Portugal

Portugal Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Portugal, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

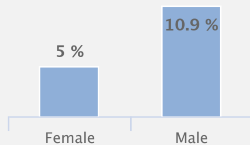
THE DRUG PROBLEM IN PORTUGAL AT A GLANCE

Drug use

"in young adults (15-34 years) in the last year"

Cannabis

8.0 %



Other drugs

MDMA	**0.2 %**
Amphetamines	**0 %**
Cocaine	**0.3 %**

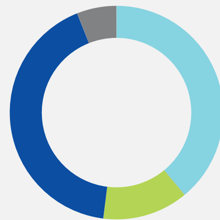
High-risk opioid users

33 290

(24 070 - 48 565)

Treatment entrants

by primary drug



Opioid substitution treatment clients

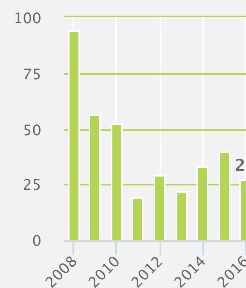
16 368

Syringes distributed

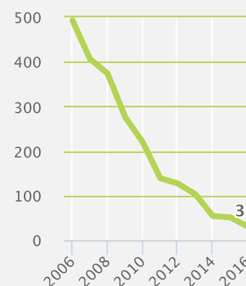
through specialised programmes

1 350 258

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

17 073

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Cannabis resin
2. Cocaine
3. Herbal cannabis
4. Heroin
5. MDMA

Population

(15-64 years)

6 739 674

Source: EUROSTAT Extracted on: 18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law o?ences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

National drug strategy

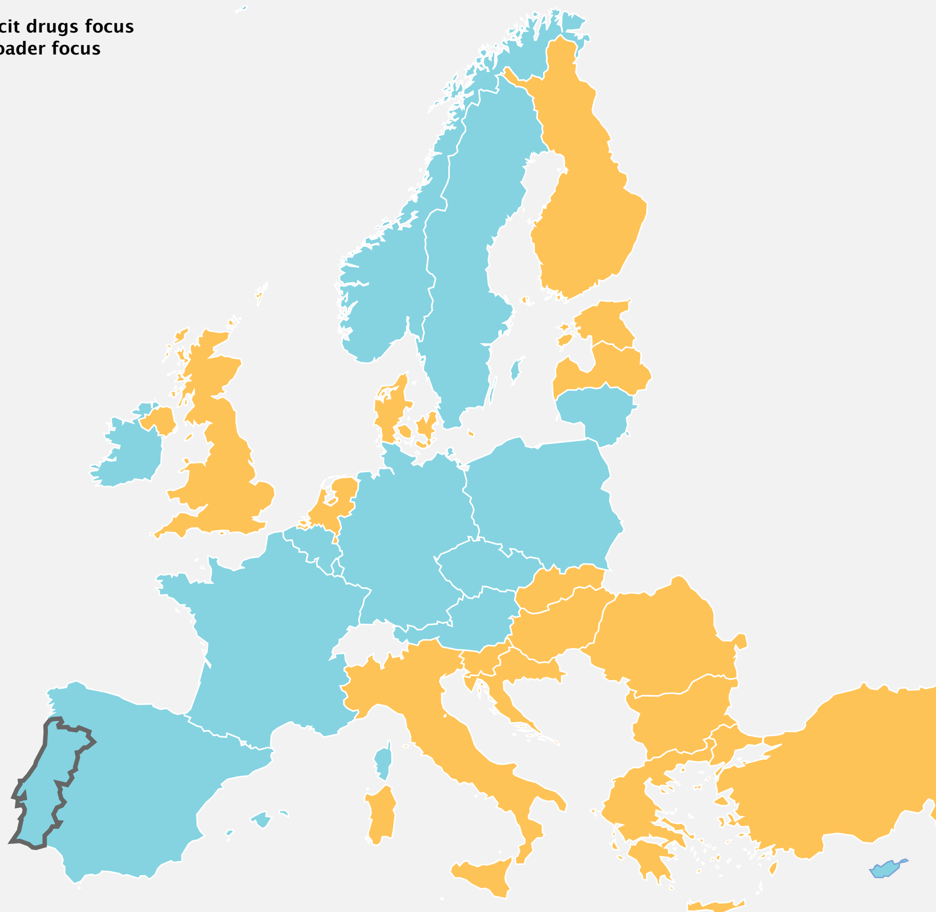
Portuguese drug policy is detailed in three strategic documents (the National Strategy for the Fight Against Drugs 1999 and the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 and its Action Plan 2013-16, which remains in force pending the finalisation of the 2017-20 Action Plan).

Launched in 1999 and envisaged as a long-term policy document, the National Strategy for the Fight Against Drugs defines the general objectives in the drug field. The strategy is built around eight principles, six objectives and 13 actions. The National Plan for the Reduction of Addictive Behaviours and Dependencies (2013-20) builds on the 1999 strategy and takes a broad and integrated view of drug and addiction problems, including illicit substance use, new psychoactive substances, alcohol, prescription medications, anabolic steroids and gambling. It is guided by five overarching objectives and is built around the two pillars of drug demand and drug supply reduction. It includes also two structural measures (the Operational Plan of Integrated Responses and the referral network) and four transversal themes (information and research; training and communication; international relations and cooperation; and quality). The national plan has defined a set of indicators and targets that are to be achieved during its timeframe (2013-20). Three management areas — coordination, budget and evaluation — support the plan's implementation alongside two action plans covering the periods 2013-16 and 2017-20.

Like other European countries, Portugal evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. In 2012, an external final evaluation was undertaken of the country's National Plan Against Drugs and Drug Addictions (2005-12).

An internal evaluation of the last action plan (2009-12) was also completed. Both evaluations contributed to the development of the National Plan for the Reduction of Addictive Behaviours and Dependencies (2013-20), which expanded the scope of drug policy at the strategic planning level into the wider area of drugs and addiction strategies.

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The Portuguese National Coordination Structure for Drugs, Drug Addiction and Alcohol-Related Problems comprises several entities. The inter-ministerial Council for Drugs, Drug Addiction and Alcohol-Related Problems has the overall responsibility for the endorsement, coordination and evaluation of drug policy. It is chaired by the prime minister and consists of ministers from all relevant areas (currently 13) and the national drug coordinator. It is supported by the Inter-Ministerial Technical Commission, chaired by the national coordinator and composed of representatives designated by the different ministers. Its main function is to design, monitor and evaluate the national plan and support action plans on illicit substances and alcohol. The General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), attached to the Ministry of Health, supports the national strategy's implementation, through planning and evaluating demand reduction interventions. SICAD is the EMCDDA's national focal point in Portugal and provides technical and administrative support to the Commissions for Dissuasion of Drug Addiction. The SICAD General-Director is the National Coordinator for Drugs, Drug Addiction and Alcohol-Related Problems.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

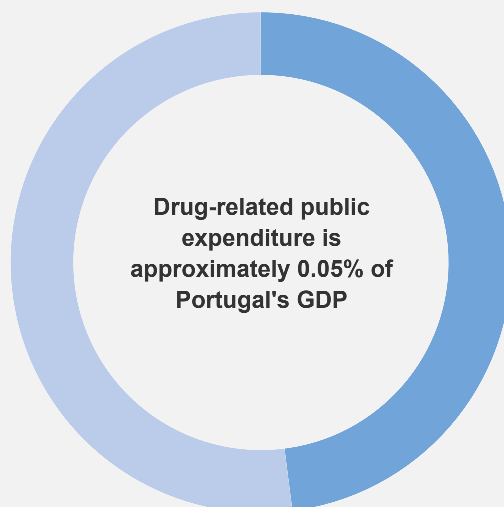
As part of the evaluation of the Portuguese Action Plan 2009-12 labelled drug-related expenditure for that period was estimated. The available data indicate that drug-related public expenditure accounted for between 0.06 % and 0.05 % of gross domestic product (GDP) over the period 2009-11 (0.06 % of GDP in 2009 and 2010, and 0.05 % in 2011), averaging at 0.05 % over the period 2009-12. However, the estimates have limitations, as data on some types of expenditure (e.g. on prisons or for social security) were missing, or may also include spending related to alcohol.

Currently, public entities implementing drug policy in Portugal are funded within their global budget on an annual basis and there are no specific budgets that finance drug policy as such. Public expenditure on drug-related initiatives was also estimated as part of the evaluation of the Portuguese Action Plan 2013-16; however, the results are not yet available.

Public expenditure related to illicit drugs in Portugal

NB: Based on estimates of Portugal's labelled and unlabelled public expenditure in 2012.

Supply reduction, **48 %**
Demand reduction, **52 %**



Drug laws and drug law offences

National drug laws

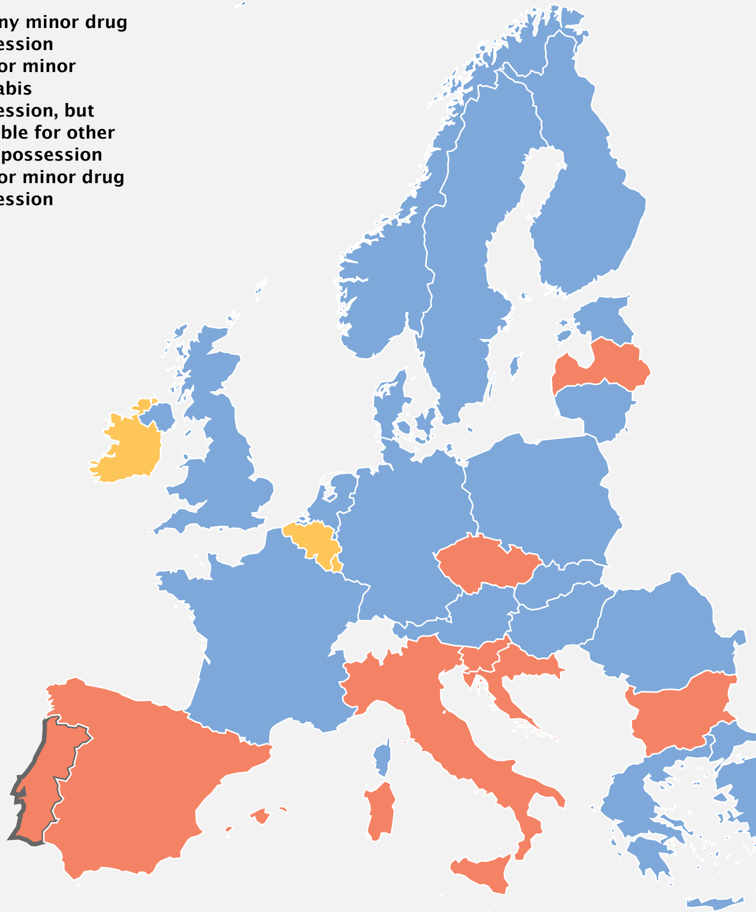
The main drug law in Portugal is Decree Law 15/93 of 22 January 1993, which defines the legal regime applicable to the trafficking and consumption of narcotic drugs and psychoactive substances.

Law 30/2000 adopted in November 2000, but in place since July 2001, decriminalised consumption, acquisition and possession for personal consumption of drugs. However, a person caught using or possessing a small quantity of drugs for personal use (established by law; should not exceed the quantity required for average individual consumption over a period of 10 days), where there is no suspicion of involvement in drug trafficking, will be evaluated by the local Commission for Dissuasion of Drug Addiction, composed by three members: one of them a legal expert, while the other two shall be selected among medical doctors, psychologists, sociologists or social workers. Punitive sanctions can be applied, but the main objective is to explore the need for treatment and to promote healthy recovery.

Drug trafficking may incur a sentence of 1-5 or 4-12 years' imprisonment, depending on specific criteria, one of these being the nature of the substance supplied. The penalty is reduced for users who sell drugs to finance their own consumption.

Decree Law 54/2013 was adopted in April 2013. It prohibits the production, export, advertisement, distribution, sale or simple dispensing of new psychoactive substances (NPS), named in the list accompanying Decree Law 54/2013, and sets up a control mechanism for NPS. Administrative sanctions including fines of up to EUR 45 000 can be imposed for offences under this law, while a person caught using NPS, but who is not suspected of having committed another offence, is referred to the local Commission for Dissuasion of Drug Addiction.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

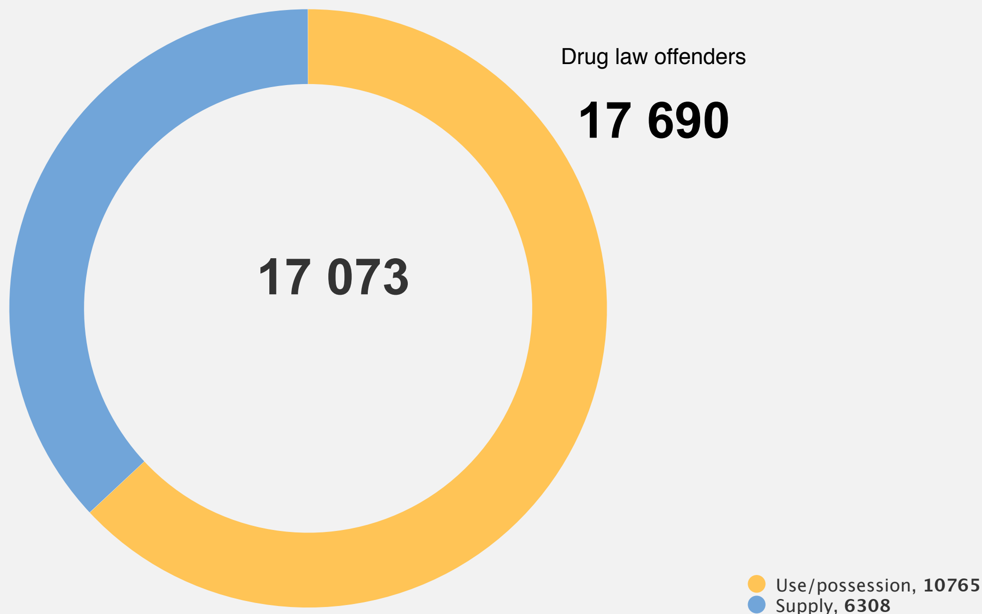


NB: Year of data 2016

Drug law offences

Drug law offences (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In 2016, around two thirds of DLOs in Portugal were related to possession. The majority of DLOs were linked to cannabis, followed by cocaine- and heroin-related offences.



Drug use

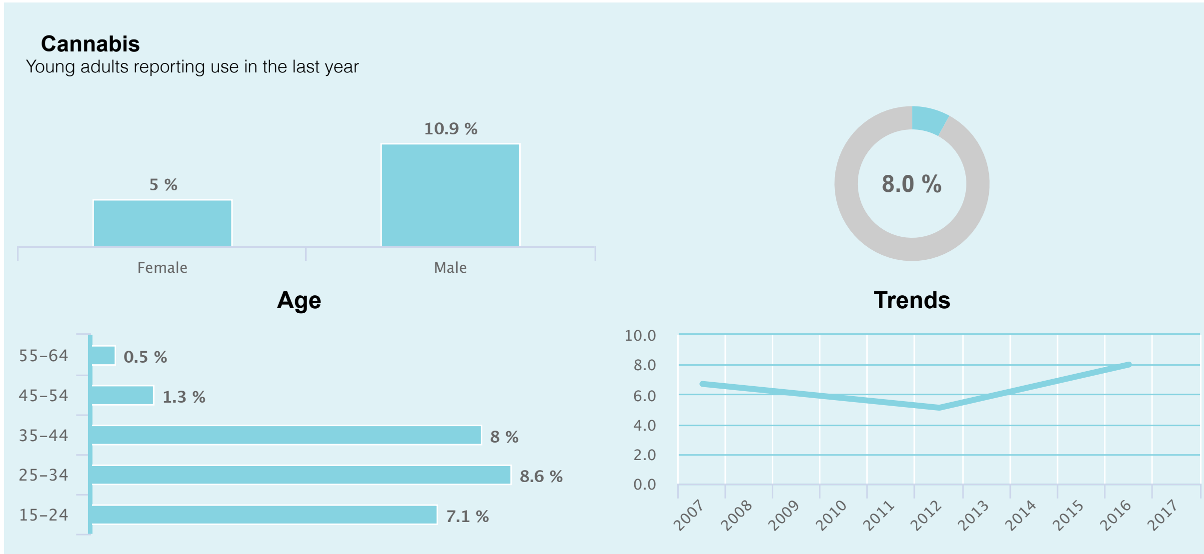
Prevalence and trends

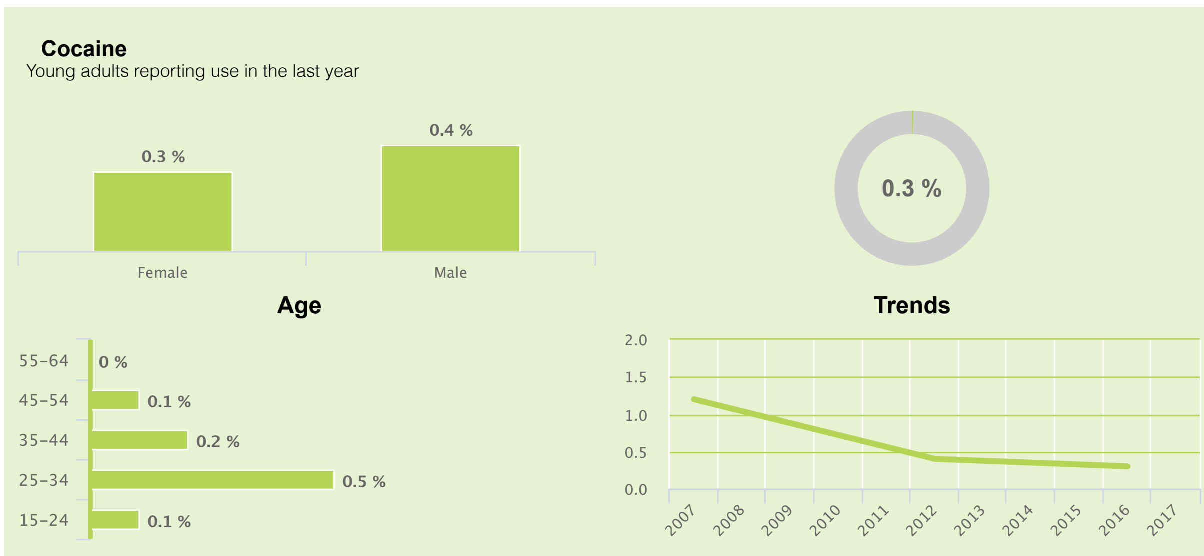
Cannabis remains the most frequently used illicit substance in Portugal, followed by MDMA/ecstasy and cocaine. Use of illicit substances is more common among young adults (aged 15-34 years). The available data indicate an increase in last year and last month cannabis use during the period 2012-16, mainly among those aged between 25 and 44 years.

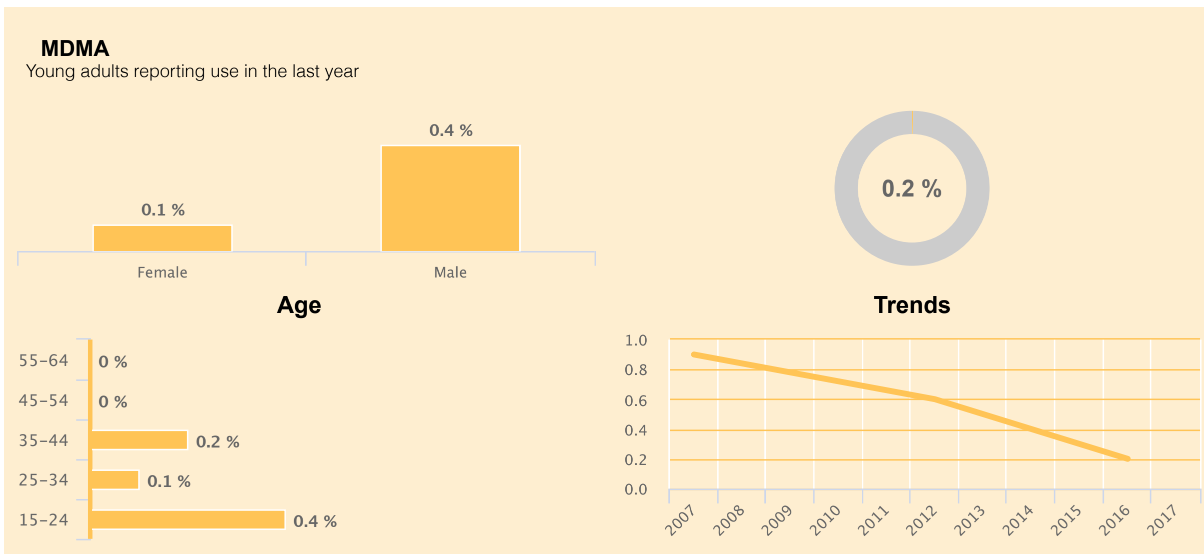
Lisbon, Almada and Porto participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results indicate an increase in cocaine and MDMA use in Lisbon between 2013 and 2017, and the use of these substances seems to be more common in Lisbon than in Porto or Almada (in 2016 and 2017). Moreover, in all locations the presence of these substances in wastewater was higher at weekends than on weekdays. In 2017, amphetamine and methamphetamine levels detected in the three cities remained low, indicating very limited use of these substances in these cities.

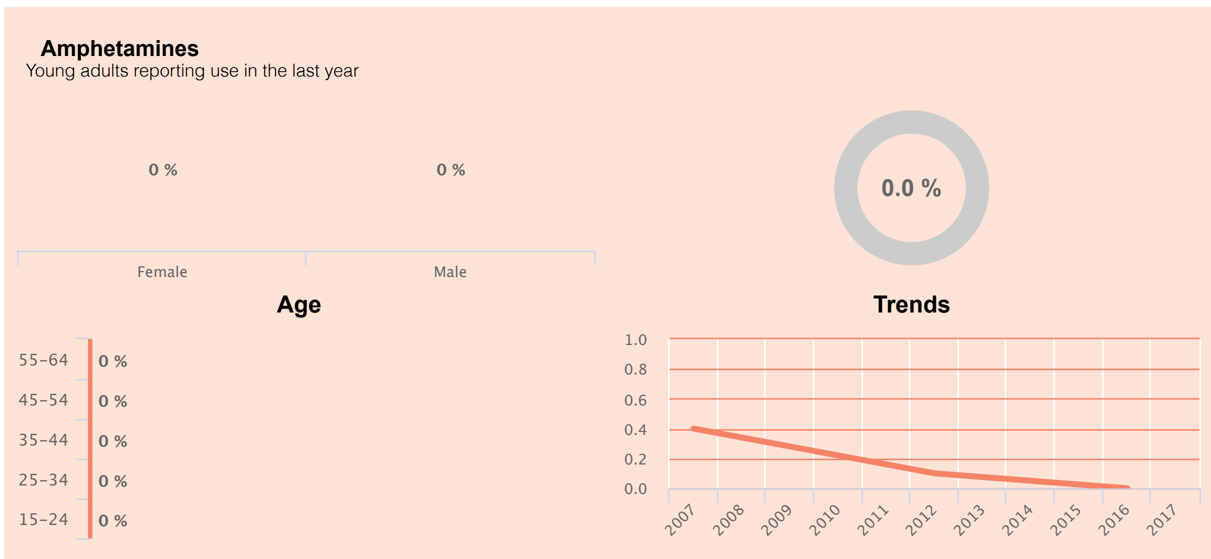
The most recent data on drug use among students were reported in the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). Lifetime use of cannabis and other illicit substances among Portuguese students was slightly lower than the European average (based on data from 35 countries), with lifetime use of new psychoactive substances much lower than the average. Similarly, use of cigarettes in the last 30 days was just below the European average and alcohol use and binge drinking in the last 30 days were much lower than the average. Lifetime use of cannabis showed an increase in the 2003 survey, but has remained relatively stable since, as indicated in the three subsequent surveys.

Estimates of last-year drug use among young adults (15-34 years) in Portugal

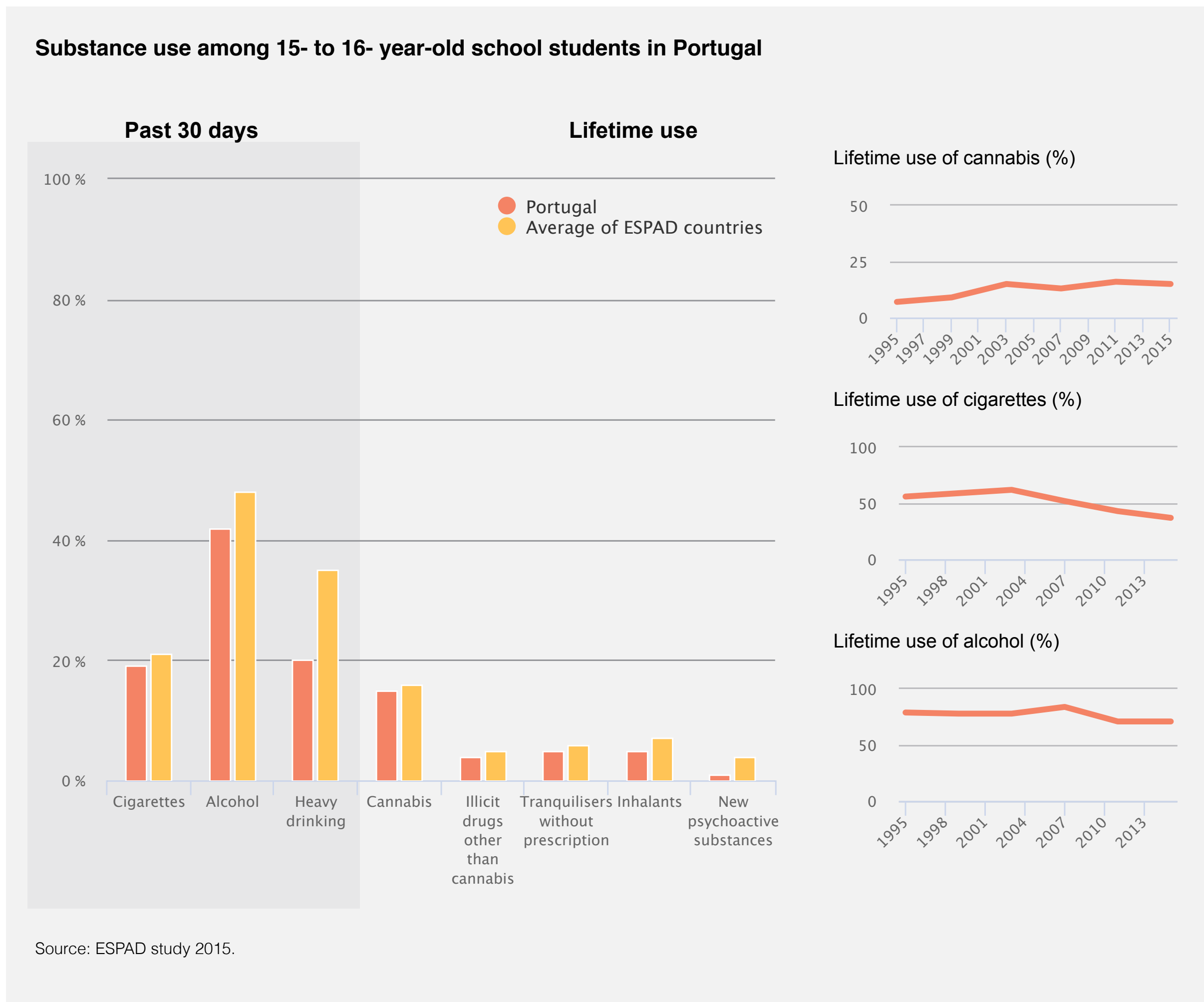








NB: Estimated last-year prevalence of drug use in 2016.



High-risk drug use and trends

Studies reporting estimates of high-risk use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

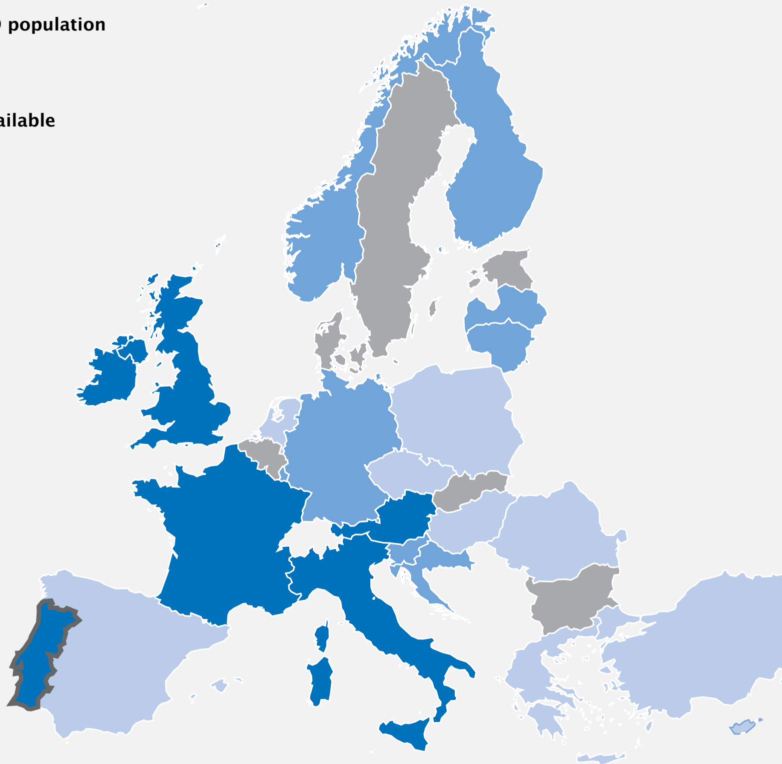
It is estimated that there were around 33 290 high-risk opioid users in Portugal in 2015, which is about 5.2 per 1 000 of the adult population.

The Cannabis Abuse Screening Test included in the 2016/17 general population survey suggested that about 0.7 % of 15- to 64-year-olds could be considered high-risk cannabis users.

Data from specialised treatment centres show that the first-time treatment demands attributable to heroin use have declined since 2009. In contrast, new treatment entries resulting from the primary use of cannabis have almost doubled in recent years. Following a period of some stability in cocaine related new treatment demands, an increase was noted in the most recent years. In general, males accounted for the majority of treatment entrants.

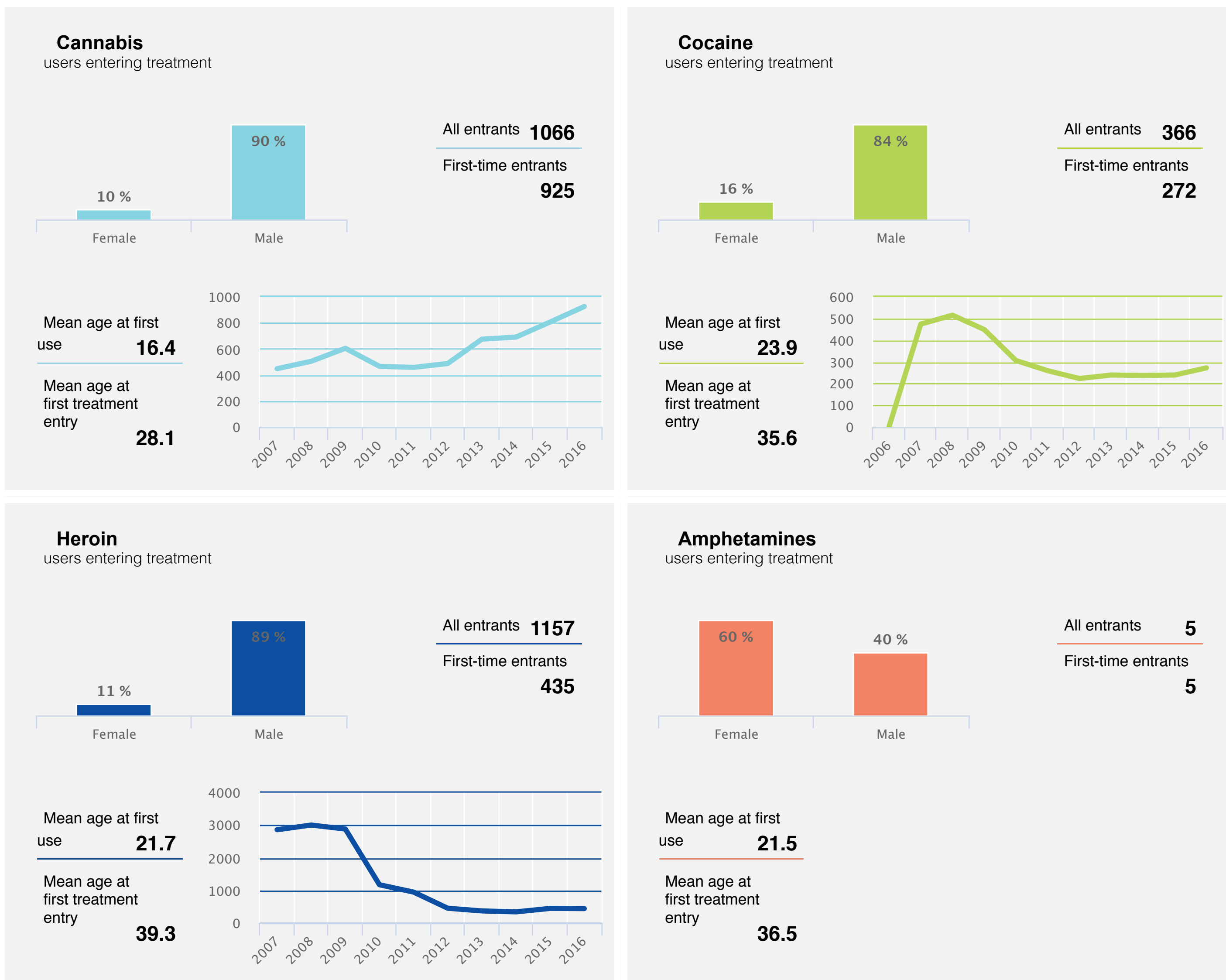
National estimates of last year prevalence of high-risk opioid use

Rate per 1 000 population
- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



NB: Year of data 2016, or latest available year

Characteristics and trends of drug users entering specialised drug treatment in Portugal



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Portugal, data on drug-related infectious diseases are available from drug treatment facilities and provide insights into some subgroups of drug users: (i) those demanding treatment for the first time at the public network of outpatient treatment facilities; (ii) those admitted to public detoxification treatment units or certified private detoxification units; and (iii) those in treatment in public or certified private therapeutic communities.

In general, a decreasing trend in the total number of notifications of human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS) cases has continued to be registered since the early 2000s in Portugal. In 2016, a total of 1 030 new HIV-positive individuals and 261 new AIDS cases were reported for all risk groups together, and less than 1 in 10 new cases of HIV infection or AIDS were associated with injecting drug use. Similarly, there has been a large decline in the incidence of HIV and AIDS associated with injecting drug use in this risk group since 1999-2000.

In 2016, 14.3 % of drug users who had ever injected drugs and who were tested at outpatient treatment services were HIV positive, indicating an overall downward trend since 2013.

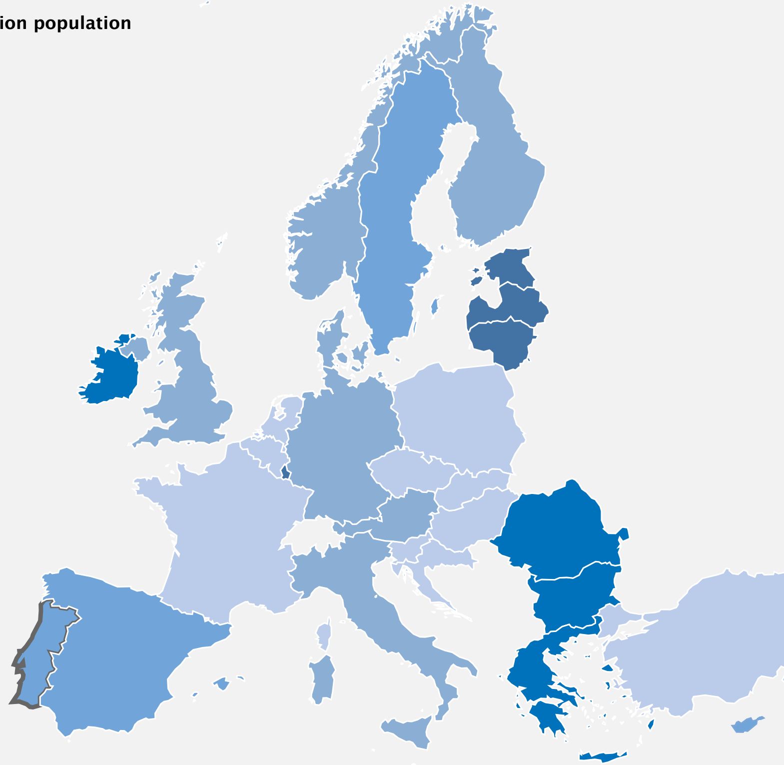
Prevalence of HIV and HCV antibodies among people who inject drugs in Portugal (%)

region	HCV	HIV
National	82.2	14.3
Sub-national	:	:

Year of data: 2016

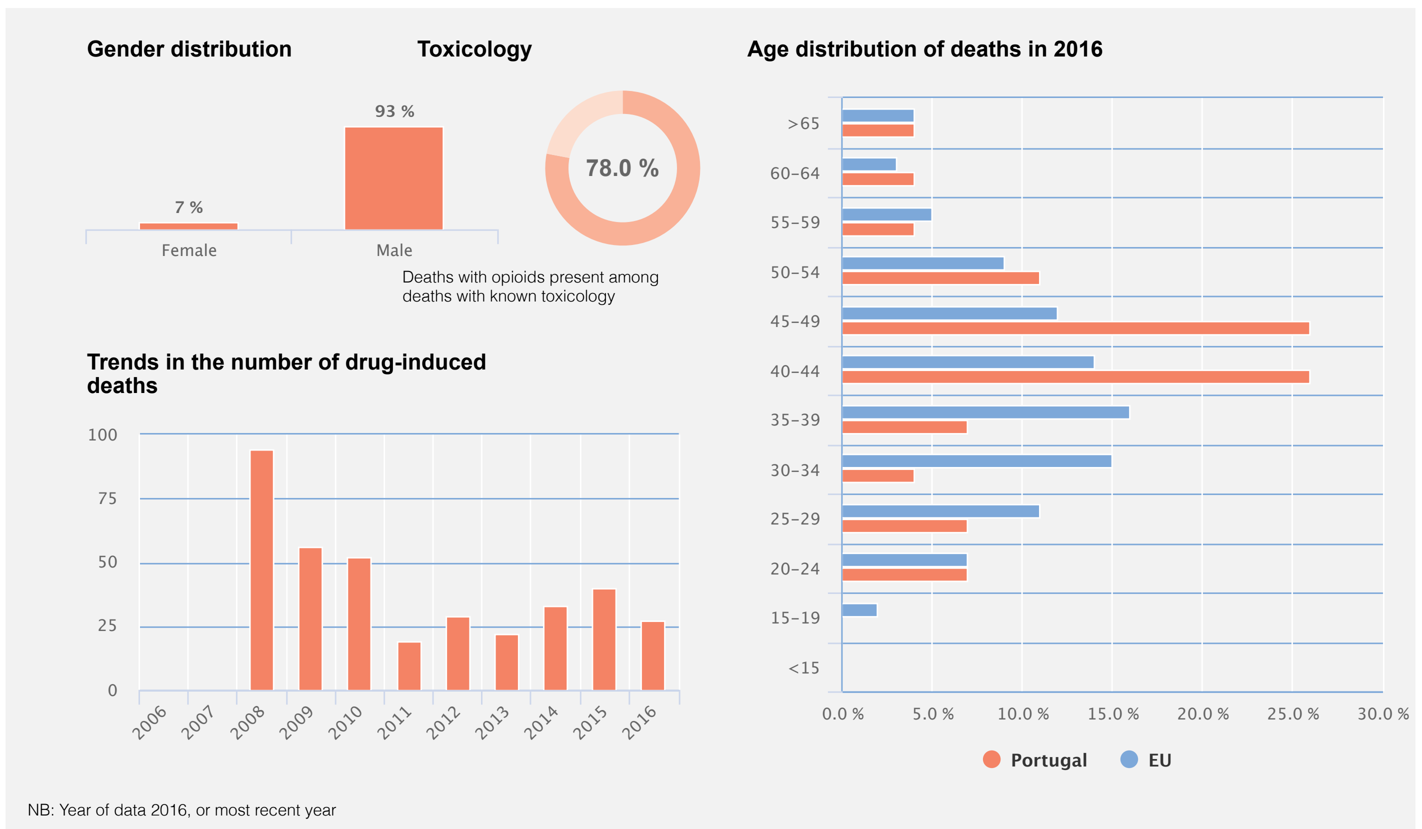
Among injecting drug users admitted to treatment, the rate of chronic hepatitis B virus (HBV) infection ranged between 0 % and 5 % in 2016. In the case of hepatitis C virus (HCV) infection, the prevalence of antibodies among patients in drug treatment was 82.2 %.

Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Portugal



Drug-induced deaths and mortality

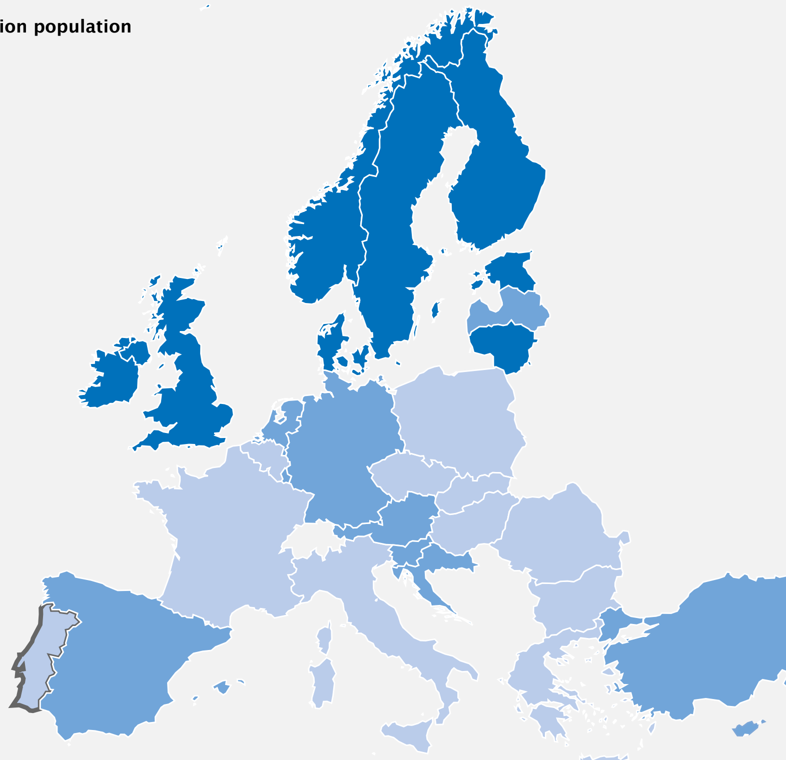
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

According to data from the special registry of the National Institute of Forensic Medicine, since 2011 the number of drug-induced deaths in Portugal has remained below those reported for the period 2008-10. In 2016, the majority of deaths occurred among males. The mean age of victims was 43 years. Opioids were detected in the majority of drug-related deaths, with opiates mentioned in 21 cases; however, in the majority of cases more than one substance was detected, and many cases recorded the presence of alcohol and benzodiazepines.

Drug-induced mortality rates among adults (15-64 years)

Cases per million population

- <10
- 10-40
- > 40



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

The drug-induced mortality rate among adults (aged 15-64 years) was 3.86 deaths per million in 2016, which is lower than the most recent European average of 21.8 deaths per million.

Prevention

The Portuguese National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 recognises a need for age-specific prevention in the context of family, school, recreational and sports settings, the community, workplaces, road safety and prisons. The scope of prevention has been broadened to also cover addictions without substance use and related behavioural issues. At the national level, prevention is a task of the Division of Prevention and Community Intervention of the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), while the regional health administrations have a further role in the operational health policies.

In the framework of the national plan, the Operational Plan of Integrated Responses (PORI) is an intervention framework targeted at drug demand reduction and is organised at the local/regional level. In each specific geographical area, an intervention may address specific local needs by bringing together relevant partners working in different settings. Within PORI, the most vulnerable geographical areas have been mapped in order to prioritise them for resource and intervention allocation. In continental Portugal, 163 geographical areas were identified for the development of integrated intervention responses at various levels (prevention, treatment, harm and risk reduction, and reintegration). In 2016, 18 integrated prevention projects were implemented within the framework of PORI, while a total of 78 integrated intervention projects are in progress.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

In terms of environmental prevention, in 2015, the main initiative was the adoption of a new legal instrument that changed the legal framework for tobacco and alcohol, regulating their sale to and consumption by minors.

Universal drug prevention is part of the Portuguese school curriculum and is mainly implemented in, biology and other science. Throughout 2016, several prevention actions and projects were developed nationally in the school setting, either from an overall perspective of health promotion or by focusing on specific aspects of addictive behaviours and dependencies. Activities were

developed by teachers, with the involvement of students and often other stakeholders in this area: public healthcare centres, municipalities, SICAD and civil society organisations.

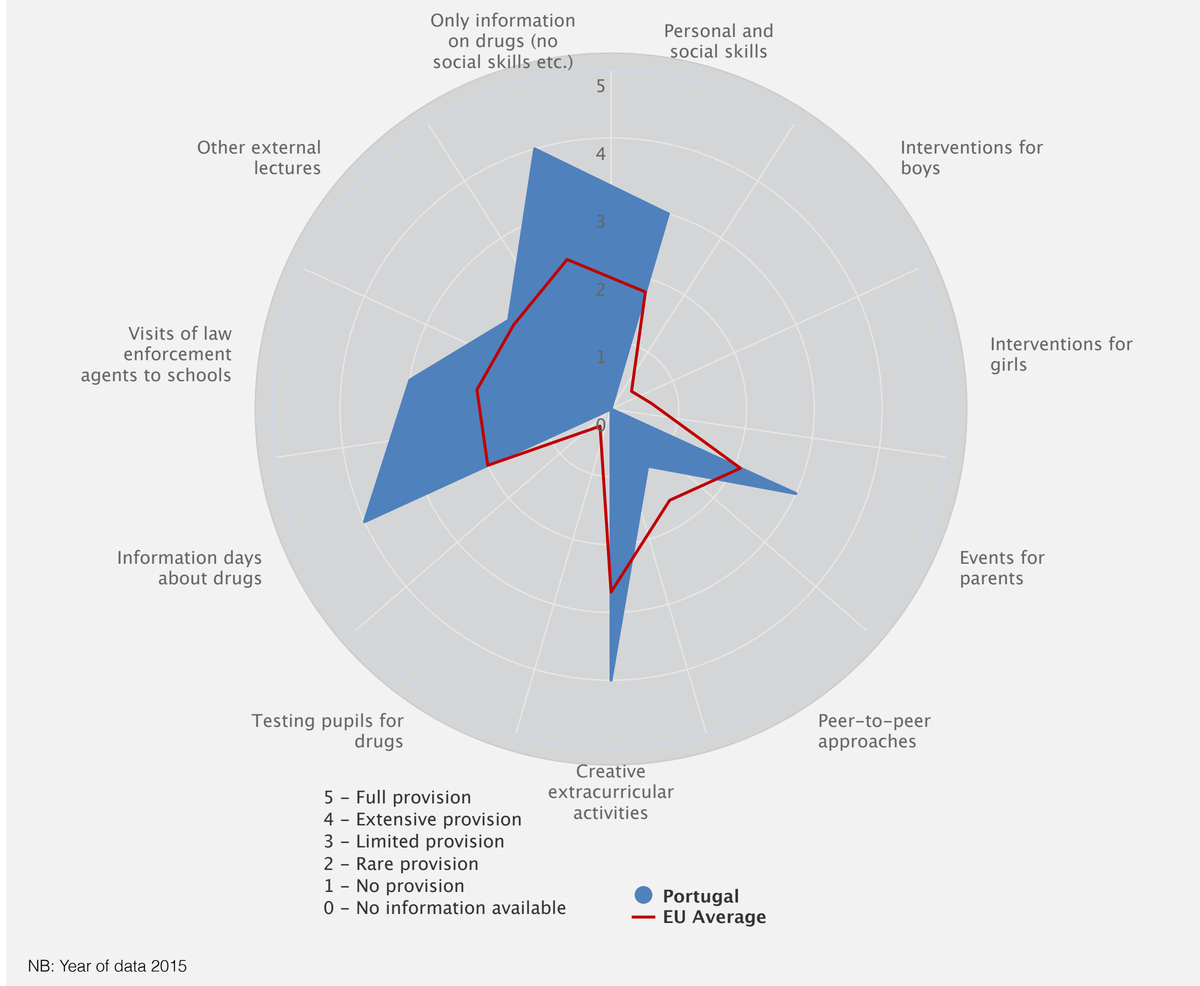
Universal prevention strategies, such as the Me and the Others programme, have been preferred to less structured approaches. The Me and the Others programme has been implemented across various educational settings since 2006 and focuses on promoting the healthy development of children. The programme is evaluated annually using a pre-post design only, and the evaluations suggest an increase in self-efficacy among the participants. In 2016, school-based prevention continued to be implemented by the Ministry of Education, responsible for the inclusion of health promotion and substance use prevention, and the Ministry of Health (through SICAD and regional health administrations), responsible for the prevention component of PORI. Other standardised school-based prevention programmes are available at regional and local levels. Drug prevention activities in workplaces, for the military, in communities and for families have also taken place. The Safe School programme continued in the 2016/2017 school year, promoting awareness of alcohol and drugs.

Different types of selective prevention interventions including community-based interventions for vulnerable groups, family-based interventions for vulnerable families and interventions for vulnerable neighbourhoods have been carried out. Kosmicare, an intervention to tackle crisis events related to the use of psychoactive substances at music festivals, was continued in 2016. A total of 20 187 prevention consultations were carried out under PORI, targeting 2 909 young people already using psychoactive substances, including psychosocial support and referral.

Indicated prevention consultations are carried out in integrated response centres by multidisciplinary teams, mainly targeting teenagers and young people who have already started using psychoactive substances. This prevention service provides psychosocial support and referral to other services.

Several large media campaigns have been implemented in recent years to complement awareness-raising and information activities targeting young people. There has been a growing interest in the application of new technologies to support preventative interventions and health promotion, particularly in the recreational context.

Different models and intervention programmes were developed in 2016, such as the National Alcohol and Health Forum (FNAS) and the national telephone helpline 'Linha Vida — SOS Droga.'



Harm reduction

The main priority established by the current national plan in the area of risk and harm reduction is to promote and develop the existing risk and harm reduction intervention model and adapt it to the evolving drug use phenomenon by promoting effective and integrated responses. The governance and implementation of harm reduction services and interventions occur within the framework of the Operational Plan of Integrated Responses (PORI). This plan, managed by the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), relies on the diagnosis made by the regional authorities of health, after which intervention needs are identified in specific territories. While non-governmental organisations (NGOs) were instrumental in the creation of an infrastructure of health and social service providers under Decree Law 183/2001, harm reduction has become an integrated part of the services provided by the national network of health service providers.

Harm reduction interventions

A nationwide network of harm reduction programmes and structures, including needle and syringe exchange programmes, low-threshold substitution programmes, drop-in centres/shelters, refuges, contact units and outreach teams, has been consolidated in areas of intensive drug use with the aim of preventing drug-related risks such as infectious diseases, social exclusion and crime.

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 needle and syringe programme, Say No to a Used Syringe. The programme involves pharmacies, primary care health centres and NGOs, and includes several mobile units. Approximately 55 million syringes have been distributed under this needle and syringe programme between its launch in October 1993 and December 2016.

An increasing trend in the number of syringes dispensed has been observed in the recent years, with more than 1.35 million syringes distributed in 2016.

Treatment for human immunodeficiency virus (HIV) infection/acquired immunodeficiency syndrome (AIDS), and hepatitis B and C virus infections is included in the range of services provided by the National Health Service of Portugal and is available free of charge.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

The National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 states that treatment interventions should be based on a comprehensive diagnosis of each citizen's full biopsychosocial needs, be accessible and adaptable, be based on scientific evidence in terms of effectiveness, efficiency and quality, and be underpinned by guidelines.

Healthcare for drug users is provided by the Referral Network for Addictive Behaviours and Dependencies. The network encompasses public specialised services of treatment for illicit substance dependence, under the authority of the regional health administrations of the Ministry of Health, non-governmental organisations and other public or private treatment service providers interested and competent in the provision of care. The public services are provided free of charge and are accessible to all people who use drugs and who seek treatment. The network envisages three levels of care: (i) primary healthcare services; (ii) specialised care, mainly in outpatient settings; and (iii) differentiated care, mainly in inpatient settings (detoxification units, therapeutic communities, day centres and/or specialised mental or somatic healthcare).

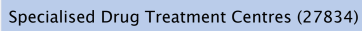
Outpatient treatment is available at all three levels of care; however, the main providers of outpatient treatment are second-level services and include 72 specialised treatment teams from the integrated response centres. These treatment teams are usually the first point of contact for the clients. From there, referrals are made to public or private detoxification units or therapeutic communities. All centres provide both psychosocial care and opioid substitution treatment (OST).

Inpatient treatment is mainly provided through third-level care services. It includes short-term withdrawal treatment (7-10 days usually), which is available in eight public and private detoxification units. There are also 59 therapeutic communities, which usually provide 3- to 12-month residential treatment programmes. Therapeutic communities are mainly privately owned and publicly funded. A programme of extended duration (up to three years) is available to clients who require longer term support services. Special treatment programmes for people who use cannabis and cocaine have also been put in place.

In Portugal, OST is widely available. Methadone maintenance treatment (MMT) can be initiated in treatment centres, and buprenorphine treatment can be initiated by any medical doctor, specialised medical doctors and treatment centres. MMT is free of charge to the client, while buprenorphine-based medications are available in pharmacies, with the National Health Service covering 40 % of the market price of the medication.

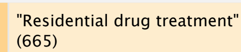
Drug treatment in Portugal: settings and number treated

Outpatient



Inpatient

Therapeutic communities (2064)



Prison

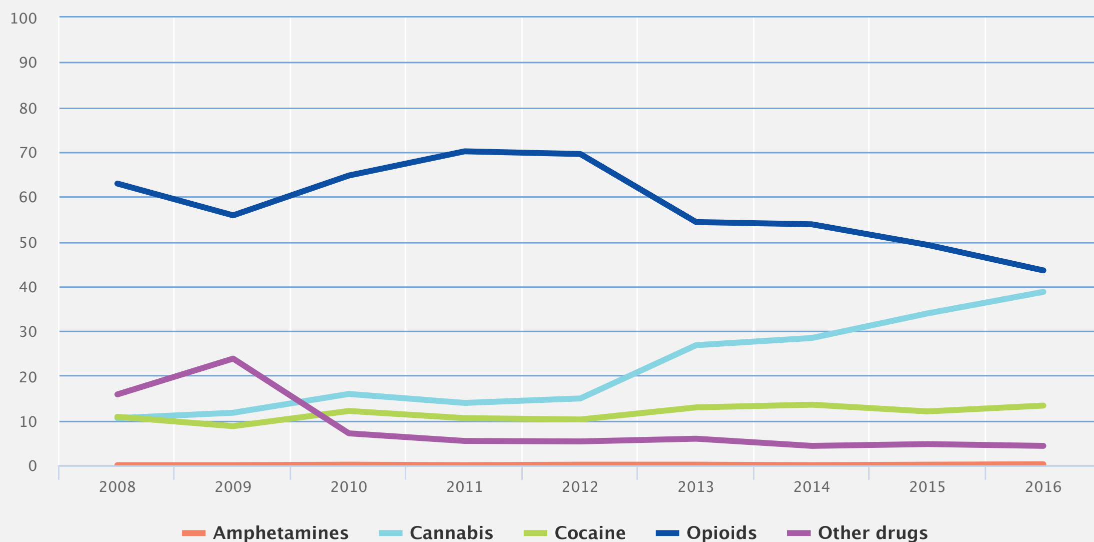
NB: Year of data 2015

Treatment provision

In 2016, a total of 27 834 clients received treatment, and the majority were treated in outpatient services. Of the 3 294 clients entering treatment in 2016, three out of every five were first-time clients. The number of previously treated treatment entrants has been decreasing since 2012, while the number of first-time entrants has been stable over this period. Since 2012, there has been an increase in the proportion of entrants reporting primary cannabis use and a decrease in the proportion reporting primary opioid use.

The number of OST clients in Portugal decreased between 2010 and 2013; however, the number has remained relatively stable since then. In 2016, more than 16 000 clients received OST, mainly MMT.

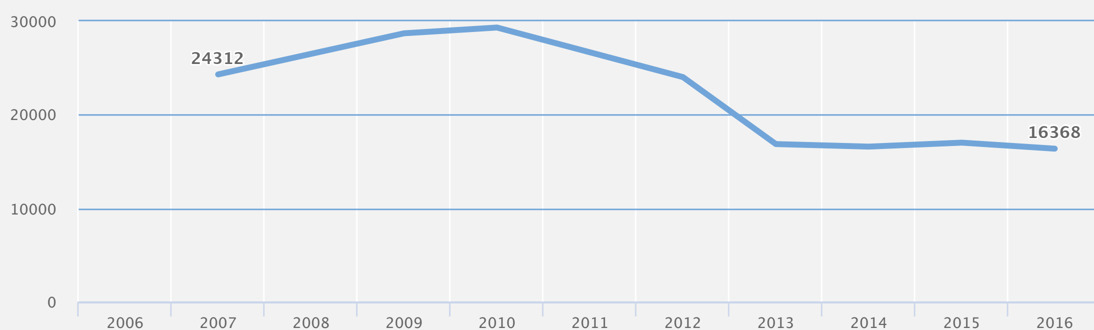
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Portugal



NB: Year of data 2016.

Opioid substitution treatment in Portugal: proportions of clients in OST by medication and trends of the total number of clients

Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

The last survey on drug use among the Portuguese adult (aged more than 16 years) prison population was conducted in 2014. According to the survey, 69 % of adult prisoners reported lifetime drug use. Cannabis was the most common illicit substance, with 56 % reporting having used it at some point during their lifetime and 28 % reporting having used it during imprisonment, followed by cocaine (39 % lifetime use and 8 % during imprisonment) and heroin (26 % lifetime use and 8 % during imprisonment).

Having ever injected an illicit substance was reported by 14 % of prisoners, with 4 % reporting injecting drugs during their current period of imprisonment. In addition, a survey of young offenders (aged 12-16 years) in custody conducted in 2015 found that almost 89 % of those who responded had lifetime drug use experience.

The prevalence of human immunodeficiency virus (HIV) infection among those receiving treatment for drug dependence in prison is reported to be 17 %; the majority of HIV-infected prisoners receive antiretroviral therapy. All prisoners are screened for infectious diseases on entry to prison and tests are repeated at least once a year.

Prison healthcare is managed by health services under the responsibility of the Ministry of Justice in partnership with the National Health System. All prisons make detailed yearly plans for health promotion and disease prevention, which include initiatives (awareness-raising and training actions) to tackle infectious diseases, drug dependency and addictive behaviours focusing on the relationship between these two phenomena.

The detection of addictive behaviours and dependences is part of the evaluation protocol when a prisoner enters prison. Referral to treatment is encouraged in the prison setting and ensures the continuity for new prisoners of opioid substitution treatment (OST) and other treatments initiated before imprisonment and allows them to access the different interventions available in prisons. OST can also be initiated in prisons

Interventions in this area are divided into two types of responses: programmes oriented towards abstinence (Drug Free Wings and Exit Units) and medication-assisted treatment programmes (with opioid agonists and antagonists). At the end of 2016, around 1 000 prisoners were enrolled in programmes of pharmacological treatment with opioid agonists or antagonists in Portuguese prison establishments. Interventions targeting infectious diseases are also available in prison in Portugal. The legal framework for establishing a syringe exchange programme in prison was ratified by the Ministry of Health in 2007, but no activity has been reported.

Quality assurance

The National Plan for the Reduction of Addictive Behaviours and Dependencies (2013-20) highlights the quality of services provided to citizens as its general objective. Quality is a cross-cutting principle in the implementation of all measures aimed at tackling drugs and drug-related issues, to be achieved by the building of knowledge, the training of professionals and international cooperation. The General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD) is involved in defining evidence-based best practices, and technical and normative guidelines and requirements to support implementation and ensure the quality of interventions. Moreover, it provides methodological support to organisations involved in responses to drug use and identifies areas in which this response should be strengthened.

Within the Ministry of Health, the Health General Directorate (DGS) is the body responsible for the accreditation of health programmes and interventions in terms of content and responses. In addition, the Portuguese Institute of Quality implements the Portuguese Quality System in accordance with international quality norms (International Organization for Standardization (ISO)). The quality-related activities promoted by SICAD (quality promotion), the DGS (quality accreditation of the basis of health programme contents) and the Institute of Quality (quality accreditation based on standardisation of processes) are complementary and relevant to all addictive behaviours and dependencies programmes and interventions. In practice, agencies and services in need of quality accreditation can follow one, or both, paths: requirement of the DGS for intervention content accreditation and accreditation with an ISO 9001-acknowledged consulting agency/company.

The provision of training and continued education in the field of addictions and addictive behaviours is one of the objectives of the national plan. Psychoactive drugs, addictive behaviours and drug dependencies are covered in the academic training of medical doctors, psychologists, nurses and psychosocial workers. SICAD also provides training in the domain of addictive behaviours and dependencies.

Drug-related research

Both the National Plan for the Reduction of Addictive Behaviours and Dependences 2013-20 and the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD) Action Plan for 2013-16 include the topics of monitoring, research and the evaluation of results at national and international levels. Indeed, the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2020 defines the following research priorities: (i) invest in standardised data collection and in the development of scientifically proven indicators at European and international levels, considered relevant to the policies adopted; (ii) promote a culture of registration, monitoring and evaluation of interventions — based on common metadata and appropriate instruments, and a culture of sharing the results, in order to maximise the effectiveness of their use; (iii) promote research and enhance the exchange and transfer of knowledge, ensuring the strengthening of synergies and preventing the duplication of resources; (iv) improve the ability to detect and evaluate emerging trends likely to pose a risk to public health and security, enhancing networking and the intersectoral cooperation at national and international levels; and (v) ensure the transmission and more effective application of information and knowledge for the development of policies and their evaluation.

In 2016, a national survey on drug use and addictive behaviours among 18-year-olds and research on the effects of dissuasion interventions, and other studies which focused on young offenders in custody and on participants at a music festival, were carried out by the EMCDDA's Portuguese national focal point.

Academic research has been carried out across all topic areas, but recent drug-related studies implemented or funded by SICAD mainly focus on aspects related to prevalence, incidence and patterns of drug use and epidemiology.

SICAD uses its website, reports, national scientific journals, scientific meetings and seminars as its main dissemination channels for drug-related research findings. A list of scientific publications (scientific papers, reports and academic theses) in the areas of illicit drugs, alcohol and addictive behaviours is available on SICAD's website

Drug markets

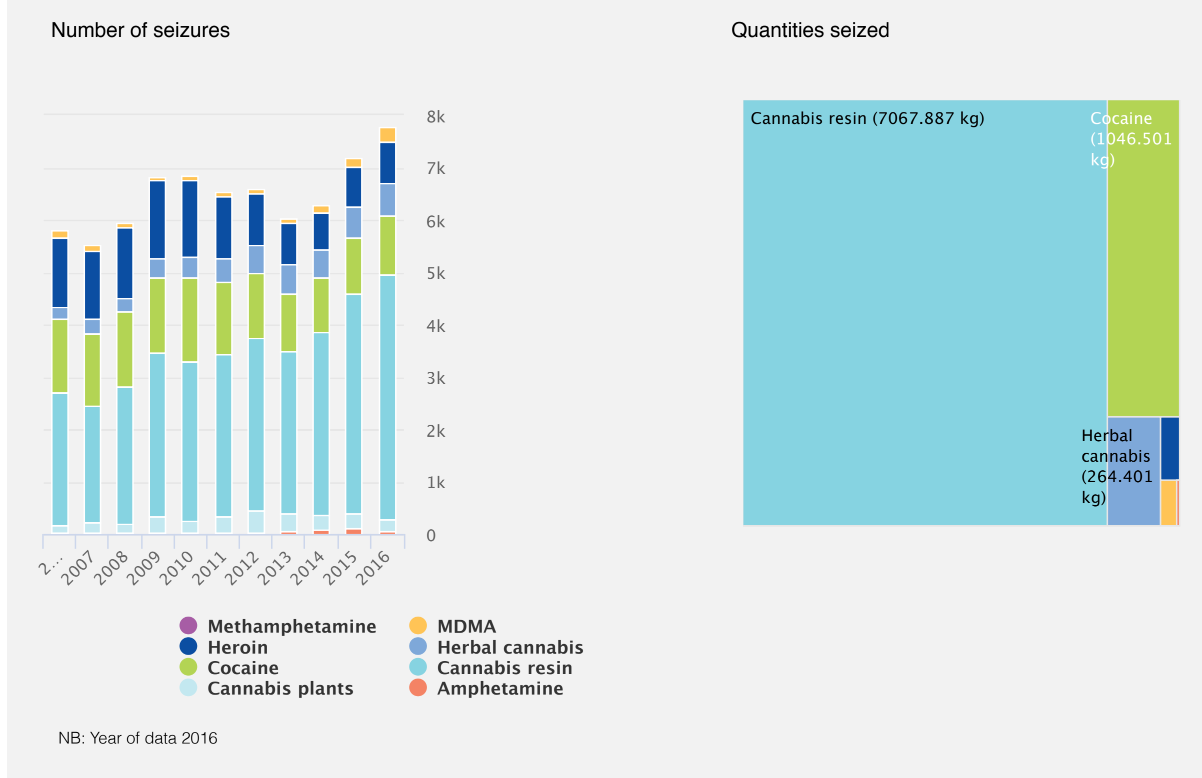
Portugal is the final destination for various illicit substances that supply the home market. It is also a transit country for significant quantities of cannabis resin and cocaine from Morocco and Latin America destined for other European countries. This results from the country's geographical position, but is also linked to the existence of special relations with some Latin American countries, such as Brazil, where a large amount of cocaine originates. The majority of illicit substances enter Portugal via sea routes, while land (from Spain) and air routes are used to a lesser extent. MDMA/ecstasy arrives predominantly from the Netherlands and is transported by air or overland in light vehicles. A new route for MDMA trafficking from the Netherlands to Brazil via Portugal has been reported in the recent years. Heroin seized in Portugal comes mainly from the Netherlands, Belgium and Spain.

Domestic cultivation of cannabis occurs, although in low volumes. In the period 2010-16, the police dismantled between 200 and 400 cannabis plantations annually, with the number of plants seized ranging from 4 517 to 8 462.

Most of the illicit substance seizures in Portugal, except for heroin, take place at retail level. In 2016, the highest number of seizures involved cannabis resin, followed by cocaine and heroin. The number of cocaine seizures showed a declining trend between 2010 and 2014, but this has stabilised in recent years. The number of heroin seizures observed over the period 2010-14 declined, but more recent data indicate a slight increase in the annual number of reported heroin seizures. MDMA continues to be seized in Portugal less frequently than other illicit substances; however, the number of seizures increased in recent years, as well as quantities seized.

Given the geographical location of Portugal and recent developments in the drug market, the main priorities of the Portuguese law enforcement bodies are linked to participation in the EU's actions against international drug smuggling operations and enhancing responses to crimes committed using technologies.

Drug seizures in Portugal: trends in number of seizures (left) and quantities seized (right)



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	15.29	6.5	36.8
Last year prevalence of use - young adults (%)	2016	8	0.4	21.5
Last year prevalence of drug use - all adults (%)	2016	5.1	0.3	11.1
All treatment entrants (%)	2016	38.7	1.0	69.6
First-time treatment entrants (%)	2016	53.5	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	264.39	12	110855
Number of herbal cannabis seizures	2016	620	62	158810
Quantity of cannabis resin seized (kg)	2016	7067.8	0	324379
Number of cannabis resin seizures	2016	4676	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.06 - 33.8	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	0.25 - 49.3	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	0.63 - 111.11	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	0.21 - 25	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.7	0.9	4.9
Last year prevalence of use - young adults (%)	2016	0.3	0.2	4.0
Last year prevalence of drug use - all adults (%)	2016	0.2	0.1	2.3
All treatment entrants (%)	2016	13.3	0.0	36.6
First-time treatment entrants (%)	2016	15.7	0.0	35.5
Quantity of cocaine seized (kg)	2016	1046.5	1.00	30295
Number of cocaine seizures	2016	1127	19	41531
Purity (%) (minimum and maximum values registered)	2016	1.95 - 92.5	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	3.03 - 303.03	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.1	0.8	6.5
Last year prevalence of use - young adults (%)	2016	0	0.0	3.6
Last year prevalence of drug use - all adults (%)	2016	0	0.0	1.7
All treatment entrants (%)	2016	0.2	0.2	69.7
First-time treatment entrants (%)	2016	0.3	0.3	75.1
Quantity of amphetamine seized (kg)	2016	6.5	0	3380
Number of amphetamine seizures	2016	63	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	4.41 - 93.6	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	n.a.	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.8	0.5	5.2
Last year prevalence of use - young adults (%)	2016	0.2	0.1	7.4
Last year prevalence of drug use - all adults (%)	2016	0.1	0.1	3.6
All treatment entrants (%)	2016	0.2	0.0	1.8
First-time treatment entrants (%)	2016	0.3	0.0	1.8
Quantity of MDMA seized (tablets)	2016	124813	0	3783737
Number of MDMA seizures	2016	279	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	6.8 - 246.6	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	1.32 - 12.5	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2015	5.2	0.3	8.1
All treatment entrants (%)	2016	43.5	4.8	93.4
First-time treatment entrants (%)	2016	26.5	1.6	87.4
Quantity of heroin seized (kg)	2016	56.9	0	5585

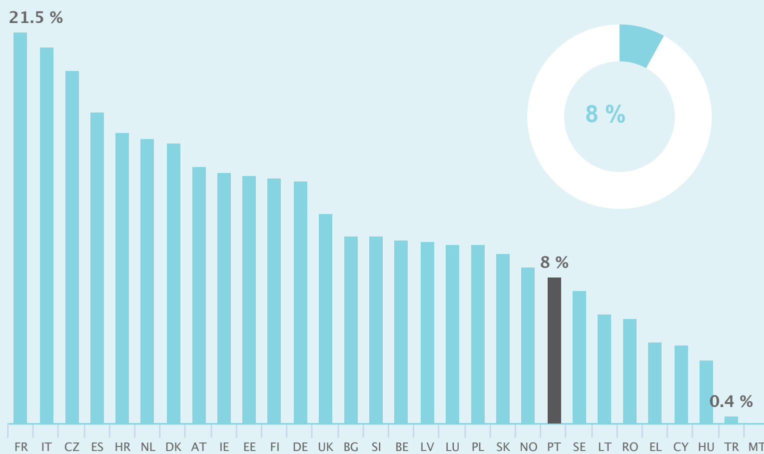
Number of heroin seizures	2016	774	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	2.08 - 48.7	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	9.8 - 125	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	2.9	0.0	33.0
HIV prevalence among PWID* (%)	2016	14.3	0.0	31.5
HCV prevalence among PWID* (%)	2016	82.2	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	2015	2.06	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	3.86	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	1350258	22	6469441
Clients in substitution treatment	2016	16368	229	169750
Treatment demand				
All entrants	2016	3294	265	119973
First-time entrants	2016	2090	47	39059
All clients in treatment	2016	27834	1286	243000
Drug law offences				
Number of reports of offences	2016	17073	775	405348
Offences for use/possession	2016	10765	354	392900

* PWID — People who inject drugs.

EU Dashboard

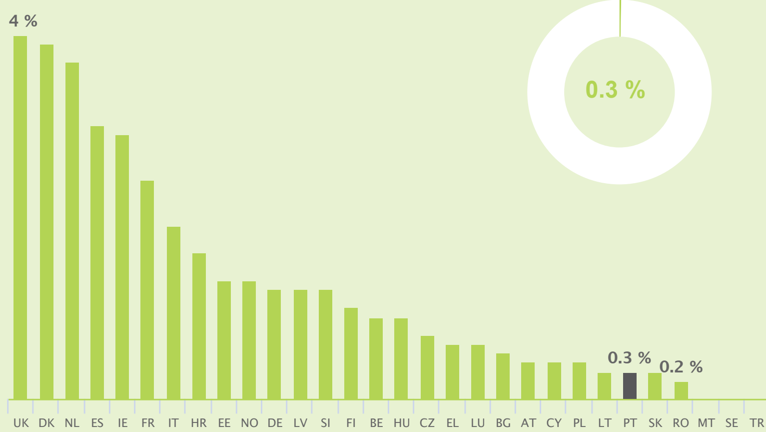
EU Dashboard

Cannabis
Last year prevalence among young adults (15-34 years)



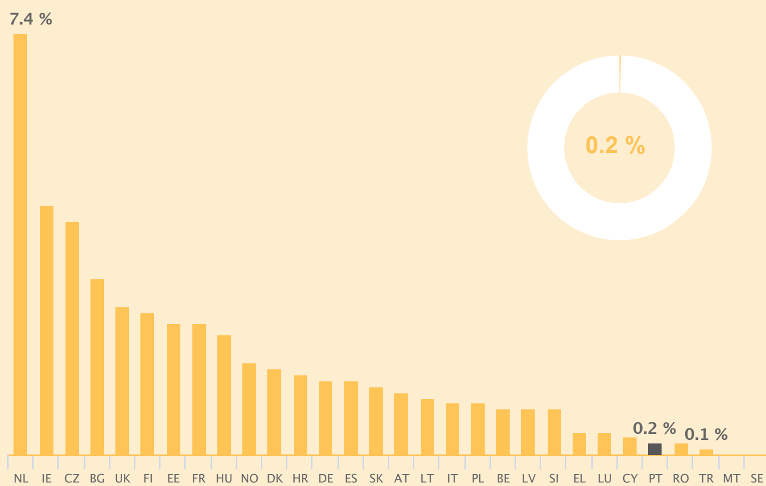
Cocaine

Last year prevalence among young adults (15-34 years)



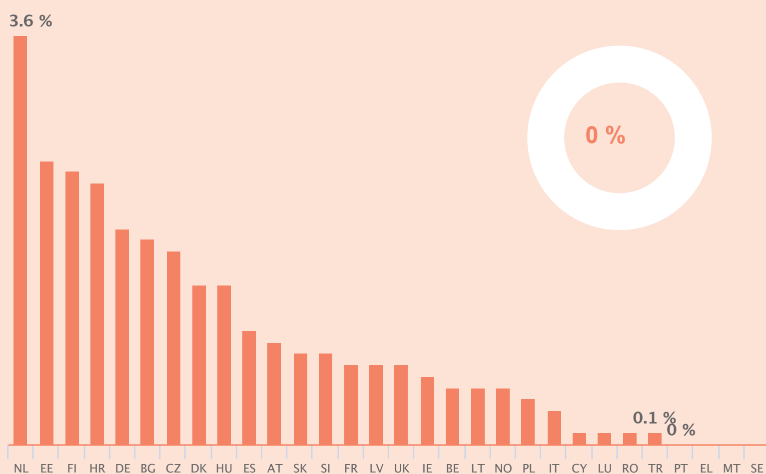
MDMA

Last year prevalence among young adults (15-34 years)



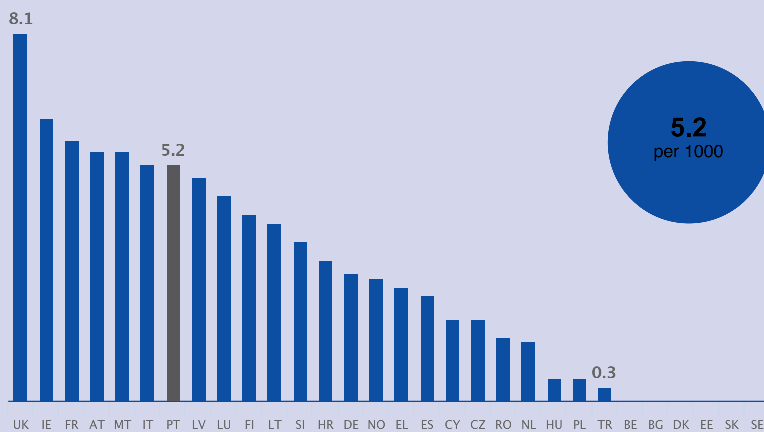
Amphetamines

Last year prevalence among young adults (15-34 years)



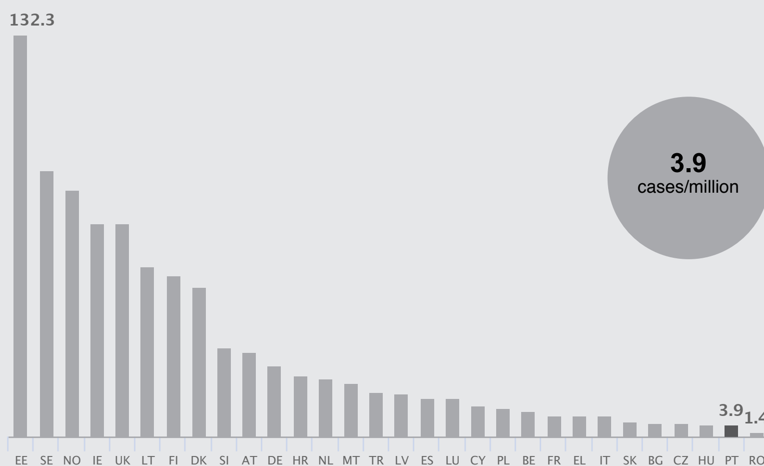
Opioids

High-risk opioid use (rate/1 000)



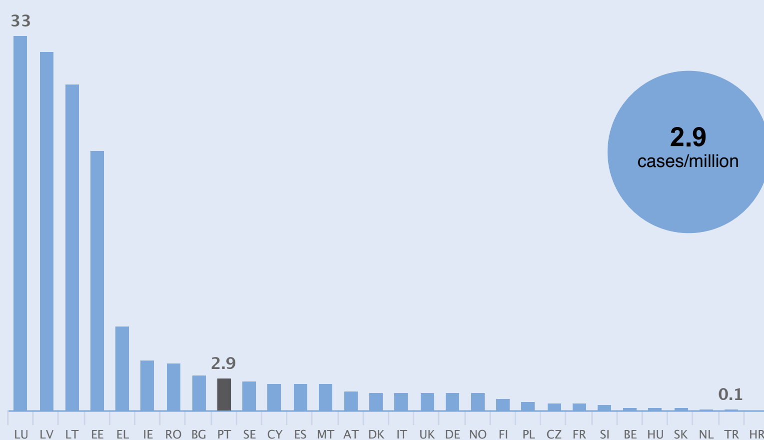
Drug-induced mortality rates

National estimates among adults (15-64 years)

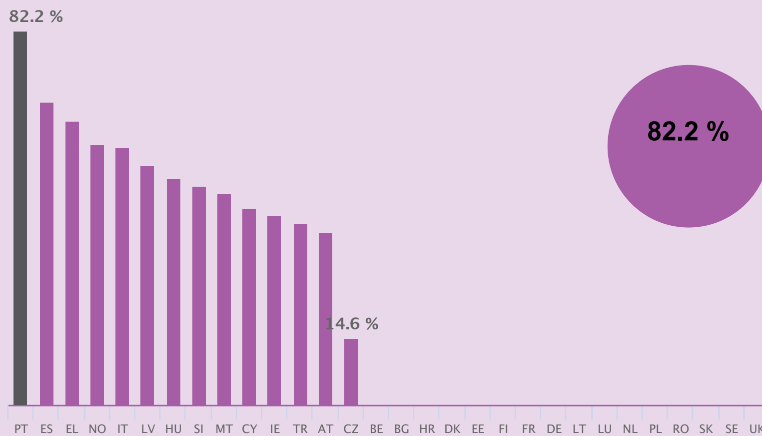


HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence
National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, di?erences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Portugal

The Portuguese national focal point is located within the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD). Attached to the Ministry of Health, SICAD's mission is to promote a reduction in the use of psychoactive substances, the prevention of addictive behaviours and a decrease in dependences. SICAD is the national focal point and is directly responsible for the implementation of the National Plan. It plans, implements and coordinates drug demand reduction interventions, and collects, analyses and disseminates information on drug use and responses to it. The Director General of SICAD is also the National Coordinator for Drugs, Drug Addiction and Alcohol-Related Problems.

Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

SICAD | Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

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