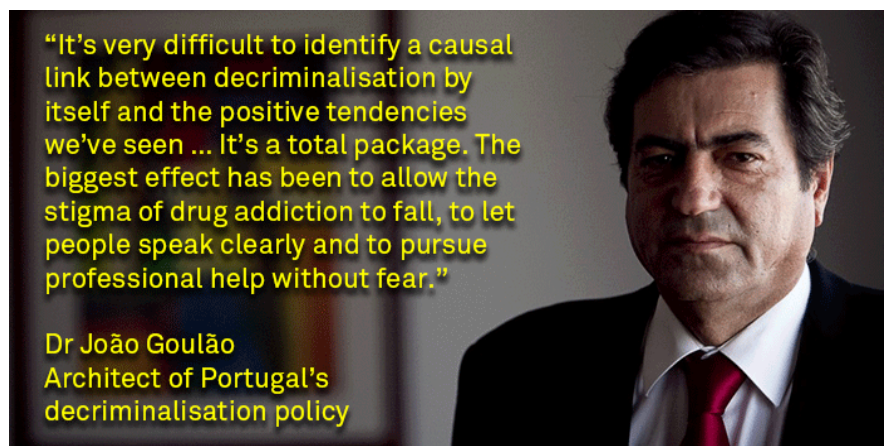


# Portuguese Drug Recovery Model

*Extracted from Transform Drug Policy Foundation*

- Drug-related deaths have remained below the EU average since 2001
- The proportion of prisoners sentenced for drugs has fallen from 40% to 15%
- Rates of drug use have remained consistently below the EU average
- In 2001, Portugal decriminalised the personal possession of all drugs as part of a wider re-orientation of policy towards a health-led approach.
- Possessing drugs for personal use is no longer punishable by imprisonment and does not result in a criminal record and associated stigma.
- Drugs are, however, still confiscated and possession may result in administrative penalties decided by district level panels made up of legal and social work professionals such as fines or community service, known as 'Commissions for the Dissuasion of Drug Addiction'



- Where an individual is referred to a Commission for the first time and their drug use is assessed as (low risk), the law requires their case to be 'suspended', meaning no further action is taken. Fines can be issued for subsequent referrals.
- With moderate risk cases brief interventions are proposed - including counselling, but these are non-mandatory.
- In 'high risk' cases, where more serious problematic behaviours and dependence are identified, non-mandatory referrals to specialised treatment services are offered.
- Mostly problematic drug use is not identified, and cases are simply 'suspended'.
- Commissions overwhelmingly view their purpose as helping to reduce use and educate on drug risks. They are non-judgemental in nature, and a primary focus is safeguarding the right to health of those referred.

Decriminalisation of personal possession is only one part of broader health-centred drug policy reforms that involve an increased focus on harm reduction treatment Portuguese reform ***allow drugs to be treated as a health, rather than criminal justice issue.*** Therefore the benefit reforms arise from both decriminalisation itself and a wider health-based response to drug problems. Portugal is not the first country to decriminalise some or all drugs but is one of the most prominent and influential and is regularly held up as the leading example of drug decriminalisation, so understanding the outcomes is vital.

## DRUG-RELATED DEATHS

In the first five years after the reforms, drug deaths dropped dramatically. They rose slightly in the following years, before returning to 2005 levels in 2011, with only 10 drug overdose deaths recorded in that year. Since 2011, drug deaths have risen again but remain below 2001 levels (when there were 76 recorded deaths).

In 2001, Portuguese drug death rates were very similar to the EU average. While rates fell in Portugal following reform, they increased across the rest of Europe in the same timeframe. Drug death rates in Portugal remain some of the lowest in the EU

## CRIME

***The move away from criminalising and imprisoning people who use drugs has led to a dramatic change in the profile of the prison population.*** In 2001, over 40% of the sentenced Portuguese prison population were held for drug offences, considerably above the European average, and 70% of reported crime was associated with drugs. ***While the European average has gradually risen over the past twenty years the proportion of people sentenced for drug offences in Portuguese prisons has fallen dramatically.***

***Most of this decline occurred in the first decade following decriminalisation and the establishment of a health-led approach.*** Since 2010, the actual number of people in prison for drug offences has remained relatively steady, but a rise in overall prison numbers means the proportion of people serving sentences for drug offences has continued to fall. It has also been suggested that reform has led to a reduction in drug seizures. However, drug seizure data is difficult to analyse so any conclusions should be treated with caution: reduced seizures may be a result of fewer drugs on the market or they may simply be down to reduced police activity.

## DRUG USE

Levels of drug use in Portugal have been consistently below the European average over the past twenty years. This is particularly the case among younger people: ***Portugal has some of the lowest usage rates in Europe among those between the ages of 15-34.***

Drug policy reform in Portugal was combined with a change in approach to drug education, moving away from abstinence-based 'just say no' campaigns. ***Drug use in schoolchildren has been consistently below the European average for the past twenty years.*** Rates in 2019 were roughly the same as 2001, the European school survey on alcohol and drugs have shown a gradual, consistent decline in the last 10 years, and also reports that perceived availability of drugs among children in Portugal is lower than the European average.

## HIV TRANSMISSION

Drug policy reform in Portugal included wide-reaching needle and syringe programmes aimed at reducing risk of infection among people who inject drugs. In 2001, Portugal had 1,287 new HIV diagnoses attributed to injecting drug use. It had over 50% of all new HIV diagnoses attributed to injecting drug use in the EU in 2001 and 2002 despite having just 2% of the EU population. In 2019, with only 16 new diagnoses, it only had 1.68% of the EU total.

## HEPATITIS B AND C

Portugal's number of new yearly hepatitis B and C reports have fallen consistently over the past twenty years.

## TREATMENT AND HARM REDUCTION PROVISION

A key feature of the new Portuguese drug policy, alongside decriminalisation, was the expansion of treatment services. Between 2000-2009, outpatient treatment units increased from 50 to 79. However, these numbers steadily decreased between 2009-2018, which was linked to significant reductions in health and welfare budgets following the impact of the global financial crisis. A reduction in absolute treatment numbers may also be related to reduced levels of problematic

drug use. ***A study comparing patients entering treatment for heroin dependence pre- and post-reform found an overall decrease between 1992 and 2013, which suggests it could be linked to a fall in the number of newly dependent individuals.*** Data also indicated a changing profile of individuals entering drug treatment, with admissions for opioids steadily falling over the past ten years but admissions for cannabis going steadily up.

Levels of problematic opioid use in European countries estimate that over half of people with problematic opioid use in Portugal are in some form of opioid substitution treatment, slightly above the European average. Harm reduction has also been a central tenet of the Portuguese drug policy reforms. The latest available data indicate that 1.3 million syringes are being distributed per year. This is significantly down since 2003, when the figure was at 2.6 million, but is still one of the highest in the EU. Portugal also has an estimated 2,137 needle and syringe programmes in operation, some advocates have been 'frustrated by what they see as stagnation and inaction since decriminalisation came into effect', particularly in relation to overdose prevention centres, naloxone provision, and needle and syringe programmes in prison. Portugal did finally open its first mobile overdose prevention centres, in Lisbon and Porto, in 2019.

### **SOCIAL COSTS**

***A 2015 study found that the social costs of drug use in Portugal fell 12% between 2000 and 2004, and 18% by 2010. While the former figure was largely driven by the reduction in drug-related deaths, the latter was linked to a 'significant reduction' in costs associated with criminal proceedings for drug offences and lost income of individuals imprisoned for these offences***

### **CONCLUSION**

***Portugal has set a positive example for what can be done when drug policies prioritise health rather than criminalisation.*** At the turn of the century, Portugal was facing a crisis, including high levels of HIV infection among people who use drugs. Many impacts of reform were felt immediately: new HIV infections, drug deaths and the prison population all fell sharply within the first decade. The second decade saw slower improvement in key measures, as well as an upturn in drug deaths. However, many of these factors need to be put into context. Drug policy is still only one variable interacting with a complex mix of social, economic, cultural and political factors, and cuts to wider health provision in that period will have played a part in this. Nevertheless, Portugal is in a much better position than it was in 2001 and recorded drug use and drug deaths as a proportion of the general population are both well below the European average.

***Portugal's experience is a lesson in what can be achieved when policy innovation and political will are aligned in response to a crisis,*** and hopefully it will continue to evolve and lead on this issue. However, while ending the criminalisation of people who use drugs is hugely important both in its own right, in reducing stigma and as an enabler of any effective public health response, it only addresses part of the harms caused by prohibition. With innovation taking place elsewhere, including regulated cannabis sales in North America and safe supply of opioids and other drugs in Canada, there is also room for Portuguese drug policy to learn from and build upon other reform efforts, and continue in its global leadership role.