

QUICK TAKE

PORTUGAL'S PIONEERING APPROACH TO DRUG POLICY: LESSONS LEARNED

OVERVIEW: In the 1980s, Portugal experienced a spike in heroin availability, and by the mid-1990s, an estimated 100,000 individuals in Portugal, or 1% of the population, injected drugs. The nation saw increases in HIV/AIDS diagnoses and deaths brought about by injection drug use and a lack of harm reduction facilities.¹ In 1998, in the face of this crisis, the Portuguese government convened experts from a variety of disciplines (e.g., addiction treatment, community organizing, church officials) to examine and devise a plan to address the crisis.² The proposals they developed centered on prevention, health-care interventions, expanding quality treatment, and reducing the nation's drug supply. The mandate from the government required that any plan comply with international drug control conventions.³

In July 2001, the Portuguese government passed Law 30/2000, decriminalizing the consumption, acquisition, and possession for personal consumption of illicit drugs.⁴ The law established an amount for personal possession that could not exceed what an individual would use over a ten day period.⁵ By decriminalizing personal drug possession, Portugal removed penalties that had previously been associated with personal possession. While personal use and possession of illicit drugs remained legally prohibited, it was treated as a public health issue.⁶ Trafficking of illicit drugs remained a criminal offense.⁷

With the passage of Law 30/2000, Portugal also expanded access to evidence-based treatment for substance use disorder (SUD) and increased harm reduction programs.⁸ A central element of Law 30/2000 was a system of referral to the Commissions for the Dissuasion of Drug Addiction (Comissões para a Dissuasão da Toxicoddependência—CTDs).⁹ CTDs are regional panels of trained social workers, legal advisors, and medical professionals, who are supported by teams of technical experts in the science of addiction and other drug-related issues.¹⁰

If an individual is found in possession of illegal drugs meeting the 10-day threshold, they are referred to a CTD panel.¹¹ A person detained for drug possession or use will appear before the CTD within 72 hours.¹² The panel uses targeted responses to refer them to drug treatment programs if needed. Treatment is not compulsory and panel members may also determine whether the individual needs other services.¹³ The response is intended to be customized to the individual's needs.¹⁴ The individual may receive a fine

NUMBER OF NEW DRUG-RELATED HIV CASES 2008-2017



Source: EMCDDA Statistical Bulletin 2019

or other sanctions if they are deemed to be at low risk for developing a substance use disorder.

PORTUGAL'S PUBLIC HEALTH APPROACH

Studies evaluating Portugal's drug approach focus primarily on drug-related deaths, drug-related crime, drug use and experimentation, and transmission of

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disease by injection.¹⁵ Over the last twenty years, drug-related death rates in Portugal have fluctuated. Initially, drug-related crime increased following the passing of Law 30/2000. However, this, as well as an increase in drug use, was short term.¹⁶ Further, one study found that most of the uptick in drug use did not lead to regular or problematic drug use.¹⁷ Portugal has also seen a decrease in infectious disease due to injection drug use. This is largely credited to the presence of Needle Exchange Programs (NEDs) throughout the region, an expansion that was part of a broader public health effort that accompanied decriminalization.¹⁸

Since the passage of Law 30/2000, Portugal has implemented additional institutional changes in their response to illicit drugs and their use, including:

- CTDs in every region of Portugal;
- A central support department assists CTDs and records all contacts with CTDs;
- Treatment facilities (e.g., traditional inpatient treatment for addiction, therapeutic communities, transitional housing) have been expanded;
- Expanded harm reduction services;
- Population surveys on drug use are conducted;
- Schools provide drug and addiction education; and
- Police efforts have been redirected to the interruption of large-scale illicit drug trafficking, rather than personal use and possession.

Portugal continues to explore and invest in other harm reduction strategies.¹⁹ However, the decriminalization component of Portugal's drug policy is dependent upon the existence of a well operating public health system.²⁰

LESSONS FROM PORTUGAL'S APPROACH

While any policy to reduce the harms associated with substance use must consider the social climate of a country and local community, below are a few lessons that can be taken from Portugal's drug policy model.

ONE: RECOGNIZE SUBSTANCE USE DISORDER AS A HEALTH ISSUE, NOT A CRIMINAL ISSUE

Portugal's decision to decriminalize drug possession was rooted in recognizing that substance use disorder is a health issue, not a criminal offense. By adopting this perspective, Portugal created an environment

where individuals with addiction or problematic drug use could seek help without fear of punishment.

CTD panels operated by the Ministry of Health are multidisciplinary teams that allow for an individualized approach and refer people to the services they may need, including treatment if deemed necessary. Importantly, because of the investment in the public health infrastructure and Portugal's national health system, individuals referred for treatment do not face long wait times for quality treatment. Therefore, individualized care that addresses the unique needs of an individual must be combined with significant investments in the social safety net.

TWO: MAKE SUBSTANTIAL AND CONSISTENT FINANCIAL INVESTMENTS IN PUBLIC HEALTH SERVICES

By making substantial public health investments, Portugal expanded resources beyond traditional treatment programs and facilities. Investments were made in housing, behavioral health services, harm reduction, and other community-based organizations. However, due to recent fiscal constraints in Portugal, investments in public health have decreased, leading to increases in wait times for treatment. The US can build out a similar support system by using opioid litigation proceeds, and coordinating funding across siloed systems to care for the whole person. Our recent publication, 'Transcending Money, Ego, Turf,' outlines steps federal and state governments can take to disseminate funding with a whole person approach.²¹

THREE: ALLOCATE ROBUST FINANCIAL INVESTMENTS TO DATA COLLECTION AND REPORTING

The lack of data collection before Portugal's comprehensive legislation has hindered the assessment of its successes and shortcomings, as it did not collect national data on drug use until 2001.²² Recognizing this challenge, the country has made a concerted effort to prioritize data collection by conducting general population surveys and maintaining records for the CTD panels. By investing in timely and accurate data collection, the US can gain valuable insights into the effectiveness of measures to curb overdoses and substance use disorder. The Biden Administration's National Drug Control Policy

calls for a more precise and timely data collection system to drive our drug policies.²³ States also face these challenges, as seen in an audit conducted by Oregon's Secretary of State about that state's recent drug policy reform (Measure 110). The audit, which reviewed Oregon's recent efforts to decriminalize drug possession, pointed to improved data collection as one of its primary recommendations going forward.²⁴

FOUR: COLLABORATE ACROSS DIFFERENT DISCIPLINES AND PEOPLE WITH LIVED OR LIVING EXPERIENCE

To develop an effective community response, policymakers and people involved in the decision-making process should reflect the communities they serve. When the Portuguese government convened its group of experts to review their growing drug crisis and propose actionable items to address it, they brought together individuals from a variety of disciplines. The complexity of addiction and the nuances of our nation's overdose crisis requires collaboration on all fronts. Doctors, social workers, community members, law enforcement, and people with lived or living experience should come together to understand issues from every perspective, to understand what is needed and how to accomplish it.

Lessons can be learned from the success of other countries' approaches to overdose crises and to substance use disorder. Dr. João Goulão, one of the original architects of Portugal's drug law and current national drug coordinator for Portugal emphasizes that other countries should not just "copy and paste" Portugal's drug approach, but rather adapt it to fit the social norms of each country. Still, universal lessons can be applied to reduce harms and stigma, including providing a range of services to individuals to meet their unique needs, and rejecting "one size fits all" approaches.

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