



European Monitoring Centre
for Drugs and Drug Addiction



SICAD

Serviço de Intervenção nos
Comportamentos Aditivos
e nas Dependências

**2014 NATIONAL REPORT (2013 data) TO THE
EMCDDA
by the Reitox National Focal Point**

**“PORTUGAL”
New Developments, Trends**

REITOX

As the Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), one of the core tasks of the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD) 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 2013 as well as new developments and trends regarding 2014. The report is divided in two main parts: summary and new developments and trends.

The National Focal Point works closely with several other Governmental Departments, namely, Ministério 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 (National Statistics Institute), Instituto Nacional Medicina Legal e Ciências Forenses (National Institute of Legal Medicine and Forensic Sciences).

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Summary

Part A: New development and trends

Drug Policy: legislation, strategies and economic analysis

The strategic options for 2013 are based on knowledge as an indispensable instrument that combines in a continuous process, innovation and quality in the implementation of policies and interventions.

With regard specifically to the measures and interventions, and the role of SICAD as a specialized service in the field of psychoactive substance use, addictive behaviours and dependencies, conditions were created to ensure the quality and effectiveness of approaches, through standardization and harmonization of responses available and contract agreements with civil society.

The referral network was established as a priority in 2013, because the priority focuses on improving the quality and efficiency of responses to citizens on issues related to Addictive Behaviours and Dependencies (CAD). The definition and clarification of concepts related to the severity of dependencies, identification of community structures most suited to respond to standard situations fall into this initiative (for more info see chapter 5).

With the establishment of this network is aimed not only to define relations of complementarities and technical support among the public institutions, but also the opportunity to leverage the extension and integration of care, depending on the actual needs of the population in terms of addictive behaviours and dependencies.

In this sense, this Referral Network under Addictives Behaviours and Dependencies includes the public health services, the different systems potentially involved in the path monitoring these populations (Social Security, Education, Public Security, Justice), as well as dispositive targeted to the problem of domestic/family, children and youth at risk and youth with adjustment problems and social inclusion, but also private entities that over time have come to play an important role in the treatment of addictive behaviours and dependencies.

The production of technical standards and guidelines also represented an important component in the work developed. This is one of SICAD's attributions, whose adoption by the services has direct repercussions in the sphere of citizens, by improving the quality of responses.

Emphasis in this context to dissuasion, which faced different levels of demand in terms of intervention, result of the production of Guidelines (*Linhas de Orientação para a Intervenção em Dissuasão*) and the corresponding specialized training of professionals, with a view to greater specialization in early detection of risk situations and referral to specialist services. Sought to thereby enhance the response capacity of the Commissions for Dissuasion of Drug Addiction, while services operating on the reduction of consumption of psychoactive substances and the prevention of addictive behaviours and dependencies.

In December 16, 2013, the Minister of Health, member of Government responsible for drugs, drug addiction and the harmful use of alcohol policy, approved the final draft of the National Plan for Reducing Addictive Behaviours and Dependencies (PNRCAD) presented to him by the National Coordinator for Dugs, Drug Addiction and the Harmful Use of Alcohol.

The PNRCAD constitutes a significant enhancement in the field of health policy, to the extent that the problems associated with CAD comprise risks and costs which are important to face due to the repercussions and impact on the lives of individuals, families and society. It will

invest in two broad areas, the demand and supply, giving a balanced importance to both approaches.

Concerning Legal Framework two important Laws were approved: 1) adding 5 (2 - aminopropyl)indole and 4-methylamphetamine to the attached tables of the main Portuguese Drug Law and one authorizing the Government to legislate on the legal regime of exploration and practice of online gaming.

In December 16, 2013, the Minister of Health, member of Government responsible for drugs, drug addiction and the harmful use of alcohol policy, approved the final draft of the National Plan for Reducing Addictive Behaviours and Dependencies.

The National Plan for Reducing Addictive Behaviours and Dependencies builds on a framework of national and international (global and European) strategies and policies dedicated to these contexts, and it presents a detailed, descriptive at the same time facilitator environment, drawing the main guidelines and recommendations on this matter.

The National Plan defines the principles underlying the reduction of addictive behaviours and dependencies policies, defining general goals as well as indicators and targets in line with the main epidemiological and morbidity data associated with the addictive behaviours and dependencies. It establishes goals to be achieved by 2016 and by 2020, through 2 Actions Plans.

Following public concern and media attention to an upsurge of new psychoactive substances, the publication of Decree Law 54/2013, in 17th April, 2013, and Administrative Rule 154/2013 of 17 April 2013, (comprising 159 substances), importing, exporting, production, distribution, advertising and selling, over the counter or through internet, forbidden these substances. Since the decree law was published, there have been no registries of Hospital emergencies due to the intake of new psychoactive substances.

From the onset it is evident that the new legal framework was able to stop to public concern in general and the upsurge of hospital emergencies in particular. The false sense of safety provided by sale over the counter of these substances ceased. Data collection from Emergency Rooms put into place by the General Directorate of Health amounted to zero cases. SICAD's data collected at Commissions for the Dissuasion of Drug Use files also showed no cases of indicted due to possession or consumption of new psychoactive substances.

Drug use in the general population and specific targeted-groups

In the Strategic cycle initiated in 2005, were carried out several national epidemiological studies that allowed trend analysis and comparability of the national situation at the European and international context, namely in the general population (2007 and 2012), in prison population (2007), in school populations (2006, 2007, 2010 and 2011) and in the driving population (2008-2009).

In the study conducted in 2012 in the Portuguese General Population (15-64), cannabis, ecstasy and cocaine were the illicit substances preferably used by the Portuguese with lifetime prevalence (at least one use experience) respectively of 9.4%, 1.3% and 1.2%. Between 2007 and 2012, in the set of the Portuguese population was verified for almost all drugs a decrease in lifetime prevalence (of any illicit drug from 12% to 9.5%) and recent use (of any illicit drug from 3.7% to 2.7%) as well as decrease in continuity rates of use (of any illicit drug from 31% to 28%). In general, the young adult population (15-34 years) presented lifetime prevalence, recent and continuity rates of use higher than the general prevalence. Near of 0.7% the 15-64 years population and 1.2% of the young adult population resident in Portugal present symptoms of cannabis dependence, corresponding to about a quarter of cannabis users in the last 12 months. The analysis by gender showed lifetime prevalence and recent use are higher men, for all drugs, although some consumption in the female group increased between 2007 and 2012, contrarily to the general pattern of evolution.

Lisbon, the Autonomous Region of Azores and Alentejo were the regions (NUTSII) that present lifetime prevalence of any drug and in the last 12 months above national averages, in the general and young adult population. In 2012, Portugal continued to present prevalence's of use of illicit substances below European average values.

Concerning the new psychoactive substances, in 2012, near 0.4% of the Portuguese population (0.9% of the young adult population) had at least one use experience in life and 0.1% in the last 12 months (0.3% of the young adult population). Similar to illicit substances, users were mostly young and male gender, Lisbon, Azores and Alentejo presented lifetime prevalence above national average.

In the context of school populations, the results of national studies have shown that the use of drugs that had been increasing since the 90's declined for the first time in 2006 and 2007, noting up in 2010 and 2011 again an increase of drug use in these populations, alerting to the need for investment in prevention. In all studies carried out in 2010 and 2011, cannabis remains the drug preferentially used (prevalence of lifetime use ranged from 2.3% in students from 13 years old and 29.7% in 18 years old), with values close to the prevalence of use of any drug (between 4.4% in students of 13 years and 31.2% in 18 years). Followed by prevalence of lifetime use far below, cocaine, ecstasy and amphetamines among younger students, and amphetamines, LSD and ecstasy among the older ones. Despite the increases registered in the prevalence of drug use between 2006/2007 and 2010/2011 especially cannabis but also other drugs such as LSD and amphetamines, the prevalence's of use of any drug among younger students (13-15 years) remain lower than the ones registered in 2001/2003.

Prevention

Over 2013, the intervention in this field was focused on the prevention of addictive behaviours and dependencies.

In order to achieve this general goal, activities were planned in accordance with the operational objectives of the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2020 (PNRCAD).

2013 was the first year of the PNRCAD implementation, after the structural reform of the State and the redefinition of policies and health services, which resulted in the extinction of the Institute on Drugs and Drug Addiction (IDT, I.P.) and in the creation of the General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), whose mission is to promote the reduction of use of psychoactive substances, the prevention of addictive behaviours and the reduction of dependencies.

PNRCAD gives a particular emphasis to the following contexts: families, schools, community, recreational settings, workplace, road traffic, prisons and sports.

Given the current situation in the country, equal access to health systems, social protection, and solidarity mechanisms is highlighted. At the same time, specific vulnerabilities in concrete population groups are addressed through a more fine-tuned and pragmatic intervention approach.

In 2013 the operational objectives for demand reduction were the following:

- Define technical and normative guidelines on addictive behaviours and dependencies intervention: Guidelines for preventive intervention in addictive behaviours and dependencies were drafted, approved and disseminated. This document (*Linhas Gerais de Orientação à Intervenção Preventiva nos Comportamentos Aditivos e nas Dependências*¹) delineates recommendations to design, implement and evaluate

¹http://www.sicad.pt/PT/Intervencao/PrevencaoMais/Documents/Linhas_Gerais_de_Orientacao_Intervencao_Preventiva_em_CAD_.pdf

interventions in health promotion and prevention of addictive behaviours and dependencies. It also intends to ensure homogeneity of practices and promote quality and efficiency in intervention undertaken by the different entities and agencies operating in this area;

- Develop intervention models and programmes to reach specific groups or contexts, in accordance with diagnosed needs: a document – “*Modelo de Avaliação das Intervenções Preventivas*”, on an evaluation model of preventive interventions based on a consolidated programme (Eu e os Outros), has been drafted and approved followed up in line with previous years by the Division of Prevention and Community Intervention.

In the ambit of environmental prevention, in 2013, two new legal instruments were adopted, changing the legal framework in alcohol; its being implemented the National Program for Prevention and Tobacco Control; 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 and the National Republican Guard.

Concerning the workplace setting, efforts were made to keep the work initiated in previous years, engaging with workplaces, their workforces, to raise awareness and bring about individual and organisational change towards a reduction in problems related to psychoactive substances consumption. Guidance was provided to develop and implement alcohol preventive interventions within workplace settings, building on evidence and good practice.

In the higher education context, several actions continued to be provided with the aim to raise awareness and promote knowledge in the field of addictive behaviours and dependencies.

Under the scope of selective and indicated intervention in school setting, among young institutionalized children and young people, a specific project – The project on Prevention of Psychoactive Substance Use, a partnership between SICAD and Casa Pia de Lisboa, has followed up, by implementing and maintaining a model of selective and indicated preventive intervention, fitting the needs and individual features of the target groups (students, families and socio-educative agents).

With reference to recreational settings, in 2013, the continuation of the partnership in the scope of an electronic music festival confirmed the possibility of an event producer, an University/Centre for research and the national agency with responsibility in this area cooperate to design and implement together a research-action project, that enables to implement and evaluate the process and the effectiveness of an innovative model of crisis intervention in recreational environments.

Develop intervention models and programmes to reach specific groups or contexts, in accordance with diagnosed needs: The implementation of PORI concretely around phase 6 – Constitution of Programs of Integrated Responses, and the implementation of Integrated System of Financial Support Programs in Health were the bulk of 2013 activities concerning this objective.

Problem Drug use

In studies on problematic drug use, was performed an analysis of different sources of information from the National Information System on Psychoactive Substances, Addictives Behaviours and Dependencies in order to initiate the definition of appropriate methods for the realisation of the estimate of problematic drug use in function of the characteristics of the available information and to establish a plan for adapting these sources to perform the estimate in accordance with the new criteria of the EMCDDA. In this year, there was also a data gather regarding the use of opiates, cocaine and cannabis, for making this estimate.

Problematic drug use, currently designated as high risk drug use, is one of the key indicators of the EMCDDA and very useful in defining treatment needs nationwide.

Results from the last 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 ARS 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 front 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 2013 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 should be noted that in 2010 came into implementation at national level the Multidisciplinary Information System (SIM) implying data migration from different systems, changes particularly in the registration criteria and progressive adjustments in the system, which imposes some caution in the evolutionary reading of data. Also the criteria for data analysis have been adapted to these changes and to SIM potentialities (e.g., elimination of double counting), implying changes in the criteria used in previous years.

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 in the cases of first treatment demands, cannabis appears as the most referred substance. In the administration of the main substance continues to be predominant the mode smoked/snorted.

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.

Health Correlates and Consequences

The National Plan for Reducing addictive Behaviours and Dependencies 2013-2020 establishes that under treatment, intervention should focus on approaches requiring an individualized diagnosis and a response based on the provision of a network that ensures adequate and continuous care, depending on the pathology and possible co-morbidities.

The Integrated Treatment Model constitutes the main axis of multidisciplinary approach in CAD, using several therapeutic resources, including specific treatment programs, risk and harm reduction, rehabilitation/reintegration programs, taking into account the diagnosis and the needs and capabilities of the patient and family and his prognosis.

Concerning infectious diseases among IDUs, ever injectors (lifetime) in treatment centres in 2013, the positivity values for HIV ranged between 3% and 16% depending on the patients group; Hepatitis B ranged between 11% and 91% and Hepatitis C ranged between 12% and 96%.

The analysis of the notifications in Portugal, i.e., the distribution of notified cases by year of diagnosis, shows a downward trend since 2000 in the number of cases diagnosed with HIV infection, mainly reflecting the decrease in cases associated with drug addiction.

With regard to drug-related deaths in the context of general registries, the data for 2013 is not yet available, so the information of general registries is, for the moment, the same as reported last year. We will up-date it, as soon as we received the information from INE, I.P.

Following a strategic recommendation of the Action Plan on Drugs 2009-2012, as well as the implementation in the last decade of several procedures to improve the quality of the national mortality statistics, since 2009 we start to present 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. It was possible to obtain information about the causes of direct death and manners of death of the cases with positive toxicological results for illicit substances, and thus distinguish among these, the cases of overdose.

Responses to Health Correlates and Consequences

The main priority established by the National Plan 2013-2020 in the area of Harm and risk reduction is: To promote and develop the existing RRMD model, which showed good results, in order to adapt it to the evolution of the phenomenon, so that effective integrated responses and interventions may be put forth, articulated with the main stakeholders operating in the domain of addictive behaviours and dependencies and associated problems.

In 2013 the two main objectives for the area of Harm and Risk reduction were: 1) maintain and strengthen the global network of integrated and complementary responses with public and private partners; 2) provide harm and risk reduction programs to specific groups.

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 programme it had avoided 7 000 new HIV infections per each 10 000 IDU at that time of existence of this.

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.

Social Correlates and Social Reintegration

Framed by the strategic options of the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2020 (PNRCAD) and the guidelines of intervention in reintegration, the approach in the context of social inclusion is focused on the needs of the individual, his characteristics and personal resources, and on the nature and degree of dependence on psychoactive substances and other addictive behaviours.

The Guidelines for Social and Community Mediation were finalized, consisting in a set of recommendations for the performance of social and community mediation under the ambit of Addictive Behaviours and Dependencies.

SICAD continues to assure the participation in the National Strategy for the Integration of Homeless People (ENIPSA). This involvement is relevant in the actual context of great economical, social and political debility faced by the country, with direct effects on the aggravation of poverty and social exclusion with all negative effects associated with it.

In the field of employment, Programa Vida Emprego (Life-Employment Program- PVE) that aims to provide an employment to drug users in treatment process in therapeutic community, outpatient or in prison settings, continues to be of vital importance in achieving effective integration pathways of users, especially those who are more vulnerable in the labour market.

Drug related Crime

In 2013 concerning the administrative sanctions for drug use, the 18 Commissions for the Dissuasion of Drug Addiction (CDT) based in every capital district of Continental Portugal instated 8 729 processes, representing the highest value since 2001 and a slight increase (+2%) in comparison to 2012, most of which were, again, referred by the Public Security Police (PSP), National Republican Guard (GNR) and Courts.

From the 7 528 rulings made, 83% suspended the process temporarily, 12% were punitive rulings and 5% found the presumed offender innocent.

The number of presumed offenders was inferior in relation to last year registering the lowest value of the last five years. Continues the trend manifested through the decade of the predominance of presumed offenders in the possession of cannabis and the increased visibility of presumed offenders in the possession of cocaine (the values registered in the last five years for cannabis and cocaine were the highest since 2002). In the case of heroin, after the downward trend verified in the first half of the decade, followed by a stability and a peak in 2009, it's verified since then a continuous decrease in the number of presumed offenders. Concerning the number of presumed offenders in the possession of several drugs, since 2011 have been decreasing, representing the value registered in 2013 the lowest since 2002.

In the context of judicial decisions under the Drug Law, in 2013, 1 474 crime processes were finalised involving 2 038 individuals, 1779 (87%) of whom were convicted. Of these, about 79% were convicted of trafficking, 20% by consumption and 1% for trafficking-use. It should be noted the increase in the proportion of individuals convicted for consumption especially since 2009, related to determination of jurisprudence about the situations for own use in a higher quantity than the one necessary for the average individual consumption amount for 10 days.

Such as occurred in 2004 and contrary to previous years, these convictions involved mainly suspended prison (52%) instead of effective prison (25%). To refer specially since 2009, the increase of convicted only sentenced with an effective fine, predominantly applied to convictions related with consumption. Similarly to previous years, the majority of these convictions were related to only one drug, maintaining the predominance of cannabis and a higher number of convictions by possession of cocaine in relation to heroin 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 2013, 2 290 (+2% than in 2012 with 2 252) individuals were in prison for crimes against the Drug Law. Since 2009 that is registered an increase (upward) trend in the number of these inmates, after continuous decline between 2002 and 2008. These inmates represent on the 31st of December 2013 near 24% in the universe of the convicted prisoner population, keeping this proportion slightly superior to the ones registered between 2008 and 2012. Most of these individuals were convicted for traffic (89%) but also for minor traffic (10%) and less than 1% for traffic-use, these percentages are in line with previous year's patterns.

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

Once more it was consolidated the growing (rising) predominance of cannabis at the level of the several supply indicators, reflecting the prevalence of drug use in the country. Cocaine continues to be the second drug with greater visibility in the domestic market, a trend that began in the second half of the previous decade, despite the stability observed in recent years at the level of most indicators. In 2013 it was found again a decrease in the visibility of heroin, reinforcing the decline registered in 2011, after the peak point in 2009 and 2010 with some indicators registering the highest values of the decade. Compared to other drugs, despite the increases verified in the last 3 years in some indicators, continue to present relative residual values.

Similar to what occurred in the last decade, in 2013 hashish was the main substance involved in seizures (3 807) and reinforcing the trend initiated in 2005, once more the number of cocaine seizures (1 108) was superior to heroin (792), followed by liamba (764) and with a much lower number ecstasy (80).

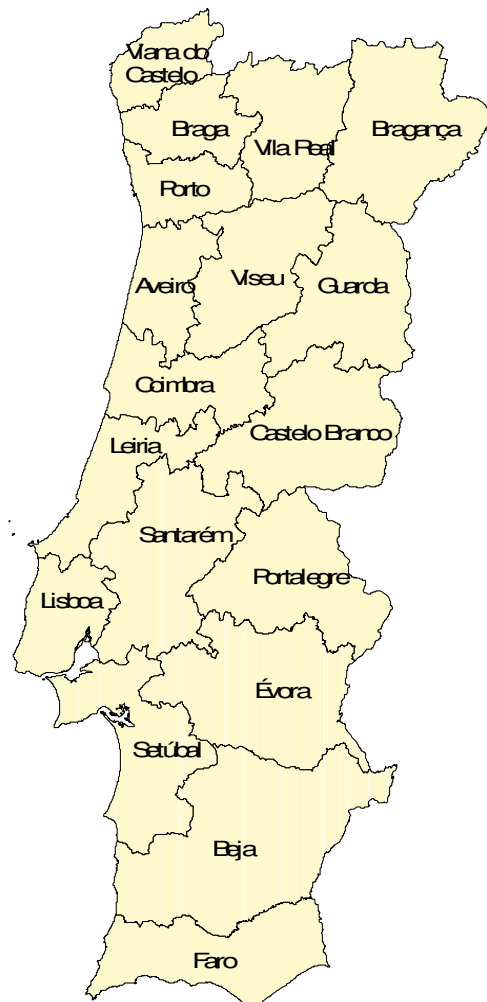
In comparison to 2012, there were decreases in the number of seizures of the several substances in analysis, namely ecstasy (-21%), heroin (-18%), cocaine (-11%), hashish (-6%) and herbal cannabis (-6%). It's worth mention that in the case of hashish and herbal cannabis, the values fit in the ones registered in the past five years, period during which were registered the highest numbers of arrests since 2002, occurring a peak of these seizures in 2012. On the other hand, the numbers of cocaine and heroin seizures have been decreasing in the last (past) years (respectively by the fourth and third consecutive years), registering in 2013 the lowest values since 2002 in the case of heroin and since 2005 in the case of cocaine.

Concerning countries of origin of the seized drugs in 2013, stood out in the ambit of international trafficking: Netherlands in the case of heroin, Colombia, Brazil and Venezuela in the case of cocaine, once more Morocco in the case of hashish and Netherlands in the case of ecstasy, the majority of the seized quantities of liamba in the country in 2013 is from unknown origin.

According to several studies, in Portugal, as in the rest of Europe, cannabis is perceived as the illicit drug of greater accessibility, reflecting the prevalence of use in the Portuguese population.

Maintains the relevance of the geostrategic position of Portugal in terms of international drug trafficking – especially cocaine, despite recent signs of greater diversification of these routes the country does not function as headquarters of most criminal organizations linked to drug trafficking.

Regarding the average prices of drugs seized at trafficker and trafficker-user level in 2013, they didn't register relevant changes in relation to 2012, with the exception of heroin that registered once more a significant decrease, representing the lowest value since 2002.



Part A

New Developments and Trends



1. Drug policy: legislation, strategies and economic analysis

1.1. Introduction

The strategic options for 2013 (framed by the SICAD's Strategic Plan 2013-15) are based on knowledge as an indispensable instrument that combines in a continuous process, innovation and quality in the implementation of policies and interventions.

Efforts were developed to ensure data quality and efficiency of processing and interpretation of information, to ensure the updated knowledge production. Priority was given to the sharing of information and knowledge transfer between stakeholders in order to enhance their value, build capacity for action and decision, planning support, monitoring and evaluation of policies and interventions and contribute to an enlightened citizenship.

Another priority was to ensure the development of technical skills, with specialized, appropriate, useful and updated knowledge, to improve the skills and expertise of professionals, particularly in the context of the tasks of SICAD as well to improve the quality of services provided.

In 2013, communication and its networks represented strategic dimensions to which we attach priority and that resulted in proposals for defining circuits and flows of clear and functional communication, especially internally, but also with external partners, an operative attempt to facilitate the exchange of information, convergence in planning, implementation, monitoring and evaluation of activities.

With regard specifically to the measures and interventions, and the role of SICAD as a specialized service in the field of psychoactive substance use, addictive behaviours and dependencies, conditions were created to ensure the quality and effectiveness of approaches, through standardization and harmonization of responses available and contract agreements with civil society.

The referral network was established as a priority in 2013, because the priority focuses on improving the quality and efficiency of responses to citizens on issues related to Addictive Behaviours and Dependencies (CAD). The definition and clarification of concepts related to the severity of dependencies, identification of community structures most suited to respond to standard situations fall into this initiative (for more info see chapter 5).

With the establishment of this network is aimed not only to define relations of complementarities and technical support among the public institutions, but also the opportunity to leverage the extension and integration of care, depending on the actual needs of the population in terms of addictive behaviours and dependencies.

In this sense, this Referral Network under Addictive Behaviours and Dependencies includes the public health services, the different systems potentially involved in the path monitoring these populations (Social Security, Education, Public Security, Justice), as well as dispositive targeted to the problem of domestic/family, children and youth at risk and youth with adjustment problems and social inclusion, but also private entities that over time have come to play an important role in the treatment of addictive behaviours and dependencies.

The production of technical standards and guidelines also represented an important component in the work developed. This is one of SICAD's attributions, whose adoption by the services has direct repercussions in the sphere of citizens, by improving the quality of responses.

Emphasis in this context to dissuasion, which faced different levels of demand in terms of intervention, result of the production of Guidelines (*Linhas de Orientação para a Intervenção em Dissuasão*) and the corresponding specialized training of professionals, with a view to greater specialization in early detection of risk situations and referral to specialist services.

Sought to thereby enhance the response capacity of the Commissions for Dissuasion of Drug Addiction, while services operating on the reduction of consumption of psychoactive substances and the prevention of addictive behaviours and dependencies.

In December 16, 2013, the Minister of Health, member of Government responsible for drugs, drug addiction and the harmful use of alcohol policy, approved the final draft of the National Plan for Reducing Addictive Behaviours and Dependencies (PNRCAD) presented to him by the National Coordinator for Dugs, Drug Addiction and the Harmful Use of Alcohol.

The PNRCAD constitutes a significant enhancement in the field of health policy, to the extent that the problems associated with CAD comprise risks and costs which are important to face due to the repercussions and impact on the lives of individuals, families and society. It will invest in two broad areas, the demand and supply, giving a balanced importance to both approaches. For more information see Chapter 1.3.

1.2 Legal Framework

Order n. ° 251/2013 of 7 January 2013 – Ministry of Health - Declares that the merging process of the Institute on Drugs and Drug Addiction I. P., in the General-Directorate for Intervention on Addictive Behaviours and Dependencies in the Regional Health Administrations, I. P., and General Inspection of the Health Activities is concluded with effects reported at 31st December 2012.

Administrative Rule 25/2013 of 14 January 2013 – Authorizes SICAD to proceed the allocation of public funding to programs and social and health structures of risk and harm reduction in the area of drugs and drug addiction, on the extinction date of the IDT, I.P.

Administrative Rule 22/2013 of 23 January 2013 – Approves the list of substances and methods forbidden in and out of sport competitions.

Administrative Rule 27/2013 of 24 January 2013 – Approves the regulation that establishes the conditions for public funding of the projects within the Programs of Integrated Responses.

Warning 4295/2013 of 26 March 2013 – Authorization for direct acquisition of narcotic drugs, psychotropic substances and their preparations conceived to SICAD, for the exclusive use of patients in substitution treatment programs (methadone).

Decree-Law n. ° 50/2013 of 16 April 2013 – Creates a new regime of provision, sale and consumption of alcoholic beverages in public places and in places open to the public. (See chapter 3.2 for more information concerning this issue).

Decree-Law n. ° 54/2013 of 17 April 2013 – Proceeds to the legal regime definition of prevention and protection against advertising and commerce of new psychoactive substances (for detailed information see chapter 1.3).

Administrative Rule 154/2013 of 17 April 2013 – Approves the list of new psychoactive substances (for detailed information see chapter 1.3).

Law n° 72/2013 of 3rd September 2013 – Thirteenth amendment to the road code, approved by Decree-Law No. 114/94, of 3rd May, and first amendment to Decree-Law n°. 44/2005, of 23 February. (See chapter 3.2). Includes a reduced blood/alcohol limit of 0.2 g/l for recent drivers (probation period i.e. licensed to drive for less than 3 years) and professional drivers, including emergency vehicles and ambulances, taxis, other passenger vehicles and heavy goods vehicles.

Decree-Law n. ° 164/2013 of 6 December 2013 – establishes the legal regime to which are subject the opening, modification and functioning of private and health care units.

Order n.º 16938/2013 of 31 December 2013 - Set down the requirements to be observed in the establishment of conventions between the State, through the General Directorate for intervention on Addictive Behaviours and Dependencies (SICAD) and private health units, whether for profit-making or not, with a view to supporting the treatment of users dependent on psychoactive substances, licit or illicit, in those treatment units.

Administrative Rule 9/2014 of 17 January 2014 – Approves the list of substances and methods forbidden within and outside sport competitions.

Administrative Rule 82/2014 of 4 February 2014 – Authorizes the General Directorate for intervention on Addictive Behaviours and Dependencies (SICAD) to carry out the process of burden sharing related to the contracts of allocation of public funding to programs and socio-sanitary structures of risk and harm reduction in the field of drugs and drug addiction.

Order n.º 2976/2014 of 21st February 2014 - Determines that the functional units providing health care in the area of intervention of addictive behaviours and dependencies within the Regional Health Authorities, IP (ARS, IP) are called units of local intervention and are in the nature of, in particular, centres of integrated responses, alcoholology units, units of withdrawal or therapeutic communities.

Law nº 22/2014 of 28 April 2014 - Amends for the twentieth time the Decree-Law No. 15/93 of 22th January which approves the legal regime applicable to trafficking and consumption of narcotic drugs and psychotropic substances, adding 5 (2 -aminopropyl)indole and 4-methylamphetamine to the attached tables.

Law nº 73/2014 of 2nd September 2014 - Authorizes the Government to legislate on the legal regime of exploration and practice of online gaming.

1.3. National action plan, strategy, evaluation and coordination

The 2013-2020 National Plan for Reducing Addictive Behaviours and Dependencies (PNRCAD)

In December 16, 2013, the Minister of Health, member of Government responsible for drugs, drug addiction and the harmful use of alcohol policy, approved the final draft of the National Plan for Reducing Addictive Behaviours and Dependencies² (PNRCAD) presented to him by the National Coordinator. As a follow up, the Minister of Health will submit the proposal to the Inter-ministerial Plan Council for Drugs, Drug Addictions and the Harmful Use of Alcohol. It will later be published on the Portuguese official journal as a Resolution of the Council of Ministers.

The National Plan for Reducing Addictive Behaviours and Dependencies builds on a framework of national and international (global and European) strategies and policies dedicated to these contexts, and it presents a detailed, descriptive at the same time facilitator environment, drawing the main guidelines and recommendations on this matter.

The National Plan defines the principles underlying the reduction of addictive behaviours and dependencies policies, defining general goals as well as indicators and targets in line with the main epidemiological and morbidity data associated with the addictive behaviours and dependencies. It establishes goals to be achieved by 2016 and by 2020, through 2 Actions Plans.

It is by all means an inter-ministerial plan, in terms of construction and design, which addresses the issue of addictions and dependencies in a balanced perspective, covering equally the domains of Demand and Supply. The Plan also includes Transversal Themes

² http://www.sicad.pt/BK/Publicacoes/Lists/SICAD_PUBLICACOES/Attachments/61/PNRCAD_2013-2020.pdf

related to the importance of the ongoing update of data and studies (Research and Monitoring), professional training (Training), communication (Communication), as well as a special focus on International Relations and Cooperation and Quality. The Plan's management areas include Coordination, Budget and Evaluation.

The Plan's second part, the first part being the contextualization of the phenomenon of addictive behaviours and dependencies in Portugal, sets strategic options, investing primarily in two domains - demand and supply.

With regard to the Demand domain, the citizen is the center of conceptualization and approach, framed according to life cycle (from unborn children to old age adults), allowing specific interventions and identifying periods of higher risk, which in turn allows focusing on strategies and interventions to be developed according to needs identified.

Contexts are Family, Community, School - Basic, Secondary, University and Professional Education, Employment, Recreation, Sport, Street, Prison, and intervention types are Prevention, Dissuasion, Harm and Risk Reduction (RRMD), Treatment and Rehabilitation. The existence of major vulnerabilities that characterize different groups allows that the focus and prioritization of actions take into account the different levels of risk in targeted populations.

With regard to the Supply domain, it is stressed the importance of reducing the availability of illicit substances and New Psychoactive Substances, to regulate and supervise the market for licit substances in terms of its addictive capacity and dependency generation capacity (alcohol, drugs, medicines and anabolic substances) and seeking to harmonize the existing legal provisions or to develop new ones in respect of gambling and gaming, in particular online.

So, in terms of orientation, the National Plan 2013-2020 highlights the citizen's centrality, diagnosis and territoriality, balanced approach and integrated responses, while improving quality and certification mechanisms.

The Life Cycle approach allows giving greater focus on developing guidelines for action, using available resources by ranking and prioritizing interventions and modulating policy development. Interventions are implemented according to socio-economic conditions, social trends and intervention strategies, to be designed according to targeted audiences.

The National Plan for Reducing Addictive Behaviours and Dependencies (PNRCAD) connects and interfaces with:

- a) The National Health Plan 2012-2016 and its Horizontal Plans;
- b) The European Strategy on Drugs 2013-2020;
- c) The EU Strategy to reduce problems related to alcohol: pregnant women, children and youth; adults and working environment; road accidents; information and communication; monitoring data and
- d) WHO's Europe Plan of Action to reduce problems related to alcohol: health services; community action and in the workplace; road accidents; availability/alcohol accessibility; marketing and advertising; pricing; reducing the effects of acute intoxication; reducing the impact of illegal alcohol, unregistered and fake alcohol; monitoring and data;
- e) WHO's Global Strategy to reduce alcohol related problems.

The National Plan for Reducing Addictive Behaviours and Dependencies matches the restructuring of SICAD – the General-Directorate to Reduce Addictive Behaviours and Dependencies, and the redefinition of Policy and Services of the Health Ministry Area policy was enlarged to cover other addictive behaviours and dependencies, expanding beyond new psychoactive substances and the harmful use of alcohol, to comprise medicines, anabolic substances and gambling. In the near future, it is envisioned to cover screen dependency (a

growing concern among children, teens and grown up students) or other dependencies, as needs arise.

It is thus proposed a single national plan in the field of addictions and dependencies from a health perspective and health promotion, to enhance the efficiency and effectiveness of interventions to reduce those behaviours, consistent with the main international and national framework, guidelines and recommendations. The National Plan aims to consolidate and make public policy more sustainable and integrated, in order to achieve health and social welfare gains and added value.

The major added value of the National Plan for Reducing Addictive Behaviours and Dependencies is the broad foundation and consistency of its designing. The National Plan was matured within the National Coordination Structure for Drug, Drug Addiction and the Harmful Use of Alcohol, taking into account the conclusions and recommendations of the internal and external evaluation of the National Plan against Drugs and Drug Addiction 2005-2012 and the National Plan for the Harmful Use of Alcohol 2010-2012. Once the National Coordination Structure adopted the conceptualization proposed by the National Coordinator to focus on Addictive Behaviours and Dependencies, and thus extending the national plan to addictions related to other substances than drugs and alcohol, and addictions with no substances, experts and stakeholders from the gambling and gaming were invited to share views, knowledge and research in order to draw on an enlarged consensus.

The first draft was subject to a one month public consultation, by decision of the Government member responsible for drugs, drug addiction and the harmful use of alcohol policy. Comments received were widely positive, and suggestions were included on the final draft.

The 2013-2016 Action Plan for Reducing Addictive Behaviours and Dependencies The National Plan for Reducing Addictive Behaviours and Dependencies (PNRCAD) defines five general objectives and indicators for seven global goals that unfold according forty two quantified targets, to be achieved by the end of two reference cycles, 2016 and 2020.

The structure of the Action Plan 2013-2016³ was drawn up in line with the PNRCAD and presents a summary table of the relationship between domains, cross-cutting themes and management plan with the various specific objectives that underline each of these dimensions in terms of overall goals, specific objectives and numbered actions that contribute to its achievement. The Action Plan 2013-2016 sets 39 specific objectives, agreed by consensus among the 150 public and private entities that committed to execute them, which will implement 134 actions.

The Action Plan 2013-2016 presents a set of grids where the actions are specified along with their timing, responsible entities for its implementation, indicators and sources of verification, facilitating its implementation, monitoring and evaluation.

The management and monitoring of both the PNRCAD and its Action Plans will be accomplished by the structure of the National Coordination for Drug, Drug Addiction and the Harmful Use of Alcohol. An executive summary of the National Plan for Reducing Addictive Behaviours and Dependencies was published. Spanish and English versions are on the way.

New Psychoactive Substances

Following public concern and media attention to an upsurge of new psychoactive substances, the publication of Decree-Law 54/2013, in 17th April, 2013, and Administrative Rule 154/2013 of 17 April 2013, (comprising 159 substances), importing, exporting, production, distribution, advertising and selling, over the counter or through internet, forbidden these substances.

The entities responsible for the inspection are: Economic and Food Safety Authority (ASAE), which will promote inspection actions and is responsible for supervising the supply chain and

³ http://www.sicad.pt/BK/Publicacoes/Lists/SICAD_PUBLICACOES/Attachments/61/Plano_Ação_2013-2016.pdf

law compliance, will assist health authorities and will prosecute, as well as apply the fines and accessory penalties set; the Public Security Police and the National Guard, that will strengthen surveillance of suspected sites as well as sites whose closure has been determined. The Criminal Scientific Police and Forensic Laboratory and the National Institute of Legal Medicine and Forensic Sciences are the competent authorities to perform toxicological and CSI analysis and provide laboratory expertise.

SICAD's General Director and National Coordinator for Dugs, Drug Addiction and the Harmful Use of Alcohol is responsible for proposing the introduction of new substances to the list and communicating to the Health Authorities the appearance of new suspicious substances.

The new law provided a time frame, from April 18 to May 10, within which shop keepers were due to render stocks voluntarily to the police authorities. Three Public Security Police stations, competent within the urban areas of Aveiro and Espinho received 225 packaging. In Lisbon and Espinho, packaging's voluntarily handed were worth 130.085,52€.

Since the decree law was published, there have been no registries of Hospital emergencies due to the intake of NPS.

The National Institute of Legal Medicine and Forensic Sciences carried a study in 2013, in conjunction with a Central Lisbon Hospital, by which 75 samples collected at the hospital were tested both at the Hospital and at the Legal Medicine Department. While 13% of the samples tested at the hospital revealed positivity for new psychoactive substances, the same samples revealed a five times higher positivity with tests carried by the Legal Medicine Department, showing the presence of two or more substances in 30% of the cases. This is considered normal, due to the different type of tests carried by both entities.

Right after the law was published, the ASAE carried a set of random inspections, by which 18 economic agents were inspected. As a result, 1 crime-process, 3 safeties related processes and 2 suspensions were filled. Products such as fertilizers, food supplements and psychoactive substances were arrested, worth 13.524,00 €, amounting to 780 units.

From the onset it is evident that the new legal framework was able to stop public concern in general and the upsurge of hospital emergencies in particular. The false sense of safety provided by sale over the counter of these substances ceased. Data collection from Emergency Rooms put into place by the General Directorate of Health amounted to zero cases. SICAD's data collected at Commissions for the Dissuasion of Drug Use files also showed no cases of indicted due to possession or consumption of new psychoactive substances.

Other drug policy developments

The Parliament was the political stage of the Conference "Health and Drug Policies." Promoted by the Portuguese Group of Activists on Treatments by HIV/AIDS, Piaget Development Agency and the Associate Consumers Survive Organized (CASO), this was a debate about the most effective responses to the problem of drug use and health in Portugal.

The conference was chaired by Jorge Sampaio, Commissioner of the Global Commission on Drug Policy, who join Icro Maremmani, President of the European Opiate Addiction Treatment Association (EuroPAD), Dagmar Hedrich, responsible for the Social Responses sector and health of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), António Vaz Carneiro, Director of the Centre for Studies in Science Based Medicine (CEMBE), Raminta Stuikyte, President of the European Civil Society Forum on Drugs, among other experts of national and international reputation, representatives of the Ministry of Health and the parliamentary groups, associations and entities of reference in the area.

With this initiative we intend to present and discuss the challenges, practices and guidelines in terms of drug policy and health, models of treatment based on evidence, and the current situation in the country, seen by the main actors (government structures, civil society and

people who use drugs) and contribute to a broader consensus on the most effective means and the way forward with regard to the promotion of health policies in the field of drugs to ensure full respect for the rights of people who use drugs.

1.4. Economic analysis

Information regarding public expenditures in the area of drugs and drug addiction is scarce and with plenty of gaps.

The fact that institutions with large competences in the field of drugs and drug addiction, such as SICAD also encompass alcohol related problems makes it difficult to present data only with drug-related public expenditures.

Until this moment it was not possible to collect data from all entities with competences in the drug area even if there is a Sub commission on Public Expenditures within the Inter-ministerial Technical Commission:

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

2.1. Introduction

Among the several studies carried out in the Drug and Drug addiction area, in this chapter is highlighted the periodic epidemiological studies with national representativity allowing the analysis of trends and comparability of the national situation in the European and international context.

In the Strategic cycle initiated in 2005, were carried out several national epidemiological studies that allowed trend analysis and comparability of the national situation at the European and international context, namely in the general population (2007 and 2012), in prison population (2007), in school populations (2006, 2007, 2010 and 2011) and in the driving population (2008-2009), almost all inserted in projects started before 2005, being the exception the study on the driving population.

In the study conducted in 2012 in the Portuguese General Population (15-64), cannabis, ecstasy and cocaine were the illicit substances preferably used by the Portuguese with lifetime prevalence (at least one use experience) respectively of 9.4%, 1.3% and 1.2%. Between 2007 and 2012, in the set of the Portuguese population was verified for almost all drugs a decrease in lifetime prevalence (of any illicit drug from 12% to 9.5%) and recent use (of any illicit drug from 3.7% to 2.7%) as well as decrease in continuity rates of use (of any illicit drug from 31% to 28%). In general, the young adult population (15-34 years) presented lifetime prevalence, recent and continuity rates of higher use than the general prevalence. Near of 0.7% the 15-64 years population and 1.2% of the young adult population resident in Portugal present symptoms of cannabis dependence, corresponding to about a quarter of cannabis users in the last 12 months. The analysis by gender showed lifetime prevalence and recent use are higher men, for all drugs, although some consumption in the female group increased between 2007 and 2012, contrarily to the general pattern of evolution. Lisbon, the Autonomous Region of Azores and Alentejo were the regions (NUTSII) that present lifetime prevalence of any drug and in the last 12 months above national averages, in the general and young adult population. In 2012, Portugal continued to present prevalence of use of illicit substances below European average values.

Concerning the new psychoactive substances, in 2012, near 0.4% of the Portuguese population (0.9% of the young adult population) had at least one use experience in life and 0.1% in the last 12 months (0.3% of the young adult population). Similar to illicit substances, users were mostly young and male gender, Lisbon, Azores and Alentejo presented lifetime prevalence above national average.

Regarding the perceptions of health risk associated with the use of drugs, according to the results of the Flash Eurobarometer-Youth attitudes on drugs, held in 2011 among young Europeans of 15-24 years, cannabis is the illicit drug that the young Portuguese attribute to a lesser proportion a high risk to health (24% for occasional use and 64% for the regular use of cannabis). Generally speaking, the perceptions of the young Portuguese follow the European averages.

In the context of school populations, the results of national studies have shown that the use of drugs that had been increasing since the 90's declined for the first time in 2006 and 2007, noting up in 2010 and 2011 again an increase of drug use in these populations, alerting to the need for investment in prevention. In all studies carried out in 2010 and 2011, cannabis remains the drug preferentially used (prevalence of lifetime use ranged from 2.3% in students from 13 years old and 29.7% in 18 years old), with values close to the prevalence of use of any drug (between 4.4% in students of 13 years and 31.2% in 18 years). Followed with lifetime prevalence of use far below by cocaine, ecstasy and amphetamines among younger students, and amphetamines, LSD and ecstasy among the older ones. Despite the increases registered in the prevalence of drug use between 2006/2007 and 2010/2011

especially cannabis, but also other drugs such as LSD, the prevalence's of use of any drug among younger students (13-15 years) remain lower than the ones registered in 2001/2003.

Despite the increase of drug use in this end of strategic cycle, the perception of the risk of regular drug use among 16 years old students increased, considering the Portuguese students more risky that use than the European average.

Results from national study implemented in 2007 in the prison population showed 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). It wasn't possible to repeat the study to assess the evolution in the end of this strategic cycle. For more information concerning this study please see chapter 9.5 of this Report.

In 2005 was also conducted a periodic study (not repeated in the end of this cycle) that allows to analyse the tendencies and the comparability in the European context about estimations on problematic drug use in Portugal, that 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. For more information concerning this study please see chapter 4 of this Report.

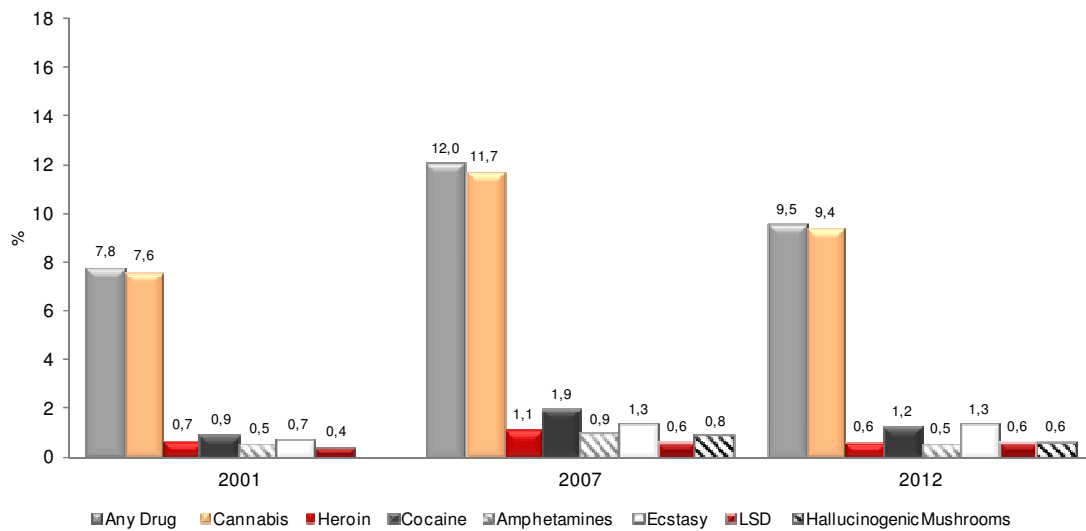
For the first time in Portugal, was conducted in this strategic cycle an epidemiological study on the prevalence of alcohol, drugs and medicines in drivers in general and in wounded or death drivers in traffic accidents, inserted in a European project. In drivers in general the prevalence of use of any illicit drug was 1.6%, being the most prevalent drug cannabis (1.4%). The prevalence of opiates was 0.2% and of cocaine 0.03%. Portugal presented a prevalence of use of any illicit drug inferior to the European average (1.9%) despite the prevalence of cannabis being very identical and opiates higher than the European average. Portugal registered a prevalence of alcohol in association with other psychoactive substances (0.4%) slightly above the European average and association of psychoactive substances without alcohol (0.2%) below this average. In the drivers that died in traffic accidents, the more prevalent illicit drugs in Portugal were cannabis (4.2%) and cocaine (1.4%) with higher values than the other three countries taking part in this study, with the exception of Norway that presented a higher prevalence of cannabis. In contrast the prevalence of amphetamines was zero, contrarily to the other countries where was the most prevalent illicit drug. Regarding the associations of these substances among the four countries in this study, Portugal registered the second lowest prevalence of associations' with alcohol (6%) and the lowest prevalence of associations without alcohol (0.4%).

2.2. Drug use in the general population

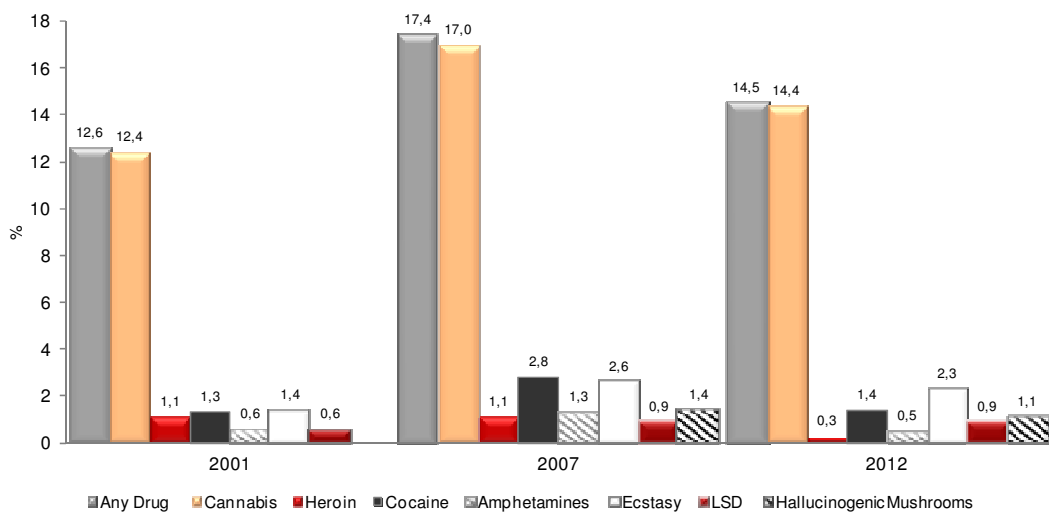
In 2012 was held in Portugal the III National Population Survey on Psychoactive Substances in the Portuguese Population (INPP – *Inquérito Nacional ao Consumo de Substâncias Psicoactivas na População Portuguesa*), Portugal 2012⁴, replicating the studies carried out in 2007 and 2001 in the general population of 15-64 years⁵ resident in Portugal. See Standard Table 1.

⁴ (Balsa et al 2013)

⁵ In 2012, the survey was carried out on a population aged 15-74, with a sample of 15-64 years for comparative purposes with the studies carried out in previous years.



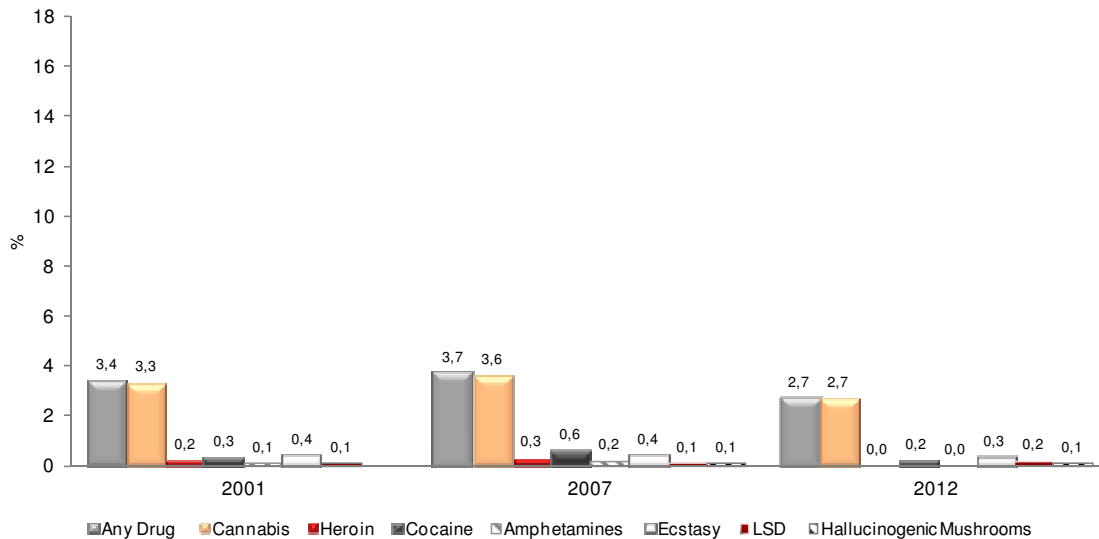
Graph 1 – General Population, Portugal – Total (15-64 years), Lifetime prevalence of use, by type of drug (%) (SICAD2013)



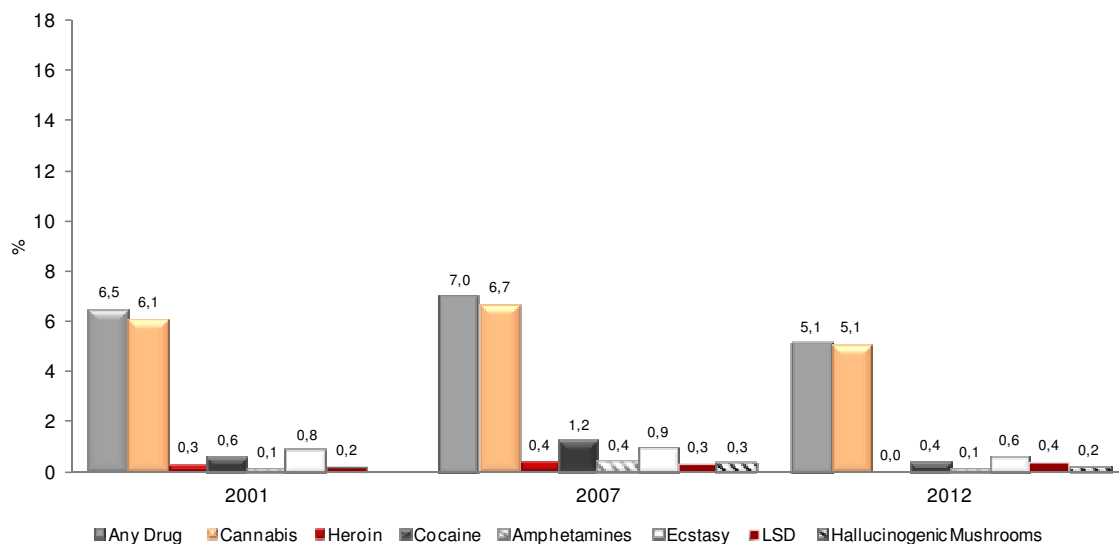
Graph 2 – General Population, Portugal – Young Adult Population (15-34), Lifetime prevalence of use, by type of drug (%) (SICAD2013)

In 2012, such as in 2007 and 2001, cannabis was the illicit substance that registered the higher lifetime prevalence of use – at least one use experience in life – and recent use – in the last 12 months at the date of the enquiry - , either in the total population (15-64) as in the young adult population (15-34). These prevalence were respectively of 9.4% and 2.7% in the total population, and 14.4% and 5.1% in young adult.

With prevalence of use much lower, ecstasy and cocaine have emerged as the second and third drugs preferentially used, being the respective prevalence very close in terms of total population, although more differentiated in the young adult population, with ecstasy presenting higher prevalence of use. On the other hand, in recent use, there is an equal prevalence use for cocaine and LSD, in the total and young adult population.



Graph 3 – General Population, Portugal – Total (15-64), last 12 months prevalence, by type of drug (%) (SICAD2013)



Graph 4 – General Population, Portugal – Young Adult Population (15-34 years), last 12 months prevalence, by type of drug (%) (SICAD2013)

Between 2007 and 2012 in the set of the Portuguese population there was a general decrease in lifetime prevalence⁶ (any illicit drug from 12% to 9.5%) and recent use (any illicit drug from 3.7% to 2.7%), with the exception of ecstasy and LSD, whose lifetime prevalence remained the same and LSD use in last 12 months increased slightly.

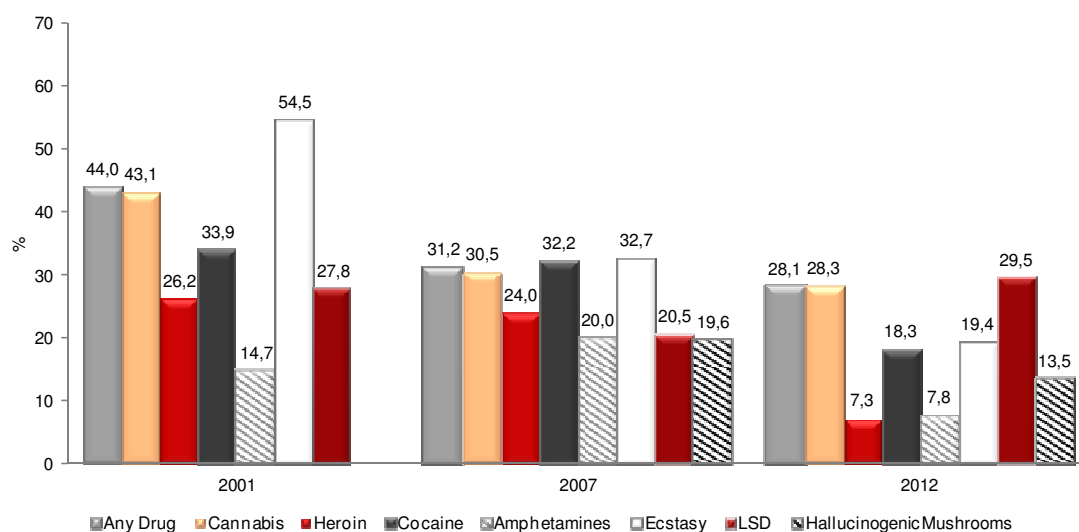
Among the young adult population was also found a generalized decrease in lifetime prevalence use (any illicit drug from 17.4% to 14.5%) and in the last 12 months (any illicit drug from 7% to 5.1%) except in the case of LSD where lifetime prevalence remained the same and recent use increased slightly.

⁶ Decreases in lifetime prevalence are not usual but sometimes important changes occur in the populations. National researchers responsible for the study analyzed several explanatory hypotheses, and advance as one of the most plausible, the changes in the social composition of the population, in the sequence of the emigration ongoing process.

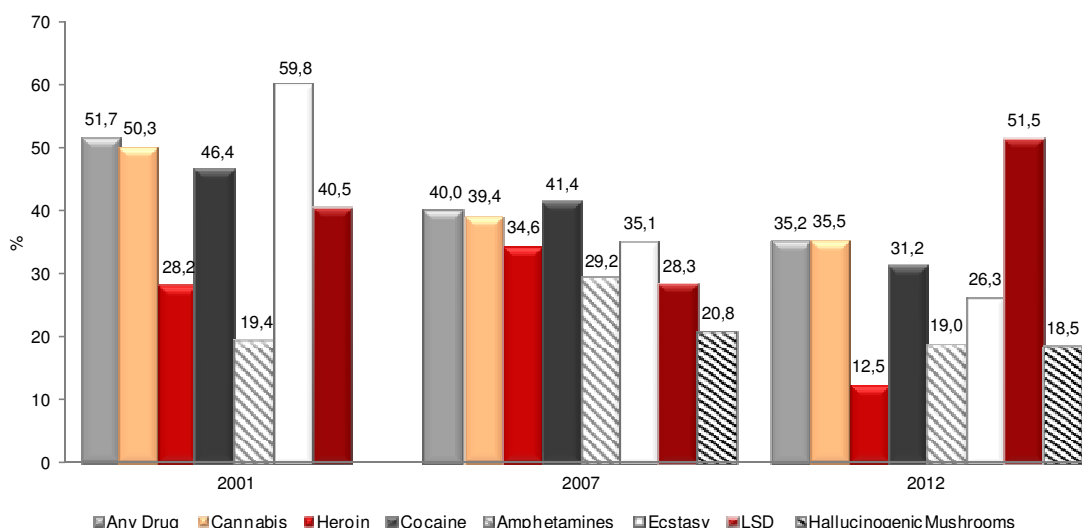
Emphasis is both in total population and in young adult population, in addition to declines in the prevalence of cannabis use, while most used substance, also of heroin, cocaine and amphetamines.

Regarding continuity rates of consumption, i.e., the proportion of individuals having used a certain substance during lifetime prevalence, declare having used that substance in the last 12 months, as expected, the young adult population presented rates (35.2 % for any illicit drug) higher than the general population (28.1% for any illicit drug) for all drugs considered.

In 2012, it is verified that the higher continuity rates of consumption are LSD and cannabis, is important, especially in the case of LSD which is the only substance that presents slight increases in the prevalence of use.



Graph 5 – General Population, Portugal – Total (15-64 years) continuity rates*, by type of drug (SICAD2013)



Graph 6 – General Population, Portugal – Young Adult Population (15-34 years), continuity rates*, by type of drug (SICAD2013)

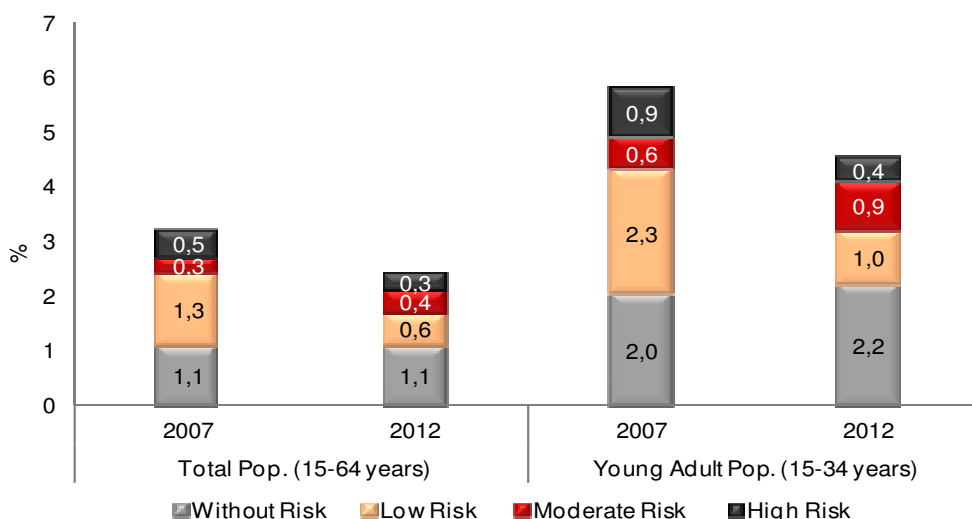
Followed by ecstasy and cocaine with higher continuity rates of consumption in both populations, substances that already in previous years arise with relevant rates.

Between 2007 and 2012, was verified a general decrease in these rates in both populations, with the exception of LSD that registered increases in the respective rates.

In respect to abusive and dependent patterns of use of cannabis is presented here the results of the Cannabis Abuse Screening Test (CAST)⁷ and the Severity of Dependence Scales (SDS)⁸.

According to CAST, applied to cannabis users in the last 12 months, in 2012, near 0.3% of the population aged 15-64 resident in Portugal had a cannabis use considered of high risk and 0.4% of moderate risk, being the correspondent percentages in the young adult population, respectively of 0.4% and 0.9%.

Between 2007 and 2012 increased the prevalence use of moderate risk both in the total population (from 0.3% to 0.4%) as in the young adult (from 0.6% to 0.9%), and decreased the high risk use in the total population (of 0.5% to 0.3%) and in the young adult (from 0.9% to 0.4%).

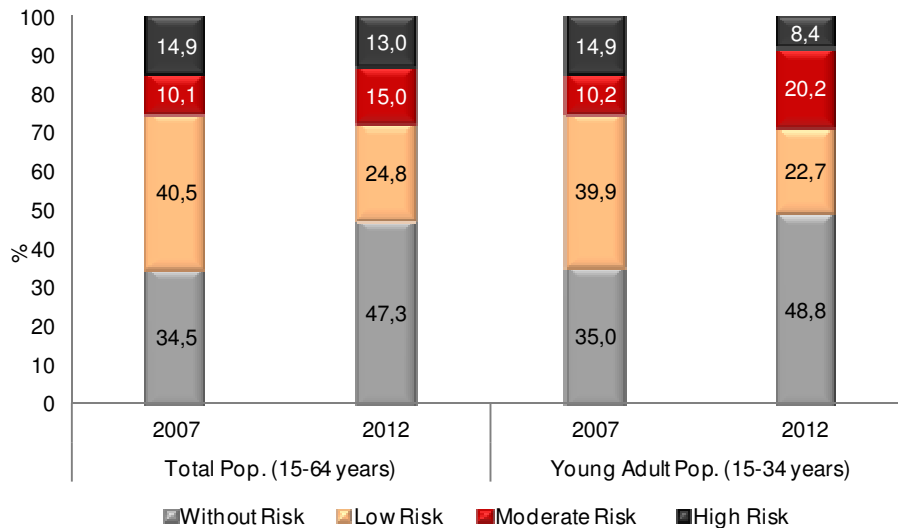


Graph 7 – General Population, Portugal – Total (15-64 years) and Young Adult (15-34 years) (SICAD2013)

If we focus on the cannabis user population in the last 12 months, over which was applied this test, we found that in 2012, near 13% of cannabis users of 15-64 years resident in Portugal had a consumption considered high risk and 15% of moderate risk, being the corresponding percentages in young adults cannabis users, respectively of 8.4% and 20.2%.

⁷ The Cannabis Abuse Screening Test (CAST), developed by the French Observatory for drugs and Drug Addiction is a questionnaire with 6 questions that seek to identify patterns and risk behaviours associated with cannabis use in the last year (Balsa2013).

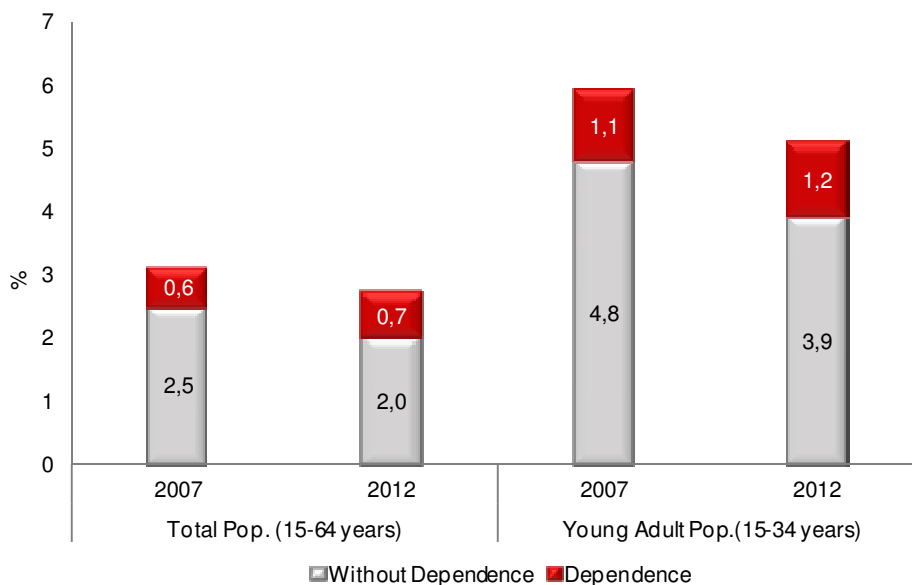
⁸ Severity of Dependence Scales (SDS) was designed to provide a small test with 5 questions and easily administered that can be used to measure the level of psychological dependence experienced by users of different types illicit substances. The wording of the items can be adapted to different types of drugs and includes instructions for the answers should refer to behaviours and experiences during a specific time period (usually the last 12 months/last year) (Balsa2013).



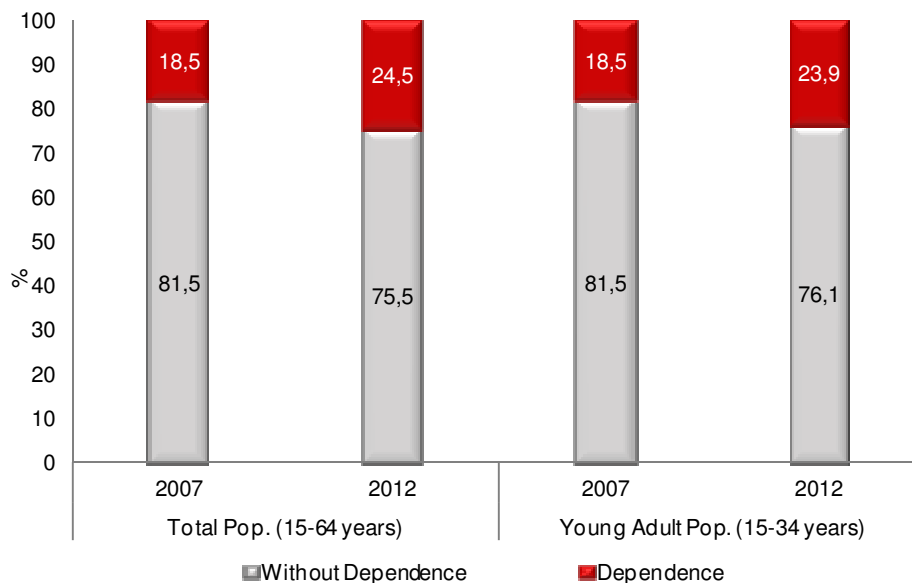
Graph 8 – General Population, Portugal – Total (15-64 years) and Young Adult (15-34 years) (SICAD2013)

Between 2007 and 2012, increased the use prevalence of moderate risk both in the cannabis users aged 15-64 (from 10% to 15%) and in the young adults cannabis users (from 10.2% to 20.2%) and decreased the high risk use in both groups of users (respectively of 14.9% to 13% in the 15-64 years and 14.9% to 8.4% in young adults).

According to the results of the evaluation test of SDS applied to cannabis users in the last 12 months, in 2012, near 0.7% of the population of 15-64 years old resident in Portugal presented symptoms of dependence on cannabis use (0.6% in 2007) and the corresponding percentage in the young adult population of 1.2% (1.1% in 2007).



Graph 9 – General Population, Portugal – Total (15-64 years) and Young Adult Population (15-34 years), Evaluation of Dependence through the Severity Dependence Scales – Cannabis) % total inquired (SICAD2013)



Graph 10 – General Population, Portugal – Total (15-64 years) and Young Adult Population (15-34 years), Evaluation of Dependence through the Severity Dependence Scales – Cannabis) % total cannabis users in the last 12 months (SICAD2013)

If we focus in the cannabis users population in the last 12 months, near 24.5% of users aged 15-64 presented dependence symptoms of this substance (18.5% in 2007), being the corresponding percentage in the young adults of 23.9% (18.5% in 2007).

Between 2007 and 2012 were registered among cannabis users' increases of the proportions of those presenting dependence of that use, particularly the increase in the youngest group (15-24 years) of users (9.8% in 2007 and 22.1% in 2012).

This points to the need for strengthening preventive measures in early ages, taking into consideration that the 15-24 years old is the age group where mostly starts the use of psychoactive substances, and, as can be seen, emerge harmful and abusive consumption patterns, which sometimes evolve into situations of dependency.

Type of Drug	Age Group 15-24 years: Age initiation of Use								
	2001			2007			2012		
	Average	Mode	Median	Average	Mode	Median	Average	Mode	Median
Any Drug	16	16	16	16	18	16	17	16	17
Cannabis	16	16	16	16	18	16	17	16	17
Heroin	19	18	18	17	18	18	19	20	20
Cocaine	18	18	18	18	19	18	19	20	20
Amphetamines	17	17	17	18	18	18	18	18	18
Ecstasy	17	18	18	17	17	17	18	17	18
LSD	18	18	18	18	18	18	20	21	21
Hallucinogenic Mushrooms	--	--	--	19	17	18	19	17	19

Table 1 – General Population, Portugal – Group 15-24 years, Age initiation of use, 2001, 2007 and 2012 (SICAD2013)

With regard to the ages of initiation of use, and focusing on the younger age group (15-24 years) where the probability of initiation use is higher, cannabis presents the earliest values, with an average age of 17 years and modal age 16 years, followed by ecstasy and hallucinogenic mushrooms with modal ages of 17 years and amphetamines with modal age of 18 years. Cocaine, heroin and LSD present later average and modal ages of initiation of use. Between 2001 and 2012, in the age group 15-24, there is a slight delay of the ages of initiation of use for most substances.

The analysis highlights higher lifetime prevalence of use in the group 25-34 years, and in contrast, the prevalence of recent use and continuity rates of use higher in the group 15-24 years (with the exception of cocaine, amphetamines and LSD). The preferential pattern of use of the Portuguese population that is similar to the young adult as a whole, presents some variations when considering these two decennial groups separately: the age group 15-24 appears with higher lifetime prevalence and recent use, after cannabis and ecstasy, hallucinogenic mushrooms and not cocaine, and in the age group 25-34 with higher prevalence of recent use after cannabis, cocaine and LSD instead of ecstasy

Concerning patterns of cannabis use of risk and dependence, the CAST results indicate higher prevalence of use considered moderate risk in the age group 15-24, on the other hand, higher prevalence of use of high risk in the age group 25-34. The SDS results indicate proportions of 22% and 26% of dependency on the group of cannabis users of 15-24 years and 25-34 years.

The general pattern of evolution in the prevalence of use between 2007 and 2012 shows some variations in the age group 15-24, with evidence of increases in the prevalence of recent use of ecstasy and hallucinogenic mushrooms, as well as the aforementioned significant increase in the proportion of dependency in the group of cannabis users aged 15-24.

The analysis by gender shows lifetime prevalence and last 12 months use higher in men for all the drugs considered here.

The preferential pattern of use of the Portuguese population, first cannabis followed by ecstasy and cocaine, maintained in both genders, in general and young adult population, except for some variations in recent use of young adult population, with women preferring the use of hallucinogenic mushrooms instead cocaine and men presenting very similar prevalence of use of cocaine, LSD and ecstasy.

Women present continuity rates of cannabis, ecstasy and hallucinogenic mushrooms use higher than men. The general pattern of evolution in prevalence between 2007 and 2012 was not maintained in both genders, to refer among the exceptions, the increases in lifetime prevalence use of ecstasy, LSD and hallucinogenic mushrooms and the increase of recent use of cannabis, among women of the total and young adult population.

Lisbon, the Autonomous Region of Azores and Alentejo, were the regions (NUTS II) presenting lifetime and last 12 months prevalence of any drug above national average in the total and young adult population.

Despite the prevalence of use of any drug mainly reflect the prevalence of cannabis use, in general were also these regions, and especially Lisbon, that registered the highest lifetime and last 12 months prevalence of for most drugs, either in the total population or in the young adult. To highlight among the exceptions, and which refers to recent use (last 12 months), Algarve, with the higher prevalence of cocaine use in young adult population in the country, and the Autonomous Region of Madeira that presents next to Azores, the higher prevalence of heroin use at national level in the total and young adult population.

In 2012, regions remain the preferred pattern of cannabis use, but, with the exception of Lisbon which presents a pattern identical to the country, the other regions present a great heterogeneity in relation to other illicit substances. Considering the recent use either in total or in young adult population, the substances with the highest prevalence of use after

cannabis are the amphetamines in Alentejo (the highest in the country), cocaine in Algarve and heroin in the Autonomous Regions of Azores and Madeira (the highest in the country).

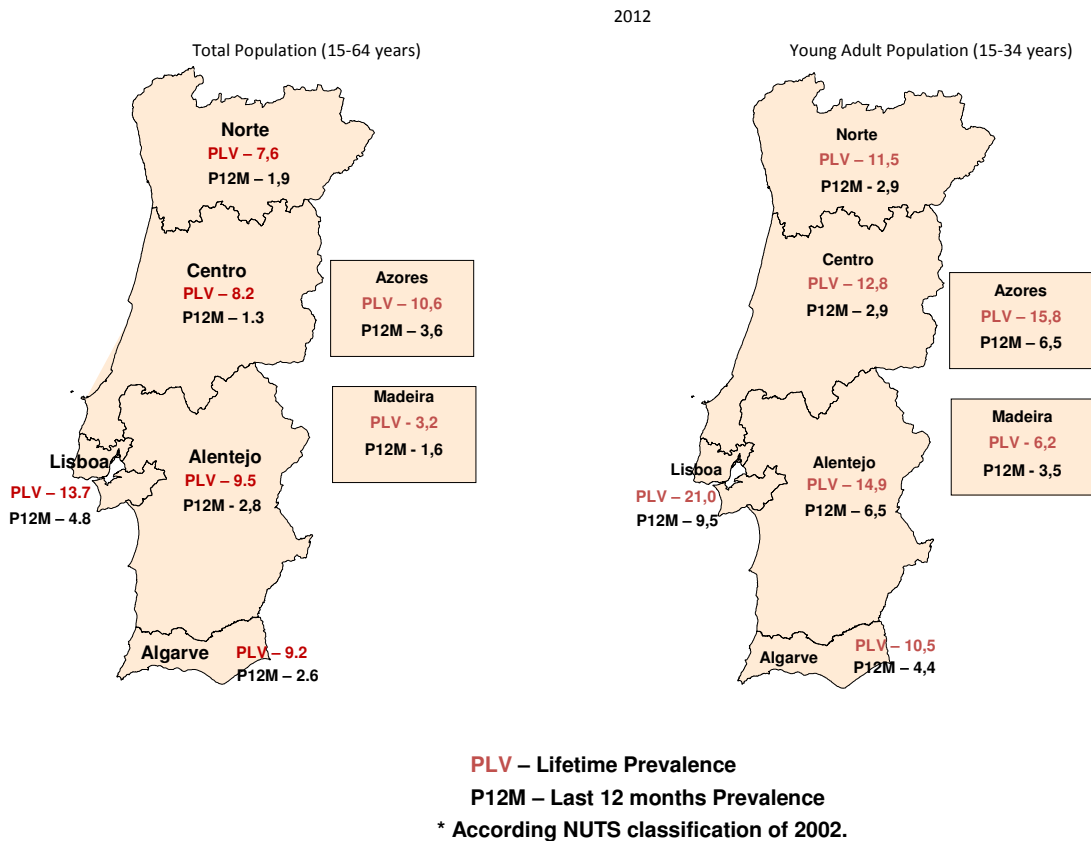


Figure 1 – General Population, Portugal: Lifetime and Last 12 months Prevalence of Any Drug, by Region (NUTSII*) (%) 2012 (SICAD2013)

The evolution pattern of recent prevalence use between 2007 and 2012 – prevalence decrease of all drugs in total and young adult population, with the exception of slight increases in the case of LSD – maintained generally at the level of regions (NUTS II) North, Centre, Algarve and Madeira (except heroin in this region, which registered recent use increases in the total and young adult population), but didn't maintained in the regions that present prevalence of use of any drug above national average, i.e. Lisbon, Azores and Alentejo. These regions registered between 2007 and 2012 increases on the recent use prevalence of several drugs, in the total and young adult population, which is reflected in increases on recent use prevalence of any drug, especially in Alentejo and Azores contrarily to what occurred at national level.

Comparatively to other European countries with studies carried out between 2010 and 2012 and the same population as reference (15-64 years), Portugal continues to present prevalence of use of illicit substances below the average values registered in those countries.

Concerning new psychoactive substances, which at the date of completion of this study were not yet under control, near 0.4% of the Portuguese population (15-64 years) resident in Portugal had already at least one experience of lifetime use and 0.1% in the last 12 months, being the corresponding prevalence in the young adult population (15-34 years) of 0.9% and 0.3%

Like the illicit substances, the users were mostly men, and Lisbon, Azores and Alentejo present lifetime prevalence of use above national average (only Lisbon and Alentejo present prevalence of recent use).

In the monitoring of trends of use of illicit drugs, it's worth mentioning the related to the risk perception associated with the use of these substances, by the populations.

According to the results of the Flash Eurobarometer – Youth attitudes on drugs held in 2011 among young Europeans of 15-24 years, the perceptions of health risk associated with the use of drugs varied according to the substances and the frequency of their use.

In Young Portuguese, the perception of high risk to health associated with the occasional (once or twice) use of illicit substances was much higher in relation to cocaine (65%) and ecstasy (51%) than to cannabis (24%). The vast majority considered as a high risk to health the regular use of cocaine (94%) and ecstasy (89%) as well as although in significantly lower proportion, the regular use of cannabis (64%).

Compared to European averages, it appears that the perceptions of young Portuguese 15-24 years, generally follow European averages, being mentioned, though with not relevant differences, the small attribution of high risk to health in the regular use of cannabis and in the occasional and regular use of ecstasy.

Differences were found out between the perceptions of non-users and users of psychoactive substances, especially cannabis and new psychoactive substances, in the sense of users perceive as less severe the risk to health associated with this consumption, as well as differences between the users' perceptions, depending on having or not recent consumption.

For example, young people who never used cannabis attributed more high risk to health to regular use of cannabis and the occasional use of cocaine and ecstasy than dropouts' users, and these, in turn, attributed more high risk to health than young people with recent consumption.

Were also found differences in these perceptions among different socio demographic segments, such as older assign higher risk to the occasional use of cocaine and ecstasy, or 15-18 years, women and full-time students allocate higher risk to regular cannabis use.

2.3. Drug use in the school and youth population

In this strategic cycle several national studies in school populations were conducted, all inserted in projects started before 2005: in 2006 the Health Behaviour in School-aged Children (HBSC/OMS⁹) (6th/8th/10th grades) and INME¹⁰ (3rd Cycle and Secondary), in 2007 the European school survey project on alcohol and other drugs (ESPAD¹¹) (16 years old students) and Estudo sobre o Consumo de Álcool, Tabaco e Drogas/Study on Alcohol, Tobacco and Drug Use (ECTAD)¹² (students from 13 to 18 years old) and again in 2010 the HBSC/OMS and in 2011, the INME, ESPAD and ECTAD.

Studies carried out between 1995 and 2003 – ESPAD in 1995, 1999 and 2003, the HBSC/OMS in 1998 and 2002, the INME in 2001 and ECTAD in 2003 – showed in general a widespread increase of drug use during that period. All these studies presented much higher prevalence's of cannabis use than other drugs. After the generalized increase of drug use in

⁹ Portugal integrates the HBSC/OMS - Health Behaviour in School-aged Children - since 1996 and is an associate member since 1998. National data of these studies are published (Matos et al., 2000; Matos et al., 2003; Matos et al., 2006; Matos et al. 2010).

¹⁰ O INME - Inquérito Nacional em Meio Escolar – was conducted by the first time in 2001 by the IDT, I.P. and was repeated in 2006 and 2011.

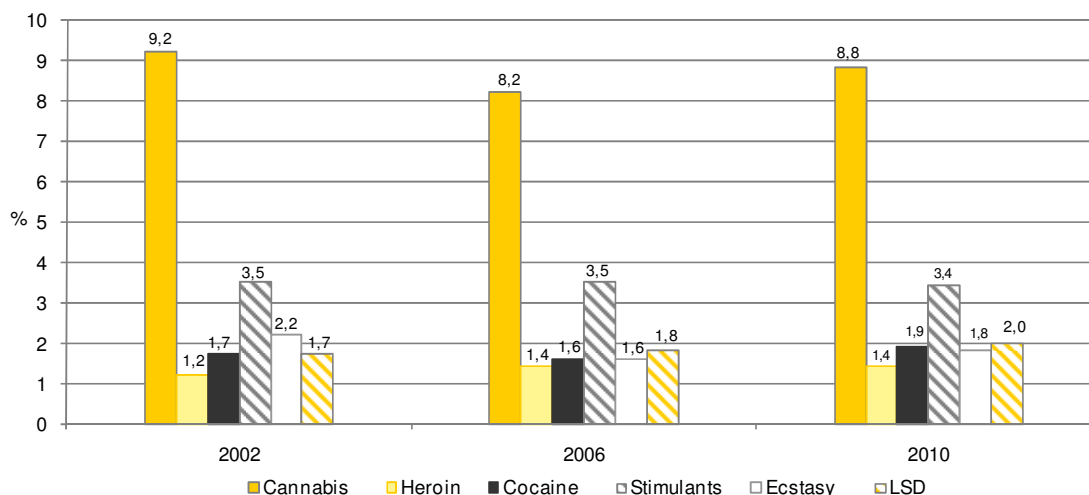
¹¹ Portugal is part of ESPAD – European School Survey Project on Alcohol and Other Drugs since 1995.

¹² ECTAD - Study on Alcohol, Tobacco and Drug Use, started in IDT, I.P. in 2003 and was repeated in 2007 (Feijão&Lavado, 2006; feijão2009) and 2011 (Feijão2012).

the period between 1995 and 2003, 2006 and 2007 studies revealed consistently decreases in drug use prevalence's.

In 2006 results from HBSC/OMS and INME showed decreases in drug use respectively between 2002-2006 and 2001-2006, emerging once more cannabis as the drug with higher prevalence of use. In HBSC/WHO, cannabis, stimulants and LSD appeared with the higher lifetime prevalence's of use highlighting the prevalence decreases of cannabis and ecstasy in relation to 2002. However there were subgroups that didn't had this declining trend of cannabis use, particularly the younger ones and the ones with lower socioeconomic status. In the INME, cannabis, cocaine and ecstasy appeared with the highest prevalence of lifetime use among students of the 3rd cycle, and cannabis, ecstasy and amphetamines, with the highest prevalence among Secondary students. It was noted between 2001 and 2006 a decrease in the prevalence of use of all drugs, in the students of 3rd Cycle and Secondary. There was also a decrease in the last month prevalence in these two groups of students with some exceptions from Secondary students.

In 2007, ESPAD and ECTAD results reinforced the downward prevalence trend of drug use seen in 2006. In ESPAD once more cannabis appeared with higher lifetime prevalence of use and with a value very close to lifetime prevalence of any drug. Between 2003 and 2007 it should be noted the decrease of lifetime prevalence use in several illicit substances. In ECTAD once more cannabis stood out with higher lifetime prevalence's in all ages followed by cocaine (except in 18 years old where ecstasy prevalence was slightly higher than cocaine). In general, lifetime prevalence use of different drugs varied in direct ratio of the ages. Between 2003 and 2007, there has been a decrease in the prevalence of lifetime use of any drug at all ages. It is however noted that the prevalence of use of any drug mainly reflect the prevalence of cannabis use and at the level of other substances not always occurred this evolution pattern in all age groups, like in the increase of lifetime prevalence of cocaine, amphetamines and heroin between 17 and 18 years old students.

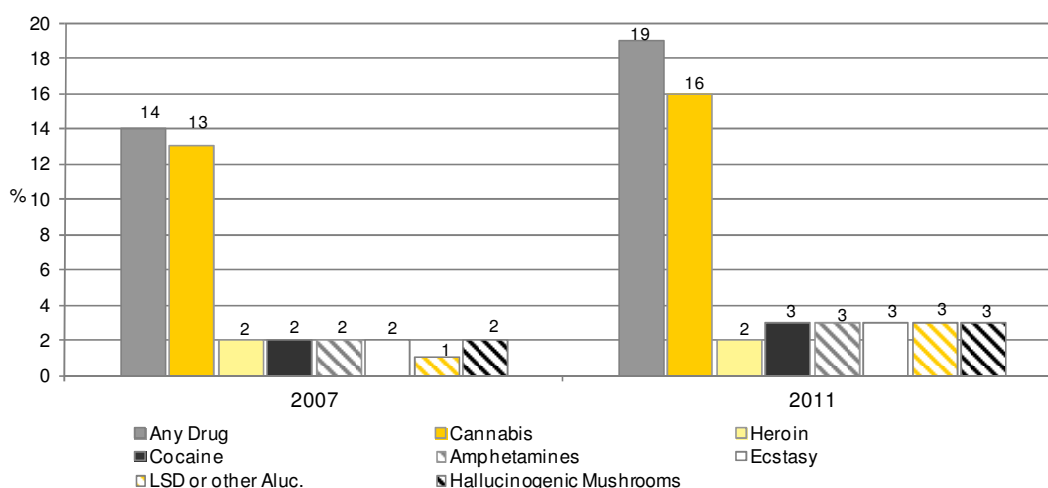


Graph 11 – School Population – HBSC/WHO (students of 6th/8th and 10th grades): Lifetime Prevalence's of use, by type of drug (IDT, IP. 2011)

After the decrease of use in 2006 and 2007, the results of national surveys carried out in 2010 and 2011 in school populations showed increases in the use, particularly of cannabis, but also other drugs such as LSD and amphetamines.

In 2010, the results of the HBSC / WHO showed an increase in the prevalence of use between 2006 and 2010, after the decrease occurred between 2002-2006¹³. 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).

In 2011, the ESPAD, ECTAD and INME results reinforced this increasing trend of prevalence use, between 2007 and 2011 in the first two and between 2006 and 2011 in the last one.



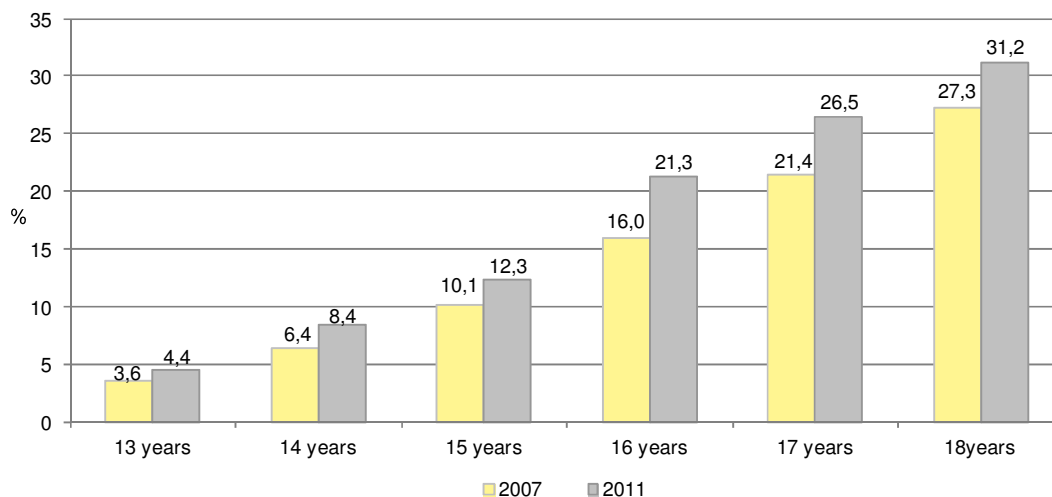
Graph 12 – School Population – ESPAD (16 years students): Lifetime Prevalence, by type of drug (IDT, I.P. 2012)

In ESPAD 2011 once more cannabis was the drug that presented the higher lifetime prevalence of use (16%) a value closer to lifetime prevalence of any drug (19%). Between 2007 and 2001 increased the lifetime prevalence of use of any drug (from 14% to 19%), decreases were verified in the prevalence of use of all drugs with the exception of heroin. The cannabis prevalence of use in last twelve months and 30 days also increased between 2007 and 2001 (respectively from 10% to 16% and from 6% to 9%). In 2011, Portugal registered prevalence's of use very similar to the European average, being in some cases superior (namely the prevalence of use of cannabis in the last 12 months and last 30 days – European averages of 13% and 7% - and lifetime use of other drugs than cannabis – 6% European average and 8% in Portugal) contrarily to what occurred in 2007, where they were overall inferior.

In ECTAD 2011, lifetime prevalence of use of any drug varied between 4,4% (13 years old) and 31,2% (18 years old). Once more cannabis stood out with higher lifetime prevalence in all ages (between 2,3% in 13 years old and 29,7% in 18 years old), followed by cocaine in the younger ones and amphetamines in the older (from 16 years old inclusively). Lifetime prevalence of any drug and cannabis varied in direct ratio of the ages, the same didn't happen with the other drugs than cannabis due to the higher prevalence in 15 or 16 years depending on the drugs. The last 30 days prevalence of cannabis use ranged between 0,7% (13 years) and 15,7% (18 years). Between 2001 and 2007 after the downward between 2003

¹³ 2006 study had already demonstrated the existence of subgroups (namely the youngest and those with lower socioeconomic status) where a decrease in the use of cannabis wasn't verified.

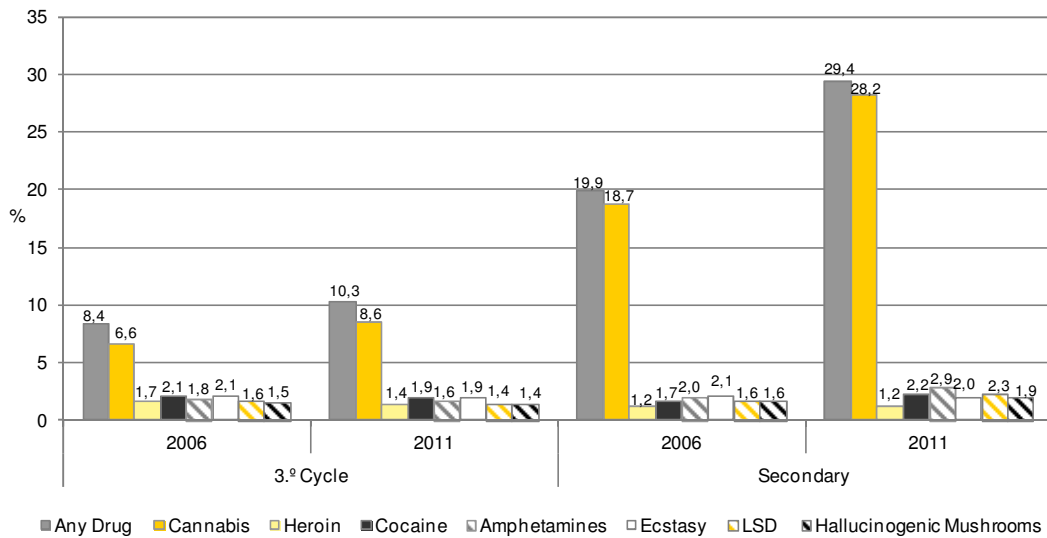
and 2007¹⁴, was registered an increase in lifetime prevalence of any drug at all ages. It is however noted that the prevalence of use of any drug mainly reflect the use of cannabis and that at the level of other substances not always occurred this evolution pattern in all ages, such as the lifetime prevalence decrease of heroin, cocaine and ecstasy among 17 and 18 years old students.



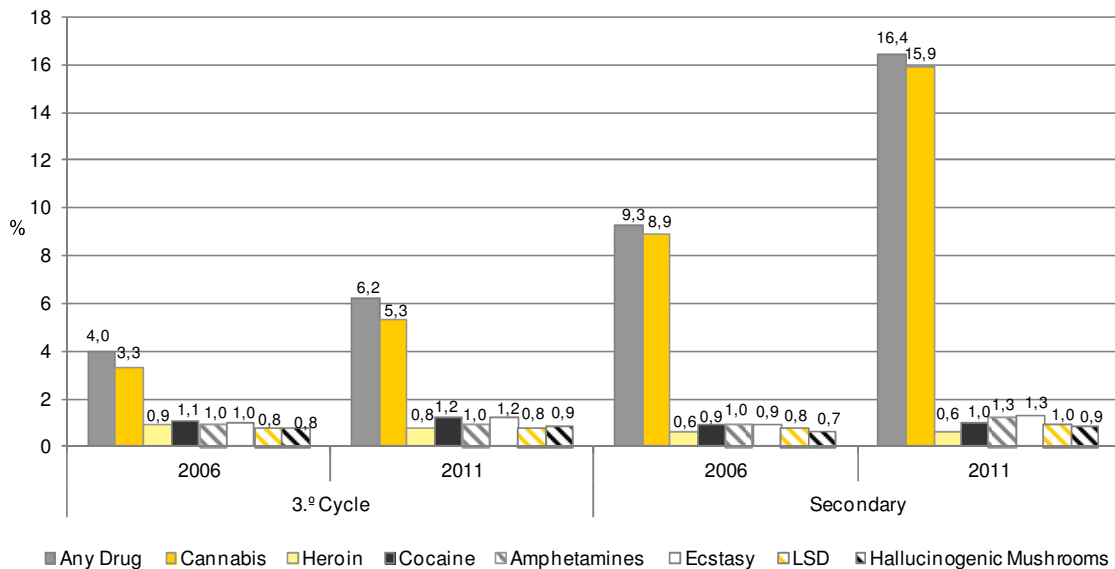
Graph 13 – School Population – ECTAD (students 13-18 years old): Lifetime Prevalence of use of Any Drug (IDT, I.P. 2012)

In INME 2011, lifetime prevalence of any drug was 10,3% in the 3rd Cycle and 29,4% in the Secondary. Cannabis once more stood out with the higher lifetime prevalence in the 3rd cycle (8,6%) and in the Secondary (28,2%). Followed by cocaine and ecstasy in the 3rd Cycle (1,9%) and amphetamines (2,9%) and LSD (2,3%) in Secondary. The lifetime prevalence of other drugs than cannabis were 3,9% in 3rd Cycle and 5,5% in the Secondary. In last year and last 30 days the prevalence of use of any drug were respectively of 8,7% and 6,2% in 3rd Cycle and 24,4% and 16,4% in Secondary, maintaining the pattern of use referred above (except in last 30 days prevalence in Secondary, where ecstasy was equal to amphetamines and higher than LSD). Between 2006 and 2011, in the 3rd cycle was found an increase in the prevalence of cannabis use and stability and even decreases in most drugs. In the Secondary an increasing trend in most drugs, apart from cannabis the increase of prevalence of use of amphetamines and LSD. Despite these increases in relation to 2006, the majority of prevalence use remained lower than the ones registered in 2001, in the 3rd cycle (with the exception of last 30 days prevalence of cannabis use) and in Secondary (with the exception of cannabis prevalence in any of the periods considered and the prevalence of use of most drugs in the last 30 days). The regional analysis by NUTS II showed that in the 3rd cycle and secondary the regions of Algarve, Alentejo and Lisbon and Tagus Valley presented prevalence of any drug use superior to national average.

¹⁴ In ECTAD 2007 had shown that among the younger students (13 years old) there was no decrease in the use of cannabis as in the other ages



Graph 14 – School Population – INME (3º Cycle and secondary): Lifetime Prevalence, by type of drug (IDT, I.P. 2012)



Graph 15 – School Population – INME (3º Cycle and Secondary): Last 30 Days Prevalence of use, by type of drug (IDT, I.P. 2012)

ESPAD results of 2003, 2007 and 2011 related to perceptions of regular drugs use, showed an increase perception of risk of regular drug use in the 2005-2012 strategic cycle. With regard to cannabis, the drug with higher prevalence of use, respectively 79%, 82% and 71% of students in 2011, 2007 and 2003 referred to be of high risk its regular use. In the case of ecstasy these percentages were 78%, 74% and 72% and in the case of amphetamines of 78%, 74% and 64%, respectively in 2011, 2007 and 2003. Compared to the European averages, Portuguese students perceived as higher risk the regular use of several drugs (in

2011, the European averages of attribution of higher risk to the regular use of cannabis, ecstasy and amphetamines, were respectively of 72%, 73% and 73%.

Generally speaking, the studies conducted in this strategic cycle presented consistent results between them, whether the level of amplitude of prevalence's, either in trends use. At the end of this cycle there are increases in prevalence use after the decrease occurred in the beginning of the cycle, alerting to the need to reinforce preventive measures in the future, where is predicted a probable aggravation of addiction and dependency related problems in a conjuncture of profound economic and social crisis and the increasing dynamism of the illicit drugs market at global scale.

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

Validation and application of an UPLC–MS/MS method for the quantification of synthetic cannabinoids in urine samples and analysis of seized materials from the Portuguese market.

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An UPLC–MS/MS method using ESI+ionization and MRM was developed and fully validated according to international guidelines for the qualitative and quantitative analysis of nine synthetic cannabinoids and/or their metabolites in urine samples (1mL). Prior to extraction the samples were subjected to an enzymatic hydrolysis using β -glucuronidase followed by a SPE procedure using Oasis[®] HLB 3 cc (60 mg) columns. The chromatographic separation was performed with an Acquity UPLC[®] HSS T3 (50 mm \times 2.1 mm i.d., 1.8 μ m) reversed-phase column using a gradient with methanol–ammonium formate 2 mM (0.1% formic acid) and with a run time of 9.5 min. The method was validated in terms of selectivity, capacity of identification, limits of detection (0.01–0.5 ng/mL) and quantification (0.05–0.5 ng/mL), recovery (58–105%), carryover, matrix effect, linearity (0.05–50 ng/mL), intra-assay precision, inter-assay accuracy and precision (CV < 20%). The method was applied to 80 authentic samples, five of them (6.2%) were confirmed or suspected to be positive for the metabolites JWH-018 N-hydroxypentyl and JWH-018 N-pentanoic acid of JWH-018 and for the metabolite JWH-122 N-(5-hydroxypentyl) of JWH-122, and three of them in association with THC and/or THCCOOH (substances included in the method, together with the 11-OH-THC). Additionally, 17 spice products were analyzed, for which were confirmed the presence of the following substances: AM-2201, JWH-018, JWH-022 JWH-073, JWH-122, JWH-203, JWH-210, JWH-250, HU-210 and RCS-4, according to the comparison with authentic reference material and published data. The analytical method developed allowed the analysis of synthetic cannabinoids and the notification of the first cases in Portugal.

Conclusions

The increasing popularity and availability of synthetic cannabinoids in all kinds of formulations recently became in Portugal a considerable public concern. Therefore, the requirement for the implementation of regulatory control actions, and the demand for the development of analytical methodologies that allows identifying and quantifying the presence of synthetic cannabinoids in different “legal high” products and/or their metabolites in biological matrices, has increased. For that reason, an UPLC–MS/MS method was developed and fully validated for the confirmation and quantification of synthetic cannabinoids in urine samples, and was subsequently applied to authentic samples allowing the notification of the first cases in Portugal. The method developed presents all the advantages of the UPLC–MS/MS technology with a reduced run time and improved sensitivity and selectivity when compared with other methodologies such as the high performance liquid chromatography–tandem mass spectrometry (HPLC–MS/MS) and GC–

MS. In addition, the method developed allows the simultaneous analysis of THC and metabolites, an important feature since from our data the consumption of synthetic cannabinoids together or sequentially to cannabis is a reality and therefore their confirmation could be fundamental to a complete and correct interpretation of the toxicological results. In addition, the qualitative analysis of cannabinoid compounds in 17 “legal high” products using a simple and fast organic extraction procedure followed by an UPLC–MS/MS method allowed the detection and identification of ten different synthetic cannabinoids. The identification of the substances that are available in Portugal allows us to orientate our future work, in terms of the substances that should be a priority to search for, in the clinical and forensic context.

[http://www.fsijournal.org/article/S0379-0738\(14\)00307-7/pdf](http://www.fsijournal.org/article/S0379-0738(14)00307-7/pdf)

3. Prevention

3.1. Introduction

Over 2013, the intervention in this field was focused on the prevention of addictive behaviours and dependencies.

In order to achieve this general goal, activities were planned in accordance with the operational objectives of the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2020 (PNRCAD).

2013 was the first year of the PNRCAD implementation, after the structural reform of the State and the redefinition of policies and health services, which resulted in the extinction of the Institute on Drugs and Drug Addiction (IDT, I.P.) and in the creation of the General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), whose mission is to promote the reduction of use of psychoactive substances, the prevention of addictive behaviours and the reduction of dependencies.

The new organic structure allocates preventive intervention, in the Division of Prevention and Community Intervention (DPIC) of SICAD, leaving to Regional Health Administrations (ARS), the operational component of health policies.

SICAD/DPIC has the following fields of competence:

- a) Define good practices, guidelines and requirements to guarantee quality in community intervention, to facilitate planning and evaluation of prevention and harm reduction programmes among psychoactive substances, addictive behaviours and dependencies;
- b) Develop, planning and coordination methodologies directed to policy making on preventive and harm reduction interventions, among addictive behaviours and dependencies;
- c) Support coordination of activities undertaken by the organisations responsible for carrying out the operation of preventive and intervention policies, among the different contexts in fields of prevention and harm reduction;
- d) Define evidence-based, technical and normative guidelines to support preventive intervention;
- e) Provide detailed diagnosis of requirements to identify national intervention needs;
- f) Guarantee an individualized free of charge support service, which preserves the user's anonymity and confidentiality, directed to counselling, guidance and referral in the field of addictive behaviours, conveyed via telephone or other media resources;
- g) Provide technical advice to the National Coordinator on Drugs, Drug Addiction and the Harmful Use of Alcohol by elaborating guidance documents, participating and maintaining institutional representation and inter-institutional working groups' coordination.

Similarly to the National Plan Against Drugs and Drug Addiction 2005-2012 ("Plano Nacional Contra a Droga e as Toxicodependências 2005-2012" - PNCDT), the PNRCAD invests in two domains: demand and supply.

On the demand-side, the adoption of a citizen-centric approach is an investment in political choices and interventions developed by life-cycle stages and contexts which form the framework of addictive behaviours and dependencies intervention.

Besides the type of intervention (prevention, in this case), the life-cycle stages and intervention contexts are two other main axis of the PNRCAD.

While the basis for life-cycle stages approach is bio-psycho-social, particular attention is devoted to the different stages of the human development, i.e., pregnancy and neonatal period, children up to 10 years old, young people aged 10-24, adults aged 25-65; adults over the age of 65. For each stage of the life-cycle, interventions identify the social groups in the population who are more likely to have problems associated with this phenomenon, who adopt risk behaviours or who are more vulnerable to risk factors. Likewise, interventions identify also reasons for vulnerability or resilience to these behaviours or problems. Thus, for each stage in the life cycle, specific needs have been identified; taking into account the risk and protection factors and bearing in mind that prevention should focus on risk behaviours and on deterioration of health determinants, in order to contribute to health gains and to social well being.

Oftentimes, group identification is directly related to social contexts in which they operate. In this scope, a context approach facilitates planning and monitoring towards actions that do not induce consumption and/or counteract consumption induction. PNRCAD gives a particular emphasis to the following contexts: families, schools, community, recreational settings, workplace, road traffic, prisons and sports.

Given the current situation in the country, equal access to health systems, social protection, and solidarity mechanisms is highlighted. At the same time, specific vulnerabilities in concrete population groups are addressed through a more fine-tuned and pragmatic intervention approach.

In 2013 the operational objectives for demand reduction were the following:

- Define technical and normative guidelines on addictive behaviours and dependencies intervention: Guidelines for preventive intervention in addictive behaviours and dependencies were drafted, approved and disseminated. This document (Linhas Gerais de Orientação à Intervenção Preventiva nos Comportamentos Aditivos e nas Dependências¹⁵) delineates recommendations to design, implement and evaluate interventions in health promotion and prevention of addictive behaviours and dependencies. It also intends to ensure homogeneity of practices and promote quality and efficiency in intervention undertaken by the different entities and agencies operating in this area;
- Develop intervention models and programmes to reach specific groups or contexts, in accordance with diagnosed needs: a document – “*Modelo de Avaliação das Intervenções Preventivas*”, on an evaluation model of preventive interventions based on a consolidated programme (Eu e os Outros), has been drafted and approved followed up in line with previous years by DPIC.

Concerning the workplace setting, efforts were made to keep the work initiated in previous years, engaging with workplaces, their workforces, to raise awareness and bring about individual and organisational change towards a reduction in problems related to psychoactive substances consumption. Guidance was provided to develop and implement alcohol preventive interventions within workplace settings, building on evidence and good practice.

In the higher education context, several actions continued to be provided with the aim to raise awareness and promote knowledge in the field of addictive behaviours and dependencies.

Under the scope of selective and indicated intervention in school setting, among young institutionalized children and young people, a specific project – The project on Prevention of Psychoactive Substance Use, a partnership between SICAD and Casa Pia de Lisboa (CPL), has followed up, by implementing and maintaining a model of selective and indicated

¹⁵http://www.sicad.pt/PT/Intervencao/PrevencaoMais/Documents/Linhas_Gerais_de_Orientacao_Intervencao_Preventiva_em_CAD_.pdf

preventive intervention, fitting the needs and individual features of the target groups (students, families and socio-educative agents).

With reference to recreational settings, in 2013, the continuation of the partnership in the scope of an electronic music festival confirmed the possibility of an event producer, an University/Centre for research and the national agency with responsibility in this area cooperate to design and implement together a research-action project, that enables to implement and evaluate the process and the effectiveness of an innovative model of crisis intervention in recreational environments.

Develop intervention models and programmes to reach specific groups or contexts, in accordance with diagnosed needs: The implementation of PORI concretely around phase 6 – Constitution of Programs of Integrated Responses (PRI), and the implementation of Integrated System of Financial Support Programs in Health (SIPAFS) were the bulk of 2013 activities concerning this objective. The Integrated System for projects Financial Support is an online management database for projects financed by several departments and agencies of the Health Ministry. The calls for tenders are open through this online database and the process of monitorization and evaluation (technical and financial) is also implemented in this online platform. This system will facilitate the communication between the entities involved in the implementation of the projects and will allow a global overview of the main characteristic of the projects implemented in the framework of the Health Ministry.

The launching of calls for tender for interventions on addictive behaviours and dependencies field was focused on selecting adequate responses to respond the previously identified problems.

- Projects development following new research lines: The study on the Consumptions and Life Styles in Higher Education in Lisbon University carried out by SICAD, contributed to this Objective, whose preliminary results were disseminated (for more information see subchapter 3.3).
- Foster the use of new technologies as information-sharing channels: A great deal of DPIC attention was given to preparing structure and contents of SICAD website, specifically in the “Intervention” section.
- Develop technical skills among professionals who intervene on addictive behaviours and dependencies: Several training sessions/ awareness raising/ information actions on prevention of addictive behaviours and dependencies were carried out to target professionals, teachers, workplace key actors, students, among others.

3.2. Environmental Prevention¹⁶

Despite targeting predominantly legal psychoactive substances¹⁷, environmental prevention is important because early, widespread and intense use of legal psychoactive substances as alcohol and tobacco are related to illicit drug use in many countries.

The scope of environmental prevention refers to developing contextual strategies and mechanisms to influence social and environmental standards.

In the ambit of environmental intervention, in 2013, two new legal instruments were adopted, changing the legal framework in the field of alcohol:

The Alcohol Law (Decree-Law 50/2013): Creates a new regime of provision, sale and consumption of alcoholic beverages in public places and in places open to the public.

- a) Defined restrictions on the availability, sale and consumption of alcoholic beverages, since it prohibits the sale of spirits, or equivalent, to those under 18 years of age and all alcoholic beverages, spirits and not spirits, who have not completed 16 years of age. So, there's a change on the legal age for the consumption of spirits from sixteen to eighteen, keeping the legal limit of the sixteen years for other alcoholic beverages;
- b) It forbidden the provision, sale and consumption of alcoholic beverages between 00:00 and 08:00 hours in any commercial establishment, except in restaurants and bars;
- c) totally prohibits the provision, sale and consumption of alcoholic beverages in service stations located on highways or outside towns;
- d) with regard to the consumption of alcohol outside the licensed area of an establishment, it is allowed only using lightweight containers.

The Law, 72/2013 of 3 September, which includes a reduced blood/alcohol limit of 0.2 g/l for recent drivers (probation period i.e. licensed to drive for less than 3 years) and professional drivers, including emergency vehicles and ambulances, taxis, other passenger vehicles and heavy goods vehicles.

The Law on New Psychoactive Substances started to be discussed at regional level. Later in time there was a national follow-up with the introduction of "the judicial regime of prevention and marketing and sale of new psychoactive substances" (Decree-Law 54/2013 of 17 April 2013 and Administrative rule 154/2013 of 17 April 2013). See chapter 1.3 for more information.

With the conclusion of the National Plan for reducing Alcohol-related Problems (PNRPLA) 2010-2012, and the beginning of a new strategic cycle (2013-2020) on the basis of the National Plan for the Reduction of Addictive Behaviours and Dependencies (PNRCAD) the National Alcohol and Health Forum (FNAS) passed along 2013 through a process of

¹⁶ Definition (from AR): Environmental prevention strategies aim at altering the immediate cultural, social, physical and economic environments in which people make their choices about drug use.

Regarding alcohol: alcohol taxation (% of VAT and additional taxes); blood alcohol concentration allowed for drivers - to which extent is it reinforced?; age limits for purchasing (or consuming) alcohol. Differences for type of alcohol? Beer - spirits. - to which extent is it reinforced?; distribution: outlet density and licensing restrictions and control, restriction of hours or days of sale; public policy: rules regarding drinking on the street, garbage and other alcohol-related nuisance - to which extent is it reinforced?; Background information and public debate
http://www.eurocare.org/resources/country_profiles/relevant_documents/scaling_alcohol_policies_in_europe

Regarding tobacco: price of cigarettes and other tobacco products (taxation); smoke free work and other public places - to which extent is it reinforced?; age limits for purchasing (or consuming) tobacco products - to which extent is it reinforced?; comprehensive bans on advertising and promotion; treatment to help dependent smokers stop; Background information and public debate

In recreational settings: Age limits for being out (on the street or in night-life venues) - to which extent is it reinforced?; Responsible serving programmes; mandatory cooperation of the leisure industry with authorities; provisions for administrative license suspension?; sobriety checkpoints (in or around venues); Background information and public debate
If available, report here also any information on: strategies to improve school climate and promote protective school environments, strategies to improve neighbourhood cohesion and climate, community coalitions, community watch schemes.

¹⁷ <http://www.emcdda.europa.eu/themes/prevention/environmental-strategies>

reflexion. This involved assessing the route carried out, the renewal of its members, the release of new dynamics of functioning and the opening of the approval process of new action commitments from the members. It is recalled that in FNAS are gathered representatives of the different sectors linked to alcohol, having extended its composition from 56 to 74 entities.

The Palace of the Marquesses da Praia and Monforte, in Loures, usual meeting place of the National Alcohol and Health Forum, hosted last May the eighth meeting of FNAS. The program was devoted to approval of new commitments, as well as area members of FNAS Directory of Alcohol. Another highlight of the event was the official signing of the engagement letter, which will guide the operation of the Forum during this second cycle (2013-2016).

The 74 commitments developed in the outgoing cycle focused on areas such as the protection of children and young people, the reduction of accidents resulting from alcohol abuse, the prevention of harmful consumption effects in employment context, inform, educate and raise awareness on the impact of the consequences of alcohol abuse covering contexts such as the Health, Education, Social, Labour, Recreational, Commercial, Sports among others.

While consultative body, FNAS contributed to the discussion of normative documents published in 2013. Alcohol's new law was discussed with the members and the PNRCAD was the subject of reflexion at a special session of the Forum and some proposals were made on the content of the Plan.

Regarding Tobacco, the legal regime applied in Portugal prohibits smoking in enclosed areas (Law n. º 37/2007 of 14 August). The main goals are to reduce the exposure of passive smokers, to limit the possibility of smoking and creating conditions for smokers to cease consumption, including through restrictions on the level of publicity regarding the use and sale of tobacco, the banning of smoking in public places, changes in reimbursement of medicines for smoking cessation, among others.

In Portugal, Law 37/2007, established "norms for the protection of citizens from involuntary exposure to tobacco smoke and measures of reduction in demand related to dependence and cessation of consumption."

In this context, smoking was considered a priority health problem in the framework of the National Health Plan 2012-2016, thus justifying the creation of the National Program for Prevention and Tobacco Control (PNPCT) as Order No. 404 / 2012 of the Secretary of State Assistant to the Minister of Health.

It is intended, with this program, setting objectives to be achieved until 2016, outline the main strategies of intervention and create the conditions for its effective implementation, monitoring and evaluation.

The main goals of the program are to reduce the prevalence of smoking (daily or occasional) in population with 15 or more years in at least 2%, until 2016 and to eliminate exposure to environmental tobacco smoke.

The PNPCT is structured in the following nuclear strategic axes:

1. prevent the initiation of tobacco consumption among young people;
2. promote and support the tobacco cessation;
3. protect from the exposition to environmental tobacco smoke;
4. Inform, alert, and promote a social climate favourable to not smoke;
5. Monitor, evaluate and promote professional training, research and knowledge in the field of prevention and control of smoking.

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.

GNR data indicates that in 2013, apart from the proximity policing and offence dissuasion, these law enforcement agents were also involved in training and awareness raising initiatives in schools. The initiative targeted 6 406 schools covering a universe of 765 778 students and 1 067 prevention operations were made.

In the school year 2012/2013, the Public Security Police continued to ensure safety in school establishments in their area of responsibility.

In the school year 2012/2013, PSP teams promoted more than 5 841 awareness/information actions at national level, focussing especially in issues such as alcohol and drugs (684 actions).

In the school year 2012/2013 from the 2 560 schools covered were involved 846 971 students.

3.3. Universal prevention

The implementation of universal prevention strategies has been achieved through a set of responses that are meant to prevent use and abuse of licit and illicit psychoactive substances 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 SQ25 for description of framework and availability of responses), approached in several school subjects mainly in Sciences, Biology and Civic Education.

Significant political changes within the Ministry of Education structure took place recently, creating new challenges to preventive intervention in school but not jeopardizing the continuation of work previously undertaken.

In 2013, school-based prevention 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; Ministry of Health (through SICAD) by the prevention component of PORI and the Ministry of Home Affairs (Public Security Police - PSP and National Republican Guard - GNR).

The liaison with the five Regional Directorates of Education (DRE), in particular with their health promotion interface, was a crucial element for the monitoring and follow-up of interventions on Promotion and Health Education (PES) and for intervention in the school setting.

Throughout 2013, several prevention actions and projects were nationally developed in the school setting, either from an overall perspective of health promotion or focusing specific aspects of addictive behaviours and dependencies, contributing to reinforce effective and evaluated universal prevention activities, namely the analysis of the content, either in disciplines or non-discipline curricular areas, concerning psychoactive substances and dependencies. Activities were developed by teachers, involving students and oftentimes interfaces working in this area: public health care centers, municipalities, SICAD, NGOs, among others.

Universal prevention strategies were combined with more focused interventions like “Eu e os Outros” and also “Trilhos”, which have been preferred in relation to less structured approaches. “Trilhos” is a comprehensive programme of prevention and intervention in school setting within a 3 years period, considering 4 components: informative, decision-making and problem-solving, emotional regulation and communication skills. It aims to reduce the number of students who start using tobacco, alcohol and cannabis before the age of 15. The program was applied, by teachers, with a handbook as support material.

During 2013, Trilhos implementation took place in the North and Lisbon and Tagus Valley Region. In the North Region were involved 69 teachers from 11 schools, covering a total of 1 823 students of the 3rd cycle. In Lisbon and Tagus Valley Region the implementation of the program involved 119 applicators in 13 schools covering 2 070 students of the 3rd cycle. In total, were core covered by Trilhos at national level 3 893 individuals.

Project “Eu e os outros” - Me and the Other’s (see SQ 25 Mustap Questionnaire)

Project Me and the Other’s was created in 2006 and was designed to promote knowledge on psychoactive substances related problems and its resources and tools, as the official website (www.sicad.pt and www.tu-alinhas.pt), the help-line (Linha1414), email, chat, etc.

It is based on the use and exploration of interactive narratives covering different topics related to adolescence, addressing the use of psychoactive substances integrating related issues relevant in everyday life of young people, such as sexuality, violence, eating habits, exercise and health, school dropout, etc. This program is targeted to young people between 12 to 18 years old.

In 2013, materials contents were validated by institutional partners and greater articulation with ME/DGE (Ministry of Education/General Directorate of Education) was ensured, by investing in the accreditation process of teachers involved in the programme and by providing teachers training on Promotion and Health Education in order to become 1st line professionals in school setting for the implementation of the project.

By the end of the 2013 school year, 87 institutions were covered (schools, professional schools, social security institutions, Private Social Solidarity Institutions (IPSS), 567 applicators with different backgrounds (teachers, psychologists, social workers, socio cultural animators) were involved and 6 093 young people were trained to participate (young people from 9 to 23 years old), covering all country.

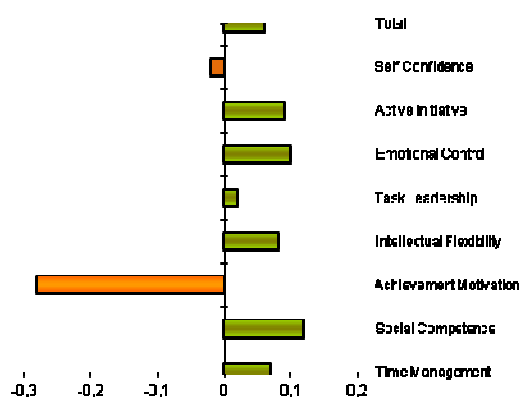
	Professionals	Institutions	Applicators	Players
2010	39	145	544	9 459
2011	43	166	543	9 871
2012	39	181	543	12 449
2013	46	87	567	6 093

Table 2 – Number of people involved on the project in 2010-2013 (SICAD2014)

The significant decrease in figures concerned with the programme execution is a reflection of the adjustments made in educational policies of the Portuguese Ministry of Education, during the last years, which resulted in the extinction of non-curricular areas such as education for citizenship, project area or assisted study, where the programme was initially implemented.

One of the tools used for this exercise was a self-efficiency/effectiveness evaluation scale (LEQ - Richards, G. E., Ellis, L. A., Neill, J. T. 2002), and the responses were inserted in an online database (online questionnaire of Google), to be completed by the applicators.

In the school year 2012/13, the LEQ scale was applied to young people exposed to “Me and the Others” Programme, with a sample of 135 students.



Graph 16 – General Variation of Effectiveness Effect by factor 2011/2012 (SICAD2014)

The green bar represents the improved effects in our sample: it was evident in all factors, except in achievement motivation, the positive effect of auto efficiency in general. When comparing these outcomes to last school year results, a remarkable increase was noted in all factors, although motivation for goals is still the factor without positive effect, possibly an aspect to be considered in the intervention.

Efects	2009/10	2010/11	2011/12	2012/13
Time Management	0,04	0,13	0,12	0,07
Social Competence	-0,06	0,06	0,06	0,12
Achievement Motivation	-0,22	-0,03	-0,081	-0,28
Intellectual Flexibility	-0,02	0,07	0,05	0,08
Task Leadership	0,10	0,24	0,11	0,02
Emotional Control	0,07	0,22	0,14	0,10
Active Initiative	-0,03	0,06	0,04	0,09
Self Confidence	-0,01	0,04	0,03	-0,02
Total	0,01	0,15	0,11	0,06

Table 3 – General Variation of effectiveness by factor, comparing 2009/2010, 2010/2011, 2011/2012 and 2012/2013 (SICAD RA2013)

The table above represents the effect variation by comparing 2009/10, 2010/11, 2011/12 and 2012/2013 significant improvements were verified.

Besides the implementation of the Program, during 2013, two new actions were introduced in Me and the Others programme. After developing the 9th narrative, based on the suggestions of focus groups experts' evaluation, a quasi-experimental procedure (experimental group vs control group, pre and post test for comparing results) was adopted to validate the narrative, by the involvement of a small group of adolescents (between 14 and 18 years old from the 7th and 11th school grade, n= aprox. 100 for each group). The bias depending of the applicator's individual features was controlled by restricting their number to the minimum (3 applicators). By the end of 2013, the 9th narrative started to be tested with a larger group of applicators (3th step of the validation process). This process is foreseen to be continued during 2014.

Simultaneously, a new instrument of support and evaluation was prepared covering knowledge, attitudes, behaviours, general social emotional skills and perceived self-efficacy referring to alcohol consumption. A document on an evaluation model of preventive interventions based on a consolidated programme - "Eu e os Outros", has been drafted and approved.

The document "Evaluation Model of Preventive Interventions", aims to provide an evaluative basis for the different narratives of the "Eu e os Outros" Program, differentiating objectives and content covered. The four protocols presented maintain as joint structure, assessment of: 1) knowledge in the field of alcohol, tobacco, cannabis and psychoactive substances in general, 2) attitudes towards being on the effect of those, 3) expectations towards consumption, 4) consumption pattern, 5) consequences of that, 6) perception of self-efficacy in managing situations and 7) social-emotional skills.

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). It intends to respond to the academic community (prevention, risk reduction and treatment) in the scope of the use of psychoactive substances.

In the Higher Education Context, information/awareness intervention on psychoactive substances and associated harms continued to be carrying out as in previous years. In articulation with the National Council for Youth (CNJ) a letter of good practices on harm

reduction in academic festivals context was drafted in 2012, with the participation of the Academic Students Associations, assuming the responsibility of adopting those orientations on future events.

During this process a new training process was organized for the leaders of those Academic Associations, based in a partnership between de CNJ and the SICAD. Additional workshops were carried out in specific Universities during 2013, namely in Medicine University, Psychology, Nursing and Social Work Schools, among others.

Simultaneously, at local level, interventions continued to be developed in the academic festivals of universities and polytechnic institutes. The strategy adopted was based on peer work, supported by the training of volunteers on outreach approaches during the events, developed by prevention and harm reduction professionals. There is no quantitative information about the extension of this intervention.

Also in 2013, The Council of Rectors of Portuguese Universities (government – CRUP - and private - APESP) and the Portuguese Polytechnics Coordinating Council (CCISP) joined the National Alcohol and Health Forum (FNAS).

Lastly, during 2013, the study on the Consumption and Life Styles in Higher Education in Lisbon University¹⁸ was completed. This study initiated in 2012, is the result of a partnership between the National Youth Council (CNJ), the Youth Permanent Observatory /Institute of Social Sciences (OPJ/ICS-UL) and the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD). It aims to evaluate the lifestyles of students at Lisbon University (ULisboa), in health and wellness, sports and leisure practices, diet, drinking alcohol and other psychoactive substances.

Preliminary results were disseminated (report to be published during 2014). Data collection took place from November to December 2012. 3 327 valid on-line surveys of students in the first cycle and integrated masters of ULisboa (N = 17 969) were obtained. Response rate of 9.7% of the total population of students enrolled in these degrees in the academic year 2012/13.

Regarding the age of onset - among students who have consumed some type of psychoactive substances, the first experiments took place between 15 years and 19 years, however highlight the percentage of students, who declare the beginning of the consumption of any alcoholic beverage before that age (36.2%) verifying a later onset (after 19 years) for stimulants (43.8%), ketamine/LSD/GHB/steroids or heroin (37.5%) and tranquilizers (35.6%).

In terms of contexts of use, and considering the consumer group of the respective substances, there is the "own or friends home" as the place where more often consumption of cannabis (72.1%) occur and is also associated with the use of smart drugs and cocaine. The "night out" is also a context where cross beyond the above mentioned substances are highlighted amphetamine/methamphetamine. Festivities around specific styles of music ("Techno/Raves" and "Trance") gain expression in the consumption of the latter (amphetamines/Methamphetamines.) (41.2% and 40.2% respectively), and also cocaine (33% and 24%). The "academic parties" arise among the least mentioned contexts for the use of illegal substances, most notably, however, cannabis (33.6%) and smart drugs (12.1%).

Workplace Intervention

SICAD continued to develop intervention in workplace contexts under the Joint Protocol with the General Confederation of Portuguese Workers in three Municipal Councils and one

¹⁸ http://www.sicad.pt/BK/EstatisticalInvestigacao/EstudosConcluidos/Lists/SICAD_ESTUDOS/Attachments/138/Resultados.pdf

company of the public business sector, having been planned and carried out 10 awareness initiatives covering about 200 individuals (cadres, managers and employees).

These actions were developed under the European project EURIDICE (EURÍDICE: European Research and Intervention on Dependency and Diversity in Companies and Employment) initiated in 2004. The project aims to 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 healthy and social climate at workplace, through integrated actions that include a training and information dimension.

In the employment context and in the framework of the Protocol between SICAD and Authority for Working Conditions, was published the information material for employers and employees of micro, small and medium enterprises, related with addictive behaviours and dependencies.

The leaflet¹⁹ was produced by the Restricted Group of Labour Intervention²⁰ and is intended for employees and employers of micro, small and medium enterprises. Addresses health and safety issues and mentions legal aspects related to the consumption of psychoactive substances in the work context.

To promote and stimulate this line of work, SICAD participated nationally and internationally, in different fora of reflection, namely in the project European Workplace and Alcohol and in the Ad Hoc Expert Group on the Prevention of Drug Use in the Work Place of the Pompidou Group. These projects resulted in two comprehensive guidance documents that take into account different cultures, policies and legal framework of participating European countries: respectively the Toolkit for alcohol-related interventions in workplace settings and the Reference Framework for the Prevention of alcohol and drug use in the workplace.

The Toolkit²¹ is aimed at a broader universe, including employers, occupational health professionals, representatives of trade unions, occupational health service providers, human resource managers and responsible for public health policies. The document also points out the key components for effective interventions in this respect in the workplace.

The Frame of reference for the prevention of the use of alcohol and drugs at the work place, adopted at the Pompidou Group Conference “Alcohol, drugs and prevention at the work place: what are the issues and challenges for the government, the company and the staff?”²² Held at the Council of Europe in Strasbourg in May 2012, contains elements to be considered when devising a policy preventing alcohol and drug use in the workplace and risks they cause, and highlights identified good practices. It aims to clarify the roles and responsibilities of the different stakeholders (employers, employees, others) and it is based on the principles of accountability, transparency, respect for collective and individual freedoms. At national level SICAD disseminated this Frame of Reference to public authorities, trade unions and employers organisations.

Regarding the dissemination of good practices intervention in CAD in labour context, SICAD stand out examples in two municipalities and two private entities linked to industry.

Military Setting

In 2013, a cooperation agreement was established by the National Defence Ministry with several partners to extend the scope of the National Defence Day in a citizenship education

¹⁹ http://www.sicad.pt/BK/Intervencao/meio_laboral/Documents/desdobravel.pdf

²⁰ Led by SICAD, includes representatives of the two National Unions and Employers' Associations, General Directorate of Health, the Portuguese Society of Occupational Medicine and the National Commission for Data Protection.

²¹ www.eurocare.org/eu_projects/ewa/deliverables/by_work_package/toolkit

²² http://www.sicad.pt/BK/Intervencao/Programas/Prevencao/Documents/meiolaboral/Final_Declaration_fr.pdf

perspective. The Health Ministry was represented by SICAD and Regional Health Administrations (ARS). A coordination team was set up to structure an intervention plan to address problems related to (licit and illicit) psychoactive substances targeting young people in the year when they reach the age of 18 years old. The programme will be implemented during 2014 throughout the country. Alongside this awareness intervention, a study will be conducted to describe (licit and illicit) psychoactive substances use in this particular population.

Set in a different perspective, a new training process was replicated to instruct Military officers and sergeants as prevention agents, in the field of harm reduction and reinsertion, in this particular setting. This process was developed in the context of FNAS commitments, by the Health Department of the National Defence Ministry, with the support of SICAD.

Family

Among some projects in the frame of the Operational Plan for Integrated Responses, there were several universal prevention interventions, which were carried out in specific communities, where families are included.

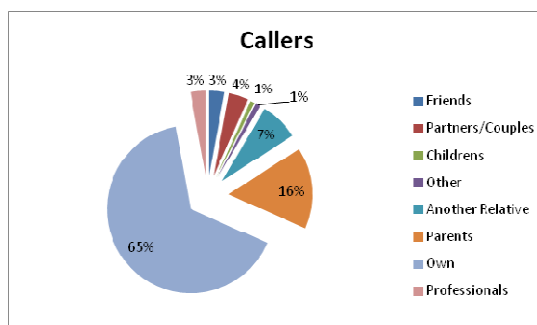
Furthermore, in the frame of the FNAS commitments, some members have developed actions directed to families, such as the production of a Manual for parents in support to address alcohol related problems (Confederation of Parents' Associations - CONFAP - in partnership with the Portuguese Association of Beer Producers - APCV) or several support groups to families of alcoholic patients in treatment (relapse prevention by S. João de Deus Institute).

Community

In some of the projects developed under PORI (please see subchapter 3.4. on selective prevention in at-risks groups and settings) interventions of universal prevention occurred in the community, mainly complementing selective and indicated approach on target groups.

SICAD hosts the national telephone helpline, *Linha Vida – SOS Droga*, an anonymous and confidential service providing counselling, information and referral in the field of addictive behaviours, dependence and associated topics (adolescence, sexuality, AIDS, amongst others). During 2013, the helpline was available from 10 am to 6 pm on working days. The service staff includes 3 psychologists with specific training on counselling and drug abuse.

From the 1st January to 31st December 2013, the helpline received a total of 8155 calls, which corresponds to a slight decrease in the number of calls answered in the previous year (9148 calls were answered in 2012). Despite this, the service turned out to be more demanding from the staff perspective, considering that at the end of March 2013 the team saw a reduction in the number of professionals - 5 to 3 members – and the reduction of 2 less service hours per working day.



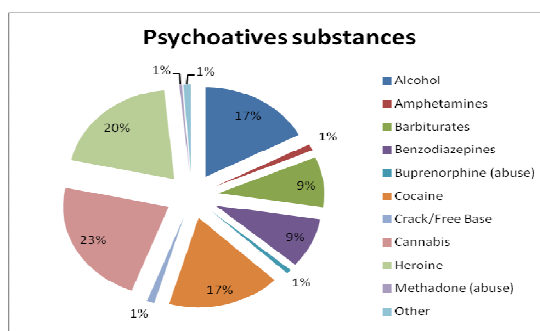
Graph 17 – Type of Callers at Linha Vida SOS Droga (SICAD2014)

Concerning the client profile, most of calls continue to be made by those who have a problem or need information – 65% of clients - followed by parents – 16% – with questions on psychoactive substances use/addictive behaviours and dependencies and on relationship problems with their children or other relatives – 7% of clients. In 2013, callers were mainly female (66%).

Concerning the calls' nature, 71% of the calls fall on the psychoactive substances use/addictive behaviours and dependencies and concerns a concrete problem or a request for information related to psychoactive substances, while 29% refer to other issues (such as mental health, parent-child relationship, sexuality, adolescence, HIV/AIDS, hepatitis, etc.).

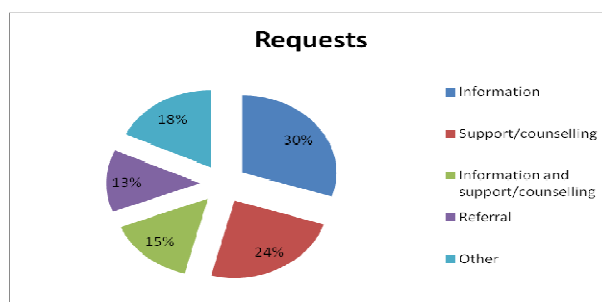
As expected, most calls refer to psychoactive substances use/addictive behaviours and dependencies related problems, as this topic is the key area of the helpline. These calls concern either to requests for support, to information/clarification queries or questions about referral services.

During 2013, cannabis and heroin were the most frequent substances addressed on calls about psychoactive substances, followed by alcohol and cocaine, following the previous years' trend.



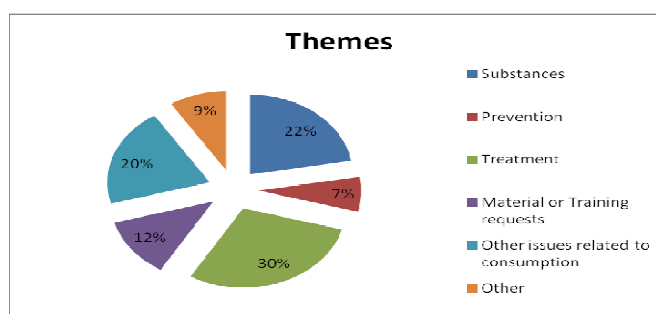
Graph 18 – Psychoactive substances requested for information at Linha Vida SOS Droga (SICAD2014)

Linha Vida continues to provide an on-line service of e-mail counselling. In 2013, a large amount of the e-mails received concerned information requests (30%) followed by requests for support/counselling (24%). It was also evident a significant percentage of queries both on information and on support/counselling (13%) and on referral for treatment (15%) and for other situations (18%).



Graph 19 – Type of requests at Linha Vida and E-mail Counselling (SICAD2014)

With regard to the nature of the questions posed, the majority referred to issues related to treatment, following the topic of substances; requests for information, support/counseling or referral were less frequent.



Graph 20 – Type of themes requested at Linha Vida and E-mail Counselling (SICAD2014)

Seven specific actions to disseminate the Counselling Service of Linha Vida were conducted during 2013. These actions focused on various contexts of intervention at workplace, services and at ARS; strengthening and updating the dissemination of the Service in all the Telephone Lists of PT/MEO (telephone operators) of the several districts, as well as enhancing the dissemination of the service in the institutional website of SICAD and at the Commissions for the Dissuasion of Drug Use.

Another community intervention service that is using new media technologies is www.tu-alinhas.pt, a website intended to promote healthy behaviours and prevention of psychoactive substances related problems in a teenager-youth public (12-21 years old). This project has both entertaining and pedagogical purposes and its main goal is to inform and encourage healthy behaviours and prevent addictive behaviours and dependencies. Nevertheless, the website covers broader topics than exclusively the field of addiction. In 2013, there were 60 000 visits to the www.tu-alinhas.pt site. Concerning gender distribution, there is a predominance of females in demand for such service.

SICAD participated in the project “Drug prevention and education among young people through social networking” led by Trimbos Institute. This project aims to increase awareness, knowledge and skills of young people to cope with risky substance consumption in nightlife settings via social media. The online intervention intended to bring young people together in a fun and interactive way to be able to disseminate ideas and interventions virally through the internet. A back-end environment was developed with the aim to screen risky behaviour among people and provide them with more professional information and if needed refer to professional help and with the necessary information/advice/checks and tools for those who are at risk, reacting on the input of the user. The back-end environment is also directly connected to a national drug helpline or other organisation active in drug prevention in each participating country.

According to its strategically objectives SICAD have the role to promote quality, efficiency and effectiveness among interventions. In fact, several activities contributed to this objective, namely the development and implementation of guidelines and standards for the improvement of interventions quality. The document “*Linhas Gerais de Orientação à Intervenção Preventiva nos Comportamentos Aditivos e nas Dependências*”²³ (guidelines for preventive intervention in addictive behaviours and dependencies) was produced to outline a set of recommendations and guidelines to support professionals in the field, applicable to the design, implementation and evaluation of interventions in the area of health promotion and prevention of addictive behaviours and dependencies. Also, it intends to ensure homogeneity

²³ available in <http://www.sicad.pt/PT/Intervencao/PrevencaoMais/SitePages/Documentos.aspx>

of practices and to promote quality and effectiveness among the various parties and agencies that have a role in this field. This document was approved in 30 September 2013 by SICAD.

3.4. Selective prevention in at-risks groups and settings

The implementation of selective prevention strategies has been ensured through a set of responses that are meant to reach subgroups of the general population at risk.

Selective prevention strategies have also been developed at school, community and family level through the Operational Plan for Integrated Responses and in institutional settings, as Casa Pia de Lisboa (CPL) through the project Prevention of Psychoactive Substance Use, both presented below.

The Project on Prevention of Psychoactive Substance use – a partnership between Casa Pia de Lisboa (CPL) and SICAD is an action-research project, carried out since 2005. The project falls under the scope of selective and indicated intervention in school setting, among young institutionalized children and young people. It is meant to contribute to a healthy growth of CPL students in an integrated and comprehensive perspective. The goal of the project is to implement a model of selective and indicated preventive intervention, fitting the needs and individual features of the target groups (students, families and socio-educative agents) of the 8 Education Centers and Development (CED) of CPL.

Thus, the project aims to implement and evaluate a consistent articulated, efficient intervention, suitable to the needs and characteristics of the target groups and of the CED; it intends also to provide workers and family agents with fundamental tools to identify and deal with situations related to the consumption of psychoactive substances; finally, the project proposes to empower students with fundamental skills for decision-making, central when it comes to facing situations related to consumption.

The adopted organizational model consisted in setting up two working groups, namely, the core group - (composed by five members: the project coordinator on CPL, an expert responsible for the project from SICAD and 3 experts from the Centre of Integrated Responses (CRI) of Lisbon Regional Administration on the prevention area) and a Reference Group (composed by 23 experts of CED, whose number varies in each CED, being the average 3 elements) that coordinate the development of the intervention, in conjunction with the various socio-educational agents in each CED. The technical monitoring of each Reference Group in each CED is indirectly guaranteed by the core group and directly, by the respective CRI, according to its territorial scope.

Activities undertaken in 2013 to operationalise the project objectives were:

- Follow-up meetings to the Reference Groups by Education Centers;
- Meetings of the core group;
- Awareness raising/Information actions on prevention of psychoactive substances scope to professionals and teachers.

In 2013 the intervention continued through regular meetings of the core group and through monitoring of the activities among reference groups in CED, according to the principles above described. There were also regular meetings on the intervention framework to discuss cases or to define intervention strategies. During the year of 2013, a total of 9 core meetings and 15 follow-up meetings of reference groups were held.

Concerning the qualification of the professionals of the Reference Groups involved in the project, the following training sessions were carried out: New Psychoactive Substances (NPS) 2 sessions with 3 hours each, covering a total of 32 professionals involved in the project; Motivational Interview – 2 sessions with 12 hours each, covering a total of 34 professionals involved in the project.

Lastly, the manual of the program "SPA- knows how to handle the psychoactive substances: Inform, Demystify, prevent and educate" was revised and updated, to adapt it to the new legal Portuguese framework addressing NPS and to introduce other concrete information.

Operation Plan for Integrated Responses (PORI)

PORI is a structural measure implemented at national level that promotes accurate assessments and the development of integrated interventions at local level (territories). Its intervention model follows sequential phases and is achieved through the implementation of Programs of Integrated Responses (PRI).

PORI's strategic orientation approach is based in the International Labour Organization (ILO) (2004) CIARIS – Learning and Resources Center on Social Inclusion - Strategic Principles against Social Exclusion (STEP – Programme).

The proposed intervention model assumes that in order to address existing and emerging problems, responses should come from a more generic level (the major options and guidelines) for concrete proposals which incorporate these major orientations, in order to ensure that implemented actions are not isolated measures but rather an outcome from a global overview.

Presently, these are the aspects to bear in mind towards an adequate response:

- integration of interventions;
- combined efforts of stakeholders in a partnership approach;
- focus on individuals and community, to be covered by the intervention and to encouraged to participate in activities;
- implementation of interventions, through a territorial approach by adopting the principle of territoriality, in actions to combat addictive behaviours and dependencies, (locate and define a space to draw or foresee intervention in this area).

In addition to these principles, empowerment is a fundamental element of the intervention model in the use of psychoactive substances.

PORI is implemented through the Integrated Responses Programmes (PRI). PRI are specific territorial programmes which include several interventions (Prevention, Dissuasion, Harm Reduction, Treatment and Reintegration), defined according the needs assessment results.

PRI allowed the reorganization of the resources and the enhancing of the interventions according the needs identified, - in areas where there are already ongoing interventions and/or resources that are not sufficiently profitable -. If the response is insufficient or inexistent, additional funding can be attributed in order to address the identified needs without response.

PRI's are planned and implemented by governmental structures which promote action in the addiction behaviours and dependencies field, usually local entities (public and private) and services dealing with interventions co-financed by SICAD.

Before the implementation of the Integrated Responses Programs, there are several phases and steps that need to be developed:

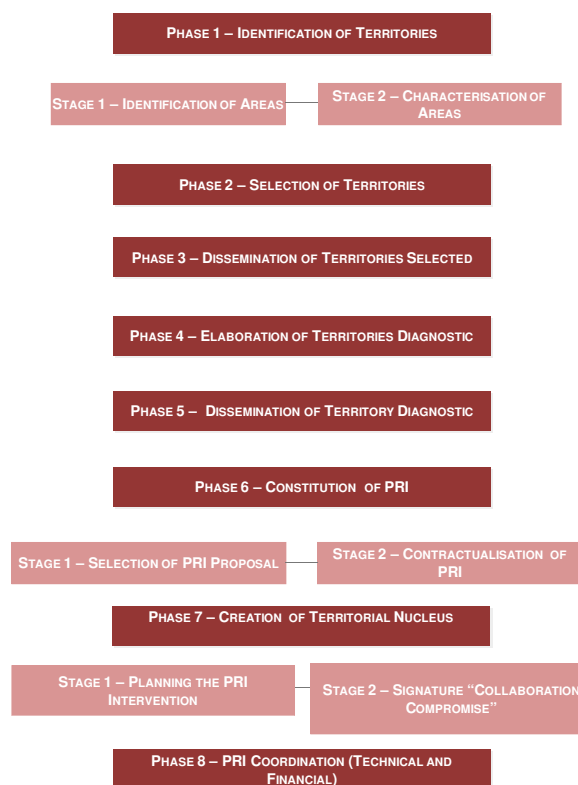


Figure 2 – Operational scheme of PORI (SICAD2014)

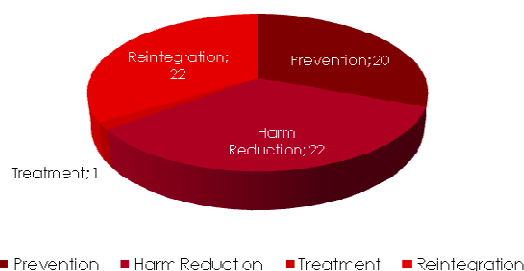
The **operational scheme of PORI** has eight phases, which can be grouped in three main steps:

- 1) National Assessment which involves, at an early stage, the territorial identification, through the areas' identification (stage 1) and the characterisation of those areas (stage 2). As a result of the territorial characterisation, a selection of territories (Phase 2) is carried out, taking into account a set of criteria to assess the intervention priority of those territories (severity of addictive behaviours and dependencies related problems, intervention gaps, etc) The prior phases and stages make use of several technical instruments which support work done by intervention teams. The last phase of this step is "Dissemination of the Territories Selected", which aims at disseminating the result of the work done so far to community and entities involved.
- 2) Territories Assessment (phase 4) is pursued among the territories where a high-priority for intervention was identified. A technical guide to assess the territories was created, based in the Rapid Assessment and Responses (RAR) methodology of the World Health Organization. Phase 5 "Dissemination of the Territory Diagnostic", to the community, since this assessment will be the basis for establishing the territorial needs and planning the PRI.
- 3) The Integrated Responses Programmes: this last step involves preparatory phases, such has: the constitution of PRI (phase 6), concretely, the launching of calls for tender (stage 1), focused on responses to respond the identified problems. Interventions approved will be funded and required to comply with several requirements established in the hiring process (stage 2). Another important phase is the creation of the territorial Assembly (Phase 7), where the action plan for the territory is drafted and the objectives defined (stage 1). This Assembly is a group of (public and private) entities which intervene in the field of addictive behaviours and dependencies. After setting the Action Plan of the territory a *Collaboration Commitment* is signed to ensure compliance with established objectives. The last

phase is “Technical and Financial Coordination of the PRI”, where interventions developed by co-financed projects and the PRI are monitored and evaluated.

In 2013, PORI activities were centered on phase 6 – Constitution PRI. In the previous year, the aim of PORI’s activities was to update the diagnosis of territories identified to define interventions (constitution of PRI) focusing the needs of target groups.

Therefore, 47 calls for tender were open, distributed in 43 territories, aiming to fulfil 65 gap areas with the following distribution according to the type of intervention:

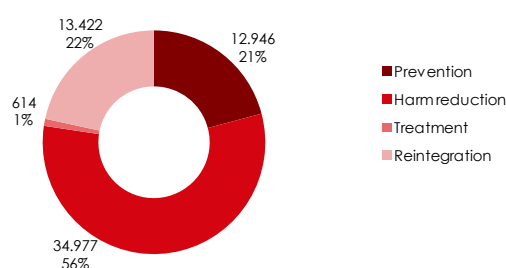


Graph 21 – Number of lacunars areas according to the type of intervention (n=65) (SICAD2014)

Calls for tenders were launched to provide financial and technical support to nongovernmental organizations to develop interventions that will give response to the needs identified in the high-priority territories: 20 lacunars areas in the field of prevention, 22 in the harm reduction area, 1 in the field of treatment and 22 in the reintegration area.

Projects submitted to the 47 calls for tender were selected according technical and financial quality criteria.

The following graphic presents an estimation of the total number of individuals (61 959) that will be covered by the 67 interventions to be approved in these calls for tender.



Graph 22 – Number of individuals estimated to be covered by type of intervention (nº 61 959) (SICAD2014)

In 2013, there were 45 projects implemented in the framework of PORI, divided by the following type of intervention, as below:

Prevention	Harm reduction	Treatment	Reinsertion
8	31	1	5

Table 4 – Number of projects by type of intervention (n=45), (SICAD2014)

Regarding prevention and social reintegration, most of the projects were only implemented in the first months of the year. As to harm reduction, 31 projects were implemented. Each harm reduction project can include different type of responses, according to the established by Decree-Law nº 183/2001 of 21 June. In the following table, the type of responses given by project and by region is specified:

Region	Outreach Teams	Drop in Centre	Refuges	Shelters	PSBLE*	PTS**
North	18	0	0	0	15	20
Center	3	1	0	0	1	4
Lisbon and Tagus Valley	5	1	1	1	2	7
Total	26	2	1	1	18	31

*PSBLE – Low threshold substitution programmes

**PTS – Syringe Exchange Program

Table 5 – Programs and structures of risk and harm reduction, by region (SICAD2014)

3.5. Indicated Prevention

The implementation of indicated prevention strategies has been pursued through a set of responses that are meant to identify (and target with special programmes) individuals who are experiencing early signs of problems related to addictive behaviours and dependencies (at risk population).

In 2013 there was a total of 22 956 indicated prevention consultations, 7 088 of which falls within the PIAC project (community support service under selective and indicated prevention, providing a space for listening and consulting young people and adults in difficulties, promoting information, awareness and training of significant adults who may come into contact with young people in trouble or not, as well as providing a forum for advice and technical support to organizations working with youth at risk).

The remaining 15 868 correspond to consultations carried out in the Integrated Responses Centers (CRI) of the operational structures targeting teenagers and young people who already started consumption of psychoactive substances. This indicated prevention service provides, among others, psychological and psychosocial support.

Intervention in the Boom Festival

BOOM Festival is an international event held biannually in Portugal in Idanha-a-Nova, being considered the biggest trance music event in the world.

In 2010, IDT, I.P. initiated a partnership with the producer of Boom festival and Catholic University of Porto 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 through the creation of Kosmicare service.

Kosmicare it's a psychoactive substance crisis intervention service. The service is ensured 24 hours daily during all festival days and it aims to intervene in the psychedelic crisis resulting from the use of psychoactive substance.

Concretely, its objectives are clear:

- Provide support to individuals who have experienced a crisis resulting from the use of psychoactive substances, namely psychedelics, enabling the processing and integration of this experience;
- Prevent use/abuse and dependency of psychoactive substances and reduce harm from the use of psychoactive substances in a perspective of shared responsibility;
- Share information about psychoactive substances, their potential effects, benefits and risks.

In parallel, a research project has been developed, coordinated by the Faculty of Education and Psychology at Catholic University of Porto, through the Human Development Studies Center (psychological evaluation and intervention approach) with the support and technical guidance of SICAD, whose general objective is to study the effectiveness of the Kosmicare intervention model, based on a model of multi-methods research (qualitative and quantitative) operationalised in several studies, spread over three research axes, including several studies:

Axis 1-characterization of the model and implementation process of the Kosmicare;

Axis 2-characterization of the effectiveness of intervention of Kosmicare;

Axis 3 – definition of a crisis intervention model based on scientific evidence, in recreational environments in the context of prevention and harm and risk reduction.

Following the work done, in 2013 the partnership continued to support the research project in progress, namely processing data collected in BOOM 2012. The studies concerning the 2012 Edition confirmed previous research results and concluded that the intervention model of Kosmicare meets its objectives, its purposes and it is globally effective. Concretely, symptoms were mitigated, most of the crisis situations resulting from the consumption of psychoactive substances were solved and among other factors, generated great satisfaction of visitors/users in relation to the service provided.

In addition, in 2013 the Kosmicare project have been presented in scientific meetings including two joint communications made by the three members of the partnership (Catholic University, BOOM Producer - Good Mood and SICAD): "Intervention crisis in the use of psychoactive substances in Recreational Environments - The KOSMICARE experience in BOOM Festival", held in SICAD for their professional and at the XXVI "Taipas Meeting" held by the Taipas Centre of Integrated Responses in Lisbon. A poster was also presented at the National Symposium for Research in Psychology, held by the University of Aveiro entitled "Assessment of Mental State in Users of a Crisis Intervention Program on the Use of Psychoactive Substances". Furthermore a scientific article was prepared for submission (entitled "Intervention Related to the Use of Psychoactive Substances in Recreational Settings – Evaluating of the Kosmicare Project at Boom Festival") in response to a request by the Journal "Current Drug Abuse Reviews"²⁴.

It should be highlighted as strength of this partnership, the possibility of an event producer, a University/Centre for research and the national agency with responsibility in this area to design and implement together a research-action project that enables to implement and evaluate the process and the effectiveness of an innovative model of crisis intervention in recreational environments. The model has proved to be effective, contributing to the quality of health of the participants of the festival, and simultaneously to the production of knowledge based on scientific evidence. It is still a strong point, the strengthening of the quality of the articulation between the partners and the work implemented, carried out on a basis of

²⁴ <http://benthamscience.com/journal/index.php?journalID=cdar>

complimentarily and constructive union of efforts on the ground and in the development of the research project.

3.6. National and local media campaigns

Dianova Portugal launched between January and June 2014 the campaign "REAGE"²⁵ of health promotion and awareness to the risks, effects and consequences of drug and alcohol abuse targeted at young people and adults, focused in three contexts: Family, School and Work.

The campaign involved 80 regional and national partners (5 Hospitals, 27 universities, 21 Media, 18 Municipalities, 9 agencies and sponsors).

Channels:

- 284 MUPIS - mobilier urbain pour information;
- 863 Posters A3, 158 A4 Posters;
- 21 press news;
- 1 TV spot;
- 1 547 Social advertising media disseminated at national level
- 31 News with an audience of 4 775 228 viewers, readers and Web surfers
- 16 129 447 people reached between January and June.

²⁵ <http://www.slideshare.net/Dianova/apresentacao-resultados-campanha-reage-dianova-portugal-2014>

4. High Risk Drug Use (HRDU)

4.1. Introduction

In studies on problematic drug use, was performed an analysis of different sources of information from the National Information System on Psychoactive Substances, Addictive Behaviours and Dependencies in order to initiate the definition of appropriate methods for the realisation of the estimate of problematic drug use in function of the characteristics of the available information and to establish a plan for adapting these sources to perform the estimate in accordance with the new criteria of the EMCDDA. In this year, there was also a data gather regarding the use of opiates, cocaine and cannabis, for making this estimate. Problematic drug use, currently designated as high risk drug use, is one of the key indicators of the EMCDDA and very useful in defining treatment needs nationwide.

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) Cocaine smokers: exploratory study

The study of problematic drug users implies the implementation of a data collection in everyday life contexts. With the aim to characterize the subset of consumers of base/crack, was extracted the data related to 822 individuals from the database of the register of users of risk and harm reduction structures (2009-2012). It was found that almost all individuals consume heroin, and had a long experience of consumption and that less than half had contact with a treatment structure and knew his serological condition. To date, consumption was essentially smoked and sporadic and a large number of consumers shared drug paraphernalia, mainly to smoke/inhale. Base/crack users are a heterogeneous population in

the various parameters studied, not constituting themselves as a separate category from other consumers of the sample analysed.

Being a type of consumption often seen as «marginalised», knowledge about problematic users implies their respective approach in everyday contexts.

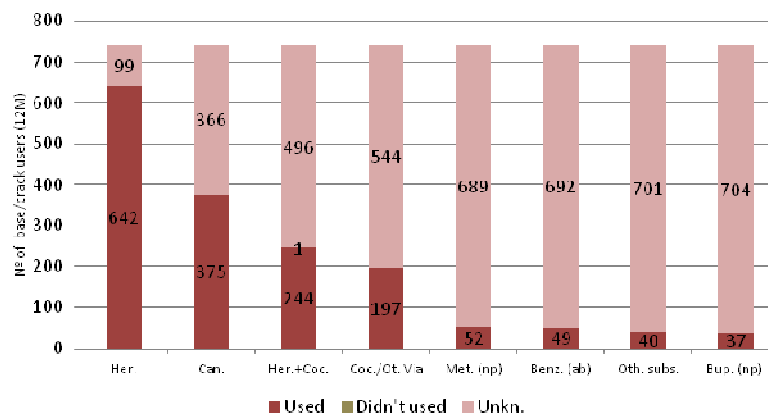
In the last work done on the users of the RRMD structures (SICAD, 2012) it was found that the main substances consumed were heroin, cocaine and cannabis. The present study aims to characterize the subgroup of cocaine users by smoked via (base/crack).

The source of the study was the database of clients from the RRMD structures at national level (2009-2012). These were collected by the professionals of these structures with a questionnaire for optical reading, which made the treatment of the data. Being a voluntary participation, the data collected allowed building a convenience sample of 2 350 users of illicit substances. From these data related to individuals with experience of base/crack use was extracted, resulting in a sample of 822 individuals. A descriptive analysis was performed and applied the Chi-square Test for $\alpha < 0.05$ using SPSS (version 14.0) for the study of the relationship between some of the variables.

Among the 822 individuals with lifetime prevalence use of base/crack (which includes the last 12 months and last 30 days), 741 consumed this substance over the past 12 months (which includes the last 30 days) and 725 in the last 30 days.

In this sample, base/crack users showed the same mean and modal age (37 years), with a standard deviation of 8 years; were essentially men (83%) and Portuguese (93%); lived in accommodation especially family-type classic (60%) and 31% were homeless.

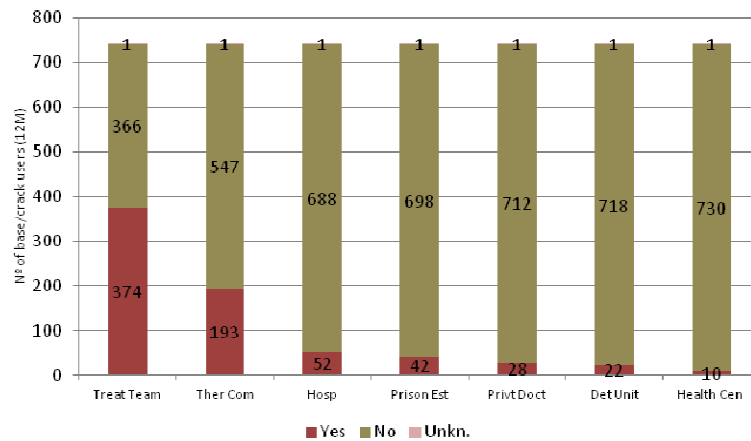
Almost all users of base/crack in the last 12 months have used heroin during the same period, and also to highlight those who used cannabis, heroin and cocaine, and cocaine, by other routes.



Graph 23 – Use of illicit substances in the last 12 months (SICAD2014)

Previous monitoring in treatment, by structure

Less than half reported having been in contact with a Treatment Team through lifetime, being this structure more accessed.

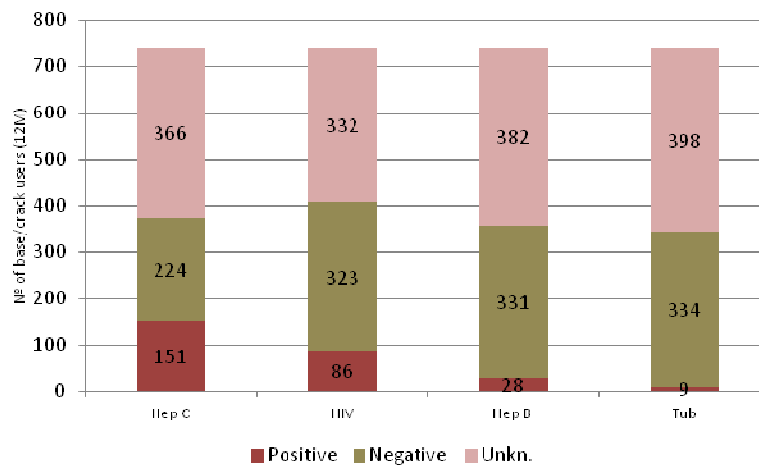


Graph 24 – Previous monitoring in treatment, by structure (SICAD2014)

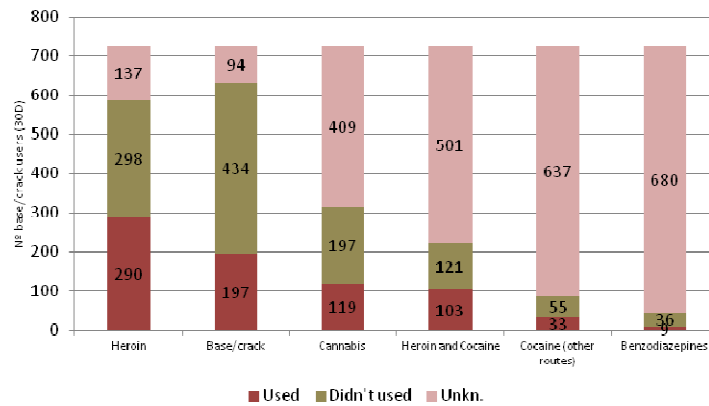
In the last 12 months, at least a third of these users were inserted in an opioid substitution program.

The average years of consumption were in general high, with a particular focus on cannabis (17), heroin (15), not smoked cocaine (14) and heroin and cocaine (13). In this group of substances, the average years of base/crack consumption was the lowest, 12 years.

It was verified a high lack of knowledge regarding serological status. Among those who performed the screening, stands out the number of cases with Hepatitis C.



Graph 25 – Clinical situation, by pathology (SICAD2014)



Graph 26 – Daily consumption in the last 30 days by substance

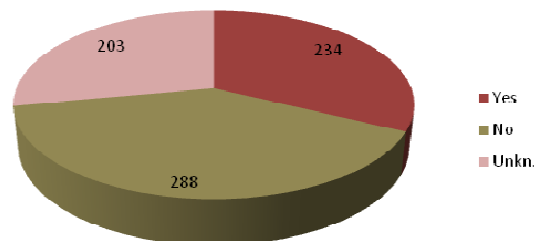
Substances consumed daily were overall heroin and base/crack. 180 individuals used only 1 substance daily, of which 38 was base/crack. 304 used 2 or more substances on a daily basis. More than half of users of 2 substances per day (64 cases) used base/crack with other substances (in association with other substances).

725 base/crack users in the last 30 days (2009-2012)

Intravenous drug use in the last 30 days

139 users (500 cases without information).

234 users referred Sharing of paraphernalia material in the last 30 days. In more than half of the cases the material shared was the tube and/or pipe.



Graph 27 – Users of base/crack in the last 30 days that share drug paraphernalia (SICAD2014)

With the chi-squared test, it was studied the relationship between the use of base/crack (38 exclusive base/crack users in the last 12 months), the type of accommodation, the risk behaviour of sharing material and inconsistent use of condoms in the last 12 months and the clinical situation. Only the test relative to the type of accommodation (to be homeless or not) and sharing of material presented conclusive results, although in the sense of there is not a significant relationship between the consumption of base/crack and these variables.

The main limitations of this study relate to the type of sampling and the high non-response rate in the various parameters studied, made more difficult the implementation of statistical inference procedures and the scope of the conclusions reached.

Taking the type of housing as an indicator of social exclusion is an established fact that the studied group is clearly heterogeneous. The user of base/crack is actually also the user of heroin and, to a large extent, of cannabis. As regards consumption, risk behaviour and infectious diseases, it was identified the need, at local level, to enhance knowledge on the

serological status and risk behaviour with a view to develop appropriate interventions. There is a mismatch between the consumption pattern and the aseptic material made available.

We are not facing a group of users that is characterizing by the daily consumption of illicit substances. In this respect, it is important to take into account that some of these individuals are inserted into opioids substitution treatment. On the other hand, it should be noted that the daily consumption is, most often, a polyuse, in which stands out the daily consumption of base/crack and heroin. Contrary to what is sometimes put out, the results allow to suggest that is not specifically the base/crack (or the relationship of the individual with this) that produces the negative consequences, in that it denies the presence of a nosological category of «crack user», distinct from the other «type» of users.

b. 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 as 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 6 – 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.

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 2013, the network received treatment demand data from all 72 Treatment centres across Portugal.

In 2013 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.

First of all, it's important to clarify the methodological background of the data within this chapter of the report. Are not here included data on users who went to treatment structures for alcohol related problems.

It should be noted that in 2010 came into implementation at national level the Multidisciplinary Information System (SIM) implying data migration from different systems, changes particularly in the registration criteria and progressive adjustments in the system, which imposes some caution in the evolutionary reading of data. Also the criteria for data analysis have being adapted to these changes and to SIM potentialities (e.g., elimination of double counting), implying changes in the criteria used in previous years.

Lastly, regarding the presentation of the information, it should be noted that it privileges the national epidemiological perspective-without prejudice to the submission of data at the regional level, with the geographical criteria of users' residence and not the local of treatment facilities.

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 in the cases of first treatment demands, cannabis appears as the most referred substance. In the administration of the main substance continues to be predominant the mode smoked/snorted.

5.2.1. Strategy/policy

Currently, public responses to citizens with addictive behaviours and dependencies existing in Portugal are organized in a Referral Network / Articulation to promote patient access to care and services that effectively need and sustain integrated inter-institutional information system.

With the establishment of this network is aimed not only to define relations of complementarity and technical support among the public institutions, but also the opportunity to leverage the extension and integration of care, depending on the actual needs of the population in terms of addictive behaviours and dependencies. In this sense, this Referral Network on Addictive Behaviours and Dependencies includes the public health services, the different systems potentially involved in the monitoring path of these populations (Social Security, Education, Public Security, Justice), as well as dispositive targeted to the problem of domestic/family, children and youth at risk and youth with adjustment problems and social inclusion, but also private entities that over time have come to play an important role in the treatment of addictive behaviours and dependencies.

This network is based in the inter-institutional articulation enlarged and differentiated, principally between SICAD, ARS, and their regional and local services, the National

Programme for Mental Health and the National Programme for the Prevention and Control of Smoking (PNPCT), given that some of its attributions complement each other.

The principles by which it rules the provision of integrated care to citizen carrier of addictive behaviours and dependencies are as follows:

- Centrality in the citizen

The intervention in CAD must assume the centrality in the citizen, addressing him as an indissociable whole, regardless of who services attends, and must take into account his personal resources, his objective and subjective needs, as well as family and social resources, on which the intervention will focus.

- Accessibility

It is essential that there is the ability to provide all individuals an equal opportunity of access and use of the services and the provision of care, in a direct, immediate, permanent, continuous and more autonomous as possible.

- Gravity/Severity of consumption and behaviours

CAD may present themselves by very heterogeneous ways and manifest them for a significant complexity in nature and severity of the problems (health, family, social and legal) related with them. It is then essential that CAD is evaluated by their degrees of severity and not in a polarized way.

- Territoriality

For the prosecution of the objectives of a network of health care delivery, in a logic of territorial synergies optimization becomes indispensable the appropriateness of proximity interventions, the convergence of services, responses and dispositive, as well as the definition of the role of each intervener in a territory shared by all.

- Functional Differentiation

It is fundamental that the various partners/stakeholders translate a complementarity of technical level, based on the assumption that each of the entities will have a unique and indispensable role in the construction and implementation of the response to the problems identified.

Healthcare for drug users is organized in Portugal mainly through the public network services of treatment for illicit substance dependence, under the ARS 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.

Concerning the improvement of technical guidelines or norms for the various types of intervention, took place in 2011 an updating and approval of some documents, such as the guidelines for Early Treatment of Youth at Risk and Teenage Users with focus on Early Symptoms, physical and Psychic (approved in May 2011) and the guidelines for Treatment and Rehabilitation in Therapeutic Community (adopted in December 2011), in 2012 started the elaboration of the Technical and Normative guidelines for treatment programs with methadone (use of opioid medication).

5.2.2. Treatment systems

Treatment Teams (ETs), mainly outpatient units, are usually the front 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 2013, 72 outpatient treatment centres were working in mainland Portugal which 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.

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).

Under the promotion of measures to facilitate access to various treatment programs, managing waiting times in accordance with ethical and scientific criteria and local realities, we proceeded to the monitoring of access to the various programs treatment. Thus, access to treatment programs (methadone programs, inpatient in Detoxification Unit and public Therapeutic Community (TC) was monitored by the ARS.

5.3. Access to treatment

5.3.1. Characteristics of treated clients

In the public network of drug treatment (outpatient) were undergoing treatment in the year, 28 133 patients, with at least one assistance event in the year. Those who began treatment in 2013, 2 154 were readmitted patients and 1 985 were new users, or users who appealed for the first time to the structures of this network (first treatment demands).

Despite the precautions to take in data evolution, it is observed since 2009 a downward trend in the number of patients in treatment. On the other hand, was registered in the past four years an increasing trend of new patients, about half of whom had cannabis as main drug, which may reflect the greater articulation of the various intervening services to tailor responses to specific monitoring needs in terms of health care of this population.

In relation to the readmitted, the trend for a higher number of these than of new patients from 2010 and unlike previous years may partly reflect changes already mentioned in the data recording system²⁶. However, the amount registered in 2013 was the lowest in the last four years.

²⁶ 2010 was the year that the SIM came into operation at the national level and the reverse trend this year may reflect the adjustments to the registries at national level (e.g., the joints of processes, as well as other procedures for registration of clients however have been optimized.

Patients in treatment in 2013 on the context of this public network were, at the time of initiation of treatment, mainly living in the districts of Porto (22%), Lisbon (21%), Setúbal (10%) and Faro (9%), also verifying relevant proportions in most districts of the north coast. The highest rates of users by inhabitants of 15-64 years were verified in the districts of Faro, Bragança and Beja.

In relation to the ones initiating treatment in 2013, the new clients were living predominantly in the districts of Lisbon (24%) and Porto (18%), followed by Setúbal (10%), Faro (7%); Viana do Castelo (7%) and Aveiro (6%). The highest rates of new patients by habitants of 15-64 years were registered in the districts of Viana do Castelo, Bragança, Faro and Portalegre.

Concerning readmitted patients the majority were living in the districts of Lisbon (30%) and Porto (17%), followed by Setúbal (8%), Braga (8%) and Faro (7%). The highest rates of readmitted patients by habitants of 15-64 years were registered in the districts of Faro, Lisbon, Bragança and Leiria.

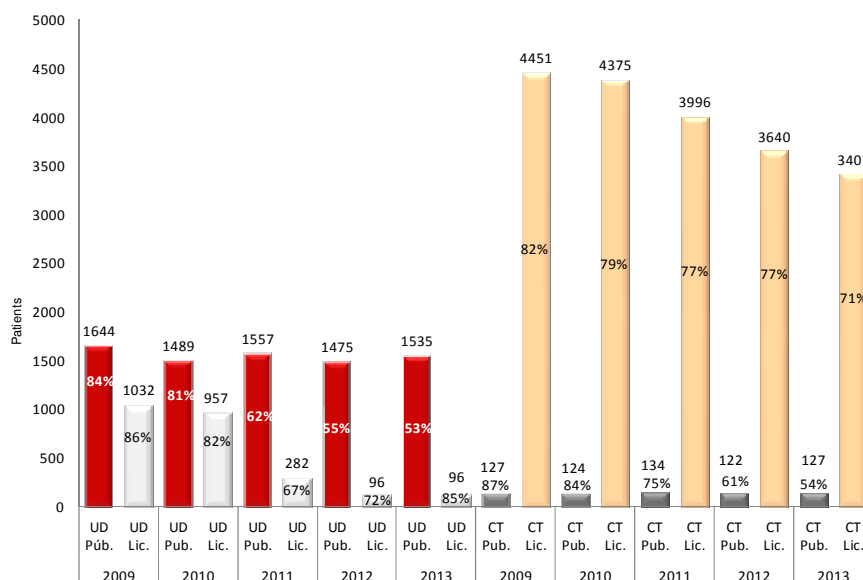
For more information concerning this patients, please see TDI Standard Table.

In 2013, 16 401 patients were integrated in **substitution and maintenance programs**, 10 613 patients in methadone and 5 552 in buprenorphine and 236 in methadone and buprenorphine.

In all Regions, ETs were the main place of administration, followed by the health centres (primary health care centres). For more information see Standard Table 24.

In 2013, in the public and licensed²⁷, drug addiction treatment networks, there were 1 631 admissions in Detoxification Units, 1 535 of which in the public network and 96 in licensed, 55% of which for drug²⁸ related problems.

The number of admissions in Therapeutic Communities was 3 534, of which 127 in the public network and 3 407 in the licensed, 71% of which for drug²⁹ related problems.



Graph 28 – Patients in treatment in Detoxification Units and Therapeutic Communities, by year: Total and % for drug* related problems (SICAD2014)

²⁷ 2013 data of licensed structures are likely to be updated next year, with the inclusion of information received until 31/03/2015.

²⁸ Base%: cases with information about dependencies/pathologies.

²⁹ Base%: cases with information about dependencies/pathologies.

***The absolute values refer to total hospitalizations in these structures and the percentage of admissions for drug related problems (base %: cases with information about dependencies/pathologies).**

Data from licensed structures: 2012 data were updated with information received till 31/03/2014; 2013 data are likely to be updated next year, with the inclusion of information received until 31/03/2015.

Generally, the total number of admissions in public DU and TC has remained stable over the past four years, coming down though the proportion of admissions for drug use related problems.

At the level of the licensed network over the past four years, noted a decrease in the total number of admissions in DU and TC, as well as decreases in the proportions of admissions for drug use related problems.

Regarding the characterization of users' consumption that went in 2013 to the different structures of drug treatment³⁰ can be seen that, in outpatient, heroin remains the main substance more reported by patients in treatment in the year (82%). At the level of those who started treatment in 2013, this also occurred in the case of users readmitted (77%), but not in the case of new users, where cannabis has emerged as the main substance most referred (49%).

Also among patients of DU's, heroin was the main drug most often reported (66% public and 69% in the licensed), but in TC's this occurred at licensed (42%) level but not at the public, where main drug most reported was cocaine (61%).

The evolution analysis of the main substances of patients entering treatment in the year shows, in the last three years in comparison with the previous years, an upward trend in the proportion of new clients' referring cannabis and cocaine as primary substances. At the level of readmitted patients heroin remains with high proportions, registering in the last three years a slight decrease in favour of cocaine and cannabis.

As for intravenous consumption, with the exception of new patients in outpatient clinic, in the remaining patients of the different structures, the lifetime prevalence ranged between 34% and 59% and the prevalence in the last 12 months between 15% and 25%, presenting the patients of public DU the highest prevalence. Among outpatient new patients where cannabis is the predominant substance, the prevalence of use of intravenous drug use were very lower, 9% lifetime and 3% in the last 12 months.

Generally speaking, the proportion of clients with recent intravenous consumption (last 12 months) decreased to less than half, when compared with those of patients with lifetime prevalence, indicating relevant changes in consumption behaviours.

The analysis of evolution over the past few years of these consumption behaviours shows prevalence decrease of recent intravenous consumption among new patients and between the patients readmitted in the public outpatient network³¹.

In general, this decreasing trend of recent of intravenous drug use is also evident among patients of DU and TC.

The proportions of sharing intravenous³² paraphernalia in subgroups of injectors in the temporalities considered, between 28% and 60% of injectors shared this kind of material

³⁰ Outpatient structures of the public network (which differentiates patients in treatment in the year, new patients and readmitted users) Detoxification Units and Therapeutic Communities of licensed and public networks.

³¹ In the case of outpatient patients who haven't started treatment in the year, it is important to draw attention to the fact that the recent consumption-related behaviours (whether intravenous or share of consumption paraphernalia) do not correspond necessarily to the last 12 months, once the information is collected at the time of initiation of treatment.

throughout life. In the last 12 months, these proportions ranged between 0% and 34%, emerging the highest among the injectors of the licensed TC.

The proportions of patients with recent sharing behaviours of intravenous material consumption decreased significantly when compared to the injectors with these practices throughout life, indicating relevant changes in these behaviours.

Regarding the sharing of non-intravenous drug use material, the proportions of patients with these practices throughout life varied between 21% and 45% and in the last 12 months between 8% and 30%, presenting the patients of public TC the highest proportions.

In 2013, in the context of the structures of drug addiction treatment under the responsibility of the prison system, remains the decrease trend verified in the last years in the capacity of treatment programs oriented to abstinence, tendency that reflects the demand of these programs by the prison population.

In 2013, 185 inmates were integrated in treatment programs oriented to abstinence, representing the lowest value since last decade and reinforcing the decrease trend verified in the previous strategic cycle 2005-2012.

Treatment Programs	2013	%	Δ 12-13	Δ 10-13	Δ 07-13
Treatment Programs Oriented to Abstinence	185	100,0	-14,0	-11,9	-42,5
Drug Free Units	185	100,0	-14,0	-11,9	-42,5
	31 Dez.2013	%	Δ 31 Dez. 12-13	Δ31 Dez. 10-13	Δ 31 Dez. 07-13
Pharmacological Programs	466	100,0	-7,0	-17,5	17,4
Therapeutic Programs With Opioids Agonists	435	93,3	-3,5	-13,9	42,2
Therapeutic Programs With Opioids Antagonists	31	6,7	-38,0	-48,3	-65,9

*** Programs whose coordination its prisons responsibility. At 31/12/2013, in addition to the figures in the table, were in pharmacological programs 613 inmates in articulation with the structures of the public network of drug addiction (free environment - prescription and monitoring by the experts of ET) and 155 in other structures of the Autonomous Regions. In that date there were 194 inmates in other units/drug-treatment programs.**

Table 7 – Patients in treatment programs in Prison* 2013 and variations related to 2012/2010/2007 (SICAD 2014)

At 31/12/2013 were integrated 466 inmates in pharmacological programs in prison (435 in opioids agonists' programs and 31 in antagonists' opioids), values slight inferior to the ones registered in 2012.

Throughout the 2005-2012 strategic cycle, and specially from 2009³³, there has been an increase in the number of inmates in pharmacological programs, from prisons responsibility or in articulation with other treatment structures.

Finally, to mention that at 31/12/2013, besides the inmates inserted in pharmacological programs or abstinence-oriented, there were 194 inmates in other units/drug-treatment

³² Regarding the proportion of intravenous consumption material, it should be noted that in the case of outpatient patients it refers only to the share of needles/syringes, contrary to users of other structures, whose information refers to any type of intravenous material.

³³ The increase of patients in opiate agonists programs occurred mainly from 2009, which may reflect a decision-making process based on scientific evidence, since in this year was published a study (Fernandes & Silva 2009) on the impact of these treatments in the management and control of the inmates users of opioids in the prison own environment. The conclusions of the study pointed to the importance of its role-while important resource for the health and welfare of inmates and as an instrument of social conflict management and reinsensor-ideal enhancer of social reintegration, as well as the relevance of its enlargement in the prison context.

programs, which have been raised with regard due to the specific needs of monitoring, in terms of health care, of this prison population.

For more info regarding treatment in prison, see chapter 9.6.

5.3.2. Trends of treated population and treatment provision

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 alcohol, cocaine and cannabis in this setting are increasing. In the administration of the main substance continues to be predominant the mode smoked/snorted.

In the ambit of indicators on consumption-related problems, in the context of treatment demand, cannabis arose for the second time in 2013, as the primary drug most referred by new outpatient patients, noting in the last three years relevant increase in the number of patients that seek treatment having cannabis and cocaine as main drug.

The evolution analysis of the main substances of patients entering treatment in the year shows, in the last three years in comparison with the previous years, an upward trend in the proportion of new clients' referring cannabis and cocaine as primary substances. At the level of readmitted patients heroin remains with high proportions, registering in the last three years a slight decrease in favour of cocaine and cannabis.

As for intravenous consumption, with the exception of new patients in outpatient clinic, in the remaining patients of the different structures, the lifetime prevalence ranged between 34% and 59% and the prevalence in the last 12 months between 15% and 25%, presenting the patients of public DU the highest prevalence. Among outpatient new patients where cannabis is the predominant substance, the prevalence of use of intravenous drug use were very lower, 9% lifetime and 3% in the last 12 months.

Generally speaking, the proportion of clients with recent intravenous consumption (last 12 months) decreased to less than half, when compared with those of patients with lifetime prevalence, indicating relevant changes in consumption behaviours.

The analysis of evolution over the past few years of these consumption behaviours shows prevalence decrease of recent intravenous consumption among new patients and between the patients readmitted in the public outpatient network.

The analysis of socio-demographic characteristics of patients who went in 2013 to the different drug addiction treatment structures continue to be mostly male (74% to 88%), aged 35-44 years (22% to 52%) and 25-34 years (18% to 44%), middle age varying between 30 and 40 years.

Continue to be predominantly individuals of Portuguese nationality (93% to 100%) and singles (48% to 71%). Most live with relatives; once again the cohabitation with the family of origin was predominant (40% to 57%) or just with the family constituted (9% to 25%). Generally speaking, remain populations with low educational qualifications (13% to 58% not complete the third cycle of basic education) and precarious work situations (46% to 78% were unemployed).

The analysis of the evolution of the distribution by age group of patients who began treatment over the last few years showed, especially in the last four years, an increase in the proportions of new patients in young ages, and on the other hand, it was verified a progressive ageing of readmitted patients.

Taking into consideration this heterogeneity of demographic profiles and consumption of patients in treatment, it is essential to strengthen the diversification of responses and continue to invest in preventive interventions of risk use behaviour.

6. Health Correlates and Consequences

6.1. Introduction

The National Plan for Reducing addictive Behaviours and Dependencies 2013-2020 establishes that under treatment, intervention should focus on approaches requiring an individualized diagnosis and a response based on the provision of a network that ensures adequate and continuous care, depending on the pathology and possible co-morbidities.

The Integrated Treatment Model constitutes the main axis of multidisciplinary approach in CAD, using several therapeutic resources, including specific treatment programs, risk and harm reduction, rehabilitation/reintegration programs, taking into account the diagnosis and the needs and capabilities of the patient and family and his prognosis.

Concerning infectious diseases among IDUs, ever injectors (lifetime) in treatment centres in 2013, the positivity values for HIV ranged between 3% and 16% depending on the patients group; Hepatitis B ranged between 11% and 91% and Hepatitis C ranged between 12% and 96%.

The analysis of the notifications in Portugal, i.e., the distribution of notified cases by year of diagnosis, shows a downward trend since 2000 in the number of cases diagnosed with HIV infection, mainly reflecting the decrease in cases associated with drug addiction.

With regard to drug-related deaths in the context of general registries, the data for 2013 is not yet available, so the information of general registries is, for the moment, the same as reported last year. We will up-date it, as soon as we received the information from INE, I.P.

6.2. Drug-related infectious diseases³⁴

The referred methodological changes on indicators of drug treatment are extended to infectious diseases.

Coverage rates of the screenings presented here were calculated on the total patients in treatment for problems related to drug use in the different drug treatment structures, although not all are eligible to perform such screenings, particularly those who have never had risk behaviours at drug use or sex level. Thus, rates of the subgroups of intravenous drug users throughout life are also presented.

According to 31/12/2013, notification data (analytical tests) from the National Health Institute Doutor Ricardo Jorge (INSA, I.P.), were notified 47 390 cases of infection by HIV in Portugal, 19 075 (40%) of whom had AIDS diagnosis.

Category of Transmission	Cases of Infection by HIV							
	Total Cases of HIV				AIDS Cases			
	Total	Associated to Drug Addiction	Non-Associated to Drug Addiction	Not mentioned	Total	Associated to Drug Addiction	Non-Associated to Drug Addiction	Not mentioned
Year of Diagnostic a								
Total	47 390	17 178	29 217	995	19 075	8 351	10 334	390
2013 ^{b)}	1 093	78	1 003	12	322	74	242	6

- In cases of HIV infection, year of diagnosis refers to initial diagnosis of HIV infection regardless of the clinical stage. In the case of AIDS, refers to the year of diagnosis of AIDS stage, may be a year after initial diagnosis of HIV.
- The posterior update of the cases diagnosed in previous years, requires the reading of these data as provisional.

³⁴ All data reported in this chapter is collected from analytical tests.

Table 8 – Notifications of HIV infection and AIDS cases, according to the Category of Transmission (SICAD 2014)

In the categories of transmission associated to drug addiction were notified 17 178 cases of HIV infection, 8 351 (49%) cases of AIDS.

The cases associated to drug addiction represented 37% of the total diagnosed cases of HIV infection and 44% of the AIDS cases notifications.

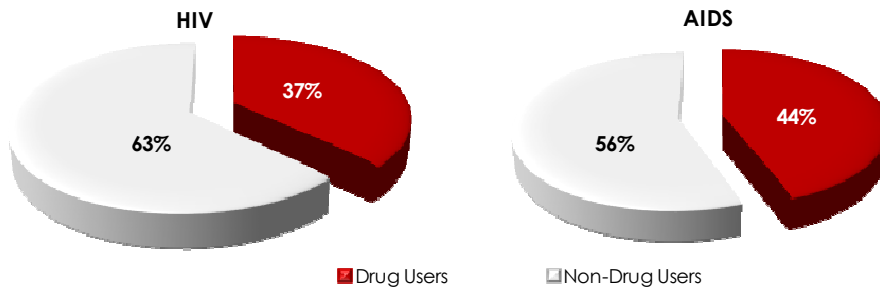


Figure 3 – HIV Notifications associated or not to drug addiction (%) (SICAD 2014)

During 2013 were reported 1 093 cases of HIV infection, whose diagnoses occurred in the same year, 7% of whom in categories of transmission related with drug addiction. In this year were notified 322 AIDS cases diagnosed in 2013, 23% associated with drug addiction.

It is noteworthy that the new HIV infection cases notified are not a real measure of incidence, as they include both cases with infection acquired recently as cases in which the infection occurred several years ago.

In this regard, continues to be verified in the new cases diagnosed with HIV a higher proportion of older infections in the cases associated to drug addiction, despite the data limitations due to the scarce of information about the probable date of infection.

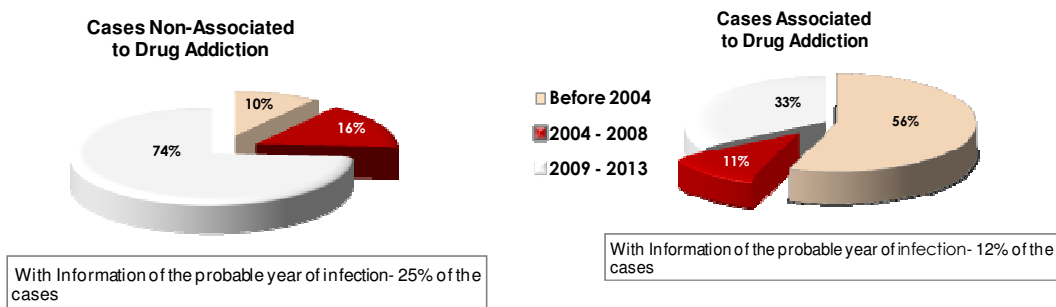


Figure 4 – Cases of HIV infection diagnosed in 2013, Associated or not to Drug Addiction, by probable year of infection (%) (SICAD 2014)

This proportion of old infections in the cases of HIV infection associated with drug addiction and recently diagnosed, shows the need to continue to invest in the improvement of the screening coverage near the drug addiction population boost in 2007 with Klotho Program³⁵. On the other hand, it reflects the results of harm and risk reduction policies in the sense that

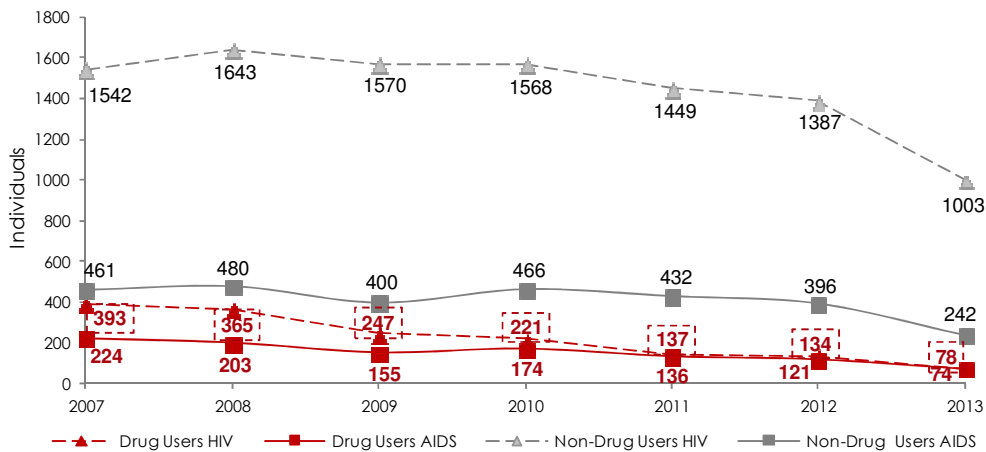
³⁵ Between 2007 and 2008 has been developed, in collaboration with the National Coordination for the Infection of HIV/AIDS, targeted to drug users – Program KLOTHO – implemented at the level of outpatient clients in the public network and clients from the outreach teams. Since then, the ADR methodology continues to be implemented in the treatment public network.

they will allow the most vulnerable drug addiction populations and usually not covered by conventional services, including health, a growing approach to these services.

The evolution analysis of notifications in Portugal, i.e., the distribution of notified cases by year of diagnosis, shows a downward trend since 2000 in the number of cases diagnosed with HIV infection, mainly reflecting the decrease in cases associated with drug addiction.

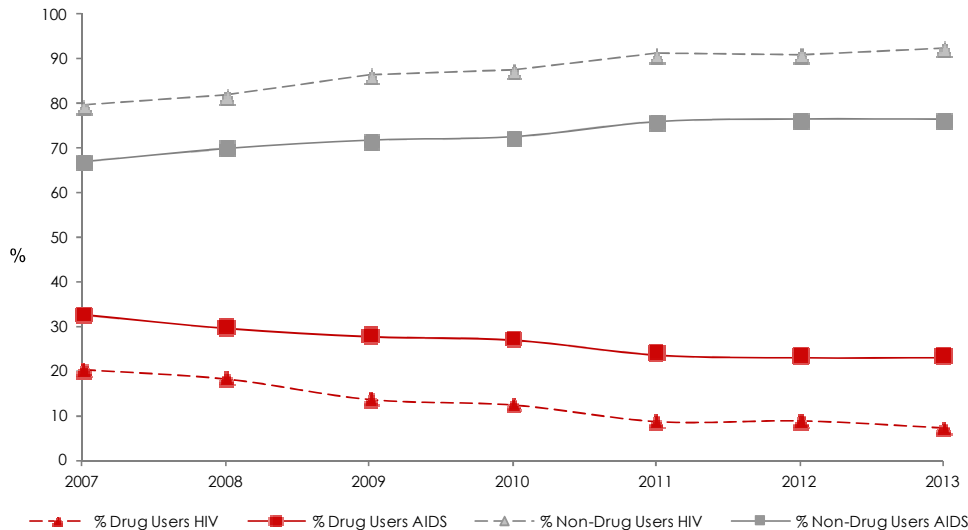
In Portugal contrarily to what happened in other European countries, the introduction in the late 90s of combined antiretroviral therapy did not result in a marked decrease in the number of AIDS cases, registering stability in the number of cases between 2000 and 2002, the year when started a downward trend. This downward trend occurred earlier in cases associated with drug addiction (beginning in 2000) and in a faster rhythm than in the cases of other types of transmission.

In recent years (last seven years), continues to register a downward trend in the total number of cases of HIV infection and AIDS cases diagnosed annually, a trend that remains at a higher rate in cases associated with drug addiction (78 cases diagnosed with HIV in 2013, 137 in 2011, 247 in 2009 and 393 in 2007), safeguarding the future update of data.



*The posterior update of the cases diagnosed in previous years and the introduction of new information, requires the reading of these data as provisional. In cases of HIV infection, year of diagnosis refers to initial diagnosis of HIV infection regardless of the clinical stage. In the case of AIDS, refers to the year of diagnosis of AIDS stage, may be a year after initial diagnosis of HIV.

Graph 29 – HIV/AIDS notifications: Cases associated or not to Drug Addiction by year of diagnosis* (SICAD 2014)



*The posterior update of the cases diagnosed in previous years and the introduction of new information, requires the reading of these data as provisional. In cases of HIV infection, year of diagnosis refers to initial diagnosis of HIV infection regardless of the clinical stage. In the case of AIDS, refers to the year of diagnosis of AIDS stage, may be a year after initial diagnosis of HIV.

Graph 30 – HIV/AIDS notifications: % Drug Users and Non-Drug Users by year of diagnosis* (SICAD 2014)

As can be seen in the graph, maintains the downward trend of the weight categories of transmission related to drug addiction, although with a slowdown rhythm in the last three years, either in HIV diagnostics (7%, 9%, 9%, 12%, 14%, 18% and 20% of cases diagnosed in 2013, 2012, 2011, 2010, 2009, 2008, and 2007), either in AIDS diagnostics (23%, 23%, 24%, 27%, 28%, 30% and 33% of cases diagnosed in 2012, 2011, 2010, 2009, 2008 and 2007).

This decreasing trend of new cases of HIV infection associated with drug addiction, enhanced with what was mentioned above on the proportion of old infections in recently diagnosed cases and on the improving of the screening coverage and access to health care, suggest a decrease in "recent infections" in the risk group associated with drug addiction, reflecting the results of policies implemented, particularly the change on drug use behaviour, as evidenced by the decrease of intravenous drug use and the sharing of paraphernalia.

As for the most common AIDS-defining illnesses observed at the date of diagnosis, they stand out in drug-related cases notified until 31/12/2013, tuberculosis in any of its clinical forms - pulmonary (38%) and extra-pulmonary (29%) - being this pathologies much less significant in the remaining AIDS cases (respectively 17% and 18%). In contrast, other AIDS-defining illnesses have less relevance in cases associated with drug addiction compared to other AIDS cases.

Lisbon, Porto, Setúbal and Faro continue to be the districts with higher weight in the cumulative total of notifications of infection by HIV cases associated to drug addiction (35%, 29%, 13% and 5% respectively) and in cases of infection by HIV non-drug addiction associated (respectively 45%, 15%, 11% and 5%).

In the cases associated with drug addiction, the analysis of the geographical distribution of cases by year of diagnosis illustrate, especially in the last four years and in comparison to previous ones, a decrease in the proportion of notifications in the district of Porto, noting in contrast, an increase in the proportion of notifications in the district Lisbon. From the cases notified associated to drug addiction and with HIV diagnostic in 2013, near 37%, 19%, 16%

and 11% lived at the time of notification, respectively in the districts of Lisbon, Porto, Setúbal and Faro.

These districts are also the ones with higher rates of accumulated cases of HIV infection associated to drug users per inhabitant in the age group 15-64.

Rates per 100 000 inhabitants 15-64 years old

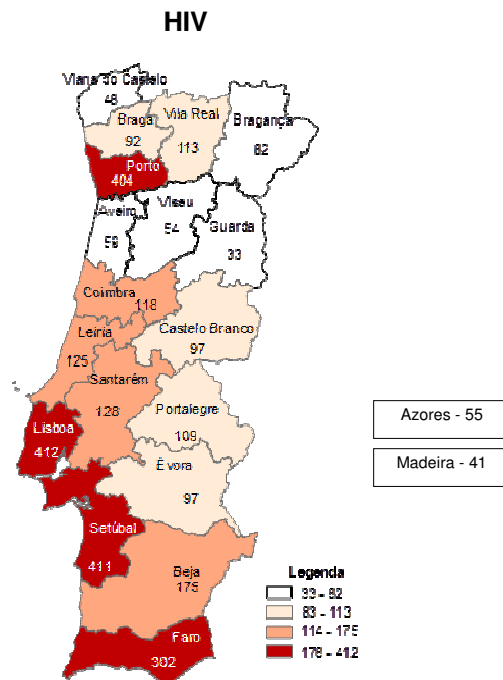


Figure 5 – Notification of HIV infection cases associated to Drug Addiction, by geographical area of residence* (SICAD2014)

***Residence on the date of notification**

Regarding the distribution by sex and age, most cases of HIV infection associated with drug addiction notified till 31/12/2013 belong to the male age group (83%) and were aged between 20-39 years (87%), existing a relevant weight of youth (20%) and young adults (54%). Of the reported cases associated to drug addiction and diagnosed with HIV in 2013, the majority were male (87%) and 68% were aged between 35-49 years, 19% between 20-34 years and 29% above 39 years.

Regarding the coverage of HIV screening in outpatient clients in 2013, were known the screening results for 77% of the patients in treatment during the year, 26% of the new patients and 64% of the readmitted patients, being these rates slightly higher in the respective subgroups of injectors. In general, the coverage rates of HIV screenings were higher in Detoxification Units and Therapeutic Communities standing above 90% in the respective subgroups of injectors (except in the case of licensed DUs).

In 2013, the prevalence of HIV infection ranged between 3% and 16% depending on the patients group, corresponding the minimum value to new patients and maximum value to DUs public patients. As expected, the prevalence was higher in subgroups with intravenous consumption throughout life, ranging between 9% and 25%.

Among clients in outpatient with intravenous drug use throughout life persists the downward trend in the prevalence of HIV+, albeit at a slower rhythm from 2010.

Both in the total of outpatient clients as in the respective subgroups of injectors throughout life, a significant decline in the proportion of new infections in 2010 and 2011 compared to

previous years, maintaining these proportions stable in the last three years. It should be noted that although the number of users screened between 2007 and 2009 was higher than in previous and subsequent years, this does not necessarily correlate with high proportions of new infections recorded in this period, because of the previous years were higher, thus confirming the downward trend of these proportions until 2011, with particular emphasis in 2010 and 2011, maintaining as from this date with identical values.

In general, the evolution of the prevalence of HIV+ among users admitted for problems related to drug use in DUs and CTs, as well as in the respective subgroups of injectors, fits with the pattern of outpatient patients, although with higher annual fluctuations and slightly lower values.

In 2013, the proportion of HIV positive people who were on antiretroviral therapy ranged between 7% and 68% depending on the patients group, corresponding the minimum value to new patients (first time in outpatient structures) and readmitted patients, and the maximum value to patients of Therapeutic Communities. These values indicate the need to strengthen policies promoting the access to antiretroviral therapy by these populations.

Viral hepatitis and, in particular Hepatitis C virus (HCV+), presents high prevalence in these groups of patients.

In 2013, coverage rates of screening Hepatitis C virus ranged between 12% and 96%, depending on the patients group, being these rates slight higher in the respective subgroups of injectors.

The prevalence of HCV infection ranged between 18% and 61% in the different groups of patients, being much higher in the subgroups with intravenous consumption (between 66% and 88%).

The proportion of new infections (diagnoses in the year) in outpatient clients was 48%, and 84% in the subgroup who had intravenous drug use at least once in life. Among those who initiated outpatient treatment in 2013, the proportions ranged from 17% (new clients) and 48% (readmitted patients), and in the respective subgroups of injectors between 85% and 84%.

In general, among outpatient patients and respective subgroup of injectors throughout life, the HCV+ prevalence and the proportion of new infections have not shown significant changes in recent years.

The prevalence of HCV among users admitted for drug-related problems in DUs and TCs, as well as in the respective subgroups of injectors, has registered over the years always lower values than those of the outpatient, especially in the case of TCs patients. Despite the annual fluctuations of these prevalence (greater patients mobility), generally they have no relevant variations that indicate changing trends in recent years.

In 2013, coverage rates of screening Hepatitis B virus ranged between 11% and 91% depending on patients groups, being these rates slightly higher in subgroup of injectors.

Regarding Hepatitis B in 2013, the prevalence of AgHBs+ ranged between 1% and 5%, depending on patients groups, being in general slightly higher in the subgroup of injectors.

The proportion of new infections in outpatient patients was 2% and among those who began treatment in 2013, the proportions ranged between 1% (new patients) and 3% (readmitted patients).

In general, the prevalence of Hepatitis B (AgHBs+) and the proportions of new infections (diagnoses in the year) have remained stable over the last four years, although with values below those of previous years.

It must therefore continue to invest on improving the registration of infectious diseases screening of these users with a view to monitor and evaluate interventions, as well as on enhancing the coverage of screening and promoting policies of access to treatment of these

illnesses (particularly anti-retroviral therapy) on the part of these populations, with a view to enhance the gains in health however obtained.

6.3. Other drug-related health correlates and consequences

Having in mind the control of occurrence of physical or psychological co morbid within the CAD, we tried to develop the capacity of treatment services in the implementation of diagnostic measures, therapeutic and referral, aimed at reducing the occurrence of co morbidities associated with CAD and its negative impact and to improve their prognosis.

Persist a high co morbidity of HIV+ and HCV+ in injectors' subgroups, being the vast majority of HIV infected also positive for HCV.

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 (INE), 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 death did not allow an accurate assessment of the number of overdoses, yet possessing rich and quality toxicological data allowing trend analysis³⁶.

Following a strategic recommendation of the Action Plan on Drugs 2009-2012³⁷, as well as the implementation in the last decade of several procedures to improve the quality of the national mortality³⁸ statistics, since 2009 we start to present 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. It was possible to obtain information about the causes of direct death and manners of death of the cases with positive toxicological results for illicit substances, and thus distinguish among these, the cases of overdose.

This has also highlight the disparity of information between these two sources of information, emphasizing the importance of optimize information flows between INMLCF, IP and General Directorate for Health (DGS).

On the other hand, consumption of drugs, in addition to being a direct cause of mortality (in the case of overdoses), it is also often an indirect cause, particularly through illness, accidents, homicide and suicide. Thus, in addition to overdose are also presented in this chapter the data from the INMLCF, I.P. on other causes of death cases in the presence of at least one illicit substance or its metabolite, as well as notifications of deaths (National Health Institute Doutor Ricardo Jorge - INSA) in cases of HIV/AIDS infection associated with drug addiction.

³⁶Portugal has data on positive post-mortem toxicological results from the INML more than 25 years.

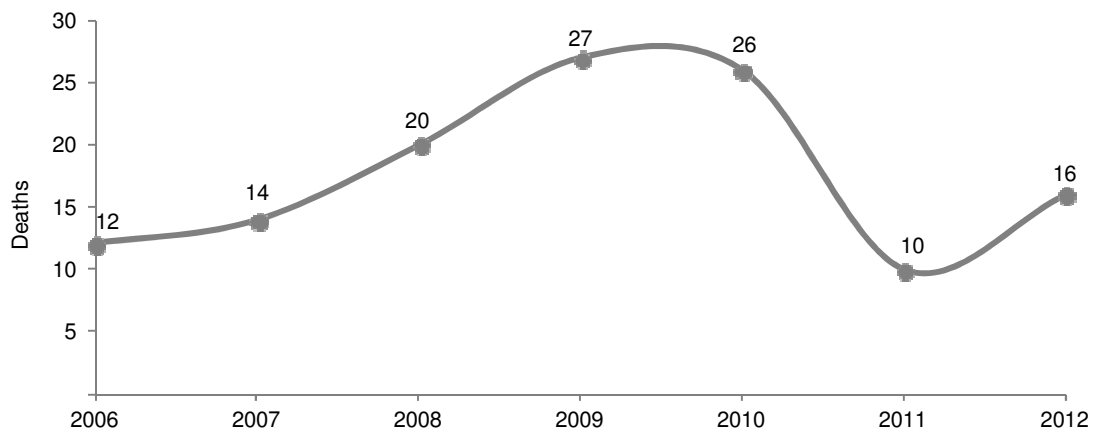
³⁷ Recommendation made by the Technical Committee of the Inter-ministerial Council in the context of the internal evaluation of the Action Plan - Horizon 2008.

³⁸ Among others, the introduction of a new medical certificate of death with new circuits of data transmission and the transition to ICD-10 (in 2002), and more recently measures to implement the on-line medical certificate.

With regard to drug-related deaths in the context of **general registries**, the data for 2013 is not yet available, so the information of general registries is, for the moment, the same as reported last year. We will up-date it, as soon as we received the information from INE, I.P.

After the continuous increase registered between 2006 and 2009 that inverted the downward trend of previous years, there were inflections in 2010 and 2011, returning to register in 2012 an increase in the number of these deaths.

According to the EMCDDA protocol in 2012 were registered 16 cases of drug-related deaths, representing a 60% increase in relation to 2011.



Graph 31 – General Mortality Register – Drug-related deaths (SICAD2013)

In 2012, and despite the constraints, in providing disaggregated³⁹ information, similarly to what succeeded in 2009, (last year in which it was possible to provide more specific information about the causes of deaths), once more the predominant cause of death were disorders: multiple dependence or other (code F19.2 ICD10), cause that includes polydrugs use (69%). Due to the same constraints, in relation to the socio demographic characteristics of the cases it's only possible to find out that the majority were from the male gender (in 2010 the total number of the cases were men and in 2009 the male gender presented percentages above 84%), and aged between 40-49 (56% of total number of cases).

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

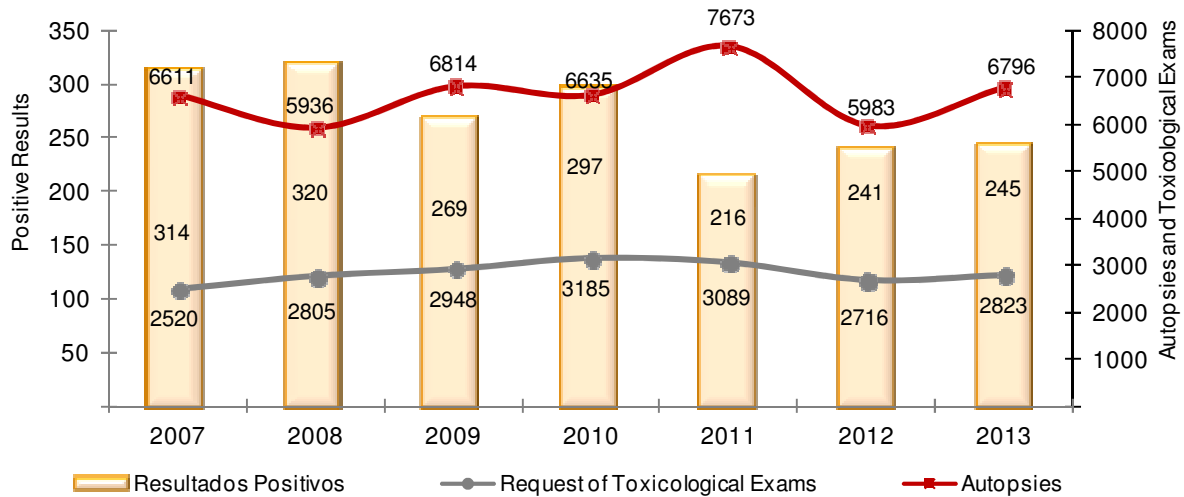
In 2013, were performed by INMLCF, I.P. 6 796 autopsies, for 2 823 of the cases (42%) were requested toxicological exams, a percentage that falls in the ones registered in 2012 (45%) and 2011 (40%).

The number of cases with positive toxicological results for illicit substances (245) was near the one registered in 2012, maintaining the proportion of positivity in the set of examinations carried out within the values registered in recent years (9%, 9%, 7%, 9%, 9%, 11% and 12% respectively in 2013, 2012, 2011, 2010, 2009, 2008 and 2007).

³⁹ For "statistic secrecy" reasons (Law of the National Statistic System – SEN, Law n. ° 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.

As previously referred, only since 2009 it was possible to obtain information about the causes of direct death and manners of death of the cases with positive toxicological results for illicit substances, and thus distinguish between these, the cases of overdose.

Since these deaths require forensic investigation and difficulties in collecting this information⁴⁰ remain, it was decided to make the data update of a given year later (two years after). Thus 2013 data will be updated next year, which impose some caution in the comparative analysis of data.



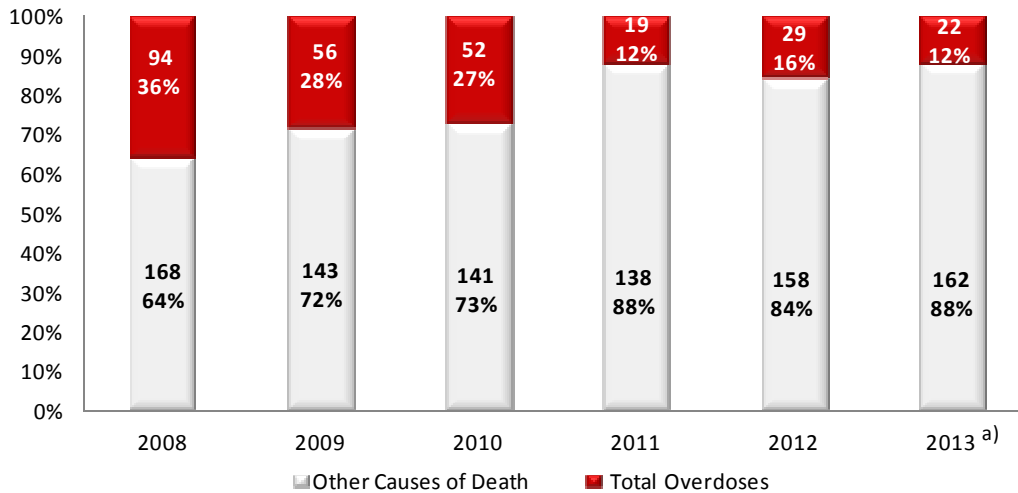
Graph 32 – Autopsies, Toxicological Exams and post-mortem positive results by year (SICAD2014)

In 2013, from the 184 deaths with information on the cause of death (75% of the cases with positive toxicological results for illicit substances)⁴¹, approximately 12% were considered overdoses based on the direct cause of death and medical forensic aetiology.

Despite the comparative limitations referred, is registered in relation to 2012 a decrease of overdoses in absolute values (22 cases in 2013 and 29 in 2012) and proportional (the proportion of overdoses in the set of deaths with information on the cause of death was 12% in 2013 and 16% in 2012), but the values remain well below those registered between 2008 and 2010.

⁴⁰ Whether due to the delay in completing the final report or to access it.

⁴¹ In 2011, 2010, 2009 and 2008 these percentages were respectively of 73%, 65%, 74% and 82%.



a) 2013 data will suffer update next year, requiring cautions in the data interpretation of deaths
 *causes known at the date of information collection (July 2014)

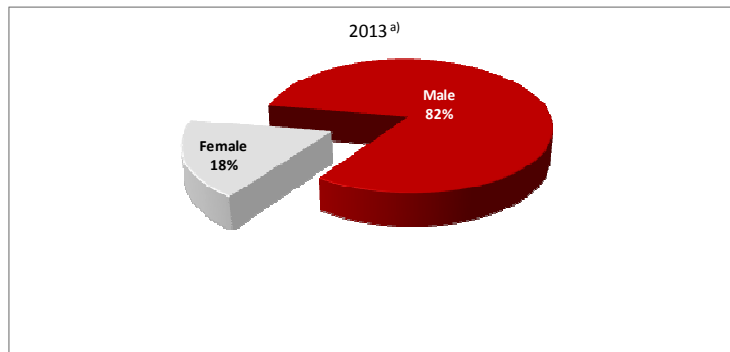
Graph 33 – Causes of death* of the cases with positive toxicological results, by year (SICAD2014)

Concerning the substances detected in these cases of overdose, it is worth note the presence of opiates⁴² in 46% of the cases (48%, 42%, 73%, 88% and 82%, respectively in 2012, 2011, 2010, 2009 and 2008), and the presence of cocaine in 36% of the cases (52%, 26%, 50%, 43% and 54% respectively in 2012, 2011, 2010, 2009 and 2008). Followed by methadone detected in 27% of the cases (31%, 53%, 15%, 4% and 9% respectively in 2012, 2011, 2010, 2009 and 2008) and the presence of cannabis in 18% of the cases (3% and 16% respectively in 2012 and 2011). It is noteworthy, as an emerging trend, the occurrence of three cases of overdose with the presence of synthetic drugs in 2013 (the previous year had appeared one case in 2012 and another in 2011), one of which with the presence of Methcathinone and ephedrine.

Like in previous years, in the majority (91%) of these cases of overdose was detected more than one substance (76%, 79%, 87%, 84% and 87% respectively in 2012, 2011, 2010, 2009 and 2008), considering the associations with illicit and/or licit substances. In this context, it is important to refer, in combination with illicit substances the cases of overdose with the presence of alcohol (36%, 38%, 37%, 44%, 57% and 47% of the overdoses 2013, 2012, 2011, 2010, 2009 and 2008) as well as in the presence of benzodiazepines (50%, 28%, 42%, 35%, 38% and 39% of the overdoses of 2013, 2012, 2011, 2010, 2009 and 2008).

In 2013, once more the vast majority of these overdoses (82%) are from the male gender, (97%, 84%, 88%, 89% and 92%, respectively in 2012, 2011, 2010, 2009 and 2008).

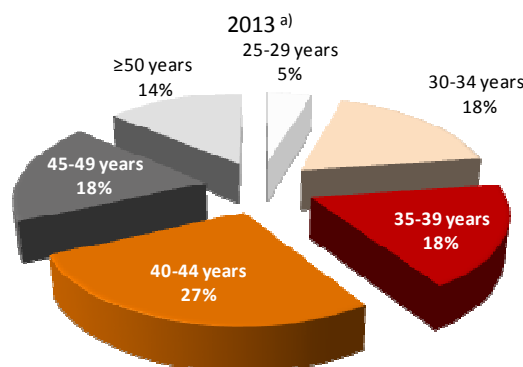
⁴² Includes heroin, morphine and codeine.



a) Data collection July 2014; 2013 data will suffer updates next year requiring cautions in the interpretation of data

Graph 34 – Deaths by Overdose, by Year and by Gender (SICAD2014)

These overdoses occurred mostly in individuals between 25 and 49 years (86%), with an identical distribution in five-year intermediates groups (18%) and with a higher expression in the upper group (18% in the 45-49 years) than in the lower (5% in the 25-29 years). Mean age was 41 years (37 in 2012, 38 in 2011, 39 in 2010, 38 in 2009 e 36 in 2008).



a) Data collection July 2014; 2013 data will suffer updates next year requiring cautions in the interpretation of data

Graph 35 – Deaths by Overdose, by Year and by Age Group (SICAD2014)

Specific causes of mortality indirectly related to drug use

For other causes of deaths with the presence of at least one illicit substance or its metabolite in 2013 (162 cases), it is noted that they were largely attributed⁴³ to accidents (44%) as in previous years, followed in 2013 by natural death (33%), suicide (12%) and homicide (7%).

⁴³ Based on the direct cause of death and manners of death.

Other Causes of Death*	Year		2008		2009		2010		2011		2012 ^{a)}		2013 ^{a)}	
		%		%		%		%		%		%		%
Total	168	100	143	100	141	100	138	100	158	100	162	100		
Accident ^{b)}	72	42,8	56	39,1	67	47,5	66	47,8	71	44,9	71	43,8		
Murder	7	4,2	11	7,7	10	7,1	8	5,8	17	10,8	12	7,4		
Natural	39	23,2	41	28,7	30	21,3	35	25,4	39	24,7	53	32,7		
Suicide	28	16,7	24	16,8	20	14,2	19	13,8	23	14,5	20	12,4		
Undetermined Cause	22	13,1	11	7,7	14	9,9	10	7,2	8	5,1	6	3,7		

***Cases with information on the direct cause of death and forensic aetiology (not overdose)**

a) Data collected in July 2014: 2013 data will suffer updates next year requiring cautions in the interpretation of data

Table 9 – Other causes of death with positive* toxicological results, by year, cause of death (SICAD2014)

In those deaths, the illicit substances more present were opioids (44%) and cannabis (40%), followed by methadone (17%) and cocaine (14%). Were also detected synthetic drugs in 8 cases (5%). In most of those deaths (67%) was detected more than one substance, whereas the associations with illicit and/or licit substances. It should also be noted in association with illicit substances, the presence of alcohol (33%) and/or benzodiazepines (28%).

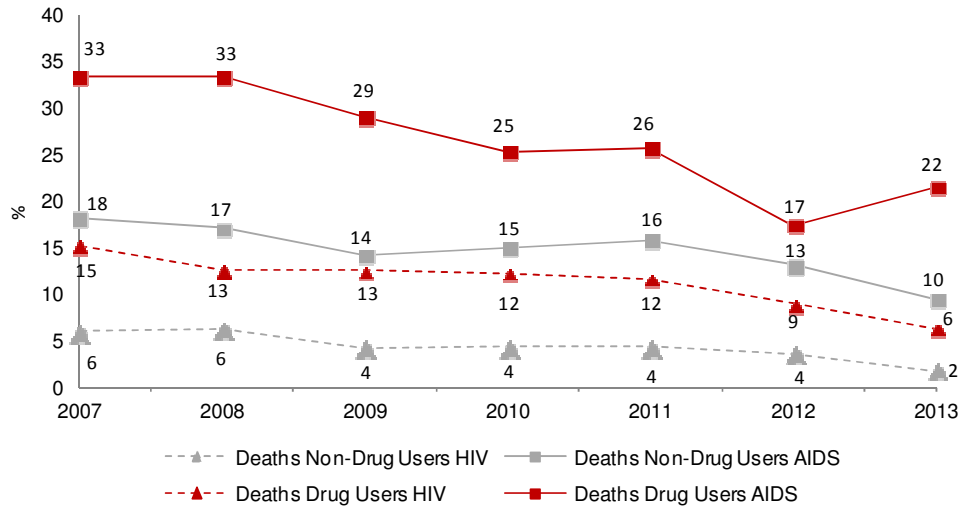
With regard to mortality related to HIV/AIDS, the data presented here refer to the notifications of deaths received at INSA, since in the national mortality statistics of the INE, I.P., there is no disaggregated data on deaths by HIV (ICD10) by transmission categories, and as such it is not possible to know how many of these deaths are related to drug addiction.

It is important to refer that in the total of deaths is verified a high under-reporting in the registries of INSA face to the number of deaths due to HIV disease (ICD10) provided by INE⁴⁴. Because of this the information should be interpreted with some caution. However, as the observed trends are similar in the two sources of records, it is very likely that the data presented below of INSA also reflects trends by transmission category, despite the referred under-reporting.

Until 31/12/2013, 9 880 deaths in cases of HIV infection have been notified, 5 025 (53%) of which associated with drug addiction. From the notified deaths, 8 229 occurred among AIDS cases, 4 185 (53%) associated with drug addiction. Mortality observed in HIV cases associated with drug addiction was of 29% (survival 71%) and in the remaining cases 16% (survival 84%). In AIDS cases associated with drug addiction was 50% (survival 50%) and in the remaining cases of AIDS 38% (survival 62%).

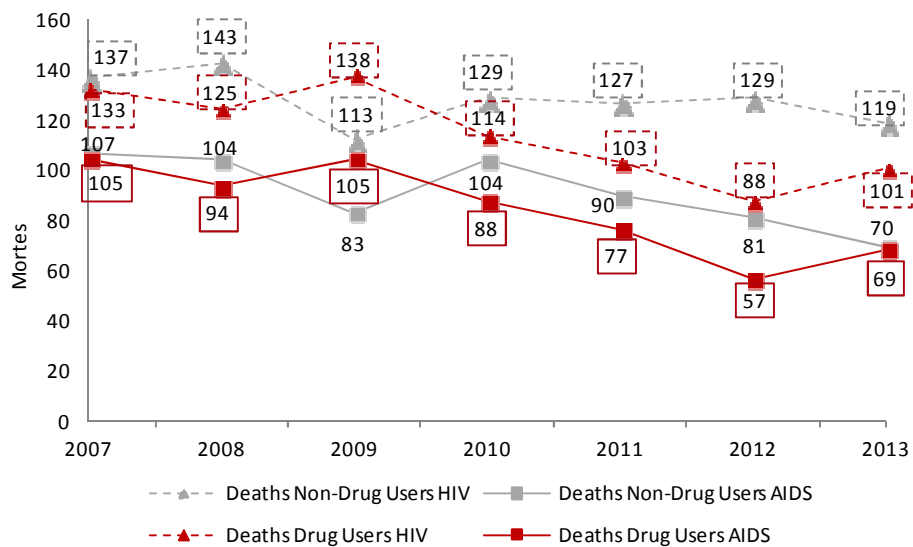
The data related to the distribution of deaths according to the year of diagnosis of the cases, evidence for both cases with HIV infection as well as AIDS cases diagnosed, in the last seven years, that mortality remains higher in the categories of transmission associated with drug addiction when compared with the remaining cases. This may be related, among others, with the aforementioned in the previous chapter, on the highest proportion of old infections in cases of HIV infection associated with drug addiction recently diagnosed, compared to the remaining cases.

44 Efforts to improve information on deaths notifications are being made. Due to the current under-reporting, the information on mortality does not fully reflect the survival of cases.



*The subsequent update of nothing of cases in previous years and the introduction of new information in cases already registered, imposes the interpretation of data as provisional

Graph 36 – Deaths notifications of HIV and AIDS: % of death cases according to the year of diagnosis, in cases associated or not to Drug Addiction* (SICAD2014)



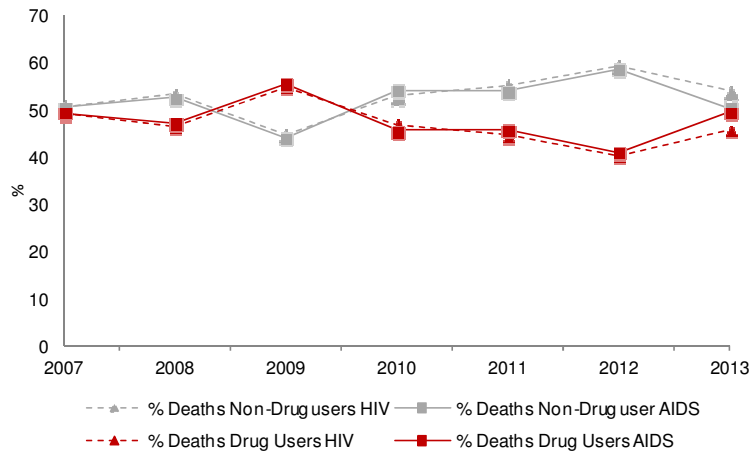
*The subsequent update of nothing of cases in previous years and the introduction of new information in cases already registered, imposes the interpretation of data as provisional

Graph 37 – Deaths notifications of HIV and AIDS: Deaths according the year of death, in cases associated or not with drug addiction* (SICAD2014)

In 2013, 226 deaths in cases of HIV infection were notified, 101 (46%) of which associated with drug addiction. From deaths reported in 2013, 145 occurred in AIDS cases, being 69 (50%) associated with drug addiction.

The distribution of deaths according to the year of death, evidence as for the cases with HIV infection as for the AIDS, a decreasing trend in the number of deaths from 2002, as in the categories of transmission associated with drug addiction as in the remaining cases, albeit at a more accentuated rhythm in those associated with drug addiction, despite some annual peaks, as is the case, foreseen in 2013.

With effect, since 2007 and contrarily to what occurred between 1995 and 2006, it is observed with the exception of 2009, a lower proportion of cases associated with drug addiction than the remaining cases of deaths occurred annually and notified to INSA.



*The subsequent update of nothing of cases in previous years and the introduction of new information in cases already registered, imposes the interpretation of data as provisional

Graph 38 – Notifications of HIV and AIDS deaths: % of deaths according the cases associated or not to drug addiction, by year of death* (SICAD2014)

The majority of deaths notified until 31/12/2013 in cases associated with drug addiction lived in the districts of Lisbon, Porto, Setúbal and Faro in cases of HIV infection and on those classified as AIDS, as well as in those presenting the higher number of notifications of HIV and AIDS infection associated with drug addiction.

Regarding the distribution by sex and age and concerning the cases associated to drug addiction, the majority of deaths notified till 31/12/2013 in cases of HIV infection, belong to the male (86%), and in the year of death, 70% with ages between 25-39 (50% between 25-34 years), being this proportions very similar to the deaths in AIDS cases. In relation to deaths notified in 2013 and occurred in the same year in cases of HIV infection associated to drug addiction the majority belong to the male gender (86%) and 77% with ages between 35-49 years (58% between 40-49) being this proportions very similar to the deaths in AIDS cases associated to drug addiction. Its noteworthy, the occurrence of deaths in younger ages in the cases associated to drug addiction than the resting cases of HIV and AIDS infection.

7. Responses to Health Correlates and Consequences

7.1. Introduction

The Harm and Risk Reduction interventions (RRMD) were encompassed in a paradigm by their own right and merit, postulating assumptions, goals and specific methodologies, aimed at tackling new and problematic developments regarding the use/misuse/abuse of psychoactive substances. The multi-faced phenomenon of psychoactive substances consumption is at the same time the origin and reflection of a myriad of dynamics, emerging from the interaction of variables concerning different domains: substances, persons, social support networks and at a macro level, the social, economic and political framework.

Faced with a reality that is complex in its expression, severity, causes and consequences, it is strategically important to conceive different modalities of intervention as to provide the most suitable responses, according to each specific problematic and each sub-population.

In this sense, a first line of responses involve a preventive approach to substance use. On a second step, major importance is given to the responses that are molded by the treatment model that supports individuals who wish to stop substance use.

Faced with the real possibility of harmful effects associated to the consumption of psychoactive substances, for both individual and society, it is important to support at every stage of their addictive behaviour those who use/abuse drugs in order to decrease or eliminate such harmful effects.

The World Health Organization (WHO) recognizes the RRMD approach as a set of good practices in the field of public health, with particular relevancy in the field of prevention of HIV/AIDS or other infectious diseases.

Thus, it has been a fundamental aim to put forth diagnoses on a territorial basis, identifying populations in order to adapt the structures and programs of RRMD to their effective needs.

The corner stone for the integrated intervention model encompassing the National Network of Harm and Risk Reduction interventions is the Operational Plan of Integrated Responses (PORI), via the implementation of projects under the Program of Integrated Responses (PRIs).

The main priority established by the National Plan 2013-2020 in the area of Harm and risk reduction is: To promote and develop the existing RRMD model, which showed good results, in order to adapt it to the evolution of the phenomenon, so that effective integrated responses and interventions may be put forth, articulated with the main stakeholders operating in the domain of addictive behaviours and dependencies and associated problems.

In 2013 the two main objectives for the area of Harm and Risk reduction were:

- maintain and strengthen the global network of integrated and complementary responses with public and private partners;
- Provide harm and risk reduction programs to specific groups, namely:
 - Intervention in the so-called “recreational contexts”, which are characterized by a positive social representation of substance use, along with a perception of a low risk associated to this behaviour, through outreach strategies, mobilizing as agents for these settings professionals with adequate training, as well as in what concerns the adverse effects of substances of abuse in general and particularly of those most widely used in these contexts (alcohol, cannabis, cocaine, NPS and others);
 - The adoption of RRMD measures in sports context and correlated events, with a special attention to younger sub – populations.

To accomplish these goals the following actions were implemented:

- 643 screenings were performed (in the North Region, Central Region, Lisbon and Tagus Valley and Algarve).
- Promotion of the Diagnosis, Counselling and Referral of infectious diseases in the structures that support substance users, with the aim of extending the scope of their intervention within the RRMD framework, as well as the promotion of articulation with NGO's for implementing Low-threshold substitution programs, to implement Combined Therapy Centres, resulting in a total of 17 Low-Threshold Substitution Program (PS-BLE) and 16 Combined Therapy Centres;
- Consolidation and improvement of the Follow up, Monitoring and Evaluation Model of risk and harm reduction structures, in particular through the consolidation of circuits and procedures in accordance with the new organizational model that followed the extinction of IDT, I.P., and also the enlargement of this initiative to new RRMD projects. According to this model 31 projects were monitored, (20 projects in the North Region, 7 projects in Lisbon and Tagus Valley Region and 4 at the Central Region). The increase in the number of projects is due to the fact that in 2013 more territorial diagnoses were made or updated which enabled SICAD to lounge more 11 calls for tenders;
- Continuous development of a process of interventions quality improvement in RRMD, particularly through the consolidation of the procedures regarding authorization and certification of programs and structures; also, through the development of action research projects to validate intervention methodologies. A total of 10 projects have been authorized/certified (8 projects in the North Region and 2 in the Central Region);
- Intervention in nightlife context was developed, involving the event organizers, in a total of 26 actions of information and awareness (8 actions in the North Region, 3 in Lisbon and Tagus Valley Region and 15 in Algarve);
- Concerning the intervention in prison setting, continuity was given to actions of information and awareness about risk and harm reduction, involving 2 Imprisonment facilities. 4 actions of Information and awareness were carried out in the region of Lisbon and Tagus Valley.

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

In the area of Harm Reduction, two levels of action in this field should be considered: the strategic level of planning, training, setting guidelines and the monitoring/evaluation of the phenomenon and the level of direct intervention with the users.

SICAD carried its activities under the assumption that the national network of risk and harm reduction should be adjusted to the characteristics of this problematic, following as close as possible its evolution. To this end, it maintained the implementation of instruments and methodologies enabling short time-deferred knowledge on the evolution of the phenomenon as well as on the results achieved by interventions.

This updated information supports decisions concerning the continuity of projects and interventions funding. RRMD teams maintained discussion and reflection *fora* aiming at:

- Sharing experiences and enrichment of knowledge and competences;
- Promotion of the articulation among the different interventions in the field of RRMD in the territory;
- Sharing institutional resources in common and border territories;
- Coordination in mapping border territories with the purpose to update diagnosis;
- Uniformisation of procedures in filling in the data collection instruments.

The characterization process of the population monitored by RRMD projects in particular, outreach teams, drop in centres for substance users without social or family support and Shelters, involves a close articulation among SICAD and the stakeholders that implement these interventions and/or manage these structures and contact directly with this population.

In what concerns direct intervention with users in 2013, 31 projects at national level, were co-funded under the Administrative rules 749/2007 of 25th June and 131/2008 of February 13th and under the Administrative rules 27/2013 of 24th January. The diagnosis performed highlighted the need to foster the implementation of projects and responses particularly among drug users in recreational settings.

The intervention was focused primarily on populations with substance addiction problems without social and familial support, with very specific characteristics: many years of addiction, presenting physical, psychic co-morbidities, as well as several social weaknesses. From the point of view of the context, these interventions are located in areas identified as problematic at trafficking and consumption level (mainly peripheral urban areas and social housing neighbourhoods).

The responses developed by the projects are listed in the chart below:

Region	Outreach Teams	Drop-in Centres	Refuges	Shelters	PSBLE*	Syringe Exchange Program
North	18	0	0	0	15	20
Center	3	1	0	0	1	4
Lisbon and Tagus Valley	5	1	1	1	2	7
Total	26	2	1	1	18	31

*Low Threshold Substitution Program

Table 10 – Type of responses developed by projects, by region (N=31) (SICAD2014)

In addition to these responses, it should be mentioned the collaboration in the intervention Kosmicare in Boom Festival 2013 -Preventive Intervention in crisis and in the recreation context (please see subchapter 3.5 Indicated Prevention).

7.3. Prevention and treatment of drug-related infectious diseases

Throughout the years, prevention of Drug Related Infectious diseases involving people who use drugs has been addressed within a public health strategic framework, by means of a multidisciplinary and pragmatic approach, aiming at diminishing/suppressing risk behaviours.

Thus, prevention of Drug Related Infectious interventions, namely for intravenous drug users are put in place through RRMD programs, namely low – threshold opiate substitution and the Needle and Syringe Exchange Program “*Diz não a uma seringa em segunda mão*”.

The aim of this program, managed by National Program for Prevention and Control of HIV/AIDS Infection, is the decrease of HIV transmission in the general population and specifically among IDU, by the distribution of sterilized material and the collection and destruction of used materials. The specific objectives of “*Diz não a uma seringa em segunda mão*” program are:

- To prevent intravenous and sexual dissemination of infectious diseases among IDU’s;
- To avoid syringe and other paraphernalia exchange among IDU’s, by facilitating access to sterile materials;
- To avoid the discard and the re-utilization of used injection material;
- To promote condom use and to deliver customized information on HIV/AIDS infection.

This program has been subject to adaptations along the years, accordingly with IDU's changing needs and social determinants. 2013 was characterized by important modifications on its implementation: the role of pharmacies in this program was diminished and a partnership between the National Program for Prevention and Control of HIV/AIDS Infection and Primary Care Health Centres was established, aiming at integrating this type of intervention in the global standard of care delivered to the general population.

This program was externally evaluated (as reported in previous National Reports) and it was concluded that it had avoided 7 000 new HIV infections in the first eight years of the program per each 10 000 IDU at that time of existence of this program, having estimate savings to the State between 400 to 1.700 million Euros, reinforcing the importance of this program in term of public health.

Since its creation in October 1993 until 31st. December 2013, 51.413.844 syringes have distributed /exchanged in all agencies participating in this program. In 2013, 950.652 syringes have distributed/exchanged, of which 28.694 in Primary Care Health Centres, 899 662 by the 35 NGO's participating in this program and 22.296 in Mobile Units.

There has been an increase in the number of syringes exchanges due to the proximity intervention with outreach teams with extended hours and in places where there is trafficking and drugs consumption.

Besides the several information/awareness actions on health promotion and drug addiction problematic (157 actions that involved 2 278 inmates) that are developed in prison context, in 2013 were promoted 10 specific actions on risk reduction, covering a total of 112 inmates. For more information on this issue, please see chapter 9.8.

Such initiatives contemplated several themes, namely, harm and risk reduction programs, morbidity and co morbidity associated to risk behaviour, risks associated with the practice of piercings and tattoos, risk behaviours and protective behaviours, the acquisition of healthy lifestyles among others.

In Europe are exchanged near 50 million syringes per year, through needle exchange programs, corresponding to an average of 94 syringes per IDU. Portugal is one of the most successful countries in the exchange of syringes by IDUs worldwide, surpassing the 150 syringes per user annually.

8. Social Correlates and Social Reintegration

8.1. Introduction

Framed by the strategic options of the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2020 (PNRCAD) and the guidelines of intervention in reintegration, the approach in the context of social inclusion is focused on the needs of the individual, his characteristics and personal resources, and on the nature and degree of dependence on psychoactive substances and other addictive behaviours.

Thus, intervention strategies must be appropriate to the situation in which the individual is, the cycle and context of life, always acting in complementarity with the different areas of intervention.

This approach is based on an accurate diagnosis with precise identification of needs, resources and potentials, being an essential element for planning, elaboration and contracting of an Individual Insertion Plan.

The sustainability of the intervention and the integration pathway are dependent of a systemic and multidimensional approach, in which in addition to the intervention at the level of the everyday routines of users, it is developed an intervention among social systems, in order to frame, give consistency and sequence to changes operated in the individuals.

As mentioned in PNRCAD, to develop a sustained and effective integration pathway, the acquisition and maintenance of an employment is a key piece.

With the aim of standardize the interventions, several guidelines have been developed in the area of reintegration, to ensure that all users have access to an adequate response to their personal situation, regardless of where they are, their addictive behaviours and dependencies, or the degree of exclusion faced. Were finalized the Guidelines for Social and Community Mediation⁴⁵ (See SQ27 P2) in the context of reintegration of people with addictive behaviours and dependencies, consisting in a set of recommendations for the performance of social and community mediation under the ambit of Addictive Behaviours and Dependencies (CAD).

This is an important operational tool for professionals working in the area of reintegration, illustrating how the practice of mediation fits into the work carried out in the reintegration of people with CAD, which is continuing the work started with the construction of the Intervention Model in Reintegration (MIR)⁴⁶.

The MIR, under the format of guidelines for Social intervention⁴⁷ points, in synthesis, for an integrated intervention contemplating the dimensions individual and social systems, where the family has a fundamental role. Systematic strategies of monitoring and social mediation are regarded as fundamental and underpin the definition, evaluation and follow-up of Insertion Individual Plans, negotiated and contractualised with the patient, based on social diagnosis and individual interests.

Following the development of the project InPar, promoted by Piaget Development Agency (APDES) and co-financed by IDT, I.P., was published in 2012 the manual “*O Trabalho Primeiro – Manual para a Empregabilidade de utilizadores de Drogas e Recomendações para a Integração pela Educação de Pares*” Work First - Manual for employability of drug users and recommendations for integrating peer education.

⁴⁵

http://www.sicad.pt/BK/Intervencao/ReinsercaoMais/Documentos%20Partilhados/LinhasOrientadorasPara_a_MediacaoSocial_e_ComunitariaNo_ambitoDaReinsercaoDePessoasComComportamentosAditivos_e_Dependencias.pdf

⁴⁶ MIR is enshrined in the Technical Guideline No. 1/2009 / DTR / NR Guidelines for Social Intervention - Intervention Model in Reintegration.

⁴⁷ <http://www.idt.pt/PT/Reinsercao/Documents/MIR.pdf>

This good practice manual translates the main conclusions reached during the research-action project, whose generic goal was to test a methodology of reintegration near drug users covered by Outreach Teams, not demanding the withdrawal of the patients as a starting point for their integration.

In 2013 were developed several initiatives to disseminate this manual along with local service professionals with intervention in the area of reintegration and risk and harm reduction, which included a presentation session, held in Porto, as well as the distribution of copies to local services and dissemination on the SICAD⁴⁸ internet page.

In the context of social reintegration of people with CAD, and following the development of the project InPar, promoted by Piaget Development Agency (APDES) and co-financed by ex-IDT, I.P., was published in 2012 the Work First - Manual for the Employability of drug users and recommendations for integration by peer education. This good practice manual translates the main conclusions reached during the research-action project, whose goal was to test a generic methodology of reinsertion with drug users covered by Street teams, not demanding the withdrawal of the subject as a starting point for their integration.

In 2013 were developed several initiatives to disseminate this manual along with local service professionals with intervention in the area of reintegration and risk and harm reduction, which included a presentation session, held in Porto, as well as the distribution of copies to local services and dissemination on the webpage of SICAD.

The results obtained, embodied in this Manual, have an innovative character in the context of employability of people with addictive behaviours and dependencies, showing a proposed methodology on drug users approach based on the importance of the work in the processes of reintegration – the Work First. It also highlights the intervention developed by the project in the area of peer education, which conclusions have resulted in a set of recommendations for the integration of drug users as peer educators in the area of risk and harm reduction.

8.2. Social Exclusion and drug use

SICAD continues to assure the participation in the National Strategy for the Integration of Homeless People (ENIPSA). This involvement is relevant in the actual context of great economical, social and political debility faced by the country, with direct effects on the aggravation of poverty and social exclusion with all negative effects associated with it.

Among the actions developed, which involved the collaboration of SICAD, there is the elaboration of a questionnaire, characterizing situations of homelessness, which has not yet been implemented at national level, as well as the drafting of a regulation proposal of Temporary Accommodation Centres for people experiencing homelessness.

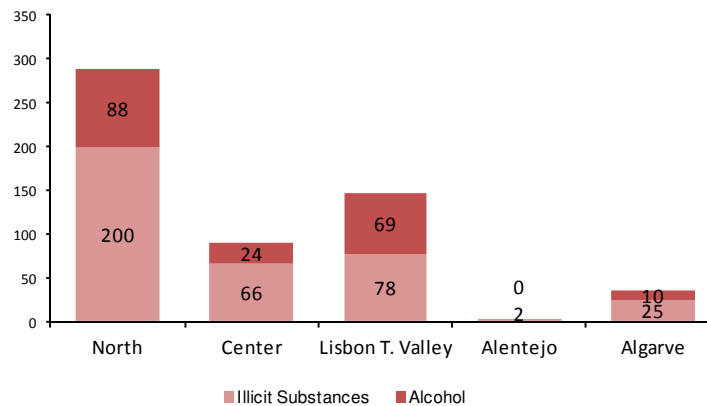
At local level the participation in the Planning and Intervention Units for Homeless (NIPSA), structures responsible for implementing the measures and models of the Strategy in areas where the diagnosis calls for an intervention, continues to be assured by the Centres of Integrated Responses within the Regional Health Administrations. The reinsertion experts assumed the function of case managers of all situations of homeless people with psychoactive substances consumption.

Drug use among socially excluded groups

Since 2009, based on the concept of homeless person approved by ENIPSA, situations of homelessness identified by reinsertion teams are being monitored.

⁴⁸ <http://www.apdes.pt/files/otrabalhoprimeiro/files/assets/downloads/publication.pdf>

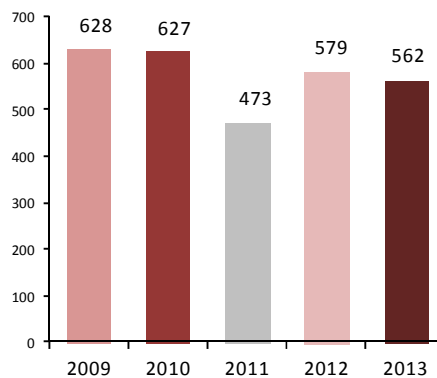
In 2013 from a total of 1 590 persons with needs in the context of housing (995 drug users), 562 persons were in situation of homelessness (371 drug users) corresponding to 35% of the total needs (45% in 2012).



Graph 39 – Total homeless situation diagnosed, by region and type of substance used (N=562), (SICAD2014)

Concerning the substance of use, 371 of the homeless people present consumption of illicit substances, while 191 have problems linked to alcohol. The North Region continues to present the higher proportion of this problem (51%) similarly to what was verified in previous years.

The following graph allows evaluating the evolution of homeless situations diagnosed from 2009 to 2013.

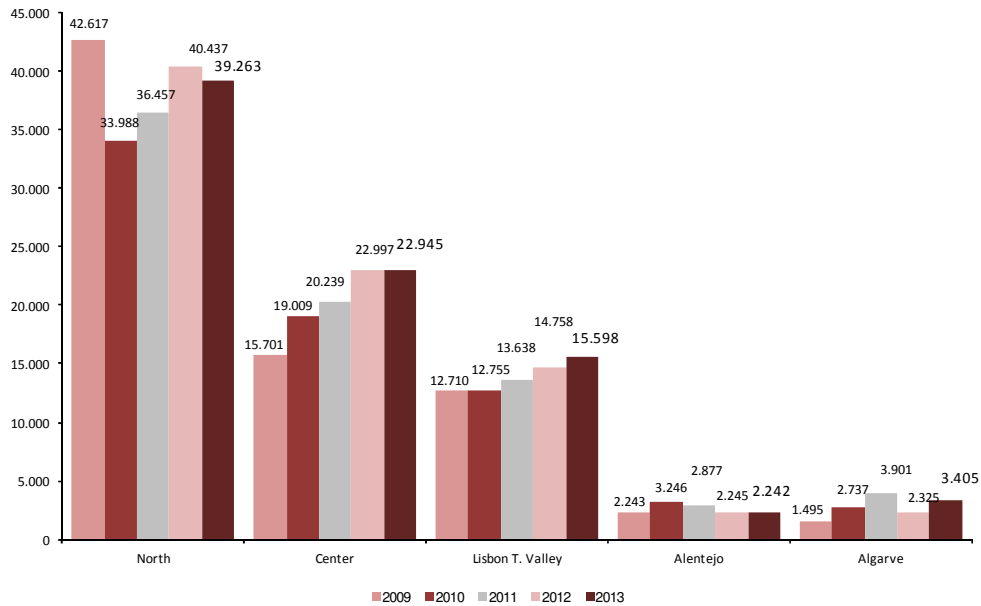


Graph 40 – Evolution of homeless situations diagnosed, total national (SICAD2014)

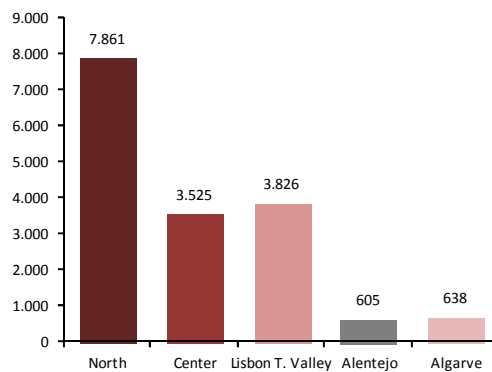
In 2013 it's verified that the number of homeless people diagnosed by the reintegration teams slightly decrease (-3%), corresponding to an inversion of what was verified in 2012.

8.3 Social Reintegration

Mirroring a fundamental part of the work developed by the experts of the reintegration teams and a key component of the intervention in this area, throughout the year near 83 453 reintegration consultations took place (82 762 in 2012).



Graph 41 – Reintegration appointments made by CRI, by region and year (N=83 453), (SICAD2014)



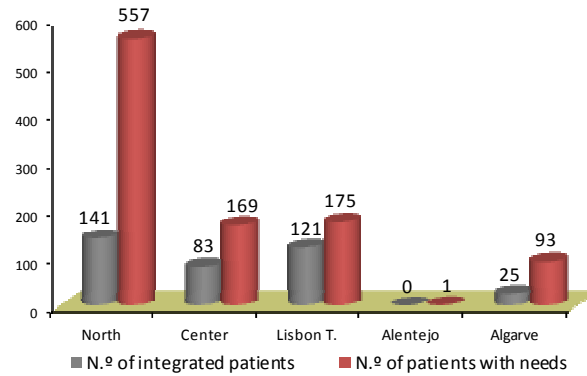
Graph 42 – Patients followed by CRI reintegration teams, by region (N=16 455) (SICAD2014)

Appointments conducted in CRI covered a total of 16 455 patients (chart above) with problems related with the consumption of illicit substances and alcohol, being the northern region presenting the largest number of clients served (48%). Compared to previous year there has been an average growth of 1% in the number of patients accompanied by reintegration (16 311 in 2012).

Housing

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

In 2013, were identified 995 housing needs (845 in 2012) in patients' users of illicit substances. The Northern region registered the highest amount of people with this identified need (557).



Graph 43 – Patients with needs/integrated in housing responses, by region (N=995) (SICAD2014)

The answers provided include situations of temporary accommodation, as well as others of permanent character having contributed to the total number of housing responses available due to partnerships established with the structures of each territory.

	Years					
	2008	2009	2010	2011	2012	2013
Identified Needs (A)	1 662	1 443	1 323	1 359	845	995
Positive responses (B)	706	592	484	431	378	370
Response rate (B/A)	42%	41%	37%	32%	45%	37%

Table 11 – Total number of patients with needs/integrated in housing or shelter responses (SICAD2014)

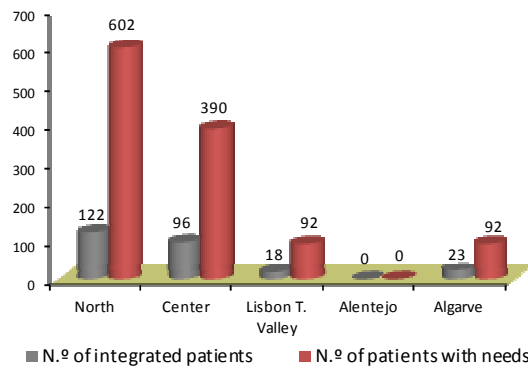
At national level, the response capacity to the needs diagnosed was 37%, representing a decrease in responsiveness in relation to 2012 (45%).

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. In 2013, similarly to last year, were in operation 27 Social reintegration apartments with capacity for 243 people.

Within the integrated response to users in situations of socio-economic disadvantage and in order to ensure adequate access to social protection measures from social action services, continued the collaboration with the Social Security Institute and the Santa Casa da Misericórdia de Lisboa, representing an add value for users and services, preventing duplication of responses and maximizing existing resources.

Education, training

The acquisition and improvement of education are crucial to the success of other interventions (such as employment and training), presenting user’s often very low levels of education, the result of early school-leaving. At national level were identified 1 176 needs for improve school certifications and is also in the northern region who has the highest number of diagnosed need (51% of total), followed by the Central region (33% of total).

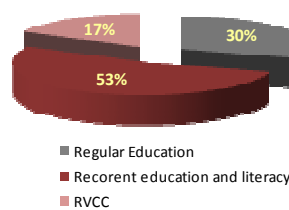


Graph 44 – Patients with needs/integrated in education responses, by region (N=1 176), (SICAD2014)

In comparison to last year, in 2013 it was verified an increase in the number of diagnosed needs in education, as well as a decrease in the responses provided, now standing at 22%, which corresponds to the lowest value in the period analysed (2008 to 2013).

	Years					
	2008	2009	2010	2011	2012	2013
Identified needs (A)	1 867	2 208	1 965	1 766	1090	1 176
Positive needs (B)	596	661	861	872	449	259
Response rate (B/A)	32%	30%	44%	49%	41	22%

Table 12 – Total number of users with specific needs integrated in education responses (SICAD2014)

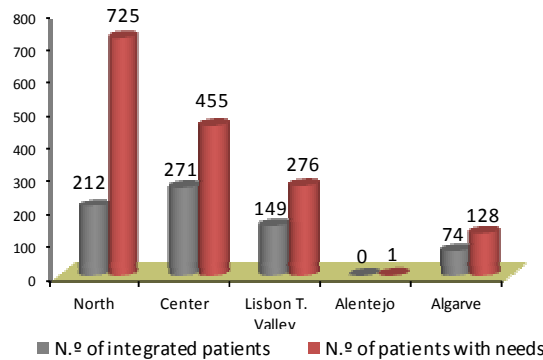


Graph 45 – Type of response provided in the area of education, national total (n=259), (SICAD2014)

Contrarily to what was verified in previous years; the Centers of Revalidation and Certification of Competences (RVCC) were not the most frequent response and only represented 17% of cases (45 patients). Actions of education and literacy covered a total of 137 patients and 77 patients were integrated in regular education.

Vocational training has shown over the years a low level of needs satisfaction, conditioning the acquisition of professional skills for the performance of a profession often essential for a succeed integration pathway.

In 2013, were diagnosed 1 585 vocational training needs (1401 in 2012) being the Northern region the one presenting the higher number of needs (725), noting, however, a ratio of 29% satisfaction. The remaining regions, with the exception of Alentejo, registered satisfaction ratios ranging between 50% and 60%.



Graph 46 – Patients with needs/integrated in responses of vocational training, by region (N=1 585), (SICAD2014)

At national level, in relation to previous year there was an increase of identified needs, in relation to the access to vocational training responses were also verified higher values.

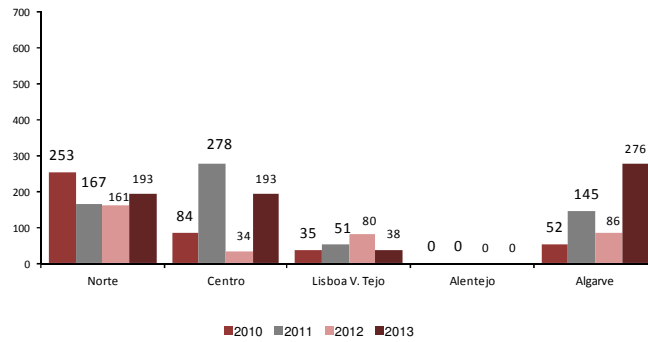
	Years					
	2008	2009	2010	2011	2012	2013
Identified needs (A)	2 466	2 150	2 280	1 675	1 401	1 585
Positive responses (B)	575	501	601	608	496	706
Response rates (B/A)	23%	23%	26%	36%	35%	45%

Table 13 – Total number of patients with needs/integrated in vocational training (SICAD2014)

The response capacity increase, having been integrated 45% patients with needs. Despite having values greater than to the ones registered in the previous year, those are still not satisfactory, showing that once more an important part of users (55%) with an Individual Insertion Plan do not find appropriate responses in the domain of vocational training.

Another key component of the intervention, which promotes a set of skills essential to insertion pathways, is the socio therapeutic intervention. CRI Reintegration teams provide answers in this area and one of the strategies used is the constitution of social skills training groups.

In 2013, these interventions covered 700 patients with illicit substances related problems, representing a 48% increase compared to the 361 patients of 2012.



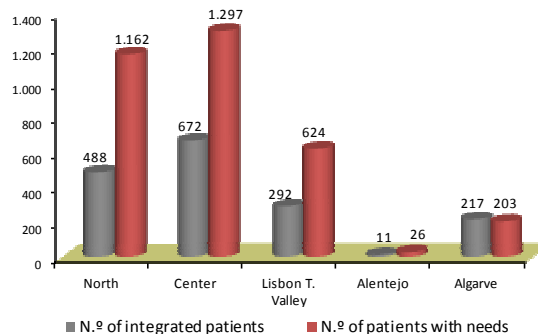
Graph 47 – Patients covered by training groups of social skills, by region (N=700), (SICAD2014)

The number of persons covered by these groups increase in all regions, except the region of Lisbon and Tagus Valley which presents a slight decrease in relation to 2012.

Employment (See also SQ 28)

The possibility of obtaining and keeping an employment is a priority for most users, representing an important step in the integration process that allows maintaining him and family, getting self-esteem, social skills, knowledge and life experience, which contribute to the self-stability as an active member of the society.

At national level were diagnosed 3 312 needs in this domain (3 377 in 2012). In terms of regional distribution, it's the Center region that registered the largest number of needs followed by the Northern region with 1 297 patients and 1 162 patients respectively. These regions registered also the higher satisfaction ratios (42% and 39% respectively).



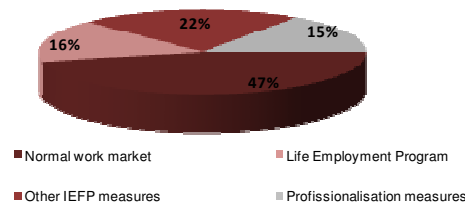
Graph 48 – Patients with needs/integrated in employment responses, by region (N=3 312), (SICAD2014)

The capacity to trigger responses for the needs diagnosed was 51%, which represents a very positive evolution in terms of integration achieved, compared with previous years (table below).

	Years					
	2008	2009	2010	2011	2012	2013
Identified needs(A)	4 338	4 626	4 719	4 246	3 377	3 312
Positive responses (B)	1 654	1 700	2 011	1 883	1 462	1 680
Response rate (B/A)	38%	37%	43%	44%	43%	51%

Table 14 – Patients with needs/integrated in employment programs (SICAD2014)

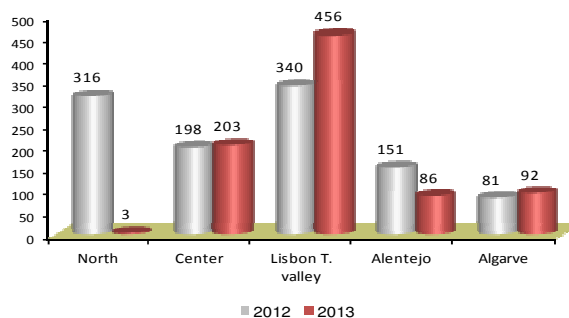
The satisfaction of these employment needs was obtained through the mobilization of different responses adjusted to the job profile of each person, as we can see in the chart below:



Graph 49 – Type of employment answer (N=1 680), (SICAD2014)

The regular work market integration, without protected employment programs continues to be the most frequent response with 47% of cases (779 patients). This option proposes an employment contract, with full rights and duties, which represents an effective integration. The other options configure situations of protected or semi-protected employment mechanism, providing professional integration scenarios more supported, allowing the consolidation of skills needed for maintain a job.

In the field of employment, Programa Vida Emprego (Life-Employment Program- PVE)⁴⁹ that aims to provide an employment to drug users in treatment process in therapeutic community, outpatient or in prison settings, continues to be of vital importance in achieving effective integration pathways of users, especially those who are more vulnerable in the labour market. In 2013, 840 persons in reintegration process were accompanied by the Reintegration teams of CRI and other structures licensed or accredited, distributed by region as follows:

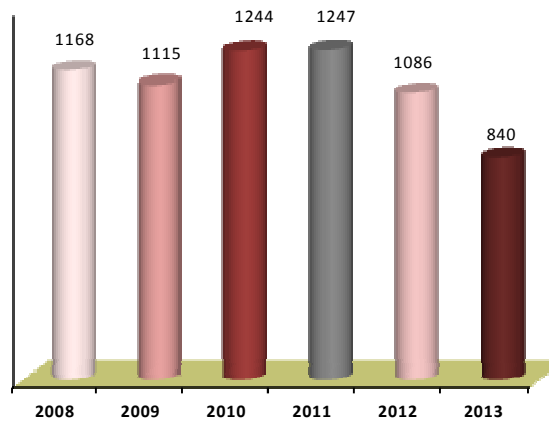


Graph 50 – Distribution of PVE supports, by region (N=840), (SICAD2014)

Concerning regional distribution, the region of Lisbon and Tagus Valley presented the highest values (54%), followed by the Central region (24%). The northern region presented

⁴⁹ Program to support employment to drug addicts in process of reintegration in function since 1998.

residual values, since in 2013 there was no budget available at the North Regional Delegation of the Institute for Labour and Professional Training.



Graph 51 – Evolution of total support allocated under PVE (SICAD2014)

In 2013 a decrease of the support given by PVE in the order of 23% was verified, a consequence of the strong decrease of support in the Northern region, since the other regions increased the number of people covered by the program (with the exception of Alentejo). PVE measures continue to represent an effective opportunity to access the labour market for those who are most vulnerable and less prepared to take up a job.

To facilitate users' access to labour market, the Reintegration Teams use a computerized database at national level – Exchange of Employers, a support tool for experts created in 2009, which aim to organize and share information of employers' partners.

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

9.1. Introduction

The main drug law in Portugal was adopted in 1993 and remains today the primary Portuguese law on supply reduction. This law transposed the recommendations of the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, focusing on drug money laundering and control of drug precursors.

In 1998, the Government convened an expert group to assess the drugs problem and develop a national strategy. As a result, the first Portuguese National Strategy on Drugs and Drug Addiction was developed and approved in 1999. This Strategy was based on the principles of *Humanism* and *Pragmatism*. It was designed as a balanced approach between supply and demand reduction measures, with concrete proposals for integrated responses on prevention, treatment, harm reduction and re-integration into society, within a framework of decriminalisation of personal consumption of drugs. Drug addiction was henceforth considered as a disease, with drug addicts being viewed as patients and not as criminals.

Personal consumption and possession for consumption of drugs was decriminalised in 2000 and the law was enforced from July 2001. It is a crime to possess drugs in a quantity greater than an average of 10 days consumption. Below that limit (differently defined for each substance) possession or consumption is considered as an administrative offence. Special bodies (Drug Addiction Dissuasion Commissions) were created to apply administrative sanctions. In fact, they act as a “second line” of preventive interventions, evaluating the personal circumstances of drug users referred by police and directing them to the appropriate responses (treatment or others).

The elaboration of guidelines on Dissuasion came to tackle the existing gaps in terms of technique intervention developed in the Commissions for Dissuasion of Drug Use (CDT), entity responsible for processing the Law of Decriminalization of the consumption (Law No. 30/2000, of 29 November).

9.2. Drug-related Crime

In 2013 concerning the administrative sanctions for drug use⁵⁰, the 18 Commissions for the Dissuasion of Drug Addiction (CDT) based in every capital district of Continental Portugal instated 8 729 processes⁵¹, representing the highest value since 2001 and a slight increase (+2%) in comparison to 2012, most of which were, again, referred by the Public Security Police (PSP), National Republican Guard (GNR) and Courts.

From the 7 528 rulings made, 83% suspended the process temporarily, 12% were punitive rulings and 5% found the presumed offender innocent.

The number of presumed offenders was inferior in relation to last year registering the lowest value of the last five years. Continues the trend manifested through the decade of the predominance of presumed offenders in the possession of cannabis and the increased visibility of presumed offenders in the possession of cocaine (the values registered in the last five years for cannabis and cocaine were the highest since 2002). In the case of heroin, after the downward trend verified in the first half of the decade, followed by a stability and a peak in 2009, it's verified since then a continuous decrease in the number of presumed offenders. Concerning the number of presumed offenders in the possession of several drugs, since 2011 has been decreasing, representing the value registered in 2013 the lowest since 2002.

⁵⁰ Law n.º 30/2000, of the 29th November, regulated by the Decree-Law n.º 130-A, 23 April and Administrative Rule n.º 604/2001, 12 of June.

⁵¹ Each process corresponds to one occurrence and to one person.

In the context of judicial decisions under the Drug Law, in 2013, 1 474 crime processes were finalised involving 2 038 individuals, 1779 (87%) of whom were convicted. Of these, about 79% were convicted of trafficking, 20% by consumption and 1% for trafficking-use. It should be noted the increase in the proportion of individuals convicted for consumption especially since 2009, related with the fixation of case law on situations for own use in superior amount than the required for the average individual use during a period of 10 days.

Such as occurred in 2004 and contrary to previous years, these convictions involved mainly suspended prison (52%) instead of effective prison (25%). To refer specially since 2009, the increase of convicted only sentenced with an effective fine, predominantly applied to convictions related with consumption. Similarly to previous years, the majority of these convictions were related to only one drug, maintaining the predominance of cannabis and a higher number of convictions by possession of cocaine in relation to heroin consolidating the trend verified in previous years of the increase visibility of cocaine in these convictions.

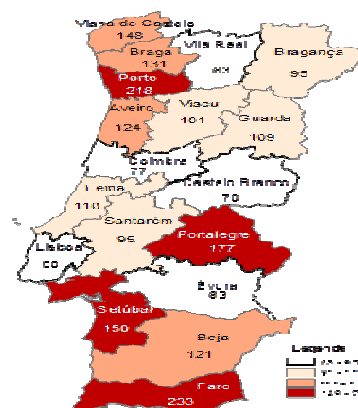
Prison data indicates that, on the 31st of December 2013, 2 290 individuals (+2% than in 2012 with 2 252) were in prison for crimes against the Drug Law. Since 2009 it is registered an upward trend in the number of these inmates, after a continuous decline between 2002 and 2008. These inmates represent on the 31st of December 2013 near 24% in the universe of the convicted prisoner population, keeping this proportion slightly superior to the ones registered between 2008 and 2012. Most of these individuals were convicted for traffic (89%) but also for minor traffic (10%) and less than 1% for traffic-use, these percentages are in line with previous year's patterns.

9.3. Drug Law offences

Concerning the administrative sanctions for drug use⁵², in 2013, the 18 CDT based in every capital district of Continental Portugal instated 8 729 processes⁵³, representing the highest value since 2001 and a slight increase of +2% in comparison to 2012.

Like in previous years the districts of Porto followed by Lisbon Setúbal, Braga, Faro and Aveiro, registered the higher number of processes; the districts of Faro, Beja, Porto and Guarda 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 Porto and in percentage values in the districts of Portalegre and Bragança.



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

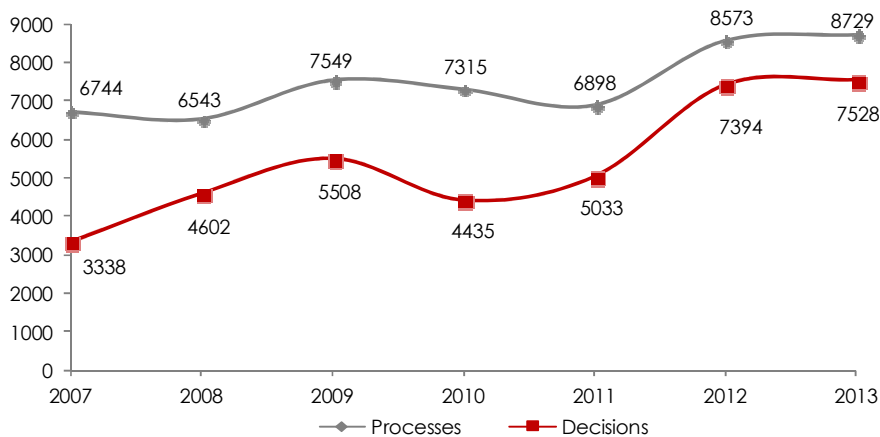
Figure 6 – Distribution of the Administrative sanctions for drug use by District (SICAD2014)

⁵² 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.

⁵³ Each process corresponds to one occurrence and to one person.

Similarly to previous years, most cases (46%) were referred by the PSP, followed by the GNR with (39%) and the Courts with 14% of the cases.

At the date of data collection information near 86% of the processes instated in 2013 had been decided: 36% were suspended (40% in 2012, 2011, 26% in 2010, 31% in 2009, 35% in 2008 and 27% in 2007) and were filed 51% (46% in 2012, 33% in 2011, 35% in 2010 and 2% in 2009, 35% in 2008 and 23% in 2007), indicating a substantial increase in the decision-making capacity in relation to previous years⁵⁴, even more relevant considering that the number of processes in 2012 and 2013 represented the highest value since 2001.



*When interpreting the data related to the decision taken, should be take in account that some CDTs were in certain periods functioning without a quorum, that conditioned the diligences in some CDTs, namely the decision making in the application of Law 30/2000 and the consequent procedural diligences: Between 2003 and 2009: 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. Between 2010 and 2011, the CDT of Porto and Faro stayed without quorum in September having been reinstated in August and November 2011 respectively. From November 2012, the CDT of Leiria stayed without quorum, having been reinstated in April 2013. 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 52 – Administrative processes and decisions*, by year** (SICAD2014)

From the 7 528 decisions taken:

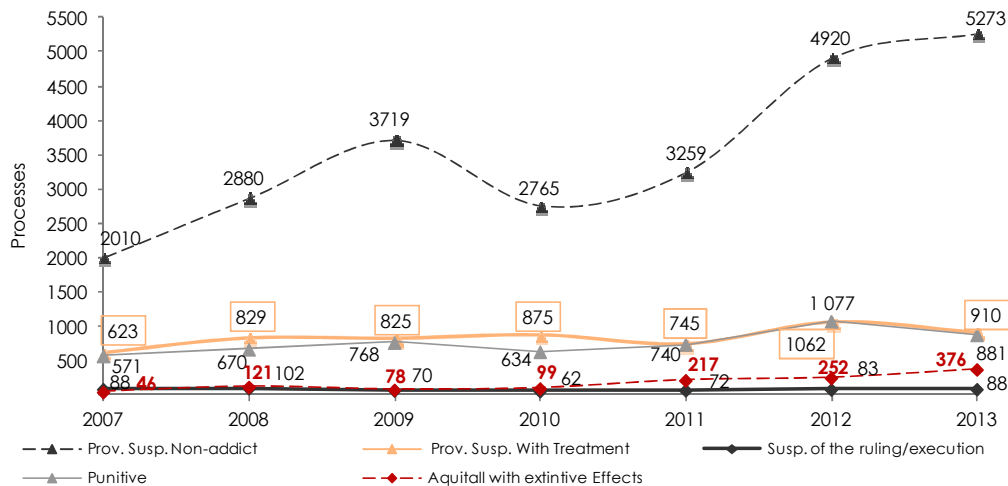
- 83% were suspensive rulings;
- 12% were punitive rulings and
- 5% found the presumed offender innocent.

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 (70%), (67% in 2012, 65% in 2011, 62% in 2010), followed by suspensive rulings in the case of drug users who accepted to undergo treatment (12% in 2013, 14% in 2012, 15% in 2011, 20% in 2010).

In 2012, the proportion of the punitive ruling in this setting was identical to last year, continues to be predominant non-pecuniary sanctions (8%), particularly the ones related with periodical presence in a place designated by the CDT. It should be noted the increase in the

⁵⁴ The decreases in the number of pending cases were related with the investment done in the procedural efficacy and efficiency.

last two years of the application of sanctionary measures that appeal to responsabilisation of the indicted, as the provision of free services to the community and the determination of delivery of cash contributions to Private Social Solidarity Institutions (IPSS).



*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.

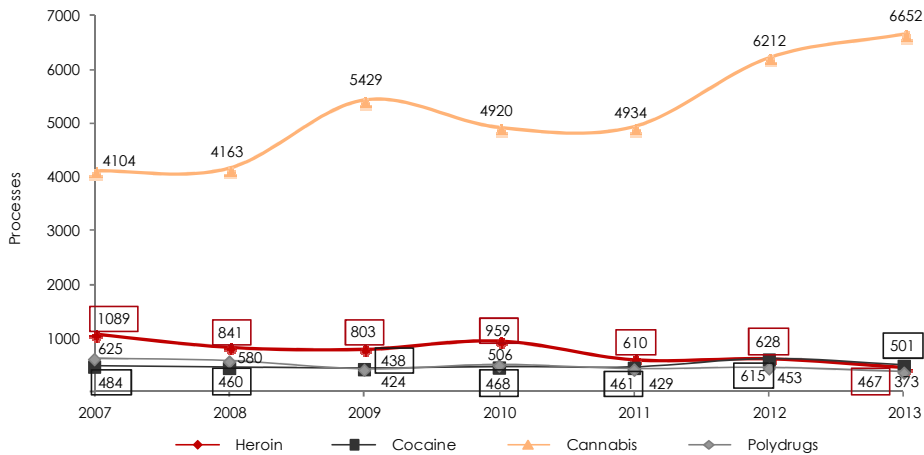
**When interpreting the data related to the decision taken, should be take in account that some CDTs were in certain periods functioning without a quorum, that conditioned the diligences in some CDTs, namely the decision making in the application of Law 30/2000 and the consequent processual diligences. Between 2003 and 2009: 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 Porto and Faro stayed without quorum in September having been reinstated in August and November 2011 respectively. From November 2012, the CDT of Leiria stayed without quorum, having been reinstated in April 2013. On other hand continued to persists gaps in some CDT technical teams, related to the insufficient number of professionals

Graph 53 – Type of ruling for administrative sanctions by year* and type of decision** (SICAD2013)

Concerning the substances involved:

- As in previous years, most cases involved only one drug (95%);
- Mainly cannabis (82%) – 78% in 2012, 76 in 2011, 71% in 2010, 76% in 2009, 68% in 2008 and 64% in 2007;
- 6% of these processes involved only heroin (8% in 2012, 9% in 2011, 14% in 2010, 11% in 2009, 14% in 2008 and 17% in 2007). 6% involved only cocaine (8% in 2012, 7%, 7%, 8%, 6% and 8%, respectively in 2011, 2010, 2009, 2008, 2007);
- For the first time since 2001, the number of cocaine processes was superior to heroin. Similar to previous years, the predominance of occurrences involving only cannabis was found in all CDTs.

For the processes involving more than one drug (5% in 2013, 6% in 2012, 7% in 2011 and 2010, 6% in 2009, 10% in 2008 and 2007), once more the association heroin-cocaine was predominant. Like in the last eight years, was followed by the association cocaine-cannabis and for the second consecutive year the association ecstasy-cannabis surpassed the association heroin-cannabis.



Graph 54 – Type of drug involved in administrative offences by year* (SICAD2014)

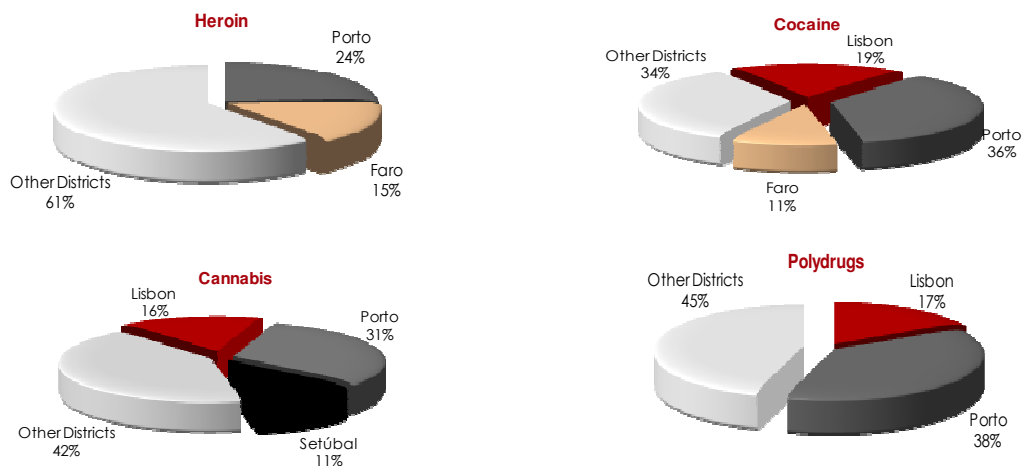
*Year when occurred the fact sanctioned as an administrative offence. Information collected on 31 March of the year after the one when occurred the fact sanctioned as an administrative offence.

In comparison to 2012, an increase in the number of processes at the level of all drugs was registered. The higher increase verified in the processes related with cannabis only (+7%) and ecstasy only (+7%). On the other hand a decrease is registered in the number of processes related with heroin only (-26%), cocaine only (-19%) and the ones related with several drugs (-18%).

It is also worth mentioning the increase in the number of processes related with other drugs (+18%). These, as well as the processes involving cocaine only and cannabis only registered in the last two years the highest values ever.

In general, the distribution of processes by district and type of drug involved showed that the districts with the highest total number of processes (Porto, Lisbon, Setúbal, Braga, Faro and Aveiro), are those where is concentrate also the largest number of processes of each of the drugs considered.

It's verified a diversified distribution of cases between those districts depending on the type of drug, and to highlight, considering the total number of processes registered in each district, the fact of being Faro and not Lisbon to appear among the districts with the highest concentration of processes related with heroin only.



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

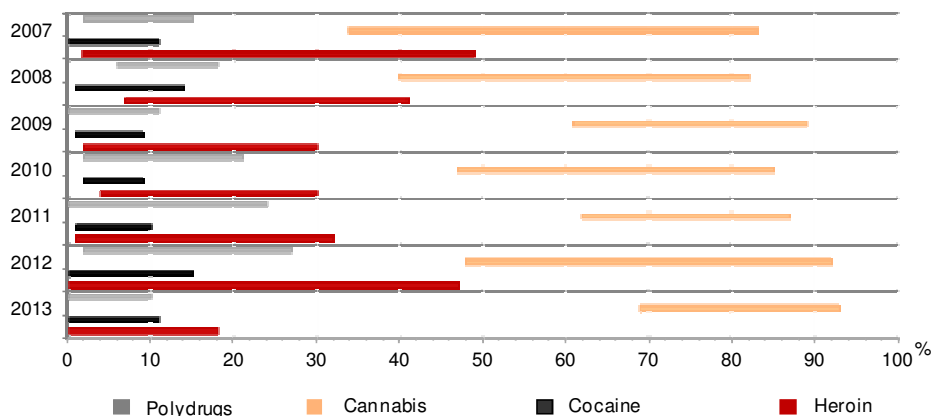
Graph 55 – Distribution of the administrative sanctions by type of drug involved and by district (SICAD2014)

Also the reading of the inter-district percentages by type of drug⁵⁵ showed some heterogeneity:

- Processes involving only cannabis varied at district level between 69% (Viseu) and 93% (Castelo Branco);
- Heroin only between 0% (Portalegre) and 18% (Bragança and Viseu);
- Cocaine between 0% (Castelo Branco) and 11% (Coimbra);
- Processes involving several drugs varied between 0% (Castelo Branco) and 10% (Évora).

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

As can be seen over the years, the biggest interval of those values are registered at the level of heroin and cannabis, though there is less variation in the proportions of processes involving only cocaine and various drugs.



Graph 56 – Administrative sanctions processes by type of drug, intervals of the inter-district percentages, by year (SICAD2014)

Concerning the individuals involved:

- In 2013, 7 900 individuals⁵⁶ were involved (7 817 in 2012, 6 507 in 2011, 6 826 in 2010, 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 2013 to a Commission (6% in 2012, 5% in 2011 and 2010, 4% in 2009, 6% in 2008 and 2007). The majority of the recidivists (87%) registered only one criminal relapse in the year.

⁵⁵ Considering as percentual base the processes opened in each district.

⁵⁶ 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.

- The district of Porto registered the higher number of recidivists in the year and the higher inter-district percentages of recidivists in the year were in the districts of Bragança, Porto, Vila Real, Beja and Viseu.

They were mostly from the male gender (93%);

- 89.7% single
- 53.3% were aged 16-24;
- 27.9% were aged 25-34;
- Mean age 27;
- They were mainly Portuguese (94.7%), single (89.7%) and living with their parents/siblings (66.7%);
- 42.1% had frequented the 3rd level of compulsory school (7th-9th grade) and 33.1% reported an educational status above that;
- 31.5% were unemployed, 35.9% were employed and 28.2% students.

Like in previous years, the majority were Portuguese (95%). Between foreigners Europeans were predominant (2%) and Africans (2%), highlighting Brazil, followed by Cape Verde as predominant foreign countries.

Once more the vast majority is single (90%) and around 67% lives with their family of origin. As in previous years, individuals with the 3rd level of compulsory school or educational status above were predominant (76%) and near 36% were employed, being each time more expressive, the weight of students (28%).

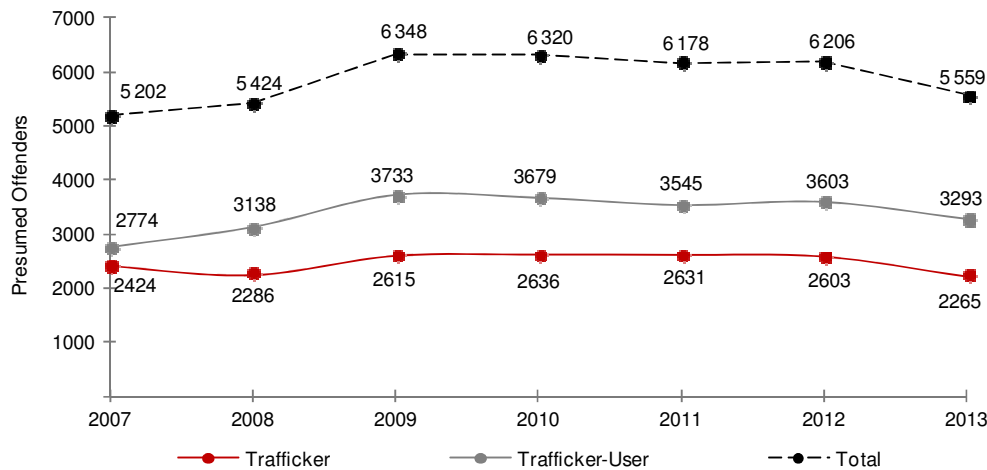
Consumption profiles and demographics prevalent in this population and its evolution in recent years – namely more users non-addicted, younger and students - are indicative of specific strategies and approaches signalling an early intervention, recommended in the strategic planning in the area of dissuasion. (See chapter 5 for more info on this subject).

9.4 Other Drug related crime

Concerning **criminal offences**, in 2013, data from the Criminal Police identified 5 559 presumed offenders⁵⁷: 41% were presumed traffickers and 59% presumed trafficker-users, 4 351 (78%) were arrested.

The number of presumed offenders was inferior in relation to last year (-10%) registering the lowest value of the last five years.

⁵⁷ Data from presumed offenders refer to intervenient arrested and non-arrested. An individual may be account for more than one time since involved in more than one occurrence in the year.



Graph 57 – Presumed Offenders by year and situation towards drug (SICAD2014)

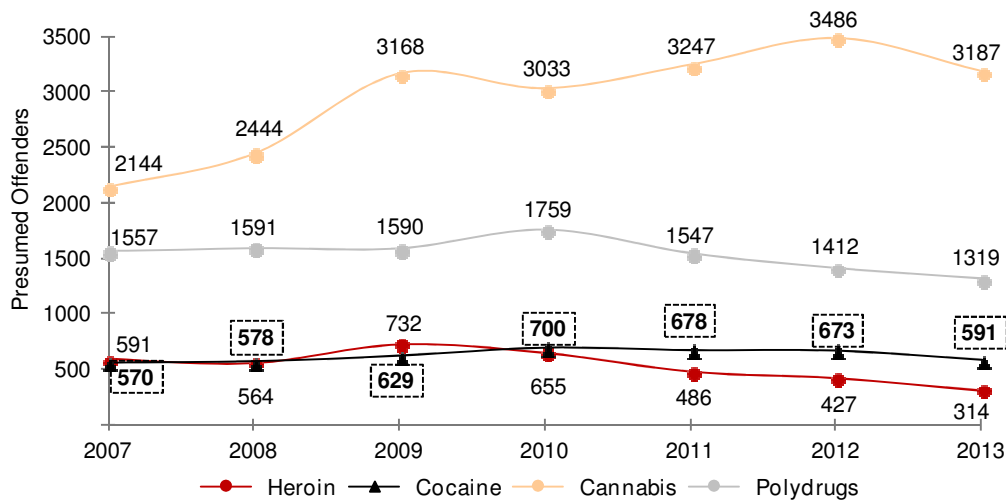
Similarly to previous years, the districts of Lisbon and Porto presented the higher percentages of these presumed offenders (respectively 36% and 23%), followed by Setúbal (8%) and Faro (7%). The higher rates of presumed offenders per inhabitant from the age group 15-64 were registered in the districts of Portalegre, Lisbon, Faro and Beja.

Concerning the substances identified in the moment of the occurrence:

- 76% of these individuals possessed only one drug (77% in 2012, 74% in 2011, 71% in 2010, 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 (59%);
- 11% of the cases concerned cocaine (11% in 2012, 2011 and 2010, 10% in 2009, 11% in 2008 and 12% in 2007);
- 6% of the cases concerned heroin only (7% in 2012, 8% in 2011, 11% in 2010, 12% 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 (24%), the combination of heroin with cocaine continues to be predominant, followed by the combination of heroin with cocaine and cannabis and the association of cocaine with cannabis.
- In comparison to 2012, was registered a decrease in the number of presumed offenders in the several situations of drugs possession, particularly the decrease in the number of those held heroin only (-27%) and those who were in possession of other drugs (-35%).

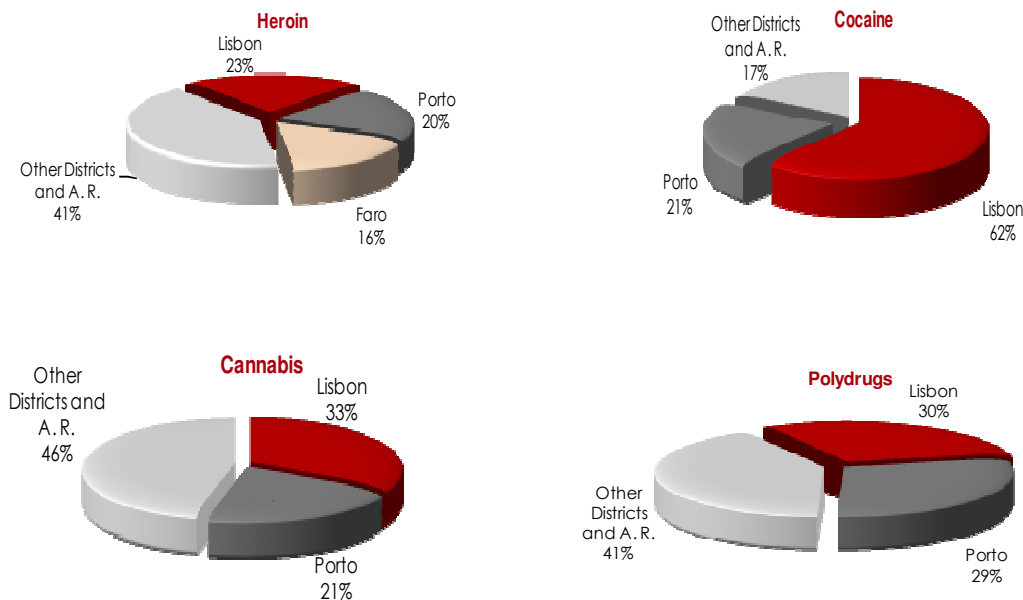
Despite the annual oscillations, the values registered in the last five years at the level of cannabis and cocaine was the highest since 2002, thus reinforcing after the stability occurred between 2006 and 2008, the increasing trend verified through the last decade. In the case of heroin, after the downward trend verified in the first half of the decade, followed by a stability and a peak in 2009, it's verified since then a continuous decrease in the number of presumed offenders. Concerning the number of presumed offenders in the possession of several drugs, since 2011 have been decreasing, representing the value registered in 2013 the lowest since 2002.

Like in previous years, situations related with possession of cocaine alone as well as polydrugs 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 58 – Presumed Offenders, by year, and type of drug (SICAD2014)

The distribution by district of presumed offenders by type of drug involved, evidenced like in previous years, a highly concentration of presumed offenders in the districts of Lisbon and Porto for any of the drugs considered, and also like in previous years, it's worth noting the higher concentration of presumed offenders in the possession of cocaine alone in the district of Lisbon⁵⁸, and there is a higher regional dispersion in the case of presumed offenders in possession of other drugs.



Graph 59 – Distribution of convicted presumed offenders, according to the drug involved, by district and Autonomous Regions (A.R.) (SICAD2014)

The inter-district percentages by type of drug in the possession of presumed offenders once more present some heterogeneity: the percentages of those who were in possession of

⁵⁸ Related with the important number of cocaine seizures in the context of international trafficking, whether by sea or air.

cannabis ranged between 52%-87%, in the possession of only heroin between 0%-20%, in the possession of only cocaine between 0%-19% and the percentage of presumed offenders with several drugs ranged between 11%-35%.

Concerning the individuals involved:

- 89% of the presumed offenders were of the male gender;
- 69% were aged between 16-34, mainly 16-24 (35%) and 25-34 (34%), being the mean age 31;
- 84% were Portuguese, among those who were not Portuguese (16%); the Africans were predominant (10%), mainly from Cape Verde. Most (84%) were single, near 62% frequented the 3rd level of compulsory school and more than half (61%) were unemployed when they were interplead by the police, increasing the proportion of students in the last.

Once more the presumed trafficker-users when compared to presumed traffickers, presented a higher percentage of male gender individuals and Portuguese nationality, as well as a younger age group, higher weight of single individuals, more academic skills and higher percentage of students.

Concerning **Court data**:

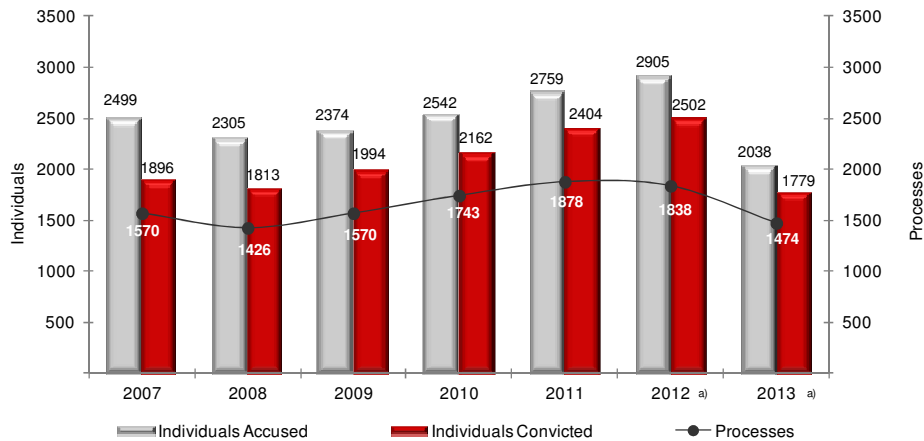
In the context of judicial decisions under the Drug Law⁵⁹, in 2013, 1 474 crime processes were finalised involving 2 038 individuals⁶⁰, the vast majority were accused of traffic (87%). Near 87% were convicted and 12% were acquitted.

Despite the annual variations in the number of processes, of individuals accused and convicted under the Drug Law, there was a decreasing trend in the first half of the past decade, on the other hand a slight increase in the second half, which becomes more pronounced and continuous from 2009.

In 2012 were registered the higher numbers of processes of individuals accused and convicted, respectively since 2004 and 2002. It is expectable that the 2013 data update next year, will show numbers close to those of 2012.

⁵⁹ 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".

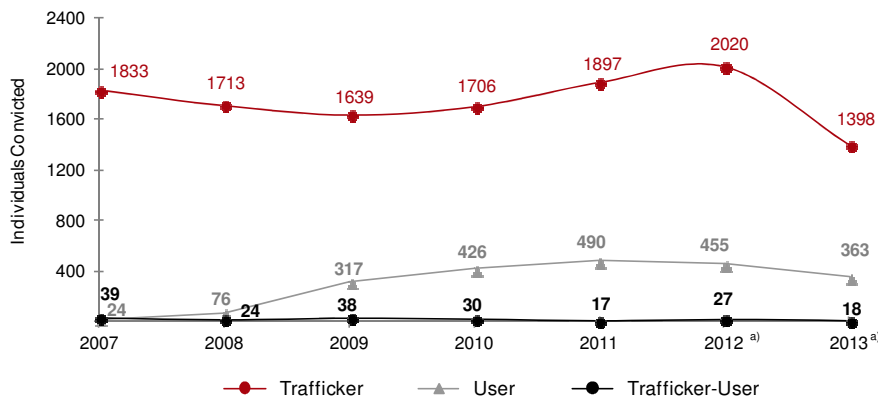
⁶⁰ In line with the methodological criteria used in previous years, the judicial decisions dated of 2012 and 2013 and registered at SICAD until 31st of March 2014. 2013 data will be updated next year with the decisions registered till 31st March 2015.



a) Were considered the judicial decisions dated of 2012 and 2013, and registered at SICAD until 31st of March 2014. 2013 data will be updated next year with the decisions registered till 31st of March 2015.

Graph 60 – Processes, Individuals Accused and Convicted under Drug law, by Year (SICAD2014)

Of the 1 779 convicted individuals under the Drug Law, 79% were convicted for traffic, 20% for use and 1% for traffic-use, being the increase of individuals convicted by use since 2008, related with the fixation of case law on situations for own use in superior amount than the required for the average individual use during a period of 10 days (Supreme Court of Justice n.º 8/2008, of 5 August). Near 57% of convictions for use in 2013 was made express reference to this Judgment (64%, 76%, 75% and 84%, respectively of the convictions for use in 2012, 2011, 2010 and 2009).



a) Were considered the judicial decisions dated of 2012 and 2013, and registered at SICAD until 31st of March 2014. 2013 data will be updated next year with the decisions registered till 31st of March 2015.

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”.

Graph 61 – Individuals Convicted, by Year and situation towards drug (SICAD2014)

From the 1 398 individuals convicted for traffic, 1 390 were initially accused for that crime and 7 for traffic-use. From the 363 individuals convicted for use, 214 (59%) were accused for that crime, 147 (40%) for traffic and 2 (1%) for traffic-use. Of the 18 individuals convicted of traffic-use, 10 (56%) were accused for this crime and 8 (44%) for traffic.

Once more Lisbon and Porto were the districts that registered the higher percentages of these convictions (respectively 36% and 24%), followed by Setúbal (8%), the Autonomous Region of Azores (5%) and Braga (5%).

The higher rates per inhabitants aged 15-64 were registered in the autonomous Region of Azores and in the districts of Lisbon, Portalegre and Porto.

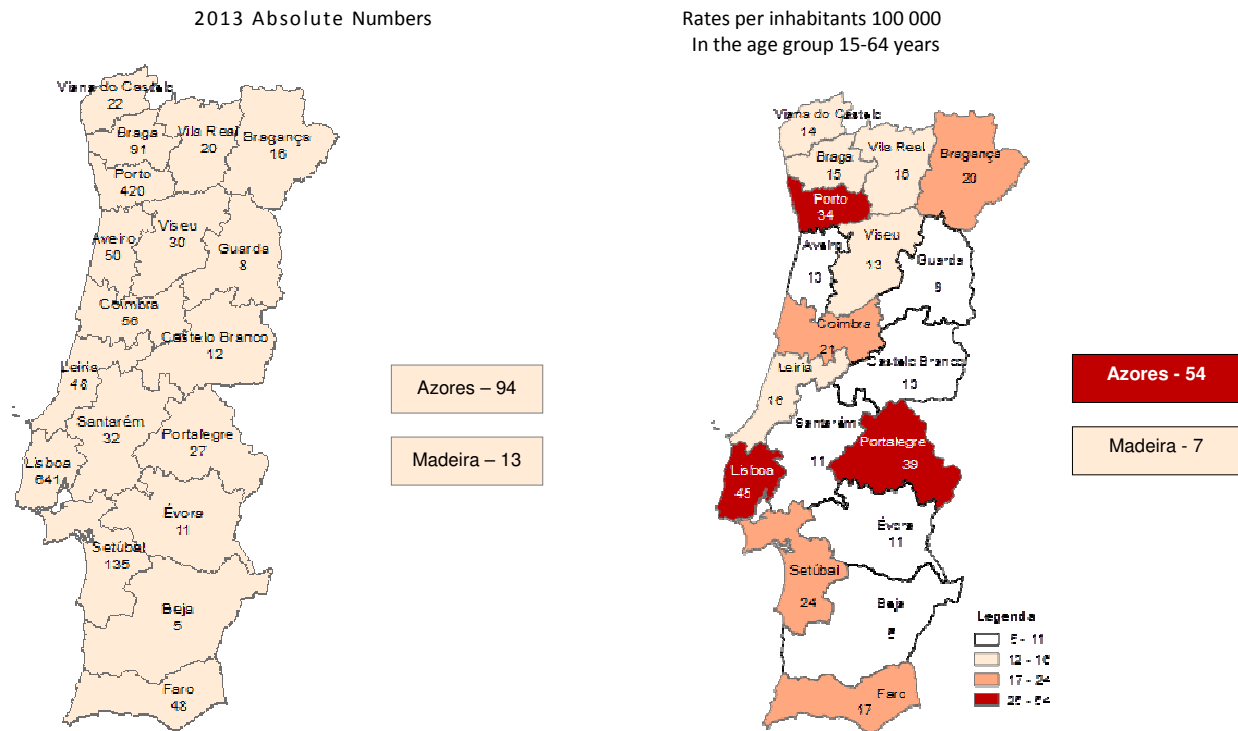
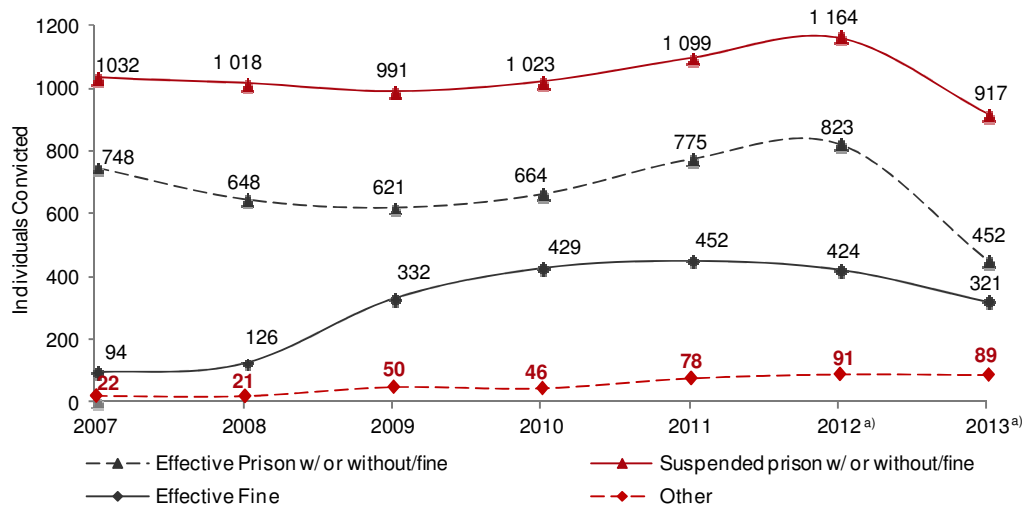


Figure 7 – Total Number of individuals convicted, by geographical area of occurrence of the conviction (SICAD2014)

Concerning the sanctions⁶¹ applied, mostly related with trafficking crimes, such as occurred in 2004 and contrary to previous years, these convictions involved mainly suspended prison (52%) instead of effective prison (25%).

⁶¹ Sanctions concern the final conviction and may involve more than one crime.



a) Were considered the judicial decisions dated of 2012 and 2013, and registered at SICAD until 31st of March 2014. 2013 data will be updated next year with the decisions registered till 31st of March 2015.

Graph 62 – Individuals convicted, by year, by type of sanction (SICAD2014)

To refer especially since 2009 and in comparison with previous years, the increase of convicted only sentenced with an effective fine, predominantly applied to convictions related with consumption.

As for the substances involved:

- In 2013 the majority of these convictions involved, once again, the possession of only one drug (75%, 72% in 2012, 71% in 2011, 70% in 2010, 65% in 2009, 66% in 2008 and 69% in 2007).

Hashish was the main substance involved (49%, 45% in 2012, 43% in 2011, 42% in 2010, 37% in 2009, 36% in 2008 and 2007), followed by cocaine (15%, 16% in 2012 and 2011, 17% in 2010, 16% in 2009 and 2008 and 17% in 2007), heroin (10%, 11% in 2012, 2011 and 2010, 12% in 2009 and 2008 and 14% in 2007) and less than 1% several other drugs;

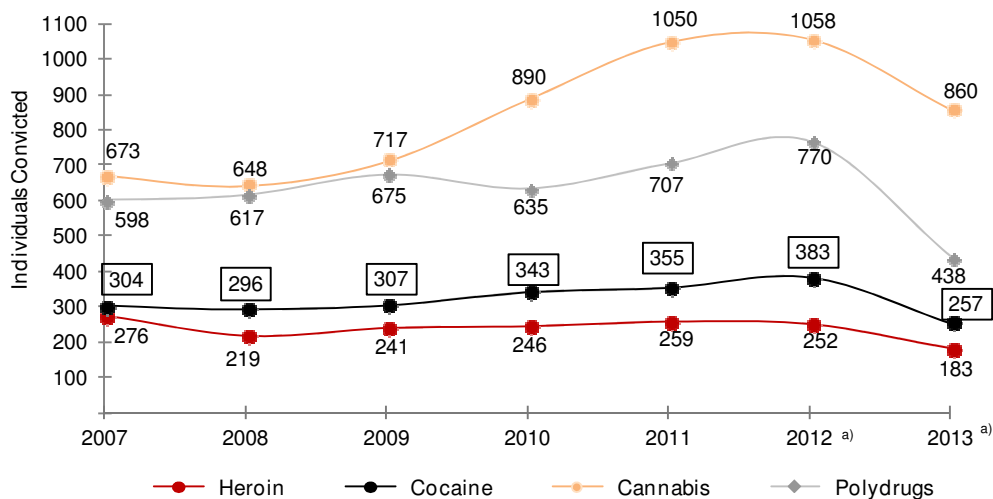
- When polydrugs are considered (in 25% of the processes), the association heroin-cocaine was once more predominant.

Situation Towards Drug Type of Drug	Total		Trafficker		User		Traf.-User	
		%		%		%		%
Total	1 779	100,0	1 398	100,0	363	100,0	18	100,0
Heroin	183	10,4	163	11,7	10	2,9	10	55,6
Cocaine	257	14,7	250	18,0	5	1,4	2	11,1
Cannabis	860	49,1	560	40,4	298	85,6	2	11,1
Ecstasy	9	0,5	7	0,5	2	0,6
Other	6	0,3	4	0,3	2	0,6
Polydrugs	438	25,0	403	29,1	31	8,9	4	22,2
Unknown	26		11		15		..	

*Were considered the judicial decisions dated of 2012 and 2013, and registered at SICAD until 31st of March 2014. 2013 data will be updated in the next year with the decisions registered till 31st of March 2015.

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".

Table 15 – Individuals Convicted* by situation towards drug and type of drug (SICAD2014)



a) Were considered the judicial decisions dated of 2012 and 2013, and registered at SICAD until 31st of March 2014. 2013 data will be updated in the next year with the decisions registered till 31st of March 2015.

Graph 63 – Individuals convicted by year and type of drug (SICAD 2014)

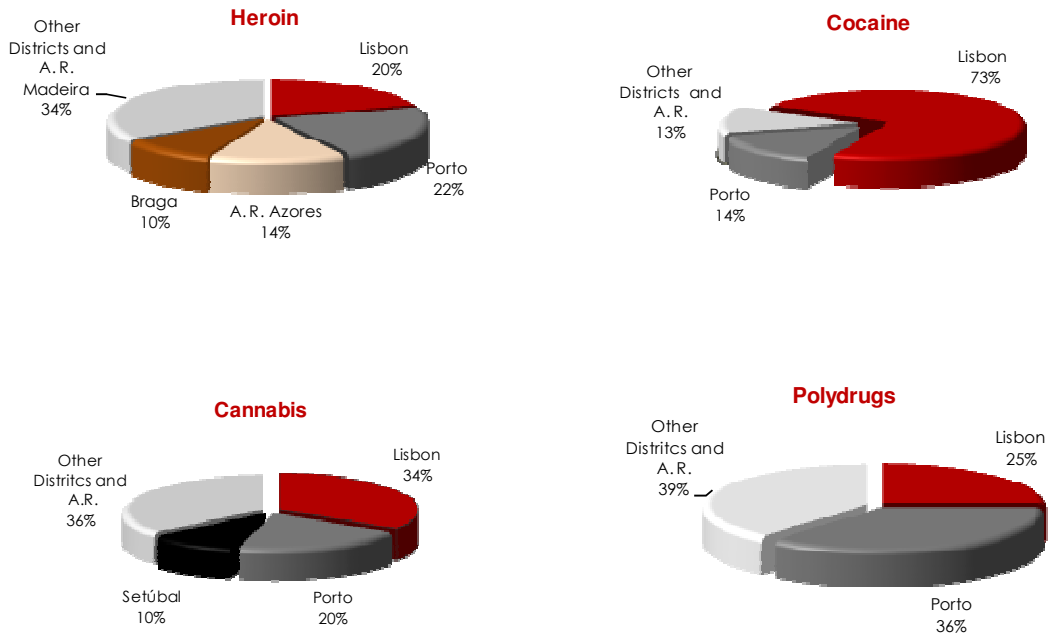
As in previous years and similar to what occurred with presumed offenders identified, cases related with the possession of cocaine only continue to have greater relative importance in those convicted by traffic than in the other groups of convicted.

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 2013 data is going to suffer changes in next year, once more it was noted in the convictions related to only one drug, the preponderance of cannabis (since 2003), followed by cocaine (since 2006), strengthening the trend verified in last years of higher visibility of cocaine.

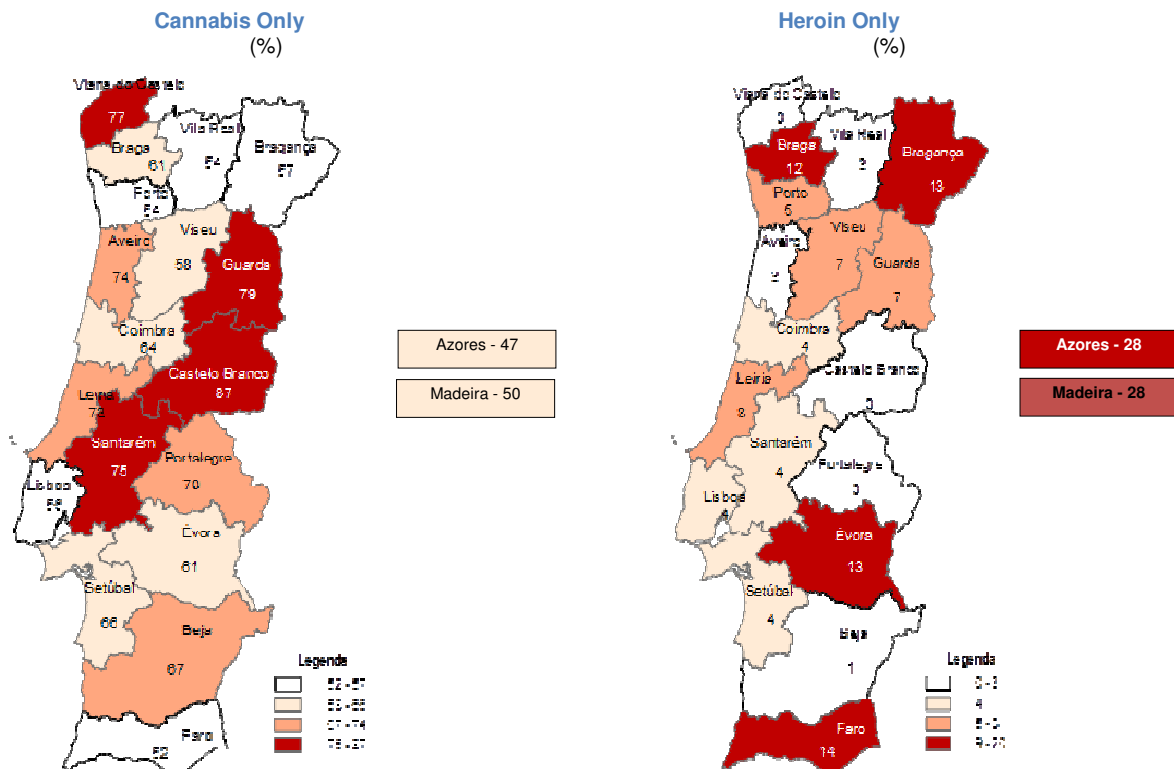
In relation to the district distribution of convicted by type of drug involved and as occurred with presumed offenders, it is to highlight the high concentration of convicted in the districts of Lisbon and Porto to any of the drugs considered.

To stress the high concentration of convicted in the possession of only cocaine in the district of Lisbon, compared to greater regional dispersion in the case of those convicted in the possession of other drugs, particularly in the possession of only heroin.



Graph 64 – Distribution of convicted individuals by type of drug involved, by district and Autonomous Regions (A.R.) % (SICAD2014)

The inter-district percentages by type of drug in the possession of individuals convicted shows some heterogeneity: the percentages of convicted in the possession of cannabis only ranged from 31% (Bragança) and 85% (Portalegre), in the possession of heroin only from 0% (Castelo Branco and Portalegre) and 44% (Bragança), in the possession of cocaine from 0% (7districts) and 30% (Lisbon) and the percentages of convicted with several drugs ranged from 0% (Beja) and 39% (Porto).



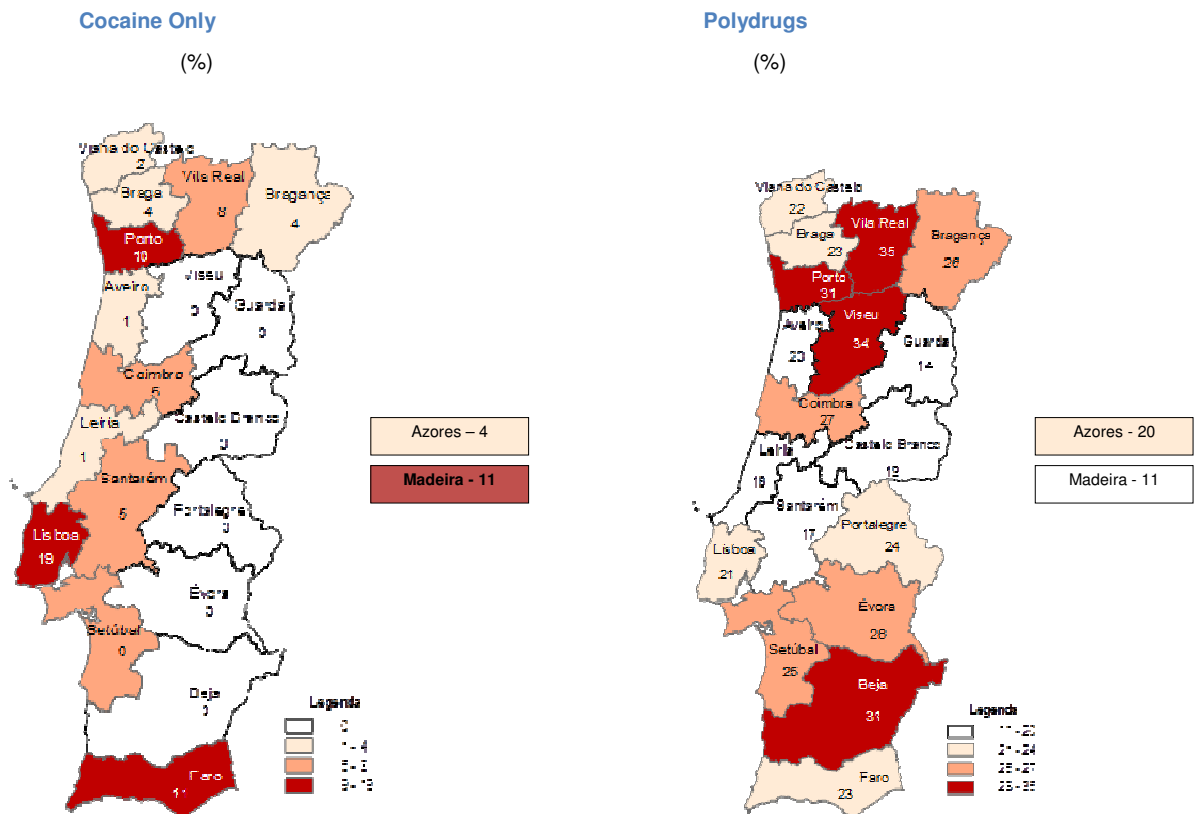


Figure 8 – Inter-district percentages of individuals convicted by type of drug (SICAD2014)

Concerning the individuals involved:

Similar to previous years, convicted in 2013 for crimes under the Drug Law were mostly of the male gender (88%)

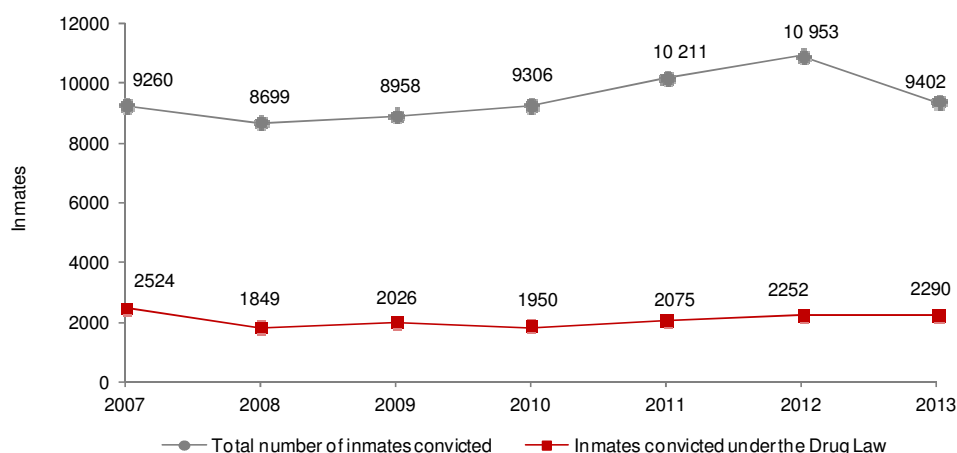
- Aged mainly 16-24 (34%) and 25-34 (34%), 31 being the mean age and 28 median;
- They were mostly Portuguese (88%), single (59%) and living with their parents/siblings (30%). Like in previous years, among those who were not Portuguese (12%), the Africans (6%) were predominant with special relevance to Cape Verdeans;
- Near 55% had qualifications equal to or above 3rd cycle;
- Concerning the professional status, 32% were employed and 56% 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, living with their parents, with higher level of education and a higher percentage of employed and students.

Prison data

Prison data indicates that, on the 31st of December 2013, 2 290 (+2% than in 2012 with 2 252) individuals were in prison for crimes against the Drug Law. Since 2009 that is registered an upward trend in the number of these inmates, after a continuous decline between 2002 and 2008.

These inmates represent on the 31st of December 2013 near 24% in the universe of the convicted prisoner population, keeping this proportion slightly superior to the ones registered between 2008 and 2012.



Graph 65 – Total number of inmates convicted* and inmates convicted* under the Drug Law (SICAD2014)

*** Doesn't include non-imputable admitted to Psychiatric Hospitals and Clinics not include in the prison system**

Most of these individuals were convicted for traffic (89%) but also for minor traffic (10%) and less than 1% for traffic-use, these percentages are in line with previous year's patterns.

Type of Crime	2013	%	Δ 12-13	Δ 10-13	Δ 07-13
Inmates Convicted Total	2 290	100,0	1,7	17,4	-9,3
Traffic	2 026	88,5	1,8	15,6	-11,3
Minor Traffic	234	10,2	5,9	41,8	33,7
Traffic-Use	13	0,6	0,0	-56,7	-72,9
Other	17	0,7	-37,0	750,0	0,0

Table 16 – Inmates convicted under the Drug Law and by type of crime (SICAD2014)

In comparison to last year, it was maintained the same number of inmates convicted by traffic-use and on the other hand, a slight increase were registered in the number of inmates convicted by minor traffic (+6%) and by traffic (+2%).

Most of these convicted individuals were male gender (88%); aged 30-39 (35%), 40-49 (27%) and 21% with less than 30 years; mean age 39. They were mostly Portuguese (72%), registering in the last two years a slight increase in the proportion of foreigners in comparison with previous years.

Sociodemographic Characterisation ^{a)}		Total	Traffic	Minor Traffic	Traffic User	Other
Sex	Male	87,9%	87,4%	91,0%	84,6%	100,0%
Age Group	30-39 Years	34,5%	34,4%	35,9%	23,1%	35,3%
	40-49 Years	27,2%	26,8%	29,9%	38,5%	29,4%
	Mean Age	39	39	37	41	37
Nationality	Portuguese	72,1%	70,3%	87,2%	69,2%	88,2%

Table 17 – Socio demographic of the Inmates convicted under the Drug Law (SICAD2014)

a) The variables considered, refer only the categories with the highest percentage relevance.

9.4. Other drug related crime

e.g. property crimes, illegal prostitution, prescription offences, violence under the influence; driving offences; etc.

9.5. 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.

GNR data indicates that in 2013, apart from the proximity policing and offence dissuasion, these law enforcement agents were also involved in training and awareness raising initiatives in schools. The initiative targeted 6 406 schools covering a universe of 765 778 students and 1 067 prevention operations were made. (For more detailed information see chapter 3.2).

In the school year 2012/2013, the Public Security Police continued to ensure safety in school establishments in their area of responsibility. PSP teams promoted more than 5 841 awareness/information actions at national level, focussing in issues such as alcohol and drugs (684 actions).

In the school year 2012/2013 from the 2 560 schools covered, 846 971 students were involved.

9.6. 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 to dissuade the use and abuse of drugs and to promote public health, complementary to the strategies of other areas of intervention 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.

In 2013 was strengthened the cooperation and systematic articulation with local responses.

In a logic of proximity and to maximize resources, the CDT extended its network of responses, in a perspective of integrated work, multidisciplinary approach, promoting sustained articulations with community services that provide health care and social answers, treatment and social reintegration, to meet the needs of intervention identified.

The network of responses was enlarged with the signing of 45 new protocols/agreements covering structures of different ministries (Home Affairs, Health, Justice, Solidarity and Social Security, Education and Science, among others) and several IPSS/NGOs, contributing this way for networking development and improvement, to increase the quality of Dissuasion interventions.

Security forces (GNR / PSP) continued to be the main partners for effective and efficient law enforcement. Twelve in eighteen CDT defined procedures for the execution of penalties, destruction of seized substances and have implemented economic measures of means and resources.

Also CRI/ET stands out as partners. Ten in eighteen CDT organised meetings with a view to development the joint at the level of referrals defendants and the respective feedback, the creation of responses to monitoring under the indicated prevention, the actions of training/awareness regarding the Law 30/2000 in school and recreational setting, and further decentralization of the hearings through the use of the facilities of the ARS.

It should also highlight the work done at international level, following international recognition of the decriminalization model. In particular the Lisbon CDT has shown how the law is implemented through the reception of foreign delegations and representation of Portugal in international meetings.

Also at media level Lisbon CDT, presented in loco the functioning and operation of Decriminalization law to journalists and foreign TV channels.

To improve professionals' performance, some CDT invested in the training trying to combine scientific knowledge with technical procedures.

Consolidating the role of dissuasion in signalling and early intervention, particularly through intervention near minors and families as well as young people with behaviours that may

indicate the rise of consumption, there was a strong adhesion by CDT (eleven in eighteen) in the increment of these strategies.

There was also a growing number of CDT streamline actions of information to indicted with low-risk consumption about addictive behaviours and dependencies, through interventions in group, with dynamics that intend to change the attitude of the indicted in relation to the consumption, the deconstruction of myths and the clarification of doubts (CDT of Aveiro, Coimbra and Leiria).

Contributing to a better dissemination and enlightenment of the Decriminalization Law, at national level the CDTs streamlined 94 actions of awareness/information on the Law 30/2000.

The adoption of the Guidelines on Dissuasion aims to bridge the existing lack at the level of theoretical support, to secure the experience and good practices developed in the meantime.

The systematization of acting technique becomes crucial and strengthened by investing in early intervention, in the adoption of methodologies and diagnostic tools facilitators of evaluations, in the implementation of motivational interventions and on referrals better structured and well-founded.

With the Guidelines for the intervention in Dissuasion is intended to (1) systematize and harmonize a set of guidelines to support and enhance the capacity of intervention of CDT, consolidating their identity and ensuring that are accessible to the indicted, families and other partners, procedures, responses and identical interventions; (2) increase the levels of quality and effectiveness of these responses and interventions; (3) ensure a common basis for intervention which facilitates the monitoring and evaluation.

The Guidelines intervention methodology focuses on the valorisation of evaluation and consumers' motivation to change behaviour, in the dissuasion of consumptions, in health promotion, a higher quality of life and greater adherence to the specialized support available, whether they are indicated prevention, treatment or reintegration.

The following tables characterize the situation of consumption of the individuals in process filed in 2013 and the type of forwarding /reply, within the scope of a provisory suspension of proceedings.

Individuals	N.º
Drug Addict	722
Non- Drug Addict	4 952
Pending cases	1 736
Total	7.410

Table 18 – Situation towards the use of the primary individuals without previous record (SICAD2014)

Approximately 80% (7 410) of the new cases in 2013 were related to primary individuals. In 1 736 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 or also the temporarily lack of quorum of some CDTs.

Type of referral	N.º of Individuals			
	Treatment Teams	Health Centre	Other responses	Total
Referral	92	8	9	109
Second Referral a)	94	4	16	114
Follow-up treatment	291	1	90	382
Total	477	13	115	605

Table 19 – Provisional suspension of the processes for primary Drug addicts (voluntary treatment) (SICAD2014)

From the 722 drug addicts presented to CDTs, 605 (84%) voluntarily agreed to go to treatment, under a suspension of the process. From those, 109 (18%) had never established contact with treatment facilities, 114 (19%) reinitiate the treatment once had left and 382 (63%) were under treatment at the time when the offence occurred.

Type of answers	N.º
Without motivation diligence	1 707
Only motivation diligence	2 339
Motivation diligences and referral for support structures	781
Direct referral to support structures	125
Total	4 952

Table 20 – Provisional suspension of the process for primary Non-drug addicts (SICAD2014)

From the total number of individuals non-drug addicts without previous registry (4 952), it was answered 3 245 (near 66%). From those 2 339 (47%) were subject only to diligence of motivation, 781 (16%) were subject to measures of motivation and referred for support and 125 (2.5%) were directly referred for support without motivation diligence by the CDT.

In 2013, 1 779 sanctions were applied, of which 1 245 (70%) correspond to non-pecuniary penalties and 534 (30%) to pecuniary sanctions, the latter only applied to non-drug addicts.

Sanctions	N.º
Non-Pecuniary	1 245
Pecuniary (fines)	534
Totals	1.779

Table 21 – Sanctions – type of sanctions (SICAD2014)

Of the 1 245 non-pecuniary sanctions applied 770 (62%) correspond to periodic presentation in a place designated by the CDT.

From those 60 (8%) refer to periodic presentations at the CDT, 275 (36%) in police authorities, 131 (17%) at the CRI, 66 (9%) at health services and 34 (4%) correspond to

presentations elsewhere. It should be noted that in 204 sanctions of periodic presentation was not recorded the location of its completion.

From the remaining non-pecuniary sanctions highlight the ban to frequent certain places (3%), the provision of free services in favor of the Community (1%), the admonition (1%) and the voluntary payment (25%). Noted the significant increase in the determination of monetary contribution to institutions (8.5% in 2013, compared to 2.7% in 2012).

9.7. Drug use and problem drug use in prisons

In the scope of studies on drug use in prisons, SICAD actively participated in the working group of the EMCDDA for the formulation of an European survey on drug use in prison and respective guidelines development, in order to ensure the comparability of information in this area at European level, thereby facilitating the evaluation and review of policies in this context.

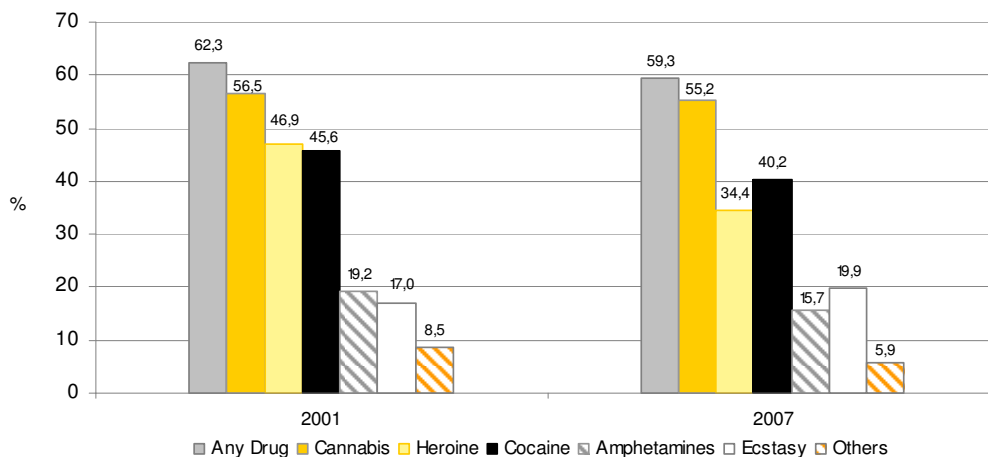
In 2013 there were no new studies on drug use in prisons, so we continue to report here the last study realized. In 2007, the II National Prison Survey on Psychoactive Substances (Torres 2009) was implemented (first study was in 2001). As for the 2001 project, the survey used a random sample of 20% of 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 1 986 (2 057 in 2001) valid, anonymous and self-completed questionnaires were collected in 44 prisons (47 in 2001).

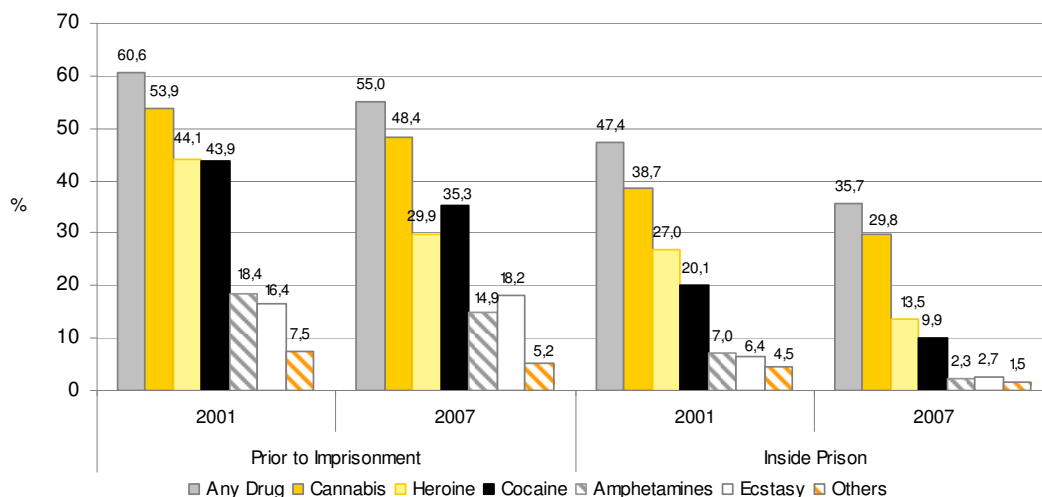
See also chapters 5.4 and 7.3.

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

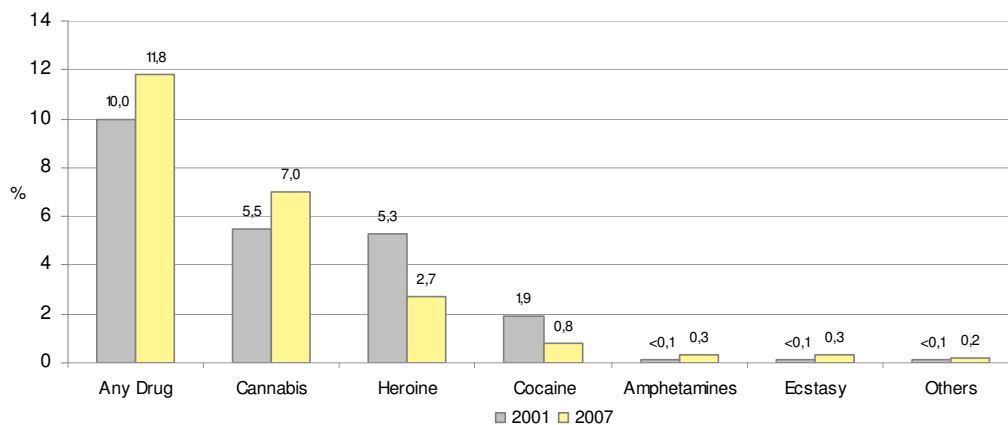


Graph 67 – National Prisoner Population: Prevalence of Use in Prison by type of Drug (IDT, I.P. 2009)

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 68 – 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.

9.8. 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 and encourages the referral to the different responses of existing treatment in Prisons (EP). 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) with 49 Prison Establishments (EP), coordinates treatment programs aimed at abstinence (Drug Free Wings and Exit Units) and pharmacological programs (with opioids agonists and antagonists), there still five inpatient units, designated Drug Free Wings, ensuring treatment oriented towards abstinence programs installed in the following EPs: Tires, Leiria, Porto and Santa Cruz do Bispo and two units in Lisbon.

In 2013, in the context of the structures of drug addiction treatment under the responsibility of the prison system, remains the decrease trend verified in the last years in the capacity of treatment programs oriented to abstinence, tendency that reflects the demand of these programs by part of the prison population.

In 2013, 185 inmates were integrated in treatment programs oriented to abstinence, representing the lowest value since last decade and reinforcing the decrease trend verified in the previous strategic cycle 2005-2012.

At 31/12/2013 were integrated 466 inmates in pharmacological programs in prison (435 in opioids agonists' programs and 31 in antagonists' opioids), values slight inferior to the ones registered in 2012.

Throughout the 2005-2012 strategic cycles, and especially from 2009⁶², there has been an increase in the number of inmates in pharmacological programs, from prisons responsibility or in articulation with other treatment structures.

Finally, to mention that at 31/12/2013, besides the inmates inserted in pharmacological programs or abstinence-oriented, there were 194 inmates in other units/drug-treatment programs, which have been raised with regard due to the specific needs of monitoring, in terms of health care, of this prison population.

Treatment Programs	2013	%	Δ 12-13	Δ 10-13	Δ 07-13
Treatment Programs Oriented to Abstinence	185	100,0	-14,0	-11,9	-42,5
Drug Free Units	185	100,0	-14,0	-11,9	-42,5
	31 Dez. 2013	%	Δ 31 Dez. 12-13	Δ 31 Dez. 10-13	Δ 31 Dez. 07-13
Pharmacological Programs	466	100,0	-7,0	-17,5	17,4
Therapeutic Programs With Opioids Agonists	435	93,3	-3,5	-13,9	42,2
Therapeutic Programs With Opioids Antagonists	31	6,7	-38,0	-48,3	-65,9

* Programs whose coordination its prisons responsibility. At 31/12/2013, in addition to the figures in the table, were in pharmacological programs 613 inmates in articulation with the structures of the public network of drug addiction (free environment - prescription and monitoring by the experts of ET) and 155 in other structures of the Autonomous Regions. In that date there were 194 inmates in other units/drug-treatment programs.

Table 22 – Patients in treatment programs in Prison* 2013 and variations related to 2012/2010/2007 (SICAD 2014)

Prevention and reduction of drug-related harm

In 2013, 157 actions of information/awareness on health promotion and drug addiction developed in prison settings that covered 2 278 inmates, addressed: health promotion and disease prevention (114 actions covering 1 628 inmates); drug addiction treatment (16 actions covering 228 inmates); tuberculosis (7 actions covering 111 inmates); infectious diseases (10 actions covering 199 inmates); risk and harm reduction (10 actions covering 112 inmates).

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.

⁶² The increase of patients in opiate agonists programs occurred mainly from 2009, which may reflect a decision-making process based on scientific evidence, since in this year was published a study (Fernandes & Silva 2009) on the impact of these treatments in the management and control of the inmates users of opioids in the prison own environment. The conclusions of the study pointed to the importance of its role-while important resource for the health and welfare of inmates and as an instrument of social conflict management and reinsensor-ideal enhancer of social reintegration, as well as the relevance of its enlargement in the prison context.

In the context of the Plans for Health Promotion and Prevention of Diseases in Prison Establishments 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. These activities aim at preventing the first use and promoting the motivation toward treatment.

For this purpose were promoted 354 actions, covering a total of 5 587 inmates focused in themes such as: healthy lifestyles, use of psychoactive substances/polyuse; new drugs: psychoactive substances use and their associated risks and harms; use of anabolic steroid; use and abuse of medicines among others.

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

The DGRSP proceed to methodological changes recently in the register of data on infectious diseases in the inmate population, which allowed in 2013 for the first time, disaggregated data relating to inmates in drug treatment.

Regarding the screening coverage, according to the information of DGRSP, all inmates are screened at the entrance of the Prison Establishment, and then at least once a year, so that coverage is very near (close) to 100%.

Infectious Diseases	Prevalence			Treatment
	HIV+	HCV+	AgHBs+	HIV+
Inmates in Drug Treatment	15%	42%	2%	76%

Table 23 – Infectious Diseases in Inmates in Drug Addiction Treatment (SICAD2014)

Among prison population in drug treatment at 31/12/2013⁶³, the prevalence of HIV+ was 15%, which is within the range of prevalence found in different groups of clients in treatment outside prison.

The proportion of HIV positive with anti-retroviral therapy was of 76%, higher than the value found among the different groups of users in treatment outside prison.

The prevalence of Hepatitis C (HCV+) was 42%, and of Hepatitis B (AgHBs+) of 2%, being framed in the pattern of prevalence recorded amongst the different groups of users in treatment outside prison.

There is a high associated co morbidity of HIV + and HCV + in the prison population in drug treatment, with 59% of those infected with HIV are also positive for HCV.

It is important to continue to invest in improving the registry of infectious diseases screenings, in particular with a view to give info on the new infections, as well as the strengthening of policies promoting access to treatment of these illnesses on the part of these populations, with a view to enhance the gains in health.

Prevention of overdose-risk upon prison release

In 2013 was created a relapse prevention program for inmates with alcohol problems and is on pilot phase the sema program for drug addicts in prison.

See chapter 7.3

⁶³ According information of DGRSP, at 31/12/2013 were 1524 inmates in drug treatment.

10. Drug Markets

10.1. Introduction

Once more it was consolidated the rising predominance of cannabis at the level of the several supply indicators, reflecting the prevalence of drug use in the country. Cocaine continues to be the second drug with greater visibility in the domestic market, a trend that began in the second half of the previous decade, despite the stability observed in recent years at the level of most indicators. In 2013 it was found again a decrease in the visibility of heroin, reinforcing the decline registered in 2011, after the peak point in 2009 and 2010 with some indicators registering the highest values of the decade. Compared to other drugs, despite the increases verified in the last 3 years in some indicators, continue to present relative residual values.

Similar to what occurred in the last decade, in 2013 hashish was the main substance involved in seizures (3 807) and reinforcing the trend initiated in 2005, once more the number of cocaine seizures (1 108) was superior to heroin (792), followed by herbal cannabis (764) and with a much lower number ecstasy (80). As usual, several other substances were confiscated, most notably in 2013, is the amount seized and/or the absence or rarity of records of previous arrests, some stimulants substances - such as ephedrine, methylphenidate and methamphetamine - as well as some opiates - such as thebaine, codeine, morphine and opium.

In comparison to 2012, there was a decrease in the number of seizures of the several substances in analysis, namely ecstasy (-21%), heroin (-18%), cocaine (-11%), hashish (-6%) and herbal cannabis (-6%). It's worth mention that in the case of hashish and herbal cannabis, the values fit in the ones registered in the past five years, period during which were registered the highest numbers of arrests since 2002, occurring a peak of these seizures in 2012. On the other hand, the numbers of cocaine and heroin seizures have been decreasing in the last years (respectively by the fourth and third consecutive years), registering in 2013 the lowest values since 2002 in the case of heroin and since 2005 in the case of cocaine.

Concerning the quantity of seized drugs in 2013, there was an increase in comparison to 2012 at the level of liamba, registering in the other hand a decrease of the seized quantities of ecstasy and hashish, cocaine and heroin.

Concerning countries of origin of the seized drugs in 2013, stood out in the ambit of international trafficking: Netherlands in the case of heroin; Colombia, Brazil and Venezuela in the case of cocaine, once more Morocco in the case of hashish and Netherlands in the case of ecstasy, the majority of the seized quantities of liamba in the country in 2013 is from unknown origin.

Maintains the relevance of the geostrategic position of Portugal in terms of international drug trafficking – especially cocaine, despite recent signs of greater diversification of these routes the country does not function as headquarters of most criminal organizations linked to drug trafficking.

Regarding the average prices of drugs seized at trafficker and trafficker-user level in 2013, they didn't register relevant changes in relation to 2012, with the exception of heroin that registered once more a significant decrease, representing the lowest value since 2002.

10.2. Supply to and within the country

Regarding the **main origin** of the seized drugs in Portugal in 2013, stood out in the ambit of international trafficking: Netherlands in the case of heroin, Colombia, Brazil and Venezuela in the case of cocaine, once more Morocco in the case of hashish and Netherlands in the case

of ecstasy, the majority of the seized quantities of liamba in the country in 2013 is from unknown origin.

The majority of the seized quantities of all drugs with information on the routes were destined to the domestic market. To be noted that a large number of seizures particularly cocaine, that had other countries as final destination, especially European, maintaining the trend of Portugal being a transit point in the trafficking route of producing countries to Europe, despite recent signs of greater diversification of these routes. It is also important to note that despite the relevance of this geostrategic position of Portugal in terms of drug trafficking flows, the country does not function as headquarters of most criminal organizations linked to drug trafficking.

With regard to the means used to transport the confiscated drugs, stood out with the largest amount seized in 2013, land transport for heroin and liamba, maritime transport for cocaine and hashish, and mail transport for ecstasy. Also relevant were air transport in the case of heroin and cocaine and land transport in the case of hashish and ecstasy.

Controlled deliveries, foreseen in Article 11^o of the 1998 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and in article 160.^o- A of Law No. 144/99, of 31 August is, as well known, an important tool to fight international drug trafficking.

In 2013, 36 controlled deliveries were performed, which originated a total seizure of 102 kg of cocaine and 44 persons arrested. In comparison to 2012 there has been a sharp increase in the number of controlled deliveries (+38.5%), reversing the positive variation of seized drug (+32.8%) and number of detainees (63.0%).

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 2013, the treatment and monitoring of numerous vessels on suspicion of being used for transcontinental traffic resulting in the seizure of significant amounts of cocaine. In this context 20 actions were executed.

During 2013 were developed several investigations that have imposed joint and coordinated efforts with foreign counterparts and international agencies. The PJ (via MAOC-N) reported the participation in 65 coordination meetings and 258 actions in terms of cooperation with other police authorities.

It was registered an increased flow of information, whether institutional or informal, through the various Liaison Officers. Were received and processed 161 registries through MAOC-N, 307 with Europol National Unities, including 34 contributions to the analysis files and a total of 232 registries, via liaison officers accredited in Lisbon.

It should be noted, the close collaboration between PJ, the Coastal Management Unit of the GNR, Taxes and Customs Authority (AT) and Emigration Services (SEF). Through 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 the international structure of MAOC-N. PJ chairs the UCICs meetings, each year a total of 28 meetings are held.

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 terrorism⁶⁴ 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.

In 2013 UIF/PJ gave information in 31 cases of requests concerning the removal of asset and income information necessary to investigations involving money laundering crime related with drug trafficking.

The UIF, within his competences in terms of prevent money laundering and terrorism financing, receives from AT, information concerning the declarations of carrying cash across borders. In 2013 received 1 173 statements.

The UIF participates continuously in various exchange projects of operational information at the level of prevention of money laundering. It has 37 Memorandums of Understanding to exchange information with counterparts.

The illegal circulation of capitals is a vital segment of any criminal organization. Therefore represents an important element in the structured effort of repression developed by the authorities against drug trafficking.

The seizure and confiscation of goods and advantages resulting from the activity of drug trafficking is one of the most effective ways to curb this illegal activity and fight organized crime, having been concentrated efforts in this area.

From the comparative analysis with the year 2012 and the example of the trend already observed in 2011, there was again a negative variation in seizure of goods and values.

Among UCICs and the Anti-Terrorism Coordination Unit (UCAT) has been established the necessary cooperation to evaluate the possible link between the two phenomena.

Thus, and having as reference the year 2013, was not collected any evidence from which catch sight of objective links between production and drug trafficking and terrorism financing.

The National Unit for the Fight Against Traffic and Drugs (UNCTE/PJ) has produced regular operational reports on illicit activities of individuals and criminal organizations operating in our territory. The intervention of the authorities has been steadily detecting small production of indoor cannabis. Since 2012 there has been a gradual increase in the number of cannabis plantations and plants, as well as individuals arrested and plants.

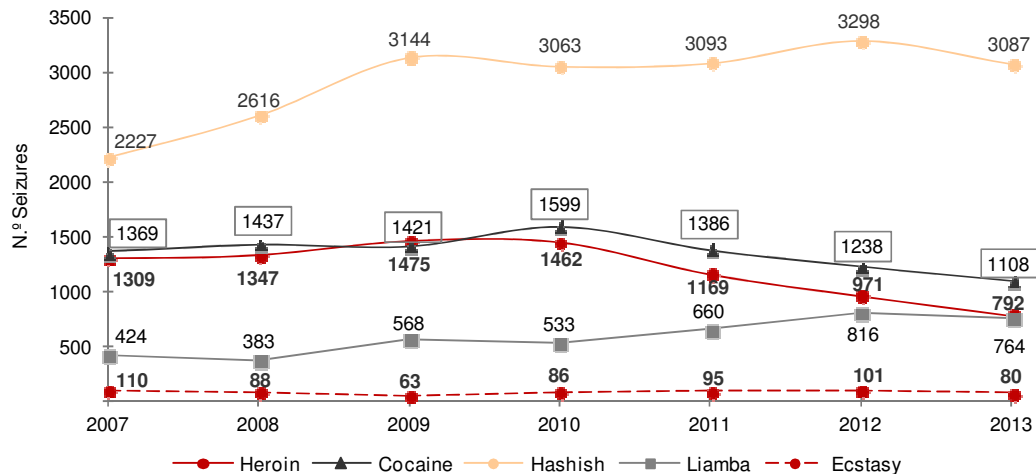
10.3. Seizures

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

In terms of number of drug seizures similar to what occurred in the last decade, in 2013 hashish⁶⁵ was the main substance involved in seizures (3 087) and reinforcing the trend initiated in 2005, once more the number of cocaine seizures (1 108) was superior to heroin (792), followed by herbal cannabis (764) and with a much lower number ecstasy (80).

⁶⁴ Law n° 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 N° 2005/60/EC of the European Parliament and the Council of 26 October and 2006/70/EC of the Commission.

⁶⁵ Data relative to hashish include resin, and cannabis pollen.



Graph 69 – Number of seizures, by Year and Type of Drug (SICAD2014)

In comparison to 2012, there were decreases in the number of seizures of the several substances in analysis, namely ecstasy (-21%), heroin (-18%), cocaine (-11%), hashish (-6%) and herbal cannabis (-6%). It's worth mention that in the case of hashish and herbal cannabis, the values fit in the ones registered in the past five years, period during which were registered the highest numbers of arrests since 2002, occurring a peak of these seizures in 2012. On the other hand, the numbers of cocaine and heroin seizures have been decreasing in the last years (respectively by the fourth and third consecutive years), registering in 2013 the lowest values since 2002 in the case of heroin and since 2005 in the case of cocaine.

In addition to these seizures, in 2013 were confiscated several other substances⁶⁶, to highlight, whether by the quantities seized and/or by the absence or rarity of records of previous seizures, some stimulants: ephedrine, whose first register of seizure occurred in 2003 and without further records until 2013; methylphenidate, whose first seizure record occurred in 2012; and the quantities seized of methamphetamines that were the highest ever; as well as some opiates - thebaine with the first seizure record in 2013, and the quantities seized of codeine, morphine and opium were the highest ever.

Concerning the **quantity of seized drugs** in 2013, there was an increase in comparison to 2012 at the level of liamba, registering in the other hand a decrease of the seized quantities of ecstasy and hashish, cocaine and heroin. In the case of liamba it is worth noting here that are not accounted the quantities (expressed in other units of measure) of other forms of herbal cannabis, namely plants and seeds, whose quantities seized have acquired greater expression in the last five years and once more increased between 2012 and 2013⁶⁷. Contrary the seized quantities of cocaine in 2013 represented the lowest value since 2002.

⁶⁶ For more information see Standard Table 13 – Number and quantity of seizures of illicit seizures.

⁶⁷ For more information see Standard Table 13 – Number and quantity of seizures of illicit seizures.

Type of Drug	Year						
	2007	2008	2009	2010	2011	2012	2013
Grammes							
Heroin	61 669	68 090	128 073	46 947	72 908	65 541	55 457
Cocaine	7 362 975	4 877 905	2 697 083	3 244 350	3 678 217	4 019 866	2 439 719
Hashish a ¹	44 623 450	61 262 140	22 965 577	34 773 666	14 632 884	18 314 067	8 688 998
Liamba	133 300	36 634	5 044 569	40 079	107 873	49 390	95 712
Pills							
Ecstasy b ¹	70 591	70 309	8 987	48 370	7 791	73 887	14 554

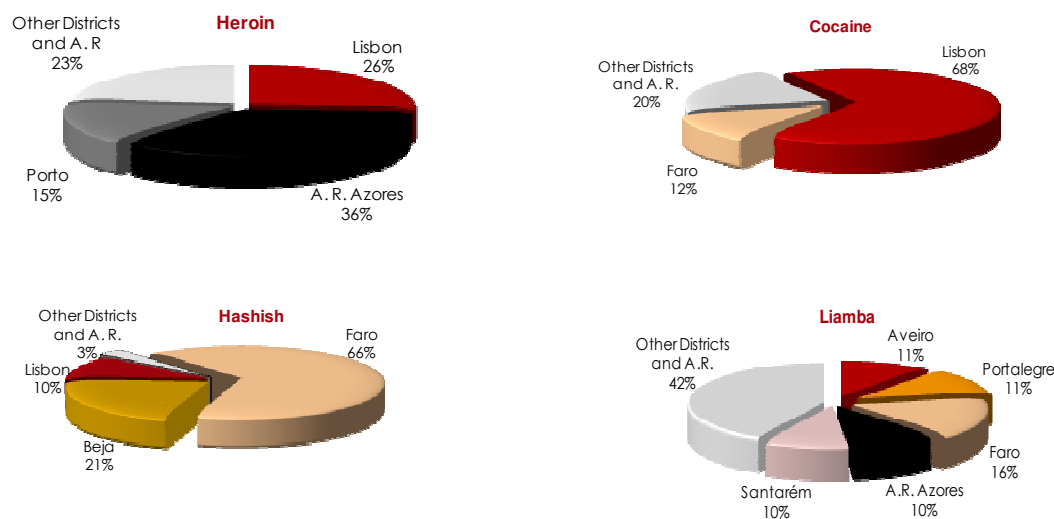
Table 24 – Drug seized, by year and type of drug 2007-2013 (SICAD2014)

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. In 2013, were seized 1239,4g of ground ecstasy and 2160 tablets.

Seizures involving **significant quantities**⁶⁸ in 2013 represented 3% of the total number of hashish seizures, 5% of liamba, 7% of heroin, 8% of ecstasy and 24% of cocaine seizures. However, in terms of quantities seized, those seizures involving significant amounts represented 72% of the liamba seized, 86% of ecstasy and almost the totality of heroin (91%), hashish (99%) and cocaine (above 99%) seized in the country in 2013.

At regional level, once more the districts of Lisbon and Porto were the ones with the higher number of seizures at the level of several substances except in the case of ecstasy that in Portalegre and Setúbal registered a higher number of seizures than Porto. Although in terms of quantities seized, Autonomous Region of Azores stood out in the case of heroin and Lisbon in the case of cocaine, Faro at the level of hashish and Porto at the level of ecstasy, the quantities seized of liamba showed a greater geographical dispersion.



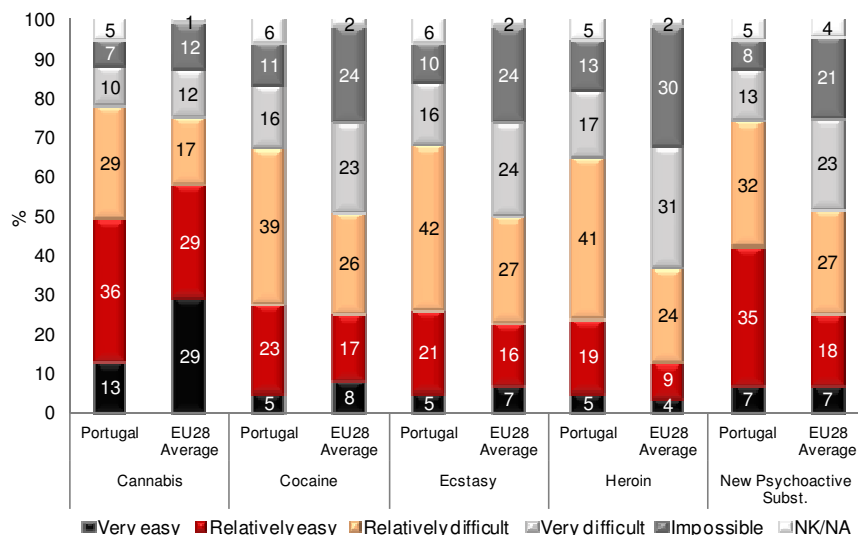
Graph 70 – Distribution of the quantities of drug seized, by District and Autonomous regions (%) (SICAD2014)

⁶⁸ 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).

10.4. Availability

According to several studies, in Portugal, as in the rest of Europe, cannabis is perceived as the illicit drug of greater accessibility.

According to the study *Flash Eurobarometer – Young People and Drugs*, conducted in 2014 among young European aged 15-24, 40% of young Portuguese perceived being relatively easy or very easy to obtain cannabis within 24 hours (if desired), being the correspondent percentages of cocaine, ecstasy and heroin of 28%, 26% and 24%. Near 42% consider relatively easy or very easy to obtain new psychoactive substances.



**Perception of greater access in obtaining Drugs (if desired), 2014
Portugal and EU Average (%)**

Graph 71 – Young population (15-24 years) (Flash Eurobarometer 401, Young people and drugs, Results per country 2014/SICAD2014)

Compared to the European average (relatively easy or very easy), the young Portuguese had a perception of less easy the access to cannabis (EU average 58%), but more easy the access to heroin and new psychoactive substances (EU average of 13% and 25%).

The evolution of these perceptions between 2011 and 2014 shows that with the exception of cannabis, increased the perceived access to all substances⁶⁹ (relatively easy or very easy) among young Portuguese, maintaining (keeping, preserving) more stable the perceptions of all young Europeans.

To date, it is not possible to know whether the results of other studies in younger populations - notably the European School Survey Project on Alcohol and Other Drugs - or in the general population resident in Portugal - National Population Survey on Psychoactive Substances in the General Population, Portugal – points to a similar evolution of these perceptions, because the newer refer respectively to 2011 and 2012.

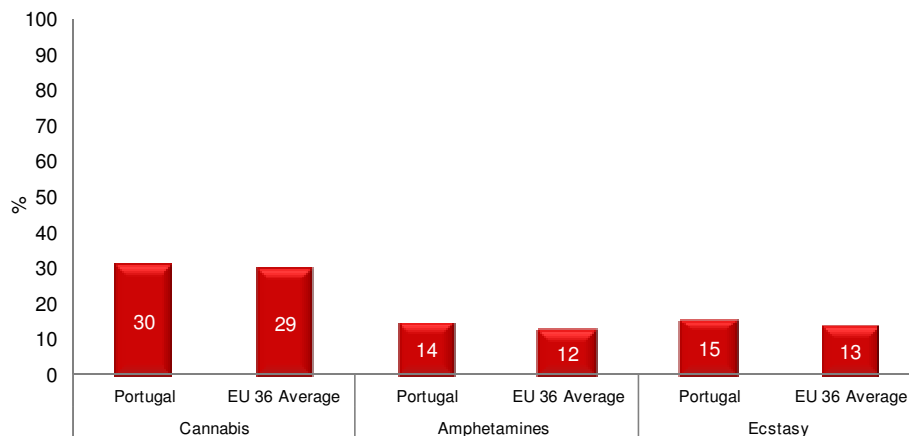
In accordance with the results of the European School Survey Project on Alcohol and Other Drugs⁷⁰ (ESPAD), in 2003, 2007 and 2011, cannabis was also considered by the 16 years

⁶⁹ In the 2011 study - Youth attitudes on drugs (The Gallup Organization, 2011) – there is no data for new psychoactive substances.

⁷⁰ Portugal is part of ESPAD – European School Survey Project on Alcohol and Other Drugs since 1995. National data framed in the European context and related to the studies of 1995, 1997, 1999, 2003, 2007 and 2011 are published (Hibell et al., 1997; Hibell et al., 2000; Hibell et al., 2004; Hibell et al., 2009; Hibell et al., 2012).

students as the drug of greater accessibility, maintaining this perception very similar between 2003 and 2011 (30% in 2011 and 29% in 2007 and 2003, reported to be relatively easy or very easy to obtain cannabis).

Ecstasy and amphetamines were considered by 16 years students as less accessible than cannabis, decreasing the perceived access between 2003 and 2011 for ecstasy (15%, 16% and 21%, in 2011, 2007 and 2003, referred to be relatively easy or very easy obtain ecstasy), but not for amphetamines (14%, 15% and 12% in 2011, 2007 and 2003 reported being relatively easy or very easy to obtain amphetamines).



Perception of greater access in obtaining Drugs (if desired), 2011

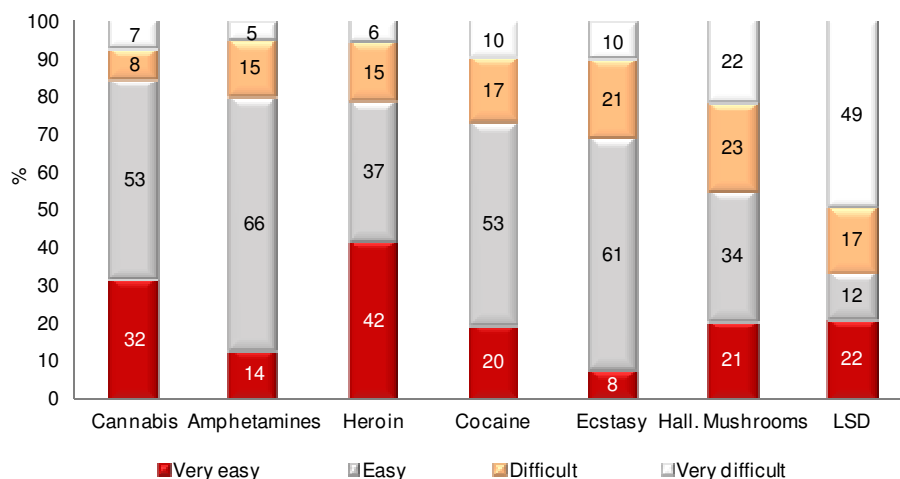
Portugal and European average (% answering relatively easy/very easy)

Graph 72 – School Population – ESPAD (16 years old students)

The European averages (relatively easy or very easy) in 2011, 2007 and 2003, were respectively 29%, 33% and 35% for cannabis, 13%, 18% and 17% to ecstasy and 12%, 15% and 13% for amphetamines, is important to note that there is variability in the countries included in each of the years considered.

Compared to the European average in 2011, it appears that the Portuguese students aged 16 years had a perception of easy access (relatively easy or very easy) similar to cannabis and slightly superior in relation to ecstasy and amphetamines.

Results of the III National Population Survey on Psychoactive Substances, Portugal 2012, conducted on the residents of Portugal (15-64), issues related to perceptions on the difficulty of obtaining illicit substances within 24 hours (if desired) have been answered only by consumers of these substances (in any time throughout life).



Perception of greater access in obtaining Drugs (if desired), 2012

(% of users throughout life of each Drug)

Graph 73 – General Population, Portugal – Total (15-64 years) (SICAD2014)

Indeed, in 2012, and considering lifetime users of each of the substances, it appears once again that cannabis is the drug perceived as greater accessibility, with 85% of cannabis users considering easy or very easy access to this substance in a 24-hour period (if desired). Followed by amphetamines, heroin, cocaine, ecstasy, hallucinogenic mushrooms and LSD, with respectively 80%, 79%, 73%, 69%, 55% and 34% of users of these substances considering to be easy or very easy the access to them in a 24 hour period (if desired).

The focus on consumers who considered very difficult the access to these substances is reflected in proportions varying between 5% and 10% for almost all substances, with the exception of hallucinogens (22% of mushrooms users and 49% of LSD users).

Comparing the results of 2001, 2007 and 2012 studies is evident among the main trends of evolution of these perceptions, the increase in the ease perceived to access amphetamines.

As for the information on drugs prices, a fundamental indicator in the characterisation of the markets, it is important to have some caution in its reading, since there are still several methodological limitations in the information available and the analytical methods, namely: 1) lack of information on prices in consumer markets since 2002⁷¹; 2) scarcity of information at the level of drug markets and drug-consumption which prevents most of the times a price analysis for the distribution in the market and sometimes even the calculation of descriptive statistics measures; 3) the absence of crossing information on the prices of seized drugs with the results of the respective forensic analysis on its degree of purity. Meanwhile, even with all these limitations, Portugal has important data with great potentiality in terms of trend analysis.

The average price⁷² of drugs in 2013 didn't registered relevant changes in relation to 2012, with the exception of heroin that registered once more a significant decrease, representing the lowest value since 2002.

⁷¹ With the entry into force of the Law 30/2000 of 29 November, information on the Drug price paid by users questioned by the authorities is not collected anymore.

⁷² Since 2002 prices refer only to traffic and traffic-use market. This information is obtained through the individuals arrested in the context of this seizures, that mention the price they paid by the product seized.

Type of Drug	Year						
	2007	2008	2009	2010	2011	2012	2013
Grammes							
Heroin	37,57 €	33,25 €	36,62 €	35,32 €	35,74 €	28,04 €	25,64 €
Cocaine	44,65 €	45,56 €	47,44 €	46,00 €	50,07 €	48,01 €	47,00 €
Hashish	3,45 €	3,28 €	2,99 €	3,59 €	3,12 €	3,03 €	2,90 €
Liamba	4,70 €	5,09 €	6,22 €	_ a)	_ a)	_ a)	5,47 €
Pills							
Ecstasy	3,20 €	2,80 €	_ a)	3,68 €	_ a)	_ a)	_ a)

Table 25 – Average* price of drugs, by year and type of drug 2006-2012 (SICAD2014)

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

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

The potency/degree of purity of drugs is an important indicator not only from the perspective of public health, but from the markets perspective too, as a reflection of the operational strategies of supply to the market from traffickers, in order to condition the demand for certain drugs.

According to the results of forensic analysis done by LPC/PJ of “street samples” of drugs seized⁷³, the average potency (% THC) of cannabis seized in national territory and particularly of cannabis resin has been increasing in the last years, reaching in 2013 the most high average values since 2005. In relation to “street samples”⁷⁴ of brown heroin, the most common in Portugal, it is noted that the average purity maintained stable in the last three years, although with lower values in comparison with previous years. In the case of cocaine powder (hydrochloride salt, HCl), the average purity of “street samples”⁷⁵ seized in 2013 registered an increase in relation to the last two years despite being inferior than the ones verified between 2006 and 2010. For more information on purity, please see Standard Table 14 - Purity/Potency at street level of some illicit substances.

⁷³ The samples analyzed refer only to the withdrawn of circulation, and its not possible to make quantative analyzes of all substances seized due to resource constrains.

⁷⁴ Packages with liquid weight inferior (lower) to 1g.

⁷⁵ Packages with liquid weight inferior (lower) to 1g.

Part B

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PREVENTION

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Diretório do álcool - <http://www.diretorioalcool.pt/Paginas/HomePage.aspx>

Site Infanto-Juvenil - www.tu-alinhas.pt

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TREATMENT

<http://www.sicad.pt/PT/Intervencao/TratamentoMais/SitePages/Home%20Page.aspx>

Associação Portuguesa de Narcóticos Anónimos - <http://www.na-pt.org/>

Euro-Methwork - Amsterdam - www.euromethwork.org

Entidade Reguladora da Saúde – ERS - www.ers.pt

Direção Geral de Saúde – DGS - www.dgs.pt

Inspeção-Geral das Atividades em Saúde – IGAS - www.igas.min-saude.pt

Institute of Behavioral Research - IBR - www.ibr.tcu.edu

The Drug Abuse Treatment Outcome Studies – DATOS - www.datos.org

RISK AND HARM REDUCTION

<http://www.sicad.pt/PT/Intervencao/RRMDMais/SitePages/Home%20Page.aspx>

Associação *AIDES* - www.aides.org

Associação de Redução de Danos da Argentina - ARDA - <http://arda.iwarp.com>

Canadian Harm Reduction Network - www.canadianharmreduction.com

Dance Safe - www.dancesafe.org

Fundação *Drugtext* - www.drugtext.org

Energy Control - www.energycontrol.org

Euro - MethWork - www.q4q.nl

Harm Reduction Coalition - HRC - www.harmreduction.org

Harm Reduction Journal - www.harmreductionjournal.com

Ministério da Saúde Francês - www.sante.gouv.fr

Associação *Prevtech* - www.prevtech.ch

SIDA InfoService – SIS - www.sida-info-service.org

REINTEGRATION

Information concerning this area

<http://www.sicad.pt/PT/Intervencao/ReinsercaoMais/SitePages/Home%20Page.aspx>

Reports concerning this area

<http://www.sicad.pt/PT/Intervencao/ReinsercaoMais/SitePages/Documentos.aspx>

Publications

<http://www.sicad.pt/PT/Intervencao/ReinsercaoMais/SitePages/Documentos.aspx>

National Institutions with response in the Social Reintegration

Comissão Nacional de Proteção das Crianças e Jovens em Risco www.cnpcjr.pt

Instituto de Apoio à Criança www.iacrianca.pt

Instituto da Segurança Social, I.P. www.seg-social.pt

Instituto do Emprego e Formação Profissional, I.P. www.iefp.pt

Instituto Português do Desporto e da Juventude, I.P. www.juventude.gov.pt

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List of Abbreviations used in the text

ADR - Counselling Detection and Reference / Aconselhamento Detecção e Referenciação

ANALV – Lifelong Learning National Agency / Agência Nacional Aprendizagem ao Longo da Vida

ANF – National Association of Pharmacies / Associação Nacional de Farmácias

APDES - Agência Piaget para o Desenvolvimento

APESP - Associação Portuguesa de Ensino Superior Privado

APCV – Portuguese Association of Beer Producers / Associação Portuguesa dos Produtores de Cerveja

ARS – Regional Health Administrations / Administrações Regionais de Saúde

ASAE - Food and Economic Safety Authority / Autoridade de Segurança Alimentar e Económica

AT – Tax and Customs Authority / Autoridade Tributária Aduaneira

CAD – Addictive Behaviours and Dependencies / Comportamentos Aditivos e Dependências

CASO - Associate Consumers Survive Organized

CAST – Cannabis Abuse Screening Test

CAT – Specialised Outpatient Drug Abuse Treatment/

CCISP - Portuguese Polytechnics Coordinating Council / Conselho Coordenador dos Institutos Superiores Politécnicos

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

CED - Education Centers and Development

CEMBE - Centre for Studies in Science Based Medicine

CIARIS – Learning and Resources Center on Social Inclusion

CNIVS – National Coordination for HIV/AIDS Infection

CNJ – National Council for Youth / Conselho Nacional da Juventude

CONFAP – Confederation of Parents Associations

CPL – Lisbon Casa Pia / Casa Pia de Lisboa

CRI - Centre of Integrated Responses/ Centros de Respostas Integradas

CRUP – Council of Rectors of Portuguese Universities / Conselho de Reitores das Universidades Portuguesas

DGAIEC - General Directorate of Customs and Special Taxes on Consultation

DGE – General Directorate of Education

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

DGRSP – General Directorate of Reintegration and Prisons/

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

DPIC – Division of Prevention and Community Intervention/

DRD – Drug-related deaths / Mortes relacionadas com droga

DRE – Regional Directorate of Education / Direcção Regional de Educação

DU – Detoxification Units

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

EDDRA – Exchange on Drug Demand Reduction Action

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

ENIPSA – Estratégia Nacional para a Integração de Pessoas sem Abrigo / National Strategy for the Integration of Homeless People

EP – Prison Establishment

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

EU – European Union

EURIDICE - European Research and Intervention on Dependency and Diversity in Companies and Employment

EuroPAD - European Opiate Addiction Treatment Association

FNAS – National Alcohol and Health Forum/Fórum Nacional Álcool e Saúde

GDP - Gross Domestic Product

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

HBSC/OMS – Health Behaviour in School-aged Children

HIV/AIDS - Human immunodeficiency virus infection/Acquired immunodeficiency syndrome

ICD – International Classification of Diseases / Classificação Internacional das Doenças

ICS – Social Sciences Institute

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

ILO – International Labour Organization

INE – National Statistics Institute / Instituto Nacional de Estatística

INFARMED – National Institute of Pharmacy and Medicines/Instituto Nacional da Farmácia e do Medicamento

INME – National Survey at School setting/Inquérito Nacional em Meio Escolar

INMLCF – 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

IPSS - Private Social Solidarity Institutions / Instituições Particulares de Solidariedade Social

ISS – Social Security Institute / Instituto da Segurança Social

LPC/PJ - Forensic Science Laboratory / Laboratório de Polícia Científica

LSD - Lysergic acid diethylamide

MAOC-N - Maritime Analysis and Operation Centre – Narcotics

MDN – Ministry of National Defence / Ministério de Defesa Nacional

ME – Ministry of Education /Ministério da Educação

MIR - Intervention Model in Reintegration / Modelo de Intervenção em Reinserção

NGOs – Non-Governmental Organisations / Organizações Não Governamentais

NPISA - Planning and Intervention Units for Homeless / Núcleos de Planeamento e Intervenção Sem-Abrigo

NPS – New Psychoactive Substances

NUTS - Nomenclature d'unités territoriales statistiques /Nomenclaturas de Unidades Territoriais para fins Estatísticos

OMS – Organização Mundial de Saúde

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

PDU – Problem drug use

PES - Promotion and Health Education / Promoção e Educação para a Saúde

PETS – Syringe Exchange Programme

PIB - Gross national product/Produto Interno Bruto

PIF – Program of Focused Intervention / Programa de Intervenção Focalizada

PJ – Criminal Police/ Polícia Judiciária

PNCDDT – National Plan on Drugs and Drug Addiction

PNPCT - National Programme for the Prevention and Control of Smoking

PNRCAD - National Plan for the Reduction of Addictive Behaviours and Dependencies

PNRPLA – National Plan for reducing Alcohol related Problems

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

RAR – Rapid Assessment and Responses

RARHA – Reducing Alcohol Related Harm

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

SDS – Severity of Dependence Scales

SEF – Emigration Services

SICAD - General-Directorate for Intervention on Addictive Behaviours and Dependencies

SIM – Multidisciplinary Information System/Sistema de Informação Multidisciplinar

SIPAFS – Integrated System of Financial Support Programs in Health

SMR – Special Mortality Register / Registo Especial de Mortalidade

SPA – Psychoactive substances / Substâncias Psicoactivas

SPSS - Statistical Package for the Social Sciences

SQ – Structured Questionnaires

STEP – Strategic Principles Against Social Exclusion

SWOT - Strengths, Weaknesses, Opportunities and Threats

TC – Therapeutic Communities/ Comunidades Terapêuticas

TDI - Treatment Demand Indicator

THC - Tetrahydrocannabinol

UCAT – Anti-Terrorism Coordination Unit / Unidade de Coordenação Antiterrorismo

UCIC – Coordination and Criminal Investigation Units / Unidades de Coordenação de Investigação Criminal

UIF - Financial Information Unit

ULisboa - University of Lisbon

UN – United Nations

UNCTE – National Unit for the Fight Against Traffic and Drugs / Unidade Nacional de Combate ao Tráfico de Estupefacientes

WHO – World Health Organization

List of Standard Tables and Structured Questionnaires sent to the EMCDDA

- Standard table 01: basic results and methodology of population surveys on drug use
- Standard table 02: methodology and results of school surveys on drug use
- Standard table 05: acute/direct related deaths
- Standard table 06: evolution of acute/direct related deaths
- Standard table 07: National prevalence estimates on problem drug use
- Standard table 09-1: prevalence of hepatitis B/C and HIV infection among injecting drug users: methods
- Standard table 09-2: prevalence of hepatitis B/C and HIV infection among injecting drug users
- Standard table 09-3: voluntary results for behavioural surveillance and protective factors
- Standard table 10: syringe availability
- Standard table 11: arrests/reports for drug law offences
- Standard table 12: drug use among prisoners
- Standard table 13: number and quantity of seizures of illicit drugs
- Standard table 14: purity at street level of illicit drugs
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- Standard table 16: price in Euros at street level of illicit drugs
- Standard table 18: overall mortality and causes of death among drug users
- Standard table 24: access to treatment
- Standard table 30: Standardised results and methodology of targeted youth and/or site settings, national or local surveys on drug use
- Standard table 34: TDI data
- Standard table: public expenditure
- Structured Questionnaire 23/29: Prevention and Reduction of Health-related harm associated with drug use
- Structured Questionnaire 27P1: Treatment programmes
- Structured Questionnaire 27P2: Interventions Quality assurance

List of full references of laws in original language

Chapter 1:

- Decreto-Lei n.º 124/2011 de 29 de Dezembro (Diário da República, 1.ª série — N.º 249 — 29 de Dezembro de 2011) - Aprova a Lei Orgânica do Ministério da Saúde. O IDT deixa de existir e a maior parte das suas funções passa para o novo Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD).

<http://dre.pt/pdf1s/2011/12/24900/0549105498.pdf>

- Decreto-Lei n.º 17/2012 de 26 de Janeiro (Diário da República 1.ª série — n.º 19 de 26 de Janeiro de 2012) - Aprova a orgânica do Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências.

http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Servi%C3%A7o%20de%20Interven%C3%A7%C3%A3o%20nos%20Comportamentos%20Aditivos%20e%20nas%20Depend%C3%Aancias/Decreto-Lei_17_2012.pdf

- Despacho n.º 251/2013 de 7 de Janeiro (Diário da República, 2ª série - n.º 4 - de 7 de Janeiro 2013) - Conclusão do processo de fusão do Instituto da Droga e da Toxicodependência, I. P., no Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências, nas Administrações Regionais de Saúde, I. P., e na Inspeção-Geral das Atividades em Saúde.

<http://dre.pt/pdf2sdip/2013/01/004000000/0054200543.pdf>

- Portaria n.º 25/2013 de 14 de Janeiro (Diário da República, 2ª série - n.º 9 – de 14 de Janeiro 2013) - Autoriza o IDT, I.P. - Instituto da Droga e da Toxicodependência, I.P. e, na data da extinção deste, o SICAD - Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências a proceder à repartição de encargos relativos aos contratos de atribuição de financiamento público a programas e estruturas sócio-sanitárias de redução de riscos e minimização de danos no domínio da droga e da toxicodependência.

<http://dre.pt/pdf2sdip/2013/01/009000000/0187301874.pdf>

- Portaria n.º 22/2013 de 23 de Janeiro (Diário da República, 1ª série - n.º 16 - de 23 de Janeiro 2013) - Aprova a lista de substâncias e métodos proibidos, dentro e fora das competições desportivas.

<http://dre.pt/pdf1sdip/2013/01/01600/0047100474.pdf>

- Portaria n.º 27/2013 de 24 de Janeiro (Diário da República, 1ª série - n.º 17 – de 24 de Janeiro 2013) - Aprova o Regulamento que Estabelece as Condições de Financiamento Público dos Projetos que Constituem os Programas de Respostas Integradas.

<http://dre.pt/pdf1sdip/2013/01/01700/0049100495.pdf>

- Aviso n.º 4295/2013 de 26 de Março (Diário da República, 2.ª série — N.º 60 — 26 de Março de 2013) - Autorização para aquisição direta de substâncias estupefacientes, psicotrópicas e seus preparados concedida à entidade SICAD - Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências, para uso exclusivo dos doentes em programas de tratamento com estupefaciente substituto (metadona).

http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Servi%C3%A7o%20de%20Interven%C3%A7%C3%A3o%20nos%20Comportamentos%20Aditivos%20e%20nas%20Depend%C3%Aancias/Aviso_4295_2013.pdf

- Decreto-Lei n.º 50/2013 de 16 de Abril (Diário da República, 1ª série n.º 74 – de 16 de Abril 2013) - Cria um novo regime de disponibilização, venda e consumo de bebidas alcoólicas em locais públicos e em locais abertos ao público.

<http://dre.pt/pdf1sdip/2013/04/07400/0220302206.pdf>

- Decreto-Lei n.º 54/2013 de 17 de Abril (Diário da República, 1ª série - n.º 75 - de 17 de Abril 2013) - Procede à definição do regime jurídico da prevenção e proteção contra a publicidade e comércio das novas substâncias psicoativas.

<http://dre.pt/pdf1sdip/2013/04/07500/0225002254.pdf>

- Portaria n.º 154/2013 de 17 de Abril (Diário da República, 1ª série - n.º 75 - de 17 de Abril 2013) - Aprova a Lista de novas substâncias psicoativas.

<http://dre.pt/pdf1sdip/2013/04/07500/0225402257.pdf>

- Decreto-Lei n.º 15/93 de 22 de Janeiro (Diário da República, 1ª série – N.º 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 n.º 72/2013 de 3 de Setembro (Diário da República, 1ª série – N.º 169 de 3 de Setembro) - Décima terceira alteração ao Código da Estrada, aprovado pelo Decreto -Lei n.º 114/94, de 3 de maio, e primeira alteração ao Decreto -Lei n.º 44/2005, de 23 de Fevereiro.

http://www.azores.gov.pt/NR/rdonlyres/351E38E9-6797-409A-BC2F-C176EF1CE526/746694/Lei72_2013_CE.pdf

- Decreto-Lei n.º 164/2013 de 6 de Dezembro (Diário da República, 1ª série — N.º 237 de 6 de Dezembro) - estabelece o regime jurídico a que ficam sujeitos a abertura, a modificação e o funcionamento das unidades privadas de serviços de saúde.

[http://dependencias.pt/ficheiros/conteudos/files/DL_164_2013\(1\).pdf](http://dependencias.pt/ficheiros/conteudos/files/DL_164_2013(1).pdf)

Despacho n.º 16938/2013 de 31 de Dezembro (Diário da República, 2ª série — N.º 253 — de 31 de Dezembro) - Fixa os requisitos a observar no estabelecimento das convenções entre o Estado, através do Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD) e as Unidades Privadas de Saúde.

http://www.misericordiasportuguesas.pt/vePDF.php?pdf=upload/pdf/legislacao/16/2013/Despacho_n_16938_de_31_de_Dezembro_2013.pdf

- Portaria 9/2014 de 17 de Janeiro (Diário da República, 1ª série — N.º 12 de 17 de Janeiro)
- Nos termos do n.º 1 do artigo 8.º da Lei n.º 38/2012, de 28 de agosto, que aprova a lei antidopagem no desporto, adotando na ordem jurídica interna as regras estabelecidas no Código Mundial Antidopagem, a lista de substâncias e métodos proibidos em vigor é aprovada por portaria do membro do Governo responsável pela área do desporto e publicada no Diário da República.

http://dependencias.pt/ficheiros/conteudos/files/Portaria_9_2014.pdf

- Despacho n.º 2976/2014 de 21 de Fevereiro (Diário da República, 2ª série — N.º 37 de 21 de Fevereiro) - Determina que as unidades funcionais prestadoras de cuidados de saúde em matéria de intervenção dos comportamentos aditivos e das dependências no âmbito das Administrações Regionais de Saúde, I.P. (ARS,IP) denominam-se unidades de intervenção local e revestem a natureza de, nomeadamente, centros de respostas integradas, unidades de alcoologia, unidades de desabilitação ou comunidades terapêuticas.

http://www.misericordiasportuguesas.pt/vePDF.php?pdf=upload/pdf/legislacao/16/2014/Despacho_n_2976_de_21_de_fevereiro_2014.pdf

- Lei n.º 22/2014 de 28 de Abril 2014 (Diário da República, 1ª série — N.º 81 — 28 de Abril) - Vigésima alteração ao Decreto-Lei n.º 15/93, de 22 de janeiro, que aprova o regime jurídico aplicável ao tráfico e consumo de estupefacientes e substâncias psicotrópicas, aditando a substância 5 (2-aminopropil)indole à tabela anexa II-A e a substância 4 metilamfetamina à tabela anexa II-B

<http://dependencias.pt/ficheiros/conteudos/files/Lei%2022%20de%202014.pdf>

- Lei n.º 73/2014 de 2 de Setembro 2014 (Diário da República, 1.ª série — N.º 168 de 2 de Setembro) – Autoriza o Governo a legislar sobre o regime jurídico da exploração e prática do jogo online.

http://www.sicad.pt/BK/Institucional/Legislacao/Lists/SICAD_LEGISLACAO/Attachments/890/Lei_73_2014.pdf

Chapter 3:

- Decreto-Lei n.º 50/2013 de 16 de Abril (Diário da República, 1.ª série — N.º 74 — de 16 de abril de 2013) - Cria um novo regime de disponibilização, venda e consumo de bebidas alcoólicas em locais públicos e em locais abertos ao público.

<https://dre.pt/pdf1sdip/2013/04/07400/0220302206.pdf>

- Decreto-Lei n.º 54/2013 de 17 de Abril (Diário da República, 1.ª série — N.º 75 — de 17 de abril de 2013) - Define o regime jurídico da prevenção e proteção contra a publicidade e o comércio das novas substâncias psicoativas.

<http://dre.pt/pdf1s/2013/04/07500/0225002254.pdf>

- Lei n.º 72/2013 de 3 de Setembro (Diário da República, 1.ª série — N.º 169 - de 3 de Setembro de 2013) - Décima terceira alteração ao Código da Estrada, aprovado pelo Decreto-Lei n.º 114/94, de 3 de maio, e primeira alteração ao Decreto-Lei n.º 44/2005, de 23 de fevereiro.

<http://dre.pt/pdf1s/2013/09/16900/0544605499.pdf>

- Portaria n.º 154/2013 de 17 de Abril (Diário da República, 1ª série - n.º 75 - de 17 de Abril 2013) - Aprova a Lista de novas substâncias psicoativas.

<https://dre.pt/pdf1sdip/2013/04/07500/0225402257.pdf>

- Lei n.º 37/2007, de 14 de Agosto (Diário da República 1.ª série — n.º 156 de 14 de Agosto de 2007) – aprova as normas para a protecção dos cidadãos da exposição involuntária ao fumo do tabaco e medidas de redução da procura relacionadas com a dependência e a cessação do seu consumo.

<http://www.dre.pt/pdf1s/2007/08/15600/0527705285.pdf>

- Portaria n.º 749/2007, de 25 de Junho (Diário da República 1.ª série — n.º 120 de 25 de Junho de 2007) - aprova o regulamento da atribuição de financiamento público, através do Instituto da Droga e da Toxicodependência, I.P, a programas e a ... sócio sanitárias de redução de riscos e minimização de danos no domínio da droga e da toxicodependência.

<http://www.sg.min-saude.pt/NR/rdonlyres/A110CE46-A607-4BD1-AB82-BE86B31314C3/18575/402540291.pdf>

- Decreto-Lei 183/2001 de 21 de Junho (Diário da República, 1.ª série — N.º 142 — 21 de Junho de 2001) – Aprova o regime geral das políticas de prevenção e redução de riscos e minimização de danos

http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Preven%C3%A7%C3%A3o_e_Tratamento_da_Toxicodepend%C3%Aancia/dl_183_2001.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 n.º 749/2007, de 25 de Junho (See chapter 3)
- Portaria n.º 131/2008, de 13 de Fevereiro (Diário da República, 1.ª série — N.º 31 — 13 de Fevereiro de 2008) – Aprova o Regulamento que estabelece as condições de financiamento público dos projetos que constituem os Programas de Respostas Integradas (PRI).
http://www.idt.pt/PT/Legislacao/Legislao%20Ficheiros/Reinser%C3%A7%C3%A3o_Social/port_131_2008.pdf
- Decreto-Lei 183/2001 de 21 de Junho (See chapter 3)
- Portaria 27/2013 de 24 de Janeiro (See chapter 1)

Chapter 9:

- 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 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>
- 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 toxicoddependência, 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) – Proceda 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:

- Decreto-Lei nº 15/93 de 22 de Janeiro (See chapter 1)
- 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 n.º 94/96 de 26 de Março (Diário da República, 1ª série B – N.º 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>

- Lei n.º 30/2000 de 29 Novembro (See Chapter 9)

- Lei 144/99 de 31 de Agosto Aprova a lei da cooperação judiciária internacional em matéria penal.

<http://www.gddc.pt/legislacao-lingua-portuguesa/portugues/Lei144-99rev.html>