



Country report on New Psychoactive Substances in Portugal

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Contents

1	Introduction.....	4
2	NPS definition	4
3	Drug policies in Portugal.....	6
3.1	From 1970 up to 1999.....	7
3.2	From 2000 to 2007	8
3.3	From 2007 up to now – NPS drug policies in Portugal.....	9
4	NPS Markets in Portugal.....	10
5	NPS demand and supply in Portugal.....	11
6	NPS Prevention strategies	12
7	Conclusions and insights.....	14
8	References.....	16
9	Decree Laws.....	17

1 Introduction

Despite increasing efforts of the government during the 1990's and 2000's, the Portuguese drug situation continued to be problematic, especially in the emerging areas, such as the appearance of New Psychoactive Substances (NPS) in 2007. These new drugs comprise a broad range of substances that are not under control of international drug laws. In addition, a growing number of new substances from entirely different chemical families, including stimulants and substances that mimic the effect of other older and more traditional drugs, have also recently been detected. Due to numerous news and perceived data in few recent studies, the NPS issue has risen to the top of the political agenda in Portugal between 2007 and 2013. The meaning of "new" is related to the fact that these substances are a novelty and thus newly used on the drug market. This includes their advertisement and sale's opportunity on the open market, both on the internet (sometimes also delivered via courier or postal services) and in *smartshops* or *growshops*.

Portugal is very well-known for its drug policies and, apparently, remains a discrete country regarding the NPS consumption. However, new challenges have arisen and marked the Portuguese drug history and paradigm. To better understand the appearance of NPS in Portugal, we have considered important to organize the associated facts, including the definitions of NPS that have been suggested; the chronological organization of political facts about drugs (depicted in three different moments – before decriminalization, during decriminalization and after the strong NPS appearance); the NPS markets; NPS demand and supply and its Prevention Strategies in Portugal.

The Portuguese national focal point is located within the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD¹) and its Director General is also the President of European Monitoring Centre for Drugs and Drug Addiction. Closely linked to the Ministry of Health, SICAD's mission is to promote the reduction in the use of psychoactive substances, the prevention and reduction of addictive behaviours. This institution is also directly responsible for the implementation of the National Plan for the Reduction of Addictive Behaviours and Addictions 2013-2020². This document plans, implements and coordinates drug demand reduction interventions and collects, analyses and disseminates information on drug use and its responses.

Some universities and non-governmental institutions have been promoting studies focusing on the NPS problematic but there is still few information about it. The present report aims to give the NPS landscape in Portugal, using the most important national resources (both scientific and legal) about this phenomenon.

2 NPS definition

The New Psychoactive Substances (NSP) are an emerging phenomenon that arises in Portugal in 2007. Consisting in the appearance of new chemicals compounds or natural products, seldom for human consumption, this kind of drugs had experienced several definitions throughout its history. Found in some *smartshops*, *growshops* or *on-line*, between February 2007 and April 2013, until the implementation of new laws in the country, this subject took to public discussion a lot of issues, becoming a big mark in the Portuguese drug's field.

The emergence and consumption of NPS has been a growing trend both at European and global level. According to the European definition (UNODC, 2013; 2014), New Psychoactive Substances (NPS) are "Psychotropic drugs not provided under the 1961 and 1971's United Nations Conventions, but that can

¹ Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências - <http://www.sicad.pt/pt/Paginas/default.aspx>

² Plano Nacional Para a Redução dos Comportamentos Aditivos e das Dependências (PNRCAD) 2013-2020
<http://www.sicad.pt/PT/Institucional/Coordenacao/Paginas/default.aspx>

be a threat to public health when compared to the now regulated substances". The term 'new' does not necessarily refer to new drug creations, but to substances that have been recently become available in some sell points such as internet, *growshops*, *smartshops* (as already referred) or among some drug dealers. Hereupon, they must be understood in multiple ways, namely in accordance with the realities and consumption culture of each context (country).

The consumption of new psychoactive substances (NSP) or psychoactive substances that are not, until certain moment, under international control represent a threat to public health and have grown fast in the last decade in contrast with the prevalence of drug internationally controlled rates. With similar effects to traditional and illegal drugs, NPS have become a very polemic issue among *media*, young people and stakeholders. In Portugal, we have been facing since this new challenge since 2007, though with less impact since the closure of about 60 *smartshops* opened all over the Portuguese territory (including the islands – Madeira and Azores). With more or less prominence, public debate and the political and institutional facts related to the issue have been going on and being marked by a considerable number of actions, controversies and discussions over the past few years, suggesting a significant change in the paradigm of drugs and opening a new range of opportunities in the drug market. The new trends in users and consumption patterns as well as the new forms of communication, acquisition and production of substances, ultimately define and test the more conventional mechanisms of action and drug control, making them inadequate and ineffective in its results.

Currently understood as a phenomenon, with a notable impact in the Portuguese society, new psychoactive substances (NSP) could be also called as *smart drugs* (Silva, 2012), *Recreational Drugs* (Calado, 2006; Henriques, 2003) or commonly *legal highs*. This fact is related to the way they appear in the Portuguese reality. Considered a matter of concern since 2007 (with the first *smartshops*), some work has been developed between national governments and international organizations responsible for monitoring and regulating the drug field activities (as SICAD in Portugal). Sold in new market niches – *smartshops*, *headshops*, *virtual stores*, etc. – these substances have entered strongly in the Portuguese market since the beginning of 2007, from the onset of the first NSP sale's point in Aveiro (a city in the centre of Portugal). Sometimes perceived as less harmful or innocuous (SICAD, 2014; 2013; Silva, 2012), NPS were able to circumvent the laws, change perceptions, creating and recreating novel compounds, markets and trends. In some cases, NPS could be intentionally wrong labelled with listed ingredients that do not reflect the really compounds (UNODC, 2013).

Until the definition set by the *European Monitoring Centre for Drugs and Drug Addiction* (EMCDDA) and the *United Nations Office on Drugs and Crime* (UNODC), the public and main definition of NPS was simply "legal drugs", which encouraged and required an urgent national and institutional definition for those drugs. Thus, SICAD adopted the EMCDDA definition in 2012 which was published in several media (webpage, news). These concerns with the designation are related with some positive sense of the current terms "legal drugs", "legal highs" or "smart drugs". The NPS designation deliberately emphasizes the "new" instead of the "legal". Following the same logic, also the *smartshops* have been designated as sale's points of New Psychoactive Substances (Calado, 2013).

The NSP phenomenon is part of the Portuguese recreational lifestyle, as it is in other European countries. Through new dissemination forms, marketing strategies and specific sale's points, the main idea about NPS was linked to the harmless concept of these substances. But also linked to new possibilities such as transportation due to their non-identification as illegal drugs (by the police authorities and medical control) and to their colourful aspect (see image below).

Image 1 – Example of NPS sold in Portugal in smartshops and on-line (from 2007 until 2013)



Source: <http://hallucinogens.com/>; <https://denunciacion.wordpress.com/>; <http://azarius.pt/>

3 Drug policies in Portugal

In Portugal, the phenomenon of drugs was marked by several changes from the 70s in terms of social dynamics, such as the legal and institutional drugs status. The 70's marked what can be considered as the beginning of public awareness of drug problems. Since then, many steps were done towards the institutionalization of drugs in Portugal. We find several suggestions of how to describe and explain drug policies in Portugal (Dias, 2007; Valentine, 1997), but to understand the demand of this work, we will organize the process of drugs institutionalization according to three main periods:

- **Between 1970 and 1999**, Portugal expressed an essentially repressive framework, reducing drug dependence to a crime perception for drug users. Since 1974 there has been a modification of clinical-crime approach, consolidating the psychosocial model effectiveness and, in terms of action, the first governmental physical structures' creation were the first advances towards what is now considered good drug policies. However, it was between 1983 and 1999 that, according to the global changes, Portugal assumed a new and innovative approach based on the bio-psycho-social, thus enabling to combine biological, psychological and social aspects of drug problems among individuals.
- **During the 2000's**, the institutionalization process of drugs acquired another national and international dynamics. Portugal started a new political and social legitimacy in terms of drugs and drug addiction by postulating a gradual and more preventive and human intervention. This Portuguese model gained prestige and culminates in one of the most famous drug policies in the world – the decriminalization of drug use. Since 2001, with the implementation of the decriminalization's law, Portugal became a reference country regarding the world drug policies.
- **Since 2007 until now:** refers the appearance of NPS in Portugal, through *smartshops*, online companies, party events and, to a certain extent, as a lifestyle. More or less controversial, this subject is considered a milestone in rethinking laws and their effectiveness, sparking off the implementation of new legislation, such as the decree-law Nº 54/2013 of 17th April and other

local decisions that eventually led to the closure of *smartshops* all over Portugal. In this scenario, problems have persisted and new challenges have emerged.

3.1 From 1970 up to 1999

Although drug use is earlier than 1970, the drug problem as a social and human phenomenon was recognized in Portugal during this decade. Until certain point, drug use in Portugal made part of a very small and discreet group of people, mostly reserving the presence and use of LSD among artist's communities and bohemian people. Based in a truly conservative and catholic regime, the drugs phenomenon had a little social and cultural impact among Portuguese people and, of course, in the consumption rates of the country between 1970 and 2000. Despite the consumption of drugs being a mark and an ancestral habit of human beings, we can notice a difference in Portugal from 1970 due to the end of African colonial war, the many returned of colonies and the dictatorship fall of Salazar, in 1974. From that moment on, there were many changes and after almost a half century of isolation, Portuguese people seemed not be very well prepared for the new challenges and new trends. The visible consumption of substances that change the behaviour and state of mind promoted the social spread through naïve imitation and experimentations. There was not enough knowledge about drugs and about the several problems that addition could cause to both individuals and public health.

From 1975 onwards, with the acceptance of the clinic and Psychosocial model (1975-1982), Portugal thought over the drug criminalization and started considering the importance of creating new structures that would be able to fight the drug problem. As a first step, through the implementation of Decree-Law 745/75, 31th December, Portugal faced the first legal diploma ever to frame the drug problem into the clinical, psychosocial and repressive domain. This fact led to the creation of the "Youth Study Centre" and the "Judicial Research Centre for Drugs".

In 1976, the "functional tripartite system" was also implemented, which consists in an alternative explanation of the drug phenomenon based on biomedical, psychological and sociological frames. This allowed and gave legal and organizational support to governmental structures, also creating the "Coordinator Office for Drug Control", the "Research Centre and Drugs Control" and the "Studies Centre for Drug Prophylaxis". More than ever, Portugal faced the possibility to replace the criminal model for the clinical treatment approach, adopting a new much more human and comprehensive perspective.

In the 1980's and 1990's the consumption of cannabis and heroin were dominant and the HIV/AIDS emerged as a serious problem in Portugal. Therefore, it was created the "Planning and Coordination Office for Drugs" dependent on the justice ministry, whose mission was the planning and coordination of "Studies Centre for Drug Prophylaxis", as well as the reorganization of "Coordinator Office for Drug Control" and the "Research Centre and Drugs Control", this one as a part of the "Narcotics Research Centre Section of Judicial Police".

In the 1990's drug (mostly heroin) consumption became a social concern and a problem for everybody, especially for health and crime structures and other responsible departments. Most of all, data didn't show a big prevalence of drug consumption and crime among Portuguese people but, when compared with other European countries, the problematic and self-destructive consumption were put Portugal ahead in statistics. From there, the discussion went further and new ideas and considerations were part of the next drug policies. The application of this normative principally aimed to highlight the role of primary and secondary prevention and the importance of drug addict's rehabilitation. Nevertheless, even with all changes mentioned before, it was from the biopsychosocial model acceptance that was possible to understand and include the context and environmental dimensions in drug problems.

In 1983, health started playing a key role in this subject and, for the first time, The Health Ministry appeared integrated in the fight against drug use and abuse, also linked with Justice Ministry in order to better understand the drug phenomenon. In 1987 the "Projecto VIDA³" was created to fight illicit trafficking and misuse of narcotic drugs and psychotropic substances. Starting with the opening of Taipa's Centre, in June 1987, this was also the first therapeutic unit founded as an Hospital Special Unit in the country' capital, Lisbon.

³ In a free translation it could be 'Project Life'

However, the need for better and stronger responses also promoted the creation, in 1990, of the “Prevention and Treatment Service for Drug Addiction” (PTSDA) which, under tutelage of Health Ministry, extinguished all previous departments, thus unifying structures – prevention, treatment, rehabilitation and social inclusion. That’s how this unique institution created, in 1997, a public services network for treatment and rehabilitation of drug addicts.

Despite all efforts made by the government, the appearance of new synthetic drugs in the 1990’s, such as ecstasy and MDMA, continued posing new challenges. Once again the prevention seemed to give good answers to deal with this problematic. Simultaneously, a problematic neighbourhood emerged in Lisbon. This has been a public and media debated issue for about 30 years. Until 1998, the neighbourhood of Casal Ventoso was part of the “psychotropic lands”, a concept suggested by Luís Fernandes in his work “*O sítio das Drogas*” (1998). From 1998 onwards, it has been possible to see a complete reconstruction of the site, ending up with the visible drug associated damages.

Thereupon, in 1999, the government announced the approval of national strategy for fighting against drugs and the creation of the Portuguese Drugs and Drug Addiction Institute (IPDT). This institution based on eight main principles (international cooperation; prevention; humanism; pragmatism; safety; resources coordination and rationalization; subsidiarity and global participation), aimed to contribute for an adequate and effective international strategy, to ensure preventive policies, to reduce primarily drug use among youth people, to guarantee access to treatment and social reintegration, to protect public health promoting safety and enhancing suppression of illicit drug trafficking and money laundering.

3.2 From 2000 to 2007

Beyond all measures mentioned above, the most emblematic have been the decriminalization of consumption of all psychoactive substances with the law nº30/2000 of 29th November. This one, set apart by defining the applicable legal status about narcotic use of drugs and psychotropic substances, also provided health and social protection for people who consume substances with or without prescription. This decision completely changed the way drug phenomenon existed and was treated in Portugal, setting off new ideas and innovative approaches related to this work field, especially in treatment issues.

Soon, the Decree nº130/2001 of 23th April has also allowed the consumption, purchase and possession of drugs, putting to terms the relation between consumption and crime. Obviously, this new position about the phenomenon demanded a reorganization of almost all existing answers system to individuals, as well as a new framework of what and who is being considered as a "consumer". For that, Commissions for drug deterrence were created, replacing criminal tribunals and as a first step of the Portuguese government. These Commissions, always under health ministry supervision, were composed by health and justice technicians and their mission was to inform and to dissuade individuals from drug use. In addition, they still had autonomy to apply administrative sanctions or refer people to treatment with their consent. Alongside new responses were also created in harm reduction areas, such as street task teams, support offices, opiate substitution programs for low-threshold (methadone), reception and care centres, contact and information points that are nowadays part of the national harm reduction network.

Two structures coexisting - IPDT and Portuguese Service for Drug Addiction Treatment (SPTT) – responsible for prevention, treatment and rehabilitation, were also placed under the Health Ministry responsibility and became a single institution, in 2002, with more power, autonomy and legal status - Drugs and Drug Addiction Institute (IDT). Aiming to maintain cross-national system coordination, this merger had as main advantage to keep together all intervention areas to fight against drugs and drug addiction, thereby ensuring the intrinsic unity of plan, design, management, supervision and evaluation of prevention stages, research, treatment and reintegration. At the same time, this new institute also came to improve and strengthen the relations between the Portuguese government obligations and the institution internationality responsible institution on this subject, the EMCDDA.

Thus, to reach all these goals, the IDT had a central, regional and local specialized units, where the internal organizations of these services were defined from their own procedure rules. This fact has also helped society to gain another perception of an addicted person and how to legally support type of illness.

3.3 From 2007 up to now – NPS drug policies in Portugal

Being gradually debated in several countries and organizations all over the world, NPS appeared in Portugal in 2007 with greater expression from 2011 onwards.

Through the fast *smartshops* proliferation, such as online shops or sponsored events, since 2007 until April 2013 these substances presented themselves under various forms in the market, always striving for their creativity, innovation and timing. The labelling was often inappropriate and false in the majority of times, opening space for circumvent laws.

From artist's sponsorship to the organization of thematic evening parties and strong promotional activities about these new substances, public attention was being taken and the subject started being related to a public health issue. The debate has extended to all levels and ages, in families, hospitals, reports, organizations and official documents. It was often considered a threat to public health, especially among young people.

In addition to what was going on in continental Portugal, Madeira was the first region debating deeper and taking action about this issue. Local news from this area has shown that these substances were responsible for four deaths and around 190 hospitalizations until October 2012. In this sense, the parliamentary debate had greater expression and anticipated the implementation of a regional legislative decree Nº 28/2012M of 25th October, prohibiting the sale and distribution of such substances, hindering their trade and mitigating dramatically the number of problems related to the psychiatric emergencies cases of the island. According to the words of a responsible of the regional Drug Prevention Service in Madeira, in December 2012, this diploma caused some good effects, closing almost immediately all *smartshops* in Madeira, decreasing after the number of cases related to the so-called "legal highs".

In January 2012, Piaget Association for Development (APDES), working actively to develop and protect vulnerable public and communities, published a recommendation to the government in order to frame the problem and suggesting new forms of action and intervention in this area (APDES, 2012). On 4th September 2012, JSD Madeira (Democratic Socialist young politician group in Madeira region) also published an open letter to the President of the Portuguese Republic, describing the problem and requesting an amendment through the "legal highs" legislation.

Soon, in December 2012, PSD (Social Democratic Party) introduced the resolution-project 520/XII, regarding the NPS monitoring and this being debated in Parliament on 3rd January 2013.

Thus, the first response to this phenomenon, in addition to the regional legislative decree Nº28/2012M of 25th October which outlaws the NSP in Madeira, the Decree-Law No.13/2012 of 26th March was also approved, making the nineteenth amendment made to the Decree-law No. 15/93 of 22th January, including both new substances - mephedrone and tapentadol - attached to the illegal substances tables. After this law, outlets and some *smartshops* offered a "liquidation" of its products, putting some substances available with 50% discount. In the same year, the Ministry of Health started working with Parliament in order to create a new legislation able to regulate these sale points' activities and control the entry and sale of NSP in Portugal. It was also by this time that the health entity (DGS⁴) identifies in its report, for the first time, 34 severe cases associated with these new drugs consumption, highlighting the prevalence of use among minor aged (DGS, 2012).

Even if some measures could seem counteracting the previously 2001 decriminalization model, in 2013 the Decree-Law Nº 54/2013 of 17th April was introduced and the Ordinance 154/2013 of the same date, outlawing 159 new drugs and limiting the *smartshops* proliferation. Defining New Psychoactive substance as something that, even unspecified or framed and not controlled under legislation may constitute a threat to public health, this legislation identifies them as substances already listed in the Decree Nº 154/2013 list, prohibiting the sale, production, import or export, advertising, distribution, possession or availability of NPS in Portugal. This ban also included street sale of these substances, such as by catalogue or in internet sources, except if recognized by the Governmental Authority of Medicines and Health Products (INFARMED⁵, IP).

⁴ Direção Gral de Saúde / Health General Directorate.

⁵ Autoridade Nacional do Medicamento e Produtos de Saúde / National Authority of Medicines and Health Products.

For monitoring purposes, the Food Safety and Economic Authority (ASAE⁶) was considered the responsible institution to monitor the provisions of the decree-law, promoting actions by watching the commercial chains of these products and by assisting the competent authorities in research and survey. The analyses and expertise responsibility was assigned to the Forensic Science Laboratory of Judicial Police, the National Institute of Legal Medicine and Forensic Sciences and the INFARMED. After analysis, if some substance is considered a threat to public health, it should be reported to all health agencies and to SICAD, which subsequently confirms the risk assessment and determines its applicable fine. Thus, the Decree-Law N^o 54/2013 of 17th April imposed the end of the NPS trade circle at national level, outlawing over 159 new drugs and closing approximately 60 *smartshops* in Portugal. Few months later, in November 2013, the SICAD's director and EMCDDA chairman confirmed in an interview to a national newspaper, that a very positive balance has been achieved after six months of this new public policy introduction.

4 NPS markets in Portugal

Figure 2 – *smartshops* over Portugal between 2007 and 2013



source: novas substâncias psicoativas – o caso da *Salvia Divinorum* (Calado, 2014, p.50)

While the use of NPS appears to be limited overall after the decree-law N^o 54/2013 of 17th April, the emergence of these drugs did not stop. After the extinction of all *smartshops* all over Portugal and, according to recent data, reports from EU Early Warning System indicate that both the variety and the quantity of new psychoactive substances on Europe's market are still increasing. In the last year, around 101 new psychoactive drugs were identified for the first time, such as synthetic cannabinoids, stimulants, hallucinogens and opioids (EMCDDA, 2015). In a global context, Europe is now an important market for drugs, supported by both domestic production and drug trafficking from other regions. Some of synthetic drugs are being manufactured to export to other parts of the world. Consequently, the nature of illicit drug markets has also been changing as a result of globalization, technology and new communication forms. So, some additional challenges are being presented by innovation in drug production, trafficking methods and the establishment of new trafficking routes.

The way in which some of these new drugs are marketed and distributed is becoming more sophisticated: their kind of advertisement and sale on the open market (internet, home delivery and *smartshops*) is one of the biggest recreations of the drug phenomenon. It is also clear that retailers are exploiting the internet as a vehicle for the marketing and sale of NPS – in 2013, the number of online shops was

⁶ Autoridade da Segurança Alimentar e Económica.

around 693, twice as more than the previous year (EMCDDA, 2014; 2013). These online shops provide a high level of anonymity, as they exist in deep web and in the so-called “darknets” which are anonymous computer networks.

In general, information and communication technologies had an important impact on drug markets. Recently, it has become clear that practically any type of drug can be bought on the internet. The consumers may benefit from it and feel safer because there is less exposure, as they can avoid direct contact with drug dealers. Europe is now an important and growing market in a global context, but in Portugal there aren't enough data to monitor this new status of NPS' drug market. According to recent data (SICAD, 2014a), there's no specification to some NPS in Portugal and the term “new” refers to substances that are new to the drug market or newly misused. This could also be explained by the fact that these new drugs are believed to be largely used clandestinely by producers as replacements for established controlled drugs which may be in short supply, such as MDMA or *ecstasy*. In some cases, new drugs may also be found in combination with controlled drugs, possibly in an attempt to grow the quantity of product and thereby reduce the amount of controlled drug (EMCDDA-EUROPOL, 2013). As well as the importance of internet in this field, all these details frustrate law enforcement owing to difficulty in identifying the sellers and their customers.

Despite NPS appearing in some Portuguese studies and documents, in terms of national data the gathered information is still weak and unsatisfactory. Very superficially, only as indirect indicators, we can notice few references to the appearance of new drugs, such as ephedrine, methylphenidate and some methamphetamines in the Portuguese context (SICAD, 2014a). A study from 2013, done a little bit before the enforcement of the decree-law, shows that most of recent consumers (less than 12 months) used to buy NPS in *smartshops* (58%) or get it from friends (14%) (SICAD, 2013). At the European level, data from *Flash Eurobarometer* (2014) with a sample of young European people aged between 15 and 24 years, shows that Portugal reveals easier access to NPS when compared to the general European average (42% and 25%, respectively).

Regarding NPS prices, national studies from 2013 and 2014 show some respondents with different opinions. In 2013, they considered NPS with similar prices (33%), low prices (18%) or more expensive (25%), but in 2014 these values hovered around 17% and 8% about low and also higher prices, respectively. Hence, available data seems to be not enough neither representative to introduce trends or describe the Portuguese drug market deeply.

5 NPS demand and supply in Portugal

As stated before, NPS analysis is not easy and has lots of limitations. So, the following analysis presented in this section is based on a range of data sources, essentially collected in Portugal (academic studies and reports), but always taking into account the European trends.

The NPS phenomenon emerged in Portugal from the introduction of several new substances which has been expanding in Europe. However, the wide variety of these substances hinders their recognition and this is also a conclusion of the majority of studies previously presented in this article (Calado, 2014; SICAD, 2013; 2014).

At European level, according to relatively recent data (2011), it was estimated that about 5% of young Europeans aged between 15 and 24 years has already consumed, at least, one of these new drugs (Gallup, 2011). In Portugal some studies reveal a NPS consumption trend among minors aged (DGS, 2012; Silva, 2012; Balsa et al., 2013). Evening night outs, festivals and home meetings seem to be the main consumption contexts (SICAD, 2013; 2014).

The 2012 Health report also notified, between 2010 and 2012, 34 severe emergency cases associated to NPS consumption, of which 80% are people aged under 30 (DGS, 2012). The most reported age was 17 (17.6%), 14 to 15 years (14.7%), which quickly raised strong doubts about the supervision quality made by shops or entities responsible for supply. Without any scientific basis, in Madeira region, media information suggests that NPS were responsible, until the law implementation, for four deaths and about 190 hospitalizations until October 2012.

Legally, the *smartshops* and web pages were only opened for people aged over 18. However, the III National Survey on drug use of psychoactive substances in general (2013) has also shown that the group

aged between 15 and 24 has the highest prevalence of NPS use (1%), when compared to older groups: 25-34 (0.8%), 35-44 (0.3%), 45-54 (0.2%), 55-64 (0.1%) and 65-74 (0%). Regarding "legal highs" and prevalence consumptions, this study has also reached three main conclusions: 0.4% of respondents have experienced NPS throughout life; NPS consumption is a more common behaviour among younger age groups, particularly 15-24 year-old (1%), 25-34 year-old (0.8%), 35-44 year-old (0.3%) and the most common way to obtain NPS is through *Smartshops* (44%), followed by internet (12.5%) (Balsa et al., 2013). National values from 2011, based in results of a master thesis, have suggested that, with a 64 young people sample gathered near *smartshops* (18-25 years old), about 58% of them have consumed, at least, one NPS throughout life (Silva, 2012). In 2012, data from wider studies suggest new values: a NPS consumption prevalence with around 5.4% in a total of 3049 young university people (AAVV, 2012) and 0.9% among young Portuguese people aged between 15 and 34 (Balsa et al., 2013).

Even after the Decree Law No. 54/2013 of 17th April approval, recent research shows the NPS perpetuation in markets and among individuals, especially for recreational purposes. While verifying a decrease in NPS consumption prevalence among young people (500 university students) – from 29% in 2013 to 18% in 2014, the decline is found in the number of non-consumers who assumed thought about having the first NPS consumption experience in life and in recreational settings – from 9% in 2013 to 14% in 2014 (SICAD, 2013, 2014). This study also suggested differences on values about risk perception: in 2013, the occasional use reveals values around 24% and regular consumption around 80% and, in 2014, these values were around 35% and 70% respectively.

Also the III National Prisons Survey (Torres, 2014), for the first time, NPS were took into account making part of the consumption prevalence rates of substances (NSP), suggesting values around 4.1% among prison population.

As to perceptions of health risks associated with drug use, according to the Flash Eurobarometer results with people aged 15 to 24, Portuguese youth has a high risk perception associated to occasional consumption (once or twice) of new drugs higher when compared to cannabis or ecstasy (55%). It also means that the majority of Portuguese young people consider regular consumption of NSP as a high risk for health (92%), being these values really close to the respectively European averages - 57% and 87%. To also confirm it, very recent data, provided by an academic study, suggests that the NPS consumption happens early (18 and 19 years old) among peers or in recreational settings. Nevertheless, the majority of consumers reveal some acknowledgment about NPS harms (Torres, 2015).

Regarding the most consumed NPS in Portugal, bloom, herbal mixtures and salvia are the main products referred by the students in the study promoted by SICAD (2013; 2014). Despite this, studies suggest NPS tend to disappear in the country, the youth sample (500 each year) revealed that they know some cases of friends that are still consuming NPS: 76% in 2013 and 54% in 2014. This fact gains special relevance when they also confirm they know someone who had health problems with this kind of drugs: 19% in 2013 and 20% in 2014. Regarding the perception about the quality of these products, the values suggested that, in 2013, the majority of respondents considered the quality of NPS lower than older drugs (54%), changing in 2014 data (25%).

Concluding, as previously said about other NPS issues, Portugal remains to be an European reality with weak developments in terms of research about new drugs, trends and hidden markets.

6 NPS Prevention strategies

According to the European drugs strategy 2013-20, where Portugal is included and combines licit and illicit drug strategy, focal points should be responsible for their own work. This strategy and accompanying action plans to provide a framework seeking coordinated responses to drug problems in Europe. At the country level, this is mirrored in national drug strategies, budgetary frameworks and plans of actions. The prevention of NPS use and drug-related problems among young people is now a key-policy aim and one of the pillars of this plan. Nevertheless, the Portuguese government, due to the 2008 economic recession, imposed fiscal consolidation measures often referred to austerity measures. As a result, this led reductions in public budgets for those categories of governmental activities which encompass the bulk of drug-related initiatives.

Currently, in Portugal new psychoactive substances are not associated with a significant demand for specialised treatment. Increasingly, however, more attention seems being paid to the development of targeted education and prevention activities, as well as training for drug and education professionals, according to the National Plan for the Reduction of Addictive Behaviours and Addictions 2013-2020⁷ guidelines.

In terms of action, services working in nightlife and recreational settings have tend to integrate their response to new substances within established approaches. In few cases, these interventions have been linked with drug testing and pill-checking services, with results and harm reduction messages disseminated in recreational settings. In Portugal, we can identify these activities, but none specifically focused on NPS, yet.

The prevention responses of SICAD are partly covered under the Operational Programme for Integrated Responses (PORI) as well as other programs and projects developed together and in coordination with governmental and non-governmental, national and international partners. At national level, PORI is a structural measure with an integrated action in the additives and dependencies behaviour area, which seeks to enhance available synergies in the country, either through the development and implementation of methodologies for conducting diagnoses to justify intervention or through implementation of Integrated Responses Program (PRI). PRI is a specific intervention program that integrates interdisciplinary and multi-sector responses with some or all types of intervention (prevention, deterrence, risk reduction and harm reduction, treatment and rehabilitation) following the results of territory diagnosis as priorities.

In 2006, in order to address drug phenomenon, APDES (Piaget Agency for Development⁸, a non-governmental organization) created a service named *CHECK!N*⁹. This is an outreach team oriented to promote informal education about drugs and drug use, sexuality and other contextual risks. The initiative embraces the pleasure and risk management approach, as well as drugs testing in party settings, such as festivals, pubs or clubs. There, the team creates an info-stand with non-moralistic information about drugs, sexuality and services as breathalyser, snorting kits, condoms and drug checking (using the thin Layer Chromatography technique). *Check!n* project also works with research to identify new trends and peer education and networking as approach to health promotion.

Another intervention example is KosmiCare. Since 2002, the Boom Festival (a trance festival) in Portugal hosted psychedelic emergency services supported by MAPS (Multidisciplinary Association for Psychedelic Studies). In 2008 the project became broader, both in infrastructure and partnerships, including support provided by SICAD with its technical knowledge, in 2010. In that year, the Boom Festival signed a unique protocol involving the Institute for Drugs and Drug Addiction (IDT), current SICAD, part of the Portuguese Ministry of Health and one University, the Catholic University of Porto. This protocol's goals were to improve intervention at the festival by maximizing resources and more effective liaisons with offsite health services. KosmiCare now consists in a multidisciplinary team of 40 people (psychiatrists, therapists, psychologists, homeopaths, therapists, and volunteers) working at the festival site.

In addition, we can also identify few cases of organizations or people offering some services based in non-formal education strategies, but never enough to consider their effective existence. Some examples of those are the blog mentioned before and the António de Bacelar Carrelhas Association (ABC Association), which both offers awareness sessions among students, health and educational professionals.

The Internet is also increasingly important as a platform for information and counselling. Examples include drug user-led initiatives, such as forums and blogs, which provide consumer protection information and advice. In Portugal, beyond NPS information spread on the main focal point and most reliable webpage – www.sicad.pt –, we can point out a blog only focused on the NPS phenomenon – Salviainos MUNDO SMART¹⁰ which also offers some information and sources about it. With an another approach focused on supply, some websites listed by Vasco Calado (2014) in his work about consump-

⁷Plano Nacional Para a Redução dos Comportamentos Aditivos e das Dependências (PNRCAD) 2013-2020
<http://www.sicad.pt/PT/Institucional/Coordenacao/Paginas/default.aspx>

⁸ Agência Piaget para o Desenvolvimento

⁹ Check!n Project (<http://www.apdes.pt/servi%C3%A7os/saude-reducao-riscos-direitos-humanos/check!n.html>)

¹⁰ Salviainos MUNDO SMART Project (www.salviainos.blogspot.com)

tion and commercialization of salvia divinorum in Portugal, could be considered as sources to seek for information about NPS and its commerce, such as *azarius* or *Silk Road* in deep web.

The emergence of new drugs has manifested itself in different ways in single countries, and national responses reflect these differences. In this sense, in Portugal there are only few references about the emergent case of NPS and its preventive needs, though without enough impact. This can be an indicator of the weak investment on this subject and a reason to review and justify the need for its development, as Portugal has been strongly facing this phenomenon since the early 2007.

7 Conclusions and insights

The follow conclusions are the result of the collected data in this whole article. The lack of information was clearly explained over the shown studies and the facts related to NPS in the country. So we also assume data absence as a leading and strong indicator for insights and further studies.

Portugal has been under the spotlight in recent years because of its decriminalisation of drug use. This policy helps the development of intervention and preventive areas, especially among minor ages. However, the drug paradigm has always been full of representations and patterns, which now has placed new challenges and may counteract the effectiveness of laws and behaviors. Associated with it and furthermore, the information and communication technologies play a very important role in how NPS came to stay and have become trendy in Portugal.

Assuming NPS as a present and future problematic, we should think about it based on its global impact, such as the new trends in the drug market or the way people get connected and behave with each other in some contexts. Because of this, and taking into account the difficult part of analysis and knowledge about each NPS, information plays a decisive role. But, where and how can or do we access the information we are looking for?

Internet technology has emerged as an important facilitator for the drugs market, and it is commonly used in the marketing, sale and NPS information. Recently, it has become clear that the great majority of drugs are available and can be bought on the internet. Thus, consumers may feel safer as they can avoid direct contact with someone else, benefit from anonymity or simply take advantage from the lack of knowledge about the new drugs themselves and its chances to be detected.

In Portugal, according to a recent study about internet among Portuguese people – *Internet in Portugal - A network society 2014* (Cardoso et al., 2014) -, 70% access internet daily and 40% access it from mobile appliances. The representative sample of this study (N=1542) also shows that the much younger, the higher is the access to internet (90% among 15-24 ages). Webpages and search engines are also instruments that allow people to get more informed and connected with others. These data become more relevant if we take into account that NPS are becoming a more virtual phenomenon, which also tends to be more explored by the under-aged.

As to the Portuguese NPS markets, since the Decree-law Nº 54/2013 of 17th April, which put under control some NPS and closed all smartshops in the country, the main idea and conclusions about recent studies is that this bill came to change and clear the impact of these drugs. However, although visible market has ended in 2013, the global frequency of NPS appearance on internet and in lifestyles seems to be growing and giving more autonomy to those people involved in the drugs field.

After all, what is or was the NPS market in Portugal? During 2007 and 2013, what was the role of *smartshops* among its costumers? After 3 years, how does the trendy market of NPS go in Portugal and among its consumers?

If NPS phenomenon is essentially *on line*, also prevention strategies should also be able to be easy and fast in terms of access. The health education should be also adapted to new challenges while product of new technologies evolution and ways to reach knowledge about drug's subject.

One of the main conclusions of this work is that the data presented above allowed to conclude the importance of cyberspace for the purchase, discussion, learning and socialisation with NPS in Portugal, giving further relevance for the need of future studies and programmes focused on NPS and all its details and special features.

In Portugal several recommendations, draft bills and regional legislative decrees were pointed up, constantly attempting to control this phenomenon. Meanwhile, the perceptions and attitudes related to



the meaning of legal and illegal status of substances came to introduce new reflections about the real impact of such laws and guidelines that have been being suggested to promote human wellbeing. NPS data collection is not easy, since this is a not a phenomenon with a great social visibility. It has some expression on the cyberspace also resulting in lower social presence. Taking this into account, some questions for further research are highlighted: how can science unhide this new cyberspace phenomenon of NPS, both in order to know it's the real impact and to redesign new prevention actions and strategies?

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9 Decree Laws

1. Decree-Law Nº 54/2013 of 17th April
2. Decree Nº 28/2012M of 25th October
3. Decree-Law No.13/2012 of 26th March
4. Decree-Law Nº 124/2011 of 29th December
5. Decree nº130/2001 of 23th April
6. Decree-law No. 15/93 of 22th January
7. Decree-Law 745/75, 31th December