

# Interventions on Addictive Behaviours and Dependencies

João Castel-Branco Goulão

National Coordinator on Drugs, Drug Addiction and the Harmful  
Use of Alcohol

General-Director of SICAD



REPÚBLICA  
PORTUGUESA  
SAÚDE



SNS  
SERVIÇO NACIONAL  
DE SAÚDE



SICAD

Serviço de Intervenção para a  
Gestão da Adição e das Dependências

SICAD General Directorate for Intervention on Addictive Behaviours and Dependencies  
[www.sicad.pt](http://www.sicad.pt) | TELEF: +351 211 119 000 | EMAIL: [sicad@sicad.min-saude.pt](mailto:sicad@sicad.min-saude.pt)

## The history of drug use in Portugal

1970 / 1974

---

It began much latter than in the other Western European Countries

---

---

Closed and isolated country

---

---

Citizens' limited mobility

---

---

Colonial war

---

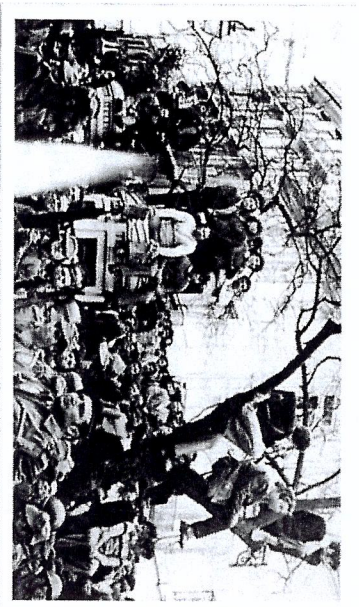
---

Society unprepared for this new phenomenon

---



## The history of drug use in Portugal

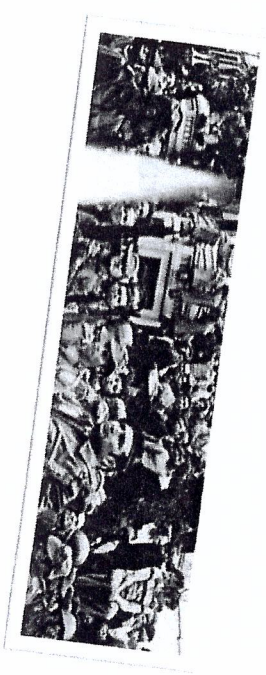


1974 / 1985

**It happened with relevance only after the Portuguese Democratic Revolution (1974), when society was facing deep and accelerated changes:**

- Association of drug use to the concept of freedom
- Return of soldiers and settlers from ancient colonies
- Interesting emerging market for criminal organizations – availability of new substances
- Generalized experimentation
- Easier shift to other drugs by lack of information
- **Fast diffusion among all social groups** and more impact among the socially excluded

## The history of drug use in Portugal



### As a consequence:

- It developed very fast
  - **society was not able to answer timely and to tackle the “new needs” created by drug use; as a consequence, for quite some years there was a gap between “needs” and “responses”**
- 
- Drug use spread, still under European average level
  - But a considerable number of “problematic drug users” appeared and, during a long period of time, had no access to treatment
  - Small gap between “total” and “problematic” drug users
  - Onset of AIDS and HCV epidemics
  - By the end of the 20th Century, Portugal had one of the highest prevalences of Problematic Drug Use, at European Level (1% of total population -100 000 problematic drug users)
  - At the same time, the social burden associated to drug use was very relevant – major political concern

# The history of drug use in Portugal

## 1975 / 1998 PUBLIC RESPONSES

**1975** Ministry of Justice: **treatment centers – 3 major cities**

**1987** **Projeto VIDA** - Cabinet of Prime Minister

**1987** **Centro das Taipas**: Lisbon

**1990** Ministry of Health: **SPTT : approx. 40 treatment centres, nationwide**

- 1993**
- Decree Law 15/93 ("Drug Law")
  - Needle and Syringe Exchange Programme
  - EMCDDA implanted in Lisbon

**1997** Law 7/97: defines **public network of treatment**: inpatient and outpatient treatment centers, nationwide coverage, public and private units

# National Strategy on Drugs 1999

## A New Paradigm

### Decriminalisation of drug consumption and possession for use

Portuguese Drug policy was based on consumption's criminalisation

Imprisonment or fee (the most common sentence imposed on 1<sup>st</sup> time offenders) didn't deter drug abuse

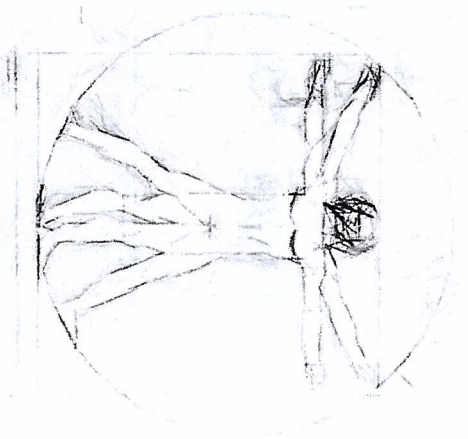
In the case of 1<sup>st</sup> time offenders or occasional users, imprisonment is likely to generate counterproductive effects

Need to liberate resources for the fight against drug trafficking

## **PRINCIPLES**

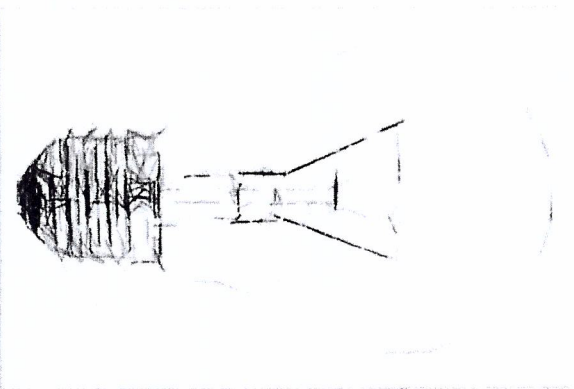
### **Humanism**

Recognition of the drug addicted citizen's full dignity as a human being, that should be understood within the framework of the complexity and relevancy of his/her individual, family and social history, and must take into consideration the health and social conditions



### PRINCIPLES

**Pragmatism** Value is granted to an attitude of openness towards innovation, rejecting dogma or pre – conceived ideas vis a vis scientific proven results of experiences conducted in the different domains, leading to the adoption of adequate solutions to the national reality, that may offer positive concrete results





## National Strategy on Drugs 1999

A new Strategy (1999)

A National Coordination structure

A new Paradigm (Law 30/2000)

A new Structure: coordination and implementation of policies - IDT

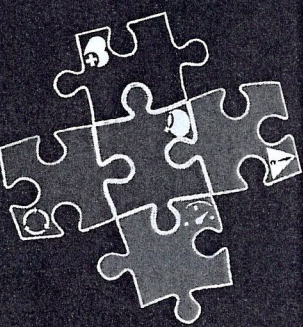

A new Model for intervention (+ Dissuasion)

# National Plan to Reduce Addictive Behaviours and Dependencies 2013 – 2020

## Cross-cutting Areas

- 1 Coordination
- 2 International Cooperation
- 3 Information, Research, Training and Evaluation
- 4 Legal Framework Review

## Mission Areas

- 5 Demand Reduction
  - Prevention
  - Dissuasion
  - Harm Reduction
  - Treatment
  - Reintegration
- 6 Supply Reduction

# National Coordination Structure



## Law 30/2000

The consumption, acquisition and possession for own consumption of plants, substances or preparations constitute an administrative offence and can not exceed the quantity previewed for individual use for a 10 days period. Exceeding this quantity, criminal procedures take place

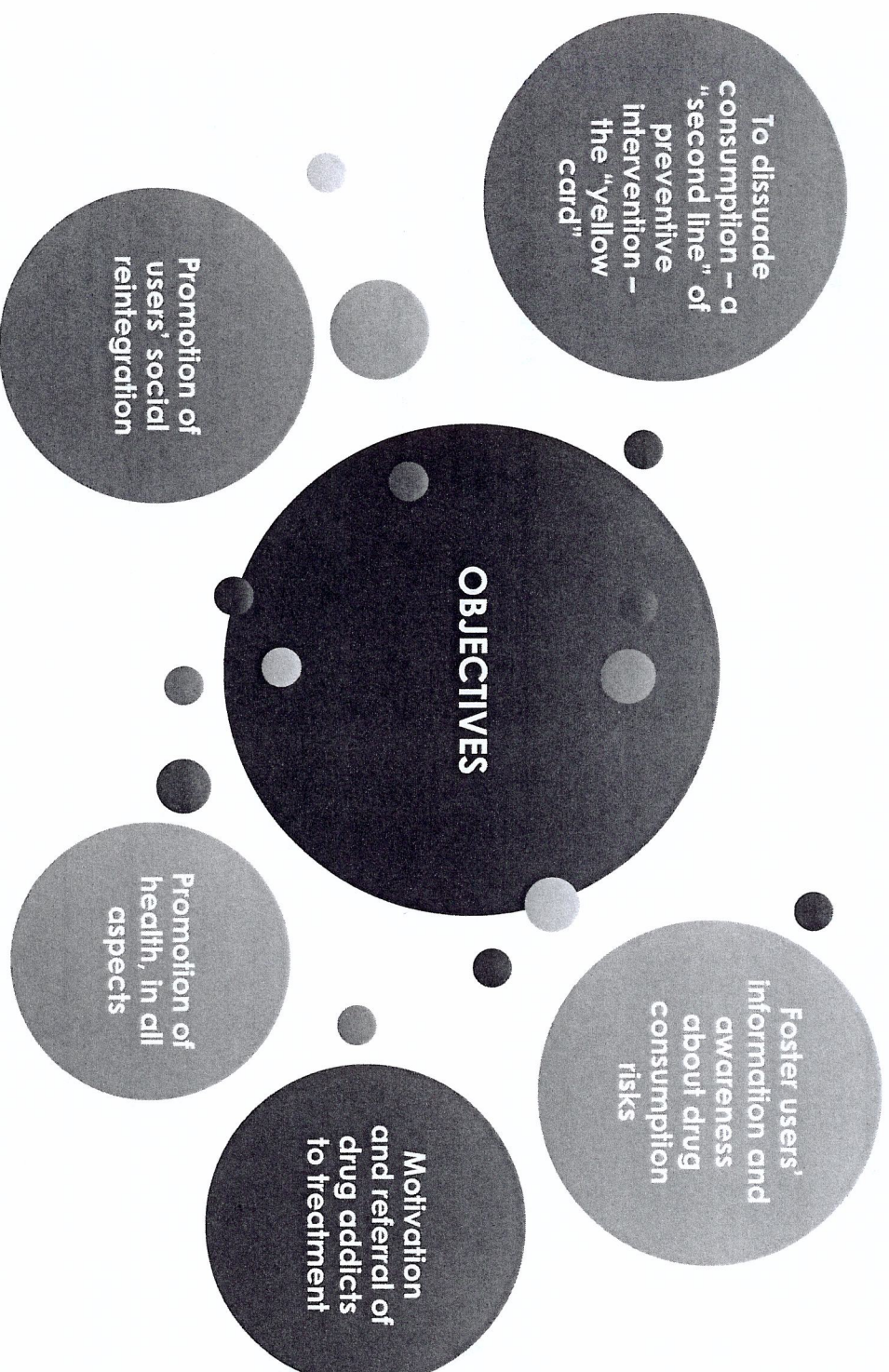
The drug addict is considered a person in need of health and social care

The dissuasion intervention provides an opportunity for an early, specific and integrated interface with drug users

The dissuasion intervention is aimed and targeted at the drug users' characteristics and individual needs

ILLICIT SUBSTANCE	GRAMS
Heroin	1
Methadone	1
Morphine	2
Opium	10
Cocaine (hydrochloride)	2
Cocaine (methyl ester benzoilecgonine)	0.3
Cannabis (leaves and flowers or fruited dons)	25
Cannabis (resin)	5
Cannabis (oil)	2.5
LSD	0.1
MDMA	1
Amphetamine	1

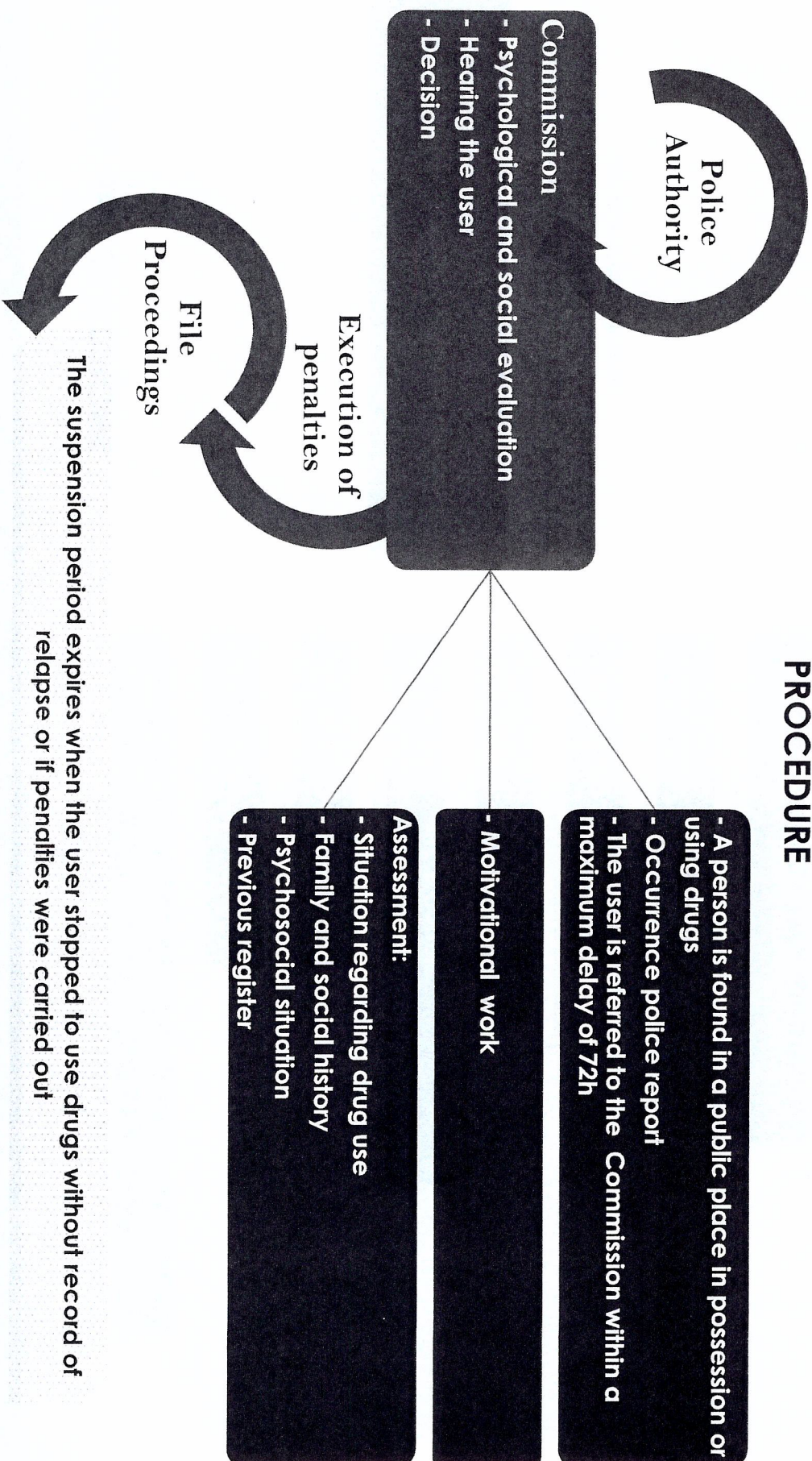
# Dissuasion



# Dissuasion



## PROCEDURE



- A person is found in a public place in possession or using drugs

- Occurrence police report  
- The user is referred to the Commission within a maximum delay of 72h

- Motivational work

**Assessment:**  
- Situation regarding drug use  
- Family and social history  
- Psychosocial situation  
- Previous register

The suspension period expires when the user stopped to use drugs without record of relapse or if penalties were carried out

# Dissuasion



## DECISIONS and SANCTIONS

### Provisional Process Suspension

if suspension conditions not met or if citizen refuses to engage with measures determined by the Commission:

Periodic Presentation to the Dissuasion Commission

Admonition, Warning

Community Service

Forbiddance of attending certain places or meeting certain people

Apprehension of objects

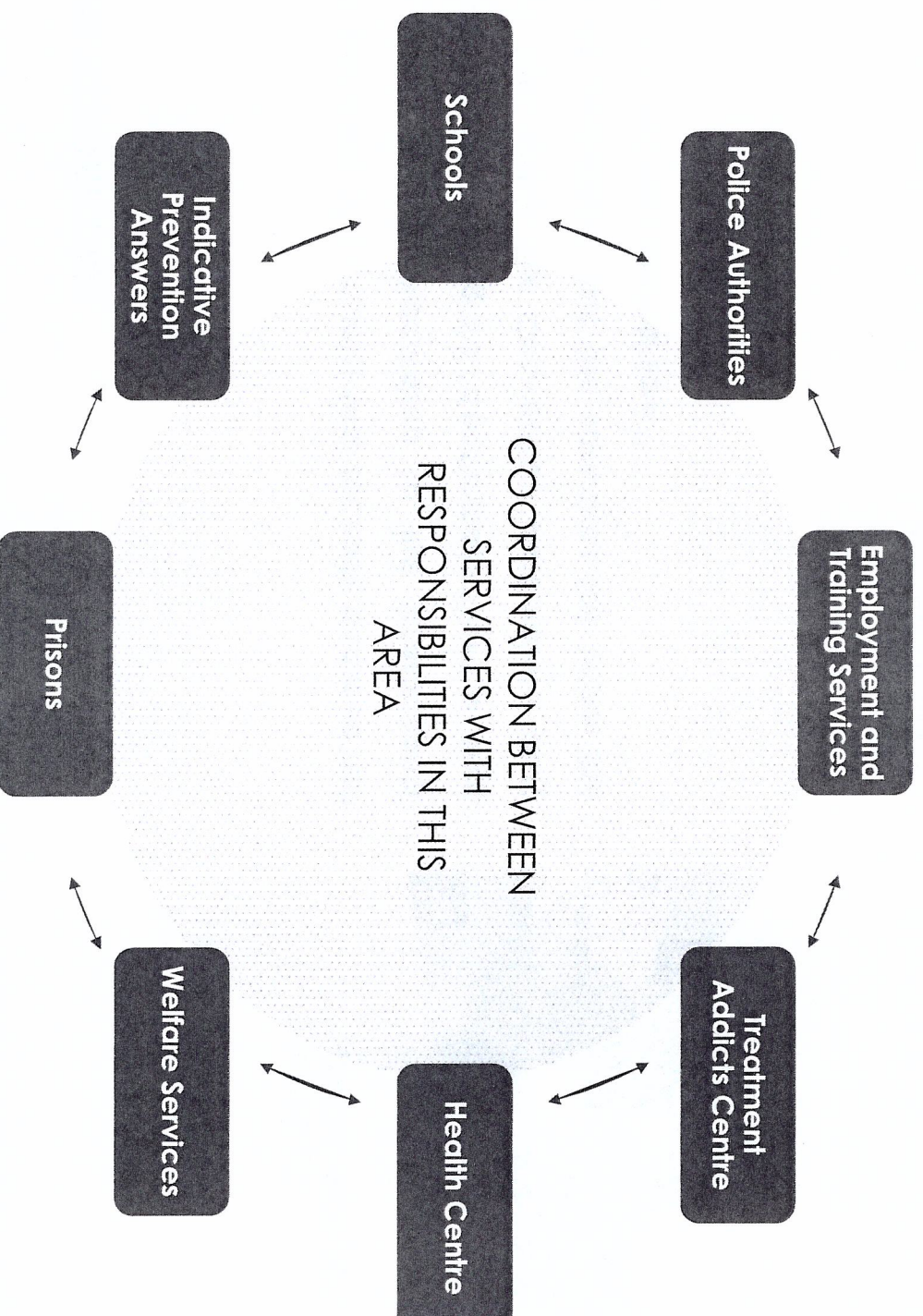
Interdiction to travel

Interdiction of receiving subsidies or other monetary social grants

Monetary fee (only for non-addicts)



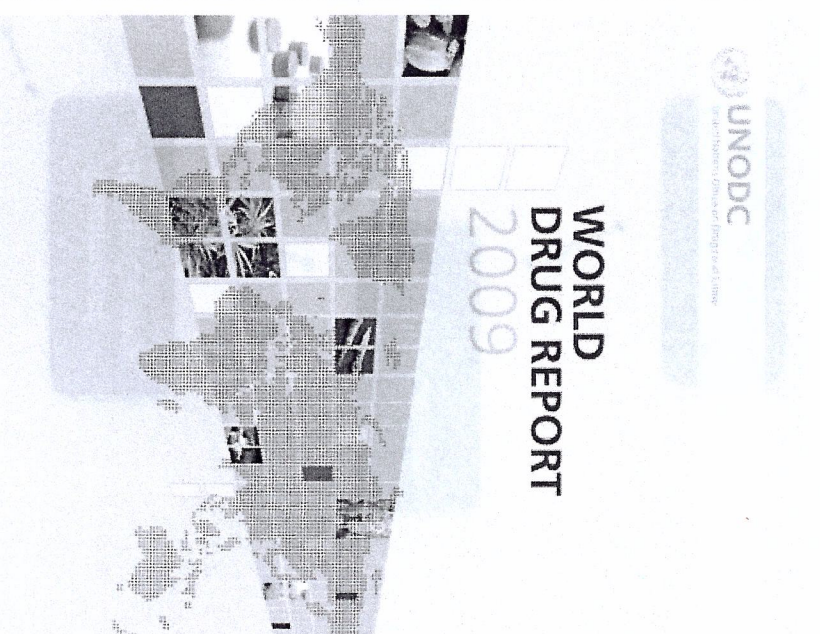
# Dissuasion Network



## Portuguese Policy on Drugs

### WORLD DRUG REPORT 2009

"Portugal is an example of a country that recently decided not to put drug users in jail. According to the International Narcotics Control Board, Portugal's "decriminalization" of drug usage in 2001 falls within the Convention parameters: drug possession is still prohibited, but the sanctions fall under the administrative law, not the criminal law."



# Portuguese Policy on Drugs



INTERNATIONAL NARCOTICS CONTROL BOARD

## The Portuguese Approach and the International Drug Control Conventions



**UNGASS 2016**  
Side event of Portugal  
A public health approach as a base for drugs policy: the Portuguese case

**Werner Sipp, President of INCB**  
Public Health and drugs policy – the Portuguese Case  
**New York, 20 April 2016**

## Portuguese Policy on Drugs



INTERNATIONAL NARCOTICS CONTROL BOARD



### Legal Framework in Portugal

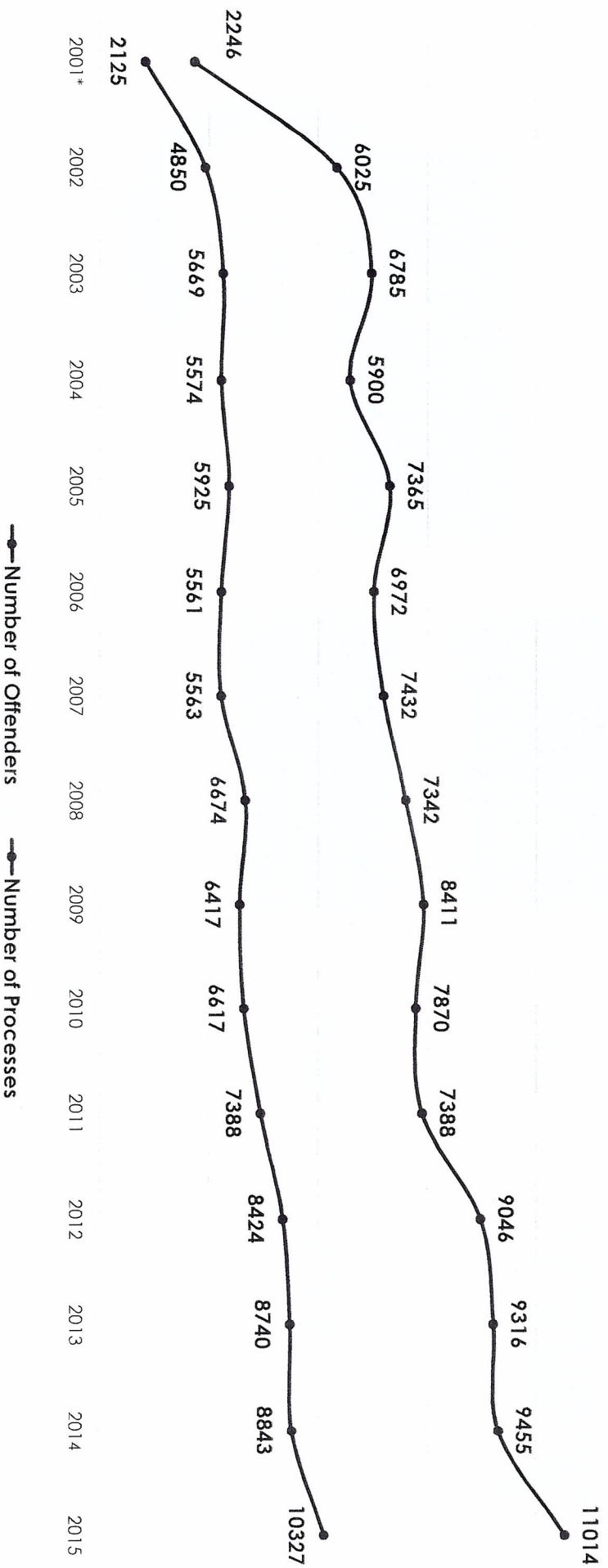
**Portuguese approach is a model of best practices:**

fully committed to the principles of the drug control conventions  
putting health and welfare in the centre  
applying a balanced, comprehensive and integrated approach  
based on the principle of proportionality and the respect for human rights,

14

# Processes and Offenders

2001 - 2015



Source: SICAD

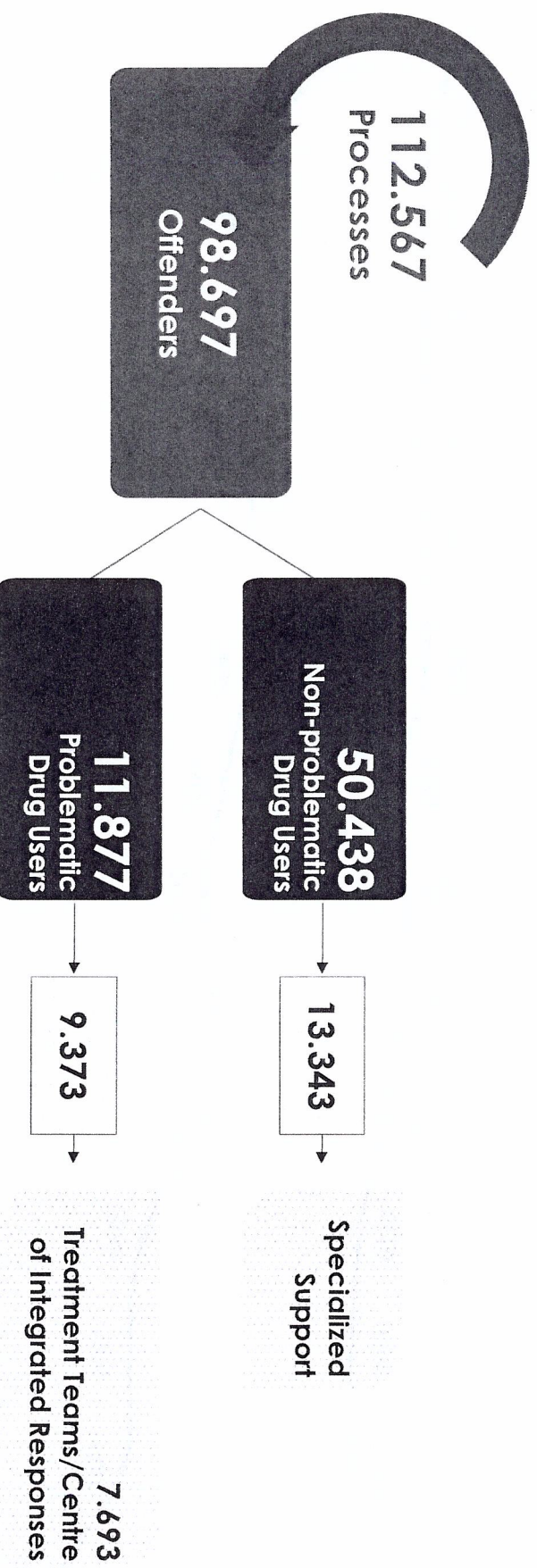


Interventions on Addictive Behaviours and Dependencies | João Castel-Branco Goulão

12.09.17

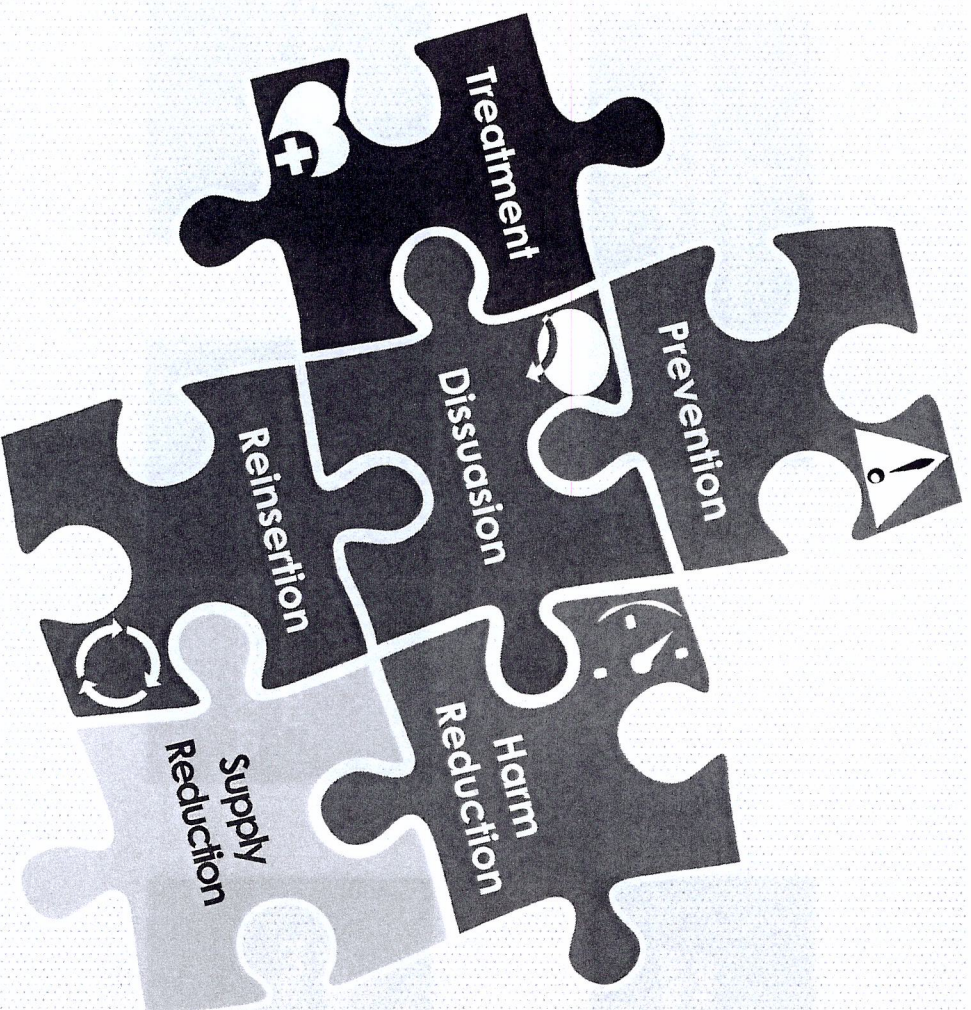
# Intervention in Dissuasion

Referrals 2001 - 2015

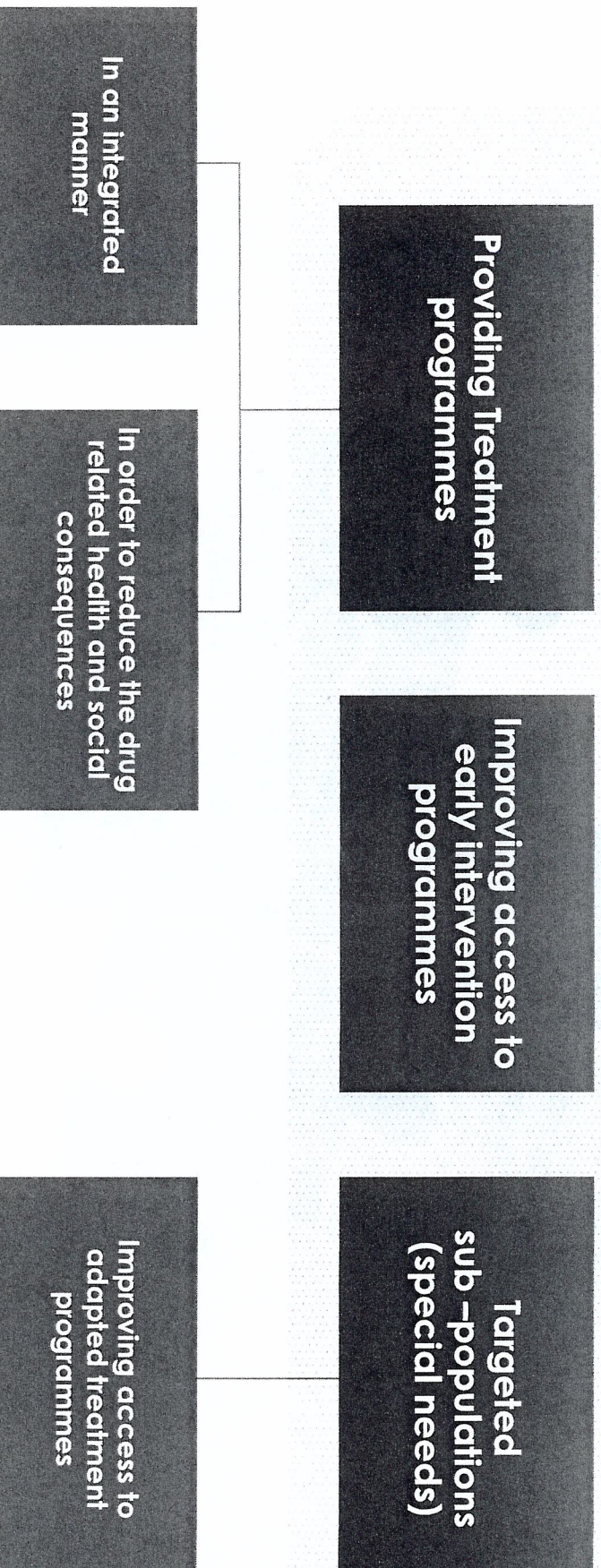


Source: SICAD

## Comprehensive public health-oriented approach



# Treatment

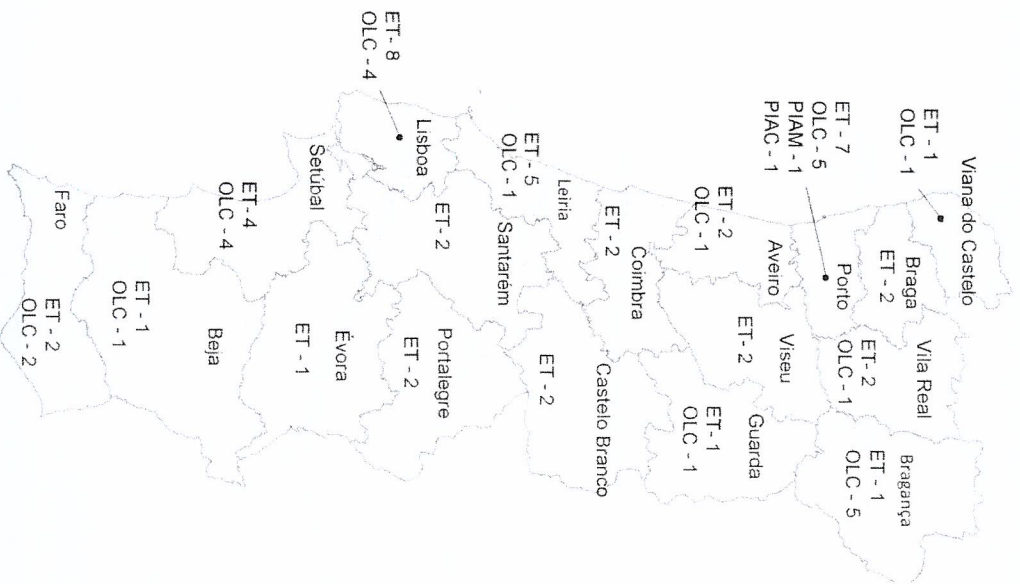




# Treatment

## Public Treatment Network

2015



**ET** Specialized Treatment Teams

**OLC** Decentralized Consultations

**PIAM** Integrated Project Integrated to maternity care

**PIAC** Integrated Project for Community Support

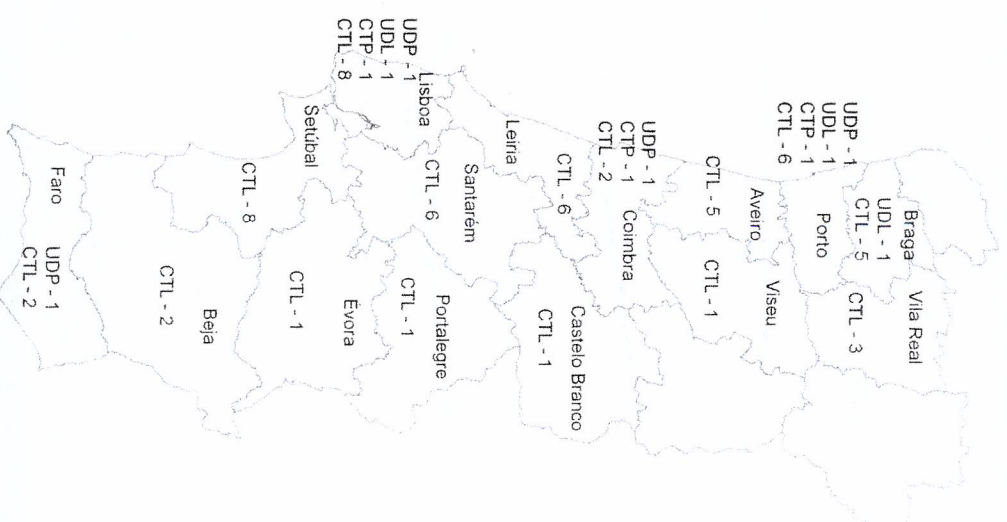
**UDP** Public Detox Units

**UDL** Private Detox Units

**CTP** Public Therapeutic Communities

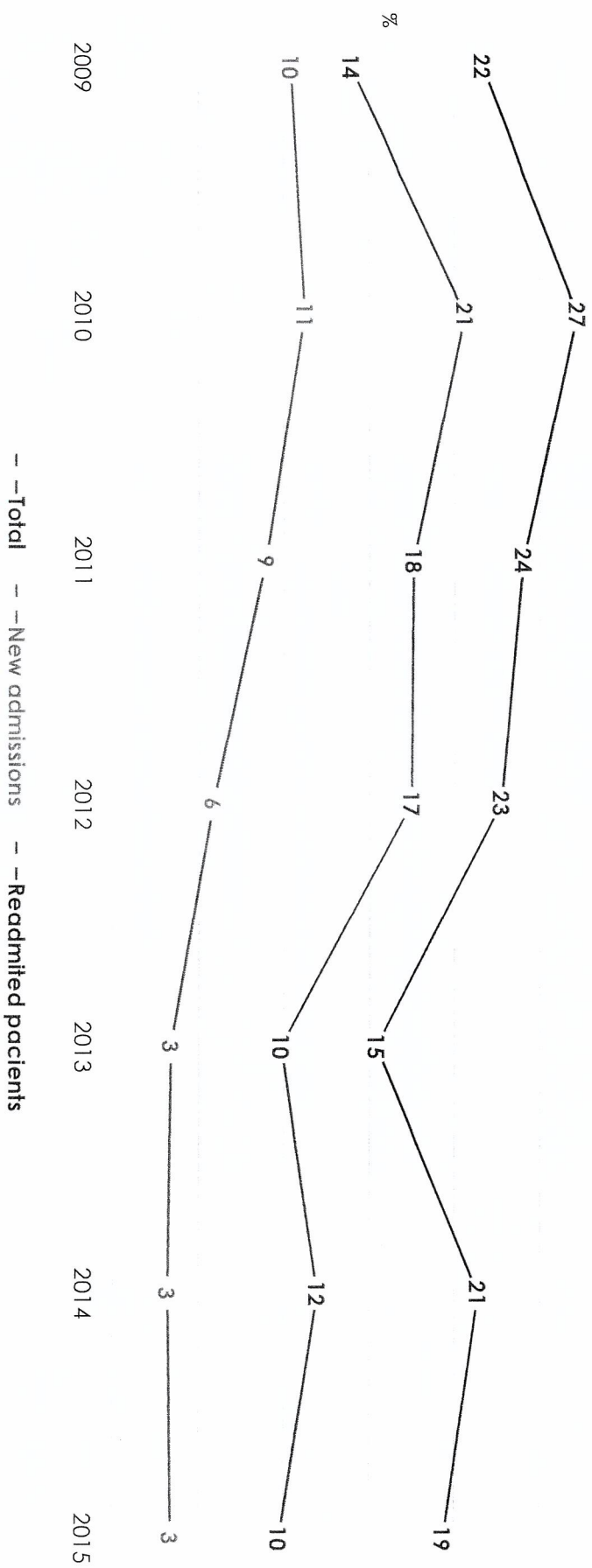
**CTL** Private Therapeutic Communities

Sources: ARS/Unidades Licenciadas



# Patients admitted in the year: Use of IV route in the past 12 months, by year

Public Network of Outpatient Services (Portugal Mainland)  
2009 - 2015



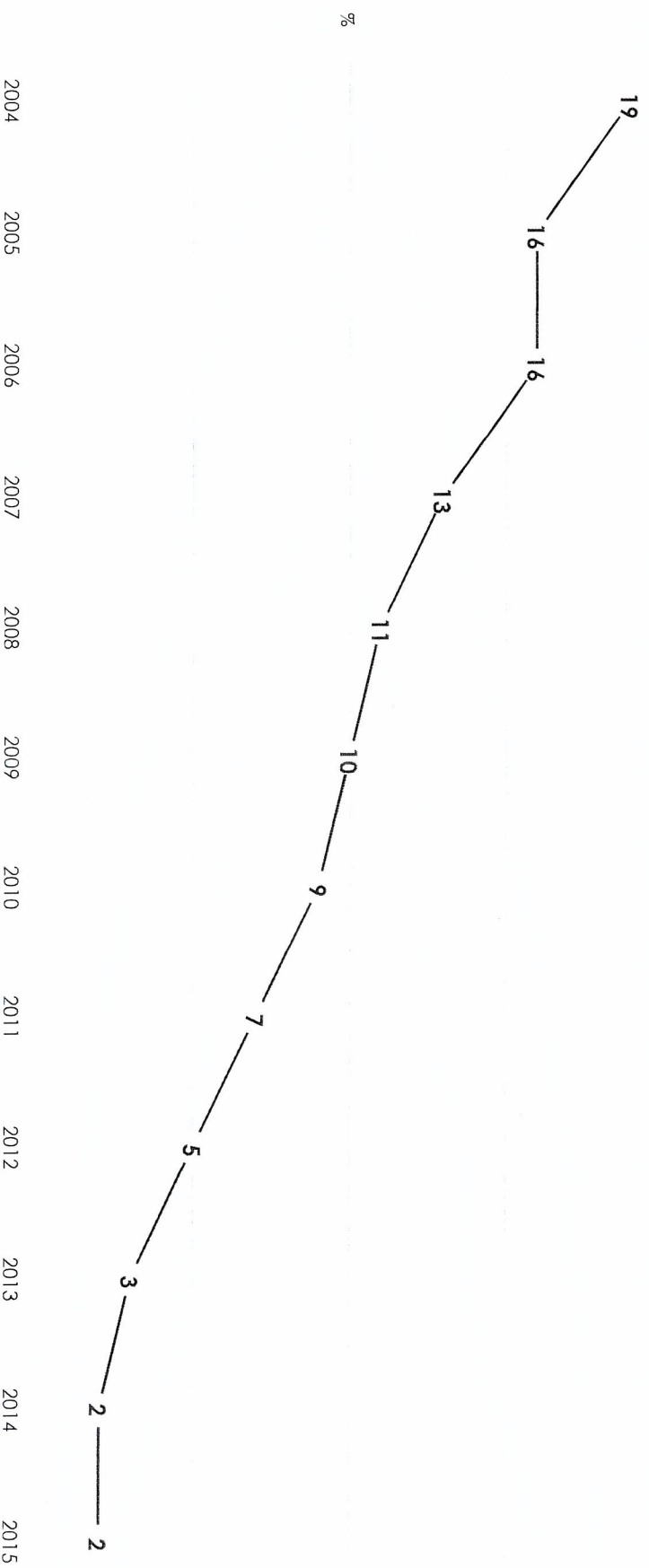
Source: ARS/SICAD



## New admissions: Use of IV route in the past 30 days, by year

### Public Network of Outpatient Services (Portugal Mainland)

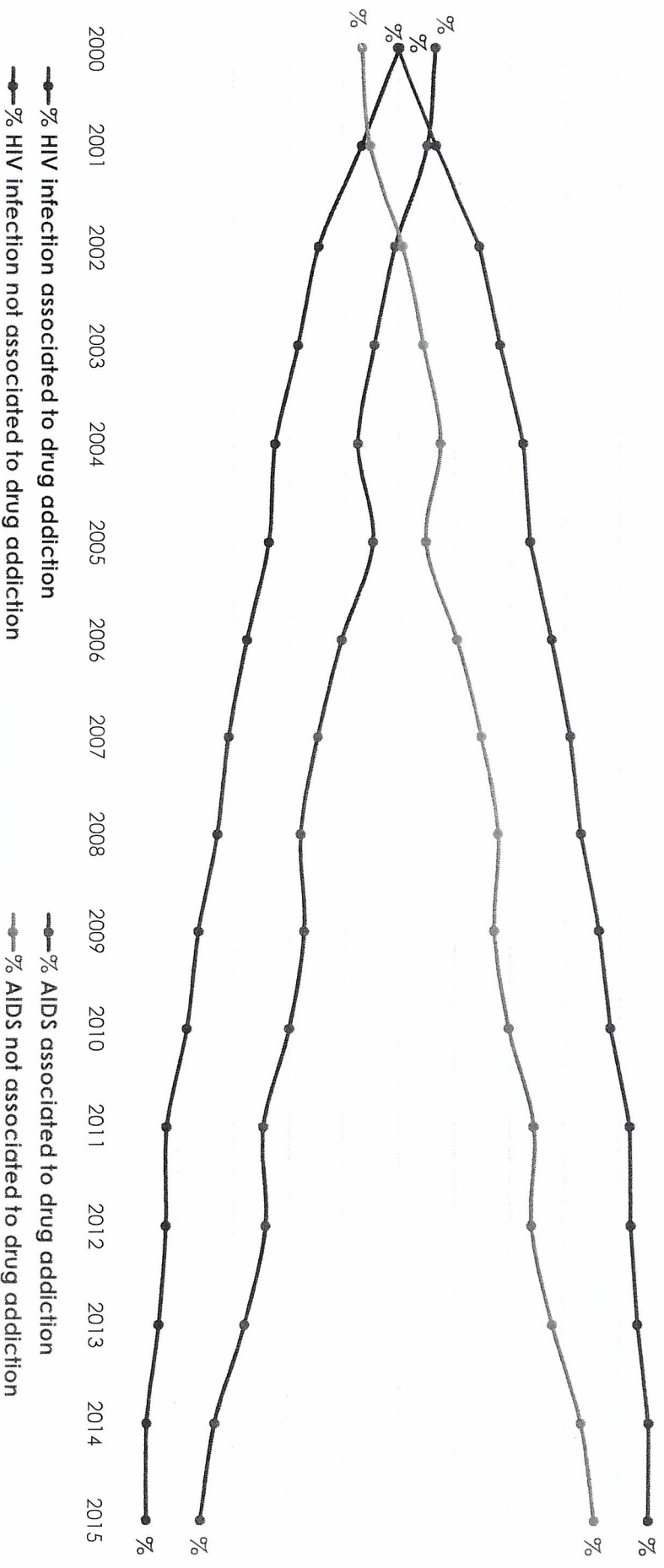
2004 - 2015



Source: ARS/SICAD

# Evolution of HIV infections and AIDS Cases, associated and not associated to Drug Addiction

2000 - 2015

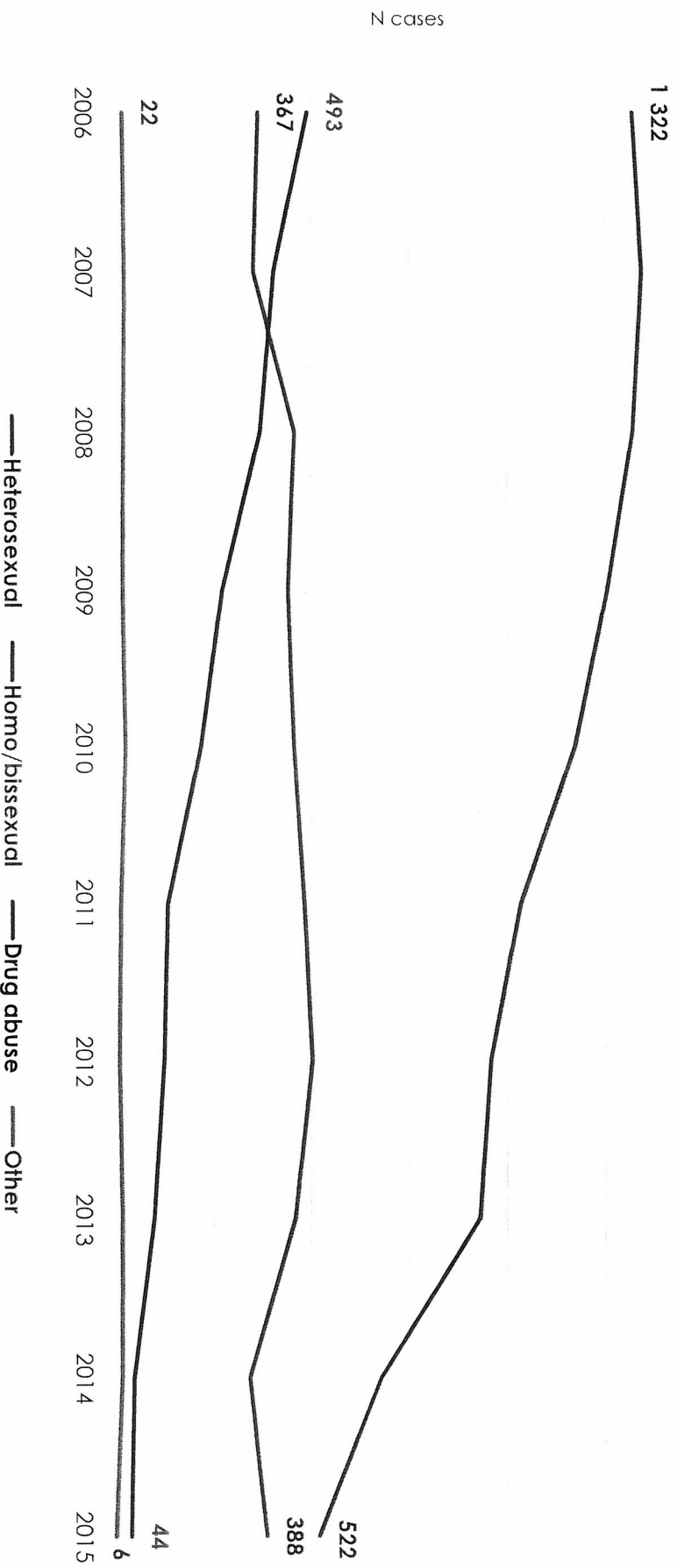


Source: INSA, I.P.: DDI - URVE



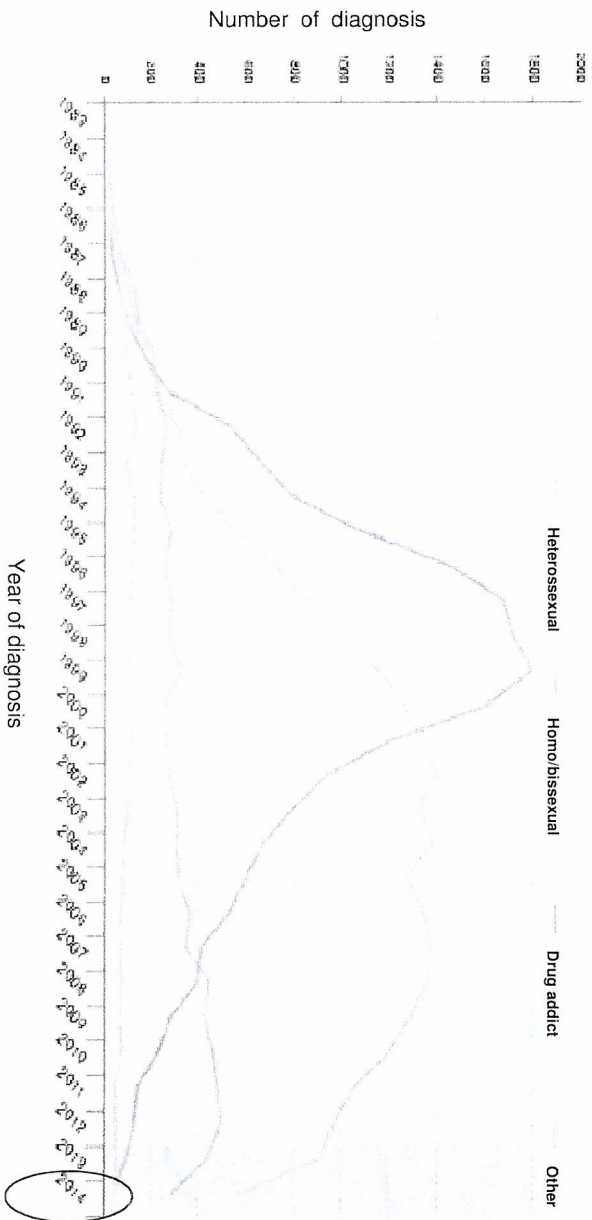
# HIV infection diagnoses in Portugal, by transmission category

2006 - 2015



Source: National Coordination for the HIV/AIDS Infection

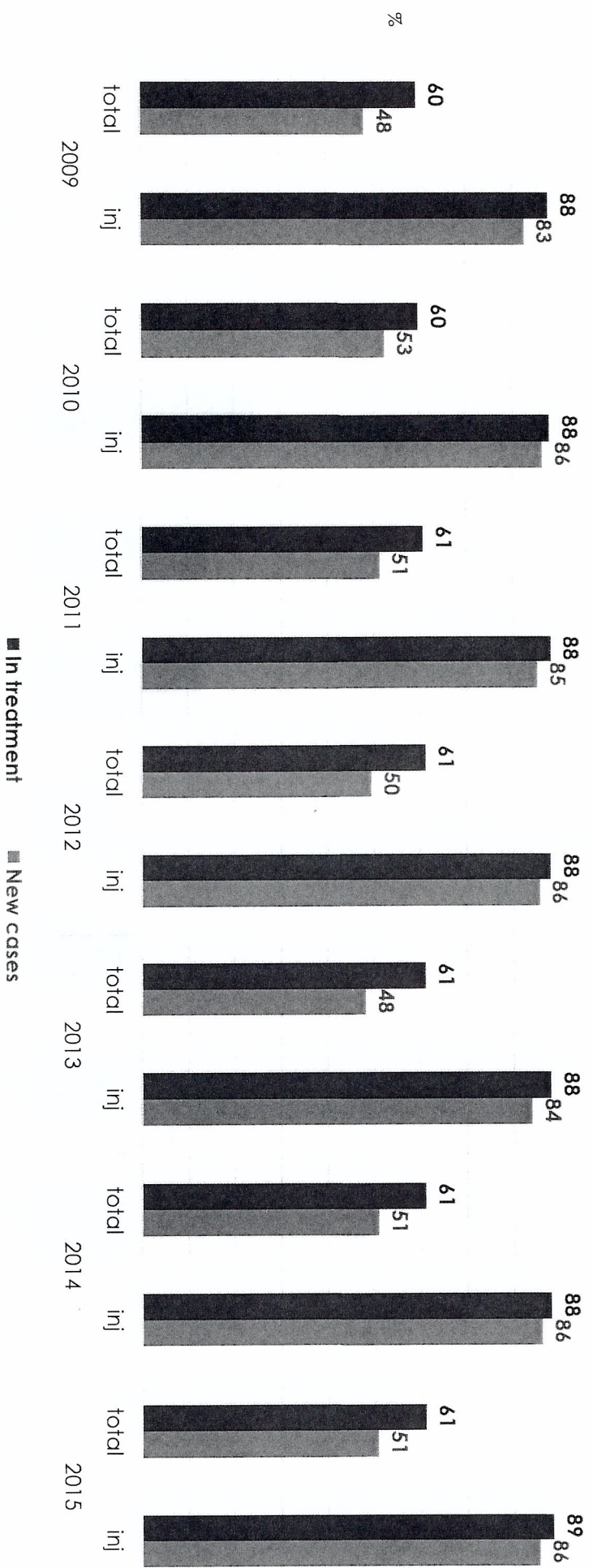
# DIAGNOSE OF HIV INFECTION BY CHARACTERISTICS OF SAMPLED POPULATION, PORTUGAL 1983-2014



Source: INSA, IP (2015). *Infeção VIH/SIDA: in Portugal a 31 de dezembro de 2014*. Lisboa: Instituto Nacional de saúde Doutor Ricardo Jorge, IP

# Patients in treatment by year - Public Network of Outpatient Services

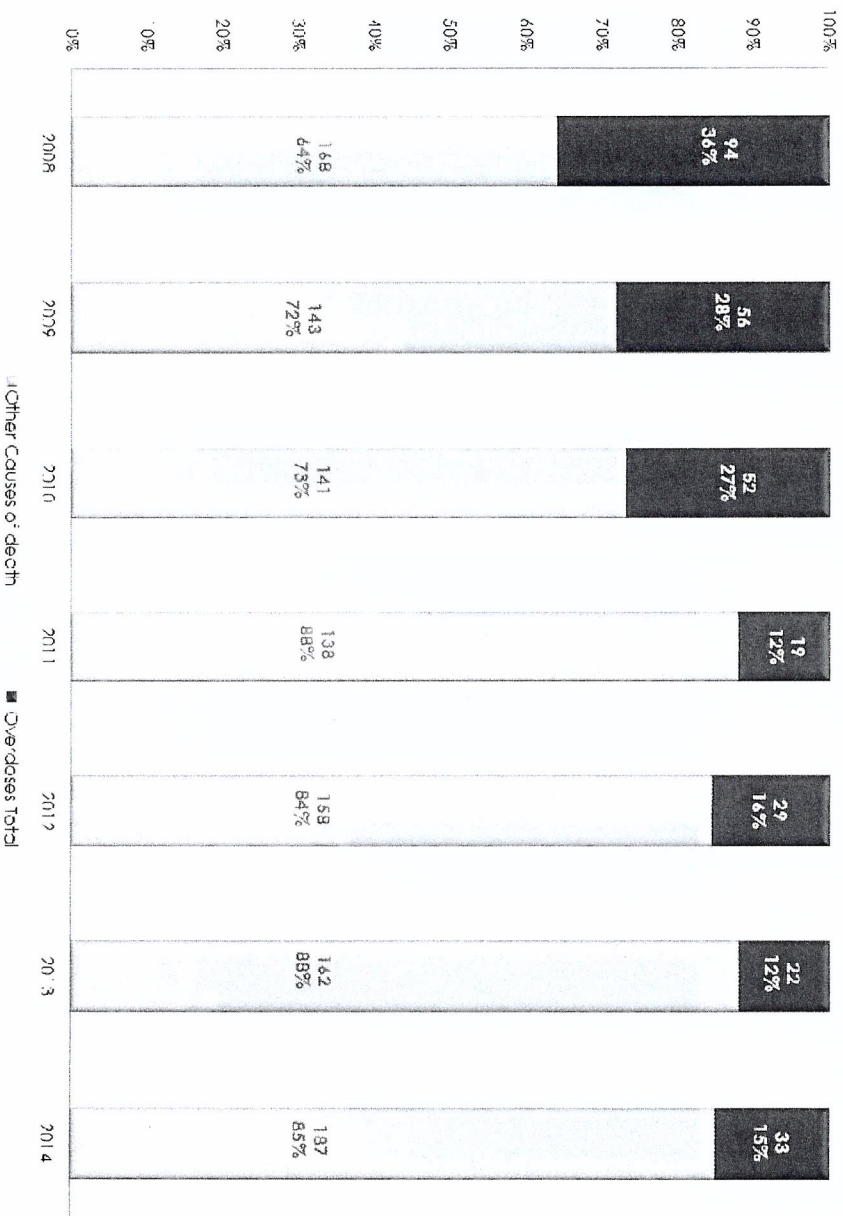
HCV+ Prevalence (%)  
2009 - 2015



Source: ARS/SICAD



# REDUCTION OF DRUG-RELATED DEATHS

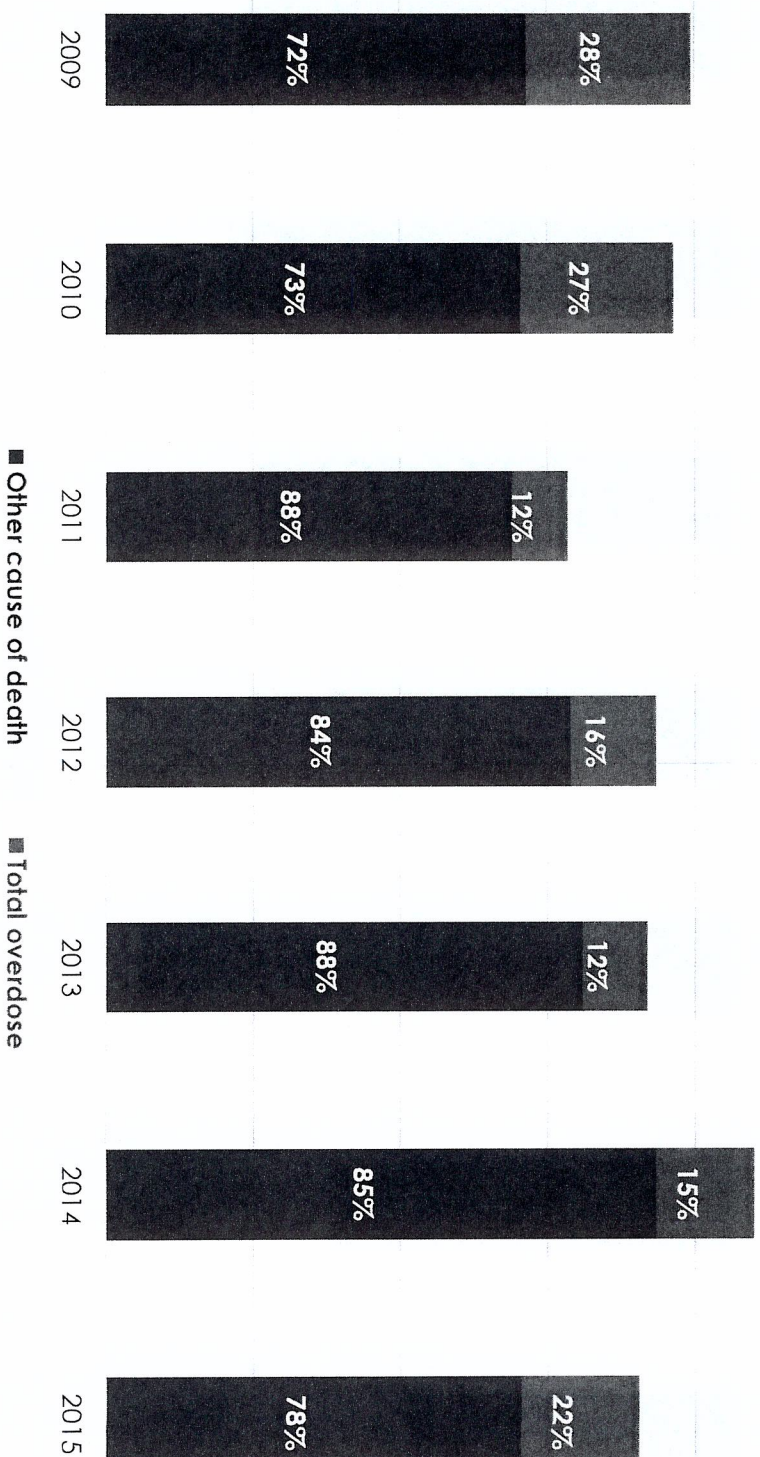


Source: SICAD - DEI



# Evolution of cases with information on the cause of death

2009 - 2015

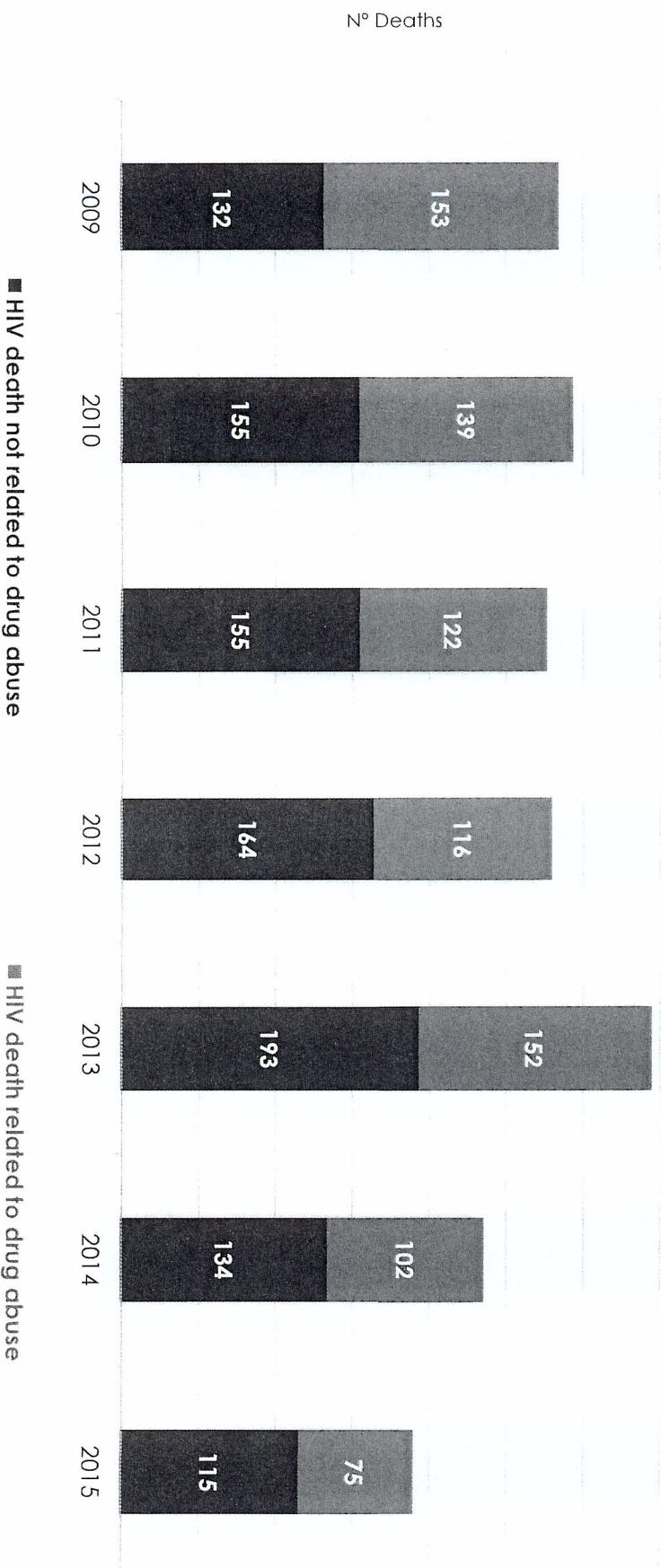


Source: INMLCF

# Evolution of n° of deaths associated to HIV infection

Distribution of total cases, and cases associated to drug addiction, by year of death

2009 - 2015



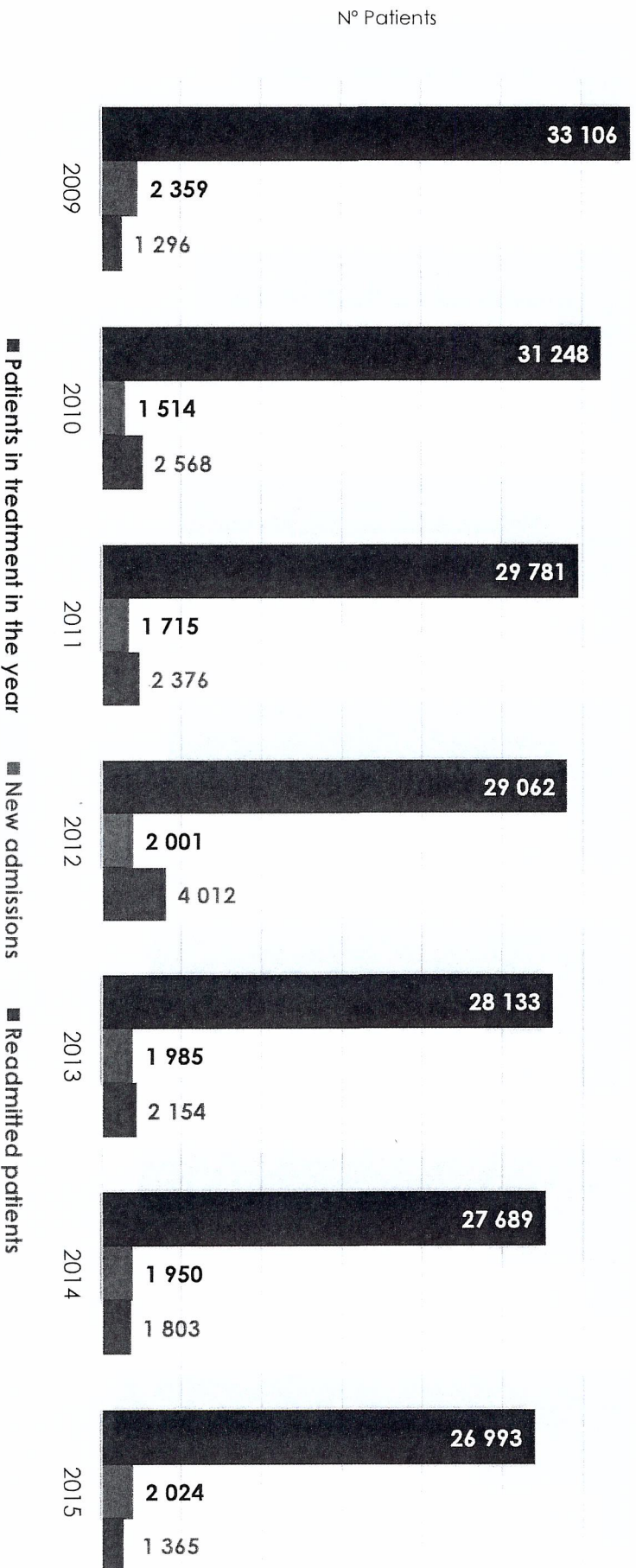
Source: INSA, I.P.; DDI - URVE



# Patients in treatment in the year, new admissions and readmitted – Illicit Substances

## Public Network of Outpatient Services (Portugal Mainland)

2009 - 2015



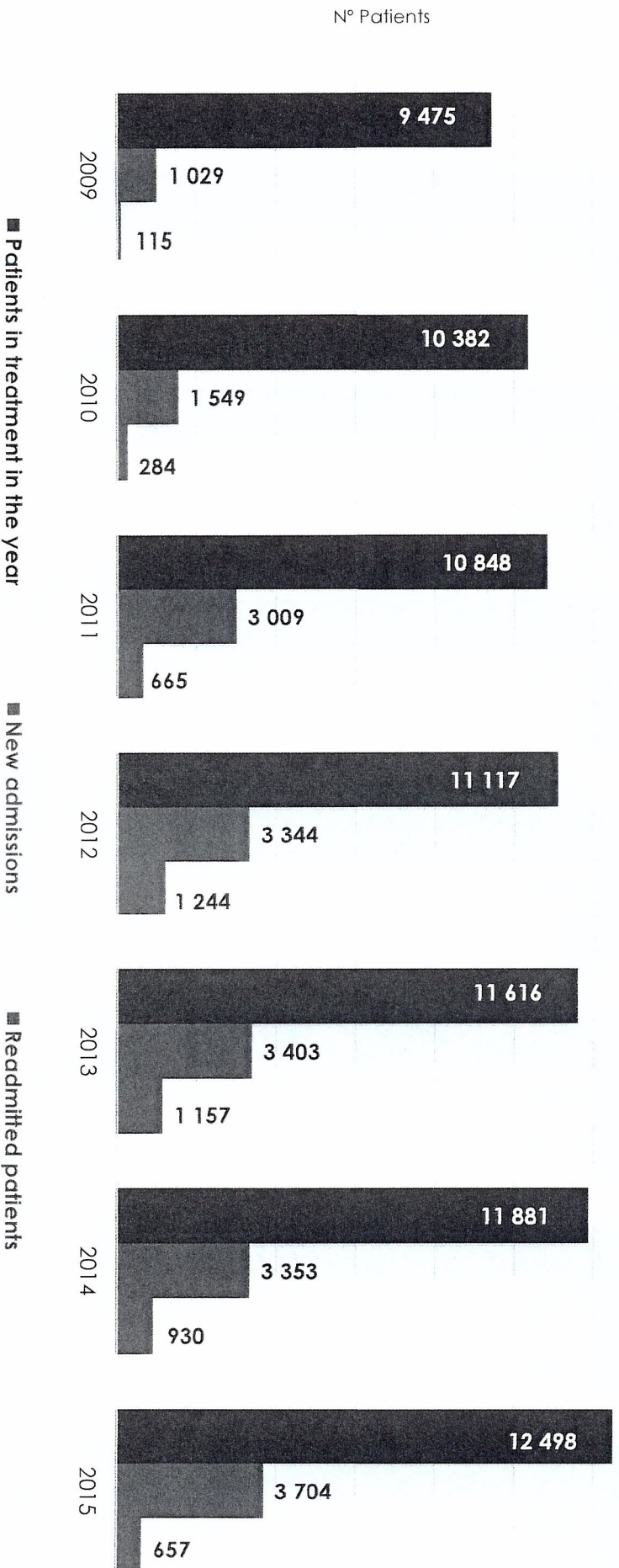
Source: ARS/SICAD



# Patients in treatment in the year, new admissions and readmitted – Alcohol

## Public Network of Outpatient Services (Portugal Mainland)

2009 - 2015



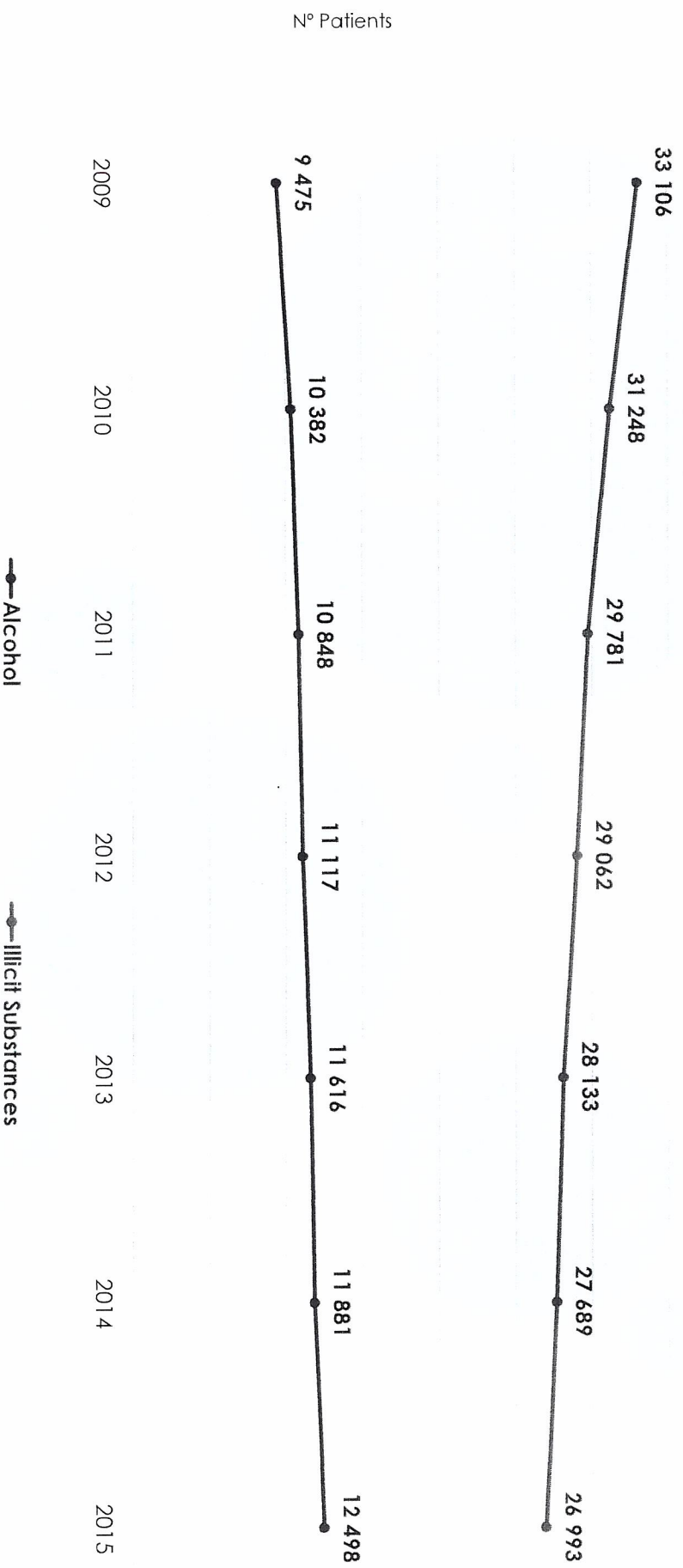
Source: ARS/SICAD



# Evolution of n° of patients in treatment in the year - Illicit substances vs Alcohol

Public Network of Outpatient Services (Portugal Mainland)

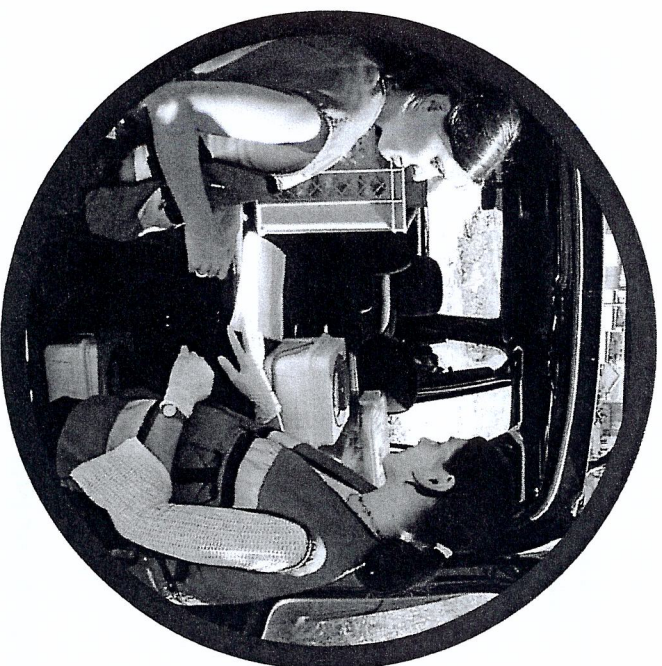
2009 - 2015



Source: ARS/SICAD

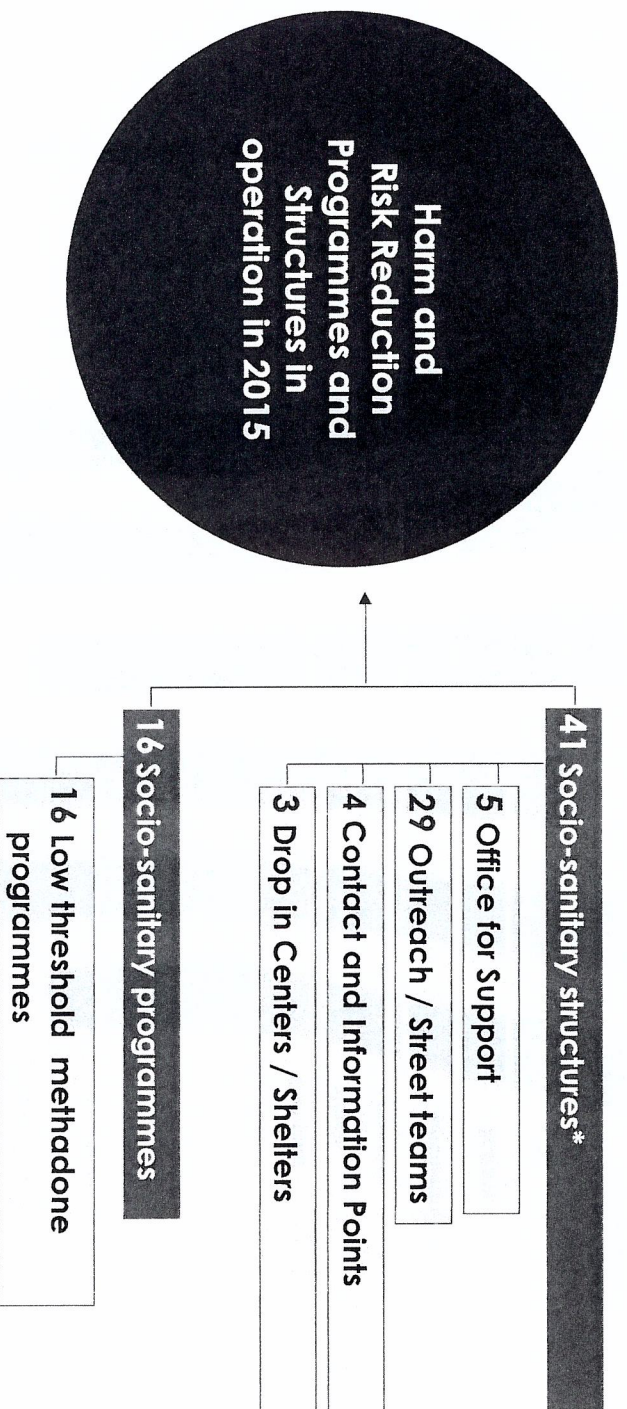


# Harm and Risk Reduction



# Harm and Risk Reduction data

2015



*Programme Diz não a uma seringa em segunda mão*

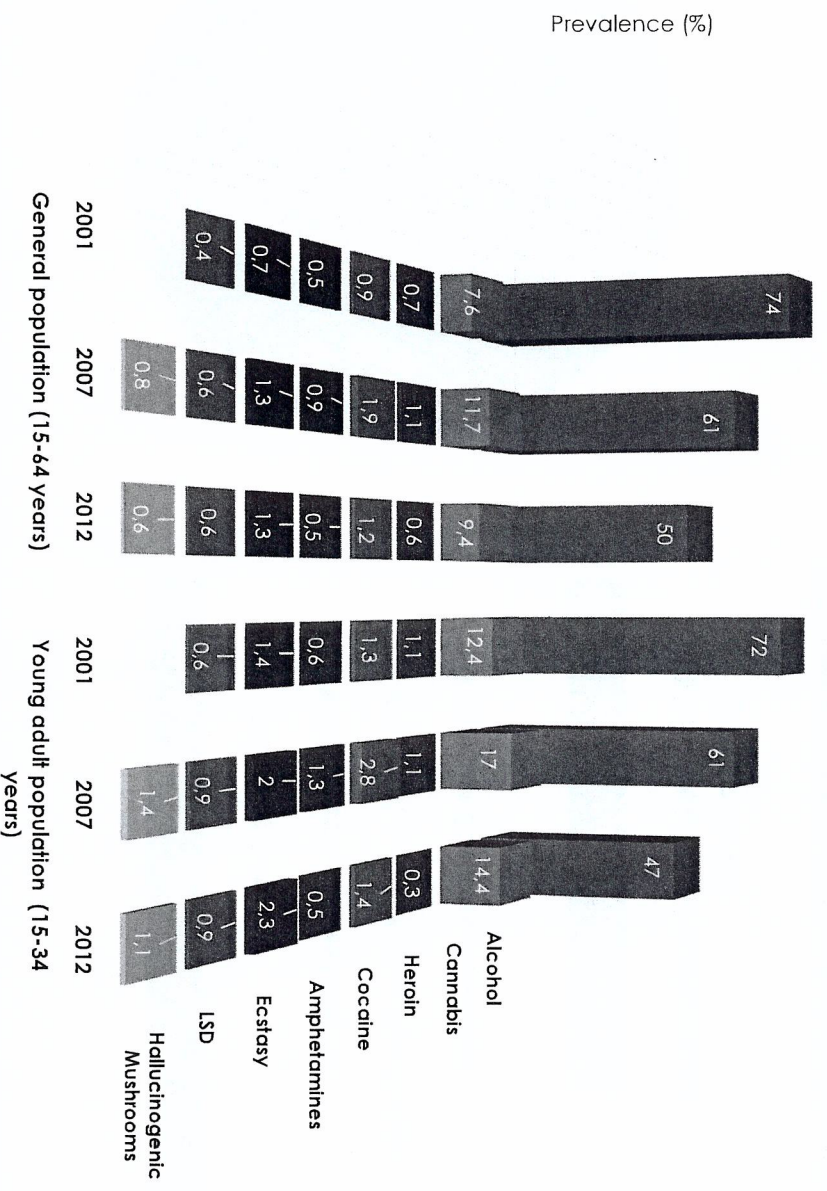
1 004 706 Syringe exchanges

\* In these structures works the National Needle and Syringe Exchange Programme

# Evolution of prevalence by psychotropic substance

General population Vs. Young adult population (%)

2001 - 2007 - 2012



Source: Balça et al., 2014



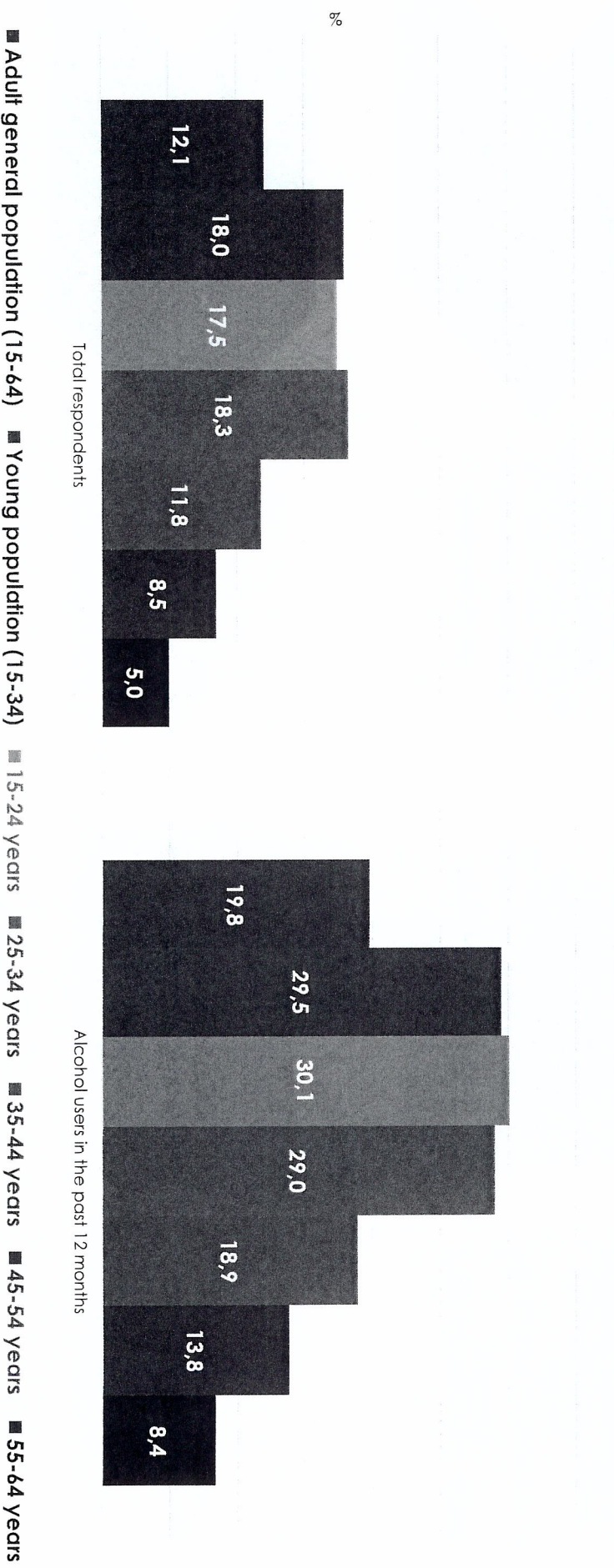


# National Surveys on General Population

Prevalence of binge drinking, past 12 months

Total respondents and alcohol users in the past 12 months (%)

2012



Source: Balisa et al., 2014

# Addictive Behaviours and Dependencies

## NEW CHALLENGES I

**Patterns of harmful alcohol use – youngsters**

Responses involved: preventive, HRR

Recreational, Community and School settings

Coordination among different entities

**Cannabis related problems**

From 2012 on: cannabis replaced heroin as the main substance involved in new treatment demands

Different population: younger, working and / or studying, good level of social and family insertion, higher education level

High potency cannabis products: increased incidence of severe psychopathological crisis on cannabinoids consumers

# Addictive Behaviours and Dependencies

## NEW CHALLENGES II

### New Psychoactive Substances

Indicators show a low level of NPS use in Portugal, but:

increasing number of such substances identified in Europe

trade of NPS via the internet

data from other countries show an increasing use of NPS

### Ageing

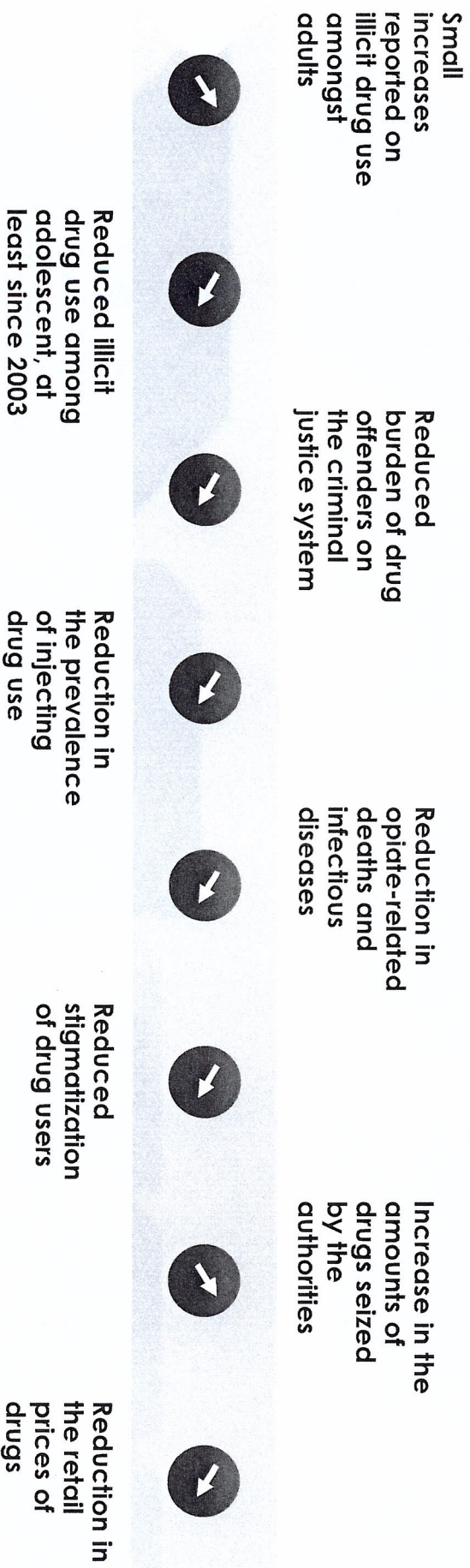
Significant group of patients retained in the services, long treatments, failing to achieve autonomy

Age-related diseases emerged, interacting with the original addictive disease => new set of bio-psycho-social problems

Specific programs for these patients: Therapeutic Communities - Long Term Program

Others?...

## Trends since 2001



## CONCLUSION

There is a coherent articulation among  
**ALL THE PORTUGUESE POLICY AND ACTIONS**

based on the idea that **DRUG ADDICT** is a **PERSON**

with health and social needs

instead of a

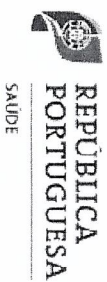
**“CRIMINAL or a DELIQUENT”**.

Until now, the global drug situation in Portugal seems to have a positive evolution in all the available indicators

# Thank you for your attention!

João Castel-Branco Goulão

[joao.goulao@sicad.min-saude.pt](mailto:joao.goulao@sicad.min-saude.pt)



SICAD General-Directorate for Intervention on Addictive Behaviours and Dependencies

[www.sicad.pt](http://www.sicad.pt) | TELEF: +351 211 119 000 | EMAIL: [sicad@sicad.min-saude.pt](mailto:sicad@sicad.min-saude.pt)