CSIDP Conference on 5 November 2018 in Brussels

Breaking it down to local and national level, encouraging examples

Panel Discussion

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Portuguese Drug Policy

The Problem - 1998:

- Cannabis the most used substance;
- Heroin problematic drug use;
- Heroin + Cocaine;
- Cocaine.

Intravenous drug use (sharing of injection material) – HIV infection Main concern of the Portuguese population.

1% of the population (\pm 100.000 problematic drug users)



Portuguese Drug Policy

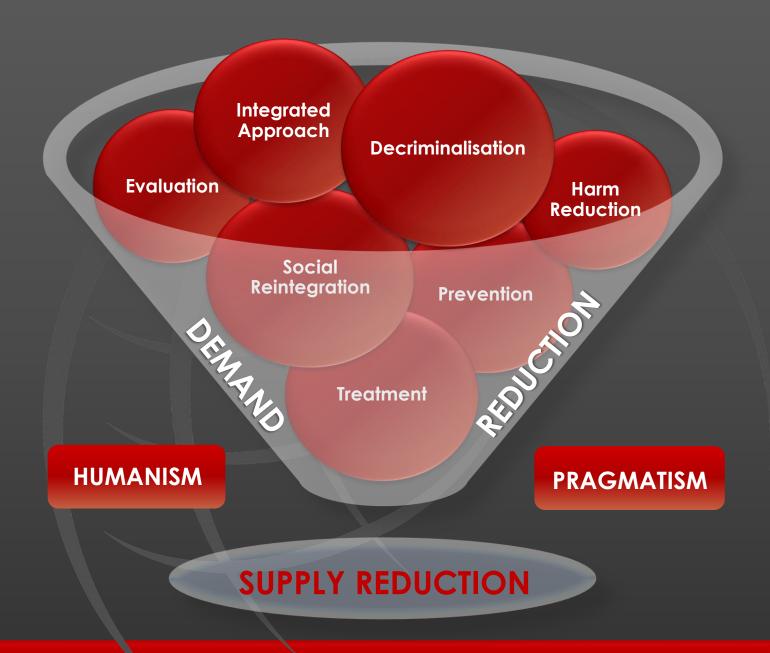
The Response

- A new strategy (1999);
- A new paradigm (Law 30/2000);
- A new intervention model;
- A National Coordination;
- A national network of intervention structures.



1999 1st Portuguese National Strategy Against Drugs

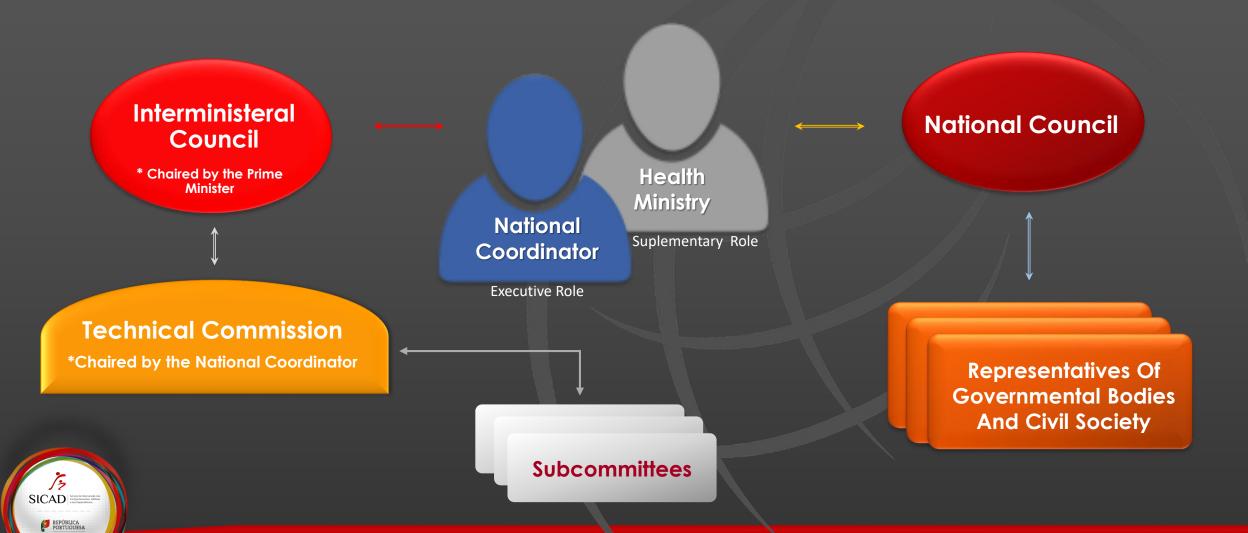
Decriminalisation of drug use should be understood as one measure in the comprehensive drug policy.



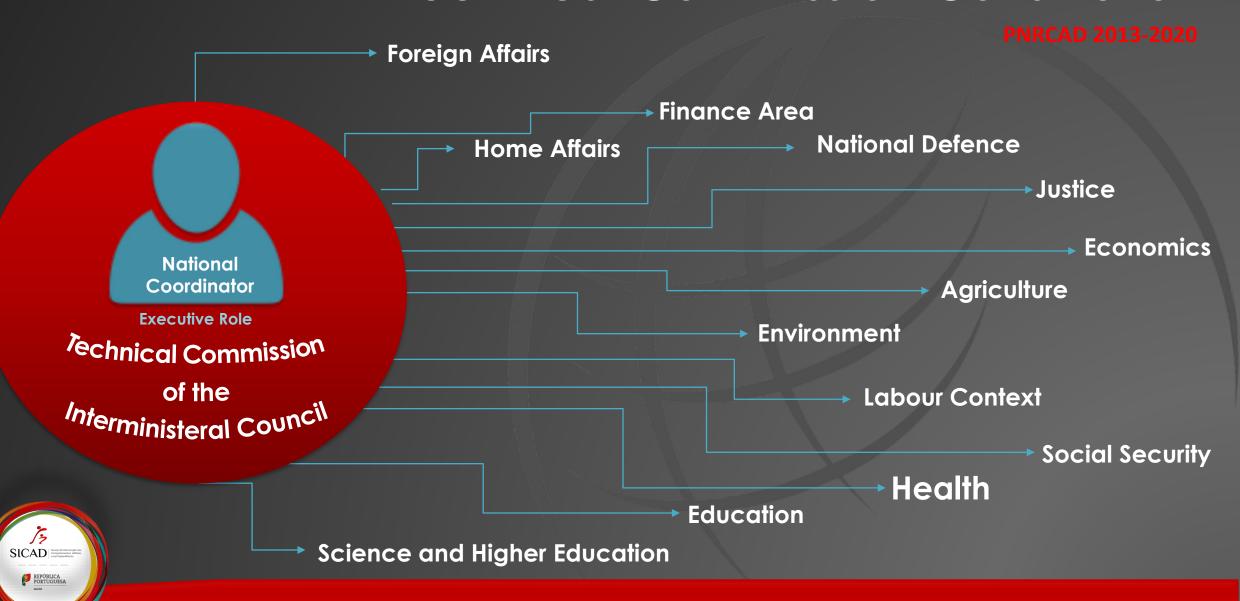


Coordination Structure

For Drug Problems, Drug Addictions and the Harmful use of Alcohol



Technical Commission Constitution





A National Health Service



Five Geographic Areas

- 22 CRI Integrated Units (Treatment, Harm Reduction, Prevention and Reintegration)
- 45 Drug Treatment Teams (and 32 more outpatient units)
- 3 CT Therapeutic Communities (56 places +1516 places agreed)
- 4 UD Detoxification Units (44 beds +75 beds agreed)
- 2 CD Day Centers
- 3 UA Alcohol Units (with Outpatient and Inpatient Care)
- 18 CDT Commissions for the Dissuasion of Drug Addiction





Structure of The National Plan

Research And Information Fraining And Communication

International Relations And Cooperation

Quality

Demand Field:

- Life Cycle
- Contexts
- Types of Interventions

Supply Field:

- Illicit Drugs And New Psychoactive Substances
- Alcohol, Medicines and Anabolisers
- Gambling

COORDINATION (Interministerial's Plan)

Budget

Evaluation

Operation Plan For Integrated Responses

Referral Network / Articulation In The Framework Of The Addictive Behaviours And Dependencies

Portuguese Alcohol and Health Forum





Operational Plan for Integrated Responses PORI

The Operational Plan for Integrated Responses (PORI) is a structural measure, at national level, that promotes accurate assessments and the development of integrated interventions at local level (territories).

PORI obeys to sequential phases and is achieved through the implementation of Integrated Responses Programs (PRI).

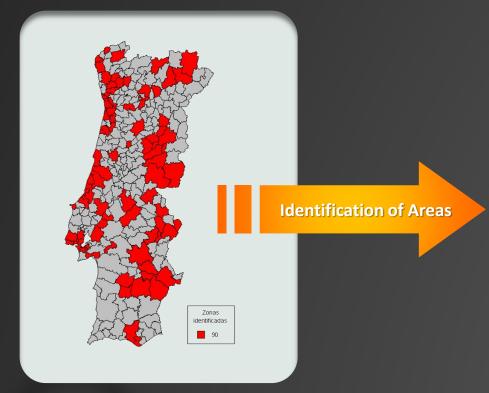




Phase 1: National Diagnosis

Identification of Areas

90 municipalities identified with the existence of problems associated with risk factors and situations

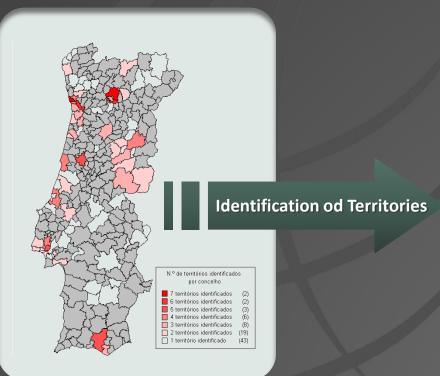


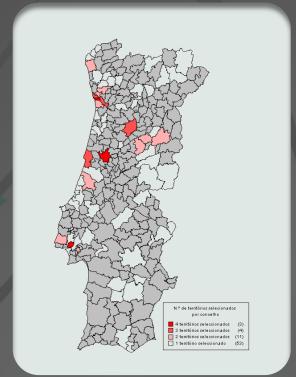
Identification of Territories

163 identified territories spread over 83 municipalities

Selection of Territories

92 selected territories distributed by 71 of the 278 Municipalities of Portugal







Diagnosis that started from a macro analysis, at the regional level, until identifying 163 territories, of which 92 were selected for intervention.

Strategic Principles Against Social Exclusion



Participation

Involvement of intervenients (individuals and entities)



Establishment of common objectives



Integration

Complementarity of local interventions



Territoriality

Delimited context for intervention



Phase 2: Diagnosis of the territory





Reorganization of local responses to cover needs

Open calls for tenders for financing interventions to cover unmet needs

Integrated Response Programs - PRI

The PRI is a territorial action program that integrates interdisciplinary responses (prevention, treatment, harm and risk reduction and reintegration) following the diagnosis of a territory identified as a priority

ENTITIES THAT CONSTITUTE PRI

SICAD
ARS,IP

ARS,IP

AGENCIES
PROMOTING
PROJECTS COFINANCED BY
SICAD

(PUBLIC AND
PRIVATE)

TYPES OF INTERVENTION





PORI: projects co-financed in 2017

Norte 39 projects

- 18 Prevention
- 37 Risk and Damage Reduction
- 2 Treatment
- 21 Reintegration

Lisboa e Vale do Tejo 12 projects



Alentejo 1 project

Algarve 4 projects



N.º de territórios selecionados por concelho 4 territórios seleccionados 3 territórios seleccionados 2 territórios seleccionados

National Assessment



92 selected for intervention

163 territories identified

896 entities involved

Ministry of Education

Social Security

Security Forces

Autarchies

Health Institutions

Public Employment Agencies

Professionals

Non-Governmental Organisations

Local Network

Social Reintegration Institute

Local Administrative Authorities

Schools

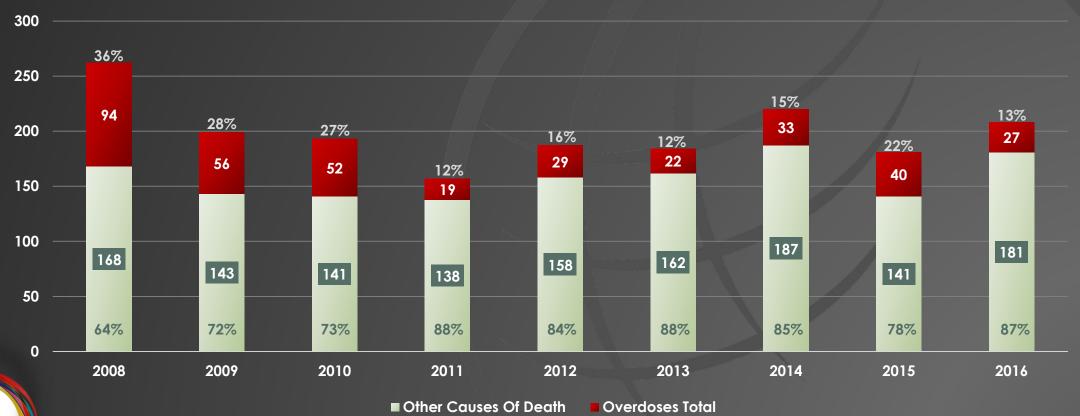
Health Regional Administrations

Child Protection Agencies



Reduction of drug-related deaths

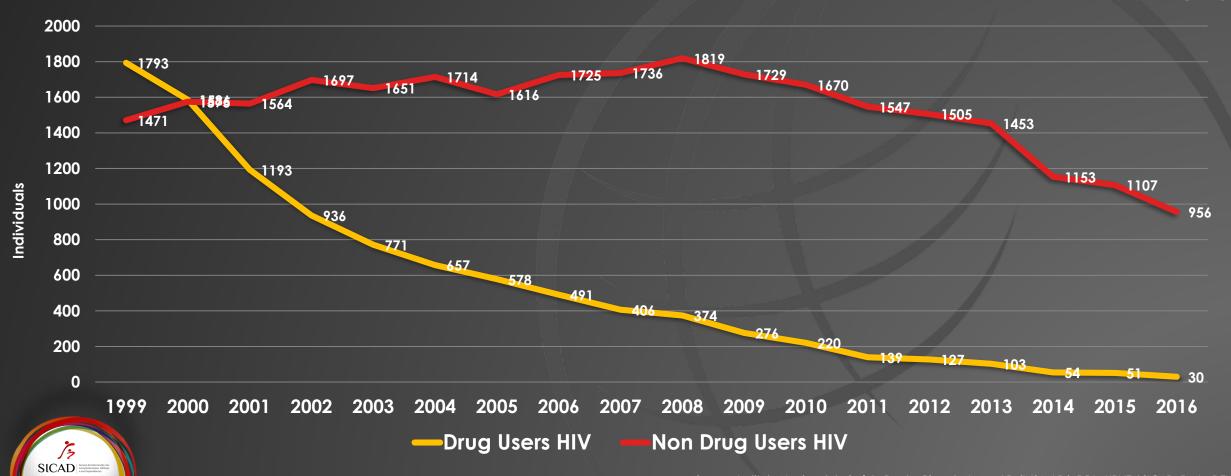
Evolution of cases with information on the cause of death 2009-2016





Source: ARS, I.P. / SICAD: DMI – DEI

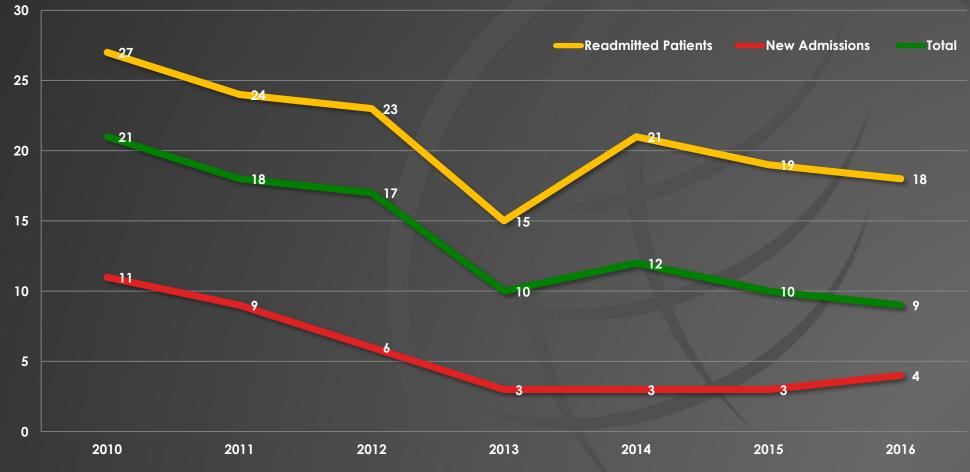
HIV notifications: Cases associated or not to drug addiction by year of diagnosis 1999-2016



Source: Instituto Nacional de Saúde Doutor Ricardo Jorge, I.P. (INSA, I.P.): DDI - URVE / SICAD: DMI – DEI.

New admissions: Use of IV route in the past 12 months, by year

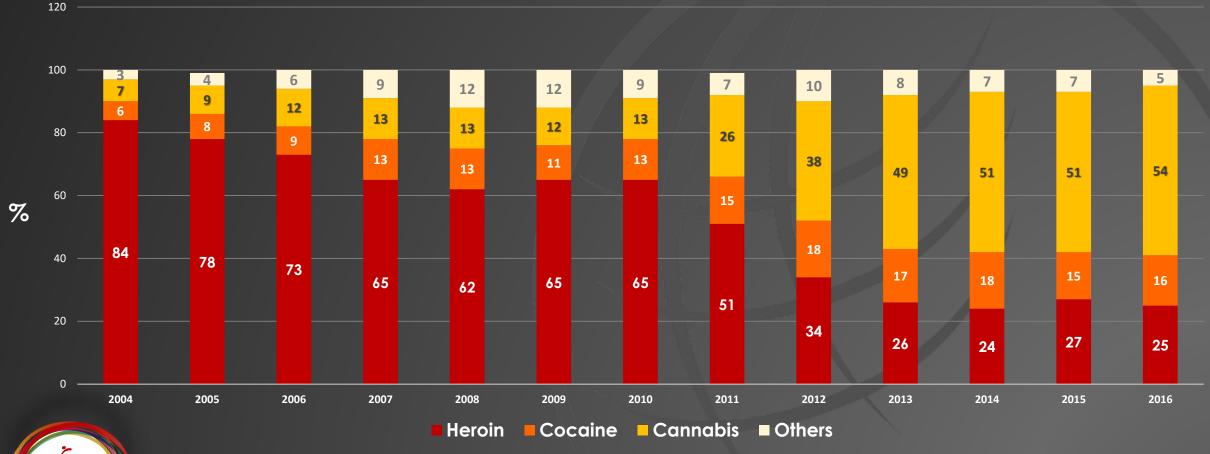
Public Network of Outpatient Services (Portugal Mainland) 2010 - 2016





Source: ARS/SICAD

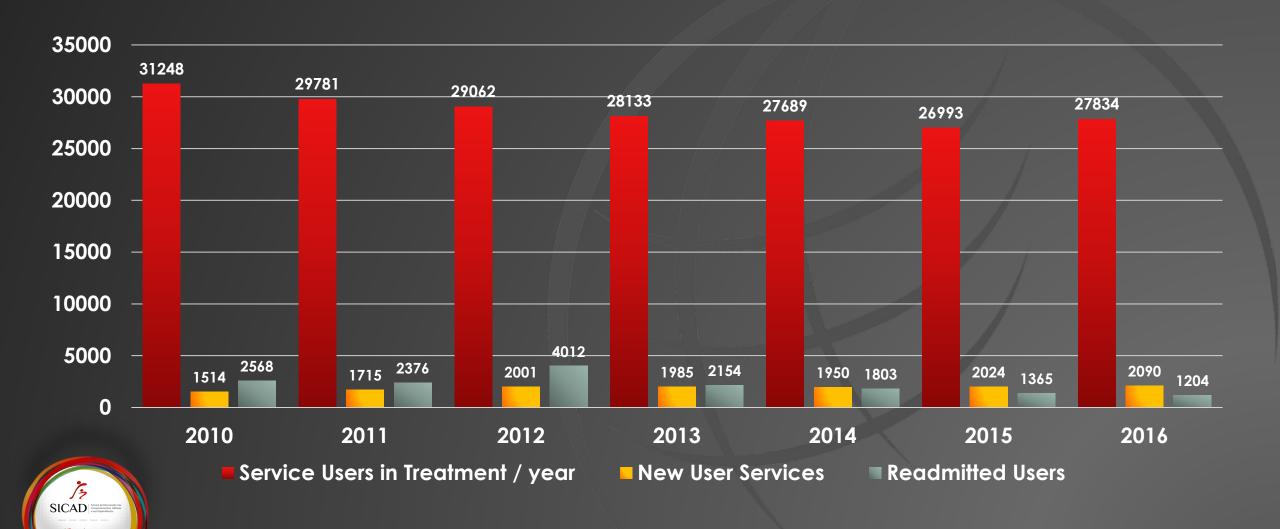
New Users - Main Substance Ambulatory - Public Network 2010 - 2016





Source: ARS, I.P. / SICAD: DMI - DEI

Service Users: in Treatment in the Year *, New ** and Readmitted Public Network - Ambulatory



Trends since 2001

Small increases reported on illicit drug use amongst adults

Reduced burden of drug offenders on the criminal justice system

Reduction in opiate-related deaths and infectious diseases

Increase in the amounts of drugs seized by the authorities

















Reduction in illicit drug use among adolescent, since 2003

Reduction in the prevalence of injecting drug use

Reduced stigmatization of drug users

Reduction in the public burden caused by drugs





Our Mission

Promote the reduction of use of psychoactive substances, the prevention of addictive behaviours and the decreasing of dependencies.



Thank you!

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LISBON ADDICTIONS 2019

Third European Conference on Addictive Behaviours and Dependencies

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