BECKLEY
FOUNDATION

DR JOÃO GOULÃO
NATIONAL DRUGS COORDINATOR, PORTUGAL

"People started to think … this guy – my son, my neighbour, my nephew, is not a criminal. He is someone who needs help. He is a good guy; this is a disease. And… the first step was among the general population."

João Goulão

João Goulão explained that he was going to focus on the Portuguese experience, and talk about the so-called "Portuguese model".

Dr. Goulão also reminded Mike Trace that in the Portuguese strategy of 1999 there was a chapter discussing terminology. Although they decided on 'decriminalisation,' they had also discussed 'depenalisation' and 'legalisation.' These are all described and translated into English, and that work, although 12 years old, is still useful.

DRUG USE IN PORTUGAL: A BACKGROUND

Before the democratic revolution in 1974, there were almost no problems with drug use in Portugal. Before 1974, Portugal was a very closed society, isolated from what was happening around the world; so while other societies were learning how to deal with substances, they were not. Suddenly, after the revolution, thousands of soldiers and settlers from the colonies returned with drug habits. They brought in tonnes of cannabis, and experimentation exploded. In a completely unprepared and naïve society, using drugs was associated with the idea of freedom. Alongside this boom, trafficking networks and criminal organisations came to Portugal to explore a new emerging market. As the society was unprepared, users often shifted from one drug to another; they did not know the difference. It was easy to shift from cannabis to heroin, for instance, and this very quickly led to a dramatic situation in Portugal.

While Portugal had always had one of the lowest prevalence of drug use and experimentation in the European Union, there came to be a very narrow gap between the total number of people using drugs and problematic users – almost as if everybody who was using had become a problem user and was using intravenous drugs and addicted. Along with this came the problem of AIDS, which led to a dramatic situation.

The Portuguese government took some time to respond. They were using the police and customs interventions and some penalties. Lots of people were in prison because of using and dealing drugs. But things got worse every day. By the late 1980s, 1% of the

population of around 10 million was hooked on heroin. Many people were being killed by AIDS, by overdoses, and so on. Drug use existed especially among marginalised people, but it spread more and more to society as a whole. It became difficult to find one single family that had no problems, and people started to think that these users – who could be their children, relatives, neighbours – were not criminals. They were people who needed help. And the general population made the first step. They had the feeling that this was not a crime, but a disease.

THE PORTUGUESE GOVERNMENT'S RESPONSE: A WHOLE PACKAGE

As a consequence, by the end of the 1990s, the Government, including former Prime Minister José Sócrates Carvalho Pinto de Sousa, who was Minister for Youth and Sports at the time, decided to invite a group of experts, including judges, psychiatrists, and others. The Minister asked the group to produce a report on the Portuguese drug situation, as well as strategic recommendations. The resulting recommendations included strategies for supply- and demand-reduction, prevention, treatment (adopting substitution clearly and definitively), harm reduction, syringe exchange, outreach work, methadone programmes, and re-insertion. All of this was wrapped in a proposal of decriminalisation in order to make it more coherent and in line with the general feeling that drug use is a disease and not a crime.

The general strategy was adopted in 1999 by the Government, but the question of decriminalisation had to be discussed in Parliament. Whereas it was very well accepted among the general population, in Parliament it was much more difficult. The policy was finally adopted, and decriminalisation came into force on 1 July 2001, 10 years ago.

The 1999 National Drugs Strategy established 8 Principles, which included the Humanistic Principles of 1) Recognition of the human person's full dignity; 2) Understanding the human person's life, clinical record, and social environment; and 3) The assumption that a drug user is a diseased person endowed with the constitutional right to health.

Initially, Portugal received a lot of criticism and was almost condemned by international public opinion. However, in the 10 years since the policy was implemented, there have been positive results. These results are not attributed simply to decriminalisation, but to the whole package, i.e., the fact that Portugal built an integrated policy with supply reduction. The police and customs agents were released from having to deal with the 'small fish' and victims, and therefore had the resources to go after the 'sharks,' the big criminal organisations. They increased their links with international police forces and customs, and also with the Maritime Analysis and Operation Centre (MAOC), which is based in Lisbon and includes members from seven European countries, including the United Kingdom and Portugal. This has led to increased efficiency in the supply-reduction field.

On the other side of this issue is prevention. Portugal moved from big media campaigns to more targeted work on the ground with specific sectors of the population. Portugal also developed a very strong network of public treatment, complementary to the NGOs, and it worked on harm reduction, outreach work, and also re-insertion. With all that work, there was quite a good evolution of the available indicators. It also led to the

creation of a new institutional structure to implement and coordinate an integrated approach: the Institute on Drugs and Drug Addiction (IDT) under the Ministry of Health.

The question of decriminalisation also led to the creation of new administrative bodies: the Commissions for the Dissuasion of Drug Addiction (CDT). These were not special courts for drugs (because of decriminalisation), but they still penalised drug use as an administrative offence. But even though these administrative bodies apply penalties, they are part of the Ministry of Health, and their first goal is to identify the needs of people intercepted by police and brought to the commissions. They try to identify whether they are dealing with a drug-addicted person in need of treatment, which allows them a quick referral to treatment facilities, or with occasional or recreational users. But even in the latter cases it is possible to identify whether there are co-existing problems, and, if so, to refer them to community facilities for social, family, or psychological problems, which can co-exist with and lead towards addiction.

Portugal uses what is called the 'Dissuasion Theoretic Model.' The model emphasises that:

- drug consumption is not merely a private choice, because of its social effects;
- a drug-addicted person 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 at the user's characteristics and individual needs.

The model makes use of a number of Dissuasion 'Macro Tools':

- to dissuade consumption via 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 drug-trafficking and drug-related crime, not the small crime of acquiring drugs for one's own consumption;

And other 'Dissuasion Tools':

- users' information and awareness of drug consumption risks;
- health promotion in global terms;
- promotion of users' social reintegration;
- improvement of drug-addicted individuals' motivation and referral to treatment;
- signalisation of situations that, though not characterized as drug addiction, need to be specifically addressed.

The following figures detail some of the results Portugal has seen. It is important to bear in mind that since Portugal and Spain are the 'face' of Europe towards South America, they receive many products coming from South America – a situation that is difficult to change.

According to Law No. 30/2000, "the consumption, acquisition, and possession for own consumption of plants, substances, or preparations constitute an administrative offence and cannot exceed the quantity previewed for individual use for a 10 day period (Figure 6). Exceeding this quantity leads to criminal procedures."

'Ten-Days Maximum Amount' Illicit Substance Chart

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

Figure 1. Maximum amounts allowed for personal use; approximately 10 days' supply.

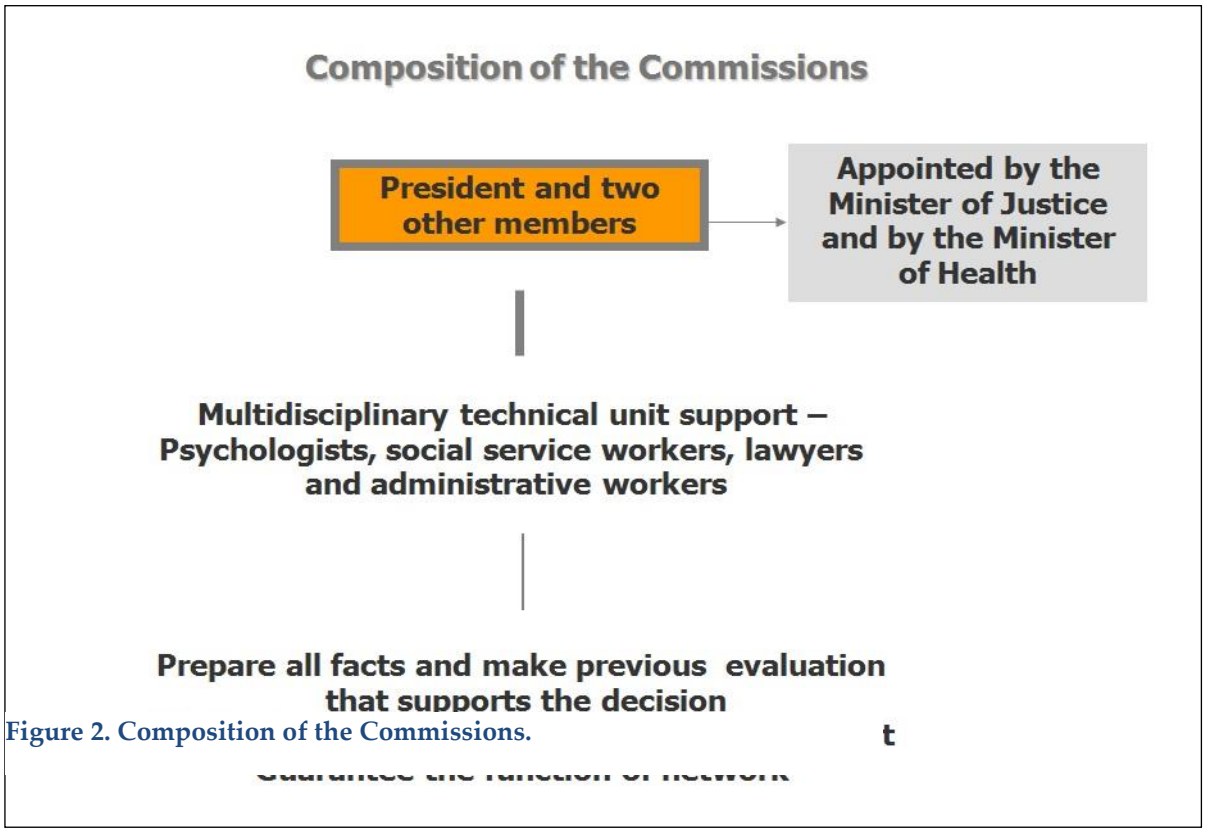

Figure 2. Composition of the Commissions.

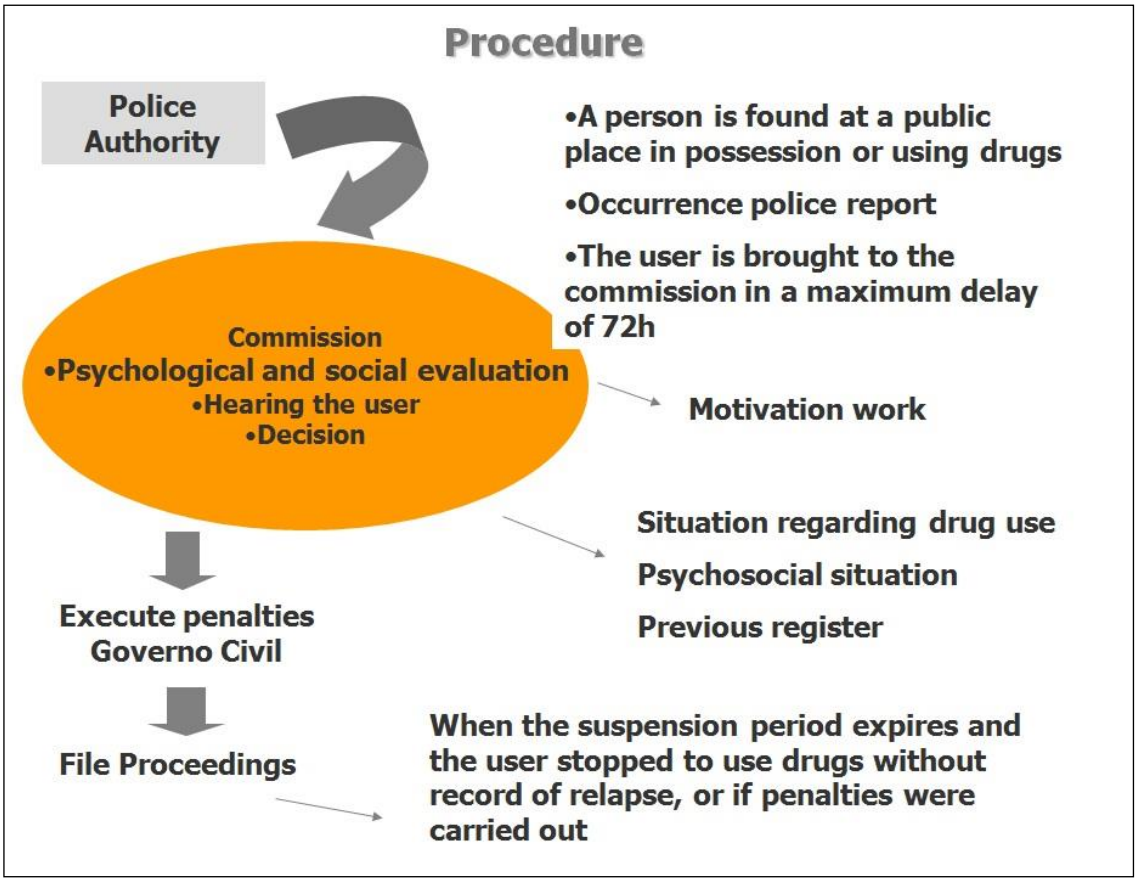

Figure 3. Procedure.

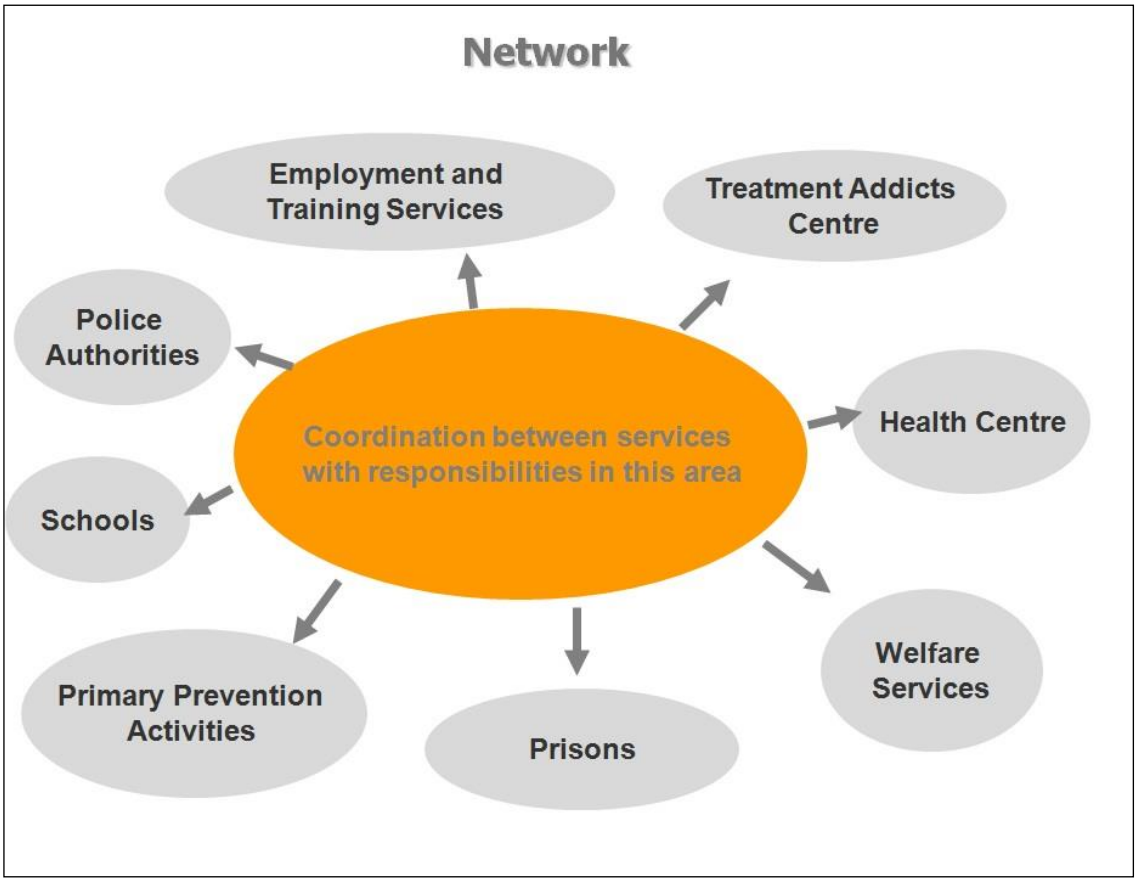

Figure 4. Network.

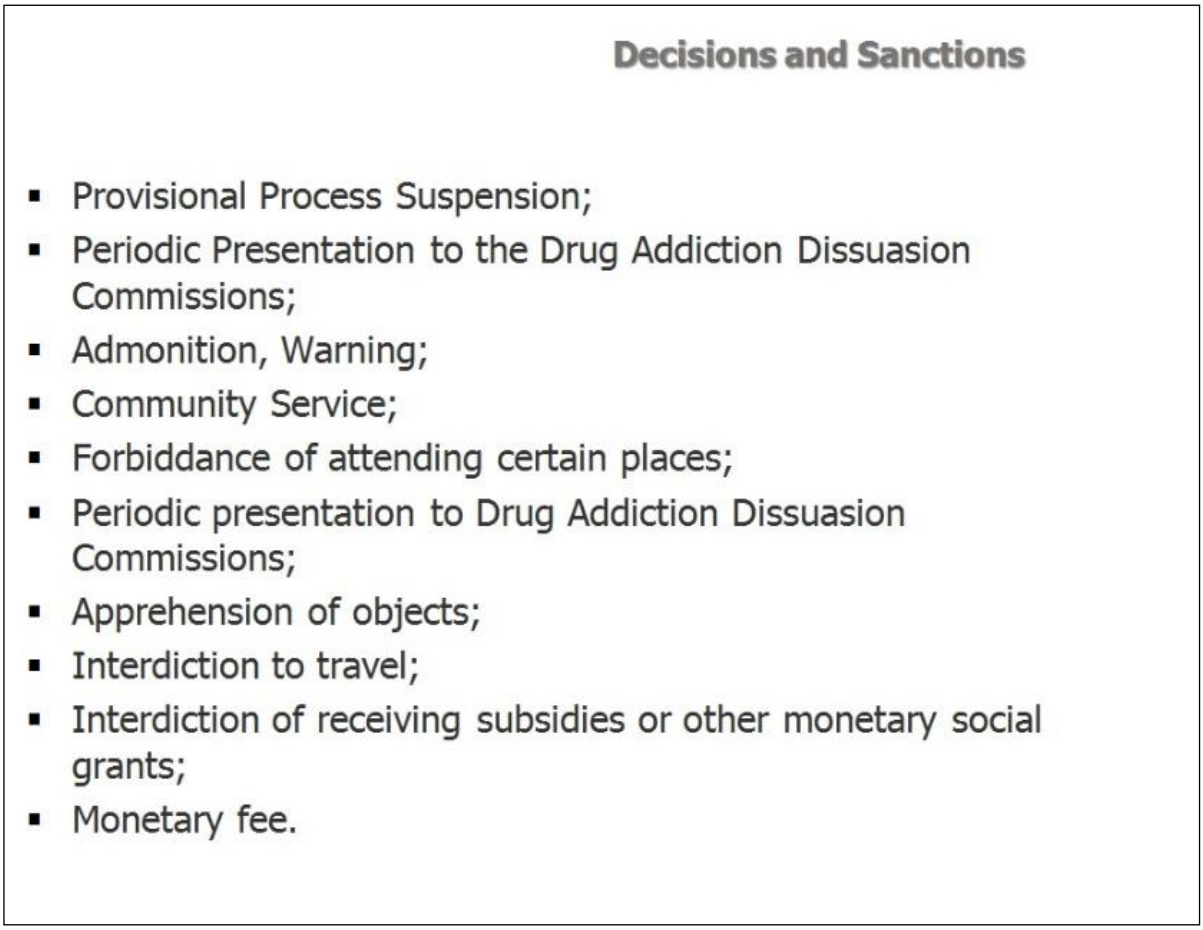

Figure 5. Decisions and Sanctions.

DISCUSSING DECRIMINALISATION

Regarding the discussion in Parliament about decriminalisation, some parties argued that Portugal would become a new destination for tourism, with planes flying to Lisbon everyday full of people who wanted to use drugs. Another issue was compliance with United Nations Conventions. This was discussed in depth, and the best lawyers were asked for advice. The answer was that keeping penalisation as an administrative offence would be in line with the UN Conventions. Another fear had been the possibility of increased use amongst youngsters, but this has not happened.

The main objective was to have a second line of preventive intervention. The ideal is that prevention should be 100% successful - one wants to prevent drug use from happening. But if that does not happen, then there is a second line of defence in which the commissions are able to talk to people and discuss the role of drugs in their lives. They follow a procedure to match different situations to adequate responses. The commissions have a very strong network in the society, and this lets them refer people to adequate responses.

SOME RESULTS

The following figures show the distribution of processes by the CDT (Commissions for the Dissuasion of Drug Addiction) since 2001. As it started in the middle of that year, there were only around 2000 processes in 2001, but since then there have been around 7,000 cases a year (Figure 11). The most common process outcome is a 6-month suspension of the process, during which time the person is referred to services (Figures 12 and 13). If people do not relapse during this period, nothing happens in terms of sanctions; a sanction is applied only if somebody is brought to the commissions for a second time.

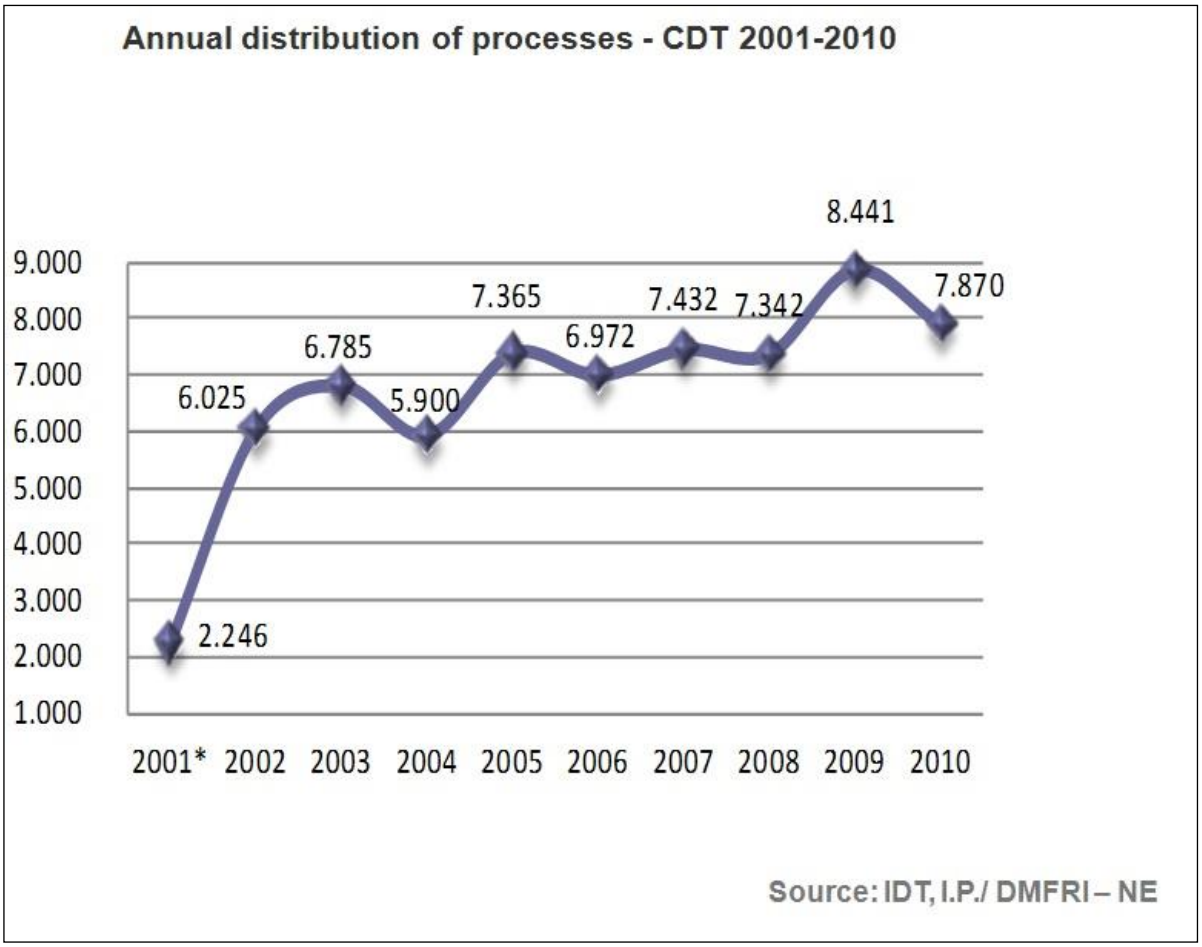

Figure 6. Annual distribution of processes – CDT 2001-2010.

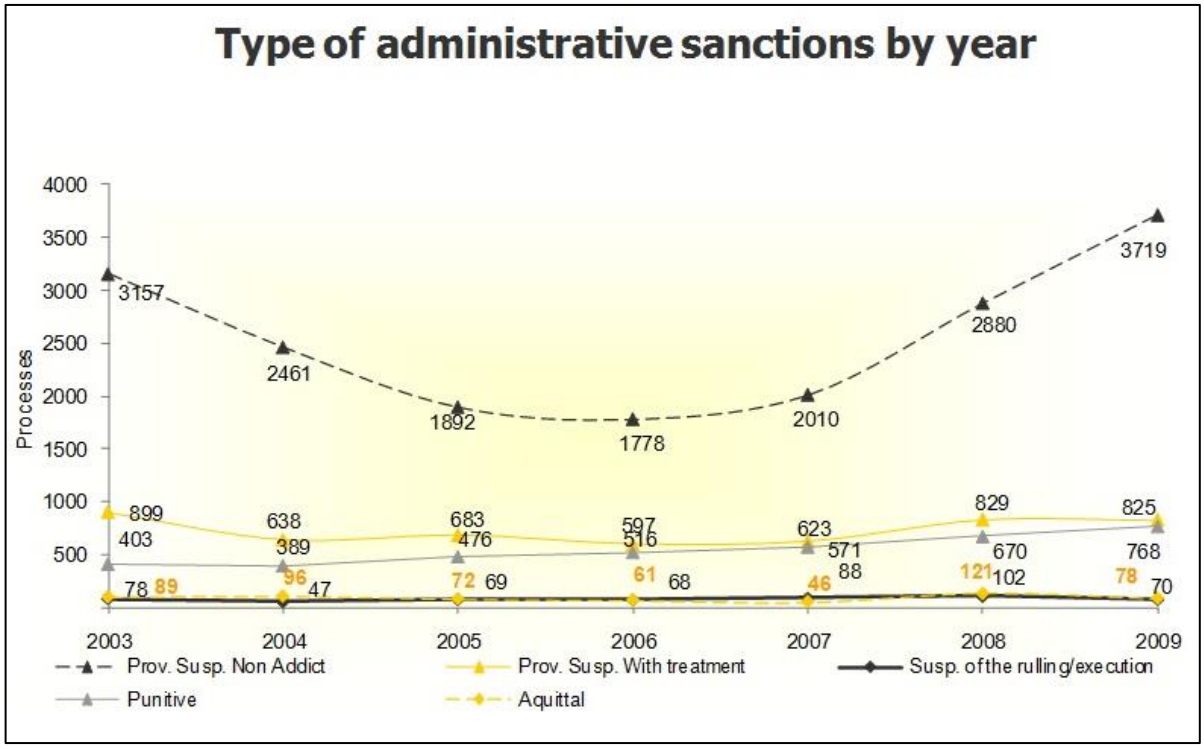

Figure 7. Types of administrative sanctions by year.

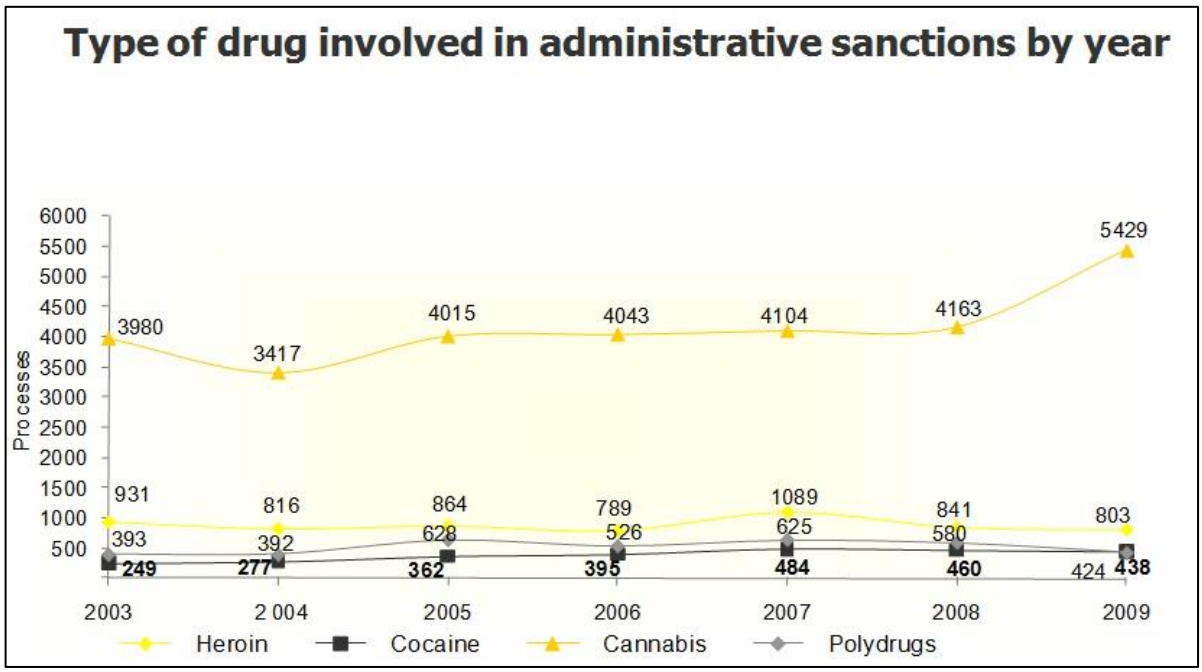

Figure 8. Type of drug involved in administrative sanctions by year.

Regarding drug use in prison populations (Figure 14), in 2001, 37% of prisoners had used intravenous drugs before incarceration; in 2007, that figure had fallen to 18%. Similarly, in 2001, 11% of prisoners used intravenous drugs in prison, but in 2007 only 3% did.

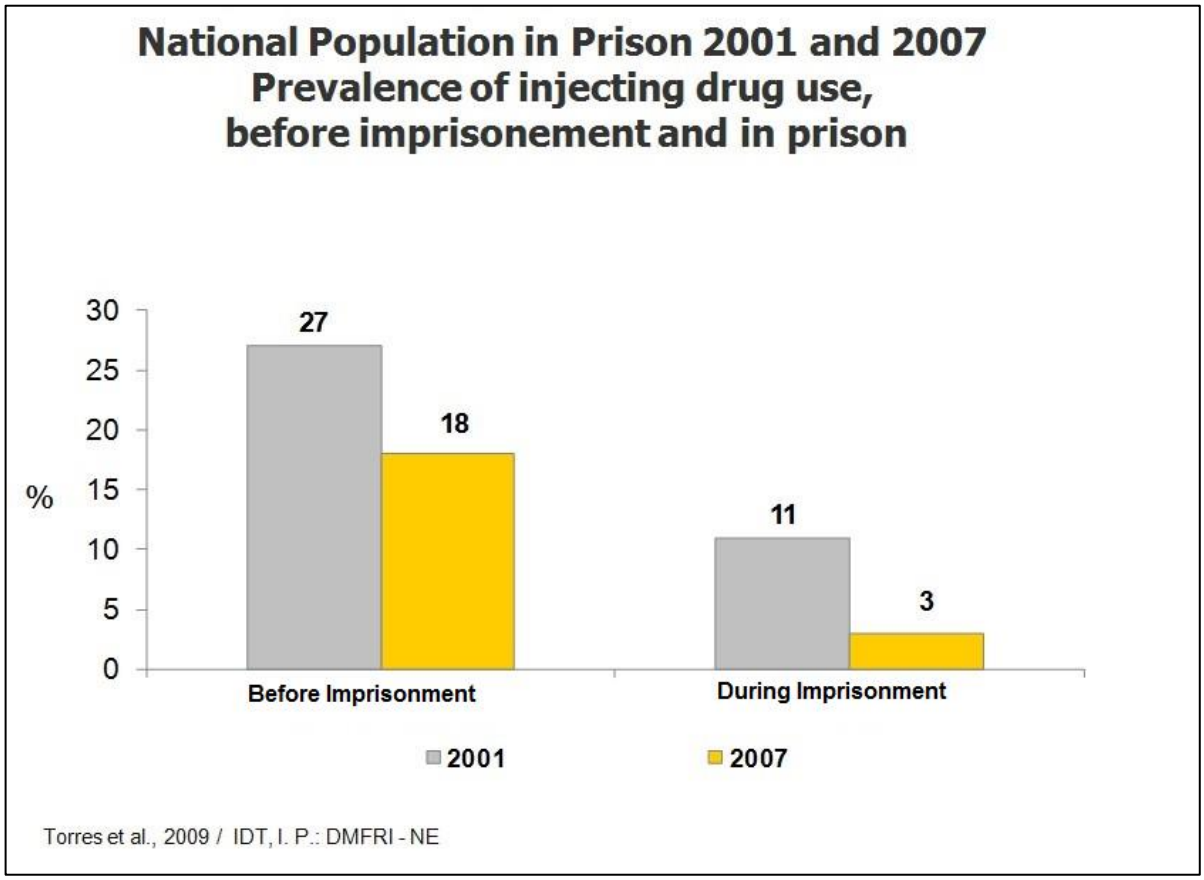

Figure 9. National Population in Prison 2001 and 2007. Prevalence of injecting drug use, before imprisonment and while in prison.

One of the main questions was whether young children were starting to use drugs. Lifetime prevalence surveys had been carried out in 2001 and in 2007 (and preliminary results from the 2011 survey are keeping the same tendencies). From 2001 to 2007 there was a rise in the general prevalence of drug use in youngsters 15-24 years old. However, if the age group was divided in two, namely 15-19 and 20-24, it was clear that younger people were using fewer illicit drugs in 2007 compared to 2001 (Figure 15).

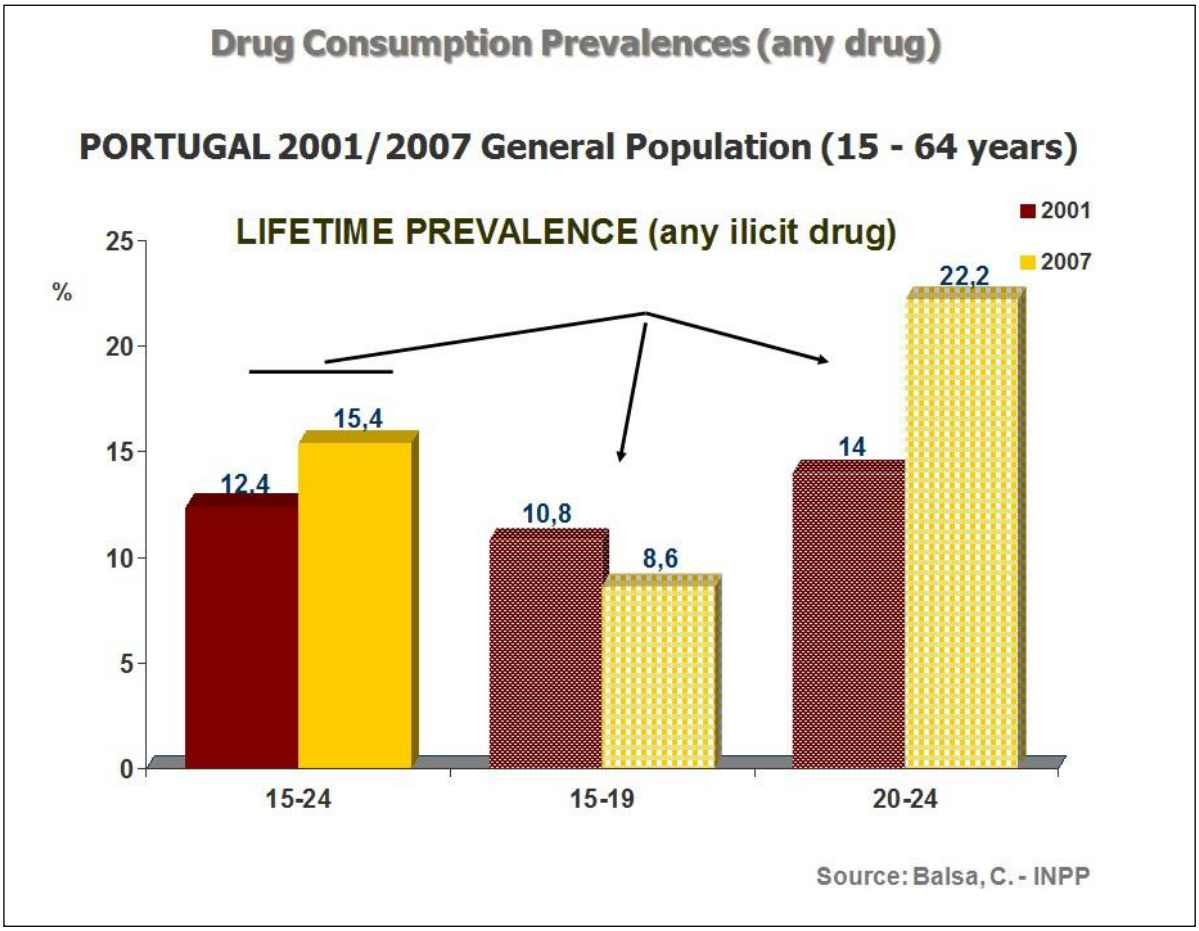

Figure 10. Lifetime prevalence (any illicit drug), Portugal 2001/2007.

Portugal has quite a strong structure and network for treatment. There are 47 outpatient treatment centres, 32 consultation and detoxification units, and 78 communities – and everything is free and easy to access, without waiting lists (Figure 16).

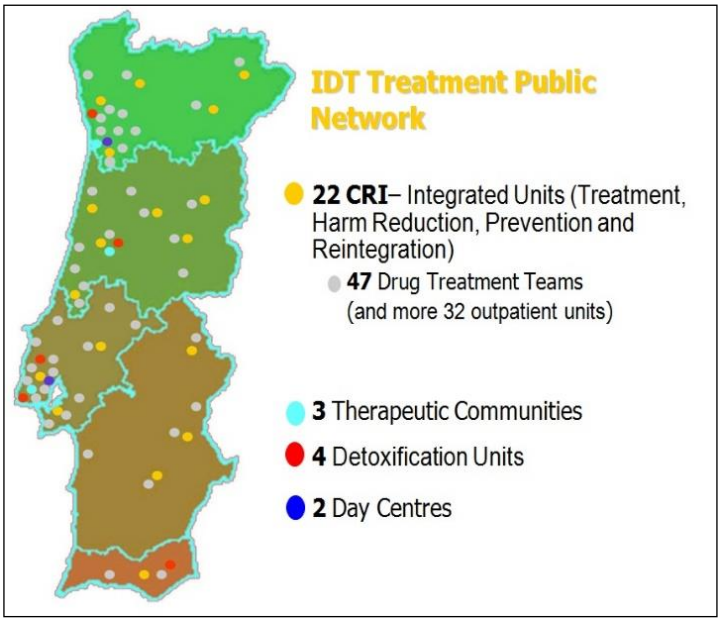

Figure 11. IDT Treatment Public Network.

In 2009 there were around 39,000 people in treatment, about 7,000 of whom were new patients (Figure 17[1]). There has also been an evolution in age groups of treatment-seekers. From 1995 to 2010, the average age of drug users was getting higher (Figure 18). In 2010, young people started coming in as a result of improved relationships with schools and consequent referrals of people with problematic drug use in schools.

[1] Source: IDT, I.P./DMFRI – NE

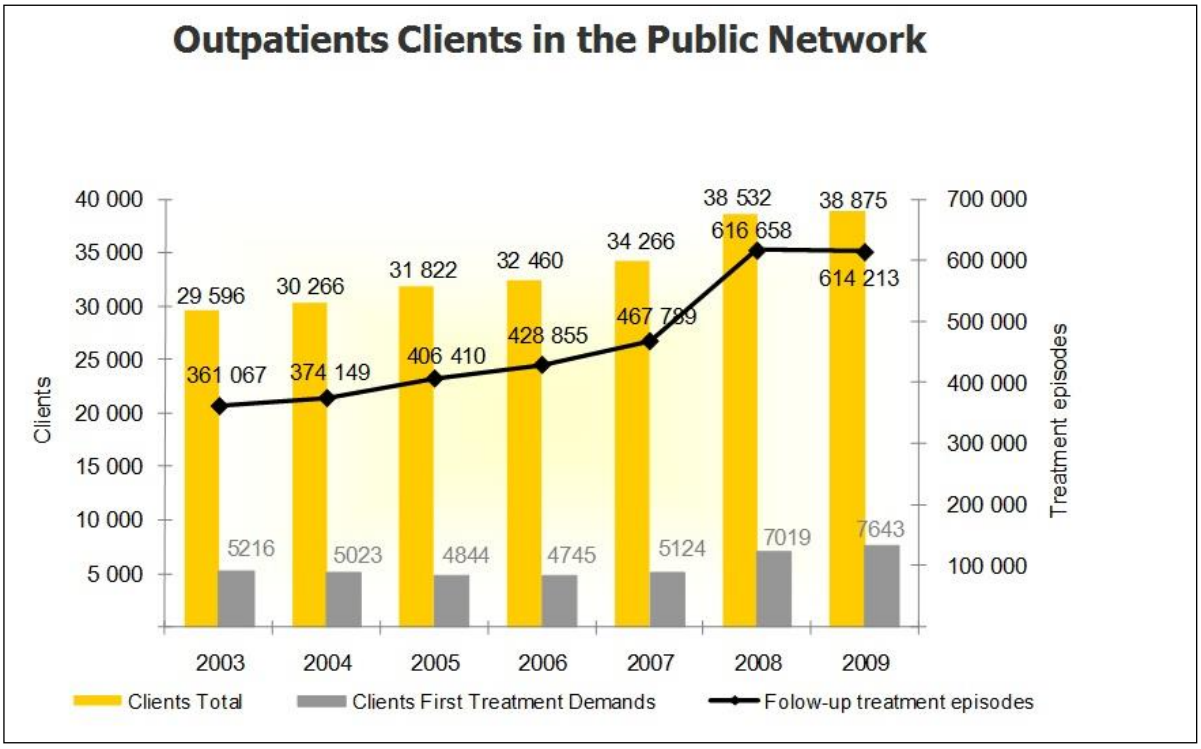

Figure 12. Outpatients Clients in the Public Network.

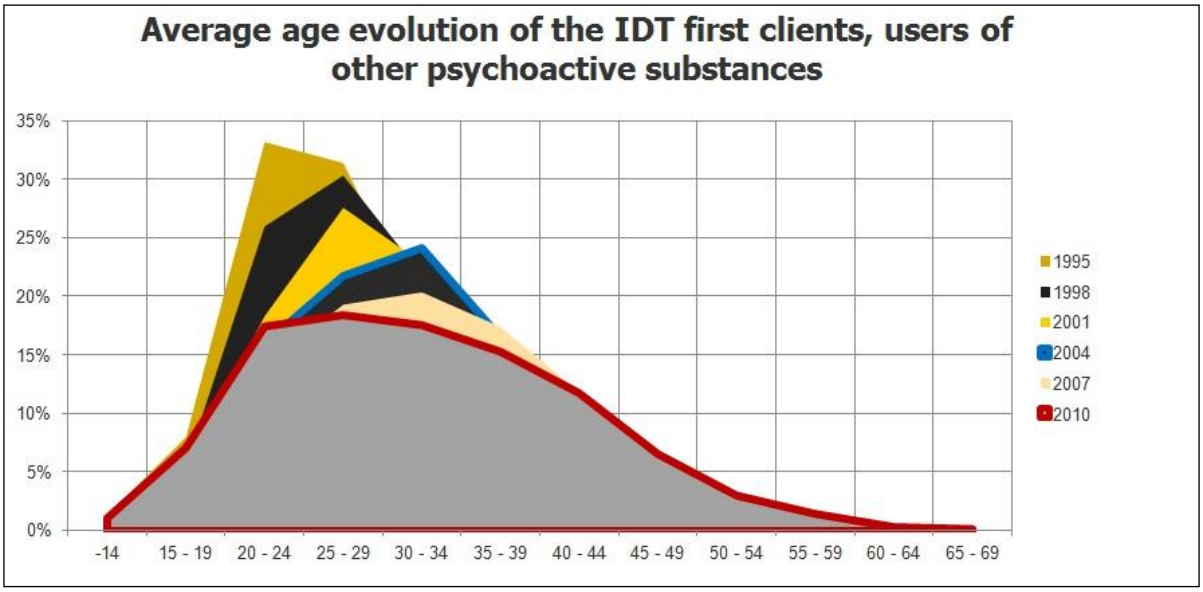

Figure 13. Average age evolution of the IDT first clients, users of other psychoactive substances.

There was also an evolution in the specific substance for which treatment was sought (Figure 19). In 2000, 36% of clients were using drugs intravenously, but by 2010, this number had dropped to 7% (Figure 20). As for the evolution of AIDS, the rise in

infections observed among injection drug users (IDUs) has been falling since 2000 (Figure 21[2]).

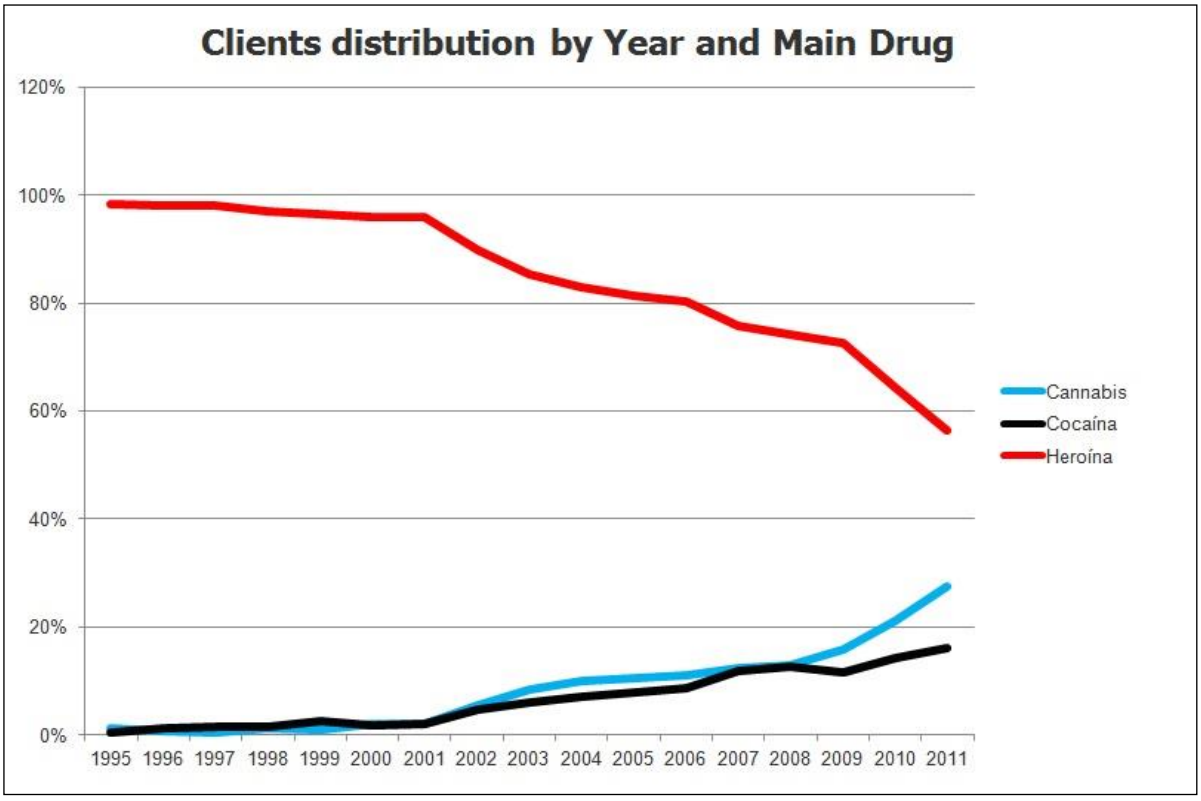

Figure 14. Clients' distribution by Year and Main Drug.

[2] Source: National Coordination for HIV/AIDS Infection

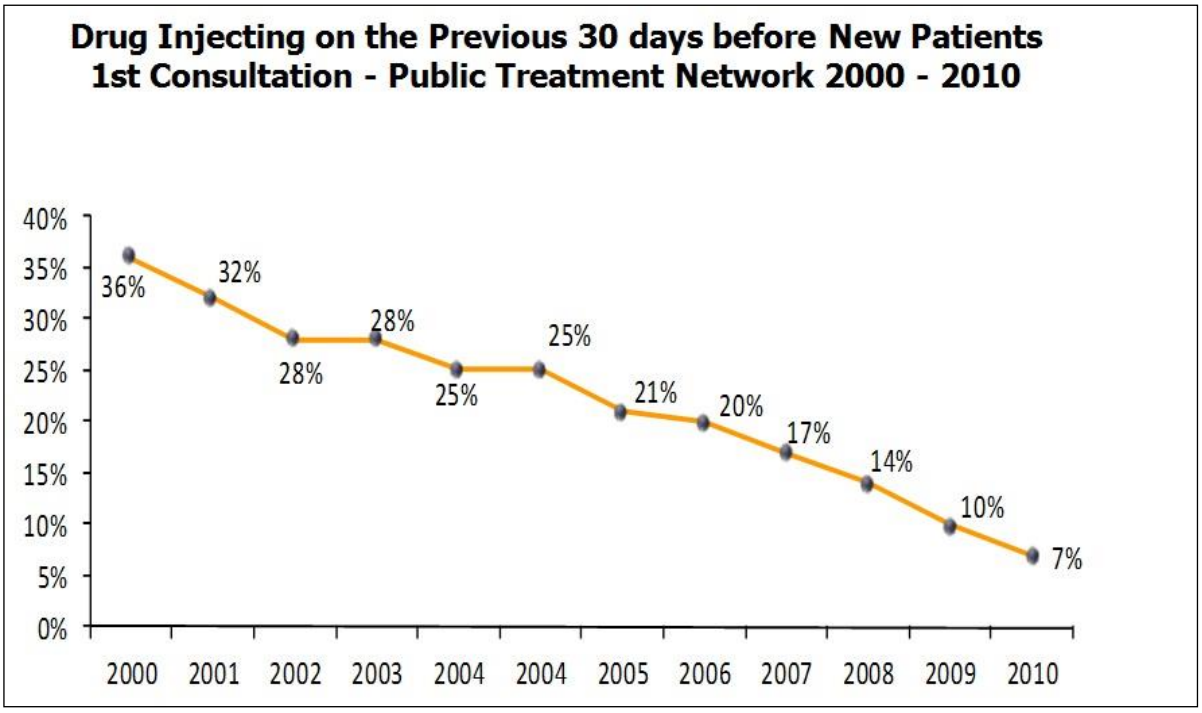

Figure 15. Drug Injecting – Public Treatment Network 2000–2010.

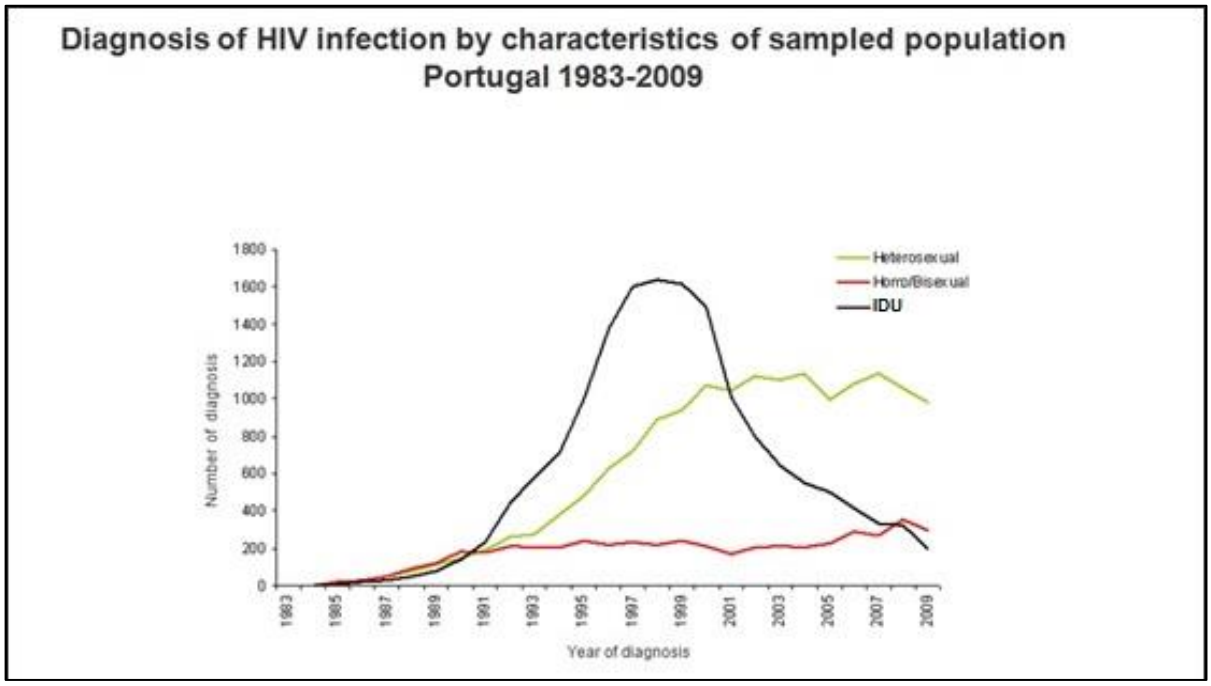

Figure 16. Diagnosis of HIV infection by characteristics of sampled population, Portugal 1983–2009.

As regards crime, the evolution of petty acquisitive crimes showed that in 2001/2002, there was a tendency to decrease; in 2008 a small peak but the average was quite

positive. The efficiency of the police and customs forces in terms of large-scale drug-trafficking could be seen by the amount of drugs seized (Figures 22[3] and 23).

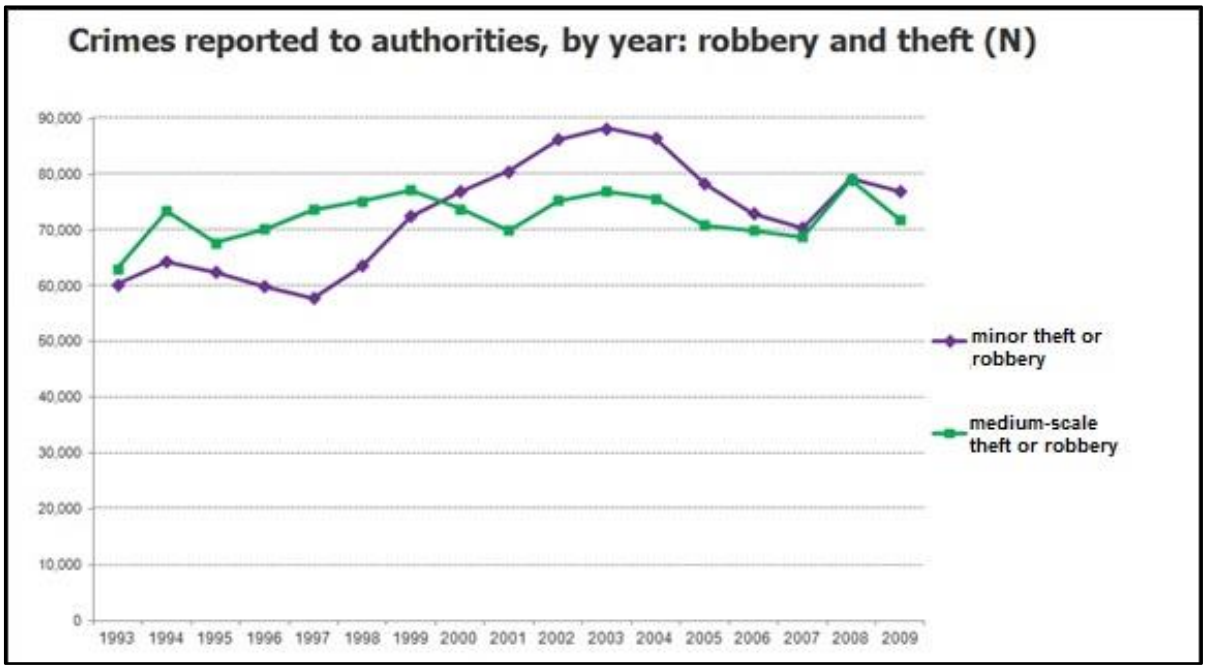

Figure 17. Crimes reported to authorities, by year: robbery and theft.

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

Year / 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
Cannabis	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

Figure 18. Supply Reduction, Drug seized by year and by type of drug (2003–2009).

[3] Source: Directorate-General for Justice Policy

Although admittedly there has been a small increase in reported illicit drug use among adults, there has also been a clear decrease in problematic use. From the end of the 1990s, the 'party' use of drugs became stronger with the presence of Ecstasy and cocaine. These drugs and the cultures that accompany them are very different from those in Portugal's past, which were very much dominated by heroin. The results clearly show a reduction of injection drug-use, death, and infectious diseases; reduced stigma on drug users (since the subject was discussed openly and clearly); and reduction in retail prices. Portugal has also seen increases in the amount of drugs seized by authorities, and increased efficiency of police and customs forces.

Drug addiction is no longer a political issue: in 2009 it was the 13th most importance issue. In 1997, it had been the first concern of the Portuguese.

Again, the Portuguese do not consider these results to be caused solely by decriminalisation; they were caused by the comprehensive package of policies, although decriminalisation certainly did not negatively affect the evolution of the drug phenomenon.

There is now a lot of interest in Portuguese policies. It started with a Cato Institute report by Glenn Greenwald, followed by important documents by the Global Commission, the Open Society Foundations, and the Beckley Foundation. Portugal welcomes the national and international media interest, as such interest could function as an anchor for Portuguese policies. The country is facing very difficult budgetary cuts, and the government needs to dismantle the Institute on Drugs and Drug Addiction that dealt with the problematic use of drugs under the Ministry of Health. There is a fear that as a consequence, things could go back to where they started, so that all support is appreciated.