The Portuguese drug policy: a public health approach

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<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident population</td>
<td>10,627,250</td>
</tr>
<tr>
<td>North/South max. length</td>
<td>652 km</td>
</tr>
<tr>
<td>East/West max. length</td>
<td>218 km</td>
</tr>
<tr>
<td>Area</td>
<td>92,090 Km²</td>
</tr>
</tbody>
</table>

**Portugal**

- Resident population: 10,627,250
- North/South max. length: 652 km
- East/West max. length: 218 km
- Area: 92,090 Km²
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)
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 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.
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

<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 benzoylecgonine)</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>
Commission for the Dissuasion of Drug Addiction

Network

Coordination between services with responsibilities in this area

- Employment and Training Services
- Addiction Treatment Centre
- Health Centre
- Welfare Services
- Prisons
- Schools
- Indicate Prevention structures
- Police Authorities
- Schools
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

- **148,091** Processes
- **132,044** Offenders
  - **71,513** Non-problematic Drug Users
  - **14,438** Problematic Drug Users
  - **21,733** Specialized Support
  - **11,267** Treatment Teams/Centre of Integrated Responses

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."
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
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,
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

- **Interministeral Council**
  - *Chaired by the Prime Minister*

- **Technical Commission**
  - *Chaired by the National Coordinator*

- **National Coordinator (SICAD DG)**
  - **Executive Role**

- **Minister of Health**

- **National Council**
  - (advisory)

- **Representatives of Governmental Bodies and Civil Society**

- **Thematic Subcommittees**
  - *Chaired by the National Coordinator*
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

- Foreign Affairs
- Finance and Taxes
- Home Affairs
- National Defense
- Justice
- Economy
- Agriculture
- Environment
- Labour
- Social Welfare
- Health
- Education
- Science and Higher Education

National Coordinator

Technical Commission of the Interministerial Council

Executive Role
New intervention model
An integrated one
Portuguese Policy

Coordinated Public-Health oriented approach

Based on 5 Pillars:

- Prevention
- Treatment
- Dissuasion
- Reintegration
- Harm Reduction
Structure of The National Plan
PNRCAD 2013-2020

Demand Field:
- Life Cycle
- Contexts
- Types of Interventions

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

Coordination (Interministerial’s Plan)

Operation Plan For Integrated Responses
Referral Network / Articulation in The Framework of Addictive Behaviours and Dependencies
Alcohol and Health Forum

Research and Information
Training and Communication
International Relations and Cooperation
Quality

Budget
Evaluation
Specificities
PNRCAD 2013-2020

DEMAND

SUPPLY

Pregnancy
Children (Aged 28 days to 9 years)

Children (Aged 10 to 24)
10 to 14
15 to 19
20 to 24

Adults (Aged 25 to 64)
25 to 34
35 to 54
55 to 64

Senior (65 and over)

Illicit Substances
New Psychoactive Substances
Licit Substances
Alcohol
Medicines and Anabolics
Gambling
Intervention Contexts

- Community
- Sport
- Family
- School
- Prison
- Driving
- Recreation
- Labour
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

- 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
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

New Admissions
Readmitted Patients
All treatment entrants

Source: ARS/SICAD
DIAGNOSIS OF HIV INFECTION BY CHARACTERISTICS OF SAMPLED POPULATION, PORTUGAL 1983-2017

- Year of diagnosis
- Number of cases
- Drug addict
- Other / unknown
- Homo or bisexual
- Heterosexual


Evolution trend of syringes collected at national level (value 2017: 1,421,666)
Users in opioid maintenance programs, started in 1995 - trend (value of 2017: 16,552)
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin (%)</th>
<th>Cocaine (%)</th>
<th>Cannabis (%)</th>
<th>Others (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>51</td>
<td>15</td>
<td>38</td>
<td>26</td>
</tr>
<tr>
<td>2012</td>
<td>34</td>
<td>18</td>
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<td>2013</td>
<td>26</td>
<td>17</td>
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<td>2014</td>
<td>24</td>
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<td>2015</td>
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<tr>
<td>2016</td>
<td>25</td>
<td>16</td>
<td>51</td>
<td>25</td>
</tr>
<tr>
<td>2017</td>
<td>21</td>
<td>21</td>
<td>54</td>
<td>21</td>
</tr>
</tbody>
</table>
New patients by year
Public Network - Outpatient (Portugal Continental)
1999-2017

Source: ARS, I.P. / SICAD: DMI – DEI
Trends since 2001

- Small increases on illicit drug use among adults
- Reduction of injecting drug use
- Reduced number of drug offenders on the criminal justice system
- Increase in the amounts of drugs seized by the authorities
- Reduction and delay in experimentation of illicit drug use among adolescents
- Reduction of opiate-related deaths and infectious diseases
- Reduced stigma of drug users
- Drop in the ranking of social and political priorities...
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
- Drug policies should be based on **health** and not on imprisonment
- **Health Protection and Respect for Human Rights Instead of Punishment!**
- And this is a challenge for the **FUTURE!!!**
Thank you 🎉!