Thank you Chair,
Thank you Mr. Ambassador,

Distinguished Delegates, Ladies and Gentlemen,

I would like to thank the different speakers that shared their countries’ and organizations’ experiences on this issue. These are important contributions to our shared purpose of tackling drug related problems.

We consider the inclusion of a chapter on human rights in the outcome document of UNGASS as a crucial milestone in the drug control issues. Alternative sanctions to punishment and proportionality of sentencing are direct reflections of a human rights perspective on this theme.

Proportionality of sentencing means *ab initio* the non-imposition of the death penalty as we see it as a violation of the basic human right to life, but it also avoids grossly disproportional sentencing of individuals for drug use or possession for personal use, particularly when more efficient and human alternatives to conviction or punishment are available within the framework defined by the three international drug control conventions.

The Portuguese approach to drugs policy is rooted in the principle of alternatives to imprisonment for drug use and possession for personal use. As you know in Portugal drug use and possession for use remain illegal, but they are not considered criminal offences, well within the spirit and letter of the Conventions.

That is also to say that Portuguese drug policy is based on the respect for human rights, through an integrated, multidisciplinary and comprehensive approach, assuring that each component of the model reinforces the other.

But it is not only principles. It is also effectiveness!

In Portugal, levels of drugs use were consistently reduced and stabilized in recent years, blood borne diseases infections were also reduced, and we testified a decrease in the incarcerated population for drug related offences (44% of those incarcerated before the reform of 2000, against less than 20% today).

In fact, for an addict who is caught in possession of drugs, prison is most of the times counterproductive, bearing a negative impact on health and possible new barriers for
rehabilitation and reintegration in society, with the risk of creating a vicious cycle of stigmatization.

In Portugal someone caught by law enforcement agents in possession of a small quantity of any drug, which does not exceed the amount defined by law for a period of ten days use, is referred to a multidisciplinary Drug Addiction Dissuasion Commission (which is managed by the Ministry of Health).

These Commissions try to establish if the offender is addicted or an occasional consumer, and have the power to impose decisions and administrative sanctions, such as community service, interdiction to travel abroad, prohibition to attend certain places, and other similar measures.

More importantly, the Commissions are oriented by health and social goals, and their paramount objective is the well-being of the individual and his or her integration in society. That means that they also advise and guide the offenders, by referring drug addicts to treatment and pointing out those that are not addicted but need a specialized intervention. They also try to help them to understand the avenues they can explore at professional and personal level.

This careful balance between decriminalizing drug use and possession for personal use without legalizing it, allowed for very good results, even on cannabis users, as these offenders are influenced and guided by the Drug Addiction Dissuasion Commissions to halt their consumption. In 2016, 85% of the offenders were cannabis users and the Commissions referred them to counseling, treatment structures or other responses within the community.

We believe the promotion of alternatives to conviction and punishment is not only the most principled approach from a human rights perspective, but, I repeat, the most effective way to achieve our goals.

But decriminalization and alternative sanctions to punishment are only a part of the humanist based Portuguese comprehensive approach in tandem with prevention, treatment, harm reduction and reintegration, and so en passant, I must underline that:

- Universal drug prevention is part of school curricula in a cross cutting way, in sciences, biology and civic studies.

- On the law enforcement side, we have in place, since 1992, the “Safe School Program” through which the metropolitan police patrols the areas surrounding schools to raise awareness and protect the students from criminal activities, such as drug trafficking. These agents participate in awareness and in other activities in schools, involving all stakeholders: students, parents and staff. This program today covers around 3000 schools and more than one million students.

Indeed, law enforcement officers support and recognize the Portuguese drugs model as the most efficient approach, as it allowed for a decreasing of criminal activity in the short and long term, and allowed them to focus on the combat on more serious criminality such as drug trafficking.

- Our public health approach is also sustained through the Referral Network for Addictive Behaviors and Dependencies. This Network brings together public health
services, NGOs and other public and private treatment services providing care for drug users. The public services are free, as they are voluntary in terms of use and universally accessible to all that seek treatment.

Just for the record, in 2016, 16,368 drug consumers were registered in opioid substitution programs.

- Harm reduction programs, in particular regarding syringe exchange, and structures, are widely available throughout the country, with the stated goal of preventing drug-related risks such as infectious diseases, social exclusion and delinquency.

- By the way, treatments for HIV/AIDS and hepatitis are included in the range of the universal National Health Service of Portugal (and it is free).

The decrease in number of HIV/AIDS cases associated with drug use reflects the results of our policies: between 1995 and 1999 around half of HIV diagnoses were related to injecting drug users. In 2016 this represented only 3% of the total number of diagnoses.

- We achieved a 40% decline in the number of injecting drug users since the beginning of the century. Considering the new patients in the treatment system in 2015, only 3% were injecting drug users.

- In line with the Universal Declaration of Human Rights and enshrined in the Portuguese Constitution the dignity of human beings is paramount in our model. And a figure that we believe is demonstrative of the results achieved is the sharp drop in overdoses (318 in 2000, to 27 in 2016).

In fact, the drug-induced mortality rate among adults was 5.8% deaths per million in 2016, one of the lowest in Europe and in the World.

There is no silver bullet in the combat against the drug addiction problem.

However, we believe the reforms we enacted in the year 2000, allowed us to create a model anchored in the human rights of each individual, and that through a health-based multidisciplinary approach we could achieve excellent results in prevention, treatment, harm reduction and reintegration areas, thus contributing to a healthier society in general.

In line with the UNGASS outcome document we believe the Sustainable Development Goals (SDGs) are the canvas for the implementation of the outcome document. And in that respect we believe that a holistic model such as the Portuguese – which has yielded progress in the fight against poverty, promotion of health, education and cohesion of our communities –, might be a positive contribution to that end.

We stand ready to learn from others’ experiences and approaches, and to share ours in a spirit of close cooperation that ultimately will help us all to achieve more sustainable development rooted in the respect of human rights.

Thank you for your attention.