

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



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DE SAÚDE



SICAD

Serviço de Intervenção para a
Gestão da Adição, Alcoolismo
e das Dependências

SICAD General Directorate for Intervention on Addictive Behaviours and Dependencies
www.sicad.pt | TELEF: +351 211 119 000 | EMAIL: 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

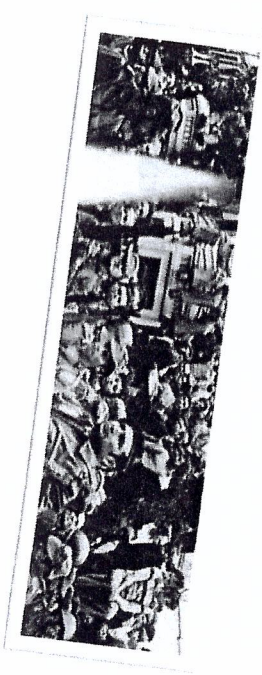


1974 / 1985

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



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

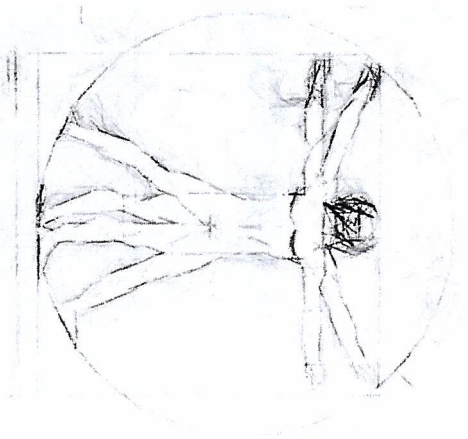
In the case of 1st time offenders or occasional users, imprisonment is likely to generate counterproductive effects

Need to liberate resources for the fight against drug trafficking

PRINCIPLES

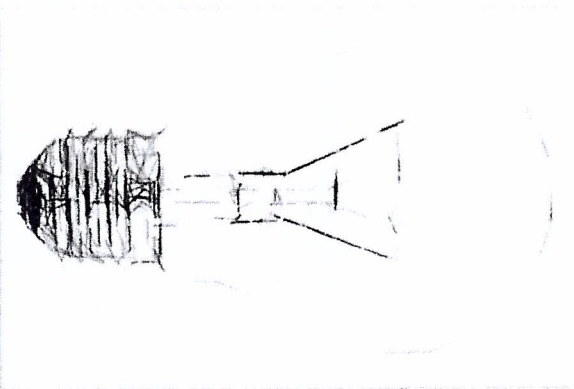
Humanism

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

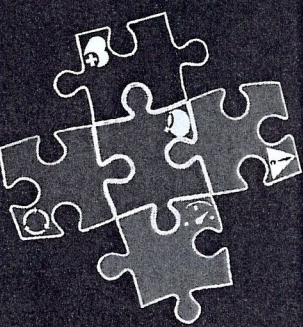

A new Model for intervention (+ Dissuasion)

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

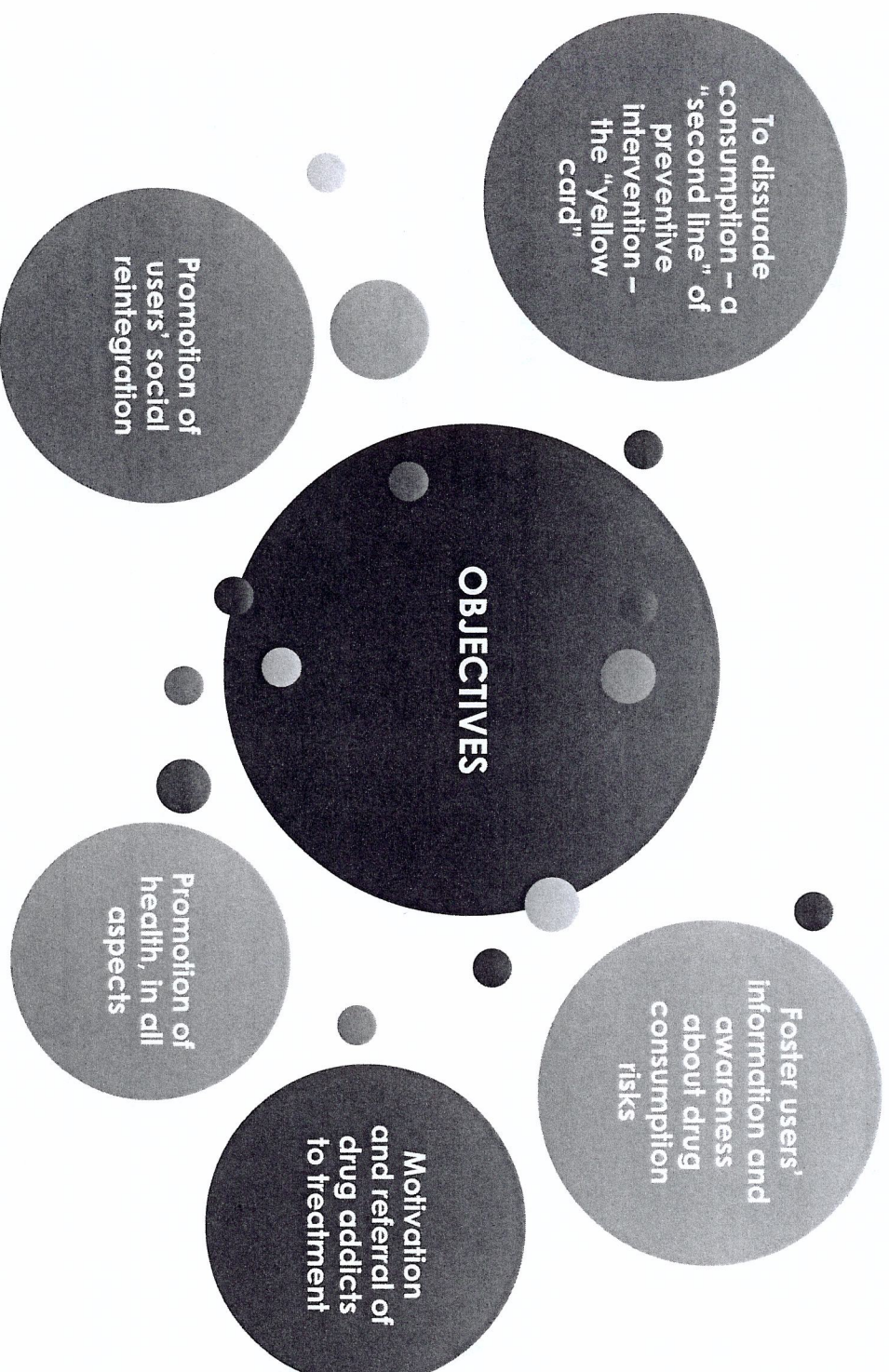
The drug addict is considered a person in need of health and social care

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

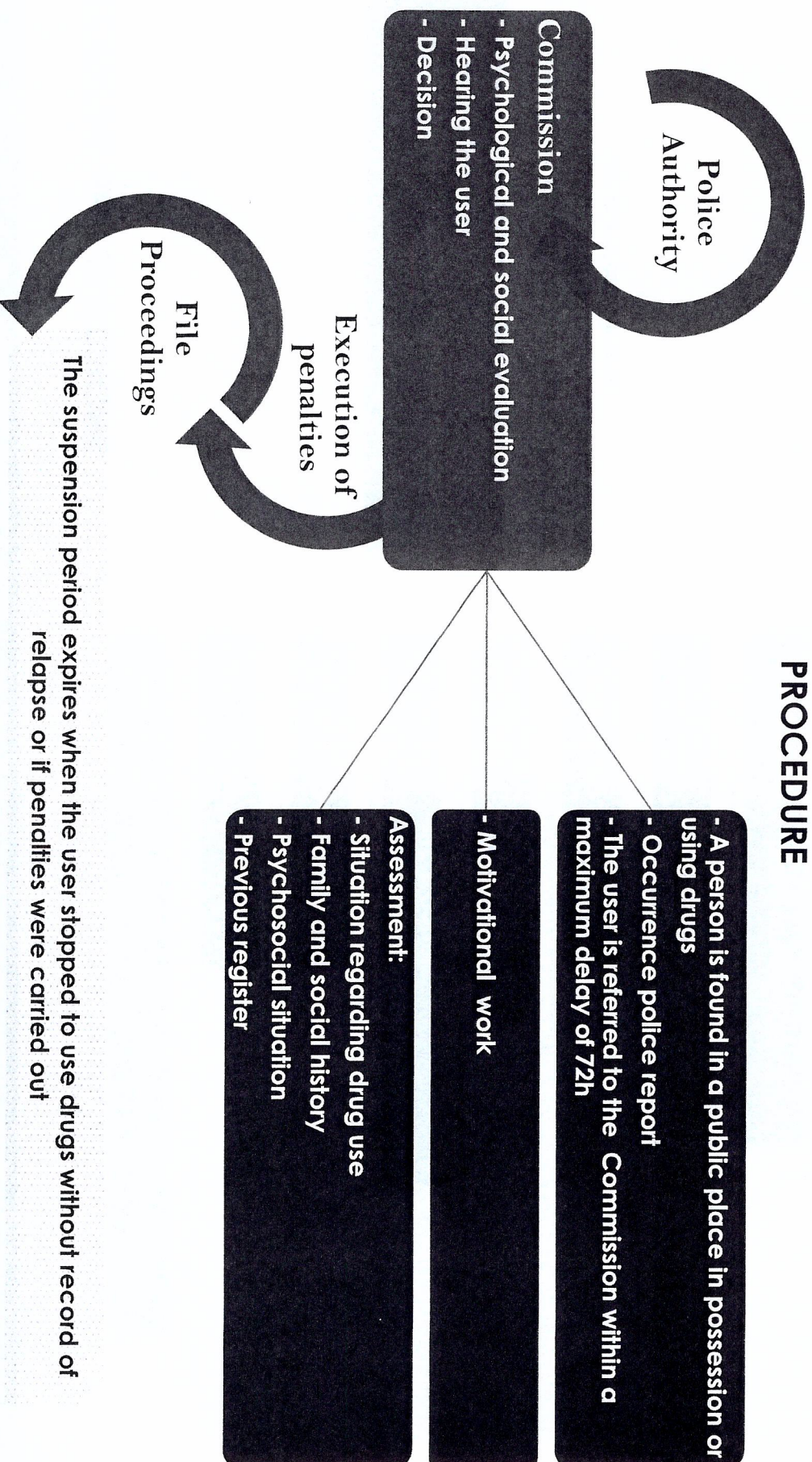
Dissuasion



Dissuasion



PROCEDURE



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

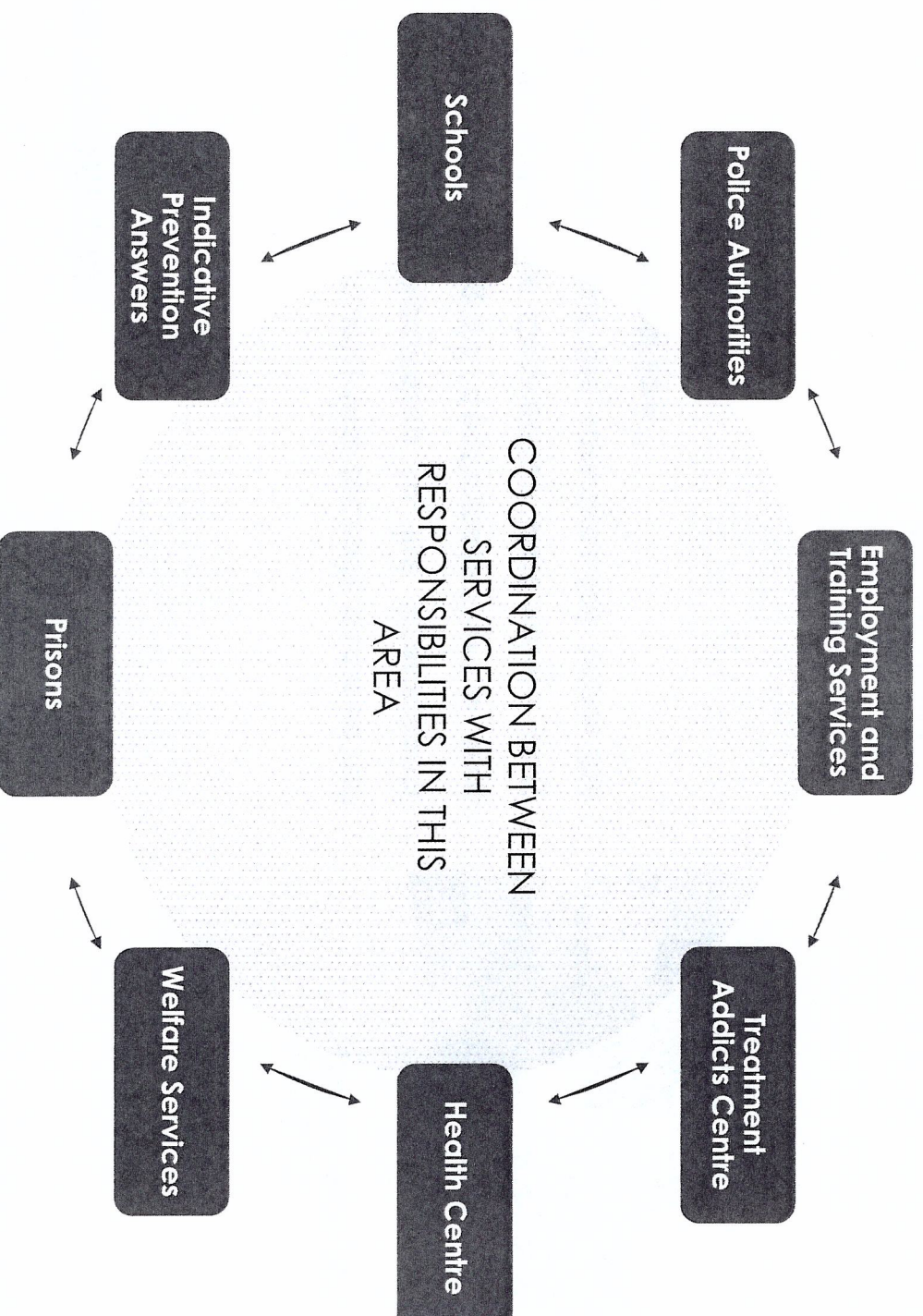
Apprehension of objects

Interdiction to travel

Interdiction of receiving subsidies or other monetary social grants

Monetary fee (only for non-addicts)

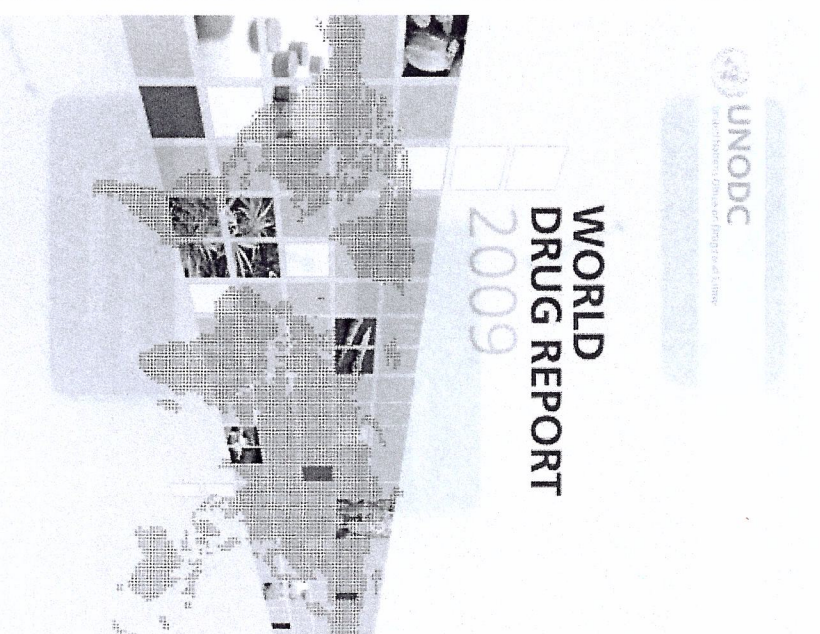
Dissuasion Network



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

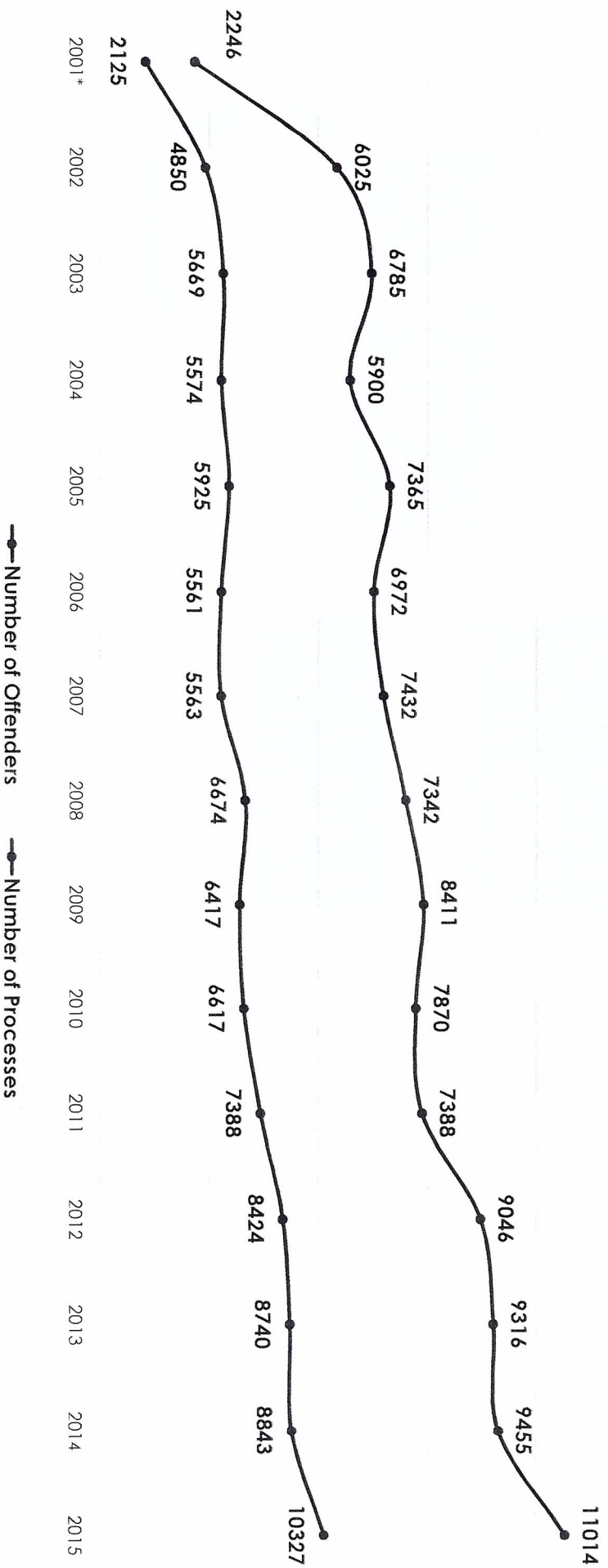
Portuguese approach is a model of best practices:

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,

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Processes and Offenders

2001 - 2015



Source: SICAD

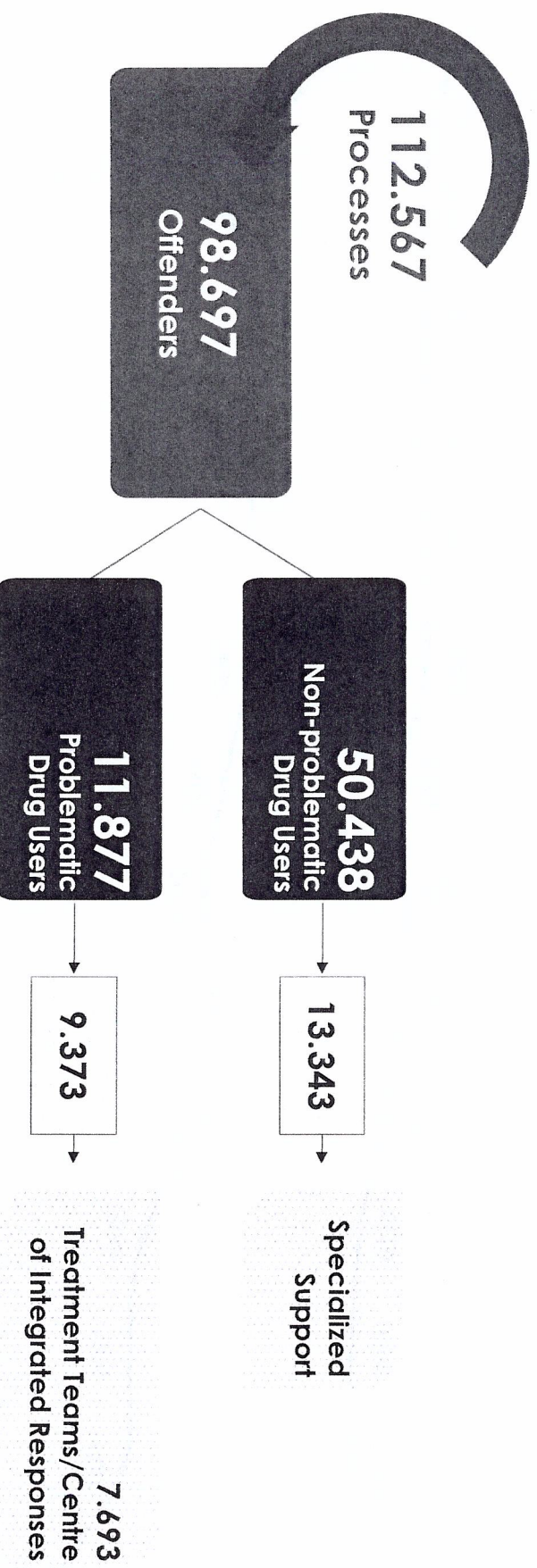


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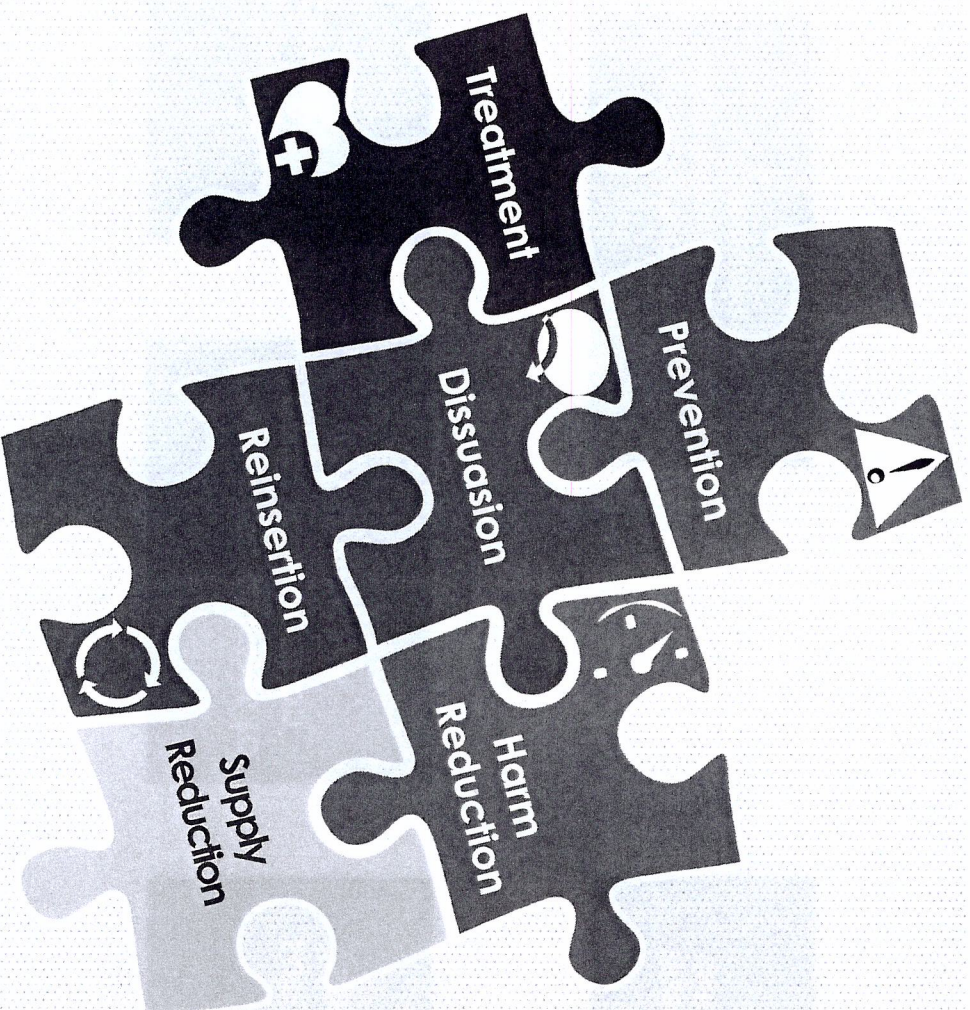
Intervention in Dissuasion

Referrals 2001 - 2015

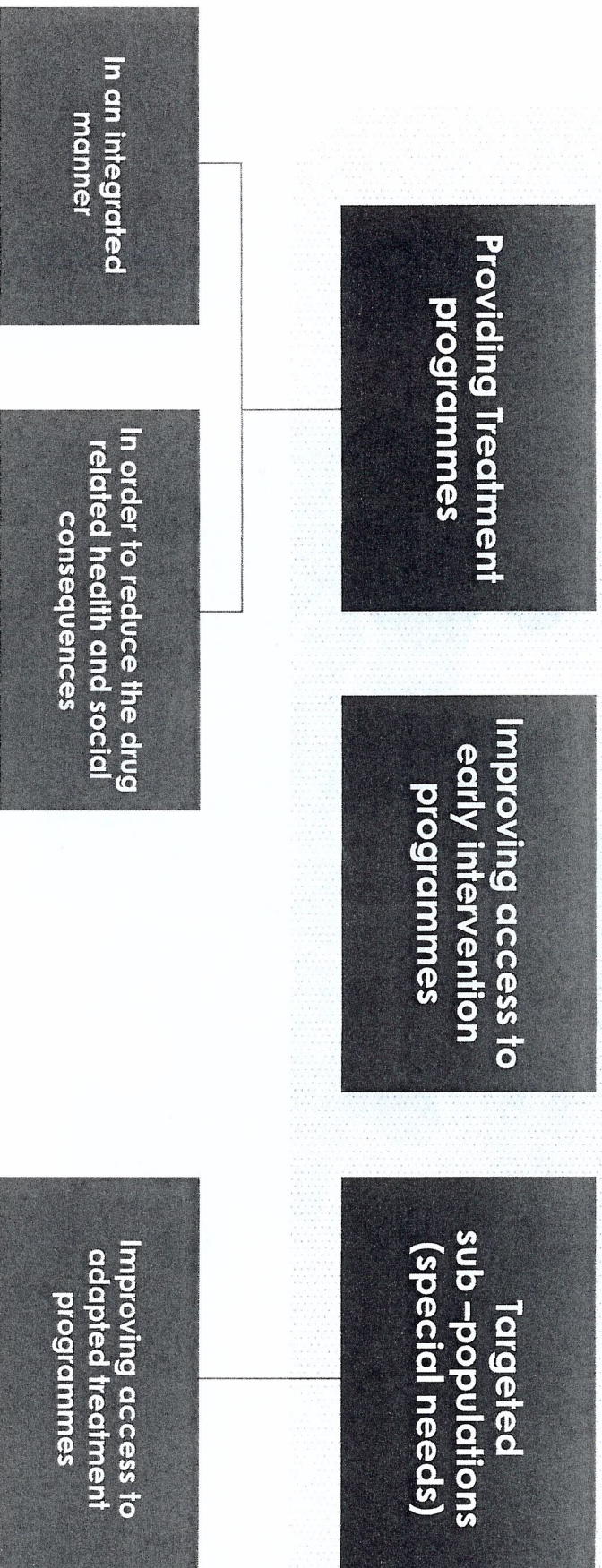


Source: SICAD

Comprehensive public health-oriented approach



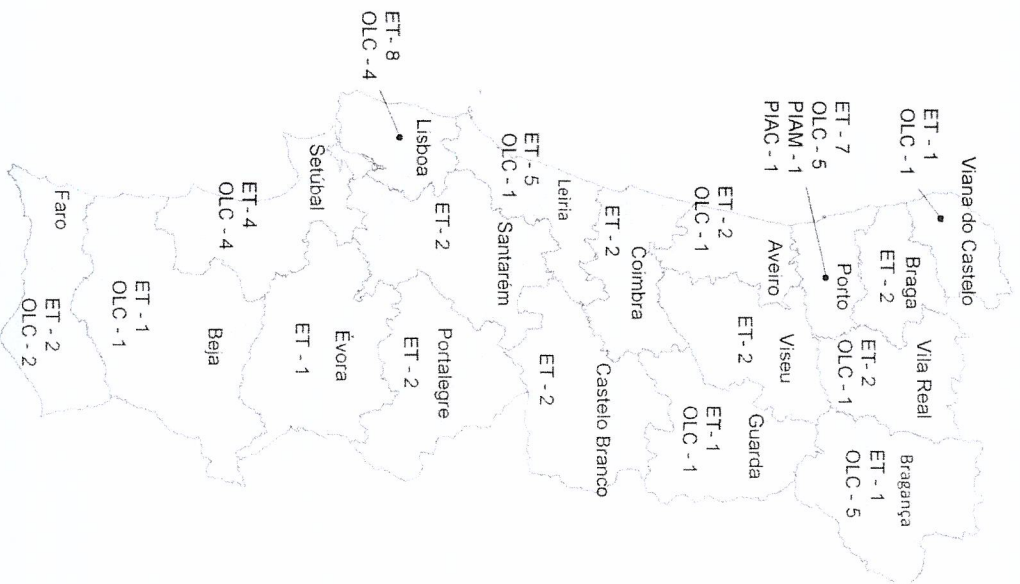
Treatment



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

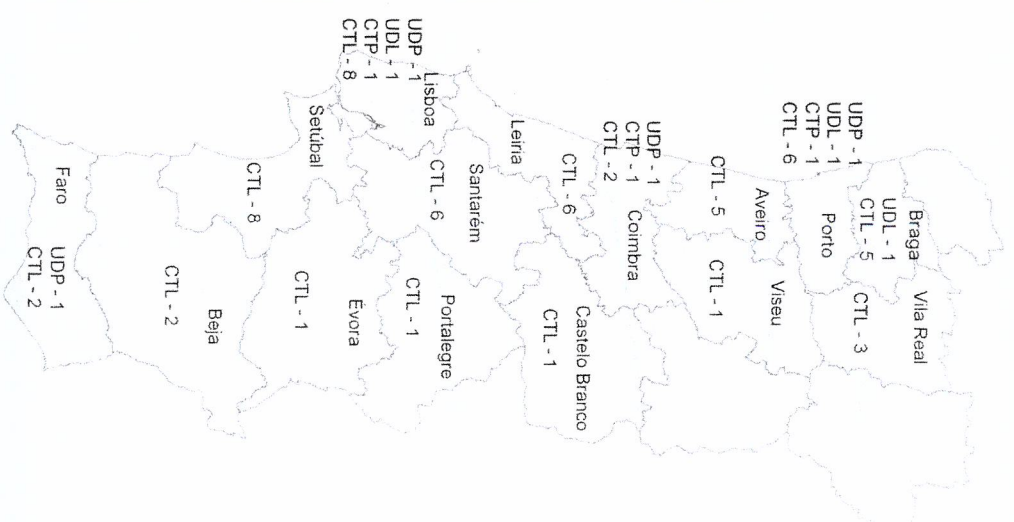
UDP Public Detox Units

UDL Private Detox Units

CTP Public Therapeutic Communities

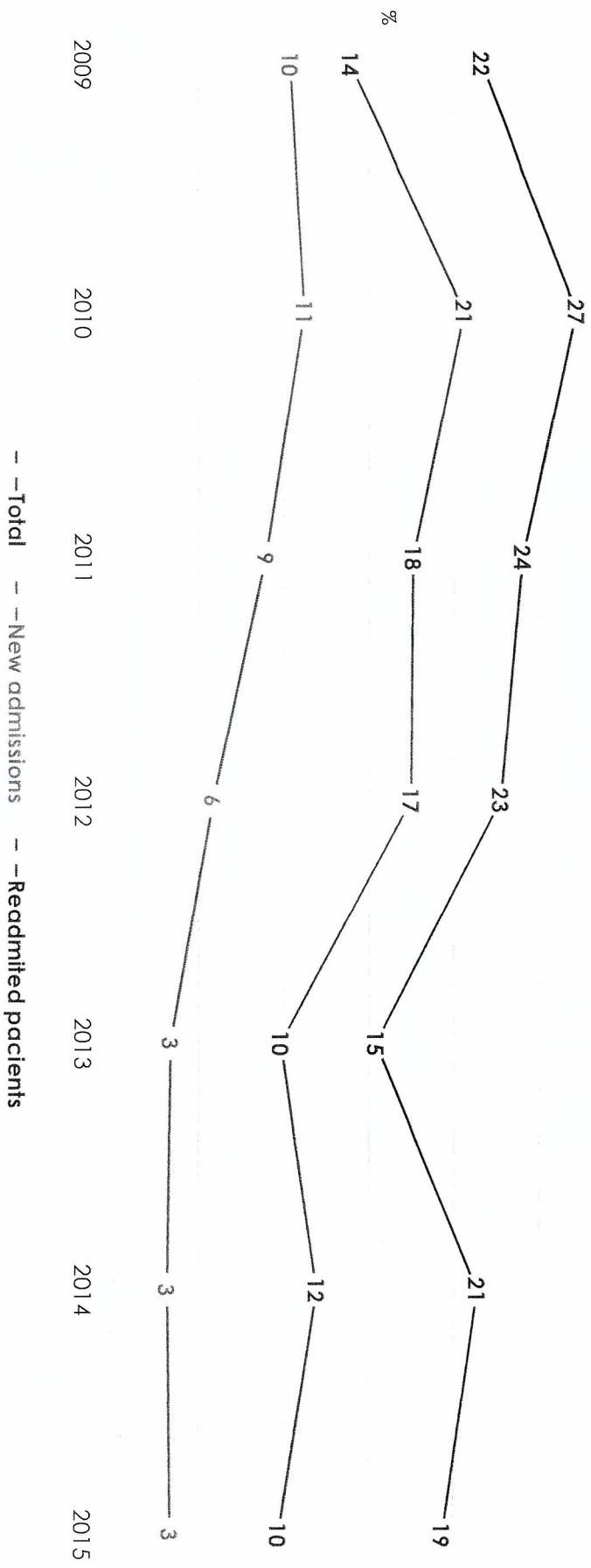
CTL Private Therapeutic Communities

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



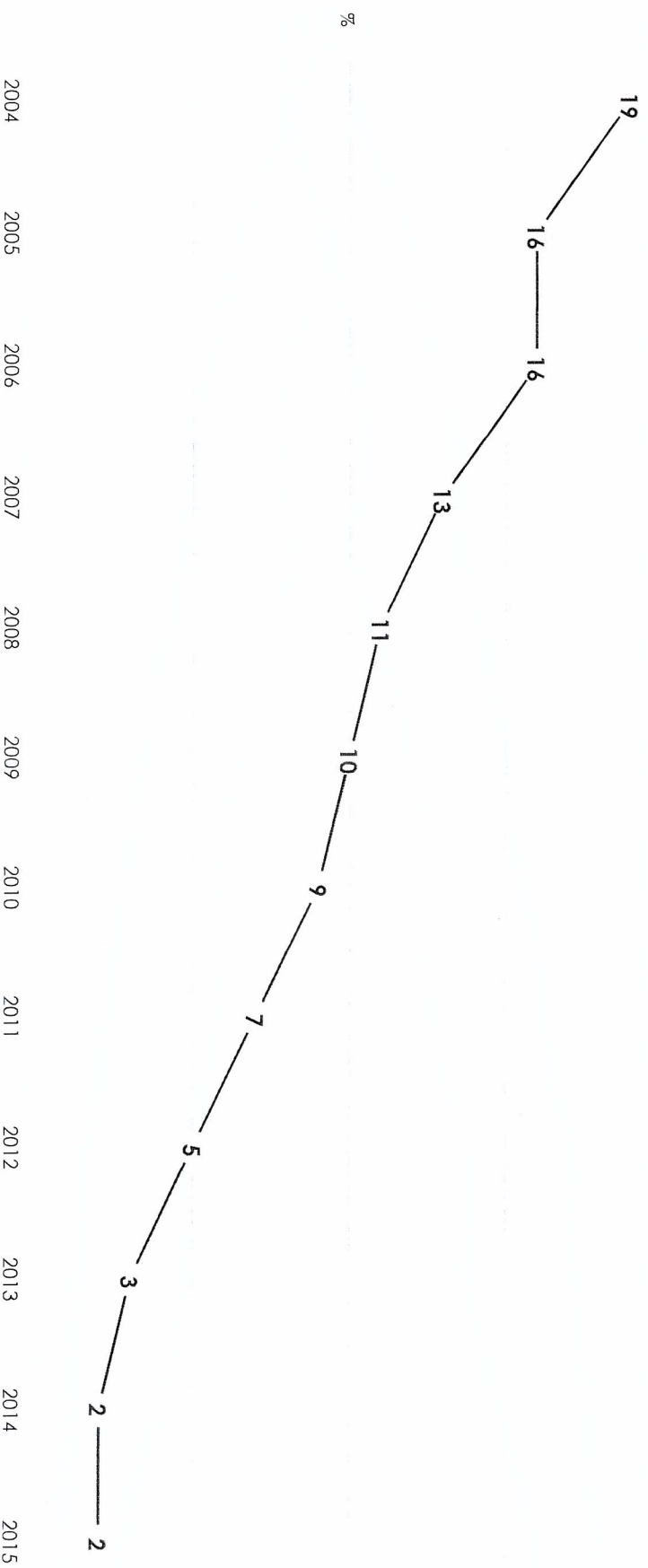
Source: ARS/SICAD



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

Public Network of Outpatient Services (Portugal Mainland)

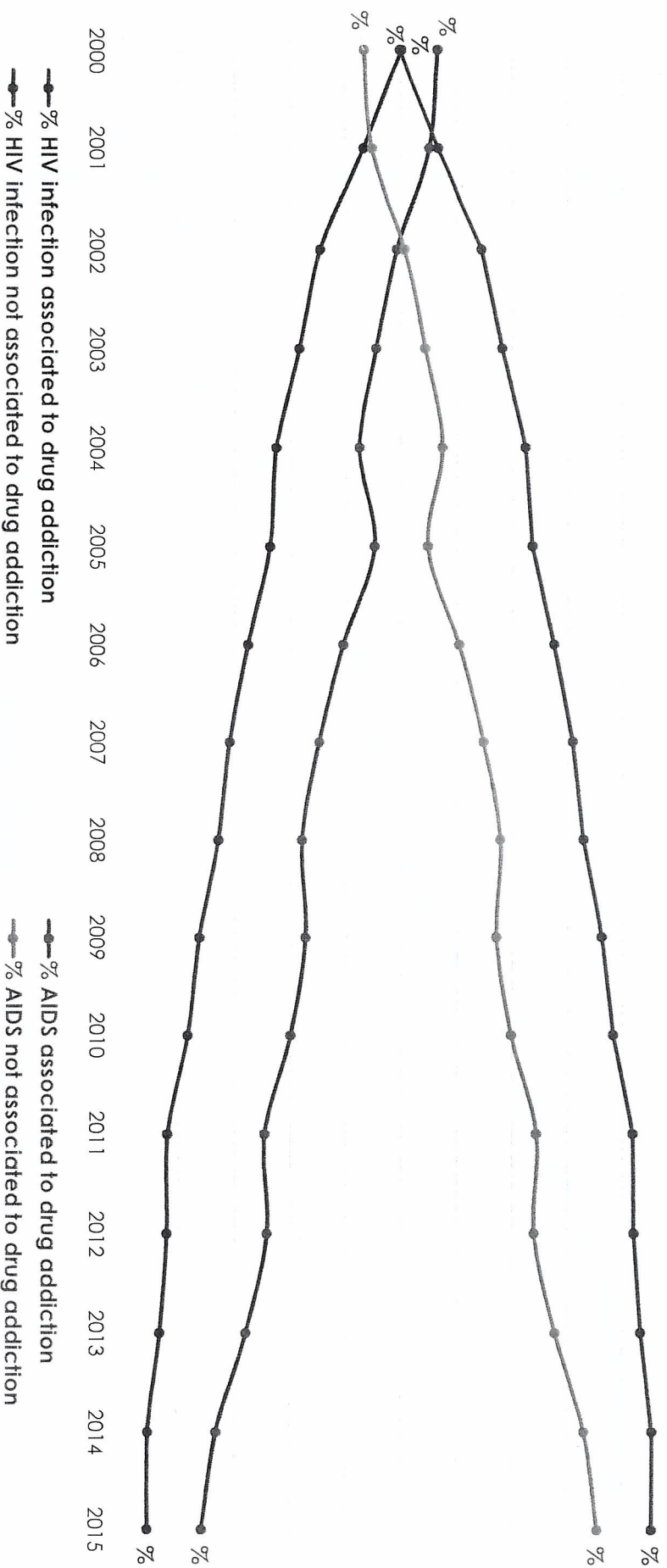
2004 - 2015



Source: ARS/SICAD

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

2000 - 2015

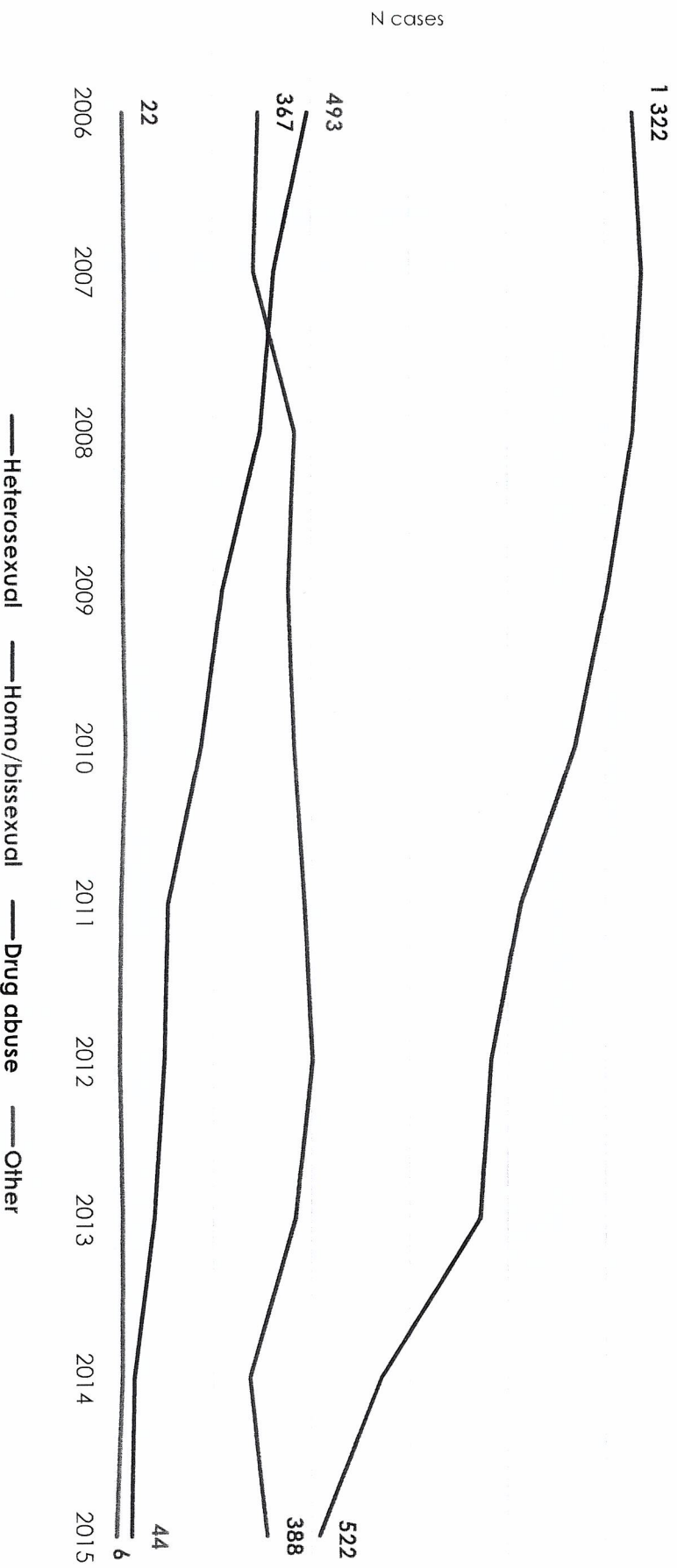


Source: INSA, I.P.: DDI - URVE



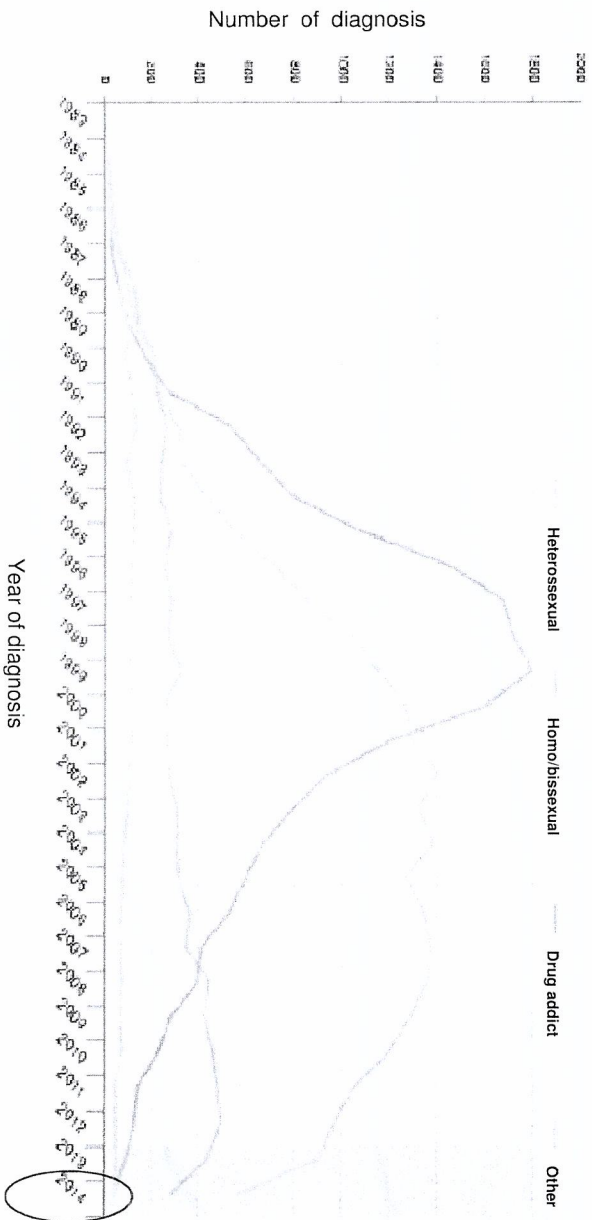
HIV infection diagnoses in Portugal, by transmission category

2006 - 2015



Source: National Coordination for the HIV/AIDS Infection

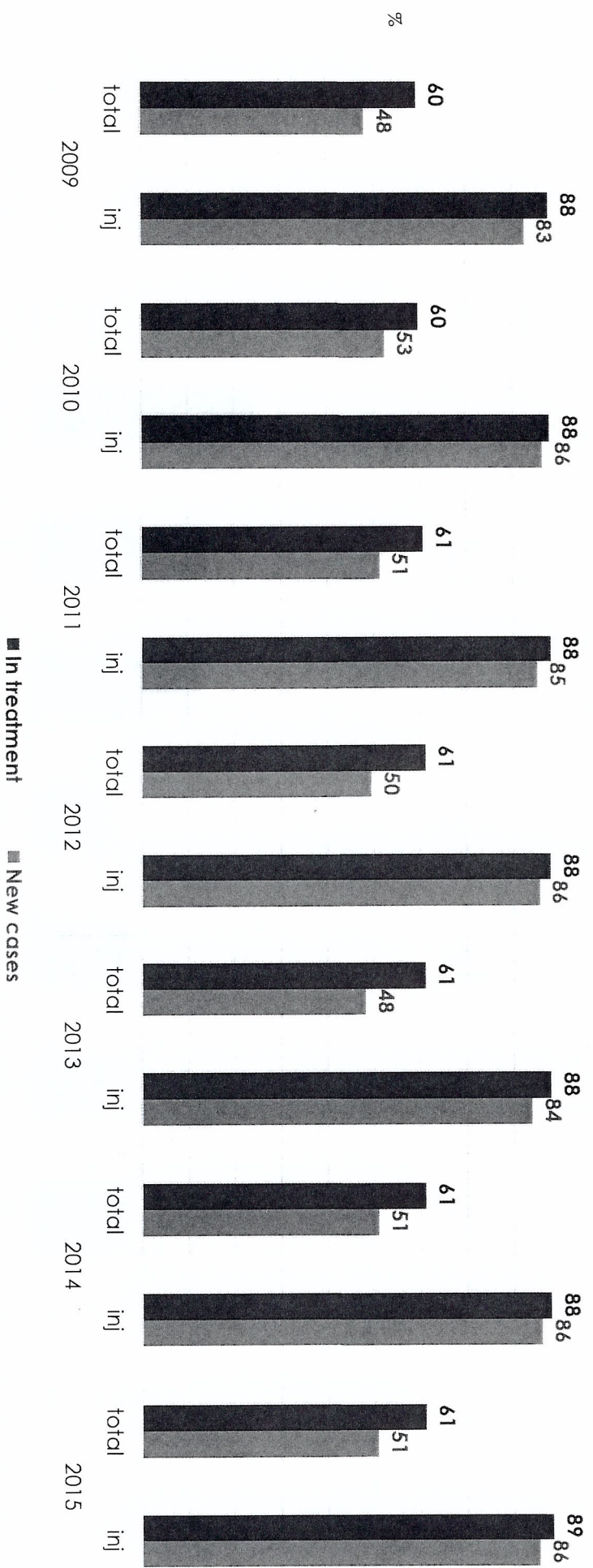
DIAGNOSE OF HIV INFECTION BY CHARACTERISTICS OF SAMPLED POPULATION, PORTUGAL 1983-2014



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

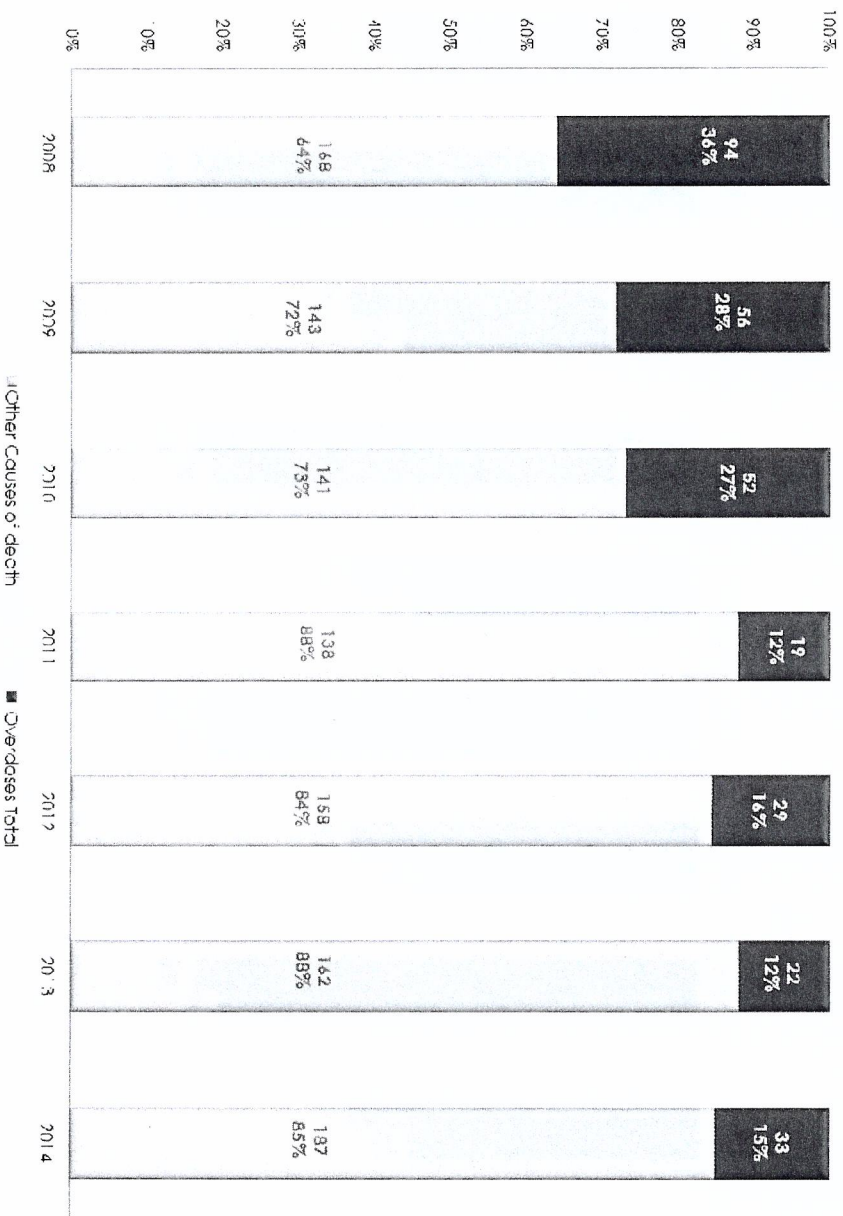
HCV+ Prevalence (%)
2009 - 2015



Source: ARS/SICAD



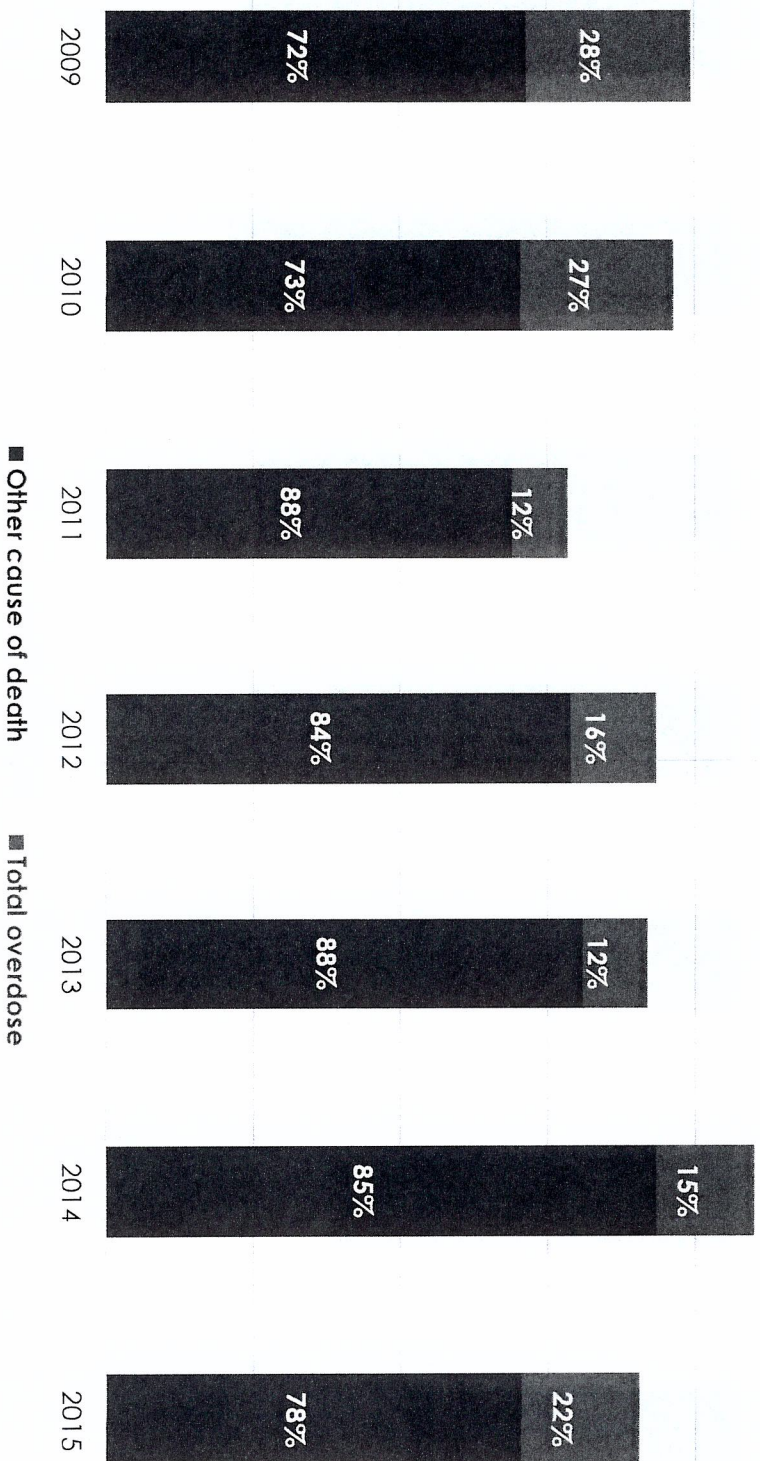
REDUCTION OF DRUG-RELATED DEATHS



Source: SICAD - DEI

Evolution of cases with information on the cause of death

2009 - 2015



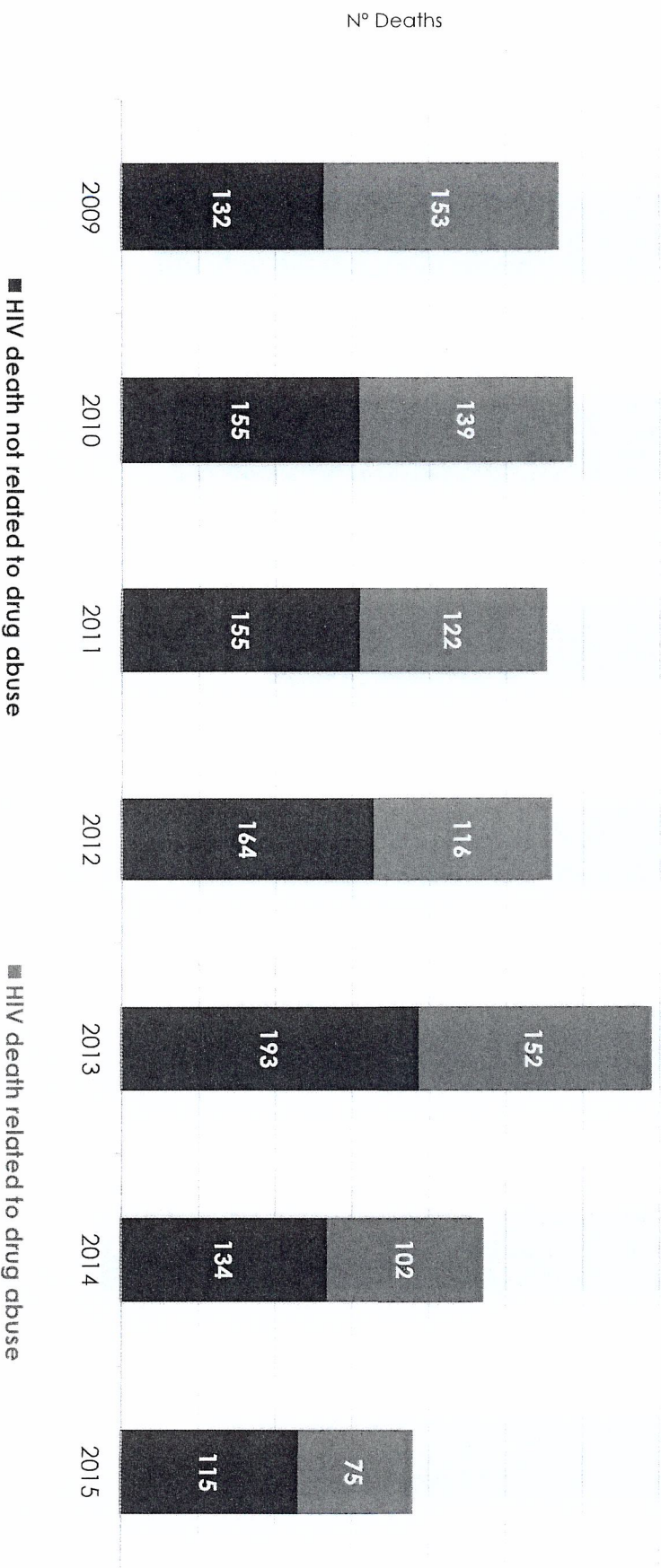
Source: INMLCF



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



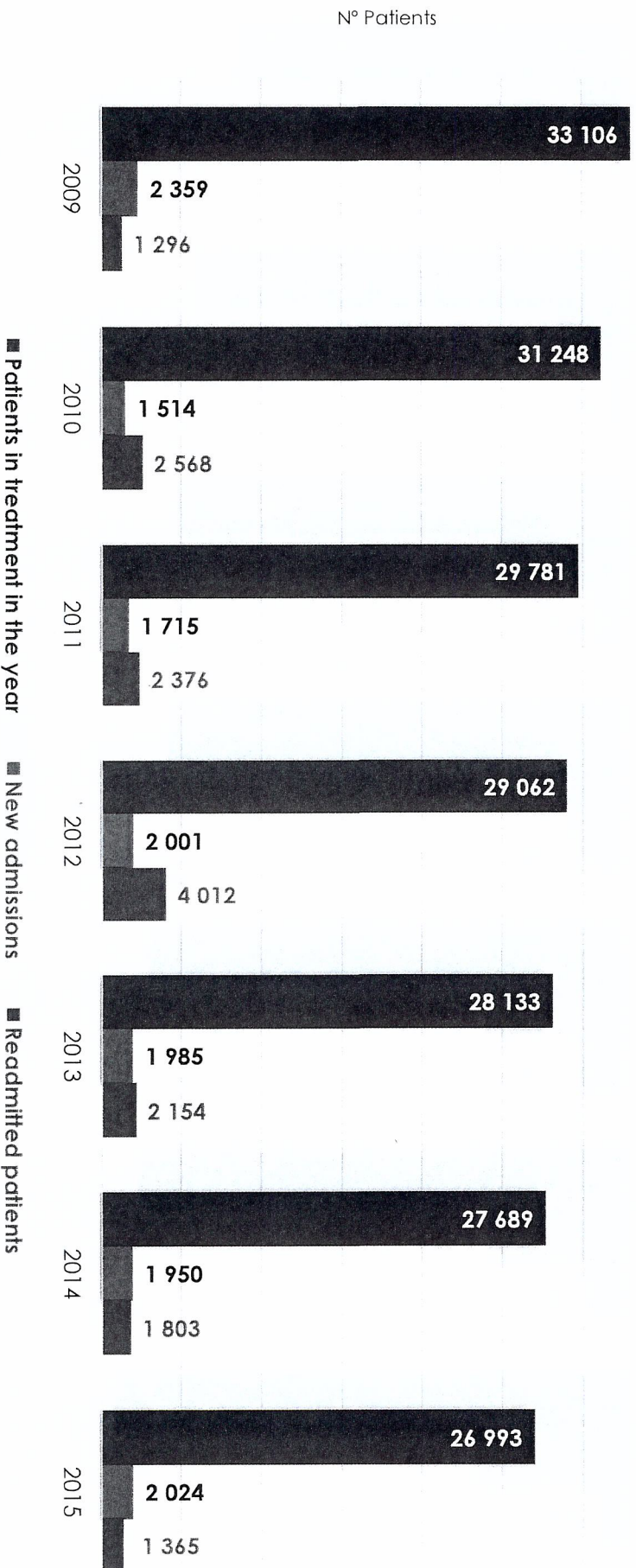
Source: INSA, I.P.: DDI - URVE



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

Public Network of Outpatient Services (Portugal Mainland)

2009 - 2015



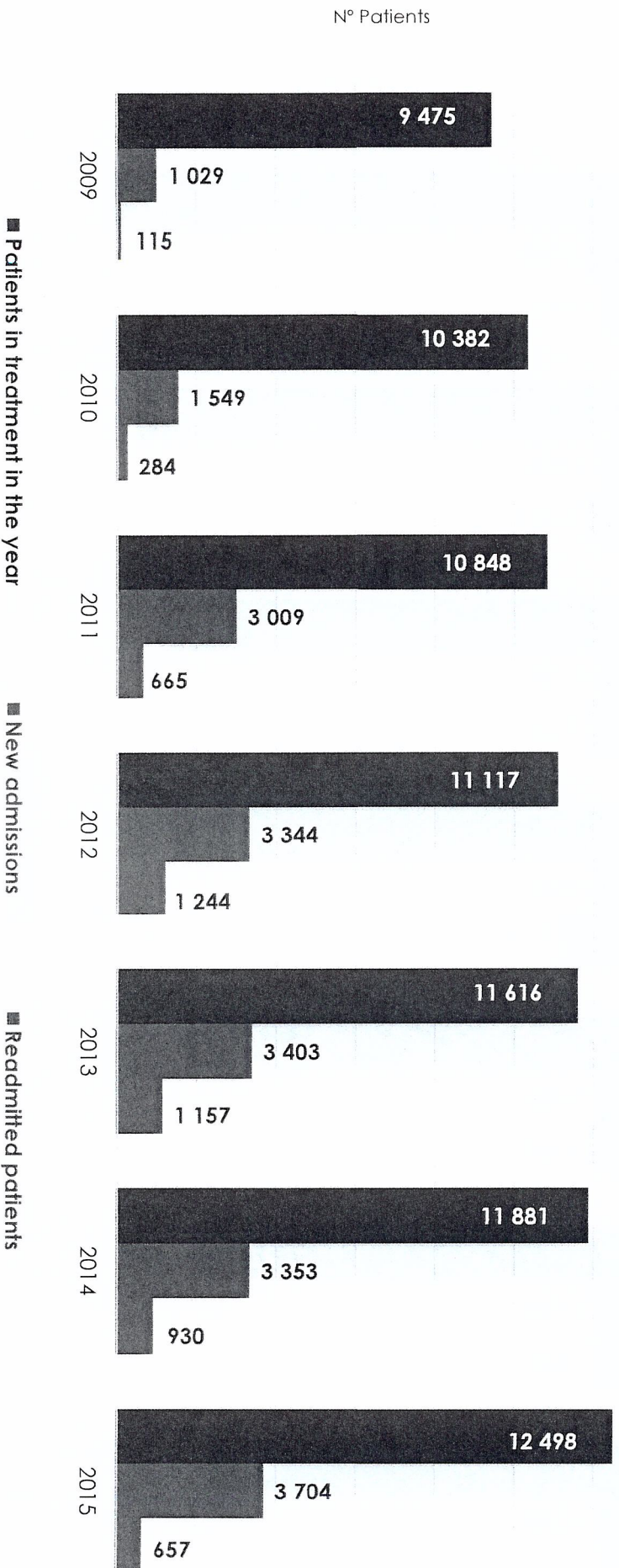
Source: ARS/SICAD



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

Public Network of Outpatient Services (Portugal Mainland)

2009 - 2015



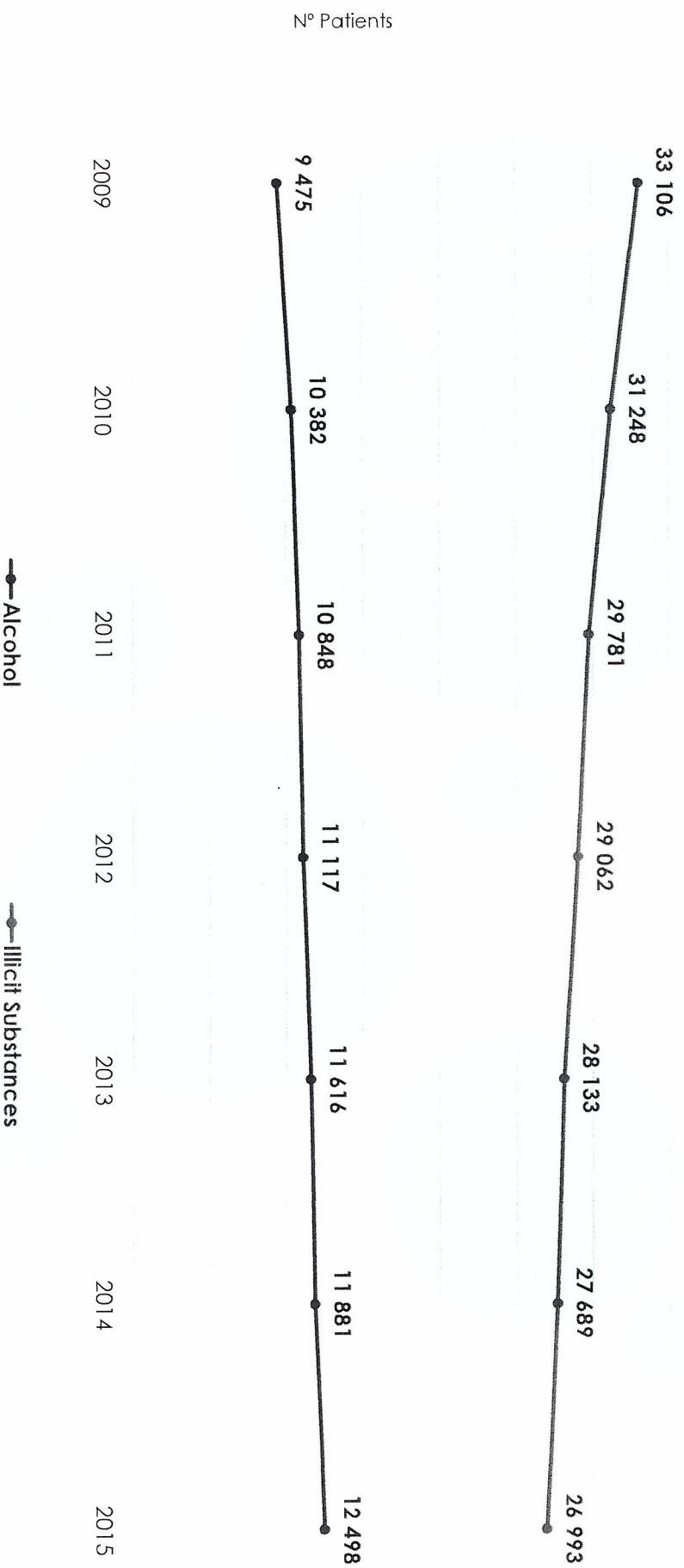
Source: ARS/SICAD



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

Public Network of Outpatient Services (Portugal Mainland)

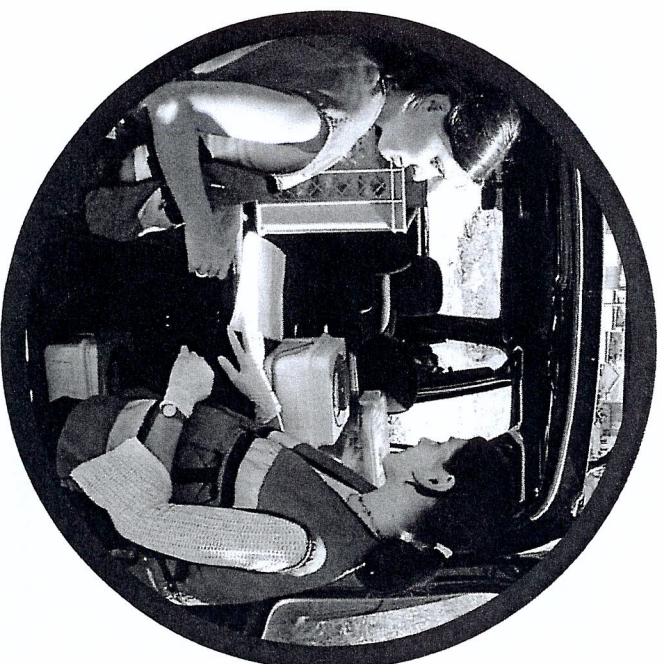
2009 - 2015



Source: ARS/SICAD

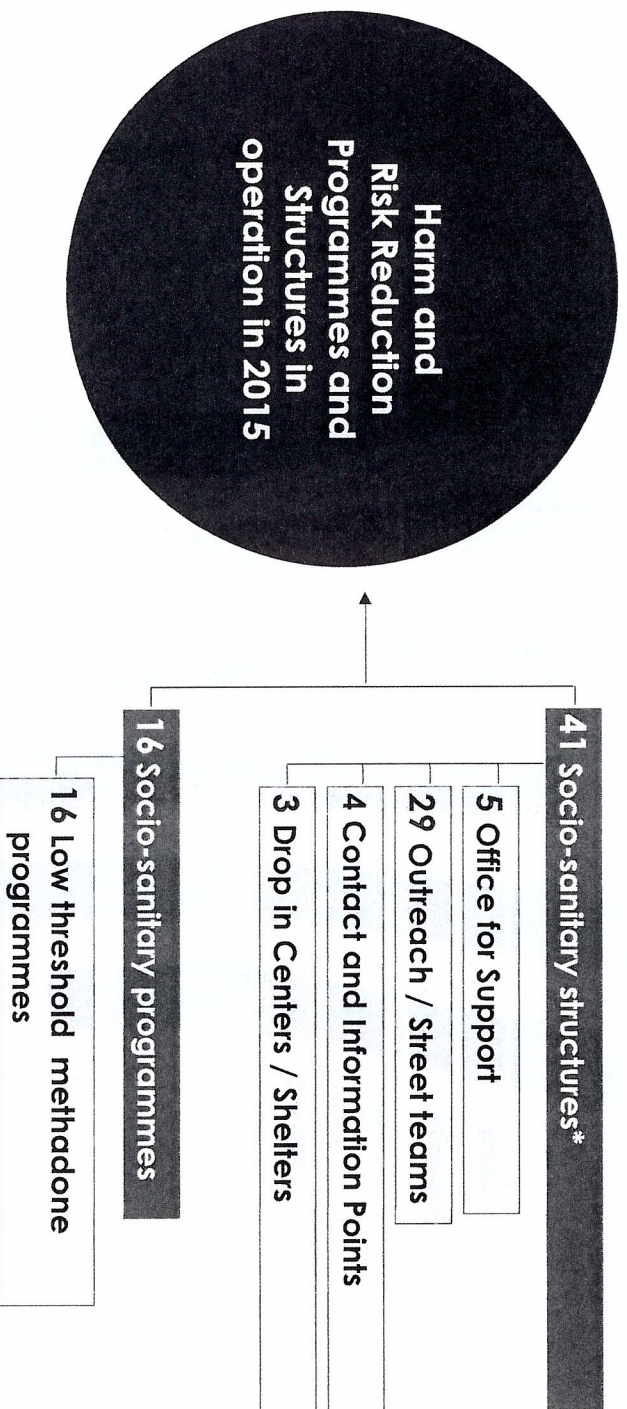


Harm and Risk Reduction



Harm and Risk Reduction data

2015



Programme Diz não a uma seringa em segunda mão

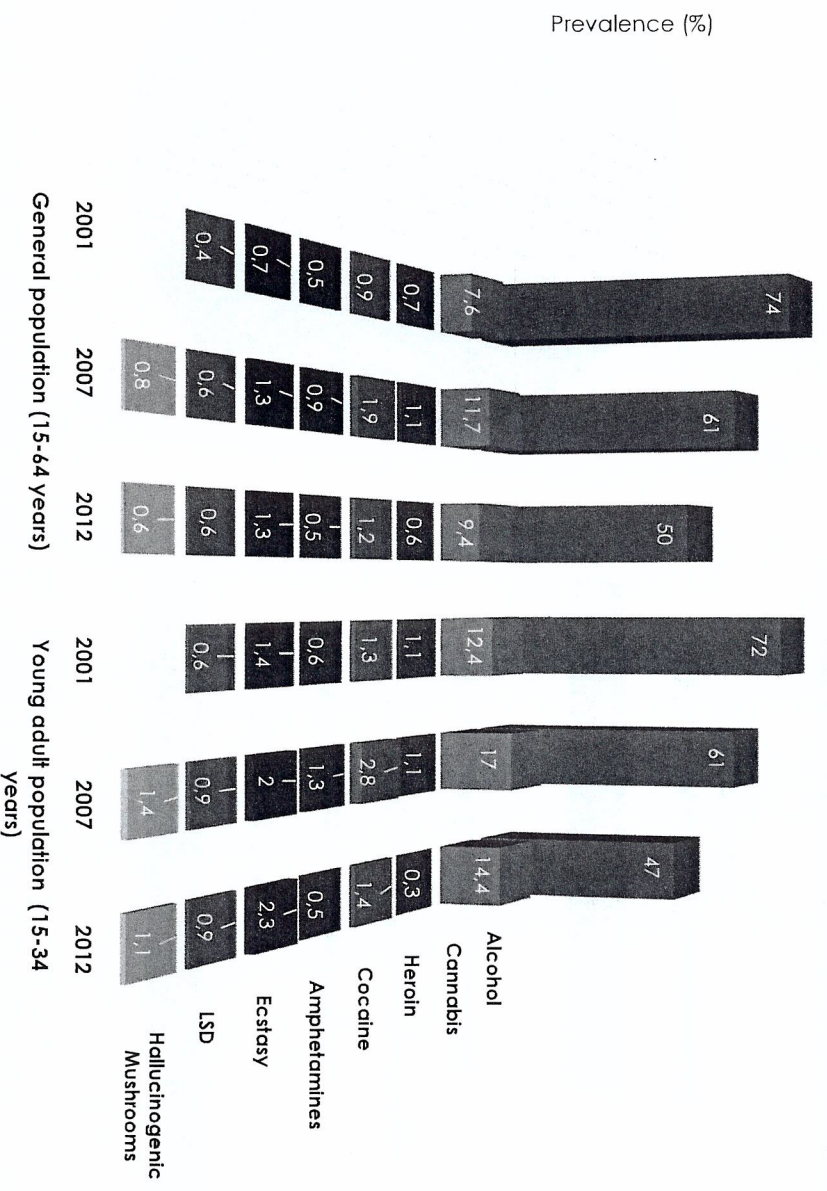
1 004 706 Syringe exchanges

* 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

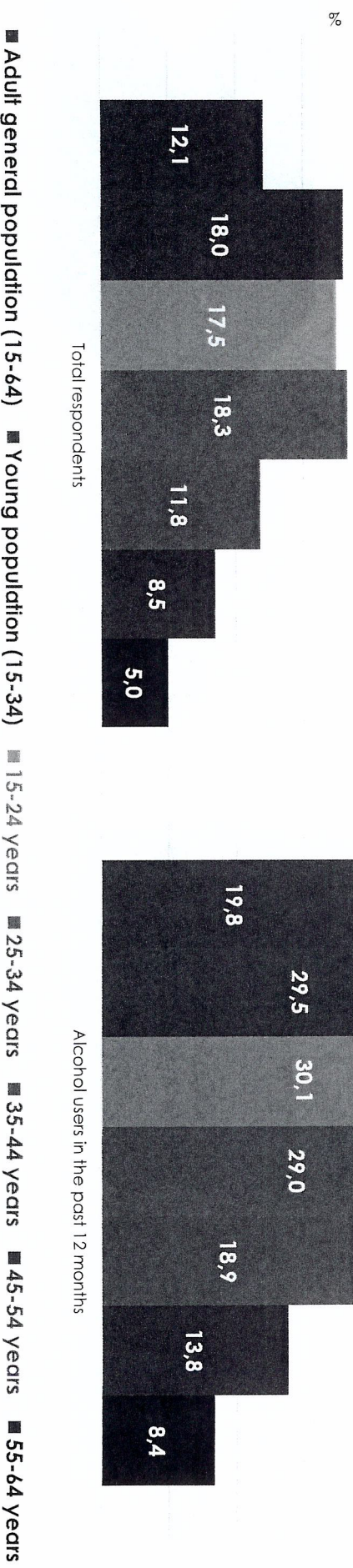


National Surveys on General Population

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

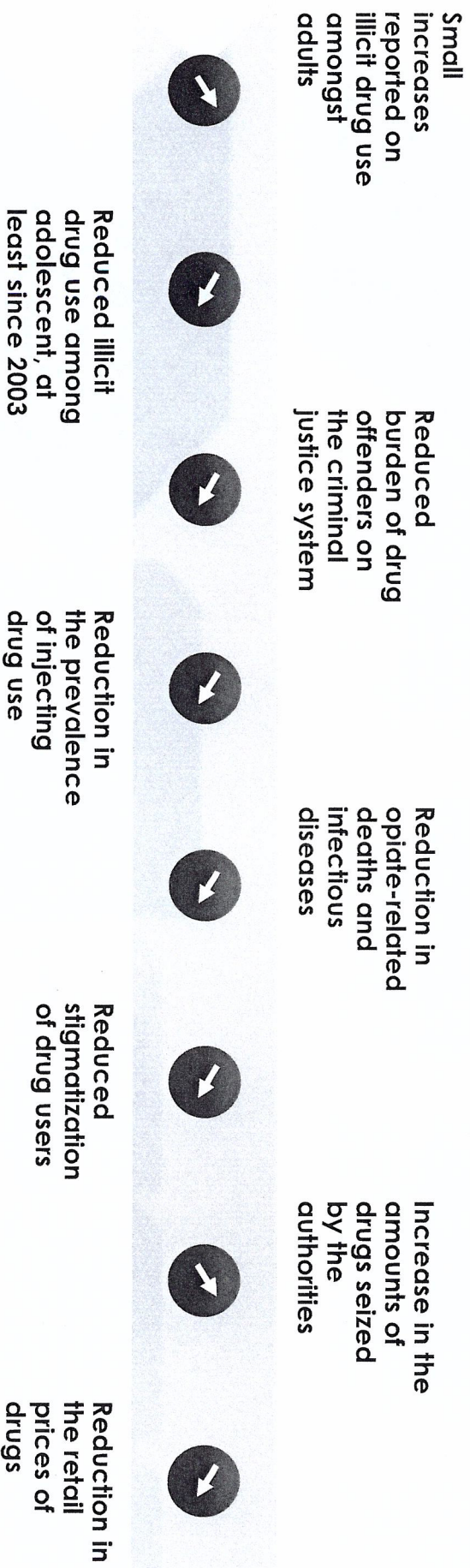
Significant group of patients retained in the services, long treatments, failing to achieve autonomy

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

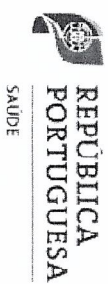
“CRIMINAL or a DELIQUENT”.

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

Thank you for your attention!

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