



Portugal's decriminalisation: did it affect the drug situation?

In 2001, Portugal became the only country in the EU which decriminalised consumption and possession of illicit drugs for personal use.

The decriminalisation means to reduce drug usage from criminal law status to administrative law status but still keeps it within the frames of prohibition.

Those caught in possession of illicit drugs

for personal use will have their drugs confiscated and must appear before a governmental commission. The commission decides what punishment would be appropriate: fine, treatment or probation.

This is the theory; the interesting thing is to see how the new regulation affected the drug situation in the country if it did.



Photo Sixten Willebrand

It will be though too hasty to delve into statistical evidence before we clarify this move in its relation to the United Nations drug control legislation.

The International Narcotics Control Board (INCB) which task is to monitor the implementation of the United Nations drug control conventions was initially "apprehensive" when the new Portuguese regulation came into force, but after a mission to Portugal in 2004, the INCB concluded that "the practice of exempting small quantities of drugs from criminal prosecution is consistent with the international drug control treaties..." (World Drug Report 2009). The INCB is also satisfied with the way the prosecution of drug trafficking is handled by the country and the fact that the number of drug trafficking offences detected in Portugal is close to the European average. The Board noticed though that Portugal did experience an increase in drug use after this policy was implemented but it softened its conclusion by adding that so did many European countries during this period.

Several international media contributed their mite to the analysis of the Portuguese drug situation. For example, *The Economist* reports that "the evidence from Portugal since 2001 is that decriminalisation of drug use and possession has benefits and no harmful side-effects" (August 2009). Making this statement, *the Economist* relies on an evaluation of the Portuguese drug policy made by a lawyer, Glenn Greenwald for the American "libertarian" think-tank Cato Institute.

"Resounding success" as a label applied to the effects of the new regulation, used by Greenwald, brings up strong feelings. Association for a Drug Free Portugal and its President Manuel Pinto Coelho questions the conclusions of *The Economist*/Cato Institute and calls upon a deeper understanding of the complexity of the drug situation in his country. In his letter to *The ECAD Newsletter*, Manuel Pinto Coelho points out that the basic statistics used for the article simply do not hold up.

2009 in the eyes of the EMCDDA

In the beginning of November, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) released its Annual report. As always, trends in drug use, policies, treatment, enforcement and other related areas are presented statistically and analytically. This year, the EMCDDA draws special attention to innovative and sophisticated features of drug markets which pose new challenges to drug policies. Some other themes which were given a deeper discussion were polydrug use, drug offences and phenomenon of "Spice".

The Annual report reflected also the importance of 2009 for the development of the drug-political field. *See page 4*

Inspired by Coelho's arguments, *The ECAD Newsletter* looked at some key data characterising the drug situation in Portugal.

★ ECAD ANALYSIS

The 1999, the country adopted the National Strategy for the fight against drugs. The **objective** set for the strategic plan is to significantly reduce the use of drugs amongst the population and its negative social and health consequences. The first strategy, implemented between 1999 and 2004, was evaluated by the INA (National Institute for Public Administration). The report concluded that of the 30 proposed objectives, only 8 were reached, 7 had no information available, 10 were only partially achieved and 5 were not met. The new strategic plan 2005-2012 has now passed its mid-term. Let's look at the data.

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Drug use in the general population

EMCDDA Annual report 2009:

The first general population survey on drug use was conducted in Portugal in 2001. A sample of 15 000 individuals representative of the Portuguese population was surveyed. The results revealed that 7.8 % of respondents aged 15 to 64 had used an illicit drug at least once in their lives (lifetime prevalence). The most-reported substance in this context was cannabis (7.6 % lifetime prevalence). The use of other illegal substances was less frequently reported. Lifetime prevalence was less than 1 % for cocaine, heroin, ecstasy, amphetamines and LSD.

The second national survey, carried out among the general population in 2007, a sample of 12 202 individuals representative of the Portuguese population was surveyed. Results show that 12 % of respondents aged 15 to 64 had used an illegal drug at least once in their lives (lifetime prevalence). The most reported substance in this context was cannabis (11.7 % lifetime prevalence). Lifetime prevalence was less than 1 % for amphetamines, LSD and hallucinogenic mushrooms; for cocaine (1.9 %), heroin (1.1 %) and ecstasy (1.3 %).

Summary: National surveys show an increase in life-time prevalence in the general population, especially regarding cannabis use. Use of other drugs is fairly stable but with an upward trend. Use of cocaine has nearly doubled. It is important to take into account that national surveys are limited in their ability to represent marginalised social groups.

Cocaine seizures and homicide rates

The World Drug Report 2009 in its assessment of the Portuguese situation points out that cocaine seizures increased seven-fold between 2001 and 2006. It continues and notes that "while cocaine seizures in a number of European countries increased sharply during that period, in 2006, Portugal suddenly had the sixth-highest cocaine seizure total in the world. The number of murders increased 40% during this same period of time, a fact that might be related to the trafficking activity. Although the rate remains low and Lisbon is one of Europe's safest cities, Portugal was the only European country to show a significant increase in murder during this period".

HIV and AIDS

EMCDDA 2009: HIV infections newly diagnosed in injecting drug users - IDUs (statistics by year of report) decreased from 108,9 cases per million in 2002 to 63,2 cases in 2007.

Level of AIDS incidents is 8,6 new cases per million, the trend is downward (2007 comparison to other EU countries: Estonia 33,5; Spain 8,8; Sweden 0, 7; Norway 0,0).

The EMCDDA concludes that "the high annual rate of new HIV diagnoses related to injecting drug use in Portugal suggests that transmission is still occurring at relatively high levels, even if the rates are now declining". Concerning other infections related to the injecting drug use, the downward trend seems to be levelling off.

HIV/AIDS surveillance report gives following numbers (by year of notification): HIV cases newly diagnosed in IDUs 2003 - 853 cases total, 2004 - 973, 2006 - 699 and 2007 - 670.

AIDS cases in injecting drug users by year of diagnosis: 2003 - 397 cases total, 2004 - 311, 2005 - 302, 2006 - 222, 2007 - 91.

Mortality rates

In 2007, 314 direct drug-related deaths (DRD) were reported by the Special Register, defined as an individual whose post-mortem toxicological analyses is positive for any illicit drug of abuse. In cases per million, it makes 39.6 while European average is 22. The national DRD definition relates to all positive toxicological results for drugs whatever the cause of death (overdose, traffic accident, etc), and is not in line with the EMCDDA DRD standard. The 2007 figures represents an increase of 45 % in relation to 2006 (216) and the highest value since 2001 (280).

Youth

Let's look now at the younger generation. The European monitoring tool as regards drug use among the 15-16 year olds is ESPAD (The European School Survey Project on Alcohol and Other Drugs). One of the parameters showing how a drug policy is reaching its targets is the **perceived availability** of substances. The latest data is from 2007. Percent of students answered that marijuana or hashish would be "fairly easy" or "very easy" to obtain were as follows (note that Spanish data has limited comparability):

Portugal 29% Spain 55%, UK 51%, Sweden 28%, Greece 22%,
Yearly comparisons for Portugal: 25% in 1995, 26% in 1999, 29% in 2003

Lifetime use of marijuana or hashish

Portugal 13% Spain 36% UK 29% Sweden 7% Greece 6%
Yearly comparisons for Portugal: 7% in 1995, 9% in 1999, 15% in 2003.

Recent use is shown through this indicator: **Use of marijuana or hashish during last 30 days:**

Portugal 6% Spain 20% UK 11% Sweden 2% Greece 3%
Yearly comparisons for Portugal: Portugal 4% in 1995, 5% in 1999, 7% in 2003.

Lifetime use of any illicit drug

Portugal 14% Spain 38% UK 29% Sweden 8% Greece 9%
Yearly comparisons for Portugal: 8% in 1995, 12% in 1999, 18% in 2003.

Lifetime use of any drug but Cannabis

Portugal 6%, European mean 7%. Compare to Portugal 2003: 7%.

If we come back to the **objectives** which Portugal committed itself to reach by 2012 by the means of the new policy, we can conclude that the target "to significantly reduce the use of drugs amongst the population" fails in its mid-term both in the general population and among the 15-16 year olds. The target "to significantly reduce negative health consequences of drug use" is harder to evaluate. The key indicator of HIV/AIDS spread indicates downward trends. Nonetheless, after all the efforts put into mastering of the situation, the level of transmission is still above the European average. The question remains whether the decriminalisation is an efficient and cost-effective drug-political tool to reach this target.

Decriminalisation in itself did not cause havoc; but the "resounding success" seems as a gross overestimate considering the set national targets.

ECAD Seminar in cooperation with San Patrignano Community:

Compulsory treatment unexpectedly efficient / scientific evaluation of San Patrignano's method

On October 9-10, an ECAD seminar on evaluation of drug-free rehabilitation took place in Rimni, Italy. The seminar materials are published on the ECAD homesite www.ecad.net (Conference papers). This article aims to highlight some of the striking outcomes of the two studies presented by a Swedish and an Italian researchers.

Professor Mats Fridell, Authorised Psychotherapist of the Institute of Psychology, University of Lund, introduced results of **five-year follow-up of women in compulsory treatment** in Sweden.

Compulsory care of substance abusers, adults and adolescents, is practised in accordance to the Swedish laws from 1988 and 1990. The usual time-frame is three months but it could be expanded to a maximum of six months. Women admitted to compulsory care in 1997-2000 were studied by using a number of scientific procedures: half structured face-to-face interviews; standardised psychological tests and rating scales; registered data from compulsive care, criminal records, hospital admissions of all kinds, and causes of death register, death certificates completed by forensic autopsy reports.

Of the studied women, 5 years after completed compulsory care at the centre "Lunden" (serves the southern part of Sweden), 14% of adults and 13% of adolescents were abstinent. This was a surprisingly positive outcome, professor Fridell commented.

Already in the first year, those who still used drugs, occasionally or sporadically, continued to have a higher number of offences brought to justice in the Criminal Justice data-base. There was a significantly decreasing trend among those abstinent, which did not exist in the group still using drugs.

In the abstinent group there was an increase in legal income, number of non-drug friends, social relations to family, more stable living etc. There was a similar trend for the first year after discharge for the group still using drugs but it did not continue over time. In the death cases, substance abuse problems were the sole or a contributing factor in all cases.

With regard to the course of psychiatric symptoms like depression, anxiety and aggressive behaviour, it was more negative among the persons still having a substance abuse compared to abstinent persons.

Naturally, the researchers looked carefully at how different disorders influence the behaviour. The study revealed that the anti-social disorder together with conduct disorder have a significantly more negative impact on drug abuse, criminal behaviour and social adaptation than any other personality disorder.

In general, a decrease in substance abuse strongly corresponded to decrease in problems in social functioning and criminality i.e. brought important gains.

It is also important to notice that, opposite to a spread opinion, the majority of former patients were satisfied with participation in a follow-up study. Social workers who according to the practice in Sweden are responsible for placement of their clients in the compulsory care have also gained by the results of the study. As professor Fridell emphasised, the every-day routine and a constant pressure of new cases faced by a social worker in his or hers job, do not always allow them to see positive outcomes of their work. This creates a general negative picture of clients and hinders to experience a professional satisfaction. In this case, a follow-up served as a much needed feedback which brought gains to all involved.

After a discussion which followed professor Fridell's lecture, the

seminar participants came to a conclusion that the optimal solution would be to include a follow-up as an essential part of any treatment intervention.

Professor Marco Castrignano of Bologna University, Department of sociology, gave account of the **study on San Patrignano's residents** conducted by a group of researchers from Bologna University. The first part of the study analysed retention in treatment which was between 61 per cent (1999) and 71 per cent (2001) which is a high figure.

The second part evaluated the abstinence from illicit drugs after two, three and four year after completion of the treatment programme. The sample consisted of persons who spent at least three years in the community. The interviews were completed by a hair strand analysis. The percentage of persons involved in the study which resulted negative for drug use at the time of the research was 78% two years after leaving the community, 62.3% after three years, and 70% after four years. There is a significant difference in the results of those who left the community with consent and those who left it without consent (it means that the treatment programme was not completed). Risk factors for relapse were: gender (higher relapse rate in males), length of time in the community (inversely proportional to relapse risk), and a precocious and lengthy addiction to drugs.

It is worth to notice that among 252 people who participated in the study, 97 admitted that they have been addicts for more than eleven years; of them, 51 were addicts for more than sixteen years. Drawing attention of the seminar participants to this fact, professor Castrignano emphasised that these 97 people would have been considered chronic and incurable by most standards which follow approaches to drug addiction used in Italy and many other countries.

About 60 per cent of these long-term addicts have been abstinent at the time of the research. The San Patrignano approach includes introduction of these addicts into a protected environment, where they are trusted and counted upon in their daily life and in the workplace. This system, professor Castrignano pointed out, produces tangible, undisputable and scientifically solid results.



Labour is one of the keys to the success of San Patrignano's method. Once rehabilitated, more than 70% of the residents find jobs in areas related to the professional training they received in the community.

Photo: San Patrignano's wall-paper workshop

2009 in the eyes of the EMCDDA

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"Agreement in discussions is striking", says EMCDDA:

This report covers an important period for drug policy, both in Europe and beyond. In the European Union, we have seen the evaluation of the 2005-08 drug action plan – the fifth since 1990 – and the drafting and launch of its successor, operative for the years 2009-12. Although attention is often given to the differences that exist between Member States in their drug policies, from a historical perspective the considerable agreement that is now evident in discussions at European level is striking. Member States may still have distinct policy perspectives, to some extent reflecting distinct national realities; nonetheless, in many areas, the debate appears increasingly mature and consensus driven. This has permitted a new EU action plan that can be described as pragmatic, focused and targeted. This approach is concretely illustrated in the attention given to specific areas of practice such as the prevention of drug-related deaths, working in prison settings and improving the quality of treatment and other interventions.

- UN:

Internationally, considerable public and professional interest has been stimulated by the discussions leading up to the adoption of a new United Nations political declaration and plan of action to fight the global drug problem, which followed the review of the goals set at the 1998 Special Session of the General Assembly (UNGASS).

Although the UN discussions at times were heated and sometimes reflected entrenched political and ideological positions, there were also signs that a more pragmatic and reasoned approach to identifying what constitutes effective action may be gaining ground. The USA, for example, softened its approach to the provision of sterile injecting equipment to reduce the risk of blood-borne infections, reflecting the substantial evidence base for effectiveness that now exists in this area. And, more generally, in recent policy statements, the USA appears to be moving closer to the European model.

- The EU contribution to the UN political declaration

Europe's position on the UN drug policy to emerge from the review process were expressed in a common position paper drafted by the Council of the European Union. The paper stressed the importance of public health as the first principle of the international drug control system and the need for a system-wide coherence in the drugs field among UN bodies (including INCB, UNODC, UNAIDS, WHO). It

also called for the inclusion of a set of key elements and priorities in the new UN Political Declaration. Among these were the need for a comprehensive, integrated and balanced drug policy, with drug demand reduction being given more weight and harm reduction being included. The EU urged that respect of the international human rights conventions, including the right to health, should be a key element of the new drug policy, and that the development of drug policies should be based on scientific evidence.

The new UN document is similar in content to the original UN-GASS declarations and action plans agreed in 1998. It includes many of the elements put forward by the European Union.

However, the UN document does not explicitly acknowledge the contribution of harm reduction, an approach that has been pursued in Europe under scientific scrutiny.

/EMCDDA



Professor Alexandr Strebkov of St. Petersburg State University was presented a street sign with his name at the end of the last course in narcoconflictology during the first week in November. The course has been taught for seven years in co-operation between the Department of Conflictology at the university and ECAD Russia with financial assistance from ECAD Stockholm and the Swedish International Development Agency (SIDA). The text of the street sign reads "Alexander Strebkovs Square 1, City Block: Conflictology". Text and photo Jonas Hartelius, The Swedish Carnegie Institute.

Our European societies have experimented and evaluated both tolerance and intolerance to illicit drug use and drug abuse. It is our reflection upon this which guides us towards non-use. This in regard to our communities' well-being.



ECAD is Europe's leading organization promoting a drug free Europe and representing millions of European citizens. ECAD member cities work to develop initiatives against drug abuse supporting the United Nations Conventions.
Has your city joined ECAD?

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