European Monitoring Centre for Drugs and Drug Addiction

Portugal

Portugal Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in Portugal, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

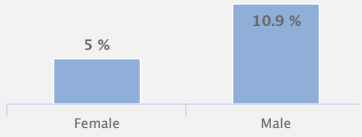
THE DRUG PROBLEM IN PORTUGAL AT A GLANCE

Drug use

in young adults (15-34 years) in the last year

Cannabis

8.0 %



Other drugs

MDMA	0.2 %
Amphetamines	0 %
Cocaine	0.3 %

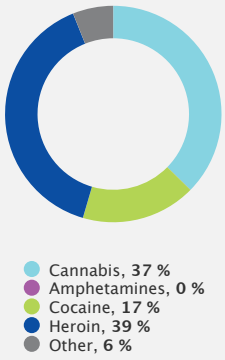
High-risk opioid users

33 290

(24 070 - 48 565)

All treatment entrants

by primary drug



Opioid substitution treatment clients

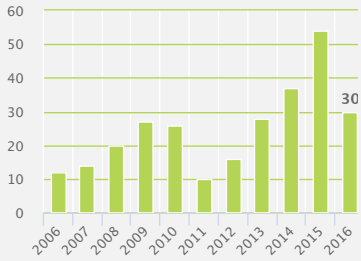
16 888

Syringes distributed

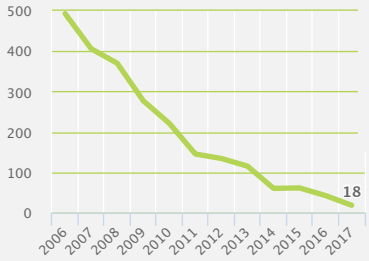
through specialised programmes

1 421 666

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

16 970

Top 5 drugs seized

ranked according to quantities meas
kilograms

1. Cannabis resin
2. Cocaine
3. Herbal cannabis
4. Heroin
5. MDMA

Population

(15-64 years)

6 690 517

Source: Eurostat Extracted on: 18/03/2019

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

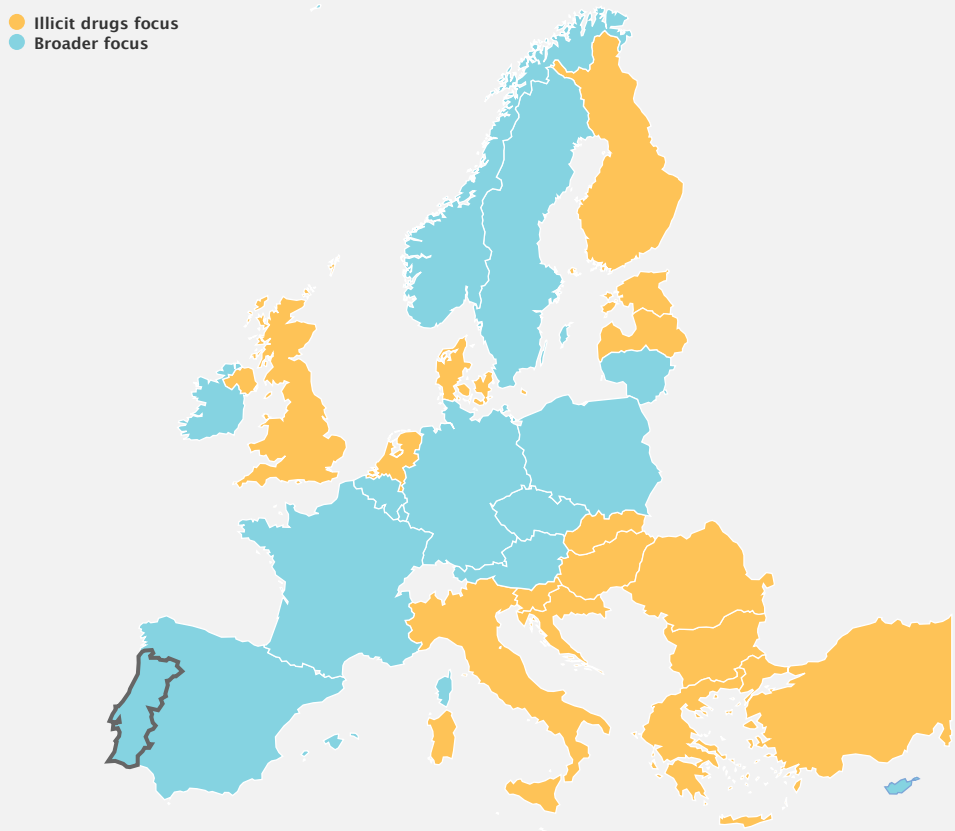
National drug strategy

Portuguese drug policy is detailed in three strategic documents: the National Strategy for the Fight Against Drugs 1999, the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 and Portugal's Action Plan Horizon 2020.

Launched in 1999 and envisaged as a long-term policy document, the National Strategy for the Fight Against Drugs defines the general objectives in the drug field. The strategy is built around eight principles, six objectives and 13 actions. The National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 builds on the 1999 strategy and takes a broad and integrated view of drug and addiction problems, including illicit substance use, new psychoactive substances, alcohol, prescription medications, anabolic steroids and gambling. It is guided by five overarching objectives and is built around the two pillars of drug demand and drug supply reduction. It also includes two structural measures (the Operational Plan for Integrated Responses and the referral network) and four transversal themes (information and research; training and communication; international relations and cooperation; and quality). The national plan has defined a set of indicators and targets that are to be achieved during its time frame (2013-20). Three management areas — coordination, budget and evaluation — support the plan's implementation alongside two action plans covering the periods 2013-16 and 2017-20.

Like other European countries, Portugal evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. In 2012, an external final evaluation was undertaken of the country's National Plan Against Drugs and Drug Addictions 2005-12. An internal evaluation of the action plan for 2009-12 was also completed. Both evaluations contributed to the development of the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20, which expanded the scope of drug policy at the strategic planning level into the wider area of drugs and addiction strategies. Furthermore, an internal evaluation of the Action Plan for the Reduction of Addictive Behaviours and Dependencies 2013-16 was undertaken. It included an analysis of the plan's goals using a system of indicators, a process evaluation, a SWOT (strengths, weaknesses, opportunities and threats) analysis and an impact assessment.

Focus of national drug strategy documents: illicit drugs or broader



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

National coordination mechanisms

The Portuguese National Coordination Structure for Drugs, Drug Addiction and Alcohol-Related Problems comprises a number of bodies. The interministerial Council for Drugs, Drug Addiction and Alcohol-Related Problems has overall responsibility for the endorsement, coordination and evaluation of drug policy. It is chaired by the prime minister and consists of ministers from all relevant areas (currently 13) and the national drug coordinator. It is supported by the Interministerial Technical Commission, chaired by the national coordinator and composed of representatives designated by the different ministers. Its main function is to design, monitor and evaluate the national plan and support action plans on illicit substances and alcohol. The General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), attached to the Ministry of Health, supports the national strategy's implementation, through planning and evaluating demand reduction interventions, and provides technical and administrative support to the Commissions for Dissuasion of Drug Addiction. SICAD is the EMCDDA's national focal point in Portugal; the SICAD General-Director is the National Coordinator for Drugs, Drug Addiction and Alcohol-Related Problems.

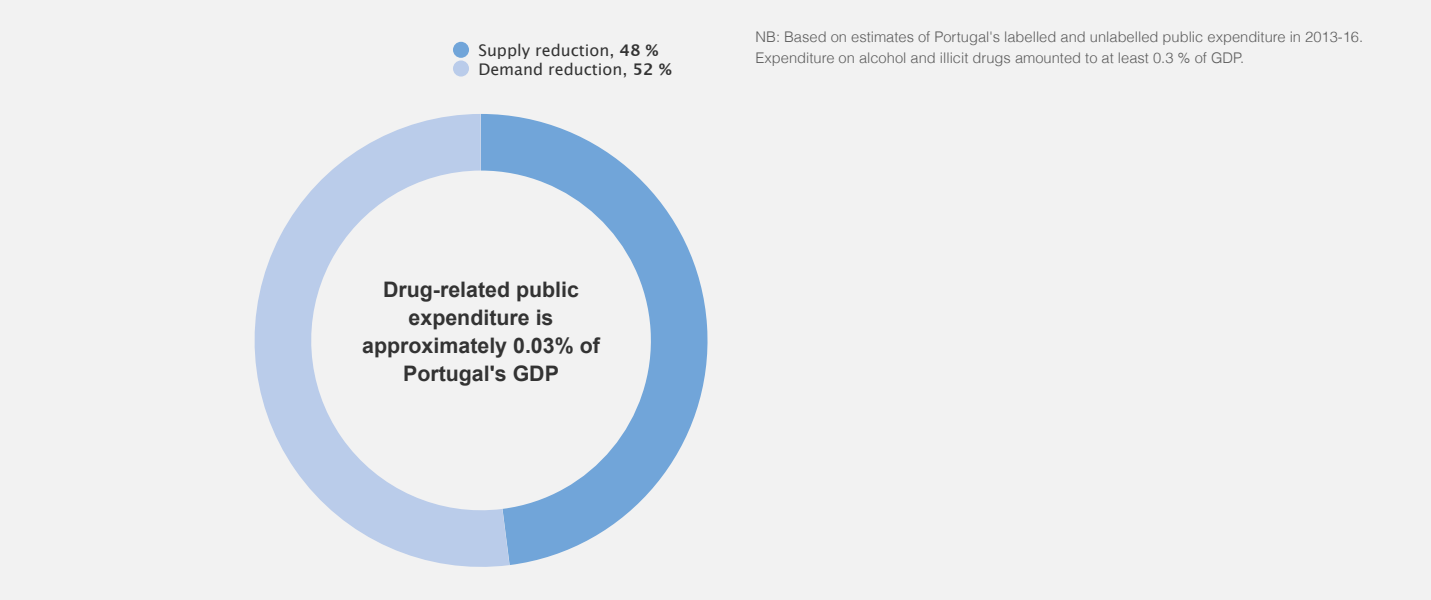
Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

The evaluation of the Portuguese Action Plan 2009-12 estimated the average annual labelled drug-related expenditure over that period at 0.05 % of gross domestic product (GDP). However, data on some types of expenditure (e.g. on prisons or for social security) were missing, while other data used may have included spending related to alcohol.

The Action Plan 2013-16 had no associated budget. The actions detailed in the plan were executed using the regular budgets of the entities responsible for the various interventions. The evaluation of the Action Plan 2013-16 estimated public expenditure on interventions to tackle drug problems and the harmful use of alcohol. Although data on the expenditure on some interventions were missing, the available information suggests that, on average, annual public expenditure on tackling drugs and harmful alcohol use in Portugal reached at least 0.03 % of GDP between 2013 and 2016.

Public expenditure related to illicit drugs in Portugal



Drug laws and drug law offences

National drug laws

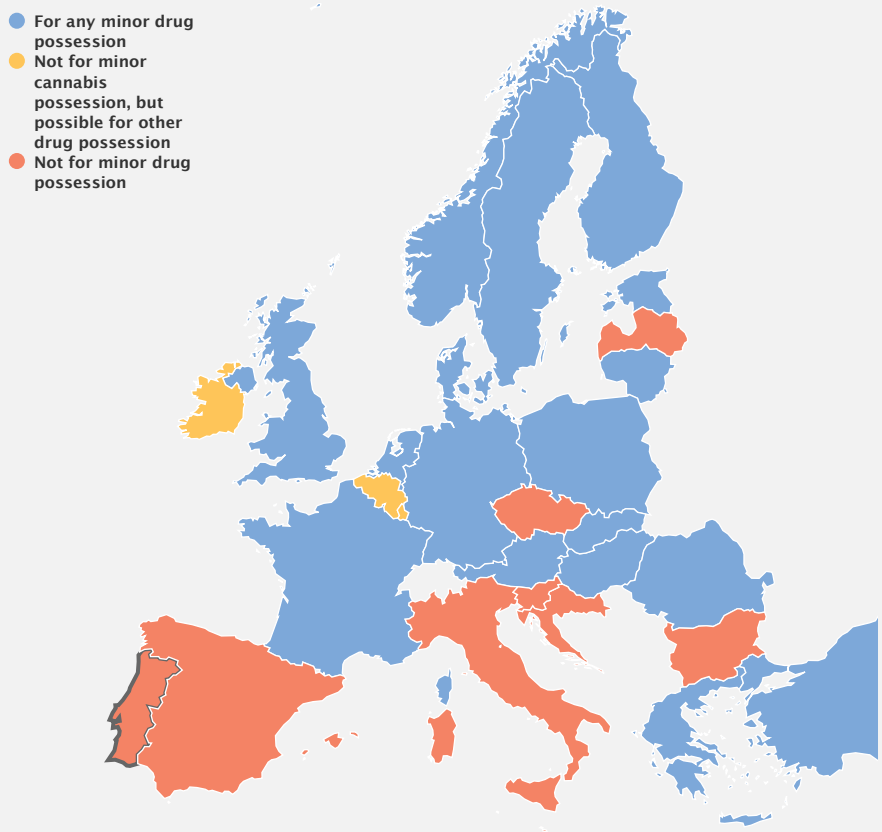
The main drug law in Portugal is Decree Law 15/93 of 22 January 1993, which defines the legal regime applicable to the trafficking and consumption of narcotic drugs and psychoactive substances. Law 30/2000, adopted in November 2000 but in place since July 2001, decriminalised consumption, acquisition and possession of drugs for personal consumption.

A regulation sets out maximum amounts of drugs in grams, these amounts being estimates of the average required for 10 days' consumption. A person caught using or possessing less than the maximum amount of a drug for personal use, where there is no suspicion of involvement in drug trafficking, will be evaluated by the local Commission for Dissuasion of Drug Addiction, composed of three members, two being medical doctors, psychologists, sociologists or social workers and the third being a legal expert. Punitive sanctions can be applied, but the main objectives are to explore the need for treatment and to promote healthy recovery.

Drug trafficking may incur a sentence of 1-5 or 4-12 years' imprisonment, depending on specific criteria, one of which is the nature of the substance supplied. The penalty is reduced for users who sell drugs to finance their own consumption.

Decree Law 54/2013 prohibits the production, export, advertisement, distribution, sale or simple dispensing of new psychoactive substances (NPS) named in the list accompanying the Decree Law and sets up a control mechanism for NPS. Administrative sanctions, including fines of up to EUR 45 000, can be imposed for offences under this law, while a person caught using NPS but who is not suspected of having committed another offence is referred to the local Commission for Dissuasion of Drug Addiction.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



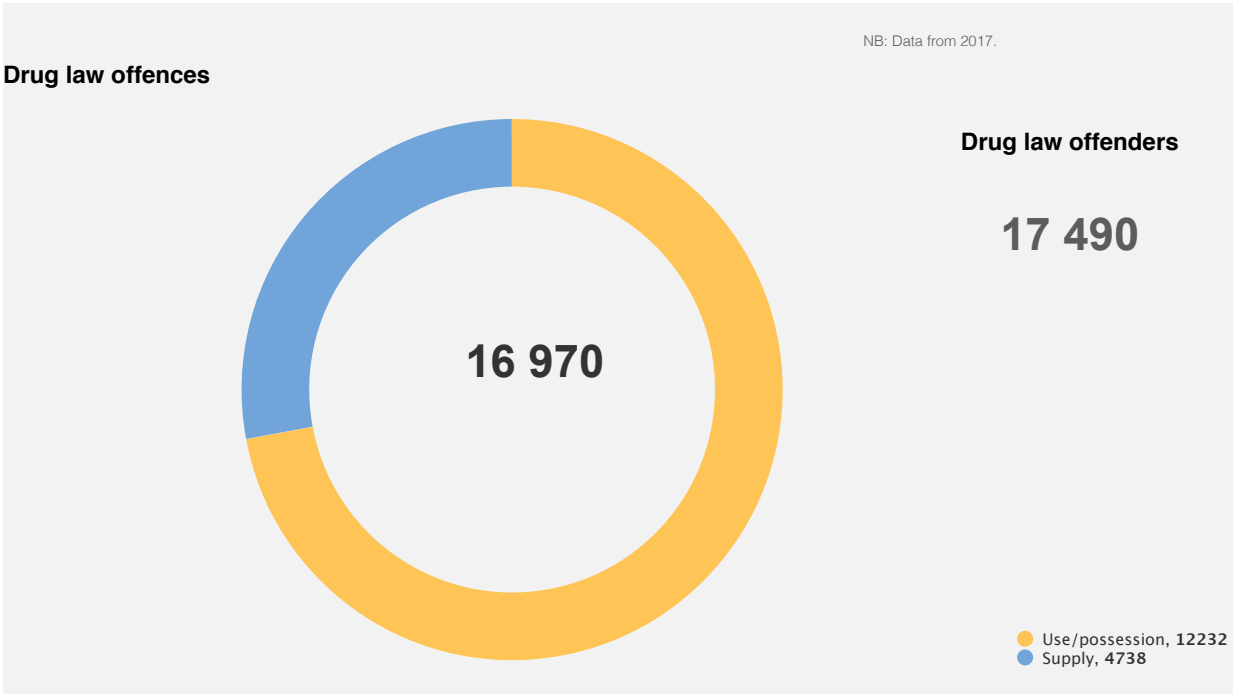
NB: Data from 2017.

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In 2017, around two thirds of DLOs in Portugal were related to possession (72 %). The majority of DLOs were linked to cannabis, followed by cocaine- and heroin-related offences.

Reported drug law offences and offenders in Portugal



Drug use

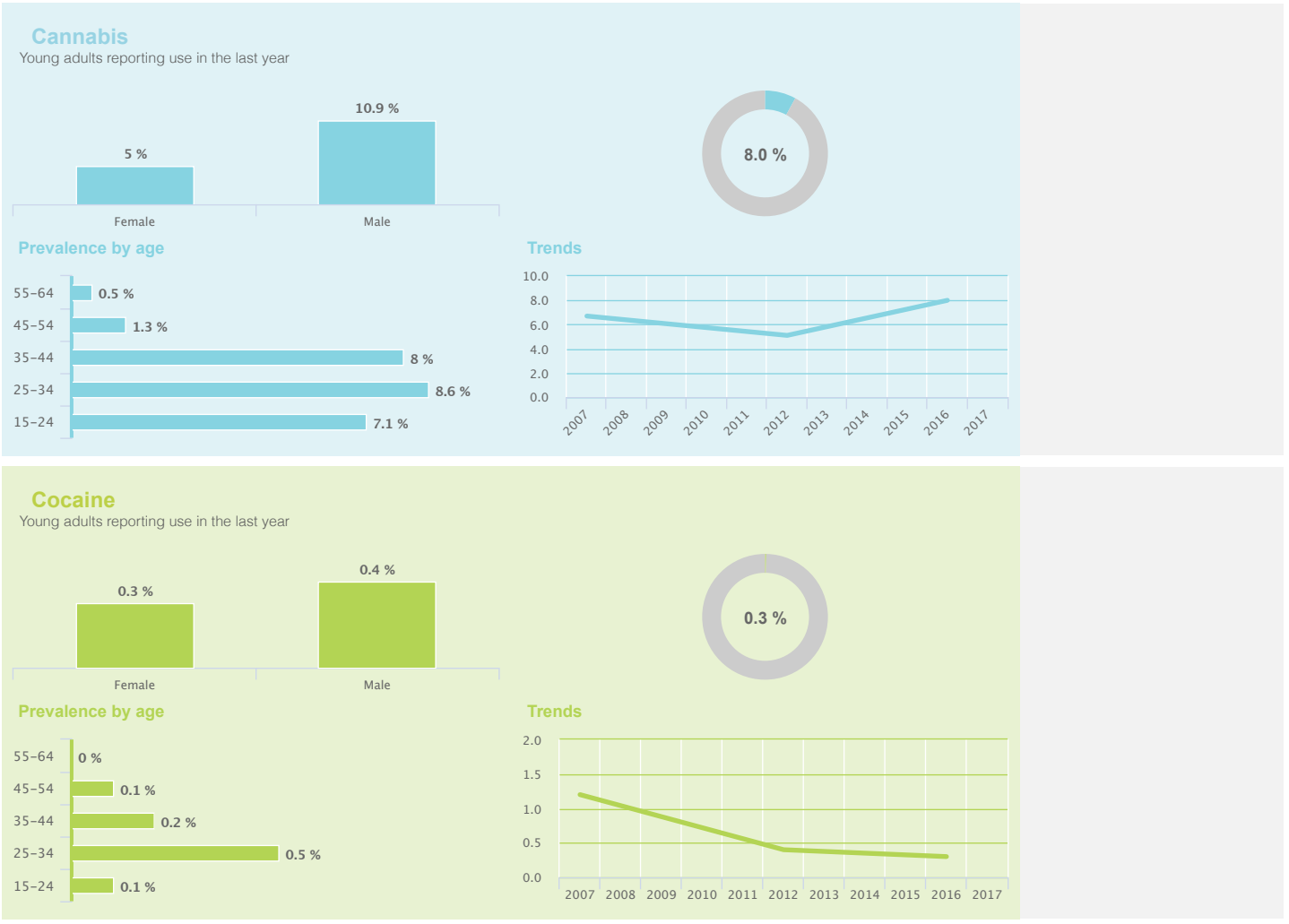
Prevalence and trends

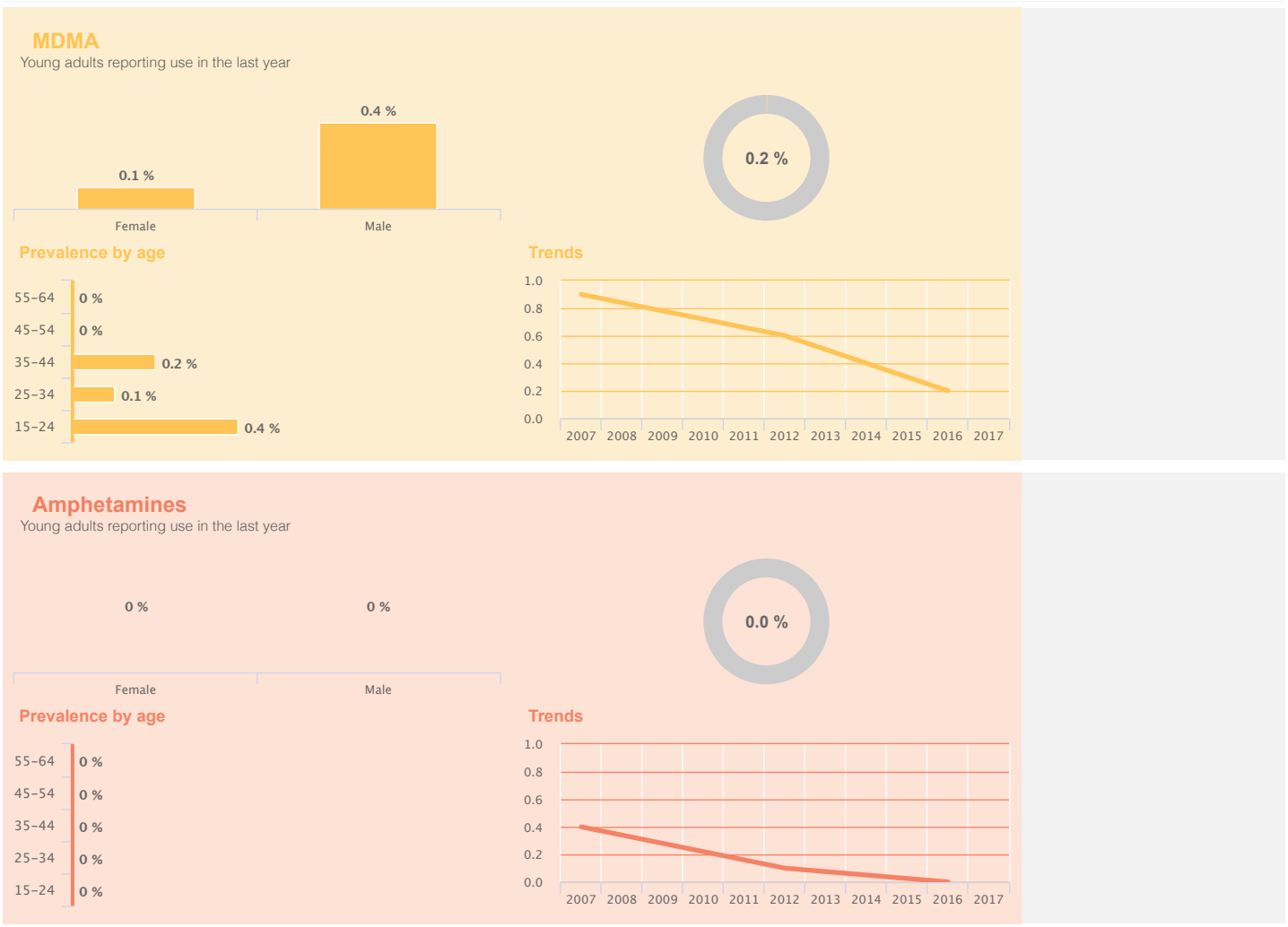
The most recent general population survey shows that cannabis remains the most frequently used illicit substance in Portugal, followed by MDMA/ecstasy and cocaine. Use of illicit substances is more common among young adults (aged 15-34 years). The available data indicate an increase in last year and last month cannabis use during the period 2012-16, mainly among those aged between 25 and 44 years.

In 2017, the third edition of the Survey on Addictive Behaviours among people aged 18 years took place; young people participating in the National Defence Day were surveyed. Cannabis was the substance with the highest prevalence of use. A slight decrease in the prevalence of cocaine use relative to previous years was observed.

Lisbon, Almada and Porto participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE); 2018 data are not available for Porto, however. This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results indicate an increase in cocaine and MDMA use in Lisbon between 2013 and 2018, and the use of these substances seems to be more common in Lisbon than in Porto or Almada (in 2016 and 2017). Moreover, in all locations the presence of these substances in wastewater was higher at weekends than on weekdays. In 2018, amphetamine and methamphetamine levels detected in the two cities remained low, indicating very limited use of these substances in these cities.

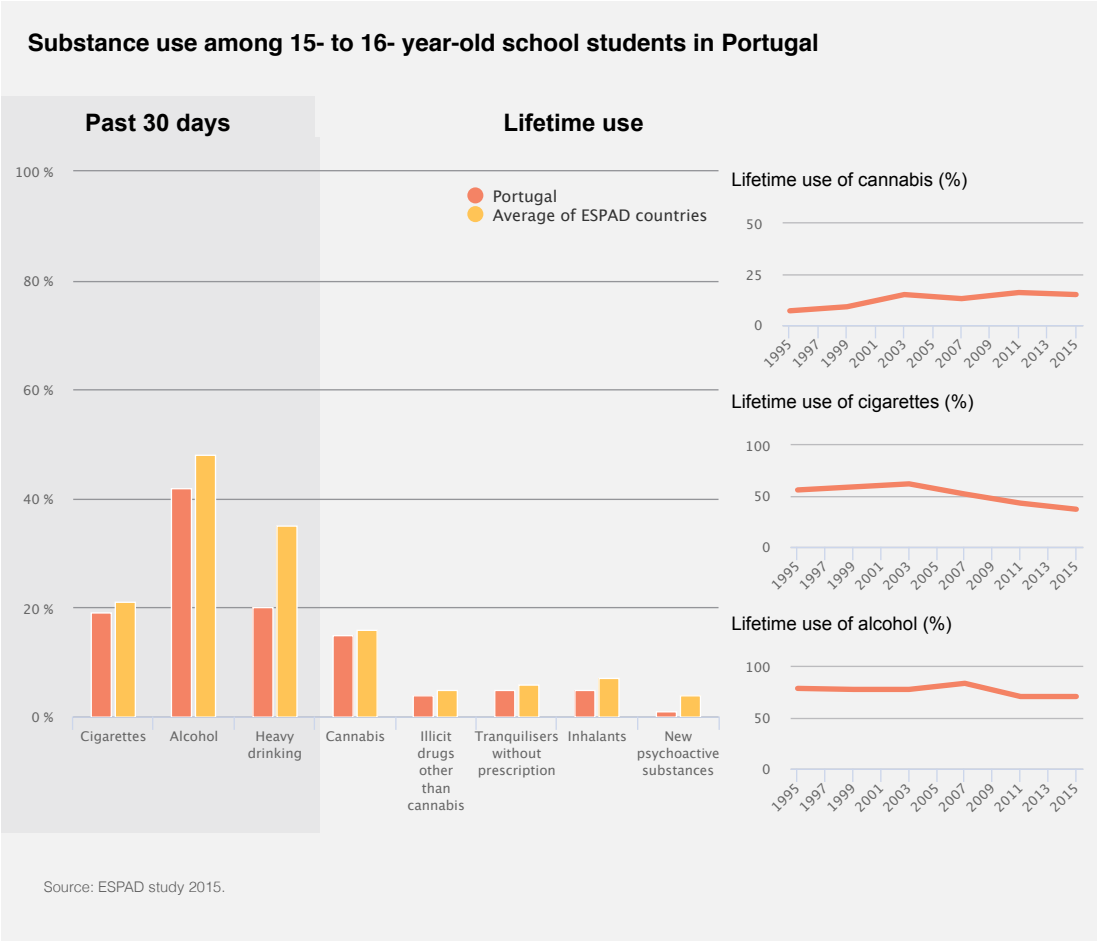
Estimates of last-year drug use among young adults (15-34 years) in Portugal





NB: Estimated last-year prevalence of drug use in 2016.

The most recent data on drug use among students were reported in the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). Lifetime use of cannabis and other illicit substances among Portuguese students was slightly lower than the European average (based on data from 35 countries), with lifetime use of new psychoactive substances much lower than the average. Similarly, use of cigarettes in the last 30 days was just below the European average and alcohol use and binge drinking in the last 30 days were much lower than the average. Lifetime use of cannabis showed an increase in the 2003 survey, but it has remained relatively stable since, as indicated in the three subsequent surveys.



High-risk drug use and trends

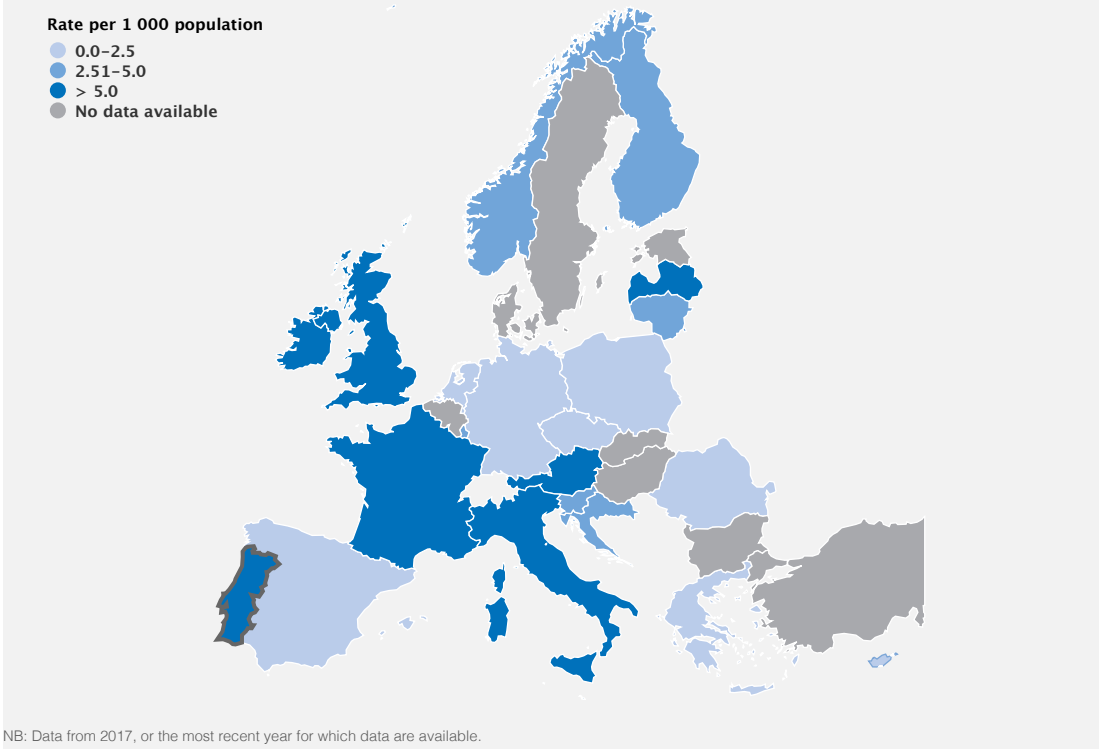
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

It is estimated that there were 33 290 high-risk opioid users in Portugal in 2015, which is about 5.2 per 1 000 of the adult population. In the same year, the number of people who inject drugs was estimated at 13 160 (2 per 1 000 people aged 15-64).

The Cannabis Abuse Screening Test included in the 2016/17 general population survey suggested that about 0.7 % of 15- to 64-year-olds could be considered high-risk cannabis users.

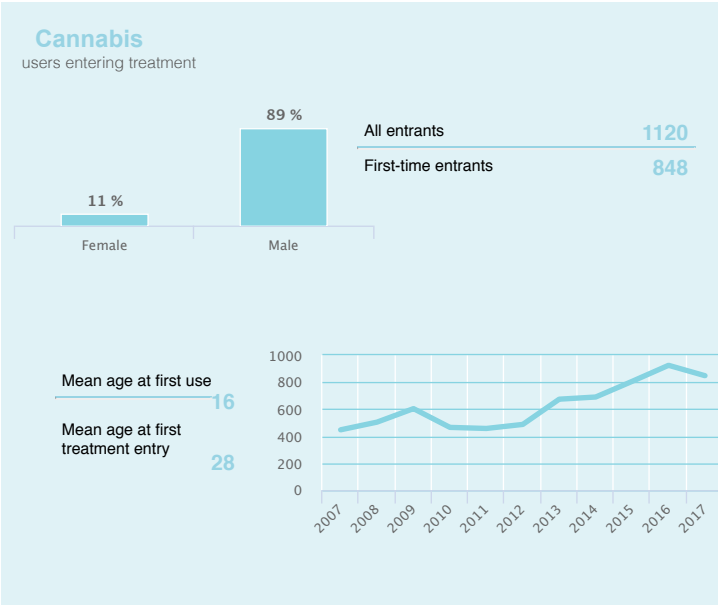
Data from specialised treatment centres show that the first-time treatment demands attributable to heroin use have declined since 2009. In contrast, first-time treatment entries resulting from the primary use of cannabis increased until 2016 and have since stabilised. Following a period of stability in cocaine-related first-time treatment demands, an increase has been noted in the past few years. In general, males accounted for the majority of treatment entrants.

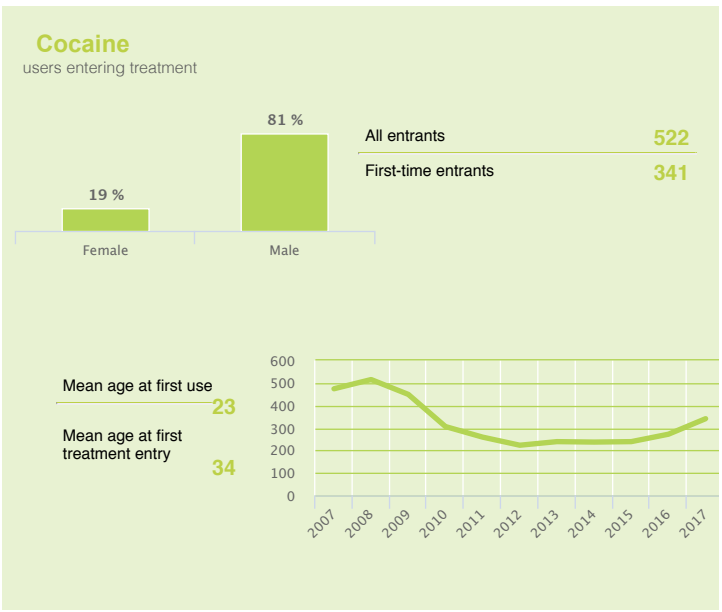
National estimates of last year prevalence of high-risk opioid use

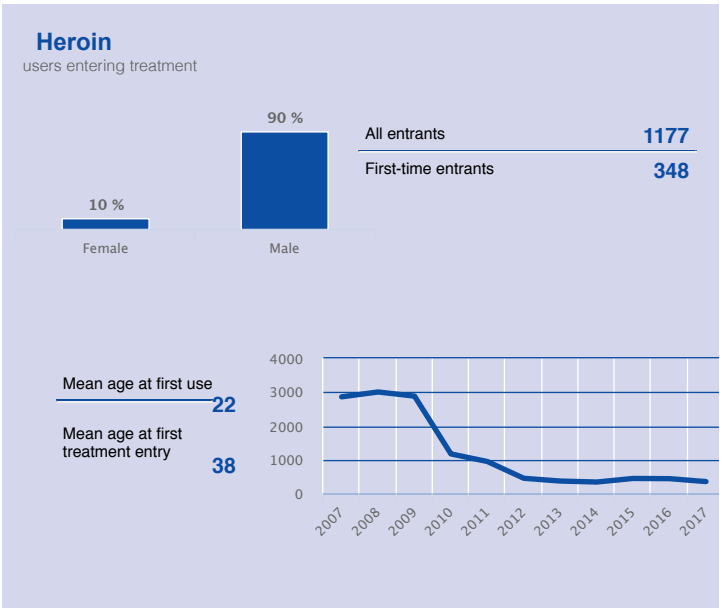


NB: Data from 2017, or the most recent year for which data are available.

Characteristics and trends of drug users entering specialised drug treatment in Portugal







NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

Drug-related infectious diseases

In Portugal, data on drug-related infectious diseases are available from drug treatment facilities and provide insights into some subgroups of drug users: (i) those demanding treatment for the first time at the public network of outpatient treatment facilities; (ii) those admitted to public detoxification treatment units or certified private detoxification units; and (iii) those in treatment in public or certified private therapeutic communities.

A decreasing trend in the number of notifications of human immunodeficiency virus (HIV) infections linked to injecting drug use has been observed since the early 2000s in Portugal. In 2017, the proportion of new HIV notifications associated with injecting drug use was around 2 %.

Prevalence of HIV and HCV antibodies among people who inject drugs in Portugal (%)

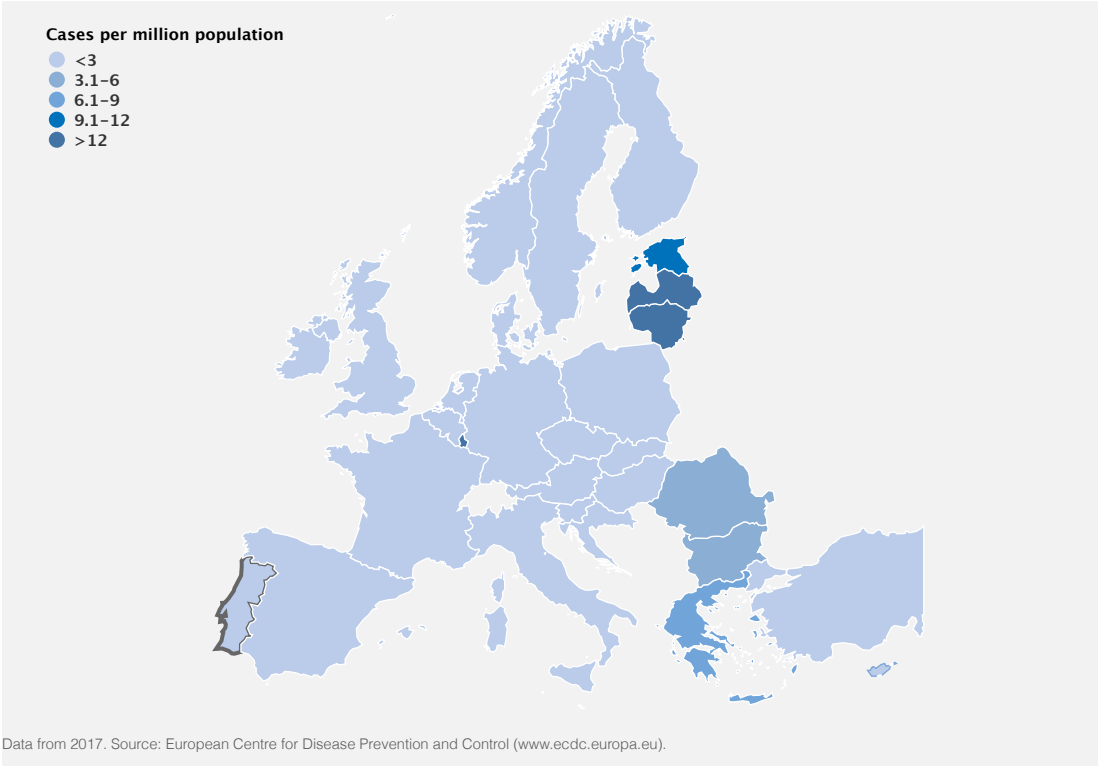
	Region	HCV	HIV
	National	81.5	13.4
	Sub-national	:	:

Data from 2017.

In 2017, 13 % of drug users who had ever injected drugs and who were tested at outpatient treatment services were HIV positive.

Among injecting drug users admitted to treatment in 2017, the rate of hepatitis C virus (HCV) infection was 81.5 %, with the prevalence of chronic hepatitis B virus (HBV) infection ranging between 3 % and 6 %.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-induced deaths and mortality

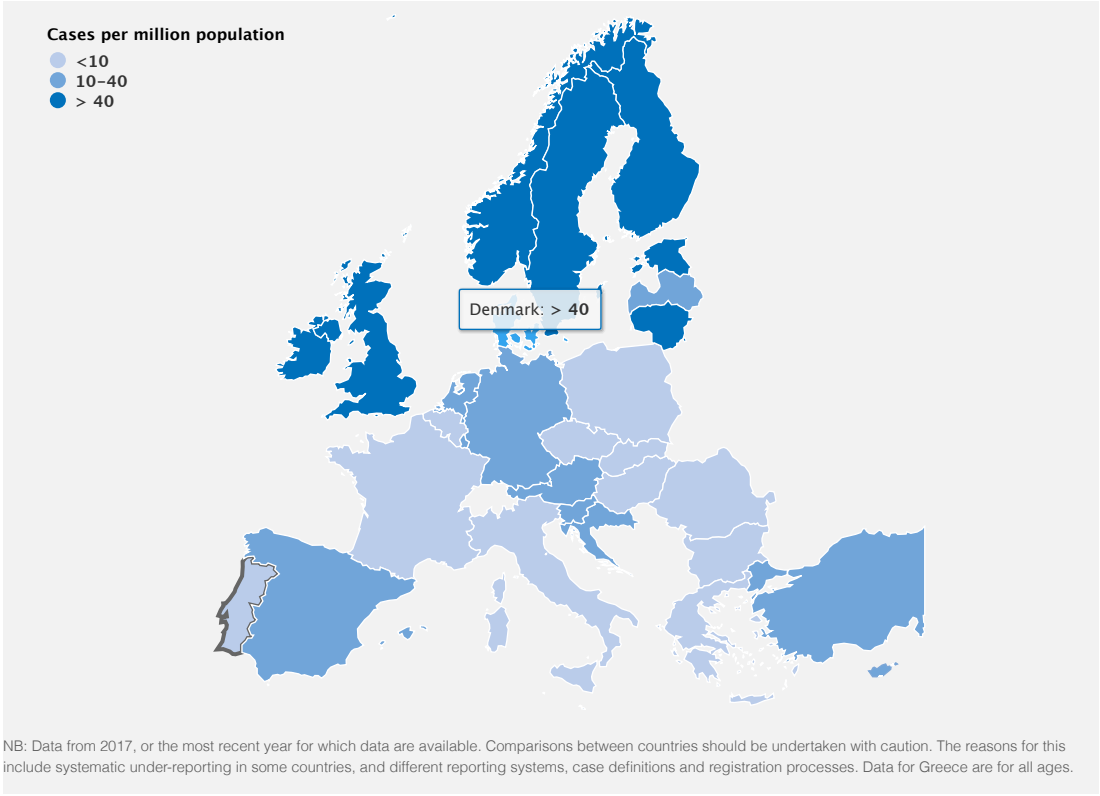
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

According to data from Statistics Portugal, the number of drug-induced deaths decreased in 2016 after a large increase in 2015. The majority of deaths occurred among males. The mean age of males was 42 years and that of females was 45 years. Complementary information available from the National Institute of Forensic Medicine suggests that opioids — mainly heroin and methadone — were detected in around three out of four drug-related deaths; however, in the majority of cases more than one substance was detected, and many cases involved the presence of cocaine, amphetamine-type stimulants and alcohol.

The drug-induced mortality rate among adults (aged 15-64 years) was 4 deaths per million in 2017, which is lower than the

most recent European average of 22 deaths per million.

Drug-induced mortality rates among adults (15-64 years)

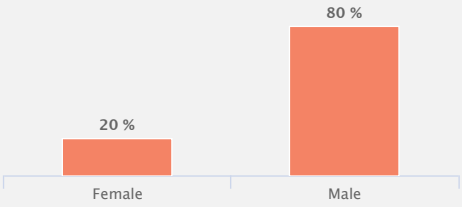


NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

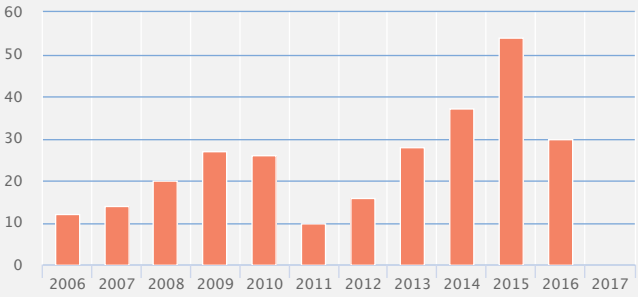
Characteristics of and trends in drug-induced deaths in Portugal

NB: Year of

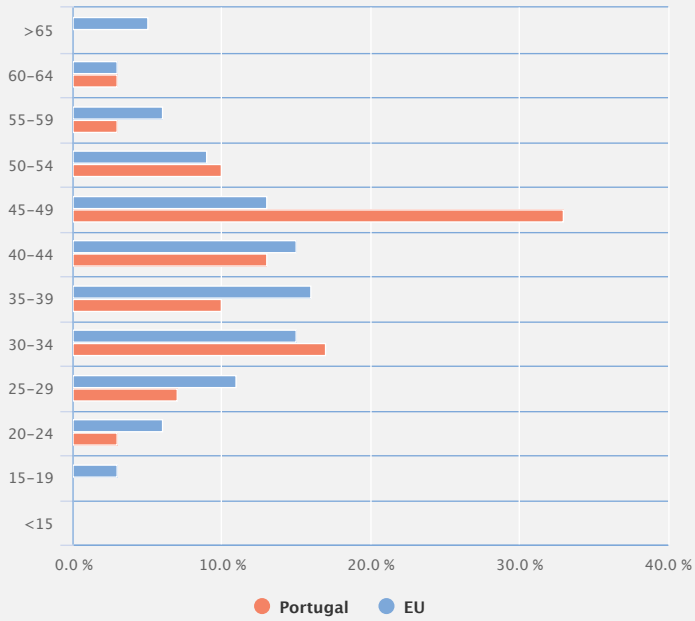
Gender distribution



Trends in the number of drug-induced deaths



Age distribution of deaths in 2016



data 2016

Prevention

The Portuguese National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 recognises a need for age-specific prevention in the context of family, school, recreational and sports settings, the community, workplaces, road safety and prisons. The scope of prevention has been broadened to cover addictions without substance use and related behavioural issues. At the national level, prevention is a task of the Division of Prevention and Community Intervention of the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), while the regional health administrations have a further role in the operational health policies.

In the context of the national plan, the Operational Plan for Integrated Responses (PORI) is an intervention framework targeted at drug demand reduction and is organised at the local/regional level. In each of the 163 specific geographical areas identified for the development of integrated intervention responses, an intervention may address specific local needs by bringing together relevant partners working in different settings. In 2017, 20 integrated prevention projects were implemented within this framework.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

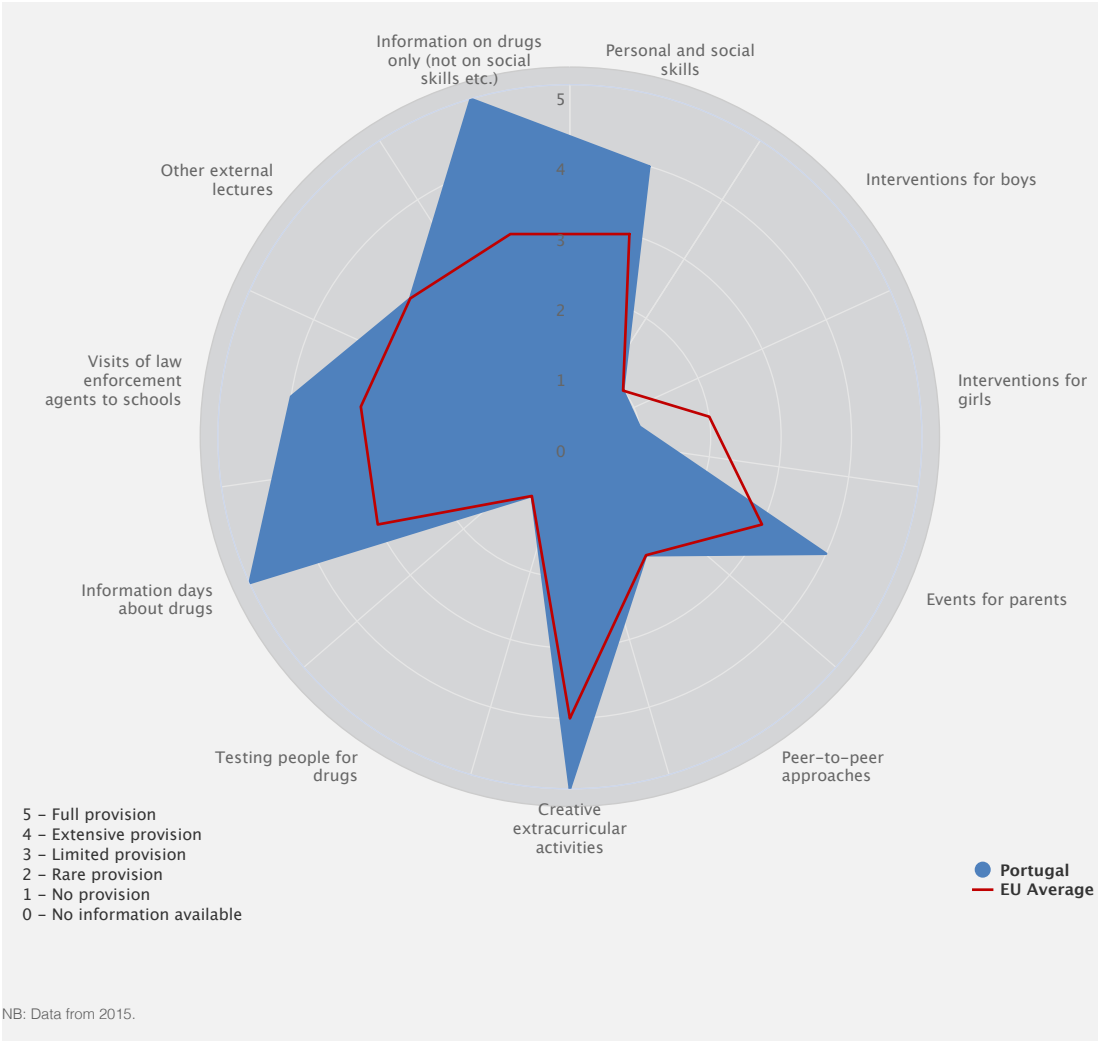
In the area of environmental prevention, in 2015 Portugal adopted a new legal instrument regulating the sale of alcohol and tobacco to and their consumption by minors.

The Ministry of Home Affairs ensures the continuity of a proximity policing programme, Safe School, to improve safety near schools through the Public Security Police and the National Republican Guard. Its main objectives are to (i) raise awareness, (ii) advise on good practices, (iii) collect information and statistical data, and (iv) conduct studies about violence, insecurity and victimisation in the educational community. Universal drug prevention is part of the Portuguese school curriculum. Several prevention actions and projects have been developed nationally in the school setting, both from the broader perspective of health promotion and with a specific focus on aspects of addictive behaviours and dependencies.

Universal prevention strategies, such as the Me and the Others programme, have been preferred to less structured approaches. The Me and the Others programme has been implemented across various educational settings and focuses on promoting the healthy development of children. The programme is evaluated annually using a pre-post design, and the evaluations suggest an increase in self-efficacy among the participants. School-based prevention is also implemented by the Ministry of Education, responsible for the inclusion of health promotion and substance use prevention, and the Ministry of Health (through SICAD and regional health administrations), responsible for the prevention component of PORI. Other standardised school-based prevention programmes are available at regional and local levels. Some workplace prevention programmes operate in some municipalities, in the private and public sectors.

Different types of selective prevention interventions including community-based interventions for vulnerable groups, family-based interventions for vulnerable families and interventions for vulnerable neighbourhoods have been carried out. Indicated prevention consultations are carried out in integrated response centres by multidisciplinary teams. More than 20 000 prevention consultations were carried out under PORI, targeting almost 3 000 young people using psychoactive substances, including psychosocial support and referral.

Provision of interventions in schools in Portugal (expert ratings)



NB: Data from 2015.

Harm reduction

The main priority established by the current national plan in the area of risk and harm reduction is to promote and develop the existing risk and harm reduction intervention model and adapt it to the evolving drug use phenomenon by promoting effective and integrated responses. The governance and implementation of harm reduction services and interventions occur within the framework of the Operational Plan for Integrated Responses (PORI). This plan, managed by the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), relies on the assessment made by the regional health authorities, based on which regional and local intervention needs are identified. While non-governmental organisations (NGOs) were instrumental in the creation of an infrastructure of health and social service providers under Decree Law 183/2001 and continue to play an important role, harm reduction has also become an integrated part of the services provided by the national network of health service providers. The current Action Plan for the Reduction of Addictive Behaviours and Dependencies Horizon 2020 continues to promote harm reduction, and legislation to strengthen state funding for harm reduction NGOs was adopted in 2018, increasing the sustainability of their work.

Harm reduction interventions

A nationwide network of harm reduction programmes and structures, including needle and syringe exchange programmes, low-threshold substitution programmes, drop-in centres/shelters, refuges, contact units and outreach teams, has been consolidated in areas of intensive drug use with the aim of preventing drug-related risks such as infectious diseases, social exclusion and delinquency.

The National Commission for the Fight Against AIDS (Comissão Nacional de Luta Contra a SIDA), in cooperation with the National Association of Pharmacies (Associação Nacional de Farmácias), implements the national needle and syringe programme, Say No to a Used Syringe. The programme involves pharmacies, primary care health centres and NGOs, and includes several mobile units. Approximately 57 million syringes were distributed under this needle and syringe programme between its launch in October 1993 and December 2017, and the latest evaluation of the programme emphasises the important contribution made by pharmacies, drug facilities and outreach work to its delivery.

An increasing trend in the number of syringes dispensed has been observed in recent years, with more than 1.4 million syringes distributed in 2017.

Treatment for human immunodeficiency virus (HIV) infection/acquired immunodeficiency syndrome (AIDS) and hepatitis B and C virus infections is included in the range of services provided by the National Health Service of Portugal and is available free of charge.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

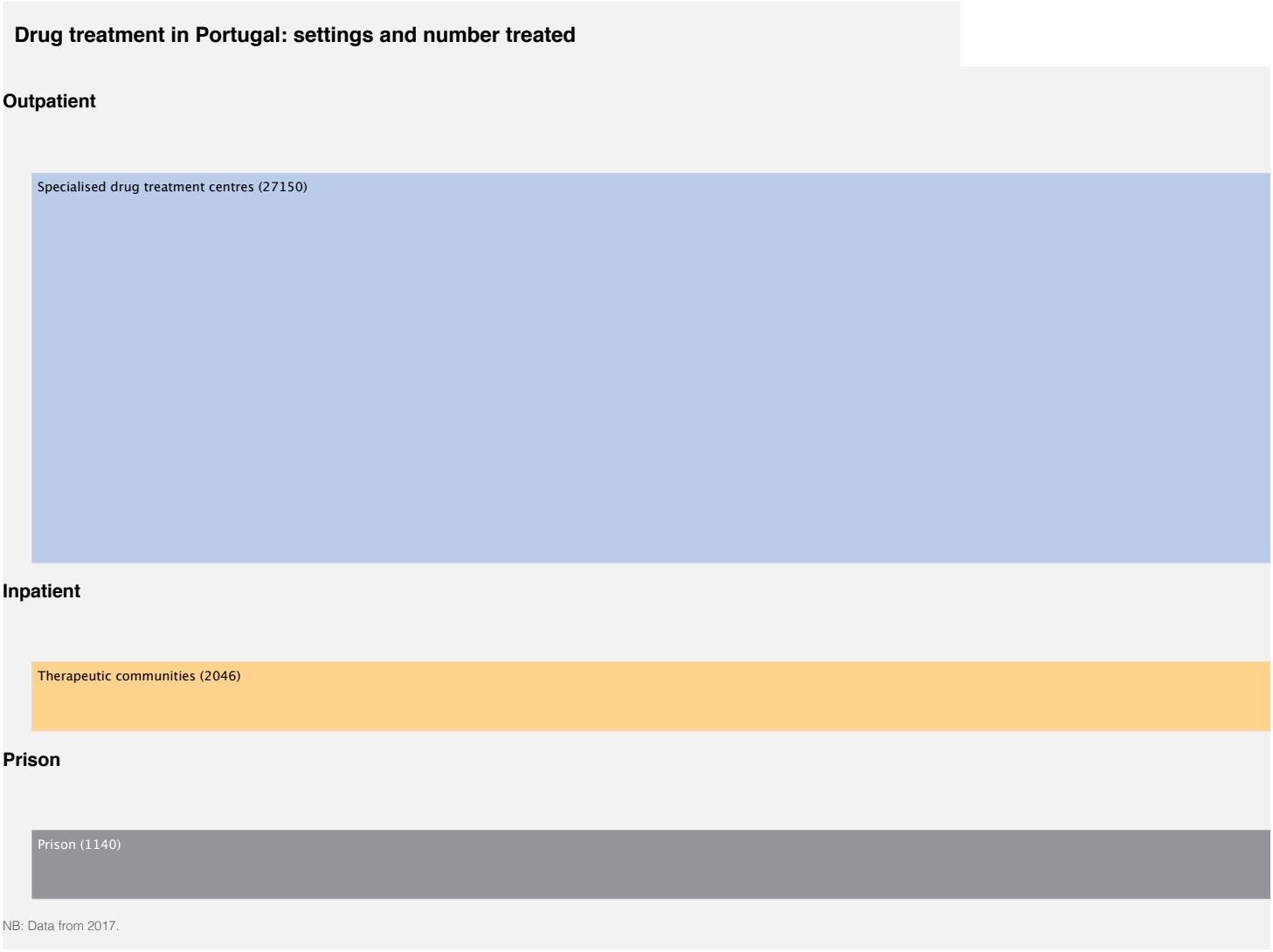
The National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 states that treatment interventions should be based on a comprehensive diagnosis of each citizen's full medical and social needs, be accessible and adaptable, be based on scientific evidence in terms of effectiveness, efficiency and quality, and be underpinned by guidelines.

Healthcare for drug users is provided by the Referral Network for Addictive Behaviours and Dependencies. The network encompasses public specialised services providing treatment for illicit substance dependence, under the authority of the regional health administrations of the Ministry of Health, non-governmental organisations and other public or private treatment service providers interested and competent in the provision of care. The public services are provided free of charge and are accessible to all people who use drugs and who seek treatment. The network incorporates three levels of care: (i) primary healthcare services; (ii) specialised care, mainly in outpatient settings; and (iii) differentiated care, mainly in inpatient settings (detoxification units, therapeutic communities, day centres and/or specialised mental or somatic health care).

Outpatient treatment is available at all three levels of care; however, the main providers of outpatient treatment are the 72 specialised treatment teams from the integrated response centres. These treatment teams are usually the first point of contact for clients. From there, referrals are made to public or private detoxification units or therapeutic communities. All centres provide both psychosocial care and opioid substitution treatment (OST).

Inpatient treatment is mainly provided through third-level care services. It includes short-term withdrawal treatment (7-10 days usually), which is available in eight public and private detoxification units. There are also 59 therapeutic communities, which usually provide 3- to 12-month residential treatment programmes. Therapeutic communities are mainly privately owned and publicly funded. A programme of extended duration (up to 3 years) is available to clients who require longer term support services. Special treatment programmes for people who use cannabis and cocaine have also been put in place.

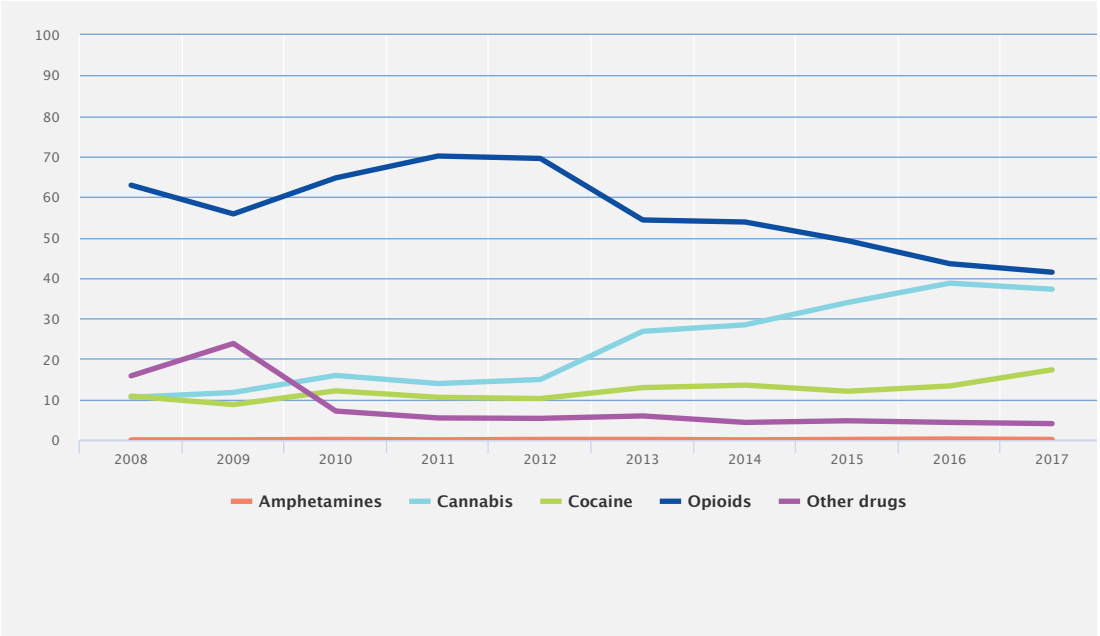
In Portugal, OST is widely available. Methadone maintenance treatment (MMT) can be initiated in treatment centres, and buprenorphine treatment can be initiated by any medical doctor, specialised medical doctors and treatment centres. MMT is free of charge to the client, while buprenorphine-based medications are available in pharmacies, with the National Health Service covering 40 % of the market price.



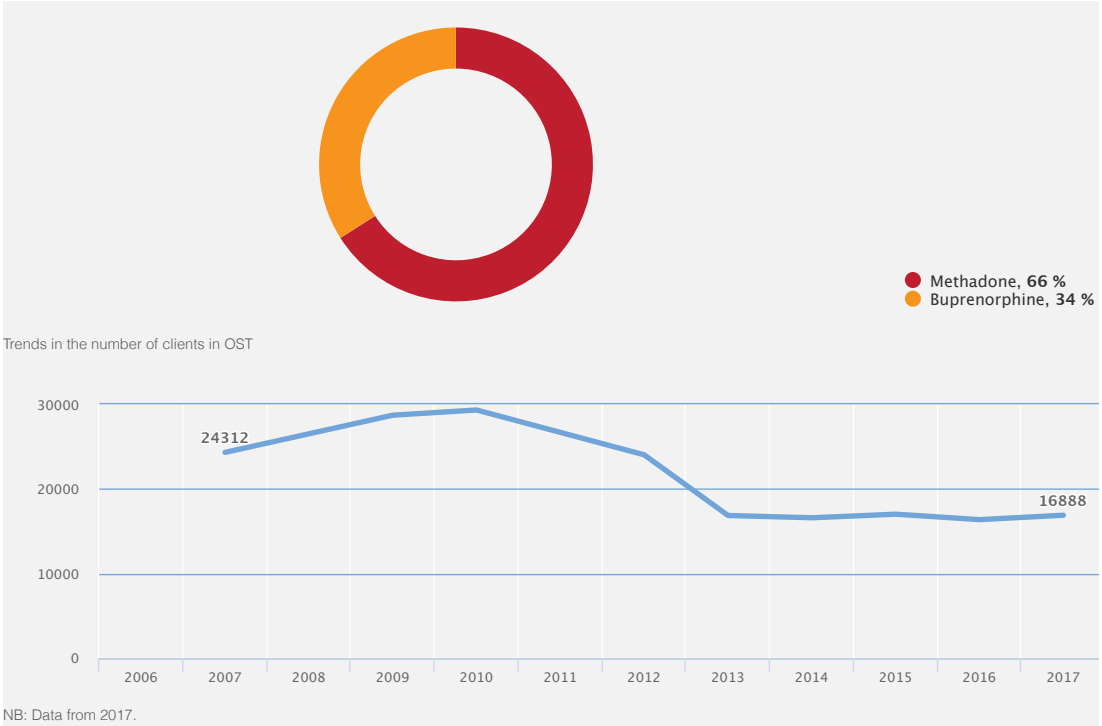
Treatment provision

In 2017, a total of 27 150 clients received treatment, with most being treated in outpatient services. Of the 3 307 clients entering treatment in 2017, three out of every five were first-time clients. The number of previously treated treatment entrants has been decreasing since 2012, while the number of first-time entrants has been stable over this period. In addition, the number of OST clients in Portugal decreased between 2010 and 2013; however, it has remained relatively stable since then. In 2017, more than 16 000 clients received OST, mainly MMT.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Portugal



Opioid substitution treatment in Portugal: proportions of clients in OST by medication and trends of the total number of clients



NB: Data from 2017.

Drug use and responses in prison

The last survey on drug use among the Portuguese adult (aged more than 16 years) prison population was conducted in 2014. According to the survey, 69 % of adult prisoners reported lifetime drug use. Cannabis was the most common illicit substance, with 56 % reporting having used it at some point during their lifetime and 28 % reporting having used it during imprisonment, followed by cocaine (39 % lifetime use and 8 % during imprisonment) and heroin (26 % lifetime use and 8 % during imprisonment).

Having ever injected an illicit substance was reported by 14 % of prisoners, with 4 % reporting injecting drugs during their current period of imprisonment. In addition, a survey of young offenders (aged 12-16 years) in custody, conducted in 2015, found that almost 89 % of those who responded had lifetime drug use experience.

The prevalence of human immunodeficiency virus (HIV) infection among those receiving treatment for drug use in prison is reported to be 19 %; the majority of HIV-infected prisoners receive antiretroviral therapy. More than half of inmates are HCV positive, and 1 in 20 has HIV and HCV comorbidity. All prisoners are screened for infectious diseases on entry to prison and tests are repeated at least once a year.

Prison healthcare is managed by health services under the responsibility of the Ministry of Justice in partnership with the National Health Service. All prisons make detailed yearly plans for health promotion and disease prevention, which include initiatives (awareness-raising and training actions) to tackle infectious diseases, drug dependency and addictive behaviours focusing on the relationship between these phenomena.

The detection of addictive behaviours and dependences is part of the evaluation protocol when a prisoner enters prison. Referral to treatment is encouraged in the prison setting, which ensures the continuity of opioid substitution treatment (OST) and other treatments initiated before imprisonment, as well as allowing prisoners to access the different interventions available in prisons. OST can be initiated in prisons.

Interventions in this area are divided into two types of responses: programmes oriented towards abstinence (drug-free wings and exit units) and medication-assisted treatment programmes (with opioid agonists and antagonists). At the end of 2017, around 1 000 prisoners were enrolled in programmes of pharmacological treatment with opioid agonists or antagonists in Portuguese prison establishments. In the past 5 years, a downward trend in the number of inmates participating in drug treatment programmes (both abstinence oriented and providing pharmacological treatment) has been observed. This may be related to a possible reduction in the number of opiate users in general, as evidenced by the recent national prison survey.

Interventions targeting infectious diseases are also available in prison in Portugal. The legal framework for establishing a syringe exchange programme in prison was ratified by the Ministry of Health in 2007, but no activity has been reported.

Quality assurance

The National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 highlights the quality of services provided to citizens as its general objective. Quality is a cross-cutting principle in the implementation of all measures aimed at tackling drugs and drug-related issues, to be achieved by the building of knowledge, the training of professionals and international cooperation. The General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD) is involved in defining evidence-based best practices, and technical and normative guidelines and requirements, to support implementation and ensure the quality of interventions. Moreover, it provides methodological support to organisations involved in responses to drug use and identifies areas in which these responses should be strengthened.

Within the Ministry of Health, the Health General-Directorate (DGS) is the body responsible for the accreditation of health programmes and interventions in terms of content and responses. In addition, the Portuguese Institute of Quality implements the Portuguese Quality System in accordance with international quality norms (International Organization for Standardization (ISO)). The quality-related activities promoted by SICAD (quality promotion), the DGS (quality accreditation of the basis of health programme content) and the Institute of Quality (quality accreditation based on standardisation of processes) are complementary and relevant to all addictive behaviours and dependencies programmes and interventions. In practice, agencies and services in need of quality accreditation can follow one or both paths: meeting the requirement of the DGS for intervention content accreditation or gaining accreditation with an ISO 9001-acknowledged consulting agency/company.

The provision of training and continuing education in the field of dependencies and addictive behaviours is one of the objectives of the national plan. Psychoactive drugs, addictive behaviours and drug dependencies are covered in the academic training of medical doctors, psychologists, nurses and psychosocial workers. SICAD also provides training in the area of addictive behaviours and dependencies.

Drug-related research

Both the National Plan for the Reduction of Addictive Behaviours and Dependences 2013-20 and the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD) Strategic Plan for 2017-19 include the topics of monitoring, research and the evaluation of results at national and international levels.

The National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 defines the following research priorities: (i) invest in standardised data collection and the development of scientifically proven indicators at European and international levels considered relevant to the policies adopted; (ii) promote a culture of registration, monitoring and evaluation of interventions — based on common metadata and appropriate instruments, and a culture of sharing the results, in order to maximise the effectiveness of their use; (iii) promote research and enhance the exchange and transfer of knowledge, ensuring the strengthening of synergies and preventing the duplication of resources; (iv) improve the ability to detect and evaluate emerging trends likely to pose a risk to public health and security, enhancing networking and the inter-sectorial cooperation at national and international levels; and (v) ensure the transmission and more effective application of information and knowledge for the development of policies and their evaluation.

Several research projects that had a major impact on public opinion were concluded in 2017, all implemented or funded by SICAD and included in its Strategic Plan for 2017-19. These included national surveys on drug use and addictive behaviour in the general population and 18-year-olds, as well as other studies that focused on new psychoactive substances (NPS) and high-risk/problem drug use. Also in 2017, a study focusing on social attitudes among music festival attendees and trendspotter research focusing on NPS were initiated, and they are expected to be concluded soon. Under the framework of the second European Research Area Network on Illicit Drugs transnational call for proposals, two projects with Portuguese researchers have begun: one analyses recovery, while the other assesses the impact of different types of drug policy on society.

SICAD uses its website, reports, national scientific journals, scientific meetings and seminars as its main dissemination channels for drug-related research findings. A list of national scientific p ublications (scientific papers, reports and academic theses) in the areas of illicit drugs, alcohol and addictive behaviours was established in 2017 and is regularly updated.

Drug markets

Portugal is the final destination for various illicit substances that supply the home market. It is also a transit country for significant quantities of cannabis resin from Morocco and cocaine from Latin America destined for other European countries. Only herbal cannabis is produced domestically, intended to supply the domestic market. Although some industrial-size plantations have been dismantled recently, the majority of plantations that have been dismantled were small scale and outdoors.

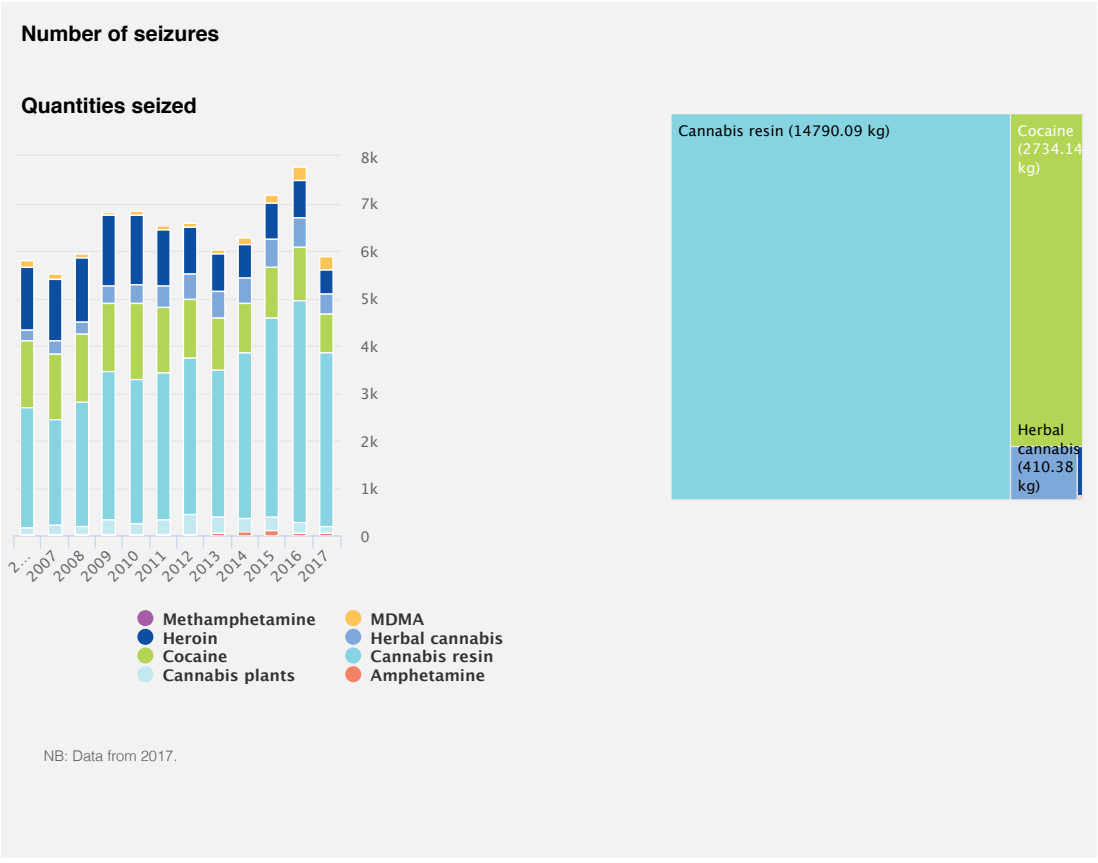
The majority of illicit drugs enter Portugal by sea, while land routes (from Spain) and air routes are used to a lesser extent. MDMA/ecstasy arrives predominantly from the Netherlands and is transported by air or overland in cars or lorries. A new route for MDMA trafficking from the Netherlands to Brazil via Portugal has been discovered in recent years. Heroin seized in Portugal comes mainly from the Netherlands, Belgium and Spain.

Most of the drug seizures in Portugal, except for heroin, take place at retail level. In 2017, the highest number of seizures involved cannabis resin, followed by cocaine and heroin. The number of cocaine seizures showed a declining trend between 2010 and 2014, but this has stabilised in recent years. The number of heroin seizures observed over the period 2010-14 declined, but more recent data indicate a slight increase in the annual number of reported heroin seizures. MDMA continues to be seized in Portugal less frequently than other illicit substances; however, the number of seizures as well as the quantities seized have been increasing in recent years.

Given recent developments in the drug market, Portuguese law enforcement agencies are developing efforts to strengthen responses to drug trafficking over the internet, including through participation in EU actions intended to counter international drug trafficking operations and increase responses to drug-related crime on the internet.

Data on the retail price and purity of the main illicit substances seized are shown in the ‘Key statistics’ section.

Drug seizures in Portugal: trends in number of seizures (left) and quantities seized (right)



NB: Data from 2017.

Key statistics

Most recent estimates and data reported

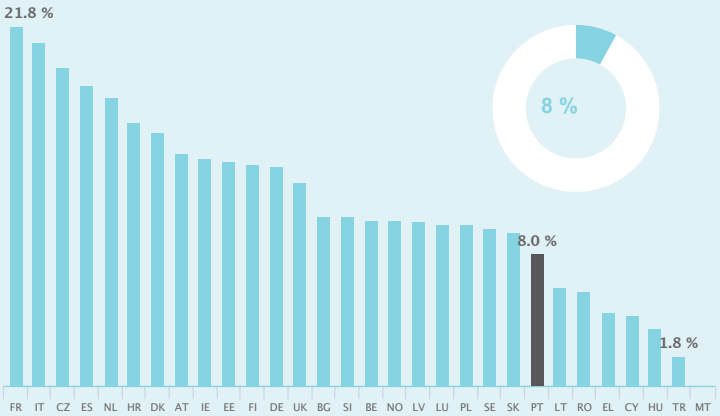
	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	15.29	6.51	36.79
Last year prevalence of use — young adults (%)	2016	8	1.8	21.8
Last year prevalence of drug use — all adults (%)	2016	5.1	0.9	11
All treatment entrants (%)	2017	37.2	1.03	62.98
First-time treatment entrants (%)	2017	51.8	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	410.4	11.98	94 378.74
Number of herbal cannabis seizures	2017	437	57	151 968
Quantity of cannabis resin seized (kg)	2017	14 790.1	0.16	334 919
Number of cannabis resin seizures	2017	3 647	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.1 - 65.6	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	0.1 - 26.4	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	0.58 - 64.52	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	0.15 - 24.66	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.74	0.85	4.85
Last year prevalence of use — young adults (%)	2016	0.3	0.1	4.7
Last year prevalence of drug use — all adults (%)	2016	0.2	0.1	2.7
All treatment entrants (%)	2017	17.3	0.14	39.2
First-time treatment entrants (%)	2017	20.8	0	41.81
Quantity of cocaine seized (kg)	2017	2 734.1	0.32	44 751.85
Number of cocaine seizures	2017	816	9	42 206
Purity (%) (minimum and maximum values registered)	2017	0.2 - 91.8	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	2.11 - 200	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.13	0.84	6.46
Last year prevalence of use — young adults (%)	2016	0	0	3.9
Last year prevalence of drug use — all adults (%)	2016	0	0	1.8
All treatment entrants (%)	2017	0.1	0	49.61
First-time treatment entrants (%)	2017	0.1	0	52.83
Quantity of amphetamine seized (kg)	2017	0.8	0	1 669.42
Number of amphetamine seizures	2017	49	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	2.5 - 76.2	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	3.13 - 156.25	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.86	0.54	5.17
Last year prevalence of use — young adults (%)	2016	0.2	0.2	7.1
Last year prevalence of drug use — all adults (%)	2016	0.1	0.1	3.3
All treatment entrants (%)	2017	0.2	0	2.31
First-time treatment entrants (%)	2017	0.2	0	2.85
Quantity of MDMA seized (tablets)	2017	1 598	159	8 606 765
Number of MDMA seizures	2017	282	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	15.1 - 263.3	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	2 - 10	1	40
Opioids				
High-risk opioid use (rate/1 000)	2015	5.21	0.48	8.42
All treatment entrants (%)	2017	41.4	3.99	93.45
First-time treatment entrants (%)	2017	23	1.8	87.36
Quantity of heroin seized (kg)	2017	29.5	0.01	17 385.18
Number of heroin seizures	2017	492	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	1.8 - 56.7	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	5.45 - 100	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	1.7	0	47.8
HIV prevalence among PWID* (%)	2017	13.4	0	31.1
HCV prevalence among PWID* (%)	2017	81.5	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2015	2.06	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	4.48	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	1 421 666	245	11 907 416

Clients in substitution treatment	2017	16 888	209	178 665
Treatment demand				
All entrants	2017	3 307	179	118 342
First-time entrants	2017	1 769	48	37 577
All clients in treatment	2017	27 150	1 294	254 000
Drug law offences				
Number of reports of offences	2017	16 970	739	389 229
Offences for use/possession	2017	12 232	130	376 282

EU Dashboard

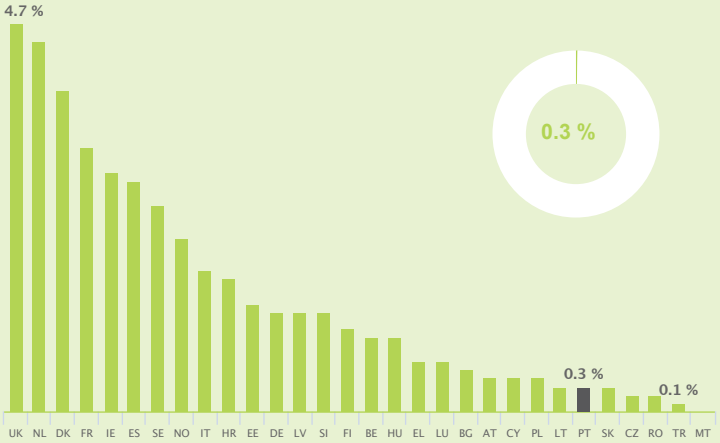
Cannabis

Last year prevalence among young adults (15-34 years)



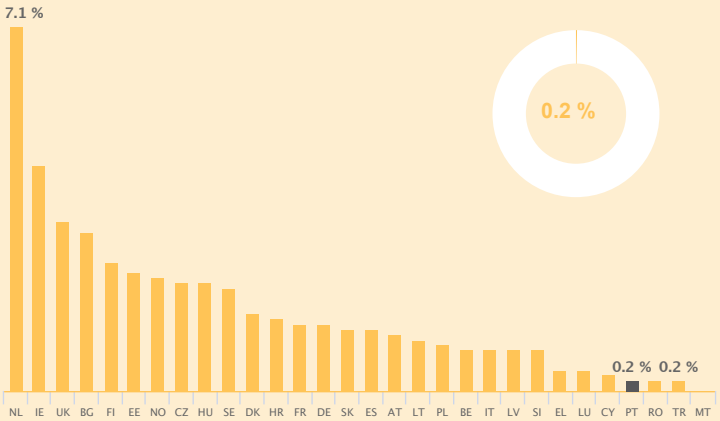
Cocaine

Last year prevalence among young adults (15-34 years)



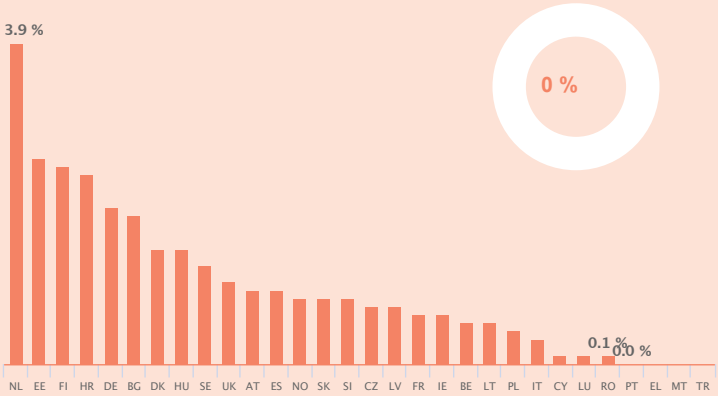
MDMA

Last year prevalence among young adults (15-34 years)



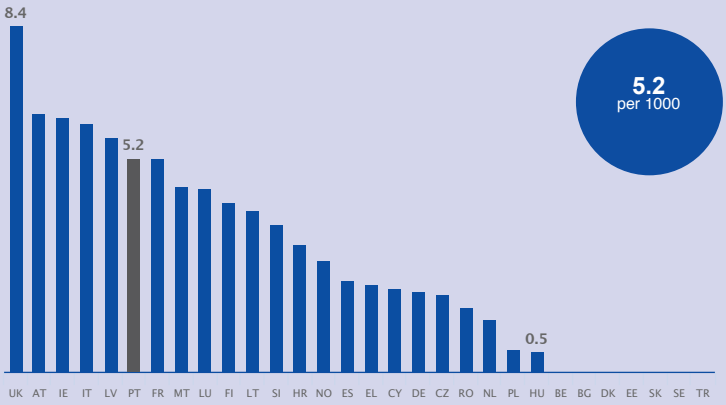
Amphetamines

Last year prevalence among young adults (15-34 years)



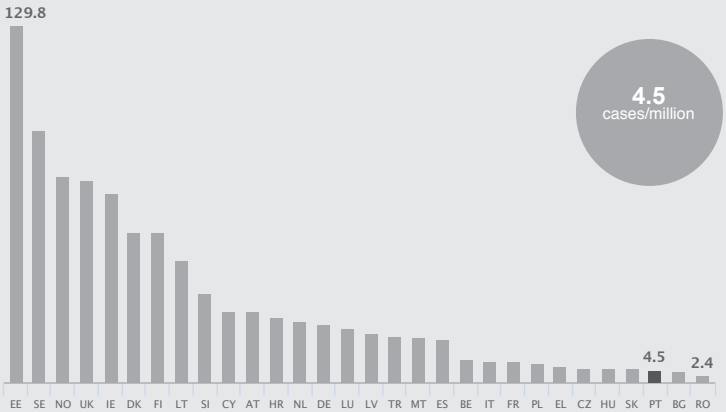
Opioids

High-risk opioid use (rate/1 000)



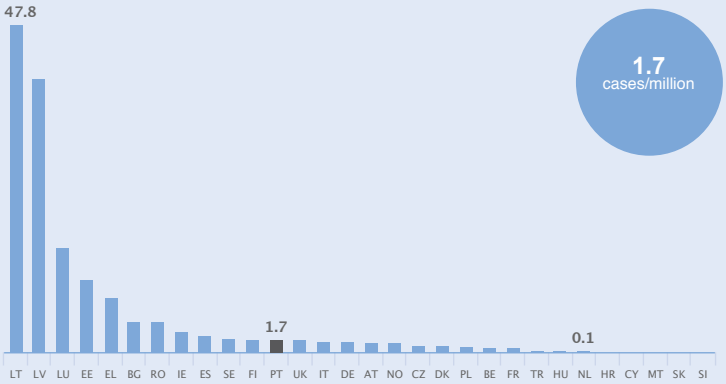
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users

NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in Portugal

The Portuguese national focal point is located within the General- Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD). Attached to the Ministry of Health, SICAD's mission is to promote a reduction in the use of psychoactive substances, the prevention of addictive behaviours and a decrease in dependences. SICAD is the national focal point and is directly responsible for the implementation of the National Plan. It plans, implements and coordinates drug demand reduction interventions, and collects, analyses and disseminates information on drug use and responses to it. The Director General of SICAD is also the National Coordinator for Drugs, Drug Addiction and Alcohol-Related Problems.

Click here to learn more about our partner in Portugal .

Portuguese national focal point

SICAD – Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências

General-Directorate for Intervention on Addictive Behaviours and Dependencies

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Head of national focal point: Ms Sofia Santos

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .