



REPORT TO THE EMCDDA

by the Reitox national focal point of Portugal,

***Instituto Português da Droga e da
Toxicodpendência***

PORTUGAL

DRUG SITUATION 2000

REITOX REF/ 2000

PRESIDÊNCIA DO CONSELHO DE MINISTROS



ANNUAL REPORT

ON THE DRUG PHENOMENA

2000

Commissioned by the European Monitoring Centre on Drugs and Drug Addiction

Lisboa, Novembro de 2000

ANNUAL REPORT

ON THE DRUG PHENOMENA

2000

TABLE OF CONTENTS

<u>SUMMARY</u>	7
PART 1 - NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORKS	8
<u>1. DEVELOPMENT IN DRUG POLICY AND RESPONSES</u>	9
<u>1.1. Political framework in the drug field</u>	9
<u>1.2. Policy implementation, legal framework and prosecution</u>	10
<u>1.3. Developments in public attitudes and debates</u>	11
<u>1.4. Budget and funding arrangements</u>	12
PART 2 - EPIDEMIOLOGICAL SITUATION	13
<u>2. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE</u>	14
<u>2.1. Main developments and emerging trends</u>	14
<u>2.2. Drug use in the population</u>	16
<u>2.3. Problem drug use</u>	21
<u>3. HEALTH CONSEQUENCES</u>	23
<u>3.1. Drug treatment demand</u>	23
<u>3.2. Infectious Diseases</u>	26
<u>3.3. Drug-Related Deaths</u>	27
<u>4. SOCIAL AND LEGAL CORRELATES AND CONSEQUENCES</u>	29
<u>4.1. Social problems</u>	29
<u>4.2. Drug offences and drug-related crime</u>	29
<u>4.2.1. Presumed offenders under the Drug Law</u>	29
<u>4.2.2. Convictions under the Drug Law</u>	31
<u>4.2.3. Individuals in prison under the drug law</u>	34
<u>4.2.4. Drug use related crime</u>	35
<u>5. DRUG MARKETS</u>	37
<u>5.1. Availability and supply</u>	37
<u>5.2. Seizures</u>	37
<u>5.3. Price</u>	40
<u>6. TRENDS PER DRUG</u>	41
<u>7. CONCLUSIONS</u>	43
<u>7.1. Consistency between indicators</u>	43
<u>7.2. Implications for policy and interventions</u>	44
<u>7.3. Methodological limitations and data quality</u>	44
PART 3 - DEMAND REDUCTION INTERVENTIONS	45
<u>8. STRATEGIES IN DEMAND REDUCTION AT NATIONAL LEVEL</u>	46
<u>8.1. Major strategies and activities</u>	46
<u>8.2. Approaches and New Developments</u>	47
<u>9. INTERVENTION AREAS</u>	48
<u>9.1. Primary prevention</u>	48
<u>9.2. Reduction of drug related harm</u>	51
<u>9.3. Treatment</u>	52
<u>9.4. After-care and re-integration</u>	55
<u>9.5. Interventions in the Criminal Justice System</u>	55
<u>9.6. Specific targets and settings – The military setting</u>	56
<u>10. QUALITY ASSURANCE</u>	58
<u>10.1. Quality Assurance Procedures</u>	58
<u>10.2. Evaluation</u>	58
<u>10.3. Research</u>	58
<u>10.4. Training for professionals</u>	59

PART 4 - KEY ISSUES	60
<u>11. POLICY AND THE NATIONAL STRATEGY FOR THE FIGHT AGAINST DRUGS : GUIDELINES FOR SECTOR INTERVENTION</u>	61
<u>Introduction</u>	61
<u>I. THE NATIONAL STRATEGY – PRINCIPLES, OBJECTIVES AND OPTIONS</u>	62
<u>1. Principles</u>	62
<u>2. Objectives</u>	63
<u>3. Options</u>	63
<u>II. INTERNATIONAL CO-OPERATION AND LEGAL FRAMEWORK</u>	64
<u>1. International Co-operation</u>	64
<u>2. Legal Framework</u>	65
<u>3. Discussion</u>	67
<u>III. PSYCHOSOCIAL INTERVENTION</u>	69
<u>1. Prevention</u>	69
<u>IV. RESEARCH AND TRAINING</u>	71
<u>V. CONCLUSIONS</u>	74
<u>VI. BIBLIOGRAPHY</u>	75
<u>12. COCAINE AND BASE/CRACK COCAINE</u>	76
<u>12.1. THE USERS</u>	77
<u>a) Experimental cocaine users</u>	77
<u>b) Recreational cocaine users</u>	77
<u>c) Regular, non-problematic cocaine users</u>	78
<u>d) Regular, problematic cocaine users</u>	78
<u>e) Regular, dependent cocaine users</u>	79
<u>12.2. THE USE</u>	80
<u>a) Prevalence of cocaine in different user groups</u>	80
<u>b) Patterns of use in different groups</u>	87
<u>12.3. CONSEQUENCES OF USE</u>	89
<u>a) Health consequences</u>	89
<u>b) Legal consequences</u>	90
<u>12.4. AVAILABILITY OF COCAINE: QUANTITATIVE INDICATORS</u>	91
<u>a) Number of seizures of cocaine</u>	92
<u>b) Quantities of cocaine seized</u>	92
<u>c) Price of cocaine</u>	92
<u>d) Purity of cocaine</u>	92
<u>12.5. SUPPLY OF COCAINE</u>	93
<u>a) Supply routes/countries</u>	93
<u>b) Distribution patterns</u>	93
<u>13. INFECTIOUS DISEASES</u>	94
<u>13.1. PREVALENCE AND INCIDENCE OF HCV, HBV AND HIV IN DRUG USERS</u>	94
<u>Drug addiction and HIV</u>	94
<u>Drug addiction and hepatitis C</u>	99
<u>Drug addiction and hepatitis B</u>	101
<u>13.2. DETERMINANTS AND CONSEQUENCES</u>	103
<u>13.3. NEW DEVELOPMENTS AND IMPLEMENTATION OF PREVENTION / HARM REDUCTION AND TREATMENT: INTERVENTIONS, TENDENCIES AND STRATEGIES</u>	103
<u>Opiate substitution programs</u>	103
<u>Intervention in problematic neighbourhoods / homeless drug users</u>	104
<u>“ Say no to a second hand syringe ” program</u>	105
<u>Hepatitis B vaccination</u>	106
<u>Intervention projects: AIDS and other STD in prostitutes</u>	107
<u>Treatment of patients with hepatitis and AIDS</u>	108
<u>NATIONAL INFORMATION SYSTEM ON DRUGS AND DRUG ABUSE (NISDDA)</u>	109

Summary

1999 and 2000 were key years for the development and implementation of the *National Strategy* which resulted in the debate and approval of the Law decriminalising personal drug use and new strategic orientations for all stakeholders in the area of drug abuse prevention.

The setting up of the IPDT - *Instituto Português da Droga e da Toxicoddependência* – represents the political will to rationalise resources and coordinate efforts. Its main objectives and interventions areas include the National Information System on Drugs and Drug Abuse, the national coordination of community intervention and the setting up of the new services needed for the implementation of the new decriminalisation law.

The main epidemiological data available coherently shows, in comparison to 1998:

a) At the level of the **health and social related consequences** in case of long lasting drug use: retail

- an increase in treatment demand, the notification of infectious diseases, the number of direct and indirect drug-related deaths and of presumed offenders.

b) At the level of **drug markets** :

- an increase in the number of seizures and in the quantity of seized substances;
- a decrease in drug prices at retail level.

c) the **increased availability of ecstasy and LSD use and availability** is visible through:

- increases registered in school surveys data on use prevalence;
- the emergence of new groups associated to this type of use referred in news coverage;
- increased availability of these drugs in the national market expressed by the significant increases registered in the quantities seized and in the average price decrease at retail and wholesale level.

d) that **heroin remains the most important substance associated to problematic use**, through:

- health and legal related consequences of drug use data;
- telephone helpline data.

Concerning demand reduction intervention, the main developments in the reporting year concern the closure and evaluation of the national framework programme for support of prevention and rehabilitation programmes, the new framework for prevention which is being prepared by the IPDT, especially concerning the development of integrated community programmes, the enlargement of substitution treatment programmes currently widely available and the efforts concerning the national rehabilitation programme *Vida-Emprego*. Quality assurance procedures, either in terms of mandatory criteria to apply for public funds or concerning the preparation of guidelines and examples of good practice, have also been one of the year's main focuses.

Part 1

National Strategies: Institutional and Legal Frameworks

1. Development in Drug Policy and Responses

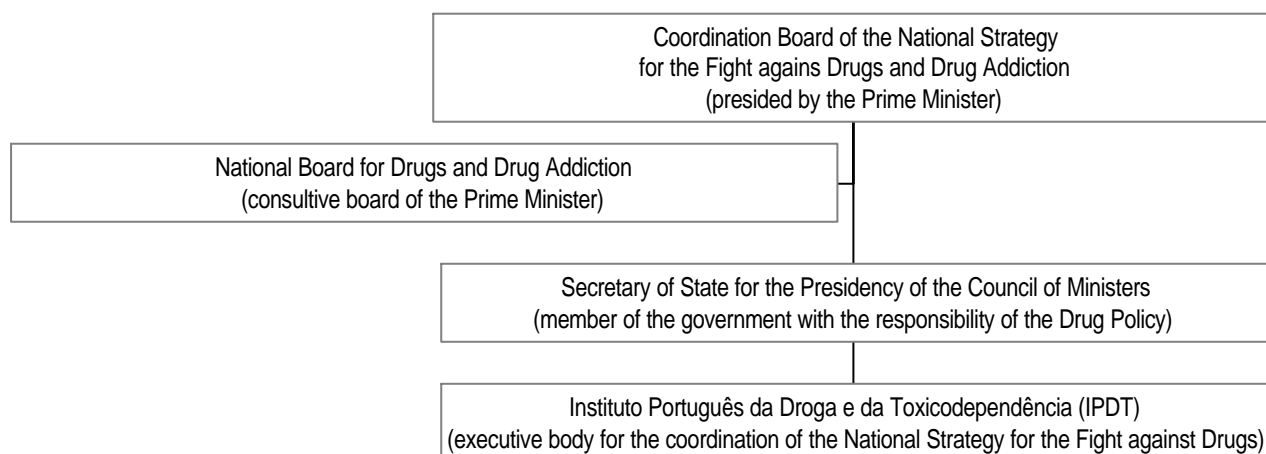
1.1. Political framework in the drug field

The *National Strategy* approved in 1999 sets the political priorities in the drug field and opened the door for main legal developments that followed. These developments concern quality of service - for the first time stated as a main concern and a fundamental right of the drug user as a citizen, both in the technical aspect (DL 16/99) and in the financial support one (DL 72/99) - but also the issue of drug use treatment in prisons, (L109/99) and a global framework for the approach of drug use in prisons, including, besides the treatment aspect, harm reduction and prevention (JD 596/99)¹.

The approval of the *National Strategy* was preceded by the setting up of the IPDT, the governmental agency which is to coordinate national implementation of the Strategy. The political philosophy of a central national coordination and decentralisation of sectorial interventions through the concerned Ministries, that has been applied since the setting up of Projecto VIDA, still applies this time with more competences given to the central agency (the IPDT), especially concerning prevention and monitoring of the situation, but mainly concerning the centralisation of matters related to the new decriminalisation law.

In May 2000, the Coordination Board of the National Strategy and the National Board for Drugs and Drug Addiction were set up by Decree-Law (see chapter 1.2.). The Coordination Board is presided by the Prime Minister and coordinates all national policy in this area, whereas the National Board is a consultative body for the Prime Minister and is presided by the Prime Minister, who may delegate in the State Secretary for the Council of Ministers. All political decisions of this area are thus centralised at the highest level, to help ensure full cooperation from the government bodies that have responsibilities in the implementation of the *National Strategy*.

Figure 1.1. Institutional Framework



At a more operational level, the emphasis, in 2000, was to reorient the national agencies workplans towards the political commitments of the *National Strategy* and to uphold international commitments. The basic pillars of this action were: the preparation and public debate of a new Law decriminalising personal use of illicit substances, the effort in the demand reduction area concerning the evaluation of past programmes and the setting up of a new framework for 2001 project and programme financial support and the developments of the National Information System on Drugs and Drug Abuse.

¹ Cf. last year's report.

At the level of International Representation, in 1999 the objectives were:

- to ensure total cooperation in terms of the commitments assumed by Portugal regarding the competent international institutions;
- to develop cooperation and interchange activities with other countries;
- to increase national participation in the international organisations;
- to promote and participate in international seminars and conferences.

In 2000, Portugal held the Council Presidency during the first semester. In October, Sintra welcomed the Ministerial Conference of the Pompidou Group – under the theme of harm reduction - which marked the end of the 1997-2000 Portuguese presidency.

1.2. Policy implementation, legal framework and prosecution

The new diplomas of 2000 concern changes at the level of the national coordination structure, the setting up of a new National Action Plan to implement the *National Strategy* and the inclusion of a new substance in the annex tables of the Drug Law. The new diplomas are listed in chronological order:

Decree-Law 88/2000 of the 8th of May – sets up the Coordination Board of the National Strategy;

Decree-Law 89/2000 of the 8th of May – sets up the National Board for Drugs and Drug Addiction;

Decree-Law 90/2000 of the 8th of May – alters the structure of the IPDT;

Resolution of the Council of Ministers 109/2000 of the 27th of July 2000 – requests the IPDT to elaborate and present to the Government a National Action Plan, valid until 2004;

Decree-Law 214/2000, of the 2nd of September – includes 4-MTA in the annexes of illegal substances under the Drug Law (15/93).

Law 30/2000 of the 29th of November - decriminalises the private use of illicit substances. The implementation of this diploma will depend on its regulations, which are not yet available.

Concerning the implementation of the main guidelines from the *National Strategy*²:

To *increase and develop the quality and the response capacity of the health care network for drug users* was implemented in 1999 through:

- an investment made on the enlargement of the public and private network of health services;
- the cooperation with other health system services;
- the enlargement of opiate substitution treatment programmes;

² Presidência do Conselho de Ministros, *Estratégia Nacional de Luta Contra a Droga*, Lisboa, 1999.

which lead to the increase in capability and diversity of responses and in the decrease of the waiting lists.

To *enlarge harm reduction policies* was implemented through:

- the enlargement of the syringe exchange programme network;
- the enlargement of low threshold opiate substitution programmes;
- the enlargement of the infectious diseases notification systems of, namely HIV/AIDS, Hepatitis B and C and tuberculosis with the cooperation of other National Health System structures and other services (the PEPTEP programme in prison setting);

This led to the increased availability/coverage of health care services close to a drug user population which does not request treatment and which also possibly lead to the increase in the notifications of the infectious diseases.

To *set up a National Information System on Drugs and Drug Abuse* was mainly implemented through:

- a wider knowledge of the potential information source services for the indicators which will be implemented in the SNIDT, of the data collection and analysis procedures and methodologies as well as of their quality;
- a stronger cooperation with those information sources;
- the definition of priorities at the level of some indicators to ensure better data and information quality.

In the framework of the guidelines towards the *adoption of a simplified model of interdepartmental political coordination*, Projecto VIDA and other related services were substituted by the IPDT in the second semester of 2000.

Finally the political guideline to *decriminalise the personal use of drugs* was implemented through Law 30/2000 of the 29th of November.

1.3. Developments in public attitudes and debates

In 2000 the public debate was mostly around the issue of the decriminalisation of drug use. During the first semester, a legal project was drafted and made available by all concerned departments of the Public Administration, to the NGOs involved in this field and to the general public. Several debates were held at different levels, from the National Parliament to grassroot groups at local level. There was also an increased interest in understanding the policy behind the proposed alterations and the legal difference between the concepts of legalisation, depenalisation and decriminalisation. To respond to that need, the IPDT held several public debates and an Internet direct chat, for a whole day, on the proposed law for the decriminalisation of drug use.

Some newspapers and magazines reported that a significant part of the population seems to agree with decriminalisation of personal drug use, nevertheless, the right wing opposition political parties have pressed for a national referendum on the issue.

The press reported several issues mainly related to the perceived increase of availability and to the use of synthetic drugs but also concerning drug use in prison and infectious diseases.

1.4. Budget and funding arrangements

The budget for the area of action against drugs and drug abuse, concerning demand and supply reduction as well as support areas, has been growing steadily since 1993. In 2000, the total budget was approximately 103,682,864 € (20.786.548.000\$00), distributed in the following way:

Table 1.1. – Public Administration Budget on Drugs and Drug Abuse (€)

1999-2000		
Ministries	1999	2000
Presidency of the Council of Ministers		
Projecto VI DA and IPDT	9,302,580	13,310,526
Youth State Secretary	6,943,266	7,132,809
Ministry of Health	33,284,439	36,371,045
Ministry of Education	3,162,378	3,396,813
Ministry of Justice	2,393.277 ³	4,205,529
Ministry of Employment and Social Affairs	9,513,851	13,592,242
Ministry of Internal Affairs	16,305,703	24,007,142
Ministry of National Defence	1,350,455 ⁴	1,666,758
Total	82,108,313	103,682,864

For 2000, it is possible to distribute these items by areas:

Table 1.2. – Public Administration Budget on Drugs and Drug Abuse by Intervention Areas (€)

2000	
Area	2000
Prevention	24,150,976
Treatment	29,288,115
Rehabilitation	15,234,195
Harm Reduction	4,589,728
Prisons	3,427,404
Law Enforcement	24,007,142
Research	2,097,445
International cooperation	887,860
Total	103,682,864

³ Does not include Criminal Police budget.

⁴ Does not include Navy budget.

Part 2

Epidemiological Situation

2. Prevalence, Patterns and Developments in Drug Use

2.1. Main developments and emerging trends

Concerning **drug use** and in respect to quantitative variation in the global values in comparison to the previous years, use prevalence indicators did not register, in the case of school population, significant variation in the case of illicit drug use in general, although some changes were registered concerning some drugs. Concerning military populations, the rates of positive toxicological tests, following the last year's trend, decreased. These indicators concern specific populations and should not be extrapolated to the general population.

The indicators concerning health related problems – which usually characterise long drug use careers and a specific population of drug users (mainly heroin addicts) – registered increases in comparison to 1998, namely those concerning treatment demand and supply (first treatment demands and active clients, inpatient clients, clients in substitution treatment programmes), those concerning infectious diseases, namely AIDS, and those concerning drug related deaths.

Indicators concerning drug use direct legal consequences – which necessarily mirror the orientations and actions of the intervening bodies in this area -, registered increases at the level of drug use presumed offenders and decreases at the level of drug use convictions (bearing in mind the exceptional situation of the amnesty) and at the level of individuals in prison convicted for drug use.

In use patterns of several drugs, indicators which concern general population subgroups – school and military surveys – show that hashish is the preferred illicit substance which is also true concerning illicit use first use.

On the other hand these indicators start to give visibility and expression to the emergence of new use trends, already visible at the level of the public opinion in previous years, namely the trend towards ecstasy and LSD use, as visible in the increases registered at the level of these drugs in school population and by the emergency of new groups associated to the use of these drugs and referred in media pieces.

Nevertheless, heroin is still the most involved substance in problematic drug use, as the health related indicators show concerning treatment demand, drug related deaths and risk behaviours associated to infectious diseases and the legal indicators concerning drug use presumed offenders, drug use convictions and drug related crimes.

Concerning the users' profile, in school population the users of illicit drugs were mainly older students of the male gender with occasional use patterns, many times only at the level of experimentation. In military populations, the users were mainly of the male gender, still not integrated in permanent careers, with the basic or secondary educational background and predominantly with cannabis use.

The users with drug related health problems who recurred to health services, we may refer those who for the first time requested treatment in SPTT facilities (mainly of the male gender, aged 25-34, heroin addicts many of whom had used intravenous administration route prior to the first consultation and with serious health problems at the level of infectious diseases) and those whose death was drug related (mainly of the male gender, older than 29 with main drug identified in the occurrence being opiates).

In the groups of drug users with legal problems, those who appeared in police, judicial and/or penal circuits for their use of drugs, we may refer presumed users and those convicted by drug use, both mainly of the male gender, younger than 30, of Portuguese nationality, with no more than the basic educational background, high unemployment rates and who mostly carried heroin at the time of their infraction.

Concerning **regional patterns**, the areas in Portugal where drug use problem represented a more significant problem were the districts of Lisbon, Porto, Setubal and Faro.

Concerning **drug markets**, the quantitative variation in relation to previous years registered general increases in the number of seizures and quantity of seized substances – which reflect the reality of the national market but also the strategies and actions of supply reduction – and, on the other hand, decreases in the prices of drugs at street level.

Indicators of the drug market patterns register a significant circulation of *ecstasy* in parallel with more “traditional drugs”. On the other hand, the relation between the number of seizures and the quantity of seized substances, suggests that the majority of the interventions strike mainly the “small traffic” and that cocaine has the highest number of seizures related to “big traffic” and with a higher percentage of quantity seized by customs. Drug prices went down in relation to 1998, especially those of *ecstasy* and LSD. Cocaine is still the most expensive drug in the market and registered the lowest decrease in price.

Concerning traffickers profile, those who were presumed offenders or were convicted by traffic were mainly of the male gender (although the female gender is becoming more and more relevant each year), aged 20-29 (although older than users), with a significant rate of foreign individuals, low educational rate and trafficking preferably heroin or heroin/cocaine. The individuals in prison for traffic related crimes were also of the male gender and older than 29.

Indicators related to the origin and destination of seized drugs suggest that, similarly to previous years, cocaine came mainly from South America countries and destined to Spain and other countries. Hashish came mainly from Morocco and was mainly destined to the national market and a small part to Spain. The other drugs were destined to the national market and heroin came mostly from the Netherlands and Spain, liamba/marijuana from Angola and ecstasy from the Netherlands.

A nível do território nacional e no que respeita às quantidades apreendidas destacaram-se os distritos de Lisboa e do Porto com as maiores quantidades de heroína e de cocaína, o distrito de Faro com a maior quantidade de haxixe e os distritos da Guarda, Porto e Aveiro com as maiores quantidades de ecstasy apreendido. Relativamente aos indicadores relacionados com as interpelações de presumíveis traficantes e de condenações por tráfico, evidenciaram-se também numa maneira geral os distritos de Lisboa, do Porto e de Faro com valores mais gravosos a nível desta problemática.

Emerging trends

Concerning new trends, the result of the school survey Lisbon Urban Area/98, point towards the preferential use of ecstasy and LSD instead of heroin and cocaine. In that survey, ecstasy and LSD were reported as respectively the second and third main illicit substances, after cannabis. On the other hand, in comparison to the 1992 survey, an increase in the prevalence of LSD use was verified, in parallel with a decrease of the use prevalence of heroin.

The emergency of such use trends has been the object of analysis in terms of the association between dance music and drugs. In effect, the use of such drugs appeared in Portugal in the beginning of the decade associated to *raves*. Research on this issue⁵, not only associates the use of ecstasy / LSD / amphetamines to this type of parties, but also states that “drugs assume an utilitarian function, a means to better feel the music and be aware of what is going on (...) it gives young people more stamina during parties”. On the other hand, it identifies as main user group male individuals aged 15-25.

More recently, several newspaper articles⁶ also point towards this use trends associated to the recent success of electronic music – the *transe*. In *transe* parties, associated to the emergency of a cultural movement⁷,

⁵ Margarida Rebelo e Fátima Lopes, “Traços contínuos de diversão (*ravers* e *raving*)” in *Traços e riscos de vida*, Machado Pais, coord., Col. Trajectórias, Ambar, Porto, 1999.

⁶ *Revista Visão de 15 de Junho de 2000*, pp. 36- 46, Paulo Pena Francisco Galope, Sónia Sapage e Renata Silva Pinto e *Revista Visão de 10 a 16 de Agosto de 2000*, pp. 60 - 66, João Dias Miguel.

heroin and alcohol are rarely available but most other substances are allowed. The preferred substances of abuse are, however, marijuana and hashish which are used before the drugs of election which are mushrooms, acids and ecstasy. These parties bring together people from all social groups, from the top management professionals and information systems experts to *hippies* and *travellers*, who preferably dance in the open air of the countryside.

2.2. Drug use in the population

The main survey data currently available concerning prevalence and use patterns of illicit substances⁸ are school surveys, namely the 1998 Lisbon Urban Area School Survey which the IPDT developed in co-operation with the Ministry of Education, and the National Survey of the European Network HBSC/OMS (1998) developed by the Faculdade de Motricidade Humana/Programa de Educação para Todos-Saúde, Aventura Social & Saúde.

The methodology of the IPDT (formerly GPCCD) school surveys, which allows for harmonised results since 1987, uses a questionnaire which includes questions that aim at understanding the licit and illicit substance use prevalence, but also the beliefs and attitudes of the students regarding that use. Data is also available on the characterization of the students' family, school and social settings.

In this context, three surveys were made in 1992 and repeated in 1998 in the Urban Area of Lisbon in representative samples of students of the public schools' final basic level (aged 13-15/16), and of the secondary level (aged 16-18/19). The sample was representative at the level of the Urban Area of Lisbon as a whole and at the level of each municipality: Amadora, Cascais, Lisboa, Loures, Oeiras, Sintra and Vila Franca de Xira.

In 1998, from the Urban Area of Lisbon's samples (stratified and random) expressly valid results were obtained from: (a) 4075 students of 185 classes from 42 schools of the final basic level daytime classes; (b) 2674 students of 148 classes from 36 schools of the secondary level and (c) 962 students of 143 classes from 33 schools of the night classes⁹. In total, 7711 students were surveyed from these 3 school levels.

The following comments refer only to the licit and illicit substance use data through the indication of lifetime and last 30 days' prevalence rates. In the context of these surveys, these rates refer to the percentage of students of the concerned school level whom used (at least once) the substance in the reference time period—lifetime or during the last 30 days before the survey¹⁰.

⁷ A cultural movement which revives the *hippie* cults, with Buddhist influences, beliefs in ufology and a passion for the new technologies. The organizations of these parties, such as the Boom Festival 2000, which happened from the 11th to the 16th August at the Herdade do Zambujal, may reach the level of issuing and circulation its own currency (the "booms") and conventions on several issues.

⁸ The availability of data on this issue at the level of the general portuguese population is foreseen for 2001, in the framework of the research project on the General Population Survey of the IPDT and the Faculdade de Ciências Sociais e Humanas da Universidade de Lisboa.

⁹ 7th to 12th grades. Results from this group are not included in charts since the composition of the night classes in 1992 and in 1998, is not directly comparable.

¹⁰ Mausner & Bahn, 1984; Machado Rodrigues, 1994.

Between 1992 and 1998, lifetime use prevalence of tobacco, beer and wine¹¹ - the most widely used substances - decreased¹². In the secondary level less than 8% of students experienced tobacco and beer, and less than 5% experienced wine, and in the final basic level, this decrease was even higher reaching 11% for tobacco, 13.5% for beer and 7% for wine.

However, in the secondary level, the higher use prevalence refers to spirits/distilled drinks: 78% of the students had already used them and 74% had used beer. Thus, in 1998, around 3/4 of the secondary classes' students had already used drinks with a very high alcohol level (gin, vodka, whisky, etc.). In the final basic level those values indicate that 44% of the students had already tried beer and 40% had already used distilled drinks (therefore, a little less than half the students).

In night classes¹³, lifetime use prevalence was, in 1998, 64% for tobacco, 75% for wine, 78% for spirits/distilled drinks and 80% for beer.

Recent use data (last 30 days prevalence) confirm the decrease verified from 1992 to 1998 of the tobacco users percentage (-7%), beer users (-10%) and wine users (-2%), in secondary as in the final basic level; it also confirms the higher prevalence of distilled drinks in the secondary and of beer in the final basic level.

In night classes, recent use prevalence were: 42% for wine; 46% for spirits/distilled drinks and 49% for beer.

The group of substances with an intermediate number of users is constituted by *cannabis* (marijuana and/or hashish) and by medication (with and without medical prescription): tranquillisers e stimulants.

Chart 2.1. shows that, in secondary school, tranquillisers and *cannabis* have similar lifetime use prevalence (around 15% and 19%, respectively) with no (significant statistic) variation between 1992 and 1998. Concerning stimulant use prevalence, they also remained constant at 6% during the same period.

In the final basic level, tranquillisers presented the higher lifetime use percentages (around 10%), whereas the percentage of students who had already used *cannabis* or stimulants was close to 4%.

In the night classes, in 1998, the higher use prevalence went to tranquillisers (26%), followed by *cannabis* (20%) and stimulants (8%). This means that, in 1998, in this school group, 1/4 of the students had already used tranquillisers, 1/5 had already used cannabis and 1/10 had already used stimulants.

We may therefore conclude that, in 1998, in the Urban Area of Lisbon, the use of cannabis had its higher lifetime use prevalence in the night classes.

Concerning recent use, it is possible to verify that the respective use prevalence show rather lower values and that they remained stable between 1992 and 1998. Thus, in the last 30 days before the survey - Chart 2.1. - in secondary school, 6% were cannabis users, 5% were tranquillisers users and 1% were stimulant users. In the final basic level 2% were cannabis and tranquillisers users and 1% were stimulants users. In night classes, in 1998, those values were of 7%, and 1%, respectively.

¹¹ There are no results on the use of spirits/distilled drinks which can be compared with 1998 results. In effect, the item on these drinks was only present in the questionnaire from 1995 on.

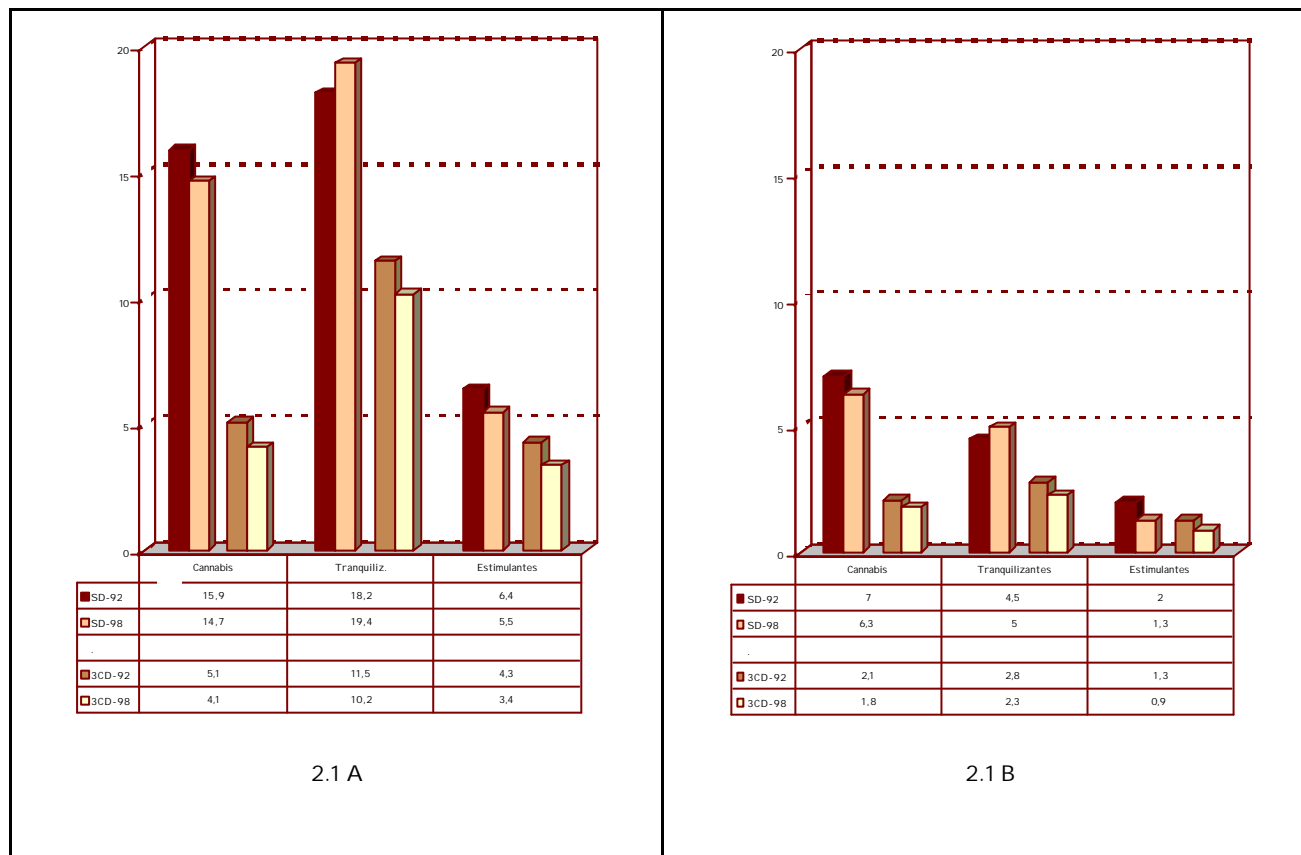
¹² Statistically significant for $p < 0.01$ – Binomial test.

¹³ Atendendo a que a composição do Ensino Nocturno em 1992 e em 1998, não é directamente comparável, far-se-ão referências às prevalências neste nível de escolaridade, apenas em texto.

Chart 2.1. A and B – Lisbon Urban Area – Lifetime and Last 30 Days Use Prevalence (%) by Substance and School Level in 1992 and 1998

SECONDARY (SD) AND FINAL BASIC LEVEL (3CD)

Cannabis, Tranquillisers and Stimulants



Source: Instituto Português da Droga e da Toxicodependência

Chart 2.2. shows that in the group of substances with less users for all school levels, the higher rates go to inhalants.

It was the final basic level – grades 7 to 9, where students are between 13 and 15/16 years old – that reported the higher use prevalence of inhalants, and though it decreased between 1982 and 1998, it still presented a value of 4%. 2% of the group were ecstasy users. All the other substances presented lower prevalence than 1% in 1998, and the decreases in heroin use from 1992 to 1998 were (statistically) significant.

In secondary school, in 1998, close percentages of inhalants, ecstasy and LSD users (3%) were reported. Cocaine had around 2% and any other of the other substances had less than 1% of users. The increase in the use of LSD is clear, between 1992 and 1998¹⁴.

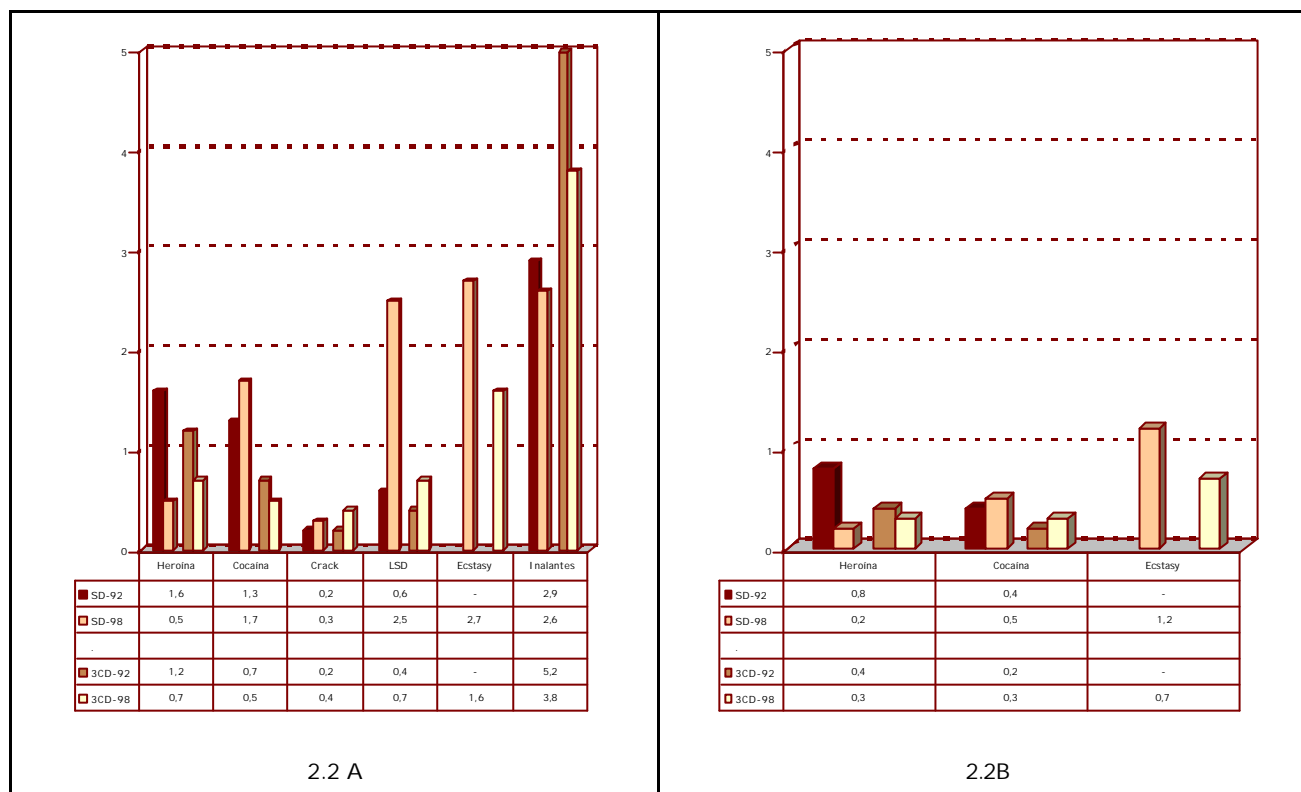
In night classes, the lifetime use prevalence for heroin and cocaine were 4% and those of ecstasy and inhalants 3%.

¹⁴ On ecstasy there are no comparable data, since the question on the use of this substance was only included in the questionnaire from 1995 on.

Chart 2.2. A B- Lisbon Urban Area - Lifetime and Last 30 Days Use Prevalence (%) by Substance and School Level in 1992 and 1998

SECONDARY (SD) AND FINAL BASIC LEVEL (3CD)

Heroin, Cocaine, Crack, LSD, Ecstasy e Inhalants



Source: Instituto Português da Droga e da Toxicodependência

We may therefore conclude that, in this group of substances, the higher percentages of inhalants use may be found in the final basic level, those of *ecstasy* and LSD in secondary school and those of heroin and cocaine in night classes.

Recent use prevalence – last 30 days – data shows that the percentage of users is less than 1% for all substances¹⁵ and school groups (including night classes, which does not appear in the chart) with the exception of ecstasy (1,2%).

Another survey was held in 1998¹⁶, in the framework of the reasearch network *Health Behaviour of School-Aged Children*, sponsored by the WHO, in which Portugal participates since 1995/1996 through project *Aventura Social & Saúde* of the Faculdade de Motricidade Humana. With the objective of knowing and updating the behaviours and lifestyles of the Portuguese teenagers in the school system, Portugal participated in the last two surveys, in 1995/96 and 1997/98, and the next is foreseen for 2001-2002.

¹⁵ The questionnaire did not include questions on the use of other illicit substance use in the last 30 days.

¹⁶ *A Saúde dos Adolescentes Portugueses*, Estudo Nacional da Rede Europeia HBSC/OMS (1998) - Faculdade de Motricidade Humana/Programa de Educação para Todos-Saúde, Aventura Social & Saúde.

The data collection instrument – the questionnaire *Behaviour and Health in School Aged Children* - was standardised for all the participating countries and it includes a varied set of issues, some of which are related to the personal history of alcohol, tobacco and illicit drug use.

The following results concern the 1997/98 survey for the 6th, 8th e 10th grade students in the standard Portuguese Public Schools (excluding the Azores and Madeira Islands).

The questionnaire was applied in 191 schools, in a total of 6903 students, 34.9% from the 6th grade, 37.5% from the 8th grade and 27.6% from the 10th grade.

Table 2.1. - Lifetime Use Prevalence, by Gender (%)

6th, 8th e 10th grade students in the standard Portuguese Public Schools

1998			
Gender	Male	Female	Total
Use/Substances	n=3 244	n=3 659	n=6 903
Alcohol	74.6	67.8	71.0
Drunkenness	26.7	18.1	22.1
Tobacco	33.6	28.6	30.9
Medication used as drug	2.9	1.4	2.1
Stimulants	3.9	1.6	2.7
Cannabis	5.4	2.5	3.8
Heroin/Opium/Morphine	1.7	0.5	1.0
Cocaine	1.5	0.5	0.9
Other	4.3	1.5	2.9

Source: A saúde dos adolescentes portugueses, 1998, Faculdade de Motricidade Humana

It is possible to conclude that:

- Regarding lifetime use prevalence of licit substances, alcohol had the higher experimenting rate (71% of the students); however, at the level of the daily substance use, tobacco was the more reported substance (5.9%);
- Regarding lifetime use prevalence of illicit substances, the higher percentage went to cannabis (3,8% of the students); around 2.5% of the respondents indicated use during the last 30 days;
- all these use patterns were more often reported by boys and by older students;
- concerning the first use experiment with illicit substances, it mostly happened between 13-15 (for 66% of the users) and with hashish (for 70.7% of the users).

We may therefore conclude that both national surveys show convergent results in the same age groups of the respective populations, both in which concerns use prevalence and use patterns.

In effect, between the final basic level of the first survey and the target group of the second, similar use prevalence of licit and illicit substances were registered. Nevertheless, in the Lisbon Urban Area survey, slightly higher prevalences were registered, with the exception of heroin and cocaine which registered higher use prevalence in the National survey. On the other hand, use patterns, namely of the most widely used substances, have similar results in both surveys: alcohol first, then tobacco, followed by cannabis and stimulants and, finally, heroin and cocaine.

Concerning the military population, the use prevalence rates that exist are the result of the toxicological tests made by the Armed Forces. The Programme for the Prevention and the Fight Against Drugs and Alcohol in the Armed Forces – PPCDAFA – aims, amongst others, at implementing an early and dissuasive diagnostic control through toxicological tests for the detection of drug use and alcohol abuse. Based on a common programme, each Branch of the Armed Forces develops a specific project for the toxicological test, namely concerning the sample selection.

In 1999¹⁷, The Armed Forces made around 20 000 tests on which 78 000 toxicological analysis were performed. The results of the tests made Navy and the Air Force personnel and of the random tests made in the Army, present a positive result percentage of 1,3%. It is worth mentioning that the percentage of positive tests has been decreasing continuously over the years since the implementation of the Programme.

Concerning the users profile and respective use patterns in 1999, according to the result of the questionnaires filled in in case of a positive result, we may emphasise the following aspects:

- The percentage of positive cases is higher amongst volunteers and contracted military personnel, and there is a very low percentage of positive cases amongst the career military personnel;
- Most individuals were of the male gender, with the primary or secondary school level and, according to Air Force data, around 2/3 were enrolled in school before joining the Armed Forces;
- The substances used were mainly cannabis. The use of opiates and amphetamines is residual;
- Most users started to use drugs before joining the Armed Forces, while they were between 17 and 20 years of age.

The situation regarding the use of drugs in the Armed Forces in 1999, as well as the decrease over the years in the percentages of positive toxicological tests cannot be extrapolated to the general population as they reflect, amongst other issues, the dissuasive effect that the toxicological tests themselves have in the military setting and an increased control regarding this issue at the moment of the military incorporation.

2.3. Problem drug use

There are still no national data on the number of problematic drug users¹⁸, and the only indicators currently available at this level concern risk behaviour related to drug use, namely IV administration route - data collected during the first trimester of 1999 in a large number of specialised treatment centres, indicated that

¹⁷ *Relatório de Actividades 1999*, Programa para a Prevenção e Combate à Droga e ao Alcoolismo nas Forças Armadas, GCPCTFA, Direcção-Geral de Pessoal do Ministério da Defesa Nacional.

¹⁸ Data is foreseen to be available in early 2001.

around 45% of the first treatment demand clients had used, at least once, the IV administration route in the 30 days prior to their first consultation - and data from the syringe exchange programme¹⁹ points towards a decrease since 1998 (3049305 units in 1998 and 2993703 in 1999) to of the number of exchanged syringes which may be attributed, amongst other reasons, to a decrease in the number of IVDUs, although there are no other indicators that allow us to support this hypothesis.

¹⁹ Source: Comissão Nacional de Luta Contra a Sida, 3rd of March 2000.

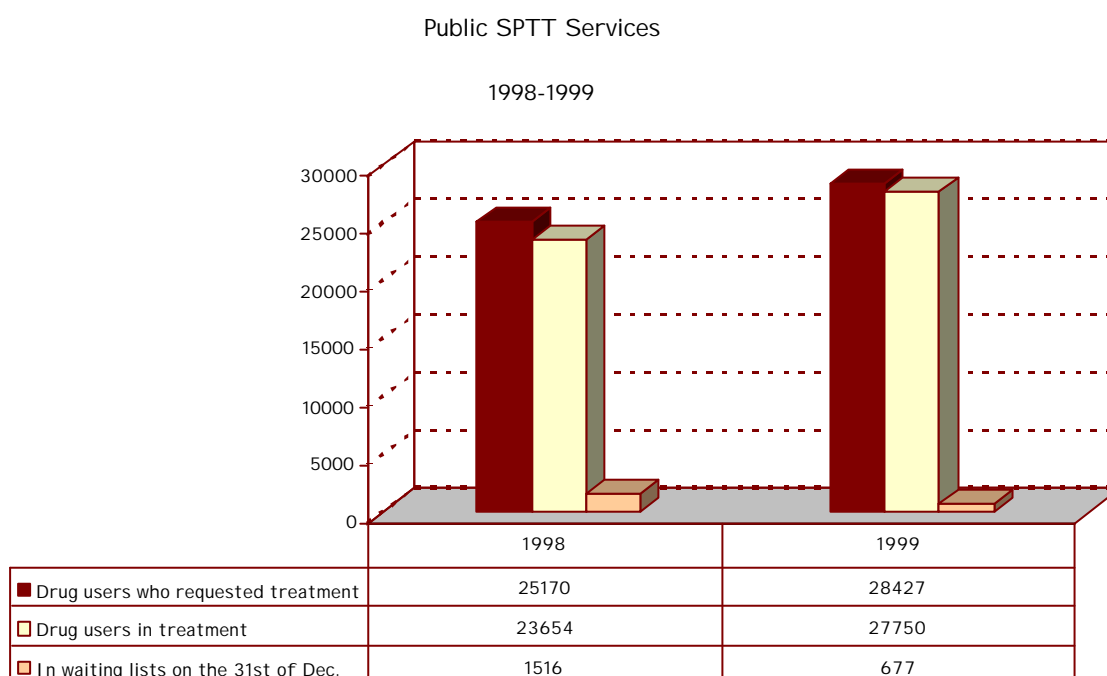
3. Health Consequences

3.1. Drug treatment demand

Indicators related to drug treatment demand are very important to the understanding of the drug problem, despite their known limitations which include the influence of the opening and re-dimensioning of the treatment facilities, the fact that they still do not include the total number of existing facilities in the country and that they only cover a part of the drug users population, i.e., they do not cover the street users nor those whose main substance of abuse is not heroin, who usually do not request treatment in those facilities.

In 1999, treatment demand in the specialised public treatment services of the SPTT increased in 12.9% in relation to the previous year. At the same time, there was a 55.3% decrease in the number of clients in waiting lists on the 31st of December. Such increase in the response capacity meant a total of 27 750 active clients²⁰ in the SPTT services in 1999, representing a 17.3% increase in relation to the previous year.

Chart 2.3. – Treatment Demand and Availability



Source: Serviço de Prevenção e Tratamento da Toxicodependência

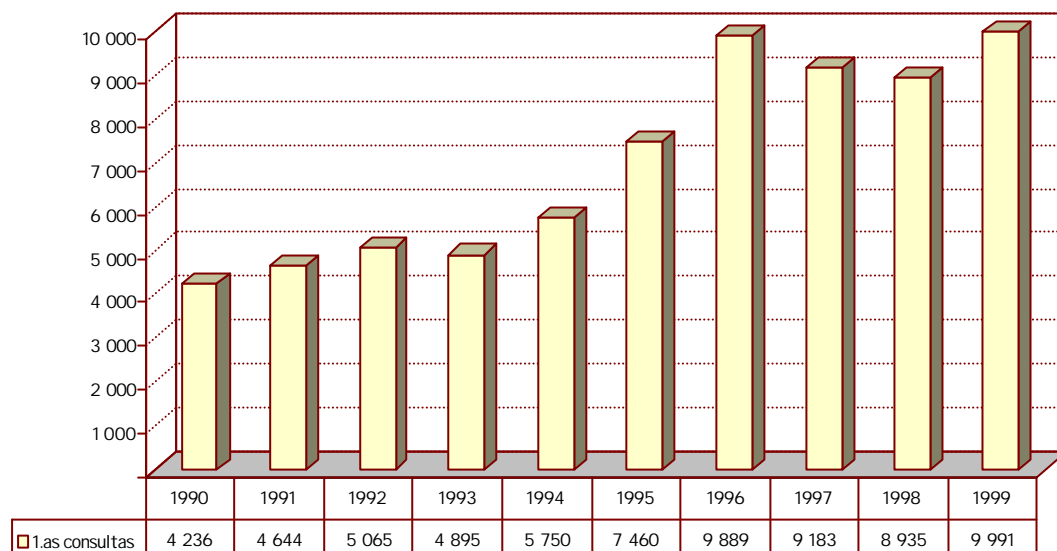
The number of first treatment demands was the highest in the last decade, with 9991 first admissions to treatment, increasing 11.8% in relation to the previous year and representing around 3.5% of the total of consultations made in 1999 (288 038 consultations).

²⁰ Clients who had at least one consultation during 1999.

Chart 2.4. – First Admissions to Treatment, by Year

Public SPTT Services

1990-1999



Source: Serviço de Prevenção e Tratamento da Toxicodependência

The distribution of the number of first admissions, follow up consultations and active clients by Region report higher values in the higher populated regions, i.e., Lisbon and the Tagus Valley (specially in the districts of Lisbon and Setubal) and the Northern Region (especially the district of Porto).

In 1999, the number of inpatients (1 945) in the SPTT detoxification units also registered an increase of 38.4% in relation to the previous year, with special emphasis to the Lisbon and Tagus Valley region with a 126% increase. The occupation rate of these facilities was between 64% and 77% and the inpatients represented 7% of the total of active clients of the SPTT in 1999. Concerning the 6 detoxification units of NGOs with protocols with the SPTT, the number of inpatients was 2 304.

The number of inpatients of the 2 Therapeutic Communities (TCs) of the SPTT was of 63 in 1999, a similar number to the 1998 figure. The occupation rate of these units varied between 71% and 93% and the inpatients represented 0.2% of the active clients. Regarding the 56 TC with a protocol with the SPTT, the number of inpatients was of 2 357, representing increases of 97%, 175% and 608% in comparison with, respectively, 1998, 1997 and 1996.

106 clients were registered in the programmes of the 4 Day centres of the SPTT, which represents an increase of 39.5% in comparison with 1998. There are no data available concerning the number of clients of the 3 ONG's day centres with protocols with the SPTT.

Concerning the type of treatment programmes, of the 27 750 SPTT active users, around 78% were in drug free programmes and 22% in opiate substitution treatment programmes.

A significant increase (34%) was verified in opiate substitution treatment demand and responses. The number of active clients registered in these type of programmes increased from 4 500 in 1998 to 6 040 in 1999. On the 31st of December 1999, 5 343 clients in follow up in the SPTT services were registered in methadone substitution treatment programmes and 697 in LAAM substitution treatment programmes.

Table 2.2. – SPTT Clients in Drug Free Programmes and Substitution Programmes (Methadone and LAAM), by Region

1999

	Northern Region	Central Region	Lisbon Region	Alentejo Region	Algarve Region	Portugal
Substitution Programmes (Methadone)	1 553	678	1 459	317	1 336	5 343
Substitution Programmes (LAAM)	476	90	88	2	41	697
Drug Free Programmes	6 909	4 048	9 068	912	773	21 710

Source: Serviço de Prevenção e Tratamento da Toxicodependência

The regional distribution of these types of programmes shows that, in absolute terms, the Northern Region has a higher number of clients registered in methadone (1 553) and LAAM substitution programmes (476), and the region of Lisbon and the Tagus Valley with a higher number of clients registered in drug free programmes (9 068). The distribution of the different type of programmes within each Regional Department of the SPTT allows us to verify that the Region of Lisbon and the Tagus Valley and the Central Region have the higher percentage of clients registered in drug free programmes (85% and 84%, respectively), and the Algarve Region with the higher percentage of clients registered in opiate substitution programmes (64%), mainly with methadone (62%).

The SPTT specialised treatment centres are the services where most of the methadone and all LAAM is administrated, although the SPTT has protocols with other public services, such as hospitals, health centres and prisons, and NGOs to expand substitution programmes and increase their accessibility.

In this context, special emphasis should be given to the Opiate Substitution Treatment in Pharmacies²¹, which started in July 1998. In December 1999, 117 pharmacies had already joined in, 71 of which were administration methadone to a total of 278 clients. Between January and December 1999 there was an increase of around 209% and 405% respectively in the number of pharmacies (23/71) and of the registered clients (55/278) in this programme.

In December 1999, the regional distribution of pharmacies and clients registered in this Programme allows us to emphasise once again the district of Faro as the only one where all participating pharmacies had clients and where there was the higher number of clients in absolute terms (58) and the higher average of clients by pharmacy (7).

²¹ Protocol with the Ordem dos Farmacêuticos, the Associação Nacional de Farmácias and individual Pharmacies.

Table 2.3. – Pharmacies in the Opiate Substitution Treatment Programme and Clients, by District

1999

	Faro	Setúbal	Lisboa	Santarém	Leiria	V.Castelo	C.Branco	Total
Participating Pharmacies	8	13	26	22	21	16	11	117
Pharmacies with active clients	8	9	11	14	14	11	4	71
Number of active clients	58	39	32	42	49	51	7	278
Average number of clients by participating pharmacy	7,3	3	1,2	1,9	2,3	3,2	0,6	19,5
Average number of clients by pharmacies with active clients	7,3	4,3	2,9	3	3,5	4,6	1,8	27,4

Source: Serviço de Prevenção e Tratamento da Toxicodependência

Concerning the profile of the drug users in treatment, and on the basis of the data concerning the clients who requested treatment for the first time in 1999, 84% were of the male gender and around 53% were aged 25-34. On the basis of data collected during the first quarter in a significant number of SPTT specialised centres, it was possible to verify that around 84% were heroin users, 43% were cocaine users and 45% used, at least once during the last previous 30 days, the IV route of administration. Around 52% of these clients reported results of toxicological tests for infectious diseases. Regarding HIV, 17.7% were positive and, of those, 28,8% were in treatment for the HIV. Concerning hepatitis, 6.4% were AbHBS positive and 55.7% were HCV positive. Around 1.4% were positive for tuberculosis.

Concerning the inpatients in public and certified TCs, on the basis of answers to questionnaires concerning 1999, around 84% were of the male gender and 38% were in the aged 20-29. Regarding the results of infectious diseases toxicological tests, around 18.2% were positive for HIV, of those 54.5% were in treatment with antiretrovirus. The results concerning hepatitis were of 19.2% positive for AbHBS and 54% positive for HCV. Concerning tuberculosis, 2.7% presented positive tests.

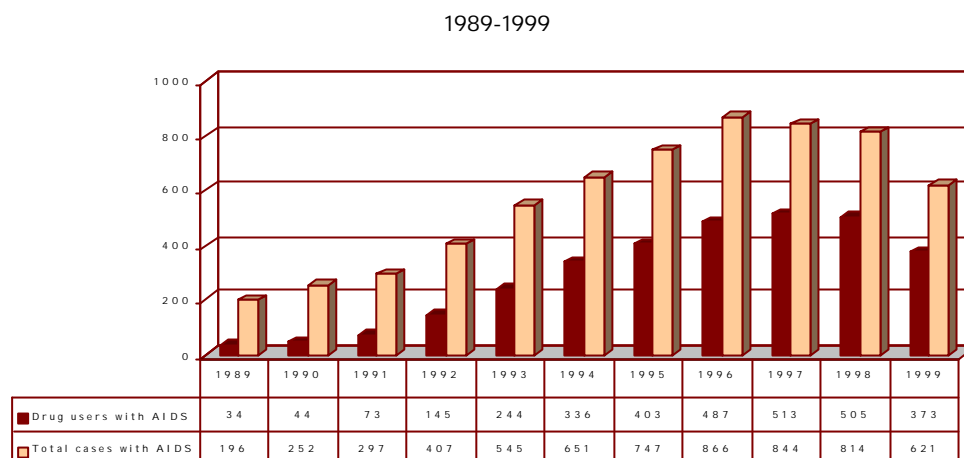
In 1999, there was an increase in the demand and availability of treatment. It is important to emphasise the increase in the demand and responses at the level of opiate substitution programmes and also that the majority of those who request treatment are still, like in previous years, addicted to heroin and of the male gender.

3.2. Infectious Diseases

In 1999, the available data from the SPTT report 17.7% HIV positive individuals who reported results from toxicological tests during their first treatment demand and 18.2% HIV positive individuals amongst the inpatients of public and certified TCs.

Data from the Centre for the Epidemiological Surveillance of Transmissible Diseases (CVEDT), suggests that the pattern of growth of the number of drug users diagnosed with AIDS verified until 1997, appears to have started to stabilised from this year on, although these are still data that may be updated because of notification delays.

Chart 2.5. – Drug Users with AIDS and Total of AIDS Diagnosed Cases, by Year



Source: Centro de Vigilância Epidemiológica das Doenças Transmissíveis / Instituto Nacional de Saúde, 2000-03-31

The rhythm of growth of the drug users population diagnosed with AIDS in comparison to the total of cases diagnosed with AIDS, has been decreasing in the last few years. In 1999 that proportion was 60%. In effect, it has been in the drug use related cases that there has been a higher increase in comparison to the other transmission groups, a fact which may also be attributed to a higher notification rate of these cases, i. e., a better surveillance system in this population in comparison to other transmission groups. In effect, the pathologies or illnesses associated to drug use have contributed to the co-operation amongst health services.

Concerning all notified cases until 31/03/2000, drug users represented 49% of all notified cases. The opportunist infections represented 93.5% of all the observed pathologies in the drug users with AIDS group and 86.6% of the notified cases in the total population.

In 1999, like in the previous two years, around 87% of the drug users diagnosed with AIDS were of the male gender.

Concerning the indicators on hepatitis and tuberculosis, the available data refers to drug users who sought help in the SPTT services. As referred, the results of the toxicological tests for hepatitis amongst the 52% clients of first treatment demand of the SPTT in 1999 and who presented tests results were 6.4% AgHBS + and 55.7% HCV +. Around 1.4% had a positive diagnosis for tuberculosis. Amongst the population of clients inpatients in public and certified TCs the results were 19.2% AgHBS + and 54% HCV + and 2.7% with a positive diagnosis for tuberculosis.

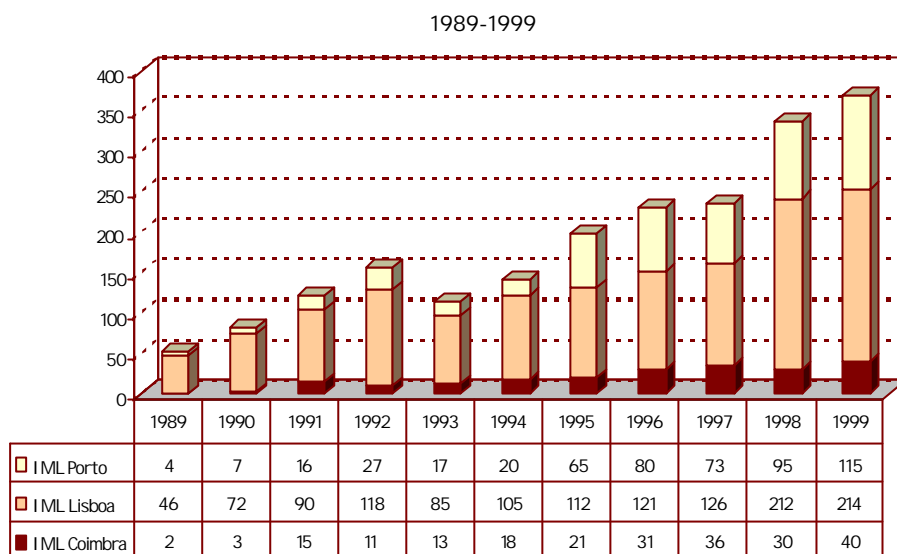
3.3. Drug-Related Deaths²²

Data from the Special Registers show that the number of drug related deaths is still increasing and that 369 cases were registered in 1999. The figure represents a 9.5% increase in relation to the previous year and a 57% increase in relation to 1997.

The Southern Area Special Register (Lisbon included) still registers the higher number of cases in comparison to Coimbra (Central Region) and Porto (Northern Region), but it is the region where a lower increase was registered in relation to previous years.

²² Includes all drug related deaths and not only acute drug related deaths due to temporary lack of harmonization concerning the criteria of overdoses in the reporting special registers.

Chart 2.6. – Drug Related Deaths, by Year and Region



Source: Institutos de Medicina Legal

About 95% of these cases involved opiates, either exclusively (29%) or in association with other drugs (66%), mainly cocaine and/or alcohol (50%). In 1999, around 90% of these cases were of the male gender and 51% were older than 29.

On the other hand, concerning AIDS related deaths, the CVEDT reports 1722 deaths²³ which occurred amongst drug users with AIDS, representing 53% of this population. This percentage is paradoxically lower than the one verified in the total number of cases diagnosed with AIDS (57% cases of death), as it is a population sub-group with several types of physical constraints in which we should expect a higher mortality rate than the rate for the whole population of diagnosed cases of AIDS. Such figure might eventually be explained by the already referred higher rate of notification in this sub-group which may be causing an earlier diagnose of the illness.

²³ from 01/01/83 to 31/12/99 and notified until 31/03/00.

4. Social and Legal Correlates and Consequences

4.1. Social problems

According to the available SPTT data the main social problems which affect problematic drug users are unemployment, which often leads to occasional and precarious schemes to fund their dependence, such as prostitution, begging, indicating parking spaces to car drivers in exchange for money (*arrumadores*) and robbery or theft (cf. chapter 4.2.4.)

Unemployment is also one of the main social problems reported by presumed offenders for crimes against the Drug Law (more information on their social profile is available in chapter 4.2.1.).

A recent paper on social representations of drug users and the causes and consequences of drug use²⁴ refers that the most commonly perceived consequences of drug use are: personal degradation, family problems, AIDS and other health problems, crime and death, amongst others.

4.2. Drug offences and drug-related crime

4.2.1. Presumed offenders under the Drug Law²⁵

On the basis of the data collected by the law enforcement agencies and Customs and centralised by the Criminal Police, in 1999, and similarly to the trend of the last few years, heroin was the substance involved in the larger number of seizures. In comparison with 1998, in 1999, there was a higher number of seizures for all substances (8%, 23%, 32% and 109% respectively for heroin, cocaine, cannabis and ecstasy).

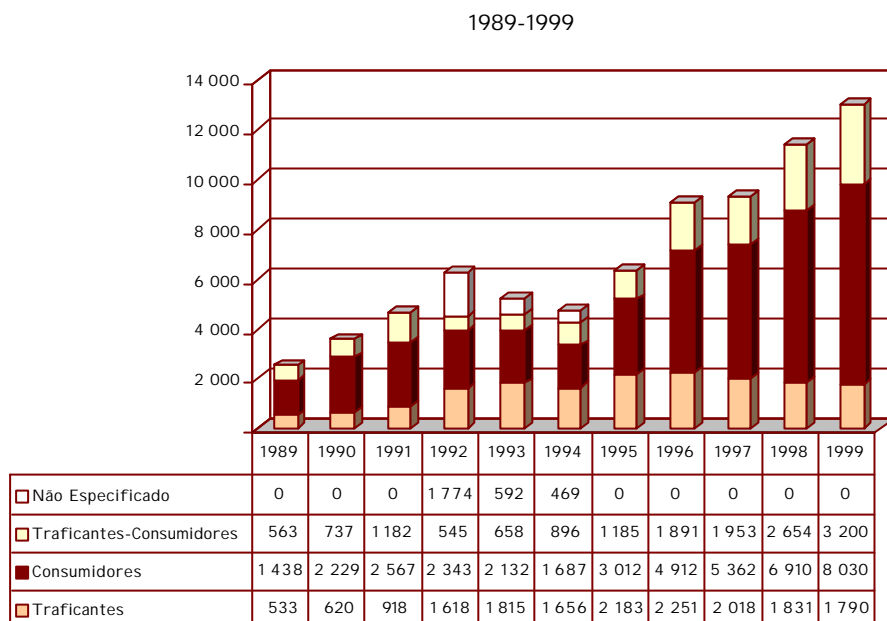
The number of presumed offenders involved in these seizures has been registering a continuous growth since 1994, namely in the case of presumed users and presumed traffickers-users, whereas annual decreases since 1997 are being verified in the number of presumed traffickers.

In 1999 13020 individuals were identified representing a 14% increase in comparison to 1998. Of these 13020 individuals, 61% were identified as presumed users, 25% as traffickers/users and 14% as traffickers.

²⁴ Quintas, J. “Consumos de drogas: realidades e representações sociais in *Toxicodependências* vol. 6, n.º 3, 2000.

²⁵ DL n.º15/93 de 22 de Janeiro, ractified by declaration n.º 204 de 96/09/03 issued in Diário da República.

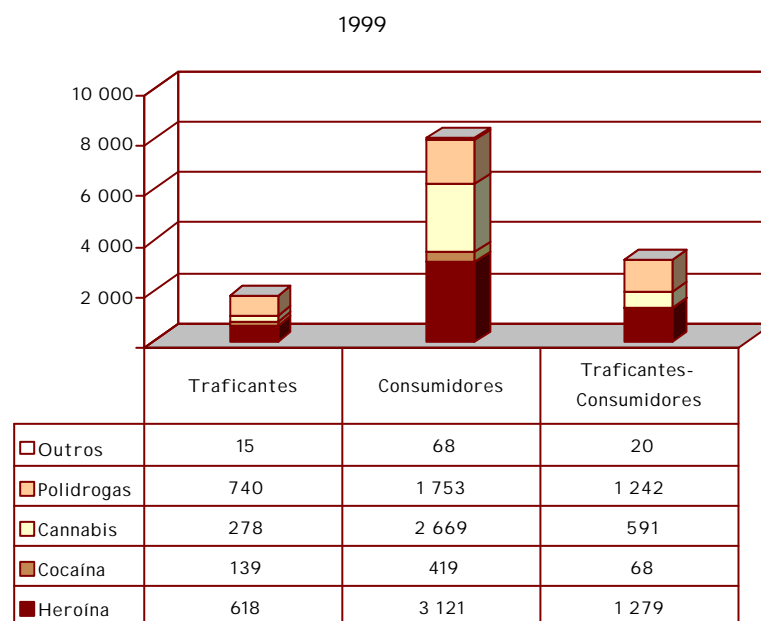
Chart 2.7. – Presumed Offenders, by Year and Category



Source: Polícia Judiciária / Direcção Central de Investigação do Tráfico de Estupefacientes

Regarding the involved substance, 71% of these individuals possessed only one type of drug, mainly heroin (38%) or cannabis (27%). In the cases where polydrugs were concerned, 19% of the total of presumed offenders and 67% of individuals with polydrugs carried heroin and cocaine.

Chart 2.8. – Presumed Offenders, by Category and Type of Drug



Source: Polícia Judiciária / Direcção Central de Investigação do Tráfico de Estupefacientes

Concerning the involved substance, presumed users were different from the other presumed offenders' categories since most of them (78% against 61% of presumed traffickers-users and 59% of the presumed traffickers) possessed only one type of drug at the moment of the identification, and by the fact that, although heroin is the main drug in all categories, cannabis presents a higher percentage in the users' group in comparison with the other two categories (respectively 32% in the users, 18% of the traffickers-users and 15% of the traffickers only had cannabis at the time of the interpellation).

Some socio-demographic data of these individuals show that the majority was of the male gender (88%) and were less than 30 years old (63%). Comparatively to the other groups, presumed traffickers registered a lower percentage of individuals of the male gender, and presumed users a higher percentage of younger individuals. They were predominantly individuals with some educational background, who did not go further than the 6th grade (43%). The users' group was the one with individuals with a higher educational background. Around 41% of the presumed offenders were unemployed, and the trafficker-users' group had a higher percentage of individuals in that situation. The majority of these individuals lived with their parents (56%), especially in the users' group. Only 18% had children to provide for, most of them in the traffickers' group.

In short, in 1999 there was an increase in the number of interventions of the concerned law enforcement services, which was translated in a higher number of seizures and identified presumed offenders. Once more, heroin was the main substance involved in a higher number of seizures and of presumed offenders. Presumed offenders for drug user still have a considerable weight in these interpellations. Their sociodemographic profile and the substances involved are different from the other groups, especially from the traffickers.

4.2.2. Convictions under the Drug Law

On the basis of data²⁶ from the judicial decisions of crime processes for infractions under the Drug Law, sent to the IPDT until 31/03/00 by the Courts²⁷, in 1999, 2 846 processes were finalised and a total of 4 561 individuals were taken to court which represented, unlike previous years, a decrease in relation to the previous year: 13% in processes and 16% in individuals.

The decrease in the number of individuals taken to court in 1999 was mainly verified due to the decrease in the number of individuals taken to court as users (-41%), whereas slight increases were verified for the categories of traffickers and traffickers-users (respectively 7% and 10%).

In 1999, approximately 33%, 65% and 2% of these individuals were taken to court respectively for use, traffic and traffic-use.

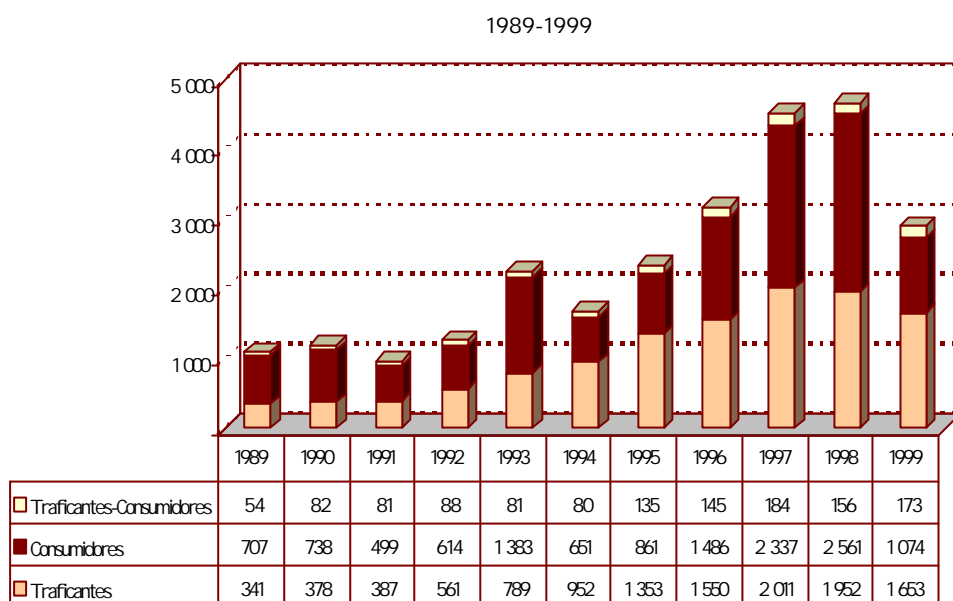
There was a 3250% increase of amnesty cases²⁸, and there were decreases, in comparison to the previous year, in the number of convicted individuals (-38%), absolved (-20%) and with forfeited processes (-29%). In effect, for the first time since 1994, there was a decrease in the number of individuals convicted for infractions to the Drug Law, the 2900 convicted in 1999 being a 38% decrease in relation to the previous year. This decrease is a result of the lower number, in relation to 1998, of convicted users (-42%) and traffickers (-15%). Approximately 57%, 37% and 6% of these individuals were convicted respectively for traffic, use and traffic-use.

²⁶ Presidência do Conselho de Ministros. Instituto Português da Droga e da Toxicodependência, *Sumários de Informação Estatística-1999*, Lisboa: IPDT, 2000.

²⁷ Under n.º 2 of art.º 64.º of the above mentioned diploma.

²⁸ Under Law 29/99 of the 12th of May, concerning the amnesty of misdemeanors.

Chart 2.9. – Convicted Individuals, by Year and Category



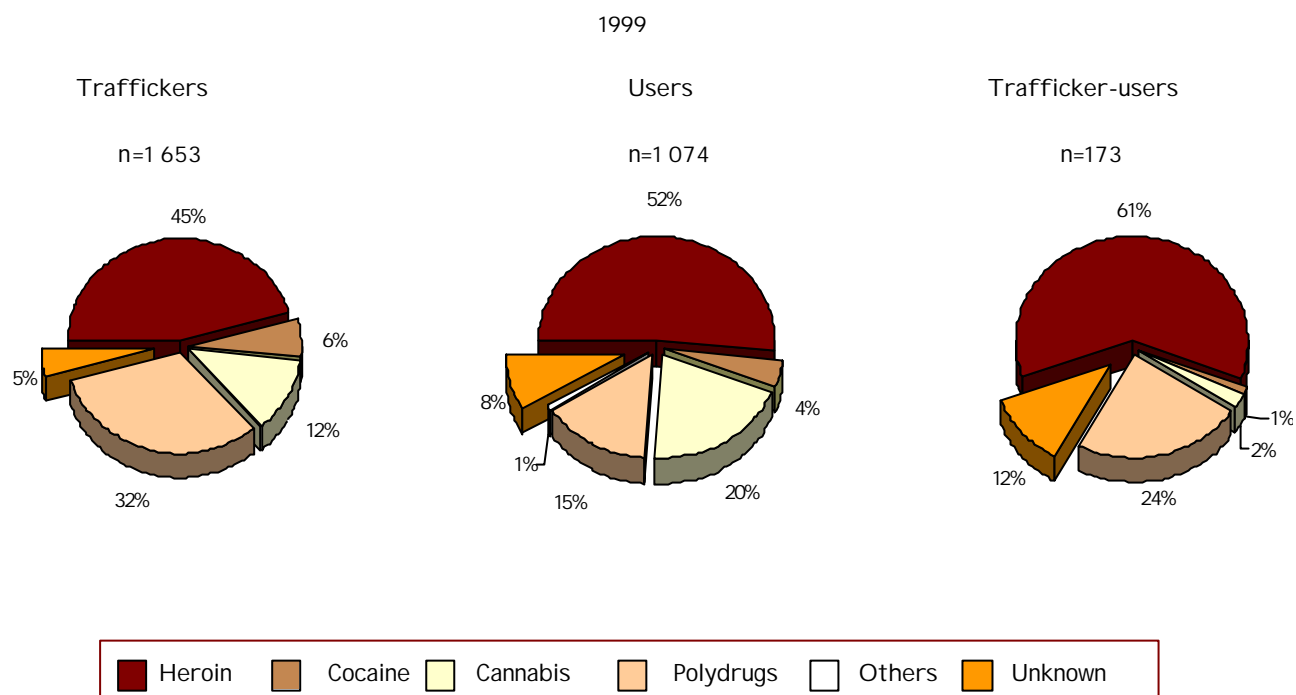
Source: Tribunais

Comparing the accusations and the convictions related to the type of infractions committed by these individuals, we may verify that, from the total of convicted individuals for use, only 61% had been initially indicted for use (the majority of the others were indicted for traffic). In the case of those convicted for traffic-use only 28% had been indicted for traffic-use (the majority of the others had been indicted for traffic) and 99% of those convicted for traffic had been indicted for traffic.

Similarly to the identified presumed offenders, the main substance involved was heroin, responsible for 49% of the convictions, followed by polydrugs, cannabis and cocaine which accounted for, respectively 25%, 14% e 5% of the convictions.

Heroin was the main drug involved in the higher number of traffic convictions (45%), use convictions (52%) and traffic-use convictions (61%).

Chart 2.10. – Convicted Individuals, by Category and Type of Drug



Source: Tribunais

As for the type of conviction/penalty applied to the convicted individuals, effective imprisonment predominated (40%), followed by fine (31%) and suspended imprisonment (23%). Effective imprisonment was the most applied penalty for the crime of trafficking (62%), effective fine (79%) in convictions for use and suspended prison (46%) for trafficker-users.

Around 10% of the individuals were convicted for more than one crime mostly those convicted by traffic (7%). In the case of traffickers and trafficker-users the second crime usually involved “drug use” and “explosive substances and guns”. In the case of users, it usually involved “qualified theft”, “theft” and “robbery”.

Concerning the socio-demographic profile of these individuals, the majority were male (88%), younger than 30 (54%). The group of those convicted by traffic, registered higher percentages of female individuals and older individuals in comparison to other categories. The majority of the convicted individuals was single (60%), especially in the users’ group. The educational status is only known for 40% of the convicted individuals. Most (33%) have not gone beyond the compulsory school (final basic level). Concerning the professional status, 30% worked in the construction sector, especially in the users’ group. 28% were unemployed at the time of their conviction, especially those who were convicted by traffic.

In brief, contrary to previous years’ trends, and despite the increase registered in 1999 in the number of identified presumed offenders, there was a decrease of the judicial activity in this area at the level of the number of “closed” processes, individuals taken to court and convicted individuals. The decreases verified at the level of the quantity of individuals pronounced and the number of individuals convicted by infractions under the drug law happened mostly at the cost of decreases in the category of users, probably because of the 1999 amnesty. Concerning the convictions, once again heroin was the responsible drug by the highest number of convictions. On the other hand, although most convictions refer to traffic, there is a considerable

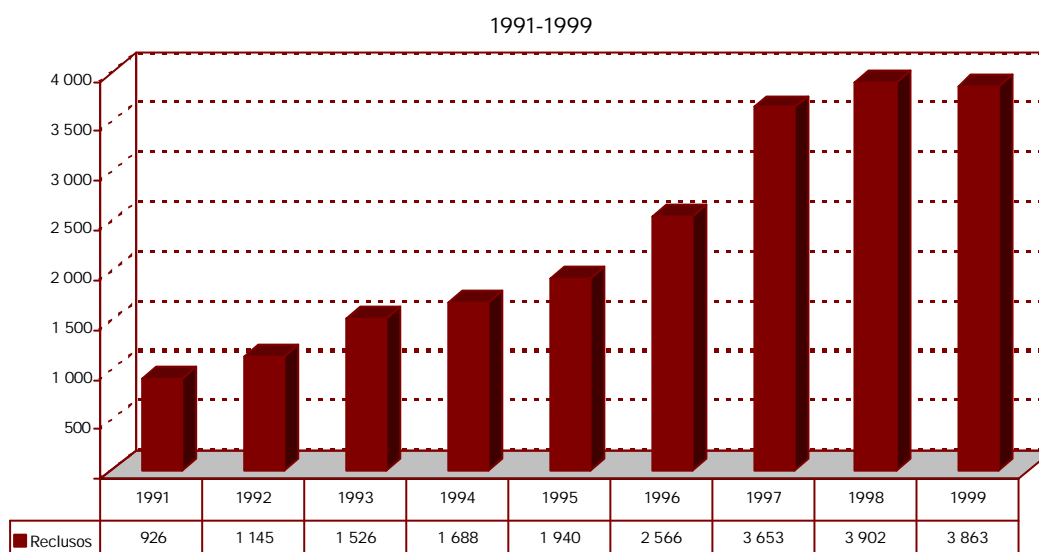
weight of convictions for use (37%) although, in these cases, the fine was the predominant penalty and therefore there were no direct consequences for the prison system.

4.2.3. Individuals in prison under the drug law

According to data from the General Directorate of Prisons (*Direcção-Geral dos Serviços Prisionais*), on the 31st of December 1999 there were 3 863 convicted individuals in prison under the Drug Law²⁹ i.e. around 30% of all imprisoned individuals and 44% of the convicted imprisoned individuals.

For the first time since the beginning of the decade, in 1999 there was a slight decrease in the number of convicted individuals in prison under the Drug Law, in relation to the previous year.

Chart 2.11. – Convicted Individuals in Prison under the Drug Law, by Year



Source: Direcção-Geral dos Serviços Prisionais

From those 3 863 individuals, around 99% were convicted by traffic related crimes (87% for traffic, 6% for less gravity traffic and 6% for traffic-use) and only 1% for drug use related crimes. These data are coherent with the previously mentioned data on convictions under the Drug Law in 1999. In comparison to 1993³⁰, there was a 161% increase in the number of convicted individuals in prison for traffic-related crimes and a 36% decrease in the number of convicted individuals in prison for drug use related crimes.

Around 84% of the convicted individuals in prison under the Drug Law on the 31st of December 1999, were of the male gender, a proportion which has been stable since its first decrease in 1997.

Around 70% of these individuals had more than 29 years of age, which means they are older than presumed offenders and convicted individuals in 1999. On the one hand because most of them were convicted by traffic where, as shown above, the mean age is higher than in other type of offences groups and, on the other hand because a considerable amount of time occurred from the crime itself, and the conviction to the present moment.

²⁹ Dec.-Lei 430/83 (previous Drug Law) e Dec.-Lei 15/93.

³⁰ Last year of the previous Drug Law.

4.2.4. Drug use related crime

The Criminal Police commissioned a study³¹, with the objective of analysing the relationship between the use of illicit drugs and the crime against property, namely theft and robbery.

The Criminal Police investigation staff, with experience in the theft and robbery area, was surveyed concerning their perceptions on the issue. From that survey it is possible to verify the opinion that there is a direct link between the use of illicit drugs and the crimes of theft and robbery with emphasis on heroin as the main problem substance in this area. According to the opinions the profile of these (presumed) offenders is the following:

- 90% is of the male gender;
- 70% is less than 25 years of age;
- The majority comes from a low social background, has no specific profession or is unemployed and has a low educational degree;
- 80% of the cases are drug users, namely of heroin;
- They perform the crimes in a systematic way, act alone or with one more individual and, preferably, act far from their residence area.

In parallel information was collected in the Lisbon Prison on the use of drugs amongst the 255 individuals who had been convicted for theft and robbery at the time.

On average, the individuals were of the male gender, around 30 years old and had priors of drug use (85%).

A comparison between those who had a history of drug use and those who did not shows that the former had higher relapse rates, were younger and present a lower proportion of robbery related crimes.

Amongst those who had a history of drug use:

- 91% started their drug use habit with hashish;
- were 17, on average, at the time of first use experience and 62% started before that;
- after hashish they experienced other drugs, namely heroin or heroin and other substances (especially cocaine) which was used by 98% of the individuals before they were arrested;
- 67% used regularly ID administration route;
- around ¾ of the answers indicated a drug use frequency of twice or more times a day and only 2% used it less than once a day.

There results are consistent with research developed under the framework of the research programme *Droga-Crime: Estudos interdisciplinares*³², concluded in 1996, which pointed towards a high use of drugs amongst

³¹ *Furto, Roubo e Toxicodependência*, Área de Análise de Informação, Polícia Judiciária, 2000.

³² Promovido pelo Gabinete de Planeamento e de Coordenação do Combate à Droga em colaboração com o Centro de Ciências do Comportamento Desviante da Faculdade de Psicologia e Ciências da Educação da Universidade do Porto.

the individuals in prison, with special emphasis on heroin, and to differences regarding the criminal behaviour of the prison population depending on whether they were users or non users of illicit drugs.

Some of the results of those research projects stated that:

- around 75% of the individuals in prison had drug use priors specially concerning heroin;
- cocaine and heroin were associated to the crime but no link was found between the crime and hashish use;
- drug users in prison were more prone to relapse, persist in the crime related activity and were younger than others;
- drug users in prison committed 4 times less violent crimes that the other individuals in prison.

One of the projects was based in 100 biographies of individuals in prison, non primary and drug users with more than 5 years of hard drug use, established three groups according to the link between drug and crime: 1) the delinquent drug user (with illicit activity predominantly acquisitive and prior to use); 2) the drug/crime expert (started illicit activity between soft and hard drug use and predominantly connected to the illicit market of drugs); 3) the drug user delinquent (started to use hard drugs before the criminal activity which is predominantly associated to theft/robbery or small traffic).

It was also possible to establish three distinct phases in the lives of these individuals according to the link drug/crime: during the first phase criminal activity and drug use are not yet clearly connected; in phase two the use of hard drugs increases as well as criminal activity with the emergence of drug traffic crimes as well as theft/robbery crimes; during the third phase drug uses becomes the first priority and criminality stays around theft and robbery and, in a lesser degree, drug traffic.

Also important in this context are the already mentioned data on drug related crime convictions. In the cases of individuals convicted for use and other crimes the most often considered crime categories in conjunction with drug use were those of “Qualified theft”, “Theft” and “Robbery”.

5. Drug Markets

5.1. Availability and supply

5.2. Seizures

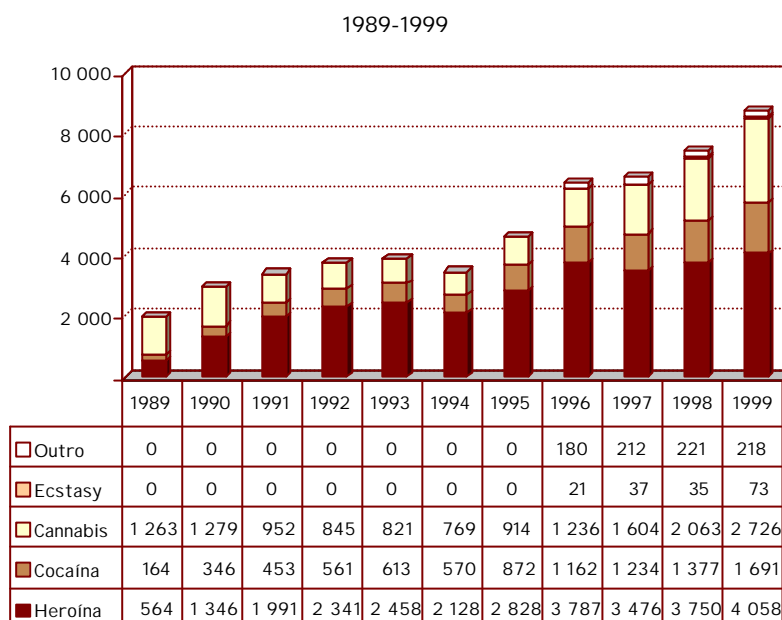
Seizures are made by Law Enforcement Agencies and Customs. In 1999, the emphasis goes to the quantities of seized cocaine (822,6 Kg), hashish (10 636 Kg) and ecstasy (31 319 pills and 86g). Customs seized around 53% of all seized cocaine.

Table 2.4. – Drug Quantity Seized, By Type of Drug

	1999	
	Grammes (g)	Quantity
Heroin	76 417 g	21 liquid doses
Cocaine	822 560 g	1 liquid doses
Hashish	10 636 075 g + 0,2 g (oil)	
Liamba/Marijuana	65 766 g + 38 377 g (seeds)	1 184 plants + 45 seeds
Ecstasy	86 g	31 319 pills
Amphetamines	0,4 g	37 pills
Oxazepam		1 925 pills
LSD		1 845 pills
Opium		351 plants, capsules
Clorobenzorex Cloridrate		122 pills
Flunitrazepam		81 pills
Midazolam		68 pills
Others	69 g	160 pills, capsules
Undetermined	7 320 g	334

Fonte: Polícia Judiciária / Direcção Central de Investigação do Tráfico de Estupefacientes

Chart 2.12. - Seizures, by Year and Drug



Source: Polícia Judiciária / Direcção Central de Investigação do Tráfico de Estupeficientes

In comparison to the previous year, in parallel to increases in the number of seizures there was a general increase, with the exception of heroin, in the quantities of seized drugs.

Table 2.5. – Quantity of Seized Drugs, by Year and Drug

1989-1999
(Kg)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Heroin	60,6	36,0	61,8	41,4	92,0	89,0	65,5	46,7	57,4	96,7	76,4
Cocaine	793,1	360,4	1 094,2	1 860,0	216,1	1 719,4	2 115,8	811,6	3 162,6	625,0	822,6
Hashish	4 595,4	9 545,1	7 630,0	11 711,9	52 483,6	40 392,7	7 333,3	5 324,1	9 621,2	5 574,8	10 636,1
Liamba/ Marijuana	32,1	60,6	123,5	8,5	53,8	32,7	159,9	36,0	72,3	7,1	65,8

Fonte: Polícia Judiciária / Direcção Central de Investigação do Tráfico de Estupeficientes

Between 1998 and 1999, the quantity of seized heroin decreased around 21%, whereas cocaine, hashish and liamba/marijuana increased, respectively, 32%, 91% and 824%. Ecstasy increased significantly in comparison to 1998 (1 127 pills and 0,3g).

Considering the relation between the number of seizures and the quantities seized, around 90% of the number of seizures were seizures of heroin and cocaine which involved quantities below 10g, and seizures of hashish and liamba/marijuana which involved quantities below 100g were. At the level of seizures related to significant quantities³³, which represented 2% of the total number of seizures, cocaine was the most significant substance, a situation which occurs since 1994.

Table 2.6. – Significant Seizures^{a)} and Involved Quantities, by Type of Drug

1999		
	Quantities Grammes (g) / units (u)	Number of Seizures
Heroin	62 672 / g	74
Cocaine	815 037 / g	79
Hashish	10 596 773 / g	45
Liamba/Marijuana	60 260 / g	2

a) Heroin and Cocaine seizures of more than 100 g and Hashish and Liamba/marijuana seizures of more than 1000 g.

Source: Polícia Judiciária / Direcção Central de Investigação do Tráfico de Estupefacientes

In 1999, these types of seizures, related to high level traffic, represented, in the case of cocaine, around 5% of the number of seizures and 99% of the quantity seized in Portugal, in the case of heroin, they represented around 2% of the number of seizures and 82% of the seized quantity and, in case of cannabis, they represented around 2% of the number of seizures and 99.6% of the quantity seized.

Concerning the routes of significant quantities of seized drugs in Portugal in 1999, and for the cases where information exists, the situation was similar to previous years.

Heroin came mainly from the Netherlands (21%) and Spain (18%) and were destined to Portugal. Cocaine came mainly from Venezuela (48%), Panama (32%) and Brasil (9%). 47% was destined to the national market and 47% to other countries, especially to Spain. Hashish came mainly from Morocco (60%), 55% was destined to Portugal and 8% to Spain. Liamba/marijuana came from Angola (73%) and was exclusively destined to the national market. Ecstasy came mostly from the Netherlands and was destined to the domestic market.

Indicators concerning the quantity of seized drugs should be read with caution. Although more quantity of cocaine than heroin was seized, the former seems to be more in transit since (1) close to 53% of the seized cocaine was a result of the Customs' intervention, unlike those concerning other drugs and that (2) from the available information on traffic routes, cocaine is the substance with a higher percentage of seized quantity destined to other countries.

The increase in the quantity of seized *ecstasy* may be a result of a more attentive intervention of the law enforcement agencies to this more recent drug and/or a real higher circulation of this substance in the national market.

³³ Heroin and cocaine seizures of more than 100 g and hashish and liamba/marijuana seizures of more than 1000 g.

5.3. Price

Although drug prices are subject to significant changes during the year, it is possible to indicate the average price of the retail and wholesale market.

Table 2.7. – Drug Prices in Retail and Wholesale Market, by Drug (€)

1999

Drug	Wholesale	Retail
Heroin (brown)	24,939.89 – 29,927.87 / kg	32.42 – 37.41 / g
Cocaine	27,433.88 – 32,421.86 / kg	37.41 – 42.40 / g
Hashish	498.80 – 997.60 / kg	1 - 1.50 / g
Liamba/marijuana	748.20 – 1,995.19 / kg	1 - 1.50 / g
Ecstasy	1.25 – 2.49 / unit	6.48 a 10.97/ unit

Source: Polícia Judiciária / Direcção Central de Investigação do Tráfico de Estupefacientes

Cocaine is still the most expensive drug in the market but, in comparison to the previous two years, the average prices decreased which may indicate a decrease in the demand of drugs and/or an increase of the drug supply. Since there are no indicators to support the former and an increase was verified in terms of the seized drugs, the latter is more plausible. Between 1998 and 1999, at retail level, ecstasy and LSD registered the highest decreases in average prices (respectively -57% and -43%) and the lowest decrease came from cocaine (-12%).

According to statements from drug users themselves³⁴, one of the regulation mechanisms of this market is to withdraw “softer” drugs from the market to pressure clients into other more lucrative and addictive drugs.

³⁴ Revista *Visão* de 15 de Junho de 2000, pp.36 - 46, Paulo Pena Francisco Galope, Sónia Sapage e Renata Silva Pinto.

6. Trends per Drug

Cannabis

Cannabis, namely hashish is still the preferred illicit substance for users of specific sub-groups such as the school and military populations and the substance usually involved in the first use experience with illicit substances. Cannabis use prevalence in the school population of the Lisbon urban Area were able between 1992 and 1998: in young people aged 13-15 lifetime prevalence and in the last 30 days were of 5.1% e 2.1% in 1992 and 4.1% e 1.8% in 1998; in young people aged 16-18 lifetime and last 30 days prevalence were of 15.9% e 7% in 1992 and of 14.7% e 6.3% in 1998. Recently cannabis has been associated to ecstasy, amphetamines and LSD use in transe parties.

It is still a drug that is not associated to problematic use, namely concerning health consequences, as the number of cannabis addicts who seek treatment or die in consequence of cannabis use is little significant. It is however more significant at the level of the legal consequences of drug use involved in interpellation to presumed offenders for use (around a third in 1999) and in convictions for drug use (in 1999 it was responsible for around one fifth of those convictions). Concerning other cannabis related crimes, this drug has less relevance at the level of presumed offenders and convictions for traffic and for traffic-use. On the other hand, research concerning the relation between drugs and crime did not find any relation between other types of felonies and the use of hashish.

At the level of markets, the seized quantities of cannabis are still increasing and coming mostly from Morocco and seized in the South of Portugal (Faro District) Most of the seized liamba/marijuana in 1999 came from Angola. In 1999 cannabis prices came down at wholesale and retail level in comparison to the last two years.

Amphetamines, ecstasy and LSD

The use of this type of drugs has been increasing in Portugal as indicates the school surveys and the emergence of new groups associated to transe parties from different social backgrounds and age groups. LSD use prevalence in school populations of the Lisbon Urban Area increased between 1992 and 1998: students aged 13-15 presented lifetime prevalence of 0.4% in 1992 and 0.7% in 1998 and students aged 16-18 presented lifetime prevalence of 0.6% in 1992 and 2.5% in 1998. In 1998 ecstasy lifetime and last 30 days use prevalence in these school populations were, respectively, 1.6% and 0.7% in students aged 13-15 and, respectively, 2.7% and 1.2% in students aged 16-18. Concerning amphetamines, there were no registered use increase in these populations. Use of all these drugs has been associated to cannabis use. Until the present date they have had no significant relevance at the level of the circuits concerning the health and legal consequences of drug use.

At market level, the seized amphetamine, ecstasy and LSD quantities have increased. In 1999, seized ecstasy came mainly from The Netherlands and was seized in the north of the country. From 1998 to 1999, ecstasy and LSD registered the higher decreases in the average prices both at retail and wholesale level.

Heroin / opiates

Opiates, namely heroin, are still the illicit substance more frequently associated to problematic drug use. On the other hand, they are less relevant in specific sub-groups of the general population – the school and military population. In effect, heroin use prevalence in school populations of the Lisbon Urban Area registered decreased between 1992 and 1998: in young people aged 13-15 lifetime and last 30 days use prevalence were 1.2% and 0.4% in 1992 and 0.7% and 0.3% in 1998; in young people aged 16-18, lifetime and last 30 days use prevalence were, in 1992, 1.6% and 0.8% and, in 1998, 0.5% and 0.2%. In the military population opiate use is residual.

Heroin is still the main drug associated to problematic drug use, namely at the level of health and legal drug use related consequences. Opiates are the main responsible for the majority of treatment demands, opiates, alone or in association to other drugs, namely cocaine, were, in 1999, involved in 95% of all drug related deaths. Its traditional administration route (IV) even if discontinued still has consequences at the level of the infectious diseases. Concerning the legal consequences, heroin, alone or in association with other drugs, namely cocaine, is still the main drug associated to drug use presumed offenders and in drug use convictions.

Concerning other heroin related crimes apart from drug use, this substance – again alone or associated to other, mainly cocaine – also plays an important role at the level of traffic and traffic-use presumed offenders and convictions. On the other hand, research concerning the relationship drugs-crime and crimes considered in juridical accumulation in use convictions, point towards a close relationship between other types of felonies, namely theft and robbery, and heroin.

At the level of markets, the seized quantities of heroin in 1999 decreased in comparison to 1998 data. It mainly comes from The Netherlands and Spain and is seized in the maritime borders (Lisbon, Porto, Aveiro and Braga districts). Heroin average prices also came down in the wholesale and at retail level in comparison to the last two years.

Cocaine / crack

Cocaine has been increasingly associated to heroin related circuits. Similarly to heroin, cocaine is less significant in the school population when compared to cannabis. Cocaine use prevalence in Lisbon Urban Area school populations remained stable between 1992 and 1998: students aged 13-15 registered lifetime and last 30 days cocaine use prevalence of 0.7% and 0.2% in 1992 and of 0.5% and 0.3% in 1998; crack lifetime prevalence in the same age group was 0.2% in 1992 and 0.4% in 1998; in students aged 16-18 lifetime and last 30 days cocaine use prevalence were 1.3% and 0.4% in 1992 and 1.7% e 0.5% in 1998; crack lifetime use prevalence in this same age group was 0.2% in 1992 and 0.3% in 1998.

Although with much less relevance than heroin, cocaine has been almost always associated to heroin in some problematic drug use circuits, namely the health and legal consequences. It is still a secondary drug but its use has been acquiring an important weight in the drug users population which seeks treatment. In 1999 cocaine was involved – mainly in association with other drugs, mostly heroin – in 38% of drug related deaths. At the level of the legal consequences of use, although with a secondary role in comparison to heroin and cannabis, cocaine appears again mostly associated to heroin, in presumed users and in convictions for drug use. In terms of other cocaine related crimes, it was verified that this substance is more significant at the level of traffic related presumed offenders and convictions, many times also associated to heroin.

At the level of markets, in 1999, the seized quantities of cocaine increased in comparison to 1998, mostly in seizures effectuated by the Customs. Cocaine seized in 1999 was mainly associated to high level traffic and it was destined in almost identical parts to the internal and external markets with special emphasis to Spain. It mostly came from South American countries, namely Venezuela and Panama and was seized mostly in Lisbon and Porto. In comparison to the last two years it was the drug which registered, in 1999, the less significant decreases in average prices both in the wholesale and retail market.

Other drug use / Multiple use

In general population subgroups, namely the school and military populations, licit drugs, namely alcohol, still present much higher use rates than illicit drugs. In recreational settings such as transe parties, where the main drugs used are amphetamines/ecstasy/LSD often also associated to cannabis use, alcohol and heroin seem to be undesired substances.

Concerning settings of problematic use, cocaine is increasingly associated to heroin. Alcohol, and medication, although less often, are also associated to each or both of those substances as we may see in drug related deaths data.

7. Conclusions

7.1. Consistency between indicators

Despite methodological limitations already referred concerning some indicators, there is consistency in their results: **several indicators point towards the seriousness of the drug problem.** In comparison to 1998 there is:

a) At the level of the health and social related consequences in case of old/ancient started drug use:

- an increase in treatment demand;
- an increase at the level of the notification of infectious diseases;
- an increase in drug-related deaths;
- an increase in the number of presumed offenders;

b) At the level of drug markets:

- an increase in the number of seizures and in the quantity of seized substances;
- a decrease in drug prices at retail level.

Some **description of the problem** in 1999 is also possible based in consistent information of several indicators:

a) **Increased availability of ecstasy and increased LSD use and availability** through:

- increases registered in school surveys data on use prevalence;
- the emergence of new groups associated to this type of use referred in news coverage;
- increased availability of these drugs in the national market expressed by the significant increases registered in the quantities seized and in the average price decrease at retail and wholesale level.

b) **Heroin remains the most important substance associated to problematic use**, through:

- treatment demand;
- drug related death;
- risk behaviour, namely IV administration route;
- presumed offenders;
- convictions for drug use;
- drug related crime.

7.2. Implications for policy and interventions

1999 was a year in which political guidelines, which were decided upon according to previously collected data, were implemented at field level. Nevertheless, the more recently available data on new use trends and on infectious diseases have played a major role in the development of prevention interventions such as mass media campaigns targeted to young people at night clubs and raves, harm reduction programmes and criminal justice programmes (cf. Part 3).

7.3. Methodological limitations and data quality

Some of the methodological limitations were already referred concerning some of the analysed indicators:

- some of those limitations are intrinsic to the indicators themselves, namely treatment demand and presumed offenders which are, on the one hand limited in terms of the type of drug user population concerned and, on the other hand, influenced by policies/strategies of the field structures;
- others are extrinsic to the indicators, namely in the case of drug related deaths where the uniformisation of the data collection procedures and the coordination between the concerned services is not yet optimised.

The identification of the main methodological limitations at the level of the indicators, developed in the framework of SNIDT (analysis of the existing situation to develop data quality) allows to state that, in the global context of the available indicators there is a reasonable degree of accessibility, consistency, reliability and usefulness. The more important limitations are concerned with the timely availability and few data concerning some specific requests, namely by the EMCDDA.

In this framework, the additional information needs and priorities for future work are considered at two levels:

- at the level of the already available indicators it is necessary (1) more data desagregation and (2) opportunity in their availability, and (3) in specific cases it is necessary to guarantee the standardisation of collection procedures and criteria;
- at the level of the indicators which are not yet available it is necessary to obtain information concerning (1) general population use prevalence, (2) estimations of problematic drug use, as well as (3) to invest in other indicators which will enable a better profile of the drug users populations which do not request health and social support in existing drug users' support services and (4) in indicators which will give more information on the drugs' market at the level of availability of drugs and of available drugs' quality (purity).

Part 3

Demand Reduction Interventions

8. Strategies in Demand Reduction at National Level

8.1. Major strategies and activities

The setting up of the IPDT and, specifically, of its Community Intervention Department (*Departamento de Intervenção na Comunidade - DIC*) created a new framework for demand reduction at National level. The DIC is now responsible for planning and implementing demand reduction programmes, through its regional agencies, promoting and supporting programmes and projects implemented by other agencies and NGOs, including their evaluation. The DIC is also responsible for the telephone helpline Linha VIDA.

However, since the DIC was only set up in the second semester of 2000, after the extinction of Projecto VIDA, this report reports mainly on the final activities of Projecto VIDA.

Projecto VIDA financed non-profit governmental and non-governmental institutions in the framework of *Programa Quadro Prevenir* (described in previous reports) from 1997 to 1999. 183 projects were selected and supported in 1997 and 335 in 1998 all over the country. The projects had different durations and were targeted mainly at risk groups or areas considered to be a priority. Data available from some of these projects will be presented in the following chapters, however *Programa Quadro Prevenir* is undergoing its final evaluation and more data will be available as soon as this process is completed.

The prevention of drug abuse in the school setting remains a priority for the whole educational system and remains under the responsibility of the Ministry of Education, through its Health Education and Promotion Programme, which includes the prevention of licit and illicit substance use. This programme, which designation changed in the second semester of 1999 to Health Education and Promotion Coordination Commission (*Comissão Coordenadora da Promoção e Educação para a Saúde – CCPES*), co-ordinates the National Network of Health Promoting Schools (*Rede Nacional de Escolas Promotoras de Saúde*).

Still at the level of prevention, the Centres for Information and Counselling (*Centro de Informação e Acolhimento - CIAC*) of the SPTT ensure mainly professional training for professionals of governmental and non-governmental institutions and professional supervision and evaluation.

The SPTT (*Serviço de Prevenção e de Tratamento da Toxicoddependência*) remains the national authority and responsible for drug use treatment which, in 1999, adopted the following priorities, according to the *National Strategy*³⁵: to increase availability of treatment and the improvement of the quality of life and social integration of all drug users, including those who, for several reasons, fail to attain total abstinence; to develop specific risk groups, to closely co-operate with other agencies, as to ensure a variety of services and treatment methodologies, and to develop the evaluation of the services provided and their respective efficacy.

Harm reduction was also referred as a strategic objective in the *National Strategy*³⁶ for the protection of public health and the decrease of the risk of infectious diseases, as well as to prevent social exclusion and delinquency. Harm reduction programmes are mainly implemented through the co-operation of governmental and non-governmental organisations given the specificity of the targeted populations and the difficulty to access them.

³⁵ Ministério da Saúde, SPTT *Relatório de actividades: 1999*, Lisboa, Abril de 2000.

³⁶ Presidência do Conselho de Ministros, *Estratégia Nacional de Luta Contra a Droga*, Lisboa, 1999.

The National Commission for the Fight Against AIDS (*Comissão Nacional de Luta Contra a SIDA*), in co-operation with the National Association of Pharmacies (*Associação Nacional de Farmácias*), implements the main national harm reduction programme “Say no to a second hand syringe” already described in previous reports. The Municipalities of Lisbon and Porto, in co-operation with Projecto VIDA implement low threshold programmes, which include substitution programmes, in problematic neighbourhoods.

Concerning rehabilitation, Projecto VIDA continued the financial support of projects and programmes through the framework *Projecto Quadro Reinsereir*, and Programme *Vida-Emprego* in close co-operation with the Employment and Professional Training Institute (*Instituto de Emprego e Formação Profissional – IEFP*). The supported projects aim at the promotion of the individual, the re-integration in society and family, in the work setting and in the community as to help minimise social exclusion.

The Social Rehabilitation Institute (*Instituto de Reinsereção Social – IRS*) is responsible for prevention at the level of the underage who are under the tutelage of the State and for the support of youth and adults involved in judicial processes. It intervenes at the level of prevention, treatment and reinsertion, always in close co-operation with the competent governmental agencies and/or Ministries.

In the prison setting, a Special Drug Abuse Prevention Programme (*Programa Especial de Prevenção da Toxicoddependência nos Estabelecimentos Prisionais - PEPTep*) was set up following the *National Strategy* recommendations. This programme reinforces the prevention and treatment programmes which already existed and sets up new ones, namely in the area of harm reduction, in close co-operation with the SPTT and the IPDT.

Concerning special settings, the Ministry of National Defence continues to implement its integrated Programme for the Prevention and Fight of Drug and Alcohol Abuse (*Programa para a Prevenção e Combate à Droga e ao Alcoolismo nas Forças Armadas*)³⁷.

8.2. Approaches and New Developments

The main new developments in the reporting year concern the closure and evaluation of the national framework programme for support of prevention, harm reduction and rehabilitation programmes, which is being prepared by the IPDT, especially concerning the development, implementation and evaluation of integrated programmes - programmes which include several types of responses, often associated to different demand reduction levels, and are based on a strong commitment from the local organisations. The enlargement of substitution treatment programmes, currently widely available, and the efforts concerning the national rehabilitation programme *Vida-Emprego* and quality assurance procedures, either in terms of mandatory criteria to apply for public funds or concerning the preparation of guidelines and examples of good practice, have also been one of the year’s main focuses.

From the evaluation of recent experiences it is possible to conclude that future demand reduction programmes will be more closely monitored and evaluated in terms of their efficiency and efficacy. Prevention programmes will become more targeted individually but will, as a whole, present more methodological, theme and target population diversity. That will demand an extra effort from the IPDT in terms of professional prevention agents training and issuing of guidelines, to enable the setting up programmes and projects with operational objectives which can be measured.

³⁷ Described in previous reports.

9. Intervention Areas

9.1. Primary prevention

The National Framework for the Financial Support of Prevention Programmes - *Programa Quadro Prevenir* – was set up in 1997 to define technical and funding criteria for the organisations wishing to apply for public funds for the development of prevention projects.

The supported interventions took place in several local settings – in schools, in the community, in leisure activities and at the family setting, amongst others - and were developed by different agents (governmental organisations, municipalities, prevention professionals, NGOs) all over the country, especially in urban areas identified, by the interventions promoters, as priority intervention areas. The identified problems that support the need for these interventions were mainly to handle risk situations, to intervene at the level of the school setting, of dysfunctional families, poor socio-economic conditions, the need for professional training of prevention agents, information dissemination and social and individual skills. The main target group was mainly adolescents, identified as more vulnerable to risk behaviours, and the need to intervene at early stages to prevent risk factors, especially in problematic settings, was emphasised by many of the promoters. Strategic target groups were often identified, especially teachers and parents.

Most of these interventions were designed and implemented by multidisciplinary teams, although the main professional group involved was that of teachers/education agents.

9.1.1. Infancy and Family

Data on these type of interventions funded by Projecto VIDA/IPDT will be available as soon as the evaluation of the three year national framework *Programa Quadro Prevenir* is completed.

9.1.2. School programmes

In 1999, the priority of the Ministry of Education at this level was to consolidate the implementation of the National Network of Health Promoting Schools (670 schools), to set up a network specifically committed to the development of healthy life styles, an investment at the level of the physical and emotional space of the school setting actors and to help minimise risk factors associated to deviant behaviours and/or the use/abuse of licit and illicit drugs.

Main activities include regular meetings and workshops for the involved schools, a strong training component for the involved professionals and the support and referral in specific problematic situations, usually in close co-operation with health centres and specialised treatment centres of the SPTT.

An external evaluation based on questionnaires filled in by schools involved in this network show that the projects which are being developed have contributed to a healthier climate at school, and improvement at the level of communication skills, especially because of the specific training on substance abuse which teachers have been undergoing for several years now. 77% of the schools responding to the questionnaire felt that they received adequate support from the Ministry of Education services. Other areas in which positive effects were felt were intervention methodologies (74.4%), coping (74.4%), co-operation with the local Health Centres (57.7%) and teachers' involvement (53%) in the projects.

It was also possible to identify priority problems for the school setting. Schools from the National Network of Health Promoting Schools which responded to the questionnaire expressed that illicit drug use was not a priority problem (7.1 %), contrary to licit drug use (17.9%). Other priority areas are general health and relationship management, which sometimes is related to substance use/abuse by young people or adults. This

reinforces the idea that substance abuse prevention in the school setting should be handled in a global health promotion perspective.

Another school setting intervention, Projecto VIDA's *Projecto P.A.T.O.*, which was already described in previous reports, was also informally evaluated. It was stated that teachers' response to this project was highly positive because they felt it had contributed to their personal and professional development, but mainly because it had contributed to an improvement in their relationship with the students and their families. Contents of the teachers' training sessions were considered adequate to the expressed needs and the possibility of experience sharing amongst involved schools was considered of extreme importance. The fact that teachers are often moved from one school to the other, as well as lack of involvement from parents and the general community, were considered to be main negative aspects of the implemented projects.

It was globally felt that the projects had a positive influence in the individual and social skills of the involved students, namely at the level of communication skills and resistance to peer pressure. Less aggressiveness was registered amongst the students as well as more co-operative work and sharing, more consistent decision making and more creativity.

9.1.3. Youth programmes outside schools

Youth programmes outside school are mainly developed by municipalities (cf. previous years' reports on the Youth Prevention Programme "*Contigo vais Longe*" of the Lisbon Municipality), local NGOs and the Ministry of Justice (concerning young people under tutelage of the State). Data on these type of interventions which are funded by Projecto VIDA/IPDT will be available as soon as the evaluation of the three year national framework *Programa Quadro Prevenir* is completed.

9.1.4. Community programmes

Community intervention is one of the priorities set up by the *National Strategy* and one of the areas where more work is under development. Some examples of community involvement may be found in projects described in the harm reduction section and the IPDT is developing, in co-operation with municipalities, Integrated Prevention Plans for all the districts of the country.

As an example, the Municipality of Vila Franca de Xira (a suburban area close to Lisbon) has designed an Integrated Intervention Plan – encompassing prevention, treatment and rehabilitation - with the following aims:

- to diagnose the precise situation of drug abuse in the municipality through multidisciplinary research;
- to set up a municipal prevention programme in close co-operation with local NGOs, schools, Health Centres, Employment Centres and others;
- to develop specific drug abuse prevention interventions, targeted at higher risk groups, based on the promotion of protective factors and the minimisation of individual, family and school risk factors;
- to develop training programmes to local agents (parents, teachers, NGO agents);
- to support drug users' treatment in co-operation with the SPTT specialised treatment centres and local Health Centres;
- to set up a rehabilitation support network to help profession integration of ex-drug users;
- to set up harm reduction responses;

Both systematic and ad-hoc activities, based on these objectives, have already started but there is still no evaluation data available.

9.1.5. Telephone help line

1999 data from Linha VIDA, the free telephone helpline already described in previous reports, indicate:

The Lisbon Centre received a total of 20 089 calls and the Porto Centre 8 790, but there was a significant number of silent calls and hoaxes which may be related to the fact that this service became free of charge. In Lisbon most of the calls were placed between 4 and 6 p.m. while in Porto most were placed between 2 and 4 p.m.

Most calls came from Lisbon and Porto although in the Porto Centre there was a significant quantity of medium and long-distance calls, a trend which started in 1998.

In Lisbon, the substance involved in most requests for information and help concerned heroin, followed by hashish, ecstasy, cocaine and medicines. In Porto, most requests for help also concerned heroin but most requests for information concerned mainly cannabis and ecstasy.

Concerning the clients' profile, both in Lisbon and Porto most calls were made by family members, especially mothers, but there was also a significant number of health and education professionals.

In Lisbon, most callers were aged 21-30 and, in that group, were mainly from the male gender. But in the second most important age group, 41-60, most callers were women, especially mothers. Both in Lisbon and in Porto, and taken the total population of callers, most of them were from the female gender.

For the Porto Centre it was possible to distinguish between the users group and the non-users group. The former were men, aged 16-29, single and studying or unemployed who used mainly heroin. The non-users were mainly women and requested information on health, personal relationships, mental health, and sexuality, amongst others.

9.1.6. Mass media campaigns

In June 1999 Projecto VIDA launched a mass media campaign for the prevention of ecstasy use, under the slogan: "Do not be a puppet". The target population were mainly young people aged 14-22 who potentially went to night clubs. The aim was to create awareness and give information on the problems which may be caused by ecstasy use. The campaign run on the national and local radio, television and the press. Flags were placed in the underground, bus and railway services. Brochures, posters, stickers and other promotional materials were distributed by youth and student associations and well as in night clubs whose owners wished to be involved in the campaign. Several "ecstasy free" night club parties and debates were supported.

9.1.7. Internet

The Internet has been increasingly used as a communication means to disseminate information on this issue. Most public services in this area have their own www sites and the IPDT web site enables full bibliographic search on the IPDT documentation resources as well as legal diploma retrieval.

To help the public understand the new Law on the decriminalisation of personal drug use, the IPDT held, on the 11th of October 2000 an Internet chat, for the whole day, on the issue.

9.2. Reduction of drug related harm

Reduction of drug use related harm is also a priority of the *National Strategy* to ensure the protection of public health and to help prevent social exclusion and delinquency. Given the specificity of the target groups – usually heavy drug users living in precarious situations - and of the settings themselves, harm reduction programmes are usually developed through partnerships between public services and local NGOs. Such is the case of the syringe exchange programme “Say no to a second hand syringe” which is developed by the National Commission for the Fight Against AIDS and the National Association of Pharmacies (cf. Part 2 and 9.2.3.); the interventions in Casal Ventoso and Porto in cooperation with the respective municipalities (cf. 9.2.2.) and others. These programmes usually include, or work in close co-operation with, **outreach** workers, **low threshold** services and/or **infectious diseases** integrated approaches.

9.2.1. Outreach work

Outreach work is mainly implemented through integrated low threshold services such as those described in the next chapter.

9.2.2. Low threshold services

The problematic situation of Casal Ventoso, a neighbourhood in Lisbon, led to the development and implementation of the Casal Ventoso Integrated Drug Abuse Programme in 1996 (cf. previous national reports).

The Plan currently includes a Drop In Centre, a short duration Residential Centre, a Centre for the Homeless and Outreach workers.

The **Drop In Centre** (*Gabinete de Apoio*) makes basic services available to drug users who just come to the neighbourhood to buy and use and to those who are homeless. The services include a low threshold methadone substitution programme and, since February 1997, syringe exchange integrated in the national syringe exchange programme. It also works as an open door for referral to other available services. From October 1998 to November 1999, this Centre registered 2 924 clients (84% male and 16% female).

The short duration **Residential Centre** (*Centro de Acolhimento*) offers a temporary place to stay during the preparation to a more structured and long lasting treatment programme. It includes bed, meals, specialised therapeutic care, social and psychosocial support and other facilities. From October 1998 to October 1999, this Centre welcomed 109 clients (85 men and 24 women) and registered 1 078 clinical acts, 8 308 psychosocial support acts and 1 398 nursing acts.

The **Centre for the Homeless** (*Centro de Abrigo*) has a capacity for 125 homeless drug users in the neighbourhood, most of whom are integrated in the already referred low threshold methadone substitution programme. It gives temporary shelter, meals (only breakfast and dinner) and basic hygiene and health services. Until November 1999, this Centre served 125.621 meals, registered 1 553 hygiene acts, 730 nursing acts, 153 clinical support acts and 232 psychological support acts.

The **Outreach workers** (*Equipas de rua*) are active since January 1999 and include psychologists, social service and psychosocial professionals amongst other professionals. They support drug users where they are, using a harm reduction approach and encouraging the use of the Drop In Centre. In 1999 (until November), they report 19,043 informal approaches, 1 126 approaches with follow-up, 82 emergency approaches and 139 family approaches.

A preliminary informal evaluation of this work points towards a strong adhesion from the target population to this service, the advantages of the co-operation with other available services, the difficulty of maintaining

clients motivated when they are so close to the neighbourhood, waiting lists in institutional services with substitution treatment programmes and infectious diseases and difficulty in referring clients to other public services with temporary residential facilities.

O Contrato de Cidade

The *Contrato de Cidade* is a protocol between the Government and the Municipality of Porto to develop an integrated programme to promote urban safety in the city. It includes drug use demand reduction interventions as well as interventions to prevent prostitution, family violence and urban delinquency and it uses a community intervention approach.

Specifically concerning drug demand reduction interventions, the protocol has a specific project targeted at the *arrumadores* (cf. 4.1.) and it supports a Temporary Residential Centre – with a capacity for 12 clients over night and 18 in day time – and a Residential Facility for drug users to facilitate social and professional rehabilitation. These services work in co-operation with families, specialised professionals from the SPTT treatments centres and rehabilitation services.

9.2.3. Prevention of infectious diseases

The National Commission for the Fight Against AIDS (*Comissão Nacional de Luta Contra a SIDA*), in cooperation with the National Association of Pharmacies (*Associação Nacional de Farmácias*), implements the national syringe exchange programme “Say no to a second hand syringe” which was set up in October 1993 to prevent HIV spread amongst IV drug users. It currently involves approximately 2 175 pharmacies nation-wide and 3 mobile centres: 1 at Casal Ventoso (cf. previous chapter), 1 in Currealeira (another problematic neighbourhood in Lisbon) and 1 in the Algarve. Data from this project is presented in Part 2 Epidemiological Situation. The programme is also being enlarged through protocols with several organisations which will also ensure clinical care and support, HIV and other infectious diseases detection, meals, psycho-social support, legal support and referral to other health care services. Those new partners include drop in centres for prostitutes and for the homeless and other low threshold programmes.

Recent data points towards a decrease in the number of exchanged syringes (3049305 units in 1998 and 2993703 in 1999).

9.3. Treatment

9.3.1. Treatments and health care at National level

The SPTT from the Ministry of Health is the national authority on specialised drug use treatment. It is organized in Central Services, Regional Offices and Local Centres. The services provided include:

- Specialised Treatment Centres (*Centros de Atendimento a Toxicodependentes - CAT*) and specialised units in health Centres, both outpatient services;
- Detoxification Units (*Unidades de Desabitação*), inpatient units to which clients are referred to by CATs to go through a 6 day detoxification programme;
- Therapeutic Communities (*Comunidades Terapêuticas*), which are long term inpatient units;
- Day Centres (*Centros de Dia*), which are interface structures between treatment and rehabilitation to prepare the client towards its social and family reinsertion.

In 1999, to enlarge treatment accessibility, the SPTT opened 7 new CATs, restructured 1 Regional Office and 8 other CATs and started new consultation units in several Health Centres.

Table 3.1. - Specialised Treatment Units

Public SPTT Units

1999

	Northern Region	Central Region	Lisbon / Tagus Valley Region	Alentejo Region	Algarve Region	Portugal (excluding the Isles)
Specialised Treatment Centres ³⁸	11	11	19	3	3	50
Consultation Units	-	-	5	-	1	6
Detoxification Units	1 (10 beds / 493 clients)	1 (7 beds / 358 clients)	2 (21 beds / 798 clients)	-	1 (8 beds / 296 clients)	5 (46 beds / 1945 clients)
Therapeutic Communities	-	1 (12 beds / 21 clients)	1 (22 beds / 42 clients)	-	-	2 (34 beds / 63 clients)
Day Centres	2 (35 clients)	-	2 (71 clients)	-	-	4 (106 clients)

Source: Serviço de Prevenção e Tratamento da Toxicodependência

Certification of NGOs and protocols between certified NGOs and the SPTT ensure a wide access to quality services.

Table 3.2. – NGOs' Units with protocols with the SPTT

1999

Portugal (excluding the Isles)	Organisations	Units	Capacity	Clients
Detoxification Units				
Certified	8	8	61 beds	-
With Protocols	6	6	55 beds	2 304 clients
Therapeutic Communities				
Certified	47	68	1 744 places	-
With Protocols	41	56	1 050 places	2 357 clients
Day Centres				
Certified	6	6	265 places	-
With Protocols	3	3	135 places	-

Source: Serviço de Prevenção e Tratamento da Toxicodependência

³⁸ Includes extensions.

In 1999, CATs registered a total of 9 991 first consultation and 278 047 follow-up consultations to a total of 27 750 active clients (clients who had at least one consultation in 1999). An indicator of retention rate points towards 70% in 1999. SPTT **Detoxification Units** had 1 945 inpatients, which represents a 38,4% increase in comparison to 1998. NGOs had 54% of all inpatients (4 249) in Detoxification Units. **Therapeutic Communities** also registered a high occupation rate: SPTT TCs had 63 inpatients (3%) and NGOs 2 357 (97%), in a total of 2 420 clients. Finally, SPTT Day centres had 106 clients in 1999 but there is no data available yet on the number of clients in NGOs Day Centres.

9.3.2. Substitution and maintenance programmes

Substitution programmes (methadone and LAAM) continued to be expanded throughout the country to help increase the quality of life and social insertion of drug users who are not in a position of attaining full abstinence and to reduce drug use related harm in risk groups.

- On the 31st of December 1999, around 21,77% of the SPTT's clients were involved in a substitution programme (5 343 in methadone and 697 in LAAM), in a total of 6 040 clients from the 27 750 active SPTT clients. In comparison to 1998 there was a 34% increase (4 500/6 040) in the number of drug users registered in these type of programmes.
- Accessibility to substitution programmes has been increasing progressively and although LAAM is exclusively administrated in CATs, the administration network of methadone was enlarged in 1999 to other organisations, always under supervision of the SPTT.

Table 3.3. – Methadone Administration Units, by Region

1999

	Northern Region	Central Region	Lisbon / Tagus Valley Region	Alentejo Region	Algarve Region
Health Centres	62	56	53	28	8
Prisons	1	7	2	2	4
Hospitals	0	3	0	0	2
Pneumology Diagnosis Centres	0	0	2	0	0
Emergency Services	0	0	0	1	0
NGOs	0	0	0	0	2
Involved Pharmacies	16	32	61	0	8
Pharmacies with Clients	11	18	34	0	8

Source: Serviço de Prevenção e Tratamento da Toxicodependência

Methadone administration in pharmacies to clients of CATs is the result of a 1998 protocol between the SPTT, the Order of Pharmacists, the National Association of Pharmacies and several pharmacies. Data from its evaluation show that the number of clients increased from 2 (in July 1998) to 278 (in December 1999) and the number of involved pharmacies increased from 1 to 117 in the same period. The pharmacists who are

active in this programme attend regular training sessions with professionals from the local CATs and the programme is evaluated twice a year. A clients' and pharmacists' satisfaction study is foreseen.

In the prison setting, 126 individuals, from 16 prisons, are in substitution programmes (cf. 9.6.) but the co-operation between the SPTT and the General Directorate of Prisons includes a total of 25 prisons.

9.4. After-care and re-integration

Projecto VIDA's National Framework *Projecto Quadro Reinserir* financially supports after-care and re-integration projects and programmes. The supported projects aim at the promotion of the individual, the re-integration in society and family, in the work setting and in the community as to avoid his/her social exclusion. In 1998, 24 projects were approved and supported on the areas of individual and social development promotion, **education and training, employment, housing**, family support and legal counselling.

Specifically in the employment area, *Programa VIDA – Emprego* – promoted by Projecto VIDA and by the Employment and Professional Training Institute (*Instituto de Emprego e Formação Profissional – IEFP*) – aims at supporting social and professional re-integration as a fundamental part of the treatment process. The programme promotes employment programmes adapted to the re-integration of ex-drug users, including the creation of companies by the ex-drug users themselves, through the involvement of the companies and the community itself. The programme also includes interventions to inform and train local agents.

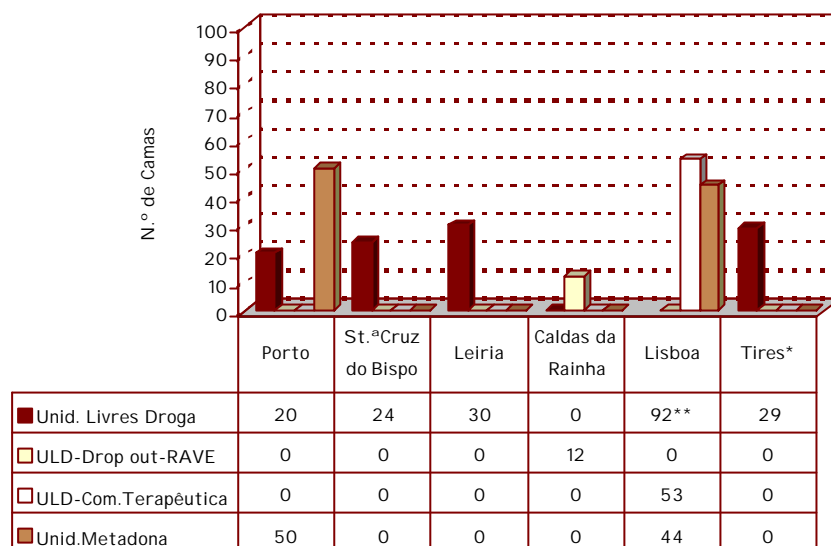
9.5. Interventions in the Criminal Justice System

The Special Drug Abuse Prevention Programme in Prisons (*Programa Especial de Prevenção da Toxicoddependência nos Estabelecimentos Prisionais - PEPTEP*) was set up in 1999 and includes interventions in treatment, social re-rehabilitation and harm reduction. It is developed by the General Directorate of Prisons in close co-operation with the SPTT and the Social Re-Insertion Institute (*Instituto de Reinserção Social*). Its main objectives are:

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

Chart 3.1. – Drug Use Treatment Units and Capacity, by Prison

1999



* to be activated in 2000

Source: Direcção Geral dos Serviços Prisionais/Direcção de Serviços de Saúde

In Tires, the first drug free treatment unit for women will open in 2000 with a capacity for 29. In 1999, supervision of drug users in treatment with the cooperation of local CATS was ensured in 25 prisons and 126 individuals were integrated in substitution programmes (cf. 9.3.2.).

The Plan also includes systematic test for infectious diseases and vaccination campaigns.

9.6. Specific targets and settings – The military setting

Available data from the Data from the Programme for the Prevention and Fight of Drug and Alcohol Abuse (*Programa para a Prevenção e Combate à Droga e ao Alcoolismo nas Forças Armadas*³⁹), was already discussed in the epidemiological situation chapter.

Interventions in the framework of this programme include a prevention approach – mainly through information dissemination and awareness sessions –; dissuasion interventions, such as the toxicological tests themselves and drugs search with K9 teams (in 1999 there were 71 in the Navy, 18 in the Army and 36 in the Air Force, including the planes which arrived from the Balkans); and treatment, which always include a re-insertion stage.

The Armed Forces have their own specialised treatment facility (the UTITA) which provides alcohol and drug treatment programmes.

³⁹ Grupo Coordenador para a Prevenção e Combate à Droga e ao Alcoolismo nas Forças Armadas do Ministério da Defesa Nacional *Relatório de Actividade – 1999 do Programa para a Prevenção e Combate à Droga e ao Alcoolismo das Forças Armadas*, Lisboa, 2000. Previously presented in other national reports.

Table 3.4. – Main Interventions of the UTI TA and Clients Involved

1999

Interventions	Rehabilitation (a)	Bio- psychosocial evaluation	Psychological and psychometric evaluation	Individual psycho- therapy	Family psycho- therapy	Counselling	Relapse prevention meetings
Clients	18	48	42	33	77	51	864

(a) inpatient intensive 28 days phase and outpatient 6 month phase

Source: Defesa Nacional/Grupo Coordenador para a Prevenção e Combate às Toxicodependências nas Forças Armadas

Medical services from drug and alcohol abuse treatment are also available at the Army and Air Force Hospitals. In 1999, the Army Hospital had 29 individuals in inpatient care and made a total of 725 outpatient consultations while the Air Force Hospital registered 12 inpatients and a total of 85 outpatient consultations. These figures include alcohol and drug abuse treatment.

10. Quality Assurance

10.1. Quality Assurance Procedures

Quality assurance procedures, either in terms of mandatory criteria to apply for public funds or concerning the preparation of guidelines and examples of good practice, have also been one of the year's main focuses.

To ensure minimum quality standards and impartiality in project funding in all areas of demand reduction, the IPDT request that evaluation is a criterion for both governmental and non-governmental projects. The financial support framework themselves - *Programas Quadro Prevenir* and *Reinserir* - have been undergoing evaluation to enable the IPDT to learn with the past and to reflect on the range, the quality and the possibility to replicate it. The results of this evaluation will be available by the end of the year.

Other quality assurance procedures - peer review, adoption of specific guidelines - have been implemented through the network which is involved in EDDRA and through the development/adaptation of manuals and guidelines, such as the EMCDDA guidelines for the evaluation of prevention projects and the Pompidou Group guidelines for prevention agents.

Specifically at the level of treatment, the Ministry of Health, through the SPTT, continues to certify NGOs with treatment programmes in order to ensure minimum levels of quality of service to clients of those organisations. Besides the organisations which are already certified, 15 other requests were pending, in 1999.

10.2. Evaluation

Evaluation is considered to be an important part of programmes and projects' implementation. The *National Strategy* itself foresees its own evaluation at the end of its implementation period.

Therefore, all initiatives supported by Projecto VIDA in the past are being evaluated to determine their methodologies and intervention techniques as to have a critical appreciation of their potentialities, range and possibility to be replicated, as well as the quality of the interventions themselves and of their effects; That evaluation will help the IPDT support the design of future interventions and to reflect on the strategic guidelines that presided to the design of those interventions and thus produce recommendations for future guidelines in demand reduction intervention.

The evaluation of different treatment methodologies is also one of the main concerns of the SPTT which is being addressed both through evaluation research developed at local CATs and through closer co-operation with the IPDT research unit.

10.3. Research

In 1999, close to 60 research projects in this area were starting or underway. Around half of those projects were being developed in Universities and the other half in services from the Public Administration – mainly the IPDT, the SPTT, the Ministry of National Defence, the Ministry of Education and the Ministry of Justice. Only a small number was developed outside both these settings – for instance IREFREA-Portugal – or by individuals researchers.

Research is being conducted mainly in the following 5 areas: 1) relevant actors (users, professionals, etc); 2) substances; 3) programmes; 4) contexts and processes; and 5) supply and use repression.

The IPDT published in 1999 8 of the 11 volumes of the research project "Drugs and Crime" - *Droga-Crime* - according to a model which was considered to be a very positive stimuli for the design and development of

interdisciplinary research projects.

The IPDT will play a major role in defining criteria for research funding based on national and European/international information needs, in creating networking mechanisms for researchers working in this area and in disseminating relevant information.

10.4. Training for professionals

Academic and non-academic training is available for professionals in the area, especially through University and SPTT services. Professional/"on the job" training are a major part of all intervention programmes, such as in the Ministry of Education and the Ministry of National Defence (data on the number of training sessions and the number of participants are available for these programmes).

Professionals and other agents may also request training at the SPTT Information and Welcoming centres - Centres for Information and Counselling. For 1999 the following data is available.

Table 3.5. – Activities of the Centres for Information and Counselling

SPTT

1999

	Interventions		Planing and Evaluation Meetings	Counselling/ Supervision	Totals
	Information/ Awareness	Training			
Doctors	221	36	62	19	338
Nurses	16	37	26	16	95
Other health professionals	1	0	4	0	5
Psychologists	40	42	103	46	231
Social workers	39	39	36	5	119
Teachers	576	274	29	92	971
School staff (other than teachers)	94	292	1	5	392
Psychosocial professionals	1	22	40	90	153
Association members	1	0	6	0	7
Young people	25	0	0	0	25
Families	369	155	2	5	531
Heterogeneous groups	58	214	0	0	272
Young people (in group)	1 020	90	60	17	1 187
Others	1 168	519	180	94	1 961
Totals	3 629	1 720	549	389	6 287

Source: SPTT

Part 4

Key Issues

11. Policy and the National Strategy for the Fight Against Drugs : Guidelines for sector intervention

Originally written in Portuguese by:
Cândido da Agra
Professor Catedrático da Universidade do Porto
Carlos Poiares
Professor Auxiliar da Universidade Nova de Lisboa

Introduction

On the 22nd of April 1999, the Council of Ministers approved the *National Strategy for the Fight Against Drugs*. This government resolution marks a true revolution in the policies and strategy for the fight against drugs: it questions a status quo and sets up a new one. What ends with this strategy and what emerges from it?

It is the end of a period, more than 20 years, which may be described as the political and moral colonisation of the drug phenomena. It is also the end of a status quo in which the measures, strategies, tactics and techniques of the “fight against drugs” were ill-defined, governed more by transversals and beliefs than by rationally based principles and options. No more nor less than in other countries.

For the first time, a government establishes a *National Strategy* that defines the guidelines for the intervention policy on the drug phenomena. It does so, based on an attitude which searches for the balance between critical thought and action. Rationality has finally become a part of the government’s fight against drugs. The political powers are no longer unaware of the desire of having knowledge. A cold enlightened pragmatism succeeds to the passionate fights without strategy, blind to their targets and to the nature of the enemy itself, without direction regarding methods and aims.

This strategic revolution was brought about by this government, which supervised the conception of this profound change in the design of the fight against drugs.

However, this would not have been possible without other events, in which other actors played important roles, nor without certain circumstances, which created the conditions for this circumstance: the current metamorphosis of the phenomena itself claim for new responses; the conditions and lifestyles of the drug users; the experience of the professionals in the field, which are permanently confronted with new needs; the researchers in universities, who find new data and elaborate new conceptual frameworks, and the social experimentation which some countries are implementing. The adoption of the first *National Strategy for the Fight Against Drugs* is the climax of a long process of change, conducted by different and multiple social actors and requested by the history of the dialectic between the manifestations of the phenomena and the mechanisms which aim at fighting against it.

The merit of the document approved by the government does not lie merely in its content. It also dwells, or even more so, in the actual process of its development. Such process could be designated by the concept of the communication action, proposed by Habermas.

The commission, which was responsible for the report that served as the basis for the strategy defined by the government (appointed on the 16 of February 1998), summoned, through its own constitution, the “communication action” amongst different experiences: the scientific research experience, the judicial-jurisdictional one, the experience in social and health intervention, the experience on national and international mechanisms for the fight against drugs. The report was forged through the fruitful interactions and was presented to the government in the beginning of October 1998. The “guideline document” that this

commission produced was then subjected to public discussion: in the governmental organisations working in the field; at the Universities; at the Supreme Court of Justice; in the communities all over the country. A wide range of institutions and entities, public and private, were able to give their contribution through the different ways of expression made available, either through governmental initiative or through the initiative of the commission itself.

The report from the expert commission went against the usual destination of this type of documents: the drawer (in the public discussions, the concern regarding this possible destination was recurrently manifested). This guideline document did not go into a drawer: it went to the institutions, down to the streets, catalysed the concerns, the power and the creative knowledge of all actors who share, in different ways, the cultural experience of drugs and drug abuse. The first instrument that defines a course for the action came into existence. It is a structure for a communication praxis where science, technique, justice, health, policy and the feeling of the community are integrated. The “guideline instrument” does not belong to the government nor to the specialists, it belongs to everyone. It expresses and implements the collective will and power, the will and the power of the Portuguese society concerning a phenomenon, which causes such a profound anguish.

I. The National Strategy – principles, objectives and options

The introduction of the *National Strategy for the Fight Against Drugs* states that: “This strategy ... thus aims at building upon knowledge and not upon prejudice, upon principles and not slogans, upon pragmatism and not upon dogma”. There could not be a better way to express the revolution brought about in the “fight against drugs” in Portugal. This fight is now situated in what we may designate as a **tensional balance** between creation, “boldness and innovation” on the one hand, and preservation, “pragmatism and common sense” on the other. Such quest for balance is present in the definition of the principles, which provide a framework for the definition of the objectives and the justification of options. In other words, the aims that motivate the action are structured upon argumentative reason: the strategy of the “fight against drugs” has now an ethic.

1. Principles

The *National Strategy* is built upon eight principles:

- a) The principle of international co-operation – Portugal assumes itself as an **active** partner in the definition and implementation of the international and European strategies and initiatives.
- b) The principle of prevention – the primacy of prevention intervention, aiming at reducing drug use through the identification of risk and protective factors, and through training and information.
- c) The principle of humanism – based upon the inalienable human dignity of the “actors” of the drug phenomena. This principle implies a set of guaranties (access to treatment, standards for quality of service, etc) and of measures (risk reduction policy, legal framework based on humanist principles).
- d) The principle of pragmatism – defines the connection between data from scientific knowledge, social experimentation implemented in other countries and the adoption of solutions in the context of the national reality.
- e) The principle of security – this principle concerns the defence of the society against the drug phenomena, namely through supply reduction, the promotion of harm reduction policies and the reduction of drug related criminality;

- f) The principle of co-ordination and rationalisation of means – this is a structuring principle of the Public Administration. It implies the co-ordination between departments, the optimisation of human and material resources and the co-ordination of financial support;
- g) The principle of subsidiarity – this principle connects three concepts: decentralisation, deconcentration and centralisation (when the achievement of the objectives is better served through the direct responsibility of the Central Administration).
- h) The principle of participation – this principle is implemented through the active participation of the community in the definition of policies and the mobilisation of its resources towards the different levels of intervention.

2. Objectives

The strategy aims at the following objectives: a) “to contribute to an adequate and effective international and European strategy...” b) “to inform the Portuguese society on the drug and drug abuse phenomena in a prevention perspective”; c) “to reduce drug use”; d) “to guarantee the treatment and social rehabilitation of drug addicts”; e) “to defend public health”; f) “to repress traffic”.

3. Options

Bearing in mind the principles and objectives, the strategy unfolds based on 13 fundamental options:

- a) To co-operate actively in the definition and evaluation of strategies and policies of the international community and the European Union;
- b) “To decriminalise drug use, considering it not as a criminal offence but as an administrative one”
- c) “To redirect the commitment on primary prevention”.
- d) “To enlarge and improve the quality and the availability of the health care network directed towards drug addicts”.
- e) “To expand the harm reduction policy”.
- f) “To promote and encourage the implementation of initiatives to support social and professional rehabilitation of drug users”.
- g) “To guarantee availability of treatment to the drug users in prison”.
- h) To guarantee the mechanisms that allow the actual application of alternatives to prison.
- i) “To expand scientific research and the training of human resources in the field of drug and drug addiction...”.
- j) “To establish methodologies and evaluation procedures...”.
- k) “To adopt a simplified model of interdepartmental policy co-ordination...”.
- l) “To enhance the fight against traffic...”.

- m) “To double the public investment up to 32 millions of contos, in the next 5 years, to support the implementation of the national strategy for the fight against drugs in the areas of prevention..., research and training in general; especially to support treatment and rehabilitation programmes (through the financial support of families) as well as initiatives promoted by the civil society institutions.

II. International Co-operation and Legal Framework

1. International Co-operation

At the level of the international co-operation, the main guidelines defined by the *National Strategy for the Fight Against Drugs* include the strengthening of the Portuguese participation in the international fora, with special emphasis on the harmonisation between the internal policy guidelines and the international commitments.

Thus, the institutional co-operation with the U.N.O., the Council of Europe and the European Union will be intensified, and the development of a European policy will be promoted to include relevant and related areas (for instance, precursor trade and traffic, money laundering and drug-related economic aspects). This interest comprises, inclusively, the political will that Portugal may become a dynamizing centre of a new international message on drugs.

Another aspect to promote is the co-operation with Portuguese Speaking Countries. Portugal has lead the celebration of bilateral agreements to establish demand and supply reduction programmes with an epicentre in the Community of the Portuguese Speaking Countries.

1.1. The United Nations Organisation

The UN is considered to be a privileged space to design and plan international strategy. Therefore, it is foreseen the strengthening of Portugal’s commitment in the UN framework. The fact that Portugal has direct responsibilities in this framework should not become an obstacle to the promotion of the international strategy evaluation and the active and unprejudiced participation in the debate concerning its results and adequacy to the evolution of the drugs and drug abuse phenomena. The aim is not to launch a debate, which has already emerged in the heart of the international community, not even to suggest or precipitate radical changes of the strategy, established in the Convention against the Illicit Trade of Narcotics and Psychotropic Substances (1988), which has gathered general support and endorsement. Nevertheless, “the stagnancy of the international strategy as if it were a dogma, should not be accepted”. Thus, as a logical consequence, the international strategy should be the object of political and technical evaluation. Portugal will proceed in the line defined during the UN Special Session, supporting the initiatives implemented by especially akin countries, namely the Portuguese speaking ones.

1.2. Council of Europe

The Council of Europe is an important co-operation centre regarding drugs. It is therefore important to emphasise the relevance of the co-operation in this European forum, namely concerning legal and judicial aspects, knowledge interchange and in the context of health and education “... with the objective of a multidisciplinary approach of the illicit demand and supply related problems...”.

1.3. The European Union

As a result of the European integration process, a significant part of our international co-operation lies in the European Union, namely due to the borders’ elimination and the intensification of free circulation. This creates unusual challenges, both to the EU and the Member-States, even more so since the recent version of the drug phenomena reflects the globalisation which we have been experiencing. Thus, the co-operation to be

developed in the European framework should concern mainly public health and demand reduction, but also touching issues related to the precursors' illicit trade, drug economy and money laundering, the fight against organised crime and the co-operation amongst Member-States at the level of borders, law enforcement and legislation.

Portugal's contribution towards the development of the European drug and drug addiction policy, "...so that the European Union may itself live up to its responsibilities in the definition and development of the international community's strategy", is the defined aim at this level. During the Portuguese presidency of the European Council (in the first semester of 2000), Portugal should proceed in the path of the underlying concerns of the *National Strategy*.

1.4. Bilateral co-operation

Portugal has signed several agreements with other States on the fight against drugs. Special emphasis should be given to the co-operation relationship with Spain, namely because it is known that a considerable part of the illicit substances which circulate in the national territory come or are directed to our neighbouring country, and also because it is a known fact that both Portugal and Spain are international routes for drug distribution.

Similar reasons demand the strengthening of the co-operation with Morocco. Another priority is the sound implementation of the agreements signed with the Portuguese Speaking Countries, especially in the framework of the Co-operation Agreement between the Governments of the Community of the Portuguese Speaking Countries for demand reduction, the prevention of the abuse and the fight against the production and the illicit trade of narcotics and psychotropic substances (1997).

1.5. Ibero-american co-operation

The Portuguese government has been committed in promoting bilateral and pluri-lateral co-operation links with ibero-american countries. Such was the case of the euro-iberian-america Seminar on "Co-operation on the policies on drugs and drug abuse", which resulted in the Porto Declaration (1998). It is therefore important, in the path of undergoing actions, to proceed and intensify the spirit and the letter of this document, through the implementation policy, training and alternative development interchange, thus ensuring that the "iberian-american co-operation may and should be an axis for a wider co-operation between Europe and Latin America."

2. Legal Framework

2.1. Legal intervention guidelines

The *National Strategy to Fight Against Drugs*, opts for the decriminalisation of drug use. The acquisition and possession for use (but not growing) are comprehended in this process which transforms these behaviours in administrative offences. There is a shift from the criminal field to the administrative one. In the text of the resolution sub judice, the consonance of that change in view of the spirit and the letter of the conventional International Law is stated. The axis of the change is placed upon humanist principles since "... criminalisation is not justifiable because it is not an absolutely necessary means, nor even an adequate one, to face the problem of drug use and of its effects, undoubtedly harmful".

Concerning this issue, the legal document suggests answers and clues, although solutions remain opened. The disapproval of the act of taking drugs is maintained (as well as of acquisition and possession) but the act is disapproved in a more impressive way, with the safeguard of the actor. The core issue now concerning this disapproval will be its conversion to an administrative offence, expurgating the use of illegal substances from the criminal matrix. But the document also suggests clues regarding the future consequences of the act,

at least on its negative side, when it refers to the inadequacy of the criminal sanction more often implemented through fines. This results in a consequent inefficacy of the substitution of the fine by a pecuniary fine, which could become not only an absurd solution but a situation leading to an possible increase of the offences against patrimony.

On the other hand, referring to the decriminalisation, the strategy includes both the so called “hard” and “soft” drugs. Thus, the aforementioned legal document points towards the definition of “different administrative sanctions for different inherent dangerousness levels of the use of different drugs...”

Regarding the nature of the administrative sanctions to apply, the text emphasises that they should be adequate to the people and the cases and stresses that the pecuniary fine, by its patrimonial feature, will not be “...often the best measure...”, as we already referred. Concerning this type of sanction, the legislator uses the terms out of place and *merely virtual*.

2.2. The fight against traffic

The fight against traffic has been an object of a growing (substantive and instrumental) penalisation. Nevertheless, it does not deserve a strong dispute in any model of the policies that aim to fight drugs. In fact, even in a framework for the legalisation of use and trade, the known proposals, at international and national level, refer the need to repress the black market for drugs, i.e. everything that does not go through the public monopoly or the entities (public or private) duly certified for the respective exercise.

It is possibly that the Portuguese law has been closer to the dominant patterns of the international community in the area of supply reduction, because it is a more consensual matter and also because there have been continuous adaptations to the framework of the Law of Pacts, namely concerning the United Nations Convention (1988).

Themes such as the co-ordination of law enforcement action (at internal and international level), information sharing and judicial co-operation have been object of several legal laws in the 90’s (for instance, the Decree-Law 81/95 of the 22nd of April).

In this area of illicit supply reduction, the *National Strategy* only refers the possibility of reformulating the elements which typify the offence. Special emphasis is placed on the elements related to holding, possessing, transporting, offering, giving, borrowing and shared buying (the latter being, possibly, the one which needs more legal clarification) and proposes the necessary re-equation of the status of trafficker-user. In fact, it is urgent to limit the possibility that traffickers are able to obtain mitigating benefits from this status and that, due to the vagueness of the same status, users who are forced to commit acts of trafficking are condemned to prison, regardless of the fact that they are individuals with a drug problem.

The same can be said for the reclusion system which during the 80’s and the 90’s was converted into drug abuse stores and which has been recently been the object of an official measure even if, at this moment, it is only a resolution from the Council of Ministers (Resolution from the Council of Ministers n.º 62/96 from the 22nd of March).

The *National Strategy* emphasises, in several parts of chapter X, *the fight against the illicit traffic of drugs and the fight against money laundering*, the need to reinforce these measures but in an integrated perspective, emphasising the relevance of co-ordination. On the other hand, judicial co-operation rises as a priority in the framework of the document approved in New York on “Measures to promote judicial co-operation”, which comprises extradition, mutual judicial support, the transmission of penal processes, co-operation and training, controlled deliveries and maritime traffic.

The need to reflect on extremely important (and current) issues is also emphasised, for instance, the means of judicial proof and its worth in court.

2.3. The fight against money laundering

The need to implement the fight against money laundering has been stated and considered as a “... necessary prolongation of the fight against this type of traffic”. Furthermore it poses, currently, a threat against the financial and trade systems and even against the democratic and constitutional system of the States. This policy will not be implemented through the excessive adoption of new normative frameworks, but through the implementation and increased efficacy of the international systems for control and co-operation, since this laundering is already a criminal offence, extensively defined in the Law.

The issue of the inversion of the burden of proof is raised and it is recommended that it should be analysed in conformity with the constitutional regulations, especially concerning civil lawsuits – for instance, the State dispute on the legitimacy of the candidates of an abeyant inheritance. Also in this domain, the need for the development of an international co-operation policy is stressed.

3. Discussion

The most recent evolution registered in the framework of the drug related legislation in Portugal is characterised by a progressive intention to adapt the legal discourse to the specificity of drug use context, elevating users to the status of protagonists of the legislative function.

The analysis of the Portuguese normative production reveals mutations which may be understood as successive ruptures, discontinuity trajectories in the context of the legal-political representation of drug use. Throughout the times, the Portuguese Legislator looked to the drug user, first as a delinquent, then as an individual needing medical and psycho-social intervention (and either sent him to prison or emphasised the need for treatment and rehabilitation policies) and finally as a patient.

The *National Strategy for the Fight Against Drugs* ascends from the former statement, and has its epicentre in the Legislator’s desire for knowledge.

Thus, the substantive legal framework currently established (Decree Law 15/93 of the 22nd of January) is still the starting point to a drug policy based on three areas: (a) the scientific research on the phenomena and its actors; (b) the search to understand the phenomena; (c) the “intervention” based on the knowledge obtained through the two previous statements, which will allow the definition of strategies. A new methodology to approach the phenomena is thus available, based on these vectors and bearing in mind that any drug policy has to emerge from the analysis of its actors’ discursive plurality and from the diversity of skills and applicable methodologies.

To research, to understand and to explain: this is the trilogy which forms the basis for the drugs scientific policy. The innovation lies in the fact that, for the first time, the Legislator recognised, explicitly, the need to appeal to knowledge – not only the knowledge which comes from the mechanisms He created, but the autonomous knowledge which comes from independent research and empirical work. In conclusion, there is a search for a knowledge-based action and not for the action by itself.

From the issues concerning the **legal framework**, the decriminalisation of drug use stands out as the core axis of the new *strategy*, expressed in line with the rationality defined by the Legislator. However, this decriminalisation cannot be considered in an atomic way but rather inserted in a more wider context which aims at health promotion, risk reduction and rehabilitation of drug abusers. It seeks to avoid the stigmatisation of drug users, which will always result from the contact between them and the criminal justice

system. **This is not a decriminalisation by omission but rather a constructive decriminalisation project** from which a new policy dynamics based on drug use will emerge.

The *National Strategy* points the way to maintaining the disapproval of drug use, as the offence leaves the criminal sphere to enter the administrative one. In practical terms, possessing or using drugs will not lead the individuals to the criminal territories, as the social criticism will be circumscribed to the imposition of administrative sanctions. It is exactly in this point that several questions may emerge, some of which are suggested by the official document. The decriminalising option will (also) result from the fact that the sanction, usually a fine, is ineffective. The transfer of drug use from the criminal area to the administrative one, if it implies the application of fines, will end up in a new failure – this issue is raised in the government document itself. Which option to take thus? Which sanction should be adopted? Which mandatory action will bind the users? Compulsive treatment? Which institution will manage the economy of these sanctions? The Portuguese Institute for Drug and Drug Addiction, overloading it with duties which were not foreseen in its creation?

Concerning the administrative measures to apply, the recognition, in the official document, on the inefficiency of the patrimonial sanction should be stressed. In fact, whether it is a sanction or a fine, the question which remains opened is that it will always be a *displaced* and *merely virtual* measure, as the Resolution of the Council of Ministers stresses. In effect, if it is certain that, for many users, the patrimonial punishment would exhaust family savings which are already profoundly eroded, in other cases, where turning to the family financial support is no longer possible, such sanctions would be absolutely ineffective. In reality, how could a fine be effective if it means no sacrifice for the individual, if it is fulfilled through the family patrimony or that of others? What if the voluntary payment is not met? Which action may the administrative authority take? Coercive payment? Conversion to another sanction? What sort of sanction? Simply filing the process – thus showing the uselessness of the fine but also – and mainly – the erosion and lack of prestige of a complete system and philosophy?

Although the document does not propose concrete answers, it allows for the conclusion that the option will fall on more appropriated reputed measures, cumulatively or alternatively, namely in the framework of the provisional suspension of the process, detoxification or inpatient care in a therapeutic community. We will thus be in the domain of compulsory treatment, already idealised amongst us in the far years of 1924/25 by a judicial magistrate, episodically elected Member of Parliament, Adriano Crispiniano da Fonseca. The same issue was also slightly approached, half a century later, in the *legislative package* suggested by Almeida Santos (1976). Nevertheless, what type of results is to be obtained with a treatment process for which there was no voluntary commitment of the individual?

The *National Strategy* points towards other possibilities: the appeal to admonition, for first offences or for less serious ones, the seizure of objects and goods, the inhibition of certain professional practises – accumulated with the already established inhibitions to drive or pilot vehicles, planes and ships. However, the possibility of imposing professional sanctions requires great caution as it may result in high stigmatisation, the limitation of fundamental rights and liberties. This may, in turn, lead to rejection and the increase of the abuse due to the compulsive exclusion of the socially integrated users from their activities. The adoption of other limitations, such as the prohibition of frequenting or staying in certain places as well as the (effective) community work, may reveal higher pedagogical and re-socialising potentialities.

The expectations motivated by this officially outlined policy are immense. This does not imply any lack of legitimacy regarding the questions we put forward in these conclusions – and which, in some aspects, were introduced by the Legislator himself. In fact, there is reason to fear that, regarding the set of administrative sanctions, the new model may know the same destination as the alternative measures to prison have known so far, since the courts (almost) only apply either prison or fines sanctions, either executed or suspended. The apprehension that the competent institutions for the implementation of the new model of sanctions, due to a

conservative or a self-indulgent approach, will only apply the effective or suspended fine is therefore justifiable.

III. Psychosocial intervention

Under this title we may consider prevention, treatment and the social and health intervention (harm reduction and social rehabilitation).

1. Prevention

The guidelines of the new preventive strategy may be summarised in six notions: **conceptualisation, knowledge, outline, evaluation, rationalisation, co-ordination**. The first four refer to the strategies and the last two to the organising structures of prevention.

1.1. The prevention strategies

- a) To **conceptualise**. Assuming some distance from the traditional public health model, an appeal is made to concepts like unspecified prevention, specific prevention, and lifestyles. The need for a clear definition of concepts and the support of prevention strategies in reliable theoretical models is defended.
- b) To **know**. Prevention should build upon knowledge. This knowledge has two levels (i) the level of risk and protective factors; (ii) the level of the evolution of the drug phenomena.

Concerning the first level, it is necessary to identify the risk factors associated to **individual variables** (such as “school failure”, “anti-social behaviour”, precocity, group pressure, “low self-esteem”), with **family variables** (such as “economic problems”, ruptures and communication problems, “lack of emotional support”, “unrealistic expectations”...), with **school variables** (quality of life in the facilities, “lack of student participation”). On the other hand, it is important to identify the associated protective factors also related to individual variables (sound “self esteem”, “interpersonal relationship skills”, etc), family (“emotional involvement, “clear patterns of communication”, etc), school and community.

Regarding the second level of knowledge that should support the preventive strategies, there is reference to: the study of current manifestations of the drug phenomena and of its different meanings according to the different categories of users. A request is therefore made towards a “vast and precise epidemiological study”.

- c) To **outline**. The preventive strategy implies three fundamental options: (i) to define previously, with clarity, the desired objectives of the intervention (ii) to outline target groups in precise terms (iii) to adapt the objectives to the target groups and to define priorities. Thus, the programmes should accommodate to the higher or lower risk level of the populations; they should focus mainly “on the end of childhood and the beginning of adolescence” and especially on young people with a precarious social links.
- d) To **evaluate**. Without evaluation it is impossible to assess the efficacy of the programmes, to transmit them on and to improve the quality of the intervention. It is for this reason that evaluation occupies “a central place in the present strategy”. Evaluation should assess not only the results (at the level of changes in the attitudes and/or behaviours) but also the process (the execution of the prevention programme).

1.2. Organisative structures

- e) To **rationalise**. The principle of rationalisation passes through the dialectic of the central and the local level. The Portuguese Institute for Drug and Drug Addiction (IPDT), responsible for the co-ordination

and implementation of primary prevention programmes, has regional delegations which “allow more proximity to the problems and the populations”. Nevertheless, this proximity does not exclude “the progressive assignment of responsibilities in the area of primary prevention to local governments”. The strategy aims at stimulating the commitment of the city councils and the communities in prevention.

Therefore, it foresees for the first implementation stage, the establishment of “partnerships” between local autarchies and the central administration, through the regional delegations of the IPDT.

- f) To **co-ordinate**. “One of the structuring principles of this strategy is that of co-ordination. The co-ordination of prevention is a responsibility of the IPDT in co-operation with the ministerial services, such as the Information and Counselling Centres (CIACs) from the Service for the Prevention and Treatment of Drug Addiction and the prevention programmes in the school setting from the Ministry of Education. This does not dispute the important role which the non-governmental organisations play in this area. In fact, “primary prevention is not and exclusive task of the public administration”.

1.3. Treatment and social-health intervention

1.2.1. Treatment

Regarding treatment, the new strategy is not innovative. It justifies the current policy, describing the developed activities and identifying aspects which may allow for an improvement at the level of the current mechanism, such as: (i) the co-ordination between the SPTT and health centres, psychiatry departments, regional centres of social security and prisons (ii) “to involve the whole health system and not only the SPTT in the treatment of drug addicts” (iii) to guarantee the effective availability of treatment (by solving the problem of the waiting lists) (iv) to increase the number of available places in the therapeutic communities (v) to guarantee programmes, directed at specific groups (e.g. Drugs users with AIDS, pregnant drug users, drug addicts...).

1.2.2. Social and sanitary intervention

This section includes policies of harm reduction and social rehabilitation

Harm reduction

Founded on the principles of pragmatism and humanism, the policy of harm reduction is considered a type of intervention that aims at “eliminating or minimising the harm or risks, caused by drug use, in all situations, even when the use of the drugs continues to exist”.

The specific objectives of harm reduction policies are, at the same time, health related and social; they aim at preventing the risk of spreading infectious diseases and delinquent behaviours as well as to “facilitate the relationship of the drug users with the health services”.

The following policies currently exist in Portugal: (i) infectious diseases screening; (ii) syringe distribution and counselling (iii) syringe exchange programme in pharmacies (iv) medical and social support in neighbourhoods associated to traffic and prostitution (v) low threshold substitution programmes with methadone complemented by social and health support.

The strategy proposes to reinforce harm reduction policies, not only through the improvement of the existing programmes but also through the setting up of other programmes such as: (i) intervention of outreach workers in areas of drug use and homeless drug users, (ii) the setting up of support and sleep-in centres.

A special reference is made concerning treatment of drug users in prisons and harm reduction measures in the prison setting. “Treatment and rehabilitation of drug users in prison is an imperative to this National Strategy for the Fight Against Drugs”. In effect, the imprisoned population is considered to be a “high risk [population] and, therefore, a priority target of a harm reduction policy”. Hence the need to continue the implementation of the experiences that are being carried out. However, regarding syringe exchange in prisons, and given the complexity of this practise, it is recommended the study of this experience in other countries, as well as its legal implications, for a political decision on this issue”.

Ressocialisation

Designed at the same time as a form of prevention (for relapse) and as a necessary step of treatment, social rehabilitation is considered not as a minor vector but as a fundamental imperative of the *National Strategy of the Fight Against Drugs*. The social exclusion situations in which drug users are justify positive discrimination measures, adequate to the different exclusion situations, such as (i) residential support in “reinsertion apartments”, (ii) professional training, (iii) social support structures to satisfy basic needs and aid in finding and maintaining employment (e.g. for ex-convicts), (iv) protected employment, namely in situations of double diagnosis, and (v) self-help groups. Thus, the reinforcement of intervention programmes in this area, as well as the enlargement of support systems especially in the framework of co-operation between the State and private institutions, is encouraged.

IV. Research and Training

1. Scientific research

The *National Strategy for the Fight Against Drugs* gave special relevance to scientific research. And it justifies the relevance given to this option: “only a commitment towards the understanding of the complexity of causes and diversities of the expressions of the drugs and drug abuse phenomena may allow for an attitude which is not merely reactive, and fundament more lucid and effective political decisions”.

The long chapter dedicated to this strategic option approaches: the research missions, action-research, evaluation, inter-disciplinary research, research priorities, resources and research structures.

1.1. Mission of research and knowledge summoning

Scientific knowledge is unable, by itself, to determine the political decisions, but it contributes to their clarification and foundation. What is expected from research in the field of drugs? That it may describe, explain and interpret the phenomena.

Thus:

- a) The description should respond to the following questions: which is the dimension of the phenomena? Which is its real geographical and time dynamic, who are the actors? Which are the drug use patterns?
- b) On the other hand, explanation and interpretation should summon the required knowledges by the complexity of the phenomena:
 - (i) *At the biological level:* neurology, neuropharmacology and embryo development.
 - (ii) *At the level of psychological and behaviour sciences:* beyond the etiological and pathological paradigm, so far the dominant one, it is important to develop research lines which may explore life structures in their daily dramatic, in a psycho-eco-social perspective.

- (iii) *At the level of the social sciences:* it is expected that these disciplines explore the remaining socio-biological, ethnographic and economic aspects of the phenomena.
- (iv) It is also fundamental that interdisciplinary studies describe the relations between the drug phenomena and other phenomena of social related problems, such as criminality.

1.2. Action and research

This vector of research refers to three topics: evaluation, comparison and methods.

1.2.1. Evaluation

The concern with evaluation is central to this strategy: it is mentioned on the subjects of prevention, treatment and the strategy itself. Which are thus, the conditions for an effective evaluation?

- a) The programmes have to be designed and developed so as to be evaluated. In effect, there are some programmes, which are not possible to evaluate.
- b) The determination of the value of a programme cannot result from **opinions** or “**judgement**” issued by their actors (participants, internal or external evaluators).
- c) The evaluation should result preferentially from **facts** established by evaluative **instruments**.
- d) These instruments have to be integrated in the programme that is under evaluation.
- e) The effective evaluation implies a reliable methodology.
- f) The design of the programme has to foresee the respective instruments and evaluation methods (self-evaluation).
- g) The mechanisms for the self-evaluation of the programme do not exclude external evaluation.

1.2.2. Comparative studies

It should be possible to compare the different intervention programmes in terms of their differential efficiency.

1.2.3. Methodologies

It is necessary to develop and test scientifically valid instruments and methodologies.

1.3. The interdisciplinary research

Reliable methodologies developed in different institutions are available in Portugal. It is now time to converge into the interdisciplinary spirit which is fundamental in the research on drugs and drug addiction.

1.4. Research priorities

The strategy defines five research priorities:

- a) research on a reliable description of the current dimension of the phenomena;

- b) research on the analysis of the relations between the different types of drugs, types of behaviours and types of contexts;
- c) research on the dangerousness of the different drugs, including the new synthetic drugs
- d) research on the initiatives of social experimentation (e.g. the Swiss experience).
- e) research on the methodologies for programme evaluation.

1.5. Resources and structures

The strategy sets a challenge to the Universities: the development of a steady scientific community in the field of drugs. It also appeals to the Foundation of Science and Technology, so that it may bear in mind the specificity of the research on drugs and drug addiction. Only through the combination of the initiatives of the communities, of the IPDT and of the Foundation of Science and Technology, will the development of the desired scientific knowledge be achieved.

2. Training

The urgency of training is evident. No one questions it. The strategy states that it is “absolutely essential to promote an adequate training of the human resources in this area”. Which are, thus, the types of training needed? Which are the principles that it should follow? Which are the training priorities?

2.1. Types of training

- a) **General training** – transmission of knowledge about drugs and drug addiction for the general population.
- b) **Specific training** – targeted at professionals which, tangentially or in a permanent basis, act in the field of drugs and drug addiction. It may be divided in two categories: **technical training** and **specialised technical training**.

Technical training aims at the acquisition of knowledge and skills for intervention; the target groups are the professionals of the different organisations in the field; its modalities are (i) initial training (with a double component, theoretical-practical and supervision) (ii) on-going training.

Specialised technical training and post-graduate training aim at the theoretical framing of practice; it is targeted at experts in drugs and drug addiction; its modalities are (i) the methodological and conceptual analysis (developed in the university context) (ii) the intervention (expertise in a specific area or method of intervention).

2.2. Principles for training in drugs and drug addiction

The training design should follow a set of principles which may be summarised in four key words: “differentiation” (of the objectives, the types and the levels of training); (inter-disciplinary) “integration”; (inter-institutional) “communication” and (professional) “ethics”.

2.2.1. Priorities

The strategy states four priorities:

- a) To develop theoretical or initial training in the curricula of the university degrees in areas which are usually confronted with drug problems (Medicine, Nursing, Pharmacy, Psychology, Law, Social Service, ...)
- b) To set up training programmes targeted at health professionals, teachers, law enforcement agencies, social animators, mass media professionals and other actors.
- c) To promote interdisciplinary training in the framework of on-going training.
- d) To develop a mechanism for general training.

V. Conclusions

The preface of the *National Strategy for the Fight Against Drugs* reads “Defined the strategy it is the time for action” (José Sócrates, Assistant Minister of the Prime Minister).

This is to say: let’s face the enemy (“the fight against drugs”) on the basis of an operation plan (“the national strategy”) approved by the Government. “We built a strategy together, we will fight the fight together” (José Sócrates, op.cit.).

This time we will abstain from analysing the persistent military metaphor (the fight has finally a strategy), and without entering the complex issues on the philosophy of the human action, a brief enunciation of the critical issues related to this “time for action” strategically governed seems to be opportune.

1. Since the intervention on the drug phenomena has now a strategy it does not obey a determination level equivalent to the one which displaces an army to a war theatre until the point of confrontation with the enemy. The Portuguese strategy for the fight against drugs, in its letter and in its spirit, is a guiding instrument which allows for co-ordinated action. It is more a compass than a war machine.

Do we want to fulfil the strategy? Let us go to action abandoning military logic and all kind of militancy.

2. The action is determined by forces of a double order: (i) visible ones, those which the strategy materialises (coming from the power of reason and from the legal-political power), (ii) invisible, those which come from desires, beliefs, intentions and events; those which tend either to acceleration or inertia.

Do we want to fulfil the strategy? Let us know how to play its strength in the heart of the forces which converge to it or which diverge from it.

3. Three dangers lie on the “time for action” which always summons powers: the fugitive action, the vindicating blockade and the causal attribution. The first one, motivated by the hurry to change, by the pretension to originality and by the will of protagonism and showing off, leads the action to slide towards that which the first author of this text denounces as the intervention terror and the political colonisation: the numerous disperse actions, with no density, no continuity, no evaluation judgement. Ephemeral. The second one comes from the incapacity of the “*man nomena*” to dominate the “*man phenomena*” in its etological manifestations and it consists in the conservative resistance to the appeals of innovation. The third one, sustained by epistemological mistakes, conceives action as the effect of identifiable causal determinations (for instance, it occurs **after** the strategy and it is **because** of the strategy).

Do we want to fulfil the strategy? Let us look out for the dangers which menace it.

4. The strategy foresees its own evaluation: *“The strategy should be revised, at least, within five years, in 2004. That revision should have in account an external evaluation”* (National Strategy for the Fight Against Drugs). This is a profoundly strategic ethical moment: the application of the critical judgement on a first period of the “time of action”. And the strategy, in the chapter on research, defines effective evaluation through seven criteria (c.f. supra). The definition which it gives for evaluation is applicable to its self-evaluation? Which means: is the strategy applicable With which instruments, with which methodologies? The effective evaluation does not come only at the end; it is, since the beginning, the self-evaluator mechanism of the actions it provoked. The day of the final judgement does not dispense the conscience daily exam.

Do we want to fulfil the strategy? Let us implement starting now the process for its evaluation.

VI. Bibliography

Decreto-Lei n.º 15/93 de 22 de Janeiro.

Estratégia Nacional de Luta Contra a Droga, Presidência do Conselho de Ministros, 1999.

Resolução do Conselho de Ministros n.º 62/96, de 22 de Março, in *Diário da República*, I série_B, n.º 1000, de 29 de Abril.

12. Cocaine and base/crack cocaine

Fernanda Feijão

In this chapter a summary is made on what is known about cocaine use in Portugal in the end of the year 2000. On line with the suggestions of the EMCDDA' Drug Trend Bulletin n. ° 1 on Cocaine topics are explored on:

12.1. The users:

- a) experimental cocaine users;
- b) recreational cocaine users;
- c) regular, non-problematic cocaine users;
- d) regular, problematic cocaine users;
- e) dependent cocaine users

12.2. The use:

- a) prevalence of cocaine use in different users groups;
- b) patterns of use in different groups:
 - form of cocaine;
 - route of administration;
 - frequency of use.

12.3. Consequences of the use:

- b) health consequences
 - effects;
 - treatment:
 - figures of treatment demand;
 - availability of specific treatments for cocaine drug addicts;
 - deaths related to cocaine use.
- c) legal consequences:
 - offenders by type of drug law offence:
 - cocaine traffic;
 - cocaine use;
 - cocaine traffic and use;

12.4. Availability of cocaine: quantitative indicators:

- a) number of seizures
- b) quantities seized;
- c) price;
- d) purity.

12.5. Supply of cocaine:

- a) Supply routes/countries;
- b) Distribution patterns.

12.1. The users

In Portugal, like in other countries, in spite of the absence of specific research concerning cocaine users, it is common to agree upon the existence of different groups of users.

In fact, information available from studies carried out by public institutions in charge of drug prevention (IPDT - Instituto Português da Droga e da Toxicodependência), drug treatment (SPTT - Serviço de Prevenção e Tratamento da Toxicodependência), private organisations like IREFREA-Portugal (Institut de Recherche Européenne des Facteurs de Risque Enfant - Adolescent), GACSCV (Gabinete de Apoio ao Centro Social do Casal Ventoso) or by Universities (Lisbon and Oporto) enables the identification of specific groups of cocaine users.

Depending on the frequency of use and on its effects on the consumers, five groups can usually be described when talking about drug users: experimental users, recreational users, regular non-problematic users, regular problematic drug users and dependent users or addicts.

Using this terminology and classification concerning cocaine users we have:

a) Experimental cocaine users

If we consider the group of experimental cocaine users, to be the group of people that tried cocaine but that not use it anymore or, at least, does not use it on a regular basis, some students are found among them.

Prevalence and patterns of drug use in students following the 3rd level of compulsory school and the secondary school, were accessed by surveys carried out, by IPDT⁴⁰, in representative samples at national and/or regional level. From its results one can conclude that among them - especially students older than 15, and living in Lisbon or in the cities around - are experimental cocaine users. It was among students, over than 18 years old, following recurrent education⁴¹, that the highest experimental cocaine use was found.

Prevalence and patterns of drug use in students following a university degree, are not known. The only study available in this population was done with a sample that was not representative of the population, and consequently its results can not be used as reference.

Data from young people outside school or from adult people are not yet available. It is expected that the General Population Survey-2001⁴² will present results before the end of the current year. It will then be possible to have some information about experimental users belonging to those groups.

b) Recreational cocaine users

If one considers recreational/occasional cocaine users, as people that only use cocaine in specific occasions, such as when going to parties, discos, raves or other events in a non regular base, one should conclude that few information is available in Portugal about this group.

⁴⁰ IPDT was created in 1999, and include the former GPCCD – Gabinete de Planeamento e de Coordenação do Combate à Droga where, since 1987/8, epidemiological surveys on drug use having students from 3^d level of compulsory school, and secondary school as the target group were carried out.

⁴¹ specially targeted to students that failed in regular school (grades 7th to 12th, of day and night school).

⁴² *Consumo de droga na população Portuguesa* by Casimiro Balsa from Lisbon University.

Only two studies⁴³ referring people going to discos as the target population were published. A methodology both qualitative and quantitative (but in non representative samples) was used in order to enable better understanding the life styles of that group of people. They were carried out by IREFREA-Portugal in Coimbra - a city, in the centre of Portugal, where a large percentage of the population are university students - in 1997 and 1998, and results show that the proportion of people (aged from 14 to 22 years) using cocaine there was similar to that of students of the secondary school, at national level.

c) Regular, non-problematic cocaine users

Regular, non-problematic cocaine users - if referring to cocaine users on some regular base (daily, at weekends, in specific regular events, etc.), and in such a way that users do not experience problems (related to psychological or physical health, work, family, or social life) are the group from which, systematic information is not available at all.

Usually that group is thought to include people from high, economic and social level, people going to the more fashionable places (discos, restaurants, bars, etc.) specially in Lisbon, and attending private parties. Groups of people from TV, artists, sports, high level executives, etc, are thought to include some regular, non-problematic cocaine users.

Nevertheless, among people with few or no resources, cocaine users without severe problems due to the use, are thought to be only a few, because of problems inherent to the price of cocaine. Involvement in anti-social behaviour in order to get money to buy cocaine is often the only choice.

Again it is expected that the referred General Population Survey, would give some information on this indicator, despite the fact that the methodology, is not the more accurate to access a more or less "hidden population", as it seems to be the case.

d) Regular, problematic cocaine users

If the expression "problematic cocaine users", refers to regular cocaine users experiencing some kind of severe problem due to use of cocaine (related to psychological or physical health, work, family, or social life) it is necessary to recognise that this group can include people using only cocaine or using cocaine in a polydrug pattern of use where cocaine could be the primary drug used. In this case it is possible to identify, at least, three sub-groups: one of users having cocaine as primary drug, and heroin as the second one, users having heroin as the main drug and cocaine as the second one, and another including users having cocaine as primary drug and synthetic drugs as the second ones.

Problematic cocaine users, using cocaine as the only or the main drug are thought to had belong to the regular, non-problematic cocaine users group and, perhaps because of this, are very difficult to be accessed if they belong to the group that can support the financial cost of cocaine price. Information about this is not available and, as a result of it, they can not be formally characterised. If problematic cocaine users have low incomes, the probability is high for them to get rapidly thrown into in the more deprived group of drug users, being frequently involved in anti-social behaviour (robberies, assaults, etc.).

The group of problematic cocaine users that use heroin as primary drug also has great probability of being more deprived and being frequently involved in anti-social behaviour if they can not support the cost of both cocaine and heroin. Results from a study designed to understand risk behaviour and needs in the highly

⁴³ IREFREA – *Characteristics and social representation of ecstasy in Europe (1997) and Night life in Europe and recreative drug use. SONAR 98.* Fernando Mendes is in charge of IREFREA-Portugal, and coordinated the studies in Portugal.

deprived group of injecting drug users at Casal Ventoso⁴⁴ show that among the users surveyed, a relevant proportion of them use both, cocaine and heroin.

Finally, on the group using cocaine as primary drug, and synthetic drugs as secondary drugs, systematic information is not available. From the only study published⁴⁵, having synthetic drug users going frequently to discos as the target population, one can conclude that, in 1998, among the users interviewed, the regular use of cocaine was not yet established, and consequently there is no reference to problematic synthetic and cocaine users.

Nevertheless, in one of the studies of IREFREA-Portugal, key people in the disco night life in Coimbra, were interviewed, and refer that some troubles were beginning to happen in the discos due to cocaine users; they also expressed their concern about the consequences that the development of that occurrences will have to night business.

Considering the information from the survey among students of schools in Greater Lisbon⁴⁶, results point to the existence of the higher prevalences of cocaine use in the city areas where night life is more developed and where - from 1992 to 1998 - Ecstasy, and LSD also increased (Cascais, for example).

From these data one can consider that they point to polydrug use of cocaine, ecstasy and LSD, among people usually going to discos, but it is also possible that the use of these drugs happens in some setting but by different users. So, it is evident that it is necessary to have more information on this subject. During the current year, IPDT will carry out a study in all the main cities in Portugal, targeted to the group of disco attendants, in order to characterise this population, to better understand which are their problems and needs at different levels, referring to drug use.

e) Regular, dependent cocaine users

By the reasons referred above, dependent cocaine users other than those belonging to very deprived groups (like that of Casal Ventoso) are hardly accessed.

In the study⁴⁷ at Casal Ventoso - bearing in mind that the sample was not representative of the local residents or occasional inhabitants of the local - in the 90 dependent drug users interviewed, the proportion of drug users referring the use of cocaine, heroine or both was about the same, perhaps confirming the idea that among the very problematic drug users there exist a high proportion of both types of use, separately or together (speed-ball).

A study is being carried out to estimate the prevalence of problematic drug users at national level⁴⁸. When data is available, it will perhaps be possible to have some information on dependent cocaine users.

⁴⁴ *Inquérito às práticas de risco e necessidade dos toxicodependentes do Casal Ventoso* by Carlos Fugas, João Paulo Ribeiro and Nuno Torres. *Casal Ventoso* is the place, in Portugal, where the larger concentration of very problematic injecting drug users, most of them homeless people, is found.

⁴⁵ *Traços contínuos de diversão* by Margarida Rebelo e Fátima Lopes.

⁴⁶ *Droga-Meio Escolar. Grande Lisboa 1992-1998* by Luisa M. Rodrigues, Carla Antunes, Elsa Lavado and Fernanda Feijão.

⁴⁷ *Inquérito de práticas de risco e necessidades dos toxicodependentes*.

⁴⁸ *Consumidores problemáticos de droga em Portugal* by Jorge Negreiros from Oporto University.

12.2. The use

a) Prevalence of cocaine in different user groups

Following what was said about the different user groups, one easily realises that information available in Portugal on cocaine prevalence of use refers, mostly, to experimental users and specifically to students from compulsory and secondary grades of public schools.

Representative surveys carried out by IPDT, at national level, always used the same methodology and the same questionnaire. Results from the 1989 and 1995 surveys⁴⁹ - among students from regular compulsory school, grades 7th to 9th (ages from 13 to 15/16) - show a stable lifetime prevalence of cocaine use - 0.6%. Concerning crack, lifetime prevalence was 0.2% in 1989 and 0.3% in 1995. As reference, lifetime prevalence of other illicit drugs was also stable: LSD - 0.3%, Heroin - 0.8%, and Cannabis - 3.2%, as Table 1 shows.

**Table 1 – “Droga-Meio Escolar” - Portugal Continental - 1989 and 1995
Regular Compulsory School – 3rd Level (Grades 7th to 9th)
Prevalence of Cocaine Use (%)**

Year	Lifetime				Last 12 Months			Last 30 Day		
	Cannabis	Heroin	Cocaine	Crack	Cannabis	Heroin	Cocaine	Cannabis	Heroin	Cocaine
1989	3.2	0.8	0.6	0.2	2.3	0.3	0.3	1.4	0.2	0.1
1995	3.2	0.8	0.6	0.3	1.9	0.3	0.3	1.4	0.1	0.2

At local level, the region of Greater Lisbon - 7 municipalities in Lisbon area - is where, at national level, prevalences use to be the highest. Surveys⁵⁰ in 1992 and 1998, from representative samples of these regions show that lifetime prevalence of cocaine was stable in regular education level (about 1%), either in 7th to 9th grades or secondary school (10th to 12th grades). As reference, figures for prevalence of cannabis, heroin and ecstasy are in the tables below.

**Table 2 – “Droga-Meio Escolar” - Greater Lisbon – 1992 and 1998
Regular Compulsory School – 3rd Level (Grades 7th to 9th)
Prevalence of Cocaine Use (%)**

Substance	Lifetime			Last 12 Month			Last 30 Day		
	1992	1998	(a)	1992	1998	(a)	1992	1998	(a)
Any Drug	5.68	5.20	ns	3.31	3.04	ns	2.27	2.11	ns
Cannabis	5.08	4.11	*	2.98	2.37	ns	2.05	1.77	ns
Heroin	1.15	0.71	*	0.66	0.43	ns	0.38	0.33	ns
Cocaine	0.68	0.54	ns	0.38	0.40	ns	0.20	0.28	ns
Ecstasy	-	1.60	-	-	1.17	-	-	0.74	-

(a) Binomial test:*** = (p<0.001); ** = (0.001<p<0.01); * = (0.01<p<0.05); ns.= difference statistically non-significant .

⁴⁹ *Droga-Meio Escolar. Portugal Continental 1989-1995* by Luisa M. Rodrigues, Carla Antunes and Zilda Mendes.

⁵⁰ *Droga-Meio Escolar .Grande Lisboa 1992-1998.*

**Table 3 – “Droga-Meio Escolar” - Greater Lisbon – 1992 and 1998
Regular Secondary School -Grades 10th to 12th
Prevalence of Cocaine Use (%)**

Substance	Lifetime			Last 12 Month			Last 30 Day		
	1992	1998	(a)	1992	1998	(a)	1992	1998	(a)
Any Drug	16.18	15.52	ns	11.90	11.23	ns	7.10	7.03	ns
Cannabis	15.86	14.74	ns	11.86	10.54	ns	7.00	6.32	ns
Heroin	1.63	0.49	***	1.05	0.23	***	0.77	0.23	**
Cocaine	1.32	1.65	ns	0.91	1.18	ns	0.42	0.50	ns
Ecstasy	-	2.66	-	-	1.98	-	-	1.22	-

(a) Binomial test:*** = (p<0.001); ** = (0.001<p<0.01); * = (0.01<p<0.05), ns.= difference statistically non-significant .

At recurrent school, despite the fact that lifetime prevalence show a higher percentage in 1998 than 1992 (although that increase is not statistically significant because students in this type of school are only a few), the same does not happens in last 12 month prevalence or last 30 day prevalence. So globally cocaine use in the group of the older students remained stable too as Table 4.

**Table 4 – “Droga-Meio Escolar” - Greater Lisbon – 1992 and 1998
Recurrent School -Grades 7th to 12th
Prevalence of Cocaine Use (%)**

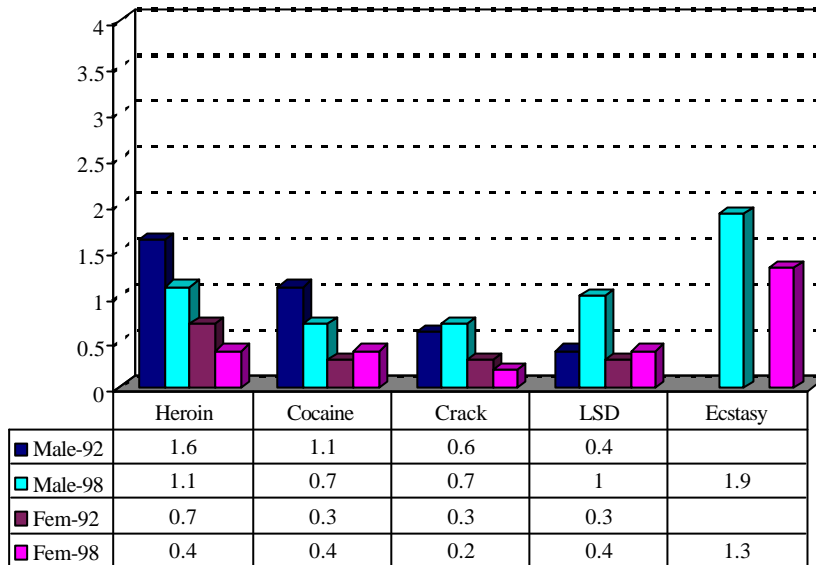
Substance	Prevalence (%)								
	Lifetime			Last 12 Month			Last 30 Day		
	1992	1998	(a)	1992	1998	(a)	1992	1998	(a)
Any Drug	18.02	20.06	ns	10.35	9.98	ns	6.43	7.01	ns
Cannabis	17.67	19.98	ns	10.13	10.01	ns	6.20	7.05	ns
Heroin	3.06	3.56	ns	2.16	0.35	***	1.47	0.12	***
Cocaine	3.26	4.29	ns	2.28	1.39	ns	1.24	0.70	ns
Ecstasy	-	3.26	-	-	1.62	-	-	0.81	-

(a) Binomial test:*** = (p<0.001); ** = (0.001<p<0.01); * = (0.01<p<0.05), ns.= difference statistically non-significant .

Results of that study also point to the fact that Cocaine use is specially a male use, as can be seen from next Chart 1 to 3:

**Chart 1– “Droga-Meio Escolar” - Greater Lisbon – 1992/1998
Regular Compulsory School - 3rd Level (Grades 7th to 9th)**

Lifetime Prevalence of Heroin, Cocaine, Crack, LSD and Ecstasy Use by Sex (%)

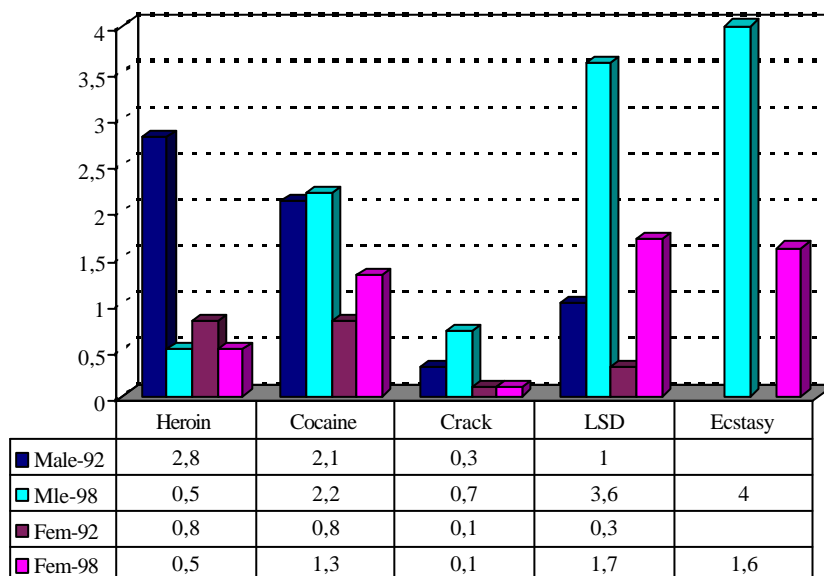


In general, as Charts 1 shows, the proportion of males experimenting drugs is higher than the proportion of females.

It is interesting to realise that, in 1998, in secondary school, was cocaine the drug were the lifetime prevalence are more likely for boys and girls – Chart 2.

**Chart 2– “Droga-Meio Escolar” - Greater Lisbon – 1992/1998
Regular Secondary School – Grades 10th to 12th**

Lifetime Prevalence of Heroin, Cocaine, Crack, LSD and Ecstasy Use by Sex (%)



**Chart 3– “Droga-Meio Escolar” - Greater Lisbon – 1992/1998
Recurrent School Level– Grades 7th to 12th**

Lifetime Prevalence of Heroin, Cocaine, Crack, LSD and Ecstasy Use by Sex (%)

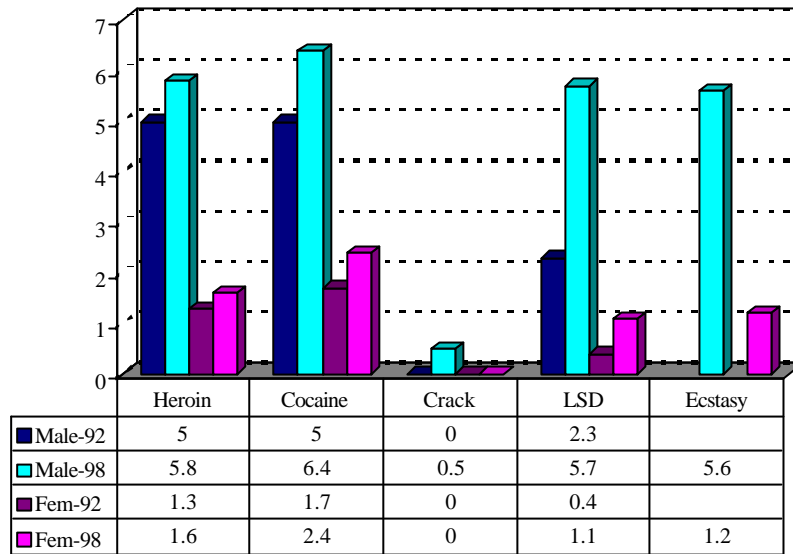


Chart 3, shows that in 1998, among recurrent school, the larger lifetime prevalence of drug use, either for boy or girls, was cocaine prevalence.

Among the large group of students attending regular school, Chart 4, data from 1998, is clear that cocaine use is more relevant in the area with the highest lifestyles status and where night life is more developed, what could means the beginning of a new trend of drug use or, only, a temporary local fashion.

**Chart 4 – “Droga-Meio Escolar” - Greater Lisbon – 1992 and 1998
Regular School: Compulsory - 3rd Level (7th-9th), Secondary School (10th-12th),
Cocaine: Lifetime Prevalence by Municipality**

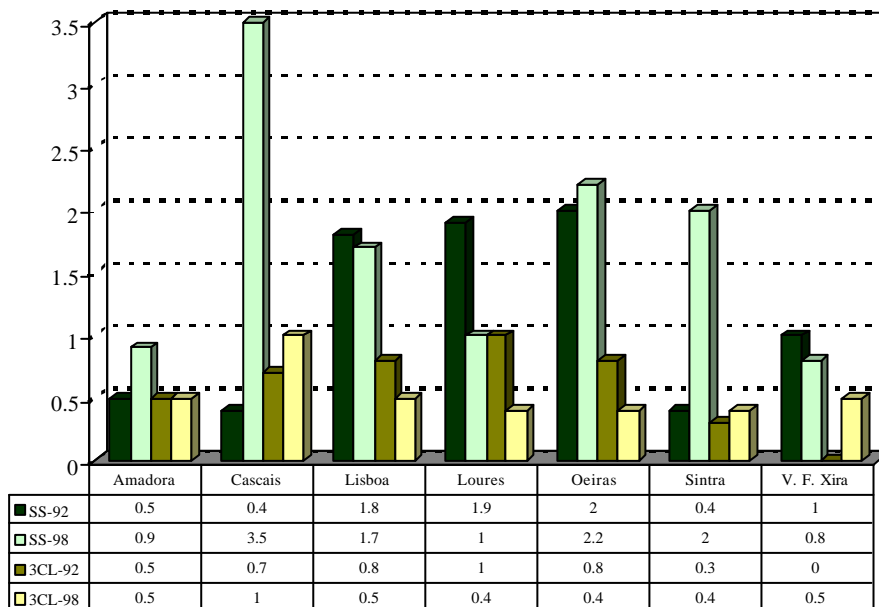
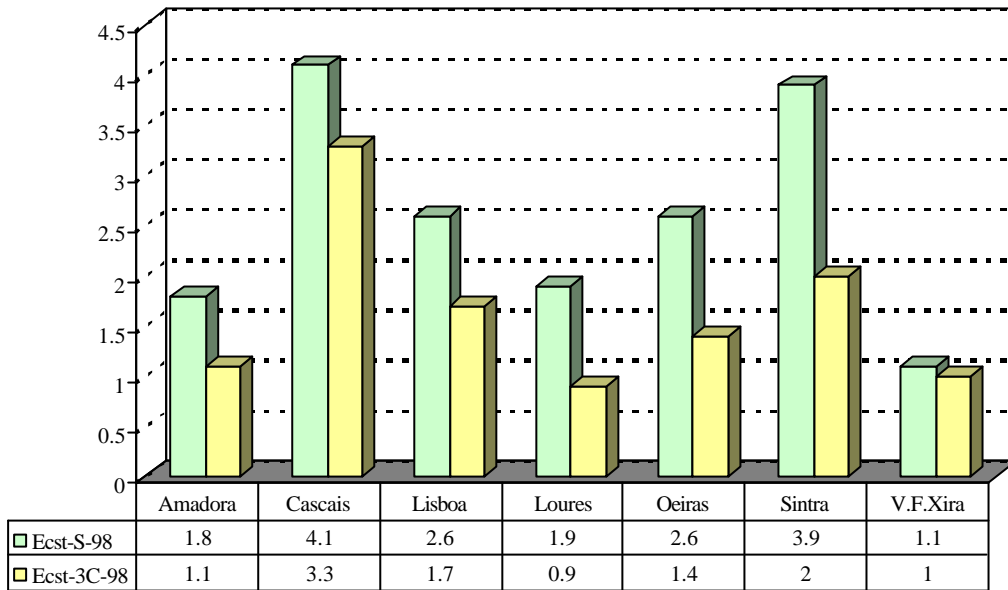


Chart 5 – “Droga-Meio Escolar” - Greater Lisbon – 1998
Regular School: Compulsory - 3rd Level (7th-9th), Secondary School (10th-12th),
Ecstasy: Lifetime Prevalence by Municipality



Charts 5 and 6 show that ecstasy and LSD use are more relevant in the areas where cocaine use is higher.

Chart 6 – “Droga-Meio Escolar” - Greater Lisbon – 1992 and 1998
Regular School: Compulsory - 3rd Level (7th-9th), Secondary School (10th-12th),
LSD: Lifetime Prevalence by Municipality

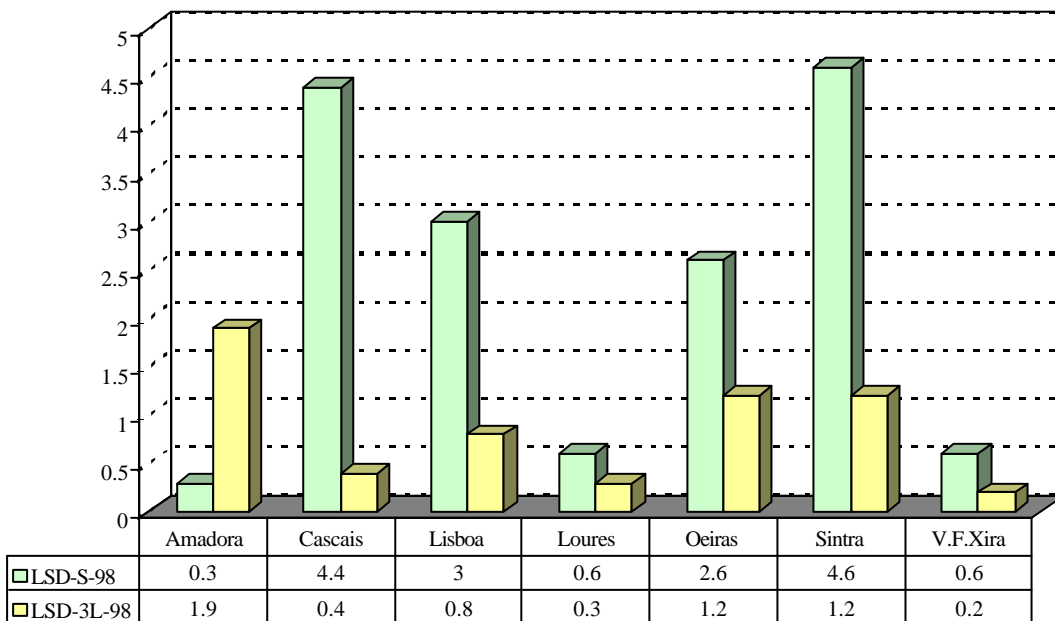
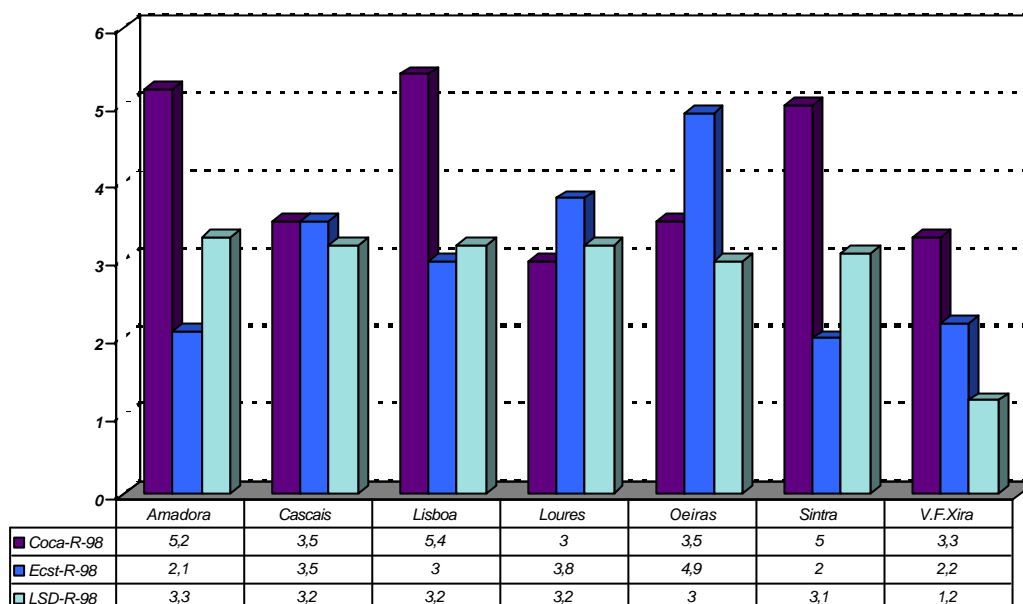


Chart 7 – “Droga-Meio Escolar” - Greater Lisbon – 1992 and 1998
Recurrent School (7th-12th),
Cocaine, Ecstasy, LSD: Lifetime Prevalence by Municipality



As Chart 7 shows results in the small group of students of Recurrent School (students who failed in regular school, and are older than 18) where the higher prevalence of cocaine use is found. municipalities where more students of this group tried cocaine (like Amadora, Lisboa and Sintra) are different from municipalities where more students of regular secondary school tried it (Cascais, Oeiras e Sintra).

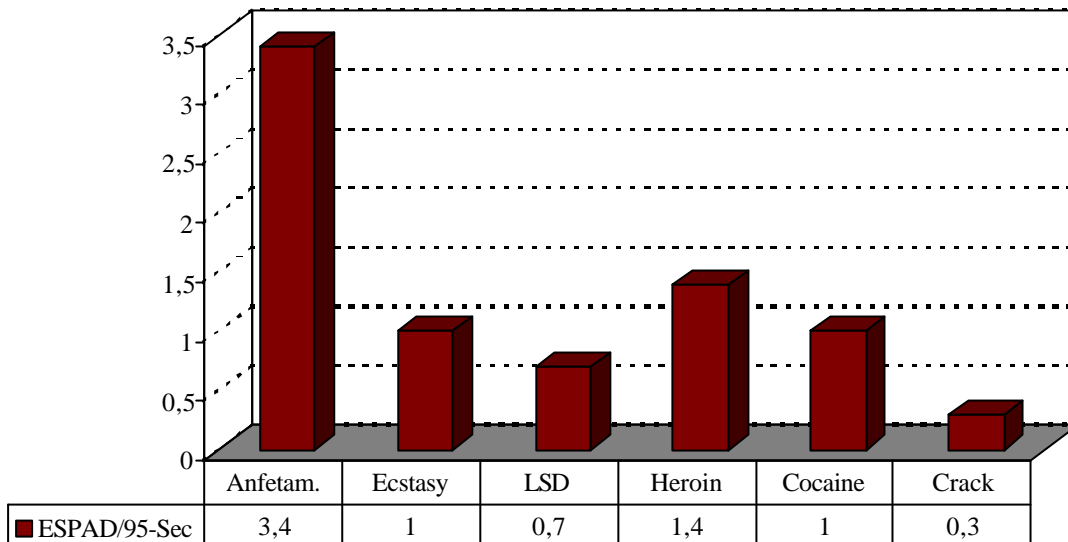
At international level, Portugal, through IPDT, is a partner of the European School Survey Project on Alcohol and other Drugs (ESPAD). This project was developed by CAN - The Swedish Council for Information on Alcohol and other Drugs, and had the support of Pompidou Group of the Council of Europe. The first study was in 1995, in 25 countries and the second was in 1999, in 30 countries. Target population are students that complete 16 years of age in the year in which the survey is carried out. The same questionnaire and the same methodology are applied and data collection happens at almost the same time in all countries.

In 1995, Portugal used the ESPAD questionnaire in two studies: one at national level, in a sample representative of all students following the Regular Secondary School (grades 10th to 12th), and other at international level, the ESPAD Project, with a representative sample of students born in 1979 (aged 16), following the 10th grade school (secondary school).

In 1999 the ESPAD survey sample was representative of students born in 1983 (aged 16 in 1999) following grades 8th to 10th. Because of that, a special sample representative only of the 10th grade, was also built in 1999 in order to enable the comparison with data from 1995. Chart 8 show the results from the 1995 survey⁵¹ carried out in Secondary School (students with 16 to 18/19 years old) for lifetime prevalence of some illicit drug use.

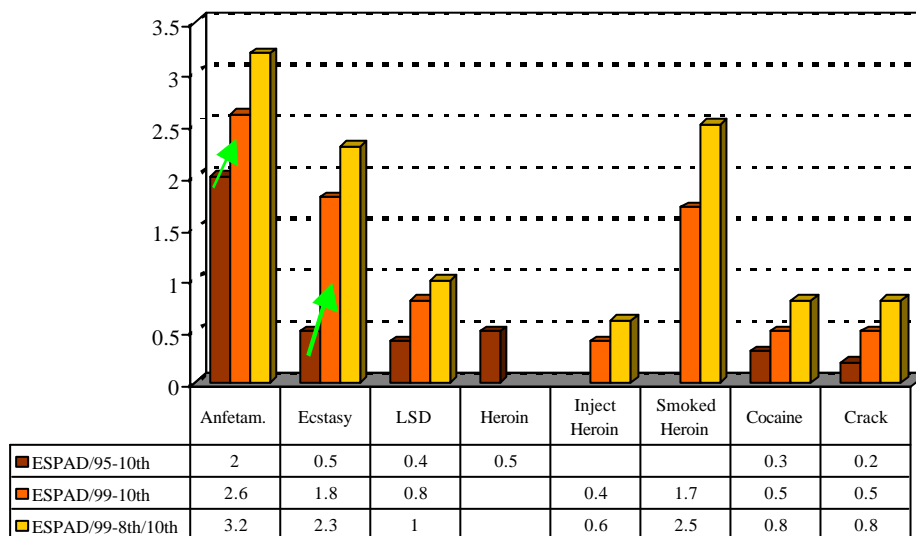
⁵¹ Students Survey in Secondary School – Portugal 1995. by Luisa M. Rodrigues, Zilda Mendes and Carla Antunes.

**Chart 8 – Portugal 1995 - ESPAD
Regular Secondary School - 10th to 12th grades
Lifetime Prevalence of illicit drug use (%)**



In the Chart 9 changes from 1995 to 1999, in the sixteen years old students, of 10th grade are reported, as well as lifetime prevalence for the global 1999 sample (8th to 10th grades).

**Chart 9 – Portugal 1995-1999 - ESPAD
Lifetime Prevalence of illicit drug use (%)
16 years old students :- 10th grade, and 8th to 10th grades**



In the sixteen years old student of 10th grade, at national level, from 1995 to 1999, cocaine lifetime prevalence remains stable but cannabis and ecstasy lifetime prevalence increased (green arrow refers to statistically significant differences).

In the global sample of the 1999 survey⁵² (students born in 1983 following grades 8th to 10th) results show that almost 1% of the students had experience cocaine and crack use sometime in their lives. It is important to refer that, for the first time, at national level lifetime prevalence of cocaine and cocaine-crack have the same value. Until then crack prevalence was always lower than the equivalent value for cocaine. Once again it could be the beginning of a new trend of drug use or only a temporary phenomena.

Of all these results one can conclude that cocaine prevalence has, globally, remained stable in spite of the fact, that for some groups and in some places, it is already evident that the number of people trying/using cocaine is increasing.

At international level, another study⁵³ was carried out in Portugal, during 1998, among students from grades 6th, 8th and 10th. This study was a survey included in the Health Behaviour in School-aged Children (HBSC), project promoted by WHO.

Data from this survey – no information is available regarding its general methodology or sampling procedures - show that, in Portugal, lifetime prevalence of cocaine use in students of that 3 grades of regular compulsory school, are globally 0.9% and 1.5% for boys and 0.5% for girls.

Comparing results from studies using different instruments for data collection and different methodologies is not possible. Nevertheless, from what was stated, one can conclude that it is necessary to watch the developments in the four key points where some changes appear to occur:

- The increase of cocaine use in some regions will extend to the country level?
- Problems associated to the use of cocaine, in nightlife will continue, develop, and enlarge to country level?
- The use of cocaine base or crack will increase?
- Will cocaine use be associated with synthetic drug use in a poly-drug pattern of use?

The extent of drug use in the others user groups, as was already said is not available. As it is known, it is very difficult to access information on hidden populations. New studies, using methodologies and techniques adapted to its characteristics are needed.

b) Patterns of use in different groups

Form of cocaine use

It is more or less admitted that in Portugal, the form of cocaine generally used is cocaine salt or hydrochloride. All the cocaine seized by police is cocaine salt. This perhaps means that people who use to smoked cocaine - cocaine base or crack - prepare it by themselves or that the market of these forms of cocaine is still developing.

In Portugal experimented users, usually make a difference between cocaine-base and crack, according to the way it is prepared. Cocaine-base is prepared dissolving cocaine in ammonia, for example, and extracting the

⁵² ESPAD 1999 – *Portugal Continental. Síntese dos principais resultados* by Carla Antunes and Fernanda Feijão.

⁵³ *A saúde dos adolescentes portugueses* by Margarida Matos, Celeste Simões, Susana Carvalhosa and Carla Reis from Lisbon University.

liquid with a paper, crack is obtained dissolving cocaine in water with sodium bicarbonate and boiling/cooking it until crystallised preparation appears. It seems, however, that differences exist amongst regions on the way base cocaine, such as crack, is prepared in Portugal. It is expected that results from research conducted in 2001 will throw more light on the subject.

Almost all of drug users following a treatment program at SPTT when referring smoked cocaine talk about cocaine-base.

Data from the 1999 ESPAD Survey show, for the first time, crack with the same lifetime prevalence of cocaine (0.8%), but students were asked to respond only if they had ever tried cocaine or crack without any reference to cocaine-base. Of course it can be asked if what students call “crack” is indeed crack

Route of administration

For the reasons exposed above, patterns of cocaine use in the different groups are generally unknown. Once again, the only group about which is possible to give some information on this issue is the one from students belonging to the experimental cocaine users group.

Results from the different referred studies use to show that cocaine was almost always sniffed, but data from the 1999 ESPAD Survey show, for the first time crack with the same lifetime prevalence of cocaine (0.8%) which could mean that to smoke cocaine is becoming a more generalised procedure. Of course it can be questioned if what students call “crack” is indeed crack or if it is cocaine-base. Although in this study students were not asked about the route of administration, whatever it was – cocaine base or cocaine crack – the most common way to consume both is smoked.

In a recent Portuguese movie about problematic cocaine users⁵⁴, the current way of cocaine use presented was “smoked” base-cocaine (inhaling smoke as a result of a burning process) which is also referred as usual among very problematic users of Casal Ventoso. Among these, injecting cocaine alone or together with heroin (speed-ball) is also commonly found.

On the contrary, among people of higher social status it is possible to hear about “to do some lines of coke” in a direct reference of sniffed cocaine.

Frequency of use

Information about the frequency of use, in terms of how many times during a specific period of time, and how much (doses or quantities) is used each time by cocaine users is not available.

Only ESPAD surveys gave some results on the number of times that students had used it in their lifetime, and that’s this information that enable us to conclude that they are almost all experimental cocaine users. In fact, results from the 1999 survey show that from the 0.8% of the students (16 years old) who reported cocaine use sometime in their lives, 0.4% refer that they did it only 1-2 times, 0.2% refer 3-9 times, 0.1% refer 10-19 times and only 0.1% refer more than 40 times.

Among regular cocaine users, problematic and/or dependent, results of referred study of Casal Ventoso point to much more severe patterns, frequently corresponding to daily use, but reliable information is not available on these groups too.

⁵⁴ “*O quarto de Vanda*” a film by Pedro Costa.

12.3. Consequences of use

a) Health consequences

Effects of cocaine use

Effects of different patterns of cocaine use in the different cocaine user groups are not described.

Treatment of cocaine users: treatment demand

In general, drug users looking for treatment at the public specialised treatment centres for drug users have been using heroin as main drug, and requesting for treatment for this dependence.

Data from the two days sagittal studies, carried out in SPTT (Serviço de Prevenção e Tratamento da Toxicodependência - the public health network of specialised treatment centres for drug dependence) from 1991 to 1997, showed that in 1997⁵⁵ clients of that service were mainly injecting heroin users showing the associated use of cocaine an increase and, at the same time, a decrease on injecting drug use.

So, despite the fact that there is not yet enough information available on this issue, some cues tend to point that general problems relating injecting drug use and HIV or Hepatitis diseases, are probably changing the route of administration of heroin users to alternative smoked heroin.

In fact, data from the first half of 2000, from SPTT⁵⁶ show that among drug users looking for treatment for the first time, 84% were heroin users, 43% had used cocaine and 45% had injected some drug in the last 30 days. Even considering that from these results it is impossible to know which is the proportion of those looking for treatment only because of cocaine use problems, it seems clear that injecting habits are changing, at least among drug users looking for treatment in public centres.

The extent of treatment of cocaine users (or other drug users) in private health clinic is, also, unknown. If, as it is suspected, many of the cocaine users have a high/medium economic status, it is natural to suppose that if they need treatment due to cocaine use, they will look for it in private care.

Treatment of cocaine users: availability of specific treatments for cocaine users

In Portugal, as during the last 20 years treatment demand came almost only from heroin users, the type of treatments available was thought for that type of clients. As specific needs for cocaine dependents are not systematically identified, at least in Portugal, cocaine users have available the treatments usually available for heroin users.

⁵⁵ *Toxicodependentes em Tratamento: Estudo sagital de 1997* by Nuno Félix da Costa from Lisbon University.

⁵⁶ SPTT. Relatório de Actividades 1999.

Deaths related to cocaine use

In 1999, the number of deaths directly related to drug use was 369⁵⁷. From these only 6 (5%) were referents only to cocaine use, although 30% of all, correspond to an opiate together with cocaine or together with cocaine and alcohol.

b) Legal consequences

Data from the Justice System⁵⁸, reporting the number of convicted people by drug-law offences in the last 5 years, are in Table 5.

It is interesting to realise that although the Portuguese legal framework had, since 1993, formally adopted a more comprehensive position toward drug users - considering all the presumed offenders by police in each of the last five years - the percentage of people suspected of cocaine use had always increased, and at the same time the percentage of people suspected of cocaine traffic decreased. Will this be a clue pointing to a regular increase of the number of cocaine users? There is not enough information to answer this question.

Table 5 – Presumed offenders by police suspected of having committed a crime related only to cocaine

Year	Total	Traffic		Use		Traffic/use	
	N	n	%	n	%	n	%
1999	626	139	22	419	67	68	11
1998	571	187	33	320	56	64	11
1997	499	200	40	270	54	29	26
1996	515	223	43	244	47	48	9
1995	410	216	53	153	37	41	10

Despite the fact that the number of presumed offenders by police had been increasing, the number of people convicted by Cocaine use had not follow the same trend, as Table 6 shows.

⁵⁷ Data from *Institutos de Medicina Legal* (Forensic Instituts - special registers) from Lisbon, Oporto and Coimbra.

⁵⁸ Droga – Sumários de Informação Estatística 1995, 1996, 1997, 1998, by GPCCD and Droga – Sumários de Informação Estatística 1999, by IPDT. In this context, for translation and harmonisation purposes, and according to the case definition given in the statistical tables, the term “presumed offenders” is the equivalent of “Indivíduos interpelados.”

Table 6 – Individuals convicted by a crime related only to cocaine

Year	Total	Traffic		Use		Traffic/use	
	N	n	%	n	%	n	%
1999	145	100	70	43	29	2	1
1998	235	135	57	97	42	3	1
1997	222	128	58	91	41	3	1
1996	136	93	68	39	29	4	3
1995	118	93	79	23	19	2	2

It is not possible to identify a trend in the variations reported in these table. The number of people convicted by year depends upon multiple factors, which means that this is not a reliable indicator to analyse changes, at least in such a short period of time.

Nevertheless it is clear from Table 6 that, in each year the proportion of people convicted by cocaine traffic is higher than the proportion of people convicted by cocaine use.

Perhaps the persistent interpellation of people by police because of drug use is nothing else but a part a drug prevention strategy. In court the number of people charged by drug use decrease, as also decrease the number of people convicted by drug use.

12.4. Availability of cocaine: Quantitative indicators

Quantitative and qualitative indicators usually access availability of drugs. As in Portugal qualitative information is not yet available on this issue, only quantitative indicators⁵⁹ will be referred.

Quantitative indicators of availability of cocaine and heroin are presented in Table 8.

Table 7 - Quantitative indicators of availability

Year	Number seizures >100gr		Quantities seized		Retail Price PTE/gr	
	Cocaine	Heroin	Cocaine	Heroin	Cocaine	Heroin
2000	107	118	3075	567	12092	9968
1999	79	74	823	76	8094	6282
1998	105	78	625	97	9146	7717
1997	106	70	3163	57	9147	7717
1996	130	71	812	47	-	-

⁵⁹ Annual reports from Polícia Judiciária 1996, 1997, 1998, 1999 and 2000.

a) Number of seizures of cocaine

It result evident from Table 7 that, in the last 5 years, the number of significant amounts of cocaine seizures, was always larger than the equivalent number for heroin. Explanation for this, if reliable, would be interesting because it is supposed that heroin use in Portugal is higher than cocaine use.

Perhaps the role Portugal is playing in the global distribution market has something to do with this. Portugal is closer to the countries where cocaine is produced (South America), and perhaps his country where cocaine entry to be distributed to European market. On the contrary, Portugal is far from countries where heroin is more produced (Asia), and because of this it, is possible that the heroin existing in Portugal will be mostly for national use, and not to export. This could explain the existence of large amounts of cocaine than heroin and consequently, an higher probability that a cocaine seizures occurs.

Independent of this, perhaps the most important aspect of this indicator is to realise that there seems to exist a correlation between the number of relevant (>100 grammes) seizures and the price of cocaine: stable number of seizures correspond to stable prices, decrease in the number of seizures, correspond to decrease in the price and an increase in the number of seizures correspond to an increase in price.

If this association is not by hazard, it could probably be means that the single pressure of police action has the result of increase the price. Traffickers would have there a reason to justify that increase.

b) Quantities of cocaine seized

Differences between the amount of cocaine and heroin seized are larger than those found for the number of seizures.

Once again the possible explanation tried to justify that gaps seems to apply, even better, to this indicator.

It is interesting to refer that, in the case of cocaine, a correlation between the quantities of cocaine seized and price does not seem to be clear

c) Price of cocaine

Price of cocaine seems to have a pattern of change that is not linear. As referred above, correspondence between the number of seizures and price seems to exist but correspondence between quantities seized and price is not clear, which could show that price is more dependent on psychological frameworks (the effect of frequency of news about seizures) than on objective contexts (the effective amounts of drug available). This is normal for any of multifactorial phenomenon such as price, and even more when is the case of a product being trade in an illicit market.

It is very interesting to realise that, despite of all what was said about prices there exist a constant relation between cocaine price and heroine price. In fact during the four years on which prices are available, one gram of heroin had always cost the price of 80% of the price of one gram of cocaine. Was this by hazard?

d) Purity of cocaine

There is not systematic information available on this indicator.

12.5. Supply of cocaine

a) Supply routes/countries

Data from Police reports⁶⁰ (Table 8) show that there is stability in countries supplying cocaine to Portugal.

Table 8 - The 3 most important countries of origin of the Cocaine seized

2000	Colômbia	Brasil	Venezuela
1999	Venezuela	Panamá	Brasil
1998	Venezuela	Brasil	Colômbia
1997	Colômbia	Venezuela	Brasil
1996	Colômbia	Paraguai	Venezuela

b) Distribution patterns

It is admissible to think that police know the detailed distribution patterns of the cocaine that enters in Portugal. Information on the part of the cocaine seized, which is supposed to be addressed to the national market, and on the countries to where the other part is supposed to go, is available. More detailed information about the national market exists but is not made available.

Although it is frequent to ignore the destination of almost half of the cocaine seized, it is evident from the police reports that Spain is the main market. Among other destinations referred by those reports there are always countries from the European Union and from Africa.

Nevertheless, data from only this indicator is not enough to evaluate the role of Portugal in the international distribution markets of cocaine.

As it was referred above, the geographical position of Portugal – closer to cocaine country producers and in a periphery of Europe – is perhaps very important. But, of course, many other reasons (political, legal framework, etc.) are necessary to get an accurate explanation on this issue.

⁶⁰ Annual reports from the criminal police (Pólicia Judiciária).

13. Infectious Diseases

Dr José Godinho and Dione Padre-Santo

13.1. Prevalence and incidence of HCV, HBV and HIV in drug users

The use of injected drugs means, currently in Europe, the most common risk factor for HIV, hepatitis B and hepatitis C infections.

In Portugal, although there are no studies at national level, data collected from the specialised treatment services (Serviço de Prevenção e Tratamento da Toxicodependência - SPTT), police, courts, National Committee for the Fight Against AIDS (Comissão Nacional de Luta contra a SIDA -CNLCS), national association of pharmacies (Associação Nacional de Farmácias - ANF) and the results from local prevalence studies suggest the existence of a high number of problematic drug users (heroin and cocaine)^{61/62}. Thus, these infections are a serious public health problem in our country especially in main urban areas in our littoral such as Lisbon, Oporto and Setúbal.

Drug addiction and HIV

According to the CNLCS the number of AIDS diagnosed cases notified from 01-01-1983 to 30-06-2000 was 7191 (following the WHO/CDC criteria). From these 3582 were drug users (3501 drug users and 81 homo / drug users) corresponding to 49.8 % of the total number of case reports.

These drug users are mostly men (84.2%), quite young, with 3.280 cases (91.6%) diagnosed between 20 and 39 years old. Proportionally the age group between 25 and 29 years old is the most affected with 1.183 cases (33%). HIV1 is responsible for 98% of the cases. Tuberculosis is the most frequent connected disease, having been diagnosed in 59,2% of the patients. The death rate in this population is high, having already died 53.1% of the identified individuals. The number of diagnosed AIDS cases has remained stable for the last years, although it seemed to exist a slight reduction in 1999, value that may be corrected in the future. (Table 1)⁶³.

Table 1 - Number of diagnosed AIDS cases, by year (Source CNLCS: 30-06-2000)

Year	1996	1997	1998	1999
Number of cases	507	542	544	482*

* - This value will probably increase with the appearance of new cases.

⁶¹ Godinho J, Costa H, Padre Santo D,. “Estimativa de prevalência de consumidores de heroína no concelho de Setúbal”, Toxicodependências, 3, 27-32, 1998.

⁶² Freire S, Moreira M, “ Estimating the number of Opiate use in Setúbal”, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Methodological Pilot Study of local level Prevalence Estimates. EMCDDA, December 1997.

⁶³ Comissão Nacional da Luta Contra a Sida, “ A Situação em Portugal a 30 de Junho de 2000”, Doc 121, 2000.

In relation to the drug users HIV infected and diagnosed as “related to AIDS complex” and “asymptomatic HIV infection”, in 30-06-2000, were identified by the CNLCS respectively 635 and 3.233 persons, corresponding to 47.1% and 56.5% from the total identified in these groups of diagnosis.⁶⁴

The country regions more affected by AIDS are the main urban centres in the littoral, such as Lisbon, Oporto and Setúbal, which globally correspond to 78% of the total of AIDS cases identified in all the groups of transmission (Table 2)⁶⁵

Table 2 - AIDS cases identified in all the groups of transmission (from 01/01/1993 – 30/06/2000)

RESIDENCE	CASES	PROPORTION
Lisbon	3.332	46.3%
Oporto	1.383	19.2%
Setúbal	906	12.6%
Faro	238	3.3%

Source CNLCS, 30-06-2000

The specialised treatment centres of drug users (Centros de Atendimento a Toxicodependentes - CAT), belonging to the SPTT from the Health Ministry, have performed for some years several studies on seroprevalence by HIV.

A national survey annually performed in all the CAT, between 1994 and 1997 (Sagital study), in two consultation days, show rates of seroprevalence in the studied individuals relatively stable along the years (the study includes the HIV+ individuals with or without illness criteria) except in 1997 when there was an increase from 9.3% to 14,3%, probably justified by the increase of the substitution treatment and the priority given to seropositive patients (1994 – 9.9%; 1995 – 11.9%; 1996 – 9.3%; 1997 – 14.3%) (Table 3)⁶⁶

⁶⁴ idem.

⁶⁵ Idem.

⁶⁶ Félix da Costa N, Viana L, Correia J, “Dois Dias de Consultas de Toxicodependências em Portugal – resultados de 1994, Toxicodependências, 1, 3 - 20, 1996.

Félix da Costa N, Correia J, Ferraz de Oliveira, F, “Tratamento da Toxicodependência – Estudo Sagital de 1995”, Toxicodependências, 3, 39 – 53, 1996.

Félix da Costa N, Correia J, Freire S, “Tratamento da Toxicodependência – Estudo Sagital de 1996”, Toxicodependências, 3, 39 – 53, 1997.

Félix da Costa N, “Toxicodependentes em Tratamento – Estudo Sagital de 1997”, 1, 35 – 48, 1999.

Table 3 – Rates of HIV+ in drug users, in treatment at national level

PLACE	DATA	YEAR	SAMPLE (tested individuals)	ROUTE OF ADMINISTRATION	RATE HIV+	SOURCE
National	CAT (sagital)	1994	586	i.v. and/or inhaled	9.9%	Félix da Costa 1996
National	CAT (sagital)	1995	732	i.v. and/or inhaled	11.9%	Félix da Costa 1996
National	CAT (sagital)	1996	803	i.v. and/or inhaled	9.3%	Félix da Costa 1997
National	CAT (sagital)	1997	1.002	i.v. and/or inhaled	14.3%	Félix da Costa 1999

**Table 4 – Rates of HIV+ in drug users
at local level**

PLACE	DATA	YEAR	SAMPLE (tested individuals)	ROUTE OF ADMINISTRATION	RATE HIV+	SOURCE
Setúbal	CAT	1997-99	254	i.v.	33.8%	Godinho et al, 1999
Porto	CAT Cedofeita (U.D.)	1999	416	i.v. and/or inhaled	11.5%	u.d.
Coimbra	CAT (U.D.)	1999	227	i.v.	9.2%	u.d.
Coimbra	CAT (U.D.)	2000	106	i.v.	13.2%	u.d.
Lisboa	CAT Xabregas (U.D.)	1999	408	i.v. and/or inhaled	19.4%	u.d.
Lisboa	CAT Xabregas	1998	205	i.v.	12.2%	u.d.
Lisboa	CAT Xabregas	1999	181	i.v.	8.3%	u.d.
Lisboa	CAT Xabregas	2000	106	i.v.	9.4%	u.d.
Lisboa	CAT Taipas (U.D.)	1999	358	i.v. and/or inhaled	17.3%	u.d.
Porto	CAT Boavista (P.S.O.)	1997	606	i.v. and/or inhaled	29.2%	Viegas E, et al, 1999
Setúbal	CAT (P.S.O.)	1997-98	142	i.v. and/or inhaled	67%	Padre-Santo D, et al, 1999

u.d. – unpublished data

A study carried out in the Setúbal CAT - probably one of the most affected regions by drug addiction and associate illnesses – including the patients living in this district that had their first consultation between January 1997 and June 1999, showed very high rates of seroprevalence (33.8% among the injection drug users, IDU, (Table 4) and 4.2% among those who deny using this route of administration (Table 5) probably, reflecting, the good articulation with the hospital services of infectious diseases and the priority given by the institution in the attendance to seropositive patients⁶⁷.

Table 5 – Rates of HIV+ in non injecting drug users in treatment at local level

PLACE	DATA	YEAR	SAMPLE (tested individuals)	ROUTE OF ADMINISTRATION	RATE HIV+	SOURCE
Setúbal	CAT	1997-99	117	inhaled	4.2%	Godinho et al, 1999

Some data revealed by other CAT (Detoxification Units from Coimbra, Xabregas, Taipas, Cedofeita and consultation from Xabregas CAT), though presenting differences, suggest lower values of infection (approximately, between 8 and 19%) (Table 4)⁶⁸. The evaluations in opiate substitution programmes revealed very high rates of infection by HIV in those patients under treatment, which are justified because these patients have priority and most of them have an indication to this therapy (Table 4)⁶⁹.

In Portugal the prevalence of injected drug use in prison is unknown. However, considering that, in the end of 1999, about 30% of the population in prison was detained by crimes related with the use and/or the traffic of illicit drugs, it is probable that the number of infected persons will be high.

A study carried out in the prison, in Leiria, refers a rate of 7% HIV +⁷⁰. Another study, in the prison of Linhó, refers that near 10% of the that population is infected⁷¹.

⁶⁷ Godinho J, Costa H, Padre-Santo D, Rato C, “Infecção pelo HIV, Hepatite C e Hepatite B. Dados Epidemiológicos, Características Sócio-Demográficas e Factores de Risco”, *Toxicodependências*, 3, 55 – 60, 1999.

⁶⁸ CAT Coimbra, “Prevalence of Hepatitis B / C and HIV Infection Among Recent Injecting Drug Users in EU Countries”, 2000 (unpublished data).

CAT Xabregas, “Prevalence of hepatitis B / C and HIV Infection Among Recent Injecting Drug Users in EU Countries”, 2000 (unpublished data).

CAT Taipas, “Unidade de Desabilitação – 1999”, 2000 (unpublished data).

CAT Cedofeita, “Unidade de Internamento – 1999”, 2000 (unpublished data).

⁶⁹ Padre-Santo D, Banza R, Silva A, Costa H, Godinho J, “Estudo Evolutivo do Programa de Substituição Opiácea no CAT de Setúbal”, *Toxicodependências*, 3, 61 – 68, 1999.

Viegas E, Viana L, “Estudo dos Doentes em Tratamento com Metadona no CAT da Boavista; Análise da Regularidade na Frequência à Consulta e Resultados dos Metabolitos Urinários”, *Toxicodependências*, 1, 49 – 60, 1999.

⁷⁰ Passadouro R, Mendes O, Pinto H, “Prevalência da Infecções por HIV, Hepatite B e C num Estabelecimento Prisional de Leiria”, *Rev-Port-Doenc-Infec*, 21, 4, 176 – 178, 1998.

⁷¹ Durval R et al, “Desenvolvimento do Projecto de Apoio a Reclusos com Problemas de Consumos de Drogas / Toxicodependência no Estabelecimento Prisional do Linhó”, *Toxicodependências*, 1, 13 – 24, 1999.

The recent specific health care programmes to homeless problematic drug users from which it is an example the intervention program of Casal Ventoso, in Lisbon, give us a picture of the dimension of infection by HIV in these people (Table 6)⁷²

Table 6 – Rates of HIV+ in drug users at local level among homeless problematic drug users

PLACE	DATA	YEAR	SAMPLE (tested individuals)	ROUTE OF ADMINISTRATION	RATE HIV+	SOURCE
Lisbon	Casal Ventoso (homeless)	1998-99	194	i.v. and/or inhaled	56%	Silva E, 2000

All these results, because they mostly correspond to studies carried out at local level, in different conditions and by different methods and with different criteria of selection of subjects, discourage any direct comparability of rates. However, they suggest some conclusions:

1. Drug addiction is the principal cause of infection by HIV (in all the stages of the disease). Near half of the cases identified by the CNLCS, correspond to drug users, especially affecting the great urban regions in littoral.
2. Although there was an apparent reduction in the number of AIDS cases identified in 1999 (values will probably be updated), the number of patients identified along the last years remains stable. Although these data are difficult to evaluate due to the irregularity of the notifications and the fact that only AIDS cases are being considered, they suggest that the phenomenon is stable.
3. The percentage of seropositives-among drug users that recur to the treatment centres varies a lot in the several studies. The use of different methodologies, different criteria in the admission of patients, in therapeutic strategies (some of services give clear priority to the admission of seropositive patients and to their integration in opiate substitution programs) and natural differences existing in the global socio-economic context among regions where the studies were carried out can explain that variation.

The rate of seroprevalence detected in the opiate substitution programs is very high, suggesting that in this population this therapeutic intervention has been highly accepted by technicians and patients.

4. The seroprevalence in prison population, isn't known However considering the great number of inmates, in jail by crimes associated with drug use and/or traffic and the conditions of everyday life in prisons, probably that percentage is high.
5. The rate of seroprevalence detected in homeless problematic drug users at Casal Ventoso is extremely high, reflecting a very serious situation in a group of users, whose dimension is badly known.
6. The percentage of seropositive persons among drug users that declare never had used i.v. drugs is not enough studied. However the unique reported study about this group refers a rate of 4,2%. This value, although it is possible that some of these patients have ever used i.v. route and deny it, alerts to a possible significant risk of transmission of the illness by sexual route in this group.

⁷² Silva E, "Experiência de Apoios a Toxicodependentes de Rua", "Colectânea de textos das Taipas", Vol XII, 90 – 97, 2000.

7. The mortality rate in drug users population with AIDS is high, and is the identical to the one found in the heterosexual population, the second largest risk group of the illness. Data shows that more than half of the cases notified by CNLCS, correspond to people that had already died.
8. Tuberculosis is very frequent in these patients, having been diagnosed in more than a half of the patients notified by CNLCS between 01-01-1983 and 30-06-2000. These patients are a clear risk to the population in general, because they are potential transmitters of the disease.

Drug addiction and hepatitis C

In Portugal, the percentage of people infected by hepatitis C among drug users in general or, particularly, in injecting drug users is not known. In spite of this, if one considers that this last group is the one with the larger risk of infection for that disease – because of the, still, common practice of sharing works (needles, syringes, etc.) among injecting drug users (IDUs)– one can admit that the number of problematic injecting drug users and the number of HCV infected people, will be closely related.

Some research in the treatment centres of SPTT confirm the high rate of patients probably infected by HCV (CAT in Setúbal and Almada, Detoxification units in Coimbra, Xabregas, Taipas, Cedofeita and consultation of Xabregas)⁷³ (Table 7).

Drug users in opiate substitution programs, as one should expect, also present very high contact rates for HCV infection (Table 7)⁷⁴.

Globally, the rates of HCV infected drug users among the prison population or the homeless population are also, expected to be very high. A study in a prison in Leiria detected 57,6% of HCV+ tested individuals, and another, in the homeless problematic drug users of Casal Ventoso in Lisbon, refers that 82% of the patients are probably infected (Table 9)⁷⁵.

Table 7 - Rates for HCV in drug users in some CAT (SPTT)

PLACE	DATA	YEAR	SAMPLE (tested individuals)	ROUTE OF ADMINISTRATION	RATE HCV	SOURCE
Setúbal Almada	CAT	1995 1996	230	i.v.	85.2%	Godinho et al,1996
Setúbal	CAT	1997 1998 1999	238	i.v.	91.6%	Godinho et al,1999
Porto	CAT Cedofeita (U.D.)	1999	415	i.v. and/or inhaled	58.1%	u.d.

⁷³ Godinho J, 1999, op. cit.; CAT Coimbra, 2000, op. cit.; CAT Xabregas, 2000, op. cit.; CAT Taipas, 2000, op. cit.; CAT Cedofeita, 2000, op. cit. Godinho J, Costa H, Costa C, “Comportamentos de Risco de Doenças Infecciosas”, Toxicodependências, 3, 55 – 60, 1996.

⁷⁴ Padre-Santo, D, 1999, op. cit e Viegas, E., 1999 op. cit.

⁷⁵ Passadouro, R., 1998, op. Cit e Silva, E., 2000, op. cit.

Coimbra	CAT Coimbra (U.D.)	1999	227	i.v.	70.4%	u.d.
Coimbra	CAT Coimbra (U.D.)	2000	106	i.v.	82.0%	u.d.
Lisboa	CAT Xabregas (U.D.)	1999	407	i.v. and/or inhaled	65.8%	u.d.
Lisboa	CAT Xabregas	1998	203	i.v.	70.0%	u.d.
Lisboa	CAT Xabregas	1999	180	i.v.	72.8%	u.d.
Lisboa	CAT Xabregas	2000	106	i.v.	45.3%	u.d.
Lisboa	CAT Taipas (U.D.)	1999	320	i.v. and/or inhaled	65.9%	u.d.
Porto	CAT Boavista (P.S.O)	1997	443	i.v. and/or inhaled	87.8%	Viegas, E. et al.,1999
Setúbal	CAT (P.S.O.)	1997 1998	123	i.v. and/or inhaled	95.1%	Padre-Santo, D. et al., 1999

u.d. – unpublished data

Table 8 - Rates for HCV in non-injecting drug users in CAT- Setúbal (SPTT)

PLACE	DATA	YEAR	SAMPLE (tested individuals)	ROUTE OF ADMINISTRATION	RATE HCV	SOURCE
Setúbal	CAT	1997 1998 1999	111	Inhaled	20.7%	Godinho et al,1999

Table 9 - Rates for HCV in homeless problematic drug users at Casal Ventoso in Lisbon

PLACE	DATA	YEAR	SAMPLE (tested individuals)	ROUTE OF ADMINISTRATION	RATE HCV	SOURCE
Lisboa	Casal Ventoso (homeless)	1998 1999	194	i.v. and/or inhaled	82.0%	Silva, E. 2000

The present results, though not including national representative studies, lead to some conclusions:

1. Rates of hepatitis C among injecting drug users, in some treatment centres are extremely high, higher than 60%, in most of the studies. This element suggests that the virus is transmitted with extreme facility and that most of the IDUs had, at any moment, shared use material.

2. The only study available (Table 8) about non-injecting drug users, in treatment in one CAT⁷⁶, suggests that near 20% of those individuals present antibodies for hepatitis C. Although it is possible that some of these patients were infected in occasional uses by i.v. route they do not value and do not mention, it is also possible to admit that sexual activity or living near a great number of infected individuals, associated to a deficient hygiene care, might be the cause of the infection and may justify these values.
3. Since the illness develops frequently, after a long period relatively asymptomatic, in a chronic liver disease with possible serious complications (liver cirrhosis and liver cancer) it is probable that within some years we will watch a very high number of individuals still relatively young carrying a serious liver disease of difficult and extremely expensive treatment.

Drug addiction and hepatitis B

Hepatitis B is not presently the most relevant one among drug users, probably because only 5% of the infected individuals tend to chronicity.

Some studies carried out in the treatment services to drug users suggest that near 30% to 60% of them had already contact with the infection (Table 10)⁷⁷.

Table 10 – Rates of contact with Hepatitis B, among drug users in treatment at local and national levels

PLACE	DATA	YEAR	SAMPLE (tested individuals)	ROUTE OF ADMINISTRATION	RATE Ac HBV	SOURCE
Setúbal	CAT	1997 1998 1999	358	i.v. and/or inhaled	41,9%	Godinho et al, 1999
Lisboa	CAT Xabregas (U.D.)	1999	417	i.v. and/or inhaled	65%	u.d.
Lisboa	CAT Taipas (U.D.)	1999	307	i.v. and/or inhaled	61,2%	u.d.
National	CAT (sagital)	1997	988	i.v. and/or inhaled	28,5%	Félix da Costa, 1999

u.d. - unpublished data

⁷⁶ Godinho, J., 1999, op. cit.

⁷⁷ Félix da Costa, N., 1997, op. cit.; Godinho, J., 1999, op. cit.; CAT Xabregas, 2000, op. cit.; e CAT Taipas, 2000, op. cit.

The percentage of HBs Ag carriers has shown relatively similar in most of the studies (approximately between 4,5% and 7,5%) though some recent investigations present lower values than the usually detected (Table 11)⁷⁸.

Table 11 - Rate of Ag HBs among IDUs in treatment at local level

PLACE	DATA	YEAR	SAMPLE (tested individuals)	ROUTE OF ADMINISTRATION	RATE Ag HBs	SOURCE
Setúbal Almada	CAT	1995 1996	404	i.v. and/or inhaled	6,9%	Godinho et al, 1996
Setúbal	CAT	1997 1998	362	i.v. and/or inhaled	7,7%	Godinho et al, 1999
Porto	CAT (P.S.O.)	1997	569	i.v. and/or inhaled	6,3%	u.d.
Coimbra	CAT	1999	227	i.v.	5,7%	u.d.
Coimbra	CAT	2000	106	i.v.	1,8%	u.d.
Lisboa	CAT (Xabregas)	1998	101	i.v.	5,9%	u.d.
Lisboa	CAT	1999	183	i.v.	4,4%	u.d.
Lisboa	CAT	2000	106	i.v.	0,9%	u.d.
Lisboa	CAT Xabregas (U.D.)	1999	416	i.v. and/or inhaled	3,4%	u.d.
Lisboa	CAT Taipas (U.D.)	1999	307	i.v. and/or inhaled	2,6%	u.d.

u.d. - unpublished data

Results of the presented studies suggest that from one to two thirds of, injecting drug users in treatment in some centres were already in contact with the hepatitis B virus. The rate of probable chronic carriers,

⁷⁸ Godinho, J., 1999, op. cit.; CAT Coimbra, 2000, op. cit., CAT Xabregas, 2000, op. cit.; e CAT Taipas, 2000, op. cit.; Viegas, E., 1999, op. cit.; Godinho, J., 1996, op. cit.

although relatively low, is superior to the general population, turning these patients into a group of risk of dissemination of the disease.

13.2. Determinants and consequences

The present epidemiological data point at a very high prevalence of infectious diseases in the injecting drug users in treatment.

The injection use is obviously the greatest risk factor of disease transmission, although the sexual transmission and the one resulting from deficient hygiene care should be considered.

The percentage of IDUs among drug users is not known. However some evaluations done in CAT (treatment centres) at a national level suggest that near half of the cocaine and heroine addicts in treatment use the injection and near 50% refer they shared their syringes⁷⁹. These results suggest that the use of injection is frequent, even presently, in spite of all the alerts done relatively to the risks associated to this route of administration. However, for the last few years, a change in the consumption habits has been noticed, with a reduction of the i.v. use. In relation to the syringes share, a high number of individuals refer having shared at least once in their lifetime (although many refer not doing it presently), what reinforces the risk of transmission of infectious diseases among the IDUs. This fact led to a national campaign of syringe exchange, for which are responsible the CNLCS and the ANF, which started in 1993 and is still active.

This program allows the exchange of used syringes by new ones in pharmacies all over the country and in some mobile units located in degraded neighbourhoods. This project has been very well accepted by pharmacies and their clients, and till August 2000 more than 20.000.000 syringes were exchanged⁸⁰. Besides the syringe one gets a kit with disinfectant material and a condom. The great attendance of the drug users population to this program turns the exchange of syringe more probable with the consequent reduction of risk behaviours.

The substitution treatment, widely expanded all over the country, has had great attendance by their users, and there is still a “waiting list” in some of the most problematic regions like Lisbon, Oporto and Setúbal, making therefore necessary to enlarge the capacity of answer and to imply other structures in this kind of intervention, probably the most effective in the reduction of risk behaviours.

13.3. New developments and implementation of prevention / harm reduction and treatment: interventions, tendencies and strategies

Opiate substitution programs

Most of the individuals that search for the treatment services of drug users in Portugal use heroine as their main drug. The Sagital studies that took place from 1994 to 1997, revealed that 93 to 95% of them used preferably that substance, either inhaled or i.v.⁸¹. In the 90's, the rising number of drug users HIV+ and the small success of drug-free programs in the most problematic drug users, led to the creation of national extent measures with the objectives of including effectively a larger number of individuals and promoting harm and

⁷⁹ Félix da Costa N, Freire S, “Evolução do atendimento de Toxicodependências em Portugal de 1991 a 1996”, Toxicodependências, 2, 55-69, 1998.

⁸⁰ Associação Nacional de Farmácias, Programa “ Diz não a uma seringa em 2.ª mão”, 2000 (unpublished data).

⁸¹ Félix da Costa, N., 1996^a e b, 1997 & 1999, op. cit.

risks reduction. That is the reason why it has been enlarged the network of opiate substitution programme which, in the end of the decade, has already extended on a national level, with substitution programmes in each district capital. The used substances are LAAM, only available in the CAT, and methadone.

In an evaluation accomplished by the SPTT, in the end of 1998 there were 4 500 patients in substitution treatment with those two substances, most of them with methadone⁸². Updated data related to 1999 show an increase in the number of dispensation places and the number of users in treatment: 6 040 persons were actively in substitution in December 31, and from those, 5 343 in methadone⁸³.

In 1999, data show that at national level, 21.7% of all patients were following an opiate substitution program. In the area of Lisbon and Tagus valley, it is esteemed that near 1/3 of the patients⁸⁴ are in these situation and that the districts of Lisbon, Oporto, Setúbal and East Algarve concentrate the largest number of patients, including 65% from the total of patients in substitution⁸⁵.

In 1998, the SPTT and the ANF signed a protocol to allow taking methadone in pharmacies; that decision let the points of distribution to get near from the patients area of residence. 186 pharmacies joined this project and from them, in October 2000, 123 actively co-operated distributing methadone to 412 patients⁸⁶.

Besides the co-operation with ANF, SPTT has promoted the articulation with Health Centres where consultations and programs of maintenance with methadone are available.

Some prisons have their own methadone programs, managed by their clinical services such as some cases in Lisbon, Oporto and Tires. Others benefit from the cooperation with CAT for the administration of the opiate substitution and consultations.

Recently, Buprenorphine started being available in pharmacies in high dosage pills for the treatment of heroine addiction, under restricted prescription. Because it is a very recent measure there isn't any information yet on the therapeutics effectiveness and the acceptance of doctors and patients to this new medicine.

Intervention in problematic neighbourhoods / homeless drug users

The neighbourhood of Casal Ventoso is one of the critical areas in Lisbon either in the aspects related with traffic or drug consumption. It is a place where users that go there to get their doses cross with traffickers and drug users that remain on the area forming a group of homeless individuals, living in extremely problematic conditions.

Four years ago a Drug Users Assistance Cabinet (GAT – Gabinete de Atendimento ao Toxicodependente) was created in this neighbourhood as a result of a partnership project among the Lisbon Municipality (Câmara Municipal de Lisboa), the main official structure responsible for drug prevention (Projecto Vida), the main official structure responsible health care at regional level (Administração Regional de Saúde de

⁸² SPTT, Informações – Setembro, Outubro 1999.

⁸³ SPTT, Informações – Março, Abril 2000.

⁸⁴ DRLVT do SPTT - Relatório de Actividades, 1999.

⁸⁵ SPTT, Informações – Março, Abril 2000.

⁸⁶ Associação Nacional de Farmácias, “Programa de Substituição com Cloridrato de Metadona, nas Farmácias”, Outubro de 2000.

Lisboa e Vale do Tejo - ARSLVT), the body in charge of treatment of drug users at national level (SPTT), the biggest national non profit organisation (Santa Casa da Misericórdia de Lisboa) and other institutions in charge of social, sanitary and harm reduction care.

As long as the recovering neighbourhood cabinet was restructuring it and reallocating some of the inhabitants it was necessary to complement its intervention with the creation of a shelter centre, assistance centre and “street teams”, to give support to homeless drug users.

In its first four years of existence, GAT has dispensed sanitary and psychosocial support, besides a low threshold opiate substitution program.

This cabinet articulates with the other intervention services of the neighbourhood and other health and social institutions where the individuals are led to, whenever they benefit from a more structured intervention.

The current intervention in Casal Ventoso has shown the importance of the local structures commitment and a greater effectiveness of the results when the projects are carried out by teams that have a good local knowledge.

“ Say no to a second hand syringe” program.

Sharing syringes and other kind of material among IDU, was a frequent practice in Portugal before the beginning of HIV epidemic and the injection use seems to continue being a frequent route to use drugs.

Since 1994 AIDS cases in drug users experienced a significant increase in relationship with all the other categories of transmission. In June 2000, those patients infected because of behaviours associated to drug addiction represent 49,8% of the total notified cases, as long as the heterosexual way of transmission had the second place with 26,5% of the notifications⁸⁷.

The reduced effectiveness of information transmitted by campaigns about the disease among the drug users became clear since 1993, when the number of notified cases related to drug consumption overtook the number of notifications related to other traditional risk groups.

The “ Say no to a second hand syringe” program, was created in 1993 with the objective of reducing virus propagation among the IDUs. It involves the Health Ministry through CNLCS and ANF, which through its associated pharmacies promotes the potentially infected syringe exchange and free access to sterilized material.

The kit which is distributed in pharmacies and some mobile units without any costs for the users was changed in July 1999, containing from then on two syringes, two disinfecting tissues, one ampoule of distilled water and a filter, beyond a condom and one informative leaflet⁸⁸.

The syringe exchange program started in October 1993 and according to ANF and up to 31 August 2000, 20.185.824 units were exchanged⁸⁹.

⁸⁷ CNLCS, 2000, op. cit.

⁸⁸ Instituto Português da Droga e da Toxicodependência, “Contribuição Nacional para o Relatório Anual sobre o Fenómeno da Droga e da Toxicodependência na União Europeia 2000”, Lisboa 2000.

⁸⁹ Associação Nacional de Farmácias, 2000, op. cit.

The available data indicate that from 1994 to 1997 there was a constant rise in the number of exchanged syringes with a maximum value of 3.250.185 in 1997. In an evaluation work, which took place in 1999, Lisbon district was in 1st position in the number of total exchanged kits (55,6%), followed by Oporto (18,2%) and Setúbal (13,3%)⁹⁰. The results related to 2000 are partial but they allow verifying that in relationship to the same period of last year there was an increase of more than 500.000 syringe exchanges in the whole country. It is not yet clear if this increase is the direct result of the fact that, since the second half of 1998, kits contain 2 syringes instead of 1, or if it correspond to a real increase in the number of IDUs looking for the exchange of syringes. The above mentioned districts are still those where the gatherings are more frequent largely followed by the district of Faro with 666.863 syringes (3,3%)⁹¹.

There are two mobile units in Lisbon which give support to two degraded neighbourhoods of the city, in which it is possible to exchange used material. In the mobile unit of Casal Ventoso 3.182.046 syringes were exchanged since 1993 and in Curraleira from 1998 to August 2000, 126.657 units were gathered⁹².

Some institutions connected to other risk reduction projects like, for instance, “Projecto STOP-SIDA” in Coimbra, “Centro Social do Casal Ventoso”, “Centro de Acolhimento DROP-IN” in Intendente and “MAPS” also co-operated in this project as partners

Syringe exchange in prisons is not yet implemented in Portugal.

The creation of “shooting rooms”, such as it happens in some European countries, is a possibility to consider in a near future, at an experimental level.

Hepatitis B vaccination

All over the world, it is esteemed that near 2 billion people were infected by HBV and that from these, near 350 million suffer from chronic hepatitis B⁹³.

Although there are not definitive data, it is considered that the prevalence of chronic hepatitis B in Portugal is of 1,5% of the population in general. Data published by WHO in 1998, referring to the geographical distribution of the disease, include Portugal in the group of countries with intermediate prevalence, which means, placed between 2 and 8 %⁹⁴.

The HBV vaccine is available since 1982. As determined by the Health Ministry, in Portugal its exclusive and free use in high risk individuals started being effected from December 1990 on. The drug users, though not being defined as a specified category within the groups of risk, may benefit from free vaccination whenever they are referenced in such a way to the Health Centres.

⁹⁰ CNLCS – ANF, “Prevenção da Infecção pelo VIH com populações Utilizadoras de Drogas por Via Endovenosa”, Boletim 2, Julho de 1999.

⁹¹ Associação Nacional de Farmácias, 2000, op. cit.

⁹² Idem.

⁹³ Marinho RT, Pedro M, Ramalho F, Veloso J e Moura MC, “Vacinação contra a Hepatite B. Oito anos de experiência”, *Acta Médica Portuguesa*; 11, (11): 971-977, 1998.

⁹⁴ Geographic Pattern of Hepatitis B Prevalence, 1997, WHO/OMS, 1998.

Intervention projects: AIDS and other STD in prostitutes

The assistance to people infected with sexually transmitted diseases (STD) in Portugal, is done by general practitioners (GP) in Health Centres and by some other doctors in hospitals. As they are not vocationed consultations for a stigmatised population, the use of these services by people that live from prostitution is not very significant.

In Lisbon there is a specific consultation of STD in the “Centro de Saúde da Lapa”, previously “Dispensário Central de Higiene Social”, a place of great experience in the medical assistance to prostitutes. Although the consultation is presently open to the whole population, it is still a very requested service by people of both sexes that dedicate to prostitution. The assistance is free and includes the diagnosis, therapeutics and prevention from infectious diseases, including AIDS.

In 1992 it was created a project of support to prostitutes, “Centro de Acolhimento DROP-IN”, under the responsibility of ARSLVT with the approval of CNLCS.

The centre locates in Intendente, an area in Lisbon where streetwalking prostitution is very frequent.

The centre practices the necessary support and advice and a weekly medical consultation. In 1997 it was created a mobile unit of support to prostitutes.

In an evaluation of the activity from July 1995 to the end of 1998 by the DROP-IN project, it was concluded that from the 665 women that went to the centre during this period 32% considered drug addiction as the reason to the beginning of prostitution and 45,9% referred drug consumption. From these ones near 40% (N= 140) were IDU. The use of a condom with all their clients was referred by 66% of the prostitutes, although these values hardly correspond to reality. In the medical consultation 220 women were tested to HIV, and 37,7% from them were seropositive. From these ones 58,3% were IDUs. 87,8% of the IDU prostitutes are infected with HCV⁹⁵.

In the evaluation related to the period between 1998 and 2000, there has been an increase of prevalence in the drug use of people that report to the mobile unit. These values are higher than 75% in some Lisbon areas⁹⁶.

There are other projects directed to the intervention near people of both sexes that are prostitutes, with or without associated drug addiction. They are generally located in urban centres (Oporto, Coimbra) in areas with a lot of tourists (Algarve) being as example the projects “Quarteira UM 1993-Algarve”, “Associação STOP-SIDA - Coimbra” and “VAMP, Liga Portuguesa de Profilaxia Social – Oporto”⁹⁷.

⁹⁵ ARSLVT – CNLCS, “Relatório Drop-In”, 1994 – 1998.

⁹⁶ Azevedo J, Santo S, Cardoso J, “Europap 2000 – Portugal: Activity Report, 1998 – 2000, 2000.

⁹⁷ CNLCS-ANF, 1999, op. cit.

Treatment of patients with hepatitis and AIDS

In Portugal, hepatitis and AIDS treatment when practiced in public health units is free, being available in most of the country hospitals.

National Information System on Drugs and Drug Abuse (NISDDA)

To develop the NISDDA is one of the priorities of the *National Strategy*. The NISDDA is being implemented by the IPDT since June 1999⁹⁸ to support political decision making, to contribute to intervention planning and result evaluation, to disseminate reliable information to professionals in the field and researchers, to provide general information to the public and to respond to European and international commitments in this field.

During the first implementation stage, the priority indicators and responsible institutions are the following:

A – Use Prevalence and Estimates

- Drug use prevalence in the general population –the Faculdade de Ciências Sociais e Humanas from the Universidade Nova de Lisboa.
- Problematic drug use estimations – the Faculdade de Psicologia e Ciências da Educação from Universidade do Porto.
- School surveys – the: IPDT with the cooperation of the Ministry of Education.
- Drug use prevalence in prisons – the IPDT with the Ministry of Justice.

B – Health Indicators

- First treatment demand – Ministry of Health/SPTT.
- Follow-up consultations - Ministry of Health/SPTT.
- Substitution treatment - Ministry of Health/SPTT.
- Infectious diseases - Ministry of Health/SPTT and CVEDT.
- Drug related deaths – Ministry of Justice/ Instituto Nacional de Medicina Legal (Special Registers); National Institute of Statistics (General Mortality Register); Faculdade de Ciências Médicas/Universidade Nova de Lisboa (mortality amongst drug users).

C – Legal Indicators

- Police Interpellations/presumed offenders – Ministry of Justice/Criminal Police.
- Judicial decisions - Courts.
- Individuals in prison for drug related crimes – Ministry of Justice/ Direcção Geral dos Serviços Prisionais.

D – Market Indicators

- Seized quantities and circulation of significant quantities – Ministry of Justice/Criminal Police.
- Drugs prices – Ministry of Justice/Criminal Police.

⁹⁸ IPDT, *Sistema Nacional sobre a Droga e a Toxicodependência*, Lisboa, Junho 1999.