

Drug Policies in Portugal: Was Decriminalisation helpful?

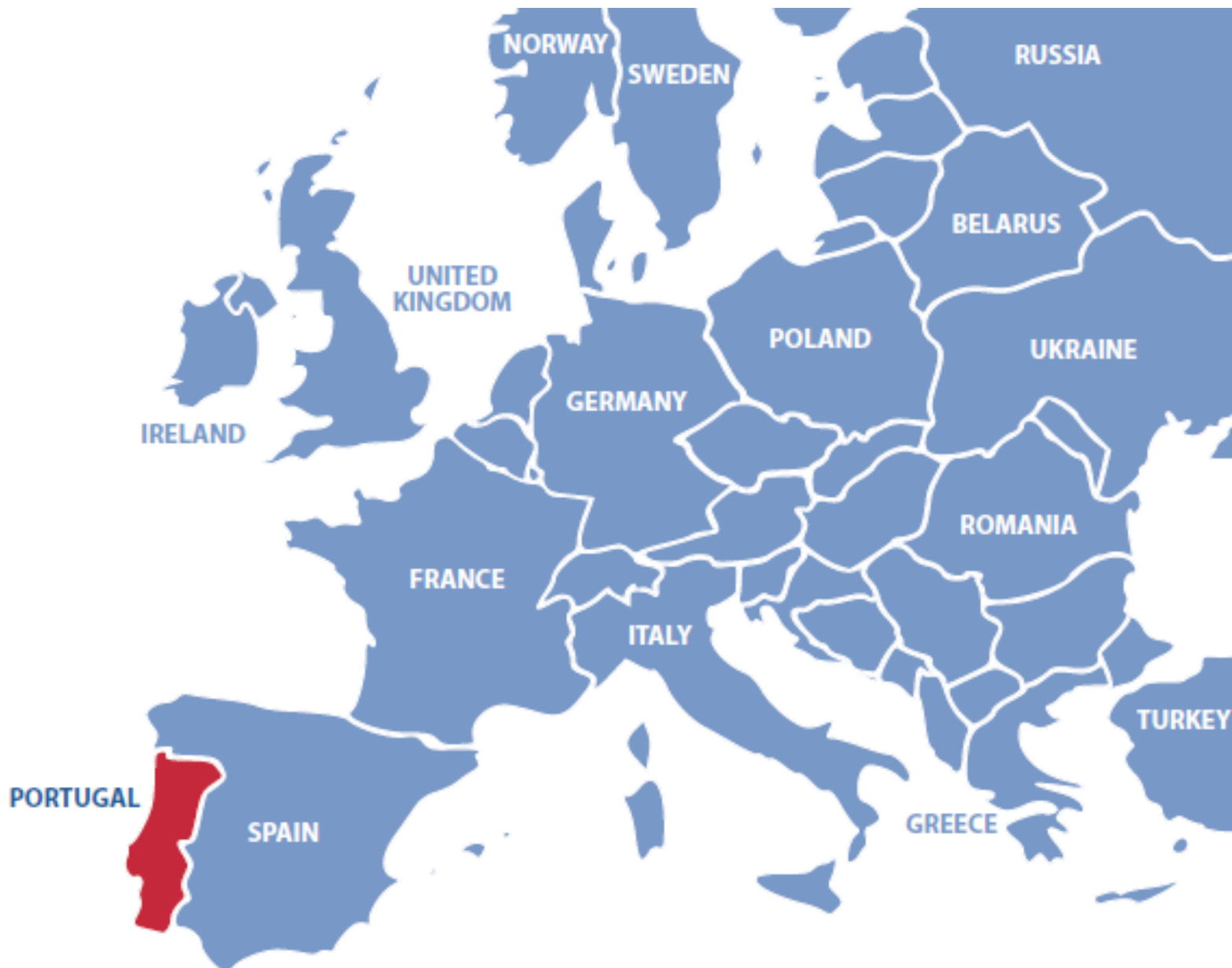
4 November 2011



João Goulão, MD

Portuguese National Coordinator for Drug Problems, Drug Addictions and the Harmful Use of Alcohol

Chairman, Institute on Drugs and Drug Addiction (IDT)
Chairman, European Monitoring Center on Drugs and Drug Addiction (EMCDDA)





➤ Resident population	10 627 250
➤ North/South territorial units maximum length	652 km
➤ East/West territorial units maximum length	218 km
➤ Surface	92 090 Km ²

- It began much latter than in the other Western European Countries;
- It happened with relevance only after the Portuguese Democratic Revolution (1974), when society was facing lots of deep and accelerated changes;
 - society unprepared to new phenomenon;
 - closed and isolated country;
 - return of soldiers and colons from ancient colonies
- It developed very fast; society was not able to answer in the right time and to face the “new needs” created by drug use; as a consequence, there was a gap between the appearance of the “needs” and the “answers”

As a consequence of that developmental pattern

- Drug use spread under European average level;
- But a considerable number of “problematic drug users” appeared and, during a long period of time, had no access to treatment (small gap between “total” and “problematic” drug users);
- 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);
- At the same time, the social burden, associated to drug use, was very relevant – top political concern
- 1997 – EuroBarometer: 1st social problem



The complexity of the situation called for some measures expected to reverse that cycle

- A new National Strategy was built, recommended by an expert group (1999) – on behalf of our current Prime Minister (at the time , responsible for youth policies)
- A new Legal Framework was approved by the Parliament (Law 30/2000); good social acceptance; huge political debate.
- A new institutional structure was created to implement and coordinate an Integrated Approach to all the areas related to Drugs and Drug Use – IDT (Institute on Drugs and Drug Addiction)

- The Portuguese Drugs Strategy elaborated on the past policy consumption's criminalization and on the need to liberate resources for the fight against drug trafficking:
 - Imprisonment or fee (the most common sentence imposed on 1st time offenders) didn't solve drug abuse;
 - In the case of 1st time offenders or occasional users, imprisonment is likely to produce counterproductive effects;

- Established 8 Principles, among which the Humanistic Principle:
 - Recognition of the human person's full dignity;
 - Understanding the human person's life, clinical record and social environment;
 - Assumption that the drug user is a diseased person endowed with the constitutional right to health;
 - Offender's full responsibility.

A new destination for drug tourism?

Compliance with the UN Conventions?

Increase of drug use in younger groups?

- Administrative sanctions in line with UN Conventions

Positive references in:

- April 2004 International Narcotics Control Board Mission to Portugal;
- World Drug Report 2009;
- The Cato Institute Greenwald Report – April 2009;
- The 2009 EMCDDA Annual Report;
- The British Journal of Criminology, Caitlin Hughes and Alex Stevens – November 2010.

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.

- Drug consumption is not merely private choice, because of its social effects;
- The drug addict is viewed as 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.

Ten Days Maximum Amount Allowed Illicit Substance Chart

Illicit Substance	Grams
Heroin	1
Methadone	1
Morphine	2
Opium	10
Cocaine (hydrochloride)	2
Cocaine (methyl ester benzoilegonine)	0.3
Cannabis (leaves and flowers or fruited dons)	25
Cannabis (resin)	5
Cannabis (oil)	2.5
LSD	0.1
MDMA	1
Amphetamine	1

- To dissuade consumption – a “second line” of preventive intervention – the “yellow card”;
- To prevent and reduce drug use and abuse;
- To ensure the sanitary protection of users and the community;
- To liberate resources for the fight against drugs trafficking and crime related, such as the small crime to acquire drugs for one’s own consumption.

- Users' information and awareness to drug consumption risks;
- Promotion of health in global terms;
- Promotion of users' social reintegration;
- Drug addicts motivation and referral to treatment;
- Signalization of situations that, though not characterized as drug addiction, need to be specifically addressed.

Composition of the Commissions

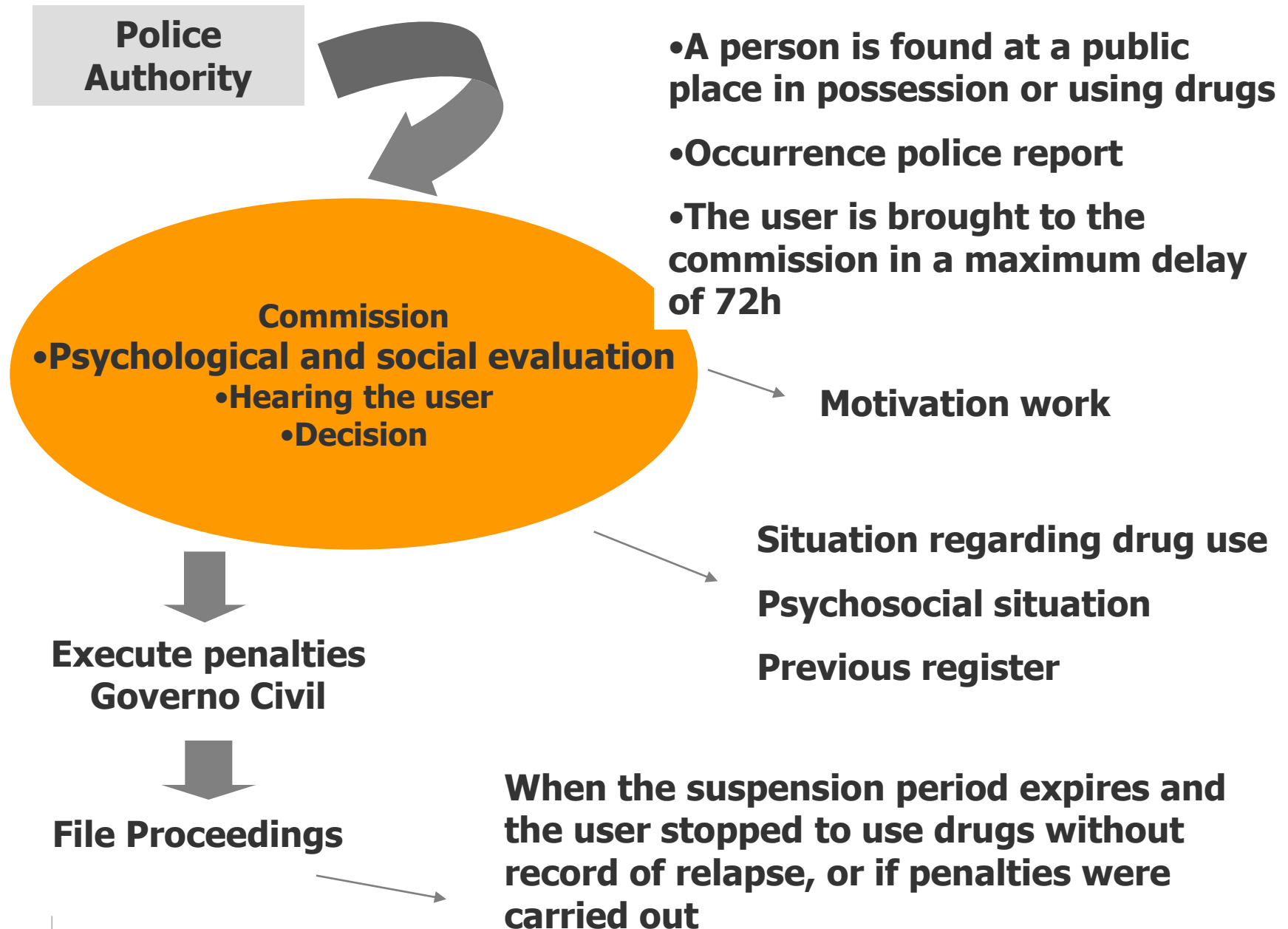
**President and two
other members**

**Appointed by the
Minister of Justice
and by the Minister
of Health**

**Multidisciplinary technical unit support –
Psychologists, social service workers, lawyers
and administrative workers**

**Prepare all facts and make previous evaluation
that supports the decision
Motivation of the user to undergo for treatment
Guarantee the function of network**

Procedure



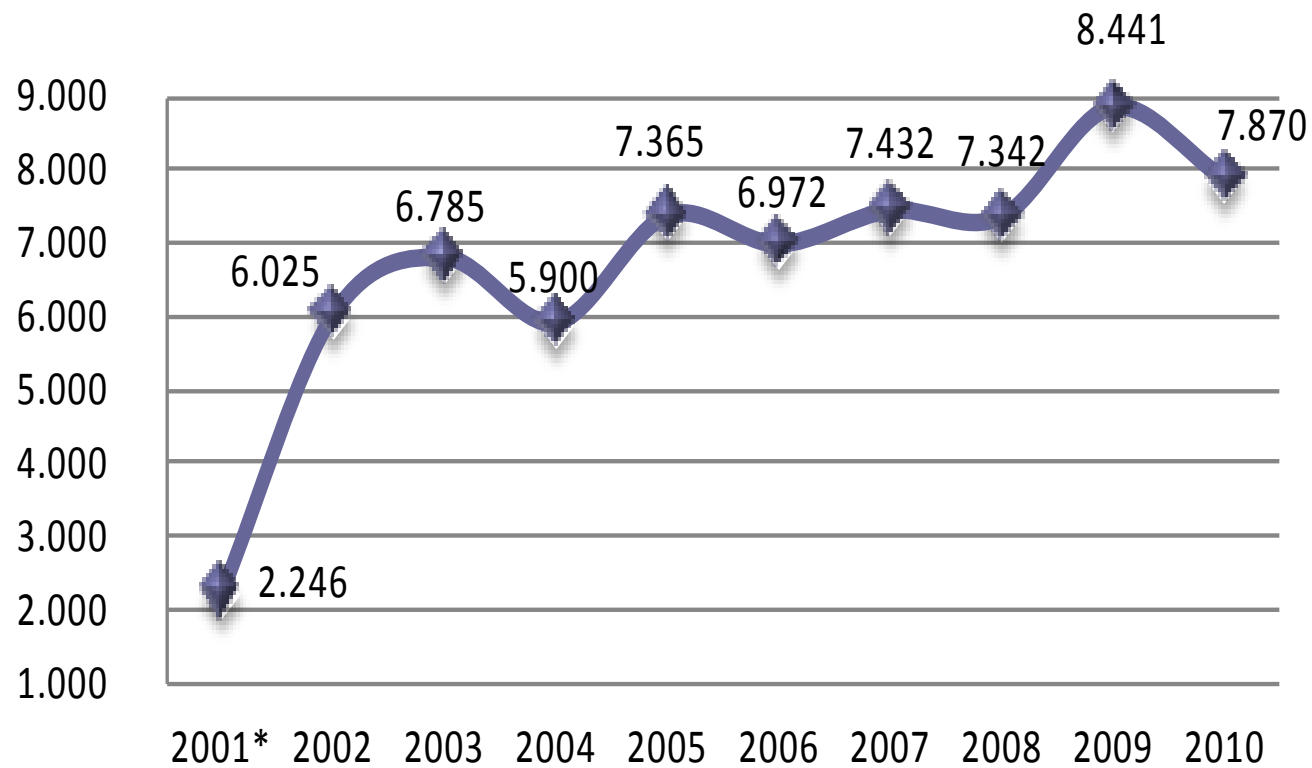
Network



- Provisional Process Suspension;
- Periodic Presentation to the Drug Addiction Dissuasion Commissions;
- Admonition, Warning;
- Community Service;
- Forbiddance of attending certain places;
- Periodic presentation to Drug Addiction Dissuasion Commissions;
- Apprehension of objects;
- Interdiction to travel;
- Interdiction of receiving subsidies or other monetary social grants;
- Monetary fee.

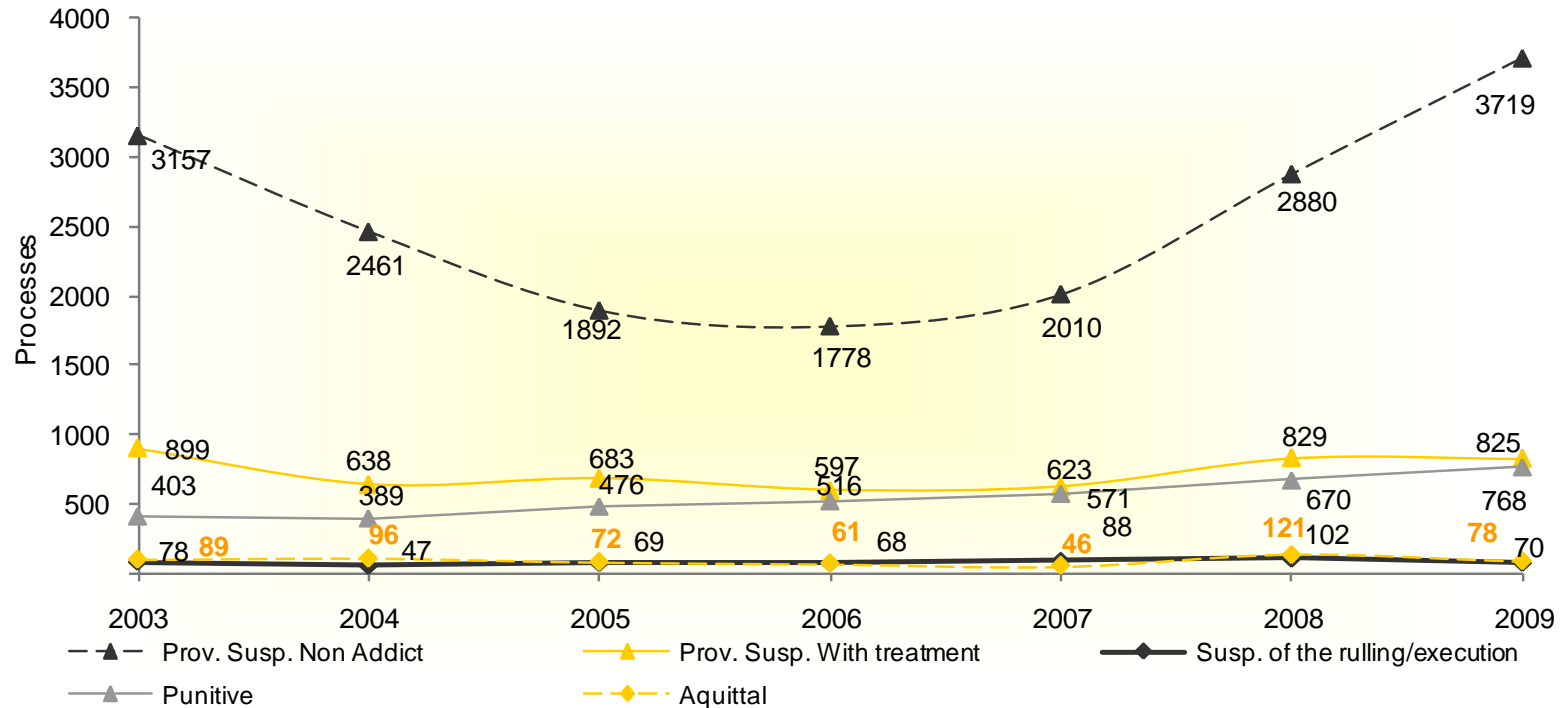
■ Some Results

Annual distribution of processes - CDT 2001-2010



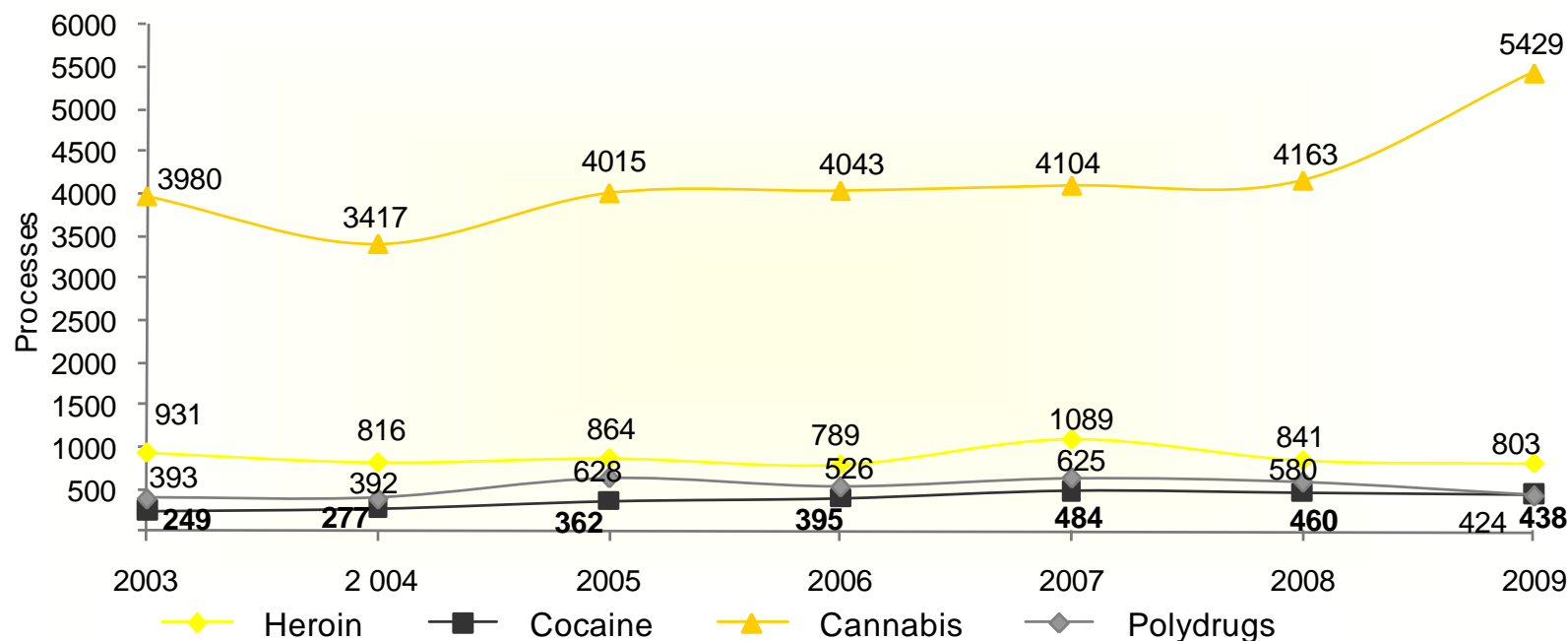
Source: IDT, I.P./ DMFRI – NE

Type of administrative sanctions by year



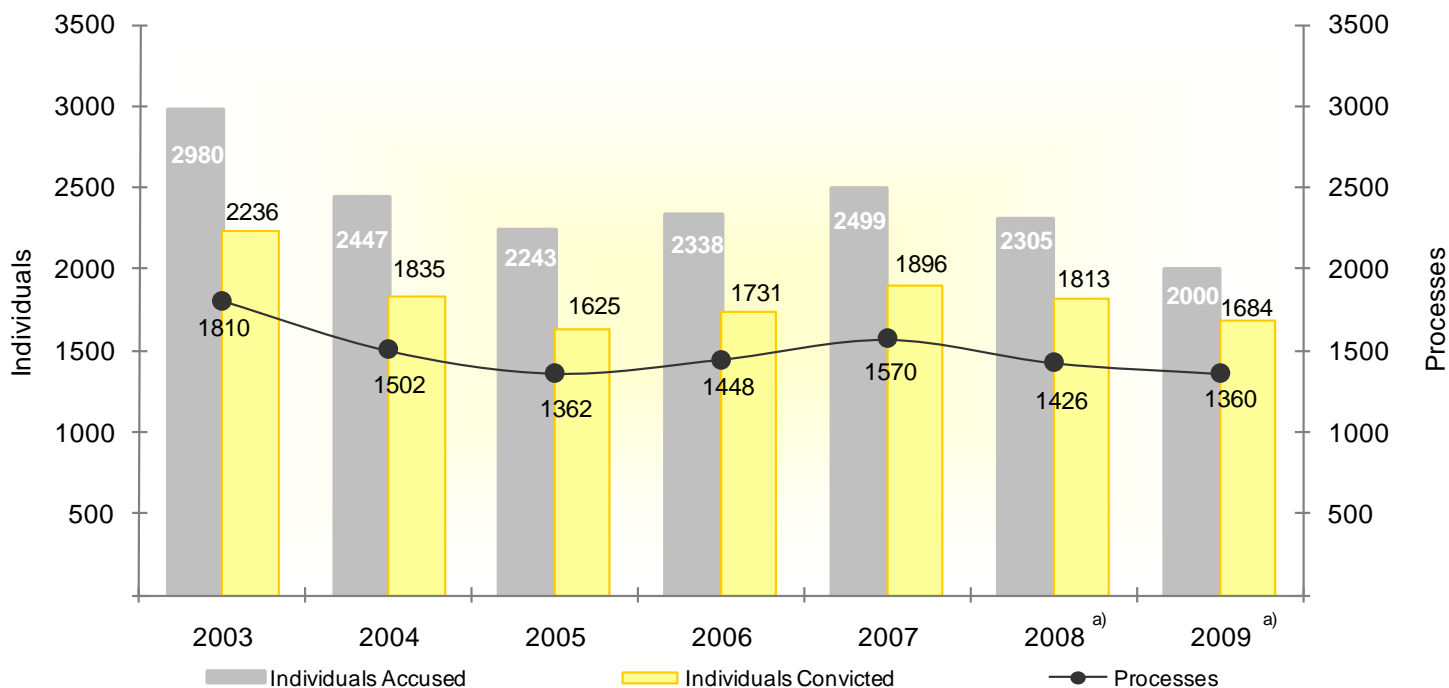
Source: IDT, I.P./ DMFRI – NE

Type of drug involved in administrative sanctions by year



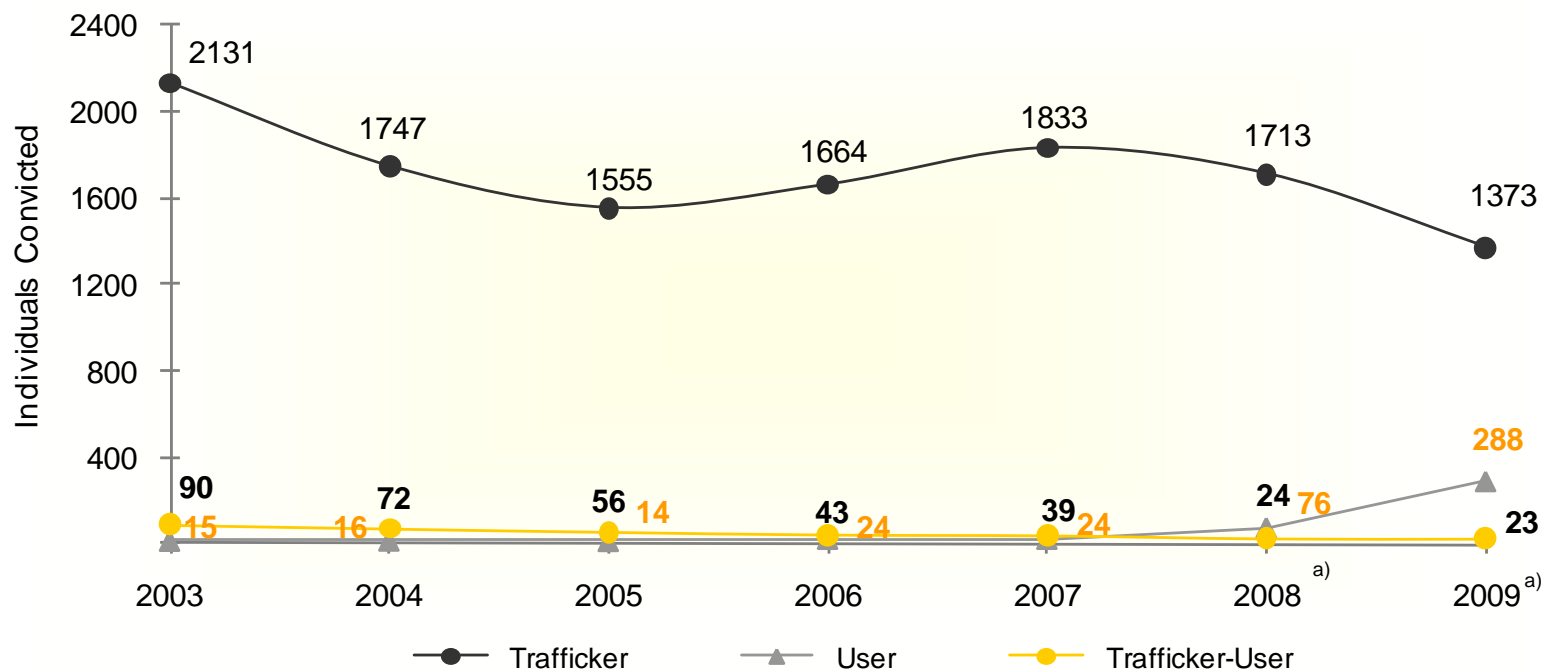
Source: IDT, I.P./ DMFRI – NE

Individuals accused and convicted for crimes against the Drug Law and number of processes by year



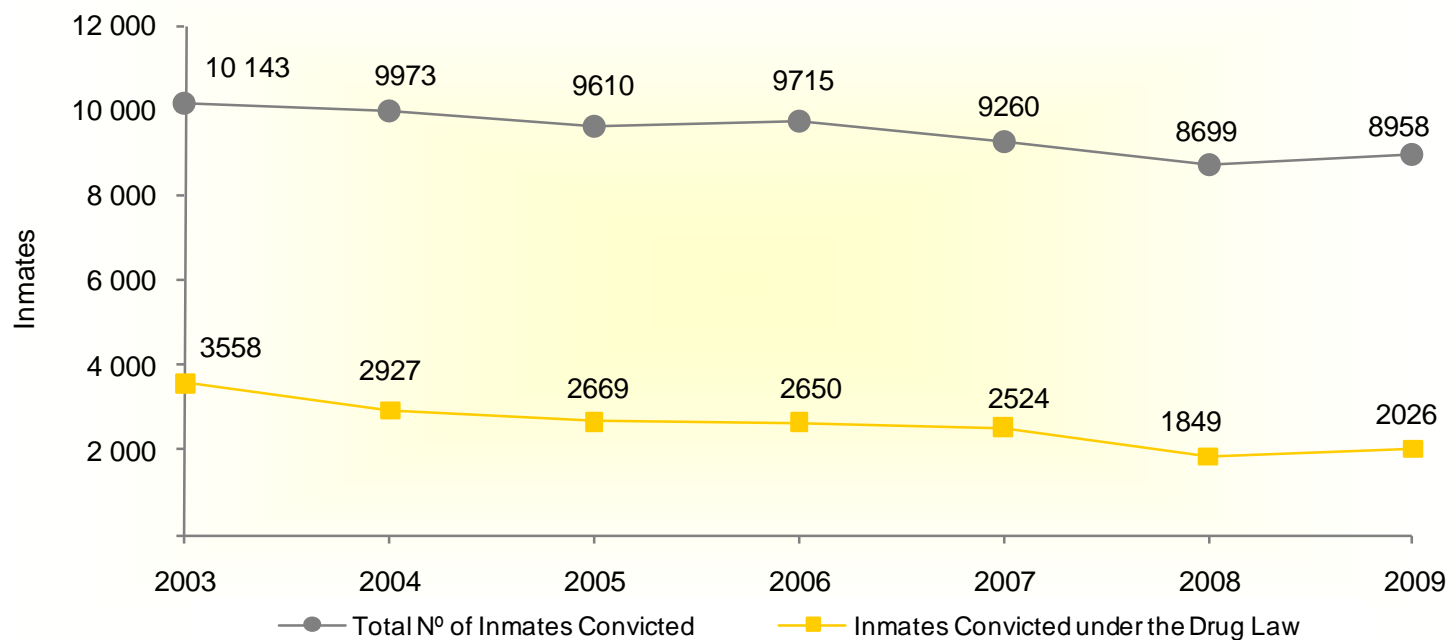
Source: IDT, I.P./ DMFRI – NE

Individuals convicted for crimes against the Drug Law by year and situation towards drug



Source: IDT, I.P./ DMFRI – NE

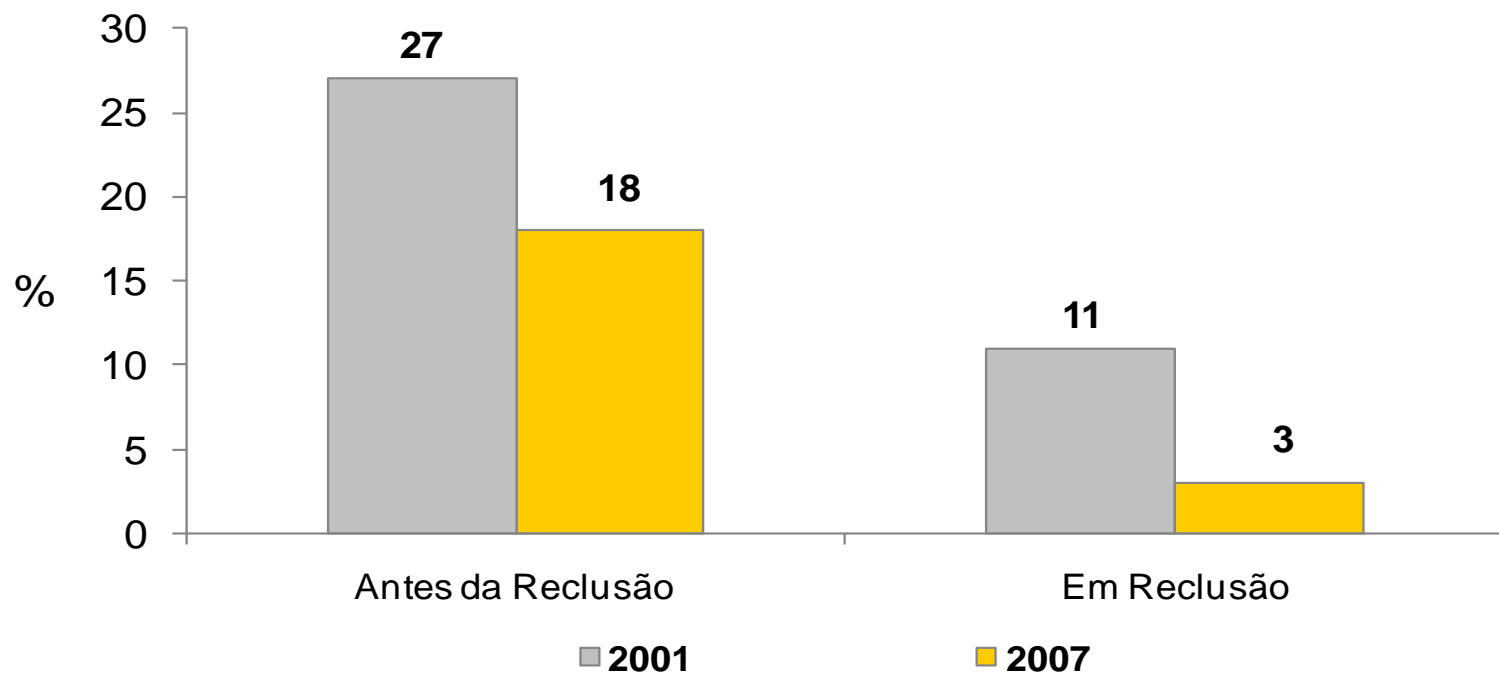
Total number of Inmates convicted and Inmates convicted under the Drug Law



Source: IDT, I.P./ DMFRI – NE

National Population in Prison 2001 and 2007

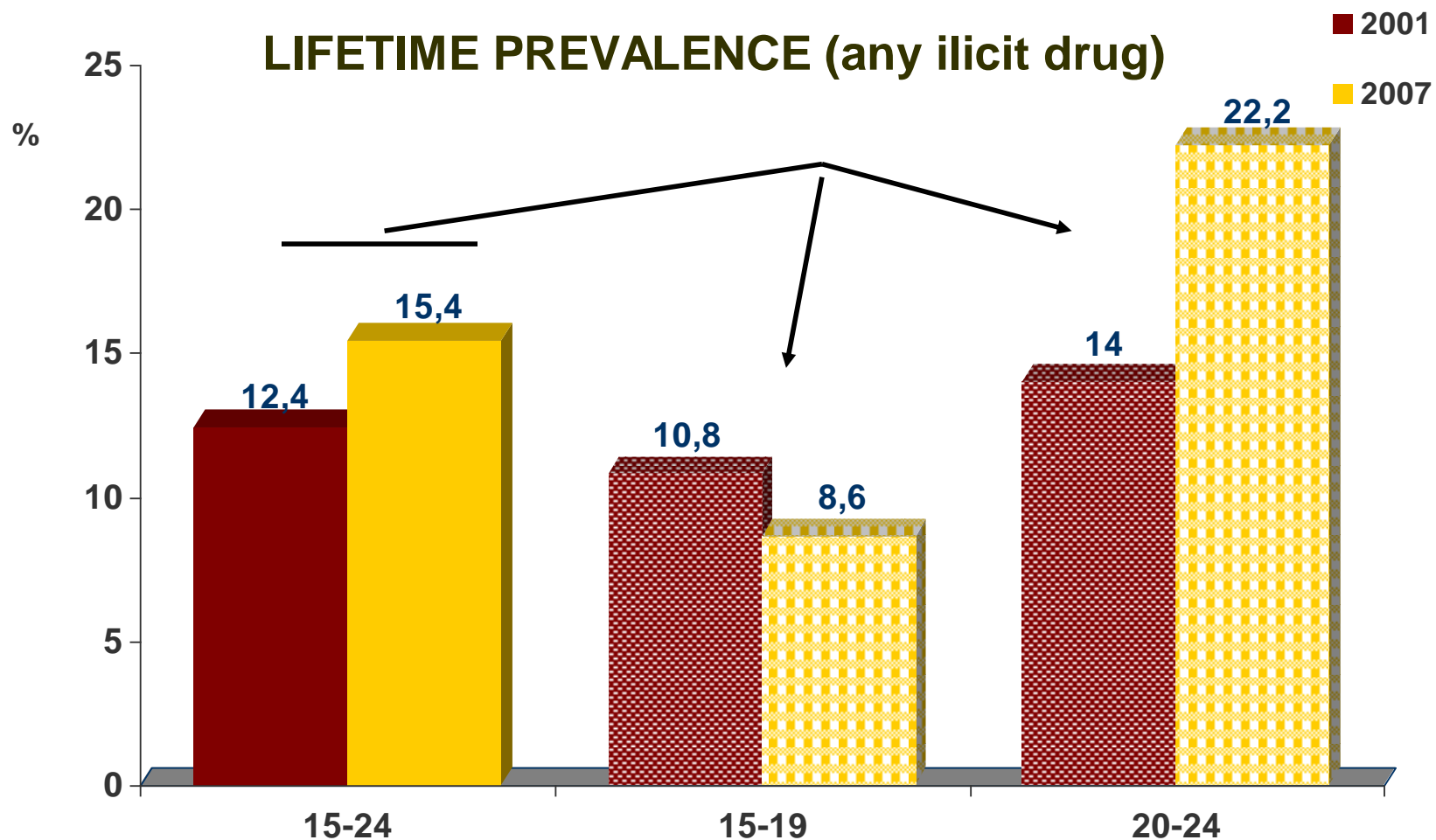
Prevalence of injecting drug use, before imprisonment and in prison



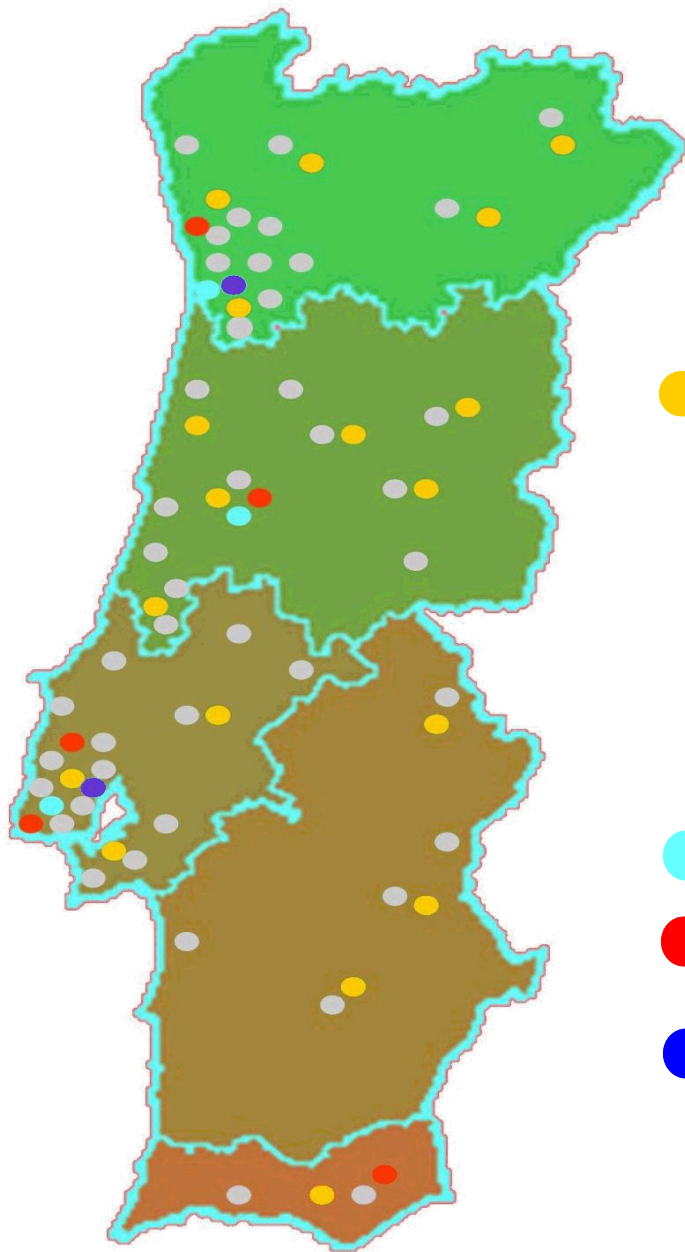
Torres et al., 2009 / IDT, I. P.: DMFRI - NE

Drug Consumption Prevalences (any drug)

PORTUGAL 2001/2007 General Population (15 - 64 years)



Source: Balsa, C. - INPP



IDT Treatment Public Network

- **22 CRI**– Integrated Units (Treatment, Harm Reduction, Prevention and Reintegration)
 - **47** Drug Treatment Teams (and more 32 outpatient units)
- **3** Therapeutic Communities
- **4** Detoxification Units
- **2** Day Centres

National Treatment Network (public and private)

- **Treatment Centres:**

47 outpatient treatment centres + 32 decentralised consultation units

- **9 Day Centres**

2 IDT centres (40 pax) + 7 private (175 pax)

- **13 Detoxification Units**

4 IDT units (56 beds) + 9 private (75 beds)

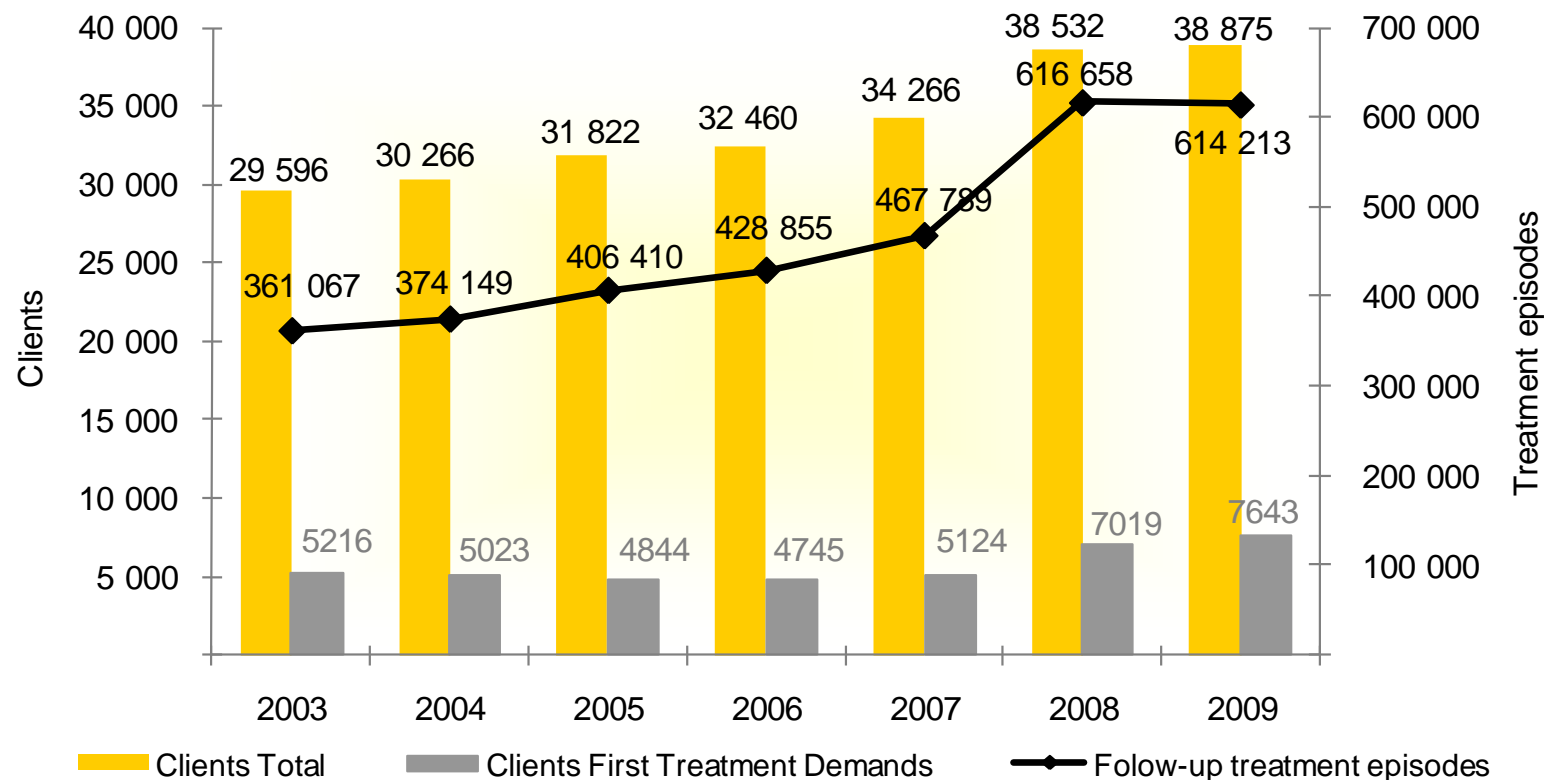
- **70 Therapeutic Communities**

3 IDT communities (56 pax) + 67 private (1516 pax)

- **Alcohol Units**

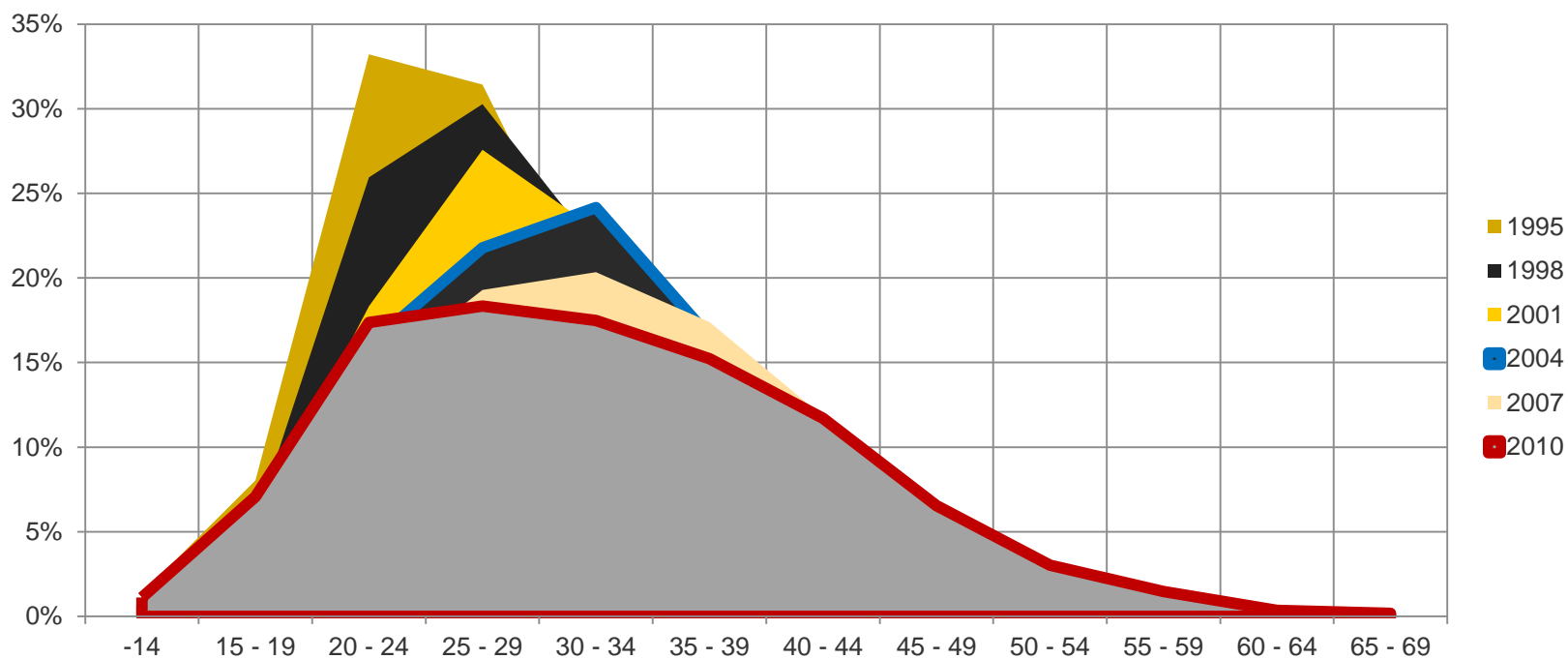
3 spots with outpatient and inpatient

Outpatients Clients in the Public Network



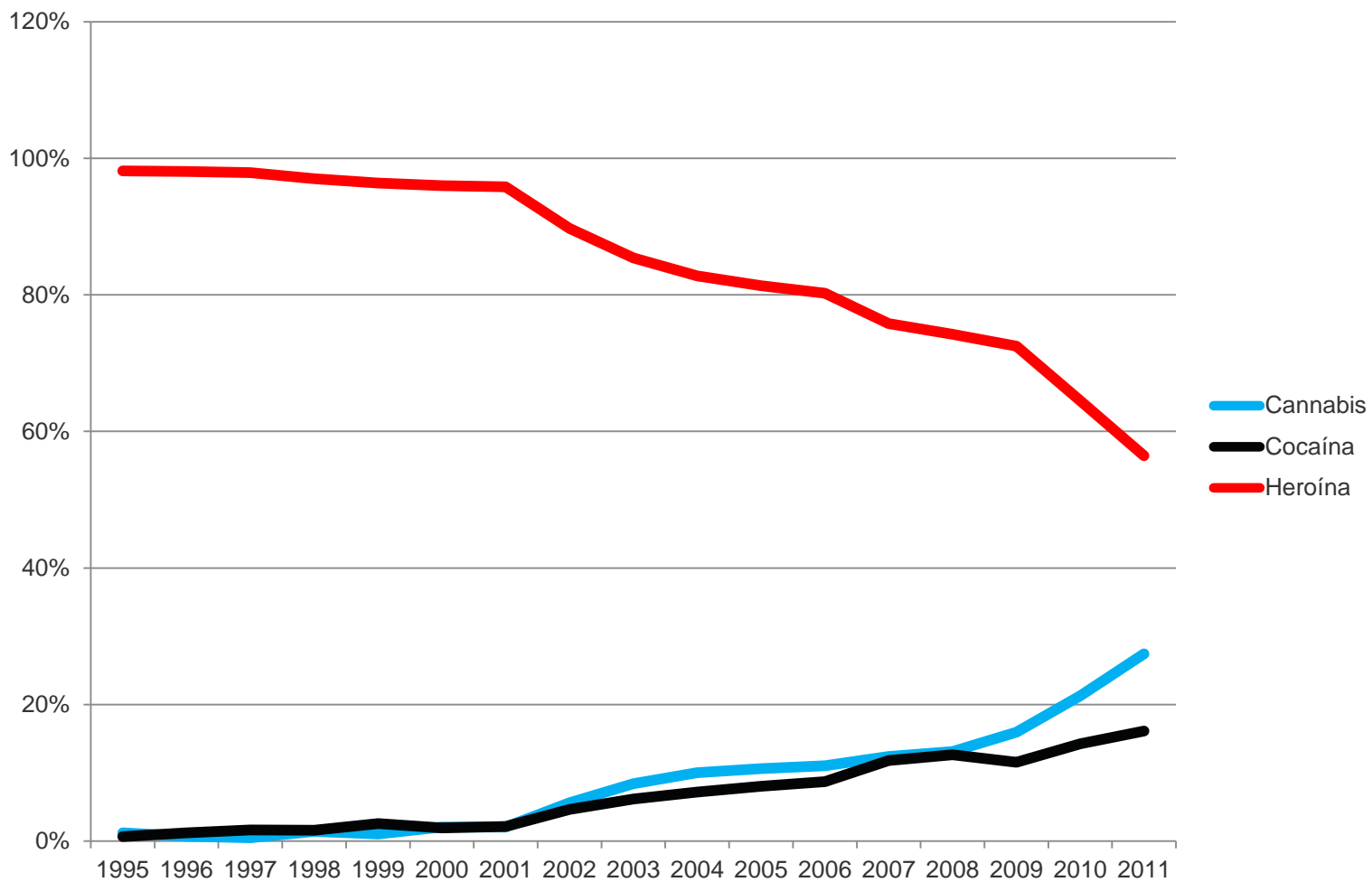
Source: IDT, I.P./ DMFRI – NE

Average age evolution of the IDT first clients, users of other psychoactive substances



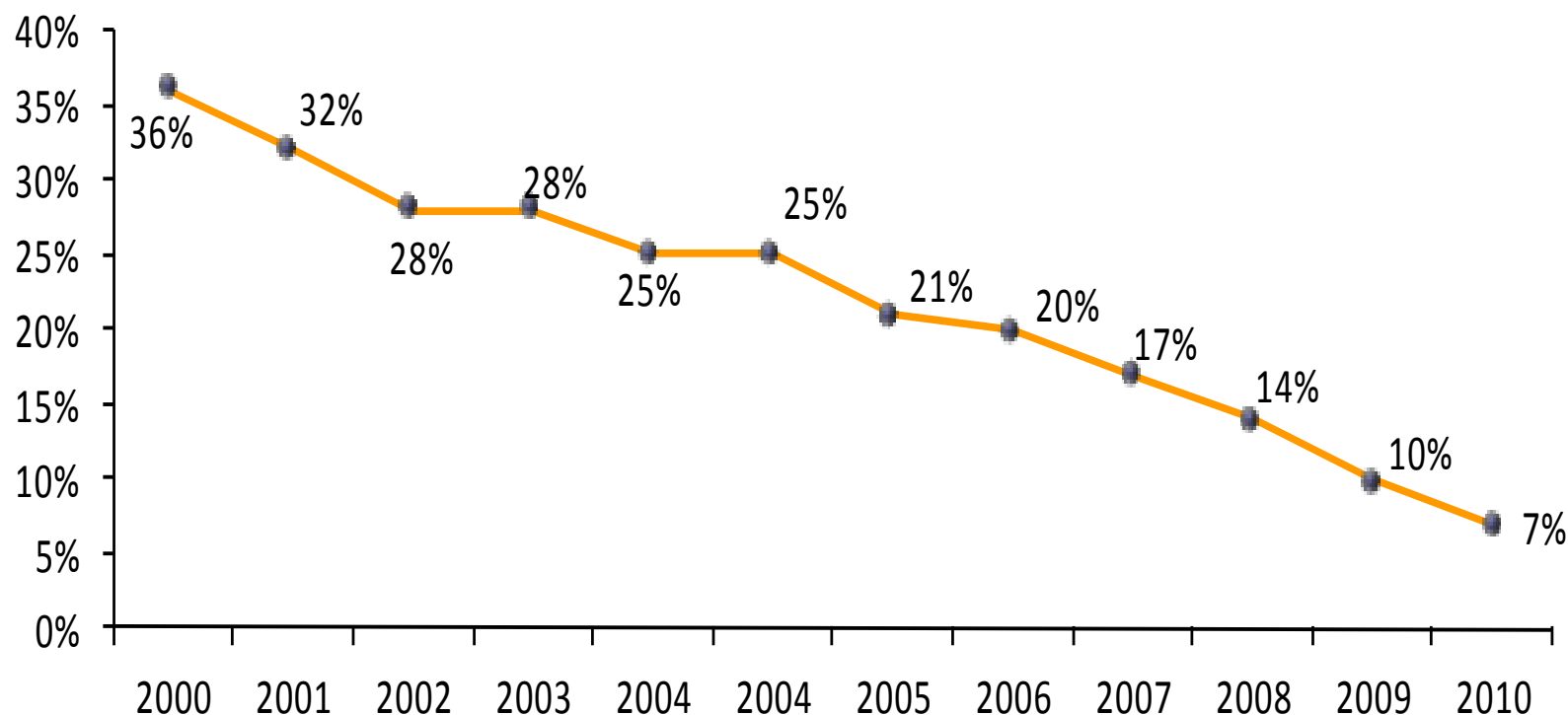
Source: IDT, I.P.

Clients distribution by Year and Main Drug



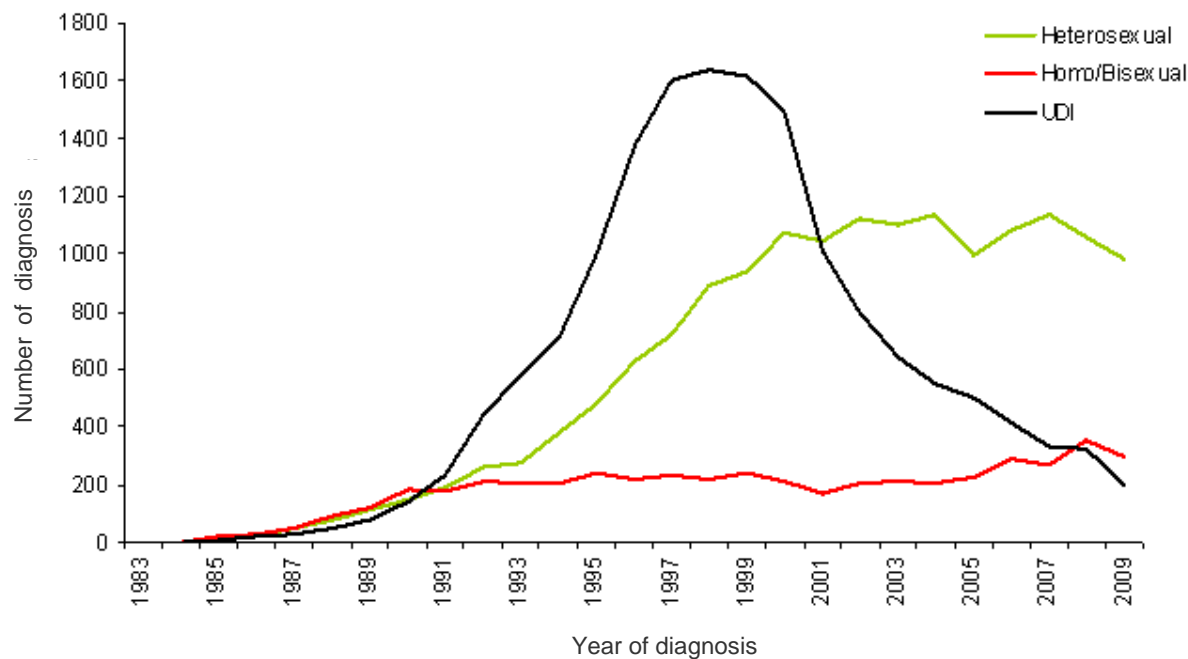
Source: IDT, I.P.

Drug Injecting on the Previous 30 days before New Patients 1st Consultation - Public Treatment Network 2000 - 2010



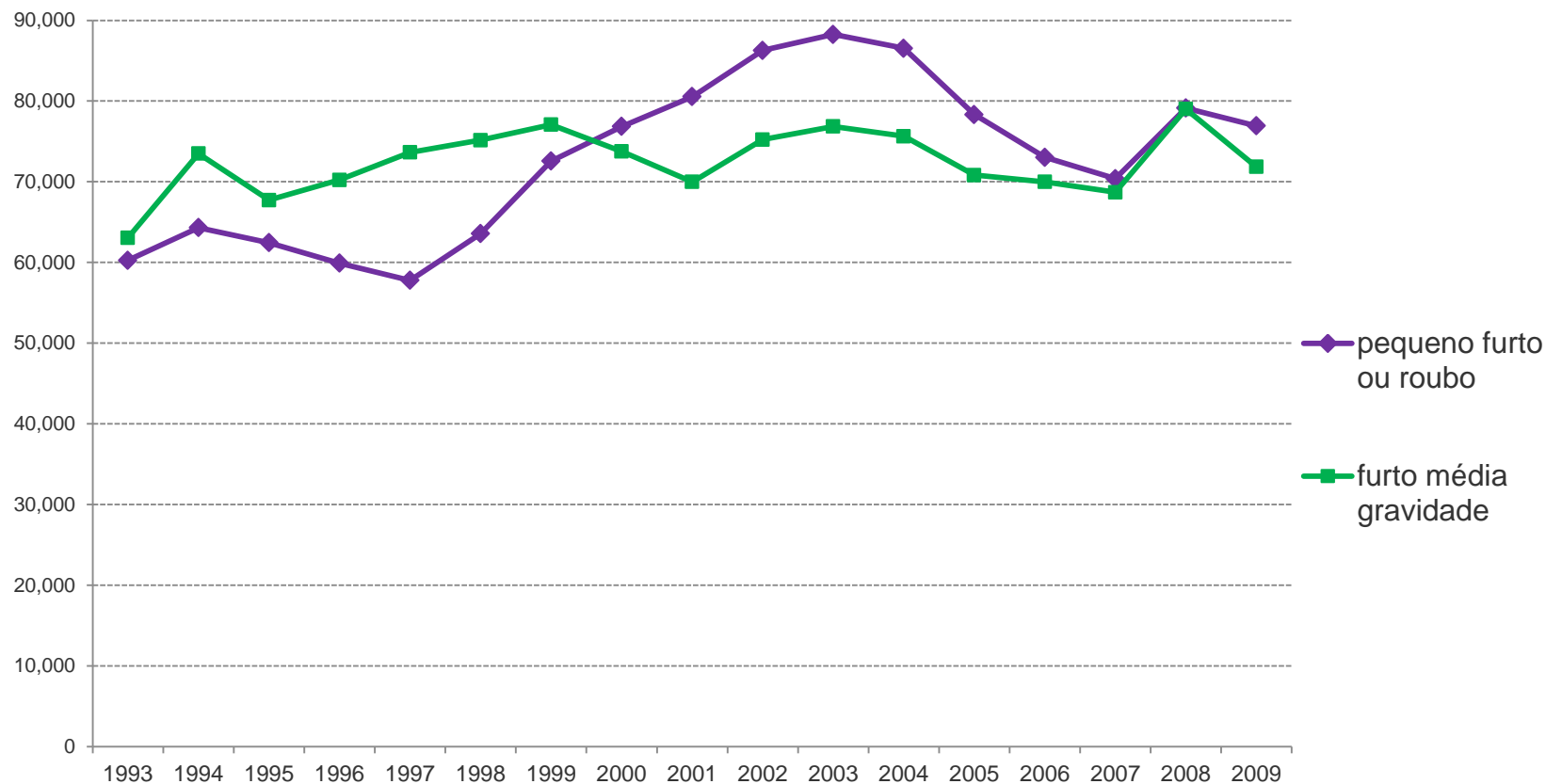
Source: IDT, I.P./ DMFRI – NE

Diagnosis of HIV infection by characteristics of sampled population Portugal 1983-2009



Source: National Coordination for HIV/AIDS Infection

Crimes reported to authorities, by year: robbery and theft (N)



Supply Reduction

Drug seized by year and by type of drug (2003-2009)

Type of Drug	2003	2004	2005	2006	2007	2008	2009
Grammes							
Heroin	72 365	99 047	182 266	144 295	61 669	68 090	128 073
Cocaine	3 016 881	7 422 752	18 083 231	34 477 476	7 362 975	4 877 905	2 697 083
Hashish a)	31 559 269	28 995 141	28 395 514	8 503 664	44 623 450	61 262 140	22 965 577
Liamba	264 821	118 929	121 394	151 915	133 300	36 634	5 044 569
Pills							
Ecstasy b)	165 539	111 833	213 788	133 290	70 591	70 309	8 987

Source: IDT, I.P./ DMFRI – NE

- ▶ Small increases 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
 - ▶ Drug Addiction is not a political issue any more – 13th place in Eurobarometer 2009

- ▶ We do not establish a causal effect of decriminalisation to the results
- ▶ Comprehensive responses as a whole

But, for sure,

- ▶ Decriminalisation did not affect negatively the evolution of the phenomenon

CONCLUSIONS:

There is a coherent articulation among
ALL THE PORTUGUESE POLICY AND ACTIONS
based on the idea that DRUG ADDICT is a SICK PERSON
with treatment needs

instead of being addressed as a
“CRIMINAL or a DELIQUENT”.

Until now, the global drug situation in Portugal seems to
have a positive evolution in all the available indicators.

WHAT CAN WE LEARN FROM THE PORTUGUESE
DECRIMINALIZATION OF ILLICIT DRUGS?

CAITLIN ELIZABETH HUGHES* and ALEX STEVENS

The issue of decriminalizing illicit drugs is hotly debated, but is rarely subject to evidence-based analysis. This paper examines the case of Portugal, a nation that decriminalized the use and possession of all illicit drugs on 1 July 2001. Drawing upon independent evaluations and interviews conducted with 13 key stakeholders in 2007 and 2009, it critically analyses the criminal justice and health impacts against trends from neighbouring Spain and Italy. It concludes that contrary to predictions, the Portuguese decriminalization did not lead to major increases in drug use. Indeed, evidence indicates reductions in problematic use, drug-related harms and criminal justice overcrowding. The article discusses these developments in the context of drug law debates and criminological discussions on late modern governance.

Keywords: decriminalization, Portugal, drug, policy, legislation

Introduction

Efforts to improve criminal justice policy responses to drug use and distribution have led to frequent and often heated discussions around the necessity of applying criminal penalties and the merits of a number of alternate legislative approaches (see, e.g. discussions in Australia, the United Kingdom and the United States), including legalization, decriminalization and depenalization. These terms are often used erroneously and interchangeably. For the purposes of the current article, we define each as the following: legalization is defined as the complete removal of sanctions, making a certain behaviour legal and applying no criminal or administrative penalty; decriminalization is defined as the removal of sanctions under the criminal law, with optional use of administrative sanctions (e.g. provision of civil fines or court-ordered therapeutic responses); and depenalization is the decision in practice not to criminally penalize offenders, such as non-prosecution or non-arrest. These forms of regulation of currently illicit substances are often discussed, but are rarely tested in practice.

Political reluctance to reform drug laws has been clearly demonstrated in recent years in the United Kingdom. Despite international evidence that rates of drug use are not directly affected by harsher punishment of drug users (Reuter and Stevens 2007; Degenhardt *et al.* 2008) (and pressure from multiple advocates), the British Government has firmly opposed any move towards decriminalization. Politicians have warned that decriminalization of cannabis would 'send the wrong message' (Home Affairs Committee Inquiry into Drug Policy 2002: para. 74). Some researchers (McKeganey 2007; Inciardi 2008; Singer 2008) have supported this argument, arguing that removing

* Dr, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW, NSW, Australia, 2052; caitlin.hughes@unsw.edu.au.

Decriminalization
Portugal: a

The Beckett Foundation Drug Policy Project is a review of global drug policy. The aim of the project is to review and disseminate information and analysis on drug policy at the international level, and leads to the more effective use of resources together the Beckett Foundation, a charity, and the UK's leading independent centre of expertise.

SUMMARY

In July 2001, Portugal's government implemented a new law, Law 30/2000, which responded to drug users. The new law on the acquisition and possession of all types of drugs, which was defined as being up to 5g. These changes did not legalize drug use, but remained prohibited by Portuguese law. These changes did not legalize drug use, but remained prohibited by Portuguese law. These changes did not legalize drug use, but remained prohibited by Portuguese law.

BACKGROUND

Portugal had, and continues to have, a serious problem with rates of use amongst the highest in Europe. Portugal has, paradoxically, a historic prevalence of the use of other drugs such as ecstasy or cocaine. With regard to cannabis, the rate of use in the last 12 months amongst the population is 6% in Portugal, compared with 20% in France and 17% in Spain. (EMCDDA Annual Report 2009)

A high proportion of this heroin use is by injecting drug use has been identified as one of the factors in the rise in HIV infections in Portugal in the 1990s. The number of HIV infections attributed to injecting drug use in Portugal rose from 73 in 1991 to 505 in 1999. In the same period, drug related deaths rose threefold. The public health risks of heroin injecting

TION
AMEIZATION
ALn Hughes¹ and Alex Stevens²

¹ is a non-governmental initiative on national drug policies. The aim of the initiative is the rational consideration of the use of psychoactive substances in the Policy Consortium (IDPC), which is a consortium of government responses to the issue and content of drug policies

ES IN PORTUGAL

and a new law, Law 30/2000, which responded to drug users. The new law on the acquisition and possession of all types of drugs, which was defined as being up to 5g. These changes did not legalize drug use, but remained prohibited by Portuguese law. These changes did not legalize drug use, but remained prohibited by Portuguese law.

es were:
sanctions for drug possession
ad been liable to fines or up to a

'referral to Commissions for the
liction (Comissões para a Dissuasão
-CDTs).

nade up of three people, including
nd medical professionals, who are
experts. The police refer people who
s to the CDTs. The person appears
l. The CDTs use targeted responses
s such as community service, fines,
es and bans on attending designated
to dissuade new drug users and to



SEMANARIO ECONOMIA 2008

EL PAÍS

Judt y los otros

FEISA
AKSTERO



Los límites de la intervención pública en la vida política de un país, y en particular en el ámbito de la justicia, son temas que se han debatido con gran intensidad en los últimos meses.

En este sentido, la intervención pública en la vida política de un país, y en particular en el ámbito de la justicia, son temas que se han debatido con gran intensidad en los últimos meses. La intervención pública en la vida política de un país, y en particular en el ámbito de la justicia, son temas que se han debatido con gran intensidad en los últimos meses.

La intervención pública en la vida política de un país, y en particular en el ámbito de la justicia, son temas que se han debatido con gran intensidad en los últimos meses. La intervención pública en la vida política de un país, y en particular en el ámbito de la justicia, son temas que se han debatido con gran intensidad en los últimos meses.

La intervención pública en la vida política de un país, y en particular en el ámbito de la justicia, son temas que se han debatido con gran intensidad en los últimos meses. La intervención pública en la vida política de un país, y en particular en el ámbito de la justicia, son temas que se han debatido con gran intensidad en los últimos meses.

ALMERIKEN CON. JOÃO GONÇALVES

"Permitimos la droga y bajó el consumo"

FRANCISCO GIL

La agenda de João Gonçalves en la semana pasada estuvo marcada por la visita a Portugal de la ministra de Justicia portuguesa, Catarina Botelho. La ministra portuguesa, Catarina Botelho, visitó Portugal en la semana pasada. La agenda de João Gonçalves en la semana pasada estuvo marcada por la visita a Portugal de la ministra de Justicia portuguesa, Catarina Botelho.

Gilberto y Catarina Botelho

La ministra portuguesa, Catarina Botelho, visitó Portugal en la semana pasada. La agenda de João Gonçalves en la semana pasada estuvo marcada por la visita a Portugal de la ministra de Justicia portuguesa, Catarina Botelho.

La ministra portuguesa, Catarina Botelho, visitó Portugal en la semana pasada. La agenda de João Gonçalves en la semana pasada estuvo marcada por la visita a Portugal de la ministra de Justicia portuguesa, Catarina Botelho.



João Gonçalves en la sede del Tribunal Constitucional, en la capital portuguesa.

OTRO se dedica a la responsabilidad y a la gestión de la política de drogas. La política de drogas en Portugal es una política de drogas que se ha desarrollado con gran intensidad en los últimos meses.

El médico portugués trasladó a la UE sus experiencias contra la droga

El médico portugués, João Gonçalves, trasladó a la UE sus experiencias contra la droga. La política de drogas en Portugal es una política de drogas que se ha desarrollado con gran intensidad en los últimos meses.

El médico portugués, João Gonçalves, trasladó a la UE sus experiencias contra la droga. La política de drogas en Portugal es una política de drogas que se ha desarrollado con gran intensidad en los últimos meses.

OFERTA ESPECIAL DE VACACIONES
Abril, Mayo y Junio
Oferta válida para reservas de 14 días o más.

TELAS 3 días / 7 noches 224 €	TUNIZ 3 días / 7 noches 295 €	OSPRE Y CASIL 3 días / 7 noches 595 €
-------------------------------------	-------------------------------------	---------------------------------------------

7% descuento adicional

OFERTA ESPECIAL DE VACACIONES
Abril, Mayo y Junio
Oferta válida para reservas de 14 días o más.

TELAS 3 días / 7 noches 224 €	TUNIZ 3 días / 7 noches 295 €	OSPRE Y CASIL 3 días / 7 noches 595 €
-------------------------------------	-------------------------------------	---------------------------------------------

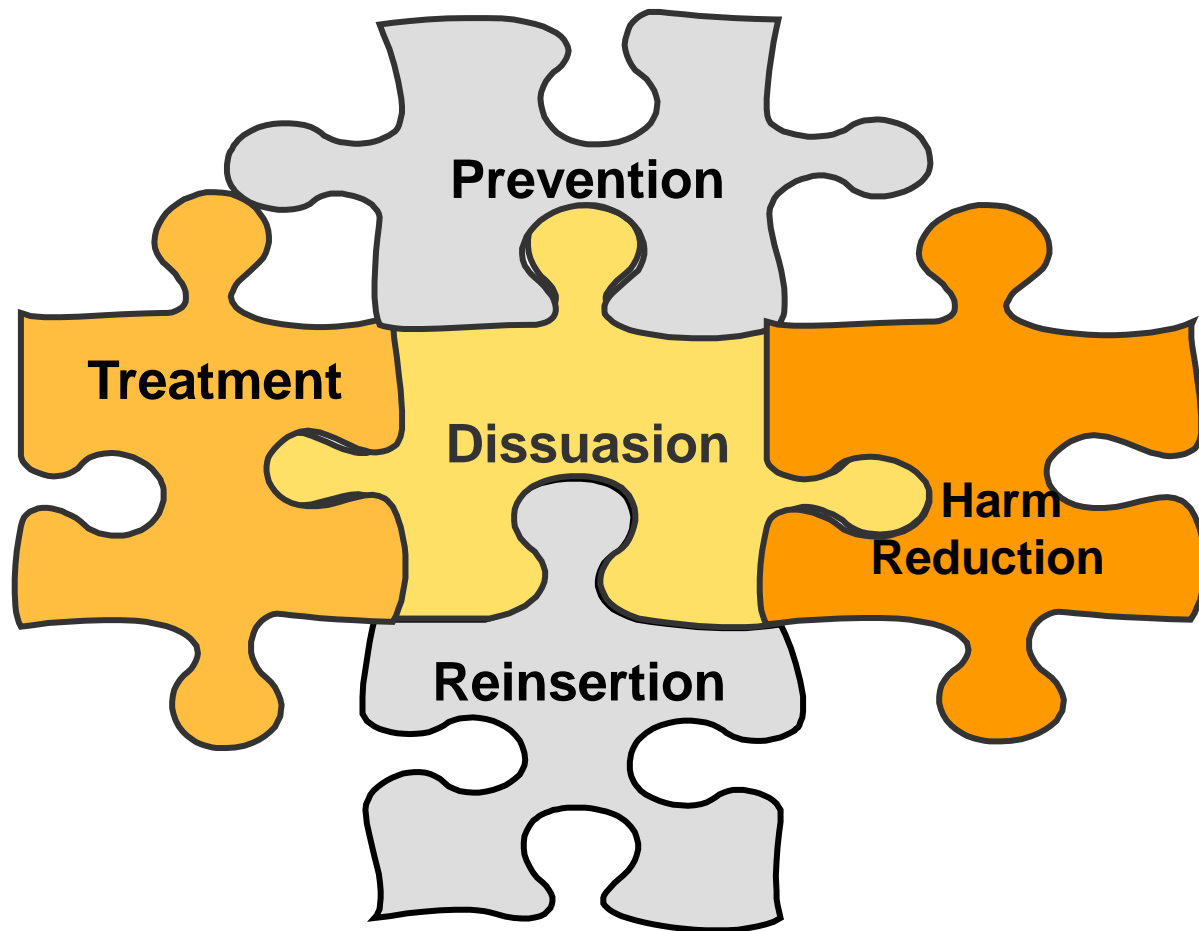
7% descuento adicional

are terrified of ing 'soft' option

are terrified of ing 'soft' option. The article discusses the challenges of drug policy in Portugal and the role of the judiciary.

PRODUCTS
1/3 off
HOME BASE
Make a house a home

Generalisation. Cette dernière partie d'un tout sans le n'aurait pas grand sens. L'association de la politique de la drogue et de la justice, c'est tout ce qu'il y a de plus normal. L'association de la politique de la drogue et de la justice, c'est tout ce qu'il y a de plus normal.



INSTITUTO DA DROGA E DA TOXICODPENDÊNCIA, I.P.
INSTITUTE ON DRUGS AND DRUG ADDICTION, P.I.

www.idt.pt



Thank you for your attention

joao.goulao@idt.min-saude.pt