National Policy on Addictive Behaviours and Dependencies

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M. D. João Goulão

General-Director

General-Directorate for Intervention on Addictive Behaviors and Dependencies





About this presentation:

- Framework:
 - Geo-demographic situation
 - The problem
- Milestones:
 - Response evolution
 - key measures
- Responses:
 - A National Coordination
 - An institutional structure to coordinate and implement the policy
 - A Strategy (1999, 2005, 2013)
 - A new paradigm (Law 30/2000)
 - An Integrated Intervention Model
 - National Plan to Reduce Addictive Behaviours and Dependencies (2013-2020)
- Evaluation:
 - Internal
 - External



Geo-demographic Situation



Geo-demographic Situation



➤ Population	10 627 250
➤ North/South territorial units maximum length	652 km
➤ East/West territorial units maximum length	218 km
>Surface	92 090 Km²



The Problem (1990s)

- Cannabis the most consumed substance
- **Heroin** the main problematic drug
- Heroin + cocaine
- Cocaine
- Intravenous drug use (share of injection paraphernalia)
- Main concern of the Portuguese population
- 1% of the population (»«100 000 problematic drug users)



Historical Evolution

- 1975 CEPD/Cabinet Coordinator Ministry of Justice
- 1987 Project VIDA Presidency of the Council Ministries
- 1987 Response in the Health Ministry Taipas Centre
- 1990 SPTT (CEPD + Taipas) MS
- 1993 DL 15/93 ("drug law")
 - Syringe Exchange Program
 - Creation of EMCDDA
- 1997 Treatment network (Law 7/97)
- 1999 IPDT (PV+GCCD)
 - National Drug Strategy
- 2002 IDT (SPTT + IPDT)
- 2003 National Coordination (Decree Law 1/2003)
- 2007 IDT, I.P. (illicits and alcohol)
- 2012 SICAD + ARS (Addictive Behaviours)



Key Measures

- Treatment (treatment units network Law 7/97)
- 2. Innovative policies on harm reduction and public health based on the assumption that drug addict is a sick person
 - National Syringe Exchange Program (1993)
 - Network of integrated and complementary responses, public-private partnerships (1999/2004 DL 16/99 and DL 72/99)
- 3. Decriminalisation of Consumption Dissuasion
 - Creation of the Commissions for the Dissuasion of Drug Addiction (2000/2001 Law 30/2000)
- 4. Risk and Harm Reduction Network (DL 183/2001)
- **5. Demand Reduction** (2006/2007)
 - Approach, Integrated and Focused Responses
 - Centrality in the Citizen and Territory



Responses

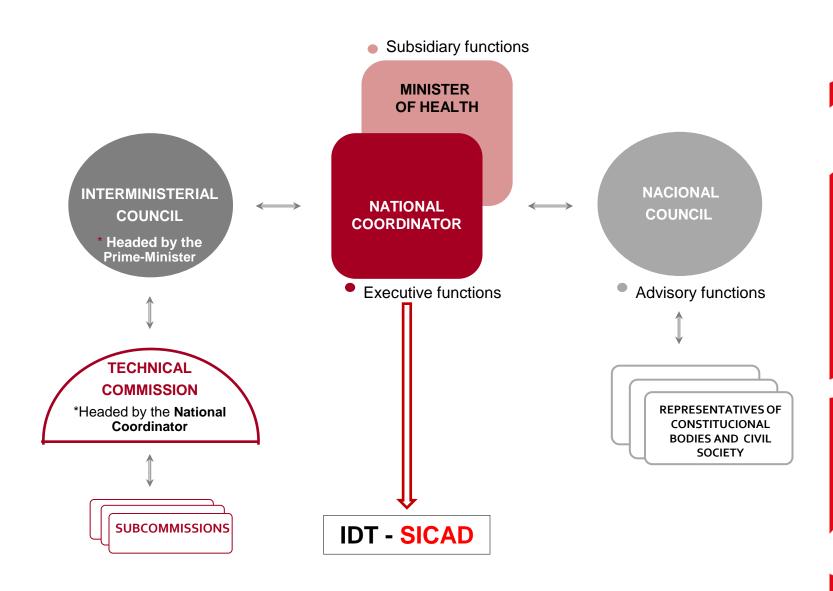
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NATIONAL COORDINATION STRUCTURE



COORDINATION STRUCTURE FOR DRUGS, DRUG ADDICTION AND THE HARMFUL USE OF ALCOHOL



THE INTERMINISTERIAL COUNCIL

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NATIONAL COUNCIL

5 personalities to be designated by the Prime-Minister

National Coordinator (SICAD General Diretor)

Alcohol beverages trade and industry representatives

National Association of Local Youth Associations

Union of Journalists

National Confederation of Family Associations

National Confederation of Parents' Associations

Associations of students in higher education and secondary education

National Youth Council

Civic associations active in the field of the fight against AIDS

Professional associations active in the field of drugs and drug addiction

Union of Portuguese Mutual

Organizations

PRIME-MINISTER*

NATIONAL COUNCIL

* Or delegation in the

Minister of Health

or in the

National
Coordinator

Regional Governments of Azores and Madeira

Judiciary Higher Council

Attorney General's Office

National Association of Portuguese Municipalities

National Association of Local Districts

Portuguese University Chancellors' Council

Coordinating Council of Polytechnic Institutes

Portuguese Association of Private Higher Education

Episcopal Conference

Churches and religious communities settled in Portugal

Union of Portuguese Mercy Institutions

Union of Private Institutions of Social Solidarity

Portuguese Federation of Institutions linked to Drugs and Drug Addiction Fighting

National Strategy/National Plan



National Policy

1999 – 1st Portuguese Drug Strategy

(Action Plan 2000/2004)



National Plan Against Drugs and Drug Addiction 2005-2012 (Action Plans 2005-2008, 2009-2012)



National Plan on Alcohol 2010



National Plan to Reduce Addictive Behaviours and Dependencies 2013-2020

(Action Plan 2013-2016)

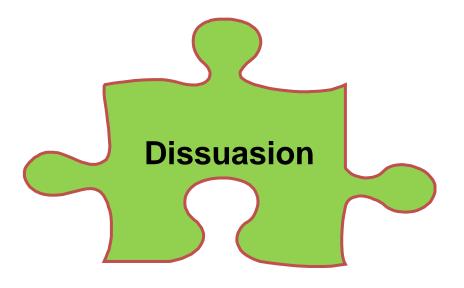


Strategic options in the National Policy

- 1. Reinforce International Cooperation...
- 2. Decriminalise consumption, forbidding it as unlawful administrative offense
- 3. Redirect the bet in Prevention...
- 4. Expand and improve the care network...
- 5. Extend harm reduction policies...
- 6. Promote and encourage social reintegration...
- 7. Ensure conditions of access to treatment for addicted inmates...
- 8. Enlargement to other dependencies and addictive behaviours...



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A new paradigm



A New Paradigm

- Was approved in the Parliament a new legal framework (Law 30/2000); good social acceptance; huge public debate:
 - UN Conventions
 - Drug tourism destination
 - Early consumption
- The need to liberate resources from the supply reduction to the fight against drug trafficking at large scale
- Recognition that imprisonment of users has counterproductive effects
- The new Law entered into force the 1st of July 2001 13 years!





The Dissuasion Model

Law No. 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 sick person in need of health care;
- The dissuasion intervention provides an opportunity for an early, specific and integrated interface with drug users;
- The dissuasion intervention is aimed and targeted to the drug users' characteristics and individual needs.
 - The use of drugs is still forbidden

Unlike models from other countries where "Drug Courts" were created with streamlined procedures under the Ministry of Justice, the Commissions for the Dissuasion of Drug Addiction privilege the health approach.



Dissuasion Objectives

- To dissuade consumption a "second line" for preventive intervention – the "yellow card";
- Prevent or reduce the use and abuse of drugs;
- Ensure the health protection of users and the community;
- Guide drug users to more adequate responses regarding their personal situation;
- Release resources for the fight against trafficking and drug use related crime (acquisitive crime).

DISSUASION AS A TOOL FOR PREVENTION



Ten Days Maximum Amount Allowed

Illicit Substance	Grams
Heroin	1
Methadone	1
Morphine	2
Opium	10
Cocaine (hydrochloride)	2
Cocaine (methyl ester benzoilegonine)	0.3
Cannabis (leaves and flowers or fruited dons)	25
Cannabis (resin)	5
Cannabis (oil)	2.5
LSD	0.1
MDMA	1
Amphetamine	1



Composition of the Commissions (18 + 2 Autonomous Regions)

President and two other members

Appointed by the Minister of Justice and by the Minister of Health

Multidisciplinary technical support team Psychologists, Social Service Workers, Lawyers and Administrative

Prepares a report with all facts and makes a previous evaluation that supports the decision

Evaluates Motivation of the user to undergo for treatment Guarantees the function of the referral network



Procedure

Police Authority



Commission

- Psychological and social evaluation Hearing of the user
 - - Decision



- Occurrence police report
- The substance is seized
- The user is brought to the Commission in a maximum delay of 72h



Motivation work

Situation regarding drug use

Psychosocial situation

Previous register

When the suspension period expires and the user stopped to use drugs without record of relapse, or if penalties were carried out



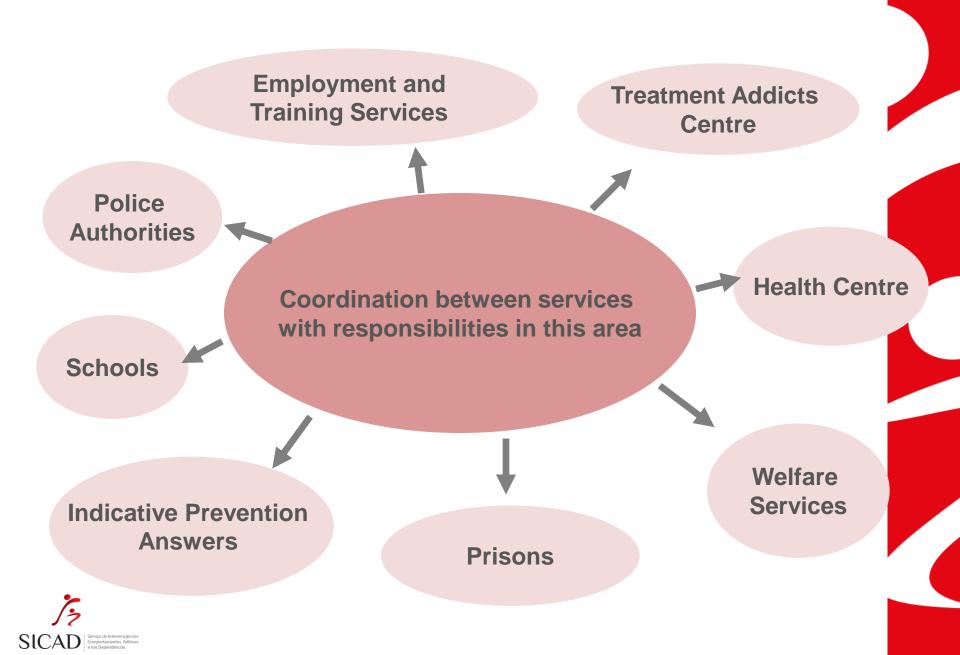
Execution of penalties by Law Enfocement **Authoriites**



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Network



Decisions and Sanctions

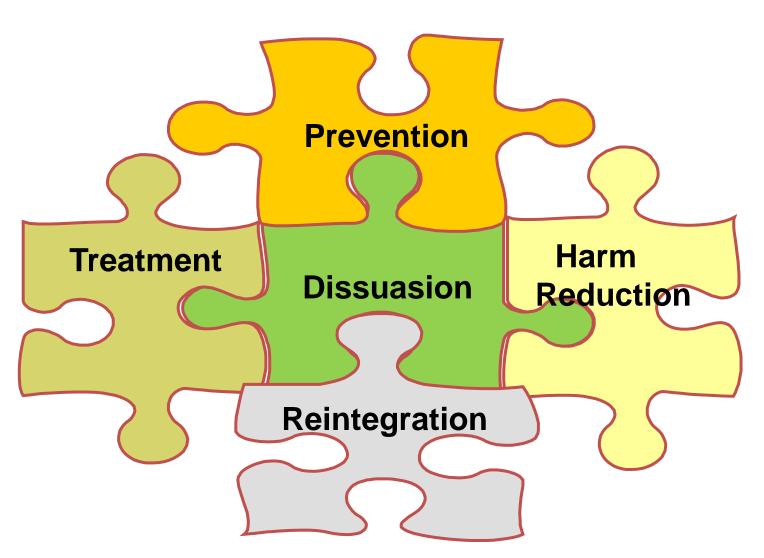
- Provisional Process Suspension;
- Periodic Presentation to the Drug Addiction Dissuasion Commissions;
- Warning;
- Community Service;
- Forbiddance of attending certain places;
- Apprehension of objects;
- Interdiction to travel abroad;
- Interdiction of receiving subsidies or other monetary social grants;
- (...)
- Monetary fee.



A Model of Integrated Intervention



A Model of Integrated Intervention





STRUCTURE OF THE NATIONAL PLAN FOR THE REDUCTION OF ADDICTIVE BEHAVIOURS AND DEPENDENCIES 2013-2020

INFORMATION AND RESEARCH
RAINING AND COMMUNICATION

NTERNATIONAL RELATIONS AND COOPEREATION

DUALITY

DEMAND FIELD:

- Life Cycle
- Types of interventions
- Contexts

OPERATION PLAN FOR INTEGRATED RESPONSES

REFERRAL NETWORK / ARTICULATION IN THE FRAMEWORK OF THE ADDICTIVE BEHAVIOURS AND DEPENDENCIES

SUPPLY FIELD:

- •Ilicit and new psychoactive substances
- alcohol, medicines and anabolisers
- gambling

COORDINATION (Interministerial Plan)

BUDGET

EVALUATION



ACTION PLAN 2013-2016

39
SPECIFIC
OBJECTIVES

RESULTING FROM CONSENSUS AND ASSUMED BY 150 ENTITIES 134 ACTIONS

RESPONSIBLE ENTITIES

Public Administration

Local Authorities

Public and private entities

High Education Institutions

Scientific Societies

Professional Schools

Industry and Commerce Operators

Entities of the social sector (NGO)

Trade Unions

National Forum on Alcohol and

Health

SET OUT IN THE STRATEGIC DOCUMENTS OF THE ENTITIES RESPONSIBLE*

*Health in all Policies

LIFE CYCLE

Actions in the demand field are organised according to the stage of the lyfe cycle

TIMETABLE

Actions are carried out following a predetermined timetable

RESPONSIBLE ENTITIES

The 150 responsible entities for the implementation of all actions are clearly identified

INDICATORS

Resulting from consensus according to the Action Plans and the activities of the entities

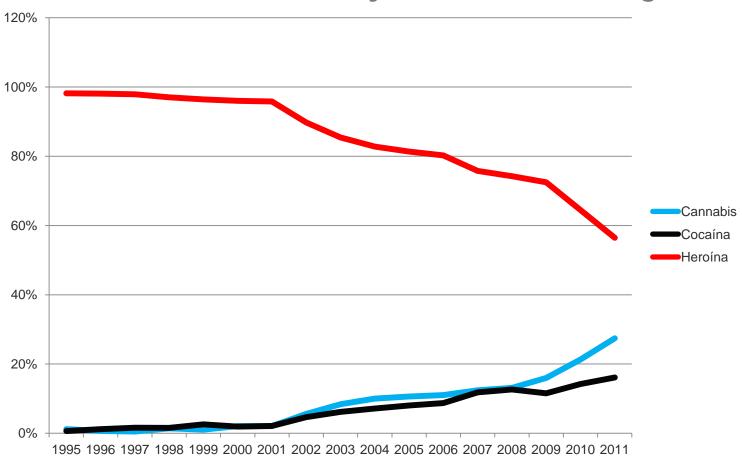
VERIFICATION SOURCES

All the actions show the sources of verification of their implementation

Some Results



Clients distribution by Year and Main Drug



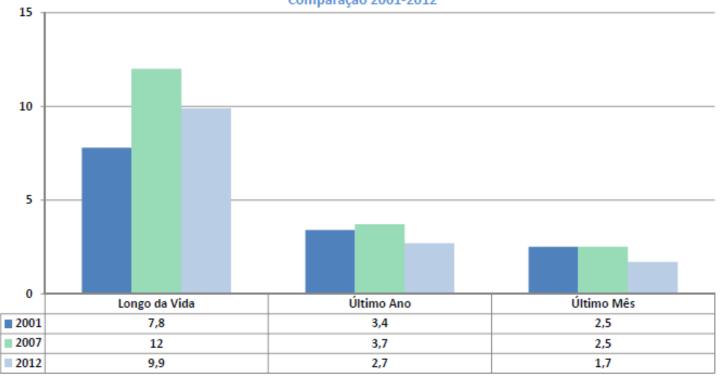


Source: IDT, I.P.





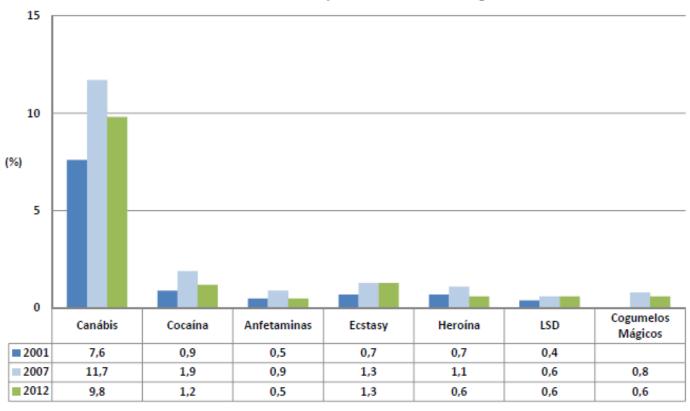
Prevalência do Consumo de <u>Qualquer Substância Psicoativa Ilícita</u> na População Geral ao Longo da Vida, Último Ano e Último Mês Comparação 2001-2012



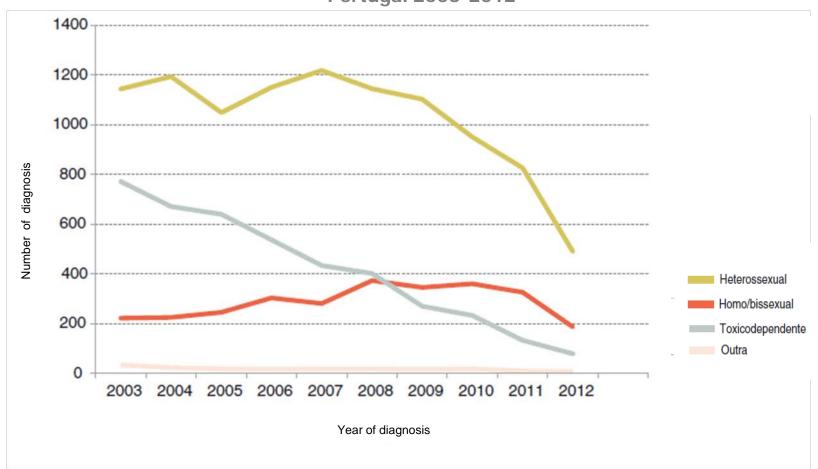




Prevalências de consumo de substâncias psicoativas ilícitas ao longo da vida, 2001-2012



Diagnosis of HIV infection by characteristics of sampled population Portugal 2003-2012





General-Directorate for Intervention on Addictive Behaviors and Dependencies (SICAD)

Thank you for your attention

joao.goulao@sicad.min-saude.pt

www.sicad.pt

