The current state of development
Portuguese drug policy

Faculty of Law

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João Goulão
General-Director for Intervention on Addictive Behaviors and Dependencies
National Coordinator on Drugs, Drug Addiction and the Harmful Use of Alcohol
PORTUGAL
GEO-DEMOGRAPHIC SITUATION

10.627.250
Population
<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>10 627 250</td>
</tr>
<tr>
<td>North/South territorial units maximum length</td>
<td>652 km</td>
</tr>
<tr>
<td>East/West territorial units maximum length</td>
<td>218 km</td>
</tr>
<tr>
<td>Surface</td>
<td>92 090 Km²</td>
</tr>
</tbody>
</table>
It began much later than other European Countries

After the Portuguese Democratic Revolution (1974):
- Society unprepared to new phenomenon;
- Closed and isolated country;
- Return of soldiers and settlers from colonies

DRUGS PROBLEMS DEVELOPED VERY FAST
Drug use spread under European average level;

But by the end of the 20th Century, Portugal had one of the highest prevalence of Problematic Drug Use, at European Level (1% - 100 000 problematic drug users) among all social groups;

At the same time, the social burden, associated to drug use, was very relevant
KEY MEASURES

1. **Treatment** (treatment units network – Law 7/97)

2. **Innovative policies on harm reduction and public health based on the assumption that drug addict is a sick person:**
   - National Syringe Exchange Program (1993)

3. **Decriminalisation of Consumption - Dissuasion**

4. **Risk and Harm Reduction Network** (DL 183/2001)

5. **Demand Reduction** (2006/2007)
   - Approach, Integrated and Focused Responses
   - Centrality in the Citizen and Territory
1999 - A National Drug Strategy was adopted:

- Humanistic principle; Drug user as a sick person; Need to approach drug users with treatment; New legal framework envisaged.

New Law 30/2000 decriminalise the use and possession of drugs:

- Possession for use still prohibited and sanctionned but not with penal sactions but adressed with social/treatment options;
- Creation of the Commisions for Drug Addiction Dissuasion’
NATIONAL STRATEGY/ NATIONAL PLAN


National Plan on Alcohol 2010

1. Reinforce International Cooperation…
2. Decriminalize consumption, forbidding it as unlawful administrative offense
3. Redirect the bet in Prevention…
4. Expand and improve the care network…
5. Extend harm reduction policies…
6. Promote and encourage social reintegration…
7. Ensure conditions of access to treatment for addicted inmates…
8. Enlargement to other dependencies and addictive behaviors…
A NEW PARADIGM

Dissuasion
Historically two different and contradictory approaches:

- Drug use as a crime which is criminally punished.
- Addiction as a chronic health and behavioural condition requiring treatment and support. When people become addicted, they need treatment, not punishment. Drug addict is considered a sick person.

**PUBLIC HEALTH APPROACH**

Drug use is a public health issue, not a criminal issue.

Public health approach includes strategies that address the individual and the harm caused by drug use, within the context of community. Drug addicts need access to medical care, harm reduction services, housing and social services. All sectors of society are involved.
PORTUGUESE POLICY ON DRUGS:

"Portugal is an example of a country that recently decided not to put drug users in jail. According to the International Narcotics Control Board, Portugal’s “decriminalization” of drug usage in 2001 falls within the Convention parameters: drug possession is still prohibited, but the sanctions fall under the administrative law, not the criminal law."
Coordinated Public Health-oriented Approach Based On 5 Pillars:
Was approved in the Parliament a new legal framework (Law 30/2000); good social acceptance; huge public debate:

- UN Conventions;
- Drug tourism destination;
- Early consumption;

The need to liberate resources from the supply reduction to the fight against drug trafficking at large scale;

Recognition that imprisonment of users has counterproductive effects;

The new Law entered into force the 1st of July 2001 – 14 years!
THE DISSUASION MODEL

Law No. 30/2000: the consumption, acquisition and possession for own consumption of plants, substances or preparations constitute an administrative offence and can not exceed the quantity previewed for individual use for a 10 days period. Exceeding this quantity, criminal procedures take place.

- The drug addict is considered a sick person in need of health care;
- The dissuasion intervention provides an opportunity for an early, specific and integrated interface with drug users;
- The dissuasion intervention is aimed and targeted to the drug users’ characteristics and individual needs.

THE USE OF DRUGS IS STILL FORBIDDEN

Unlike models from other countries where “Drug Courts” were created with streamlined procedures under the Ministry of Justice, the Commissions for the Dissuasion of Drug Addiction privilege the health approach.
DISSUASION OBJECTIVES

To dissuade consumption – a “second line” for preventive intervention – the “yellow card”;
Prevent or reduce the use and abuse of drugs;
Ensure the health protection of users and the community;
Guide drug users to more adequate responses regarding their personal situation;
Release resources for the fight against trafficking and drug use related crime (acquisitive crime).

DISSUASION AS A TOOL FOR PREVENTION
COMPOSITION OF THE COMMISSIONS
(18 + 2 AUTONOMOUS REGIONS)

- President and two other members
- Appointed by the Minister of Justice and by the Minister of Health

Multidisciplinary technical support team
Psychologists, Social Service Workers, Lawyers and Administrative

Prepares a report with all facts and makes a previous evaluation that supports the decision
Evaluates Motivation of the user to undergo for treatment
Guarantees the function of the referral network.
PROCEDURE

Police Authority

COMMISSION
Psychological and social Evaluation:
• Hearing of the user
• Decision

A person is found at a public place in possession or using drugs;
• Occurrence police report;
• The substance is seized;
• The user is brought to the Commission in a maximum delay of 72h.

Motivation work

• Situation regarding drug use;
• Psychosocial situation;
• Previous register.

Execution of penalties by Law Enforcement Authorities

File Proceedings

When the suspension period expires and the user stopped to use drugs without record of relapse, or if penalties were carried out
Coordination between services with responsibilities in this area

- Employment and Training Services
- Treatment Addicts Centre
- Health Centre
- Welfare Services
- Prisons
- Indicative Prevention Answers
- Schools
- Police Authorities

NETWORK
Provisional Process Suspension;
Periodic Presentation to the Drug Addiction Dissuasion Commissions;
Warning;
Community Service;
Forbiddance of attending certain places;
Apprehension of objects;
Interdiction to travel abroad;
Interdiction of receiving subsidies or other monetary social grants;
(…)
Monetary fee.
REDUÇÃO DA PROCURA: DISSUASÃO

Nº de indiciados

8.843

9.455 processos instaurados em 2014

5.417
Não Toxicodependentes

1.615
Apenas diligências de motivação

1.462
Diligências de motivação e encaminhamentos para estruturas de apoio

285
Diligências de motivação e encaminhamento para estruturas de apoio

801
Toxicodependentes

742
Encaminhamentos para tratamento
SOME RESULTS
TRENDS SINCE 2001

- Small decrease in reported illicit drug use amongst adults;
- Reduced illicit drug use among adolescents, at least since 2003;
- Reduced burden of drug offenders on the criminal justice system;
- Reduction in the prevalence of injecting drug use;
- Reduction in opiate-related deaths and infectious diseases;
- Reduced stigmatization of drug users;
- Increases in the amounts of drugs seized by the authorities;
- Reductions in the retail prices of drugs;
- Increased efficiency of Police and Customs forces.
Life Long Consumption Prevalences

Total Population (15-64 years)

Young Adults Population (15-34 years)

Informes Anual • 2013 La situación del país en materia de drogas y Toxico dependencias

Fonte: Balsa et al., 2014 / SICAD: DMI-DEI
CONSUMPTION PREVALENCES ON THE GENERAL POPULATION
III NATIONAL ENQUIRY – GENERAL POPULATION: PORTUGAL 2012

Last 12 Months Consumption Prevalences

Total Population (15-64 years)

Young Adults Population (15-34 years)

Informe Anual • 2013 La situación del país en materia de drogas y Toxico dependencias

Fonte: Balsa et al., 2014 / SICAD: DMI-DEI
INTRAVENOUS DRUG USE IN THE LAST 12 MONTHS

Patients Starting Treatment In The Year: Public Network – Outpatient

- Total
- Novos Utentes
- Readmitted Patients

% of Patients Starting Treatment:
- 2007: Total - 29, Novos Utentes - 14, Readmitted Patients - 15
- 2008: Total - 24, Novos Utentes - 14, Readmitted Patients - 10
- 2009: Total - 22, Novos Utentes - 11, Readmitted Patients - 6
- 2010: Total - 27, Novos Utentes - 9
- 2011: Total - 24, Readmitted Patients - 6
- 2012: Total - 23, Readmitted Patients - 10
- 2013: Total - 17, Readmitted Patients - 3

Fonte: ARS, I.P. / SICAD: DMI-DEI
Public Network/Ambulatory
Users in Treatment by Year

Prevalences: Total &Injectors

New Infections: Total & Injectors

Source: ARS, I.P. / SICAD: DMI-DEI
DIAGNOSE OF HIV INFECTION BY CHARACTERISTICS OF SAMPLED POPULATION PORTUGAL 2003-2012

Source: Relatório Infeção VIH/SIDA: a Situação em Portugal a 31 de dezembro de 2012 /INSA
Evolution of HIV diagnosis associated with drug addiction

- 2007: 20%
- 2009: 14%
- 2011: 9%
- 2013: 7%

# of New HIV diagnosis associated with drug addiction

- 2007: 393
- 2009: 247
- 2011: 137
- 2013: 78

Source: INSA, I.P. / SICAD: DMI-NEI
Scientific consensus that criminal sanctions are ineffective and counter-productive; they do nothing to address drug use consequences.

Nowhere International Drug Conventions require that personal use should be criminalised.

HEALTH PROTECTION
INSTEAD
OF PUNISHMENT

DRUG POLICIES
SHOULD BE BASED ON HEALTH
AND NOT ON PUNISHMENT.
Thank you for your attention!

joao.goulao@sicad.min-saude.pt

SICAD
General Directorate on Addictive Behaviours and Dependencies

Avenida da República n.º 61 - do 1º ao 3º e do 7º ao 9º
1050-189 Lisboa - Portugal

T. + 351 211 119 000 - F. + 351 211 112 795
sicad@sicad.min-saude.pt – www.sicad.pt