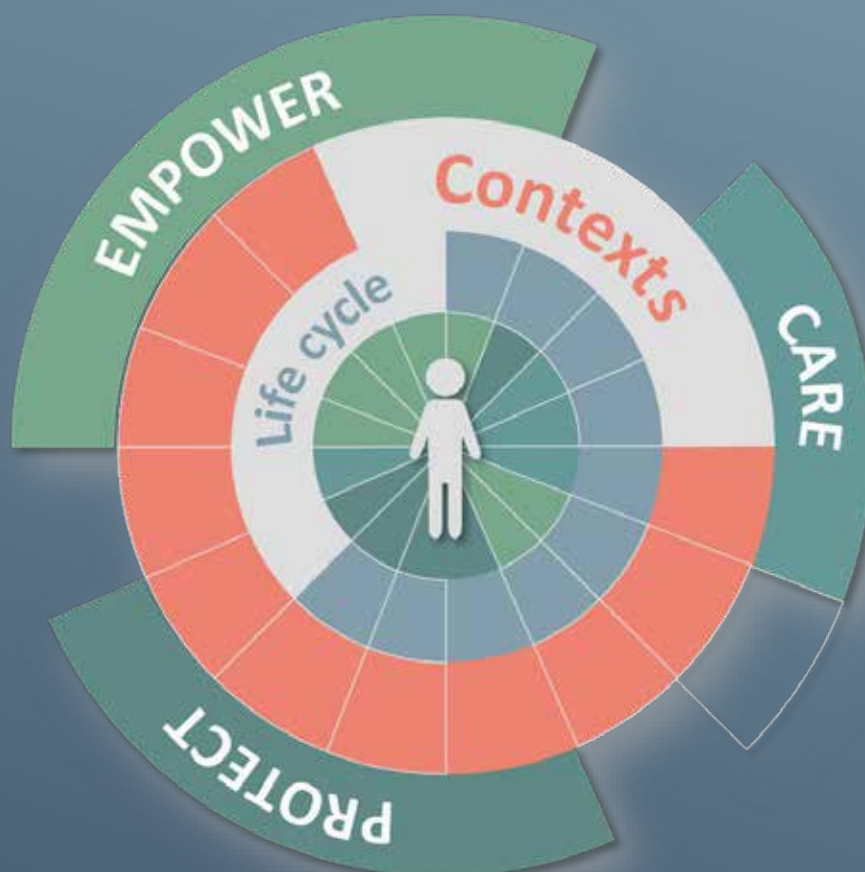


National Plan for the Reduction of Addictive Behaviours and Dependencies 2030

— PNRCAD 2030 —

ACCORDING WITH THE COUNCIL OF MINISTERS RESOLUTION 115/2023, 26 OF SEPTEMBER.





Ministry of Health – Portugal

National Coordination for the Addictive Behaviours and Dependencies

PNRCAD 2030

According with the Council of Ministers Resolution 115/2023, 26 of September.

TRANSLATION

This document has been translated using the automatic translation service of the Translation Centre for the Bodies of the EU and revised by the International Relations and Cooperation Unit of the Institute on Addictive Behaviours and Dependencies. Reasonable efforts have been made to provide an accurate translation, however, no automated translation is perfect nor is it intended to replace human translators. If any questions arise related to the accuracy of the information contained in the translated document, refer to the “primary language” version of the document which is the original version (Resolução do Conselho de Ministros n.º 115/2023 de 26 de setembro).

TECHNICAL SHEET

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Summary of the Council of Ministers Resolution 115/2023

The XXIII Constitutional Government programme has made it a priority for the health promotion to continue the intervention targeting the main risk factors, particularly in policies aimed at promoting healthy diet and physical activity, tackling obesity, smoking and alcohol excess.

In this context, the Interministerial Council for the Problems of Drugs, Drug Addiction and the Harmful Use of Alcohol approved the National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2020 (PNRCAD) and the Action Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2016.

In the time elapsed since the strategic planning of addictive behaviours and dependencies viewed comprehensively, a new scenario has emerged, intensified by the COVID-19 pandemic.

Thus, the ambition is broader in the National Plan for the Reduction of Addictive Behaviours and Dependencies 2030 (PNRCAD-2030) and the Action Plan for the Reduction of Addictive Behaviours and Dependencies — Horizon 2024 (jointly referred to as the Plans), with the aim of significantly reducing a wide range of addictive behaviours and dependencies. Innovative approaches include other addictive behaviours and dependencies, with or without substances that have meanwhile emerged or intensified, linked to the use of psychoactive substances and new forms of addictive behaviours and dependencies, among them substance-free addictions, namely the problematic gambling, screens and social media use.

The Plans that are now being approved had one of the key factors for their implementation in the methodology used to draw them up, by promoting the sharing and discussion of different scopes and with different stakeholders, aiming to align the organisations and departments that are involved with benchmarks that were seen as fundamental: the 2013-2020 PNRCAD evaluations, country epidemiological situation characterisation on addictive behaviours and dependencies, up-to-date technical-scientific knowledge, the national framework in terms of related health, education or social policies and the international framework, including with commitments made and international strategies to which Portugal also contributes.

Bearing in mind that the integrated approach in this area is multidimensional in nature, the Plans considered national structuring instruments, such as the last two National Health Plans. It is also important to emphasise the close links with the National Anti-Poverty Strategy 2021-2030, a document based on a comprehensive, multidimensional and transversal approach to articulating public policies. Internationally, the plans are aligned with other strategies and programmes such as the 2030 Agenda and the Sustainable Development Goals (SDGs). Additionally, compliance is ensured with the three United Nations Conventions governing the production, trade and use of narcotic drugs and psychotropic substances, the general purpose of which is to limit the production, distribution and use of drugs for medical and scientific purposes. At the European level, the Plans are further

aligned with the European Union Drugs Strategy (2021-2025) and the European Union Drugs Action Plan (2021-2025), approved under the Portuguese Presidency of the Council of the European Union, which constitute the new European Union drug policy framework, reaffirming the evidence-based approach.

This results in a PNRCAD based on three pillars — Empower, Care and Protect — with the ultimate aim of building healthier communities, with fewer problems associated with the consumption of psychoactive substances and other behaviours with addictive potential; promoting the ability of citizens to deal with the challenges that everyday life poses to them in their various life settings, so that they have an experience as close as possible to achievement and well-being; and, finally, a healthy community that looks after all citizens, facilitating access to and the enhancement of the quality of interventions.

The PNRCAD-2030 and the first Action Plan for the Reduction of Addictive Behaviours and Dependencies — Horizon 2024 in line with the guidelines set out in the National Drug Strategy, published in 1999, and its successive plans, that deserve international and national recognition.

The PNRCAD-2030 and the Action Plan for Reducing Addictive Behaviours and Dependencies — Horizon 2024 were subject to public consultation between May 30th to June 28th 2022.

The National Council for the Problems of Drugs, Drug Addiction and the Harmful Use of Alcohol was consulted.

Thus:

According to Article 199 (g) of the Constitution, the Council of Ministers decides:

1 — To approve the National Plan for the Reduction of Addictive Behaviours and Dependencies 2030, which is the Annex I to this resolution and of which it is an integral part.

2 — To approve the Action Plan for the Reduction of Addictive Behaviours and Dependencies—Horizon 2024, which is the Annex II to this resolution and of which it forms an integral part.

3 — To determine that the assumption of commitments for the implementation of the measures of the plans referred to in the previous paragraphs depends on the existence of a budget allocation by the competent public entities and that the functioning of the coordination structure and the working groups provided for therein do not give rise to the assumption of any charge

4 — ...

5 — ...

Presidency of the Council of Ministers, July 27th, 2023. — For the Prime Minister, Mariana Guimarães Vieira da Silva, Minister of the Presidency.

Foreword

The national and international recognition of Portuguese policy on addictive behaviours and dependencies, in particular regarding illicit substances, is undisputed.

The 1999 National Drug Strategy and the 13 strategic actions therein — including the decriminalisation of illicit psychoactive substance use (implemented by Law 30/2000 of November 29th), harm-reduction policies, access to treatment for all those who use drugs in need, a focus on preventive intervention, and approaches to social and professional reintegration, are essentially still current and have since guided subsequent national plans, implemented through the respective action plans.

Despite the successful application of the integrated model to the addictive behaviours and dependencies approach, which includes problems related to harmful use of alcohol, after more than 20 years and in different circumstances, some of the problems previously identified persist and meanwhile new phenomena linked to the use of psychoactive substances and new forms of addictive behaviours and dependencies emerged, including non-substance addictions, such as problematic use of gambling, screens and social media.

The Portuguese model, built on principles, expertise, scientific and human knowledge, ways of being and doing, has been embraced in its domain by an increasingly broad area of responsibility. It persists in this new cycle, seeking to understand and respond to new addictive behaviours and dependencies and the diversity of audiences and contexts, but with the aim of maintaining humanistic focus, and the demand for effectiveness and quality.

Meeting today's challenges implies creating the conditions for travelling this road, otherwise the intervention will fade away, lose its identity and, above all, its effectiveness.

Introduction

The 2030 National Plan for the Reduction of Addictive Behaviours and Dependencies (PNRCAD-2030), assumed as the priority national strategy and policy to be implemented as part of the addictive behaviours and dependencies approach, symbolises the capacity of interministerial entities to pool cause-related efforts that are ongoing in global and Portuguese reality, due to the size and importance it holds in the lives of many citizens and their communities.

The recommendations resulting from the evaluation of the previous plan have aimed at creating political and structural conditions for action across a broad range of potential addictive behaviours and dependencies, supporting increased cooperation between actors in defining, operationalising, monitoring and evaluating addiction; and improved agility both in collecting and sharing information and knowledge about, and responses to, the phenomenon of addictive behaviours and in tailoring approaches to the diversity of potentially addictive behaviours and dependencies.

I — Framework

National Framework

Addictive behaviours and dependencies are a complex phenomenon from a social and health point of view that affects millions of people around the world, with consequences that, when harmful, are not only reflected in the individuals who suffer from it but also in their families and communities, generating huge costs and damage to, among others, public health, the environment, labour productivity.

They also pose security threats associated with violence, crime and corruption. In Portugal, the trends and patterns associated with addictive behaviours and dependencies show similar characteristics and factors to the global ones, but the cyclical and structural reality of Portuguese society presents specific factors that need to be addressed when defining strategies and designing responses.

In this regard, given the complexity and cross-cutting nature of addictive behaviours and dependencies it is assumed that it is necessary and mandatory to align the strategic action of this policy instrument with the guidelines and objectives set by international bodies, as will be seen below, but also with the policies and strategic guidelines of other national organisations, in their action to promote individual and collective health and security, as set out in various documents and plans, including those mentioned below.

The PNRCAD-2030 is aligned with the Major Options 2022-2026, approved by Law No 24-C/2022 of December 30th, particularly on the points relating to investment in the quality of public services, particularly the National Health System, internal security and the fight against cybercrime. The PNRCAD-2030 is also aligned with the objectives of the 2023-2026 Major Options, namely accelerating the change in the country's economic, social and territorial development model, reducing inequality and, in particular, the new organisational model for responses to addictive behaviours and dependencies.

The major pillars and targets of the plan are also specifically aligned with and complement the main vectors of the National Health Plan — Review and Extension to 2021: 'Citizenship in Health', 'Equity and Access to Health Care', 'Quality in Health', 'Healthy Policies', and the strategic guidelines of the 2030 National Health Plan, namely 'Promoting Health', 'Maintaining or enhancing Working Strategies', 'Retrieving and Improving Access and Intervention', 'Preparing and Anticipating the Future'.

The PNRCAD-2030 is also aligned with the other priority health programmes, namely the National Programmes for Sexually Transmitted Infections and Human Immunodeficiency Virus Infection (notably the Syringe Exchange Programme), Tuberculosis, Mental Health, Smoking Prevention and Control, Viral Hepatitis, Promotion of Healthy Food, Promotion of Physical Activity, the National Programme for Oncological Diseases, the National Programme for Child and Youth Health, as well as the Health Literacy Action Plan.

In addition, the Health Education Referential provides support for schools in the areas of mental health and violence prevention; food education and physical activity; affections and education for sexuality and addictive behaviours and dependencies. It also features the second National Plan for Youth, a policy instrument for intersectoral coordination of youth policy in Portugal.

The PNRCAD-2030 also articulates with the National Road Safety Strategy 2021-2030—Vision Zero 2030, developed by the National Road Safety Authority, in pursuit of Vision Zero 2030. Since addictive behaviours and dependencies is a multidimensional issue, this plan also takes into account national strategies involving related issues, such as the National Strategy for Equality and Non-Discrimination *Portugal + Igual* 2018-2030 and the National Strategy for the Integration of People in Situations of Homelessness 2017-2023, as this is a reality experienced by many people with addictive behaviours and dependencies.

Finally, the PNRCAD-2030 is in line with the National Poverty Strategy 2021-2030, a document that is based on a global, multidimensional and transversal approach articulating public policies and actors.

International framework

The PNRCAD-2030 is aligned with the guidelines and objectives defined by international organisations.

The 2030 Agenda and the Sustainable Development Goals (SDGs) define a set of quantifiable objectives and targets to be achieved by states in order to promote more effective and human policies, putting human dignity and sustainable development at the centre of their concerns.

With specific regard to illicit substances, the main legal instruments of the international community are the three United Nations Conventions to which Portugal is a signatory.

Reference should also be made in this context to the resolution entitled '*Our joint commitment to address and countering the world drug problem*', adopted in 2016 by the United Nations General Assembly Special Session on Drugs.

Most recently, the UN Commission on Narcotic Drugs Ministerial Segment, held in March 2019, adopted the '*Ministerial Declaration on strengthening our action at the national, regional and international level to accelerate the implementation of our joint commitments to address and counter the world drug problem*', which emphasised the importance of ensuring that this new international drug policy architecture is firmly embraced, especially in the areas of human rights, health and development.

The PNRCAD-2030, like all documents that have shaped the Portuguese drugs policy since the first National Strategy in 1999, embodies the fundamental principles and obligations arising from human rights standards that are now embodied in the International Guidelines on Human Rights and Drug Policy (*International Centre on Human Rights and Drug Policy et al., 2020*).

On matters related to harmful use of alcohol, PNRCAD-2030 is aligned with the '*Global Strategy to Reduce the Harmful Use of Alcohol*', which defines the priority areas that have guided interventions and recommends the implementation of measures at national level to promote the reduction of the harmful use of alcohol and the diseases attributable to it with the ultimate aim of improving the health and well-being of individuals, communities and societies (WHO, 2010).

Since the adoption of the Global Strategy, Member States' commitment to reducing the harmful use of alcohol has been reinforced by the adoption of declarations issued by the United Nations General Assembly on non-communicable diseases, namely the '*Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region*' (2016-2025), which mentions the harmful use of alcohol as one of the four main risk factors for non-communicable diseases.

Also, regarding alcohol, the Organisation for Economic Cooperation and Development has identified measures that meet those considered relevant by the WHO, including measures related to prices, taxes, restricted access, advertising and labelling.

At European level, the European Union Drugs Strategy (2021-2025) and the European Union Drugs Action Plan (2021-2025) constitute the new European Union drug policy framework in this field and have reaffirmed the evidence-based approach. Both this strategy and action plan include for the first time a dedicated chapter on drug-related harms, focusing on the health needs of people who use drugs.

Regarding addictive behaviours and dependencies without substance, and particularly gaming disorder, this has been addressed by the various institutions of the European Union (European Commission, Council and European Parliament), as well as by the WHO, which in 2018 included 'video games disorders' in the list of diseases that are classified as mental health disorders in the new edition of the *International Classification of Diseases, ICD-11*.

Current situation—The contextualisation of the phenomenon in Portugal, problems identified and challenges

Epidemiological surveillance mechanisms in Portugal, the National Information System on Psychoactive Substance Addictive Behaviours and Dependencies aims to characterise the population in terms of contact, patterns of use, problems and responses to these behaviours. They also aim to monitor the market as a measure of availability and access.

The strategic options for the PNRCAD-2030 were based on an analysis of the current situation of the phenomenon in Portugal, trends and developments of problems related to addictive behaviours and dependencies.

This information is included in the 'Epidemiological Framework, a brief overview of the current situation' (Carapinha & Guerreiro, 2021), annexed to the PNRCAD-2030, which details prevalence, patterns of use, problems, motivations, attitudes and perceptions of risk, in the general population and specific population subgroups, taking into account, in particular, life cycle, gender, context, as well as market indicators. This framework made it possible to identify some challenges for the next strategic cycle, with some of them highlighted below.

Covering the range of psychoactive substances under epidemiological surveillance, it can be seen how alcohol is the most used psychoactive substance in Portugal, across age groups, gender, regions or social classes, although patterns of use may vary across these population segments. The established scientific evidence of neurological damage from exposure to alcohol at a young age, from intrauterine life, highlights the relief of goal prioritisation for delaying first contact with this substance.

In turn, the Portuguese people seems to be increasingly using a range of other psychoactive substances. In this field, increased cannabis use stands out very clearly.

In addition to cannabis, there is an increase in the use of other substances, cocaine, amphetamines, ecstasy and the misuse of psychoactive medicines. These trends are, however, not linear in the population, in their verification and in their magnitude. For example, there has been an increase in alcohol consumption among women and cannabis consumption among younger women, an increase in cocaine consumption among men, an increase in ecstasy and amphetamine consumption among younger men and an increase in cannabis consumption among university students in particular. Among the elderly, there is an increase in the use of psychoactive medication without a medical frame.

Evidence points to an increase in the potency/purity of various groups of substances on the one hand, and to adulteration of substances with others, such as new psychoactive substances, on the other hand, suggesting that user-side awareness of the composition of the substance is of relevance for harm reduction (which suggests the relevance of the user's knowledge of the composition of the substance as a harm reduction measure).

Internet use in general, and social media networks in particular, is widespread, but the balance between benefits and harms may, at certain periods in an individual's history and associated systemic configurations, become unbalanced, more or less strongly in favour of the harms. In addition to internet use in general and social media networks in particular, there is also the issue of gaming or gambling which is increasingly played on the Internet.

The prevalence of indicators of excessive internet use has increased in recent years among young people. Prevalence of internet dependence is 0.5 % (moderate) and less than 0.1 % (severe), with this use being more problematic and particularly common among 15-24-year-olds (0.2 %) [Balsa, C., Vital C. & Urban C. (2018). IV National Survey on the Use of Psychoactive Substances in the General Population, Portugal 2016/17. Lisbon: SICAD]. Gambling, in turn, has a very high prevalence in Portugal, mainly due to institutional games. The prevalence of Portuguese developing a pathological relationship with gambling is 0.6%, a percentage that has been increasing significantly.

II — Guidelines and strategic options

Strategic guidelines

The following assumptions were central to the strategic guidelines:

Acknowledging that the problem of addictive behaviours and dependencies is not limited to health issues, but is a biopsychosocial, multidimensional phenomenon, involving a diversity of situations and involving engagement and cooperation between all sectors in different government, public entities and civil society areas, working side by side for common objectives;

The importance of having clear and specific guidelines for this area and the need to promote risk perception and prevention of addictive behaviours, by reducing risks and addressing dependencies and their consequences without ever abandoning people, whatever context they are, the type of substance and degree of dependence and promoting their reintegration;

The proven experience of the effectiveness of the integrated intervention model in responding to addictive behaviours and dependencies reduction, but also the need for investment in adaptation to new challenges and the certainty that inter-institutional, national and international articulation and cooperation are crucial and are the guarantor of the effective implementation of a plan developed for a problematic of this nature.

Vision

To have healthier communities, with fewer problems associated with the use of psychoactive substances and other behaviours that have an addictive potential, through collaborative public policies that ensure the respect for Human Rights and contribute to a more informed, healthy and safe society.



Principles

In pursuit of this vision of healthy communities, the PNRCAD-2030 maintains the principles that have guided the Portuguese Drugs Strategy and are part of its identity. These principles relate to a certain perspective on the human being and on the interventions:

Centrality in the citizen – Humanism and pragmatism – Equality and equity – Participation – Territoriality – Subsidiarity – Quality and innovation.

Duration

The PNRCAD-2030 is assumed as a commitment for the coming years, to be operationalised in three Action Plans.



Scope

The scope of the PNRCAD-2030 is addictive behaviours and dependencies, given the new challenges in this area and also the core principle of this plan, which is the centrality on the citizen. Included in the addictive behaviours and dependencies concept are:

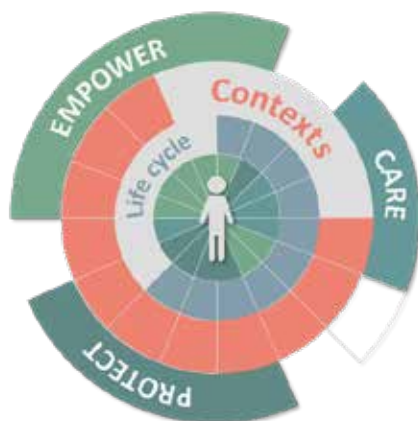
- the use of illicit psychoactive substances and new psychoactive substances;
- the use of licit psychoactive substances, such as alcohol, tobacco or medication;
- excessive behavioural patterns associated with gambling, whether for money or not;
- problematic internet use;
- and other potentially addictive behaviours that may be potentially enshrined as such in classifications of diseases, taking into account the evolution in behavioural use and addictions.



Strategic options

Pillars

The three pillars of the PNRCAD-2030 — Empowering, Care and Protect — set out the strategic lines of what is understood to be their ultimate path and purpose: to build healthier communities, with fewer problems associated with the use of psychoactive substances and other behaviours with addictive potential.



Movements from diverse backgrounds in society (widening the range of products or activities considered potentially addictive; technical and scientific evidence on the diversity of human experience in this field, or the myriad of impacts of these products or activities, some being positive, others negative; movements favouring or opposing the legalisation of certain psychoactive substances for recreational and/or clinical purposes, or limiting access to legal products and activities, to name a few) have brought to public discussion elements that allow a more complex appreciation of those who, in these communities, seek, like others, to increase their well-being or prevent harm, but through channels that have a certain degree of risk in terms of negative and/or potentially addictive consequences.

With particular emphasis on the pillars of this plan, it is recognised that balancing the chances of a greater or lesser achievement and well-being life experience, especially regarding the use of potentially addictive products or activities, play a role in the relationship between people and the environment, materialised, in this plan, in a set of living contexts. The recognition that the citizen is diverse at stages of the life cycle, gender, nationality, economic, social, educational, cultural, family, personality styles, knowledge, conceptions of well-being (among other possible dimensions), and that they have diverse experiences in their use of this type of wellness mediators, across internal and external variables, the product or activity, the life cycle stage (even if predominant trends can be identified), is reflected in the prioritisation of the updating strands of information, knowledge and skills; the development of conditions for innovation and the appropriateness of interventions to diversity; cooperation in knowledge and action, targeting a personalised intervention, quality and integrated with other sectors, at local and national level.

Empower

Foster the ability of citizens to deal with the challenges that daily life poses to them in their various life settings, to have the closest experience of delivery and well-being possible.

Aiming for a healthier community, this pillar named an intention to foster citizens' ability to deal with the challenges that everyday life poses to them in their various life settings, so as to have the closest experience of delivery and well-being possible. Developing this capacity and life experience is understood to take place at the encounter between the citizen and those who are part of their life throughout development, in various settings, and is also influenced by a set of structural environmental conditions.

Care

In the vision of this plan, a healthy community takes care of all its citizens. The main challenges for the coming years are in line with two of the National Health Plan's delivery vectors: facilitating access to and enhancing the quality of interventions.

The first challenge is to strengthen the capacity of services or responses to proactively adjust to citizen diversity. Knowledge of this diversity may be enriched through research, technical and clinical experience and the involvement of users or potential users of services.

A second major challenge, embraced already in previous plans, is to foster greater quality in the intervention that is developed, considering the successive increase in its scope.

Protect

In a healthy community, symbolic and operational instances assume their share of responsibility in protecting the citizen from problems linked to the supply and use of potentially addictive products or activities.

The PNRCAD-2030 is based on a conception of the phenomenon of addictive behaviours and dependencies as highly complex and inseparable from a relationship between a person and their environment. Strategically, it was decided to differentiate environmental performance into two distinct pillars, to make the subsequent organisation of objectives clearer.

Within the Empower pillar, the potential of the environment as a health-promoting agent is primarily addressed. The Protect pillar is particularly aware of the potential of the environment for developing problems, and protecting against them is particularly recognised.

Special emphasis is also placed on the protection of those citizens who, due to their use of potentially addictive products or activities or who, due to the use of these products or activities by others, are in a particularly vulnerable situation that may be a victim of physical or psychological violence.

General objectives

The national addictive behaviours and dependencies intervention policy has been characterised by the principles of humanism and pragmatism as the basis of all guidelines, and by the quality of the intervention developed by public and private institutions in the context of addictive behaviours and dependencies. Considering citizens' rights, namely access to specialised and appropriate information and services for each situation, the approach is developed with a particular focus on the citizen's centrality and ensuring the principles of equality and equity.

GO1 — Reinforce addictive behaviours and dependencies literacy by providing citizens with information, knowledge, and competences to make informed decisions and generate healthy and safe behaviours.

Fostering addictive behaviours and dependencies literacy is key to enabling the citizen to make appropriate health decisions, providing a more efficient and rational use of health system resources. Addictive behaviours and dependencies literacy should be a priority today, as it contributes to changing behaviours and attitudes and to the healthy and safe development of children, young people and young adults, and consequently to a decrease in the use of licit and illicit psychoactive substances. A focus is also on promoting the delay of the age of onset of psychoactive substance use, as well as reduce the risk of problematic use of technologies. This is a long-standing challenge, with various techniques and strategies that promote early preventive responses at different levels (macro, micro and personal) and in turn anticipate risks, foster the development of socio-emotional skills, increase resilience, work on peer pressure, foster conscious and responsible decision-making processes, and strengthen family, school and social bonding processes, according to the level of development.

GO2 — Promote social inclusion and empowerment for informed citizenship of the most vulnerable populations with addictive behaviours and dependencies.

Citizens with addictive behaviours and dependencies problems are often in a situation of social exclusion, marked isolation and social rejection from their surroundings. Positive interactions with society are crucial in fostering their social inclusion, and this entails (re)establishing links between individuals and their social context, to create or repair social ties between citizens and social systems (SICAD; 2014a).

Integrated intervention models, focusing on the actual needs of the citizen at risk of detachment have been advocated over the last few years.

GO3 — Create the conditions in the external environment to promote lower-risk/healthier behaviours.

Literacy initiatives and an inclusive and diverse culture in the external environment are an indispensable complement to more citizen-centered interventions, decisively helping to remove barriers and promote access to true citizenship, with full incorporation of human rights.

GO4 — Enhance equity and equality of access to all addictive behaviours and dependencies-related services, regardless of individuals' status (gender, age, ethnicity, language, origin, religion, sexual orientation, gender identity and expression and sex characteristics, legal status, social, economic, or other status), in all contexts.

Expanding and providing information and knowledge on addictive behaviours and dependencies draws attention to the complexity of addictive behaviours and dependencies development and the need to adapt the provision of responses and care, balancing variables between the desirable proximity, easy access, innovation, quality and complementarity of care, within a framework of universality and with perfect articulation between different health actors at different levels of care.

GO5 — Ensuring availability and quality in the provision of addictive behaviours and dependencies-related services.

Quality in the services provided to citizens with addictive behaviours and dependencies implies the presence of competences of the professionals in the multidisciplinary teams, the use of valid methodologies to assess defined policies and strategies, mechanisms for cooperation and convergence of stakeholders, as well as referral and articulation between existing responses within Public Administration and civil society.

GO6 — Reduce and manage the risks of exposure to psychoactive substance use and other potentially addictive practices, including through appropriate regulation and enforcement, but also through social protection measures for most vulnerable groups to such exposure.

The existence of measures, whether fiscal in nature or prohibition and restriction of production, marketing, advertising and use, have not consistently contributed to a significant reduction in perceived risk or perceived ease of availability of potentially addictive substances or practices.

Regulation and market surveillance of licit substances aims to ensure the protection of minors through legislative, regulatory, self-regulatory measures by economic operators and law enforcement.

On the other hand, the implementation of environmental prevention strategies and interventions in the context of addictive behaviours and dependencies aims to limit exposure to unhealthy and risky behavioural opportunities, with a focus on changing personal and social behaviours and practices to promote individual and collective health. They are also central to the promotion of addictive behaviours and dependencies literacy among decision and policy makers, contributing to their greater accountability and engagement in the construction of healthier and safer environments for the for citizens.

GO7 —Increase security and reduce crime related to the use and illegal supply of psychoactive substances and other potentially addictive practices.

This plan also aims to improve safety ratings by reducing crime related to the illegal use and supply of psychoactive substances as well as crime related to other potentially addictive practices. With specific regard to the supply of illicit substances, the intention is to strengthen the capacity of the various entities with responsibilities in the field of criminal surveillance, prevention and investigation within the framework of legally defined competences.

It also aims to strengthen the capacity of authorities to prevent and tackle drug-related money laundering as well as other crimes also associated with drug trafficking, such as violent crime and corruption.

The specific objectives and concrete actions to be included in this national plan should also contribute to a significant increase in the levels of asset recovery generated by illicit drugs trafficking.

GO8 — Strengthen the monitoring of domestic and global markets and the capacity for early detection and early warning and speed up the processes of adapting regulation to new needs diagnosed.

Circuits that go from production to distribution know no borders and benefit from the progressive elimination of border controls or customs barriers, either in promoting international trade or in the process of economic integration in certain regions, such as in Europe. The scale of illicit business and its penetration into the legal economy threaten the stability of economies and financial markets.

The aim is to strengthen the monitoring of both internal and global illicit markets and the capacity for early detection and alert through cooperation between the various criminal police bodies and other entities, as well as by establishing new partnerships or strengthening existing ones with third countries and international organisations. In the light of newly diagnosed needs, the intention is also to accelerate, where necessary, the processes for adapting existing regulation.

GO9 —To deepen and manage knowledge, promote capacity building of stakeholders, disseminate information, and guarantee international commitments and national representation, and develop cooperation relations.

Ensuring a set of cross-cutting objectives, to which all parties are also involved, is key to the plan's implementation to achieve its goals. These cross-cutting objectives focus on knowledge, the empowerment of service professionals, the development of communication strategies and products, ensuring compliance with international commitments, national representation and international cooperation.

Targets

The impact targets listed below in the PNRCAD-2030 are measured through indicators to be defined in each of the Action Plans. This will allow, among others, the integration of new indicators into the different action cycles and the opportunity to create tools with a view to make available indicators that are considered relevant and not yet available.

The achievement of impact targets is measured through quantitative indicators, established in each of the Action Plans to be implemented in the future and will make it possible to assess the extent to which the general objectives have been achieved:

T1 — Increase the perceived risk of psychoactive substances use;

T2 — Delay the age of onset psychoactive substance use;

T3 — Decrease prevalence and patterns of recent use of psychoactive substances;

T4 — Decrease risk gambling patterns;

T5 — Decrease risk patterns of internet use;

T6 — Increase the response to users' needs in terms of access to basic conditions for the exercise of citizenship;

T7 — Increase the availability, accessibility and adaption of responses to the specific needs of users;

T8 — Reduce stigma in accessing different services;

T9 — Decrease the prevalence of abuse and dependence in the use of psychoactive substances, gambling and internet;

T10 — Reduce in 100 % the hospital admissions attributable to alcohol;

T11 — Decrease HIV diagnoses associated with drug injecting;

T12 — Decrease in drug and alcohol consumption related mortality;

T13 — Increase users' adherence to services/programmes;

T14 — Decrease the number of children and young people in addictive behaviours and dependencies related danger;

T15 — Reduce the availability/access to alcoholic beverages amongst under 18 years;

T16 — Decrease mortality in alcohol-related road traffic accidents;

T17 — Reduce availability/access to gambling among minors;

T18 — Decrease the availability of illicit psychoactive substances on the market, including new psychoactive substances;

T19 — Increase assets and valuables seized as part of the fight against drug trafficking;

T20 — Reduce alcohol-related criminality;

T21 — Reduce gambling-related criminality.

Specific objectives

The specific objectives frame the operationalisation of the plan and aim to achieve the goals, guided by the defined general objectives and pillars. According to the action cycle, the specific objectives that are considered to be priorities will be selected, as will subsequently actions to achieve them.

SO1 — Develop risk perception associated with licit and illicit psychoactive substances use behaviours and to avoid or delay initiation of substance use, misuse of medicines as well as to identify early patterns of maladaptive behaviour predisposing to the development of addiction, such as problematic (harmful) internet and screen use and problematic gambling practices.

SO2 — Intervene with low and moderate risk users, promoting risk awareness, behavioural responsibility and individual motivation for effective behavioural change.

SO3 — Develop specific addictive behaviours and dependencies intervention approaches adapted to citizens needs and characteristics.

SO4 — Develop specific responses to enable the exercise of citizenship among the vulnerable population with addictive behaviours and dependencies.

SO5 — Empower social systems (schools, municipalities, associations, employers, commerce) to develop collaborative environments for addictive behaviours and dependencies literacy.

SO6 — Stimulate articulation with partner entities with responsibility in terms of intervention to dissuade psychoactive substance use by aligning responses and interventions.

SO7 — Increase responsiveness to addictive behaviours and dependencies citizens, also taking into account new consumption profiles and/or with addictions without substance in programmes from the various areas of intervention.

SO8 — Provide and increase accessibility to addictive behaviours and dependencies intervention services by removing barriers to access welfare responses (indicated prevention, risk and harm reduction, treatment, social reintegration) by promoting tailored and integrated responses (digital, face-to-face, referral network) based on scientific evidence and best practices, according to the biopsychosocial needs of users with addictive behaviours and dependencies.

SO9 — Guarantee equal voluntary access and continuity of care provision in prisons.

SO10 — Ensure full citizenship of those with addictive behaviours and dependencies, in respect of Human Rights.

SO11 — Ensure alignment and equity in interventions by fostering approaches/responses that target the specificity of user's needs.

SO12 — Ensure quality in service delivery and integration of responses related to addictive behaviours and dependencies (addictive behaviours and dependencies expertise).

SO13 — Develop prevention, treatment and risk and harm reduction interventions and other measures addressing risks associated with intravenous consumptions, unprotected sexual intercourse, or/and other risk behaviours under the influence of psychoactive substances, including sexualised drug use/*chemsex* (in collaboration with the National Programme for HIV/AIDS, the National Programme for Viral Hepatitis and the National Programme for Tuberculosis).

SO14 — Reduce comorbidities associated with addictive behaviours and dependencies.

SO15 — Promote a specific intervention targeting moderate and high-risk problems, facilitating contact with healthcare systems and respective adherence to the therapeutic process, contributing to the reduction/withdrawal of use and to the psychosocial recovery of those dependent of psychoactive substances.

SO16 — Reduce the late consequences and impact of addictive behaviours and dependencies with and without substances and the mortality associated with the use of psychoactive substances.

SO17 — Address new challenges, new substances, addictive behaviours and dependencies without substance.

SO18 — Ensure adequate logistical conditions for care delivery (logistical and human resources) at the different levels of intervention.

SO19 — Ensure that the provision, sale, access and consumption of alcohol on the market is done safely and does not lead to risky and harmful use/consumption, through appropriate regulation, and supervision.

SO20 — Contribute to the rational use and consumption of medicines, anabolic substances and licit psychoactive substances through appropriate regulation and surveillance.

SO21 — Provide opportunities for legal and safe gambling, and that do not induce addictive behaviour, through appropriate legislation, regulations and enforcement as well as safe use of the internet.

SO22 — Ensure the adequacy of existing legislation for public policies related to addictive behaviours and dependencies provide tools/instruments that foster knowledge sharing and networking.

SO23 — Ensure evidence-based environmental prevention strategies and interventions by scaling them up and targeting them to the characteristics of the target groups and contexts where they are inserted.

SO24 — Strengthen interinstitutional cooperation and coordination in the field of fighting illicit drugs trafficking and related money laundering.

SO25 — Strengthen international police and judicial cooperation in the field of fighting illicit drug trafficking and associated money laundering.

SO26 — Strengthen prevention and investigation of illicit drug trafficking, money laundering and intensify asset recovery.

SO27 — Prevent the diversion of precursors and pre-precursors to illicit drugs.

SO28 — Strengthen prevention and monitoring activities that target specific contexts.

SO29 — Ensure a high level of control at the external border of the European Union.

SO30 — Increase the number of investigations targeting high-risk criminal groups.

SO31 — Strengthen mechanisms for centralisation, analysis and sharing of information.

SO32 — Increase knowledge on illicit drug markets and NPS.

SO33 — Increase knowledge of new '*modi operandi*' of drug trafficking, particularly through internet and social media.

SO34 — Consolidate the National Information System on Psychoactive Substance, addictive behaviours and dependencies by enhancing the information systems of its source services and developing observational tools that can provide standardised and up-to-date data.

SO35 — Increase the value, capacity and complementarity of research efforts.

SO36 — Foster stronger link between science, decision-making, action and citizenship.

SO37 — Promote and drive training processes by considering identified needs and emerging and priority problems.

SO38 — Promote actions to disseminate information and knowledge.

SO39 — Develop communication strategies and products with necessary and useful information that contribute to more informed and healthier communities.

SO40 — Ensure that international commitments are implemented and promote concertation of the national position in international fora.

SO41 — Ensure national representation in multilateral or regional organisations and in EU bodies, as well as in other international fora.

SO42 — Develop and consolidate international cooperation relations and promote the exchange of experiences with entities from other countries and international organisations.

III — Sustainability and management

Cross-cutting areas

Information and research

The evaluation of the previous strategic cycle and the European strategic guidelines for these themes generally point to the need for strengthen synergies in knowledge production and application, innovative approaches in observation and research that are capable to anticipate scenarios to contribute to better and more sustainable decisions and actions in these areas.

Training

The strategic orientation focuses on the continuity of training dynamics adapted to the current knowledge and needs identified, with a strong focus on innovation in long-term formats and e-learning and b-learning modalities, following the recommendations of the evaluation of the previous Plan; and on the content, with the proposed introduction of content in the academic curricula of courses relevant to the scope of the Plan's vision, such as general and speciality internships, hospitality and tourism, sport, updating and deepening content, responding to emerging and priority problems.

As a cross-cutting area, it is important that each body with responsibility for operationalising the Plan develops training activities in its sectoral areas of action, in conjunction with the reference services in the field of addictive behaviours and dependencies, to empower (enable) professionals to better reach their audience (better work with the public they serve).

Communication

The strategic orientation in communication points to the adoption of proactive and proximity dynamics that facilitate access to information and rely particularly on technological means. Empowering citizens and social systems, improving addictive behaviours and dependencies literacy, will facilitate informed choices, and healthy and protective communities.

International relations and cooperation

The strategic priorities for international relations and cooperation are defined in line with the Portuguese foreign policy and their implementation does not end in a calendar year but recurs from year to year and that is why their relevance and timeliness was not exhausted during the previous Plan and must be continued in the current strategic cycle.

Portugal has outlined its international action strategy on addictive behaviours and dependencies following international principles and guidelines, with a strong focus on defending and promoting the implementation of policies focus on promoting public health and anchored in respect for human rights.

Emerging threats and challenges for the international community regarding addiction and dependencies, as well as those emerging from drugs trafficking which are increasingly global and interdependent, need to be identified at an early stage to meet the overarching commitment enshrined in the Sustainable Development Goals 'to leave no one behind' — SDG (UN, 2015).

Plan management

Coordination

The coordination of the PNRCAD-2030, as in the previous plans, will be ensured by a coordination structure, regulated by specific law) (Decree-Law No1/2003 of January 6th, in its current wording), which defines the competences relating to the use of illicit substances and the harmful use of alcohol.

The main purpose of the coordination structure is to ensure compliance to the strategic options and guidelines when implementing the National Plan and its Action Plans, to monitor and promote the assessment of this implementation and its impact on the problem, while ensuring effective coordination and articulation between the various government departments involved in the implementation of the PNRCAD-2030.

Budget

Commitments for the implementation of PNRCAD-2030 measures and the related Action Plans depend on the availability of budgetary allocations from the relevant public entities.

The extension of the scope of the PNRCAD-2030 to new addictive behaviours and dependencies therefore raises new challenges in this area, making it essential:

Ensure adequate budgeting of central government bodies in the PNRCAD-2030 areas and their Action Plans, including co-participation in relevant EU programmes;

Ensure access to EU funds, the participation of the responsible entities involved, Institutional and civil society partners to achieve the established objectives.

Implementation, monitoring and evaluation

The implementation and monitoring of the PNRCAD activities will be coordinated by the coordination structure and ensured by the subcommittees of the Technical Commission.

These subcommittees act as a link between the Technical Commission and the professionals who carry out the activity at the level of each organisation, guaranteeing a participatory methodology in the processes of drawing up, implementing and evaluating the plans.

As part of a logic intra and interministerial coordination, the implementation of the Plan will therefore be ensured by all partner entities, public, private and in the social sector, whose scope of the activities developed is foreseen at the level of this National Plan.

Each entity involved, or set of entities, has a representative at the sub-committee level of the Technical Commission, who has the responsibility to promote dissemination of the actions defined and agreed upon in the Action Plans for each cycle, as well as their monitoring.

Each Action Plan identifies the organisations responsible for each of the actions to be carried out.

The monitoring and follow-up process developed by these sub-committees will result in annual monitoring of the implementation of the planned actions being carried out each year.

These will be outlined in annual reports on responses and interventions to be presented to the Parliament.

The evaluation of the PNRCAD-2030 will underpin the decision-making process and political commitment by legitimising the implementation of public policies and requiring the involvement of all entities it encompasses.

The PNRCAD-2030, as in the case of the previous plans, provides for different evaluation stages:

- n Mid-term evaluation of the action plans;
- n Final evaluation, to take place at the end of the implementation.

Considering the temporal scope of the PNRCAD-2030, it will be operationalised by three Action Plans, each scheduled for two evaluation moments (2024 and 2027).

The final evaluation should be conducted by an external entity, selected through an international tender, involving national and international experts. This external evaluation process will provide a critical evaluation of the plan's impact on the evolution of the addictive behaviours and dependencies.

In addition, the PNRCAD-2030 envisages two distinct evaluation processes:

- n A quantitative assessment of implementation, by weighting the specific and general objectives and actions.
- n A quantitative impact assessment, by evaluating the fulfilment of impact targets.



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The Council of Ministers approved, on 26 September 2023, the National Plan for the Reduction of Addictive Behaviours and Dependencies 2030 and the Action Plan for the Reduction of Addictive Behaviours and Dependencies — Horizon 2024.

The two plans are in line with the guidelines set out in the National Drug Strategy, published in 1999, and the successive plans, which are recognized at national and international levels.

