National Action Plan
Portugal
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OVERVIEW OF THE NATIONAL SITUATION

The Portuguese Model on Drug Policy emerged in 2000, due to the conjugation of several factors that contributed to a particular political and social context. The HIV epidemic, the media dissemination of the phenomenon spreading the message “Drug=Madness=Death”, as long as the public disturb and the social fear, together with astonishing data of the Portuguese prisons (more 75% of inmates were condemned for drug related crimes), turnout the Drug theme as the 1st priority of the government.

In 1998, the Commission for the “National Strategy to Fight Against Drugs” was established, constituted by a pool of experts from different backgrounds and fields of intervention (Academics, stakeholders from the health and education, researchers, jurists, etc.). At the time, the National Strategy integrated contributes of several representatives in a very participative way, namely the DU, their families, professionals from the schools, the health structures, the courts, the neighbourhoods, etc.

“(…) people working in the Commission were very competent in their areas, but also very human. They were people very concerned with the relations between society and its elements. (…) By the conversations i had in the world of the visits that we have done, i was very touched about the need to change the way of looking at and dealing with the issue. (Quintanilha, 2014).

In April 1999, the National Strategy was approved, stating in the law some fundamental principles, namely: 3) the humanist principle 4) the principle of pragmatism - which underlines the need for innovation, evidence-based; 8) the principle of participation, referring the participation of community in the definition of drug policies and in its further involvement on the intervention strategies.

The Portuguese Decriminalisation Model is fairly considered as an example, because of its law, but also because of the network of services established and the efficiency of its articulation.

In the last years, we have been witnessing a strong activist movement among Civil Society Organisations (CSO). These organisations - working in the field of Harm Reduction (HR) – claim for an adequate funding of their services. In Portugal, HR services are mainly provided by the CSO with a strong community basis, in local settings by NGOs based on an agreement between the State (represented by SICAD, the official organism responsible for the national action on addictive behaviors and dependences) and NGOs. The first regulates, funds and monitors the services designed and implemented by the second. Interventions put in place by those means have been a product of cooperative relations between the State and civil society. For example, in harm reduction this has been quite
visible through the years: diagnostics and calls for attribution of funding are defined by SICAD based on a participative needs assessment which sometimes involves local civil society members; every project dialogues regularly with a local interlocutor who represents SICAD and with whom the communication and cooperation process is regularly established; instruments to collect evaluation data are designed by SICAD with the contribution of harm reduction teams invited to discuss it in open meetings; intervention guidelines and manuals edited by SICAD are also made with the participation of those teams; very frequently, the action of outreach teams is put in place with close collaboration of the State treatment teams (for example with nurses and medical doctors who go periodically to the field).

The Portuguese State co-funds HR in 80% of the budget, emphasising the sharing of risks and responsibilities with the CSO, which means CSO must cover the 20% of the remaining costs. Because of this, NGOs are going through an unbearable situation, as they are forced to raise money to provide a social response that is consider of “common interest”. At the same time, the HR services are unbudgeted; items like “administrative costs” or “even vehicles acquisition” are not eligible or have low prioritisation. That is why HR professionals are getting vocal on their own situation, exposing their low salaries, the lack of training, the bad working conditions and the precariousness of their daily activities. Led by the Portuguese HR Network, a set of recommendations to improve HR sustainability was presented to the Health Secretary of State in October 2017. A meeting took place in November 2017 where the Civil Society representatives, the National Drugs Coordinator and the Health Secretary of State were present. One of the decisions made was to study the relevance of changing the Law that funds HR services. Until now no change was produced.

Hence, the Portuguese Decriminalisation Model is under pressure. The central government spent the last 3 years debating the “new” organics of the Drug State Services. After 12 years with a proper specificity, the Drug Services were divided into two main branches. The first branch (SICAD) is the national body in charge of defining the National Drug Strategy, producing information, introducing innovation and evaluating the implementation of the strategy. The second branch is disseminated throughout the country and it concerns the local diagnosis and implementation. This division is far from being harmonious; in fact, it causes tension and conflicts among the different stakeholders. Therefore, a task force was established to study and propose a new structure for the services. The result of this study is an ambiguous document, where two main forces seem to clash: in one hand, the mental healthcare professionals underline the drug phenomenon as a mental health/psychiatric issue and, on the other hand, the primary care services reclaim the opportunity of replacing “Drug” under this umbrella.

This struggle is far from being a mere antagonism of technical perspectives; it is associated with the “medical colleges” domain, ideological power, money and resources. The fundamental principles established in the National Strategy of 1999, such as Humanism, Pragmatism and Participation are relegated to a second plan. People fear that this fight will undermine the Decriminalisation Model, as the expertise of the professionals (with long careers), the gathered knowledge, the memory and identity of the services and the established networks are losing their importance.

**OVERVIEW OF THE PROJECT**

APDES together with SICAD – National Service of Addictive Behaviours and Dependencies, GAT – Activist Group for the Treatment of HIV, and
other relevant stakeholders such as Parliamentary Committees (Health Committee and Committee on Constitutional Affairs, Rights, Freedoms and Guarantees), Regional Health Administration, CASO – National Association of Drug Users and R3 – National HR Network, aims to enhance a meaningful civil society involvement in the development and implementation of drug policies in Portugal.

Considering the Portuguese context on drug policy, the objectives for CSI are:

1. Promote the participation and involvement of R3 (civil society organisations network) and CASO (drug users organisation) in the National Forum on Alcohol and Health;

2. Promote the involvement of R3 and CASO in the definition and evaluation of Strategic National Plans Against Drugs;

3. Promote the discussion for the formal acknowledgement of the Harm Reduction Professional by the Portuguese State.

To achieve these objectives, the following steps were foreseen:

1. Support to the inventory and roadmap in what concerns to Portugal information;

2. Organize formal and informal meetings with relevant national stakeholders (CS organizations, DU and Government representatives);

3. Organize focus groups to discuss the importance of CSI and strategies for its effectiveness;

4. Produce a statement to reinforce the SC position on the importance of SC involvement in the Portuguese Drug Policy;

5. Sensitize governement stakeholders and advocate for the formal inclusion of CS and DU representatives in the Strategic National Plans Against Drugs;

6. Sensitize governement stakeholders and advocate for the formal inclusion of CS and DU representatives in the National Forum on Alcohol and Health;

7. Discuss with all relevant stakeholders, strategies for the sustainability of community based services (including HR frontline services);

8. Discuss possible solutions to improve the linkage between the Portuguese model of Decriminalization and the services.

9. Organize a National Seminar on CSI in Drug Policy;

10. Participation at the European Final Conference on CSI in Drug Policy.

**KEY OUTCOMES**

The necessity of creating a Civil Society Forum on Drugs was debated and included in the recommendations of R3 delivered at the Health ministry representative and SICAD director. In addition, APDES empowered CS actors regarding the future establishment of Portuguese CSF. Besides that there was a clarification of funding rules and criteria regrading the real cost of harm reduction projects. Between September 2015 – September 2016, the GIRUGaia services resulted in a SROI ratio of 4.7, i.e., for each € 1 invested in the project, € 4.70 was generated. Even using approaches that are more conservative, social return was more than double the investment. Although all stakeholders attributed changes to the project, the most significant ones were felt among users, revealing greater social impact: improvement of physical health status and reduction of risk practices. Lastly,
about Drug Consumption Rooms in Porto, the topic was placed on the political agenda; APDES decisively collaborated in the effort of the national CS in fomenting the social and political alert on this topic namely by a spontaneous technical application still under consideration. Several meetings with the Portuguese Parliament and Health Secretary of State happened and a “Proposal of a Resolution Project” from three political parties was developed and delivered.

STAKEHOLDERS

Benefiting from previous contacts and partners, the Portuguese National Plan was developed taking into account the contributions of partners, policy-makers, networks and other relevant stakeholders.

As involved main partners, APDES closely works with SICAD and GAT. These institutions provided important insights and perspectives, both at policy level and about needs of workers and users of harm reduction services.

Other relevant stakeholder are Parliamentary Committees (Health Committee and Committee on Constitutional Affairs, Rights, Freedoms and Guarantees), Regional Health Administrations (North, Centre, Lisbon), CASO and R3. CASO is the first Portuguese association led by people who use or have used psychoactive substances. It has been working since 2007 as an informal group and as a registered association since 2010 with the mission to promote health, rights and dignity of people who use psychoactive substances. R3 (“Riscos Reduzidos em Rede”) group is a national network includes 22 HR teams and its main goals are the sharing of good practices; development of political/strategic actions that advocate for the intervention principles of this type of policies; to increase and improve the knowledge on the phenomena studied by the teams and to promote the development of HR interventions in Portugal. R3 has a history of cooperation with SICAD by inviting its representatives to several scientific/technical
events and working meetings and has establishing a regular pattern of negotiation to improve the performance in the field, but also the working and funding conditions.

**PROCESS**

APDES consulted the presented partners and stakeholders, in order to get feedback for inclusion in the National Action Plan, through meetings within the national harm reduction network, which represent most of the existing projects, online contacts with other NGOs which were not present in the meetings of the network, and informal personal contacts with CS actors (PWUD, Media, Academia, Politicians).

Stakeholders opinions were written down as they were being expressed and a synthesis effort of that documental material was made through a superficial thematic content analysis.

**THE NATIONAL ACTION PLAN**

The Portuguese National Plan is structured in 3 pillars: structural issues, process issues and content issues. Each pillar consists of actions and activities contributing to the overall project aim of enhancing civil society engagement in national policy.

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<td>Drug Portuguese Department with the involvement of strategic stakeholders from civil society (peers, harm reduction, dissuasion, prevention, reinsertion, treatment and law enforcement).</td>
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<td>Public Hearing/Recommendation Process</td>
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Bureaucratic barriers Lack of political will
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### IMPLEMENTATION OF THE NAP

#### Pillar 1 – Structural Issues

The first action was to create a Civil Society Forum on Drugs, due to the need to create space for knowledge and good practices sharing as well as discussion, in order to establish common strategies. This forum should meet at least one time/year, create a representative advisory body on the national strategy and produce recommendations.

The following activities were carried out:

1. Meetings with stakeholders who have the power to create it;

2. Regular meetings of the existing National HR Network – R3.

This activities allowed to include this proposal in the recommendations of R3 delivered at the Health ministry representative and SICAD director. However, the Civil Society Forum on Drugs has not been created yet and APDES still promotes regular meetings in order to totally implement this action. It is possible to highlight some problems in carrying out this action: resistance to CS involvement, budgetary issues, bureaucratic barriers, centralised country and poor culture of participation.
**Pillar 2 – Process Issues**

This pillar consists of three different actions related to representation and capacity building of CSO and bureaucratic issues:

- To make the ‘National Council for Drug problems, addictions and harmful alcohol use’ more representative. The planned activity for this action was not carried out due to resistance to inclusion of the Nacional HR Network (R3) as a member based on administrative procedures.

- To build and capacitate an inclusive taskforce of CS stakeholders regarding the future establishment of Portuguese CSF. APDES implemented Advocacy Training sessions with CS representatives, reaching the predicted result of empowerment of those actors. However APDES are still building a common Agenda among the several actors in order to produce a ‘Green Paper’ that could shape the future Portuguese CS Forum. Lack of advocacy skills and sensibility in the CS Actors, lack of resources for advocacy actions and individualistic and atomised installed logic in those doing advocacy actions were problems that prevented the fulfilment of the deadlines established in the National Action Plan.

- Public Hearing / Recommendation Process. This action implied to analyse the bureaucratic process required, find out succeeded examples and to implement the process. This action was achieved in April 2018 when APDES was received and heard in the Portuguese Parliament.

In this action APDES faced some important challenges such as bureaucratic barriers and lack of political will.

**Pillar 3 – Content Issues**

This pillar focused on harm reduction financing and on the debate about Drug Consumption Rooms and the role that APDES aims to play in the national context related to this service.

About under budgeting of Harm Reduction and programs instead pilots, all the planned activities were carried out and all the predicted deliverables were achieved until November 2017. HR National Network (R3), SICAD, Portuguese National Parliament and Portuguese Government were involved in this action. Specially, R3 attended the meeting with “Drug-Czar” and Health Secretary of State, and there was several meetings with political parties in September/October 2017. Besides that, in April 2018 APDES and their partners developed and delivered a ‘Proposal of a Resolution Project’ from three political parties in the Portuguese Parliament.

Regardless of, APDES deal with some relevant challenges, such as resistance to negotiate in a formal, transparent and meaningful way, political image of HR and State control of HR services.

In June 2018, APDES, ARRIMO – Cooperative Organisation for Social and Community Development, CASO, Médecins du monde, Norte Vida - Association for Health Promotion and SAOM conducted a spontaneous technical application for Drug Consumption Rooms in Porto. Thus, although this action is still in progress, the topic is on political agenda and APDES fostered the social and political alert on this issue involving different stakeholders such as those mentioned in the Final Action Plan.

In this specific action APDES faced challenges related to local political resistance, approach to elections period, funding issues and public opinion.
As been said, the Portuguese Drug Policy Model was partially a product of the dialogue established between the State and Civil Society. Although in different terms and between different actors, that dialogue continued until these days. Under that framework, some care services (mostly harm reduction responses but also some prevention, treatment and reinsertion interventions), are provided in local settings by NGOs based on an agreement between the State (represented by SICAD, the official organism responsible for the national action on addictive behaviors and dependences) and NGOs. The first regulates, funds and monitors the services designed and implemented by the second.

Interventions put in place by those means have been a product of cooperative relations between the State and civil society. For example, in harm reduction this has been quite visible through the years: diagnostics and calls for attribution of funding are defined by SICAD based on a participative needs assessment which sometimes involves local civil society members; every project dialogues regularly with a local interlocutor who represents SICAD and with whom the communication and cooperation process is regularly established; instruments to collect evaluation data are designed by SICAD with the contribution of harm reduction teams invited to discuss it in open meetings; intervention guidelines and manuals edited by SICAD are also made with the participation of those teams; very frequently, the action of outreach teams is put in place with close collaboration of the State treatment teams (for example with nurses and medical doctors who go periodically to the field).

On the other hand, R3 (the National Harm Reduction Network, which includes most of the existing projects) has a history of cooperation with SICAD by inviting its representatives to several scientific/technical events and working meetings and has establishing a regular pattern of negotiation to improve the performance in the field, but also the working and funding conditions. In some moments, this was a very productive interaction, for example when annual funding was replaced by the bienal. In some others it is not, since SICAD does not have, for instants, a Nation Forum for Civil Society organization working on drugs field as advisory body. Having that in mind, in the present moment, 100% funding (instead of 80%) is being discussed in a very informal but optimistic atmosphere.

Therefore, Portuguese SC face some important barriers such as concerns and oppositions to the decriminalisation model, participation of CSO in intervention decision making processes, absence of a National CS Forum on Drugs and lack of alternatives in dealing with drug users and legislative changes. However, there are some positive aspects like the Portuguese Drug Policy Model is partially a product of the dialogue established between the State and Civil Society, cooperative relationships between the State and civil society to implement services in the field and The National Strategy integrated in a very participative way the contributes of several representatives of the community, namely the DU, their families, professionals from the schools, the health structures, the courts, the neighborhoods, etc. APDES try to promote this good points and the significant amount of CS activity in the area of drug policy in during the CSIDP Project.