

## Portugal – Success or Failure?

Good afternoon Ladies and Gentlemen

I grew up believing that no matter how many times affirmed, no matter how insistently repeated, a lie, as convenient as it could be, would never become the truth.

Does that principle still apply today?

I wonder...

Last year, an American lawyer and writer went to my home country, Portugal, with a certain task at hand. He was to develop a study concerning the results of the Portuguese drug decriminalization policy. After 3 weeks he went back to the United States and wrote a book. And on that book he characterized the Portuguese drug policy as being a huge success. An example. A lesson to the world. A model worth being replicated.

Those 33 pages do look appealing. The book was a tremendous sensation. So many attractive indicators and positive statistics really pleased a lot of minds, including the media, which boosted the proliferation of the “good news”. The TIME magazine published an article commending the book and its content. It had a record number of viewing hits that day. “The Moderate Voice”, “The Kansas City Star”, the “Pittsburgh Tribune-Review”, “The Examiner”, the “Scientific American”, are just a few of the publications that mimicked the phenomena. In Portugal, the magazine “Visão” dedicated two articles in two consecutive numbers to this “happening” with the flashy title “Portugal inspires Obama”. “The Economist” was next in line and many others followed. And so the book was flying around the world and speeding through the internet, inflaming people all over the globe.

It was so effective, that already the Czech Republic, Mexico and Argentina copied the model and adopted drug decriminalization.

But...

Was the book truthful?

Was the information in it reliable?

Was it worth all that credit?

Is that the truth?

Over the next half hour I will expose some facts that might give you a broader view on this matter. Thoughts that have stricken me and that I’m happy to share with you today, here in beautiful Stockholm.

It is my second time here, and quite an emotional one for me. You see, when I was 22 years old, my (now long gone) dear father presented me with a prize for my good marks. A trip to any destination of my choice. I chose Sweden! And now, 40 years later, Sweden chose me.

And I am delighted to be here. Thank you Mr. Torgny Peterson and thank you World Federation Against Drugs, not just for the invitation, but mainly for your honorable crusade on behalf of a drug-free world.

Now back to the book. Let's take a look at some statements that might have helped trigger the libertarian euphoria.

It says:

-“The total number of drug-related deaths has actually decreased from the predecriminalization year of 1999 (when it totaled close to 400) to 2006 (when the total was 290)”.

And regarding consumption, it gives the general notion of decreasing tendencies affirming that:

-“Prevalence rates for the 15 to 19 age group have actually decreased in absolute terms since decriminalization”.

-“Most significantly, the number of newly reported cases of HIV and AIDS among drug addicts has declined substantially every year since 2001”.

It looks rather good doesn't it?

Unfortunately it does not comply with the truth.

In 2005, Portugal had an increase of drug related deaths by more than 30%.

In 2007 the total number of deaths climbed fiercely from 216 to 314 cases, representing a colossal 45% raise in drug-related mortality.

Roughly one death per day, the highest numbers since 2001.

Wow! Quite the disparity wouldn't you say?

Now, looking closer at the data regarding prevalence, it's curious that the only 3 graphics presented in the book, mainly focus on an age span population comprised between 13 and 19 years old. Only a brief reference to the adjacent 20 to 24 age group that already doesn't show any mild decrease but rather a boosted 50% increase.

And still concerning the 13 to 15 age group in school environments, if we want to look at the same data in a different perspective, we can attest to an increase in every drug category from 1998 to 2002, with cannabis sky-rocketing the charts with its 150% raise.

Only to have a mild decrease on to 2006, with the exception of heroin, and although numbers are still not available regarding subsequent years, there is a general sense that the numbers are ascending yet again.

If you glance at the numbers related to prevalence in the total Portuguese population, there isn't a single drug category, not one, that has decreased since 2001.

And that's the most objective we can get.

The prevalence over entire life for any illicit drug, climbed from 7,8 to 12%. And if we look below the age of 34 it's nearly a 50% escalate.

On to the HIV and AIDS issue, by no means have the numbers declined substantially.

In fact the exact opposite takes place.

Portugal remains the country with the highest incidence of IDU-related AIDS and it is the only country recording recent increase: 703 newly diagnosed infections, followed from a distance by Estonia with 191 and Latvia with 108 reported cases.

We're top of the list, with a shameful 268% aggravation from the next worst case.

Where is the glamour in that?

Still, Mr. Glenn Greenwald and the libertarian think-tank named Cato Institute, have managed to picture it otherwise, and most of the world press bought it, and subsequently some governments did too.

That's the power of an attractive fallacy Ladies and Gentlemen.

Let's recede in time for a moment, back to 2001.

It's early summer July 1st and in this beautiful day, under poetical clear blue skies, a law takes effect that decriminalizes every single drug, provided that it is for personal use only.

This means that yet illegally sold, purchased or consumed, you will never be criminally charged for any of it. Unless you possess a quantity superior to an estimated 10 day supply, then transforming yourself into a drug dealing criminal.

Compared with this law, the Dutch famous permissiveness is a strict dictatorship!

So what did the mentors of this new law have in mind when they idealized it? Their belief was that by eliminating the social stigma of guilt associated with criminalized drug consumption, users would be more willing to enroll in drug dissuasion programs.

This is based on the conception that most addicts avoid treatment for the fear of criminal charges. So, in one hand you would have dealers and traffickers sent to prison and in the other, you would have more addicts sent into treatment facilities.

Furthering this notion, was the creation of the Dissuasion Commissions known as CDT, where users caught in the act, would be sent for evaluation, and if so justified, they would be persuaded to follow treatment in order to avoid administrative fines and other light penalizations.

Together with these measures, there was the development of the so called Harm-Reduction Strategies, meant to assist addicts in hygienically controlled environments in order to prevent disease spreading. These consist in supplying needles and substitute drugs, in prisons, health centers, mobile units and assisted injection rooms.

These last ones never got to be a reality due to non-governmental entities lack of will to apply them.

Furthermore, they believed that by offering substitute drugs, they would damage the commerce of opiates, resulting in less demand, thus less availability, thus less consumption, thus less crime. Six rabbits in one hit, so to speak. And lastly, they believed this whole approach to be lesser in costs than other alternatives, both for the legal system and the health system.

This all goes well with that idyllic blue sky I referred moments ago.

But does it work?

Or is reality a rather foggier grayish place?

Does it deliver the benefits the mentors idealized?

Unfortunately these ideals were short ranged when put to practice.

In 20 years of experience, neither I nor any of my several collaborators have ever heard or even slightly sensed this supposed FEAR OF SEEKING TREATMENT OVER THE RISK OF CRIMINAL INDITEMENT.

Not even 1 of the 14.000 addicts that went through our clinics has ever showed any kind of fear concerning the authorities. Even in long sessions with psychologists, never was that a topic of conversation.

This conception is a seriously distorted projection of reality.

An unfounded lame argument.

As to the differentiation of dealers from users, official reports from the National Institute of Administration state that it is now very hard to distinguish between dealer and consumer, since it is fairly easy for a dealer to organize his distributing method through smaller, below the line quantities.

In fact nowadays, if you walk alone through any crowded street in Lisbon's Bairro Alto or in certain populated spots of historical downtown, you are likely to be approached by individuals sneakily alluring you with hashish, cocaine and others on their swift hands, even in broad daylight. Such daring characters were inexistent 5 years ago in places like these. There is a growing sense of fearlessness in the selling of small quantity drugs, since most police officers find it unworthy of their attention and effort.

*Sending more people to treatment.*

Now this is the heart of the matter.

The mother of all questions.

WHAT CAN WE INTERPRET TREATMENT TO BE?

This question is so important that I prefer to address it a bit later on. We'll get back to it soon.

### *Harm-Reduction Strategies.*

In what concerns diseases, I already mentioned our infamous escalating IUV related diseases. And by the way, in prisons, although needles were supplied, no prisoners ever took them, not a single of them. So that didn't work either.

We can scratch this one off as well.

Demand, availability, consumption and crime. All interrelated. Over the last 10 years, the price of drugs has generally gone down and the purity level has gone up. So, better quality at cheaper prices, is a direct classical consequence of a flooded market with increased offer and arise of competition – Also confirmed by rising number of deaths associated with drug crime. Again we hit the record as first in line.

Portugal was still the only European country with a significant 40% increase in drug related crime between 2001 and 2006.

None of this happens unrelated, so again, increased demand and consumption are here confirmed as well.

So to conclude this topic, harm-reduction strategies have clearly missed their expected goals.

Although useful up to a certain scale, it is a huge mistake to concentrate that many resources solely in them. It's a bit like being in a war zone, where your only course of action, is numbing the wounded soldiers out of sensation by injecting morphine, and not fighting the enemy. In this case, the addiction.

On to the last topic: LESS COST.

Now... they did get this one right!

This whole approach to drug issues is in fact cheaper than other approaches being practiced in other countries. It is much cheaper and simpler to provide methadone to an addict, than it is to assist him with a larger multi-disciplinary structure aimed at a full drug-free recovery. Considering the crisis, government economists must have been pleased with this, I suppose. And let's not forget the pharmaceutical industrials who probably liked it too.

Strong economical groups can be very influential, both to governments and public opinion. But who do we want to be benefited the most? The executives or the addicts?

So again the question pops up:

WHAT CAN WE INTERPRET TREATMENT TO BE?

Can the perpetuity of a so called chemical dependency be considered a treatment?

Can we interpret the massive 70% majority of addicts in substitute drug programs to be an indicator of success, or are they just a deluding form of social control?

Can addicts aspire to a life free of drugs?

Can drug-free treatments do the job?

Deep underneath all these questions lies the fundamental one:

Is the drug addict a condemned victim of his own biology or can he work himself around that issue through the process of discovering himself and his will power?

In other words, is drug addiction an incurable disease or is it a cognitive behavioral entanglement?

This is the fundamental question and the answer to this question is determinant in the choice of treatment to be approached and politics to be drawn.

***“DISEASE” model vs. “A WAY TO COPE WITH LIFE” model.***

Let us take a deeper look into them.

So the disease model is based on the conviction that genetics and biology pre-determine if you are doomed to drug dependency or not. If you are born with certain biochemical characteristics, then you're condemn to it, and it will be very difficult to live without drugs, and you will be powerless to change that, so they say.

A handful of scientific studies have been claiming precisely that, referring problems with nerve receptors and certain chemicals inhibited in the brain that would lock you onto that condition.

But are these studies absolute in value?

Let's glance back at some other taken for granted diseases:

Homosexuality. Considered a disease by the scientific community, also backed up by studies, until 1960. Only to be declassified by the A.P.A in '73.

Masturbation. Also a disease.

Blackness of the skin, once considered as well.

Judaism, described as a disease by the German government in the 1930s.

Being critical of the soviet government was also a frequent illness treated in Russian psychiatric hospitals.

So you see, the existence of some studies concerning some determined biochemical and physiological genetic factors, although as important as they may be, might not necessarily be solid basis to the conclusions being taken from them.

Dole and Nyswander, the two scientists responsible for the discovery of methadone in 1965, upheld as a scientific fact that heroin addicts suffered from a metabolic disease or a biochemical defect only remissible through the use of opiate agents such as methadone.

However, if that were to be the case, ex-heroin addicts would not be able to function in a future without such narcotics.

But they can.

The fact is that the vast majority of them, once fully recovered into a responsible, free, and productive life, do function in perfect adaptiveness without needing the use of these or other substances.

There are also many studies that contradict the pro-disease theorists.

The chemistry of the brain is not a static condition. It's a dynamic process. The amount and type of chemicals the brain synthesizes is also consequential to lifestyle habits and patterns, thought structure, beliefs and routines. And let's not forget by the way, how sports and physical activities just by themselves, stimulate the production of endorphins, the body's natural correspondent to opiates.

Ongoing investigations on the phenomenon of addiction have progressively been discrediting the disease model, as being too limitative and simplistic.

The way we mentally project our present and future, influences our chemistry. If we see strongly desired events coming our way, just by projecting ourselves into that desired context, we're already producing chemicals that will materialize the correspondent pleasurable sensation throughout the body's chemical receptors. The same is valid for the mental projection of undesirable or discomforting contexts.

So we have the power to influence our chemistry.

But pharmaceutical marketing wants you to think otherwise. They simplify this down to a point where you are led to believe that your chemistry is a static and determinant condition. And that you need external drugs to counterbalance your decompensations. And as I said before, they can be very persuasive and influential on public opinion.

Also, studies show that not everyone with genetic predisposition for chemical addictions, fall into these dependencies.

Besides that, there is a key phenomenon to this discussion.

A critical one.

I'm talking about SPONTANEOUS REMISSION.

The majority of addicts, and this is not publicized as I will explain why, manages to get free of consumption solely through their will power.

Without any special medical assistance.

They're usually triggered by an event or an insight that changes their perception of themselves and life, originating a change of inner values and priorities. These vast numbers do not appear in statistics or studies, since all the process is done behind closed doors, shrouded by the

addicts desire to keep it a secret within small intimate circles. I know quite a few of cases like these. Even family related. These people, never ever talk about what they've been through, or caused others to go through for that matter. Their only desire is to let it fall into oblivion, and move on.

Take for instance, the known case of the American Marines who returned from the Vietnam war. Thousands of them came with severe heroin dependencies. And yet, the vast majority managed to drop it off spontaneously, just for the change in context. Returning to their home neighborhoods and their families was enough. No special medical assistance. No substitute drugs. Will power at work ladies and gentlemen.

Spontaneous remission is extremely frequent in all five continents. And supports by itself alone the fact that drug addiction is not a disease, but rather a psychological state, more than anything.

The immaturity latent to drug addicts, relates to a need of fulfilling every need on an immediate basis, without ever being able to successfully manage internal conflicts, or even identify them properly. Incapacity to deal with vexation, stressful contexts and frustration, pulls the need of an escape.

An effective management of these conflicts propels a psychological growth incompatible with drug abuse, thus leading the user to drop it off. Hence the importance of psychotherapy in that process. So that skills like emotional control strategies, situation avoiding, cognitive training, goal planning and decision making, amongst others, are developed.

To consider the addict a sick person, and to eliminate his responsibility to change, is to destroy the cognitive dissonance – Pleasure of the chemical escape vs. negative reality consequences – that leads him or her to seek treatment and self improvement. Consequences DO MATTER.

Some studies point to the importance of the concept of SELF EFICACY. Which means, having the belief that if you move confidently toward a desired goal, you will progressively get closer to what you desire. Believing you CAN, leads to empowerment. And it is so well worth it.

A certain fellow from a northern Portuguese city, was moving along dark swampy grounds in his life. And by that I mean, he was a severe heroin addict, who robbed every jewelry and potentially profitable targets he could think of just to get the dose. Guns on his hands and stockings on his head. He got caught and went to prison. He dropped the addiction. He rediscovered himself, and helped others getting out of drugs. He is now a very successful businessman that employs more than 100 people in Brazil. He was responsible for introducing me to my actual wife for which I'm very thankful. Human potential is unlimited. And must be awakened.

Sadly, in Portugal, drug officials insist in taking the opposite road that leads back to that gray area.

-“I'm not a fundamentalist with drugs provided that people can live in balance with them”.

-“As a diabetic needs insulin, some people need an opiate...”

-“The demonization of drugs and the message that drugs kill, is outdated”.

These statements are from the man who is responsible for 3 very important jobs to our cause. He is the president of the Institute for Drugs and Drug addiction in Portugal (IDT), also the National Coordinator for the fight against drugs and drug addiction, and has recently been elected as President of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA).

He believes that it is a utopia to move in the direction of a drug-free society, and instead, we should make drug use less dangerous. Drug liberalization is inevitable, he affirms.

I find this to be a dramatic and dangerously distorted view on the subject, which is ultimately confirmed by the blatant systematic irregularities in the Drug Dissuasion Commissions.

An operative from one of these units, whose identity I obviously omit, confides that if the admission criteria were to be rigorously followed, the 70% population in methadone treatment would be reduced to 5% or 6%.

That is because one of the conditions for admission is that the user taking methadone, stops taking every other drug. And in most cases, that is not happening. Furthermore, the information system is ineffective to cross-reference data concerning users. So frequently, users are taking advantage of that control breach and are able to get 3 to 4 times larger methadone and buprenorphine supplies that they then sell on the streets.

How? Easy. All in one day, they go to 3 or 4 different centers to get their supply, since they know that there is no rigorous control.

This whole “addicts are diseased unfortunate poor creatures” trend, is like sweet heavenly choirs to their ears. They see themselves as National Monuments to preserve. They don’t even have to pay appointment fees in health centers like the rest of the population. Why on earth would they ever want to stop being sick primadonnas?

Some take up to 30 doses home in one day.

Most addicts that approach first appointments in the CDTs are already taking methadone they buy on the streets.

Also, let me give you a bit more statistical insight on these entities:

From a total number of 7.346 processes instated to caught users, 2.816 were classified as being non addicts 2.075 are pending evaluation and 783 were considered to be addicts.

Of these 783, 661 voluntarily accepted to be treated in order to temporarily suspend the legal process.

From this group of 661 people, 166 had never had any prior contact with treatment facilities, 127 resumed abandoned treatment and 368 were already following treatment when they got caught practicing the legal offense.

So we can attest that the CDT units, one for every district, with a total of 99 technicians working in them, only managed to conduct towards treatment 166 addicts. Since the remaining (127 + 368) were already referenced and being followed in the CAT centers.

This means that those supposed indicators of statistical success, come from referencing the addicts that are already referenced.

And that is once again misleading everyone into factual misinterpretation.

Plus, the 2.816 referenced as not constituting risk cases, in other words, yet not having a drug dependency, were dismissed from any kind of intervention. This is equivalent to saying that they wait for users to get hooked on drugs, before they grant them any support.

This is disastrous.

As well confirmed by the IDT report that says that there is evident lack of response upon this population. Five of these CDT units don't even have any technical element on their staff, and many others lack professionals too.

So after knowing this, how impressive are those promoted statistics of a successful 70% attendance to these programs?

They are after all LUDICROUS, when viewed up-close in detail.

Yet, the government still enjoys a positive image based on the catchy 70% figure of addicts in so called treatment.

And so, the voters still vote, thus continuing the whole charade.

In a reply letter to me, the Portuguese Prime Minister says that:

"...substitution treatments (methadone) that in the beginning were considered as just a means to achieve abstinence, have now been accepted as therapeutic maintenance programs, eventually DEFINITE in character, but that can in some cases work as a starting point for dependency liberation."

I am not surprised...

This is highly incoherent in terms of pedagogy. It's like saying:

-Drugs are an awful thing, stay off them. Oh but if you're already using them, then it's OK to use them for the rest of your life because you are sick. And you don't have any power to change that.

How am I suppose to say that to an addict that seeks my help, when I believe that no matter how severe that addiction is, he is able to a full off-drug recovery?

I can't, and I won't.

This is not Humanization, as some like to call it. This is turning political problems into medical ones just like sweeping dust under the carpet. You don't recover anyone by patting them on the back and allowing them to maintain the same addictive pattern.

Contradictory and ambivalent messages have got to stop.

They tell the addict he is sick. That he doesn't have the capacity to avoid entering damaging practices for lack of self control caused by a disease of the will... and then they allow his will to take 30 doses of methadone home!

This highly contrasts with other proved to be successful orientations, such as the one taken by former New York Mayor Rudolf Giuliani.

Giuliani took the diametrical opposite direction moving great resources into fighting drug crime and stopping drug dealers from controlling the streets. As a direct result of that, overall street crime dropped immensely therefore the quality of life improved.

He also stressed the fact that the drug problem was greatly influenced by 60s, 70s and 80s popular role models who passed on the subtle yet powerful message that IT'S OK to use drugs. In some circles you're cooler and sharper if you do.

Educating and sending the right CLEAR assertive messages was considered crucial in preventing drug use.

And about the substitution programs, he said "We need real drug treatment programs. We need treatment programs that are aimed towards making someone drug-free".

Very perceptively and accurate he exemplified his view with the following: "If my child or your child is addicted to drugs, there is no way in a million years; you wouldn't want your child on methadone for 20 to 30 years. You would want your child in a drug treatment program where they can have a chance to be completely drug free".

He then managed to cancel lifetime methadone programs limiting them to a scarce minority that will only be using them for a few months as a transitional period towards total chemical freedom.

Also he created job programs to immediately reinsert them into an active productive life, and by doing all this he achieved enthusiastic results, both reducing crime, traffic, consumption and allowing drug free full recoveries.

It is determinant to abolish the myth of drug addiction as a disease.

Still many people are convinced, Mr. Antonio Maria Costa, the executive director of UNODC, who has been doing brilliant work, is yet convinced, and I believe misled, that addiction is a disease.

I hope I have the opportunity here to convince him otherwise.

All for the sake of that whole amount of human potential being numbed and kept asleep, instead of arising and blossoming.

The disease model deprives us of accurate and CORRECT RESEARCH as to the true causes for entering and exiting drug dependency.

Civil society, due to inefficient information, continues to face drug abuse as an uncontrollable phenomenon.

Medicine has been used by successive governments in Portugal as a smoke curtain behind which, have been hidden some of the most pressing problems that sicken our society.

By transferring it to the authority of the medical profession, they have successfully managed, so far, to transform political problems into medical problems, so then being said to require specialized medical intervention.

THEY PRETEND TO BE SICK AND THE GOVERNMENT PRETENDS TO TREAT THEM.

Society's responsibility to analyse the real causes through which people enter and exit the world of drug addiction, is this way discarded.

Trying to find biochemical or biomedical solutions to behaviour disorders is to go opposite the direction we should be progressing to. Focusing on the disease model, prevents the development of correct scientific research, that ultimately leads to an effective treatment.

A wide range of challenging situations, such as the loss of a relative or friend, relationship breakups, difficulties at work, drug addiction or sexual abuse, have increasingly been transformed by our society in chemical problems.

The human being with its own life history and idiosyncrasies is this way reduced to a biochemical entity to which the reality of experience and suffering is denied.

The message that drugs can heal our problems has profound consequences.

As I said before, it encourages people to see themselves as helpless victims of their own biology.

Based on this principle, drugs don't carry consequences; those who suffer from the so called "disease" will use them to imaginary "treat" themselves. Those who do not suffer from it, won't.

As a result of this, a significant part of the population has their lives destroyed by drugs, while simultaneously having their own capacity to take care of themselves obliterated.

All this, under the pretext of compassionate pragmatic humanism.

As if this wasn't tragic enough, taxpayers will pay the bill... twice. First directly supporting the cost of these useless policies, and secondly, for living in a society with damaged inferior productivity.

Compassion is a virtue, but for it to be real, it requires helping these so called victims to refuse consumption, as theoretically agreed. And that, they can only do through redirecting their focus to their will.

Another manifested contradiction comes from the government assuming drug addicts as “patients” that are not to be punished for their crimes. But then afterwards, forgetting that they have a “disease of the will”, the government paradoxically assumes them as free responsible people who can decide WILLingly if they want to be treated or not.

Furthermore, it makes no sense that the State, after considering the addict as being sick, chooses a policy that eradicates each and every drug-free treatment from the public realm, and prioritizes harm-reduction measures, feeding the “disease” instead of healing it.

Is drug-free life possible for them? Yes it is.

Drug addicts ultimately just need a reason to live. And that is far off the realm of doctoring.

Back to the theme at hand: is Portuguese drug policy a success or a failure?

I believe that now, after presenting you with all this input, you might agree with me that it is NO RESOUNDING SUCCESS.

Far from it.

We need change. And we need it fast.

So lastly, something I consider to be the priority before all other priorities:

### ***THE CREATION OF A NEW PARADIGM.***

I believe a CULTURE OF OBSERVATION should be reintroduced.

A culture where one would look at the drug addict instead of looking at the drug addiction.

This would demystify the set of irrational beliefs that have impelled and maintained substance abuse.

And now, a breath of fresh air.

I have one last story for you. About a fellow man going through harsh heroin addiction times. I happen to know this man quite well. He always shares this story with other recovering addicts. These are actual events non-romanticized. The story is so simple, like many great things are.

But strikingly meaningful.

He was waking up to another painful hangover one morning, feeling lousy and mortified. And as he laid in a couch, motionless, apathetic in the dark, he begun listening to a bird, singing outside his window. He stood still listening to that Spring bird’s enthusiastic tune, so wilful and

filled with life. So invitational and hopeful was its calling, that while listening to it, the contrast to the heavy darkness in the room became unbearable.

That was the moment.

That was his trigger back to life.

He listened to a little bird singing, and that changed him FOREVER.

He is now fully recovered. Also a responsible businessman with 3 children, a wife, and a love for life.

And he always recalls that moment -“That bird’s song brought me back to life”.

So simple. Yet so powerful.

All it took to rescue him from zombieland, was hearing the right message.

“Life is waiting for you.” – the bird said.

I incite everyone here today to BE THIS BIRD.

Let’s pass on the right message and bring these people back to life.

Life is waiting.

Thank you all so much.

Manuel Pinto Coelho

(President of APLD – Association for a Drug Free Portugal)