A public health approach as a base for Drugs Policy: the Portuguese case

Special Event, 9 December 2015, Vienna

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

Ministry of Health, PORTUGAL
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 one

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.
Coordinated Public Health-oriented Approach Based On 5 Pillars:
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)

   - Integrated and Focused Responses
   - Centrality in the Citizen and Territory
A NEW PARADIGM

- 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
World Drug Report 2009

"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."
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.
<table>
<thead>
<tr>
<th>Illicit Substance</th>
<th>Grams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>1</td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
</tr>
<tr>
<td>Morphine</td>
<td>2</td>
</tr>
<tr>
<td>Opium</td>
<td>10</td>
</tr>
<tr>
<td>Cocaine (hydrochloride)</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine (methyl ester benzoilegonine)</td>
<td>0.3</td>
</tr>
<tr>
<td>Cannabis (leaves and flowers or fruited dons)</td>
<td>25</td>
</tr>
<tr>
<td>Cannabis (resin)</td>
<td>5</td>
</tr>
<tr>
<td>Cannabis (oil)</td>
<td>2.5</td>
</tr>
<tr>
<td>LSD</td>
<td>0.1</td>
</tr>
<tr>
<td>MDMA</td>
<td>1</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>1</td>
</tr>
</tbody>
</table>
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 INDICATED 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

**Execution of penalties by Law Enforcement Authorities**

- 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.

**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

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

NETWORK
DECISIONS AND SANCTIONS

- 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.
SOME RESULTS
DEMAND REDUCTION: DISSUASION

Number of offenders: 8,843

- 5,417 Non Drug Addicts
  - 1,615 Only motivational intervention
  - 2,747 Motivational Intervention and referral to support structures

- 801 Drug Addicts
  - 742 Referal to treatment

9,455 files in 2014
CONSUMPTION PREVALENCE ON THE GENERAL POPULATION
III NATIONAL ENQUIRY – GENERAL POPULATION: PORTUGAL 2012

Life Long 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
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

Number of diagnosis

Year of diagnosis

Source: Relatório Infeção VIH/SIDA: a Situação em Portugal a 31 de dezembro de 2012 /INS/
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;
Increased efficiency of Police and Customs forces;
Increases in the amounts of drugs seized by the authorities;
Reductions in the retail prices of drugs.
IN CONCLUSION:

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.

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