

Successes and challenges of drug policy in Portugal: Decriminalization is not enough

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Summary

- **Portugal**, the Country, the problem, the response, The Strategy
- **The Dissuasion Model**, Decriminalization
- **The National Coordination**
- **The National Plan** for the reduction of addictive behaviours and dependencies
- **Integrated Interventions**
- **Some results**



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Portugal

The Country



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Portugal

Resident population	10 627 250
North/South territorial units maximum length	652 km
East/West territorial units maximum length	218 km
Surface	92 090 Km ²



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Portuguese Drug Policy

The Problem - 1998:

- Cannabis – the most used substance;
- Heroin – problematic drug use;
- Heroin + Cocaine;
- Cocaine.

Intravenous drug use (sharing of injection material) – HIV infection
Main concern of the Portuguese population.

1% of the population (\pm 100.000 problematic drug users)
across all social groups



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Portuguese Drug Policy

The Response

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

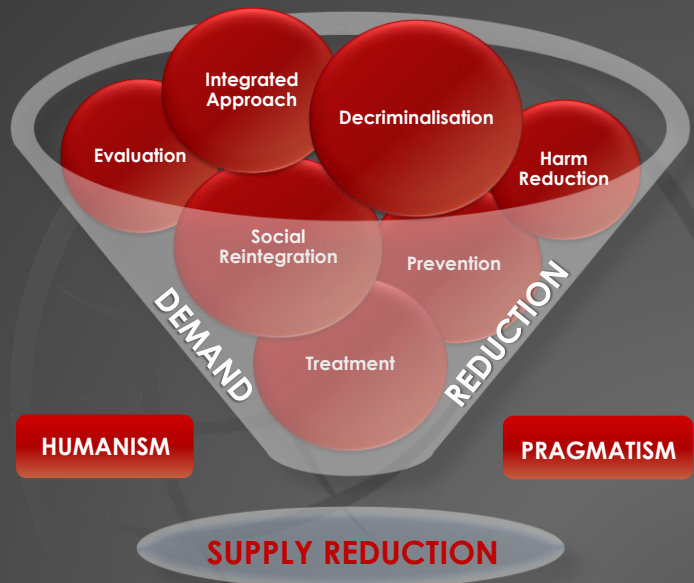


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1999

1st Portuguese National Strategy Against Drugs

Decriminalization of drug use should be understood as one measure in the comprehensive drug policy.



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The Dissuasion Model

Decriminalisation



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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 diseased 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.



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The Dissuasion Model

CDT – Commission for Dissuasion of Drug Addiction

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.



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Law 30/2000

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



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Commission for Dissuasion of Drug Addiction

Composition

President and
two other
members

Appointed by
the Minister of
Justice and by
the Minister of
Health

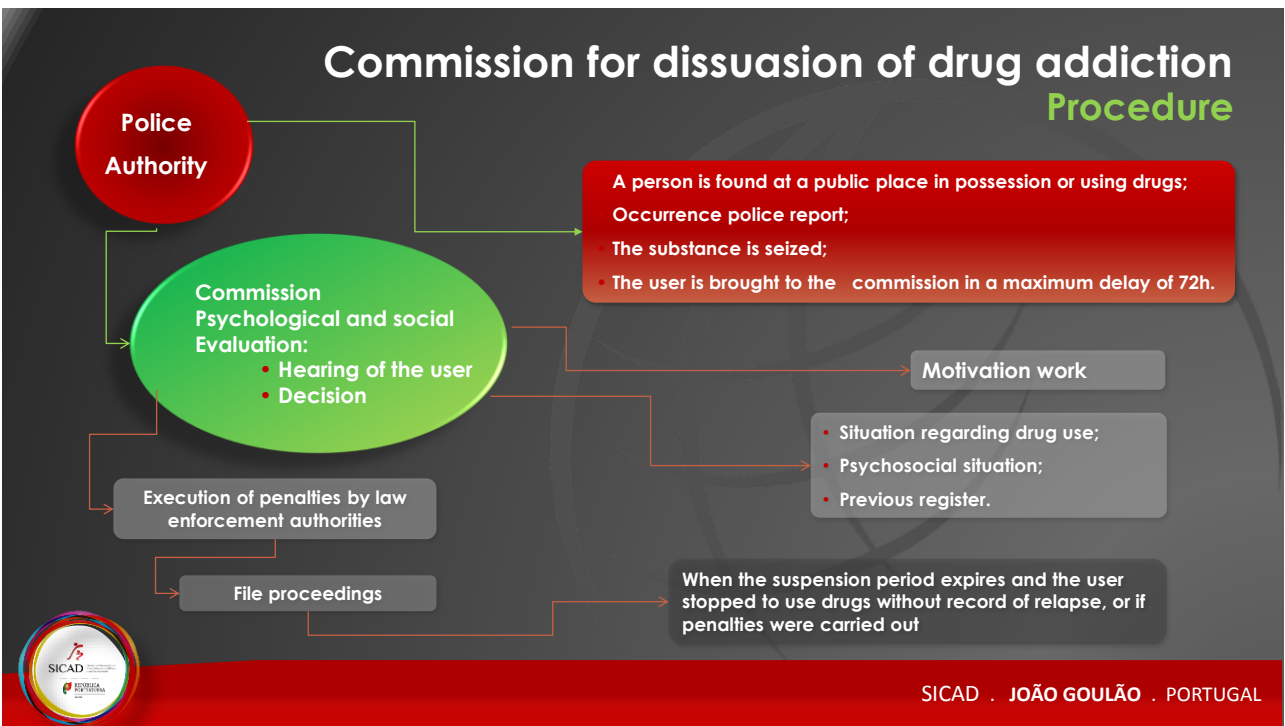
Multidisciplinary technical support team:
- Psychologists, Social Service Workers, Lawyers and Administrative

- 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.

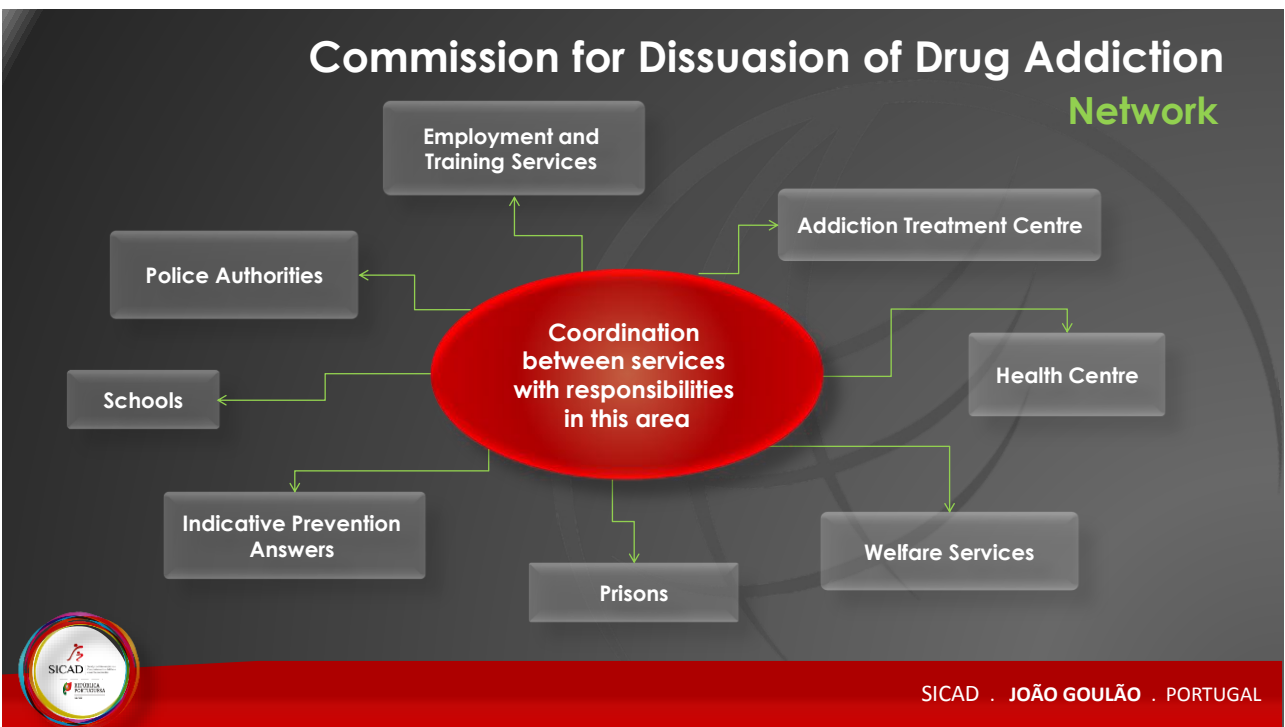


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Commission for dissuasion of drug addiction Procedure



Commission for Dissuasion of Drug Addiction Network



Decisions and Sanctions

- Provisional Process Suspension;
- Periodic Presentation to the Commissions for Dissuasion of Drug Addiction or Health Center or Addiction Treatment Centre;
- 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 (only for non-addicted).



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Enforcement of legal provisions: DL 15/93 vs Law 30/2000: Law enforcement agencies' work



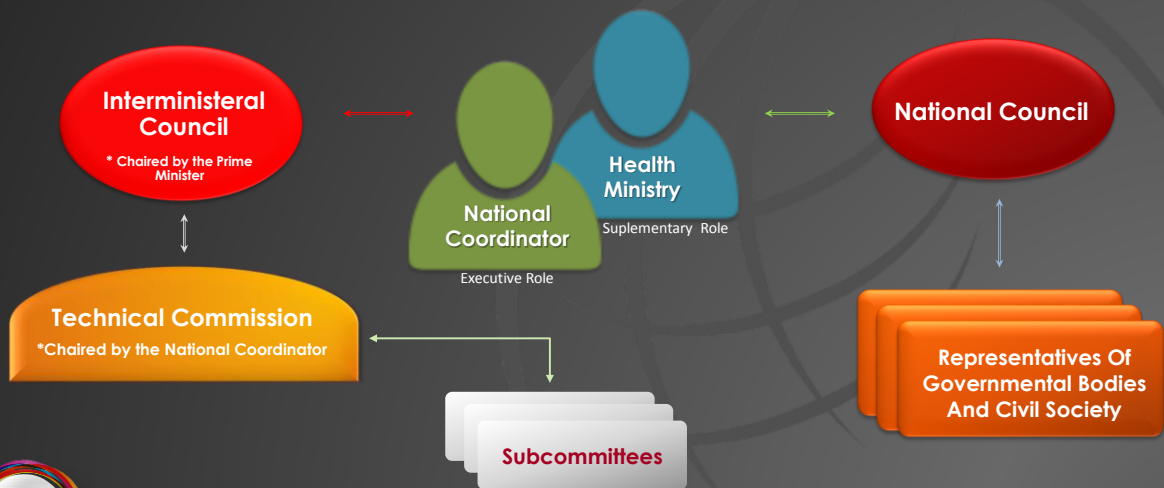
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The National Coordination For Drug Problems, Drug Addictions and the Harmful use of Alcohol



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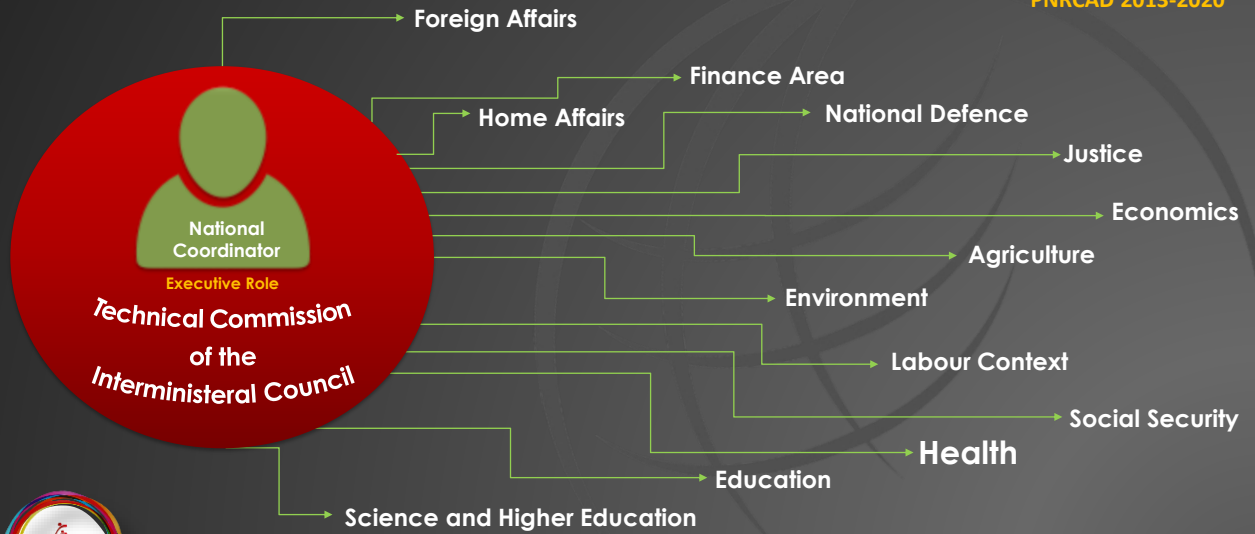
Coordination Structure For Drug Problems, Drug Addictions and the Harmful use of Alcohol



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Technical Commission Constitution

PNRCAD 2013-2020



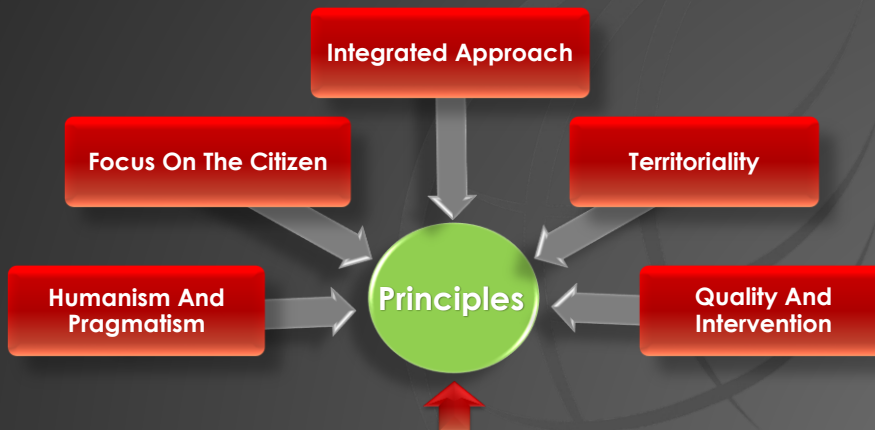
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The National Plan PNRCAD 2013-2020



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To consolidate and develop an integrated policy in the scope of addictive behaviours and dependencies, based on intersectorial articulation, aiming at sustainable gains in health and social welfare.



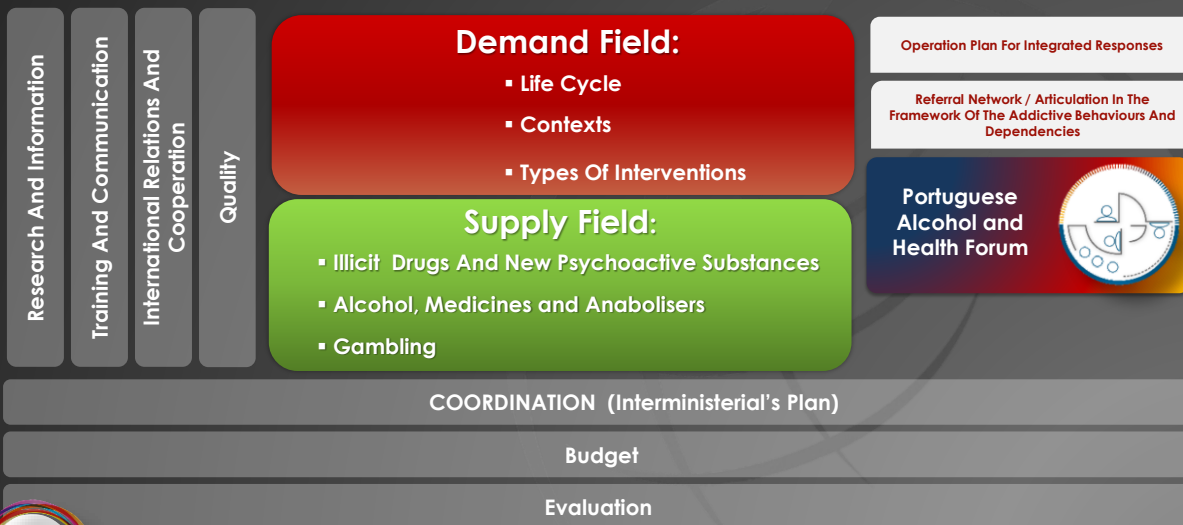
The main principles are the same: international cooperation, prevention, humanism, pragmatism, safety, coordination, subsidiarity and participation



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Structure of The National Plan

PNRCAD 2013-2020




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Specificities

PNRCAD 2013-2020


Pregnancy	DEMAND	SUPPLY	Illicit Substances
Children (Aged 28 days to 9 years)			New Psychoactive Substances
Children (Aged 10 to 24)			Licit Substances
10 to 14			Alcohol
15 to 19			Medicines And Anabolisers
20 to 24			Gambling
Adults (Aged 25 to 64)			
25 to 34			
35 to 54			
55 to 64			
Adults (65 and over)			



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Intervention Contexts

PNRCAD 2013-2020



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New intervention model

An integrated one



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Portuguese Policy

Coordinated Public
Health-oriented
Approach

Based On 5 Pillars:



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Treatment Public Network

Portugal

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
- 4 UD – Detoxification Units
- 2 CD – Day Centers
- 3 UA – Alcohol Units
- 18 CDT – Commissions for the Dissuasion of Drug Addiction

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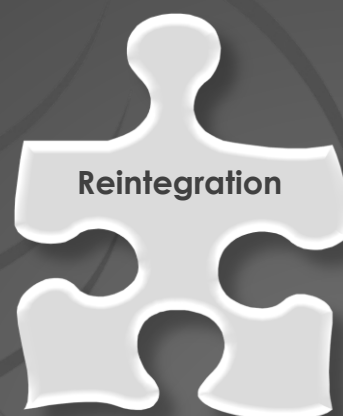


National Plan

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



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Social Reintegration

'Any social intervention with the aim of integrating former or current problem drug users into the community'.

The three 'pillars' of social reintegration are:

1. Housing.
2. Education and employment (including vocational training).
3. Other measures, such as counselling and leisure activities, may also be used`.



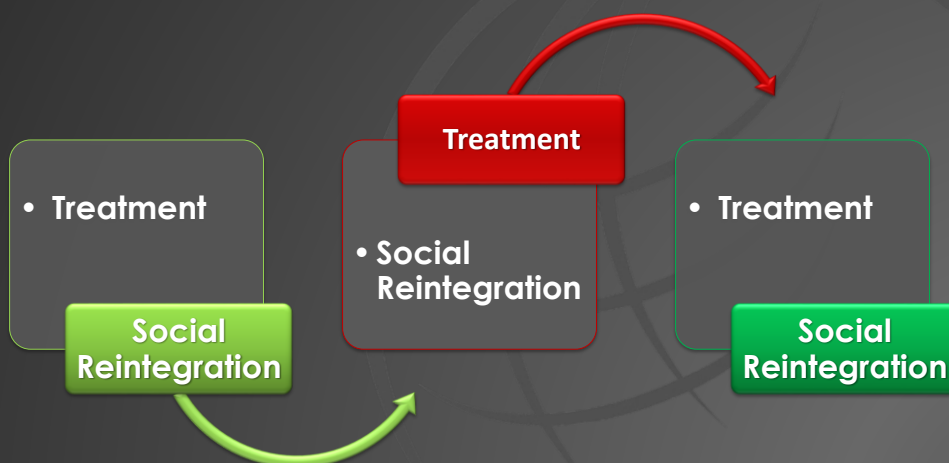
EMCDDA



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Social Reintegration

Continuum of Care Between Treatment and Social Reintegration



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Harm Reduction

“Harm reduction is a multi-dimensional response encompassing interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies.”

EMCDDA

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Harm Reduction

Objectives

- Reducing the frequency and intensity of addictive behavior with or without psychoactive substances (PAS);
- Reduce the harm associated with PAS, including the prevention of sexual risk behaviour associated and driving under the influence of these substances;
- Promote awareness of the risks associated with and the best ways to deal with them, including access to quality control of these substances - analysis - and facilitating the dissemination of relevant information;
- Promote lower risk practices.

Contexts of Intervention

- Community
- Recreational
- Prisons



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A Combination Approach

Harm Reduction

- **Reduction of drug consumption and drug addiction:**
 - Reduce frequency of drug use;
 - Reduce intensity of drug use.
- **Prevention and reduction of Risk Behaviours and minimization of individual and social harm caused by consumption and dependence of drugs:**
 - Injecting drugs;
 - Sharing of injecting equipment ;
 - Sharing of non-injecting materials;
 - Sexual risk behaviour;
 - Unsafe sexual practices ;
 - Selling sex for money or drugs;
 - STIs - increase the risk of sexual transmission of substantially increased HIV/HCV substantially
 - Polydrug use;
 - ...
- **Support and promotion of treatment - Referral of drug addicts to drug treatment and other diseases**



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Harm Reduction

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 programmes
- People Who Inject Drugs (PWID) in prisons and other detention settings
- Drug Checking - **Recreational settings**



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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;



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Harm Reduction

1993

Syringe Exchange Program



The syringe exchange program:
"Say No to a Syringe 2nd in Hand"
 Was the first Risk Reduction measure
 implemented national wide.



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Harm Reduction

2001 - Intervention in Night Life Settings

These led to a more structured intervention through the
 Contact Point.

In this structure the first contacts with Ecstasy consumers
 were made using various strategies such as "Pill Testing".



Harm Reduction

... - Outreach /Street Teams

The Street Teams make a first approach to drug users that stay outside of the treatment scope, and at increased risk in drug use scenes.



Harm Reduction

Cabinets of Psychosocial Support

They can be fixed or movable according to local needs

The Support Offices are structures that develop screening, support and referrals for more organized responses in the treatment of drug dependence.

They operate as a turntable at the level of Integrated Drug Prevention Plans.



Harm Reduction

... – Drop in Centre

The Drop in Centers are temporary residential structures, which allow the user to move away from environments conducive to consumption, as well as their referral to structured therapeutic programs.



Harm Reduction

... - Shelters

in a Harm Reduction strategy it is crucial to create conditions so that homeless drug users can find an alternative to the street. For this purpose, Shelters were created with specific responses for this population.

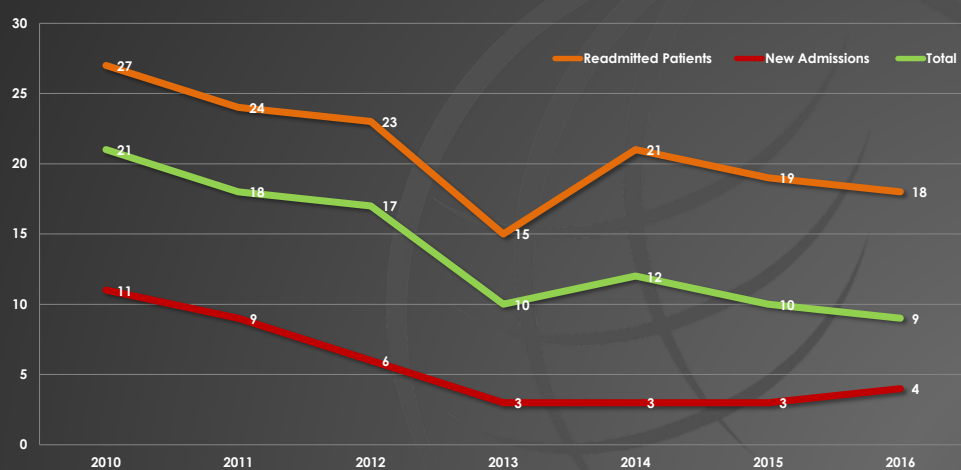


Some Results



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New admissions: Use of IV route in the past 12 months, by year Public Network of Outpatient Services (Portugal Mainland) 2010 - 2016

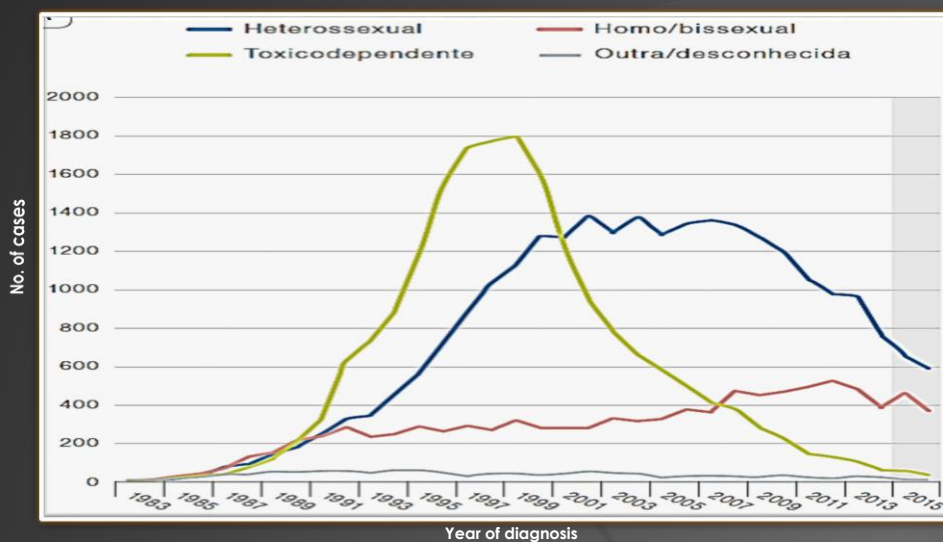


Source: ARS/SICAD



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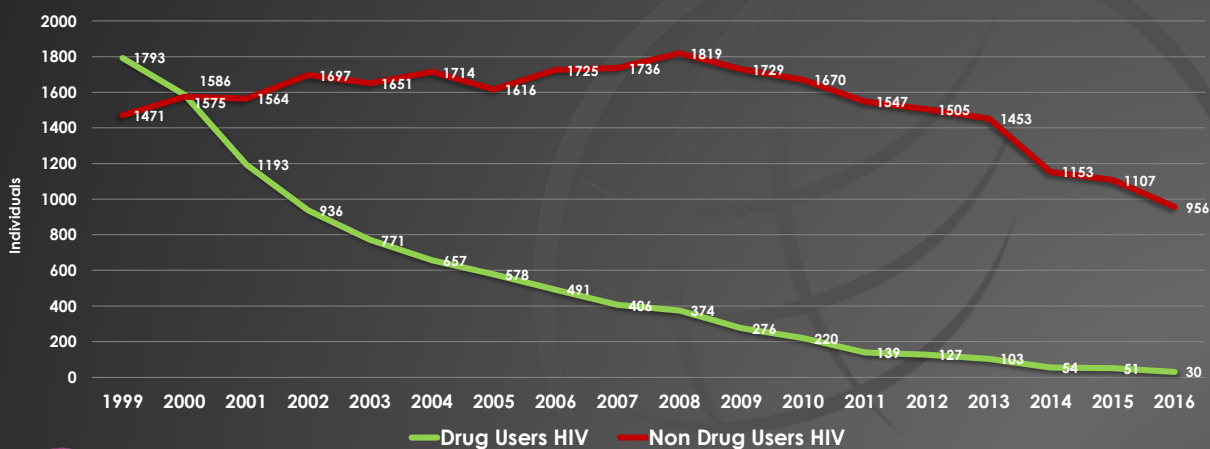
Diagnose of HIV infection by characteristics of sampled population, Portugal 1983-2015



Source: INSA, IP (2016). Infecção VIH/SIDA: in Portugal a 31 de dezembro de 2014. Lisboa: Instituto Nacional de Saúde Doutor Ricardo Jorge, IP

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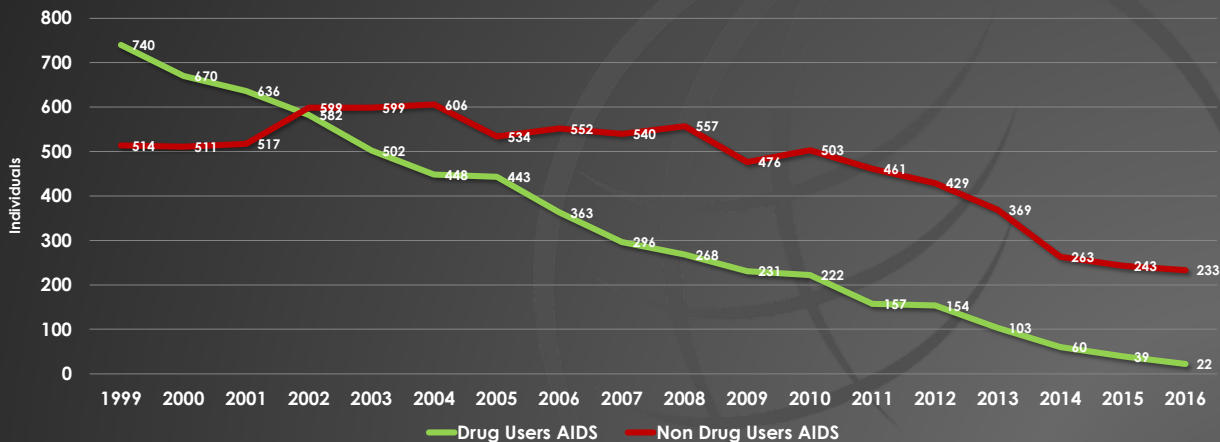
HIV notifications: Cases associated or not to drug addiction by year of diagnosis 1999-2016



Source: Instituto Nacional de Saúde Doutor Ricardo Jorge, I.P. (INSA, I.P.); DDI - URVE / SICAD: DMI - DEL

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AIDS notifications: Cases associated or not to drug addiction by year of diagnosis

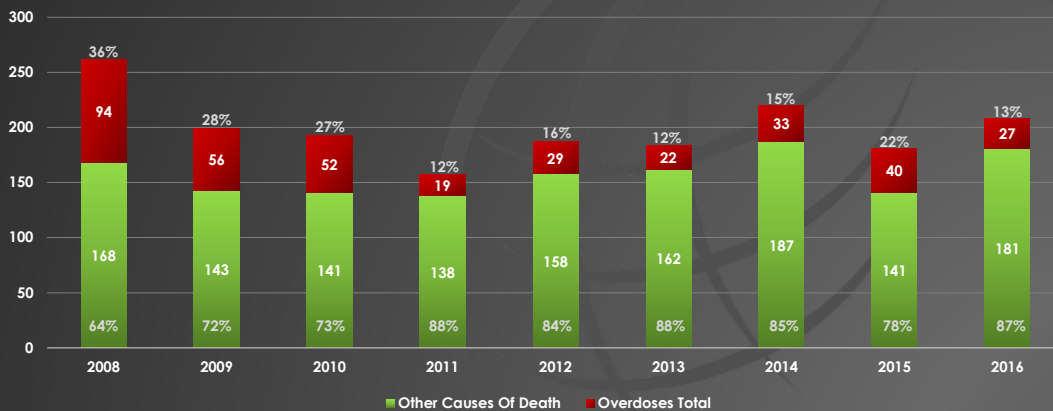


Source: Instituto Nacional de Saúde Doutor Ricardo Jorge, I.P. (INSA, I.P.); DDI - URVE / SICAD; DMI - DEI.

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Reduction of drug-related deaths

Evolution of cases with information on the cause of death
2009-2016

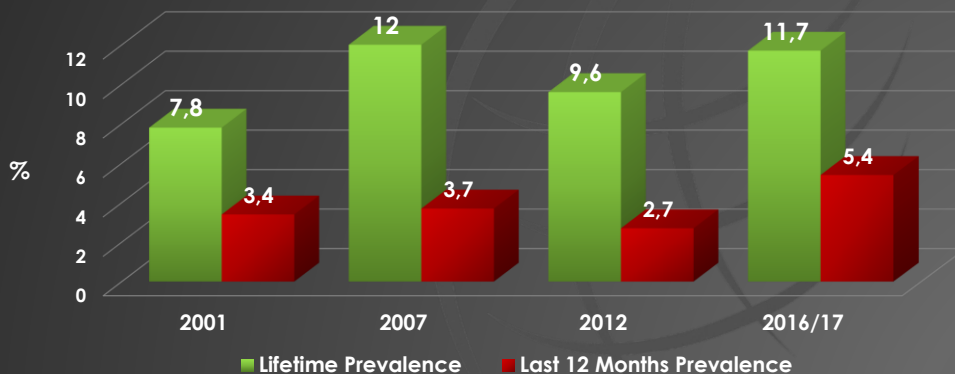


Source: ARS, I.P. / SICAD; DMI - DEI

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Nacional survey on psychoactive substances use in the general population (15-64 years old):

Lifetime Prevalence and last 12 months
Any illicit substance

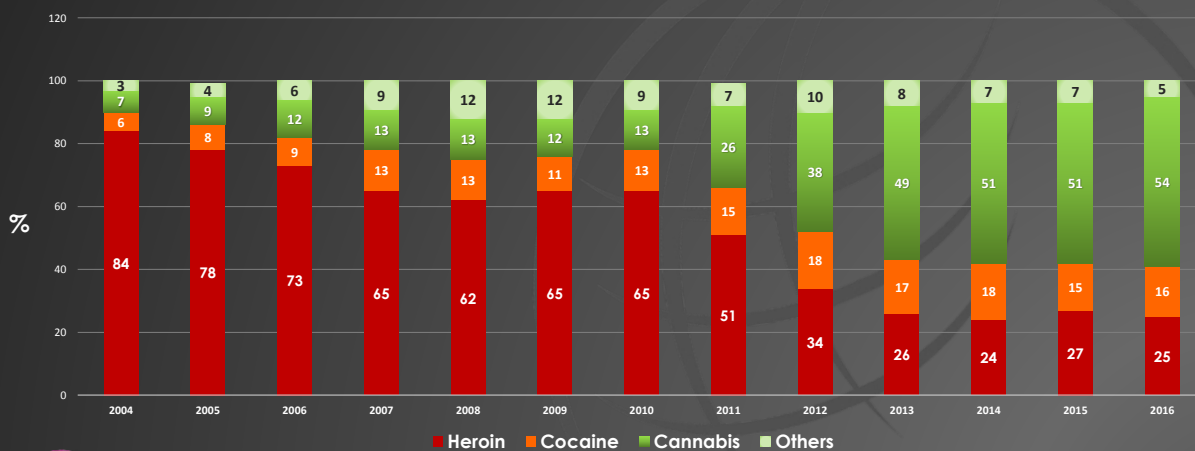


Source: Balsa, et al., 2017 / SICAD: DMI - DEI

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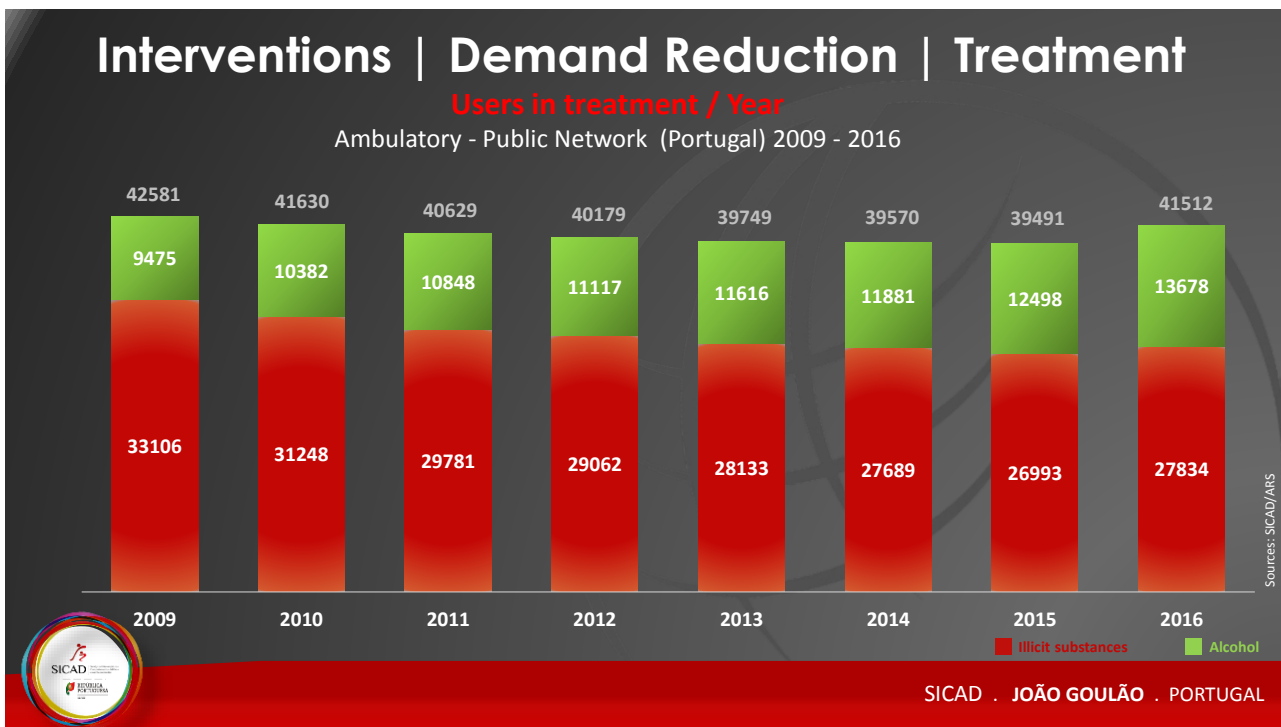
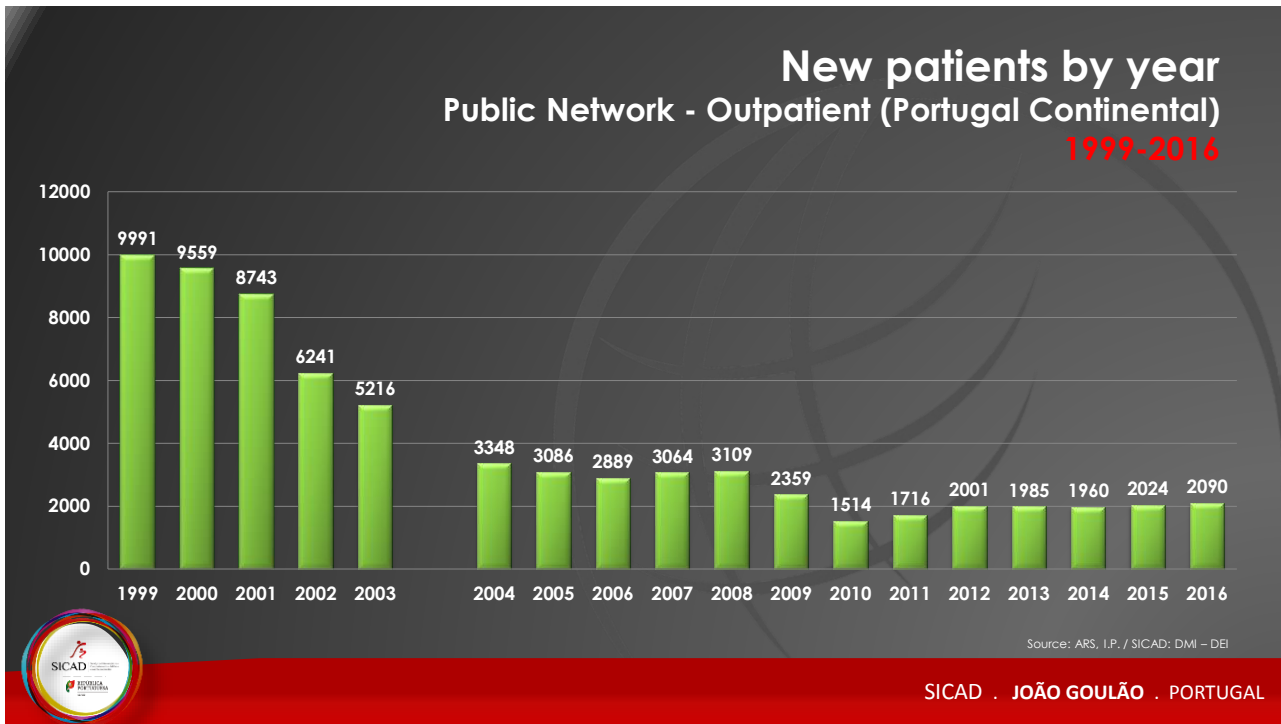
New Users - Main Substance

Ambulatory - Public Network 2010 - 2016



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

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Trends since 2001

Small increases reported on illicit drug use amongst adults

Reduced burden of drug offenders on the criminal justice system

Reduction in opiate-related deaths and infectious diseases


Increase in the amounts of drugs seized by the authorities

Reduction in illicit drug use among adolescent, since 2003

Reduction in the prevalence of injecting drug use

Reduced stigmatization of drug users



Reduction in the public burden caused by drugs



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Our Mission

To promote the reduction of use of psychoactive substances, the prevention of addictive behaviours and the decreasing of dependencies.

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Thank you 😊!



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