

Drug policy reform in Portugal

Why are we, as Quakers, concerned about drug policy? We are concerned because of the global, national and individual consequences of drug policy which maximise harm to both drug users and the wider community and because of the serious impact in relation to suffering and inequality.

We have both had a long standing interest in the UK drug policy framework having spent substantial parts of our working lives in the development and management of drugs services. We have come to the conclusion that the ways our society thinks about drug use and drug policies are in fact ineffective. Contrary to dominant beliefs, there is little or no evidence to support the view that criminalising drug use works as a deterrent.

We have been heartened by two key publications. *The All Party Parliamentary Group for Drug Policy Reform*¹ concluded in 2013 that criminalisation is not only ineffective but also causes additional harms. The United Nations Office for Drugs and Criminal Justice in their 2010 publication, *"From Coercion to Cohesion"* (2010)² calls for health based treatment for illegal drug users instead of punitive criminal justice measures. This report concludes that current drugs policy, both domestic and international, has failed to tackle the problems associated with drug use.

On a recent visit to Lisbon we took the opportunity to find out first hand exactly what the Portuguese system is and how it works in practice. From 1932 to 1974 Portugal was a dictatorship and Portugal's borders were closed. Consequently few drugs were available in the country. When Portugal's borders were reopened the

¹ The All Party Parliamentary Group for Drug Policy Reform (2013)

² United Nations Office on Drugs and Crime (2010) *From Coercion to Cohesion: Treating Drug Dependence Through Health Care, Not Punishment*

sudden availability of a number of drugs, including heroin, resulted in widespread harm. The highly visible street use of heroin in Lisbon brought the issue suddenly to public and political attention, causing alarm and concern. A Government panel concluded that a paradigm change was needed in the way that the problem was approached. The principle of this paradigm shift was that the addicted drug user was considered to be a sick person in need of health care. A drug strategy was developed and considerable investment was made in treatment and harm reduction measures.

The Portuguese legal framework on drugs changed in July 2001. Drug trafficking is still a criminal offence but personal use of any substance is no longer a criminal offence. 'Dissuasion' is the core process to dissuade from consumption, prevent the use and abuse of drugs, ensure health protection of users and the community and guide drug users to more adequate responses regarding their personal situation. Above all 'dissuasion' emphasises and prioritises the health approach. Dissuasion Commissions were set up across Portugal. If a person is found possessing a small quantity of a substance for personal use in a public place the Police refer to the dissuasion commission. The professional staff undertake an evaluation hearing with the referred drug user. They assess whether the person's use is problematic (addicted) or is likely to become problematic. People who are addicted to drugs are referred to treatment which is immediately available. Support interventions are offered to non-problematic drug users (who constitute 90% of those referred by the police) who are seen to have health and social care needs – such as unemployment, family problems, psychological problems. There are administrative penalties which the Dissuasion Commission can impose for example, attendance at a specified place such as a youth club or unemployment centre, a ban on being at certain places or a fine which can be in the form of a donation to a charity of the person's choice. However, the Dissuasion Commission is not permitted to charge a monetary fee for an addicted person.

Outcomes

The outcomes have been rigorously monitored by the European Monitoring Centre for Drugs and Drug Addiction. Basically, de-criminalisation has had little or no impact upon prevalence which has fluctuated in Portugal since 2001 in common with the rest of Europe. We need, though, to be looking beyond prevalence and redefine "the drug problem" as more than how many people use drugs. Measuring effectiveness of drug policy requires a far broader range of indicators that include public health, crime, civil rights, community safety, international development and conflict. In Portugal drug related deaths have fallen, HIV, AIDS, Hep C, Hep B and TB rates have fallen. Young people (or any person) are not criminalised or stigmatised or imprisoned for the recreational use of any drug. Every parent may worry about their child taking drugs but de-criminalisation does not increase the risk of them taking drugs. It does, however, decrease the risk of harm if they do.

Conclusions

We were highly impressed by the system in Portugal in terms of the humane and rational approach. We were so impressed by the paradigm shift towards the health and well-being of the drug user. In our opinion the *big thing* is that Portugal have introduced a truly health based system. There has been a change of culture and belief as well as a change of policy which has led to a coherent and sustainable drug strategy which incorporates the adequate resourcing of treatment and harm reduction measures.

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