PORTUGUESE DRUG STRATEGY

PREFACE

The approval by the Government of the "National Drug Strategy" which is now being published, is a clear sign of maturity in the political intervention regarding the complex problem of drugs and drug addiction.

The principles, objectives and strategic options that should guide the action to be taken over the next few years have now been accurately defined. This document is, therefore, a historic turning point in the structuring of a global policy faced with the problem of drugs and drug addiction on different fronts: from prevention to the fight against drugs and money launde-ring, from treatment to the social reintegration of drug addicts, from harm reduction to trai-ning and research.

For this purpose, we gathered together the best of our scientific knowledge, we listened to our most renowned specialists and practitioners in this field, we reread the experiences of the last twenty years, we promoted intense public debate and, finally, we made options, which are intended to be clear and coherent, on a par with the challenges that we face and Portugal's international responsibilities in this domain.

The many positive reactions that have be heard everywhere to the publication of the "National Drug Strategy" are the best indicators of the appropriateress of the paths that have been set out in this document. The large number of activities that have been initiated over recent years reinforces my conviction that it is not this document's destiny to remain unused on a shelf among other documents, but rather to contribute to actual transformations, by improving the quality and efficiency of responses to the serious problem of drugs and drug addiction.

Special words of thanks are due to Prof. Alexandre Quintanilha, Dr. Lourneço Martins, Prof. Cândido Agra, Prof. Daniel Sampaio, Dr. João Goulão, Dr. Joaquim Rodrigues, Prof. Júlio Machado Vaz, Dra. Manuela Marques and Dr. Nuno Miguel, members of the Committee which prepared the notable report on which this Strategy is based. I would also like to thank Dr. Alexandre Rosa, National Coordinator of Projecto VIDA, whose collaboration was invaluable throughout the entire of preparation process.

In al fairness, i must also offer public thanks to Dr. Pedro Silva Pereira, who prepared the final version of this Strategy, with me, the bulk of its content being due to his talent and technical training.

With the strategy now defined, it is time for action. And on this point it is best to have no illusions: drugs are not a problem for other people, for other families, for other people's children. Nor can the fight against drugs be exclusive to others, to specialists, to technicians, to the authorities or to politicians. Together we have created a strategy and together we shall fight.

Eng. José Sócrates
Minister attached to the Prime Minister

RESOLUTION OF THE COUNCIL OF MINISTERS Nº 46/99

The Government believes that, over 20 years after the creation in Portugal of the first institutional infrastructures aimed at dealing with the problem of drugs and drug addiction, it is time to finally adopt a genuine national strategy in the fight against drugs, on the lines of those that have been adopted in other countries.

Our experience over the years, our awareness of existing weaknesses and capabilities, the scientific knowledge that has come to light on a wide range of aspects related to the drugs phenomenon, news of innovative experiments in other countries, the notion of new challenges posed by the very evolution of the problem of drug use, the recurrent public debate over the path to be followed and, above all, the realization of the persistent gravity of the problem of drugs and drug addiction, on national and international levels, make the preparation of this document an imperative for Portugal.

The national drug strategy is intended to guide the different sectorial policies on drugs and drug addiction. It is designed to lead the activities of the different general government bodies with competence in this area and is also intended as a reference for Portuguese society.

For its preparation, the Government decided to make use of the best of our scientific knowledge and entrusted a committee of renowned specialists with the task of presenting a proposal to the Government.

This committee, which was established on 16th February 1998 by Order of the Minister attached to the Prime Minister (Portaria No. 3229/98 (2ª série)), delivered its final report to the Government on 2nd October 1998.

This report is a notable document and therefore, much of the national drug strategy, as adopted by the Government by means of this Resolution is based on it.

It is only right therefore, to express public gratitude to the members of the committee for the work they carried out over such a short period of time, gratitude which extends to all those – and there were many – who generously offered their collaboration in a variety of ways.

Of its own volition the committee declined an additional task that had been requested of it under the terms of the aforementioned Order. This was the promotion of public discussion of the report, under the terms it considered appropriate. For this reason, the Government, having heard the committee, organised the process of public discussion, in order to allow for the fullest participation possible of all those interested.

Accordingly, several hundred copies of the committee's report were sent to a variety of public and private entities involved in the field of drug addiction and, at the same time, it was

presented on the Internet. This resulted in dozens of written observations on the proposals under discussion. Public hearings were organised throughout the country (Oporto, Faro and Lisbon, then in Guarda and later in Évora), all of which were attended by the members of the committee and open to public participation. The first three were formally integrated into the public discussion process.

At the same time, a variety of other initiatives for public debate on the document took place, notably a colloquy organised by the University of Oporto and an unprecedented seminar organised by the Supreme Court of Justice, both with the participation of members of the committee. Though not formally integrated into the public discussion process, these contributions were also considered in the decision-making process.

During this consultation process, the National Council for Drug Addiction (Conselho Nacional da Toxicodependência) was also heard. This council which is a consultative body attached to the Prime Minister, includes organisations representing civil society interested in this matter.

The strategy elaboration process also benefited from the publication, in April 1998, of the report by the Special Monitoring and Evaluation Committee of the Portuguese Parliament for the Situation of Drug Addiction, Use and Trafficking (Comissão Eventual da Assembleia da República para o Acompanhamento e Avaliação da Situação da Toxicodependência, do Consuno e do Tráfico de Droga) and the seminar later organised by the same parliamentary committee, in 1999, although this took place after public discussion was formally closed.

It is also important to underline the fact that the public's participation in the discussion of the strategy which is now presented was not confined to institutional mechanisms. It extended to the mass media, where numerous and relevant contributions were published, under a variety of forms, from a wide range of personalities and institutions, which greatly enriched the preparation of this document and the discussion of a problem which is so important to Portuguese society.

The national drug strategy is a document for the future, which takes into account an evaluation of the past which was included in the final report of the committee and in the abovementioned parliamentary report.

Five strong beliefs guide the strategy which will now be presented.

The first belief is based on the recognition of the world-wide dimension of the drug problem, which calls for answers on an international and continental scale, imposes an increase in international cooperation and determines the coordination of the national strategy with supranational strategies and policies.

The second belief is a humanistic conviction, which takes into account the complexity of the human dramas that so often lead to the use of drugs and drug addiction. It essentially considers the drug addict to be someone who is ill, and demands guaranteed access to forms of treatment for all drug addicts who seek treatment, including those who may for any reason be in prison. It is also implies the promotion of conditions for effective social

reintegration, as well as the adoption of an appropriate, fair and balanced, legal framework, respecting the humanistic principles on which our legal system is grounded.

The third belief is that humanism has to be joined by a pragmatic attitude, which permits openness, (without dogmas), to innovation and to the scientifically proven results of new experiments. This includes admitting solutions which may, at least, reduce the harm to the drug addicts themselves, to public health and to the security of the community.

The fourth belief is that in this field, as in so many others, it is better to prevent than to cure. And although there is no better prevention than the promotion of true development, it is also important to advocate specific and appropriate drug prevention policies, that are able to mobilise the different institutions representing civil society and, above all, young people themselves.

The fifth belief, which is certainly not the least important, is that intensifying the fight against illicit drug trafficking and money laundering is an imperative for our society, for the sake of security, public health and the very stability of our institutions.

As a result of the national drug strategy, a need has arisen to create, under the Ministry for Justice, a working group to revise the so-called “drugs law”, in order to follow up on the orientations established in this document and to consider the questions still under discussion.

It is also important to set up another working group for the technical enforcement of the “drugs law”, wich is aimed at promoting the necessary mechanisms to make the solutions provided for in the law efficient, in particular those referring to medical examinations and reports on drug addicts, laboratory tests, and treatment as an alternative to prison. This group will be set up later by joint order of the ministers with competence in this area.

Therefore:

Pursuant to subparagraph g) of Article 199 of the Constitution, the Council of Ministers hereby decides:

To approve the national drug strategy, attached to this Resolution and which is a part there of.
Approved in Council of Ministers on 22 April 1999 – The Prime Minister, António Manuel de Oliveira Guterres.

THE NATIONAL DRUG STRATEGY

INTRODUCTION

A significant part of the drugs seized in Portugal – nearly 27% of heroin seizures in 1997 – comes from distant Thailand, in Asia, on the other side of the world1.

Other drugs, especially hashish, come to Portugal from Morocco in North Africa. Others come from further away, from other parts of Africa, Angola in particular. And others originate in Brazil, in Venezuela, in Colombia, and other countries in Latin America and Central America. On the other hand, some of the drugs that circulate among us, are imported from European countries, including some of our Community partners.

In this global circuit that starts in production centres, in this traffic with the widest possible range of routes and destinations, drugs make stopovers, use veritable transfer stations and mobilise intermediaries, especially in countries with a long coastline, as is Portugal's case.

Drugs travel across continents and, cross oceans, and borders.

It would, therefore, be a crass mistake to ignore the global dimension of the drug problem.

When Portugal took on the responsibility of presiding over the organisation of the Special Session of the United Nations General Assembly which took place in New York in June 1998, it had the opportunity to direct the negotiations for the preparation of a historic political declaration in Vienna which would be accompanied by a variety of action plans and other sectorial documents. The negotiations were not easy. Each word, including those used to simply designate the drug problem, was carefully examined and discussed. Consensus, however, was reached when someone suggested the use of the expression "the World drug problem". The World agreed – it had to agree – that it had a problem. The same problem. A common problem.

This national drug strategy is based, therefore, on the profound conviction that there must be an appropriate and efficient response from the international community to the phenomenon of drugs and drug addiction. And that our national strategy should be coordinated with the strategies and policies developed under the United Nations Organisation and the European Union. Moreover, it is now unthinkable for there to be a sensible national strategy which does not include as one of its mainstays the active participation of Portugal in the definition of supranational strategies and policies and which does not make the strengthening of international cooperation in the different domains of the responses to the problem of drugs and drug addiction one of its priorities.

None of this implies immobility on the part of international strategies and policies, however. It would be strange, indeed, if at a time when, on the well-founded advice of specialists, everybody began to become aware of the need to evaluate initiatives organised in this field, the very strategy of the international community should elude this imperative of evaluation, as if it were dogma. And it would be even worse if the international community did not have the agility to benefit from what has been gained from experience and scientific knowledge, as well as to adapt to the evolution of the drug phenomenon, and closely follow the new tendencies which are taking shape and which demand swift and suitable responses.

It is not a case of questioning the need for policies specifically adapted to the Portuguese situation, since the drug problem, although universal, is not present in the same form in all parts of the world. Nor do international strategies annul this possibility of adaptation or

creativity in defining and developing policies. Nor should local initiatives, that are territorially delimited or specifically adjusted to particular populations or situations, be excluded – on the contrary.

Strictly speaking, although the Country needs a national strategy, it cannot dispense, and indeed should stimulate, a multiplicity of actions and initiatives, within the scope of a coherent definition of a set of options. This national strategy is, therefore, presented as decisive to ensure the coordination of the different general government bodies with competence in this area and to serve as a reference for Portuguese society, mobilising it to confront this problem.

It is also important to base the development of the national drug strategy on the knowledge that we have. Knowledge of the effects of different drugs, of techniques and circuits leading from production to trafficking, as well as knowledge of the concrete and diversified ramifications of the phenomenon of drugs and drug addiction in Portuguese society. For this reason, one of the strategic options to be taken refers, precisely, to increasing scientific research and to the establishment of a national information system on drugs and drug addiction.

This is the only way to avoid a merely reactive social and political attitude that risks degenerating into reactionism and becoming absolutely ineffective because it is alienated from the profound causes of the phenomenon and from the very nature and characteristics of the behaviours that are expressed by the use and abuse of drugs.

This national drug strategy is thus intended to be based on knowledge and not on prejudice, on principles and not on slogans, on pragmatism and not on dogma.

However, despite being rooted in knowledge, this national strategy is still a political strategy, in the most noble sense of the word, involving choices made for the common good.

This being the case, this strategy is not, and will never be, a mere technocratic product, but rather a structured set of genuine political options, defined on the basis of the available knowledge of the reality that is to be transformed.

It is a strategy which rejects both the seduction of strategic passivity – so convenient for those who shirk the responsibility of clear political options –, and the disorientation of a blind fight which mobilises the state's whole enforcement apparatus in an blind charge that confuses enemies and allies, victims and criminals, the illness and the ill.

Finally, this drug strategy is also intended to be a true national strategy.

Not because the Government behind it abdicates the responsibilities inherent to the mandate for which it was legitimated by the vote of the Portuguese. Indeed it is far from it. This strategy is organised on the basis of a clear affirmation of principles, of a firm definition of objectives and of carefully established options in which, there will certainly be no lack of daring and innovation, nor realism and common sense.

The Government's intention is to adopt a truly national strategy, that on the one hand, results from a process that involved a high degree of involvemet, in which the different political forces also had a chance to intervene, and, on the other hand, is a strategy that calls for initiatives from institutions representing civil society and seeks to mobilise Portuguese society as a whole and young people in particular, to face the serious problem of drugs.

The Government, bearing in mind the opinion of the Assembly of the Republic, expressed by the Special Monitoring and Evaluation Committee of the Assembly of the Republic for the Situation of Drug Addiction, Use and Trafficking, abandoned the use of the expression "combating drugs" — in the title of this docuement because it was susceptible, in the opinion of the deputies, of having a predominantly repressive connotation2. It was replaced, in the designation of this strategy, with "fight against drugs".

The Government would like the publication of this strategy to be a "reveille" that will mobilise all elements of Portuguese society: institutions, families and, above all, the younger generations. This is not a neutral strategy. We will say it clearly and unambiguously, without hesitation: this is a fighting strategy.

CHAPTER I

The Drug Phenomenon in Portugal
And in The World
THE DRUG PHENOMENON IN PORTUGAL

1 – Knowledge about the phenomenon in Portugal

The amount of knowledge about the drug phenomenon in Portugal is still unsatisfactory, the data for a complete characterisation of the existing situation being scarce.

It is true that the clandestine nature of drug use makes it difficult to determine the exact dimension and charecteristics of this phenomenon. However, it is also a fact that the mecha-nisms needed to measure this phenomenon as well as the methodology needed for the collection and analysis of data are not yet fully in place.

This scarcity of data regarding the use and abuse of drugs and the evolution of this situation is without a doubt one of the most serious problems that this national drug strategy is willing to confront.

One of the main objectives of the newly created Portuguese Drug Institute is to rationalise resources in this area. These resources were once dispersed among the Observatório Vida, the Projecto VIDA and the Drugs Planning and Coordination Bureau (Gabinete de Planeamento e Coordenação do Combate à Droga - GPCCD), but have now been brought together in the new Drugs and Drug Addiction Information Centre at the IDPT.

Among the aims of this new institute is that of collecting, processing and publishing data and information on use and illicit trafficking in drugs, in order to create a national information system on drugs and drug addiction (Articles 2, 3, subparagraphs a) and b), and 13 of Decree-Law 31/99, of 5 February).

2 – Summary of data on the drug phenomenon in Portugal

Data on the current situation of the drug phenomenon in Portugal has been compiled and published in several different reports and official documents. Although it would be redundant to reproduce existing studies yet again, it will be useful to recall their main findings and extract possible conclusions from them as to the dimension of the drug phenomenon in our country.

The direct data on drug use rates in Portugal presented in these studies point, in general, to less serious figures than in most western countries. This is the conclusion of the international study carried out in 1995 among 16 year olds attending the 10th, 11th and 12th years of school. "Only" 6.5% of these young people acknowledged having experimented cannabis at least once in their life, with much lower rates for both heroin and ecstasy (0.5%). The rates for use over the previous 30 days were, naturally, even lower: 3.3% for cannabis and only 0.2% for heroin3.
However, the total number of users in schools, taking into account the same years (10th, 11th and 12th years), and the same year (1995), was significantly higher, reaching 13.81% for lifetime prevalence of cannabis, 9.55% for 12 month prevalence and 4.77% for 30 day prevalence. For heroin, the figures recorded were 1.37% for lifetime prevalence and 0.46% for 30 day prevalence. In the 7th, 8th and 9th years, the figures obtained at the same time were lower, with 3.15% lifetime prevalence for cannabis, 1.94% 12 month prevalence and 1.39% 30 day prevalence, the lowest figures being for heroin, respectively 0.8%, 0.33% and 0.22%4.

The insufficiency of the data available makes it even more difficult to depict comparative tendencies of the phenomenon over recent years.

A systematic study carried out by the GPCCD in the Lisbon region, of 7711 school students, concluded that drug use rates had stabalised or decreased between 1992 and 1998. Indeed, whereas in 1992 the figures for drug use (heroin, hashish, cocaine and ecstasy), in terms of lifetime prevalence, were 5.68% and 16.18%, among daytime third cycle (7th-9th years) and secondary (10th-12th years) students, respectively, these figures fell to 5.20% and 15.52% in 1998. Likewise, the use of identical drugs over the last 12 months was, for the same school levels, 3.31% and 16.18% in 1992, falling to 3.04% and 11.23% in 1998. Thirty day prevalence, which, in 1992, was 2.27% and 7.1% respectively for daytime 3rd cycle and secon-dary students, respectively, fell, although only slightly, to 2.11% and 7.03% in 1998.

Only in evening classes for the same 3rd cycle and secondary levels was there a slight increase. Here lifetime prevalence in 1992 was 18.02%, rising to 20.06% in 1998, and 30 day prevalence was 6.43%, rising to 7.01%. There was a fall in 12 months prevalence from 10.35% to 9.98%5.

The same study reveals, that besides high levels of alcohol and tobacco use, the use of tranquillisers in schools in Greater Lisbon exceeds total use of the so-called "classic illicit drugs", a phenomenon which goes hand in hand with a high use of medical stimulants.

However, the study indicates a drop between 1992 and 1998 in the use of hashish and heroin, in both daytime 3rd cycle and daytime secondary, together with a slight rise in cocaine use6.

In evening classes (3rd cycle and secondary) there was relative stability or a slight increase in hashish use and a considerable decrease in heroin and cocaine use, especially heroin.

The use of ecstasy/MDMA is too recent to enable consistent comparative data to be used. However, the same study of Greater Lisbon schools in 1998, indicated lifetime prevalence of 1.60%, 2.66% and 3.26% respectively for daytime 3rd cycle, daytime secondary and evening secondary. These ecstasy use figures exceed those for cocaine and heroin among daytime students, but remain at a considerable distance from hashish use figures7.

There is a significant decrease in the percentage of positive samples in toxicological screening in the three branches of the Armed Forces, both among candidates and among members themselves. In general terms, positive samples, which were 4.8% in 1995, fell to 3.4% in 1996 and to 2.2% in 19978.

It is also usual for the dimension of the drug phenomenon to be judged in the light of indirect indicators, the most important of which can be summarised as follows:
a) Continuous reduction in the number of first visits to addict consultation centres (centros de atendimento a toxicodependentes – CAT) since 1996 (9889 in 1996, 9183 in 1997 and 8935 in 1998), data which is especially relevant given that there was a substantial increase in the gross number of visits occurred during the same period, resulting from the enormous increase in the consultation centre network;
b) 95.4% of drug addicts undergoing treatment at CATs in 1997 were heroin users, 11.6% were HIV-positive, 23% infected with hepatitis B and 21.1% infected with hepatitis C;
c) Signs of a downward trend in the total number of drug addicts with aids, although they still make up a large proportion of new AIDS cases;
d) A continual increase in deaths by overdose, reaching 235 cases in 1997, 224 of which involved opiates, whether in isolation or not9;
e) An increase in the total number of drug-related arrests by the police authorities, with signs of an inversion, in 1997 and 1998, of the tendency for the predominance of traffickers among these arrests. In 1997, use-related arrests had reached 57.5%.
In 1997, the arrests that took place involved heroin (48.5%), hashish (21.4%) or more than one drug (23.9%). Arrests in cases involving cocaine did not exceed 5.3%10;
f) The total number of drug related convictions has been increasing, but the category with the greatest number of convictions in 1997 is that of users, with 52.2%, in comparison with 43.6% for traffickers and only 4.2% of user traffickers. Altogether, 54.6% of convictions in 1997 were attributable to heroin11;
g) The total quantity of drugs seized fell substantially in 1998 in relation to the previous year. The seizures of hashish, especially, fell abruptly from 9621 kg in 1997 to 5543 kg in 1998.

A similar situation occurred with cocaine seizures, which had risen between 1996 and 1997 and fell sharply from 3162 kg in 1997 to only 621 kg in 1998. The opposite occurred, howe-ver, with heroin. A total of 57.3 kg was seized in 1997, but this figure increased to 96.5 kg in 1998. In turn, the seizure of ecstasy rose from 525 units to 1127 units, between

1997 and 1998. It should also be noted that the number of seizure operations increased for all drugs, except for ecstasy12.

The percentages of cannabis and cocaine among the types of drugs transported by alleged offenders arrested by the authorities have remained stable since 1994, whilst the percentage of heroin fell considerably from 78% in 1995 to 48% in 199713.

The data available may often suggest contradictory readings of the existing situation, especi-ally when considered in isolation, and an integrated reading of the data should be attempted.

In these terms and with certain reservations due to the lack of information, three brief conclusions can be made from the data available:

Firstly, and despite the persistent gravity of the drug phenomenon in Portugal, there would seem to be a relative stabilisation of the use of classic illicit drugs, if not even a reduction in the figures, particularly for heroin, accompanied by a tendency towards a qualitative alteration expressed, above all, in the worrying growth of the use of new synthetic drugs, namely ecstasy.

Secondly, the data available reveal that heroin is, without a shadow of doubt, the drug that has the most damaging social and health effects. It is responsible for almost all CAT visits, for the high level of HIV infection and forms of hepatitis, for the growing number of cases of drug addicts with aids, for the unemployment that affects a considerable number of drug addicts, for most of the police intervention with alleged offenders, for most drug law convictions and also for the continuing growth of overdose cases.

Although it can be said that there is a tendency for a reduction in the use of heroin, the amount of heroin seized in 1998 is still a concern, as is the respective number of seizures.

Thirdly, hashish is still, by far, the most used illicit drug among us, despite the substantial reduction in the quantity of this drug seized in 199814.

THE DRUG PHENOMENON IN THE REST OF THE WORLD

3 – Summary of data on the drug phenomenon in the rest of the World

The phenomenon of drugs remains critical on a world-wide scale, use having reached most developing countries and shattered the classic distinction between producer and consumer countries.

As highlighted in the 1998 report by the International Narcotics Control Board (INCB) of the United Nations –it is possible to ascribe, at least in part, the containment of the expansion of the drug phenomenon to international treaties, which have almost eliminated the mi-sappropriation of drugs from the licit circuit to the illicit circuit and have maintained use far from the levels of the end of the last century, especially of opiates. However, a tendency has been recorded, in certain parts of the Globe, namely in North America, for increased use of cannabis and, in general, for the excessive prescribing of psychoactive substances (amphe-tamines, barbiturates, hypnotics, etc.).

It can be said that in 1998, especially in Europe and in the United States of America, that there has been continued growth in use of psychoactive synthetic drugs, such as benzodiazepines (bennies) and amphetamine-type stimulants, namely ecstasy and other designer drugs, which underwent unprecedented world-wide expansion in 1998. In Europe, new drugs designed to combat the effects of stress and depression are prevalent, and the number of users over 65 increasing. In the United States of America, there is significant use of drugs – such as the methylphenidate stimulant Ritalin – designed to improve school or work performance, or to improve a person's physical or athletic appearance or even sexual performance.

A slight increase in the use of opiates has also been recorded, especially in Western Asia and in Eastern Europe. Smoked heroin, especially, is being used more, particularly in the United States of America.

On the other hand, there has been a significant increase in the medical use of morphine and some scarcity of drugs for medical purposes has been noted.

At the same time, attempts to control the drugs circuit have come up against new challenges, such as the spreading of the conception and the sale of illicit drugs by computer, via Internet15.

Other tendencies can also be brought to light, besides the prevalence of the use of synthetic stimulants (predominantly recreational in the West, but not so in the rest of the World) and the stagnation or decrease in use of heroin in Europe. These trends are: the expansion and diversification of illicit farming; the decentralisation of crime organisations and the increase in the number of small-scale trafficking networks, with the consequent fragmentation of the markets; the multiple use of drugs (with growing preference, also in Europe, for non-injectable forms of use); and, finally, the association of drug trafficking with other pro-ducts, with organised crime in general and with the very structure of some States16.

In the European Union, the use of cannabis has stabalised, although this is still the most commonly used drug, with usage rates varying between 5% and 20%-30% of the population and reaching almost 40% of young adults in certain countries. Recent use (over the last 12 months) is from 1% to 9% of the adult population and 20% of young adults.

The second most used drugs are amphetamines (synthetic substitutes for ephedrine), which have been increasing in popularity. Usage is now situated at 1%-9% among adults and 16% among young adults. There has been stabilisation or growth in the use of ecstasy/MDMA, which has been experimented by 0.5% to 3% of the adult population. Use of cocaine is not significant – although it has risen slightly over recent years –, nor, in general, is crack.

Despite divergent tendencies in certain countries, the use of heroin has stagnated or decreased. Opiate addicts do not exceed 0.2%-0.3% of the population of the European Union. In fact, in 1998 seizures of heroin and marijuana fell, although those of hashish, amphetamines and cocaine increased.

On the other hand, the number of overdoses stabilised or fell in Europe. AIDS rates also fell, whilst HIV rates remained stable or decreased and the prevalence of hepatitis C continued to be high.

Whilst it is now possible to talk of a stabilisation of global rates of drug use in Western Europe, in Central and Eastern Europe there is a tendency for a generalised increase in use17.

4 – Globalisation and drugs

The global dimension of the drugs problem is now quite evident.

The circuits from production to distribution know no frontiers and benefit from the progressive elimination of border controls or customs barriers, both in terms of the promotion of international trade and in the framework of the economic integration process in certain regions, such as in Europe.

The connections between drug trafficking and other dimensions of organised crime, as well as its connection with the arms trade and terrorism are already posing a threat to the integrity and effective sovereignty of States in several different parts of the World.
The activities of traffickers on a global scale, which have benefited from improvements in transport and communications systems, and the paths opened – or widened – by the globalisation process, have permitted increasingly sophisticated processes, that include the use of the Internet as a vehicle for the production and commercialisation of illicit drugs, as well as the exploitation of some of the more imaginative and complex means available for money laundering, in particular from the so-called “tax havens”.

The very dimension of the illicit drug trade and its obscure penetration into the legal economy threaten the stability of economies and financial markets.

To a certain extent, globalisation not only facilitates the circulation of drugs and dirty money from drug trafficking, but can also create an environment where there is more intense cultural approacb. While this can imply the exchange of values it also implies the dissemination of antivalues, fashions and patterns of behaviour which are, in some cases, favourable to the use of drugs.

On the other hand, the complex interdependence between drug markets cannot be ignored. And this is not just because it is imperative to consider the repercussions of any specific intervention in this interdependent system. In addition, the interdependence of the drug markets also reveals that only action on an international scale can produce substantial results. This being the case, a national drug strategy, despite the specific characteristics that it may and indeed must have, should be part of an international strategy and should contribute, with all the means at its disposal, to this strategy’s appropriateness and effectiveness.

INTERNATIONAL STRATEGY AND EUROPEAN POLICIES

5 – The strategy of the international community

The first multilateral conference on the drug problem dates back to 1912. This was the International Opium Convention or Hague Convention, prepared following the first international conference on drugs, which took place in Shanghai, in 1909.

It should be remembered that the problem of opium use had reached epidemic proportions, especially in China (more than 10 million opium addicts in 1906, in a population of 450 million) – despite the fact that its use was prohibited since 1800 –, as a consequence of the massive production of opium in that country and the fight against restrictions on the trade in this drug waged during the famous Opium Wars, in which China confronted the United Kingdom and other colonial powers interested in the trade18. When, in 1907, the Chinese authorities sought to ensure the progressive elimination of the production of opium and made an agre-ement with the British Government (which had finally imposed restrictions on the opium trade in 1868) aimed at reducing imports, importation from other sources and the spread of the phenomenon to other Asian countries and to some of the European colonial powers revealed the clear insufficiency of solutions of a bilateral nature19.

The 1912 Convention arose mainly as, an answer, to the opium problem which was considered at that time to be practically the only drug used on a world-wide scale, although other drugs were mentioned.

Under the aegis of the Society of Nations, in 1925 the Geneva conferences gave rise to two new conventions and the introduction of an improved control system. A mandatory information system and a Permanent Control Board which is the predecessor of the current systems of international control were set up.

Nowadays, the attention of the United Nations Organisation system regarding the drug problem involves primarily the Economic and Social Council and one of its specialised committees, the Commission on Narcotic Drugs. Its operative arm is the United Nations International Drug-Control Programme (UNDCP).

Recently one of UNDCP's most significant fields of action, besides promoting international cooperation at a variety of levels, has been the promotion of alternative development, aimed at eradicating certain illicit crops, within the framework of a global plan to eliminate the illicit production of coca and opium poppies.

It is also important to mention that this problem is being monitored by several different specialised UN agencies, such as the World Health Organisation. Indeed, the drug issue has had an impact on numerous multilateral conventions prepared under the aegis of the UN – such as the Convention on Children's Rights – and in various sectorial UN programmes, such as the recent World Youth Action Programme.

The main legal instruments of the international community's strategy are the three specific international conventions on the drug problem: the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol; the 1971 Convention on Psychotropic Substances; and the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

The first of these conventions aimed, essentially, to limit to medical or scientific purposes the production, manufacture, export and import of, trade in, possession or use of the drugs contained in the list annexed to the Convention.

The second convention had an identical aim in relation to psychotropic substances, also identified in a list, although it establishes a system of weaker control, for clinical use, by prescription, of many of those substances.

Therefore, the aim of those conventions is to secure the control of a licit drug market.

In turn, the 1988 Convention's aim is to control access to the so-called "presursors", which are essential chemical and soluent products (which are capable of being diverted from their regular industrial and commercial use to the illicit manufacture of drugs, and to fill lo-opholes in the previous conventions and, above all, to streng then the fight against illicit trafficking and money laundering.

The INCB operates under these conventions and is responsible for monitoring the implementation of the conventions and promoting compliance with their objectives.

According to data provided by the INCB in its annual report for 1998, the 1961 Convention has now been ratified by 166 States (152 in its form as amended by the 1972 Protocol), the 1971 Convention has had 158 ratifications and the 1988 Convention, which was able to come into effect only two years after its adoption, has already achieved 148 ratifications.

The Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control, from 1987, and the Global Programme of Action are also very important. As are the various resolutions that have been adopted by the Economic and Social Council, in particular those which establish additional control and information requirements.

Recently, the 20th Special Session of the United Nations General Assembly on Drugs, which took place in June 1998, in New York – and whose preparatory committee was presided over by Portugal – adopted an important political declaration20 that upheld the principle of the common and shared responsibility of States that, superseded the old distinction between producer and consumer countries. Unprecedented relevance is given to demand reduction, notwithstanding the fight against supply which used to monopolise all the attention.

The document also shows a marked concern with the new tendencies in drug use, especially the use of amphetamine-type stimulants.

The political declaration gives form to a formal commitment from the States towards the fight against drugs, especially in the pursuit of objectives and targets arising from the va-rious different sectorial documents adopted during the same Special Session.

Six sectorial documents were adopted.

Firstly, the Declaration on the Guiding Principles of Drug Demand Reduction, that provides guiding principles for the design, execution and evaluation of national strategies

and programmes directed at reducing the demand for narcotic drugs and psychotropic substances. 2003 was established as the target year for the creation for new strategies in this sector or for the relaunching of existing strategies, so as to obtain significant results by the year 2008.
Secondly, we have the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-Type Stimulants and their Precursors, aimed at drawing attention to the problem of the use of synthetic drugs. The control over these types of drugs has been particularly difficult due to the appearance of new varieties – designer drugs – allegedly distinct from those subject to the existing legal frameworks. The Action Plan also recommends the development of demand reduction in relation to these drugs and information about them, as well as the limitation of supply and the strenthering of the control system against amphetamine-type stimulants and their precursors. The political declaration establishes the year 2003 as the target for the creation and strengthening of national legislation and programmes designed to efficiently implement the Action Plan.

Thirdly, a document was adopted on "Control of Precursors", which, in line with the guidelines issued on this matter by the INCB, seeks to prevent the diversion of certain chemical products for the illicit production of drugs, without affecting supplies to industries for licit uses. For this purpose, it is recommended that control of the trade in chemical precursors and the relevant national legislation be improved, as should the exchange of information, the collecting of data and the intensification of international cooperation. The action envisaged includes the preparation of a list of substances for special surveillance of suspicious transactions, especially by producer countries, in compliance with the Resolution of the Economic and Social Council No. 1996/29, section 1, of 24 July 1996. The political declaration esta-blished the year 2008 as the target for the elimination or significant reduction in illicit production, trade and trafficking in psychotropic substances, including synthetic drugs and the diversion of precursors.

Fourthly, the 20th Special Session of the United Nations General Assembly adopted the document "Measures to promote judicial cooperation", with regard to extradition, mutual legal assistance, transfer of proceedings, other forms of cooperation and training, controlled delivery and illicit traffic by sea. This document aims to reinforce multilateral, regional, sub--regional and bilateral cooperation between the judicial, police and administrative authori-ties who deal with criminal organisations involved in drug cases and similar activities, and also recommends that States encourage collaboration between the various services concerned, including the health and social security systems, and ensure the necessary training of their human resources. The political declaration envisages the review or strengthening of the implementation of those measures by the year 2003.

Fifthly, a document was approved on "Money-laundering", that also underlines the importance of international, regional, and sub-regional cooperation, especially information exchange. The principles established in this document include "know your customer" and the rule of mandatory reporting of suspicious activity in order to increase the efficiency of control systems. The political declaration recommends that States which have not yet done so adopt national money-laundering legislation and programmes by the year 2003.

Sixthly and finally, the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and Alternative Development was approved that is aimed at the

eradication of illicit opium poppy crops, the coca bush and the cannabis plant. For this purpose, it envisa-ges the strengthening of international cooperation for alternative development for rural communities affected by the elimination of these crops and the enhancing of monitoring, evaluation and information-sharing, as well as the adoption of law enforcement measures in controlling illicit crops. The political declaration establishes the year 2008 as the target for the elimination or significant reduction of illicit coca bush crops, the cannabis plant and the opium poppy.

The political decisions adopted in 1998 at the 20th Special Session of the General Assembly of the United Nations are, therefore, of extraordinary importance.

6 – European policies and the Council of Europe

Reference, in this respect, should be made to the importance of the activities of the Council of Europe in the development of European policies on drugs and drug addiction.

Of particular importance is the European Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime, signed in 1990 under the aegis of the Council of Europe itself. In fact, most of the policies followed in the European Union on money laundering, including that which resulted in the appropriate above-mentioned legal instruments, are attributable to this Council of Europe Convention.

The Council of Europe Cooperation Group to Combat Drug Abuse and Illicit Trafficking (Pompidou Group), currently presided over by the Portuguese Minister for Justice and to which its respective Member States have been highly committed, constitutes a very important forum for cooperation on a regional scale, to which the European Union.

7 – European Union policies

The issue of drugs has been the object of increasing attention from the European Union. Successive amendments to constitutive treaties have reinforced Community authority on this matter, it now being recognised that the fight against drug addiction is a question of common interest and that the Community will complement the action of its Member States in reducing harm to health caused by drugs, in particular though information and prevention (Article K.1(4) of the Treaty of the European Union and Article 152(1) of the EC Treaty).

It should also be noted that the Schengen Agreement, although its Final Act establishes the right of Member States to pursue their own national policy on prevention and the battle against drug addition, expressly requires States to ensure that their national policies have no repercussions on countries which follow a more restrictive policy.

The mainstays of the policies pursued in Europe are, essentially, the mainstays of the international strategy that has been pursued and which was summarised above.

There are a good number of Community interventions in the fight against drugs and drug addiction, among which the following deserve special mention:

a) The European Union Action Plan in the Fight Against Drugs, 1990-1995, in compliance with the decision of the European Council of Dublin, on 25-26 June 1990;

b) The Council Regulations (EEC) No. 36/77/90 of 13 December, which established the measures to be adopted to prevent the diversion of certain substances for the illegal manufacture of narcotics and psychotropic substances;
c) The Council Directive 91/308/EEC of 10 June, on the prevention of the use of the financial system for laundering of funds, aimed in particular at fighting narcotics trafficking;
d) The Council Directive 92/109/EEC of 14 December, on the production and placement on the market of certain substances used in the illegal production of narcotics and psychotropic substances;
e) The resolution of the Council of Ministers for Health from 16 May 1989, on a European network of health data on drug addiction;
f) The Council Regulation (EEC) No. 302/93 of 8 February, that sets up the European Monitoring Centre for Drugs and Drug Addiction, based in Lisbon and that is provided with a European Network of Information on Drugs and Drug Addiction (REITOX);
g) European Parliament resultion of 15 June 1995 on a European Union action plan to combat drugs, 1995-1999 (OJ C 166 of 31 July 1995);
h) The resolution of the European Parliament on money laundering of June 1996 (A4--0187/96 and OJ C 198 of 8 July 1996);
i) Joint Act No. 96/750/JAI of 17 December, adopted by the Council, concerning the approximation of the laws and practices of the Member States to combat drug addiction and to prevent and combat illegal drug trafficking (without prejudice to each Member State's policy on combating drug addiction and preventing and combating illegal drug trafficking);
j) The Action Plan to Combat Drugs, 1996-2000, which integrates a series of recommendations on information and education and provides for financing for harm reduction projects (Decision 102/96);
k) Joint Act No. 97/396/JAI of 16 June adopted by the Council, on information exchange, risk evaluation and control of new synthetic drugs, following the Council of Europe in Dublin, of 13-14 December 1996;
l) The joint act, of 5 December 1997, that creates an evaluation mechanism for the application and execution on a national level of international commitments to the fight against organised crime and the joint act of 19 March 1998 that established a programme of exchange, training and cooperation designed for those responsible for action against organised crime (Falcone Programme);
m) The joint act that creates a European justice network, adopted by the Council on 29 June 1998;
n) The Action Plan against Organised Crime, approved by the Council of Europe in Amsterdam in June 1997 (OJ C 251 of 15 August 1997);
o) The Joint Act No. 98/699/JAI of 3 December 1998, adopted by the Council, on the laundering, identification, detection, freezing, seizure and loss of instruments and proceeds from crime;
p) The recommendation of the European Parliament to the Council on European cooperation during the special session of the UN General Assembly on drugs on 16 October 1998 (A4-0211/98), which, among other recommendations, suggested that priority be given to social aspects of the drug problem, to demand reduction policies and to reducing health risks. It requests that the Council, promote evaluation of UM conventions on narcotics, with the assistance of the EMCDDA, so that they can be brought into line with new synthetic drugs, and also requests that the Council reaffirm and reinforce its commitment to the UN Conventions of 1961, 1971 and 1988.

These are the instruments on which the European Union policy guidelines are mostly based.

The importance of international cooperation and the UN conventions is a recurring aspect, since many of the actions implemented are in keeping with their implementation frameworks.

Especially important were the joint acts of 1996 (on the approximation of national legislation), of 1997 (on the control of synthetic drugs) and 1998 (on money laundering), as well as the Action Programme for 1996-2000 (on prevention).

CHAPTER II
National Strategy: Principles, General Objectives And Strategic Options

PRINCIPLES

5 – Principles
The national drug strategy is based on eight structuring principles:

1. The principle of international cooperation – The principle of international cooperation, defined in the light of the global dimension of the drug problem, signifies the optimisation of Portugal's intervention, on an international and European level, in the definition and execution of joint strategies and initiatives on the drug problem, as well as the coordination of national policies with international commitments. The principles of international cooperation, therefore, involve five concrete implications for the national drug strategy, which are the following:
a) Optimisation of Portugal's active participation in the evaluation and definition of the international community's drugs strategy, and also in the development of international co-operation initiatives in this field, in compliance, in particular, with the principle of shared responsibility;
b) Harmonisation of national policies with the international strategy adopted within the framework of the UN and with the international commitments to which the Portuguese State is voluntarily and legally bound;
c) Optimisation of the active participation of Portugal in the evaluation and definition of the European Union's strategy on the drug problem, as well as in the development of Community cooperation initiatives;
d) Harmonisation of national policies with the political and legal instruments in effect in the legal framework of the European Union, as well as the commitments made under the Schengen Agreement;
e) Optimisation and promotion of bilateral and multilateral cooperation initiatives involving the problem of drugs and drug addiction, especially with Spain and Portuguese-speaking countries and within the framework of Ibero-American cooperation.

2. The principle of prevention – The principle of prevention consists of the primacy of preventive interventions designed to combat drug demand, through appropriate educational

and informative actions in the community or with certain target groups, the concrete implications of which are:
a) The promotion of primary prevention initiatives, in and outside schools, especially in places and institutions frequented by adolescents and young adults, including workplaces and the Armed Forces;
b) The use of the mass media to publicise information and to mobilise the community towards the drug problem, including raising awareness among media professionals;
c) The selection of target-groups and the identification of their different characteristics, as well as their potential factors of risk or protection;
d) Awareness and publicity of the dangers inherent to the use or abuse of different types of drugs and the different methodologies of their use;

3. The humanistic principle – the humanistic principle means recognition of the human dignity of the people involved in the drug phenomenon and consequently an understanding of the complexity and relevance of the individual, his/her family and background, as well as an awareness of drug addiction as an illness and the consequent assumption of responsibility by the State in upholding the drug addict's constitutional right to health and the avoidance of social exclusion, without prejudice to his/her individual responsibility. Several concrete implications for the national drug strategy arise from this principle:
a) A guarantee of the conditions needed for access to treatment for all drug addicts who seek treatment, through a national, public network of consultation centres and health care provision, as well as funding for treatment and social reintegration;
b) A guarantee of minimum standards of quality at the institutions providing services in the field of treatment and social reintegration of drug addicts, through a demanding system of licensing and monitoring;
c) The promotion of incentives for effective social and professional reintegration of drug addicts, with the adoption of exceptional measures of positive discrimination;
d) The adoption of harm reduction policies to help preserve an awareness among drug addicts of their own dignity and constitute a means of access to treatment programmes or programmes minimising social exclusion;
e) Scrupulous definition of the legal framework for the different behaviours related to the drug phenomenon, in compliance with the humanistic principles that shape our justice system as the system of a democratic state governed by the rule of law. These are, namely, the principles of subsidiarity, of the ultima ratio of criminal law and of proportionality, with their corollaries, which are the subprinciples of necessity, appropriateness and prohibition of excess;
f) The guarantee of access to treatment for imprisoned drug addicts and the promotion of treatment measures as an alternative to prison terms.

4. The principle of pragmatism – The principle of pragmatism, as a principle that inspires the national drug strategy, complements the humanistic principle and determines an attitude of openness to innovation, through the consideration, without dogma or preconceptions, of the scientifically proven results of experiments made in diverse areas of the fight against drugs and drug addiction and the consequent adoption of solutions that are appropriate for the national situation and that can provide positive and practical results. This principle implies:
a) The promotion of harm reduction policies which, whilst they minimise the effects of use among drug addicts and safeguard their socio-professional reintegration, can also protect

society, by favouring a reduction in the risk of spreading infectious diseases and a reduction in the criminality associated with certain forms of drug addiction;
b) Interested and critical accompaniment of the innovative experiments in course in other countries in the many different fields of the fight against drugs and drug addiction, namely harm reduction and the therapeutic administration of substances, as well as evaluation of their results;
c) Adoption of solutions that prove to be appropriate for the national situation, having considered the nature of the problems facing Portuguese society, the resources available and the priorities arising from the national drug strategy, as well as the provisions of international conventions.

5. The principle of security – The principle of security involves guaranteeing protection of people and property, in the fields of public health and protection of minors, as well as the prevention and repression of crime, in order to maintain peace and public order. Some essential corollaries emerge from the principle of security:
a) The fight against illicit trafficking, including the enforcement of appropriate penalties to traffickers and trafficker-users;
b) The legal recognition of mechanisms to permit, in all cases, the seizure of illicit drugs by police authorities and the carrying out of investigation activities necessary in the combat against trafficking;
c) Maintenance of the illegality of use and possession of drugs;
d) Provision for differentiated penalties for acts involving drugs that are more dangerous to health or whose purchase tends to be associated with behaviours injurious to the community's essential legal assets;
e) The promotion, in the same line as the implications for the principle of pragmatism, of harm reduction policies. That may favour a reduction in the risk of propagation of infectious diseases, a reduction in the criminality associated with drug addiction, or the social and professional reintegration of drug addicts;
f) Promotion of special security measures in schools and other locations frequented by adolescents and young adults.

6. The principle of coordination and rationalisation of resources – The principle of coordination and rationalisation of resources is an organisational principle of the public authorities that involves mechanisms that ensure coordination or efficient articulation between different departments, services and organisations with responsibility in the field of drugs and drug addiction, as well as the optimisation of resources, and avoid overlap and waste. The consequences of this principle are the following:
a) The existence of a system of interdepartmental coordination on drugs and drug addiction;
b) The elimination of overlapping attributions and responsibilities existing among diffe-rent State organisations;
c) The optimisation of management of existing human resources and materials, including the promotion of vocational training initiatives and evaluation in this field;
d) The coordination of the funding to be granted to projects and initiatives that are the responsibility of private entities and the evaluation of the respective results.

7. The principle of subsidiarity – The principle of subsidiarity implies the distribution of responsibilities and competencies enabling decisions and actions to be entrusted to the level

of Administration that is closest to the population, except when the objectives in mind are better fulfilled at a higher level. This principle comprises three subprinciples:
a) The subprinciple of decentralisation, which requires the involvement of local authorities in the issue of drug addiction, especially in the area of primary prevention.
b) The subprinciple of deconcentration, which proposes a model for the structuring of central administration organisations in the field of drugs and drug addiction which is not limi-ted to central services but also includes services closer to the population, on a local level, in particular;
c) The subprinciple of centralisation, which determines the attribution of responsibilities to central administration on issues of drugs and drug addiction when this permits more efficient execution of the objectives envisaged.

8. The principle of participation – The principle of participation consists of the intervention of the community in the definition of policies on drugs and drug addiction, as well as its mobilisation for different aspects of the fight against drugs. The following are specific implications of the principle of participation:
a) Optimisation of the National Council for Drug Addiction and other mechanisms of organic and procedural participation by citizens, by representative associations and by institutions interested in the definition of policies towards drugs and drug addiction;
b) Support for the initiatives of institutions representing civil society in the domains of primary, secondary and tertiary prevention;
c) Incentives for the operation of a network of private institutions providing services in the fields of treatment and social reintegration of drug addicts, through financial funding to be granted to families, above all to the most needy;
d) Increasing awareness and mobilisation among families, teachers, schools, institutions representing civil society, media professionals and, above all, young people themselves, in relation to the problem of drugs and drug addiction and to individual roles in relation to the drug issue.

GENERAL OBJECTIVES

9 – General objectives

There are six general objectives of the national drug strategy:

I. To contribute to an appropriate and efficient international and European strategy for the world drug problem, as regards demand and supply reduction and which includes the fight against illicit trafficking and money laundering.

II. To provide Portuguese society with better information about the phenomenon of drugs and drug addiction, as well as the dangers of particular drugs, from a preventive perspective;

III. To reduce the use of drugs, especially among younger members of the population;

IV. To guarantee the necessary resources for treatment and social reintegration of drug addicts;

V. To protect public health and the security of people and property.

VI. To repress illicit traffic of drugs and money laundering.

STRATEGIC OPTIONS

10 – Strategic options

The national drug strategy, in the light of its structuring principles and in compliance with the objectives defined, is developed on the basis of 13 fundamental strategic options:

1. To reinforce international cooperation and to promote the active participation of Portugal in the definition and evaluation of the strategies and policies of the international community and the European Union.

2. To decriminalise the use of drugs, prohibiting them as a breach of administrative regulations.

3. To redirect the focus to primary prevention, by mobilising young people, parents, schools, institutions representing civil society and media professionals and reviewing the content of messages and actions so as to identity risk and protective factors and the specific characte-ristics of the target groups, by guaranteeing continuity of preventive interventions, by providing accurate information about the dangers of different types of licit and illicit drugs, by including the new synthetic drugs, and by granting priority to actions designed for late childhood and early adolescence, as well as for populations with high-risk behaviour.

4. To extend and improve the quality and response capacity of the health care network for drug addicts, so as to ensure access to treatment for all drug addicts who seek treatment.

5. To extend harm reduction policies, namely through syringe and needle exchange programmes and the low-threshold administration of substitution drugs, such as methadone, as well as the establishement of special information and motivation centres for drug addicts with particularly high-risk behaviours.

6. To promote and encourage the implementation of initiatives to support social and professional reintegration of drug addicts, including exceptional methods of positive discrimination.

7. To guarantee conditions for access to treatment for imprisoned drug addicts and to extend harm reduction policies to prison establishments, in articulation with the respective services of the Ministry for Health and the institutions of the National Health Service.

8. To guarantee the necessary mechanisms to allow the enforcement by the competent bodies of measures such as voluntary treatment of drug addicts as an alternative to prison sentences or to other penalising measures by competent bodies.

9. To increase scientific research and the training of human resources in the field of drugs and drug addiction, with special priority for research on the dangers of different drugs and

interdisciplinary research on the phenomenon of use in Portugal, as well as the implementation of a National Information System on Drugs and Drug Addiction.

10. To establish methodologies and procedures for evaluation of public and private initiatives in the field of drugs and drug addiction.

11. To adopt a simplified model of interdepartmental political coordination for the development of the national drug strategy, substituting Projecto VIDA, which is to be terminated, and granting the Portuguese Institute for Drugs and Drug Addiction responsibilities in the field of primary prevention, providing it with regional services and the responsibility for building dynamic partnerships with local authorities.

12. To reinforce the combat against drug trafficking and money laundering and to improve the articulation between different national and international authorities.

13. To double public investment to PTE 32 billion (at the rhythm of 10% a year) over the next five years, so as to finance the implementation of the national drug strategy, especially in the areas of prevention (primary, secondary and tertiary), research and training, to subsidise families within the framework of the support system for treatment and social reintegration of drug addicts and to support initiatives of public interest promoted by private charity institutions and other institutions representing civil society. This public investment also contemplates the development of a special drug prevention programme in prisons.

CHAPTER III

International Cooperation

11 – The strategic importance of international cooperation

The first structuring option of this national drug strategy points to a strengthening of international cooperation, as a logical corollary of recognition of the global dimension of the drug problem.

An efficient political response to the problem of drugs indeed requires cooperation with the international community and the international organisation of a regional scope.

The strengthening of cooperation is, therefore, a priority.

Moreover, the active participation of Portugal in the definition and evaluation of the strategies and policies of the international community and the European Union are an integral part of the national drug strategy.

Portugal has in fact already been called on to carry out duties of considerable responsibility in the context of UN activities on the question of drugs. Particular attention has already been drawn to the importance of Portugal having presided over the Preparatory Committee for the 20th Special Session of the United Nations General Assembly, which took place in June 1998, in New York.

Since 1995, Portugal has also been a permanent member of the Commission on Narcotic Drugs and there is a Portuguese member21 of the INCB – two fundamental structures of the United Nations system with competence in the field of drugs.

This undeniably prestigious presence and political importance on an international scale has enabled Portugal, due to its position and experience, to contribute to the dialogue between different countries and to influence the development of the international community's strate-gy, as was the case recently in New York with the development of the demand reduction aspect.
Within the scope of the Council of Europe, as has already been mentioned, Portugal, by way of the Minister for Justice, currently presides over the Council of Europe Cooperation Group to Combat Drug Abuse and Illicit Trafficking (Pompidou Group).

Within the European Union, Portugal also has specific responsibilities, due to the fact the Lisbon has been chosen for the headquarters of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). This specialised agency that is within the scope of the European Union – and was presided over by Portugal between 1994 and 1997 – seeks to provide reliable and comparable information about the phenomenon of drugs and drug addiction and their effects.

Since 1998, the Federation of European Professionals Working in the Field of Drug Abuse (ERIT) also has a Portuguese expert as its President22.

It should be noted, however, that the importance of international cooperation must also lead to the harmonisation of national policies with the international strategy and with international commitments that have been made, as well as the political and legal instruments in effect in Europe.

12 – The United Nations Organisation
The United Nations Organisation is a privileged forum for the definition and development of the international community's strategy towards the problem of drugs.

In the future, it will be important to maintain and intensify Portugal's commitment to the work of the UN in this field.

An awareness of its own responsibilities does not prevent Portugal from promoting the eva-luation of the international community's strategy and actively participating, without bias, in the debate on its results and its adaptation to the permanent changes in the phenomenon of drugs and drug addiction.

This is not a case of wanting to launch a debate that, indeed, already exists within the international community. Neither is it a case of precipitating radical alterations in the strategy that has been pursued and that has united the efforts of most countries throughout the world. It should be remembered, that the most recent international convention, the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, only dates back to 1988, although it was ratified by the necessary number of States in record time and came into effect a mere two years later, in 1990 – less than a decade ago. Last year, this Conven-tion had already obtained 148 ratifications, including that of the

European Union, and no ratifying State has, so far, even mentioned the possibility of disassociating itself from its international commitments.

Whatever the case may be, it would not be acceptable for the international strategy to be immutable, as if it were dogma.

It is, therefore, important that the international strategy be submitted to the same technical and political evaluation to which all the different initiatives related to drugs and drug addiction should be submitted, as is now fully acknowledged.

Indeed, the establishment in New York of a series of goals to be achieved by the years 2003 and 2008 inevitably requires an assessment of the results obtained with a view to the definition of future policies.

In turn, Portugal has committed itself to pursuing the objectives laid out in the special session in New York and will support all efforts made to this end by the countries with which it maintains privileged relationships, namely Portuguese-speaking countries in Africa.

13 – The Council of Europe

The Council of Europe is an important forum for cooperation on drug-related matters.
As mentioned above, its was under the aegis of the Council of Europe that the important European Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime was adopted in 1990.

The 11th Ministerial Conference, which took place in Tromsoe, Norway, in May 1997, approved a political declaration and the working programme of the Cooperation Group to Combat the Abuse and Illicit Trafficking in Narcotic Drugs and Psychotropic Substances for the three-year period 1997-2000. This serves as a guide for cooperation to be developed in a variety of domains, namely legislative and judicial matters, but also data collection and the exchange of knowledge, as well as education and health. The objective is to attain a multidisciplinary approach to the problems related to the use of and illicit traffic in narcotic drugs and psychotropic substances.

This national drug strategy reaffirms the importance of international cooperation within the Council of Europe and accepts the priorities set out in the work programme adopted for the three-year period of 1997-2000.

14 – The European Union

The dynamics and consequences of the European integration process require that a significant part of Portugal's international cooperation on drug-related matters be developed within the context of the European Union.

In fact, the elimination of intra-Community border controls, together with the free circulation of people and capital, pose specific challenges to the European Union whith regard to control of the traffic and the illicit market in drugs, in a context of increasing globalisation of the drug phenomenon itself.

One of the most significant aspects of this control and of the definition of policies on a European level is the exchange of information.

Cooperation will continue to develop whith regard to the different key policies of the European Union, from public health protection to demand reduction, from precursor trade to economic issues related to money laundering, from the fight against organised crime to customs, police and judicial cooperation. This cooperation should continue to be pursued in an increasingly integrated manner, within the operating framework of the so-called Horizontal Group "Drugs" (transpilar).

It is also important for Portugal to contribute to the construction of a European policy on drugs and drug addiction, so that the European Union itself can fulfil its responsibilities in the definition and development of the international community's strategy.
Portugal will also seek, throughout its Presidency of the European Council during the 1st half of 2000, to follow up on its concerns expressed in this strategy and to ensure that due importance is given to the problem of drugs and drug addiction.

15 – Bilateral cooperation and cooperation with Portuguese-speaking countries
Portugal has signed several international bilateral cooperation agreements23.

It is important to give priority to relations with our neighbour Spain, owing to its geographic proximity and the similarities of the drug phenomenon in the two countries. Existing data on the origin of drugs seized in Portugal reveal that a significant part of the drugs that circulate in Portugal come from Spain or are in transit to the Spanish market or to other countries via Spain. This cooperation involves the mechanisms provided for in the Luso-Spanish Agreement on Cooperation in the Fight against Drugs, from 1987, and the Mixed Luso-Spanish Commission on Cooperation in the Fight against Drugs, which, after the most recent meeting in May 1998, should be provided with greater operability, above all in the domains of primary prevention, social and health assistance, social reintegration, information exchange, international cooperation and border controls.

Likewise and for other similar reasons, it is important to intensify bilateral cooperation with Morocco.

In general, it is also necessary to ensure proper fulfilment of the bilateral agreements that have already been signed and to increase cooperation in this domain with Portuguese-
-speaking countries.

This cooperation is also present on a multilateral level, through the Cooperation Agreement between the Governments of the Community of Portuguese-Speaking Countries (CPLP) for the Demand Reduction, the Prevention of Undue Use and the Fight against Production of and Illicit Traffic in Narcotic Drugs and Psychotropic Substances, signed on 18 June 1997.

16 – Iberian-American Cooperation
Portugal has been deeply committed to the promotion of Iberian-American cooperation, on both bilateral and multilateral levels.
On the bilateral level, Portugal has cooperation agreements established with Brazil, Venezuela, Argentina, Cuba and Uruguay and also participates in cooperation actions with

other countries. An example of this is the international programme to fight drugs in Peru, which involves the promotion of alternative development, aimed at the replacement of coca leaf production and at fighting social exclusion through social reintegration of children and young drug addicts. A cooperation agreement was also recently established with Peru, that is aimed at providing technical and financial support and that includes harm reduction.

On the multilateral level, it is necessary to note the important Euro-Iberian-American seminar on "Cooperation in drug and drug addiction policies", organised by the President of the Republic, on the occasion of the Iberian-American Summit, which took place in Oporto in October 1998. This summit led to the Oporto Declaration, on 9 October, which pointed to the reinforcement of cooperation in the area of drug addiction, especially as regards information – including, among other things, reliable and compatible systems of information technology. It also envisaged cooperation on the basis of cooperation between cities. This Declaration also stressed the need for more resources to reduce demand, by balancing them with those allocated to supply reduction, as well as the reinforcement of risk reduction policies and the fight against the social exclusion of drug addicts.

Iberian-American cooperation in drugs and drug addiction should be intensified in the future, as was proclaimed in the Oporto Declaration. It is also important to establish or strengthen its mechanisms, so as to promote the exchange of experiences, of training and of alternative development. Iberian-American cooperation can and should serve as a basis for more extensive cooperation between Europe and Latin America, in particular within the framework of the mechanism for coordination and cooperation on drugs between the European Union, Latin America and the Caribbean, where by, in Panama City, the first Global Action Plan to Combat Drugs was approved.

CHAPTER IV

Legal Framework

LEGISLATIVE POLICY AND DRUGS

17 – The public debate on decriminalisation of drug use

In Portuguese society, as in the rest of the world, there has been intense and fruitful public debate on the issue of the legal framework for drug use.

This debate, which is by no means new, has gained a new status in Portugal over recent years.

The initiatives of the President of the Republic in sponsoring extensive public debate on this question24 have been especially notable.

Debate has also been extensive since the Government took the initiative to appoint a commission to prepare a proposal for a national drug strategy and, especially, since this commission presented its final report, which included a proposal for decriminalisation of private use of drugs, as well as its possession and purchase for this use.

There are evident merits in this debate in a democratic society such as ours.

It is important to realise, however, that the presentation of alternative solutions does not always occur with the necessary rigor required in the use of terminology and sufficient identification of predictable consequences, thereby contributing to the sowing of confusion in the public mind – as well as illusions.

Although the mass media's natural interest in this subject, has enabled the debate to be publicised and opened up to the participation of different personalities of significant institutional responsibility and public repute, as well as many other interested parties, it has also provoked, due to the unavoidable nature of mass media's language, some simplification of the terms of a complex discussion. However, at the same time, it has given the Portuguese legal framework on drugs a disproportionate significance in relation to the discussion of the type drug strategy Portugal should adopt.
Whatever the case may be, there is obviously no doubt that legislative policy occupies an important place in the current national drug strategy.

For a better understanding of this legislative policy, as envisaged in the strategy presented herein, it would be advisable to give an account of the theoretical alternatives available and, at the same time, clarify the terminology adopted, so as to minimise the misunderstandings that the complexity of the subject and the existing confusion might cause.

18 – Prohibition and anti-prohibition: a simplistic dichotomy
Despite all that distinguishes each of the various alternatives that have been put forward, they, can be traced back to one of two sources: anti-prohibition and prohibition.

This terminology, which has some usefulness and is used here for the sake of convenience, should not be used, however, without prior warning that it is a manifestly simplistic dichotomy, involving a simplification that might lead to error.

In fact, not all "anti-prohibitionist" proposals necessarily exclude regulations that impose certain prohibitions. Nor are "prohibitionist" proposals limited to a purely repressive attitude, especially when, as is quite common, the framework of penalties establishes solutions – such as the treatment of drug addicts as an alternative to the enforcement of prison terms – clearly revealing that the aims of prohibition tend to lead away from purely repressive purposes.

19 – Legalisation: the "anti-prohibitionist" alternatives
With this warning, it will be easier to understand that the so-called "anti-prohibitionist" alternatives do not include only pure liberalisation of drug use and trade – the ultraliberal solution which, it can be said, has very few advocates. It involves a total lack of rules, other than the rule of free market operation, throughout the circuit starting with drug production and ending in use, but also regulations by which the legalisation of use is associated with the legalisation of the very distribution of and trade in drugs, whether these are entrusted to the State, as a monopoly, or open to the intervention of private economic agents, through a regime commonly called "passive trade"25. The idea of "passive trade" includes rules governing conditions for access to the activity, licensing, location, trading hours, prohibition of sales to minors, as well as brands, emblems and advertising, supervision, quality control

and control of origin. These rules might also involve the holding of a monopoly on the sale or distribution of drugs by pharmacies or health institutions, possibly under the additional condition of a medical prescription specifying the type of drug and the respective quantities.

From an economic point of view, liberalisation leads drugs pricing established by market forces, based on supply and demand, in conjunction with the effects of fiscal policies that would take into account the different degrees of dangerousness of the different drugs – in any case producing prices predictably lower than those existing under prohibition, with obvious advantages in terms of the fight against exclusion and criminality associated with drug addiction. However, the different regulation schemes allow for a variety of economic regimes, ranging from the above-mentioned liberal regime, of free prices with sales subject to taxation, to the free distribution of drugs to addicts by the State. It also includes mechanisms for administrative regulation of prices, in order to exclude generalised free distribution, replacing it with actual sales, with controlled prices, and mi-nimum or no profit for the economic agent.

In any of these hypotheses, the establishment of a system of legal trade in drugs, with more or less restrictions, has been presented as a way of expropriating from existing drug traffickers and their criminal organisations a sinister trade that is so extensive and has so many obscure ramifications that it has become a serious threat to the safety and integrity of States.

A more moderate solution that could just about be considered “anti-prohibitionist” would consist of the mere legalisation of use, in which the lawfulness of use, as well as possession and purchase for this use – established in the name of individual freedom, or merely in the name of the idea that the drug addict has an illness and he/she should not be punished because of this –, far from being a subjective right of those interested or from turning into an express administrative authorisation or even into a regulation, would coexist with the prohibition of trade, thereby preventing, in practice, the act of buying and selling, obviously essential for use, from taking place in the context of a non-clandestine market, with all the consequences that this would incur, regarding drug prices and associated criminality in particular, but also, for practical reasons, the fight against trafficking itself.

All things considered, what these three alternatives – mere legislation of use, regulation and liberalisation –, traditionally denominated “anti-prohibitionist”, have in common is a greater or lesser degree of legalisation, which varies from simple use to the whole economic circuit. But it is also true that, precisely for this reason, the expression “legalisation” does not serve to distinguish the different “anti-prohibitionist” solutions, for which reason the term “lega-lisation debate” is being replaced in UN terminology by “regulation debate”, since it is this – regulation – and not the other “anti-prohibitionist” proposal that has in fact been at the centre of the debate.

It can also be noted that any of these alternatives can be conceived for all or only some of the drugs currently considered illicit and could cover only “private” use or also “public” use of these drugs.

Strictly speaking, a mixed regime could also be considered, "anti-prohibitionist" for use itself and "prohibitionist" for the possession and purchase of drugs for that use. However, as is obvious and as the experience of several European countries has shown26, a solution of this type – which could be justified philosophically as the affirmation of individual freedom, restricted only by practical imperatives, especially in terms of the fight against trafficking – would correspond, in reality, to the indirect prohibition of use, since it is quite obvious that this could not reasonably take place without the possession of drugs by the user. In fact, the user intercepted in the very act of using the drugs would not be punished for the act of using it, but could be for the act of possession, unless he could count on, the tolerance of the authorities as is sometimes the case.

It is, undoubtedly, a solution of a "prohibitionist" type, in which the strict legalisation of use, logically circumscribed to private use, would not, in itself, have any practical relevance or even a symbolic interest worthy of note.
At any rate, it would not seem that this solution could be considered a true alternative, especially when faced with an existing legal structure that is already "prohibitionist". In fact, the evolution from direct prohibition of the use of drugs to indirect prohibition, would inevitably be considered an inexistent alteration of the situation in the eyes of public opinion: the prohibition would not have disappeared, but would have merely been hidden behind a cloud of hypocrisy. It can therefore be said that differentiated legal treatment of use and possession of drugs is rejected forthwith, so indirect prohibition of use will not be considered in this document as a real alternative. Instead reflection on legislative policy will be focused on the binomial of use and possession.

20 – Illicitness: the "prohibitionist" alternatives
The main "prohibitionist" alternatives are also varied.

Whereas the distinguishing and common element of "anti-prohibitionist" solutions is their greater or lesser degree of legalisation, what identifies "prohibitionist" solutions is illegality or illicitness of use (direct or indirect, through the prohibition of possession) and, even more so, of drug trafficking itself.

In theory, this illegality can also, as is obvious, be applied to all or only some of the drugs and to public use or to private use.

In the vast majority of countries and also in Portugal until now, the illegality that is characteristic of "prohibitionism" takes the form of a criminal offence and, therefore, is a model of (direct or indirect) criminalisation of use.

This "criminalisation" results, as a rule, in a system of penalisation or criminal penalties whose paradigm are, at least among us, prison terms and fines. These are the most typical sentences, but, theoretically speaking, there are a variety of additional solutions, starting with the possibility of a prison term that is so reduced that it practically prevents effective imprisonment – except in certain cases of consecutive sentences or substitution of the payment of a fine – and extending to treatment as an alternative to imprisonment, to the enforcement of other penalties, such as a simple warning or to community work, to mechanisms by which penal action is not enforced or the provisional suspension of

proceedings, or probation, or even discharge or exemption from punishment, which would constitute true criminalisation with depenalisation.

On another level, it could also be possible to conceive, as has already been proposed, a particular formulation of a type of crime, which, unlike the current type of crime of abstract danger, would be configured as a crime of concrete danger (concrete-individual or concrete-common), which is the same as saying that criminalisation would be retained but the criminal offence would only be established if there was, in fact, an actual threat to legally protected interests of the community27.

But solutions of the "prohibitionist" type are not limited to criminalisation. That is to say, the illegality does not have to materialise, necessarily, as a some criminal offence.

In fact, it is possible, to conceive an alternative approach, such as has been adopted in Spain and Italy. There the offence amounts merely to the breach of administrative regulations, the commission of which amount to an administrative offence, punished by adminis-trative penalties, which are normally administrative fines, other penalties or ancillary or alternative measures, imposed by the administrative authorities, not with standing the right to resort to the courts. Other solutions are also possible such as treatment of drug addicts or the adoption of other measures as an alternative to the enforcement of a fine or other administrative penalties, as well as the enforcement of a simple warning for less serious cases or first offences, or even the provision of discharge or exemption from punishment, in a scenario which one might call administrative offence with depenalisation.

21 – The main alternatives and the concepts of decriminalisation and depenalisation

The most important alternatives to be encountered in the definition of the legislative policy of the national drug strategy are: in an "anti-prohibitionist" framework, liberalisation, regulation or mere legalisation of use; in a "prohibitionist" framework, criminalisation or administrative offence.

The expressions "decriminalisation" or "depenalisation", which recur in this debate do not really identify a legal framework model, but rather a movement in relation to a previous situation.

Indeed, as there is already a model of criminalisation, among us the adoption of any of the other models referred to above would correspond to a movement towards "decriminalisation", even if only partial.

This statement, however, is not valid for the term "depenalisation". In fact, should there be a transition from our model of "criminalisation" to a another "prohibitionist" model, such as that of administrative offence, direct or indirect "penalisation" of use could be retained, through administrative penalties – at least using the concept of "penalty" in its broadest sense, so as to cover what in legal doctrine is designated as "non-criminal penalties", especi-ally justified here considering the sense of the term in every day language that is the vehicle for this discussion. In other words, this hypothesis would not involve true "depenalisation", but rather a degree or intensity of depenalisation.

Should there be a transition to a legalising solution in any of the "anti-prohibitionist" models, then we would really have not only "decriminalisation", but also "depenalisation", since if a behaviour is legal, it obviously could not be penalised, in any way.

But the truth is that it is not only possible, as we have seen, for there not to be total depenalisation with the transition from one model to another, if the new model is still equally "prohibitionist", but there can also be a depenalisation movement within the criminalisation model itself. In fact, it has already been explained that it is possible to conceive situations of criminalisation with discharge or exemption from punishment, which are justly called criminalisation with depenalisation or crime without punishment. Any extension of these situations in Portuguese positive law, even if it did not involve subversion of the global model of criminalisation, could easily be labelled "depenalisation".

In short, "depenalisation" is not exclusive to the transition to "anti- prohibitionist" models, but may occur, at least in certain situations, within "prohibitionist" models, whether within a criminalisation framework or within the framework of a mere administrative offence.

22 – The Committee's proposal

The proposal made by the National Drug Strategy Committee in its final report was, unanimously, the decriminalisation of private use of drugs (contained in the charts) and, by a majority, the decriminalisation of possession and purchase of these drugs for private use28.

This being the case, the Committee suggests a movement towards decriminalisation and, consequently, an amendment to Article 40 of Decree-Law 15/93, of 22 January.

We have already explained, however, that the idea of "decriminalisation" does not identify, in itself, the alternative legal framework model to be adopted, it only excludes the current model of criminalisation.

However, considering that the Committee does not propose the decriminalisation of the sale of drugs, which would continue to be a crime, the scenarios of liberalisation and regulation of the drug trade are obviously excluded.

The alternatives of mere legalisation of use and the prohibition of use as an administrative offence would remain apparently compatible with the Committee's proposal, both covering possession and purchase but being restricted to private use, since public use would remain a crime.

This is the result of the final report presented by the Committee.

It is worthwhile, however, to recall that the legal opinion presented by Prof. Faria Costa, which served as a reference for the Committee's conclusions on this matter, expressly indicates that the only alternative to criminalisation of possession for use that might be considered compatible with international conventions is, precisely, its prohibition as an administrative offence – an argument which would immediately exclude the model of mere legalisation of use29.

Let us recall the conclusion of this opinion: “Although it is true, however, that conventions do indeed impose a prohibition of use, in the sense of the impossibility of total liberalisation, this prohibition, should it not be caught by the net of criminal law – by option of the ordinary legislator –, would have to be left to administrative law […], namely through an administrative regulation with a penalising nature, such as administrative regulations”30.

It is also worthwhile to recall the clarification later offered by Prof. Daniel Sampaio, a follower of the school of thought that, on this point, claimed victory in the Committee: “The Committee proposes ‘decriminalising’ private use, as well as the possession or purchase for this use. This simply means that no one will be arrested for using drugs […]. It should be explained that ‘legalisation’ of drugs is not what is being proposed, nor their liberal diffusion, neither is the fight against trafficking being diminished. To decriminalise does not mean to depenalise”31.

For a perfect understanding of the precise terms in which the Committee’s proposal is made, it is also important to recall that the Committee declares in the same final report that “it does not defend the isolation of Portugal in international organisations or any break with international conventions, although the opinion of a Law professor suggests that this confrontation is not clear”, for which reason “Should the Government, share the majority opinion of the Committee, it should seek support leading to a progressive evolution in the positions of international authorities in the desired direction”32.

23 – The law and practical enforcement: the Dutch model

It is also important to bear in mind that although discussion of this issue from a legal point of view is important, it does not in itself provide a complete and accurate perspective of the functioning of the different models. In fact, it is not unusual for there to be a noticeable distance between law in books and law in action; that is, between what is written in the law and practical experience that develops under – and outside – this law.

Even in the countries – and they are the majority – in which the local legal system establishes direct or indirect prohibition of use through a criminalisation model, we can find, based on all sorts of reasoning and sometimes using the most imaginative expedients, certain practices which – through contradicting what the credibility of the dissuasive function of criminal law would appear to demand – are materialised in a pragmatic attitude of tolerance towards the use of illicit drugs or, at least, of some illicit drugs, without, however, getting rid of its characteristic marginal or clandestine behaviour.

This fact has been noted, especially, in analyses of comparative law undertaken by competent authorities of the European Union33 and was the motive behind a recent recommendation from the European Parliament calling for a study with the purpose of establi-shing whether this permissive behaviour complies or not with the international conventions currently in force34.

From this perspective, the Dutch model is unusual, and has generated a considerable number of misunderstandings.

In fact, contrary to what is frequently claimed, in the Netherlands the possession of cannabis remains a crime punishable with a prison sentence and fine35. The Netherlands, therefore, possess a "prohibitionist" legal framework, in a criminalisation model.

However, making use of a general principle of its legal system – the opportunity principle in the exercise of criminal action, which is not applicable in Portugal, at least in these terms –, the competent Dutch authorities defined "priorities" or "guidelines" which result, in practice, and in a general sense, in the lack of criminal persecution of those in possession of cannabis up to a certain amount – 5 g. This solution is also extended to the famous coffee shops, esta-blishments which are properly licensed and subject to essentially local and restrictive regulations, in addition to a set of general guidelines, but whose permit fails to mention the most important business for which they are in fact "licensed": the sale of small quantities – the same 5 g per transaction – of hashish.

The Dutch model, therefore, is based on the application of the opportunity principle of crimi-nal action, exercised in such a way as to result in tolerance – which some, quite incorrectly, designate as "liberalisation" – not only in relation to the use and possession of small quantities of cannabis but, also, in relation to its purchase and sale in certain establishments, for the, purpose of separating hard and soft drugs markets.

By separating these markets, the Dutch authorities hope to achieve, as statistical trends appear to suggest, a reduction in the use of the so-called hard drugs, resulting from the crea-tion of a barrier to the transition from less harmful drugs to others with more pernicious effects, a transition which is recognised as being the frequent effect of the mixing of markets and agents.

However, it is important to explain, as the Dutch authorities have done, that this model was adopted for essentially pragmatic reasons. It by no means involves legalisation of the economic circuit, namely operations of cultivation, production, import or export and placement on the market. In other words; in general, the drug whose sale is tolerated in coffee shops comes from objectively illegal plantations, some existing on the pretext of producing seeds for other licit purposes. The system is, therefore, supplied essentially through illicit traffic, in clandestine operations with internal or external producers.

It is impossible to make an accurate presentation of this model without taking into account the "leaps in logic" in this system, which helps to explain, to a great extent, why respectable Dutch pharmacies do not appear to head sales figures or why the Dutch State could not, even if it wanted to – and it has already confessed that it does not want to, at least in the existing international framework36 –, provide the distribution or sale of cannabis itself.

Having made these clarifications regardin the available solutions and the adopted terminology. We can now focus on the legislative policy envisaged in this national drug strategy.

24 – Rejection of unilateral legalisation of the drug trade

As has already been established, the national drug strategy cannot ignore the global dimension of the problem and the absolutely vital importance of international cooperation

in this domain. Thus, one of the structuring principles of this national strategy is, the principle of international cooperation, from which the articulation of the national strategy with the international strategy and with European policies, as well as its harmonisation with international commitments to which the Portuguese State is voluntarily bound derives37.
This being the case, any unilateral adoption of models directly opposed to the strategy of the international community, namely that stated in the international conventions ratified by Portugal, are rejected outright as totally irresponsible.

For this reason, this national drug strategy excludes from the legislative policy envisaged any mechanism for unilateral legalisation of any type of trade in illicit drugs for use, whether within a model of liberalisation, or within a model of regulation.

In fact, objectively these models contradict, the strategy of the international community and the international conventions currently in effect, which are aimed at regulating the whole system at controlling the operation of a licit international market in drugs for strictly medical or scientific purposes and at preventing these drugs from being diverted from that circuit for mere use. The inherent restrictions of this system are, therefore, clearly incompatible with the legalisation of a parallel market for non-medical use, which is indeed the reason why that model, in that form, has not been established in comparative law.

Even the Dutch authorities have expressly refused to charge their policy of mere tolerance of the sale of small quantities of “soft” drugs, and use precisely this argument38.

It should be noted, therefore, that the immediate consequence of the unilateral adoption of any of these forms of legalisation of the trade for use would be the disassociation or retreat of Portugal from the conventions currently in effect under the aegis of the United Nations.

This attitude, although legally viable, would be politically unsustainable, for various reasons.

Firstly, Portugal would immediately lose everything that has enabled its successive governments its diplomacy and specialists to consolidate, over the last decade, an international position of undeniable prestige in this field, expressed in the attribution of exceptional responsibilities in a wide variety of international organisations, with the inherent possibility of effectively influencing the evolution of an international strategy.

Secondly, the legalisation of trade by one isolated country is absurd if there is no legalisation throughout the economic circuit, starting from the production or cultivation of drugs and including all cross-border movements.

In fact, as the international licit market is subject to controls to ensure that the drugs that circulate within it are not diverted for use, a State that opted for unilateral legalisation of the trade would have to resort to supplying itself or to licensed economic agents, to the clandestine black market or, alternatively, to reconverting a significant part of its agriculture and its industry for the country itself to ensure the provision of this market, on the basis of self--sufficiency. There is no need to stress the absurdity of this idea.

Thirdly, the inevitable – and desirable – reduction in prices resulting from the legalisation of the trade would to attract drug addicts from other countries, especially in the European context of free movement of persons. This movement might not be restricted to the so-called "cannabis tourism", which is major concern of the Dutch authorities, but would extend to the users of the so-called "hard" drugs, if the solution was also valid for them. It is evident that there would be dramatic social and public-health-related consequences of predictable migratory movement and a total rupture of the Portuguese system of support for drug addicts,which would turn this new "drugs paradise" into a veritable nightmare.

Fourthly and lastly, the unilateral legalisation of the drug trade would hardly be compatible with the European integration of Portugal itself or, at least, as recognised by the Dutch authorities, with accession to the system of elimination of border controls envisaged in the Schengen Agreement. In fact, this position would not only be in discordance with the policy drawn up in Europe but, in addition, it would be a real threat to the other Member States of the European Union, who would be even more exposed to the undesirable movements of the uncontrolled importation of drugs. Indeed, as has been already noted, although the Schengen Agreement acknowledges the autonomy of each State to define its policy in this field, it also requires the ratification of United Nations conventions and expressly forbids signatory States to develop drug policies that harm the more restrictive policies pursued by their Schengen partners.

And it was also for all these reasons, also, that when the Committee on Civil Liberties and Internal Affairs decided, in 1997, to submit a proposal for recommendation to the plenary session of the European Parliament – which was not, at that point, approved – for the depenalisation of drug use and the regulation of the cannabis trade, it understood that it also had to propose, and did indeed propose, initiatives aimed at the revision of the international conventions to which the European Union itself is bound "in order to authorise [sic] the Parties to depenalise the use of illicit substances, to regulate the trade and the production of cannabis and its derivatives […]"39.

Almost all the personalities in Portugal who have spoken in favour of systems of legalisation of the drug trade – of all or only of the so-called "soft" drugs – have shown, as would be expected, a strong sense of responsibility (which has almost always been ignored in the mass media) of drawing attention to the fact that this proposal is only viable "within the context of a new multinational convention" (Almeida Santos), or "not in an isolated country, but in indispensable international coordination" (Cardona Ferreira), or "on a planetary scale" (Figueiredo Dias), or "simultaneous in all countries", at least "in Europe" (Victor Cunha Rego), or "involving several countries" (João Menezes Ferreira), or "in a large geopolitical space, which could never consist of one single country of the size of Portugal" (Carlos Rodrigues Almeida).

This also appears to be the consensus of the political parties with seats in the Assembly of the Republic.

The fact is that, at least at the moment, this new international framework, does not exist and without legalisation of the drug trade would be an absurd irresponsibility.
On the other hand, it is important to bear in mind the probable growth of use resulting from the increase in access and from the very visibility of the drug phenomenon and, even

admitting the theory defended by some economists that these are products of relatively inelastic demand, less sensitive to market fluctuations. In fact, when making decisions about this matter, it is necessary to consider the levels of what are now called "licit drugs", such as alcohol and tobacco, in order to assess, by comparison, to what extent the relative prohibition of certain drugs, with all evidence indicating that it does not eliminate use, also contributes to containing their growth.

25 – Rejection of the mere legalisation of drugs

In the context of prohibition of drugs for use, the legalisation of this use – which, for the above-mentioned reasons, is here considered in conjunction with the legalisation of possession and purchase – would be undoubtedly problematic, despite the advantages that might arise from better sanitary control of use and the non-consideration of drug addicts as "delinquents".

First of all, it is important to note that it appears to be unavoidable for this alternative not to go against international conventions, which impose the prohibition of possession for use of illicit drugs.

It should be recalled that this was the sense of Prof. Faria Costa's report, requested by the National Drug Strategy Committee40.

But it should also be recalled – this time in relation to the legalisation of use rather than trade –, that the Committee on Civil Liberties and Internal Affairs even presented to the plenary session of the European Parliament a proposal for recommendation that advocated altering international conventions "in order to authorise the Parties to depenalise the use of illicit substances"41.

But there are also substantial considerations to be made.

It is immediately evident that legalisation of use in a context of prohibition of trade would not provide legal access, albeit conditioned, to drugs, as is generally envisaged from an "anti-prohibitionist" point of view. It would, therefore, be a false solution, likely to be accused of a certain hypocrisy or inconsistency, in that use, although licit, could not occur without involvement with the marginality of a clandestine market, thereby feeding an illegal trade.

Secondly, it must be recognised that the mere legalisation of use would imply the disappearance of any penalisation of this use in the letter of the law, consigning a large part of the fight against drugs to the field of prevention, which would lead to this option being seen, even if wrongly, as a sign of encouragement to younger generations or at least of neutrality towards drug use.

Thirdly, this legalisation – were it to have a bearing on any type of drug – would also represent the absence of any legal sanction for a behaviour which, especially in the case of the so-called "hard" drugs, might constitute a real threat to the community's public health, in particular because of the risk of propagation of contagious diseases – not to mention the high costs to the whole support system for treatment and reintegration of drug addicts.

Fourthly, to legalise use maintaining the prohibition of production and trade would not have a significant effect on the prices of drugs – which would remain inflated, especially in the case of the so-called "hard" drugs, such as heroin42 – use of these drugs remaining, therefore, associated with public insecurity, through the criminality which has invaded courts and prisons and which constitutes, for many, the only way of feeding an addiction that grows in inverse proportion to the social and professional integration with which it is compatible.

Fifthly, the mere legalisation of use, albeit "private", would, in practice, be detrimental to protecting the interests of minors.

Sixthly, although such a situation might make an approximation to treatment systems and support for reintegration more attractive to drug addicts, it would prevent the operation of the enforcement measures that, in certain situations, foster this approximation.

And there is more: seventhly, the mere legalisation of use would seriously affect the fight against illicit traffic, in that authorities would no longer be able to pursue the small-scale trafficker efficiently, uncertain of being able to make seizures in the face of the obvious claim that the substances found were for personal use.
It is obvious that not all these arguments are valid for all drugs. Nevertheless, the introduction of a distinction between different types of drugs in order to exclude some from the prohibition would collide with international conventions currently in effect, besides requiring, careful scientific assessment of their effects.

For these reasons, it is important to monitor and promote scientific research on the dangerousness of different drugs, not only with an eye to Portugal's intervention in the definition of international and European strategies on the matter, but also to benefit prevention policies and the domestic legislative policy itself, as will later be seen.

But it should be added that the mere legalisation of the use of the so-called "soft" drugs, separated from the legalisation of trade, would not contribute in any way, contrary to whato is often claimed to the division of markets between "soft" and "hard" drugs, a separation which might prevent the transition from one market to the other. On the contrary, without legalisation of trade, or at least the selective tolerance of the authorities to the operation of this trade – like the Dutch model –, the mere legalisation of use would maintain both markets immersed, as they are today, in the same illegality.

In any case, it should be stressed that the "alternative" of mere legalisation of use of any type of illicit drug is in fact no alternative, because it is contrary to the international conventions ratified by Portugal, which require, as we have already noted, the prohibition of possession and purchase of illicit drugs for use, by treating these conducts as offences.

26 – The adopted legal solution: decriminalisation of use and its prohibition as an offense subject to an administrative sanction

The national drug strategy opts for the decriminalisation of drug use and for its prohibition as an administrative offence, with the consequent amendment to Article 20 of Decree-Law 15/93 of 22 January. This option refers not only to use itself, but also to purchase for this

use. However, cultivation for use, dangerously linked to trafficking, justifies maintaining a criminal-type penalty.

In fact, criminalisation and the consequent mobilisation of the judicial apparatus should serve, above all, the fight against illicit trafficking in drugs and money laundering.

The option of decriminalisation of drug use essentially derives from humanistic principle, which is one of the structuring principles of this strategy. It must respect the fundamental humanistic principles of our legal system, namely the principles of subsidiarity or the ultima ratio of criminal law and proportionality, and the subprinciples of need appropriateness and the prohibition of excess.

In fact, criminalisation is not justified, and it is neither absolutely necessary nor even appropriate to confront the problem of drug use and its undoubtedly harmful effects.

Neither the defence of public health, nor the safeguarding of public security when indirectly threatened, nor even protection of the health of under-age users necessarily call for the criminalisation of drug users for the simple fact that they use, possess, hold or purchase drugs exclusively for their own use. On the contrary, these goals can be sufficiently achieved, without being less effective, through the criminalisation of trafficking, which always reduces attainability, in conjunction with administrative prohibition, as an administrative offence, of use of narcotic drugs and psychotropic substances, as well as their possession and purchase for use – all this along with stronger public policies of prevention and harm reduction.

To this panoply of instruments, we must also add the separate penalising regime for driving a vehicle under the influence of certain drugs, as was recently established and reinforced in the revision of the Highway Traffic Code.

There also appears to be no need to criminalise the possession and purchase of illicit drugs for use only to make it possible for the police authorities to fight trafficking. This purpose is fully safeguarded within a penalising regime such as the administrative offence, for which reason decriminalisation is also called for from this point of view – not so much through imperatives of logical coherence in relation to the decriminalisation of use but, above all, because it is also revealed to be unnecessary in the presence of a not less effective alternative.

In fact, within the scope of the administrative offence, the authorities may identify suspects, seize drugs and carry out the necessary measures to conduct a criminal investigation of traffickers, including cases of possession of drugs for trafficking purposes.

Let it be clear: it is not a case of legalising or even depenalising, at least in the broad sense of these terms. It is a case of replacing the prohibition as a criminal offence, with the prohibition as a more appropriate administrative sanction.

Imprisonment or a fine – which, it should be remembered, is the most common penalty applied to users – have not provided an adequate response to the problem of mere drug use.

However, as experience has also revealed, it has not been demonstrated that to subject a user to criminal proceedings, with all its consequences, constitutes the most appropriate and effective means of intervention, whether in cases of first offences or occasional users, for whom it has proved excessive and therefore disproportionate to mobilise the whole system of penal proceedings, or in the case of drug addicts, for whom preference should be given to treatment as an alternative to the enforcement of penalties, which can and should be established in the scope of the administrative offence.
On the contrary, in many cases, contact with the judicial system and, sometimes, with prison establishments themselves, together with the corresponding social stigma and, in certain cases, the subsequent criminal record, produce harmful effects on the desired recovery and, above all, the reintegration of drug addicts.

From this it can be concluded that the classification as a criminal offence of mere use of drugs, as well as the possession and purchase of drugs for use, is disproportionate. Moreover, the option of an administrative offence encourages, in itself, a more significant use of certain manifestations of the opportunity principle, enabling the introduction of a more flexible system of penalties with an eye to better procedural treatment of individual cases.

On the other hand, the non-intervention of criminal law will allow for the intervention of a system of administrative control by way of the administrative offence and the consequent granting of powers to administrative authorities to enforce penalties and measures, so as to favour the necessary intervention of the competent authorities in the field of prevention (primary, secondary and tertiary), with evident gains in effectiveness, rationalisation and optimisation of resources.

This solution, besides relieving the courts of a considerable number of drug use proceedings, which would be beneficial for the whole legal system, also allows the user to appear in a different procedural position from that of the alleged trafficker and to benefit from appropriate protective measures, and if necessary, have special current day status –, which would contribute towards greater speed and effectiveness of the investigation and reinforce evidence to be used in trafficking proceedings.

In the current context, maintaining prohibition is also an imperative for several reasons, starting with those invoked above against mere legalisation of use43. Indeed, the absence of legal prohibition would be expected to increase use, especially among the underage, resulting from greater accessibility and the absence of a legal sanction of this use. On the other hand, were the possession of drugs not illicit, the fight against trafficking would be seriously harmed.

In any case, provision for an offence is always required in light of international conventions, under the terms of which the Portuguese State is bound to prohibit the possession and purchase of illicit drugs for use. This being the case, the concept of administrative offence is not only the most appropriate in a context of prohibition of trade in these types of drug, but is also the only alternative to criminalisation that is compatible with the international conventions currently in effect.

It should be remembered that this was precisely the conclusion of the aforementioned legal opinion provided by Prof. Faria Costa44.

Finally, it is important to say that, the option for decriminalisation, substituted with an admi-nistrative offence, complies with the proposal made by the National Drug Strategy Committee.

What should be stressed here is that the State is not trying to impose on its citizens a certain type of health behaviour. It wishes to respect international conventions, and preserve the legal sanction that might dissuade behaviours that are potentially harmful to health and to public security, as well as the health of minors and, at the same time, leave the mechanisms that enable the authorities to intervene in areas which educators no longer reach untouched and, above all, efficiently pursue drug trafficking.

27 – Conformity of the adopted legal solution with the Constitution

The decriminalisation envisaged is in strict compliance with the Portuguese Constitution, which, furthermore, generally speaking rejects, constitutional imperatives of criminalisation.

As is commonly understood, even the supervision of fundamental rights protected under the constitution, including those rights, liberties and guarantees that benefit from stricter control, to the extent that they cannot be suspended even under martial law or in a state of emergency (Article 19(6), of the Constitution), does not necessarily have to be done by way of criminal law.

Consideration of the intervention of criminal law is, therefore, the concern of the ordinary le-gislator, who should take constitutional principles and rules into account in this consideration.

Some have even seen this liberty of the ordinary legislator, allowed for in the Constitution, as the grounds to restrict the capacity of international conventions to establish new criminalising imperatives to exceptional situations. This a capacity would be reserved for cases in which the criminalisation is truly indispensable for the core objective in mind. But it can always be answered that although these conventions are infraconstitutional, nevertheless they are also the work of the ordinary legislator, who exercises, in some way, his conforming liberty when deciding on the international obligations of the State.

The problem is usually viewed from precisely the opposite angle, from which it is asked whether it is constitutional to criminalise in law the use of drugs, to the extent that, for some, this might collide with principles of individual autonomy or individual freedom and, above all, with the right to preserve the intimacy of private and family life (Article 26(1) of the Constitution of the Republic of Portugal — CRP) and to the inviolability of the home (Article 34 of the CRP), as they should be interpreted in light of the Universal Declaration of Human Rights. On this subject, it is common to recall other values of equal constitutional dignity to which criminalisation would aim to respond, such as the right to health (Article 64 of the CRP), thus justifying criminalisation through consideration of these conflicting constitutional values.

The prevailing answer is that, at least in this case, neither a prohibition of criminalisation, nor a prohibition of decriminalisation can be extracted from the Constitution, for which reason the strategic option made adapts perfectly to Portuguese constitutional law.

But if something had to be taken from the Constitution on this matter, it would be easier to take the imperative of decriminalising on the basis of the constitutional grounds of the main structuring principles of our democratic State governed by the rule of law, such as the principles of freedom and, in particular, the principles of proportionality and subsidiarity of criminal law.

28 – Conformity of the adopted legal solution with international law

An undoubtedly pertinent question is that of knowing whether the decriminalisation envisaged is in conflict or not with the international conventions to which Portugal is bound, since the strategic option is to harmonise domestic policies with the international strategy.

It is important to draw conclusions from the international conventions currently in effect.

The aforementioned 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, is limited, as far as what we are presently locusing on, to allowing the parties to prohibit possession of narcotic drugs that are not intended for medical or scientific purposes (Article 2(5)) and requiring them to adopt the "necessary" legislative measures to limit to these purposes this possession of narcotic drugs (Article 4(c)). In relation to trafficking, it then prescribes criminalisation subject to the respective constitutional provisions (Article 36(1)a), consistent with the rule of prohibition of possession that is instrumental to trafficking, on penalty of identical criminalisation (Articles 33 and 36(1)a).

As regards possession for use, although it is controversial whether or not it is subordinated to authorisation (provided for in Article 33), which would consign it immediately to administrative law, the truth is that it is not necessarily subject to conviction or penalty and the Parties may, as an alternative or cumulatively, submit those involved to treatment or similar measures (Article 36(1)b). However, possession does not cease to be an "offence", from which it can be concluded that it can correspond to either a criminal offence or an administrative offence.

This was the sense of the legal opinion provided by Prof. Faria Costa, who wrote on the 1961 Convention: "although there is an unequivocal view of use as a pernicious situation – an absolutely undesirable attitude or behaviour that should be combated on all fronts –, its criminal penalisation is not imposed as an unequivocal derivation of the desire of the Parties, as expressed in the regulations of the Convention and the intervention of criminal law remains dependent on its actual need and effectiveness. The prohibition of use, undoubte-dly imposed – to reiterate – […] will not necessarily require its criminalisation, and can be consigned to other branches of law, especially administrative law.45"

Therefore, the adopted strategic option is not only in accordance with the 1961 Convention, because this allows for the non-criminalisation of use (in the sense of possession and purchase for use), but it is also in accordance with the Convention because, as this requires the prohibition of possession and purchase for use, this prohibition exists in the option made by way of an administrative offence, such as the breach of administrative regulations.

In the same way, the 1971 Convention on Psychotropic Substances is based on the logic of prohibition of the use of psychotropic substances, unless for scientific or medical purposes or on medical prescription (Articles 7(1)a and 9(1)), with a view to not only fight trafficking, but also prevent and fight abuse of these substances.

Like the 1961 Convention, this Convention provides for the criminalisation of trafficking (Articles 22(1)a and 21), whereas possession and purchase for use alloow for alternatives to sentencing or penal sanction.

However, in the 1971 Convention, the requirement of prohibition does not cease to be made, as explained by Prof. Faria Costa: "the letter of the law shows us that, as use can imply types of behaviour that may be included in the previous subparagraph – which refers to trafficking –, if the intention of the agent is not to use the substance for his/her own use, trafficking may exist; this model of rule construction can be easily explained by the intention to avoid gaps free of punishment". And later: "In short, because the provisions of the Convention of Psychotropic Substances denote great similarities with the provisions of the Single Convention on Narcotic Drugs, we will only say that the use of psychotropic subs-tances should be limited to medical or scientific use, for which reason both trafficking and use of these substances are presented as undesirable. However, these two realities are also treated in a different way here: for trafficking, criminalisation appears to be imposed; for use, the key idea is that of treatment and social reintegration, with the possibility of non-sentencing which, as we have seen, should not be confused with the non-enforcement of a sentence", for the rest we refer to what was transcribed above on the 1961 Convention46.

In short, the strategic option to decriminalise the use of drugs, as well as possession and purchase for this use, replacing it with prohibition as a breach of administrative regulations, is in compliance with the 1971 Convention, under the same terms as it is with the 1961 Convention.

This whole question has, however, a new framework since the 1988 United Nations Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances came into effect, guided by the purposes of reinforcing the fight against illicit trafficking and money laundering, controlling access to so-called "precursors" (substances necessary for the manufacture of narcotic drugs and psychotropic substances) and filling the gaps in the 1961 and 1971 Conventions.

One of the most important aspects of the 1988 Convention is, precisely, the listing of behaviors that the Parties should qualify as criminal offences. The duty to criminalise trafficking is recalled, specifying, however, the duty to criminalise possession that is instrumental to this trafficking (Article 3(1)a).

The issues related to use are dealt with in the second paragraph of Article 3, paragraph 2, which we hearby transcribe: "Subject to its constitutional principles and the basic concepts of its legal system, each Party shall adopt such measures as may be necessary to establish as a criminal offence under its domestic law, when committed intentionally, the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal use which

care contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention."

It is agreed that no obligation to criminalise use of the drugs listed in the tables annexed to the international conventions can be derived from this provision. But it appears difficult to deny that this same rule leads, unlike what was provided for, at least explicitly, in previous conventions, to the rule of criminalisation of possession and purchase for use.

The problem lies in the scope of the rule or, from another angle, in the scope of the exceptions that expressly limit the scope of this rule.

Indeed, as can be concluded from a simple reading of the regulations, the obligation to adopt "measures as may be necessary to establish a criminal offence" possession and purchase of drugs – since the problem of cultivation is not raised here – only exists when it is not opposed to the constitutional principles and the basic concepts of the legal systems of each Party signatory to the convention.

Although there might not be insurmountable constitutional obstacles to the criminalisation of possession and purchase of drugs for use or even to its provision in international conventions, as we have explained, this criminalisation clashes with "basic concepts of our legal system", expressed in the above-mentioned principles of subsidiarity or ultima ratio of criminal law and proportionality, whose corollaries are the subprinciples of necessity, appropriateness and prohibition of excess.

On behalf of this understanding, we can again summar the opinion of Prof. Faria Costa on the problem of criminalisation of possession for use in the 1988 Convention: "unlike the case of trafficking, there is no absolute obligation for criminalisation, since it can be avoided if it is in conflict with constitutional principles or with fundamental concepts of the domestic legal system […] Note that we believe one of the fundamental concepts of our criminal law to be the principles of subsidiarity or ultima ratio of its intervention. For this reason, in general, it will be the ordinary legislator's responsibility to judge the suitability of criminal law to figth the use of narcotic drugs and psychotropic substances – and the criminalisation of this behaviour should only occur if, as well as necessary, it is also effective in this fight" and in the protection of the legal right underlying the prohibition of use of narcotic drugs and psychotropic substances which "can only be public health"47.

Identical principles, which are after all corollaries of the principles of liberty, are shared – and, therefore, would be summared – by other States governed by the rule of law, which could, no doubt, damage the possibility of, under this international regulation, achieving effective harmonisation or the uniformity of legislative solutions in the Parties' domestic law. But we must realise that the regulation itself does not impose this uniformity, but rather expressly admits divergent solutions in accordance with principles like those which clearly exist in our legal system.

From this account it can be concluded that the international provision in question – and it would have been the political compromise that was possible on an international level – did not relieve the legislators of signatory States of the capacity to, having taken into considera-tion the fundamental concepts of their domestic legal system, opt against the

criminalisation of the possession and purchase of drugs for use. This is the sovereign consideration that is made in this national drug strategy. And, as will have become clear, this is not only due to arguments of logical consistency in relation to the decriminalisation of use itself – arguments which would not, in themselves, allow the option in question to be compatible with international conventions. It is, above all, because the criminalisation of possession and purchase of drugs for use conflicts, according to the understanding that is adopted, with fundamental principles of our legal system.

The conclusion to be reached is, therefore, that which Prof. Faria Costa presented with exemplary clarity: "the UN Conventions that bind the Portuguese State do not impose the criminalisation of the use of narcotic drugs or psychotropic substances. This being the case, this criminalisation is presented as an option for the ordinary legislator". And he adds: "It is certain, however, that the conventions do impose a prohibition of use, in the sense of an impossibility of total liberalisation, this prohibition, should it break loose from criminal law – by choice of the legislator, of course – will have to fit into administrative law […], namely by way of administrative law liable to penalty, such as the administrative regulations"48.

In short, the strategic option of decriminalising drug use, as well as the possession and purchase for this use, does not conflict with the international conventions to which Portugal is bound, and the replacement of this criminalisation with the mere breach of administrative regulations corresponds to the international obligation to establish in domestic law a prohibition of these behaviors, which would not occur with any of the alternatives that preconize legalisation, be they liberalisation, regulation or even the mere legalisation of use.

And, as this account has shown, no objection can be made, to this choice on the grounds that it would harm the alleged international commitment of permitting law enforcement to act and would prevent them from reading trafficking routes. If the prohibition of possession and purchase as a mere breach of administrative regulations is established, as conceived, the ability to penetrate distribution circuits and, therefore, combat trafficking is by no means reduced.

Therefore, if the envisaged strategic option is entirely in accordance with international conventions, there is no reason for its materialisation to depend on "support conducive to progressive evolution of the positions of international authorities in the desired direction", in order to prevent "a break with international conventions", as prudently suggested by the National Drug Strategy Committee49, a suggestion which, according to its two outvoted members, "seems to be limited, in practice, to the recommendation that the Portuguese Government should encourage international discussion on this matter"50.

Also, there seem to be no risk of "the isolation of Portugal in international organisations"51, since the replacement of criminalisation with the mere breach of administrative re-gulations has a tradition in comparative law, including neighbouring Member States of the European Union, as will be described in the following section.

29 – The adopted legal solution and comparative law

Obviously, this is not the best place for an extensive dissertation on the legal framework of drugs in comparative law. But a few notes are justified on this matter.

As is well known, Western countries have criminalised possession and acquisition of drugs for use and several of them have also criminalised use itself.

Although in the majority of these cases, criminalisation corresponds to the provision of variable prison sentences or a fine, this criminalisation does not always correspond to actual provision and enforcement of sentences. This is a result of the pragmatic tolerance of the authorities or the application of the opportunity principles, and it is also the result of a va-riety of mechanisms, generally in cases of first or less serious offences, such as the non--enforcement of criminal proceedings, the provisional suspension of proceedings, probation, discharge or exemption from punishment.

On the other hand, the classic penalties of imprisonment or fine, which tend to be increasingly replaced by treatment of drug addicts, coexist today with other forms of punishment of an educational nature, such as mere warnings or community work.

Without underestimating the data on practical enforcement of the law and its mechanisms, the conclusions gathered from comparative law are – as far as they can be summarised in so few words – that of a generalised consideration of possession and purchase of drugs for use and, sometimes, use itself, as a criminal offence.

In several countries, this direction has recently been reinforced in important political documents.

In the introductory text to the North-American strategy for drug control (The National Drug Control Strategy, 1997), President Bill Clinton was clear: “We will continue to oppose all calls for the legalization of illicit drugs […] the current drug legalization movement sends the wrong messages to our children.”

The British Government was no less explicit: “The Government continues to reject legalisation or ‘decriminalisation’ because of the risks of wider use and the need to send a strong anti-drug signal to young people in particular […] the Government considers that the case for change has not been made. It therefore remains strongly opposed to the legalisation of cannabis or any other drug controlled […]”52.

Not even the Netherlands admits, in the existing context, the introduction of charges to its legislation. And the reasons invoked are quite enlightening: “there must be a danger that legalisation, irrespective of how it was carried out, would increase the availability of the drugs in question (hard drugs) and act as a signal to young people that such drugs were not so harmful after all […] The Government is not prepared to take that risk. There are other arguments against legalisation too. After any form of legalisation its is probable that prices on the legal and any remaining illegal markets for hard drugs in the Netherlands would be considerably lower than in neighbouring countries. In such a situation it is inevitable that ‘drug tourism’, which is already so bitterly resented by the governments of neighbouring countries and indeed by local authorities in the Netherlands, would increase […] Nor do we consider it desirable for all coffee shops to be closed, but the complete legalisation of the

sale of cannabis would be equally undesirable […] experts in the field of international criminal law are of the opinion that the international agreements ratified by the Netherlands leave no scope whatsoever for legalising the sale of drugs for recreational purposes […] Legalisation would require the Netherlands not only to denounce the UN conventions in question, but also the Schengen Agreement […] the government does not believe it would be acting responsibly if it were to go it alone and legalise the supply of soft drugs while neighbouring countries did not"53.

On the other hand, no continuity has been given to the report prepared in France on the initiative of Simone Veil, during the Balladur government and which is known by the name of the president of the Committee which drew it up, Roger Henrion. It should be remembered that the Henrion Report recommended the decriminalisation of the use of cannabis and also pointed to the future regulation of its sale. In complete contrast, the Interministerial Drug and Drug Addiction Committee, under the presidency of Alain Juppé, adopted a government programme in 1995 that insisted on the repressive component (on a par with prevention, health and harm reduction), and which was essenctially limited to continuing the go-
vernment plan against drugs presented in 1993 – before the Henrion Report – by Édouard Balladur54.

Also, the Federal Government of Germany did not accept the proposal of a federate state for the sale of cannabis at pharmacies55.

It should be noted that in April of 1988, the Organisation of African Unity (OAU) considered and rejected the idea of decriminalising or legalising cannabis and asked the EMCDDA for a special eradication plan.

In this context, however, two European countries stand out because they were bold enough to take a step further, exploring a path that respects international conventions currently in effect; they opted for decriminalisation, maintaining, however, the prohibition as breach of administrative regulations. This is what happened in Spain and Italy.

In Spain, the possession of drugs for individual use is subject only administrative penalties, the same occurring with possession and use in public places. These administrative offences can be punished with pecuniary penalties – fine or what would be called in Portugal "coima" –, as well as the suspension of driving licences for up to three months and the withdrawal of licences to carry fire arms.

In Italy, since 1990 and in broades terms since the 1993 referendum, the possession and purchase of drugs for personal use is also subject to an administrative penalty, which in certain cases may be a mere warning. The legal regulations include incentives for treatment of drug addicts, the refusal of which may give rise to additional penalties. The penalties, naturally transitory, may include the prohibition of frequenting certain public places, the obligation to provide unsalaried work for the community or the seizure of vehicles56.

The decriminalisation and prohibition of the possession and purchase of illicit drugs for use as a mere breach of administrative regulations are paralleled in the comparative law of

Member States of the European Union who are also signatories of the international conventions signed under the aegis of the United Nations.

30 – Guidelines for revision of the Drug Law: criminalisation of incitement to use

Decriminalisation and consequent prohibition as an administrative offence of the use of illicit drugs, as well as the possession and purchase for this use, will affect, without distinction, both public and private use, fundamentally for the five following reasons:

Firstly, because, as has already been noted, the prohibition of the possession and purchase of drugs for use, albeit "private", is dictated by the international conventions to which Portugal is bound.

Secondly, because, despite any prohibition having a minute effect on truly "private" use, there is still an interest in preserving the legal sanction of this use, considering, among other aspects, the protection of minors.

Thirdly, because "public" use, although it can constitute, in certain situations, a serious incitement to use, does not need to be criminalised separately as such, despite the contrary opinion of the National Drug Strategy Committee57 and others, at least for the so-called "hard" drugs.

Indeed, if no distinction is made between "public" and "private", the provisions of Article 3(1)c(iii)) of the 1988 Convention should be followed, where by the following should be qualified as a criminal offence"Publicly inciting or instigating others, by any means, […] to use narcotic drugs or psychotropic substances illicitly". A case-by-case assessment of situations of use, including so-called "public" use, should be made to evaluate whether the action can be qualified as a crime. It is even possible that certain situations which might be defined as "private" use should, in certain circumstances, be qualified as an incitement to use and that situations often considered "public" use would not qualify as actual incitement.

In any of these cases, even if the specific circunstances of the case of use are not sufficient to qualify it as a crime of incitement to use, it will not cease to be covered by the administrative prohibition, which will always enable the authorities to intervene.

Fourthly, because there would undoubtedly be problematic consequences arising from any distinction between the regulations governing possession and purchase for "private" use and for "public" use, in that it would leave the authorities that were called to intervene with the thankless task of discerning the motives of these behaviours destroying, in many situations, the purpose of prohibition as an instrument for the prevention of so-called "public" use.

Finally, because a complex and certainly dubious distinction between what is "public" and what is "private" would be avoided, a distinction not without a certain fallaciousness, since it would not be able to prevent public enjoyment – with the consequent public exhibition of the effects of drugs – despite the fact that the law consigns the act of use to privacy.

31 – Guidelines for revision of the Drug Law: the so-called "soft" and "hard" drugs

Prohibition as a mere breach of administrative regulations will also cover the whole set of traditional illicit drugs, whether they are labelled “hard” or “soft”.

This is, as we have explained above, an unavoidable consequence of the international conventions currently in effect, which call for a prohibition which cannot depend on this distinction.

This document has already given an account of the interest that this issue merits, to the extent that international debate and development of scientific research on this matter has been followed and made a part of one of the stated strategic options. And this is not only with regard to the active participation of Portugal in the definition of the strategies of the international community and the European Union, but also to the effects of the legislative policy, as discussed in this section.

It is now evident that drugs are not all the same in their effects on health and in the social consequences of their use. Particular value is, indeed, given to this point in the prevention strategy adopted and it is a condition for the credibility of the message that will inspire the preventive actions.

The State cannot ignore in its legislative policy that which it preaches in its policy of prevention.

For this reason, the new legal structure should contain differentiated administrative penalties according to the inherent risk of use of the different drugs, weighted with other relevant factors for the establishment of a penalty model, without ??? the dissemination of the harmful effects of all drugs.

Likewise, the establishment of differentiated penalties – for example in the case of cannabis and its derivatives, hashish and marijuana –, besides being consistent with the messages regarding preventive action, may also contribute, to a certain extent, to discourage transition to more harmful drugs.

32 – Guidelines for revision of the Drug Law: administrative penalties

The structure of penalties to be adopted regarding administrative offences could not fail to bear in mind the humanistic principle that shapes this national drug strategy, This naturally implies the establishment of penalties that are truly suited to the people and the specific situation.

There is no doubt that the characteristic penalty for administrative offences – the “coima” or administrative fine, applied by an administrative authority – as a pecuniary penalty, will often not be the most appropriate measure for cases of drug use or possession and purchase for use. It is evident that, especially in drug addiction situations, the spiral of destruction frequently provokes a dramatic breakdown in personal and family relationships and even a total breach with any means of obtaining licit financial resources. For this reason a pecuniary penalty, besides being displaced in the sense that it does not aid in the recovery of those who need it, would be merely virtual.

And neither would the problem be resolved by means of the accessory penalties provided for in the rules for administrative offences, many of which are inappropriate to the situation in question.

However, none of this does any damage to the choice of mere breach of administrative regu-lations or restores the advantages of the criminalising model. On the contrary, it is important to remember, in short, that the term of imprisonment, as provided for in our current Drug Law, is even more flagrantly inappropriate – although it is rarely applied to users – and that the fine in effect today is, in practice, equally pecuniary, with the aggravating factor that it can be replaced with imprisonment in cases of non-payment.

What is envisaged is a special administrative regime, which, besides the "coima", instead of it or subsidiarily to it, or in the case of the suspension of administrative proceedings, other more appropriate measures can be apllied.

Concerning drug addicts, detoxification and treatment at closed therapeutic communities, as an alternative to administrative penalties.

This idea has already been expressly defended among us58.

Administrative penalties, whether principal or accessory, should be analysed in relation to the Spanish or Italian experiences, also admitting others that might be appropriate, as long as they are compatible with the extent of the procedural guarantees specific to the adminis-trative offence and with constitutional limits. Neither can dismissal of the case or exemption from administrative penalties be excluded in certain situations. If they are allowed for criminal offences, they should also be allowed for identical situations regarding administrative offences.

On the other hand, the suspension of licences or operating authorisations for public esta-blishments where the administrative offence of illicit drug use is repeatedly or ostentatiously verified, should be established as an ancillary penalty or within the administrative regulations themselves.

But many of the solutions now present in the general regime of administrative offences will remain pertinent for the case in question. Such is the case of the warning, which might occur for first offences or less serious cases. This is also the case of accessory penalties of confiscation of objects belonging to the agent and, possibly, of disqualification from the exercise of certain professional activities.

It does not seen to be necessary to strengthe the legal powers of the police and other controlling authorities, since the regulations of the administrative offence already include sufficient mechanisms for intervention to investigate facts, to guarantee public order and to persue those involved in drug trafficking, including the identification of the agent by administrative and police authorities and the provisional seizure and later confiscation of objects used in the practice of administrative offences, especially when they are dangerous, and even if no proceedings are taken against the agent or no administrative fine is applied.

On the other hand, it should be remembered that the effectiveness of administrative penalties can always benefit from the existing classification as a criminal offence of the failure to obey a legitimate order from a competent authority.

More than an adaptation, in these terms, of the legal regime of the administrative offence, the solution here envisaged requires an adaptation of the administrative apparatus that will be made responsible for its enforcement, mindful of the significance and social complexity of the problem of drug use and drug addiction.

33 – Other legislative alternatives

The revision of the so-called "Drug Law" (Decree-Law No. 15/93 of 22 January, as amended and reissued on 20 February of the same year), which resulted from the option to decriminalise as described above, will be an opportunity to consider a series of other changes to the same law, in particular those which have been suggested by various different personalities and authors, to which we can now add the proposals of the National Drug Strategy Committee59.

The following suggestions deserve special consideration:

a) Confirmation, by express provision, of the legality of medically prescribed and authorised drugs, in particular substitution drugs;

b) Prohibition of the use of use of the results of medical reports or examinations, as well as the evidence collected for the characterisation of the state of drug addiction as evidence of use of narcotic drugs or psychotropic substances for the purpose of investigation of the respective offence;

c) Possible revision of elements that make up the crime of drug trafficking or its legal consequences, considering, specifically, those related to concepts of possession, transport, offering, giving, lending, and joint purchase;

d) Redefining the concept of the trafficker-user, taking into account, those cases in which the income from drug trafficking is not exclusively used for the drug habit, but is reserved in part to satisfy basic needs of survival.

ENFORCEMENT OF THE LAW

34 – Promoting the enforcement of mechanisms provided for in the Drug Law

Data regarding the enforcement of Decree-Law 15/93 of 22 January, which is the existing Drug Law, is available in the official reports that have been published and which were summarised in the Committee report60.

Although it is true that these data confirm that very few users are sentenced to actual imprisonment for the crime of use, they also help conclude that, in several aspects, the enforcement of this law does not correspond to the objectives envisaged by the legislator. Litle use is made little use of the mechanisms designed to guarantee the adaptation of legal rules to the specific situation of drug addicts and the nature of the offences that were committed.

To start with, the principle of provisional suspension of proceedings, which replaced the concept of non-exercise of criminal action, is rarely used61.

Likewise, there is very restricted use of the suspended sentence as the condition that the drug addict obtain voluntary treatment, in cases of use and cases of other crimes, in flagrant contrast with the express purpose of the legislator that contact with the formal system of justice should serve to mobilise legal instruments "to the maximum of their scope, so that the drug addict or habitual user can be freed from his/her addiction, through treatment and reintegration". The same occurs with the obligation of treatment as a complementary imposition of another measure.
There is also very little use of the so-called "regime de prova" or probation.

On the other hand, fine's are the most common penalty applied to drug addicts. Few are the number of cases in which a simple warning is given to users or they are considered exempt from punishment (in 1997, these solutions were applied to a total of 240 cases, distributed almost equally among a total of 2238 cases). Even rarer is sentencing to community work (no more than eight sentences of this type in all of 1997).

It is evident that this will be changed once the envisaged decriminalisation of drug use, together with possession and purchase, is put into effect.

But this will not only not affect the relevance of many of these mechanisms in the drug law – for example, treatment as an alternative to a sentence for traffickers-users –, but the non--resolution of the problems that are at the origin of these barriers will be reflected in the lack of success of similar solutions established in the new regulations governing breaches of administrative regulations.

It is important, first of all, to ensure greater awareness among law enforcers, promoting the necessary training courses, in collaboration with the Centro de Estudo Judiciários (Centre for Legal Studies) and the Ordem dos Advogados (Law Society).

But it is also important to guarantee the resources and procedures necessary for the correct functioning of these mechanisms.

In this respect, the new clause already set forth in Decree-Law 72/99 of 15 March, on the system of support for the treatment and social reintegration of drug addicts is crucial, since it requires that: "private health units may only sign conventions, under the terms of this law, if they agree, with express mention made in the convention, to accept drug addicts who are under preventive supervision, alternatives to imprisonment, or undergoing treatment or in-ternment imposed by criminal proceedings, on parole, or under any other measures of flexi-ble sentencing" (Article 5(2)).

In addition, courts should be provided with an up-to-date list of institutions to which drug addicts can be directed for treatment.

35 – Medical reports or examinations
Another problem that needs to be resolved – and which is of great importance for the successful enforcement of the law – is the difficulty in carrying out, at least with the necessary celerity, the medical reports or examinations necessary to determine the state of drug addiction, and which tend to be substituted in hearings by the mere conviction of the

hearer, based on the confession of the accused or on the demonstration through documents that the accused is undergoing medical treatment.

This situation, which is due to the lack of qualified public health services available to carry out these examinations, is aggravated by persistent difficulties in coordination, in addition to the demands to reduce the slow rate of dealing with cases – which tends to avoid procedures take too long.

The improvement growth of the health care network for drug addicts is making it easier for this problem to be overcome.

It is important to better define, based on relevant scientific studies, the cases which qualify as drug addiction, by way of a medical examination of this type – for example, those cases in which a person might be considered to be criminally unfit to plea or to have reduced criminal competence should be reassessed, as well as cases which require commitment to health institutions – or, at least, to establish the conditions in which this might, on expert indication, be waived.

On the other hand, because local health system institutions able to provide these types of service are insufficient, the resources available to medical examiners should be strengthered and their intervention extended to these types of case.

It should be also legally possible to make direct requests for examinations to health institutions where the drug addict resides. In order to do this the courts should have the knowlege of these institutions.

36 – Working group for technical enforcement of the drug law

To ensure successful enforcement of the mechanisms provided for in the drug law and to consider the practical ways of overcoming existing deadlocks, a working group should be created for the technical application of the drug law, which will exist for no more than two years.

This group, which will submit its proposals to the Minister for Justice, shall analyse, in particular, the problem of medical reports and examinations of drug addicts, of laboratory examinations and access to public and private establishments for treatment of drug addicts as an alternative to sentencing and other measures.

It would be advantageous if judges, public prosecutors, institutes of forensic medicine, the Directorate-General of the Prison Services, the Institute of Social Reintegration and the Drug Addiction Treatment and Prevention Service (SPTT) were represented at a high level in this woking group.

CHAPTER V

Prevention

PREVENTION STRATEGIES

37 – Prevention: reducing demand for drugs

The prevention model generally adopted by the psychosocial sciences is based, to a great extent, on a perspective of public health, embracing three classic levels: primary prevention, secondary prevention and tertiary prevention.

Primary prevention – a concept initially used by public health experts – refers to the series of interventions designed to act on the causes of diseases, thus preventing them from developing.

Secondary prevention refers to the early diagnosis and immediate treatment of a certain condition, presupposing rapid detection of the slight symptoms of illnesses and the application of efficient therapeutics.

Tertiary prevention is related to the interruption of a pathological process and to the efforts to prevent it leading to a loss of capacity (total or partial) which would prevent the individual from being integrated into society after the end of the condition in question.

Recently, and especially in the field of psychosociology, the terms “primary prevention”, “secondary prevention” and “tertiary prevention” have been replaced with more precise terms, such as “treatment” and “reintegration”.

It is also common to distinguish, in the field of primary prevention, non-specific prevention from specific prevention, depending on whether the preventive action is aimed at variables at the origin of a set of high-risk behaviours, or whether its main target, if not sole target, is the actual use of substances or the progression from use to misuse.

But in the case of drug addicts, it is not unusual to make use of the word “prevention” without resorting to any adjective. In this sense, prevention includes all the initiatives which, based in principle on a global strategy and on sound theoretic assumptions, are designed to reduce the demand for different drugs.

Despite this broad sense that the word “prevention” may have, it is important, in operational terms, to distinguish and deal separately with its different dimensions, and this chapter will focus, in particular, on primary prevention.

Prevention can also be considered to be a set of strategies designed to create and maintain healthy lifestyles, including the involvement of communities, of their institutions and their systems62.

From this point of view, prevention includes media coverage of the drug problem (e.g. media campaigns), a guarantee of information and education on how to achieve and maintain health in general, development of alternative healthy activities (e.g. sport and dance) and the existence of a context of health policies. Drug use/abuse prevention programmes should cover a vast series of themes, from information about drugs, health and its promotion, to the capacity to take decisions and resolve problems, as well as the development of communication skills, the strengthening of resistance to negative peer

pressure, the presentation of alternatives to the use of drugs and the affirmation of identity and self-esteem.

38 – Prevention and the complexity of the causes of demand for drugs

As prevention ultimately aims to reduce demand for drugs, it is important to identify the probable causes of this demand, so as to act on them.

Despite all the uncertainties of current knowledge on the matter, it is now clear that the classic dichotomy health-sickness is too simplistic to translate the complexity of the problem. In fact, there is a strong and progressive tendency to take into account multiple variables, including those related to characteristics of restricted environments (microcontexts) and of social systems (macrocontexts).

Most prevention models conceive use as the result of a complex process, in which interaction factors related to the "biological profile" of the individual and other factors origina-ting in socio-cultural influences and specific personal and interpersonal experiences that participate in the construction of identity.

The aim of a preventive approach is, in general, to reduce the individual's vulnerability to conditions liable to put him or her at risk of using drugs or developing an addiction.

Hence the objectives of the prevention fieldwork may follow a double perspective: to facilitate the acquisition of skills and/or to promote environmental changes, in social systems and structures63.

To be specific, the objectives of prevention intervention are to modify some of the interpersonal factors that favour drug use or to alter specific situational and social circunstances, so as to facilitate the recipient's acquisition of a response system that allows them to respond with non-use to a variety of types of solicitations.

39 – Identifying factors of risk and factors of prevention

Although research on the use/abuse of drugs is not completely conclusive, it is possible to identify a set of variables related to the key factors liable to influence the start of use and which should be taken into account when formulating prevention strategies.

First of all, it is important to identify risk factors which epidemiological studies and clinical experience have associated with drug use. These are factors of pre-existing fragility or linked to negative events in the individual drug user's background which increase the probability of the occurrence of behaviours that compromise health – as understood by the World Health Organisation – and, therefore, in its biological, psychological or social aspects.

On the other hand, it is essential not to forget that there are also protective factors, obser-vable in individuals who do not present the same behaviour when subject to identical situations of risk.

Healthy human development would result, therefore, from a balance between factors of risk and of protection.

On an individual level, the following can be considered factors of risk:
a) School failure and early school leaving;
b) Violent and anti-social behaviour starting in infancy, in particular, persistence of attitudes against law and order;
c) Experimentation of drugs at an early age;
d) Low resistance to group pressure in adolescence and systematic participation in juvenile groups in which there is abuse of alcohol and other drugs (the group may constitute a vulnerability factor, if there is experimentation and frequent use of drugs, or a protection factor, if it transmits values contrary to the use or abuse of drugs);
e) Low self-esteem.

In a family setting, the most important risk factors are:
a) Economic instability of the family household, with lack of stable housing and employment;
b) Broken families or families breaking up, with clear communication difficulties;
c) Absence of emotional support from adults to children, with lack of affection and emotional involvement from early childhood;
d) Unrealistic expectations about the performance of younger people.

At school, the following risk factors are:
a) Education establishments of inappropriate size and that offer bad premises/conditions (e.g. lack of sports and leisure facilities);
b) Schools with a bad atmosphere, in particular a lack of rules and permanent conflicts;
c) Low levels of student participation.

The protection factors most commonly identified in the scientific literature are the following:
a) Good self-esteem, the belief in self-efficiency, the capacity to resolve problems, interpersonal relationship skills and realistic expectations of success;
b) Families with intimacy, emotional involvement, clear patterns of communication and clear boundaries [in which intrafamily collaboration takes place in a context of interdependence, in contrast with hyperinvolvement or hyperdistancing64] and families with no history of drug use;
c) Schools that promote the involvement of students in activities, and in which students are heard when decisions are taken and their skills are valued in a variety of fields;
d) Communities active in prevention programmes, encouraging discussion of the problem and the use of strategies to resolve it.

40 – Understanding trends in the phenomenon of drug use
The definition of prevention strategies requires an understanding of the current state of the phenomenon of drug use.

In fact, there are noticeable changes in the characteristics of drug addiction that cannot fail to influence prevention actions.

This is the case today of new trends in usage, such as the use and abuse of amphetamines, with the diffusion of ecstasy, distributed especially at discotheques and rave parties.

On the other hand, it is also necessary to understand the different meanings of the behaviours of different groups, even when these behaviours are objectively identical: the motive behind the use of hashish by adolescents will not be the same as that of middle-aged intellectuals; the use of cocaine may be explained by the fact that it is, in some circles, a "choice product" or a "chemical support" or it might be merely an "escapist drug" during antagonist treatment of heroin addition.

Only an extensive and precise epidemiological study, which has not yet been carried out in Portugal, will enable the different "drug user profiles" to be correctly identified, thus preventing the temptation of inaccurate generalisations.

41 – Adapting prevention strategies to targets

The intensity of the prevention programme, its individual components and the result to be obtained must be defined in advance and adapted to their different targets.

Low-risk populations should be the target of mainly informative intervention, aimed at promoting the psychosocial development of individuals.

On the other hand, high-risk populations, because of their greater vulnerability to drug use, due to intrinsic or extrinsic factors, should be studied in advance and be the target of more intense prevention interventions better suited to the difficulties detected (e.g. adolescents from slum areas with prevailing unemployment, substance abuse and broken families).

42 – Essential qualities of prevention actions

It is possible to summarise some of the essential qualities that should distinguish prevention actions.

Firstly, prevention actions should, whenever possible, by distinguished by proactivity, that is, they should precede the appearance of the problem that is to be prevented, which presupposes prior identification of the target units among a certain group of individuals who might be considered a high-risk population.

Secondly, the prevention actions should be regulated by the principle of focusing. In other words, they should be aimed at certain "healthy" or "high-risk" populations or social systems, involving, preferably, groups of individuals defined by the observation of modifications in social systems.

Thirdly, the prevention actions should be distinguished by intentionality, so as to strengthen the psychological adaptation of individuals who are not yet affected.

Fourthly, the prevention actions should take into account the principle of continuity, providing room for informative debates in small groups, enabling trends in the growth and personal path of its targets to be understood and facilitating articulation with the intervention of other structures, as well as permitting timely alterations to strategies that are proving inefficient.

Finally, prevention actions should be subject to evaluation, understood as the set of procedures aimed at examining the effects of prevention strategies, so as to test their efficiency.

43 – Evaluation of prevention programmes

Evaluation of drug abuse prevention programmes is essential for the transmission of experiences and for analysis of the results, thus enabling the quality of interventions to be improved.

Evaluation has, indeed, a central place in this national drug strategy, deserving special development on the themes of research and, above all, the so-called research-intervention.

Regardless of whether this theme will be returned to later, it is important to note here that this intervention should answer to the following basic questions65:

- What is the nature and dimension of the problem?
- What interventions are able to confront the problem?
- What is the target group of this intervention?
- Does the intervention actually reach the target group?
- Is the intervention being carried out according to the plan set out?
- Is the intervention efficient?

It is necessary to distinguish two types of evaluation: evaluation of results, also called summative evaluation, and evaluation of the process, or formative evaluation66.

Summative evaluation is intended to determine whether individuals who underwent intervention have lower user rates in the post-test than subjects who did not participate in the action and whether attitudes to drugs have become clearly less positive among members of the experimental group, leading to a reduced intention to use drugs.

Formative evaluation, which concerns the execution of preventive action, describes the activities of the programme that were planned and those that were actually carried out.

In the absence of correct instruments to evaluate the phenomenon of drug addictions, prevention policies face numerous difficulties. But it is vitally important that they be put into practice – perhaps in no other area is the old aphorism: “It is better to prevent that to cure”– so true.

44 – Priorities in primary prevention strategies

The primary prevention policy should be coordinated with the general objectives of this national drug strategy and its guiding options.

It is important, therefore, to proceed with the strategic option of refocusing primary prevention so as to mobilise young people, parents, schools and institutions representing civil society, and to review the content of the messages and actions based on the identification of risk
factors, of protection factors and the specific characteristics of target groups, ensuring the continuity of preventive interventions, presenting accurate information on the dangers of

different types of licit and illicit drugs, including the new synthetic drugs and prioritising actions aimed at late childhood and early adolescence and high-risk populations.

Preventive actions should be focused essentially on late childhood (9/10 year olds) and early adolescence (12/13 year olds), bearing in mind the vulnerability factors described above. This does not invalidate the fact that preventive work should be initiated in the heart of the family during pre-school and should continue throughout the education period.

Special attention should be paid in the definition of prevention strategies to young people who leave the school system without having concluded compulsory education, to the children of drug addicts, to young people from minority groups with integration problems and to immigrants.

On the other hand, the very content of prevention messages should be reconsidered.
Information on drugs must avoid the dangers of oversimplification and demonisation. For this purpose, it is important to refuse to underestimate the risks that use implies while at the same time, reject the blaming and discrimination of drug addicts. The credibility of prevention messages with their targets depends, to a great extent, on attention to the context and to the target population and to consideration of drug addicts not as mere "problem objects", but as citizens with duties, rights and a serious problem to solve.

It is also fundamental that prevention messages stress the dramatic consequences of the state of addiction, starting with modifications in the user's own relationship with the product, which is inherent to addiction, and highlighting the consequent totalitarian fixation of all the user's interests with the substance, significantly harming the user's interpersonal relationships.

However, an undoubtedly essential condition of the credibility of prevention messages is the clarification of different degrees of danger of the different drugs, including not only currently illicit drugs, but also other psychoactive substances liable to provoke addiction, so as to avoid generalisations easily detected as false by the target population. For example, one should not speak of "drugs" in the singular, nor place heroin and hashish on the same level.

On the other hand, this clarification should take into account new tendencies in use, which means that special attention should be paid to new synthetic drugs, such methylenedioxy-methamphetamine (MDMA or ecstasy). Its use is growing in Portugal, especially at private parties, at discotheques and within the so-called rave cultures, which count on the inadvertent publicity through the"information" provided by the mass media.

Responses in the field of prevention should also ensure an integrated intervention with a global approach to the different types of high-risk behaviour: health (sexually transmitted diseases, substance abuse treatment), education (failure and withdrawal), crime (increase in drug-related crime) and society (deterioration of social fabric associated with use, overburdened social security). This integrated intervention should also favour the rationalisation of resources, on the lines of that sought by the Cooperation Agreement between the Government and the City Council of Oporto, entitled "Contrato Cidade".

The method of transmitting prevention messages should take into account the fact that young people are the most efficient mediators among other young people. And, for this reason, it is exceptionally important to give priority to work involving young people who are properly aware of the problem and prepared by having attended training courses.

On the other hand, it is also important to invest heavily in flexible and mobile work on the street, so as to ensure relationships with young people in their habitual environmental. This is, indeed, a priority for the many drug users who do not attend schools nor appear at treatment centres.

PRIMARY PREVENTION ORGANISATIONAL STRUCTURES

45 – A new organisational model

The determination of organisational structures of primary prevention complies with the principles of coordination and rationalisation of resources.

Coordination should be established, however, not only on the level of the different interventions related to primary prevention, but also among the different types of prevention – primary, secondary and tertiary – which are, to some extent, complementary. On the other hand, this coordination should also involve the necessary articulation of interventions related to demand reduction and supply reduction.

For this reason, and because the coordination structures for development of the national drug strategy extend beyond primary prevention and even of prevention in its broadest sense, these structures will be discussed in a separate chapter.

In turn, the objective of rationalisation of resources includes the attribution of responsibilities for directing and carrying out primary prevention to the recently created the Portuguese Institute of Drugs and Drug Addiction (Instituto Português da Droga e da Toxicodependên-cia), which will be provided with regional delegations to enable greater proximity to problems and populations.

However, the responsibilities of the IPDT do not affect the principle that the public response to problems raised by the phenomenon of drugs and drug addiction should be ensured by the sectorial services that are in direct contact with it, especially those related to the Ministries of Education, Health, Justice, Labour and Solidarity, Internal Administration and National Defence, as well as the department responsible for youth policy. All them should progressively include in their strategies and activities responses to the social reality of drug use and traffic.

Nevertheless, in compliance with the proclaimed principles of subsidiarity, a progressive transfer is envisaged of responsibilities in the field of primary prevention to local authorities, namely municipal authorities, including the promotion of planning and the local coordination of the interventions of administrative services. For this purpose, it is envisaged that partnerships be established between interested municipalities and the central administration, through the IPDT and its regional delegations, making use of the funding instruments provided for in the law.

The organisational model briefly summarised here arises from the necessary transfer to the IPDT of the primary prevention implementation and coordination functions that have been performed by Projecto VIDA.

46 – The extinction of Projecto VIDA and the redistribution of its responsibilities

Projecto VIDA, created in 1987, has played an extremely important role in the coordination and implementation of prevention policies in Portugal over recent years. However, despite having been restructured 4 times in less than 12 years (1990, 1992, 1996 and 1998), experience has revealed insurmountable limitations in its organic model which have prevented efficient pursuit of the tasks to be developed in this field. These limitations undoubtedly contributed to the evaluation of its activity in the National Drug Strategy Committee report67.

Projecto VIDA, it should be remembered, still has a structure similar to that of a "high-commission", directed by a "coordinator" assisted by an interdepartmental committee. Projecto VIDA is provided with its own resources, including an office equivalent to that of an under--secretary of State (an assistant and a personal secretary), in addition to district coordination centres, working under the civil governments and consisting almost always of a single coordinator, whose task is to coordinate, from a plenary meeting of representatives, locally--based central administration services.

This structure is excessive for coordination and insufficient for implementation.

It is excessive for coordination, in the sense that the coordination can be carried out by a simpler structure closer to the political level, as we shall see.

It is insufficient for implementation, because the development of primary prevention requires a different organic model and other types of resources, such as those which are now to be concentrated at the IPDT.

Indeed, the organic structure of Projecto VIDA, with the means it had at its disposal, was unable to ensure some tasks envisaged in the law, which were later joined by primary prevention initiatives. Overlapping was not always preventable which therefore resulted in less rational resources management.

In practice, Projecto VIDA tried to overcome its institutional limitations through temporary contracts with some 25 collaborators, although this still was not enough to obtain the stability required to carry out its tasks, despite the meritorious efforts of all involved. These li-mitations were particularly evident in district centres, where there was a lack of human resources and an abundance of logistic problems, together with the problem of compatibility between the professional life of the representatives of the different services and the roles they had in the centres.

However, the merit of many of the activities carried out under Projecto VIDA must not be denied, nor can we ignore the service rendered to the community by those who collaborated with it for over more than a decade.

Strictly speaking, it is not a case of extinguishing a structure, but of adopting a more appropriate organic model – which, in the field of primary prevention, essentially involves a truly public institution, the IPDT, as well as partnerships with the local authorities – in order to provide a more efficient response and even to extend it to areas that are still necessitous, such as primary prevention in the community, training, research, and information about drugs and drug addiction, as well as international cooperation.

The extinction of Projecto VIDA and its district centres, together with the transfer of its primary prevention functions to the new Institute, did not have to occur simultaneously with the creation of the IPDT, precisely because the importance of the work in course was not in keeping with an organic vacuum of responsibilities.

The path, however, is evident: the extinction of Projecto VIDA should occur as soon as a new model of political coordination is implemented and the regional delegations of the IPDT can replace, in the area of primary prevention, the existing district centres of Projecto VIDA, thus avoiding the existence of this vacuum which would only be harmful to the fight against drugs.

47 – Interdepartmental coordination of primary prevention

One of the main structuring principles of this national strategy is, as we have said, that of coordination.

Apart from the responsibilities entrusted to the IPDT in the field of primary prevention, it has already been stressed that the different sectorial services have responsibilities in this domain in their respective specific areas of intervention.

It is therefore necessary to ensure the articulation, consistency and complementarity of these different primary prevention interventions.

For the reasons that have already been presented, the appropriate structures to advance this intervention will be dealt with later.

48 – The role of the Portuguese Institute of Drugs and Drug Addiction (IPDT)

Among the important responsibilities taken on by the IPDT are those in the field of primary prevention, in accordance with the provisions of the law which led to its creation. These responsibilities concern, above all, primary intervention in the community – including, for example, national awareness campaigns –, which should be complemented with preventive intervention from sectorial services, when they exist. Support for the activity and training of practitioners in these services is another important responsibility of the IPDT.

By law, one of the aims of IPDT is to “promote the prevention of drug use among the young and among the general population”. Accordingly, among its attributions is that of “promoting intervention in the community, aimed at the prevention of drug use and the reduction of risk factors” and “to develop mechanisms to support preventive intervention in the community and the evaluation of projects and programmes” (see Articles 2 and 3(e) and (f) of Decree-Law 31/99 of 5 February).

For this purpose, the IPDT was provided with a Department of Community Intervention Services (Article 14), which includes a Programmes and Projects Division and a Training Division (Article 14(2)). This Services Department is responsible, among other tasks, for coordinating and promoting the IPDT's primary prevention activity, supporting practitioners from sectorial services and private organisations that work in this field, preparing or even ensuring training courses designed for these agents, developing and support primary prevention programmes and projects and coordinating the allocation of the respective financial or other support (see Article 14(1)).

The Department of Community Intervention Services is also responsible for ensuring the operation of a telephone support service for drug addiction (Article 14(1)j), that continues the work of Linha Aberta, which was created in 1987 and later renamed "Linha Vida" and which had been supported by Projecto VIDA.

This Services Department will also be in charge of planning and supporting the activities of the regional delegations of the IPDT in matters of community intervention, in order to prevent use (Articles 14(1)b and 18), as a consequence of the subprinciple of decentralisation which is a corollary of the principles of subsidiarity.

49 – The role of local authorities

The principle of subsidiarity which guides this national drug strategy implies a division of competence which, to a certain extent, may lead to processes of decentralisation. Moreover, this decentralisation is generally considered of great importance for prevention actions, so that they can be organised on a local basis, close to the target populations.

The idea of local and regional coordination groups, that ensure integrated networks, has already been suggested by the EU Economic and Social Committee in its Opinion SEC 51/95, on "prevention against drug abuse".

To a certain extent, the Projecto VIDA district centres tried to respond to this type of concern, establishing mechanisms to coordinate and articulate the local action of the different services of central administration, which were represented for this purpose at the so-called district centre plenary meetings. These were joined also by municipal level structures with the involvement of city and town councils.

However, this is not enough.

That fact is that it is not enough to seek coordination of central administration services for the organisation and implementation of prevention actions with a local impact. What is needed is to stimulate the commitment of local authorities themselves, encouraging the involvement of city and town councils and, even parish councils, in the prevention of drugs use and drug addiction68.

Local authorities must, therefore, progressively take on more responsibilities in matters related to primary prevention.

Steps in this direction must be firm and assured.

The financial limitations of local authorities are well known, as well as their general lack of preparation in both human resources and technical resources in this field.

The local social action councils, envisaged as part of the so-called "social network" in the Resolution of the Council of Ministers 197/97, are also at an embryonic stage69.

This being the case, this national drug strategy has chosen to promote the commitment of local authorities in primary prevention, structuring it, at least during the 1st phase, around partnerships between interested local authorities and the central administration, represented by the IPDT, through the respective regional delegations.

These partnerships, to be regulated by protocols, are instruments that display the desired flexibility and will define, in accordance with the effective needs of each case, a model for collaboration and articulation, as well the planning and implementation of interventions adjusted to local problems. They will also be able to establish, in terms adjusted to each situation, the necessary financial mechanisms, under the terms of general law, resorting, in particular, to the concept of collaboration agreement or, when appropriate, contract-programme itself (see Law-Decrees 77/84 of 8 March and 384/87 of 24 December, as amended by Decree-Law 157/90 of 17 May).

50 – Prevention in the school environment

As we have already said, the responsibilities of the IPDT regarding primary prevention by no means eliminate the responsibilities of sectorial services.

Among these services are those of the Ministry of Education, which has the decisive task of promoting prevention in the school environment.

This task has been carried out, since 1990, by Projecto Viva a Escola (PVE), as a pilot project of primary prevention of drug addiction in the school environment. Since 1993, it has been integrated in the broader Programa de Promoção e Educação para a Saúde (PPES), which led to the constitution of the National Network of Health Promoting Schools70.

Project Férias has also helped promote healthy lifestyles and develop training courses.

Projecto PATO (Prevenção de Álcool, Tabaco e Outros), aimed at children in the 1st cycle of basic education and organised by Projecto VIDA, has been particularly mentorious. This Project, implemented in the 1994-1995 school year, is developed over four years and is based on protocols signed between Projecto VIDA, the PPES, and Escola Técnica Psicissocial de Lisboa and the Associação Arisco.

It is of great importance to develop preventive intervention in schools and to review the orientation of this intervention in the light of the options of this national drug strategy, namely as regards prevention. The generalisation of health programmes, the revision of school programmes and the training of teachers are variables of particular importance.

It is also important to ensure their successful articulation with the IPDT, especially on the levels of planning and human resource training. Equally important is the guarantee of efficient collaboration in the field between the structure set up by the Ministry of Education and the local services of the Ministry for Health, on the lines of the Resolution of the

Council of Ministers 34/95 of 10 August. Articulation with the Ministry of Health to promote the Network of Health Promoting Schools is also crucial, as is collaboration with the Ministry of Internal Administration, for the Safe School Project.

51 – The role of sectorial services

Besides the above-mentioned intervention of the services of the Ministry of Education in the school environment, sectorial services also have other special responsibilities in primary prevention.

This is the case of SPTT (Service for the Prevention and Treatment of Drug Addiction), under the Ministry of Health, which has information and drop-in centres (CIAC), attached to its regional delegations that are designed to provide information, awareness and training in drug addiction.

This is also the case of the Portuguese Youth Institute (Instituto Português da Juventude – IPJ), which should play an important role in organising youth projects for the prevention of drug addiction, on the lines of the "Haja Saúde" Programme or through the opening, in more deprived areas, of non-specific prevention centres where training courses may also take place. The IPJ should also contribute to the promotion of "youth to youth" prevention activities, with technical support from the IPDT.

On these lines, the services of the Ministry for the Environment are particularly suited to participating in the promotion of programmes presenting healthy lifestyles, in contact with nature and with a special role for protected areas.

Likewise, the services of the Ministry for Defence also provide important primary prevention in their contact with many young people in the Armed Forces, as a consequence of the Programme for Prevention and Combating Drugs and Alcoholism in the Armed Forces, created in 1988.

Along the same lines, it is important to pursue and develop primary prevention work that has been implemented by the police authorities, especially regarding training and information.

Finally, a word about the General-Directorate of Prison Services, under the Ministry of Justice, to highilight the fact that primary prevention is no less important in prison establishments. The role of this organisation will be described later in this document.

52 – Prevention in the work environment

It is understandable that there is no service specifically responsible for prevention of drug addition in the work environment, where there is a great heterogeneity of situations.

But prevention in the work environment undoubtedly raises specific problems, which should be faced. These problems, that are especially complex in companies which carry out activities in which the use of illicit drugs might seriously threaten the relevant collective interests, are an unavoidable challenge in the work environment.

If this question is raised here in relation to the organisational structures of prevention, it is to stress that this is a domain to which the IPDT should also pay attention.

In particular, it should create the necessary conditions to train managers and middle and senior ranking executives in companies so as to prepare them for incidences of drugs and drug addiction in the work environment and to raise their awareness of the need to support addicts employees.

It should be noted, however, that this is a field in which responsibilities belong, above all, to civil society and, especially, to employers. And not only regarding the promotion of primary prevention and training – with the necessary support from competent public organisations, especially the IPDT –, but also in the guiding of addicts employees to treatment and later professional reintegration.

The experiences developed in the Armed Forces, through the implementation of specific programmes, are of special interest in this field.
On the other hand, it is also important to ensure that companies fully respect the fundamental rights of these employees to privacy, by ensuring the necessary confidentiality of personal data on their clinical situation, in particular in the procedures for justification of absences on the grounds of medical appointments. Likewise, it might be necessary to create regulations on the control of drug use in companies.

Finally, the International Labour Organisation has defended the relationship between the problem of drugs and the principles of equal opportunity and equal treatment established in the Convention concerning Discrimination in Respect of Employment and Occupation.

53 – The role of non-profit private organizations (Instituições Particulares de Solidariedade Social) and non-governmental organisations
Primary prevention is not exclusive to Public Administration. It is a national task, in the sense that it is important to mobilise civil society and its institutions.

There are many meritorious initiatives in this field.

It is important, however, to increasingly involve private charity institutions and non-govern-mental organisations in this work.

For this purpose, it is important that there should continue to be a system of support for initiatives proposed by civil society, adequately structured by selective planning, on the lines of the so-called “Programa-Quadro Prevenir”, defined in harmony with this national drug strategy.

Not less important, as we have already highlighted elsewhere, is the subjection of these initiatives to the appropriate evaluation of their processes and results and the extraction from this evaluation of the necessary illations, in particular for the concession of future support.

CHAPTER VI

Treatment

54 – The strategic importance of the treatment of drug addicts

The guarantee of access to treatment for all drug addicts who seek treatment is an absolute priority of this national drug strategy.

The humanistic principle on which the national strategy is based, the awareness that drug addiction is an illness and respect for the State's responsibility to satisfy all citizens constitutional right to health, justify this fundamental strategic option and the consequent mobili-sation of resources to comply with this right.

In addition, treatment can also be considered a form of prevention – secondary prevention – , thus contributing to a reduction in use, protecting public health and, in certain cases, protecting the safety of people and property.

55 – The evolution of the idea of treatment

When an intervention policy for the phenomenon of drug addiction was first noted in Portuguese society, it was generally assumed that abstinence from drug use constituted the ultimate objective of action in this field, whether through primary prevention, discouraging the start of usage, or in secondary prevention, helping users to stop use. The treatment of addicts consisted, therefore, of a series of interventions aimed at total stoppage of all toxic intake.

During this early phase, much importance was given to addiction to substances and detoxification. It was believed that the extinction of physical addiction would automatically lead to the resolution of the problem. However, it was soon understood that this concept of treatment was very limited and that only intervention which took into account psychological aspects and family, social and professional integration could lead to lasting abstinence.

In some way or another, the radical perspective of treatment was maintained, by which abstinence was considered an absolute target to be achieved in all cases.

An awareness that this was not achievable by many drug addicts, neither definitively nor provisionally, but that it was possible to achieve other transformations capable of improving life expectancy and the quality of life and promoting better social integration, led to interven-tions being developed other than those that necessarily led to the definitive cessation of use.

From this point of view, new therapeutic objectives began to be considered, such as: a reduction in use, an alteration of methods of administrating substances, a reduction in high-risk behaviour, an improvement in physical and psychological health and social/professio-nal/family functions, a reduction in criminal activity and a progression from addiction to occasional use.

Likewise, substitution treatments, especially with methadone, which was initially considered only as a way of achieving abstinence, have come to be accepted as therapeutic

maintenance programmes, possibly of a definitive nature, but which, in certain cases, can constitute a starting point for freedom from any form of addiction.

This way of regarding treatment is similar to harm reduction, but even so the idea of abstinence continues to exist as a real possibility. Indeed, harm reduction strategies are often the first stop in the therapeutic processes that aim to stop use. It is merely a case of admitting that abstinence or the desire for abstinence cannot be stipulated as mandatory conditions for the provision of necessary care.

On the other hand, as heroin is the addictive substance that motivates nearly 95% of requests for help from specialised services, the therapeutic structures in this area have been especially adapted to the treatment of heroin addicts; psychopharmacological medicines have also been developed more in relation to heroin. And it is also true that the exceptionally serious consequences of heroin addiction, in terms of health and society, justify that it should continue in the line light. Nevertheless, the emergence of new synthetic drugs, namely ecstasy/MDMA, the common use of hashish, the use of cocaine in certain social environments, its growing use in association with heroin and also the abuse of psychopharmacological drugs, as well as the new and worrying juvenile patterns of alcohol use should not be forgotten. Although heroin is undoubtedly the substance that causes most personal and social harm in the community, it is also important to seek appropriate therapeutic intervention for other substances.

56 – The diversity of treatment methods and the principle of holding qualified specialists responsible

Although progress has been noted in recent years, the treatment of drug addicts is difficult and does not permit sectarian orthodoxy or absolute certainties.

There is a great diversity of models of intervention, especially in therapeutic communities, but also in other support structures. From physical withdrawal, as outpatients or inpatients, to psychotherapies of various types, whether for individuals or groups, to family therapy, to long-term confinement in therapeutic communities, as well as the use of antagonist medicines (naltrexone) or agonists (methadone and LAAM), many are the possible combinations.

The diversity of treatment methods is rewarding and, therefore, to be maintained, and it is necessary to encourage dialogue between the different models.

It should also be remembered that the establishment of admission criteria based on the ideo-logical or religious positions of drug addicts can make their maturation and individualisation more difficult, when it does not, in certain cases, result in a outrageous exploitation of the particularly vulnerable state in which drug addicts are to be found.

Faced with the inevitable diversity of treatment models, what is important, in general terms, is to ensure that the services provided satisfy minimum requirements of quality, namely by holding the qualified specialists responsible.

This type of requirement has been reinforced in the new legal regulations for the licensing, operation and supervision of the activities of private units acting in the field of drug

addiction (Decree-Law 16/99 of 25 January), which should now be controlled by the relevant licensing and supervisory authorities, in order to prevent the provision of services by entities that do not satisfy a series of basic quality requirements.

On the other hand, it also is important to promote the evaluation of the results of the different treatment programmes.

57 – Promoting the evaluation of the different programmes
It is necessary to promote the short-term and long-term supervision, of the results achieved by the different treatment programmes, whether they are provided by public services or by private units.

In this evaluation – which will be developed further with reference to research – it is advantageous to use external authorities, such as universities, with experience in this type of undertaking.
Evaluation is a task of considerable complexity.

It is well-known that many drug addicts make several attempts at treatment, interspersed with more or less serious and lengthy relapses. Many of them end up achieving their objectives after trying out several different therapeutic models. Even when the corollary of different interventions is final success, it is very difficult to evaluate the contribution that each one has made to the result. Individualised evaluation of the effectiveness of the different programmes and models is, in general, made very difficult.

In addition, a comparative assessment is frequently misleading, because of the differences in the types of population assisted in the different models and also because of the specific admission criteria.

However, evaluation is a necessary task, and all available scientific knowledge should aim it.

58– Guaranteeing access to treatment
The guarantee of access to treatment for all drug addicts who seek treatment implies the development of a global policy, in a variety of areas.

Over recent years, the system's response capacity has been increased enormously, the goals established by the Assembly of the Republic a short time ago for this domain having already been surpassed (Act 7/97 of 8 March).

The growth of this response capacity is not based only on the enormous investment in the public network, especially the extension to all districts in the country of the SPTT71 CAT72 network, which expanded from 23 centres with 9 extensions in 1995 to 36 with 9 extensions in 1999.

The number of places in therapeutic communities authorised by the State through the SPTT is 1050, when it was 184 in 1995, only four years ago. Together with the 34 other places at State therapeutic communities, this makes a total of 1084, thereby exceeding the target of

1000 beds established by the Portuguese Parliament. To these we can add 644 unregistered places at private therapeutic communities.

The total number of beds at detoxification clinics has now reached 104 (55 registered and 49 state), also exceeding the target of 100, set by Parliament.

The guarantee of treatment resources also includes, as we can see, an increase in provision through private units, especially for long-term internment in therapeutic communities. Naturally, it will only be possible to talk of true accessibility for drug addicts when this supply is covered by conventions, so as to ensure partial funding of the cost of the services provided by the State.

From this point of view, special significance can be attributed to the new system of support for the treatment and social reintegration of drug addicts, guided by the purpose of promoting conditions for accessibility, the attention that was previously focused on extending the infrastructure now turned towards the equity and response efficiency of the system (Decree--Law, 72/99 or 15 March).

Firstly, the new system has led to a substantial increase in state funding – the limit for which has risen, regarding therapeutic communities, to PTE132,000 per addict, when it was only PTE72,000 in 1991. For the remainder of the total cost of treatment (20%) which should be supported by the addict himself, it is important to facilitate the procedures that lead to the intervention of regional social security centres in borderline cases, when certain conditions related to the financial situation of drug addicts or their families have been examined.

Secondly, under certain conditions, the new legal regime may now embrace profit making organisations. However, this private aspect of the treatment system will, undoubtedly, continue to be based, above all, on the meritorious work of the IPSS.

It is also of interest to study the possibility of extending existing funding to treatment by way of certain more expensive therapeutic models, such as the use of antagonist drugs (naltrexone).

The extraordinary growth in the CAT network over recent years has already been described. The need for further growth should now be gauged in the light of a global consideration of addict treatment structures, taking into account the resources available in the public and private sectors. Special attention should be paid to the particular impact of the drug problem in certain regions and its specific characteristics, above all in demographic and cultural terms, weighing the capacity for involvement of families and community structures in the actual treatment process.

The problem of the persistent waiting lists at some CATs is even more important today, especially in more densely populated regions and where the drug problem is felt more intensely. The elimination of waiting lists at CATs is an imperative for this national drug strategy. For this purpose, a more rational management of available resources must be ensured, more human and material resources must be made available to the SPTT, and obstacles in attrac-ting practitioners to this field must be overcome.

It is also necessary to increase, through conventions, the number of places available at therapeutic communities, especially in the North and, in particular, for minors, pregnant women, mothers with young children and cases of double diagnosis.

It is also important to involve the whole health system – and not just the SPTT – in the treatment of drug addicts.

Family doctors should have a front-line role in providing information and support to families and treatment, or referral for treatment, and therefore need to receive appropriate trai-ning. Indeed, a growing number of family doctors are already starting to consider drug addictions as a health problem. Their intervention, by way of early diagnosis and consequent counselling, can be decisive to combat the current situation of delayed recourse to treatment structures.

Hospitals and health centres themselves should also be more closely involved in this work. There are psychiatric hospitals and mental health departments at hospitals which already offer appointments for drug addicts and even substitution programmes. Some even accept a number of impatients. But there is still much to be done in this field.

Besides the participation of psychiatric hospitals and general hospital psychiatry departments, an appropriate response should also be given to this problem at maternity wards and obstetrics services, contagious disease services, and orthopaedics services. For this purpose, it is necessary to qualify specialists to collaborate in the treatment of these patients.

In the case of the Armed Forces, treatment of drug addicts has already been ensured by the internal structures of the Ministry for National Defence, notably the Drug Addiction and Alcoholism Intensive Treatment Unit (UTITA), at the Navy Hospital in Lisbon.

59 – Substitution treatment

Regardless of the priority that should obviously be given to drug-free treatments, aimed at abstinence from drug use, there are extreme situations, which need to be accurately identified and in which the inclusion on therapeutic substitution programmes is justifiable.For instance cases in which numerous attempts at drug-free treatment have corresponded to consecutive failures.

Drug addiction is an illness with a complex evolution and, although it is not always possible to cure it, it is always imperative to treat or take care of the sick. In this respect, all contacts must be used to try to reduce physical or psychological harm, even when use is maintained.

Closer contact with health structures allows serious information to be provided about the risks involved and how to avoid or minimise them. It also permits screening for contagious diseases, their monitoring or vaccination when appropriate, the dissemination and provision of means of protection against sexually transmitted diseases and unwanted pregnancies.

It is not a case, as is sometimes imagined, of definitively “condemning” the patient to the “substitution of one addiction with another”, but of establishing a balanced platform in

physical, psychological, social and family terms, that may allow new attempts at drug-free programmes to be made.

Over recent years, there has been a significant extension of programmes with substitution treatment, which today involve more than 4000 drug addicts. Practically all CATs have methadone or LAAM programmes, that count on support from health centres and hospitals in their administrative area. On these lines, an experimental programme of administration of methadone at pharmacies was recently initiated, as the result of an agreement between the SPTT and the Society of Pharmacists. The number of places on substitution programmes and their geographic distribution throughout Portugal are still inferior to needs, for which reason this national drug strategy assumes the option of increasing treatment programmes with substitution drugs, extending and diversifying administration locations, without affecting the rigorous control required by competent authorities and by qualified health technicians.

Regarding the use of heroin in special therapeutic programmes, of a necessarily restricted scope, it is important to reject attitudes of well-intentioned experimentalism and to monitor with particular attention – and without prejudices – the development and results of experiments in course in other countries, especially in Switzerland, as well as their expected evaluation by the World Health Organisation and other suitable organisations. Besides the need to evaluate the suitability of these experiments concerning the nature of the problems experienced in our country, the significant investment needed for their implementation – namely medical, social and psychological support for patients included in these types of programme – discourages them from being considered a priority in Portugal, at least until other duly tested programmes with recognised positive results have been sufficiently developed amongst us.

60 – Caring for high-risk groups

One of the concerns that should guide improvements to the system of provision of health care to drug addicts is the guarantee of programmes especially designed for specific or high-risk groups.

The diversity of situations among drug addicts requires varied responses, adapted to each case. It is necessary that these responses be accessible, so that it can be stated that each drug addict does indeed receive the most appropriate treatment.

Particular groups of patients also have extreme difficulty in finding appropriate responses for their cases. For example, there are very few specific treatment programmes for drug addicts with AIDS or for pregnant drug addicts, which only exist in Lisbon, Oporto and Coimbra. The problem is even more serious when there is a need to use therapeutic communities. The need for more places in therapeutic communities for minors, pregnant women, mothers with young children and cases of double diagnosis, namely drug addicts with an associated mental pathology, have already been noted.

The following chapter will describe, in greater detail, the need for an adequate response for homeless drug addicts, in particular though shelters or night centres and through direct social support teams, as well as the treatment of imprisoned drug addicts or those sentenced to alternative penalties.

61 – Coordination between services
The coordination between SPTT services and health centres, general and psychiatric hospitals, psychiatry departments, regional social security centres, job centres, the Institute of Social Reintegration (IRS), prison establishments and schools is very important for the successful implementation of the whole drug addict treatment and social reintegration system.

This coordination has registered significant progress and has proved to be essential on a variety of levels, particularly in the case of monitoring drug addicts with an associated organic pathology (aids, hepatitis, tuberculosis), in monitoring pregnancies and in the implementation of substitution programmes with methadone.

However, the collaboration of all public services, as well as private units which provide services in this field, is decisive in the establishment of a national information service on drugs and drug addiction, under the aegis of the IPDT.

CHAPTER VII

Harm Reduction

62 – The strategic importance of harm reduction
The principle of pragmatism, which in this national strategy complements that of humanism, determines recognition of the importance of harm reduction policies, also called risk re-
duction.
First of all, we must clarify what harm reduction policies consist of and what objectives they intend to achieve.

63 – The concept of harm reduction
The expressions “harm reduction” or “risk reduction” designate policies that are designed to eliminate or minimise harm, or risks, caused by the use of drugs, in all situations, even if use is maintained. The idea is accurately expressed in the words of Buning and Van Brussel: “If a drugs user (man or woman) is not able to or does not want to renounce drug use, he/she should be helped to reduce the harm caused to himself/herself and to others.”

The fact that the specific object of these policies is not exactly aimed “against” the use of drugs should not be confused with any type of alienation from or even underestimation of the effects of use of these substances. It is rather a case of, in certain extreme situations, dispensing with abstinence as an immediate and necessary objective, so as to ensure intervention when the use of drugs is an unavoidable fact. And if this intervention seems at first to be inspired by an eminently pragmatic attitude, it is not less true that is also responds to the ethical concern of respecting and promoting the rights of drug addicts.

64 – Specific objectives of the different harm reduction policies
Harm reduction policies were created and began to be developed with a certain autonomy around the objective of preventing the risk of propagation of infectious diseases, especially

contamination with AIDS and hepatitis B and C. Infection results from certain practices of use and from other high-risk behaviours that are less or more frequent among certain groups of drug addicts.

But harm reduction policies are also designed to prevent social marginalisation and delinquency.

In fact, although many drug addicts continue integrated, at least from an outsider's point of view, the difficulty in reconciling drug addiction with school attendance or with employment, not to mention family and social ties, frequently precipitates the addict into a situation of exclusion that, while in itself a social problem, tends to generate in the addict a downward spiral that destroys awareness of personal dignity and makes treatment and recovery more difficult.

The need for money, ever more money, to feed the demands of use, starts by aggravating the breakdown of social ties, especially with family and friends, and sometimes ends up driving drug addicts to crime, with the ensuing consequences for themselves and for the safety of the community.
Besides these essential objectives, harm reduction policies have also been used as a way of promoting and facilitating the relations between drug addicts and health structures. This is not only to encourage protective health practices among a group which presents high-risk behaviour, but also to create conditions to encourage drug addicts to attend treatment programmes.

In certain countries, there are already harm reduction policies directly designed to promote a reduction in adulteration by traffickers of the substances used, especially in the case of injectable and ingested drugs, namely LSD and ecstasy/MDMA, in order to reduce risks to users' health, such as the risk of abscesses, venous lesions and even overdoses. To this effect, periodical studies are made of the quality of substances on the black market and there are laboratories which, on request, provide information about the quality of the drugs that they are given to analyse.

There is today a considerable variety of harm reduction policies.

The syringe exchange programmes are, perhaps, the most well-known of all the programmes that can be classified as being a part of these types of policy. They are designed, above all, to safeguard public health and to minimise harm to the health of drug addicts by way of combating the risk of propagation of infectious diseases inherent to the sharing of contamina-ted needles. These programmes also combat social marginalisation, contributing towards an increase in probabilities of access to medical care and social support73.

An awareness of the unhealthy conditions in which most drug addicts inject themselves – and which are responsible for abscesses and other accidents – led to the development, in certain European countries, of measures aimed at promoting good injection practices, through both the provision of information and education and the provision of protected locations, the so--called shooting rooms. The latter are, premises where drug addicts can inject themselves in hygienic conditions, with sterilised material and assistance from health

technicians. It is important to note that the majority of experiments in this field are not designed to guarantee that drug addicts can always inject in appropriate conditions, but rather teach good practices, for which reason these facilities have very limited opening hours and capacities.

The spreading of these types of programme is responsible for the connection that many people have overhastily established between harm reduction policies and injected use. However, in general, harm reduction policies can be called on to prevent the risks inherent to any type of drug, as well as all forms and degrees of use. It is for this reason, indeed, that these policies are aimed not just at drug addicts but at all users of drugs, even if merely occasional. Today, for example, issues related to new synthetic drugs are of particular importance.

The low-threshold programmes for administration of substitution drugs, among us particularly methadone, are also a typical example of harm reduction policies.

These programmes are intended to achieve practically all the objectives pursued by harm reduction policies: by substituting an injectable drug with active medication taken orally, the risk of propagation of contagious diseases is reduced; by substituting an addictive drug with anti-social effects with a substance whose effects are compatible with maintaining education, employment, and family and social ties, the social exclusion of drug addicts is combated; by substituting an exorbitantly priced drug requiring multiple use with a freely distributed drug requiring less use, the criminality that generates marginalisation and public insecurity is distanced. On the other hand, the controlled administration of substitution medication prevents the risk of adulteration of the quality of substances used and the risk of overdose. Finally, these programmes generate contact between drug addicts and the health structures, facilitating the prevention of other high-risk behaviours, especially concerning hygiene and sexual relations, as well as creating not only conditions but also opportunities for transition to drug-free treatment programmes.

65 –Harm reduction and treatment

Despite the progress towards genuine treatment programmes being provided by the administration of substitution medication, such as the low-threshold methadone administration programmes, harm reduction programmes should not be confused with treatment programmes.

Treatment programmes include psychotherapeutic and/or sociotherapeutic intervention which is an important help in the recovery process, whilst harm reduction programmes, although they should not be limited to the administration of substitution drugs, involve essentially social and sanitary intervention.

It is therefore indispensable that genuine treatment programmes be available for those who want them. On the other hand, it is important that whose who are included in harm reduction programmes understand their limited objective, know of the existence of treatment programmes and have easy access to them.

66 – Experiences of harm reduction in Portugal

The concern with harm reduction only began to be expressed in Portugal in the second half of the 1980s, with the screening of intravenously or sexually transmitted diseases. At the same time, systematic information began to be provided on prevention, condoms were provided or access to them was facilitated and an understanding and collaborative attitude was fostered among pharmacists in relation to the sale of syringes.

In Coimbra, a dynamic intervention was initiated in May 1998 entitled “Stop sida”, with the creation of a kit – with syringe, condom and information leaflet – to be distributed or exchanged in pharmacies, the implementation of street work and the creation of a drop-in centre, later called “Centro Laura Ayres”.

In October 1993, the National Association of Pharmacies and the National Commission for the Fight Against AIDS implemented a syringe exchange programme in pharmacies (“Say no to a second-hand syringe”) throughout the country, which has been the most efficient harm reduction measure so far in Portugal.

Other initiatives also began offering medical and social support in trafficking areas and areas of prostitution. Boutiques, for example, are support services of a social and sanitary nature for drug addicts, which habitually provide meals, baths, facilities for washing clothes, health screening and nursing care or even medical examinations, but which do not demand treatment of drug addicts. Sleep-in centres, on the other hand, are also support centres which provide accommodation and other facilities of a social or sanitary nature but which, are normally closed during the day.

For the so-called “car parkers”, specific programmes were initiated in Porto, under the “Contrato Cidade” Programme, in conjunction with a low-threshold methadone substitution programme. These are methadone administration programmes with no requirement of regular attendance or of stopping drug use, but with social and sanitary support measures.

On similar lines, a programme has been developed among prostitutes in the Algarve (Quarteira), aimed at motivation for addiction treatment programmes.

At Casal Ventoso, an important integrated operation was launched in 1996 involving the Lisbon City Council, the Government, the Casal Ventoso Reconversion Centre and the Casal Ventoso Social Centre support bureau. This operation also includes harm reduction measures, namely a low-threshold methadone administration programmes, accompanied by the construction of a shelter, a reception centre, street teams and other medical and social support teams, including a large-scale relocation programme.

There is also, although it is still at a very early stage, collaboration between the CAT and the CDP (Chest Medicine Diagnosis Centres), on the spreading of tuberculosis among drug addictions.

There has already been some experience of controlled methadone administration programmes in Portugal, which have been greatly developed over recent years74.

67 – Reinforcing harm reduction policies

First of all, it is especially important to improve information, making it more accurate and more specific, and stressing the possibility of contamination not only through syringes but also through the water, recipients (spoons and bottle tops), filters and cotton. It is also important to construct psychological barriers against progression to injectable forms or in favour of progress from intravenous to smoked use. The publication of the results of analyses of drugs seized may also help prevent situations of added risk due to the composition of the drugs. Finally, there should be awareness of the risks of inaccurate interpretation of information, such as the error of deducing from the fragility of HIV that syringes become safe some time after they are used because, supposedly, the HIV has been destroyed by exposure to air.

In any case, the construction of efficient prevention messages requires better knowledge of the practices of drug addicts. This objective implies the use of ethnomethodologies and unprejudiced collaboration with the drug addicts themselves or their associations, where these exist.

It is also necessary to promote the setting-up of special information and motivation centres for drug addicts with particularly high-risk behaviours.

It is also important to continue with the syringe exchange programme, ensuring that it covers the whole country. The recent revision of the composition of kits eliminated many of the problems raised in this field but other improvements are not to be excluded, especially concerning coordination with other programmes, where this is revealed necessary. Studies should also be made of alternative exchange processes, through automatic distributors or through the attribution, in certain locations, of responsibilities in this field to other entities, starting with health structures.

One of the most important strategic priorities adopted concerning harm reduction is the extension of programmes for the controlled administration of substitution drugs, namely methadone, so as to ensure admission for all those who are indicated for this therapeutic model.

In the specific case of pregnant drug addicts, it is important to ensure the coordination of these programmes with maternity departments and obstetrics services.

It is equally necessary to create new low-threshold programmes for the administration of methadone, to tackle especially difficult situations, above all in Greater Lisbon and Greater Oporto, but also in Setúbal and the Algarve.

Other harm reduction programmes should also be implemented.

To start with, integrated programmes for substitution treatment and antiviral or tuberculostatic medication. Then, free and easily accessible programmes of hepatitis, AIDS and tuberculosis screening, as well as programmes aimed at promoting and facilitating access for drug addicts to family planning services and contraception.

On the other hand, it is also important to promote actions targeting specific populations.

For this purpose, street teams are of major importance and should be made up of specialists with appropriate training, especially in ethnomethodologies, in drug-use zones, among homeless addicts, the so-called “car parkers”, minorities, prostitutes and those who frequent raves and after-hours discotheques, in order to promote harm reduction behaviour, providing, in particular, information about health and social support structures, providing condoms and syringes, or encouraging health care and hygiene, as well as screening for contagious diseases and other measures, including, when appropriate, referral to low-thre-shold methadone administration programmes or, when possible, treatment programmes.

Likewise, it is important to create boutiques and sleep-in centres near areas with greater numbers of users, mobilising, for this purpose, collaboration from local authorities and institutions representing civil society, with the necessary technical and financial support.

From the point of view of prevention, but still within the framework of risk reduction, it is important to raise awareness among doctors and prepare them to promote coordinated support for the children of drug addicts, that involves pediatricians, psychologists and infant and juvenile mental health departments, so that the measures considered necessary can be taken in time. When appropriate in specific serious cases, it will also be necessary to consider the possibility of adoption.

Likewise, it is important that prevention contribute to preserving social integration, and support the continuance of education or employment. A more tolerant attitude towards users which is aimed at encouraging treatment must be promoted in schools and companies.

Finally, efforts should be made to prevent harm reduction programmes from contributing to the creation of a social image that underestimates the effects of drugs, by generating the false idea that drug use is inoffensive or that abstinence is not a desirable target. For this purpose, harm reduction policies should be developed as integrated programmes, containing accurate information and including health and prevention education75.

Regarding the competent entities to implement harm reduction policies, besides the obvious responsibilities of the SPTT structures and the involvement of pharmacies, it is also important to increase the mobilisation of other health structures, as well as in certain cases, the General Directorate of Prison Services, relevant social security organisations, local autho-rities, private social solidarity institutions and other institutions representing civil society of recognised capacity and prestige, such as the Red Cross and AMI.

CHAPTER VIII

Prison Establishments and Drug Addiction

68 – Drug-related crimes and the prison population

Many inmates are imprisoned for drug-related crimes. The data available on the number of inmates sentenced for drug-related crimes for the years 1993 to 1997 are, respectively: for trafficking, 1237, 1432, 1606, 2157 and 3123; for trafficking-use: 179, 197, 215, 238 and 268; for use, 36, 12, 10, 14 and 42.

Without a doubt, most inmates serving actual prison terms for drug-related crimes are not mere users or trafficker-users. However, it is important to note that among the prison population convicted essentially for property-related crimes, a very significant percentage indicated that the motive for the crime was drug dependence.

In general, it can be said that there has been a relative increase in actual prison sentences imposed under the drug law, representing 3.6% of imposed sentences in 1993, 9.4% in 1996 and 6.1% in 1997.

In 1993, the sentence most commonly imposed on traffickers-users was actual prison (38.3%); in 1994, there was an increase in actual prison, 43.7% of convictions, a trend which was maintained in 1995 (46%), slightly reduced in 1996 (41.7%), and fell to 30.7% in 1997. A trend has developed for suspended prison sentences. In the case of traffickers, actual prison sentences are dominant, followed by suspended sentences, the rate having remained stable at nearly 70% over the last three years76.

What is happening is that the real percentage of convictions for drug use is greater than that for trafficking, whilst traffickers-users represent approximately 5%. In other words, practically no one is imprisoned for use, but the risk of conviction for use is greater than that for trafficking.

If we compare the number of inmates convicted for drug-related crimes with the total number of convicted inmates, we can see that, from 1993 to 1997, the varying percentages were 21.3% in 1993, 30.25 in 1994, 30% in 1995, 28.8% in 1996 and 36.5% in 1997.

Given that the total prison population increased from 11,332 inmates in 1993 to 14,634 in 1997 and that between these dates inmates sentenced for drug-related crimes increased from 1,526 to 3,653, it is clear that convictions for drug-related crimes contributed significantly to this increase in the prison population.

There is excessive use of pre-trial custody, it often being imposed when the accused is undergoing a programme of drug dependence treatment, in which case pre-trial custody can be legally dispensed77.

69 – Treatment of imprisoned drug addicts

Available indicators on the judicial system and, in particular, on the prison system show the existence of a high number of imprisoned drug addicts, with the additional problems of high rates of contagious diseases, especially hepatitis, AIDS and tuberculosis.

The treatment and reintegration of imprisoned drug addicts was already one of the Government's concerns in 1996, as stated in the Action Programme for the Prison System (Resolution of the Council of Ministers, No. 62/96 of 29 April), through a National Health Plan for Prison Establishments.

In this respect, significant progress has been made over recent years in the area of health care provision in prison establishments, through both the installation, or rather improvement, in infrastructures and equipment, and recruitment of health staff.

It was also in response to this concern that the Ministry for Justice extended and diversified drug addiction treatment structures and programmes in prison establishments.

"G Wing" (a therapeutic community) at the Lisbon Prison, created in 1992, was doubled in size, as was the Casa de Saúde das Caldas da Rainha.

Drug free wings/units were created at the Prison Establishments of Lisbon (A Wing), Leiria, Oporto, and Santa Cruz do Bispo, and a unit is soon to be opened at the Prison Establi-shment of Tires. These wings/units are "differentiated and protected zones", where demedi-calised programmes of a psycho-socio-therapeutic nature are implemented.

Substitution programmes with methadone were set up at the Prison Establishments of Lisbon and Oporto.

At a local level, coordination with specialised health services, outside the DGSP, have been encouraged (drug addict centres). In this respect and in accordance with local situations, this coordination involves specialised intervention of CAT experts with imprisoned drug addicts and the guarantee of continuity, in the prison environment, of treatment initiated outside, namely with substitution or antagonist therapeutics.

Cooperation has been developed with private welfare institutions in some prison establi-shments, so as to extend support for the treatment of imprisoned drug addicts.

The scope of application of the Open Regime (RAVE) has been extended, and it can now be used for drug dependence treatment outside the prison.

The treatment and reintegration of imprisoned drug addicts is an imperative for this national drug strategy, expressed in the strategic option of ensuring that all imprisoned drug addicts have access to treatment resources that are identical to those available outside the prison environment, an option that is inspired on the humanistic principle that guides this strategy.
It is considered a priority to use prison terms to promote treatment, with the possibility of access to any therapeutic form that is considered appropriate.
It is therefore important to guarantee the continuity and extension of prison programmes, namely withdrawal with psychopharmacological support, treatment with antagonists, subs-titution therapeutics and socio-therapeutic programmes.

But it is also important to implement mechanisms to enable inmates to have recourse to forms of treatment that do affect the prison regime, namely commitment to therapeutic communities and admission to residential reintegration units.

For the successful development of these strategic orientations, a special programme will be created, under the National Health Plan for Prison Establishments, for primary, secondary and tertiary prevention, with the involvement of the Ministries for Justice and Health, to be financed by its own budget item through funds allocated to this national drug strategy.

70 – Harm reduction policies in prison establishments

Faced with prevailing characteristics of individuals who enter prison (a high number of drug addicts, a high incidence of contagious diseases, particularly aids, hepatitis and tuberculosis) and given also their behaviour and mobility (in 1998, 6732 inmates entered the prison system and 6497 left it), we can consider the prison population as high-risk and, therefore, a target for harm reduction policies.

For this reason, the last few years have seen the implementation of harm reduction policies in prison establishments, notably the following actions: facilitating and promoting access to condoms and bleach, health education programmes targeting the inmates, specific training modules designed for guards and technicians.

Within this perspective, the DGSP set up two methadone substitution programmes in the Prison Establishments of Lisbon and Oporto, on an experimental basis. The evaluation of these programmes, in conjunction with the SPTT, suggests that in 1999 the number of patients should be increased and that two new programmes should be set up, in the Prison Establishment of Tires and at a prison establishment for convicted people.

Continuity has also been given to other measures, of a mandatory nature, such as on-entry and/or periodical screening for contagious diseases. At larger prison establishments infectious disease clinics have been set up and the number of hours available for attendance in this speciality at prison hospitals has been increased.

It is important to continue to implement these types of measures.

The exchange of syringes in prisons, is an issue of particular complexity which cannot be reduced only to questions of safety. Thus it is important, as recommended by the National Drug Strategy Committee78, to study existing experiences in other countries, as well as the legal implications of this solution, so as to reach a political decision on this issue, which should naturally ake into account the opinion expressed by members of the Committee and by the Special Monitoring and Evaluation Committee of the Assembly of the Republic for the Situation of Drug Addiction, Use and Trafficking79.

71 – Coordination of prison services and health services

Sending a drug addict to prison, when unavoidable due to the gravity of the crime committed, can be a unique opportunity to induce treatment.

In the field of drug dependence it is therefore essential to coordinate health services, outside the prison services, whether they are public or private, with the health services of the Directorate-General for Prison Services, which are now more autonomous.

Indeed, this need for cooperation has already been expressed in the aforementioned Resolution of the Council of Ministers, No. 62/96 of 29 April, which recommends the collaboration of the SPTT, through the CATs. In this respect, it is to be noted that links have already been established and provide access for imprisoned drug addicts to CAT out-patient treatment, either through the presence of CAT technicians at prison establishments or by taking inmates to outside appointments.

The recent extension of the open prison regime for the treatment of drug addicts also follows a similar line and counts on a more extensive provision of external programmes and with the implementation of mechanisms to allow genuine use of forms treatment with implications for the prison service.

72 – Coordination of prison services and the Institute of Social Reintegration
It is necessary to improve the coordination between the Institute of Social Reintegration and the Directorate-General of Prison Services, by adopting mechanisms and procedures of direct cooperation.

Indeed, cooperation between the Institute of Social Reintegration and the courts and other Public Administration services are absolutely vital for the successful achievement of its objectives, in this case the service of reintegration for drug addicts80.

In particular, it is important to better clarify the scope of the specific missions of the Institute of Social Reintegration in relation to those specific to the National Health Service or the Directorate-General of Prison Services.

Equally important is monitoring the effective utility of the reports produced by the Institute of Social Reintegration for inclusion in files.

73 – The promotion of studies
There is a need, in this field, to carry out or launch studies to gain a better understanding of quantitative reality – and, in this case, the distinction between the number of court cases and the number of offenders is of significant importance – that can help us to determine the accurate number of drug addicts in prisons and which of them committed drug-related crimes.

On the other hand, studies to help understand the most efficient formulas to take best advantage of the period spent in prison to rehabilitate drug addicts are also of major importance.

CHAPTER IX

Social Reintegration

74 – Social reintegration as prevention
It is not by chance that the social reintegration of drug addicts is considered tertiary prevention. Resocialisation can indeed prevent drug use, in that it can contribute to prevention of “relapses”, and can even minimise the effect of the social circumstances that determined the start or aggravation of use.

Strictly speaking, there is no such thing as treatment without social reintegration, such is the extent to which the success of reintegration/treatment is conditioned by the resocialisation, in terms of both family and profession of the drug addict.

Resocialisation cannot, therefore, be taken as a stage subsequent to treatment, as if it were possible to first cure and only then reintegrate. On the contrary, reintegration is part of the treatment and the treatment will never be complete without it.

75 – Social exclusion and positive discrimination measures

For a national drug strategy that is truly inspired on a humanistic principle, promoting the social reintegration of drug addicts is an inevitable imperative. It is therefore necessary to overcome the tendency to consider this a minor or even dispensable aspect of the fight against drugs.

For this reason, it is important for us to identify the diversity of problems that can be raised in this field.

From the start, it is necessary to take into account that the social exclusion of drug addicts frequently takes on forms of social isolation that are rarely recognised as effective factors of marginalisation.

In fact, in Portugal many drug addicts manage to keep their jobs, continue to study or remain in the family home. However, they frequently experience genuine social isolation as the result of losing all their friends who are not drug addicts and, in many cases, replacing their friendships with functional relationships of complicity centred on the use of drugs. The-refore they experience profound solitude when they stop using drugs.

For these reasons, the most common difficulty in the resocialisation process for drug addicts is the creation of new friendships outside environments conducive to relapses, which means that they are required to relearn other types of social skills.

In other, equally frequent cases, it is not possible nor beneficial, for addicts to return to their parents' home after leaving a therapeutic community. In these cases they need supervised residential support, such as the so-called "reintegration apartments", during a preparatory period aimed at their full autonomy.

There are also other drug addicts without vocational training and work experience, with varied levels of education, who need above all vocational training. This can take place at IEFP vocational training centres, at private institutions with the support of training grants or at vocational training institutions for drug addicts or people with special reintegration difficulties.

But there are also cases of extreme social exclusion, of homeless drug addicts, who are completely separated from their families, have no employment, limited qualifications or education, no vocational training or work experience and highly reduced social skills. These frequently resort to theft, to prostitution or to simulations of professional activity (the so-called "car parkers") to survive and to feed their habit.

For these individuals, greater involvement of social support services is needed, sometimes to help them with basic needs (food and lodging), vocational training programmes suited to their education and skills, and global support in reorganising their lives, together with supervision in seeking and maintaining employment.

It is frequently among this group of addicts, in extreme social exclusion, that we can find ex-inmates, for whom the general difficulties of resocialisation are aggravated by those arising from the social stigma that is still attached to the earlier imprisonment. These are situations which normally require supervision adapted to the particular situation of the ex-inmate drug addicts.

Finally, some drug addicts, particularly in cases of double diagnosis – in which a serious depression or psychosis exists alongside the addiction – may need even more care, including protected employment situations, reintegration companies and homes.

It can be seen that resolving the problems raised by the social reintegration of drug addicts requires the adoption of measures suited to diverse situations of exclusion and which, in some cases, should take the form of actual positive discrimination. Without these measures resocialisation would not be achieved, nor would treatment be concluded, or "relapses" be prevented.

76 – Social reintegration support structures

It is undoubtedly still necessary to reinforce support structures for social reintegration, despite the efforts made in the field over recent years.

These structures, as the treatment is prolonged until effective resocialisation takes place, include, with support from the Ministry for Health, day centres, where drug addicts learn to organise their lives and to develop social skills, occupation and work habits, as well as pre--professional activities, and therapeutic communities, which encourage these same values, through specific programmes and community life in general.

There are also specific structures, supported by the Ministry for Labour and Solidarity, such as social reintegration apartments81, which constitute an intermediate environment between the therapeutic community and complete autonomy, since they are temporary residences designed to support drug addicts facing problems of social, family, educational or professional reintegration, especially after leaving treatment units, prison establishments, juvenile homes, and other judicial establishments. On the same line, we should also mention vocational training institutions, of a very limited number, which provide especially supported courses, designed with their target population in mind. These structures are joined by the so-called direct intervention teams or street teams, in which there has been a major investment in recent years82, these units providing direct intervention with addict populations and their families, as well as with, communities affected by the phenomenon of drug addiction in gene-ral. The objective is to further the integration of drug addicts into recovery, treatment and social reintegration processes, through coordinated actions of awareness raising, orientation and recommendation.

These actions are developed by private institutions, under the technical orientation of the Directorate-General of Social Action, through regional social security centres and sub-regional services.

The intervention in this area of a series of private institutions has been increasingly important, and the mechanisms to enable them to develop activities aimed at the

reintegration of drug addicts through Programa Quadro Reinserir (Projecto VIDA) have been extended.

An important role in the reorganisation of the social relations of recovering drug addicts is that played by self-help groups, namely those promoted by Narcotics Anonymous.

To these specific structures we can also add the general initiatives aimed at ex-inmates, which the Institute of Social Reintegration is responsible for, and the links in this field between the Ministry for Justice and the Ministry for Health, under the aforementioned Protocol of 21 March 1997.

The programme in the Armed Forces envisages the socio-professional reintegration of members of the forces subject to treatment, under the supervision of UTITA, with the involvement of their families, and in which they are encouraged to attend self-help groups.

77 – Priorities for the social reintegration of drug addicts: Programa Vida-Emprego

The panorama of the support system for social reintegration of drug addicts was profoundly altered and strengthened with the recent launch of Programa Vida-Emprego, an initiative of Projecto VIDA and the Institute of Employment and Vocational Training (Instituto de Emprego e Formação Profissional – IEFP).

This programme was created and is regulated through the Resolution of the Council of Ministers No. 136/98 of 4 December.

It is a mechanism to support the employment of ex-drug addicts, thus responding to one of the most important requirements of effective resocialisation.

Programa Vida-Emprego includes a vast series of specific measures to support vocational training, training experience and socio-professional integration, as well as general support for the employment and self-employment of drug addicts. These measures include:
a) A monthly subsidy for ex-drug addicts gaining work experience;
b) Sharing of the cost of a work experience supervisor and a tutor responsible for persona-lised monitoring;
c) A financial reward for the companies which, at the end of the period of work experience, decide to contract these trainees and undertake to maintain the position for at least four years;
d) Subsidies for employers to share costs of salaries and social security of workers admitted under this Programme;
e) Sharing of investment and initial operation, costs in the creation of companies promo-ted by ex-drug addicts.

Programa Vida-Emprego therefore constitutes an essential instrument for pursuing the strategic option of promoting and encouraging the implementation of initiatives to support the social and professional reintegration of drug addicts. For this reason, one of the key priorities in this field is, precisely, that of ensuring that it develops successfully.

78 – The support system and other priorities for the social reintegration of drug addicts

The implementation of the option assumed in this national drug strategy regarding social reintegration is not limited, naturally, to Programa Vida-Emprego.

It must be born in mind that there is a need to forestall de-integration itself, through the promotion, in coordination with schools and business, of early access to drug addicts to treatment. But there are also other specific priorities regarding the promotion of resocialisation.

Firstly, it is important to ensure that the support systems for treatment and for social reintegration of drug addicts, recently regulated by Decree-Law 72/99 of 15 March are fully taken advantage of.

This system is applied to services provided by profit or non-profit private units, and, as explained above, is generally structured around three fundamental guidelines: the State finances the families of drug addicts and not the institutions that provide services to them. It encourages equal access to services and, under certain conditions, funds the costs of services provided by private units, even if they are for-profit.

This new legal framework also envisages cooperation agreements to be signed by the State, through regional social security centres, and private institutions. These agreements are aimed at establishing by contract the conditions regarding funding and State subsidies for activities which, in the field of support for the social reintegration of drug addicts, are developed through direct intervention teams or street team, and through reintegration apartments (see Articles 2(a), and 10 to 14 of Decree-Law 72/99 of 15 March).

When justified, cooperation agreements can also be signed in aid of other innovative solutions for support or social reintegration, such as the Centro de Acolhimento aos Sem-Apoio.
In addition to these supports, there are those which, through occasional subsidies, should be provided to isolated drug addicts or their families, to share the expense of the use of treatment units or out-patient treatment.

Secondly, it is necessary to promote support for the development of a variety of self-help groups, capable of integrating the psychosocial diversity of drug addicts.

Thirdly, it is important to create incentives to facilitate the development of a network of recreational and cultural clubs and associations, or other youth organisations, able to play an active role in the integration of recovering drug addicts.

Fourthly, as a complement to Programa Vida-Emprego, there is still room for the development of protected employment experiences in public services, local authorities, and businesses, and for support for the creation of reintegration companies, designed to respond to the most serious situations.

Finally, it will also be necessary to create permanent residences, inspired on the models of therapeutic communities and social reintegration apartments for drug addicts with sicknesses or deficiencies (i.e. psychotic) which definitively prevent their full social integration.

CHAPTER X

The Fight Against Traffic and Money Laundering

THE FIGHT AGAINST ILLICIT TRAFFIC IN DRUGS

79 – Reinforcing the fight against illicit traffic in drugs

The reinforcement of the fight against traffic is an essential strategic option for Portugal.

The dramatic consequences of the sinister business of illicit traffic in drugs, so often carried out by genuine crime organisations, and which affects the lives not just of young people, but also the lives of their families and the health and security of the community, are so dreadful that it has become an imperative to mobilise all efforts to combat traffic with redoubled determination83.

In the case of Portugal, this fight is especially difficult because of the country's extensive coastline, together with the elimination of internal frontier controls within the framework of European integration. But these challenges will have to be faced, on the one hand, with the reinforcement of available resources and, on the other hand, with recourse to new control methodologies.

The actions to be undertaken include, some of those provided for in the White Paper presented by the Planning Group in 1995 and which have not yet been fully implemented, especially regarding the reinforcing of vigilance and available resources, but also coordination between authorities.

Intelligence is decisive against organised crime, in which large-scale drug traffic is included, and for this reason international cooperation is of particular importance.

It is equally important to ensure the correct operation of modern telecommunications equipment, together with the opportune and complete analysis of the information collected, through specialists in various domains, under the required coordination.

There is an obvious need to strengthen selective control of air, maritime and land borders (namely through the LAOS system), with recourse to the appropriate technical resources, but this should lead to a neglect of the fight against the so-called "small-scale traffic", which deserves the police authorities complete attention.

Finally, it is important to be aware that the reinforcing of specific mechanisms to combat traffic by no means affects the utility of adopting other devices of an essentially preventive nature84.

80 – An integrated fight

The fight against traffic should be carried out in an integrated fashion.

The development of an integrated fight against traffic implies, to start with, the development of the participation of each of the competent entities in its specific field.

But, above all, the idea of an integrated fight requires that this fight remain in keeping with the general objectives of measures against drugs, particularly regarding the referral, in accordance with the law, of drug addicts for treatment, even those involved in the so-called "small-scale traffic".

81 – The importance of coordination
Success in the fight against drugs depends, to a great extent, on good coordination between the different authorities with competence in this field.

For this reason, this is one of the domains that has been most affected and inspired by the principle of coordination and rationalisation of resources in this national drug strategy.

International conventions refer to the need for each signatory state to provide itself with an internal system to coordinate enforcement activities85.

Similarly, the 20th Special Session of the United Nations General Assembly recommended that States should encourage "close coordination between all relevant agencies, such as customs, coastguard and police departments, and ensuring that training is provided"86.

Efforts towards coordination led to the signing, on 19 January 1995, of a protocol between the different police and customs forces with an eye to national and regional coordination and action.

More recently, a Joint National Coordination and Intervention Unit (UCICN) was set up, with the Criminal Police, the National Republican Guard, the Public Police Service, the DGAIEC (Directorate-General for Customs and Excise Duty) and the Immigration and Borders Service.

82 – The Planning Group
In Portugal, coordination has been ensured on an institutional level since 1976 by the re-presentation of relevant traffic-fighting authorities in the Planning Group, previously integrated into the extinct Drug Planning and Coordination Bureau and recently transferred to the IPDT.

The duties of this organisation, regulated by the existing Legislative Order 134/83 of 17 June, are to plan preventive and enforcement activities directed against illicit traffic in drugs and to collaborate in defining the objectives of the fight against drugs.

This coordination of interventions on the level of controlling and combating supply is of major importance, For this reason it is vital that there should be a structure like the Planning Group.

The question of the future organic integration of the Planning Group will be examined in Chapter XIII, when discussing the coordination structures of this national drug strategy.

83 – Optimising resources
It is also important to ensure that the activities of the criminal police make best use of the capacity and resources of different organisations.

A particular effort should be made to make best use of the resources available to the GNR Excise Squad or the information available at the DGAIEC, as the result of its international contacts or the international connections of its information technology systems. In the same way, it is necessary to establish the role of the IGAE in this new field of conduct, regarding both the control of the licit drugs market and, in particular, the fight against money laundering.

However, the need to increase resources available to the criminal police cannot be ignored, especially technical resources, such as X-ray apparatus to control containers and similar objects.

It is also important to provide the Criminal Police Forensic Laboratory with the necessary conditions to be able to determine the active principles of drugs seized.

84 – Types of evidence
The use of non-authorised mechanical recording, particularly photographs or audio-visual material, in the investigation of drug traffic cases – for example when the people arriving at a certain selling point are filmed or photographed –, although generally accepted by courts, may be the motive for some legal controversy87.

For this reason, it is advisable, so as to provide a degree of legal certainty for all and for the authorities themselves, to expressly establish in the next alteration of legislation a point that is already the dominant interpretation of Portuguese doctrine on this matter.

85 – Control of amphetamine-type stimulants and their precursors
Faced with the modern use of synthetic drugs, the 20th Special Session of the United Nations General Assembly, in June 1998, approved, as already described above, an Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-Type Stimulants and their Precursors.

One of the main difficulties in the fight against production and traffic in this field is the appearance of new drugs – designer drugs –, which always attempt to evade the established legal framework.

It is to be recalled that the same special session of the United National General Assembly approved a document on “Control of Precursors”, which suggests new methodologies to monitor commonly marketed substances. And because new substances not listed on the Tables of precursors appear all the time, it recommended the creation of a special surveillance list, before the establishment of formal control, envisaging the alteration of criminal liability.

86 – Judicial cooperation
Equally important is the document approved in New York on “Measures to promote judicial cooperation”, concerning extradition, mutual legal assistance, transfer of

proceedings, other forms of cooperation and training, controlled delivery and illicit traffic by sea.

This document suggests the use of modern communication technologies and other technologies, to enhance this cooperation.

There is a clear concern to strengthen cooperation not only between enforcement agencies, but also between "judicial authorities". Indeed, greater involvement of magistrates in interna-tional projects and meetings, of a theoretical and also pragmatic nature, would be of great use.

Attention is also given to "measures to reinforce cooperation between the criminal justice, health and social systems in order to reduce drug abuse and related health problems".

Throughout this document is the notion of the advantage of entering into agreements, treaties or protocols between States to reinforce judicial cooperation is always present.

Member States are also encouraged to consider "the use of telephone and video link technology for obtaining witness statements and testimony, as long as they are secure and consistent with domestic legal systems and available resources", as well as "the protection of judges, prosecutors, witnesses and other members of surveillance and law enforcement agencies, whenever the circumstances so warrant, in cases that involve illicit drug-trafficking".

COUNTERING MONEY LAUNDERING

87 – Reinforcing the fight against money laundering

The fight against money laundering, in this case resulting specifically from illicit traffic in drugs, is a necessary extension of the fight against this traffic.

In addition, the dimension of the phenomenon of money laundering on an international scale constitutes a threat to the integrity, reliability and stability of financial and trade systems and even to the very constitutional and democratic structure of States.

For these reasons, this national drug strategy assumes the strategic option to reinforce the fight against the laundering of money derived from the illicit trafficking in drugs.

In Portugal, this reinforcement will not involve new legislative measures but rather greater efficiency of existing systems of control and mechanisms of international cooperation.

88 – The criminalisation of money laundering

Portuguese law already considers money laundering a criminal offence and allows authorities to identify, locate and freeze or seize proceeds of illicit trafficking in drugs, in accordance with the provisions of the United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988, and as was recommended in the docu-ment "Countering money-laundering" adopted 10 years later , at the 20th Special Session of the United Nations General Assembly in June 1998. The Portuguese legal system also ensures the transposition of the Council Directive No. 91/308/EEC or 10 June.

In Portugal, the criminalisation of laundering is not restricted to proceeds or products of illicit trafficking in narcotic drugs and psychotropic substances, but extends to those that follow from other equally serious crimes, including corruption and other economic crimes.

Moreover, obligations to collaborate with the judicial system are not limited to financial and similar institutions, but also extend to any type of business, such as those with gambling concessions, real estate brokers and resellers, as well as all businesses that sell products of a high unit value.

Likewise, the law currently in effect provides for access, under certain conditions, to bank accounts by order from the relevant judicial authority (Decree-Law 15/93 of 22 January, as amended and republished on 20 February of the same year).

In any event, possible improvements to the law should be considered, so as to adapt it to the diversity and constant evolution of criminal mechanisms in money laundering.

89 – The question of shifting of burden of proof

The question of the shifting of burden of proof concerning the crime of money laundering has been some what controversial.

In fact, the difficulties experienced in demonstrating the practice of elements of the main crime, behind the crime of laundering, as well as the very elements typical of laundering, which frequently occur outside the national territory, have allowed the possibility of resor-ting in these situations to a mechanism that is habitually designated “shifting of burden of proof”, as a way of forcing suspects to prove the licit origin of their property.

This idea, guided by the meritorious purpose of strengthening the efficiency of the fight against money laundering, has already made an impact on international conventions, but always without prejudice to the existing constitutional principles in effect in the States signa-tory to these conventions.

The fact is that the adoption of a mechanism of this nature in Portuguese legislation, as in most countries governed by the rule of law, would necessarily conflict with the constitutional principles of presumption of innocence, established in Article 32(2) of the Portuguese Constitution and from which the principle of in dubio pro reo or presumption of innocence derive88.

This issue, as raised by the National Drug Strategy Committee, deserves more careful study, namely in the light of comparative law89.

It will be particularly useful to analyse the constitutionality and relevance of mechanisms used in other countries not to determine, even as a prior issue of a mere civil nature, the guilt or innocence of a person for criminal purposes, but rather to determine, within the framework of special civil proceedings, the licit or illicit origin of a certain asset, specifically for the purpose of proving the ownership of wealth or assets seized or identified in criminal proceedings.

Despite all the differences, it will be useful to study, in this context, the degree of similarity of these mechanisms to other mechanisms already admitted in Portuguese positive law.

Such is the case of the possibility of referring to civil instances of discussion of the ownership of seized assets, on suspicion that they represent the proceedings of a crime or of conversion or transformation, when a third party invokes the constitution, in good faith, of rights over these assets (Articles 17(5) of Decree-Law 325/95 of 2 December, and 36A of Decree-Law 15/93, as amended by Act 45/96 of 3 September).

Such is also the case, in a civil discussion of claims to an abayent inheritance, when the State's intention is to contest the legitimacy of those who present themselves as heirs to the estate (Article 1132 of the Code of Civil Proceedings).

90 – Improving the efficiency of the control system for money laundering

It is important to substantially improve the efficiency of the control system for money laundering, in accordance with programmes such as those envisaged in the 1988 United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances and which should be implemented by 2003, as established in the political declaration approved at the 20th Session of the United Nations General Assembly, in June 1998, and bearing in mind Resolution No. 5 (XXXIX) of 24 April 1996, of the Commission on Narcotic Drugs.

Under the terms of the document "Countering money-laundering", approved at this Special Session, it is necessary to ensure full application of the "know your client" principle, making economic and financial agents responsible for the identification and verification of the rele-vant requirements of their clients, as well as the mandatory reporting to authorities of information on suspicious financial movements.

For this purpose, it is important to reinforce trust and communications between the authorities and entities possessing information about suspicious operations.

As is increasingly common in other countries, special attention should be paid, obviously, to operations made under the protection of the special regulations of so-called "free trade zones" or "off-shore zones".

On the other hand, it is necessary to process the information received more consistently and effectively for the purposes of developing investigation.

Given the nature of money-laundering operations and their frequent technical complexity, it is also important to ensure, that investigation tasks – especially when carried out by the Criminal Police – be entrusted to specialised personnel. Good coordination between the different departments entrusted with the specialised investigation of the money-laundering and those responsible for the investigation of the main crimes from which it derives, must be guaranteed when it is not possible to unite these tasks in the same department, as would be preferable.

91 – Developing international cooperation

As recognised in the document "Countering money-laundering", adopted at the 20th Special Session of the United Nations General Assembly, in June 1998, "only through international cooperation and the establishment of bilateral and multilateral information networks such as the Egmont Group, which will enable States to exchange information between competent authorities, will it be possible to combat the problem of money-laundering" effectivaly.

The 1988 United Nations Convention itself already constitutes an important expression of international cooperation in this domain.

The UNDCP, in turn, launched in October 1996 an important world programme for countering money-laundering.

On another level, the Financial Action Task Force (FATF), created by G7 in 1989, has been involved in important cooperation initiatives in this field, notably the 40 Recommendations adopted in 1990 and amended in 1996.

Other international organisations have also been closely involved in cooperation against money-laundering.

The Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime, adopted in 1990 under the aegis of the Council of Europe and ratified by Portugal by Decree of the President of the Republic No. 73/97 of 13 December, provides a framework for cooperation of major importance to Portugal whose commitments are an integral part of this national strategy. Equally important is cooperation under the Council of Europe, which also carries out important activities in the fight against money-laundering.

Above all, it is important to harmonise procedures and ensure easy exchange of information between different States on suspicious financial operations.

CHAPTER XI

Research and Training

RESEARCH ON DRUGS AND DRUG ADDICTIONS

92 – The strategic importance of scientific research

The increase in scientific research constitutes one of the most important structural options of this national drug strategy.

Knowledge of the complexity of causes and the diversity of expressions of the phenomenon of drugs and drug addiction is essential to sustain an attitude that is not merely reactive and to provide support for more lucid and efficient political decisions. Hence the emphasis given to scientific research in this national strategy90.

There is much to be done in this field.

When the Vienna Conference took place in 1987, existing knowledge of the phenomenon of drugs was still generally scarce, dispersed and unsubstantial, not having been derived from the application of truly scientific methods, within established theoretical, in particular interdisciplinary, guidelines.

It is not surprising, therefore, that this Conference recommended a multidisciplinary scheme, to UN countries combining a multiplicity of initiatives, including "higher education institutions, research centres of major education establishments". On prevention, it stated clearly: "it will be necessary to intensify scientific research".

Since then – little over ten years have passed – there have been growing signs of interest in scientific research on this subject, expressed both in universities and by State strategies, as well as the European Community.

This is not the right place to list the research that has been carried out or is under course, nor to discuss methodologies or give an account of the results of studies undertaken in a wide range of fields91.

What is important to clarify here is what is expected of scientific research in this field and how the strategic option of increasing this research will materialise, considering the existing research on drugs and drug addiction in Portugal.

93 – Administrative and academic research

National research into drugs and drug dependence is divided into two major categories: administrative research and academic research.

Administrative research is developed by official "anti-drug" organisations and by drug addiction prevention and treatment services.

Because of the relative lack of interest at universities, administrative research has predominated, producing, as a general rule, the most systematic studies of this matter, especially with respect to epidemiological description and intervention and less with respect to explanations of the phenomenon of drugs. The epidemiological studies, like the statistical studies of the then Gabinete de Planeamento e de Coordenação do Combate à Droga, tend to describe the dimension and nature of the phenomenon from a socio-demographic point of view, either through the method of direct indicators, or through surveys of educational environments. Evaluation studies, however, tend to describe the operation and efficiency of services or, as in the studies initiated by the SPTT in 1991, to characterise the population in treatment from a socio-demographic point of view.

Academic research is that which has developed at university research centres.

Strictly speaking, three types of academic research can be identified: research leading to MA and PhD qualifications (predominant), research supported by the Foundation for Science and Technology and research at the request of either official "anti-drug" structures or local authorities, by the European Commission, by the Council of Europe or by other public or private institutions interested in clarifying certain aspects.

Academic research, that invests above all in fundamental research, is mainly concerned with explanations, interpretation and non-epidemiological descriptive methods. A distant second place is given to intervention. There is a notable extension of scientific areas in the pro-
duction of knowledge. Nowadays, the predominant areas are psychological and behavioural sciences, especially the clinical disciplines (clinical psychology, psychopathology, psychoanalysis), in contrast with the relative distancing of biology/pharmacology/toxicology and social/criminal sciences.

94 – The mission of scientific research and the mobilization of knowledge

Scientific knowledge about drugs, establishing objective relations and the historical and social significance of drugs, is absolutely essential to enable enlightened and consistent decisions to be made, although these are not limited to technical conclusions. Judicious strategies for the social management of drug use are formed by the interpenetration of cultural spheres: in the opening up of science to ethics and justice; in the opening up of justice and ethics to science.

However, although scientific knowledge should help the preparation and justification of political decisions, this does not mean that the criteria for the organisation of research on drugs are condemned to being dispersed among a multitude of particular issues, and are derived from the need to confront specific problems. On the contrary, it is essential not to lose sight of the fact that the science of drugs is a specific and unified interdisciplinary field, with its own theoretical rationality or integrating logic.

What is required from research on drugs is, after all, the same as what is required from other feilds of knowledge: to describe phenomena, explain them, interpret them and organise the knowledge produced in accordance with conditions of existence and human development.

Research, which should be stable, will develop, therefore, along three main lines that are lo-gically linked: description, explanation/interpretation and research/intervention.

The description or observation of the phenomenon of drugs seeks to answer the following questions: what is the current dimension of the phenomenon? (the traditional question “how many are there?”); what trends can be identified? (has it increased or decreased?); who are the protagonists? (occasional users, regular users, addicts, users-traffickers, traffickers, etc.); what are the patterns of use? (types of drugs, lifestyles, individual, group or social trends); what is its range? (ecosocial and socio-demographic dimensions).

It must be said that these are crucial questions. We need to know more about the phenomenon of drugs and its tendencies.

The explanation and interpretation of the phenomenon of drugs will be more multifaceted. According to the so-called “law of effect”, explanation, in this domain, implies the conjugation of three macrovariables: substances, individuals and contexts.

This means mobilising knowledge in the areas of biology of drugs and drug addictions, of neurobiological and neuropharmacological studies and of embryonic development studies. And Portugal has the necessary conditions for significant advances in the explanation of biological processes of dependencies, since it can count on high quality research departments and on scientists who have developed research projects whose results are internationally recognised.

It also means mobilising psychological and behavioural science research to a stage beyond psychiatry, psychopathology and clinical psychology, with their classical approach to dependence as a toxicomania. As research in psychological and behavioural sciences on drugs is no longer homogeneous and lines of inquiry beyond the etiological and pathological paradigm have been broken off, it is important to develop the different areas of study into which the extensive literature of psychological and behavioural sciences are divided, namely psychiatry, psychoanalysis, cognitive-behavioural psychology and psychosociology studies. These show (especially by way of ethnographical and biographical methods, but also by way of systemic theories and family therapy) that underlying use behaviours there are different life structures. Essentially, it would not be a case, therefore, of a phenomenon of individual or social pathology, but rather a problem to be interpreted in the drama of daily life in the light of a genuine ecosocial psychology.

This mobilisation of knowledge also concerns social sciences themselves, which should also contribute to explaining/interpreting the phenomenon of drugs as a social factor, analysing the socio-cultural and socio-historical contexts of the use of psychoactive substances and studying the economic aspect of the phenomenon, especially drugs markets and their participants. Sociology, ethnology and cultural anthropology are best designed for these major questions, as well as economics.

Another topic which should not be neglected, in this context, is research on the relation between drugs and other related phenomena, namely health (behaviours, contagious diseases, etc.) and criminal issues. This latter question is of particular importance – for the community, for public authorities, for the legislator and for the law enforcer –, studies having dismissed some established ideas about the nature of the relationship between drug use and the practice of offences, safely concluding that “not all drugs are associated with crime, nor are all crimes associated with drugs”92.

95 – Research and intervention: the strategic importance of evaluation

Another vector of scientific research in this field is the binomial research-intervention, which is a crucial issue.

Although this issue has only recently become a concern, it is now recognised that, besides appropriate scientific grounds, intervention programmes cannot be exempt from methodical and rigorous evaluation of their results, and options regarding future programmes should take this evaluation into account.

In fact, with the insufficiencies of knowledge about the phenomenon of drugs and drug addiction and the constant changes in the very expression of this phenomenon, it is not possible to consider “solutions” to be consolidated when they are really no more than “attempts”.

But some care is needed when talking of evaluation, in part to avoid attempting to evaluate programmes which, by nature, do not even satisfy the primary condition for effective evaluation: the very possibility of evaluation. There are, indeed, programmes that, by their own design, cannot be evaluated.

There is, in fact, a risk of confusing evaluation with the mere determination of the value of a programme through a survey of opinions among its participants or the issuing of a "judgement" by a member from the system itself (the so-called internal assessment) or from an
outside system (the so-called external assessment). This "judgement" is often based more on suppositions and the interplay of opinions than on facts – and this difficulty is not excluded even when the "judgement" is of external origin.

Quite the contrary, the evaluation of the value of a programme should preferentially derive from facts, as established by the application of the respective instruments of evaluation, which should be set out in an evaluation device programmed by an evaluation specialist.

Effective evaluation should be based on a rigorous methodology.

For this purpose, it is advisable that the actual design of the programme envisages its instruments of evaluation (e.g. a scale of measurement for behaviour and attitudes towards drugs, applied before and after the implementation of the programme, so as to compare data from which the efficiency of the programme can be inferred). For this to be possible, it is necessary for the team designing and applying the intervention programme to include a specialist with experience in evaluation, who is able to define the methods that best adapt to the eva-luation of a specific programme.

These self-evaluation devices should not exclude the use of external evaluation, but its relevance should be limited, whenever possible, to estimate of the value of the programme's evaluation device itself.

Another important area in this binomial research/intervention is that of comparative studies of the different intervention programmes, as regards of prevention, treatment, harm reduction or resocialisation. These studies are still rare and it would be desirable for them to apply methodologies that permit comparison of the differential efficiency of each model in relation to others that pursue the same objective.

It is also important to construct and try out scientifically valid instruments and metho-dologies – starting with diagnostic instruments themselves – not only in regard to the patholo-gical component of drug use, that is still dominated by the experience of the clinical approach, but also by resorting to instruments that provide differential diagnostics of the different categories of drug addicts.

96 – Interdisciplinary research

From what we have discussed above, it can be seen that the use of drugs is neither comprehen-sible nor explainable without the help of a wide range of knowledge.

Interdisciplinarity is therefore fundamental for research on drugs and drug addiction.

It is undeniable that Portugal has at its disposal solid, scientific methodologies, developed at several different institutions, such as school surveys, the sagital method, ethnomethodologies and the result obtained by the Permanent Security Monitoring Centre in the city of Oporto.

It is now time for the different initiatives developed separately around the varied methodologies to be congregated under the sign of interdisciplinarity, with an eye to a more objective, complex and rigorous description of the phenomenon of drugs in Portugal, combining the necessary methodologies to respond to the challenges identified by the drugs control policy.

97 – The priorities of scientific research

The priorities of scientific research should include, as stated above, interdisciplinary studies in general, and should call on biology, pharmacology, toxicology, the neurosciences, psychology, behavioural sciences, ethnology, economics and criminology in particular. This confers special importance to research on interdisciplinary method, that is, on the prior cons-truction – by pure theoretical research – of models or methods that permit integration of data from different disciplines.

As for studies on the phenomenon of drugs itself, this national drug strategy considers five types of study to be priorities, aimed at consolidating the formulation of choices, without prejudice to the importance and merit of other lines of research93.

The five priorities are the following:

Firstly, descriptive studies of the phenomenon of drugs, to enable us to measure and charac-terise more accurately the current dimension of this phenomenon and its fluctuations, uni-ting, for this purpose, traditional methods (surveys and indirect indicators) and others of a quantitative or qualitative nature. For a more accurate description of the phenomenon, it is also important to set up extended methodologies for collecting data in the context of cons-tructing a national information system on drugs and drug addiction.

Secondly, explanatory and interpretative studies of the drugs phenomenon to enable the consensual “law of effect” to be empirically put into effect, that is to say, that analyse the different variables: substances, the individual and the context. In this case, it is necessary to study the relation between types of drugs, types of individual behaviour and types of surrounding context.

Thirdly, studies of the dangers of different drugs, including the new synthetic drugs, which help prevention and treatment policies, and which also contribute to a well-founded definition of the external policy and legislative policy on this matter.

Fourthly, studies of social experimentation initiatives, especially concerning the establishment of so-called shooting rooms and on the therapeutic or controlled administration of heroin, but also the exchange of syringes at prison establishments, in order to obtain a

description of these experiences and to make a scientific analysis of the need, viability and technical, economic and legislative conditions for its possible experimentation in Portugal.

Fifthly, studies on programme evaluation methodologies, to enable evaluation of prevention, treatment, harm reduction and social reintegration programmes carried out in Portugal, including the most important programmes that have taken place over the last 10 years.

98 – Human resources: a stable scientific community

One of the great difficulties to be overcome is the lack of a stable scientific community in the field of drugs. Few scientists devote their university careers to this theme, often because the relative lack of interest of the universities only permits episodic research, aimed at obtaining academic degrees or at the request of State organisations.

This is a challenge to the universities themselves.

In the field of "administrative research", it is important to introduce, whenever possible, in accordance with the law, the career of scientific research into the organic structure of the public services, in which the production of scientific knowledge about drugs is developed in a systematic way. This is the solution suggested by the Organic Law of the recently created Portuguese Institute for Drugs and Drug Addictions – IPDT (Decree-Law 31/99 of 5 February).

99 – The role of the IPDT and the National Information System on Drugs and Drug Addiction

One of the most important tasks of the IPDT is that of congregating and encouraging scientific research on the phenomenon of drugs and drug addiction.

This responsibility, attributed in Decree-Law 31/99 of 5 February, applies the principle of rationalisation of resources, since it took place after the functions that had been distributed between the old GPCCD and Observatório Vida.

It is worthwhile quoting the preamble of this law: "The creation of the IPDT has allowed scattered resources on the collection and processing of data and information on drugs and drug addiction to be focused and developed. This permanent evaluation of the phenomenon of drugs and the production of further knowledge about this phenomenon are some of the most important tasks entrusted to the IPDT, considering their use for definition of appropriate policies towards the problem of drugs and drug addiction. Also to be noted are the responsibilities of the IPDT in the as yet underdeveloped areas of training and research development in this area".

In particular, one of the responsibilities of the IPDT is "to collect, process and publish data, information and technical/scientific documentation on drugs, in particular on use and on trafficking in narcotic drugs, psychotropic substances and precursors" (Article 3(a) of this same decree-law).

This task is linked to another essential task entrusted to IPDT: “to institute and ensure the functioning of a national information system on drugs and drug addiction” (Article 3(b)).

Finally, it is also the IPDT’s responsibility “to promote and stimulate research, so as to encourage the production of advanced knowledge about the phenomenon of drugs and drug addiction (Article 3(g)) advanced knowledge which deals, naturally, with all domains, including those related to methods of intervention and evaluation.

In order to carry out these activities, a Drugs and Drug Addiction Information Centre was set up within the IPDT, whose director is treated as a assistant-director-general. This centre, which is divided into three divisions, is responsible for developing a series of activities, including the collection of data, using appropriate methodologies, the promotion of studies and support for scientific research, in particular through protocols with university institutions (cf. Article 13 of Decree-Law 31/99 of 5 February).

100 – Some guidelines for funding research
The problem of resources for scientific research naturally exceeds the scope of this strategy.

What is important here is, above all, to stress the need to overcome the natural tendency for short-term financial management of research and to provide financial support, for projects involving fundamental long-term research, which may lead to the construction and corroboration of sound explanatory models.

It is also important that when projects are considered, especially by the Foundation for Science and Technology, the specificity of research on drugs and drug addiction must be taken into account, whenever possible through the provision of an area whose epistemologi-cal nature adapts to projects in this interdisciplinary field.

TRAINING IN DRUGS AND DRUG ADDICTION

101 – The strategic importance of training
The fight against drugs is fought, above all, by and with people. For this reason, it is absolutely essential to promote suitable training of human resources in this field.

The need for systematic training in the field of drugs and drug addiction has been a concern since the second half of the 1980s, for international organisations, for professional associations in this domain, and also for the State’s services.

The 1987 the Vienna Convention recommended the creation of postgraduate courses and the introduction of topics related to alcohol and other drugs in courses for health professionals.
Recently, in June 1998, the 20th Special Session of the United Nations General Assembly recommended that: “States should place appropriate emphasis on training policy makers, programme planners and practitioners in all aspects of the design, execution and evaluation of demand reduction strategies and programmes.”

In turn, specialists from different countries have created associations, aimed at the exchange of experiences and the promotion of technical and scientific training.

Besides the need to improve their own knowledge, practitioners working with drug addiction are confronted with lack of training among many other social actors: parents, young people, teachers at different levels of education, agents of social control (police, prison guards, reintegration specialists, magistrates), health professionals and media professionals.

The urgent need for training has become evident to all.

102 – Types of training

Training is intended to instruct and to enlighten, through the transmission of knowledge, those who, for different reasons, have to manage and control the problem of drug addictions in their daily life (whether professional or not). The question is, therefore, to create critical know-ledge of the phenomenon of drugs and to design forms and methods of intervention in close collaboration with the knowledge produced. Training also involves learning the set of processes that experience in drug-related intervention has established, in order to "make a craft of one's know-how".

It can be seen, therefore, that training and research are closely connected: the quality of training depends on existing knowledge. But they are both supported by the quality of the scientific training that produced them.

One can talk about scientific training to designate the learning of scientific methods liable to produce knowledge about the phenomenon of drugs. This type of training, which at the same produces information, is a priority, taking into account our limited knowledge about the phenomenon of drugs.

In obedience to the principle of differentiation, training with regard to drugs and drug addictions is not homogeneous but differential, according to its functions and depth.

The different types of training can be divided into two main categories: general training and specific training.

General training consists of the transmission of general knowledge about drugs and drug addictions to each committed social actor who, although not intervening directly in the field of drugs and drug addictions, cannot be alienated from a social problem that is a concern to all.

Specific training consists of the production and learning of knowledge and the training of skills in conceptual models, research methodologies and in methodologies and techniques for intervention with drugs and drug addictions. By definition, specific training applies to professional activities which, incidentally or permanently, are concerned with drugs and drug addictions. This specific training can be further divided into two subcategories: technical training, and specialised and postgraduate technical training.

Technical training is complementary training aimed at the acquisition of knowledge and training of skills for intervention related to drugs and drug addictions. This type of training occurs in the transition from an academic training or another professional activity to the exercising of a professional activity in the field of drugs and drug addictions. It comprises

initial training (which is added to basic academic training) and the more or less critical assimilation of the "culture" of the services in which the specialist works. It also comprises continuing training of specialists who have not received specialised or postgraduate training. In theory, initial training includes a theoretical-practical component and a period of work supervised by one or more specialists. Continuing training may adopt a formula with a theoretical-practical part and another part involving specific work, followed by a synthesis report. What is important is that it should be properly planned, taking into account training deficits and the need to improve the provision of services to the community, and that it should take place on a systematic basis.

Specialised and postgraduate technical training comprises the renovation and translation of scientific knowledge, with a view to a theoretical framework for practise, as well as learning through evaluation – which should be systematic – of professional experience as a team. It is, after all, the learning that permits competent professional activity in the different speci-fic fields of drugs. This training is organised in two possible areas: analysis and intervention. Analysis, aimed at the learning of the methodology of scientific analysis and the integration of scientific knowledge into practical activities, is organised according to the demands of an MA course and takes place mainly in a university context. Intervention, aimed at specialisation in a given area of intervention, is learning based predominantly on the experience and technical culture of the services.

103 – Principles for training in the field of drugs and drug addictions

The planning of training in the field of drugs and drug addictions should be governed by a set of basic principles:

• Clear and precise definition of the specific aims which should converge for greater quality and efficiency of the services;
• Differentiation of the types and levels of training in accordance with the objectives;
• Integration of different types of training;
• Rationalisation of resources;
• Interdisciplinarity, taking into account the varied dimensions and systemic nature of the phenomenon of drugs;
• Continuous training and recycling;
• Communication between national and international training units, especially those which are European;
• Professional ethics, given the logic of the service, should prevail over the logic of profit and interest.

104 – Priorities in training

The key priority in training is to promote the inclusion of basic or initial training in drugs and drug addiction in the curricula of university courses that lead to degrees in areas that are frequently confronted with this type of problem (for example, various courses in Medicine, Pharmacy, Nursing, Psychology, Education, Sociology, Welfare, Law and Communications). With rare exceptions, Portuguese universities have not yet become aware of this serious lacuna in academic education. The problem is even more serious among technical courses in areas relevant to drug addiction (for example, in the training of psychosocial practitioners, occupational therapists and physiotherapists).

The lack of preparation among existing practitioners makes it particularly urgent to launch training places aimed at health professionals, teachers, the security forces, social workers, media professionals and other possible participants, so as to provide a better understanding, albeit generic, of the problem of drugs and drug addiction and to prepare these practitioners for more efficient intervention or referral.

A third priority is to break down the isolation between disciplines and professions, by way of the creation, particularly in the framework of continuing technical education, of interdisciplinary training programmes, not just through the mere juxtaposition of interventions, but through the composition, with effective team work, of different professional acts in consistent models. Indeed, despite the fact that vocational training in the field of drugs and drug addiction requires differentiation and specialisation, this does not imply less communication between the different areas of knowledge, methods and practices. Without losing out on experience, interests and the contribution of each of the systems interested in specialised training, it is both possible and desirable to organise training of a predominantly transversal pattern and which creates conditions for the constitution of the necessary system of communication between the scientific community and the community of practitioners in the field of drugs and drug addiction. Indeed, the planning of training courses around concrete new problems (e.g. synthetic drugs), new conceptual models or different methodologies (dia-gnostic and intervention) requires convergence towards a dialogue between the different agents in these types of intervention.

Finally, it is important to implement a general training scheme, to plan and structure training directed at specific sectors of the population.

105 – Rationalisation of resources

The principle of rationalisation of resources, which is one of the structuring principles of this national strategy, is especially important in the matter of training.

Experience has shown that dispersion results in waste and bad quality, although there is still a need for local experiments with the necessary technical quality.
It is important, therefore, to ensure a harmonious conjugation of existing resources.

Articulation between faculties and universities is already permitted and recommended in the general law on master's degrees. However, it would be better to invest in a concentration of efforts – under, for example, collaboration agreements – to achieve more exacting and higher quality solutions, while at the same time favouring interdisciplinarity and scientific and technical exchange.

This rationalisation of resources will only gain from the constitution of organisational and regulatory mechanisms for training in the area of drugs and drug addictions, both in public services specialised in drugs and drug addictions and in universities with actual experience of producing knowledge in this domain.

106 – The organisational structures of training

To respond to the needs of training, classifying it in accordance with objectives, rationalising resources, and organising curricula, requires the constitution of a permanent training sheme.

The system should involve the recently-created IPDT, which, besides general training for intervention in the community, has the responsability to support the training of practitioners who intervene in the area of drugs and drug addiction (Article 3(h), Decree-Law 31/99 of 5 February).

For this purpose, the IPDT has a Training Division, which is integrated in the Department of Community Intervention Services. It will be responsible for supporting practitioners from the various different sectorial services and private organisations that act in the area of primary prevention and for preparing, accompaning, supporting or guaranting training designed for these practitioners (Article 14(3)b).

Services should, therefore, organise the technical training of their practitioners in collaboration with the IPDT training unit.

For specialised and postgraduate training, the IPDT training unit is responsible for the organisation of theoretical-practical training, mobilising for this purpose existing resources, in particular those people with MA degrees in drug addiction related areas.

Collaboration between the IPDT training unit and universities will also be fundamental, for the necessary general renovation of scientific knowledge.

Postgraduate and MA level training, at universities, also requires the collaboration of services, especially considering the conditions necessary to work on the preparation of theses. Likewise, it is necessary to use the available legal mechanisms to allow the services to support access for their own specialists to these means of professional qualification.

The time has come for a communicational alliance between the universities and services.

CHAPTER XII

Civil Society

107 – The participation of civil society in the fight against drugs

The national drug strategy is not only designed to guide the activities of the public authorities but also to serve as a reference for civil society and its institutions, mobilising them in the fight against drugs.

For this reason, one of the structuring principles of this national strategy is, precisely, the principle of participation.

The problem of drugs is, indeed, a problem of society as a whole, and can only be confronted with the committed effort of all of us.

Before being a problem of the State – as it undoubtedly will be –, the drug problem is a human problem, experienced within each person, each family, each school, each company,

each group, each interpersonal relationship. And here, where the State is often neither able nor allowed to reach, is where it is important to act.

Therefore, to mobilise people, families, civil society as a whole and its institutions and, above all, to mobilise the young, is an imperative of this national drug strategy.

This mobilisation involves information and training about the problem of drugs and drug addiction, to be promoted by the competent agencies of the State, as primary prevention, with the collaboration of the universities, whenever necessary. But such mobilisation will only be consequential if there are support systems for institutions representing civil society of recognised public interest, judged in the light of this national strategy.

The materialisation of the involvement of civil society is divided into four levels: participation in the definition of strategies for drugs and drug addiction, primary prevention, treatment and social reintegration.

108 – Participation in the definition of strategies for drugs and drug addiction
As the problem of drugs and drug addiction is a problem of the whole community, it is important that the community participate in the formulation of public strategies on this matter.

For this reason, in the preparation of this national drug strategy, mechanisms were provided to ensure citizens participated, through the process of public discussion.

It is also important to use, in the definition of the lines of force of different policies, other forms of participation, namely organic or institutional participation, naturally without prejudice to interest of procedural participation in this matter. It is particularly important to value the role of the National Drug Addiction Council in this situation.

109 – Civil society and primary prevention
The involvement of civil society is decisive for the success of primary prevention.

Besides raising awareness among the community in general, it is especially important to increase awareness among young people of the role that they can and should have for other young people.

The mobilisation of agents of education – especially parents and teachers –, as well as "leaders of opinion" is also crucial.

Structured intervention of civil society in primary prevention will take place, above all, through initiatives organised by associations and other private institutions that work in the field of drugs and drug addiction or that, for some reason, deal with populations with high--risk behaviour.

On the subject of primary prevention, the importance of these initiatives and the support they should have under a programme such as Programa Quadro Prevenir has already been noted, taking into account the priorities defined and the evaluation of their results.

A final word for the mass media: in an information society such as the one entering the third millennium, the media can play a fundamental role in disseminating truly enlightening information about drugs and drug addictions, contributing to increased awareness in the community and for a more extensive reach of primary prevention. Media professionals should, therefore, be able to live up to this social responsibility.

110 – Civil society and the treatment of drug addicts

The treatment of drug addicts does not have to be ensured, exclusively, by public health care network resources.

On the contrary, it is vital to ensure the continuity of treatment intervention in the many private welfare institutions which have long devoted themselves to this service to the community.

This intervention is, in fact, essential to ensure sufficient extension of the network of health care for drug addicts, without which it would not be possible to guarantee access to treatment for all drug addicts who seek treatment.

For the same reason, public funding should also be able to benefit drug addict treatments taking place in private units, even if they are profit-making, as long as certain conditions are satisfied, such as those recently defined in the new system of support for treatment and social reintegration of drug addicts (Decree-Law 72/99 of 15 March).

111 – Civil society and social reintegration

The initiatives of civil society area also crucial in encouraging the social reintegration of drug addicts.

For this reason, the system provided for in Decree-Law 72/99 of 15 March also regulates support to be provided for the programmes and activities of private institutions in the field of social reintegration of drug addicts.

Likewise, programmes such as Programa Quadro Reinserir constitute an additional instrument to encourage the initiatives of associations and other institutions representing civil society.

It was also to ensure the necessary incentive of civil society, especially employer economic agents, that the Programa Vida-Emprego was created, as regulated by the Resolution of the Council of Ministers 136/98 of 4 December.

It is necessary to understand, however, that social reintegration is, ultimately and by definition, in the hands of society itself. It is, undoubtedly, the State's duty to raise awareness of this fact and to provide the necessary support or incentives. But it is the responsibility of all to adopt the humanistic attitude without which there cannot be conditions for effective social reintegration of drug addicts.

CHAPTER XIII
Coordination Structures

112 – The strategic importance of coordination
One of the structuring principles of this national strategy is, as we have said, that of coordination and rationalisation of resources.

In fact, the conditions for the success of this national drug strategy necessarily include integrated coordination of its development, in compliance, indeed, with the most recent decisions of the United Nations General Assembly.

There is no alternative to coordination.

The models that have been tried out in several different countries, despite the differences that distinguish them, tend to converge on the inclusion of authorities that ensure interdepartmental coordination.

And coordination is not only an obvious imperative for good management of resources, but also, and above all, an elementary condition for the coherence and efficiency of political action on drugs and drug addiction.

It is fundamental to ensure coordination in the development of prevention policies – primary, secondary and tertiary – that are of a necessarily horizontal nature. On the other hand, it is also necessary to articulate prevention and harm reduction policies and, in general, those related to the control of demand with those aimed at fighting supply. Finally, an effective coordination of the different forms of international cooperation in this area should be ensured.

113 –Coordination structures
A simple and effective system of political coordination to develop the national drug strategy is a necessety.

This coordination should be ensured by the Prime Minister himself, naturally with the option of delegating to another member of the Government or another figure on the same level, and being assisted by a formal authority in which the services of the different ministries with intervention in this matter will be represented.

The coordination should ensure that this national strategy is implemented on three distinct levels.

Firstly, by inter-ministerial articulation of the policies pursued by different ministries with competence in matters related to the fight against drugs (especially in the areas of education, health, justice, youth, labour and solidarity, internal affairs, defence, economy and finance) and their transformation into high-level guidelines for services.

Secondly, through the promotion of the articulation of action/direct intervention by services, on national, regional and local levels, taking into account the coordination of actions in the different domains and the introduction of the adjustments required by practice; this articulation should be ensured, as we have already said, on the basis of a simple and flexible formal structure/authority, in which those responsible for the services at the highest level are represented.

Thirdly, ensuring, in combination with the Ministry for Foreign Affairs, the coordination of the Portuguese representation at an international level in matters related to the fight against drugs.

Until the implementation, by its own law, of this new system of interdepartmental coordination, Projecto VIDA shall ensure, during this transition period, the coordination of the deve-lopment of this national strategy, as derives from its responsibilities and legal jurisdiction.

114 – The future of the Planning Group

The forum for the articulation of interventions as regards supply control and demand reduction is, as we have said, the Planning Group, currently integrated into the IPDT, and it should develop this vocation.

The National Drug Strategy Committee did not consider itself qualified to propose an alternative concrete model for coordination94.

Consequently, this Planning Group will remain an integral part of the IPDT for the time being and will continue to pursue its activities there.

However, it is not by chance that this organisation is only mentioned in the final provisions of the IPDT Organic Law (Article 24 of Decree-Law 31/99 of 5 February). This occurred because a specific reflection on the definitive institutional location of this structure is justified.

This reflection should take into account that it is not enough to ensure coordination between the relevant criminal police bodies in the field of the drug traffics, but also to provide mecha-nisms for articulation with other structures in the fight against drugs.

CHAPTER XIV

Financial Means

115 – Trends in public investment in the fight against drugs

Financial investment in the fight against drugs, as regards funds budgeted for the Programa National de Prevenção de Toxicopendência – Projecto VIDA, more than doubled from 1995 to 1998, rising from PTE 7,213,360,000 to PTE 15,006,500,00095.

These funds, which are distributed between the different ministries involved in Projecto VIDA, rose to PTE 16,655,761,000, representing a rise of 130.9% in relation to 1995 and 10.9% in relation to 1998.

A significant part of this increase was due, we recall, to the growth in State funding for the treatment and social reintegration of drug addicts. The annual financial costs to support

conventions with therapeutic communities, withdrawal clinics and day centres is almost PTE 2thousand million.

116 – Financial goal

This national drug strategy envisages that public investment will double over the next five years, to reach PTE 32thousand million in 2004, representing a growth rate of 10% per year.

This investment is aimed at financing and implementing the national drug strategy, in the areas of prevention (primary, secondary and tertiary), research and training. For example, it is necessary to subsidise families under the system of support for treatment and social reintegration of drug addicts, to support the costs of treatment of drug addicts through the pu-blic network, support the development of Programa Vida-Emprego and to support initiatives of public interest implemented by private welfare institutions and other institutions representing civil society.

This public investment also contemplates the development of a special programm for the prevention of drug addictions in prison establishments.

Revision of the National Drug Strategy

This national drug strategy envisages for itself the same evaluation that it requires from other interventions in the field of drugs and drug addiction.

Therefore, this national strategy should be reviewed at least within five years, in 2004. This revision should take into account the external evaluation of its implementation, both global and sectorial, to be promoted by a relevant independent authority, on the basis of continued observation and analysis of the intervention developed, and which is attentive to the importance of different areas of intervention and the evolution of indicators/results that are considered relevant.

ACRONYMS

AMI International Medical Assistance (Assistência Médica Internacional)

ASI Addiction Severity Index

CAT Addict Consultation Centres - Ministry of Health (Centro de Atendimento a Toxicodependentes)

CEPD Drug Addiction Prevention Research Centres (Centros de Estudos da Profilaxia da Droga)

CIAC Information and Drop-in Centres (Centros de Informação e Acolhimento)

CRP Constitution of the Republic of Portugal (Constituição da República Portuguesa)

DGAIEC Directorate-General for Customs and Excise Duties (Direcção-Geral das Alfândegas e dos Impostos Especiais sobre o Consumo)

DGSP Directorate-General of Prison Services (Direcção-Geral dos Serviços Prisionais)

DR Portuguese Official Journal (Diário da República)

EMCDDA European Monitoring Centre for Drug and Drug Addiction

GPCCD Drugs Planning and Coordination Bureau (Gabinete de Planeamento e de Coordenação do Combate à Droga)

HIV Human Immunodeficiency Virus

IEFP Institute of Employment and Vocational Training (Instituto do Emprego e da Formação Profissional)

IGAE Inspectorate-General of Economic Activities (Inspecção Geral das Actividades Económicas)

IPDT Portuguese Institute of Drugs and Drug Addiction (Instituto Português da Droga e da Toxicodependência)

IPSS Non-profit Private Organisations (Instituição Particular de Solidariedade Social)

IRS Institute of Social Reintegration (Instituto de Reinserção Social)

LAAM Levo alpha acetyl methadol

LSD Lysergic acid diethylamide

MDMA Metylenodyoxymetanphetanime

INCB International Narcotics Control Board

UN United Nations

PATO Prevention Project for Alcohol, Smoking and Other Drugs (Prevenção de Álcool, Tabaco e Outros)

PCM Presidency of the Council of Ministers (Presidência do Conselho de Ministros)

PJ Criminal Police (Polícia Judiciária)

PNSEP National Health Plan for Prison Establishments (Plano Nacional de Saúde para os Estabelecimentos Prisionais)

UNDCP United Nations International Drug-Control Programme

PPES Programme for Health Promotion and Education - Ministry of Education (Programa de Promoção e Educação para a Saúde - Ministério da Educação)

PVE "Viva a Escola" Project (Projecto Viva a Escola)

SEJ Youth Secretary of State (Secretaria de Estado da Juventude)

AIDS Acquired Immunodeficiency Syndrome

SNS National Health Service (Serviço Nacional de Saúde)

SPTT Drug Addiction Treatment and Prevention Service - Ministry of Health (Serviço de Prevenção e Tratamento da Toxicodependência - Ministério da Saúde)

UTITA Drug Addiction and Alcoholism Intensive Care Unit (Unidade de Tratamento Intensivo de Toxicodependência e Alcoolismo)