Maria da Purificação Anjos, Psychologist – Commission of Dissuasion of Drug Addition of Porto

In a way to support the juridical decisions of the Commissions, our multidisciplinary staff is composed by two psychologists, one social worker and one legal adviser. Usually, we work according to evidence-based practices, used to identify, reduce and prevent problematic use, abuse and dependence on illicit drugs (and in some cases also dependencies of alcohol and tobacco).

Looking back to see how we reached the current model of intervention, it is clear that in 2001, when the actual law was designed, there was a strong focus on the treatment of additions, making distinctions on dependents and non-dependents, with particular incidence on heroin and cocaine users, because these were the most visible part of the problem and caused more social alarm due to their risk behaviours.

With time, and as the drug phenomena kept changing in Portugal, it became evident that in order to design an effective prevention program, was also necessary to pay attention to non-dependents, and the Commissions, due to the contact with all kinds of users, was an important and unique health device in order to develop and implement specialised preventive interventions.

Following this, the guidelines of dissuasion intervention, developed by SICAD, propose an intervention model based on brief interventions. The population target are people who use drugs, and that come to us sent by the authorities. In general terms our intervention aim to provide them with a range of social and health responses, approaching people to specific community services, and encouraging users to be more aware of any issues affecting their life related to the use of drugs.

Meeting on Portuguese drug policy: *Domestic and international perspectives*
The implementation of Portuguese drug policy: issues for CDTs

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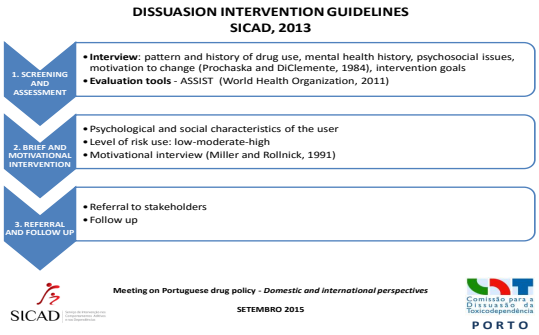

Our intervention model is defined by 3 stages of implementation:

1. SCREENING and comprehensive drug use ASSESSMENT is conducted through a semi structured interview, using valid evaluation tools, like ASSIST.

After assessing the risk and motivation to change individual patterns of use we conduct

2. A BRIEF AND MOTIVATIONAL INTERVENTION, according to the psychosocial characteristics of the user and according to their motivation to start or continue a process of personal change

3. Then, we REFERRAL TO HEALTH AND SOCIAL SERVICES AND FOLLOW UP users who want or are in special need

Dissuasion has specific interventions, for all kinds of users. The empathic and careful assessment of the user situation can support individuals to behave more responsibly in regard to drug use. Our intervention, also aims to identify dysfunctional behaviours susceptible of an integrated approach, covering the various dimensions of functioning and referral to available community resources.

With regard to people with low-risk diagnostic and moderate risk, dissuasion presents responses that allow users to receive significant information about their own risk indicators, and early identifying problematic cases, which require intervention within indicated prevention. For HIGH RISK users, we provide a brief and motivational intervention with referral to treatment.

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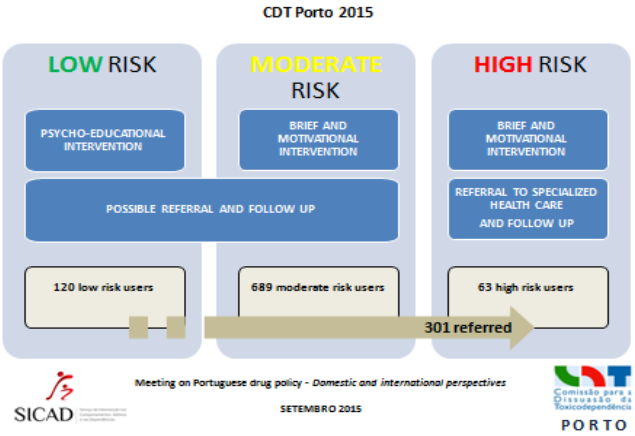
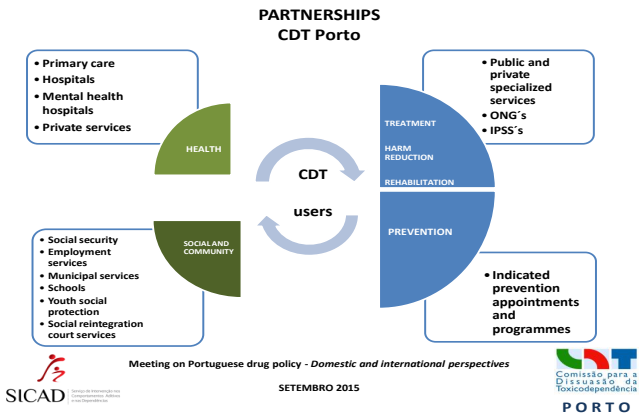


At an individual level, the underlying methodology of intervention focuses on empathy and respect, as ethic values, to foment responsible behaviours and to assess motivation to change patterns of problematic use, promoting health, improving the quality of life and greater adherence to specialized support available, whether is indicated prevention, treatment, rehabilitation or harm reduction.

At a community level, in a perspective of integrated response, it is essential the inventory of the available resources, and a close and dynamic networking, so that we can provide significant responses to users.



Indeed, the establishment of partnerships emerge as a pillar of all the action. To achieve this goal, it is important to know our territory and our population, designing specific support solutions with key partners in order to develop effective responses.

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As treatment device is consolidated, and as it was noticed with time that the main group of illicit drugs users who are presented to the commissions by the authorities are *young cannabis users with moderate level of risk*, that took us to develop a special interest into particular and most fragile groups such as "adolescents, young adults and their families". As a result we are developing new approaches in "early interventions", and building a body of knowledge and practices with "cannabis users".

Following this, local dissuasion strategy defined as a priority, the development of youth programmes, especially to all users under 18 and their families, strengthening families and improve young people´s life skills that can facilitate responsible behaviour and delay and prevent harmful drug use, even though many will still go on experiment and use drugs. We are now working in progress with DICAD, the regional department of intervention in addictive behaviours, especially in preventive interventions, contributing to the opening of new counselling and support areas, and to the implementation of integrated community-based practices. As this was a necessity identified by both institutions.

We are also working on specific and validated tools for practitioners who work with cannabis users, and preparing self-help material for users.

Another strategic priority concerns problematic users, with particular risk factors as mental health problems or social exclusion associated with drug use. Concerning these groups we identified difficulties either concerning self-perception about risks, as well as widely scattered services, not always articulated or capable of rapid response.

In short, we can add that these difficulties have been complexified with the actual financial crisis, both for users as for public services.

Dissuasion intervention, through its various practices aimed at users and the community, is being built as a public health device, which welcomes, informs and responsibles drug users for their behaviour, mediating the integration of problematic drug users or fragile groups in specialized services and programmes.

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Finally, the heart of the goal of dissuasion has an urge to undermine stigma attached to the identity of drug users, which produces harmful results. Dissuasion, combined with harm reduction practices, prevention, treatment and rehabilitation, can challenge stigma, building more authentic relationships with people who use drugs.