

**NATIONAL ACTION PLAN FOR  
DRUGS AND DRUG ADDICTION**

**Horizon 2004**

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# **NATIONAL ACTION PLAN AGAINST DRUGS AND DRUG ADDICTION**

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## **Introduction**

This Action Plan is the outcome of a process of discussion and restructuring of an overall policy for the problem of drugs and drug addiction. The principles underlying this policy are contained in the National Drug, approved by Resolution of the Council of Ministers no.46/99, of 22 April, and define the guidelines for a new model of concerted intervention, consistent with the real drug consumption situation and its consequences.

The guidelines laid down in the European Union Strategy for Combating Drugs, approved at the Council of Europe in Helsinki, in December 1999, have also been transformed into concrete action, and have been adopted as the main thrust of the European Union Action Plan for Combating Drugs (2000-2004), approved at the Council of Europe in Santa Maria da Feira, on 19 and 20 June 2000.

In the light of these two policy documents – one European and one Portuguese – the Government (resolution of the Council of Ministers no. 109/2000 of 19 August) instructed the IPDT to draw up a draft Action Plan against Drugs and Drug Dependency, for the period up to 2004.

This new Action Plan is intended to improve the effectiveness of, and coordination between, the different tools used in the fields of prevention, harm reduction and damage limitation, treatment and public health, social rehabilitation and suppression, as well as in training, research, law enforcement and international exchanges, in order to allocate resources on a rational basis and to increase the availability of resources so as to raise the standards and increase the responsibilities of all those working in this field.

The draft Action Plan was drawn up by the IPDT Technical Supervision Committee, which comprises representatives of the different ministries and departments with responsibilities in the field of drugs and drug addiction.

In order to implement the concrete measures described below, the different organizations involved will draw up their own specific action plans.

Public spending in this field will grow at a rate in the order of 10% per annum, reaching a total of PTE 32 billion in 2004.

Regular progress assessments will be carried out, making it possible to keep the action plan up to date.

## **ACTION PLAN AREAS**

### **1. PRIMARY PREVENTION**

A prevention strategy should be implemented in such a way as to achieve broad coverage, taking into account the specific nature of the population involved and with a

view to altering some of the factors which encourage drug consumption, stimulating protective factors and inhibiting risk factors, by carrying out work which promotes healthy living in the social contexts where problems arise.

All organizations should adopt a commitment to prevention and work to achieve it, and to this end civil society and institutions should be mobilized to lend their weight to the public sector in the preventive work, which is urgently needed.

This is the context in which the legislation establishes the legal framework for primary prevention work, together with the responsibilities and respective areas of action of the different organizations involved.

### **Overall goals and guidelines**

1. Increase funding for primary prevention by 150%.
2. Reduce the number of new substance consumer's aged less than 18.
3. Draw up and implement plans – if possible, municipal plans – for primary prevention in 100% of the country's municipalities.
4. Double the intervention capacity of civil society, by increased involvement of charity organizations and NGOs, as well as youth, student and sports associations in specific prevention activities.
5. Promote each year monthly nationwide prevention campaigns, aimed at the public in general and at specific segments or groups, dealing with the use of legal and illegal substances, and create intervention teams to work in recreational and leisure venues, in order to provide information on the effects of consuming legal and illegal substances, and helping to provide information on the risks associated with consumption of these substances.
6. By 2002, include prevention of consumption of legal and illegal substances on the curriculum of the 1300 schools in the National Health Promoting Schools Network (22% of the school population), and at 100% of schools by 2004.
7. Between 2001 and 2004, produce and disseminate, at 100% of schools and to 100% of educational partners, materials for diagnosing risk situation, and increase production of existing materials designed to help prevent drug dependency, from the 1<sup>st</sup> cycle of basic education through to secondary education, using new information technologies.
8. Includes learning aims, suggested activities and teaching materials on this subject in the curriculum guidelines being developed for different areas and school subjects.
9. Train and equip the security forces that are required to provide neighbourhood policing in order to implement preventive action in the field of drug addiction.

In addition to these goals:

- Develop the SOS Drugs Helpline (1414) as an anonymous, confidential and free telephone service, geared primarily to providing advice and information, and guiding people towards drug dependency services, as well as dealing with other related questions, such as adolescence, AIDS and sexuality.

## **I. Prevention in the community**

Community work is designed to help mobilise, engage, involve and obtain the participation of organizations belonging to the community itself in planning the responses to its needs, meaning that social mediators will have to be trained.

Community programmes cover all activities undertaken in the local milieu, including those associated with intervention in a school, family and workplace environment, and should be tailored to the characteristics of the target groups. Community work should also foster cooperation and the inclusion of new structure, bearing in mind that intervention policies should be suited to the characteristics of each community.

*Areas of intervention and action:*

- a) define and implement municipal prevention plans – after obtaining the agreement of the local authorities – in all municipalities in the country, defining priorities and the form in which primary prevention strategies are to be implemented at local level.
- b) follow up the Integrated Plans for the Prevention of Drug Addiction, initiated in 2000 with the pilot scheme in Vila Franca de Xira, in close cooperation with the harm reduction network.
- c) create a nationwide Programa Quadro Prevenir II in 2001, with a view to specific two-year Primary Prevention projects, closing the first PQP, after conducting an assessment, in order to draw conclusions, which make it possible to extend and improve the new OPP.
- d) support primary prevention projects, encouraging civil society to participate in them;
- e) follow up the Cross-Border Drug Addiction Prevention Plans initiated in 2000-2001 (1 – North/Galiza, 2 – Alentejo/Estremadura, 3 – Algarve/Andaluzia).
- f) run a nationwide call for offer in 2001 for “Contact and Information Point” Projects, which will back up and liaise with the harm reduction network.
- g) continue the EDDRA Project (Exchange on Drug Demand Reduction Action) (participation in a European network for selecting pilot schemes in the areas of primary, secondary and tertiary prevention, in close cooperation with the focal points of each of the EU countries).
- h) negotiate agreements with the media for the regular launch of zero or low cost prevention campaigns;
- i) promote information and awareness raising campaigns in order to publicise the SOS Drug Helpline (1414), extending it to a service operating 24 hours a day, 265 days a year, so that young people, family members and other can obtain support, information and/or advice whenever they need it.

## **II. Prevention at school**

Prevention at School is designed to develop healthy lifestyles, to improve the quality of physical and relational spaces, to minimise the risk factors associated with maladjusted behaviour and with the use/abuse of legal and illegal substances, and also to disseminate suitable information on these subjects.

According to research in schools permitting comparison with other European countries. Portugal continues to have a low level of prevalence, in general stable, although there is one or two fields where (in line the wider European trend) there appears to be a pattern of increasing consumption. Our aim should be to maintain this overall positive situation, in comparison with Europe as a whole, and to hold down or invert the trend for increased consumption wherever this exists.

A new contact group will be set up to improve cooperation, planning and implementation of actions by the different agents involved in these questions in schools (both basic and secondary) and in higher education.

### **III. Early Prevention**

Increasing emphasis and importance has been attached to early intervention programmes, and this is regarded as an important strategy for preventing drug addiction.

*Areas of intervention and action:*

- a) reactivate the Alcohol, Tobacco and Other Substances Prevention Project (PATO) in 2001, bringing it to an increasing number of schools each year, with the aim of covering all basic education schools by 2004. In this proposed intervention at school programme, the direct target population is children in the first cycle of basic education, and the strategic target population is teachers and parents.
- b) sensitise parents and guardians, particularly those of pre-school children and children in the 1<sup>st</sup> cycle of basic education, to the importance of early and ongoing work with children and young people.
- c) help children to establish suitable relationships with others and to have a satisfactory and healthy relational life, by acquiring and developing basic personal and social skills.
- d) make healthy lifestyles attractive to young people.

#### **1. Prevention in basic and secondary education**

Basic and secondary education provides a fundamental space to teach and define possible choices, and should provide general approaches to prevention of the consumption of legal and illegal substances, and also, in certain age groups, more especially in secondary education, should provide more specific approaches looking at the use or abuse of specific types of drugs. Teachers and other school staff should be the prime educational agents for conveying this type of message, thereby contributing to the promotion of healthy lifestyles.

*Areas of intervention and action:*

- a) train educators (teachers, non-teaching staff, teaching assistants, students' associations and parents' associations).
- b) support training projects/activities undertaken with and for students, teachers, education workers and parents;
- c) support/advise in concrete consumption situations (young people and adults) at school;

- d) promote training in Promotion and Education for Health and Prevention of Drug Addiction, involving the whole education community;
- e) consolidate the position of promotion and education for health and prevention of consumption of legal and illegal substances in the curricular guidelines for different areas and subjects.
- f) continue, follow through and develop the programme for Health Promoting Schools run by the National Network of Health Promoting Schools.
- g) establish partnerships with students' and parents' associations, in order to define prevention strategies, by implementing information/awareness rising and/or training activities aimed at students and parents.
- h) continue the joint work being carried out by CCPES and SPTT in terms of technical support for teacher training and in supporting the prevention of risk situation and of the use and abuse of drugs at school;
- i) continue the joint work being undertaken by CCPES and IPDT, namely with regard to the development of prevention programmes at schools, **under the auspices** of the National Network of Health Promoting Schools.
- j) produce and/or adapt technical-teaching materials (with up-to-date information and appropriate methodologies), in the form of printed and Internet materials.
- k) strengthen partnerships with health, youth and local authority services.

#### **IV. Prevention in higher education**

Higher education offers an ideal opportunity for sharing experiences and is therefore a prime area for developing specific prevention strategies for a given type of drugs, which we know are most often associated with consumption by this age group, such as multiple consumption, ecstasy and cannabis. It is also important to promote support centres, which can guide young consumers towards treatment or to any more specific type of support.

*Areas of intervention and action:*

- a) establish partnerships with Youth Associations and Students Unions, and also with NGOs/charity organizations, in order to define strategies for preventing the use and abuse of drugs at higher education establishments, by implementing information/sensitisation and training actions for students and teachers.
- b) promote and support information sessions, which allow for reflection and debate on the question of drugs and drug addition.
- c) implement prevention campaigns, particularly during student festivities, on specific types of consumption of legal and illegal substances and the consequences of such consumption.
- d) implement specific prevention campaigns on drugs associated with new consumption patterns amongst young people.
- e) support the creation of drop-in centres which provide information on the use and abuse of legal and illegal substances to higher education students.

#### **V. Prevention at leisure and sports venues**

The working strategies to be used for the target group of people using leisure and sports venues should be based on an integrated approach, to be implemented at national level,

in which the intervention areas are based on a horizontal logic of promoting healthy lifestyles and preventing risk behaviour amongst young people.

*Areas of intervention and action:*

- a) establish partnerships with public institutions and civil society, in order to promote leisure venues for young people in education.
- b) select prime actors to make contact with young people, from the staff of the Portuguese Youth Institute, other organizations, universities and other higher education establishments.
- c) work with youth associations, students' associations and informal groups of young people, mobilising them to act as a driving force in reducing demand.
- d) encourage the use of new technologies in order to facilitate access to information and for sharing experiences by peers;
- e) helping young people to enjoy leisure time without risks, informing and raising awareness of the dangers of consuming recreational drugs and creating sufficiently attractive alternative activities.
- f) encourage physical activities and sports; running regular campaigns aimed at the general public, associations, community organizations and especially sports professionals and managers who work regularly in the field of developing sporting activities.
- g) support the construction of sports facilities in designated preventive intervention areas, through Integrated Programmes of sports facilities.

## **VI. Prevention for non-students**

Priority is to be given to preventive measures for young people who because of their unstable living conditions are not in personal and social, school and/or vocational training, using activities which stimulate the personal development of the young people, involving them in a process of training and of developing the educational, training, leisure and sporting responses which allow them to fit into a social support network. These measures should be coordinated with the Government's intention of providing all young people who leave school at less than 18 years of age with a vocational training programme.

*Areas of intervention and action:*

- a) promote contact with young people who have dropped out of education, namely through the work of "street teams";
- b) promote awareness raising/training activities at Vocational Training Colleges;
- c) implement the "Choices Programme" designed to prevent criminality and to promote social integration measures for young people in the most vulnerable neighbourhoods of the Districts of Lisbon, Setúbal and Porto, paying particular attention to prevention of drug taking.

## **VII. Prevention with regard to driving under the influence of psychotropic substances**

Measures relating specifically to driving under the influence of drugs will take the form of subjecting drivers to drug tests.

*Areas of intervention and action:*

- a) in 2001, start to screen drivers under the effect of illegal drugs.
- b) collect, process and analyse statistical information on driver testing, in order to:
  - identify user groups and the behaviour of young drivers.
  - determine the proportion of drivers involved in accidents leading to death or serious injury represented by consumers of illegal drugs.
- c) study rehabilitation and treatment programmes for drivers found to be driving under the influence of alcohol or abusive drugs, especially for re-offenders.

### **VIII. Prevention in the family**

Intervention in the family is designed to prevent or delay deviant behaviour, such as the use and abuse of drugs.

Intervention in this group is a priority, allowing families to develop skills, especially communication skills, and to act responsibly and independently, as is deemed essential in a process of promoting and educating for health.

Special responsibility lies with the National Commission of the Family, which is well placed to take action in this field because of its interdepartmental composition and the range of different skills represented.

*Areas of intervention and action:*

- a) work to establish protocol agreements with the National Confederation of Parents' Associations (CONFAP) and with the National Confederation of Family Associations (CNFA), in order to run sensitisation and information campaigns in all regions of the country aimed at parents, guardians and young people, on the problems of the use and abuse of legal and illegal substances, and on the prevention of substance consumption, giving priority to zones earmarked as risk areas and to the first few years of school education.
- b) develop information/awareness raising and training actions aimed at groups of parents of young people not in education, in order to strengthen their role in primary intervention;
- c) establish schemes aimed at parents, in partnership with the National Commission for the Family and National Family Associations, in order to promote the role of the families, helping to strengthen the institution of the family and encouraging family associations.

### **IX. Prevention in health care**

The aim of prevention in health care is to educate people for health, through early screening for problems related to the consumption of tobacco, alcohol, medicines and illegal drugs.

*Areas of intervention and action:*

- a) develop partnerships with public organizations and civil society, in order to turn around and diminish the demand for drugs.
- b) conduct biannual campaigns raising awareness of how to use medicines correctly, specifically emphasising the consumption of narcotics and psychotropic drugs, namely benzodiazepines and anti-depressants.
- c) sensitisation campaign for health workers, alerting them to the need to comply strictly with the law in force on the prescription and sale of these medicines, and on the need to limit prescriptions to clearly defined situations (approved therapeutic indications), and for a limited period of time;
- d) sensitising health workers involved in this problem to the need to discourage consumption of benzodiazepines and anti-depressants on a self-medication basis.

## **X. Prevention at work**

Prevention at work should be directed essentially at preventing the consumption of illegal substances, without neglecting concrete measures relating to illegal drugs, given the consequences of taking these drugs in terms of safety at work and professional performance.

Prevention measures should be aimed at workers in all sectors of industry, and especially for workers in risk situations, and also those whose work may, directly or indirectly, place others at risk.

These programmes should involve information, awareness raising and screening measures for workers in risk situations, providing them with the possibility of treatment and reducing absenteeism.

*Areas of intervention and action:*

- a) implement preventive measures at work in cooperation with union federations, unions, professional associations and employers' organizations.
- b) organize debates on the question of drugs and drug addiction at work.
- c) raise the awareness of managers and senior staff to the problem of the consumption and control of legal and illegal drugs, safeguarding full respect for the fundamental rights of the employee, namely confidentiality and the right to work, under the terms of the legislation in force.

Intervention in the armed forces and the security forces should consist of implementing primary prevention programmes in the army, the navy, and air force and the police forces, with the aim of reducing consumption of alcoholic beverages and zero consumption of illegal drugs.

Such intervention should also encourage military personnel found to have a use/abuse problem to abstain from toxic substances.

*Areas of intervention and action:*

- a) organization of information and awareness raising campaigns, aimed at the personnel of the armed forces and the security forces, in order to reduce or eliminate their consumption of drugs/alcohol.

- b) drug and alcohol testing, with a view to taking early action to dissuade personnel from consumption.
- c) implementation of measures to dissuade possession and drug trafficking in military milieux.
- d) encourage alternative lifestyles by promoting healthy leisure activities.
- e) encourage the members of the security forces to perform their role as the agents of prevention in the community and to provide information on the legal consequences of the consumption of illegal substances or the abusive consumption of legal substances.

## **XI. Prevention in prison**

In preventive work in prison, priority should be given to promoting and educating for health and screening inmates for related infectious and contagious diseases.

*Areas of intervention and action:*

- a) continue with information/awareness raising activities aimed at the prison population;
- b) extend the Sensitise/Inform/Prevent programme;
- c) disseminate information amongst the prison population by peer group training.
- d) promote the acquisition of healthy lifestyles, facilitating access to sports activities and implementing programmes of training in social skills;
- e) pursue and extend the Sexual Education and Family Planning Programme to all women's prisons;
- f) implement information schemes on healthy lifestyles for prison staff;
- g) create structures for setting up a staff support office.

## **2. HARM REDUCTION AND DAMAGE LIMITATION**

Harm reduction policies should help not only to prevent the risk of propagation of infectious and contagious diseases (in particular, contamination by AIDS and hepatitis B and C), but also prevent social marginalization and delinquency, as well as help to create an environment in which drug addicts are motivated to attend treatment programmes.

The published figures show that Portugal has a particularly worrying situation with regard to problematic drug consumption, drug related mortality and contamination of drug addicts with infectious and contagious diseases. There are therefore grounds for increasing resources and action in this area of the fight against drugs and drug addiction.

The measures proposed should be applied nationwide, in particular in places with higher rates of drug taking.

### **Aims and overall guidelines**

1. Create a primary national network for harm reduction, comprising street teams, contact and information points, needle exchange schemes and low threshold methadone substitution programmes, in 100% of districts and a secondary national harm reduction network covering all municipalities with critical high

consumption areas, with more appropriately designed harm reduction programmes;

2. Promote the creation of metropolitan networks of refuges, shelters and purely occupational day centres, aiming at 100% coverage of drug addicts without social and family support;
3. Provide harm reduction programmes accessible to 100% of drug addicted prisoners;
4. Check and invert the trend for contamination of drug addicts with HIV, hepatitis B and C and tuberculosis, bringing the rate of contamination into line with the European average;
5. Reduce the number of drug-related deaths by 50%;
6. Reduce problematic drug consumption practices, namely shared syringes (by 50%) and intravenous consumption;
7. Create a national network of combined care centres for drug addicts and patients with tuberculosis and AIDS and create a national network of centres for early, anonymous and voluntary detection of HIV, with free screening, which may be accessed by the addict population;
8. Reduce consumption of heroin by one third;

## **I. Diagnosis of present situation**

A study should be undertaken in 2001 to identify and characterise the drug addicts who can be reached by risk reduction programmes, to identify the regions in the country where these programmes should be implemented, and also to identify the existing resources and/or projects in the field of harm reduction, regardless of their scope.

*Areas of intervention and action:*

- a) definition of indicators for assessment of each project, and of its suitability to the characteristics of the target population and socio-demographic conditions.
- b) define a partnership strategy;
- c) draw up regulations for partnerships, depending on the projects;
- d) define technical execution criteria for each type of project;
- e) define type of progress follow-up for different projects;
- f) define project supervision and assessment processes;

## **II. National Network for Harm Reduction and Damage Limitation**

### **XII. 1. Primary Harm Reduction Network**

Work will proceed in 2001 on implementation of the primary harm reduction network, extending the different areas of work to all the districts of the country.

*Areas of intervention and action:*

- a) Needle exchange:
  - extend the *Say no to a second hand needle* programme, by setting up new partnerships and mobilizing new areas of expertise in existing partnerships. Also, pilot schemes for needle exchange or sale in pre-defined locations will be extended.
- b) Low threshold methadone substitution programmes:
  - continue implementation of *low threshold opiate substitution programmes* in order to ensure that all drug addicts have access to substitution programmes, through proper medical prescription.
- c) Street teams for risks reduction:
  - creation and implementation of a national network of *Street Teams* designed to promote harm reduction, working in public spaces where drug consumption amounts to a critical social problem.
- d) Contact and information points:
  - creation and implementation of a national network of *Contact and Information Points*, as a means of disseminating appropriate information on how to avoid or reduce the risks of drug taking.
- e) Information and sensitisation schemes:
  - increase the number of information/sensitisation schemes providing rigorous and integrated advice on different harm reduction strategies, aimed at specific population groups, including the prison population.
- f) Step up publicity campaigns aimed at the general public containing effective preventive messages.

## **2. Secondary Harm Reduction Network**

Work will commence in 2001 on the creation and implementation of a secondary harm reduction network, in the following *specific priority intervention areas*:

Lisbon Metropolitan Area (Lisbon, Setúbal, Amadora, Sintra and Cascais)  
Porto Metropolitan Area (Porto, Matosinhos and Gaia)  
Algarve (Faro)

This network will be extended in 2002 to the Northern and Central regions, in line with the diagnosis to be carried out in the meantime, and the to the rest of the country in 2004.

Action to be taken, through creation of:

- a) Contact points (mobile units):
  - creation of a network of *mobile units* for risk reduction, known as *Contact Points*, with the purpose of screening for and treating infectious and contagious

diseases, vaccination of the at-risk population, administration of methadone and needle exchange.

b) Drop-in centres:

- creation of drop-in centres for excluded drug addicts, in places where the need for this is identified, with a view to improving the social and health conditions of marginalized and excluded addicts and to guide them towards welfare and medical services, without requiring that they abstain from drug taking outside the centre.

c) Refuges:

- creation of refuges, in places where the need for this is identified, serving as transitional residential accommodation, without requiring that users abstain from drug taking off the premises, with a view to helping to guide socially excluded drug addicts towards welfare and medical services.

d) Shelters:

- creation of shelters, in places where the need for this is identified, serving as overnight accommodation, in order to help improve the sleeping conditions of socially excluded addicts and to bring them closer to welfare support services.

### **3. Healthcare**

Work will begin in 2001 on the creation and implementation of various healthcare networks, with nationwide coverage being planned for 2004.

*Areas of intervention and action:*

- a) creation of a national network of combined care centres;
- b) development of integrated programmes for substitution treatment and antiviral or tuberculostatic medication, for addicts and patients with tuberculosis and AIDS, in order to increase the number of those receiving care and reducing the risks of propagation of infectious and contagious diseases;
- c) creation of a National Network of Centres for Anonymous and Voluntary Early Detection of AIDS;
- d) increase the possibilities of free screening for the drug addict population, with a view to early detection of infectious and contagious diseases and treatment of addicts with associated organic diseases;
- e) check-ups for drug addicts;
- f) assessment, on as systematic a basis as possible, of the state of health and risk behaviour of the users of healthcare facilities for drug addicts;
- g) promotion of healthcare, in particular in the areas of gynaecology and/or obstetrics, for women addicts;
- h) increase capacity for laboratory analyses;

### **4. Pilot schemes**

New legislation on harm reduction and damage limitation has been submitted for public debate. This provides for the creation of supervised consumption programmes, on an experimental basis, for one year, after which the scheme will be assessed and a decision

taken on whether to continue with it. These schemes will not be set up by the State, but by NGOs or local authorities interested in implementing them. They are aimed at intravenous consumption of injectable drugs and are intended to provide more hygienic conditions for consumption and to bring addicts closer to the health system, encouraging them to undergo treatment, whenever this is feasible.

## **5. Prison work**

In the period from 2001 to 2004, harm *reduction policies* will be stepped up for addicted prisoners, with a view to reducing the risk of propagation of infectious diseases, encouraging safer forms of behaviour and encouraging addicts to undergo treatment.

*Areas of intervention and action:*

- a) continue with the Hepatitis B Vaccination Programme;
- b) gradually extend substitution schemes to all prisons;
- c) study the possibility of setting up pilot schemes for needle exchange or aseptic consumption in some prisons;
- d) monitor drug addicted prisoners with related organic pathologies, namely through implementation of integrated care programmes.
- e) prepare prisoners for release, in cooperation with the Health Services, especially with the CATs, with a view to continued treatment.
- f) facilitate access to condoms and bleach.

## **3. TREATMENT**

Bearing in mind the strategic aim of ensuring access to treatment for all drug addicts seeking it, the National Plan for Combating Drugs – Horizon 2004 proposes that existing schemes be stepped up and innovative responses piloted in order to achieve the general objectives detailed below.

### **Overall aims and guidelines**

1. By the end of 2002, complete the national CAT network, increase the number of drug addicts receiving treatment by 50% and substantially increase the number of drug addicts being treated successfully;
2. By 2002, increase the capacity of detoxification services by 50%, making this sufficient to meet demand;
3. Increase by 100% the public capacity for low threshold substitution treatment;
4. Increase by close to 100% the number of health centres working with the SPTT in providing substitution treatment and increase by 300% the number of health centres and hospital services joining addict screening and treatment schemes.

*Areas of intervention and action:*

- a) create, by the end of 2002, intervention programmes for treatment (outpatient support and in-patient units), which should be providing operational services by the end of 2004, aimed at specific groups or populations with risk behaviour, namely:
  - under-age consumers or addicts;
  - pregnant addicts or mothers with small children;
  - addicts with related mental pathologies (double diagnosis cases);
  - addicts with related organic pathologies (AIDS, hepatitis, tuberculosis), in order to extend screening and medical supervision;
  - non-addicted user workers or addicts taking part in the Aid Programme for Employees at Work (specialist unit for intervention at work) run by the Ministry of Defence;
- b) design therapy circuits which increase the involvement of the whole Health System in the treatment of drug addicts, through greater coordination between the relevant public and privates services in this area, namely the Directorate-General of Health, the Mental Health Services, the Alcohol Abuse Centres and private health care organizations providing care on a contract basis;
- c) promote access for drug addicts to new forms of treatment;
- d) develop, adapt and implement therapeutic strategies to respond to the consumption of new drugs and new patterns of consumption;
- e) extend psycho-therapeutic support programmes to the children of drug addicts;
- f) extent intervention strategies for drug addicts not seeking the available treatment services;
- g) develop and gauge methods of assessing the results achieved by different treatment programmes;
- h) involve the whole Prison Health Service in the treatment of addicted inmates. By the end of 2002 the pluri-disciplinary health worker teams at all prisons should be structured or increased;
- i) build and equip new drug-free units at prisons, by the end of 2004;

- j) continue with treatment programmes when entering and leaving the prison system, extending and improving cooperation with the organizations providing services in this field.
- k) use all the possibilities allowed by law and any new procedures, which may be created in order to guide addicts convicted of drug-related offences towards treatment.
- l) Step up supervision of the private units, operating on a contract or other basis, providing services to drug addicts undergoing detoxification or treatment.

#### **4. SOCIAL REHABILITATION**

The social rehabilitation of drug addicts is of added importance in the current context of decriminalising consumption, in which the drug addiction is regarded fundamentally as an illness for which both treatment and rehabilitation are possible.

Reintegration is therefore to be considered as part of treatment, and the latter can never be regarded as complete without the former. Work in this field should be at the same time focussed on the person and on the social climate, which facilitates problematic behaviour.

##### **Overall aims and guidelines**

1. Strengthen the Life Employment Programme, as a central programme for the social reintegration of drug addicts and drugs addicts prisoners, increasing capacity by 50% and including new features, which help to prevent de-integration of addicts and former addicts in employment.
2. Expand the network of rehabilitation flats for addicts in rehabilitation, increasing current capacity by 100%.

*Areas of intervention and action:*

##### **1. Measures aimed at professionals**

The aim is to build on existing measures and to promote innovative initiatives. The following measures will be undertaken by the relevant services:

- a) recruit, select, train and supervise training and employment mediators.
- b) provide technical and financial aid for rehabilitation projects and measures promoted by institutions working in the field of drug addiction.
- c) work with employers' organisations and unions on measures designed to promote the social rehabilitation of persons who have dropped out of employment;
- d) create structures for responding to the need for social rehabilitation, namely through technical and financial aid for institutions which implement rehabilitation structures, such as direct intervention teams/street teams and social rehabilitation flats.

## **2. Measures aimed at drug addicts undergoing rehabilitation**

- a) encourage addicts to use the rehabilitation services offered under existing measures and programmes (special vocational training, integration companies, UNIVAS, ILE's, job clubs, programmes for prisoners and former prisoners, POCs).
- b) in 2001, complete the Reintegration Framework Programme designed to support the development of 15 projects in the field of rehabilitation, with the following aims:
  - involving individuals in their own process of change.
  - involving the family as basic support resources in the process of helping with dysfunctions and relational problems.
  - involving the community on a network basis.
  - working to achieve the vocational integration of addicts.

## **3. Measures aimed at addicted prisoners**

- a) support and promote treatment as an alternative to a prison sentence.
- b) cooperate with prisons on preparing the release of addicted prisoners, creating and equipping two more release houses in prisons between 2001 and 2002.
- c) extend the Life-Employment programme to prisons, with a pilot scheme being launched at selected prisons in 2001.

## **4. Life-Employment Programme**

The Life-Employment Programme is designed to facilitate the social and vocational rehabilitation of drug addicts as an integral and fundamental part of the treatment process.

The work to be undertaken under the present programme is in the fields of vocational information, guidance and training, and socio-vocational rehabilitation.

The programme is to be reassessed and re-launched between 2001 and 2002, with redefinition of the management principles, improving the bureaucratic procedures, strengthening the features already offered and creating new features, especially with a view to avoiding the re-integration of fully rehabilitated addicts or former addicts. In addition, the programme will be extended to former prisoners, and will start up in 2001 in a number of prisons.

The success of the programme in its first two years led to a situation of near-stoppage in 2001, which means that funding will be increased this same year, and even more in the next few years.

## **5. FIGHT AGAINST ILLEGAL TRAFFIC IN DRUGS AND MONEY LAUNDERING**

### **Overall aims and guidelines**

1. Substantially reduce the availability of illegal drugs, increasing seizures of illegal drugs by around 50%, through the concerted efforts of the security forces and

services, coordinating the information production process with police action and criminal investigations in accordance with the law.

2. Reduce drug-related crime by around 25%, by increasing community neighbourhood policing policies, increasing police visibility and rationalising the respective measures.
3. Step up the fight against the laundering of drug money, by allowing for rapider access to banking information and closer cooperation with international agencies and foreign police forces.

In addition to these aims:

- Combat the dissemination and trade in the new synthetic drugs, which are foreseeably the greatest threat in the next few decades.

*Areas of intervention and action:*

### **1. Stepping up the fight against the illegal maritime trade in drugs**

- a) increase vigilance along the coast and in territorial waters, as the outer frontier of the European Union, through:
  - combined maritime patrols with the LAOS system, using mobile observation stations and motorized/foot land patrols.
  - update the LAOS system and develop a programme for increasing vigilance and intervention;
- b) include the Maritime Authority System in the Joint National Coordination and Intervention Units;
- c) computerise the summary declaration in order to allow for greater control of maritime goods transport;
- d) develop specific coordination procedures, covering the different aspects of detection, prevention and criminal investigation, namely by:
  - setting up Joint Coordination and Intervention Units and operational contact points in all organizations working in this field.
  - providing for greater flexibility of information flows thanks to these operational contact points.
  - entering into cooperation protocol agreements whenever necessary and/or appropriate between organizations working in this field.

### **2. Stepping up the fight against the illegal drugs traffic**

- a) inclusion of criminal information on illegal drugs trafficking in the Integrated Criminal Information System.

- b) Joint Coordination and Intervention Units operating as a subsystem of the Operational Coordination System provided for in the Organization of Criminal Intervention Law.
- c) step up international cooperation through new organizational structures in the criminal police and the appointment of liaison officers for relations with foreign forces.
- d) implement the policy of Neighbourhood Policing in order to combat “small scale dealing”, namely by:
  - consolidation of anti-crime brigades.
  - implementation of preventive measures aimed at risk groups, and especially at students.
  - suitable training for this work.
  - developing cooperation with local authorities.
- d) step up the fight against the illegal drugs trade carried on by criminal organizations, namely:
  - combating the production and illegal trade in synthetic drugs, through:
    - i. intervention in the deviation of precursors drugs, strengthening the link between the administrative supervisory bodies and the criminal police authorities.
    - ii. launch of regular operations specifically aimed at stopping the trade in synthetic drugs at night time venues.
    - iii. cooperation protocol agreements with industry and the retail trade.
  - develop new criminal investigation techniques, including controlled delivery, non-punishable conduct and witness protection.
  - better information analysis, at strategic and operational level, taking advantage of the potential of the integrated criminal information system.
  - create a street price monitoring system, with laboratory analysis of products seized on the “street”, as an indirect form of assessment of the effectiveness of the action of the security forces and criminal investigation forces.
  - set up programmes to combat the use of new technologies (especially the internet) for the production and illegal trade in drugs.

### **3. Safety at schools**

The “Safe School” programme will continue, offering protection and safety for members of the school community in the area around schools, thereby helping the school to serve as a protective space and facilitating its educational work.

## 6. TRAINING

Training is of fundamental strategic importance in an integrated policy against drugs and drug addiction, and is required both for specific workers and in order to develop a critical mass of knowledge on the subject of drugs.

*Areas of intervention and action:*

### 1. Prevention:

- a) training schemes aimed at staff working directly with the problems of drugs and drug addiction.
- b) create a “pool of trainers” to implement an active training policy for workers in this field.
- c) implement a training needs analysis system.
- d) implement a training projects assessment system.
- e) hold a series of seminars on the subject of primary prevention, harm reduction and damage limitation.
- f) training for public security forces.
- g) continuing training for media workers, to enable them to provide optimum and credible information on different matters relating to drugs and drug addiction.
- h) training for technical staff working under the Drug Addiction Dissuasion Commissions.
- i) training for primary prevention workers, namely officers of the security forces, parents, young people, families, development workers, health workers and other social workers.
- j) training for education staff – teachers, non-teaching staff, students, health workers and families – enabling them to carry out prevention work with young people, so as to reduce the prevalence of consumption and the number of new consumers.
- k) training designed to enable the security staff at prisons to promote the health of inmates through primary prevention.
- l) training for prison offices undergoing initial training.
- m) training and production of informative materials for Health Centres and Paediatric and Infant Mental Health Services, with a view to promoting the health of children and young people.
- n) organize training placements in off-prison structures for learning working practices in the field of drug addiction.
- o) continuing training schemes for health and education workers at all prisons.
- p) training technical staff, equipping them with specific knowledge and skills in order to take action at school, at work, in prisons and in the community.
- q) training primary prevention workers to tackle alcohol abuse and drug addiction in the military.
- r) training designed to improve doctors’ skills in the field of toxicology.
- s) trainer training, equipping them to lead free-time group activities in the military.
- t) sensitise all health workers involved in the life cycle of medicines, namely benzodiazepines and antidepressants, alerting them to the need to dispense these medicines in accordance with the legal requirements in force.
- u) production or adaptation of up-to-date training and information materials, printed or on internet, allowing for training and correct and focussed information

on the subject of drugs and drug addiction, within the scope of the intervention projects.

- v) development of training courses under the Leonardo da Vinci Programme.
- w) collaborate on training placements and work experience with higher education institutions.

## **2. Investigation Methods and Techniques**

- a) training in investigation techniques – identification and detection of drugs.
- b) training in planning and assessment of primary prevention work at different levels.

## **3. Rehabilitation**

- a) trainer training, equipping them with the theoretical and practical skills needed for the vocational integration of drug addicts.
- b) training the workers of organizations working directly with drug addicts, in order to provide them with the specific knowledge and skills required for work with this group.

## **4. Treatment**

- a) implementation of initial training schemes for security staff working in health services and in drug addiction treatment programmes.
- b) training needs analysis of SPTT staff and running an internal training plan at national regional and local level.
- c) provide training for the staff of other organizations and health services working in the field of drug addiction, through existing or future partnerships.
- d) training placements for health workers.

## **7. RESEARCH, STATISTICAL AND EPIDEMIOLOGICAL INFORMATION**

By collating information from investigation work and from information systems it is possible to arrive at a clearer picture of the situation with regard to drugs and drug addiction. This is done with the strategic aim of developing/consolidating a structured and overall system for collecting, analysing and assessing information and knowledge in the field of drugs and drug addiction, and also of transmitting/disseminating this information to politicians, drug workers and the general public, thereby making it possible to monitor and assess the results of work undertaken and consequently enhance the effectiveness of intervention programmes.

### **Overall aims and guidelines**

1. Step up scientific research and dissemination of the findings, increasing the funding for this area by 200% and interesting university and leading scientific research institutions in questions of drugs and drug addiction.
2. By 2002, create a computer network to support the National Information System, thereby optimising data collection and institutionalising three-yearly surveys

(2001, 2004, 2007, etc.) of the population in order to track the evolution of the prevalence of drug taking and problematic drug taking.

*Areas of intervention and action:*

## **1. Step up research into drugs and drug addiction**

The following are the priorities for research:

- promotion of descriptive studies of drug taking, working towards more rigorous measurement and characterization of the size and evolution of the phenomenon, and responding to the following specific questions: a) estimate of the number of consumers and evolution, b) who are the drug actors? c) what are the use patterns? d) what are the spatial dynamics?
- research, which seeks to explain and interpret the relations between different types of drugs, individual behaviours and environmental settings.
- research into the hazards of different drugs, supporting intervention strategies and helping to design a well-grounded external policy and legislative policy in this area.
- research into social experiments (supervised consumption, needle exchange schemes in the community and in prison, etc.), in order to obtain a description of these experiments and conduct a scientific analysis of the need, viability and technical, economic and legislative constraints with regard to the possibility of running pilot schemes in Portugal.
- research into programme assessment methods in different areas of intervention.
- economic and financial research into the drug phenomenon and the respective impact on the national economy and public finance.
- research into the effectiveness of different treatment systems and methods.

In order to step up research in to the priority areas, the following initiatives will be implemented:

- a) implementation of the protocol between the Foundation for Science and Technology and IPDT for supporting research into drugs and drug addiction.
- b) In 2001, the first surveys of the general population will be conducted at national level in order to determine the prevalence of drug taking and problematic drug taking, with surveys then being conducted every three years.
- c) A nationwide survey of 3<sup>rd</sup> cycle and secondary school students will be carried out in 2001 in order to determine the extent and evolution of drug taking within this population group, together with consumption patterns and changes in them.
- d) A survey of drug taking in prisons will also be conducted in 2001, in order to determine the extent of the problem and consumption patterns.
- e) These epidemiological studies will be consolidated in 2002 by extending research in schools to other age groups, by conducting research in milieux under

judicial control (minors under court protection) and socially underprivileged urban areas. These studies should provide the support information for the objectives defined in the EU Action Plan (2000-2004) on the prevalence of consumption, especially amongst young people aged less than 18, and for the priority given to the question of social exclusion/socially underprivileged urban areas.

- f) From 2001 onwards, research will be conducted into assessment methodologies for treatment and prevention programmes (IPDT and SPTT), in order to equip with different programmes with self-assessment procedures, which can also be subjected to external assessments.
- g) By 2003, support will be provided for ESPAD (survey of school students aged 16 years), seeking to increase the universe covered.
- h) By 2004, the following research will also be undertaken:

- research designed to characterise the profiles of problematic drug takes and new patterns of consumption, namely of synthetic drugs, thereby responding to the need for action which takes into account the specific nature of the consumers of different drugs, as laid down in the EU Action Plan (2000-2004).

- studies in the field of drug biology, namely neuro-pharmacological research conducted by research departments, with a view to determining the hazards of drugs and damage caused to health.

- research into the development and assessment of needle exchange/distribution schemes, supervised consumption schemes and administration of opiate therapy in prisons in other countries, with a view to promoting fresh programmes in Portugal.

- research assessing rehabilitation work and schemes.

- economic and financial studies of the impact of drug trafficking and consumption on the national economy and public accounts, and on the laundering of drug money.

- research into the quality of drugs circulating in the country and estimates of quantities.

- research assessing treatment programmes and schemes.

- research to characterize the consumption profile of benzodiazepines and antidepressants in the Portuguese population, including factors contributing to the use of these drugs (2001-2002).

IPDT will organise annual colloquia and seminars on research in this area, and will disseminate research findings, so as to allow for the sharing of experience and information between researchers.

## **2. Consolidation and extension of the standardised data collection system**

There already exists a network of staff liaising between the National Information System on Drugs and Drug Addiction (SNIDT) and representatives of different source organizations, promoting the sharing of experience and information. This network will be gradually extended up to 2004 and in addition to information on reducing supply and demand, will include information on prevention, harm reduction and damage limitation, treatment, social rehabilitation, training, research and repression.

For the period 2001-2004 the action taken in this field will be at distinct levels of implementation, with a view to:

- progressively extending the range of relevant indicators to be used in the system and the available sources of information.
- create/adjust standardised data collection tools with methods that guarantee their quality and comparability with other national and european data.
- establish two collection circuits in parallel: a) aggregated and periodic collection, in line with national and european commitments, and in a second phase, b) an optimised circuit with progressive implementation of collection of data disaggregated in terms of various variables, in order to create data bases which allow for a better understanding of the phenomenon and back up descriptive statistical and epidemiological studies.
- develop and support a computer programme for automatic data/information flows in both collection circuits.

In order to develop and maintain an information system that makes it possible to measure the size and monitor the evolution of the drugs and drug addiction situation, the following measures shall be implemented:

- a) by 2004, the network of liaison officers and source services for the SNIDT.
- b) in 2001, standardised data collection tools will be created/adjusted for the aggregate and periodic data collection circuit, dealing with the specific intervention areas of reducing supply and demand, including the volume of narcotics trafficking, and the form and frequency for providing information will be defined.
- c) the databases already available relating essentially to the police and judicial systems will be consolidated in 2001.
- d) in 2002, work will be completed on assessing the pilot schemes implemented in 2001, with a view to setting up/consolidating data bases on the following by 2004:

- drug addiction treatment system in the public health service, dealing also with information on the health-related consequences of consumption, namely the spread of infectious and contagious diseases amongst this population.

- the prison system, in terms of drug addiction and the health-related consequences of consumption amongst addicted inmates, and in terms of the situation of prisoners convicted of drug-related offences.

- the system for specific registration of drug-related deaths.

- the system of toxicological analysis of drugs seized, at the various levels in the distribution chain in the market.

- e) a database will be created in 2001 containing all data on consumption of benzodiazepines and antidepressants sent by pharmacies to INFARMED.

### **3. Development and strengthening of monitoring and early warning schemes – Early Warning System**

On 16 June 1997, the EU Council approved a Common Action on the rapid exchange of information between Member States on the consumption of new synthetic drugs and the risks that they potentially pose for public health.

In order to develop and strengthen monitoring and early warning procedures (Early Warning System) so as to maximise the capability for prompt and coordinated reaction to changes in the field as the result of new substances and new forms of consumption and/or trafficking, the following initiatives will be implemented:

by 2002:

- a) the activities of the national network for the Early Warning System for New Synthetic Drugs will be reassessed and new procedures put in place, better suited to recent developments.
- b) active participation at European level in the early warning and monitoring of new synthetic drugs, in accordance with the terms established in the Common Agreement, through consolidation of the schemes provided for the exchange of information and other interchange procedures.
- c) technological resources will be developed to ensure that the information collected by this network is provided through SNIDT.

by 2004:

- d) the existing network of new partners will be extended and given new powers, in order to allow for detection of emerging trends in consumption and/or trafficking of all drugs, and not only the new synthetic drugs.
- e) ongoing information sharing between schemes created and the services for reducing supply and demand, in order to influence work in the field permanently and in good time.
- f) the information generated the SNIDT national network will be fully integrated.

### **4. Increased activity in the field of access to and dissemination of information and knowledge**

The main thrust of work in this area up to 2004 may be summarised in four principal guidelines:

1. dissemination of reports, publications by different departments, and thematic publications.

2. support for research, with closer contacts between departments, universities and research/study centres.
3. selective dissemination of information by pre-selected user profile.
4. optimisation of internet pages, providing the public with an accessible and up-to-date information tool, together with efficient communication with services.

In order to increase the activity of the system for access to and dissemination of information and knowledge, the following measures will be taken:

- a) By 2002, forms of cooperation will be established with researchers and research centres with a view to assessing their needs for access to scientific information.
- b) By 2002, a pilot scheme will be run to identify the profiles of users with specific information needs.
- c) By 2004, the project will be extended to other areas and a greater number of users.
- d) Between 2001 and 2004, internet pages will be systematically and permanently optimised, to make the more transparent, interactive and more suitable in terms of content.

## **8. ASSESSMENT**

### **Overall aim and guideline**

To create assessment procedures (internal and external) for 100% of actions, in order to re-adapt the measures taken and, consequently, redefine national policy

In view of the importance of assessing the actions proposed in the field of drugs and drug addiction for the purpose of redefining national policy, regular assessment procedures are needed, both internal and external, in order to gauge progress made under the National Plan. With regard to:

- internal assessment, clear objectives will be defined for each action, together with forms of development, which allow the work to be monitored, and the strategy to be adjusted if necessary.
- external assessment, in addition to internal assessment procedures, external assessment will be required for actions of a complexity, or requiring the human, material and financial resources, as justifies special attention, both with regard to pursuit of the stated goals, and in relation to the suitability of the resources involved.

A credible institution in the respective field shall conduct external assessments, which will be undertaken at the expense of the institutions involved in the respective actions.

## **9. INTERNATIONAL COOPERATION**

Increased cooperation, in keeping with the principles of shared responsibility and partnership, is a priority insofar as only a concerted and global response from the international community can be effective in the fight against drugs. This means that the

development of strategies of international cooperation will involve Portugal's active participation in all multilateral forums dealing with drugs.

### **Priority aims**

- Establish and implement a joint programme with Spain for controlling cross-border flows of traffickers and consumers.

In addition, the following aim:

- Intensify the formal and informal schemes for international cooperation in the fight against drugs with all the countries with which Portugal has cooperation agreements, and especially with Portuguese speaking countries, increasing the funds allocated by 100%.

### *Areas of intervention and action:*

- a) undergo successfully the first assessment in 2003, as established by the Political Declaration of the Special Session of the General Assembly of the United Nations and therefore meet the objectives and targets established in the documents on the control of precursors, reduction of supply, money laundering, judicial cooperation and stimulants of the amphetamine type and their precursors.
- b) take part in the implementation of the work programme of the Pompidou Group in the following areas: Research and Epidemiology, Prevention, Education and Training, Treatment, Rehabilitation and Social Aspects of Drug Abuse, Legal, Criminal, Regulatory and Supervisory Aspects.
- c) contribute actively to execution of the measures and action established in the EU Action Plan for combating drugs 2000-2004, approved by the Council of Europe of Santa Maria da Feira.
- d) contribute to the gradual integration of candidate countries in the implementation of EU drugs policy, helping them to adopt the community rules on this matter.
- e) continue and step up the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and EUROPOL, and of the Public Health Programme Committee.
- f) continue with Portuguese participation in the meetings and working parties of the Council of the EU (Horizontal Drugs Group, the Illegal Traffic Group, the Health Group).
- g) organize activities (meetings and seminars) in order to reactivate the Cooperation Agreement between the Government of the Community of Portuguese Speaking Countries.
- h) place criminal police liaison officers in Cape Verde and Brazil in 2001 and in other priority countries by 2004, with the special purpose of cooperating on the fight against the illegal traffic in narcotics and psychotropic substances.
- i) provide technical and administrative support for setting up a Drugs Monitoring Centre in Brazil.
- j) implement the financial terms of the Cooperation Agreement with Peru, which establishes financial aid from 1999 to 2003 on a prevention project for high risk children and seeks to promote cooperation in the field of technical assistance for

prevention, treatment and social rehabilitation of drug addicts, encouraging the sharing of experiences and techniques with Cuba and establishing the foundation for cooperation with other Ibero-American countries, namely Colombia.

- k) implement joint projects with Spain in the fields of police cooperation, primary prevention and investigation.

## **10. LEGISLATIVE CONTRIBUTIONS**

The new law on harm reduction and damage limitation will be approved in 2001 after being submitted for public debate during 45 days.

Another new law will be drawn up and approved in 2001 defining the general regime for primary prevention policies.

Further new legislation, already deposited with the Assembly of the Republic, will be submitted for approval altering the definition of consumer-traffickers and improving the conditions under which drug addicts who commit drug related crimes may undergo treatment instead of serving a criminal sentence.

During the period from 2001 to 2004, work will proceed on improving the legal framework for preventing consumption and stopping the illegal traffic in narcotics, and Decree-Law no. 15/93, of 22 January, should undergo a complete review by the end of this period.

Legislation will also be introduced to strengthen the fight against money laundering.

## **11. DECRIMINALIZING CONSUMPTION**

With publication of Law 30/2000, of 29 November, defining the legal framework applicable to the consumption of narcotics and psychotropic substances, and on the medical and welfare of the consumers of such substances without medical prescription, represented a first step towards pursuit of the principle of harm reduction and dissuasion consumption.

Regulations will be published governing implementation of this law by the end of May 2001, dealing in particular with the organization and workings of the commissions for the dissuasion of drug addiction and also with the subject of the respective central register, in addition to other regulatory measures which also need to be implemented in order to achieve the desired end. The physical structure required for enforcing the law will also be created, namely premises, human and material resources and training of personnel and the authorities involved.

When the new law comes into force on 1 July 2001, technical support will be provided to the commissions referred to above, and liaison work conducted between the different organizations involved in order to optimise the work of the commissions.

The police forces, the SPTT and the IRS, amongst others, will play an essential role in all this work, especially with regard to training workers and defining communication channels, in order to optimise the results of enforcement of the law, bearing in mind that

a first assessment should be conducted at the end of 2002 and a second at the end of 2004, when any changes which may be made in the meantime will also be assessed.

**Acronyms:**

ARS - Regional Health Authority  
CAT – Treatment Centres for Drug Addicts  
CCPES - Coordination Commission for Health Promotion and Education, of the Ministry of Education  
CICAD - International Commission for the Control of Drug Abuse  
CNLCS - National Commission for Combating AIDS  
CPLP - Community of Portuguese Speaking Countries  
CVEDT - Centre for Epidemiological Monitoring of Transmissible Diseases  
DCIAP - Central Criminal Investigation and Action Department, Public Attorney's Office  
DCITE - Central Narcotics Traffic Investigation Division, Criminal Police  
DGAIEC - Directorate-General of Customs and Excise, Ministry of Finance  
DGAM - Directorate-General of Multilateral Affairs, Ministry of Foreign Affairs  
DGI - Inspectorate-General of Industry, Ministry of the Economy  
DGREI - Directorate-General of International Economic Relations, Ministry of the Economy  
DGSSS - Directorate-General of Solidarity and Social Security, Ministry of Labour and Solidarity  
DGV - Directorate-General of Highways, Ministry of Home Affairs  
EDDRA - Exchange on Demand Drug Reduction Action  
EMCDDA - European Monitoring Centre for Drugs and Drug Addiction  
EMGFA - High Command of the Armed Forces, Ministry of Defence  
FCT - Foundation for Science and Technology, Ministry of Science and Technology  
GNR - National Republican Guard, Ministry of Home Affairs  
IDS - Institute for Social Development, Ministry of Employment and Solidarity  
IEFP - Institute of Employment and Vocational Training  
IGAE - General Inspection of Economical Activities, Ministry of Economy  
ILE - Local Employment Initiatives  
IML - National Forensic Institute  
IND - National Sports Institute, Ministry of Youth and Sport  
INEM - National Medical Emergency Institute, Ministry of Health  
INFARMED - National Pharmacy and Medication Institute  
IPDT - Portuguese Institute on Drug and Drug Addiction, Presidency of Council of Ministers  
IPJ - Portuguese Youth Institute, Ministry of Youth and Sport  
IPSS - Private Charity Institution  
IRS - Social Rehabilitation Institute, Ministry of Justice  
ISSS - Institute of Solidarity and Social Security, Ministry of Employment and Social Security  
LAOS - Long Arm Operation System  
MAI - Ministry of Home Affairs  
MND/DGP - Directorate-General of Personnel, Ministry of National Defence  
MDN - Ministry of National Defence  
MNE – Ministry of Foreign Affairs  
MES - Ministry of Employment and Solidarity

MJ - Ministry of Justice

MF - Ministry of Finance

MS - Ministry of Health

ONG - Non-Governmental Organisation

ONSA - National Health Monitoring Centre, Ministry of Health

PATO Project - Project for the Prevention of Alcohol, Tobacco and other forms of consumption

PJ - Criminal Police, Ministry of Justice

PSP - Public Security Police, Ministry of Home Affairs

SEF – Emigration Services, Ministry of Home Affairs

SIS - Security Information Service, Ministry of Home Affairs

SPTT - Drug Addiction Prevention and Treatment Service

UNIVAS - Integration in Working Life Units

## **EXPLANATORY NOTE**

### **Summary to be published in *Diário da República***

Approves the National Action Plan on Drugs and Drug Addiction – Horizon 2004.

### **Legal framework**

Not applicable.

### **Reasons for altering the existing situation**

The Government committed itself in the programme, which it submitted to the Assembly of the Republic to develop a new policy for drug addiction. The task is now to mobilise the Government and society as a whole to work towards clear and ambitious targets, quantified whenever possible, which should be accepted by all over a horizon of four years, i.e. up to 2004.

### **Summary of project content**

The National Action Plan on Drugs and Drug Addiction involves action in the field of primary prevention, risk prevention and reduction, with particular attention to problematic drug consumption and questions of public health and the individual health of consumers, social rehabilitation, fighting drug trafficking and money laundering, research and statistical and epidemiological information, assessment of policies and actions, and international cooperation.

### **Coordination with the Government's programme**

This project is intended to put into practice the provisions of Chapter III, D) of the Government Programme, the National Drugs Strategy, approved by Resolution of the Council of Ministers no. 47/99, of 26 April, and Resolution of the Council of Ministers no. 109/2000, of 19 August, determining that the Portuguese Institute of Drugs and Drug Addiction draw up and submit to the Government a proposed National Action Plan on Drugs and Drug Addiction.

### **Coordination with community policies**

This project fits into the guidelines set down in the EU with regard to the fight against drugs and drug addiction, namely the Action Plan approved in the Council of Europe in Santa Maria da Feira, in June 2000, for the period 2000/2004.

### **Need for the form proposed for the project**

The form of a Resolution of the Council of Ministers is suitable for defining and publicly enunciating the Government's policy operations for the fight against drugs and drug addiction.

### **Legislation to be amended or revoked and any complementary legislation**

Not applicable.

### **Brief assessment of financial and human resources involved in executing the project**

The Government has undertaken to double the funds invested in the fight against drugs and drug addiction by 2004. This means an investment of at least 32 billion PTE in 2004, for a base figure of around 16 billion in 1999.

### **Reference to entities participating or consulted**

Not applicable.

### **Note for press release**

The Government has approved a resolution approving the National Action Plan on Drugs and Drug Addiction.

This Plan involves primary prevention work, risk prevention and reduction, with particular attention to problematic drug consumption and questions of public health and the individual health of consumers, social rehabilitation, fighting drug trafficking and money laundering, research and statistical and epidemiological information, assessment of policies and actions, and international cooperation.

The pursuit of these aims will mean increasing the budget of the ministerial departments involved and the subsidised private organizations, with investment expected to rise to PTE 32 billion in 2004, double the figure for 1999.

This Resolution seeks to mobilise the Government and society as a whole to work towards clear and ambitious targets, quantified whenever possible, which should be accepted by all over a horizon of four years, i.e. up to 2004.