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The Portuguese drug policy: a public health approach

JOÃO CASTEL-BRANCO GOULÃO

GENERAL-DIRECTOR

General-Directorate for Intervention on Addictive Behaviours and
Dependencies . Ministry of Health . PORTUGAL

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Portugal

Resident population	10 627 250
North/South max. length	652 km
East/West max. length	218 km
Area	92 090 Km ²

Drug use in Portugal 1970 / 1974

It began much latter than in the other Western European countries;

Salazar regime

Closed and isolated country

Citizens' limited mobility;
Censorship; political police

Colonial war – use “tolerated”
among soldiers



1974 – Democratic Revolution

Fast changes in society

End of the Colonial War

Return of soldiers and settlers to mainland

Explosion of the experimentation of Cannabis

Availability of other drugs

Society unprepared to deal with drugs



As a consequence:

- Problems developed very fast, cross-cutting society
- Drug use spread, still under European average level
- Small gap between “total” and “problematic” drug users
- Onset of AIDS; Tuberculosis and Hepatitis epidemics
- By the end of the 20th Century:
 - Portugal had one of the highest prevalences of Problematic Drug Use, at European Level (**1% of total population** -100 000, mostly on heroin)
 - **Cross-cutting all social groups**
 - At the same time, the social burden, including criminality, associated to drug use was very relevant (**major political concern**)



LISBON 90thies



Portuguese Drug Policy

The Response

- A new strategy (1999)
- A new paradigm (Law 30/2000)
- A National Coordination
- A national network of structures for intervention
- An integrated model

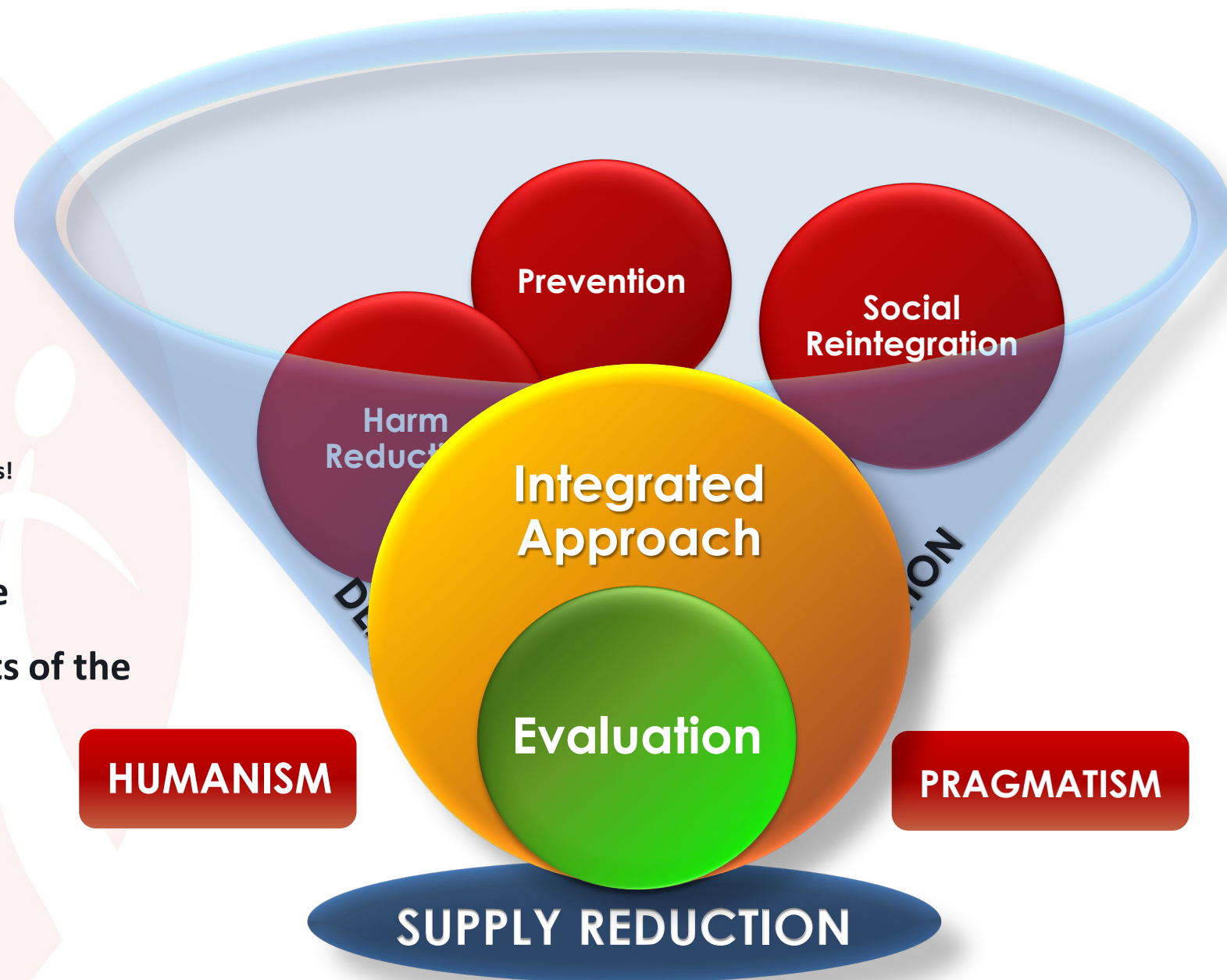


1999

1st Portuguese National Strategy on Drugs

(with António Guterres, current UN SG) Warning: UN treaties!

Decriminalization of drug use shall be understood as one of the components of the comprehensive drug policy.



The Dissuasion Model

Decriminalisation

Public discussions – large support from society
Approved by the Parliament

- UN Treaties
- Drugs tourism?
- Early use of drugs?



The Dissuasion Model

Law No. 30/2000 (Changes the article of the “drugs law 1993” that refers to personal use)

The consumption, acquisition and possession for own consumption of plants, substances or preparations constitute an **administrative offence**; possession cannot exceed the quantity previewed for individual use for a 10 days period. Exceeding this quantity, criminal procedures take place.

- The drug addict is considered as a person in need of health and social care;
- The dissuasion intervention provides an opportunity for an early, specific and integrated interface with drug users – indicate prevention tool;
- It is aimed and targeted to the drug users' characteristics and individual needs.



The Dissuasion Model

CDT – Commission for Dissuasion of Drug Addiction

The Use Of Drugs Is Still Forbidden

Administrative procedure

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. They are bodies under the custody of the Ministry of Health



Law 30/2000 – The importance of an objective limit

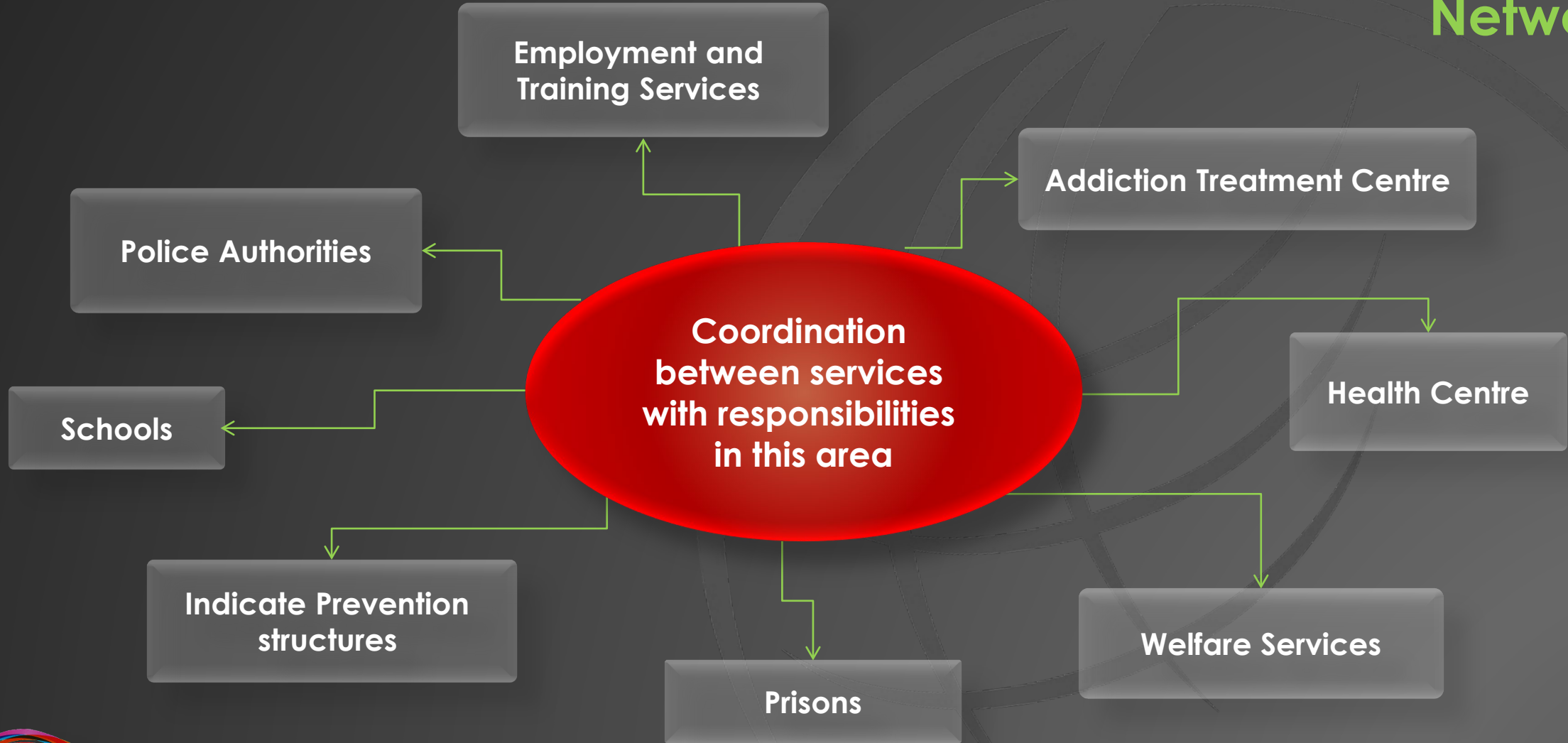
Illicit Substance

Grams

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



Commission for the Dissuasion of Drug Addiction Network



Decisions and Sanctions

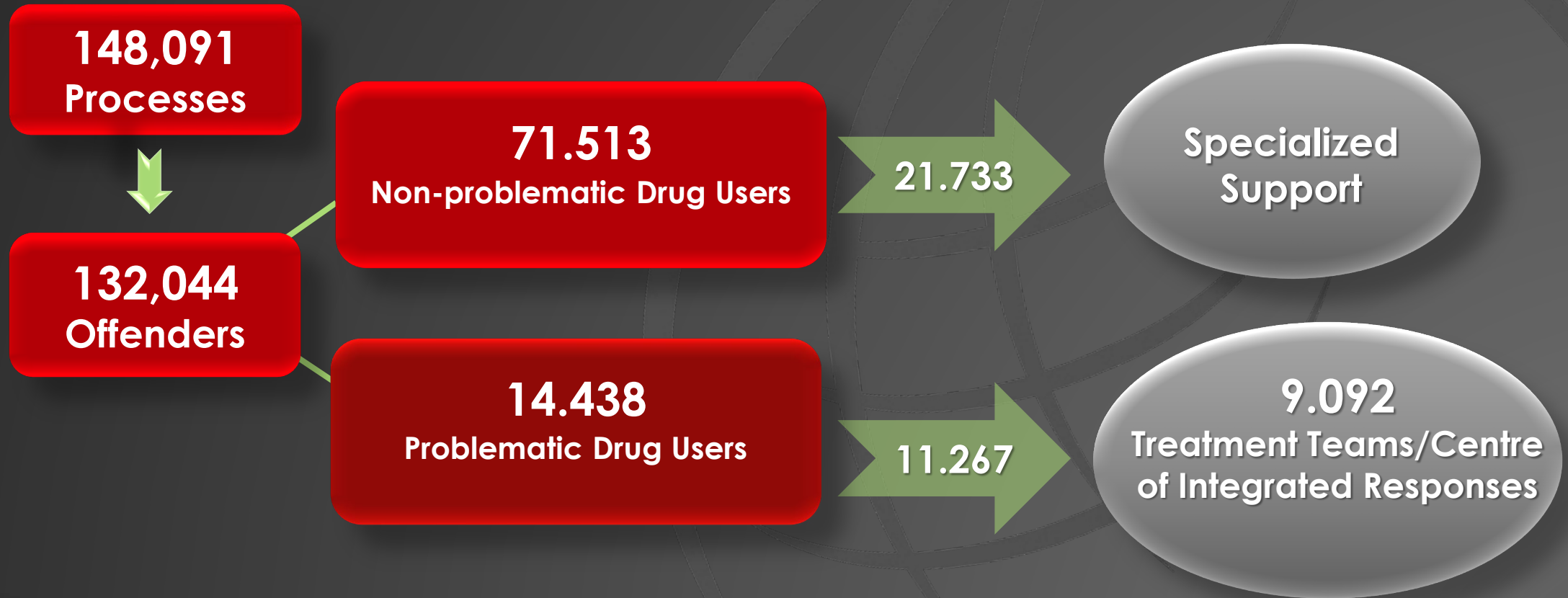
- Provisional Process Suspension;
- Warning;
- Periodic Presentation to the CDT, Health Center or Treatment Centre for Addictions ;
- Community Service;
- Forbiddance of attending certain places or meeting certain people;
- Apprehension of objects;
- Interdiction to travel abroad;
- Interdiction of receiving subsidies or other monetary social grants;
- (...) (...)
- Monetary fee (only for non-addicted).

(possible to define sanctions according to the personal lifestyle and conditions)



Intervention in Dissuasion

Referrals 2001-2018



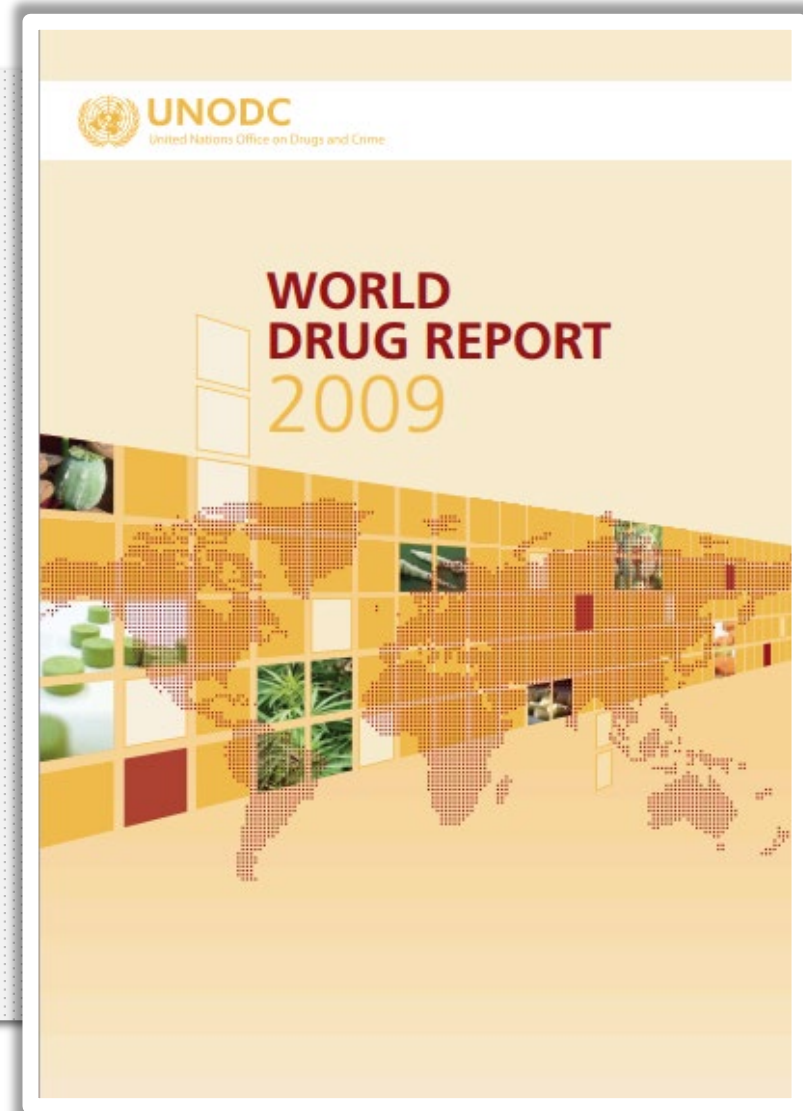
Source: SICAD: EMCAD



UN very critical after the decision

But, in 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."





INTERNATIONAL NARCOTICS CONTROL BOARD

The Portuguese Approach and the International Drug Control Conventions



UNGASS 2016

Side event of Portugal

A public health approach as a base for drugs policy: the Portuguese case

Werner Sipp, President of INCB
Public Health and drugs policy – the Portuguese Case

New York, 20 April 2016



INTERNATIONAL NARCOTICS CONTROL BOARD



Legal Framework in Portugal

Portuguese approach is a model of best practices:

fully committed to the principles of the drug control conventions

putting health and welfare in the centre

applying a balanced, comprehensive and integrated approach

based on the principle of proportionality and the respect for human rights,

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The National Coordination

For Drug Problems, Drug Addictions and the Harmful Use
of Alcohol



Coordination Structure

For Drug Problems, Drug Addictions and the Harmful use of Alcohol



National Coordination Structure

For Drugs, Drug Addiction And The Harmful Use Of Alcohol

10 SUBCOMMITTEES

• Demand

Intervention

Contexts

Dissuasion

• Cross

Cutting

Training and communication

Research and information

International relations and cooperation

Quality

Evaluation

• Supply

Supply regulation and supervision (licit)

Supply reduction (illicit)

• planning

• management

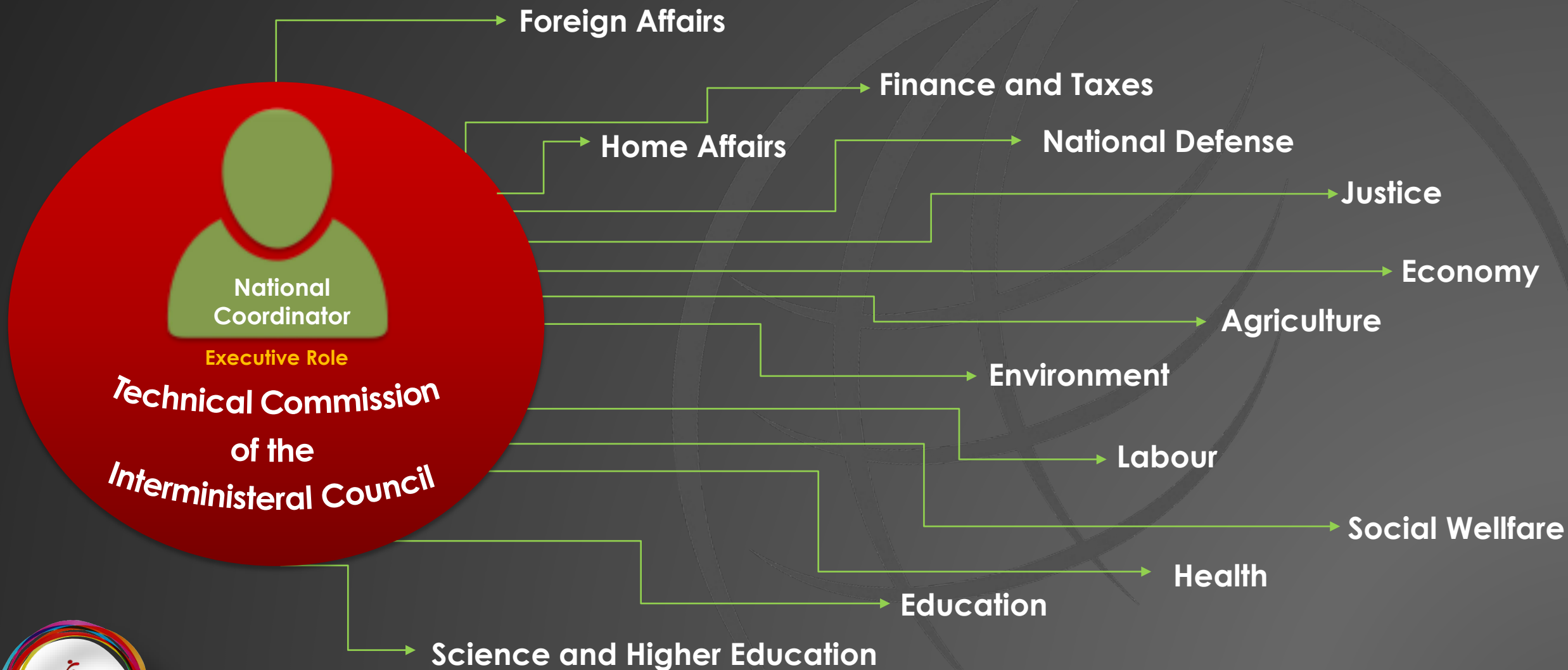
• coordination

• monitoring

• evaluation



Composition of the Technical Commission



New intervention model

An integrated one



Portuguese Policy

Coordinated Public-Health
oriented approach

Based on 5 Pillars:



Structure of The National Plan

PNRCAD 2013-2020

Research and Information

Training and Communication

International Relations and
Cooperation

Quality

Demand Field:

- Life Cycle
- Contexts
- Types of Interventions

Supply Field:

- Illicit Drugs and New Psychoactive Substances
- Alcohol, Medicines and Anabolisers
- Gambling

Operation Plan For Integrated Responses

Referral Network / Articulation in The
Framework of Addictive Behaviours and
Dependencies

Alcohol and
Health Forum



COORDINATION (Interministerial's Plan)

Budget

Evaluation

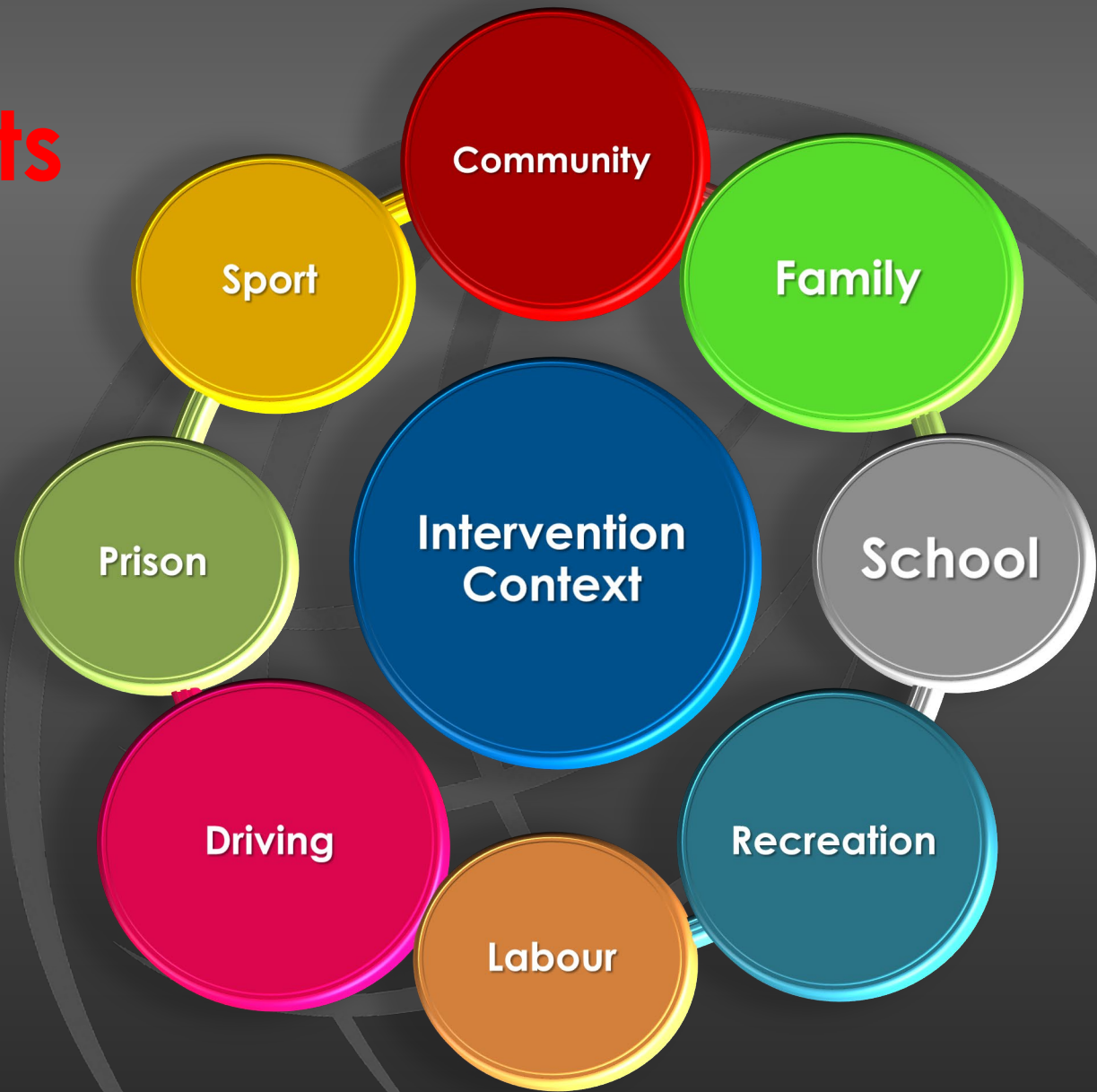


Specificities

PNRCAD 2013-2020

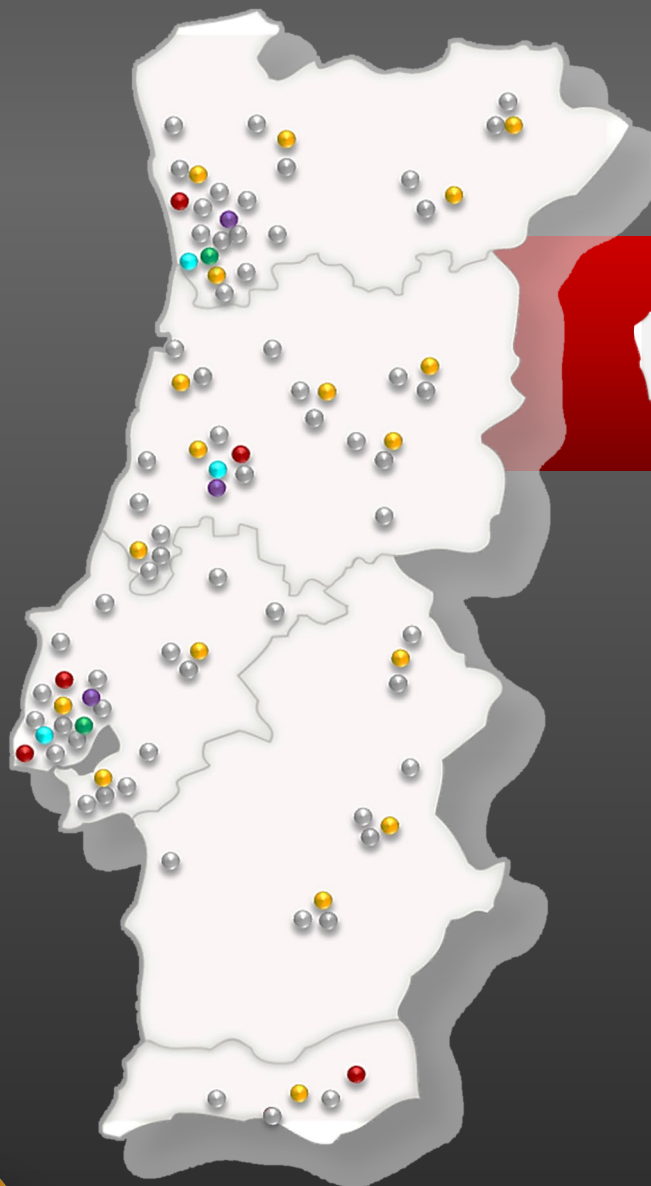


Intervention Contexts



Treatment Public Network

Complemented by regulated NGO and Private responses



A National Health Service

Five Geographic Areas

- 22 CRI – Integrated Units (Treatment, Harm Reduction, Prevention and Reintegration)
- 45 - Drug Treatment Teams (and 32 more outpatient units)
- 3 CT – Therapeutic Communities (+60 NGO or Private – 1600 beds)
- 4 UD – Detoxification Units (+4 private)
- 2 CD – Day Centers
- 3 UA – Alcohol Units

18 CDT – Commissions for the Dissuasion of Drug Addiction



Strategies and Programmes

Harm Reduction

- Low threshold methadone administration
- Opioid Substitution Therapy (OST) and other drug dependence treatments
- Needle Exchange Program (NSP)
- Counselling, Diagnosis and Referral to treatment of drug addictions
- Counselling, Diagnosis and Referral to treatment of infectious diseases: vaccination, diagnosis of tuberculosis and viral hepatitis, HIV (testing and counselling, antiretroviral therapy)
- Information, education and communication - **Peer Education /Party scene**
- Condom distribution
- People Who Inject Drugs (PWID) in prisons and other detention settings
- Drug Checking - **Recreational settings**



Harm Reduction

Structures

- Outreach / Street teams
- Refuges/Shelters
- Contact and Information Points
- Drop-in centres
- Mobile outreach teams for the prevention of infectious diseases
- Cabinets of psychosocial support
- Supervised Drug Consumption Rooms (starting now)

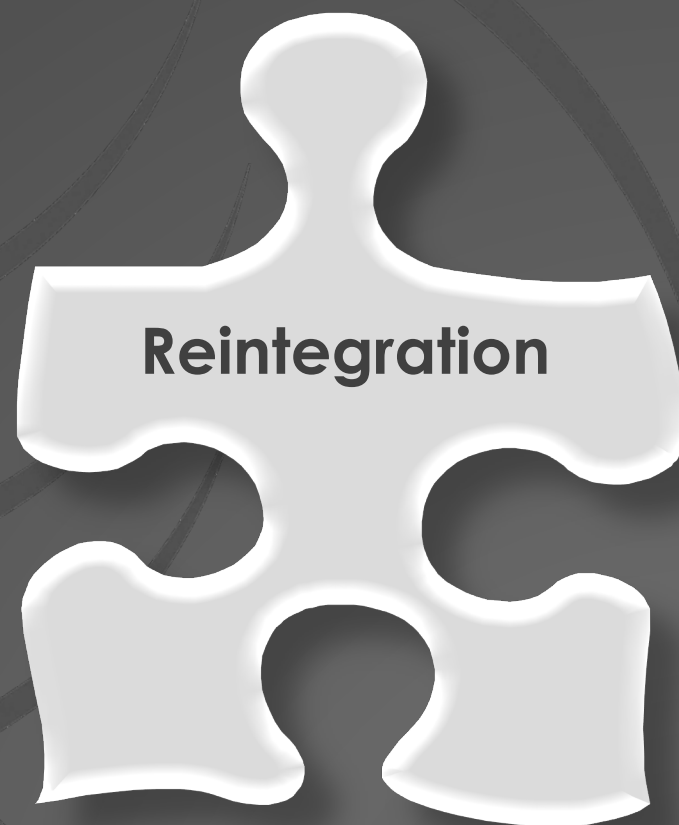


National Plan

Goal

Ensure the comprehensiveness and transversalliness of institutional resources, facilitating the development of accountable projects, with participative and effective management.

- Life Employment Program
- Individual Insertion Plan

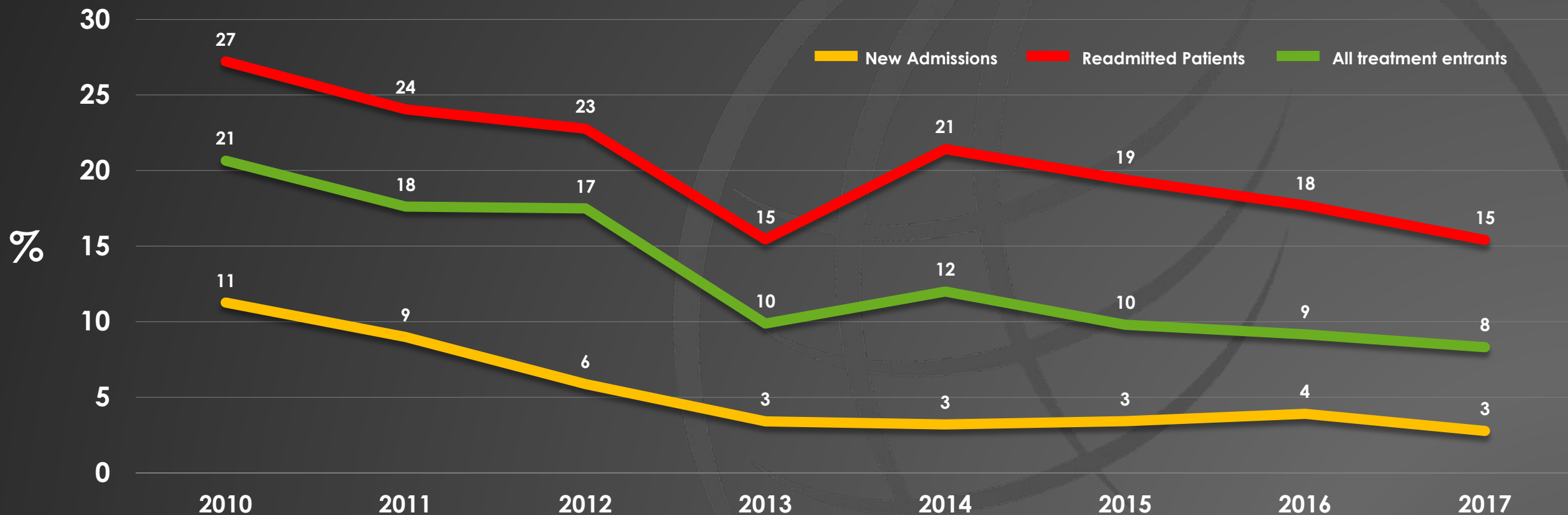


Some Results



New admissions: Use of IV route in the past 12 months, by year

Public Network of Outpatient Services (Portugal Mainland) 2010 - 2017

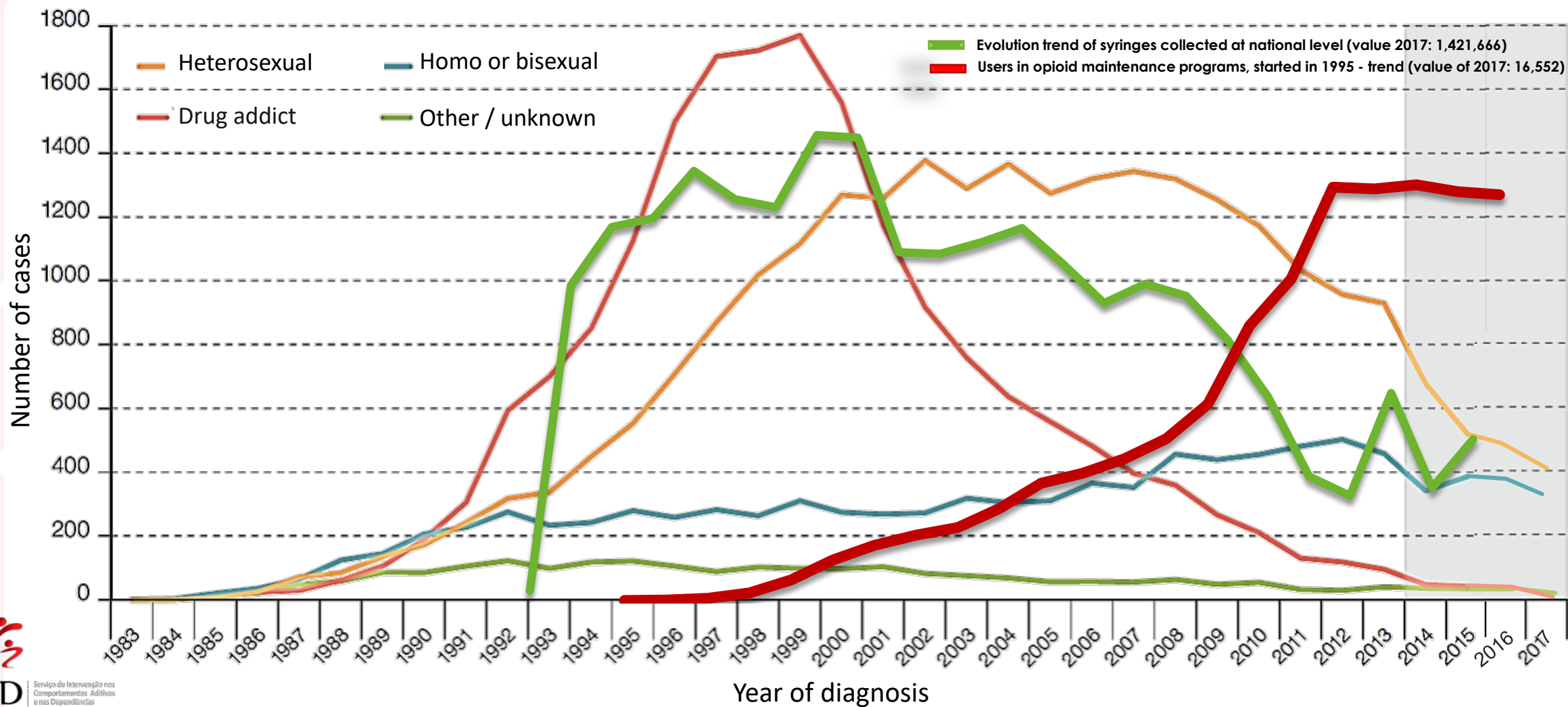


Source: ARS/SICAD



DIAGNOSE OF HIV INFECTION BY CHARACTERISTICS OF SAMPLED POPULATION, PORTUGAL 1983-2017

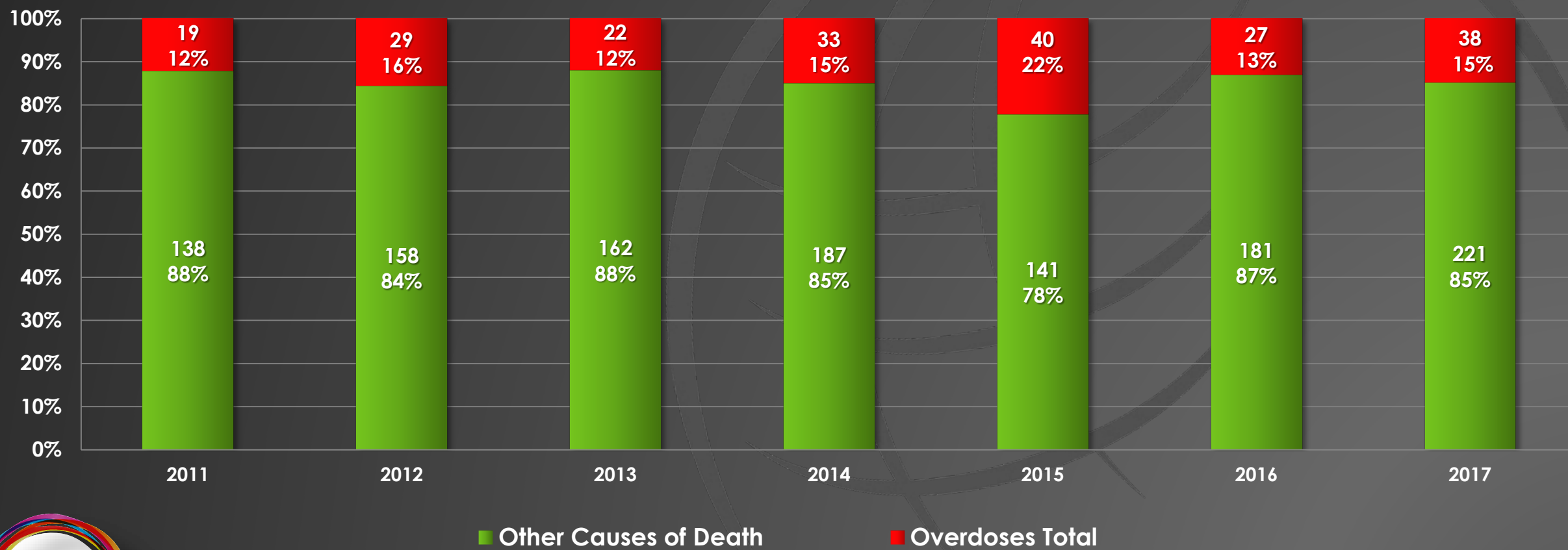
Source: INSA, IP (2016). Infecção VIH/SIDA: in Portugal, novembro 2018. Lisboa: Instituto Nacional de Saúde Doutor Ricardo Jorge, IP



Reduction of drug-related deaths

Evolution of cases with information on the cause of death

2009-2017

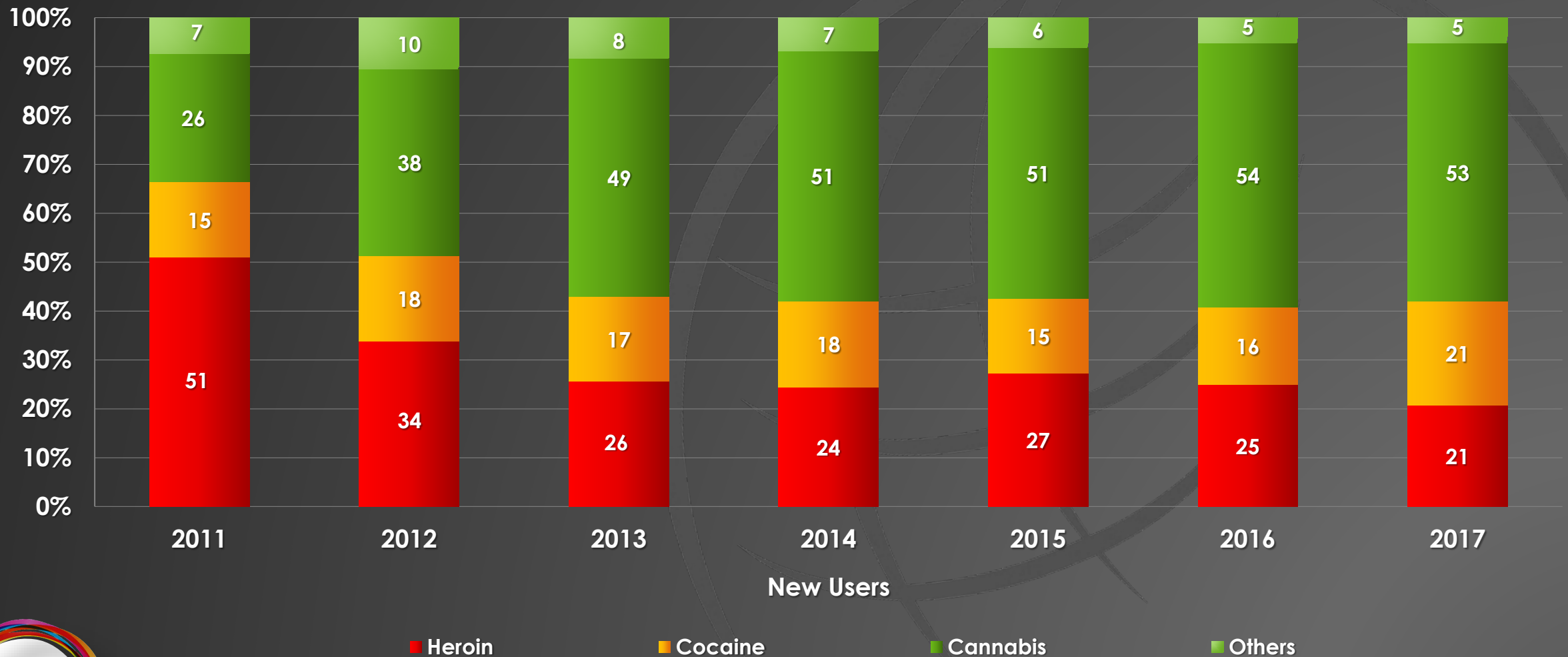


Source: ARS, I.P. / SICAD: DMI – DEI



New Users - Main Substance

Ambulatory - Public Network 2010 - 2017



Source: ARS, I.P. / SICAD: DMI - DEI



New patients by year

Public Network - Outpatient (Portugal Continental)

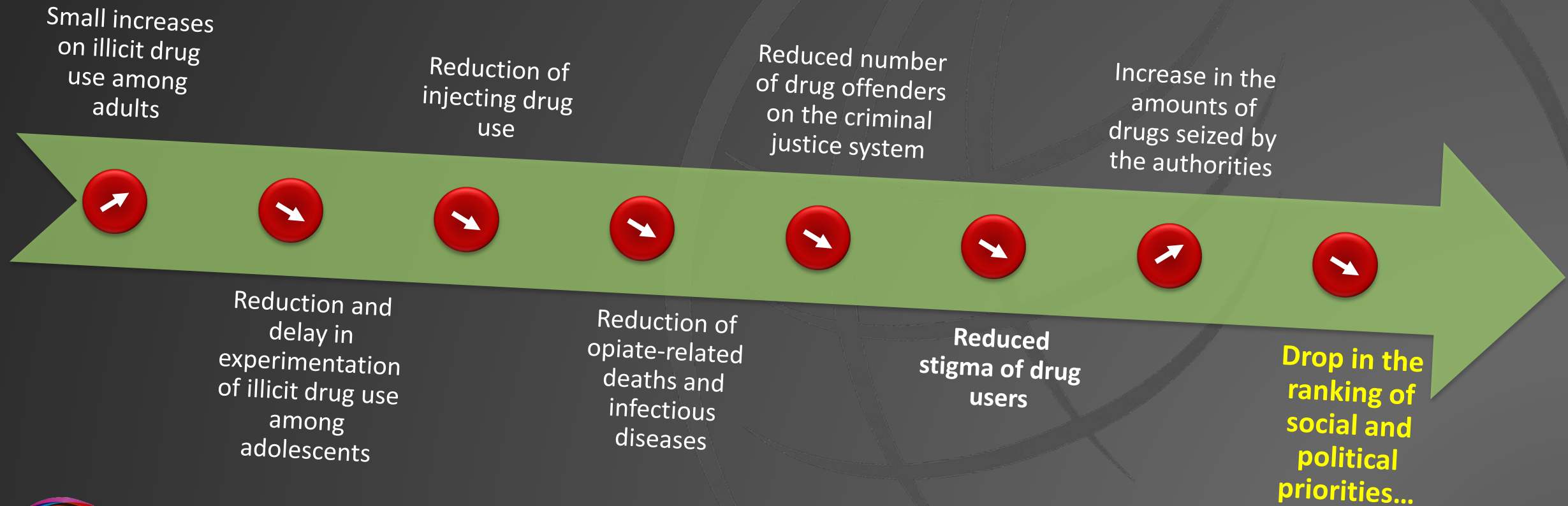
1999-2017



Source: ARS, I.P. / SICAD: DMI – DEI



Trends since 2001



Some ideas to share

Scientific consensus that criminal sanctions do nothing to address drug use consequences



Nowhere the International Drug Treaties require that personal use should be criminalised

HEALTH PROTECTION AND RESPECT FOR HUMAN RIGHTS INSTEAD OF PUNISHMENT!

Drug policies should be based on **health** and not on imprisonment

And this is a challenge for the **FUTURE!!!**



Thank you 😊!



www.sicad.pt

joao.goulao@sicad.min-saude.pt