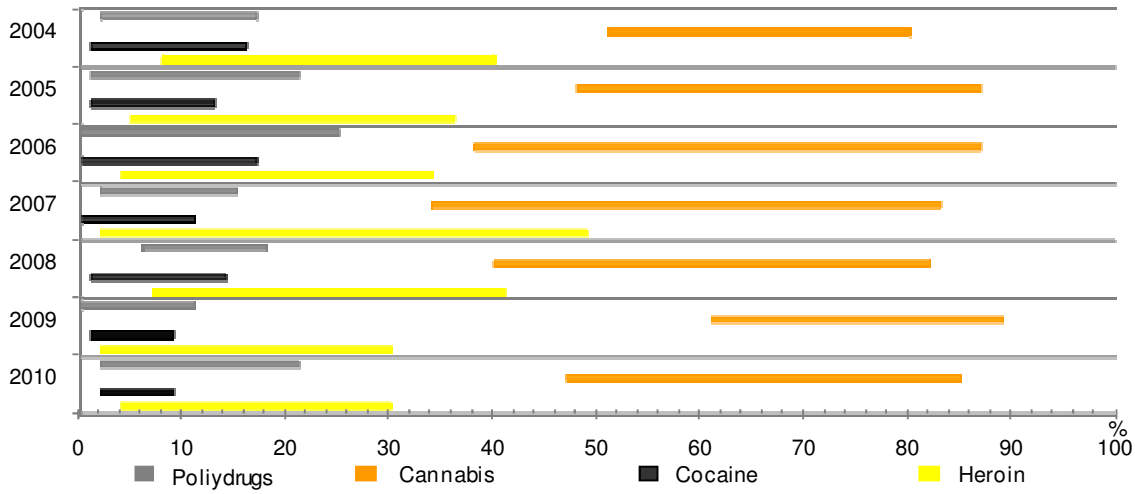


(Districts with more than 10% of the total number of processes of each type of drug)

Graph 36 – Distribution of the administrative sanctions by type of drug involved and by district (IDT, I.P. 2011)

The reading of the interdistrict percentages by type of drug[50] shows some heterogeneity: processes involving only cannabis varied at district level between 47%-85%, heroin only between 4%-30%, cocaine between 2%-9% and the processes involving several drugs between 2%-21%.

In general, these variations between minimum and maximum values of the interdistrict percentages by type of drug involved in the processes follows the pattern registered in previous years.



Graph 37 – Administrative sanctions processes by type of drug, intervals of the interdistrict percentages, by year (IDT, I.P. 2011)

Concerning the individuals involved:

- In 2010, 6 826 individuals[51] were involved (7 122 in 2009, 6 044 in 2008 and 6 268 in 2007) in the instated processes and without acquittal of the CDT's;
- 5% of those were recidivists in 2010 to a Commission (4% in 2009, 6% in 2008 and 2007). The majority of the recidivists (91%) registered only one criminal relapse in the year.
- 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 28;
  - They were mainly Portuguese (94.4%), single (86%) and living with their parents/siblings (64%);
  - 39.8% had frequented the 3rd level of compulsory school (7th - 9th grade) and 29.1% reported an educational status above that;

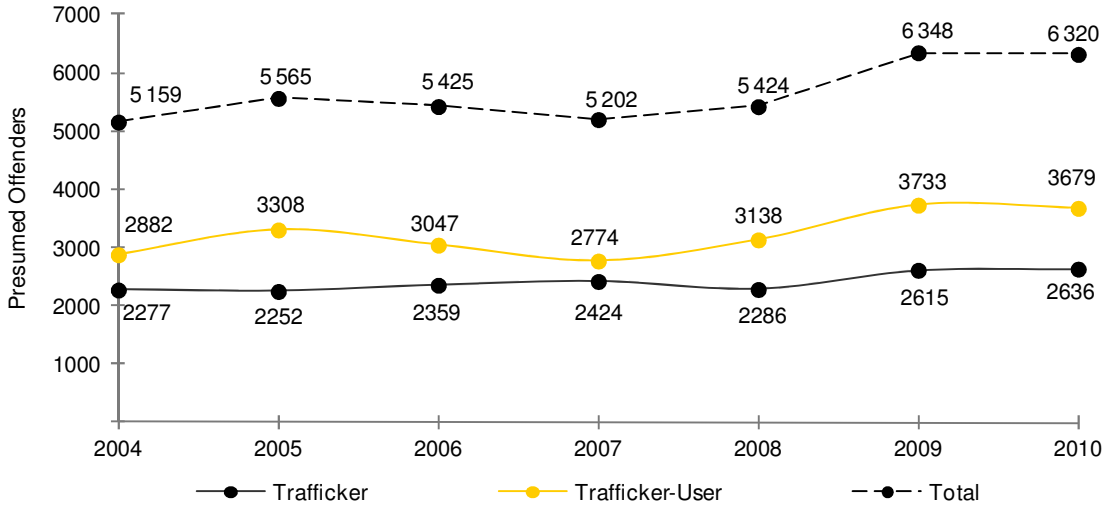
[50] Considering as percentual base the processes opened in each district.
[51] Individuals who were sent twice to a Commission in any year (and thus originated the instatement of more than one process) were counted only once.

- 29.2% were unemployed and the 40% were employed and 22% students

Like in previous years, between foreigners (6%) Africans were predominant (2%), with particular relevance to Cape Verdean. It is noted that the number of Brazilians has increased in recent years, and in the last two years already exceeded the number of Cape Verdeans.

Other Drug related crime

Concerning **criminal offences**, in 2010, data from the Criminal Police identified 6 320 presumed offenders: 42% were presumed traffickers and 58% presumed trafficker-users. The number of presumed offenders was very similar to last year and the last two years registered the highest values since 2002.



Graph 38 – Presumed Offenders by year and situation towards drug (IDT, I.P. 2011)

Similarly to previous years, the districts of Lisbon and Porto presented the higher percentages of these presumed offenders (respectively 36% and 24%), followed by Setúbal (7%) and Faro (6%). The higher rates of presumed offenders per inhabitant from the age group 15-64 were registered in the districts of Lisbon, Faro, Porto, Autonomous Region of Azores and Portalegre.

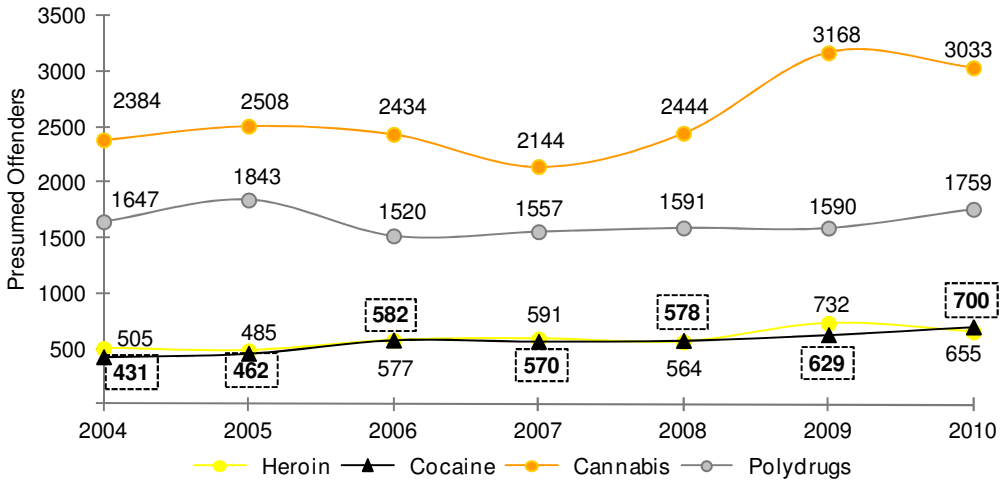
Concerning the substances identified in the moment of the occurrence:

- 71% of these individuals possessed only one drug (74% in 2009, 70% in 2008 and 68% in 2007);
- Among these cases, and like in previous years, cannabis was predominant in comparison to other substances (49%);
- 11% of the cases concerned heroin only (12% in 2009, 11% in 2008 and 12% in 2007);
- 11% of the cases concerned cocaine (10% in 2009, 11% in 2008 and 12% in 2007);
- Less than 1% of the cases concerned several other drugs;
- In the situations where more than one drug was involved (26%), the combination “heroin and cocaine” continues to be predominant, followed this year by the combination of cocaine with cannabis.

- In comparison to 2009, we can point out an increase in the number of presumed offenders in the possession of cocaine only (+11%) as well as in the possession of polydrugs (+11%). On the other hand decrease the number of presumed offenders in the possession of heroin (-11%) and in the possession of other drugs (-24%), there are also a slight decrease of presumed offenders in the possession of cannabis only (-4%).

Despite these annual variations, the values registered in the last two years at the level of cannabis and cocaine were the highest since 2002, thus reinforcing the stability occurred between 2006 and 2008, the increasing trend verified through the decade. In the case of heroin, the last two years values were the highest since 2003, thus contradicting after the stability occurred between 2006 and 2008, the clear downward trend observed in the first half of the decade. Concerning the number of presumed offenders in the possession of several drugs, the value registered in 2010 represented the highest value of the second half of the decade, breaking the stability trend occurred in the last four years, registering in the second half of the decade values lower than in the first half.

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 39 – Presumed Offenders by year and type of drug (IDT, I.P. 2011)

The district distribution of presumed offenders by type of drug involved evidence like in previous years a highly concentration of presumed offenders in the possession of cocaine alone in the district of Lisbon. There is a higher regional dispersion in the case of presumed offenders in possession of other drugs.

The interdistrictal percentages by type of drug in the possession of presumed offenders present some heterogeneity: the percentages of those who were in possession of cannabis only ranged between 33%-76%, in the possession of only heroin between 1%-38%, in the possession of only cocaine between 0%-20% and the percentage of presumed offenders with several drugs ranged between 14%-42%.

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;

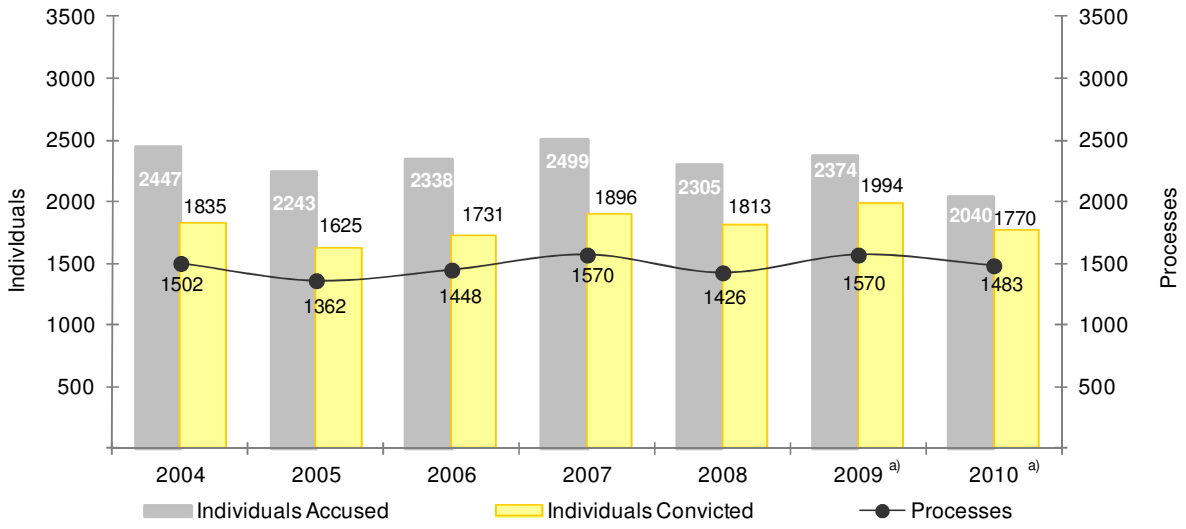
- 84.2% were Portuguese, among those who were not Portuguese (16%); the Africans were predominant (10%), mainly from Cape Verde. Most (84%) were single, near 58% frequented the 3rd level of compulsory school and more than half (59%) were unemployed.

Once more the presumed trafficker-users when compared to presumed traffickers, 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 **Court data**:

In the context of judicial decisions under the Drug Law[52], in 2010, 1 483 processes were finalised involving 2 040 individuals[53], the vast majority were accused of traffic (87%). Near 87% were convicted and 13% were acquitted.

Despite the annual variations in the number of processes, of individuals accused and convicted under the Drug Law, there is a decreasing trend in the first half of the decade, on the other hand a slight increase in the second half, is expected that the data update in 2010 next year, reflects an increase of processes of individuals accused and convicted in 2009.



a) In line with the methodological criteria used in previous years, the judicial decisions dated of 2009 and 2010, and registered at IDT, I.P. until 31st of March 2011. 2010 data will be updated next year and 2010 decisions registered between 31st of March 2011 and 31st of March 2012 will be counted.

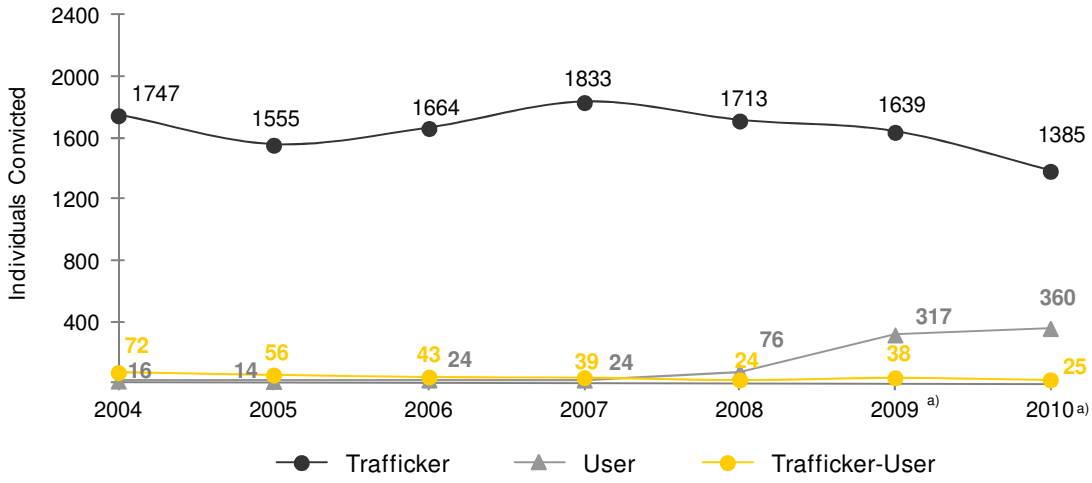
Graph 40 – Processes, Individuals Accused and Convicted under Drug law, by Year (IDT, I.P. 2011)

Of the 1 770 convicted individuals (1 684 in 2009, 1 392 in 2008 and 1 420 in 2007), 78% were convicted for traffic, 20% for use and 2% for traffic-use, the focus goes to the increase in the proportion of individuals convicted by use since 2008, related with the fixation of case

[52] With the enter in force on the 1 July 2001, the Law 30/2000 of 29 November, the use of illicit substances was decriminalized being an administrative offence. The cultivation situation foreseen in the article 40 of the Decree Law 15/93, of the 22 January is still considered a crime independently of the entering in force of the Law 30/2000. Later one 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".

[53] In line with the methodological criteria used in previous years, the judicial decisions dated of 2008 and 2009 and registered at IDT, I.P. until 31st of March 2010. 2009 data will be updated next year and 2009 decisions registered between 31st March 2010 and 31st March 2011 will be taken into account.

law on situations for own use in superior amount than the required for the average individual use) during a period of 10 days[54].



a) In line with the methodological criteria used in previous years, the judicial decisions dated of 2009 and 2010, and registered at IDT, I.P. until 31st of March 2011. 2010 data will be updated next year and 2009 decisions registered between 31st of March 2011 and 31st of March 2012 will be counted.

Graph 41 – Individuals Convicted, by year and situation towards drug (IDT, I.P. 2011)

From the 1 385 individuals convicted for traffic, 1 380 were initially accused for that crime, 3 for use and 2 for traffic-use. From the 360 individuals convicted for use, 62% were accused for that crime, 37% for traffic and 1% for traffic-use. Near 36% of the 25 individuals convicted by traffic-use were accused for that and the rest 64% were accused of traffic.

Once more the districts of Lisbon (37%) and Porto (23%), followed by Faro (6%) and Setúbal (6%).Portalegre, Lisbon, Autonomous Region of Azores and the district of Faro registered the higher rates per resident (15-64 years old);

Concerning the sanctions[55] applied in these convictions, mostly related with trafficking crimes, such as occurred in 2004 and contrary to previous years, these convictions involved mainly suspended prison (48%) instead of effective prison (29%). To refer an increase of convicted only sentenced with an effective fine, predominantly applied to convictions related with consumption.

As for the substances involved:

- In 2010 the majority of these convictions involved, once again, the possession of only one drug (70% in 2010, 65% in 2009, 66% in 2008 and 69% in 2007). Hashish was the main substance involved (42% in 2010, 37% in 2009, 36% in 2008 and 2007), followed by cocaine (16% in 2009 and 2008 and 17% in 2007), heroin (17% in 2010, 12% in 2009 and 2008 and 14% in 2007) and less than 1% several other drugs;
- When polydrugs are considered (in 30% of the processes), the association heroin-cocaine was predominant.

[54] Supreme Court of Justice n.º 8/2008, of 5 August.
[55] Sanctions concern the final conviction and may involve more than one crime.

Situation Towards Drug / Type of Drug	Total	%	Trafficker	%	User	%	Traf.-User	%
Total	**1 770**	**100,0**	**1 385**	**100,0**	**360**	**100,0**	**25**	**100,0**
Heroin	198	11,4	172	12,5	13	3,8	13	52,0
Cocaine	291	16,8	284	20,7	7	2,1	..	..
Cannabis	722	41,6	427	31,1	291	86,1	4	16,0
Ecstasy	4	0,2	3	0,2	1	0,3	..	..
Other	4	0,2	4	0,3	..	..	..	..
Polydrugs	517	29,8	483	35,2	26	7,7	8	32,0
Unknown	34	..	12	..	22	..	..	..

***In line with the methodological criteria used in previous years, the judicial decisions dated of 2009 and 2010, and registered at IDT, I.P. until 31st of March 2011. 2010 data will be updated in the next year and will be counted the decisions related to 2010 registered in the IDT between 31st of March 2011 and 31st of March 2012.**
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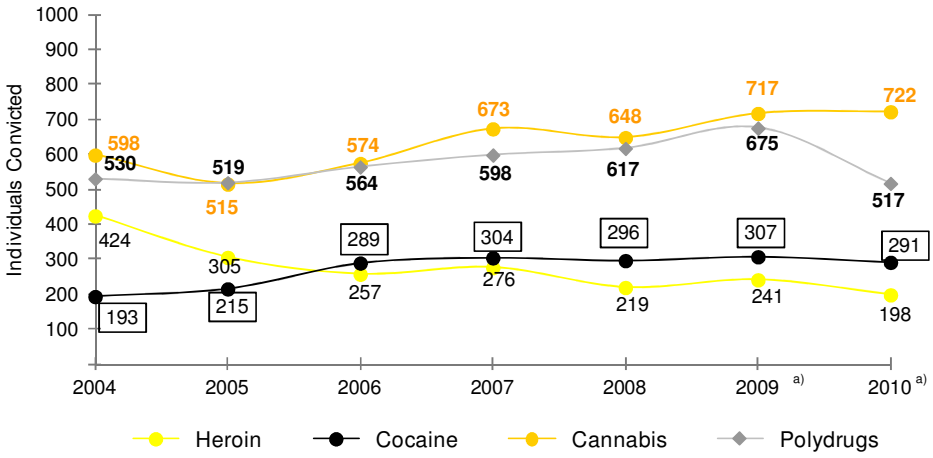
Table 21 – Individuals Convicted* by situation towards drug and type of drug (IDT, I.P. 2011)

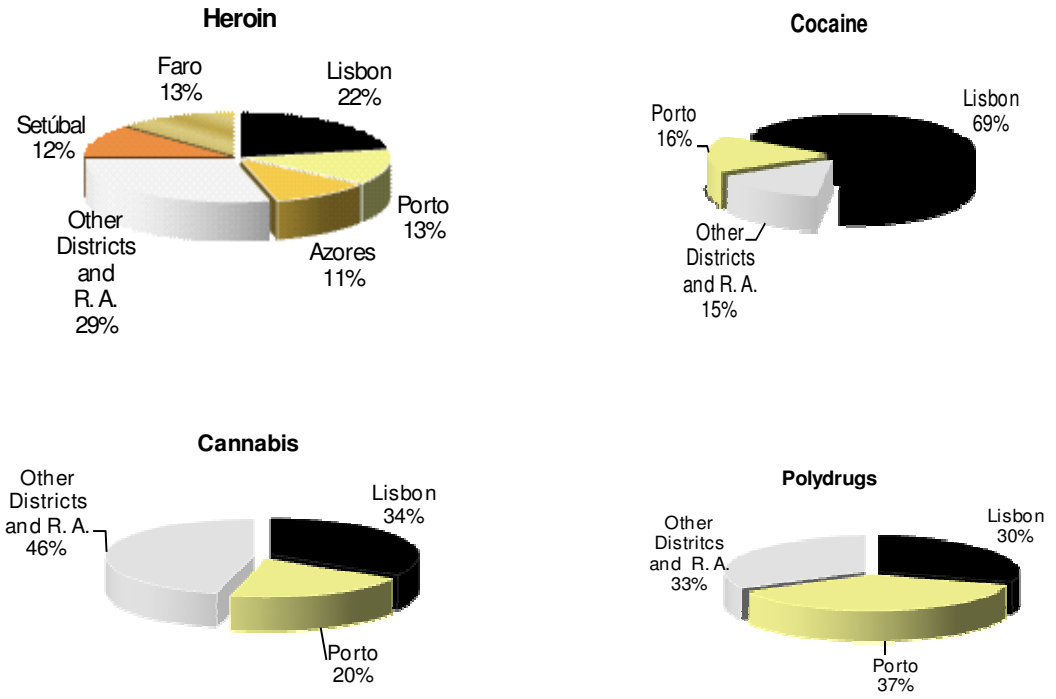
- Similar to previous years the cases related with the possession of cocaine only continue to have greater relative importance in the group of traffickers than in the group of traffickers-users. In the group of convicted by crimes related with consumption, once more the vast majority of the cases were cannabis related;
- In comparison to previous years and despite 2010 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 eight consecutive year instead of heroin, and the preponderance for the fifth 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.



a) In line with the methodological criteria used in previous years, the judicial decisions dated of 2009 and 2010, and registered at IDT, I.P. until 31st of March 2011. 2010 data will be updated in the next year and will be counted the decisions related to 2010 registered in the IDT between 31st of March 2011 and 31st of March 2012.

Graph 42 – Individuals convicted by year and type of drug (IDT, I.P. 2011)

In relation to the district distribution of convicted by type of drug involved and as occurred with presumed offenders, it is to highlight the high concentration of convicted in the possession of only cocaine in the district of Lisbon.



Graph 43 – Distribution of convicted individuals by type of drug, by district and Autonomous Region (R.A.) % (IDT, I.P. 2011)

The interdistrict percentages by type of drug in the possession of individuals convicted shows some district heterogeneity: the percentage of convicted in the possession of cannabis only ranged from 21%-100%, in the possession of heroin only from 0%-42, in the possession of cocaine from 0%-37% and the percentage of convicted with several drugs ranged from 0%-48%.

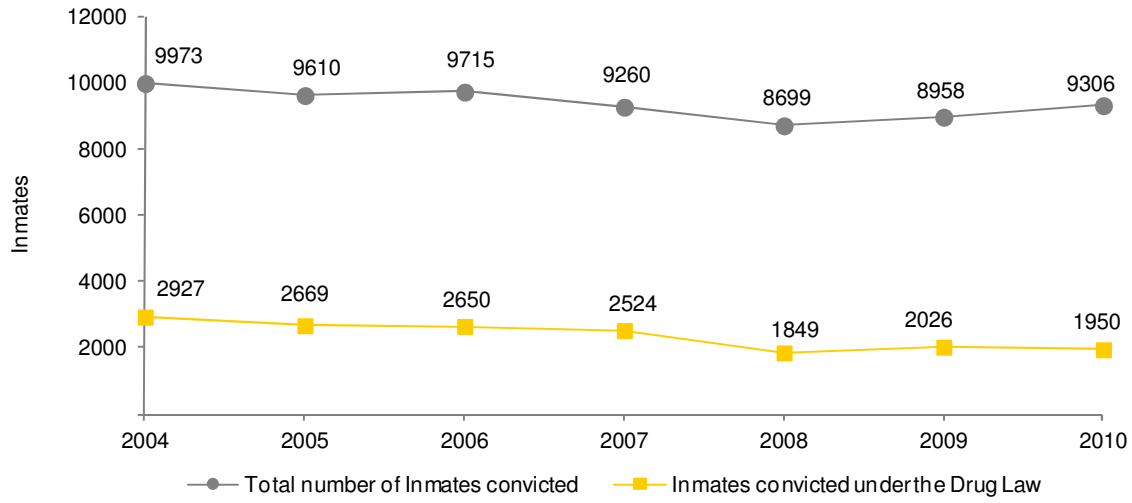
Concerning the individuals involved:

- Most of these convicted individuals were of the male gender (90%);
- Aged mainly 16-24 (36%) and 25-34 (33%), 29 being the mean age.
- They were mostly Portuguese (83%), single (58%) and living with their parents/siblings (31%). Among those who were not Portuguese (17%), the Africans (10%) were predominant with special relevance to Cape Verdeans;
- Near 50% had habilitations equal to or above 3rd cycle;
- Concerning the professional status, 40% were employed and 44% unemployed at the date of their conviction.

Convicted by consumption represent a socio demographic profile more differentiated comparatively to traffickers and traffickers-users, with more individuals from the male gender, young, single, with higher level of education and a higher percentage of employed and students.

Prison data indicates that, on the 31st of December 2010, 1 950 (-4% than in 2009 with 2 026) individuals were in prison for crimes against the Drug Law, representing a decrease of 4% in relation to 2009 and reinforcing the continuous downward trend registered over the decade.

Was also reinforced the trend initiated in 2000, of the decrease weight of these prisoners in the universe of the convicted prisoner population, representing on the 31st of December 2010 near 21% of these population.



Graph 44 – Total number of Inmates convicted and Inmates convicted under the drug Law (IDT, I.P. 2011)

Most of these individuals were convicted for traffic (90%) but also for minor traffic (8%) and for traffic-use (2%), these percentages are in line with previous year's patterns.

In comparison to last year decreases were registered in the number of inmates convicted by minor traffic (-7%), traffic-use (-6%) and traffic (-3%), reinforcing the downward trend registered over the decade, namely at the traffic and traffic-use level.

Most of these convicted individuals were male gender (88%); aged 30-39 (37%), 40-49 (28%) and 21% with less than 30 years; mean age 38.

They were mostly Portuguese (67%), 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 program, *Escola Segura* (Safe School) to improve safety in the neighbourhood 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 program 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, collect information, statistical data and conduct studies to provide the competent entities an objective knowledge about violence, insecurity feelings and the victimisation in the educational community.

PSP promoted more than 4 158 awareness, training, and demonstration sessions in schools, with the participation of near 1 033 921 pupils and 137 949 teachers.

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

GNR data indicated that in 2010, 237 agents (228 in 2009, 211 in 2008 and 198 in 2007), were allocated to Safe School Program. 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 7 666 schools covering a universe of 791 583 students and 9 351 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 use, 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).

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 purpose 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).

The CDT's continue to play in 2010 an important role in the articulation with the CRI's in the context of the preventive responses. There were a significant number of referrals to structures with responses in risk reduction and harm reduction, as well as regular contacts and meetings with the treatment facilities in the various districts, in a relation of proximity and positive articulation.

In order to enhance the intra-ministerial articulation under the Health Ministry, regular referrals to structures within the Ministry, as health centers, hospitals and other integrated services were developed.

Regarding the promotion of inter-ministerial coordination, it is worth noting the important collaboration and proximity with the Prosecutor General's Office, the Civil Governments administrations, the law enforcement agencies, maintaining also a regular contact with partners working in the field of social reintegration. In terms of work/school and social support referral, the collaboration with structures as IEFP, I.P., Social Security employment offices or New Opportunities' Centres was strengthening. Several referrals were also made to the National Commission for Protection of Children and Youth at Risk (CNCJR).

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 2010 and the type of forwarding /reply made within the scope of a provisory suspension of proceedings.

Individuals	N.º
Drug Addict	808
Non- Drug Addict	2 800
Pending cases	3 009
Total	**6.617**

Table 22 – Situation towards the use of the primary individuals without previous record (IDT, I.P. 2011)

Approximately 84% of the cases opened in 2010 were related to the primary individuals. On 3 009 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	106	4	37	147
Second Referral a)	149	2	3	154
Follow-up treatment	318	8	75	401
Total	**573**	**14**	**115**	**702**

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 23 – Provisional Suspension of the processes from Drug Addicts – voluntary treatment (IDT, I.P. 2011)

Of the 808 drug addicts presented to the CDTs, 702 (87%) voluntarily agreed to go to treatment, under a suspension of the process. From those, 147 (21%) had never established contact with treatment facilities, 154 (22%) reinitiate the treatment once had left and 401 (57%) were under treatment at the time when the offence occurred.

Type of answers	N.º
Without motivation diligence	818
Only motivation diligence	1 469
Motivation diligences and referral for support structures	342
Direct referral to support structures	171
Total	**2 800**

Table 24 – Provisional Suspension of the process for primary Non-drug addicts (IDT, I.P. 2011)

From the total number of individuals non-drug addicts (2 800), 1 469 (52%) were subject only to diligence of motivation, 342 (12%) were subject to measures of motivation and referred for support and 171 (6%) were directly referred for support without motivation diligence.

Therefore, it should be noted that 1 982 (71%) of the universe of the non-drug addicts were diagnosed consumers in a problematic situation which could indicate major risk towards an addiction, needing expert support and specific approach. For the remaining 818 (29%), mostly were consumption situations, that after psychosocial evaluation, the technical staff considered not worthy of any intervention as they were not risk situations.

The number of non-drug addicts defendants that were subject to motivation diligence and/or referred to support structures in 2010, registered a decrease in relation to 2009 (-12%) and an increase in relation to 2008 (+104%).

9.5. Drug use and problem drug use in prisons

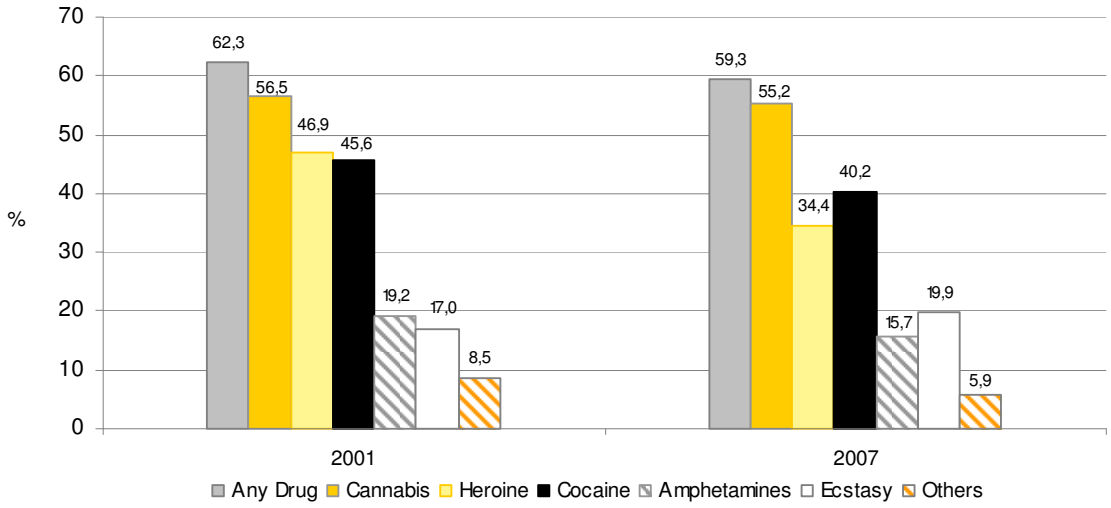
In 2010 there were no new studies on drug use in prisons, so we continue to report here the last study realized. In 2007, the II National Prison Survey on Psychoactive Substances (Torres 2007) was implemented (first study was in 2001). As for the 2001 project, the survey used a random sample of 20% of 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, I.P. 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).

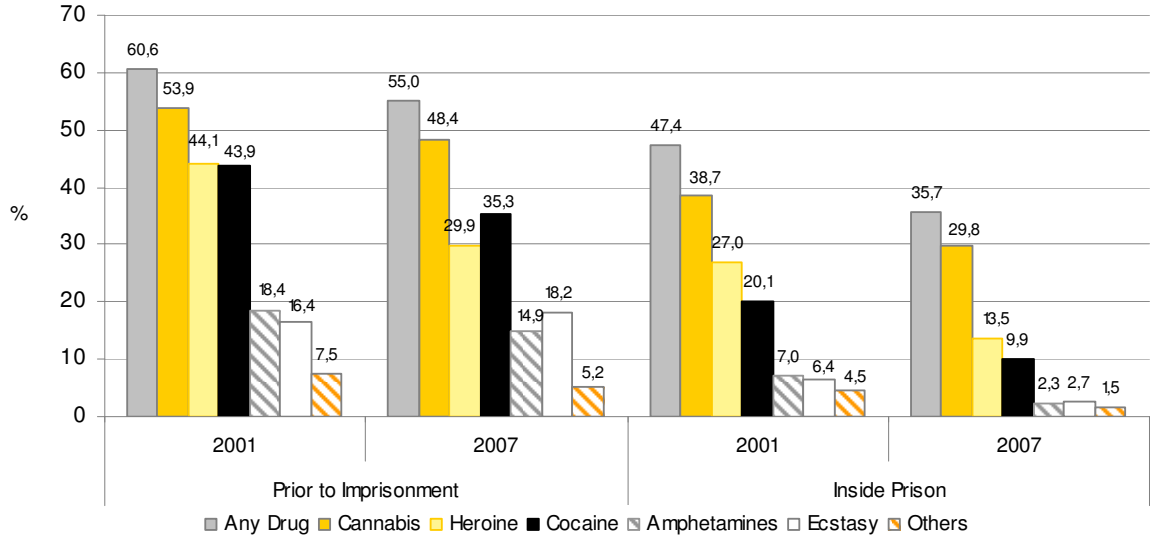
See also chapters 5.4 and 7.3.

Results from national study implemented in 2007 in the prison 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 45 – National Prisoner Population: Lifetime Prevalence, by type of Drug (IDT, I.P. 2009)



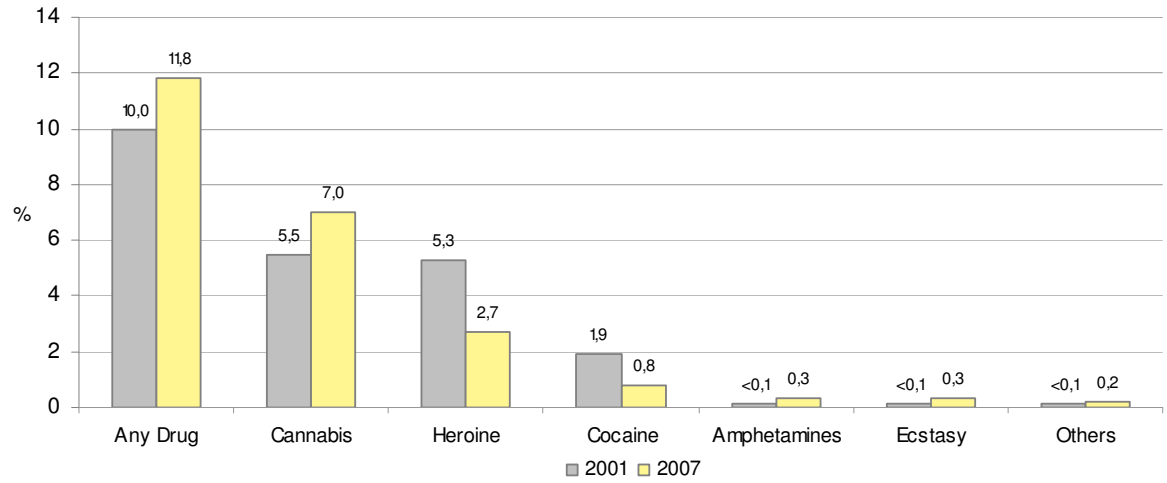
Graph 46 – National Prisoner Population: Prevalence of Use in Prison by type of Drug (IDT, I.P. 2009)

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 47 – 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 prevalence's 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

The referral to treatment is encouraged in the prison setting, as is ensured to all new inmates the continuity of pharmacological treatments initiated in freedom. Since the entry into force of the Guide of Procedures for Health Care in Prison Settings in 2009, certain practices were strengthened, namely the importance of identification and referral of inmates that are close to release to the adequate health structures, to guarantee they won't interrupt treatment.

The General Directorate for Prisons (DGSP) coordinates treatment programs aimed at abstinence (Drug Free Wings and Exit Units) and pharmacological programs (with opioids agonists and antagonists), being important to refer that the number of inmates participating in treatment programs in prisons settings was in December 2010 the highest of the decade: 1385. From those, 1102 were in substitution treatment, 124 in detoxification, 11 in substitution treatment with Subutex, 66 in substitution treatment with Suboxone and finally, 82 in opioid agonist programs.

In November 2010, a working group on Drug Free Wings was created to analyse their model, particularly their working programs and regulations, bearing in mind the changes in the pattern of psychoactive substances use. In December 2010, 5 prisons had Drug Free Wings, with a capacity of 205 beds. During 2010, the Drug Free Wings had 210 users.

In the context of the National Action Plan against Spread of Infectious Diseases in Prison (PANCPDI), several actions were organized to raise information/awareness among the prison population, to promote the acquisition of healthy lifestyles and increase knowledge on the psychoactive substances use and their associated risks.

In 2010, 1897 inmates participated in the 102 activities, focused on health promotion and diseases prevention, as 505 inmates took part in the 38 actions on drug treatment.

Prevention and reduction of drug-related harm

In 2010, although many of the actions of information/awareness on health promotion and drug addiction developed in prison settings also addressed the harm and risk reduction issues, 20 specific actions were promoted, comprising 705 inmates.

Such initiatives covered various topics, including: programs to reduce harm and risk; morbidity and co-morbidity associated with risk behaviours, risks associated with piercings and tattoos, risk behaviour and protective behaviour; the acquisition of healthy lifestyles, among others.

Prevention, Treatment and care of infectious diseases

The implementation of the National action plan against spread of infectious diseases in prison settings (PANCPDI) followed the schedule, undertaking activities on the 5 main areas defined: Health promotion and prevention disease, drug treatment, tuberculosis, infectious diseases, harm reduction. The prisons organised during 2010, 202 interventions, involving 3.847 inmates, in the areas of: healthy behaviours; use of psychoactive substances, polydrug use, new psychoactive substances, use related risks, harm and risks related to the use and abuse of psychoactive substances, etc.

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

Prevention of overdose-risk upon prison release

See chapter 7.3.

9.7. Reintegration of drug users after release from prison

In the area of education and training several activities were continued, promoted by partners, always with the aim of creating conditions for increasing skills and educational qualifications in the inmates.

In the academic year of 2010, 2 170 inmates were attending classes, distributed in the following levels:

Education levels	Students
1st cycle and Educational and Vocational Training for Adults	560
2nd cycle and Educational and Vocational Training for Adults	476
3rd cycle and Educational and Vocational Training for Adults	654
Secondary	438
University	42
Total	**2170**

Table 25 - Inmates attending school (IDT, I.P. 2011)

The training in prison setting aims at providing to inmates tools to a better social and professional reintegration, through the acquisition of technical and social skills, for a qualified professional performance and personal/social development. The actions conceived were more flexible and shorter.

The training modalities used in 2010 were the following: education and training courses of double certification for adults; certified training modules and training for inclusion.

The training strategy of DGSP involved also the reinforcement of training activities in partnership with new organizations and the strengthening of others in the development and implementation of the training interventions. In 2010, 2 086 inmates participated in professional training activities.

In the area of work/professional activity, DGSP tried to reinforce the network cooperation with organizations outside prisons, seeking to increase the employment rate among inmates, to create conditions for an improved professional training and social/professional reintegration. Their occupation in the prison setting was as described above:

Prisons	1st Semester	2nd semester
Central	3.177	3.032
Specific	497	550
Regional	997	1017
Total	**4.671**	**4.599**

Table 26 - Work activities in prison settings (IDT, I.P. 2011)

In June 2010, was signed the Commitment of Collaboration involving the DGSP (Viana do Castelo Prison) and the Regional Delegation of IDT, I.P. (Integrated Responses Centre of Viana do Castelo) which aims to provide health and psychosocial care in treatment and reintegration, by specialized Treatment and Reintegration Teams, including therapeutic support, medical and psychosocial support to drug addicts in the prisons of Viana do Castelo.

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

In 2010, increases were verified in several indicators on the drug markets area, many of them registered the highest figures of the decade.

Once again it was confirmed the trend through the decade of cannabis predominance and the increased visibility of cocaine in these contexts. On the other hand, after the continuous decrease of the visibility of heroin in the first half of the decade, there is a tendency to stabilize in the second half, with a greater visibility of heroin in the last two years, in some indicators.

For the nine consecutive year, hashish was the substance involved in a higher number of seizures (3 063), reinforcing the trend initiated in 2005, and once more the number of cocaine seizures (1 599) was superior to heroin (1 462). In the past two years were registered the highest numbers since 2002 of heroin seizures, the highest numbers of seizures of the decade of cocaine, hashish and liamba, confirming the increasing trend for almost all drugs in the last six years.

Concerning the quantities seized in 2010, increases were registered, in comparison to last year, on ecstasy, hashish and cocaine. On the other hand, there were decreases in the seized quantities of heroin and liamba. Despite the annual fluctuations it's worth mention the increases of seized quantities of cocaine, hashish and liamba in the second half of the decade, in comparison to the first half, contrarily to the decreases verified in the case of heroin and ecstasy.

Concerning countries of origin of the seized drugs in 2010, stood out in the ambit of international trafficking: the Netherlands for heroin and ecstasy, Brazil, Venezuela and Colombia in the case of cocaine and once more Morocco in the case of hashish. A large number of seizures had as final destination other countries, especially European – with particular emphasis to Spain, maintaining the trend of Portugal to be a transit point on international trafficking, particularly for cocaine.

Regarding the prices[56] of drugs, at trafficker and trafficker-user level, they didn't registered relevant changes in relation to 2009, with slight decreases in the case of heroin and cocaine and a slight increase in hashish. Despite the annual variations, since 2002 there has been a downward trend in the average prices of heroin and ecstasy, and a upward trend of liamba and cocaine, and stability in the average price of hashish (although with slightly higher values in the second half of the decade).

10.2. Availability and supply

Regarding the **main origin** of the seized drugs in Portugal in 2010, stood out in the ambit of international trafficking: the Netherlands for heroin and ecstasy, Brazil, Venezuela and Colombia in the case of cocaine and once more Morocco in the case of hashish not knowing the source of almost all the liamba seized. The majority of the seized quantities of hashish and ecstasy with information on the routes was destined to the external market, to be noted that a large number of seizures at the level of several substances seized had as final destination other countries, especially European – with particular emphasis to Spain,

[56] Since 2002 that prices refers only to traffic and traffic-use market. Prices are reported by traffickers and traffickers-users (there is no information at retail/street level), for more info see Standard Table 16 – Price at Street Level of some Illicit Substances.

maintaining the trend of Portugal to be 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”.

In 2010, drug trafficking in Portugal didn’t registered significant changes in trends or prevalence’s.

Aiming to strengthen the surveillance activities, control and inspection of the external border of the European Union in order to eliminate the possibilities of introducing drugs into the national territory and in Europe, in the ambit of the Criminal Police (PJ) participation in the Maritime Analysis and Operation Centre – Narcotics (MAOC-N), was proceeded in 2010, the treatment and monitoring of numerous vessels on suspicion of being used for transcontinental traffic. This year, were made 285 control operations, collection of information, monitoring and surveillance of passengers suspected of involvement in drug trafficking. It should be noted, the close collaboration between PJ, the Coastal Management Unit of the GNR, General Directorate of Costums and Special Taxes on Consultation (DGAIEC) and Emigration Services (SEF). Trough the Coordination and Criminal Investigation Units (UCICs) and bilaterally have been developed actions aimed at prevention and repression of drug and psychotropic substances and their precursors trafficking phenomena. These efforts are permanently linked with MAOC-N.

Contributing to intensify the actions of information collection, investigation and repression of the activities of criminal structures that use the national territory as a support point with the intention to introduce drugs in other European Union Member States and third countries, in 2010, 34 organized groups operating under the international trafficking were identified and investigated.

In order to prevent and fight against money laundering generated by the production and trafficking of illicit drugs, psychotropic substances and precursors, the investigations trafficking of narcotic drugs and psychotropic substances and their precursors are in PJ, always complemented by a prior research and evaluation of any assets belonging to suspects. The Financial Information Unit (UIF) is the central national authority for the collection, analysis and dissemination of information on money laundering and terrorism[57] financing and it’s also responsible for the processing of information relating to tax infractions, which is an atypical competence among counterparts and a very important tool for their purposes.

At the level of international cooperation on the exchange of information with counterparts, 127 requests were received and 94 were sent. In relation to suspicion communications, the UIF received in 2010, near 10 623 reported operations beyond a certain amount that the law requires as indicators of risk analysis. From the analysis of the communications received, the UIF has proposed the competent judicial authority, the suspension of the overall amount of more than 20 million Euros. These values refer to the total number of cases, independently of previous crime. The UIF receives information from Customs with a view to detect and control cash inflows and outflows, in particular, from/and with risk destinations outside the EU, having received in the reference year, near 2 150 records from Customs related to this. Note that there is an ongoing cooperation between the operational units of PJ, who investigate the crime of drugs trafficking and their precursors and the UIF.

In 2010, PJ intervention has affected important criminal structures, responsible for the introduction of hashish and cocaine in Europe and for supplying at national and regional level

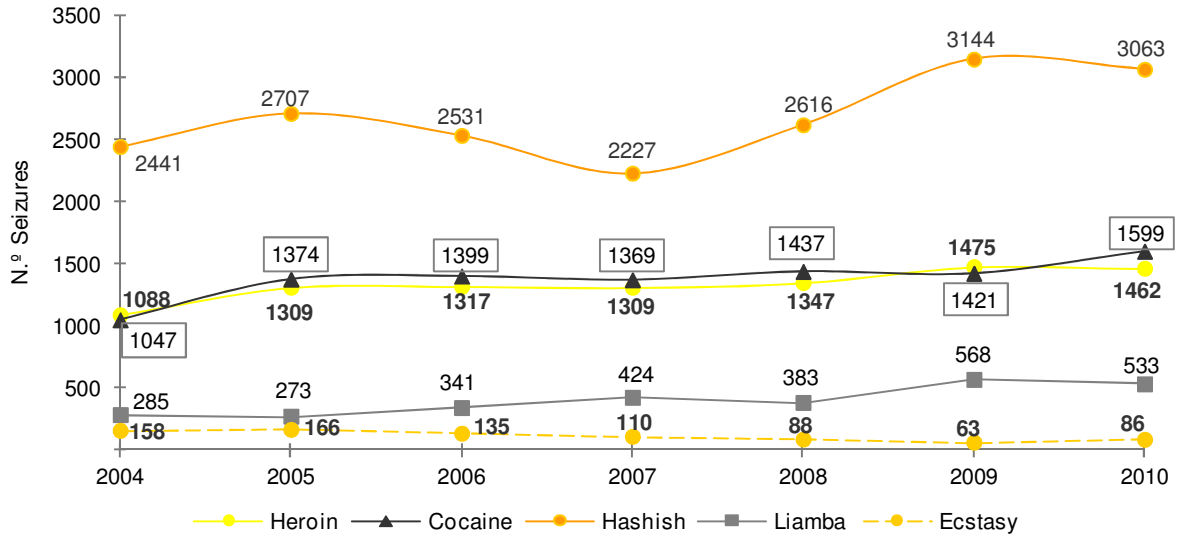
[57] Law nº 25/2008, from 5th June - Establishes measures of preventive and repressive nature of fight against laundering benefits of illicit origin and terrorism financing, transposing into internal juridical law Directives Nº 2005/60/EC of the European Parliament and the Council of 26 October and 2006/70/EC of the Commission.

several types of drugs, namely cocaine, heroin and hashish. In cooperation with other counterparts, actively contributed to the dismantling of criminal organizations in other countries.

10.3. Seizures

Quantities and number of drug seizures (for more information see ST 13)

In terms of **number of drug seizures** and by the ninth consecutive year hashish[58] was the main substance involved in seizures (3 063) and reinforcing the trend initiated in 2005, once more the number of cocaine seizures (1 599) was superior to heroin (1 462). Followed with much lower numbers the seizures of liamba (533) and ecstasy (86).



Graph 48 – Number of Seizures, by Year and Type of Drug (IDT, I.P. 2011)

In comparison to 2009, there were increases in the number of seizures of cocaine (+13%) and ecstasy (+37%). In the case of heroin a stability was verified and small decreases in the number of hashish (-3%) and liamba (-6%) seizures. In the past two years were registered the highest numbers since 2002 of heroin seizures, the highest numbers of seizures of the decade of cocaine, hashish and liamba, confirming the increasing trend for almost all drugs in the last six years.

In addition to these seizures, in 2010 were confiscated several other substances but there is no record of any new substance.

Concerning the **quantity of seized drugs** in 2010, were registered increases in comparison to last year at ecstasy, hashish and cocaine level, on the other hand, decreases in the seized quantities of heroin (lowest value of the decade) and liamba. Despite the annual fluctuations it's worth mention the increases of seized quantities of cocaine, hashish and liamba in the second half of the decade (2006-2010) in comparison to the first half (2001-2005) contrarily to the decreases verified in the case of heroin and ecstasy.

[58] Data relative to hashish include resin, and cannabis pollen.

Type of Drug \ Year	2004	2005	2006	2007	2008	2009	2010
Grammes							
Heroin	99 047	182 266	144 295	61 669	68 090	128 073	46 947
Cocaine	7 422 752	18 083 231	34 477 476	7 362 975	4 877 905	2 697 083	3 244 350
Hashish a)	28 995 141	28 395 514	8 503 664	44 623 450	61 262 140	22 965 577	34 773 666
Liamba	118 929	121 394	151 915	133 300	36 634	5 044 569	40 079
Pills							
Ecstasy b)	111 833	213 788	133 290	70 591	70 309	8 987	48 370

a) Hashish quantities include resin and cannabis pollen
b) Ground and dust Ecstasy seized quantities were converted in pills, according to the Administrative Rule 94/96 of 26 of March

Table 27 – Drug seized, by year and type of drug 2004-2010 (IDT, I.P. 2011)

Seizures involving **significant quantities**[59] in 2010 represented 4% of the total number of heroin seizures, 4% of hashish, 2% of liamba, 12% of ecstasy and 19% of cocaine seizures. However, in terms of quantities seized, those seizures involving significant amounts represented 46% of liamba, great majority of ecstasy and heroin (95% of ecstasy and 79/ of heroin) and most of the hashish and cocaine seized in the country in 2010 (up to 99%).

At regional level, the districts of Lisbon and Porto were the ones with the higher number of seizures at the level of several substances, although the districts of Lisbon, Setúbal, Faro and Coimbra that registered the largest quantities seized of heroin, cocaine, hashish and liamba.

10.4. Price/Purity

The average price[60] of drugs in 2010 didn't registered relevant changes in relation to 2009, with slight decreases in the case of heroin and cocaine and a slight increase in the case of hashish.

Type of Drug \ Year	2004	2005	2006	2007	2008	2009	2010
Grammes							
Heroin	46,54 €	41,01 €	42,17 €	37,57 €	33,25 €	36,62 €	35,32 €
Cocaine	42,23 €	45,11 €	45,73 €	44,65 €	45,56 €	47,44 €	46,00 €
Hashish	2,31 €	2,13 €	2,18 €	3,45 €	3,28 €	2,99 €	3,59 €
Liamba	2,66 €	3,67 €	2,15 €	4,70 €	5,09 €	6,22 €	_ a)
Pills							
Ecstasy	4,50 €	3,56 €	3,18 €	3,20 €	2,80 €	_ a)	3,68 €

*** Prices posterior to 2001 refers only to trafficking and trafficking-use market**

a) No sufficient data to proceed with the calculation of average price

Table 28 – Average* price of drugs, by year and type of drug 2004-2010 (IDT, I.P. 2011)

[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 March).
[60] Since 2002 prices refer only to traffic and traffic-use market. Prices are reported by traffickers and traffickers-users (there is no information at retail/street level). This information is obtained through the individuals arrested in the context of this seizures, that mention the price they paid by the product seized.

Despite the annual variations, since 2002 there has been a downward trend in the average prices of heroin and ecstasy, and a upward trend of liamba and cocaine, and stability in the average price of hashish (although with slightly higher values in the second half of the decade).

In 2010, concerning **purity**, and according to the data reported in Standard Table 14 - the number of lots submitted to quantitative analysis has increased significantly. The "purity" of cannabis and cocaine remained similar to previous years. However, samples of heroin showed slightly lower values compared to previous years.

Seizures of "Ecstasy", pills as shown in Table 15, have been decreasing over the years.

Part B

Selected Issues

11. Drug-related health policies and services in prison

Introduction

Drug use in prisons has always been a major concern for Portuguese policymakers, the indicators on the judicial system and, in particular, on the prison system showed in the nineties the existence of a high number of imprisoned drug users, with the additional problems of high rates of infectious diseases, especially hepatitis, AIDS and tuberculosis. In 1996, drug users were already one of the Government's priority, as stated in the Action Programme for the Prison System (Resolution of the Council of Ministers, No.62/96 of 29 April), through a National Health Plan for Prison Establishments.

In May 1999, the first Portuguese Drug Strategy reinforced the importance of treatment and reintegration in prison system and inscribed the principle of equivalence of care "The treatment and reintegration of imprisoned drug addicts is an imperative for this national drug strategy, expressed in the strategic option of ensuring that all imprisoned drug addicts have access to treatment resources that are identical to those available outside the prison environment, an option that is inspired on the humanistic principle that guides this strategy. It is considered a priority to use prison sentences to promote treatment, with the possibility of access any therapeutic form considered appropriate. It is therefore important to guarantee the continuity and extension of prison programmes, namely withdrawal with psychopharmacological support, treatment with antagonists, substitution therapeutics and socio-therapeutic programs."

Following the Drug Strategy, the Ministry of Justice and the Presidency of the Council of Ministers launched, in 26 June 1999 through the Joint Order 596/99, the Special Program for drug prevention in prisons (PEPTEP), which reinforced the prevention and treatment programs already existing and adopted new ones, including concrete measures for treatment, harm reduction and social reintegration, to be undertaken on a 4 year period and with a budget allocated. The main objectives of this program were:

- To involve all sectors of the prison health system in drug abuse treatment;
- To ensure outpatient and inpatient detoxification services;
- To ensure access to substitution programmes (methadone and LAAM) and antagonist programmes for all drug users who have clinical recommendations;
- To conclude the network of drug free treatments units;
- To ensure treatment programmes are not interrupted when individuals arrive to prison or leave it;
- To promote the possibility to receive treatment outside prisons, namely in Therapeutic Communities, in certain cases.

The Law 109/99 of 3rd August defines in its article 1, that the prison must guarantee medical assistance to prisoners, namely by the creation of structures in each prison to deal with medical care, treatment and recovery of drug users.

Still in 1999, the Law 170/99 of 18th September adopted measures against the spread of infectious diseases in prisons, reaffirmed in articles 1 and 2 the principle that maintain the condition of beneficiaries of the Public Health National system and that screen tests are available and free in all prison facilities.

In 2006, was adopted the National Action Plan for the Fight Against Infectious Diseases in the Prison Setting (PANCPDI)[61] elaborated by a working group involving representatives of the prison services, the National Coordination against the HIV/AIDS Infection, representatives of IDT and other stakeholders. Structured in 5 main areas: health promotion and prevention disease; drug treatment; tuberculosis; infectious diseases; harm reduction,

[61] http://www.idt.pt/PT/IDT/RelatoriosPlanos/Documents/2008/prisoes_infecciosaspancpdiemp.pdf

the Plan proposes recommendations to be implement in the prison settings in 3 areas of intervention: Prevention, Treatment and Harm Reduction – Syringe Exchange Programme. In this context, was established the legal framework for the Syringe Exchange Programme (PETS) through the Law 3/2007 of 16th January and Order 22 144/2007 of the Ministry of Justice and Health.

The National Plan Against Drug and Drug Addictions 2005-2012 referred the need to promote the articulation/intervention in prison setting with the relevant stakeholders, accurately defining the limits of intervention, defining programs based on pragmatism and scientific evidence, to provide the inmate population all means necessary for containment of infectious diseases and co morbidity in order to improve its health indicators. Also it was considered indispensable that all treatment programs were available in prison establishments, as stated in the National Drug Strategy of 1999.

Later on, the Action Plan Against Drugs and Drug Addictions – Horizonte 2008 included several actions in the areas of prevention, treatment and harm reduction to be developed in the period 2006-2008 as the promotion of specific training targeting prison population and staff, the increase of programs of selective and indicated prevention in prison settings, the promotion of campaigns on health risks related to drug use, the implementation of therapeutic programs of opioids substitution, the free distribution of condoms, among others. The evaluation of this Action Plan carried out in 2009 concluded that most of these activities were developed as foreseen.

The current Action Plan against Drugs and Drug Addictions 2009-2012 sets as a priority to give continuity to actions of risk and harm reduction in the context of the intervention in prison establishment, namely on what refers to the program for syringe exchange. In the objective 48 – Intervention in prison setting, the following activities are foreseen:

48.1 Promotion and reinforcing the articulation with prison establishments to implement the needle exchange program;

48.2 Continuation and extension to other prisons of information/awareness campaigns risk and harm reduction;

48.3 Reinforce the articulation between this intervention and those held by the promoters of projects of harm reduction, authorized by IDT, I.P.;

48.4 Elaboration of information materials on risk reduction appropriate to this intervention;

48.5 Increased screening of infectious diseases in prison establishments.

These actions are currently ongoing in several prison establishments and their impact will be analysed on the context of the evaluation of the strategic cycle 2009-2012.

In 2011, the General Regulation of the Prisons reaffirms the competences of the General Directorate for Prisons (DGSP), ensuring in article 10 that the inmate must be immediately treated if in pain or in withdraw for psychoactive substances or alcohol.

11.1 Prison systems and prison population: contextual information

The Portuguese penal system is coordinated by the DGSP, a body of the Minister of Justice, responsible for the supervision and management of the penal system.

As stated in Article 1 of Decree-Law nº 125/2007, 27th April, which reorganized the mission and the structure created in 1993, “The DGSP has the duty to ensure the management of the prison system, in particular the safety and enforcement of penalties and measures involving the deprivation of liberty, ensuring life conditions compatible with human dignity and contributing to the maintenance of public order and social peace, through the maintenance of

safety of the community and creation of conditions of social rehabilitation of prisoners by allowing them to lead their lives in a socially responsible manner".

Article 2 described some of the competences of DGSP, as to "ensure execution of programs, activities and measures in the areas of health care delivery, education, vocational training, labour, socio-cultural initiatives and sport, as well as other training programs and interaction with the community, targeting the social reintegration of the prisoner".

Penal establishments

In 2011, Portuguese penal system includes 4 judicial districts – Porto, Coimbra, Lisboa and Évora, which comprise 49 penal establishments, of different typology: 17 are central, 27 regional, 4 specials and 1 of support at Horta (Açores). The total capacity of the penal institutions is 11 921.

In 30th December 2010, the total number of staff working in the prison system was 5 770 persons, amongst them 552 were professionals of different areas and 4 405 guards. Prison guards are working mainly in the central (2 510) and regional prisons (1 231).

Socio-demographic characteristics of the prison population

In accordance with the DGSP data, published at www.dgsp.mj.pt referring to 2010, the prison population was composed in 31 December 2010 by 11 163 persons (including sentenced and on remand), which indicate a regular increase since 2009. There is also a slight increase in 2010, in the 1st January 11 099 persons and in the 30th December 11 163 persons.

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
13.112	13.918	13.918	13.152	12.889	12.636	11.587	10.807	11.099	11.613

Table 29 – Evolution of the prison population 2001-2010 (DGSP2010)

Note: The 2010 data include the non-convicted placed in psychiatric institutions.

This table indicates the evolution of the prison population in Portugal during the last decade.

	01/01/2010			31/12/2010		
	Total	Men	Women	**Total**	Men	Women
National prisons	10 942	10 345	597	11 459	10 847	612
Central	7 392	7 383	9	7 668	7 658	10
Special	903	377	526	868	325	543
Regional	2 614	2 552	62	2 908	2 849	59
Prison of support	33	33		15	15	
Psychatric institutions non penintenciary	157	141	16	154	139	15
Total	**10 942**	10 345	597	**11 613**	10 986	627

Table 30 – Evolution of the prison population in 2010, by type of prison and breakdown by gender (DGSP, 2010)

The above table indicates that the prison population is mainly composed by male and that the 17 central prisons ensure in 2010 most cases of deprivation of liberty. This table includes also the legal status of the prisoners.

Legal status	Men	Women	Total
On remand	2 131	176	2 307
Sentenced	8 855	451	9 306
Total	10 986	627	11 613

Table 31 – Legal status of prison population, by gender (DGSP, 2010)

The table 31 indicates that among the prisoners, there is still an important part of pre-trial cases, as the Portuguese penal legislation allows for the use of preventive measure of deprivation of liberty in certain cases.

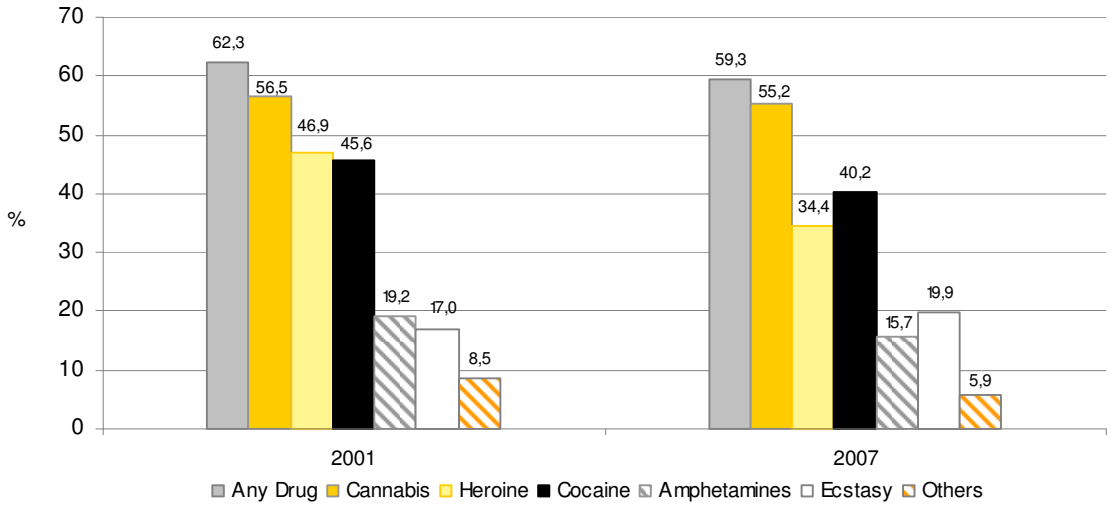
	Men	Women	Total	%
Crimes against individuals (Homicide, assault and battery, rape and others)	2 416	72	2 488	26.7
Crimes against the society	684	42	726	7.8
Propriety related crimes (Robbery, other types of theft, others)	2 505	68	2 573	27.6
Drug offences (Traffic, traffic-use and others)	1 710	240	1 950	20.9
Other crimes (Road crimes and forgery)	1 540	29	1 569	16.8
Total	**8 855**	**451**	**9 306**	**+/- 100%**

Table 32 – Sentenced by main offence (DGSP, 2010)

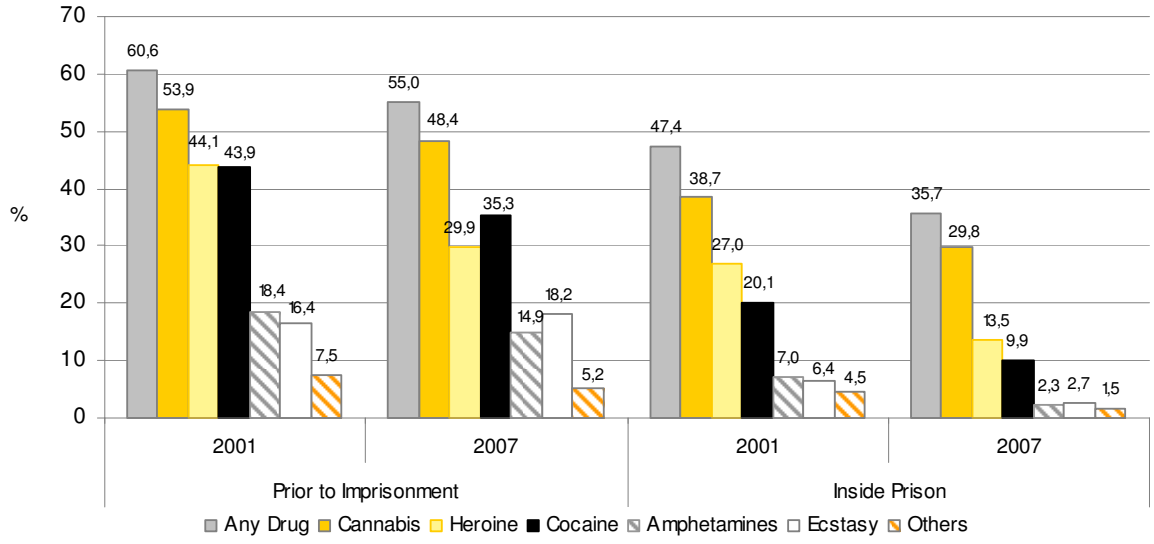
The II National Prison Survey on Psychoactive Substances (Torres2007) realized in 2007 and using the same methodology of the 2001 survey, based on anonymous questionnaires collected in 44 prisons with interviews to Directors and staff, allows understanding the evolution of the drug use among the prison population. Cannabis, cocaine and heroin were the substances with higher prevalence of use in this population, respectively 29,8%, 9,9% and 13,5%, as in the prior imprisonment context (respectively 48.4%, 35.3%, and 29.9%). 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. Also worth noting 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)

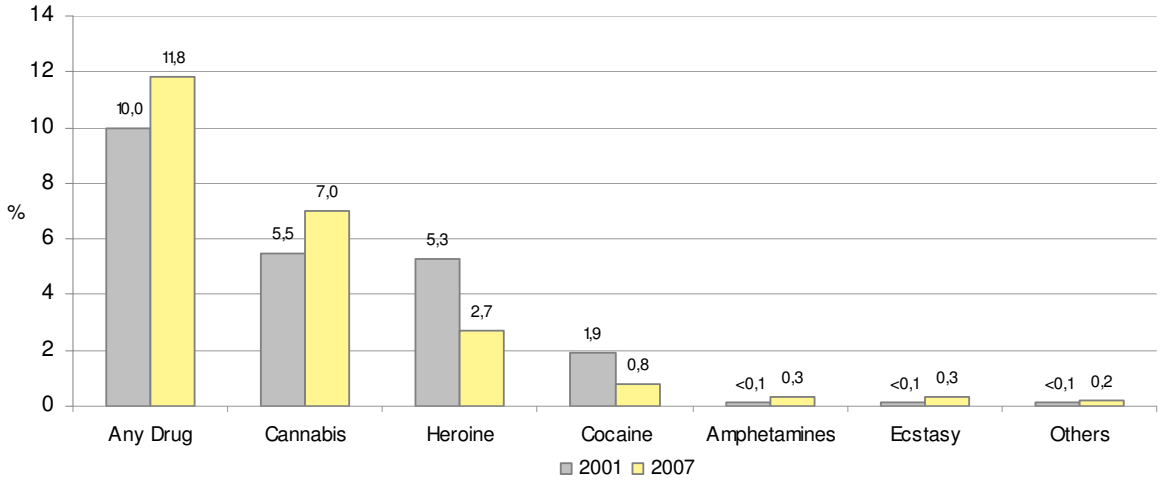


Graph 50 – National Prisoner Population: Prevalence of Use in Prison by type of Drug (IDT, I.P. 2009)

Between 2001 and 2007, a generalised decrease of the prevalence's of use between the 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 – it is worth noting 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 prevalence's of 2001 to 2007, the results indicate:

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

Infectious diseases

	HIV	Hep. B	Hep. C	HIV + Hep.B	HIV + Hep. C	HIV+B+C	B+C	Total
Men	343	167	1367	21	304	30	51	2283
Women	33	7	85	0	15	0	1	141
Total	**376**	**174**	**1452**	**21**	**319**	**30**	**52**	**2424**

Table 33 – Number of prisoners, by gender, positives for HIV, Hepatitis B and C in 31st December 2010 (DGSP2010)

Prisoners HIV positives	376
Prisoners HIV and hepatitis positive	370
Hepatitis B positive	174
Hepatitis C positive	1452
Hepatitis B+C positive	52
Hepatitis positive	1678
Prisoners with infectious diseases	2424

Table 34 – Total of prisoners positives for infectious diseases in 31st December 2010 (DGSP2010)

Note: total prison population in 31st December 2010: 11480

These two tables show that infectious diseases, and in particular hepatitis, are one of the most relevant health problems in prison establishments as the prevalence of HIV and hepatitis C are usually higher of those of the general population. This may be explained by the fact that the prisoners are mostly from specific social fringes, traditionally more exposed to that type of infection, and in which the risk of marginal and delinquent behaviour are considerable.

11.2 Organization of health policies and service delivery

Prison health

Access to health care in terms of quality and continuity is assured to the prison population in identical conditions as for the general population as established by the Law 115/2009 of 12th October and Decree-Law 51/2011 of 11th April. Therefore the referral to treatment is encouraged in the prison setting, as is ensured to all new prisoners the continuity of all pharmacological treatments initiated in freedom.

The provision of health care in prisons is ensured by professionals of DGSP, on the context of a Public Tender for acquisition of diverse health services and in collaboration with the structures of the National Health System (NHS), including IDT, I.P., under paragraph 2 of Article 32 of Law No. 115/2009 of 12 October, which states that the prisoner is, for all purposes, user of the NHS. In 2010, to implement this principle was created a national register of the users of the NHS within the database of the DGSP and 80 % of the prisoners were registered.

DGSP and IDT, I.P reinforced their mechanisms of regular collaboration by firming several Commitments of Collaboration, allowing for the provision of activities in the area of treatment and harm reduction activities in most prisons of the country. For instance, in April 2010, 5 Protocols were signed between IDT,I.P. and DGSP allowing for providing health care and treatment, including psycho-therapeutic and pharmacological support by the centers of integrated responses of Ribatejo and Península de Setúbal to drug and alcohol users of the prisons of Alcoentre, Vale dos Judeus, Torres Novas, Setúbal and Montijo.

Drug-related health policies targeting prisoners

Realised in 2006 previous to the elaboration of the PANCPDI, an assessment of the situation on infectious diseases and drug use in 10 Portuguese prisons pointed out that around 40% of the prisoners were active users (amongst them 38.8% use heroin and/or cocaine). Also the main needs of the prison population in terms of specific health care were on infectious diseases, mental health and drug use areas. The assessment referred also the pre-existing conditions for preventive measures as low availability of condoms, distribution of disinfectant,

low availability of hepatitis B vaccination, clinical testing of incoming prisoners for HIV, hepatitis and tuberculosis, at least one yearly testing for tuberculosis, ad-hoc informative campaigns on drug use and the spread of infectious diseases. Therefore it was recommended as urgent an increase of availability of condoms and lubricants, an initial clinical assessment of prisoners following a standard protocol, the definition of a health education plan and the implementation of the Syringe Exchange Programme.

Later one, with the purpose of implementing the National Action Plan for the Fight Against the Spread of Infectious Diseases in Prison Setting (PANCPDI), an Inter-ministerial group involving representatives of different institutions - IDT, DGSP, the National Coordination for HIV/AIDS Infection (CNIVS) met to define specific objectives, operational methodology and evaluation of the implementation of the Specific Exchange Programme (PETS) established by Law 3/2007 of 16 January and Order 22 144/2007 of the Ministry of Health and Justice.

The objective of PETS was to decrease infectious diseases incidence, namely HIV/AIDS, Hepatitis B and C, trough diminishing risk behaviors associated to intravenous drug use, sexual intercourse, piercings and tattoos and steroid use in prison settings.

The prisons of Lisbon and Paços de Ferreira were selected to implement the pilot project during 2 years, in a process which involved the prison administration, the health care services and prison staff. The conditions for setting it up included an initial assessment of both prisons, via questionnaires to prisoners and a specific training program for prison staff and prisoners. The prison establishments, in the period in appraise, made 231 interventions in the areas included in the Plan, namely of health promotion and diseases prevention. At Lisbon prison, 245 prison guards (among 335) and 125 prisoners (among 699) participated in training activities; in Paços de Ferreira, 156 prison staff (among 277), and 150 prisoners (among 946) participated.

The clinical services of Paços de Ferreira and the health centre of Lisbon were visited by near 200 prisoners who received information/counseling on health, from whom 10% were referred to treatment programs. An awareness campaign for safe behaviors “(Ex) Change your Life” was launched in both establishments.

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 program for needle exchange was guarantee and the distribution of injecting material organized by the clinical services of the Paços de Ferreira prison and health centre of Lisbon’s prison.

The PETS was launched by the health care units of the prisons (no prison guards involved), being the volunteer injecting drug prisoners the target group. Prisoners with serious mental pathology and prisoners under special security or disciplinary measures were excluded. An initial interview was made to the volunteer, which provided him with information and counseling on the different treatment programs available in the prison; an assessment of the admission criteria; information on the rules of the program; information on confidentiality; information on risk behaviors and delivery of the Harm Reduction Manual. The volunteer after giving specific information on his pattern of use received a kit composed of 2 syringes, filters, disinfecting towel, clean cup, citric acid, bi-distilled water, and condom. The rules to use the kit were quite simple: the kit should be kept inside its box; when the cell is inspected, the inmate should refer that he is in possession of the kit; the kit should be kept in accordance with the Prison regulation for the PETS; the kit should not be taken outside the prisons premises and only be taken outside the cell when to be exchanged by the Health care unit.

Concerning the questionnaires used to assess the attitudes and opinions of prisoners, health and re-education experts and prison guards on interventions in risk behaviors and needle exchange programmes, 2 different phases were considered:

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 program 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 by prisoners or staff, leading to an inmate drug user injecting, not to join the program of syringe exchange.

Two months later, on the second submission of the opinion questionnaires to staff and prisoners, 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 in Paços de Ferreira and 320 in Lisbon. After 12 months, took place a new submission of questionnaires (T12) to 699 persons, 379 form Paços de Ferreira and 320 from Lisbon.

The data analysis was carried out by the Faculty of Medicine of the Porto University and it is interesting to see how the considerations towards the project pilot changed during the implementation. In the first phase, prisoners indicated to have reduced knowledge of the project, objectives and functioning, but more than 95% of the prison guards were informed of the project and more then 2/3 considered that prisoners would not follow the rules of functioning. Most prison guards foresee the discrimination of prisoners participating in PETS, the increase of conflicts between prisoners and prison staff and that the security conditions of the prison would be worst with the PETS. Finally, the outcome evaluation indicated results in behaviors, attitudes and perceptions of all prisoners and attitudes and perceptions of the prison staff after 6 and 12 months and results in the programme target group in the beginning of the programme and after 12 months. On the questionnaires T9 and T12, when raised the question why an inmate drug injector wouldn't participate in the program, most prisoners pointed out fear of being discriminated, to fear consequences on their penal situation, the non respect of confidentiality, not wanting to assume to be a drug injector, to be afraid of being identified as drug user and finally to be afraid of being identified as participant in PETS. So the reasons to not participate in the program rely on the characteristics of the prison population, resistant to changes and fearing stigmatization, not available to participate in the internal dynamic of the prison establishment, more then on the organization and rules of the PETS.

Even if no syringes were exchanged in neither of the prisons during the 12 months of the PETS, the pilot program was evaluated as an important step on the health education, associating resources for health promotion, prevention of drug use, risk prevention and drug treatment. Also, one of the main conclusions of the DGSP evaluation of PANCPDI realised in 2009 was the importance of giving continuity to the multidisciplinary and inter-services working group, involving representatives of IDT,I.P. (Health Ministry), DGSP (Ministry of Justice) and in charge of presenting proposals to implement in more prison establishments these recommendations.

In 2010, also in the context of PANCPDI and of the 5 intervention areas (health promotion and prevention disease; drug treatment; tuberculosis; infectious diseases; harm reduction), a general reflexion was undertaken on how to better intervene in the prison setting, taking into account the swift of the patterns of drug use. Measures as the implementation of regular screening for tuberculosis in all prisons, the setting up of a working group to restructure the drug free wings, the promotion of a specific health program and the promotion of information/awareness actions in all prisons were developed. 3 847 prisoners for all over the country participated in 202 actions, of those 505 prisoners assisted at 38 drug treatment actions and 705 to 20 harm reduction activities.

In Portugal, the therapeutic strategies used towards prisoners' drug users were for a long period abstinence oriented, seeking the abandon of drug use. This type of intervention called *Drug Free Program* (Programa Livre de Drogas), obliged the inmate to accept on a voluntary bases only one treatment program, run in independent spaces inside the prison (Drug Free Wings and Exit Units), implemented with the support of multidisciplinary teams and under medical supervision. These units were created to separate imamates users form the rest of the prison population, providing specific conditions of interaction with the medical staff and prison guards, allowing for a better motivation to treatment and to a new way of participating in the prison activities. The duration of these programs varies between 6 to 12 months,

depending on the intensity of the intervention/treatment and required full commitment and specific conditions to participate. Educational and training activities were developed side by side with occupational techniques and therapeutic counseling.

In 2010, 5 prisons had Drug Free Wings, with a capacity of 205 beds and 210 users participated in the program.

Prison establishment	Capacity (beds)	Users
Lisboa – Ala A	70	66
Lisboa.-. Ala G	45	50
Tires	21	26
Leiria	29	28
Porto	20	20
Santa Cruz do Bispo	20	20
Total	**205**	**210**

Table 35 – Movement at the Drug Free Wings in 2010 (DGSP2010)

The Exit Unit is a residential facility created inside the area of the Caldas da Rainha prison to accommodate prisoners that have successfully concluded drug treatment and are in legal conditions to access the Open Regime, being its main objective to consolidate the skills acquired during treatment, mobilizing resources of the community to achieve socio-professional reintegration of the inmate. The experience offered by this facility and the interaction with the free community create a dynamic context, in which socialization and normalization minimizes segregation and marginalization.

Prison establishment	Capacity (beds)	Users
Caldas da Rainha	12	9

Table 36 – Movement at the Exit Unit in 2010 (DGSP2010)

As the prison establishments aim at being a container of drug use to prisoners, it offers a wide range of treatment options, some of them allowing achieving physical withdrawal only with drug prescription in outpatient, with no need for hospitalization in detoxification unit, which is more adequate to serious cases, involving co-morbidity. The PANCDI foresees 4 detoxification units, being 3 in central prisons (capacity of 2 beds each) and 1 in a prison hospital (capacity of up to 5 beds), for an average of 5 to 10 days admission. Each unit requires 24-hour nursing and guidance by a medical doctor or a psychiatrist.

After physical withdrawal and in cases where the patient shows motivation to continue the treatment process, the inmate can be referred to a specific support unit (Unidade de Apoio Especifico), where he can build a day to day confidence and acquire new skills.

The pharmacological programs with agonist or antagonist opioid and medical support are inscribed in the PANCDI and implemented in prison establishments. Conducted in outpatient basis, these programs aim at: giving continuity to the ongoing treatment with agonists or antagonist; provide for clinical counseling and assess the motivation to treatment; daily administration of medication by nursing staff under medical supervision, regular medical

evaluations; psychological support consultations. The program also promotes an interaction of the component with individual counseling and the participation of the inmate in activities in occupational therapy. The duration of treatment depends on patient outcome and is a clinical decision.

These programs are developed in a partnership collaboration involving IDT, I.P. and DGSP. In 6 prison establishments (Lisboa, Paços de Ferreira, Santa Cruz do Bispo, Porto, Tires and Regional Vale de Sousa) the coordination of the programs belongs to the technical team of the prison. In 5 other establishments (Alcoentre, Linhó, Pinheiro da Cruz, Vale dos Judeus and Regional de Ponta Delgada) the methadone prescription is done by the Centre of Integrated Responses (CRI) of the area or by the health structures of the Regional Government, being the antagonist program of the responsibility of the health team of each prison.

In the remaining establishments, the technical coordination is ensured by the CRI of reference.

11.3. Provision of drug-related health services in prison

The inmate entering prison in the beginning of his sentence or following a transfer of another prison is observed by the nursing staff within the 24 hours of acceptance, and all his complaints analysed, including withdrawal syndrome of psychoactive substances or alcohol, in order to ensure the immediate clinical care.

The first medical consultation to the inmate serving a sentence is carried out within 72 hours, during which he receives also counseling and leaflets with information on health promotion and disease prevention.

During the execution of the sentence or measure of deprivation of freedom, the prisoners receive regularly information on specific programs of health promotion and disease prevention implemented in each prison establishment.

Each prison shall prepare and submit for approval by the General-Director a plan for health promotion and disease prevention to be implemented in their settings, with particular emphasis on the areas of reducing risk behaviors, particularly in addiction and substance abuse, infectious diseases, mental health and on the prevention of suicide and deliberate self-injury.

Within the structures and programs of drug treatment, DGSP develops programs aimed at abstinence: 6 drug-free units, 1 output and pharmacological programs: antagonists and agonists in collaboration with IDT, I.P. In December 2010, the number of prisoners participating in treatment programs in prison settings was the highest of the decade: 1 385 prisoners from 48 prison establishments. From those, 1 102 were in substitution treatment, 124 in detoxification, 11 in substitution treatment with Subutex, 66 in substitution treatment with Suboxone and finally 82 in opioid agonist programs.

The performance of screening tests is carried out according to clinical criteria, at the moment of the medical admission or periodically throughout the execution of the sentence or measure involving deprivation of liberty.

As for the area of harm reduction and risk reduction, condoms are distributed in all prisons and information measures are developed to raise awareness throughout the prison population.

Preceding the release of prisoners, the prison clinical services provide information and refer patients to health facilities of the National Health System in which they may continue their clinical follow-up.

Prisoners who attend drug treatment programs available in prisons are obliged to do drug use tests at intervals defined by the technical team.

11.4 Service quality

Quality is assured by the training/updating of the various professional groups working with users towards continuous quality of care. Regularly are developed training sessions for professionals in the prison system in order to enable them to update skills and practices on addictive behaviors, as the training course “Technical intervention in prevention and health care in prison setting”, organized in November and December 2010 for the administration and health professionals of all Portuguese prisons. Also health promotion activities, which include issues related with drug use, risk reduction and harm reduction.

Quality of care in the prison establishment can be monitored by several indicators such as abstinence rate, reduction of risk behaviors and the subsequent reduction of damages, by indices of vocational training, by the research carried out in therapeutic settings inside the prisons, etc…

11.5 Discussion, methodological limitations and information gaps

Due to budgetary constraints, it was not possible to repeat the National Prison Survey on Psychoactive substances realized in 2001 and 2007 which would have allowed for an update of the characterisation of the prison population and drug use situation within the Portuguese prison establishments, so we had to rely on the regular exercise of data collection. Budgetary constraints also limited the research possibilities and reorganization of the Portuguese public administration delayed collaboration mechanisms between Health and Justice Ministries.

It is worth noting that some of the strategic options on treatment and harm reduction, even if adopted in a political consensus and collaboration mode involving several ministries and public bodies, were difficult to implement due to the negative reactions of the target groups or the actors, as it was the case of PETS.

12 Drug users with children (addicted parents and children related issues)

Introduction

The issue of pregnancy in women drug users has been subject of a growing attention and dedication, especially in recent years, both within the study/research scope or implementation of strategies/methodologies of intervention.

In a drug using woman, pregnancy is almost invariably unplanned. Sometimes, their recognition is too late. With some frequency, she goes to the first appointment with a uterine size of 22 to 24 weeks. The chronology of conception is poorly defined, diluted in the precarious perception of their own body and the constraints that dependence requires. Long periods of amenorrhea, characteristic of chronic use of opiates, also contribute to delayed recognition of pregnancy.

The desire and tenderness of being a mother exist, though disturbed and unable to be lived in its fullness, by the conscience that "was not the right time, because of consumption," the anxiety generated by drugs effects on the fetus, the terror of malformations and neonatal withdrawal syndrome.

The economic difficulties or life style, conditioned by consumption obligation, are also factors that limit the maternal performance of these women.

Family relationships are also problematic, in most cases: they live in rupture with relatives, or have little support that put them in second place. It is usually their mother that replaces and sprays in their role as mothers. From expectation to frustration, hardly - or rarely - the addict woman can win her place of Mother.

The effect of drug addiction is felt in terms of the parenting and mental health of children and adolescents, the offspring of drug dependent parents.

In Portugal, although there are no national policies specifically aimed at parents, pregnant women, mothers with children in situations of drug use, it should be noted that global comprehensive analysis references are made to the existence of policies, institutions and regulations, some of constitutional and others of juridical character aiming the protection of vulnerable groups, which fit in parents, pregnant women with children in situations of drug use.

In 2010, all Centre of Integrated Responses (CRI) (47) had implemented a customer service, assessment and screening of children in families with addiction or alcohol related problems and youth at risk or youth users of alcohol or drugs. Four new protocols have been established with different agencies and entities involved in the field of drug addiction and alcohol related problems among young people.

In order to develop and refine technical guidelines or technical regulations for the different types of intervention were updated the Guidelines for Intervention with Children and Youth with risk behaviors within the ambit of dependences and the guidelines for children of people consuming psychoactive substances.

The guidelines for the monitoring of pregnant and postpartum women are in elaboration.

12.1 Size of the problem

12.1.1 Studies or data collection on the prevalence and characteristics of drug using pregnant women and parents

The primary source of data on drug users with children is treatment data. According to 2010 data from the Multidisciplinary Information System (SIM) and that was reported in TDI (for more information sees TDI Standard Table and Chapter 5), national first treatment demand data concerned 6 233 individuals from the outpatient public network centres (79), from this population only 3 120 are drug users:

- Male gender (85%), female gender (15%);
- Mean Age 32, 35% were aged 25-34, 28% were aged 35-44, 24% were aged under 25;
- Using heroin as the main substance (54%);
- Cocaine (12%);
- Data concerning the administration route of the main substance indicate that 93% of these clients refer smoking/inhaling and 7% referred injecting;
- 99% were Portuguese, 64% were single and 54% had not completed compulsory school;
- 27% were employed when the treatment program started but 47.2% were unemployed;
- 43% lived with their parents and siblings.

From the 3120 clients, 457 were woman and from those:

- 4.81% were pregnant
- 45% of them already had children/s;
- 64% had as main drug heroin, 4.5% cocaine, 4.5% methadone, 9% cannabis and 18% was unknown;
- 59% have as main route of administration smoke/inhale, 13.7% inject and 27.3% not known;
- 4.5% live alone, 36.4% lives with partner, 18.2% live with parents, 27.3% lives with children, 9% live in Institutions, 4.5% not known;
- 40.9% finished mandatory school, 40.9% didn't finished mandatory school, 4.5% finished secondary school and 13.7% not known/missing;
- 13.6% have regular employment, 72.8% are unemployed, 4.5% student, 9% not known.

No reliable data is available on drug users who have children but are not in drug treatment

"Psychological adjustment to pregnancy in women drug users" – (Cotralha2007)

The issue of pregnancy in women drug users has been subject of a growing attention and dedication, especially in recent years, both within the study/research scope or implementation of strategies/methodologies of intervention.

In a appreciative review carried out by Murta (1999), confined to the Portuguese literature, among the articles of Portuguese authors in the drug addiction field published between 1975 and 1998, 34 are related to the issue of pregnancy in women drug users – from a total of 581

articles consulted and published in 35 Portuguese periodicals, not necessarily specialized in the drug addiction area.

The importance of focus to give pregnant drug addict women is also highlighted by the evidence of epidemiological indicators (beyond the range of bio-psycho-social risks).

In a study of Palminha and Costa (1989) cited by Palminha et al. (1993), carried out jointly at the São Francisco Xavier Hospital and Maternity Dr. Alfredo da Costa (MAC), it was founded a relation of one drug addicted mother to 250 mothers. This verification seems to mean certain uniformity in the distribution of the number of births of mothers' drug users between these two institutions, between both there is a constant relation (one to three), on the number of births of mothers drug use or in the total number of occurred births.

Palminha et al. (1993), points that have been made 63 childbirths of drug use mothers between June 1987 and December 1991, in a total of 13 725 births donned in São Francisco Xavier Hospital – resulting in a relationship of one mother drug user to 127 common births.

In the early '90s, due to the growing trend in the number of mothers drug use, births between the first and last year of the four-year period studied, Palminha et al. (1993) warned of the fact that is possible that in the future we find a numerical progression of this statistical relation, but also (and especially) for the risk of being "sin to default". In other terms: «[…] the value found of 1/200 pregnant it's only the loyal picture of more serious clinic situations, but may not correspond to social reality.

In fact in a later article, Palminha e Frazão (1997) referred to have founded in 1996 a relation of one drug use mother to 107 mothers, having that relation reached in 1994, the maximum observed of one drug use mother to 67 mothers attended at São Francisco Xavier Hospital.

Flores et al. (1995) conducted an epidemiological study involving 1 000 pregnant who were admitted by the Urgency Service of Júlio Dinis Maternity, during 1993, urine screening of metabolites of heroin, cocaine, cannabis and benzodiazepines were carried out: 86.6% (866) of women were aged between 20 and 35 years, 1.5% (15) women were under the age of 19 years, and 11.9% (119) of women were aged over 35 years.

In this study was verified that 1.6% (16) of women presented positive results for one or more substances or evidence of medical prescription of methadone. In the overall sample the research of metabolites in urine for substances not prescribed was positive in 1.1% (11) of women – in 0.8% (8) of women the use of heroin alone or in association with other substances while in 0.6% (6) of women their drug use story was unknown. Note that this sample included 1.0% (10) of women in opioid (methadone) substitution program for heroin addiction and among them, five had negative results.

Indelibly we observe how drug addicted lifestyle print a single note in life, in general, and particularly in pregnancy and motherhood (Parquet & Bailly, 1988) - by the multiple and complex web of biological, psychological, psychosocial and psycho family risk factors interrelated, often lead to a way of life of impending chaos.

12.1.2 Studies or data collection on the physical, mental and other risks/harms among drug using pregnant women/parents and their children

Factors of biological risk

Biological realities determine, in the point of medical obstetrics view the designation of high risk pregnancy (Marcelino, 1991). These biological risks result from direct action and/or indirect of drugs - they occur as a consequence of pharmacological specificity, route of administration, dose, frequency and duration of use.

Amenorrhoea is the most common fault found (Flores & Calheiros, 2002; Lowenstein, Gourarier, Coppel, Lebeau & Hefez, 1998; Pimenta, 1997), reaching, according to O'Connor (1987), percentages ranging between 60 and 90% women regularly using heroin. These

periods of amenorrhoea, sometimes long, that also contribute to delayed pregnancy recognition (Guerreiro, 2001), are not related, as we know today with a lower fertility of the women drug user and are therefore called «the myth of infertility» (Marcelino, 1991; Pimenta, 1997).

Several studies point to the history of multiple pregnancies and births in women drug users (Horta, 1997; Martins, Pimenta, Brum, Silva & Perestrelo, 1999; Palminha et al., 1993). Frazão, Pereira, Amaro and Teles (2001), in their study reported that 69.7% (46) of women had been pregnant at least once, and 56.5% (26) of these women had at least one voluntary interruption of pregnancy. While Frazão et al. (2001), report having seen 7.6% (5) of women who had spontaneous abortion, Parquet and Bailly (1998) indicate values between 15 and 30%. Manzano and Palacio (1990) and Morel et al. (1998), say that the abuse of drugs, particularly heroin is often the cause of spontaneous abortion: Also for Flores and Calheiros (2002), drug use in pregnancy increases the risk of abortion.

The recognition of pregnancy in the women drug user is usually late (Alves, 1997; Brito, 2001; Flores & Calheiros, 2002; Godinho, Croca & Perestrelo, 1995, Lowenstein et al. 1998; Marcelino, 1991). In literature, this delayed recognition is mainly associated with an inadequate prenatal surveillance or non-existent (Beja, 1999; Brito, 2001; Ferreira, Fonseca & Amaral, 1990; Guedes et al., 1994; Lowenstein et al., 1998; Picard 1997; Pimenta, 1997; Pimenta, Alves et al., 1994; Pinto & Silva, 1998; Von Baar, 1995). Palminha et al. (1993), in their study found that 60.3% (38) of 63 women did not supervise pregnancy[62]. Guerreiro (2001), in several evaluations, verified the fact that perinatal complications are more common in situations where the pregnancy of woman drug user is not monitored. In one of the studies cited, with a sample of 142 cases, were obtained in the items assessed the following results: pre-term delivery (< 37 weeks) – 26% in unsupervised pregnancy and 10% in supervised pregnancy; low birth weight (< 2 500 grams) – 57% in unsupervised pregnancy and 20% in supervised pregnancy, newborn light for gestational age – 69% in unsupervised pregnancy and 35% in supervised pregnancy.

Biscaia, Beja e Sá (1997) reported that drug addiction in pregnancy may in a initial moment be expressed by the denial of the baby presence inside the mother and that amenorrhoea which is behind this denial make the pregnant only go to an appointment when the abdominal volume is visible or when is clearly felt the baby movements.

In the study of Martins et al. (1999), the sample of 47 pregnant that were in the opioid substitution program with methadone, 46.8% (22) of the pregnant were between 16 and 32 weeks of gestation, 10.6% (5) were less than 16 weeks of pregnancy and 42.6% (20) had a gestational age higher than 32 weeks.

Frazão et al. (2001) conducted a study with a sample of 66 pregnant and postpartum, collected between April 1988 and April 1999, in Dr. Alfredo da Costa Maternity and São Francisco de Xavier Hospital. The sample ages ranged between 16 and 38 years old (mean age 27.5) 50% (33) of women had lower educational levels (at least nine grade), living in the district of Lisbon and with a history of drug use in at least one of the last three years. Found the following results: 56.1% (37) of the women perceived, their pregnancy between the 1st and 2nd month of gestation while 43.9% (29) detect their pregnancy from the 3º month of gestation. In this sample of 66 women interviewed, 90.9% (60) of them went at least once to a supervised pregnancy appointment and from those 63.3% (38) went to the first appointment of supervised pregnancy before 16 weeks of gestation, while was verified that 36.7% (22) of women went to the first appointment of supervised pregnancy after the 16 weeks of gestation.

[62] Were considered as non- surveillance pregnancy situations where the number of appointments was equal or less than four, as established by the General Directorate of Primary Health Care (Palminha et al, 1993).

In turn, Guerreiro (2001) register the fact that pregnant drug user quite often, is received for the first time in a risk appointment at Maternity Dr. Alfredo da Costa with a uterine size compatible with 22 to 24 weeks of pregnancy and refers that the conception chronology is poorly defined, by diluting the precarious perception in her own body and the constrains that dependence oblige.

In literature several studies point to the existence of common types of sexual transmissible diseases among women drug users. The values found are percentual higher, namely when associated to life style in general and the practice of prostitution, as well as the non-use of contraceptive methods and, in particular, to intravenous drug use (Beja, 1999; Frazão et al., 2001; Guedes et al., 1994; Hepburn, 1997; Lacoste, 1998; Marcelino, 1991, 1995; Morel et al., 1998; Palminha et al., 1993; Palminha & Frazão, 1997; Rhodes, Stimson & Quirk, 1996; Vetter, 1998).

According to Guerreiro (2001), the diagnosis of HIV infection in pregnant drug users contrary to what is verified in pregnant non drug users, is commonly known at the time of the systematic screening performed at the beginning of the obstetric follow-up. The number of pregnant drug users infected with HIV attended in the MAC has been increasing over the years: 8% in 1994-95, 10% in 1996-1997 and 15% in 1998-1999.

Being the regular obstetric follow up complemented with the administration of antiretroviral therapeutic during pregnancy and with the inhibition of breastfeeding and the administration of antiretroviral prophylaxis to the newborn, there is a decrease to values below 5% of vertical transmission. However, when there is occurrence of a primary infection by HIV during pregnancy, there is a high probability of transmission to the fetus (Guerreiro, 2001).

It's verified more often the infection by Hepatitis C, corresponding to almost all women drug users with intravenous drug use. Is sexual and vertical transmission is reported in the literature as being very rare. According to current scientific knowledge the same rarity seems to happen in the Hepatitis C transmission through maternal milk – and in 1997 the Center for Diseases Control quoted Guerreiro (2001), considering there is no sufficient justification in these cases to contraindicate breastfeeding.

The negative effects of drug use and/or alcohol in the development of the embryo/fetus have been referred in literature (Beja, 1999; Burkowitz, 1981; Flores & Calheiros, 2002; Lester & Dreher, 1989; Lowenstein et al., 1998; Manzano & Palacio, 1990; Olofsson, 1988; Palminha et al., 1993; Parquet & Bailly, 1988; Richardson & Day, 1999; Vaille, 1985).

In several studies, heroin is pointed as one of the preferential drugs and more regularly used by these women, either alone or in association with other substances, namely cannabis derivatives, cocaine and psycho farmics - consolidating a situation of polydrug use (Guedes et al., 1994; Guerreiro, 2011; Klee, 1998; Palminha et al., 1993; Palminha and & Frazão, 1997; Paz, 1996). Martins et al. (1999), also indicate heroin as main drug referred by 95.7% (45) of the 47 pregnant. Heroin was the first illicit drug used by 29.8% (14) of the pregnant from this sample, while hashish was referred by 68% (32) of pregnant – being the age of first experience of illicit drug use between 14 and 18 years, in 57.4% (27) of the pregnant. Tabagism has to be considered one of the etiologies of intrauterine delayed growth and also the significant and generalized consumption of alcoholic drinks – whose effects are potentially harmful for the fetus, are undermined by drug addiction (Frazão et al., 2011; Gomberg, 1986; Marcelino, 1991; Palminha et al., 1993; Parquet & Bailly, 1987).

It is known that all toxic substances mentioned above when used during pregnancy, "(…) cross the placenta, appear in the fetal circulation, affect the fetal growth, (…),and still induce neurobehavioral changes in the perinatal period and their effects extend far beyond the first months of life" (Palminha et al., 1993, p. 26). It is precisely the growth delay of varying severity, which most of the drugs determines, the aim of reminder of Biscaia et al. (1997), as its future impact is currently poorly known.

After the administration to the pregnant, heroin cross easily and fast the placenta barrier (Godinho et al., 1995; Parquet & Bailly, 1988), and thirty minutes later the maternal-fetal

concentrations are presented in a order of 4 to 1 (Palminha et al., 1993); Adamsons (1966) admits the expected sensibility of the fetus to gradient of maternal fetal concentrations due to the observation of agitated movements executed by the fetus in the pre-injection phase, which ceased about 30 minutes after administration of heroin.

The iatrogenic embryo-fetal of heroin is identified in several situations: decrease in the cellular growth, which to Marcelino (1991) and Palminha et al., (1993), can be the reason for the low rate of intrauterine growth and low birth weight reported by several authors: Beja, 1999; Brito, 2001; Godinho et al., 1995; Guerreiro, 2001; Manzano & Palacio, 1990; Marcelino, 1991; Palminha et al., 1993; Palminha & Frazão, 1997; Wilson, Desmond & Wait, 1981); increase frequency of preterm deliveries (Beja, 1999; Flores & Calheiros, 2002; Godinho et al.,1995; Guerreiro, 2001; Lowenstein et al., 1998; Manzano & Palacio, 1990; Palminha & Frazão, 1997; Picard, 1997; Rosen, 1987), and the incidence of which depends in particular on the doses and time interval that mediated between the drug use and delivery.

According to Manzano and Palacio (1990), the main signs and symptoms of abstinence syndrome in the newborn are: agitation, hyper-excitability, sleep perturbations, screaming and uncontrollable crying, trembling, sweating, hyperthermia, and other autonomous nervous system disorders, digestive disorders, suction and briefing disorders.

Flores et al. (1995), in an epidemiologic study previously mentioned with a sample of 100 pregnant admitted in MAC, found 1.3% (13) women with positive analysis for heroin metabolites or had been doing therapeutic prescription with methadone. In relation to this 13 women, found that six of their babies had withdrawal symptoms 48 hours after delivery.

Guerreiro (2001) points to values from 40% to 60% of newborns that presents withdrawal symptoms (variable degree) of opiates, when occurs the use of heroin during pregnancy of mothers or when they are integrated in methadone substitution program.

With regard to the teratogenicity of drugs used it is difficult to define, quantify and be attributed exclusively or principally to a particular toxic substance (Beja, 1999; Guerreiro, 2001, Lowenstein et al. 1998; Marcelino, 1991; Picard, 1997). Cumulatively, it must also be taken into account the unknowing of adulterants (cutting products) added to various drugs and the uncertainty of their respective teratogenic effects (Guerreiro, 2001).

However, there are research studies pointing for the teratogenic action of drugs used, namely by a higher trend observed in the user group in relation to general population, as for the frequency of in relation spontaneous abortions (Abrams & Liao, 1992, quoted by Palminha et al., 1993), fetal death in utero and congenital malformations (Beja, 1999; Marcelino, 1991). According to Biscaia et al., (1997), some embryos from mothers using cocaine may eventually suffer teratogenic injuries of the neural tube and extremities. In the literature, are described cardiac malformations, genitourinary and central nervous system, in association with cocaine use (Guerreiro, 2001). However as was registered by Palminha et al. (1993), it is not possible to describe a syndrome of fetal cocaine from the relationship found between a relatively small number of malformations and the number of pregnant cocaine users.

Guerreiro (2001), alluding to the experience of MAC register a rate of major and minor malformation not higher than the general population, a number close to 900 newborns of mothers drug users. Following these results, it is mentioned a series of retrospective assessment of four years of this appointment, in which about 25% of pregnant drug users used cocaine at some time during pregnancy, has not, however, been recorded occurrence of any malformation.

In opposition Bingol, Fuchs, Diaz, Stone e Gronish (1987), are the authors referring the higher percentage of occurrence of malformations by exposure to cocaine used by mothers during pregnancy: 8% to 10% of newborns.

Manzano and Palacio (1990) and Palminha et al. (1993) give particular focus, by one side to neonatal mortality directly influenced by prematurity/immaturity rate or in association with the

degree of infection, and, on the other hand, to the number of cases of sudden infant death in children of mothers heroin dependents - also referred to by Chavez, Ostrea, Strycker and Smialek (1979).

The obvious relevance given to the effect of toxic substances in the embryo/fetus and pregnant, also results in most situations, from the perpetuation of use during pregnancy.

Palminha et al. (1993) registered a value of 73% (63) of women drug users that didn't stop using drugs during pregnancy. This result is consistent with that obtained by Frazão et al. (2001): 74.4% (29) women did not stop using drugs during pregnancy. In the study of Frazão et al. (2001), of the 66 women drug users, only on 39 pregnant was possible to analyze the evolution of behavior in relation to drug use and taking methadone (by medical prescription) over the three quarters: the first trimester, the predominant consumption of only heroin, but also the use of heroin in association with cocaine use, in the second trimester remains the primacy of heroin use, however, is the use of hashish which is now referred to as second choice, as in third trimester, there is a significant increase in the number of women starting opioid substitution therapy (methadone).

Martins et al. (1999) studied the evolution of illicit drug use and methadone treatment during pregnancy. At the beginning of the methadone substitution program, 85.1% (40) of 47 pregnant used heroin and 14.9% (7) used heroin and cocaine – with an average daily dose of 0.25 grams in 66.0% (31) of pregnant, and in 85.1% (40) had smoking as administration route. During pregnancy, from the research of urine metabolites of heroin and cocaine, it was found that in 51.0% (24) women never found positive results, while in 38.3% (18) positive results were frequent. At the time of delivery, in this same sample, negative results were verified in 51.0% (24) of pregnant and positive values in 21.2% (10) for heroin and 6.3% (2) for heroin and cocaine.

In literature is consensual the indication of methadone substitution program (medical therapeutic) in pregnancy and in the involving of a concerted intervention in the physician-obstetrician, psychology and psychiatry, family, professional, social and legal dimensions: a direct mode, when it's known pharmacokinetics of this opioids, it is possible to introduce a strict control of doses to obtain a stable level in linking maternal-fetal, that is, avoid the abstinence syndrome maternal and fetal as "(...) crosses the placental barrier and blood-brain barrier of the fetus" (Manzano & Palacio, 1990, p.379), and allows to the pregnant welfare more balanced. In an indirect way, the methadone substitution leads to the reduction of risk behaviors, with a consequent decrease in the probability of contract sexually transmitted diseases, viral hepatitis, HIV infection, among other (Beja, 1999; Brito, 2001; Flores & Calheiros, 2002; Flores, 1997; Godinho, 1997; Guerreiro, 2001; Kaye & Chasnoff, 1996; Lowenstein et al., 1998; Martins et al., 1999; Picard, 1997).However the doses of methadone doesn't prevent the onset of a abstinence syndrome in the newborn.

For Manzano and Palacio (1990), the intensity of frequent organic problems resulting from abstinence syndrome in the newborn is of greater importance. These authors, in their clinical study observe that these babies are "particularly difficult" in the relational plan, which is a permanent source of anguish and emotional distress for those who care and try to calm the hard and painful suffering. If to the complications emerging from the withdrawal syndrome is associated with alcohol, tobacco and multiple perinatal infections (HIV infection, hepatitis B and C, syphilis, herpes), compromise even more the necessary resources of the dyad binding and/or triad.

Psychological risk factors

The combination of organic and psychological problems of the newborn, together with psychological factors, family and psychosocial of parent drug users, usually triggers, immediate reactions of insecurity, anxiety or guilt on the part of parents, and reveals ab initio the high risk of psychological disturbance and development in the relationship of the child with his family.

In the literature on women pregnant drug users is generalized and consensus the opinion that, almost invariably, pregnancy is not planned - especially when drug use is kept regular (Almeida, 1998; Alves, 1997; Ebert, 1998; Flores & Calheiros, 2002; Geismar-Wieviorka, 1999; Guedes et al., 1994; Guerreiro, 2001; Klee, 1998; Marcelino, 1991, 1992, 1994; Marcelino, Santos, Reis & Alves, 1992; Olofsson, 1998; Palminha et al., 1993; Parquet & Bailly, 1998; Pimenta, Galvão et al., 1994; Pimenta, 1997).

Beyond the indicators of quantifiable/percentual nature of desire/non-desire obtained in samples collected in several studies, it is primarily important to understand and assess the level and quality of this desire. That is: what is the meaning of the birth of the child to the mother and father, as an expression of the individual maturity of each one, lived in a loving adult relationship. To Diniz (1995), this assessment will be donned '[...] more by the real attitudes that each one [mother and father] takes than for what it says, should try to distinguish between the manifest and latent discourse" (p. 73). Cumulatively, it is also necessary '[...] to pay attention to the likely conflict between a life plan that can realistically fit into motherhood or fatherhood, and the experience of drug dependence "(p. 73) - integrating on this assessment, and according to current knowledge, the existing treatment modalities, duration and probable effectiveness.

Beja (1999) tell us that"(…) for most of these women pregnancy it's by itself a way of expressing their desire of change" (p. 80). However, for many other addicted women, pregnancy reflects the need for a baby, but not a genuine desire generator of the construction of their imaginary baby (dreams, fantasies and projects). In this sense, Ferreira (1987) notes: "The baby should be desirable but not essential to be perceived by the mother, simultaneously as a part of herself, but also as an autonomous creature" (pp.103-104).

Biscaia et al. (1997) found, in some cases, a paradoxical relationship that women drug users establish with her pregnancy: "(...) as if they wished when they are not pregnant and ignore when is evident" (p. 100).

The maternal agony and ambivalence is translated, in most of the times, for periods of relational and behavioral disorder - being common within the therapeutic intervention occurred several requests for detoxification interspersed with episodes of massive use, as well as appeals to the maintenance of the therapeutic alliance, while it may be triggered threats and attempts to rupture this same therapeutic relationship (Parquet & Billy, 1998). Note that the physical detoxification, by inserting the cut with degraded environment and toxic use, could trigger links binding a therapeutic alliance and fertile enough, causing the restoration of a healthier relationship with the body, with her baby and the object world.

Geedah (1982), quoted by Parquet and Bailly (1988), shows the increase of complexity in pregnancy when it is unexpected, since this unexpected occasion introduce several possibilities in the psychic economy of the pregnant drug user: total refusal, resignation or ownership of the baby as guarantee of a possible and better future. However, for Parquet and Bailly (1988), even in situations where pregnancy is more or less consciously desired, it is on the baby that falls the burden of hope of change moving without delay to be felt and lived as a partner too demanding and embarrassing. For the pregnant/mother drug user, stop using drugs because of her baby, confronts her with having to abandon a (pseudo) relationship with drugs already known as filler and rewarding, and instead is replaced with living a relationship without drugs, which may prove empty and not (re) rewarding.

Also for all we have been discussing, arises repeatedly in the literature the formulation of a question that, generally, we present as follows: with the multiple problems and complex bio-psycho-social issues associated with drug abuse, can the pregnancy and the birth of the baby constitute an important evolution phase and change in women's drug users life?

The unique relationship that women drug users establish with her own body it's often noted in literature. For Parquet and Bailly (1988), the indelible mark of living of the woman addicted passes a lot for her body, which simultaneously is neglected, beaten, and not (re) known by itself. The particular way which women drug user seems to overestimate certain aspects of

her body, while in others her posture seems to be an incredible indifference, particularly evident in the field of genitality and during pregnancy. The signs and body changes associated with the natural development of the pregnancy process seem to fade away in their importance and meaning. Surprisingly and often, there is little astonishment and its little permeability in the recognition of the anatomical and physiological mechanisms of pregnancy, even when the woman drug user has information and clarifications.

For Dias and Vicente (1979), pregnancy of woman drug user appears often as a result of self-esteem disorder at the level of very basic body care and from the perspective of self-care and self-regulation concepts indicated by Khantzian (1978).

Parquet and Bailly (1988) without considering women drug users has a “particular feminine category” (p.111), they admit, however, some peculiarities that differentiate them in the exercise of their sexuality and with regard to the place that seems to have in their lives, as well as regarding the psychological impact to the desire to have a baby, the progress of pregnancy and acceptance of the child.

Parquet and Bailly (1987) refer the alternating phases of intense sexual activity experienced in a compulsive way, and without pleasure, with other where drug use submerges the potential psychological investment in the area of sexuality. For these authors, in most situations pregnancy is mainly result of a accidental and unwanted way. Although sexuality seems to assume a purely functional value, fragile hedonic and polymorphic, as it gives to woman drug user the possibility to test its potential ability to get pregnant like any other woman.

Geeddah (1982), quoted by Parquet and Bailly (1988), alludes to the manifestation of restlessness almost obsessive, from some women drug users in having a child - which seems to be associated with an ultimate alternative "(...) support access to a better life for salvation and gratification "(p. 111). When invested, both as a feature of relief and hope, the child ends up being idealized as "magical object" (Parquet and Bailly, 1988) or "magic solution" (Guedes et al., 1994), being taken as a "therapeutic child" (Ebert, 1988; Parquet & L Bailly, 1988) able by itself to be the only guarantee to fill in the mother the experience of lack and emptiness. In these situations, there is the desire for a child without the desire to become pregnant - or, in the words of Marcelino (1991), are "pregnant without baby inside them." Thus, the time of pregnancy is experienced as painful wait, frustratingly imposed and useless, so the baby is perceived merely as an object of appeasing his own mother (in respect of any injury resulting from consumption), and sometimes able to abandon consumption (Geismar-Wieviorka, 1999; Marcelino et al., 1992; Marcelino, 1991; Parquet & Bailly, 1987; Pimenta, Galvão et al., 1994; Reis & Barros, 1992; Taylor, 1993). Nevertheless, for many women, motherhood may be the main motivation to start treatment and to be viewed a life path integrator in the relational world without drugs (Rosenbaum, 1981; Woods, 2002).

Psychosocial and Psycho Familiar Risk Factors

The precarious life conditions constant associated with socio-economic instability it is often analysed in the literature (Brito, 2001; Diniz, 1995; Flores & Calheiros, 2002; Frazão e tal., 2001; Goldberg, 1995; Guedes et al., 1994; Palminha et al., 1993; Palminha & Frazão, 1997; Pimenta, 1997). The size of disorder of this modus vivendi is such that in many situations, puts the woman drug user difficulties and restrictions on her own delivery of basic needs - the consequences of which are exponentially more expensive in pregnancy.

In several studies on social class defined by the criteria of social stratification of Graffar, points mainly to levels from medium to low in profession, education, family income, housing and place of residence. Frazão et al. (2001) found that 53% (35) from 66 pregnant women belonged to lower middle class 24.2% (16) to the middle class, and 16.7% (11) to the lower class. Palminha et al., (1993) indicate the following distribution of Graffar index: 50% (11) of the 22 families of his «pilot study» are middle class, 36.3% (8) in the lower middle class and

9% (2) in the lower class. Flores and Calheiros (2002), in turn, found in the middle class 44.8% (47) from 105 pregnant women and 32.4% (34) in the lower middle class.

Taking into account the individual variability of pregnant drug users, these circumstances and respective extent of psychosocial and psycho-family risks contribute to the perpetuation and/or worsening of the tangle of factors involved - that we will formulate next.

Firstly, we reveal the direct implications during pregnancy (type and specific characteristics, route of administration, dosage, frequency and duration of use) but also the indirect action of drugs linked to a lifestyle of multiple risks in order to making possible its use - either by the pregnant woman, for example, give up their regular feeding, either by entering into the practice of prostitution (Beja, 1999; Guerreiro, 2001; Pimenta & Galvão et al. (1994). The sparse life conditions linked with drug use (usually poly-drug use situations), the existence of occasional periods of abstinence and overdoses are often according to Lowenstein et al. (1998), the origin of medical and obstetric complications of women drug users.

Moreover, in woman drug user the devaluation of continuum basic health care (Guerreiro, 2001; Marcelino, 1991, 1992, 1994) already in his experience prior to pregnancy, one translated by an insufficient or inexistent prenatal care, namely in the treatment of infectious diseases related to drug use (Beja, 1999; Flores & Calheiros, 2002; Frazão et al., 2001; Guedes et al., 1994; Marcelino, 1991, 1992, 1994; Palminha et al., 1993; Palminha & Frazão, 1997).

The vulnerability of pregnancy in woman drug user comes as well from the failure of social and family support resources.

In woman drug user is widespread the lack of vocational or technical training as well as a very low education to achieve and consolidate a job – verifying, most of the time, or unemployment or seasonal periods of consecutive precarious jobs, unskilled and poorly paid (Beja, 1999; Marcelino et al., 1992; Martins et al., 1999; Palminha et al., 1993; Palminha & Frazão, 1997).

With regard to education, Frazão et al. (2001) found that 50% (33) from 66 pregnant that they studied concluded at least the 9th grade (compulsory education). In turn, Flores & Calheiros (2002) found that 46.9% (49) from 105 pregnant women do not have the 9th grade, and 42.9% (45) schooling is between the 9th grade and 12th grade of schooling.

The precariousness of the employment situation is highlighted in several studies with pregnant drug users: 78.8% (52) of 66 women studied by Frazão et al. (2001) do not work. Of these, 92.3% (48) has the status of unemployed. In turn, the study by Godinho et al. (1995), 64.6% (42) of 65 women are unemployed - keeping this situation in 55.4% (36) cases for a period exceeding six months (Godinho et al., 1995).

In the review of Martins et al. (1999), 46.8% (22) of 47 women are unemployed. Flores & Calheiros (2002) found 47.4% (50) of the 105 women studied by them in the category of worker followed by the category unemployed in 27.8% (29) women.

In the study of Palminha et al. (1993), regarding the type of housing, it is found that 15.8% (10) from 63 pregnant women lived in slums and 11.1% (7) annexes or in rented rooms - which embodies other revelations about the insufficient housing conditions (Beja, 1999; Frazão et al. 2001; Marcelino et al., 1992) - with inevitable and direct implications for the possibility of providing basic care, particularly in terms of hygiene and nutrition. Several authors have reported the detrimental effect of deregulated food of the pregnant drug user, observing situations of loss of appetite (mainly because heroin diminishes it - Cregler & Mark, 1986) and malnutrition (especially when the guarantee of the high cost of drug use is priority in relation to food), leading to a worrying low progression of weight during pregnancy (Beja, 1999; Guerreiro, 2001; Palminha et al., 1993; Pimenta, Galvão et al., 1994).

In the recent study of Elisabete et al. (2011) aim to evaluate the nutritional intake and their adequacy in pregnant women who attend the addictive pathology consultations, with indication for dietetic and nutritional follow-up, during 2009, at Maternity Dr. Alfredo da Costa

(MAC). Fourteen pregnant women with nutritional follow-up were retrospectively studied by consultation of their clinical records. The conversion in nutrients was implemented using the Portuguese foods composition table. The nutritional adequacy was calculated using as reference the North-American recommendations Dietary Reference Intakes for pregnant women. All women reported higher energy intake than their requirements. There were high prevalence's of inadequacy for the macronutrients: 64% for lipids, 71% for carbohydrates and 100% for sugars. Regarding micronutrients, we highlight the high prevalence's of inadequacy for folate (86%) and iron (79%). Median for water intake was 300ml (0; 1000) and for soft drinks 450ml (0, 600). Addictive pregnant women show an unbalanced diet, reinforcing the role of nutritional care of these women.

The prostitution of women drug user is mentioned as a risk factor to pregnancy (Beja, 1999; Frazão et al., 2001; Morel et al., 1998; Pimenta, Galvão et al, 1994).

Note also the existence of judicial problems which mostly result from processes related to drug use and/or drug trafficking but also from small crimes infringement of social rules (basic) and citizenship.

Family relationships, and usually also of cohabitation between the pregnant/mother drug user, the partner/husband (often drug user), the baby and her/them family (s) of origin are, in many situations, very problematic (Abeleira, 1993; Beja, 1999; Diniz, 1995; Flores & Calheiros, 2002; Godinho et al., 1995; Marcelino et al., 1992; Marcelino, 1991, 1992, 1994; Martins et al., 1999; Palminha et al., 1993; Palminha & Frazão, 1997; Pimenta, 1997).

In several studies, it appears that the marital status of pregnant drug users are mostly married or living in union: 72.7% (48) of 66 women studied by Frazão et al. (2001) are married or living in union and 24.2% (16) are single. In turn, 62.5% (66) among 105 women studied by Flores and Calheiros (2002) are married or living marital and 37.5% (39) are single, divorced or widowed - yet only 7.6% (3) of these women do not maintain any relationship with the child's father. According to Martins et al. (1999), 55.3% (26) from 47 women are married or living together and 42.5% (20) are single.

During pregnancy Flores e Calheiros (2002) registered 57.1% (60) of 105 pregnant integrated in extended family 32.4% (34) in the nuclear family and 10.5% (11) living alone. On the other hand Martins et al. (1999) refer 46.8% (22) from 47 pregnant cohabiting with the family of origin and 42.5% (20) with the nuclear family. In these two samples, near 35% of pregnant already have children: in a study 29.8% (31) of 105 women had one or two children and 4.8% (5) had more than two children (Flores & Calheiros, 2002) and in another study 19.1% (9) of 47 women had one children, 10.6% (5) had two children and 6.3% (3) had more than four children (Martins et al. 1999).

Even during pregnancy cohabitation of pregnant drug user with the current partner/father of the child was observed by Palminha et al. (1993) in 68.2% (43) of the 63 cases against 31.8% (20) among those in whom there was no cohabitation.

Regarding drug addiction of the partner/husband of the pregnant this situation was accurate in 62.1% (41) of the 66 cases studied by Godinho et al. (1995). The drug addiction of the partner/husband of a pregnant woman has also been reported in 61.7% (29) of 47 cases studied by Martins et al. (1999), verifying that 82.1% (23) of those are also in treatment in the same Treatment Centres for Drug Addicts (CAT) where the pregnant is followed.

Manzano and Palacio (1990) highlight the problematic of the child's family context - in the wake of what is noted in the literature - particularly when there is the absence of one of the parents or the presence of both parents' drug users. These authors found, through clinical follow-up of 18 children whose parents are drug users, that only 38.9% (7) of children lived with both parents, the father was absent in 33, 3% (6) cases, and that more than 50% of parents were both drug users. Palminha et al. (1993) reported that the father is absent in 22.7% (5) of the households, present in 36.3% (8), and 40.9% (9) of the situations occasionally visit the child, given the marital separation.

"Impact of drug addiction in parenting", (Muchata2010)

The effects of drug addiction are felt on maternal and paternal role in such way that the own commitment to parenting, when associated with chronic use can lead to difficulty in maintaining parental functions organizing, protective and satisfactory. The confrontation with this weakness and inability to fulfill triggers situations of relapse or aggravates situations of continued use, which in turn, inhibit the function of ensuring parental role (Almeida, 2001; McMahon & Rounsaville, 2002). Several times we see the inversion of roles where the children are invested as providers of care to their parents during their treatment (Barroso & Salvador, 2007).

When concerns the mother drug user, research shows that these mothers in comparison with non drug users mothers are more susceptible to risk factors (domestic violence, lack of proper housing, depression and other psychiatric problems…) which puts them more easily in a situation of failure at maternal level (Hettinger, Nair & Shuler, 2000).

The use of drugs by the mother, her personality characteristics and how they provide care to the child, cause a greater impact than the characteristics of the father. However, we must consider that the use of drugs by the father also has a strong impact. The child's condition gets worse when the drug use of the father interacts with the drug use by the mother (Brook, Tseng, & Cohen, 1996; Frank, Brown, Johnson, & Cabral, 2002).

When the father is a drug user, the psychopathology associated to drug addiction is an important aspect of dysfunctional parental behavior (Brook, Brook, Rubenstone, Zhang, Castro, & Tiburcio, 2008; Clark, Parker, & Lynch, 1999; Johnson, Cohen, Kase, & Brook, 2004; Moss, Mezzich, Yao, Gavaler, & Martin, 1995). Parents are less affective and less centered on the child; the parent/child relationship is easily of conflict and difficulty in placing rules and discipline (Blackson, Tarter, Martin, & Moss, 1994; Brook, Tseng, & Cohen, 1996).

Problems found in the children of illicit drug users:

In children

The adverse conditions for children of mother drug users can begin in pregnancy and have as consequence, low weight and withdrawal syndrome at birth. These conditions cause many times the need for prolonged hospitalization of the baby, leading to an early separation of mother/baby, contributing to a harder linking process (Palminha et al., 1997).

In early childhood and school age, behavioral changes are one of the manifestations of the impact of parental addiction on children. It is verified a greater propensity for internalizing and externalizing behaviors on the part of these children compared with others that do not live this problem (Brook, Tseng, & Cohen, 1996; Moss, Clark & Kirisci, 1997; Stewart, Kelley, Fincham, Golden, & Logsdon, 2004). Also difficulties at level of cognitive performance occur frequently and may be associated with behavioral disturbances (Frank et al, 2002), as well as learning difficulties (Almeida, 1998; Negrão e Seabra, 2007).

In teenagers

According to the literature, the adolescent children of drug users are at greater risk of becoming drug users, as a result of early contact with the substance and due to factors of family instability and dysfunctional parenting Blackson, Tarter, Martin, & Moss, 1994; Castro, Brook, Brook & Rubenstone, 2006; Brook, Rubenstone, Zhang, Castro & Tiburcio, 2008; Clark, Parker & Lynch, 1999; Maunder, Moss & Murrelle, 1998; Rittenhouse & Miller, 1984). Compared with other young people whose parents don't have this problem, they initiate drug use earlier (Aytaclar, Tarter, Kirisci, Lu, 1999).

Problem behaviors of internalizing and externalizing are common, especially when the problem of the father is prolonged in time (Moss, Claro, & Kirisci, 1997). However, there are studies that found behavioral disturbances in children, regardless of the duration of the father problem (Clark, 1997; Johnson, Cohen, Kasen, & Brook, 2004), concluding by the increased vulnerability to behavior disorders in offspring individuals drug users.

Aytaclar and collaborators (1999) found on these young people a high behavioral activation and a low performance at cognitive level, which is reflected in poor school performance.

The higher use of physical and verbal aggression in an attempt to solve problems at family level or with peers is more common among youth of drug users than in other youth (Moss, Mezzich, Yao, Gavaler & Martin, 1995).

Risk factors and protection for drug users' children

Risk factors:

- Be both parents' drug-addiction models (Brook, Tseng & Cohen, 1996; Moro et al. 2000).
- Frequent relapses are moments of great instability (Brook, Tseng & Cohen, 1996; Moro et al. 2000).
- The extension of the problem for too long, or its chronicity, as well as the early age of children to have contact with the problem of parents, cause greater and more lasting impact (Moro et al 2000).
- When only one of the parents is a drug user is greater risk to the child, be the mother, to have the problem. In the case of the father the impact is less considered (Brook, Tseng & Cohen, 1996).
- When concerns the father the difficulties in the relationship, namely the conflict and poor affective involvement, constitute a risk factor regarding the impact of this problem in children's (Brook, Brook, Richter, Whiteman, Mireles & Masci, 2002; Brook, Tseng & Cohen, 1996; Brook, Brook, Rubenstone, Zhang, Singer & Duke 2003).
- Environmental factors related with the socio-economic precarity, the marginalization and the precarious state of health are also risk factors (Moro et al., 2000).

Protective factors:

- When only the father is a drug user is a minor risk the father being separated from the mother, living the children only with her, cause is eliminated the negative model of behavior as well as the conflict is reduced and the instability of the family environment (Tarter, Schultz, Kirisci & Dunn, 2001). The healthy mother can protect her children, at a certain extent of the influence of the father drug user through her care and attention and alternative models of behavior (Moro et al., 2000).
- When the mother is a drug user, the father influence, not being a drug user is considered a protective factor (Brook, Tseng & Cohen, 1996).
- Certain educational practices that go towards the assertiveness of the parental discipline represent a protective factor (Brook, Brook, Richter, Whiteman, Mireles, & Masci, 2002; Brook, Brook, Rubenstone, Zhang, Singer & Duke, 2003; Brook, Tseng, & Cohen, 1996).
- Less time exposed to the problematic means minor impact and shorter duration (Hogan, 1998; Moro et al., 2000).
- Children age and their maturity - the older is the child when the parents initiate or maintain with their consumption, lower is the impact (Hogan, 1998; Moro et al., 2000).
- When children can be away from the problem through the support of other family members or social support network (Hogan, 1998; Moro et al., 2000).

Literature shows that drug addiction interferes in the ability to be mother or father. Most of the literature, concerning parenting and dependence on illicit substances, is centered in maternal ability, being rarely considered the role of the father not only when the drug user is the father, but when allies the problem of the mother.

Parenting is, in general, the task of providing the necessary care to the physical and psychological development of children, considering the child as an individual in the particular moment of development. Normally, is competence of the father and mother to recognize and respond appropriately to physical and psychological needs of the child, provide security, facilitating the exploration of the environment and socialization, assign meaning to the child's behavior. These capabilities of the parental figure are compromised by the interference of drug addiction and the difficult circumstances associated to that, making healthy parenting more difficult. There is a whole range of personal and environmental factors which constitute risk factors and protective, whose interaction should be considered when we analyse the comprehensibility of this problem and its impact on children. To the problem of addictive behavior are usually associated very difficult life circumstances, with which interact, too, psychological disorders that hinder the role of parents and affect the healthy development of children who are more vulnerable and at risk of having problems as regards their normal development, both physically and mentally. Parents turn out to be less child-centered and more in themselves, have difficulty in controlling emotions, are less sensitive, responsible and affectionate, they are more negligent with the physical needs of their children and often it creates situations in which the child is separated from a parent or both.

We can foresee that is considerable the number of minors who are exposed to a family environment that offers them little emotional stability, due to the problems of their parents. As shown in the literature, these children and young people can develop serious emotional and behavioral problems, which hinder their access to a healthy life.

These children and adolescents, children of drug users, constitute a risk group that deserves attention, to be involved in interventional measures for reducing the incidence of problems, identify them and correct them as soon as possible, limit the existing damage and enable healthy adjustment, thus minimizing the impact of the problems of their parents.

12.2.1 Policy and legal frameworks

Policies addressing drug use parents – pregnant women and their children

In Portugal, although there are no national policies specifically aimed at parents, pregnant women, mothers with children in situations of drug use, it should be noted that a global comprehensive analysis references are made to the existence of policies, institutions and regulations, some constitutional and others of juridical character aiming the protection of vulnerable groups, which include parents and pregnant women with children in situations of drug use.

Health policy is nationwide and meets, among others, the following principles:

a) Health promotion and disease prevention are part of the priorities in planning the activities of the State;

b) The main goal is to achieve equality of citizens in access to health care, whatever their economic status and where they live, as well as ensuring equity in resource distribution and utilization of services;

c) Special measures exist for groups subject to greater risks, such as children, adolescents, pregnant, the elderly, the disabled, drug addicts and workers whose profession justifies.

Social Protection Policies

The Social Inclusion Income is a benefit of the regime of special protection. In the case of social need the family household is entitled to a cash benefit. The woman is given an increased supply during pregnancy.

IDT, I.P. Intervention

IDT, I.P. together with various partners has as strategic guiding principle the continuous search of developing an integrated intervention with parents, pregnant women, and mothers with children in situation of drug use.

The National Plan Against Drugs and Drug Addiction 2005-2012 approved by Resolution of the Council Ministers on 18 September 2006 and the National Strategy of Fight Against Drugs approved by Resolution of the Council Ministers on 22 April 1999, established the intervention policies against drugs and drug addiction

Both documents mention pregnant drug users and drug users with children.

In the National Strategy of Fight Against Drugs the following references are made:

- "It is also necessary to increase, through conventions, the number of places available at therapeutic communities, especially in the North and, in particular, for minors, pregnant women, mothers with young children and cases of double diagnosis.
- Particular groups of patients have extreme difficulty in finding appropriate responses for their cases. For example, there are very few specific treatment programmes for drug addicts with AIDS or for pregnant drug addicts, which only exist in Lisbon, Oporto and Coimbra. The problem is even more serious when there is a need to use therapeutic communities. The need for more places in therapeutic communities for minors, pregnant women, mothers with young children and cases of double diagnosis, namely drug addicts with an associated mental pathology, have already been noted.
- In the specific case of pregnant drug addicts, it is important to ensure the coordination of these programmes with maternity departments and obstetrics services.
- Special attention should be paid in the definition of prevention strategies to young people who leave the school system without having concluded compulsory education, to the children drug addicts, to young people from minority groups with integration problems and to immigrants.
- From the point of view of prevention, but still within the framework of risk reduction, it is important to raise awareness among doctors and prepare them to promote coordinated support for the children of drug addicts involving pediatricians, psychologists and infant and juvenile mental health departments, so that the measures considered necessary can be taken in time. When appropriate in specific serious cases, it will also be necessary to consider the possibility of adoption.

In the current National Plan on Drugs and Drug Addiction 2005-2012, specific intervention strategies are due to the principle of selectivity or risk exposure, focusing on drug addicts who are temporarily in certain contexts or situations (children at risk, pregnant women, prisoners, referred to Commissions for the Dissuasion of Drug Use, etc..) but do not have, beyond the context itself, any other factor of definitive character which may increase the risk.

In the Treatment axis one general objective is: "Make available a number of diversified treatment and care programs, covering a wide range of psychosocial and pharmacological approaches, based on ethical standards and scientific evidence".

And the intended result is:

"Implementing or improving specific treatment programs targeting both illicit and licit (including alcohol, tobacco and medicines) psychoactive substance users, as well as vulnerable and at-risk groups. Concerning the latter, special attention must be paid to groups particularly vulnerable on account of their circumstances (pregnant women and newborns,

children, prisoners and ex-prisoners) and groups suffering from physic (infectious), psychic or social (exclusion) co morbidity;

In the Action Plan Against Drugs and Drug Addiction 2009-2012 two objectives refer this problematic:

Objective 53: “Implement and/or improve specific programs providing an effective response, both vertically (referral network) and horizontally (interactions between different vectors), for special-needs groups: pregnant women and newborns, minors, prisoners and ex prisoners, and groups suffering from physic (infectious), psychic or social (exclusion) comorbidity”.

Objective 55 – Develop and improve technical guidelines or technical regulations for the various types of intervention, including protocols of articulation and integration.

In 2010, two guidelines were concluded: Guidelines for intervention with children and youth with risk behaviors within the ambit of dependences and guidelines for children of people consuming psychoactive substances. The guidelines for the monitoring of pregnant and postpartum women are in elaboration.

12.2.2 - Legal frameworks addressing drug using parents/pregnant women and their children

In Portugal, although there is no national legislation specifically aimed at drug using parents, pregnant drug users, mothers with children in situations of drug use, it should be noted that are innumerous legislation protecting, safe guarding the rights of parents, pregnant, children and youth.

The Portuguese Constitution in its Article 69º (Infancy) defines:

1. Children are entitled of protection by society and the state, with a view to their integral development, particularly against all forms of abandon, discrimination and oppression and against the abuse of authority in the family and other institutions.

2. The State guarantees special protection to children orphaned, abandoned or otherwise deprived of a normal family environment.

3. It is forbidden by law the employment of children in school age.

Maternity support policies are regulated constitutionally (artº 68 of Portuguese Constitution (Paternity and Maternity).

"Fathers and mothers are entitled to protection by society and the State in carrying out their irreplaceable role in relation to children, particularly with regard to their education, with the guarantee of professional achievement and civic participation in the activity of the country";

"Motherhood and fatherhood are eminent social values"

"Women are entitled to special protection during pregnancy and after birth ..."

Decree-Law - 98/98 of 18 April – DR.IS-A, nº 91, 18/04/1998 – Creates the National Commission for Protection of Children and Youth at Risk, defining its attributions, entities that comprise it and respective bodies. The mission of the National Commission for Protection of Children and Youth at Risk (CNPCJR) is to contribute for the promotion of rights and protection of children and youth at risk, impelling the recognition of a new culture of children as subjects of law. (For more info on CNPCJR see subchapter 12.3 on Responses).

Resolution of the Assembly of the Republic No. 20/2001 – Fighting against ill treatment (abuse) and sexual abuse of minors – reinforce measures to support the Committees for the Protection of Children and Youth.

Resolution of the Assembly of the Republic No. 21/2001 - Recommends the Government to proceed an urgent regulation regime for implementing the measures for promotion and

protection of children and youth at risk foreseen in N.º 1 of Article 35 of Law N.º 147/99 of 1 September.

Decree-Law nº 52/2008 of 13 November – DR.IS, nº 221, 13/11/2008 – Approves the Convention on Competence, Applicable Law, Recognition, Execution and Cooperation in Respect of Parental Responsibility and Measures for the Protection of the Child, adopted in Hague on 19 October 1996.

Decree-Law nº 11/2008 de 17 de January – DR.IS, nº 12, 17/01/2008 – Establishes the execution regime of foster care foreseen in the law of protection of children and youth in danger.

Decree-Law nº 12/2008 of 17 January – DR.IS, nº 12, 17/01/2008 – Regulates the execution regime of measures of promotion of the rights and protection of children and youth at risk, relating to support from parents and support from another family, the competent person to trust and support for independent living, foreseen in the Law on Protection of Children and Youth in Danger.

Decree-Law nº 91/2009 of 9 April – DR.IS, nº 70, 09/04/2009 – Establish the legal regime of social protection in parenting in the welfare framework system and the subsystem solidarity.

In case of arrest

Law No. 115/2009 of 12 October approving the Code of Execution of Punishments and in custody defines the following " The child can keep up to 3 years of age or exceptionally, up to 5 years, with the consent of another holder of parental responsibility, since it is considered the interests of the child and there are the necessary conditions". The right of the minor stated above is on Law No. 147/99 of September 1 - Law of protection of children and young people in danger.

In this sense, in Portugal there is the possibility of the child up to 3 years old to stay with his mother in Prison - "house mothers". After three years an assessment is made, and the child can go to the family or to a Temporary Shelter.

Practical example of a Prison Establishment (EP)

In the Special Prison Establishment in Santa Cruz do Bispo the inmates who are with their children occupy a separate cellular cell of the other fellow inmates, even without the architectural configuration of the "Mothers House", and the EP has a nursery.

As relates to men, the Code of Execution of Punishment (Law 115/2009 of 12 October) in art. 7, paragraph g) foresees the possibility to keep the children till 3 years, since this is considered the interest of the minor, there is authorization from the other holder of parental power and if there are conditions for such in EP.

The same Law, in the art. º 46, paragraph d) (Fate and distribution of remuneration) determines, naturally for inmates of both sexes, the establishment of a fund for payment of maintenance obligations.

The General Regulation of the Prisons Establishments (Decree - Law No. 51/2011 of 11 April) foresee in art. N. º 111, item 4 that the inmate (regardless of gender) can receive visits in each period of three persons, not including in this number children under 3 years. In turn, art. N. º 112 provides that, six months after entry, the prisoner may benefit from extended family visits.

12.3 Responses

12.3.1 Availability of responses addressing drug using parents/pregnant women and their children

In Lisbon, the idea of offering a response to pregnant drug addict came in the eighties, with the creation of an appointment on the Maternity Dr. Alfredo da Costa in 1989. In collaboration with Taipas Center, projects and methods of work were outlined.

It began an arduous task at a time without therapeutic responses, and many prejudices and taboos, but came to realize a possible response to uncomfortable reality: pregnant addicts!

Under the direct supervision of the IDT, IP, Portugal has 47 Centre of Integrated Responses (CRI) with 43 Treatment Teams and 27 decentralized consultations, in which the structural model established, the pregnant woman and her companions have priority in the treatment process.

In 2010, all CRI had implemented a customer service, assessment and screening of children in families with addiction or alcohol related problems and youth at risk or youth consumers of alcohol or drugs.

In the current organisational structure, when a pregnant woman arrives in a treatment team, a social psychological and medical evaluation is done by a multidisciplinary team and subsequent monitoring.

The work developed by IDT, I.P. in the monitoring and treatment of pregnant drug users is always promoted in logic of integrated partnership with Social Security, National Commission for Protection of Children and Youth and with the National Health Service.

Still in a logic of support drug addicts families, in order to set up a national network of treatment, as well as ensuring equity in access to treatment by private institutions in the area of treatment, was published the Decree-Law No. 72/99 of 15 March, in establishing the development of different forms of performance and the differentiated payment to therapeutic communities with specific programs dedicated to minors, adolescents and pregnant women.

Throughout the year 2010, 4 375 inpatients were in 65 licensed units, with 62 of them with Convention with IDT, IP. Were counted 2 062 licensed beds in these units, with 1 516 of them with convention. Of these, 151 are conventions for youth, 33 for pregnant and 212 for patients with dual diagnosis.

Integrated Project of Maternal Support (Local Intervention Unit of the North Regional Delegation of IDT, IP)

It's Integrated Project of Maternal Support (PIAM) responsibility to provide integrated and global care to pregnant and postpartum addicted woman and their children, following therapeutic modalities best suited to each situation, on outpatient regime, with a view to treatment, harm reduction and reintegration of these patients.

The target Groups of PIAM are:

- Pregnant/postpartum adult with psychoactive substances use;
- Pregnant/postpartum adolescents with psychoactive substance use;
- Child/children of women followed at PIAM;
- Female adolescents with sexual active life and with psychoactive substances use

The objectives of PIAM are:

- Define measures of prevention, screening, detection of new cases, referral and follow-up of the target groups;

- Decrease morbidity and perinatal and infant mortality;
- Decrease cases of extreme social and economic deprivation in pregnant women and/or postpartum being monitoring;
- Decrease the number of unplanned pregnancies;
- Provide conditions that are favorable to the definition and concretization of professional projects;
- Decrease the situations that promote disruption of the early mother/child relation;
- Decrease the situations of (early) separation mother/child;
- Promote a integrated and healthy child development;
- Promote the creation of educational and environmental conditions during the child development;
- Prevention of unplanned pregnancy;
- Promote the provision of integrated care and appropriate monitoring of adolescents with psychoactive substance use;
- Decrease absenteeism and/or early school leaving;
- Provide conditions encouraging the development and implementation of vocational and professional projects.

Interventions/Answers:

- Provision of integrated and appropriate care to monitor drug addiction in pregnant women, obstetric care, socio-economic support, as well as neonatal and infant care.
- Promotion and implementation of measures to increase adherence to family planning counseling and appropriate use of anti-conceptional methods.
- Monitoring of the integration in measures of vocational reintegration
- Promotion of integrated actions for the prevention of early school abandon, professional training or measures of protected employment
- Promotion of actions that allow the permanence of the mother during the time of hospitalization of the newborn and/or decreased length of stay
- Promotion and implementation of measures to create conditions for accession to the child psychiatry appointment
- Promotion of measures to access a patient card, family doctor, connection to pediatric consultations, infectious, stomatology, etc
- Expansion of social support network giving privilege on integration in nurseries, daycare.
- Articulation with social networking services for: financial support, housing, social housing grant, revalidation of training skills for parents, etc.
- Actions to promote and value the participation of parents in children's school project
- Early detection and treatment of psychological pathology (individual and relational).
- Integrated actions aimed at decreasing absenteeism/early school abandon or integration in professional training.

The work developed in the framework of PIAM is based in partnerships and involves the following institutions:

Family and Minors Court, Regional Center of Social security, Institute of Employment and Vocational Training, Hospital Joaquim Urbano and Hospital Santo António, Maternity Júlio Dinis, Commission of Protection of Children and Youth at Risk

In 2010, a total of 524 clients were attended by PIAM, 291 of which were followed by the reintegration team. This team conducted 2 388 appointments through the year

In the same period (2010) were identified the following needs near the clients being followed in PIAM and were provided the following responses:

- Housing – 12 needs identified (5 of them in homelessness), of which 50% were answered through the integration of housing or shelter responses;

Education – 32 needs identified, that were totally fulfilled through the integration in educational responses (Revalidation and Certification of Competencies Centres - RVCC)

- Employment – 68 needs identified, of which 90% were satisfied through employment integration;
- Professional training – 60 needs identified, of which 77% were satisfied through the integration of responses of professional training;

Other indicators:

- 240 clients contractualise a Individual Plan of Integration;
- 120 clients have accessed to public services and proximity fundamental to the achievement of their individual plans of insertion;
- 142 clients were covered by socio therapists interventions developed in group (e.g. social skills training groups);
- 213 families were followed;
- 119 families participated in the socio therapists intervention group developed

In 2010, all Centre of Integrated Responses had implemented a customer service, assessment and screening of children in families with addiction or alcohol related problems and youth at risk or youth consumers of alcohol or drugs In the logic of early diagnosis and intervention (indicated prevention interventions, effective and evaluated), 3 920 adolescents were attended, 20 referrals were made and 750 appointments of family support.

Appointments and attendance are often also available to parents, teachers and members of the educational community, including some social intervention, often through partnerships with other entities, as well as articulation with teams from other mission areas of the IDT, I.P., conferring a more concerted intervention target to young people and surroundings.

The National Commission for Protection of Children and Youth at Risk (CNPCJR) mission is to contribute for the promotion of rights and protection of children and youth at risk, impelling the recognition of a new culture of children as subjects of law.

The aim of CNPCJR is to plan the State´s intervention, as well as coordination, monitoring and evaluation of the actions of the various public institutions dealing with children and youth at risk protection.

Thus, it´s main objectives are:

- Public awareness of Children's Rights and the Protection System for Infants and Youngsters;

- Calling-up for auditing and diagnosis studies and evaluation of needs, measures and social responses;
- Coordination and follow-up of the elaboration of the institutionalized children's situation diagnosis and/or its framework outside of the family context;
- Follow-up, backup and evaluation/supervision of CNPCJR;
- Boosting-up partnerships with governmental institutions and NGO dealing with youth and infancy issues;
- Design and spread out of working tools, technical orientations and specific training to qualify the interventions of the institutions that deal with infancy and youth issues (namely education, health, social security, municipalities, NGO, security forces, parents associations, etc) and of CNPCJR themselves.

By this, CNPCJR has as a baseline assuring that all the "first line" entities (above mentioned) intervene, in a specific way, in the promotion and protection of the rights of children and youngsters in danger.

So, only when all possible solutions are exhausted at that level, with the aim of removing the danger involving the infant or the youngster, the intervention belongs to the CNPCJR, and last to the courts (obeying the subsidiarity principle), according to the levels and orientating principles stated at the Law for the Promotion and Protection of infants and youngsters in danger.

Having this in mind, the CNPCJR will foster the establishment of inter and intra cooperation mechanisms, namely through various protocols; boosting up training and preparation of all professionals involved in these issues, consulting activities support, mobilizing the existing community resources network like the Social Network, Social Inclusion Income, Local Education Councils and Infants and Youngsters at Risk Support Units.

The IDT, I.P. signed a protocol of articulation and promotion with the National Commission for the Protection of Children and Youth where they compromise to promote joint cooperation activities to raise awareness, training, evaluation, research, consultancy, dissemination and service to the community in the areas where their own competences and expertise complement each other in matters relating to the promotion and protection of the rights of children and youth of their families, within their means and availability.

12.3.2 Availability of guidelines addressing drug using parents/pregnant women and their children

In order to develop and refine technical guidelines or technical regulations for the different types of intervention have been updated the Guidelines for Intervention with Children and Youth with risk behaviors within the ambit of dependences and guidelines for children of people consuming psychoactive substances.

The guidelines for the monitoring of pregnant and postpartum women are currently in elaboration.

Monitoring Guidelines for children whose parents are drug users

With this document it is envisaged the definition of orientating lines for the intervention with children aged 0 to 12, with parents or care takers dependent on psychoactive substances or affected by it, amongst their family circle.

These guidelines reflect a joint reflection between IDT experts, Lisbon's Regional Health Administration and CNPCJR, with which we state the need for an evaluation, diagnosis and guidance of children aged from 0 to 12 whenever their parents are drug users

This intervention model acknowledges and accepts drug user's children (or children depending on caretakers with alcohol or illicit drugs problems) as a group needing a coordinated answer.

These Guidelines foresee different ways of acting and to create the appropriate conditions for its improving. A follow-up group will be appointed in order to study, monitory and evaluate of the results obtained by the enforcement of these guidelines, in order to promote coherent and fruitful interventions and result-evidence based.

With this document it is envisaged that all Integrated Responses Centers gather all favorable conditions for the development of good practices for reception, diagnosis evaluation and multidisciplinary intervention amongst children with parents and/or drugs abuse caretakers.

According to the human development's ecological model, IDT's Regional Delegations and its CRI, must define (within their territories of intervention) the partnerships, the resources and the specific contributions necessary for a better protection and intervention of this children. Intervention should focus on the infant's highest interest.

In first place, partnerships must be established with the entities responsible for infancy and youth issues, such as CNPCJR, NGO, ministries of Health, Education, Justice, and Social Security and so on.

There must be a close relation with the Children and Youngsters in danger support unit), as established at the Order 31292/2008, of 5th December (see chapter 12.2).

For the evaluation of the phenomena's dimension and determination of the priority intervention's level, a survey must be carried out concerning the number of children (whose parents are receiving specific care form IDT professionals), their socio-demographic characteristics, their needs and diagnosis evaluation. The diagnosis allows the children situation characterization and by that the designs of a specific intervention plan of action.

Within the CRI there is the need to set up a special appointment for the evaluation, diagnosis, guidance, monitoring and follow-up of these children in order for them to overcome the diagnosed difficulties.

This intervention should be made at various levels:

1. With the children, in order to evaluate their needs and capacities, establishing a healthier project of life (on the short run);
2. With parents or caretakers, promoting their motivation for treatment and diagnosing their psycho-social situation, risk evaluation, parental abilities, neighborhood network in order to provide the right answer for each specific case;
3. Within the different contexts where the child grows (nursery, school, neighborhood, health center…).

The guidance to a CNPCJR must be done whenever a child is in danger and needing the protection of his rights, mobilizing the institutional resources for the cooperation with the family and by this overcoming any difficulty.

A child and/or a youngster are considered to be in danger when:

- Was abandoned or lives by itself;
- Suffers from physical and psychological abuse or sexual abuse;
- Doesn´t get the proper care or affection according to their age;
- Is forced to excessive or inappropriate activities and work that can harm it's development;
- Is subjected, in any way, to behaviors that seriously affect its safety and/or emotional balance;

- Assume behaviors or engages in activities or consumption that seriously affect its health, safety, upbringing, education and development without having its parents or legal tutor opposes to dismiss this situation.

From an ethical point of view it is crucial to formalize the “Compromise for consent” with the parents and/or caretakers, in order to obtain formal consent, since we are dealing with underage children.

As much as possible this children’s follow-up must be performed in places such as health centers, youth associations, NGO, and so on. IDT and other concerned professionals must have specific training and supervision, to undertake these responsibilities.

At the Integrated Responses Centre, the intervention should be performed by multidisciplinary team, working hand-in-hand with other experts that fulfill some of the needs not covered by IDT experts.

Treatment teams will monitor these children while intervening with problematic families using psychoactive substances.

After the necessary evaluation and diagnosis and if concluded that the observed children do not need any treatment, but instead need individualized care, they should be followed by other IDT expert teams or other specialized institutions.

Guidelines for the intervention with children and youngsters with dependence/substance use risky behaviors

This type of intervention is a priority for the IDT, I.P. as a way of searching the right answers to the emergent problematic, and coping with studies that prove that psychoactive substances use (as well as other risky behaviors) starts, more and more, in early ages.

Bearing in mind the IDT’s principles and orientating values as Humanism, Pragmatism, Territoriality, Citizen’s centrality, Integrated Responses, Intervention’s Quality and Professionals Qualification , it is envisaged to create guidelines for an integrated intervention within CRI’s and as such coping with individual needs of each child or youngster.

These guidelines will act as a basis for the design of a focalized intervention amongst children and youngsters who start using substances, namely those with regular use habits or in risky situations when using licit or illicit psychoactive substances.

This intervention is based on institution coordination and articulation of the available resources and allows achieving actions with the aim of reducing the influence of risk factors and boosting up protection factors at the individual, family and social levels.

With this performance it is envisaged that the actions will center themselves at the child or youngster, within an ecological and systemic perspective, including them in their intervention models, as well as with the expert teams, as partners within a developmental process.

The specific goals of the guidelines are:

- To implement or stimulate all throughout the existing CRI (in articulation with other entities, namely those responsible for first health care) a service with reception, evaluation, triage and guidance of children aged more than 10 who live within families with drug abuse situations and/or youngsters who start to use substances, who have a regular use pattern or in licit or illicit substances use risky situation;
- To intervene with children and youngsters with abuse problems or in a risk situation , in order to reinforce the protecting factors and inhibit those of risk, in order to achieve a better development and social integration;
- To promote dialogue and systemic and permanent articulation between public and private entities to develop strategies for integrated interventions within the targeted population;

- To promote the evaluation, research and the involvement of all entities on the at the communitarian level.

The targeted population of the guidelines are children and youngsters aged 10 or more, who started use substances or with regular pattern of use and in a risk situation with licit or illicit psychoactive substances or other addictions.

This targeted population includes:

- Referred clients (those who self search treatment), as well as those clients referred by their families or other entities such as the Health National Service, Schools, CNPCJR, Family and Underage Courts, amongst others;
- Children and youngsters who start using psychoactive substances and have physical, psychic and behavioral symptoms;
- Children and youngsters with other addictions risk behaviors, like social addictions (internet, gambling);
- Relatives or other actors that surround children and youngsters who start using psychoactive substances, regular use or addiction;
- Professional taking care or dealing with children and youngsters with risk behaviors in this area.

These guidelines were designed to enlighten those who intervene in this new social phenomenon. Due to its complexity it is envisaged an integrated participation of all parties, socially crosscutting and promoting the creation of social networks, for a better efficacy and better methodologies and intervention techniques, as well as human resources management.

Part C

Bibliography and Annexes

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Annexes

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List of Abbreviations used in the text

ADR - Counselling Detection and Reference / Aconselhamento Detecção e Referenciação

ANF – National Association of Pharmacies / Associação Nacional de Farmácias

CAPI - Computer Assisted Personal Interviewing

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

CED - Education Centers and Development

CGTP-IN - General Confederation of Portuguese Workers / Confederação Geral dos Trabalhadores Portugueses

CIG – Commission for Citizenship and Gender Equality / Comissão para a *Cidadania e Igualdade de Género*

CNCJR - National Commission for Protection of Children and Youth at Risk

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

CNIVS – National Coordination for HIV/AIDS Infection

CPL – Lisbon Casa Pia / Casa Pia de Lisboa

CRI - Centre of Integrated Responses/ Centros de Respostas Integradas

CVP – Portuguese Red Cross / Cruz Vermelha Portuguesa

DGAIEC - General Directorate of Costums and Special Taxes on Consultation

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

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

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

DR – Regional Directorate / Delegação Regional

DRD – Drug-related deaths / Mortes relacionadas com droga

DRE – Regional Directorate of Education / Direcção Regional de Educação

DSM – Substance and Mental Disorders

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

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

ETs - Treatment Teams / Equipas de Tratamento

EURIDICE - European Research and Intervention on Dependency and Diversity in Companies and Employment

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

GNR – National Republican Guard / Guarda Nacional Republicana

ICD – Classificação Internacional das Doenças / International Classification of Diseases

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

INFARMED – National Institute of Pharmacy and Medicines/Instituto Nacional da Farmácia e do Medicamento

INML – National Institute of Forensic Medicine / Instituto Nacional de Medicina Legal

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

INSA, I.P. - National Health Institute Doutor Ricardo Jorge / Instituto Nacional de Saúde Doutor Ricardo Jorge

IPJ – Portuguese Youth Institute / Instituto Português da Juventude

IREFREA – European Institute of Studies on Prevention

ISS – Social Security Institute / Instituto da Segurança Social

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

MAC – Maternidade Dr. Alfredo da Costa / Maternity Dr. Alfredo da Costa

MAOC-N - Maritime Analysis and Operation Centre – Narcotics

MDN – Ministry of National Defence / Ministério de Defesa Nacional

MIR - Intervention Model in Reintegration

NGOs – Non-Governmental Organisations / Organizações Não Governamentais

NHS – National Health System

NPISA - Planning and Intervention Units for Homeless / Núcleos de Planeamento e Intervenção Sem-Abrigo

NT – Territorial Nucleus / Núcleos Territoriais

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

PEPTEP – Special program for drug prevention in prisons

PES - Promotion and Education for Health / Promoção e Educação para a Saúde

PETS – Syringe Exchange Programme

PIAM – Integrated Project of Maternal Suport/ Projecto Integrado de Apoio Materno

PIEF (Programa Integrado de Educação e Formação / Integrated Program of Education and Training)

PIF – Program of Focused Intervention / Programa de Intervenção Focalizada

PJ – Criminal Police/ Polícia Judiciária

PPCDAFA – Programa de Prevenção e Combate à Droga e ao Alcoolismo nas Forças Armadas/ Prevention and Fight Against Drugs and Alcoholism in the Armed Forces

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

PRI – Programs of Integrated Responses / Programas de Respostas Integradas

PSO-BLE - Low Threshold Substitution Program / Programa de Substituição de Baixo Limiar

PSP – Public Security Police / Polícia de Segurança Pública

PVE – Life-Employment Program / Programa Vida Emprego

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

RA – Autonomous Regions

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

RDS – Respondent Driven Sampling

RRMD – Harm and risk reduction / Redução de Riscos e de Minimização de Danos

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

RVCC – Revalidation and Certification of Competencies Centres

SEF – Emigration Services

SIM – Multidisciplinary Information System/Sistema de Informação Multidisciplinar

SMR – Special Mortality Register / Registo Especial de Mortalidade

SPA – Psychoactive substances / Substâncias Psicoactivas

TDI - Treatment Demand Indicator

UCIC – Coordination and Criminal Investigation Units / Unidades de Coordenação de Investigação Criminal

UIF - Financial Information Unit

WHO – World Health Organization

List of Standard Tables and Structured Questionnaires sent to the EMCDDA

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Chapter 1:

- 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 proteção sanitária e social das pessoas que consomem sem prescrição médica.* *http://dre.pt/pdf1sdip/2000/11/276A00/68296833.pdf*

- Decreto-Lei nº 1/2003 de 6 de Janeiro (Diário da República 1ª série A – Nº 4 de 6 de Janeiro) - *Reorganiza as estruturas de coordenação do combate à droga e à toxicodependência.*

http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/IDT_-_Instituto_da_Droga_e_da_Toxicodepend%C3%AAncia/dl_1_2003.pdf

- Resolução de Conselho de Ministros nº 115/2006 de 18 de Setembro (Diário da República, 1ª série – Nº180 de 18 de Setembro) - *Aprova o Plano Nacional contra a Droga e as Toxicodependências no médio prazo até 2012, bem como o Plano de Ação contra a Droga e as Toxicodependências no curto prazo até 2008.*

http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Estrat%C3%A9gia_Nacional_de_Luta_Contra_a_Droga/rcm_115_06.pdf

- Decreto-Lei 40/2010 de 28 de Abril (Diário da República, 1.ª série — N.º 82 de 28 de Abril) Reorganiza as estruturas de coordenação do combate à droga e à toxicodependência, alargando as respetivas competências à definição e à execução de políticas relacionadas com o uso nocivo do álcool, e procede à primeira alteração ao Decreto-Lei n.º 1/2003, de 6 de Janeiro. http://dre.pt/pdf1sdip/2010/04/08200/0146101466.pdf

- Portaria n.º 198/2011 de 18 de Maio (Diário da República, 1.ª série — n.º 96 de 18 de Maio) - Estabelece o regime jurídico a que obedecem as regras de prescrição eletrónica de medicamentos. http://dre.pt/pdf1sdip/2011/05/09600/0279202796.pdf

- Portaria n.º 28/2011 de 10 de Janeiro (Diário da República, 1.ª série — n.º 6 de 10 de Janeiro) - Atualiza os programas de formação das áreas profissionais de especialização de doenças infeciosas e imunoalergologia.

http://www.acss.min-saude.pt/Portals/0/Portaria%20n.%C2%BA%2028-2011.pdf

- Portaria n.º 1325/2011 de 30 de Dezembro (Diário da República, 1.ª série — n.º 252 de 30 de Dezembro 2010) - Aprova a lista de substâncias e métodos proibidos no âmbito do Código Mundial Antidopagem.

http://www.idesporto.pt/ficheiros/file/Portaria%20n_%EF%BF%BD%201325-2010_%20D_R_%20n_%EF%BF%BD%20252,%20S%EF%BF%BDrie%20I%20de%202010-12-30.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 projetos que constituem programas de respostas integradas (PRI)* *http://dre.pt/pdf1sdip/2008/02/03100/0099100995.pdf*

- 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*

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*

Chapter 7:

- Portaria nº 749/2007 de 25 de Junho (Diário da República, 1ª série, nº120, 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 Redução de Riscos e Minimização de Danos no Domínio da Droga e da Toxicodependência.

http://www.idt.pt/PT/IDT/ConcursoFinanciamento/Documents/port_749_2007.pdf

- Portaria nº 131/2008 (See chapter 3)

- Decreto-Lei nº 183/2001 (See chapter 3)

Chapter 9:

- Decreto-Lei nº 15/93 (see chapter 1)

- Lei nº 30/2000 (See chapter 1)

Decreto-Lei 130-A/2001 de 23 de Abril (Diário da República, 1ª série A – Nº95 de 23 de Abril) - Estabelece a organização, o processo e o regime de funcionamento da comissão para a dissuasão da toxicodependência, a que se refere o n.º 1 do artigo 5.º da Lei n.º 30/2000, de 29 de Novembro, e regula outras matérias complementares.

http://dre.pt/pdf1sdip/2001/04/095A01/00020008.PDF

- Portaria nº 604/2001 de 12 de Junho (Diário da República, 1ª série B – Nº136 de 12 de Junho) – Procede à regulamentação do registo central dos processos de contra-ordenação previstos na Lei n.º 30/2000, de 29 de Novembro.

http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Controle_da_Oferta_e_da_Procura/portaria_604_2001.pdf

- Acórdão do Supremo Tribunal de Justiça nº 8/2008, de 5 de Agosto (Diário da República, 1ª série N.º 150 — 5 de Agosto de 2008) - Não obstante a derrogação operada pelo artigo 28.º da Lei n.º 30/2000, de 29 de Novembro, o artigo 40.º, n.º 2, do Decreto-Lei n.º 15/93, de 22 de Janeiro, manteve-se em vigor não só «quanto ao cultivo» como relativamente à aquisição ou detenção, para consumo próprio, de plantas, substâncias ou preparações compreendidas nas tabelas I a IV, em quantidade superior à necessária para o consumo médio individual durante o período de 10 dias.

http://www.dre.pt/pdf1sdip/2008/08/15000/0523505254.PDF

Chapter 10:

Lei nº 25/2008 de 5 de Junho (Diário da República, 1ª série N.º108 – 5 de Junho) - Estabelece medidas de natureza preventiva e repressiva de combate ao branqueamento de vantagens de proveniência ilícita e ao financiamento do terrorismo, transpondo para a ordem jurídica interna as Diretivas nºs 2005/60/CE, do Parlamento Europeu e do Conselho, de 26 de Outubro, e 2006/70/CE, da Comissão, de 1 de Agosto, relativas à prevenção da

utilização do sistema financeiro e das atividades e profissões especialmente designadas para efeitos de branqueamento de capitais e de financiamento do terrorismo, procede à segunda alteração à Lei n.º 52/2003, de 22 de Agosto, e revoga a Lei n.º 11/2004, de 27 de Março.

http://www.incm.pt/site/resources/docs/L_25_2008.pdf

- 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*

Chapter 11:

- Resolução do Conselho de Ministros nº 62/96 de 29 de Abril – Sistema prisional português http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Controle_da_Oferta_e_da_Procura/rcm_62_96.pdf

- Decreto-Lei nº 51/2011 de 11 de Abril – Regulamento Geral dos Estabelecimentos Prisionais

http://dre.pt/pdf1sdip/2011/04/07100/0218002225.pdf

- Lei nº 115/2009 de 12 de Outubro – Código da Execução das Penas e Medidas Privativas da Liberdade

http://dre.pt/pdf1sdip/2009/10/19700/0742207464.pdf

- Despacho nº 22 058/2008, de 26 de Agosto de 2008 – Estrutura orgânica da Direcção Geral dos Serviços Prisionais (DGSP)

http://dre.pt/pdf2sdip/2008/08/164000000/3726537267.pdf

- Despacho nº 22144/2007 de 21 de Setembro do Ministro da Justiça e da Saúde – Regulamento do Programa Especifico de Troca de Seringas em Meio Prisional

http://www.dre.pt/pdf2s/2007/09/183000000/2779927801.pdf

- Decreto-Lei nº. 125/2007, de 27 de Abril - Estrutura orgânica da DGSP

http://dre.pt/pdf1sdip/2007/04/08200/26252631.pdf

- Portaria nº 516/2007, de 30 de Abril – Direcção Geral dos Serviços Prisionais (DGSP)

http://dre.pt/pdf1sdip/2007/04/08300/28222824.pdf

- Portaria 559/2007, de 30 de Abril – Direcção Geral dos Serviços Prisionais (DGSP)

http://dre.pt/pdf1sdip/2007/04/08300/29172918.pdf

- Lei nº 170/99 de 18 de Setembro – Adopta medidas de combate à propagação de doenças em meio prisional (alterada pela Lei 3/2007 de 16 de Janeiro)

http://dre.pt/pdf1sdip/1999/09/219A00/64576458.pdf

- Lei nº 109/99 de 3 de Agosto – Núcleo de acompanhamento médico ao toxicodependente

http://dre.pt/pdf1sdip/1999/08/179A00/49954996.pdf

- Despacho conjunto nº 596/99 da PCM e Ministério da Justiça – Programa Especial de Prevenção da Toxicodependência nos estabelecimentos Prisionais

http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Prevenção_e_Tratamento_da_Toxicodependência/dc_596_99.pdf

Chapter 12

- Artigo 67 da Constituição Portuguesa – Família

- Artigo 68 da Constituição Portuguesa – Paternidade e maternidade

- Artigo 69 da Constituição Portuguesa – Infância

http://www.parlamento.pt/Legislacao/Paginas/ConstituicaoRepublicaPortuguesa.aspx

- Resolução da Assembleia da República n.º 20/2001 – Combate aos maus tratos e abuso sexual sobre menores – Reforço das medidas de apoio às Comissões de Proteção de Crianças e Jovens.

http://app.parlamento.pt/violenciadomestica/conteudo/pdfs/legislacao/rar202001.pdf

- Resolução da Assembleia da República n.º 21/2001 – Recomenda ao Governo que proceda à regulamentação urgente do regime de execução das medidas de promoção e de protecção de crianças e jovens em risco previstas no N.º 1 do Artigo 35º da Lei 147/99, de 1 de Setembro.

http://www.cnpcjr.pt/preview_documentos.asp?r=184&m=PDF

- Decreto-Lei 52/2008 de 13 de Novembro (Diário da República, 1.ª série — N.º 221 — 13 de Novembro de 2008) - Aprova a Convenção relativa à Competência, à Lei Aplicável, ao Reconhecimento, à Execução e à Cooperação em Matéria de Responsabilidade Parental e Medidas de Protecção das Crianças, adoptada na Haia em 19 de Outubro de 1996

http://www.dre.pt/pdf1s/2008/11/22100/0793007953.pdf

- Decreto-Lei 11/2008 de 17 de Janeiro (Diário da República, 1.ª série — N.º 12 — 17 de Janeiro de 2008) – Regime de execução do acolhimento familiar previsto na lei de protecção de crianças e jovens em perigo.

http://dre.pt/pdf1sdip/2008/01/01200/0055200559.pdf

- Decreto-Lei 12/2008 de 17 de Janeiro (Diário da República, 1.ª série — N.º 12 — 17 de Janeiro de 2008) – Regulamenta o regime de execução das medidas de promoção dos direitos e de protecção das crianças e jovens em perigo, respeitantes ao apoio junto dos pais e apoio junto de outro familiar, à confiança a pessoa idónea e ao apoio para a autonomia de vida, previstas na Lei de Protecção de Crianças e Jovens em Perigo.

http://dre.pt/pdf1sdip/2008/01/01200/0055900567.pdf

- Decreto-Lei 91/2009 de 9 de Abril (Diário da República, 1.ª série — N.º 70 — 9 de Abril de 2009) - Estabelece o regime jurídico de protecção social na parentalidade no âmbito do sistema previdencial e no subsistema de solidariedade.

http://dre.pt/pdf1s/2009/04/07000/0219402206.pdf

- Lei nº 115/2009 de 12 de Outubro (see chapter 11)

- *Lei nº 147/99 de 1 de Setembro (*Diário da República, 1.ª série A — N.º 204 de 1 de Setembro 1999) - Lei de protecção de crianças e jovens em perigo.

http://dre.pt/pdf1s/1999/09/204A00/61156132.pdf

- Decreto-Lei nº 51/2011 de 11 de Abril (see chapter 11)

- Decreto-Lei nº 72/1999 de 15 de Março (Diário da República, 1.ª série A — N.º62 de 15 de Março de 1999) - Revê o quadro jurídico de apoio às instituições privadas, na área do tratamento e da reinserção social de toxicodependentes

http://dre.pt/pdf1sdip/1999/03/062A00/14181423.pdf

- Despacho nº 31292/2008 de 5 de Dezembro de 2008 - aprova o documento "Maus tratos em crianças e jovens - Intervenção da saúde".

http://www.cnpcjr.pt/preview_documentos.asp?r=2217&m=PDF