15. 'SEARCH II' in Portugal

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1. The Institute for Drugs and Drug Addiction (IDT)

After the parliamentary elections in March 2002, the newly elected government transferred the responsibility for coordinating drug policy to the Ministry of Health (it was previously under the aegis of the Council of Ministers). At the same time, the Portuguese Institute for Drugs and Drug Addiction (IPDT) merged with the Organisation for Drug Misuse, Prevention and Treatment to form a new institution – the current Institute for Drugs and Drug Addiction (IDT).

2. The National Coordination Structure

Examination of the coordination mechanism that has developed since instigating and adopting the Portuguese Drug Strategy in 1999 will show that two levels of coordination have crystallised:

- The political level with the appointment of a member of government with special responsibility for the drug policy (since March 2002, the coordination of the drug policy has been under the responsibility of the Ministry of Health)

- The technical level with a government agency (the IDT) under the aegis of the aforesaid member of government.

The chairman of the board of the IDT is also given the role of National Coordinator, who reports directly to the Health Minister and ensures the implementation of the national drug strategy. The National Coordinator also promotes the forming of local, regional and national administration structures for jointly combating drug problems and, at the same time, represents Portugal at the government level in combating drug misuse.

Furthermore, there is an inter-ministerial and a national council:

The Inter-ministerial Council for Combating Drugs and Drug Addiction is the leading body at the ministerial level, with the task of observing and evaluating the implementation of the national strategy; it authorises the action plan and implements any necessary amendments to the national policy for combating drugs. The Inter-ministerial Council comprises representatives from the 11 ministries (Finance, Defence, Foreign Office, Interior Ministry, Justice, Education, Science and Universities, Urban Development, Environment, Employment and Social Security, and Health). This also includes a Technical Committee that consists of minister delegates.

The National Council for Drugs and Drug Addiction is a consultative body for the Prime Minister and is responsible for formulating recommendations for all aspects covered by the national strategy for combating drugs. It is presided over by the Prime Minister or his official delegate and is composed of the National Coordinator and representatives of the treatment and prevention facilities, local authorities, justice institutions, public and religious organisations, universities, NGOs and the media. The National Council advises on the national strategy and its development, the action plan and – when needed – activities, initiatives and concrete projects for implementing the strategy.

3. The objective of the IDT

The objective of the IDT is to consolidate the planning, conceiving, management, monitoring, estimation and assessment of the various prevention, treatment, reintegration and rehabilitation phases and to consolidate the control and containment of drugs and addiction; its intention is to achieve the highest efficiency in terms of coordinating and politically implementing the defined strategies.

The responsibilities of the IDT:

(a) Coordinating the national strategy towards the drug problem. This task has been conferred to it by the Health Minister.

(b) Promoting, planning, coordinating, conducting and assessing the programme for the prevention, treatment, harm reduction and social reintegration of drug addicts. These responsibilities are carried out by the IDT in cooperation with public and private bodies in this field of work (in the local communities).

(c) Promoting, coordinating, supporting and conducting public and private initiatives in the field of drug prevention and drug-related addiction illnesses.

(d) Supporting the government commissions in developing views on drug addiction (Act No. 30/2000 from 29 November 2000).

(e) Surveying, processing and disseminating data, information and scientifically structured documentation on drug problems, namely in terms of using and dealing in narcotics and other psychotropic substances and their early recognition.

(f) Creating and establishing a national information system concerned with aspects of drugs and addiction.

(g) Ensuring the quality of the national focus point as an obligation of the Portuguese state (in cooperation with the Observatorio Europeu da Droga e da Toxodependencia [OEDT]).

(h) Further development of political strategies to combat drugs and drug-related addiction illnesses, as well as their evaluation and assessment.

(i) Ensuring cooperation with external bodies in containing drugs and drug-related addiction illnesses.

(j) Proposing and developing studies on drugs and drug-related addiction illnesses.

(k) Supporting the training and further education of professionals in the fields of prevention and treatment of drug and drug-related addiction illnesses.

(l) Supporting and presenting legal and administrative measures in the field of drugs and drug-related addiction illnesses and supporting the various bodies in their implementation.

(m) Responding to queries regarding 'authorization/responsibilities' made by the public administration service (Servico da Administracao Publica) or other private and public bodies.

(n) Developing measures that appear suitable for improving the containment of addiction risks when distributing medicines and other addictive substances (supplementing the area of competence of the National Institute of Pharmacy and Medicines [Instituto Nacional da Farmacia e do Medicamento]).

(o) Licensing/authorising private health care facilities in the field of 'drug-related addiction illnesses'.

(p) Ensuring continual cooperation with the general health authorities (Direccao-Geral da Saude) and other health service providers that are integrated in the health system as well as with the IDT care services.

4. The structure of the IDT

The activities of the IDT are developed within national and international frameworks and incorporate the following instruments:

➠ *Within the national framework:*
- Through the 'National Strategy for Combating Drugs' (Estrategia National de Luta Contra a Droga),
- Through the 30 main aims of the 2004 campaign against drugs and drug-related addiction illness and
- through the national action plan 'Campaign against drugs and drug-related addiction illness' (2004) ,
- Through collecting documentation that deals with programmatic and fundamental aspects within the context of preventing and treating drug-related addiction illnesses, reducing risks and harm reduction, decriminalising illicit drugs, controlling supply and demand, combating money laundering and increasing international cooperation;

➠ *Within the international framework*:
Through the United Nations conventions and through participating in the European Union measures, and in particular here, through participating in the action plan 'Drugs and Addiction'.

5. Types of Services

The IDT bodies consist of the:

- Administrative Council; consisting of a chairman and three members; the chairman has a right of veto
- Technical and Scientific Council (the IDT's advisory body)
- Commission for Ethics and Health (CES)

In order to fulfill its responsibilities, the IDT has central, regional and local services.

The decentralised services are controlled by the IDT's central bodies and are answerable to the Health Minister (Ministro da Saude).

The central services include the:

- Department for Prevention (DP)
- Department for Treatment, Reintegration and Harm Reduction (DTRDR)
- Department for Planning and General Administration (DPAG)
- Observation Office for Drugs and Drug-related Addiction Illnesses (ODT)
- Department for Supporting the Commissions for Developing Views on Drug-related Addiction Illnesses (DACDT)
- Office for International Relations (GRI)
- Office for Legal Studies (GEJ)
- Office for External Relations (GRE)
- Office for Education/Training (GRE)
- Advisory Commission for the IDT's Administrative Council (ACA)

As the IDT's decentralised services, the regional services have the task of implementing the activities at the regional level (within the context of the IDT's objectives), and consists of the following 'health regions':

Already formed are the

- Delegation for the Northern Region (DRN)
- Delegation for the Central Region (DRC)
- Delegation for Lisbon and the Vale do Tejo Regions (DRLVT)
- Delegation for the Alentejo Region (DRA)
- Delegation for the Algarve Region (DRAL)

The following local services, which are specialist facilities, are responsible for implementing the IDT's remit in the areas of prevention, education, treatment and social reintegration of drug addicts:

- The care centres for drug addicts (CAT). They are responsible for the general overall care of drug-addicted people. The outpatient care services provide tailor made therapeutic measures at the individual and group level;

- The detox facilities (UD), under medical control, are responsible for developing inpatient care for treating withdrawal symptoms;

- The therapeutic communities (CT), under psychiatric control, are responsible for treating and caring for drug addicts who require long-term inpatient treatment with social and psychotherapeutic support;

- The prevention units (UP), which conduct the measures in their districts required by the regional delegations and the central services, develop programmes and projects for primary prevention, intensify the inter-institutional discussion at the district level and, in addition, support the inclusion of local institutions in developing primary preventive measures.

There are currently 18 of these prevention units, one for each district. Their responsibilities include:

- implementing preventive strategies at the local level;
- providing advice and initial consent for project applications;

- technical and financial help for projects in the following areas:
  - family
  - school
  - leisure facilities
  - school truancy
  - prisons
  - and implementing the 'School Programme', which aims to prevent youth crime in the cities of Lisbon, Setúbal and Porto.

There are currently 73 local prevention programmes. The aim is to establish 308 by the end of 2004 (covering entire Portugal).

6. Participation in the 'SEARCH II' project

Migration to Portugal

Portugal, which until the 1980s was predominantly an emigration country, has in recent years seen an increasing number of immigrants, mostly from Africa, Brazil and also Eastern Europe.

- In 1974, the first wave of migration occurred from the former Portuguese colonies in Africa,
- in 1990, increasing numbers of people from Brazil started arriving in Portugal,
- in 1998, a large influx began of immigrants from Eastern European countries.

Whereas in 1981, only 54,000 migrants came to Portugal, in 1990 it was already 107,000. According to official estimates, in 2004 around 450,000 immigrants were living in Portugal (of these around 350,000 with legalised residence). This corresponds to around 5 % of the entire population of Portugal and around 9 % of the working population. At some schools in the larger cities, as many as 92 different languages are spoken. The immigrants are generally concentrated in the areas of Faro, Lisbon, Setúbal and Porto, the largest conurbations in Portugal. However, there are increasing signs that particularly immigrants from Eastern Europe are also trying to establish themselves in the rural regions.

In recent years policies have increasingly focused on immigration. The budget of the 'High Commissioner for Immigrants and Ethnic Minorities' (ACIME) grew in the years 2001 – 2003 by around 331 %.

This relatively new development has brought with it a series of problems in the social, political, health and legal areas. There have been increasing xenophobic tendencies within the population that have hindered the integration and partial legalisation of immigrants. According to a study by the Catholic University of Portugal from 2002, the following answers were given to the question "Do you believe that we should allow more immigrants into our country": Africans: 74.4 % no, Brazilians: 71.7 % no, Eastern Europeans: 73.4 % no. At the same time, accord-

Example: A survey in Montijo in 2003

A survey from the migration centre in Montijo / Setúbal region in 2003 showed that the registered immigrants are mostly from Brazil, Romania, Moldava, Angola, Ukraine, Russia, Poland and Lithuania (in this order). They are registered in the GAI [Gabinete de Atendimento ao Imigrante da Câmara Municipal do Montijo].

- 40 % were 18-30 years old,
- 26.67 % were aged 31-40,
- 23.33 % were aged 41-50,
- 10 % were older than 50.

Of the immigrants surveyed here, 60 % were unemployed, 23 % pursued a legal occupation, 17 % an illegal occupation.

ing to more recent studies on the average age of the population, Portugal would considerably profit from an active integration policy – as would a large part of the social system. (in the demographic pyramid, there has been a considerable expansion of the age groups 20/25 to 40/44!)

Participation in the 'SEARCH II' project

This relatively new phenomenon of increasing immigration to Portugal is reflected in many structures that are attempting to understand the complexity and dimension of this new development and to offer intervention strategies. The IDT is monitoring these developments with its own initiatives and is supporting institutions that work directly with migrants, with the aim of developing measures for drug prevention for these target groups.

As, however, this work is still in its infancy, it was considerably beneficial to participate in the 'SEARCH II' project: this enabled expertise to be shared with colleagues from other countries and research and intervention strategies to be further developed at the internal level.

In view of the short period of time available for developing the project approach, it was only possible to conduct a survey of information on the phenomenon and, within this context, to establish contact and stabilise relations with privileged informants (key persons), i.e. people who, because of their professional work or access to migrant groups, also possess considerable knowledge of the addiction developments and any culturally sensitive drug prevention projects. A focus group was established.

The following persons took part in this conference that was held within the offices of the Setúbal local authorities:

- representatives from the Montijo City Council (1 official representative, 1 psychologist)
- representative from the Setúbal City Council (1 psychologist)
- SEF (= national border police) (1 inspector who is also an anthropologist)
- the regional CARITAS representative (1 sociologist)
- RAR team (1 psychologist, 1 sociologist)

Furthermore, it was possible to conduct an interview with a member of the board of EDINSTVO (Organisation for Eastern European Immigrants), which revealed relevant information and led to the establishing of an organisation for developing joint initiatives.

This meeting led to considerable material and data being collected, which still needs to be conclusively evaluated. Nevertheless, we have already been able to establish the following relevant points on which to base our work.

1. The country of origin determines the type of integration process in the reception communities.

   The level of education of the migrants coming from Africa is less academic than that of the migrants from Eastern Europe, who frequently have high academic qualifications although they often have jobs that require clearly lower school leaving qualifications.

   In terms of the living situation, the new migrant groups have broken the tradition of building illegal slums around the large cities, which was started by the Africans and has been maintained for years. They want better accommodation and live in small dwellings that they share will other compatriots.

As has already been mentioned, the traditional concentration of migrants around the large cities is changing as a result of the large influx of migrants from Eastern Europe into the rural regions of the country. This circumstance has had the effect of repopulating the interior parts of the country. This has also brought about a certain degree of economic recovery here since these areas, which are predominantly agriculturally structured, have traditionally belonged to the poorer regions of Portugal.

2. In a similar way, the situations and backgrounds for using psychotropic substances differ according to the various migrant groups. The large African population has already lived in Portugal for a long time and uses substances to a much larger extent, particularly in the second and third generation. The youths from these communities are often caught between two cultures – African and Portuguese – and have considerable problems integrating.
   Studies still need to be conducted on use within the migrant communities from Brazil and Eastern Europe. However, there seems to be a greater and more risky use of alcohol within the latter group. The culturally integrated or at least tolerated use in the countries of origin is taking on problematic dimensions in Portugal. This is deemed to be a result of the social disorientation, in particular caused by the difficulties adapting to the new migration situation and the lack of social connections and unemployment. However, other factors have also been identified that can lead to problematic use, such as the constant availability of alcohol and the low prices.

   There are many reasons why many migrants find it difficult to become socially integrated, such as, for example, because of the aforementioned cultural factors. The most important factor, however, is the difficulty that these people have in finding a suitable profession with a secure income that enables them to live independently and to create their own home. In view of this, many migrants hardly look for legal ways to secure a suitable existence but turn instead to small-time crime and 'living on and from the streets'. Many of them, for example, offer guard services for protecting individual cars in large public car parks. The car owners, fearing for the safety of their cars, pay them directly.

Some information on drug use among Eastern European migrants:

- The alcohol consumption is clearly higher than in the Portuguese population;
- This seems to be culturally rooted, i.e. there seems to be no individual awareness that there is a problematic amount of alcohol use;
- It takes place at weekends without showing any leisure character;
- The fact, however, that they can lose their jobs when arriving at work inebriated or drunk, serves as a protective factor;
- With the unemployed immigrants, there is a tendency to turn to minor criminality ('parking helpers'). It is particularly this group that appears vulnerable to drug misuse;
- 13-14-year-olds are often misused as drug couriers;
- there are generally no well-defined networks for these immigrant groups.

If the information received and the conclusions drawn by the team are taken into consideration, it will be possible to create a framework for establishing intervention strategies for addiction prevention in these populations. Here, in brief, are some points concerning the future measures/strategies that are being taken:

1. Bearing in mind that the migrant communities from Eastern Europe and Brazil use the Internet both for reading their native newspapers and for communicating, strategies for preventing substance misuse should be used that make use of the new information and communication technologies.

2. With the African community, priority should be given to prevention approaches that are oriented to the second and third generation.

3. In Portugal there are a large number of organisations representing the migration communities. They should be involved in developing prevention programmes.

4. Likewise, priority should be given to using local cultural mediators, whether they belong to these organisations or not.

5. At the level of the street worker teams (outreach work), we need to consider introducing cultural mediators in these teams with the aim of having an impact on the specific migration-dominated scenes.

6. Because of the difficulty in gaining access to information and the initial difficulties in learning Portuguese, brochures should be developed in different languages (Help Line). These brochures should be oriented to the native culture of the target groups in terms of their design, language and aims. Otherwise there would be too great a risk of only 'paying lip service', without actually reaching the people.

7. Specific research approaches must be intensified to achieve a secure basis for interventions and to evaluate the quality of the interventions.

8. In summarising, we can say that we have embarked on a long journey. Participating in the 'SEARCH II' project, however, has provided a dynamism that has already enabled, at an early point in time, first steps to be taken in migrant-related community work, which will be completely implemented in 2004.

7. Sources

Council of Ministers Approval No. 46/99 from 26 May 1999
Council of Ministers Approval No. 30/2001 from 13 May 2001
Approval (majority) of the Council of Ministers from 30 May 2001
Approval of the summit (city of Maria da Feira) from June 2000

Some Internet links:

http://imigrantes.no.sapo.pt/index.html (*Imigrantes Somos Todos*)
http://www.acime.gov.pt/ (*Alto Comissariado para a Imigração e Minorias Étnicas*)
http://www.sef.pt/ (*Serviço de Estrangeiros e Fronteiras*)
www.oim.pt (*Organização Internacional para as Migrações*)