

Editorial

Together with its European Union counterparts, Portugal has been fighting, with acknowledged success, a hard battle against drugs and drug addiction. This is indeed a very sensitive and complex issue. It involves huge financial resources and constitutes a serious and permanent threat to public health and social cohesion, hitting hardest at its most important but also more fragile front: youth. It is our duty therefore to strengthen and improve the tools to fight this scourge, in accordance with the major guidelines laid down by the European Union, in order to achieve our key ultimate goal, which is to sharply reduce drug supply and use and the related effects on public health and social cohesion.

In 1999, following a large in-depth public debate on the problems of drug use and abuse, the Government approved my proposal for a «National Strategy for the Fight Against Drugs». Policy options were thus strictly laid down and the commitment was made to carry out the future fight against drugs in full compliance with the decisions taken. Whilst this document was and still is an acknowledged milestone in the fight against drugs and drug addictions, the truth is that it soon became necessary, in convergence with the European Union, to redefine the tools for preventing and reducing drug supply, abuse and dependency as well as the related public health consequences, on account of the profound changes occurred in the meantime in user profiles and use patterns, in the diversity of the substances supplied and, generally speaking, in the social dimension of the phenomenon.

Putting into effect the decision contained in the Programme of the 17th Constitutional Government, the Interministerial Council for the Fight Against Drugs and Drug Addiction has recently adopted the «National Plan Against Drugs and Drug Addictions - 2005/2012», a document which assimilates the progress already achieved in this field and gives an overall picture of the drugs phenomenon in Portuguese society, while converging with the European Union Drugs Strategy for 2005-2012. The new Plan thus acknowledges the EU's role in complementing Member State actions for reducing the supply and use of drugs, drug addiction and the related social and health effects,

ensuring public safety in relation to the drugs phenomenon, promoting an effective coordination of the fight against drugs at European level and strengthening international cooperation and research, information and risk evaluation.

Portugal is therefore endowed with a good policy guiding tool for the fight against drugs and drug addictions, and I can assure you that the Government and the bodies involved in this fight will do everything possible to achieve the ambitious success targets that have been set, it being certain, as I said on a previous occasion, that «drugs are not a problem affecting others, a problem of their families and their children», but rather a serious problem that affects the whole of society. That is precisely why all of us have to take part in this difficult battle, if we really want it to be successful. Well, that is what we want, and that is what we will strive for with utmost determination.

José Sócrates

Prime Minister

EXECUTIVE SUMMARY OF THE NATIONAL PLAN AGAINST DRUGS AND DRUG ADDICTION 2005-2012

During recent years, drug use and drug trafficking trends in Portugal have exhibited some more or less perceptible changes, mostly as regards consumer profile, use patterns and diversity of substances supplied, but also in what concerns the actual social perception of the drugs phenomenon and the corresponding change of paradigm.

The National Strategy for the Fight against Drugs (NSFD), published in May 1999, was unquestionably a landmark in terms of political intervention. The NSFD was, and still is, a key structuring document, *its underlying principles and basic elements remaining generally applicable today*, considering the characteristics of this problem.

In 2004, the various bodies and institutions responsible for implementing the National Strategy went through the relevant internal evaluation procedures, the IDT-Instituto da Droga e da Toxicodependência (Institute for Drugs and Drug Addictions) having got under way the external evaluation procedure. The latter was carried out by INA-Instituto Nacional de Administração (National Institute for Public Administration) and its final report is an important work tool.

On laying down a National Plan Against Drugs and Drug Addictions 2005-2012, the aim is to give continuity to the former Strategy by adjusting it to the present reality while taking into account the different national documents that form the structural framework of said Plan, namely the 17th Constitutional Government Programme, the Major Options of the State Plan for 2005-2009, the 2005 State Budget, the National Health Plan 2004–2010 and the Mission Statement submitted to the Health Minister by the current National Coordinator for the Fight against Drugs and Drug Addiction.

Similarly to the European approach, the decision in Portugal was to proceed without delay with the adoption of a National (Strategic) Plan for 2005-2012, complemented by an Action Plan until 2008 (for approval in early 2006), to be followed by an impact assessment and, subsequently, by a new Action Plan for the period 2009-2012.

In methodological and structural terms, it was decided to design the Plan according to a logic comprising six Axes that are subdivided into Vectors, the general goals of each of them being specified, as well as the corresponding key priorities.

Axes relating to Cross-cutting Areas:

1. Coordination

2. International cooperation
3. Information, research, training and evaluation
4. Legal framework review

Axes related to Mission Areas:

- 5 Demand Reduction
 - Prevention
 - Dissuasion
 - Risk and Harm Reduction
 - Treatment
 - Reintegration
- 6 Supply Reduction

It was further decided that all vectors in the Demand Reduction axis should be developed according to different strategic areas, as follows:

- ⇒ **Universal, Selective and Indicated¹**, for the Prevention and Dissuasion vectors (non drug abusers).
- ⇒ **Global, Specific and Targeted**, for the remaining vectors in the Demand Reduction axis, including Dissuasion (drug abusers).

1. COORDINATION

- **INTERNAL** – within the IDT.

A special focus will be directed within the IDT at reorganizing staff duties as well as the responsibilities assigned to each Department (at Head Office level), to the Regional Delegations (at regional level) and to the Specialized Units (at local level).

- **INTRAMINISTERIAL** – with other structures of the Health Ministry.

At intraministerial level, it is crucial to invest in an effective interconnection between the different services within the Ministry for Health (HM), so as to develop a truly intersectorial work.

One must make certain that every citizen directly or indirectly faced with problems of substance (ab)use (including alcohol, tobacco and medicines) is seen as “a whole” in his/her entitlement to benefit from all the assistance that each service within the HM may provide him/her at different times according to his/her specific needs.

¹ Based on the framework proposed by the Institute of Medicine in 1994 for classifying prevention strategies, adopted by the NIDA (National Institute on Drug Abuse) in 1997 and subsequently by the EMCDDA.

To this end, a forum will be set up under the aegis of the Office of the High Commissioner for Health and within the scope of the National Health Plan, for discussing, promoting and evaluating the various HM interventions in the areas of prevention, risk and harm reduction and treatment, with the aim of reducing the use of licit and illicit psychoactive substances.

- **INTERMINISTERIAL**

The National Strategy points to the need to implement a simple and effective system for ensuring the political coordination of its own development.

As such, the necessary mechanisms will be developed to ensure the regular operation of the Interministerial Technical Committee and its subcommittees responsible for taking forward the policies directed to the achievement of the set goals.

- **EXTERNAL**

The involvement of civil society institutions, namely private entities and charities, has always played an important role in complementing the public treatment network, having lately also provided responses in the areas of harm reduction, prevention and reintegration.

2. INTERNATIONAL COOPERATION

International cooperation, the Strategic Plan's second axis, is particularly relevant given the drug problem configuration as a transnational, multifaceted phenomenon which cannot be dealt with strictly from a national viewpoint.

It is worth noting that during the period covered by this National Plan three external factors will have an effect on Portugal's performance in the field of international cooperation:

- Holding the Presidency of the European Union Council in the second half of 2007;
- The final assessment, in 2008, of the Political Declaration of the United Nations General Assembly Special Session on the World Drugs Problem, held in 1998;
- The continuous evaluation of the EU Drugs Strategy and the EU Action Plans on Drugs (2005-2008 and 2009-2012).

The priority agenda for international cooperation in the period 2005-2012 is as follows:

- Strengthening the Portuguese involvement in the setting up of an European Union drugs policy, by contributing to implement the EU Action Plans in the Fight Against Drugs, namely within the context of the future Portuguese Presidency of the EU Council of Ministers;
- Ensuring that the Portuguese State complies with its commitments with the EMCDDA, acting as a privileged interlocutor in its capacity as host country to this European Agency and

taking part in the latter's activities and programmes;

- Strengthening collaboration and cooperation relations with the Portuguese-speaking African Countries (PALOP), by fostering the development of a policy against drugs and drug addiction, namely within the scope of the Community of Portuguese-speaking Countries;
- Promoting and developing an effective cooperation with demand reduction structures in other countries, namely in the European Union, allowing for a better acquaintance with tested solutions, favouring exchanges at the level of technical staff training, and assisting in the mobility of drug abusers on treatment;
- Building on the bilateral cooperation with Spain under the existing Bilateral Agreements, as regards both demand reduction, by focusing on prevention and treatment, and supply reduction, by reinforcing the cooperation between police forces;
- Strengthening police cooperation with Brazil and the PALOP, in particular Cape Verde and Guinea-Bissau, namely by exchanging information on operational activities, given the significance of these countries along international drug trafficking routes.

3. INFORMATION, RESEARCH, TRAINING AND EVALUATION

- **INFORMATION**

In the field of information, the following is envisaged:

- Strengthening and maximizing the National Information System on Drugs and Drug Addictions (SNIDT), by (re)defining and setting priority indicators for each area, favouring whenever possible the epidemiological approach;
- Improving indicator reliability through harmonization, collection procedures, data processing and conveying of information (at national, European and international level);
- Favouring the mapping-out of needs and resources at local intervention level and considering the scope of indicators adopted for the different intervention areas;
- Promoting the circulation of and the access to objective and reliable information, by increasingly using the new technologies available according to the different needs and profiles of the various target populations, and disseminating scientific knowledge and research findings in a language easily understood by all those concerned.

- **RESEARCH**

In the field of research the following priorities are identified:

- Increasing the interaction between knowledge, decision and intervention, namely by promoting combined research and action projects;
- Enhancing the support for population-based projects, both those directed to the general population and those targeting specific groups, i.e., in schools, the prison environment, the military environment, and the working environment in general;
- Promoting studies on the reliability and relevance of the indicators used, as well as on the significance of their variations, both geographical and between different population groups;
- Negotiating, with the relevant bodies, a research agenda together with a consistent and stable matching funding plan for the period of implementation of this National Plan, with well-defined criteria and priorities for project selection.

- **TRAINING**

The aims in the field of training are as follows:

- To encourage the dissemination of techno-educational and techno-scientific knowledge and materials, emphasising its replicating effect on interventions, and valuing the know-how acquired in training contexts, both national and international;
- To assist in implementing training systems as well as systems for validating specific technical and scientific skills, so as to allow for the Certification of Trainers and Supervisors in different areas of intervention;
- To reinforce specific concepts, as a vital pillar sustaining interventions in the field of drugs and drug addictions, with intervening actors in this area, favouring the existing partnerships and entering into new cooperation agreements;
- To enhance the capabilities of professionals, political leaders and decision-makers acting or involved in this area, by promoting the knowledge and the methodologies that facilitate good practice, taking into consideration the research and the technical and scientific developments that closely follow the complexity and the permanent evolution of this phenomenon.

- **EVALUATION**

With regard to Evaluation, as a cross-cutting issue, the European Union Drugs Strategy points out that it should “give clear indications about the merits and shortcomings of current actions and activities (...) Evaluation should be an integral part (...) of an approach (...) to drugs policy”.

As such, the aims in the field of evaluation are as follows:

- Defining priority areas and drawing up a consistent list of evaluation indicators and tools for each intervention area;
- Laying down an evaluation agenda focusing on interventions scheduled during the period of implementation of this National Plan, together with a matching funding plan;
- Defining procedures for the regular collection and processing of data on the results of interventions in the different axes, vectors and areas, allowing for an evaluation of methodologies and results and activating the necessary correction mechanisms.

4. LEGAL FRAMEWORK REVIEW

The IDT's mission being to guarantee the overall consistency of the planning, design, management, supervision and evaluation measures in the different stages of prevention, treatment and reintegration in the field of drugs and drug addictions, so as to ensure a more efficient coordination and implementation of the policies and strategies laid out, it has become necessary, in order to strictly comply with this National Plan, to proceed with an adjustment of its organic structure so as to render it more effective; to review, clarify, update and unify the legal framework relating to operating licences and permissions and the supervision and evaluation of intervention units, both inpatient and outpatient, in the area of drug addiction, as well as to the granting of financial support to public and private entities operating in this field; and also to promote, improve and harmonize the vast, piecemeal and sometimes contradictory legislation on matters related to the IDT's objectives.

5. DEMAND REDUCTION

Demand reduction is clearly the central task of the IDT.

This strategic axis, enshrined in the EU Drugs Strategy 2005-2012, is subdivided into vectors that form, altogether, the overall technical intervention of the Health Ministry in the area of Drug Addictions.

In this regard, a strategic redirection of the interventions was decided, so as to ensure a consistent and coherent coordination and the maximization of health gain results, as follows:

⇒ **Focus on the individual**

Interventions for substance abuse are not an end in themselves, so they shouldn't focus on the substances but rather on the individual and on his/her objective and subjective needs.

⇒ **Territoriality**

For a better understanding, intervention and evaluation of the situations, the focus must be on local and territorial management and planning.

⇒ **Integrated approaches and responses – Integrated intervention at internal and external level**

Approaches and responses should be constructed in an integrated manner, without dissociating individual reality from social reality. **Services should organize their operational intervention by setting up comprehensive response mechanisms that form a consistent active network, while being capable of dealing with the complexity and cross-cutting nature of the drugs problem and related issues.**

One-sided and short-sighted approaches have led to scattered and fragmented interventions, with no measurable results that would allow to understand the real dimension, characteristics and trends of this problem.

The artificial boundaries between prevention, treatment, risk and harm reduction, reintegration and dissuasion, arisen in connection with issues relating to the service organization and the way it sought to respond to the demands and needs in the past, should be progressively removed, so that a significant team of professional experts may make available to the community a vast know-how that complements and adds value to the different approaches. This does not mean that every expert has the knowledge or the capacity to perform all tasks, but rather that each of them is capable, based on his/her acquired experience, of bringing an added value to interventions for problem drug use.

⇒ **Quality improvement and certification tools.**

Quality improvement is a process that begins with a diagnosis at the point of departure and continues with the definition of both the point of arrival and the indicators and tools to be used for evaluation purposes. Evaluation must therefore be an institutional culture.

- **PREVENTION**

The three key objectives for this vector are:

⇒ **A better understanding of the phenomenon of psychoactive substance use,** in liaison with the EMCDDA. The aim is to assist in:

- Making available scientific-based data that may be used in support of individuals or entities willing to develop activities in this area;

- Developing and disseminating studies that allow for a better understanding of the different aspects of licit and illicit psychoactive substance (ab)use and related issues, in consultation with other entities;
- Increasing the number of “quick diagnosis” tools that allow for a timely access to updated information, if possible territorial-specific.

Improving the quality of preventive interventions by increasing the techno-scientific and methodological components. Intended results:

- Continuing to invest in intervention quality improvements, in terms of both the intervening actors and the prevention programmes;
- Increasing the number of qualified actors and provide for their specific training in this vector;
- Increasing the number of preventive programmes that promote scientific evidence-based strategies and activities, fostering innovation and the exchange of experiences;
- Improving procedures for project selection and for the monitoring and follow-up of projects underway;
- Increasing the number of preventive support materials and making them available on the Internet;
- Maximizing the **Green Line** intervention by providing it with the conditions that will allow it to respond also to contacts via the Internet and take part in theme discussion fora (eg. chatrooms and blogs).

⇒ **Increasing the scope, accessibility, efficiency and effectiveness of prevention programmes.** The aims are the following:

- Raising the level of information/awareness on psychoactive substances and on the risks associated with their use in specific environments;
- Reinforcing and adequately planning efficient and duly weighted universal preventive activities, mobilizing partners for the planning, development, funding and evaluation of interventions in complementary areas;
- Defining, with existing or future structures and bodies responsible for promoting health and health education, the adequate policies for the development of activities, projects and programmes relating to the use or abuse of psychoactive substances in the school environment; taking into account the guidelines of priority Programmes contained in the National Health Plan, namely the National School Health Programme;
- Expanding the activities set out in the Safe School programme;

- Developing prevention, counselling and community actions with the higher-education student population, so as to promote the discussion and the active involvement of this target group in activities concerning the fight against drugs and drug abuse, namely via interventions at the level of and through higher education, with a special focus on the fields of research and evaluation;
- Strengthening locally-targeted actions, based on diagnosis that allow to identify priority intervention territories, in cooperation with the existing social networks and with the necessary involvement of the municipal and other public services and the structures of civil society;
- Increasing the number of **selective** and **indicated** prevention programmes targeting groups with specific vulnerability features that are sensitive to cultural differences (eg. recreational settings);
- Improving the reception, information, counselling and referral services in the area of substance abuse and related issues, in cooperation with the Health Centres, the Portuguese Youth Institute services and other relevant partners;
- Reinforcing the interventions in the work environment, in order to prevent disinsertion;
- Increasing the involvement in international cooperation projects.

- **DISSUASION**

Having law enforcement territorial powers, the Drug Addiction Dissuasion Commissions (CDT) develop outreach work of mediation between drug abuse situations and the application of sanctioning measures. While not exempting offenders from the responsibility of having behaved in an illicit manner, CDTs try to intervene and adjust the decision taken to the offender's specific situation, taking into account his/her personal reality and the context where he/she belongs. Sanctioning measures may involve referring the offender into integration structures (depending on his/her psycho-social diagnosis and willingness to comply) or applying measures of a more punitive nature.

In terms of intended results, the aim is to enforce the law in a way that will help reduce illicit substance abuse by means that are fair and equitable and in line with the offender's needs, whether these are of a preventive, health, treatment or sanctioning nature.

The three goals under this vector are the following:

- ⇒ **Ensuring an effective application of the law while providing for the monitoring of abusing offenders in a manner that is adequate and fair, has technical quality and responds to their real needs.**

Intended results:

- Maximizing the monitoring of CDTs by the IDT;
- Harmonizing CDT law-enforcement practices and procedures;
- Adjusting CDT practices and procedures to the heterogeneous reality of substance use;
- Improving the understanding of the problem of drug use and abuse;
- Preparing and proposing amendments to the existing legislation.

⇒ **Establishing and maintaining a dynamic interaction among partners working in the field of drug addiction, in order to ensure the complementarity of interventions in each specific service at local level and an in-depth understanding of the responses available.**

Intended results:

- Improving the internal liaison with IDT services and responses;
- Enhancing intraministerial interaction between Health Ministry services;
- Promoting interministerial consultation with high officials whose duties include providing responses in the field of drug addiction as well as with those holding formal powers in law enforcement and in restating the worthlessness of the act of drug consumption, involving them in a demand reduction perspective.

⇒ **Improving scientific knowledge in the area of dissuasion.**

Intended result:

- Assessing the impact of implementing the drug decriminalization law.

- **RISK AND HARM REDUCTION**

The approach in this regard is based on the principle of pragmatism and the compatibility with a public health approach, moving the focus away from the actual use of drugs to the consequences or the effects of an addictive behaviour.

The primary aim of any harm reduction intervention is to stabilize the individual's problematic behaviour so as to prevent a further aggravation of damaging consequences. These interventions tend to stimulate a progressive behaviour change and to prevent the problem from getting worse.

Under this assumption, the three objectives for this vector are:

⇒ **Building a global network of integrated and complementary risk and harm reduction responses, with public and private partners.**

Intended results:

- Implementing and/or strengthening existing easy-access outreach structures, namely Street Teams, Contact and Information Points, Mobile Units and Support Offices, allowing to develop a more structured work in terms of support, assessment and referral;
- Ensuring the continuity or promoting the setting up of intermediate structures (Drop-in Centres and Shelters) that assist in the physical and psychological stabilization of users referred from the outreach structures but who are not yet in a suitable physical and psychological condition to access treatment programmes.

Low-threshold opioids treatment programmes should be made available at these services, in a cross-cutting and interactive approach;

- Besides maintaining (and improving) the Syringe Exchange Programme, promoting an assessment of the need to implement innovative responses, such as syringe exchange machines and Safe Injecting Rooms;
- Mobilizing all specialized units within the IDT in general, and the Specialized Treatment Centres for Drug Users (CATs) in particular, in order to expand their intervention in the field of risk and harm reduction, according to the local needs and the resources available;
- Promoting an effective interaction between all CATs and other IDT and Health Ministry units and the outreach structures, building up integrated responses according to the needs identified.

⇒ **Make risk and harm reduction programmes available to specific groups.**

Such programmes must be diversified, according to the needs of the target-groups and taking into account the specific contexts where they may be integrated, namely recreational and night settings.

Intended results:

- Promoting the integration of responses also at conceptual level, considering the close link that exists between preventive interventions and the risk reduction concept;
- Prioritizing the training of outreach teams for intervening in these specific contexts, using an informal street approach and circulating objective information, and providing them also with specific skills to intervene in overdose episodes;
- Fostering the interaction/intervention in Prison Establishments with the relevant services of the Ministry for Justice, strictly defining the intervention boundaries, setting out programmes based on pragmatism and scientific evidence that provide the prison population

with all the necessary means to contain infectious diseases and psychic comorbidity, with a view to improving their health indicators.

⇒ **Developing a system for constantly improving the quality of risk and harm reduction interventions, by promoting a culture of training and evaluation that will guarantee that very quality.**

Intended results:

- Increasing the production of good practice handbooks and information/awareness materials relating to specific issues;
- Implementing, at national level, the training in risk and harm reduction for actors at different levels (Professionals, Supervisors and Trainers) as well as the awareness/training of specialists and/or agents that work close to the target population;
- Improving the monitoring, control and evaluation mechanisms of the different structures and projects.

- **TREATMENT**

Three key objectives are identified for this vector:

⇒ **Ensuring a timely access to integrated therapeutic responses (interrelated and complementary) to all citizens who so wish.**

The existing health and socio-sanitary resources network should become a dynamic network involving the many public and private actors in a common effort to respond to the needs of the citizen and the community, in a logic of health gains;

Intended results:

- Promoting the redimensioning and redirection of the care services network on the basis of the perception of the global and the local contexts, forming a dynamic integrated-care network comprising the Prevention, Risk and Harm Reduction and Reintegration vectors, involving public and private external partners and providing for improved efficiency;
- Promoting measures aimed at improving access to treatment as well as to the various programmes, cutting down restrictions and waiting times;
- Promoting the establishment of a quick response mechanism for referral from and into Risk Harm Reduction structures.

⇒ **Make available a number of diversified treatment and care programmes, covering a wide range of psychosocial and pharmacological approaches, based on ethical standards and scientific evidence.**

Intended results:

- Giving continuity to, and improving the provision to the drug-using population of, treatment programmes based on ethics and scientific rigour, including both state-funded responses and those managed by the social or the private sectors;
- Implementing or improving specific treatment programmes targeting both illicit and licit (including alcohol, tobacco and medicines) psychoactive substance users, as well as vulnerable and at-risk groups. Concerning the latter, special attention must be paid to groups particularly vulnerable on account of their circumstances (pregnant women and newborns, children, prisoners and ex-prisoners) and groups suffering from physic (infectious), psychic or social (exclusion) comorbidity;
- Ensuring that drug users suffering from physic (infectious), psychic or social (exclusion) comorbidity are treated for all the related pathologies;
- Defining cooperation/consultation mechanisms between the General-Directorate for Prison Services under the Ministry for Justice and the IDT under the Ministry for Health, so as to ensure that the inmate population enjoys the same access to treatment programmes as the general population.

⇒ **Implementing a system of continuous quality improvement for all treatment programmes and interventions.**

Intended results:

- Laying down and improving technical guidelines and technico-legal standards for the different types of intervention, including interaction and integration processes;
- Promoting a thorough and systematic evaluation of the various types of programmes and care services already implemented and of the different interaction and integration protocols, as well as of the intervention results;
- Providing for an adequate training of professionals in the treatment area, both internal (IDT) and external;
- Implementing a result-evaluation system that allows for a better understanding of the evolution of health gains in the treatment of drug addictions.

- **REINTEGRATION**

Reintegration should be viewed as an integral and complementary part not only of the Treatment process but also of the Prevention, Dissuasion and Risk and Harm Reduction areas. As such, its relevance is highlighted as a comprehensive and cross-cutting issue throughout the whole intervention in the drug addiction problem.

The objectives for this vector are as follows:

- ⇒ **Ensuring that institutional and non-institutional reintegration resources in all areas of the citizen's life are comprehensive and cross-cutting, so as to allow for the development of responsible life projects and responsible citizens.**

Reintegration is a personal process where each individual has to build his/her own identity, and where interventions are required at the level of housing, education, work/training, social involvement/citizenship, family/relations, leisure and recreation.

Intended result:

- Viewing Reintegration as a network intervention process, while acting at three different and complementary levels: individual, micro-social and macro-social.

- ⇒ **Promoting Reintegration as a global process involving all actors in an integrated approach and integrated responses, through effective co-management.**

Intended results:

- Ensuring, at internal level (IDT), the redimensioning and redirection of Reintegration interventions, based on the perception of global and local contexts, providing them with a specific methodology and maximizing the existing resources at central, regional and local level;
- Promoting, at external level, a network of integrated responses in the field of Reintegration, focusing on the objective needs of the citizen and the community and involving inter- and intra-institutional partners, namely the Ministry for Work and Social Solidarity and The Ministry for National Defence;
- Promoting cooperation with the structures within the Ministry for Justice, so as to ensure an adequate intervention in prison establishments.

- ⇒ **Implementing the process of continuous quality improvement in the field of Reintegration.**

Intended results:

- Improving the access to new know-how and new intervention methodologies, and promoting research in the field of Reintegration;
- Improving and harmonizing the know-how and the intervention methodologies at inter-institutional level;
- Building a data collection system and a system of indicators that allow for an evaluation of the Reintegration process in its entirety.

6. SUPPLY REDUCTION

The key priority for this axis is to:

⇒ **Significantly reduce drug use prevalence among the population as well as the social nuisance and health damage caused by the abuse and trafficking of illegal substances, while considering the achievements and values in terms of fundamental rights and freedoms and a high level of safety for the general population, by taking measures against the production and trafficking of drugs and the diversion of precursors (namely cross-frontiers) and strengthening preventive actions against drug-related crime, through an effective cooperation, based on a joint approach, with the forces of other States.**

Intended results:

- Improving and developing cooperation between the Member States, Europol, Eurojust, third countries and international organizations in the fight against drug production and organized traffic at international level;
- Reducing heroin, cocaine and cannabis production and supply;
- Reducing synthetic drug production and supply;
- Fighting serious criminal activity in the area of chemical precursor diversion and smuggling, strengthening cooperation between law enforcement services in the Member States and, when appropriate, with Europol, Eurojust, third countries and international organizations;
- Preventing the diversion of precursors, in particular synthetic drug precursors imported into the EU;
- Identifying money laundering activities and seizing accumulated assets from drug-related criminality;
- Exploring possible links between drug production and trafficking and the financing of terrorism;
- Strengthening preventive actions in the field of drug-related criminality;
- Developing new methods and exploring best practices in the fight against drug-related crimes and preventing the diversion of precursors through the use of information technologies;
- Improving training at the level of law-enforcement services.

NATIONAL PLAN EVALUATION

The evaluation of the herein proposed National Plan should take the form of a constant monitoring and feedback process so as to ensure, apart from its implementation, a permanent adjustment to the situation on the ground and to the constraints and availabilities in terms of human and financial resources.

As such, said evaluation should be guided by the principles of continuity, feasibility and involvement and be based on the points outlined in the future Action Plan regarding its implementation period.

In order to ensure a timely and sound evaluation (of the process, the results and, wherever possible, the impact), the Action Plan should be subject to an internal and an external evaluation. The two modalities will allow for a more complementary and global evaluation.

The internal evaluation will involve:

- The appointment, under the Interministerial Technical Commission², of a Sub-committee specifically dedicated to monitoring the implementation of this National Plan, which will be supported by a group of professionals from the IDT and other services and will prepare and present an evaluation methodology, including the objectives and indicators to be evaluated, the communication flows with the different structures involved and the external evaluators, as well as a timetable for the evaluation process, including the production of mid-term annual reports.
- The permanent monitoring of this working group by the National Council³, namely with regard to the appreciation of the methodology proposed and the mid-term reports.

The appointment of the group members and the subsequent methodology presentation shall be concluded by the end of the 1st quarter of 2006.

For the external evaluation, it is suggested to commission an outside entity whose task will be to propose:

- A work methodology, with a special focus on evaluation, as well as a timetable for the submittal of reports, on a yearly basis;
- A multi-skilled work team, including international consultants if deemed necessary;
- The modes of interaction with the technical sub-committee responsible for monitoring the implementation of the National Plan as well as with its support specialists.

Terms of reference shall be prepared for the selection of said entity, who shall present a proposal for carrying out the evaluation by the end of the 1st semester of 2006.

² Set up under the terms of n^os 2 and 3 of Article 4 of Decree-Law 1/2003 of 6th January 2003.

³ Pursuant to Article 13(c) of Decree-Law 1/2003 of 6th January 2003.

List of Abbreviations

CAT	Specialised Treatment Centre for Drug Users
CD	Day Centre
CDC	Centre for Disease Control and Prevention
CDT	Drug Addiction Dissuasion Commission
CPLP	Community of Portuguese Speaking Countries
CT	Therapeutic Community
CVEDT	Commission for Epidemiological Control of Infectious Diseases
DGSP	General-Directorate for Prison Services
DR	Regional Delegation
ENLCD	National Strategy for the Fight Against Drugs
ESPAD	European School Survey Project on Alcohol and Other Drugs
EUA	United States of America
EUELCD	European Union Drugs Strategy
GAFI	International Financial Action Group
GHD	Horizontal Drugs Group
GNR	National Republican Guards
HBSC/OMS	Health Behaviour in School-aged Children/ World Health Organization
IDT	Institute for Drugs and Drug Addictions
INA	National Institute for Public Administration
INML	National Institute for Forensic Medicine
IPDT	Portuguese Institute for Drugs and Drug Addiction
IPSS	Private Charity Institution
MS	Ministry for Health
NIDA	National Institute on Drug Abuse
OEDT	European Monitoring Centre for Drugs and Drug Addiction
OGE	General State Budget
ONG	Non Governmental Organization
PA	Annual Plan
PALOP	Portuguese Speaking African Countries
PMP	Municipal Prevention Plan
PN	National Plan
PNS	National Health Plan
PQP	Framework-Programme “Prevenir” (for Prevention)
PSP	Public Security Police
PVE	Programme “Vida-Emprego” (Life/Employment)
RH	Human Resources
SIDA	Acquired Immune Deficiency Syndrome

SNIDT	National Information System on Drugs and Drug Addictions
SNS	National Health Service
SPTT	Service for the Prevention and Treatment of Drug Addiction
UD	Detoxification Unit
UE	European Union
UE's	Specialized Units
UP	Prevention Unit
USDHHS	United States Department of Health & Human Services
VIH	Human Immunodeficiency Virus