

# Main results of the Portuguese policy on drugs since the first strategy in 1999

## 2<sup>nd</sup> Annual Meeting of National Drugs Observatories

COPOLAD II

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# The history of drug use in Portugal

**1970 / 1974**

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It began much latter than in the other Western European Countries

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Closed and isolated country  
Citizens' limited mobility

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Society unprepared to deal with  
drugs

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Colonial war – use was tolerated

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**1974** – Democratic Revolution  
Explosion on experimentation



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## As a consequence:



- **It developed very fast, cross cutting society**
- Drug use spread, still under European average level
- But a considerable number of “problematic drug users” appeared and, during a long period of time, had no access to treatment
- Small gap between “total” and “problematic” drug users
- Onset of AIDS and HCV 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 problematic drug users)
- At the same time, the social burden associated to drug use was very relevant – major political concern

# The history of drug use in Portugal

## 1975 / 1998 PUBLIC RESPONSES

**1975**

Ministry of Justice: **prevention/ treatment centers – 3 major cities**

**1987**

**Projeto VIDA** - Cabinet of Prime Minister

**1987**

**Centro das Taipas:** Lisbon

**1990**

Ministry of Health: **SPTT : approx. 40 treatment centres, nationwide**

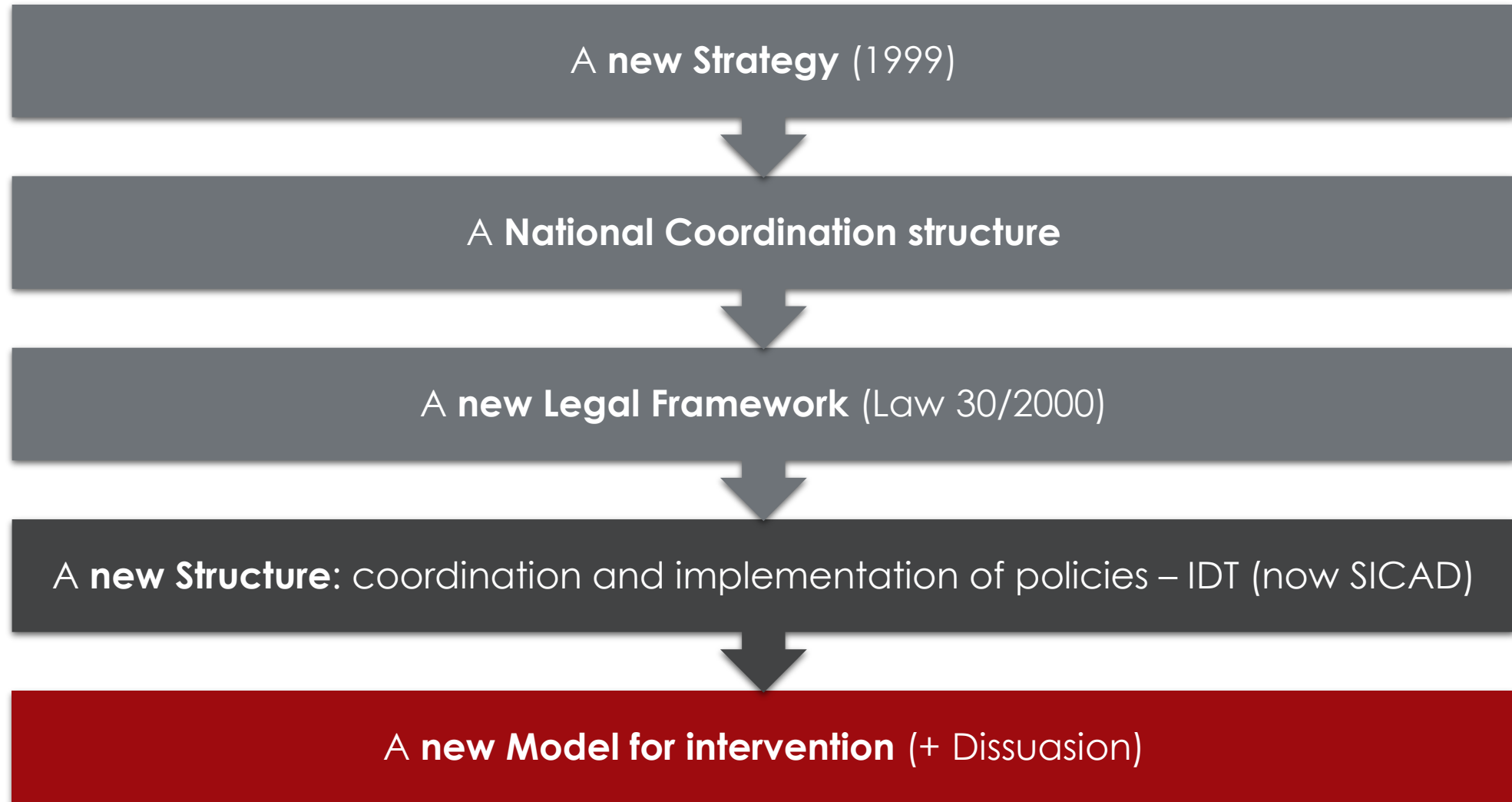
**1993**

- Decree Law 15/93 (“Drug Law”)
- Needle and Syringe Exchange Programme
- EMCDDA implanted in Lisbon

**1997**

**Law 7/97:** defines **public network of treatment:** inpatient and outpatient treatment centers, nationwide coverage, public and private units

# National Strategy on Drugs 1999



## A New Legal Framework

### Decriminalisation of drug consumption and possession for use

Portuguese Drug policy was based on consumption's criminalisation

Imprisonment or fee (the most common sentence imposed on 1<sup>st</sup> time offenders) didn't deter drug abuse

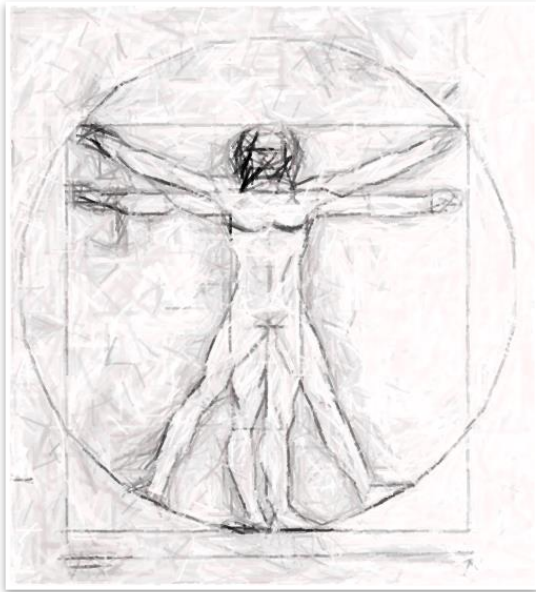
In the case of 1<sup>st</sup> time offenders or occasional users, imprisonment is likely to generate counterproductive effects

Need to liberate resources for the fight against drug bulk trafficking

## PRINCIPLES

### Humanism

Recognition of the drug user citizen's full dignity as a human being, that should be understood within the framework of the complexity and relevancy of his/her individual, family and social history, and must take into consideration the health and social conditions



## PRINCIPLES

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### Pragmatism

Attitude of openness towards innovation, rejecting dogma or pre-conceived ideas vis a vis scientific proven results of experiences conducted in the different domains

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# National Plan to Reduce Addictive Behaviours and Dependencies 2013 – 2020

(Illicit drugs, NPS, anabolizers, alcohol, gambling, screen, etc)

## Cross-cutting Areas

**Coordination**

**International Cooperation**

**Information, Research, Training and Evaluation**

**Legal Framework Review**

## Mission Areas

### Demand Reduction

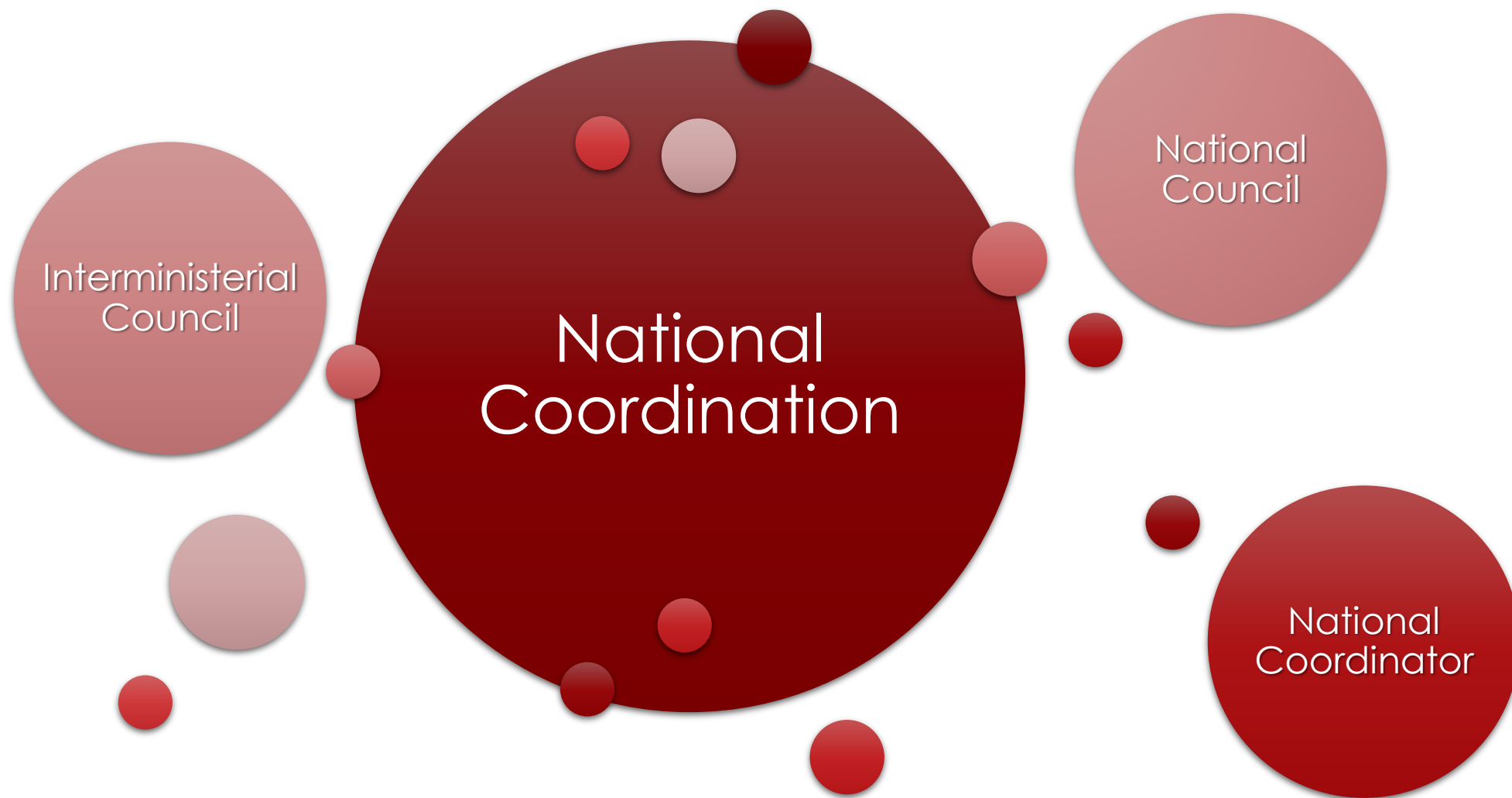
- Prevention
- Dissuasion
- Harm Reduction
- Treatment
- Reintegration



### Supply Reduction



# National Coordination Structure



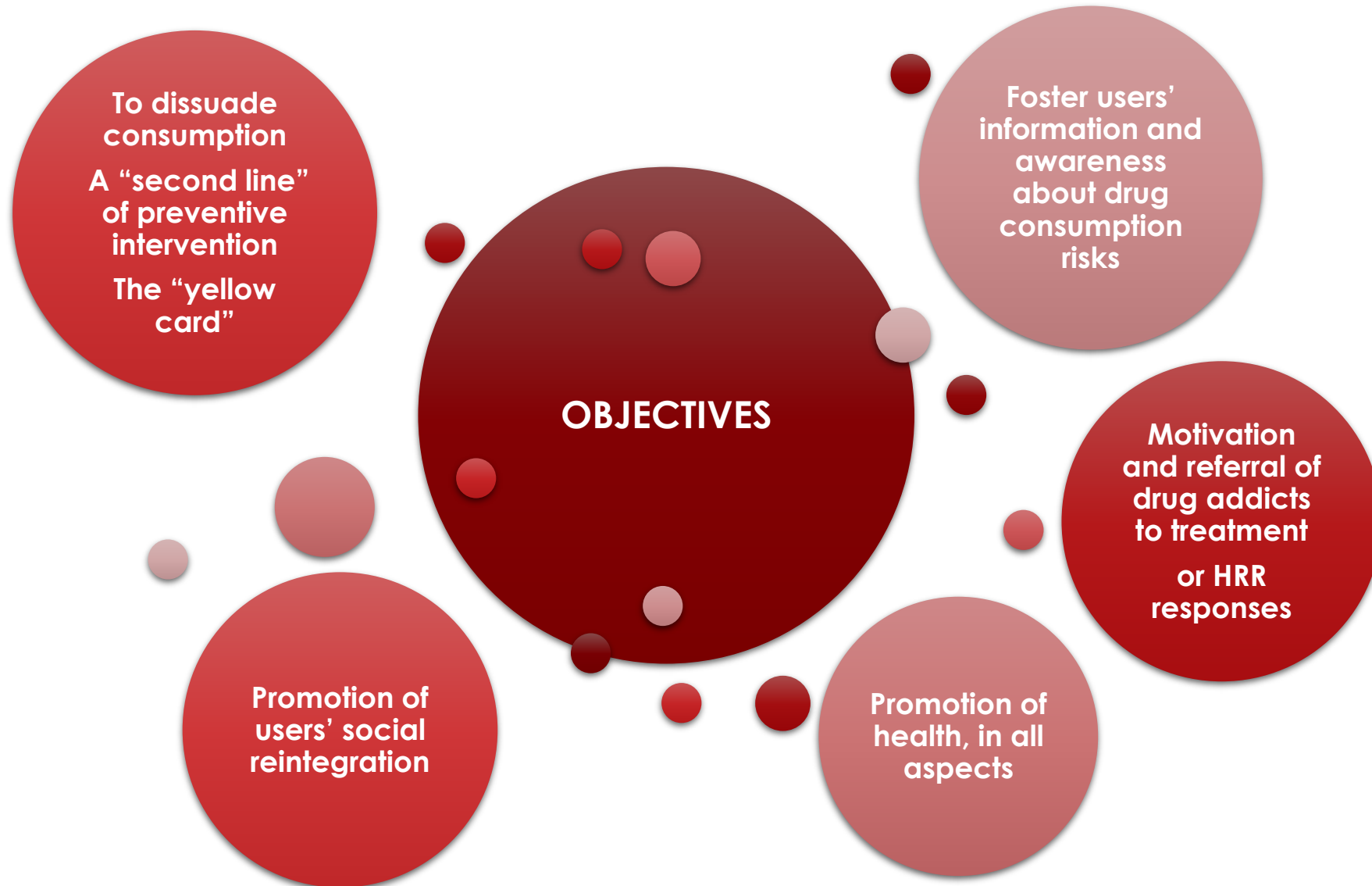
**The consumption, acquisition and possession for own consumption of plants, substances or preparations constitute an administrative offence and can not exceed the quantity previewed for individual use for a 10 days period.**

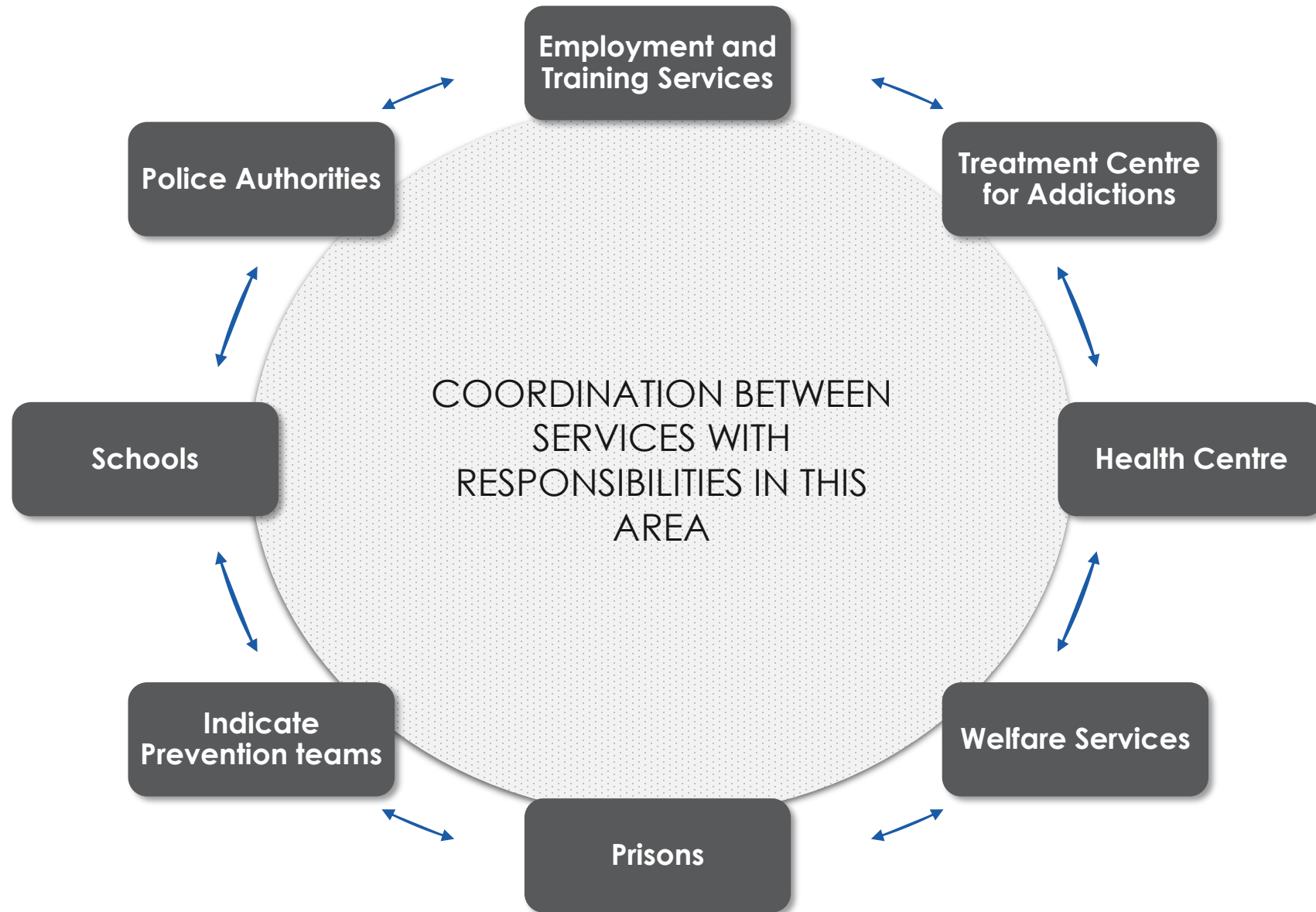
**Exceeding this quantity, criminal procedures take place**

**The drug addict is considered a person in need of health and social care**

**The dissuasion intervention provides an opportunity for an early, specific and integrated interface with drug users**

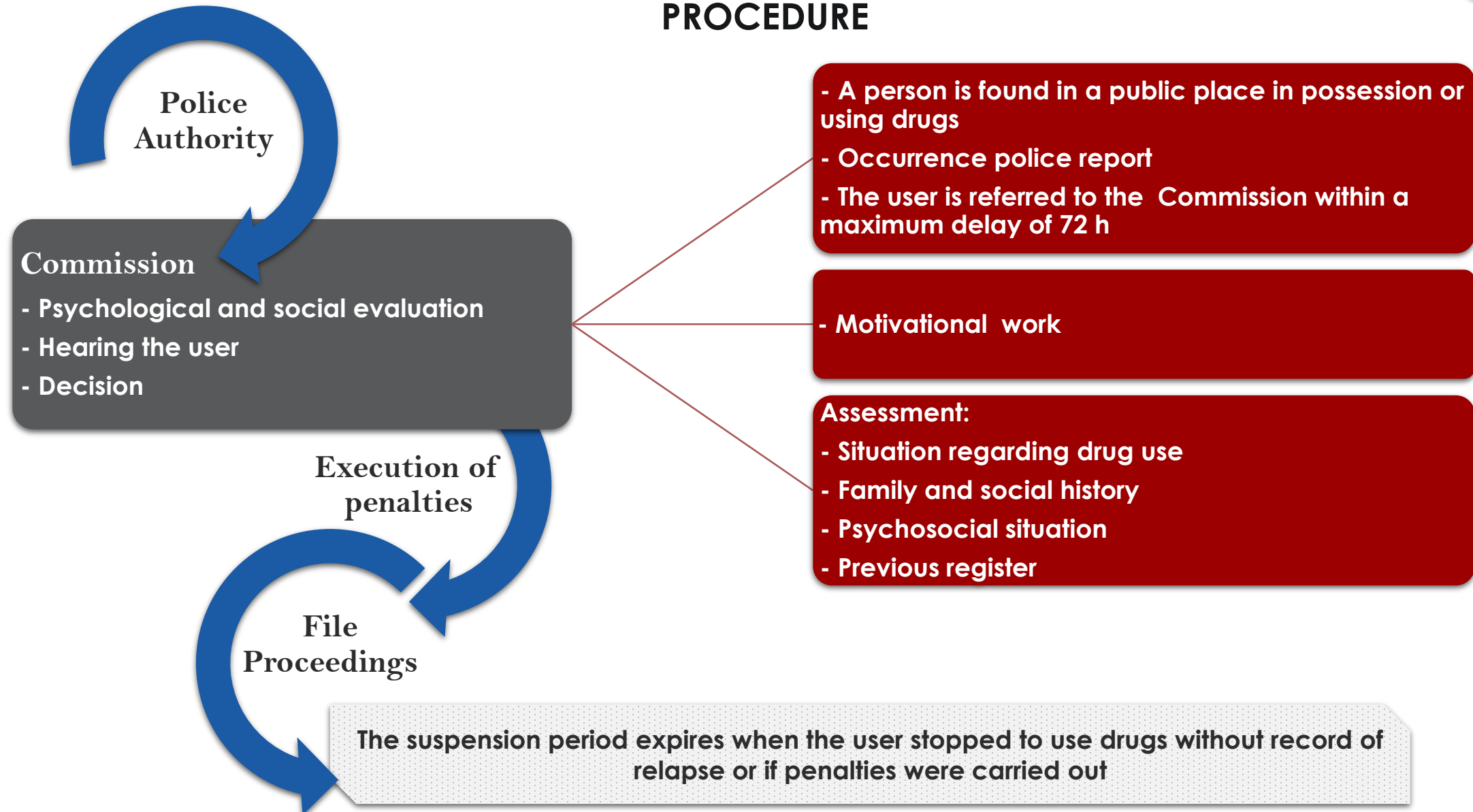
**The dissuasion intervention is aimed and targeted at the drug users' characteristics and individual needs**







## PROCEDURE





## DECISIONS and SANCTIONS

### Provisional Process Suspension

if suspension conditions not met or if citizen refuses to engage with measures determined by the **Commission**:

Periodic Presentation to the Dissuasion Commission or other services (hospital, health centre)

Admonition, Warning

Community Service

Forbiddance of attending certain places or meeting certain people

Apprehension of objects

Interdiction to travel

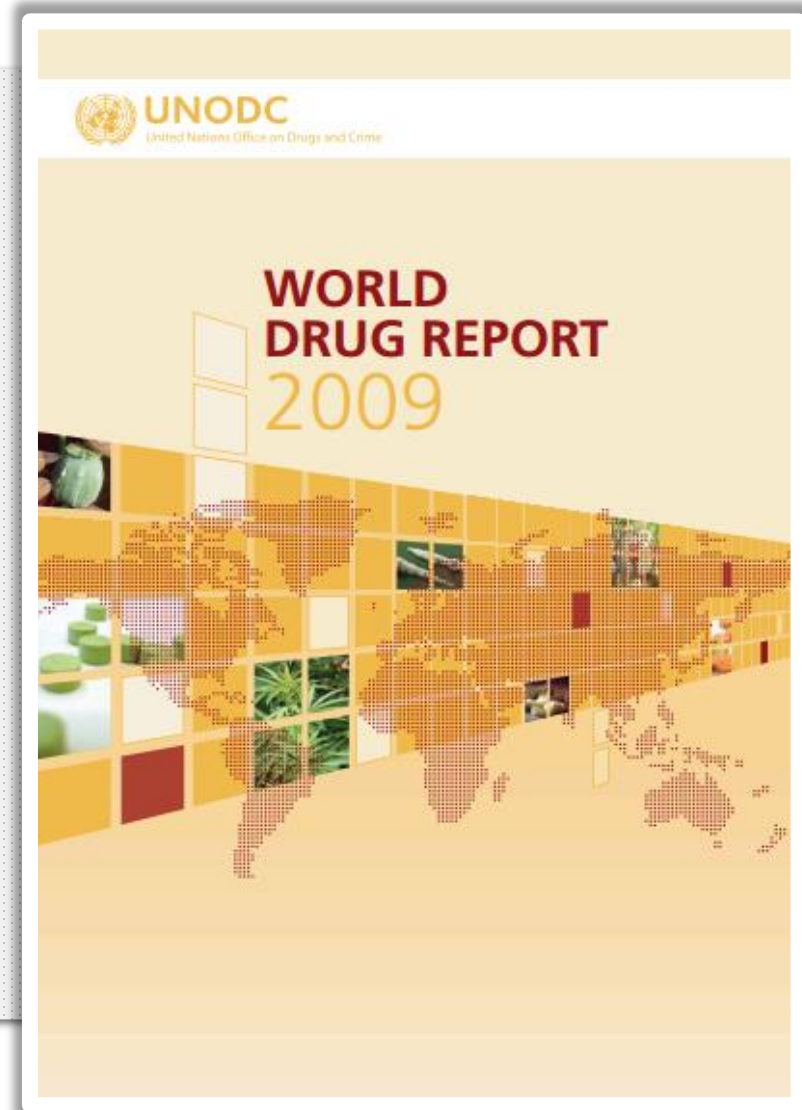
Interdiction of receiving subsidies or other monetary social grants

Monetary fee (only for non-addicts)

## 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**

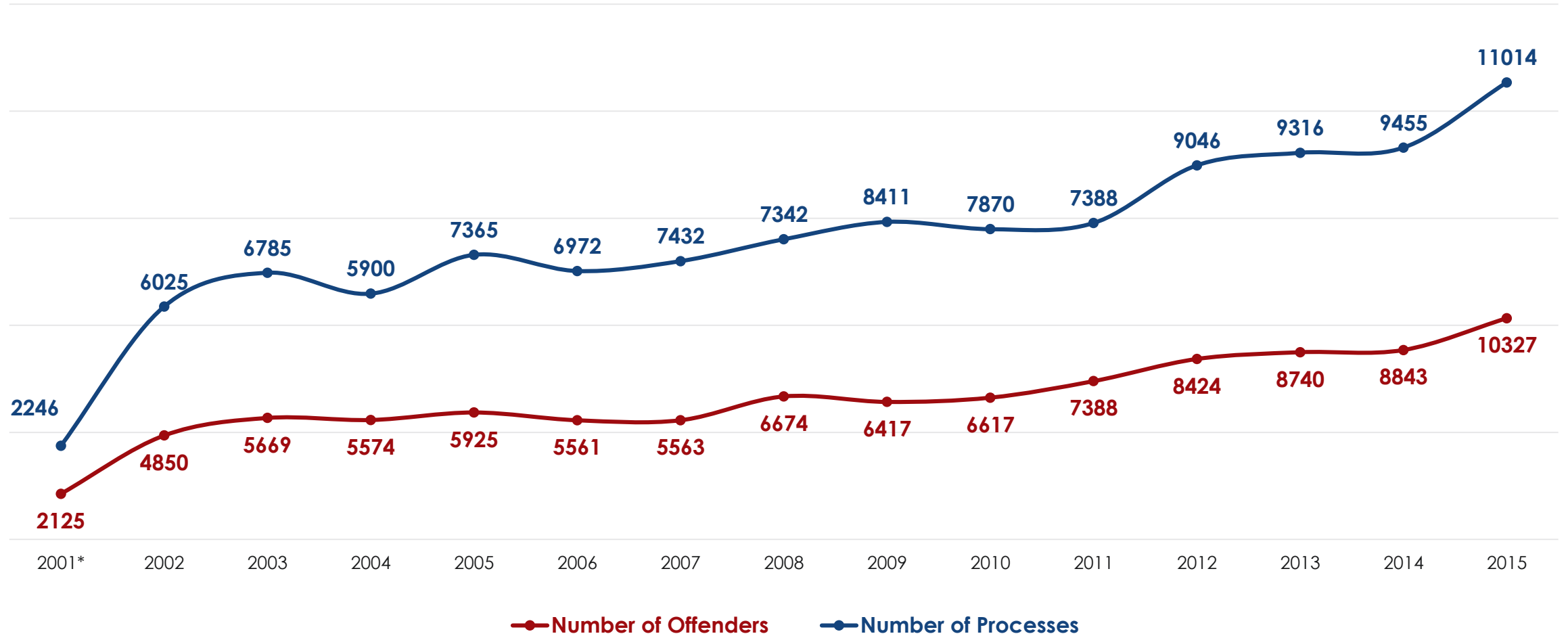
**applying a balanced, comprehensive and integrated approach**

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

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# Processes and Offenders

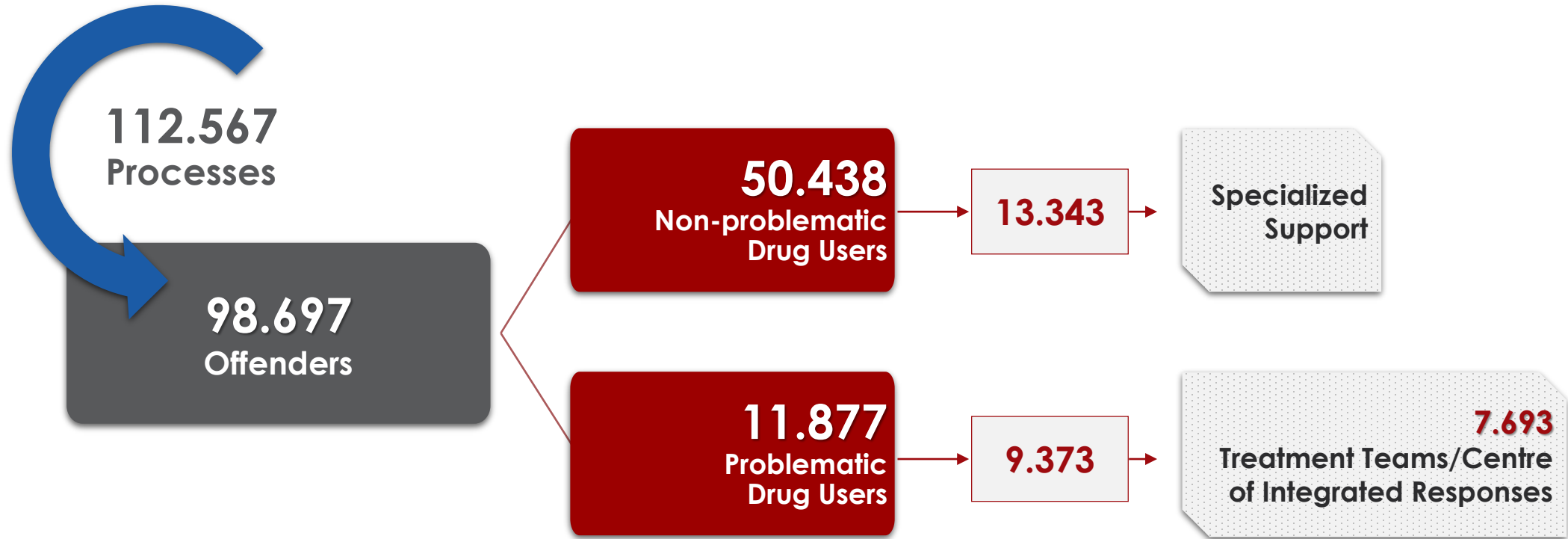
2001 - 2015



Source: SICAD

# Intervention in Dissuasion

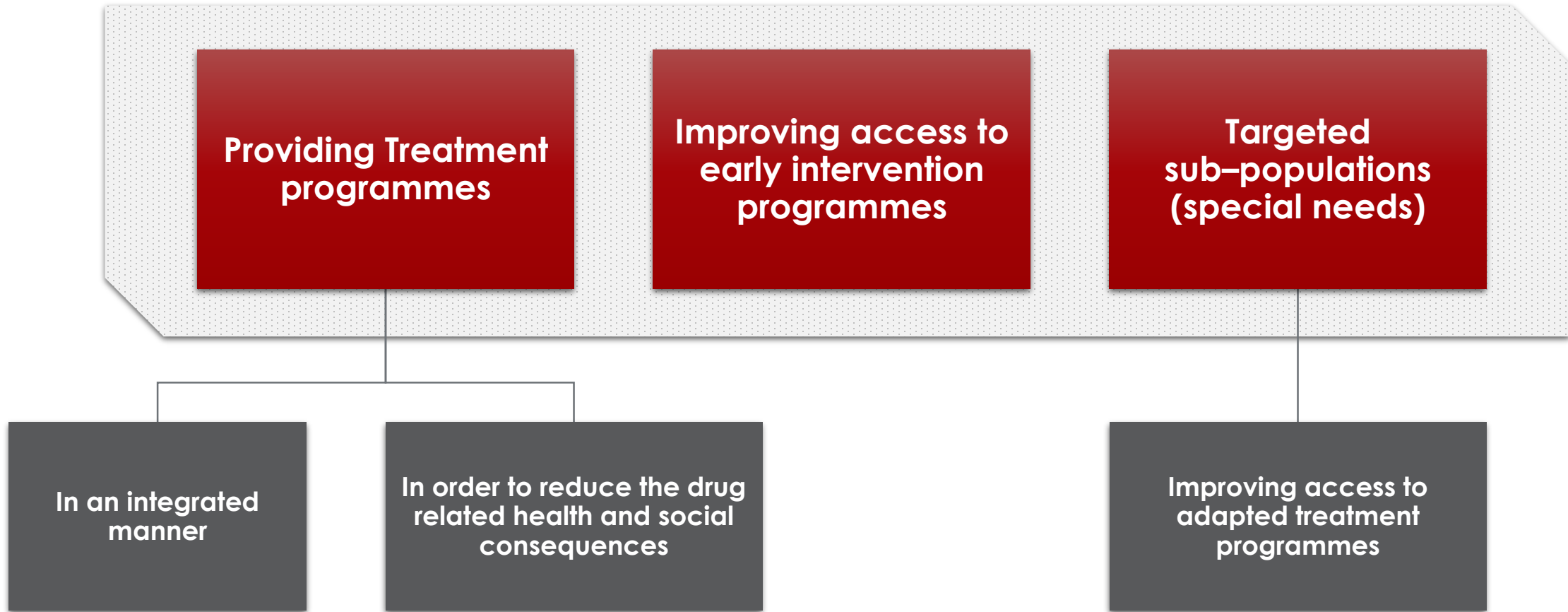
Referrals 2001 - 2015



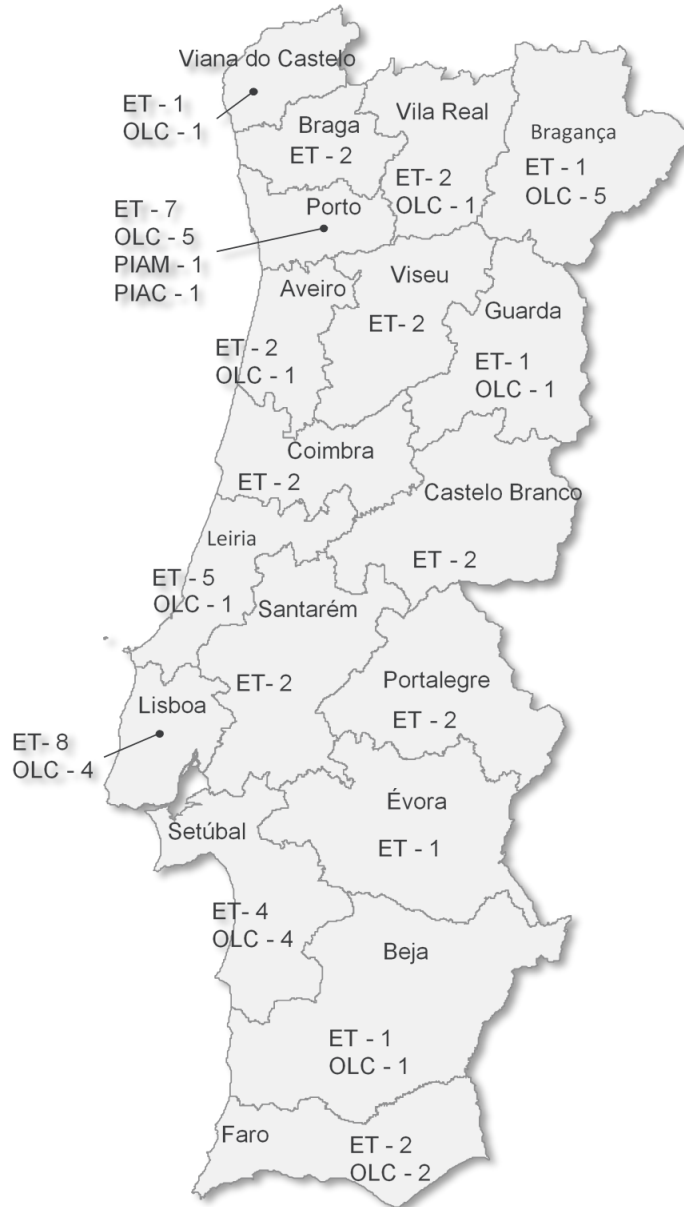
Source: SICAD

# Comprehensive public health-oriented approach



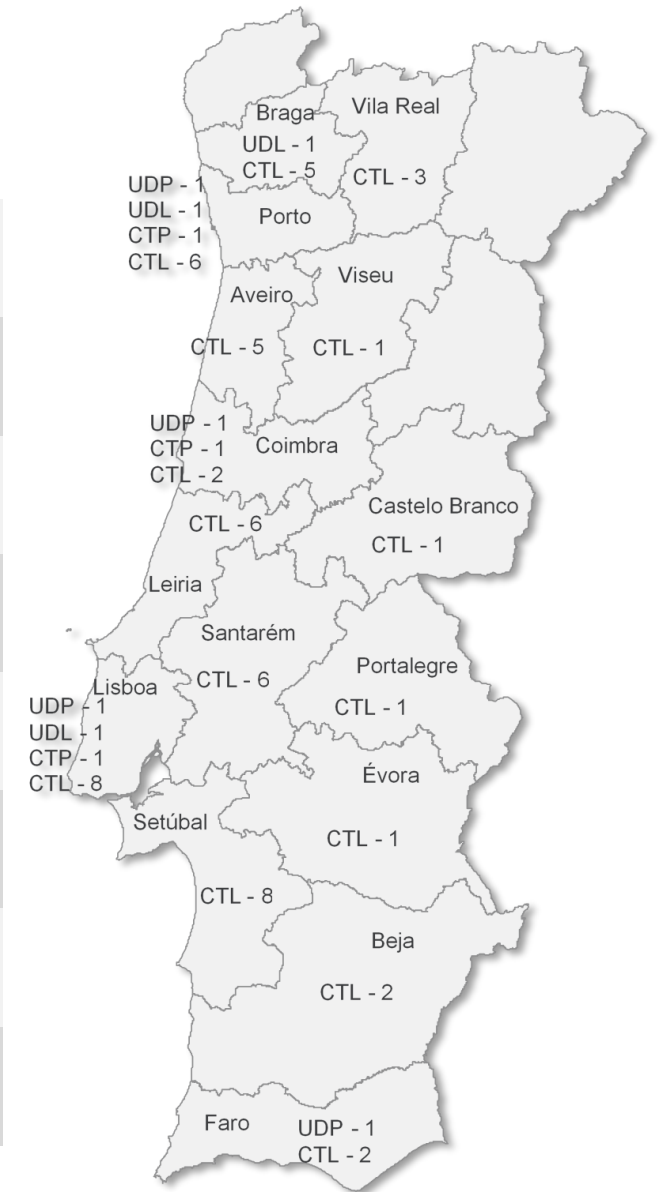


## Public Treatment Network 2015



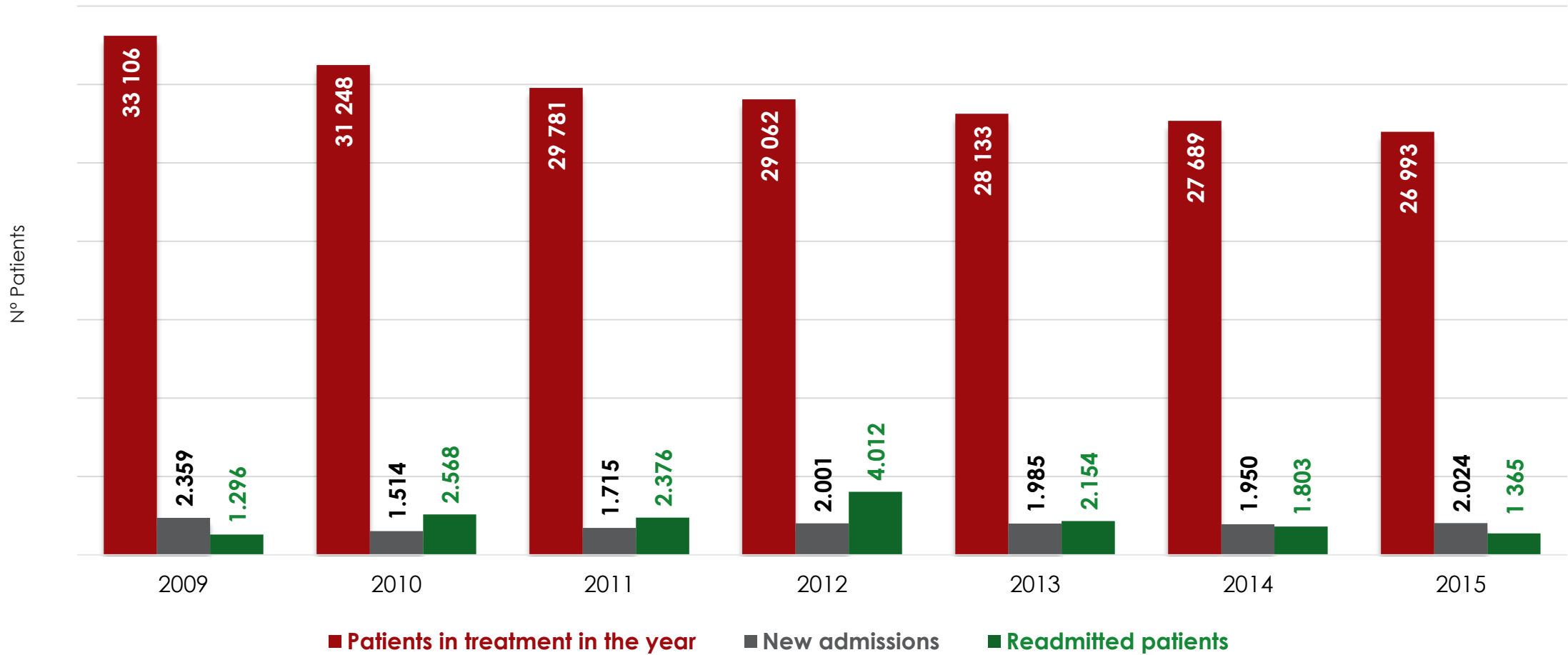
<b>ET</b>	<b>Specialized Treatment Teams</b>
<b>OLC</b>	<b>Decentralized Consultations</b>
<b>PIAM</b>	<b>Integrated Project Integrated to maternity care</b>
<b>PIAC</b>	<b>Integrated Project for Community Support</b>
<b>UDP</b>	<b>Public Detox Units</b>
<b>UDL</b>	<b>Private Detox Units</b>
<b>CTP</b>	<b>Public Therapeutic Communities</b>
<b>CTL</b>	<b>Private Therapeutic Communities</b>

Sources: ARS/Unidades Licenciadas



# Patients in treatment in the year, new admissions and readmitted - Illicit Substances

Public Network of Outpatient Services (Portugal Mainland)  
2009 - 2015

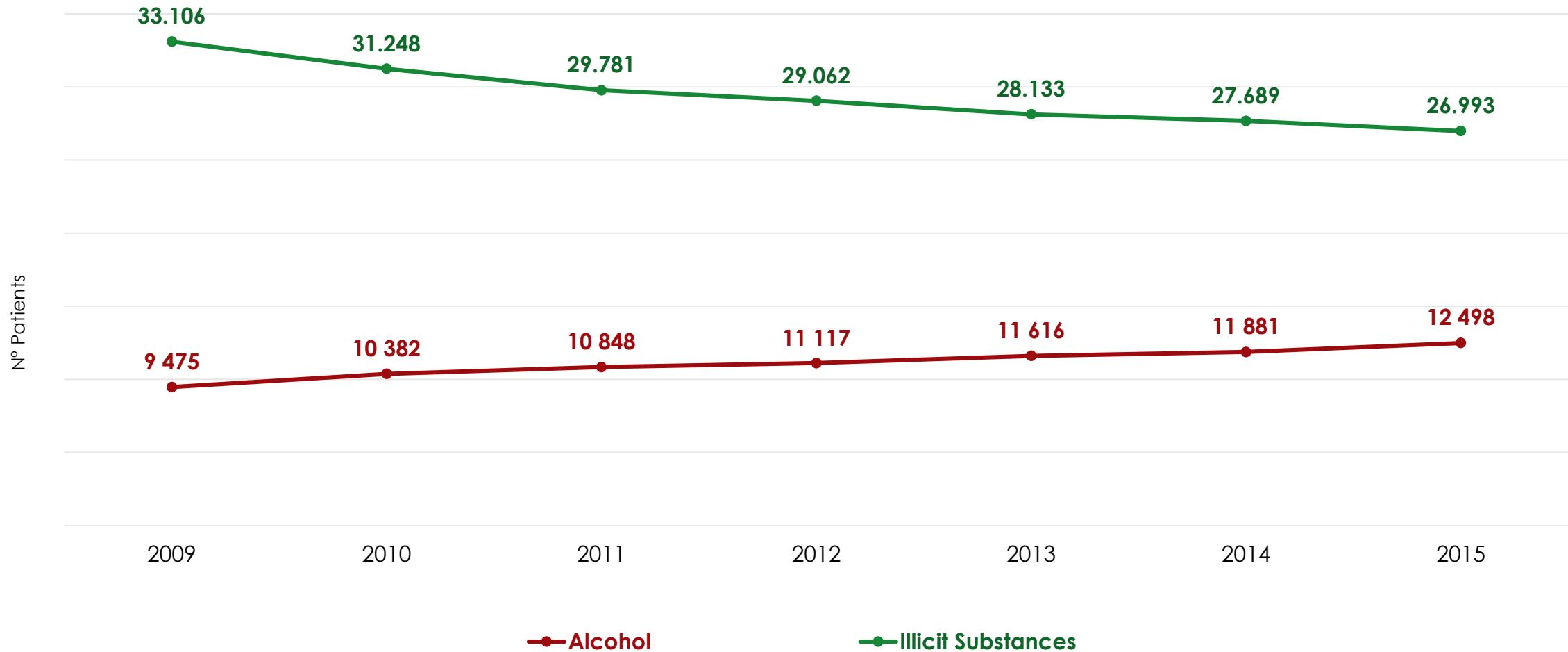


Source: ARS/SICAD



# Evolution of n° of patients in treatment in the year - Illicit substances vs Alcohol

Public Network of Outpatient Services (Portugal Mainland)  
2009 - 2015



Source: ARS/SICAD



# Harm and Risk Reduction data

2015

**Harm and  
Risk Reduction  
Programmes and  
Structures in  
operation in 2015**

## **41 Socio-sanitary structures\***

**5** Office for Support

**29** Outreach / Street teams

**4** Contact and Information Points

**3** Drop in Centers / Shelters

## **16 Socio-sanitary programmes**

**16** Low threshold methadone  
programmes

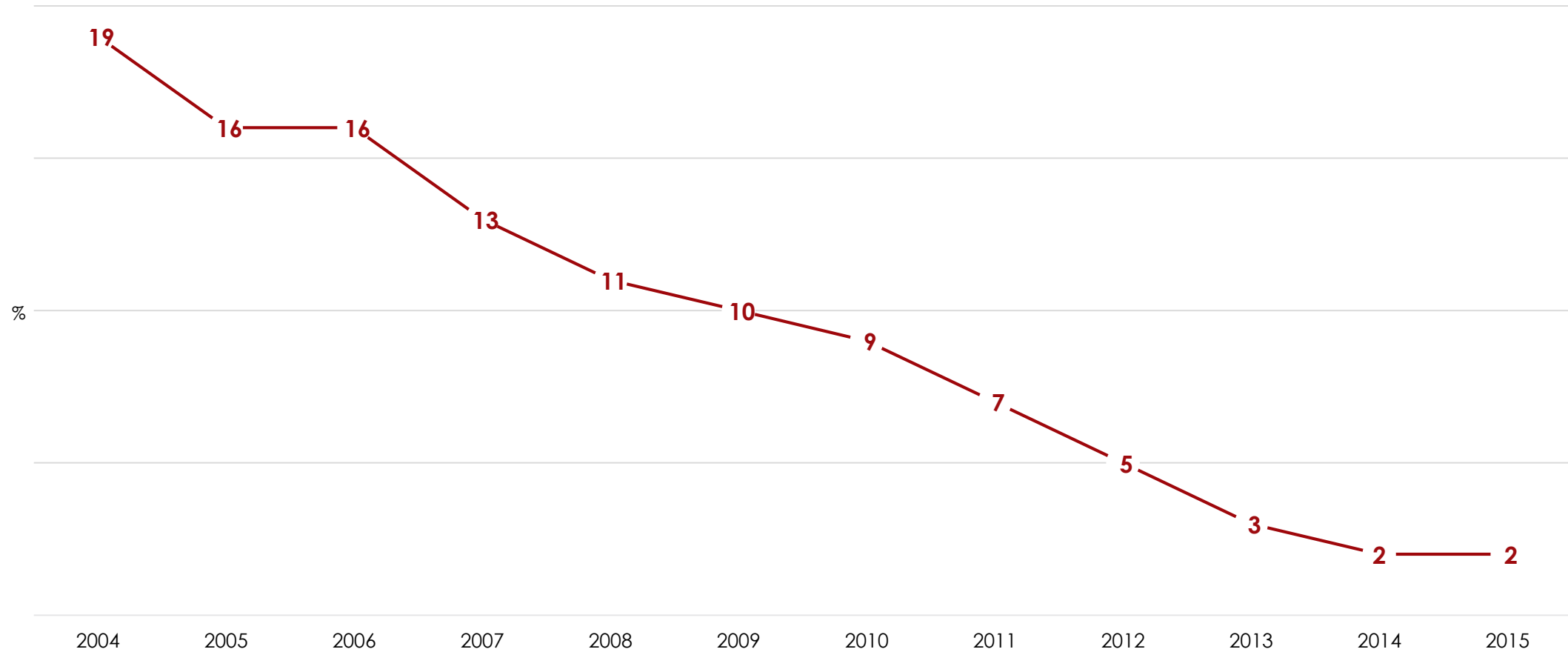
Programme *Diz não a uma seringa em segunda mão*

**1 004 706** Syringe exchanges

\* In these structures works the National Needle and Syringe Exchange Programme

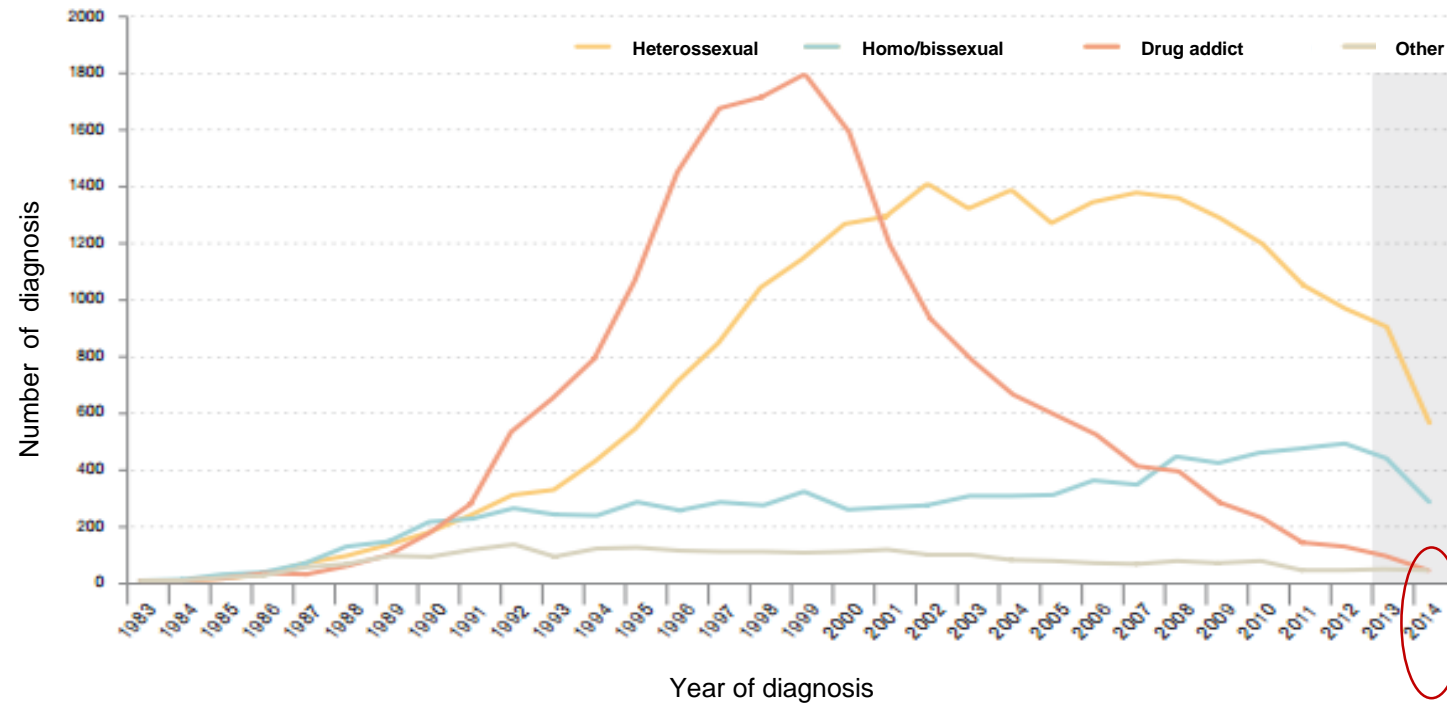
# New admissions: Use of IV route in the past 30 days, by year

## Public Network of Outpatient Services (Portugal Mainland) 2004 - 2015



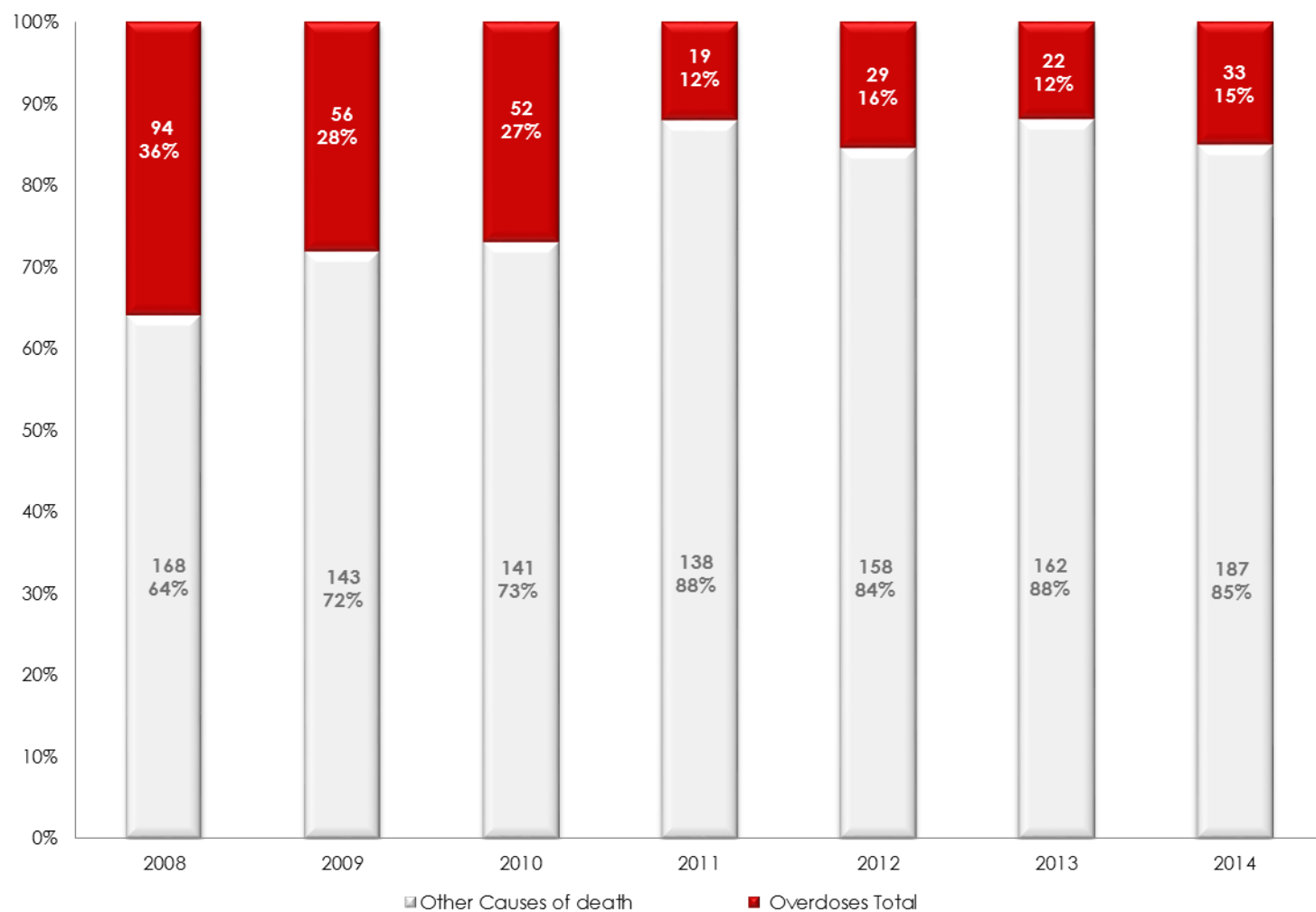
Source: ARS/SICAD

# DIAGNOSE OF HIV INFECTION BY CHARACTERISTICS OF SAMPLED POPULATION, PORTUGAL 1983-2014



Source: INSA, IP (2015). *Infeção VIH/SIDA: in Portugal a 31 de dezembro de 2014*. Lisboa: Instituto Nacional de saúde Doutor Ricardo Jorge, IP

# REDUCTION OF DRUG-RELATED DEATHS

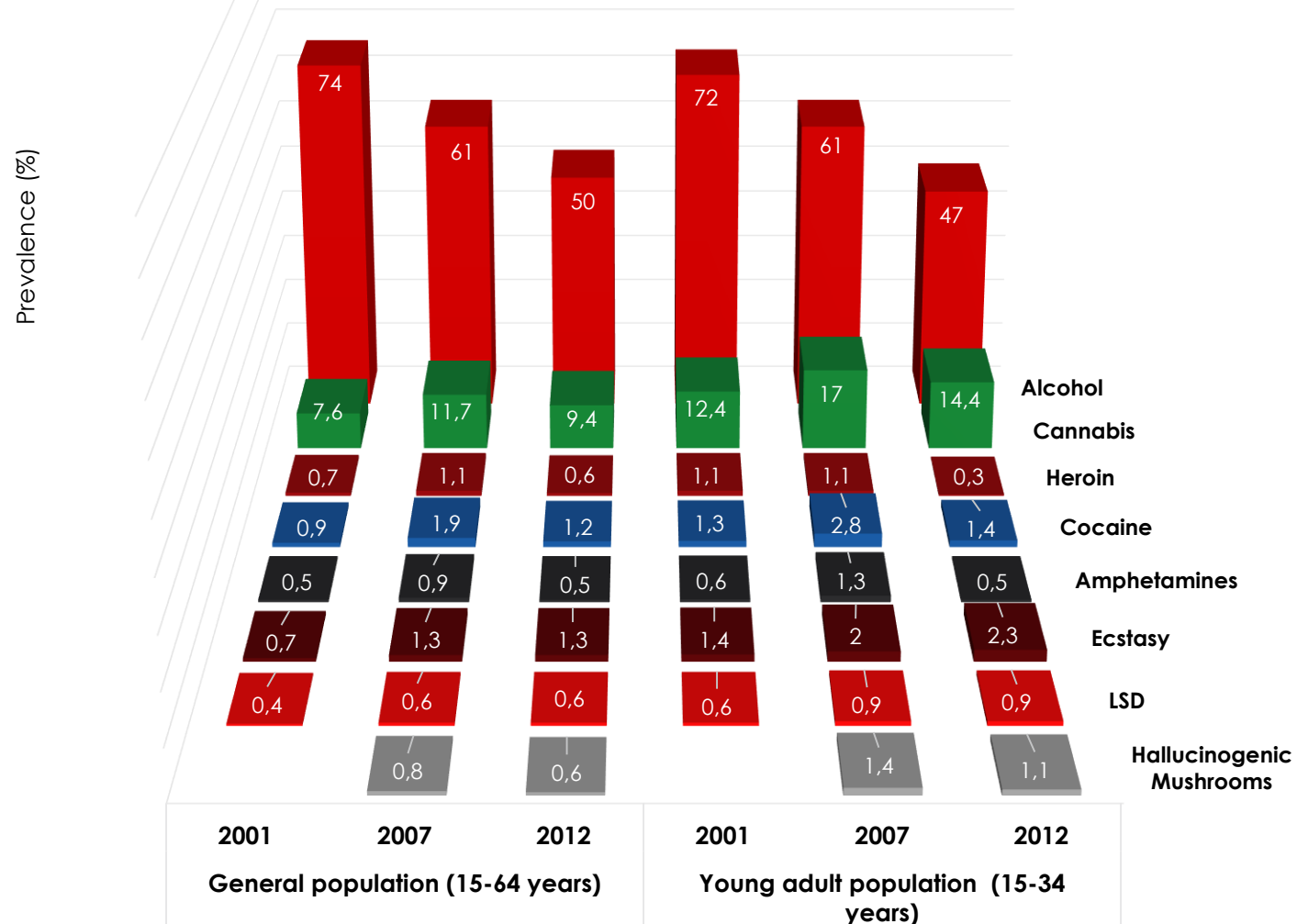


Source: SICAD - DEI

# Evolution of prevalence by psychotropic substance

General population Vs. Young adult population (%)

2001 - 2007 - 2012



Source: Balsa *et al.*, 2014

## NEW CHALLENGES

### New Psychoactive Substances

Indicators show a low level of NPS use in Portugal, but:

increasing number of such substances identified in Europe

trade of NPS via the internet

data from other countries show an increasing use of NPS

### Ageing

Significant group of patients retained in the services, long treatments, failing to achieve autonomy

Age-related diseases emerged, interacting with the original addictive disease => new set of bio-psycho-social problems

Specific programs for these patients: Therapeutic Communities - Long Term Program

Relapses as a consequence of the financial/social crisis



# 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

There is a coherent articulation among  
**ALL THE PORTUGUESE POLICY AND ACTIONS**  
based on the idea that **DRUG USER** is a **PERSON**  
with **health and social needs**  
instead of a  
**“CRIMINAL or a DELIQUENT”**.

Until now, the global drug situation in Portugal seems to have a positive evolution in all the available indicators

## Some ideas to share:

**Scientific consensus** that criminal sanctions are ineffective and counter-productive; they do nothing to address drug use consequences



Nowhere **International Drug Conventions** require that personal use should be criminalised

**HEALTH PROTECTION  
INSTEAD OF PUNISHMENT**

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

# Thank you for your attention!

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**SNS** SERVIÇO NACIONAL  
DE SAÚDE



**SICAD** General-Directorate for Intervention on Addictive Behaviours and Dependencies

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