

**Submission of
Families and Friends for Drug Law Reform
to the inquiry of the
Road and Community Safety Committee of the
Parliament of Victoria
into
DRUG LAW REFORM
March 2017**

ANNEX C

Note on the impact of Portuguese drug policy reforms

1. In 2001 Portugal enacted legislation that removed criminal sanctions for use and possession of illicit drugs in quantities less than specified in the legislation. This was the most boldest venture into decriminalisation. It was accompanied by a comprehensive system of dissuasion commissions before which drug users were required to appear. These commissions, made up of police, social and health workers and lawyers had authority to refer drug users to different treatments including methadone and buprenorphine. The core philosophy was that drug use should be treated as a health issue rather than one subject to the processes of the criminal law. Hughes and Stevens have described the reform process in the following terms:

In the late 1990s, in response to “. . . growing concern over the social exclusion and marginalization of drug users, and a perception from many areas of society including the law enforcement and health sectors that the criminalization of drug use was increasingly part of the problem, not the solution.

“It was within this context that a government-appointed expert commission proposed to decriminalize illicit drugs for personal use and to introduce Portugal’s first national drug strategy, which had the explicit goal of providing a more comprehensive and evidence-informed approach to drug use (Comissão para a Estratégia Nacional de Combate à Droga 1998). The legislative reform and new national drug strategy were seen as critically linked: the decriminalization sought to provide a more humane legal framework, and by expanding policies and resources across the areas of prevention, harm reduction, treatment, social reintegration and supply reduction, the strategy sought to open up new ways for the field to respond, such as through channelling minor drug offenders through to the drug treatment system. Both sets of recommendations were adopted almost in full . . . and Portugal commenced their ambitious reform by rolling out the national strategy and expanded resources in May 1999. Subsequently, on 1 July 2001, the decriminalization entered into force.” (Hughes & Stevens 2010, pp. 1001-02 similarly Goulão (nd)).

2. The Portuguese reforms have attracted much international attention particularly following the publication in 2009 of a very positive report commissioned, significantly, by the Washington right-wing libertarian think tank, the Cato Institute. This considered the Portuguese reforms a resounding success

(Greenwald (2009)). In contrast an evaluation published by the Association for a Drug Free Portugal predictably concluded that the reform was a disastrous failure. The truth lies somewhere between. The most thorough and reliable account, "A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs," by reputable researchers and published in a peer-reviewed journal was authored by, Dr Caitlin Hughes of the Drug Policy Modelling Program, National Drug and Alcohol Research Centre, The University of New South Wales and Dr Alex Stevens of the School of Social Policy, Sociology and Social Research, University of Kent (Hughes & Stevens (2012)). Another careful and more recent evaluation that arrived at a similar positive conclusion in favour of the Portuguese reforms was published in by the British think tank, *Transform*. Murkin (2014). In 2015 the National coordinator of the Portuguese program published information on their progress by the Goulão (2015)).

Conclusions drawn from these evaluations:

Cannabis use

2. Various datasets of lifetime cannabis use differ but the available data indicate a much less dramatic shift than proffered by either the supporter or critic of the Portuguese reform. "With only a moderate increase in reported lifetime, cannabis use around or immediately post-reform, then a subsequent albeit slight decline." (Hughes & Stevens (2012) p. 103).

"The moderate rise in students reported lifetime. Cannabis use around the time of the reform " . . . reflected predominantly short-term, experimental use, which subsided in the years following reform" (Hughes & Stevens (2012) p. 109).

Lifetime drug use in the general population between 2001 and 2007

3. There were clear increases in reported a lifetime use for most age groups and most illicit substances but the size of the increases were unlikely to be statistically significant (e.g. an increase in reported lifetime amphetamine use from only 0.5% to 0.9% (Hughes & Stevens (2012) p. 105).

Lifetime Teenage drug use 2001 and 2007

4. There was a "notable reductions in 15 – 19 age group (Hughes & Stevens (2012) p. 105).

Recent and current drug use in the general population

5. Recent use (use within the past 12 months) and current use (Use within the past 30 days). Measures of recent and current drug use "are the best indicators" of drug use by adults (Hughes & Stevens (2012) p. 105)

6. Trends of recent and current drug use in Portugal indicate minimal if any changes between 2001 and 2007 and "rates of discontinuation of drug use (the proportion of the population that reported ever having used a drug but opting not to in recent years) increased" thus reinforcing the likelihood that just as in the school population, the growth of lifetime reported use reflected predominantly short-term experimental use (*ibid*).

7. " . . . Recent and current drug use declined among those aged 15–24, the population who were most at risk of initiation and long-term engagement. The available evidence thus gives grounds for arguing that while there was some growth in the scale of drug use in post-reform Portugal, there was an overall positive net benefit for the Portuguese community (Hughes & Stevens (2012) p. 105).

Drug related deaths

8. The most accurate data available “support the hypothesis that [a] reported rise in [deaths indicated by earlier] data was spurious as the number of people determined by physicians to have died due to drug use decreased from 2001, with a slight increase from 2005 to 2008/9 (to levels that remain much lower than at the time of decriminalisation)” (Hughes & Stevens (2012) p. 108).

9. The most reliable data show that "the number of people determined . . . To have died due to drug use decreased from 2001, with a slight increase from 2005 to 2008/9 (to levels that remain much lower than the time of decriminalisation." (Hughes & Stevens (2012) p. 108).

10. This is consistent with the objective of the Portuguese reforms which "had been to reduce social stigma and thereby facilitate access to Portuguese drug treatment and harm reduction services." (Hughes & Stevens (2012) p.108).

Comparison with other countries

11. “Post-reform Portugal is performing—longitudinally—similarly or slightly better than most European countries” (Hughes & Stevens (2012) p. 109).

12. Portugal . . . continues to have high, drug-related mortality and injecting drug user-related HIV and AIDS, albeit not the highest prevalence. For example, in 2008, Portugal had among injecting drug users the third highest rate of HIV (behind Spain and Latvia) and fourth highest incidence of new cases of HIV” (Hughes & Stevens (2012) p. 109).

13. Regarding drug-related deaths, Portugal, Spain and Italy [with similar geography and drug situation] had different trends, reflecting the different stages of the heroin epidemic, but ‘it is clear that since the Portuguese introduction of its drug strategy and the decriminalization, all three nations showed declines in drug-related deaths, but that the declines were more pronounced in Portugal and Italy than in Spain’. The main point of difference was that Portugal alone showed an increase in drug-related mortality in 2007 and 2008; however . . . this was attributed to the increase in [more accurate] toxicological autopsies.” (Hughes & Stevens (2012) p. 109).

Drug-related homicides

14. Hughes and Stevens “ . . . conclude that assertions of a rise in drug-related homicide have questionable validity. They also run counter to our earlier reported trend that drug-related crime reduced, rather than increased post-reform” (Hughes & Stevens (2012) p. 108).

Blood borne viruses

15. “Although the number of newly diagnosed HIV cases among people who inject drugs in Portugal is well above the European average, it has declined dramatically over the past decade, falling from 1,016 to 56 between 2001 and 2012. Over the same period, the number of new cases of AIDS among people who inject drugs also decreased, from 568 to 38. A similar, downward trend has been observed for cases of Hepatitis C and B among clients of drug treatment centres, despite an increase in the number of people seeking treatment” (Murkin 2014).

Comparison with other countries

Lifetime drug use

16. “The latest data indicate that in Europe, Portugal continues to be one of the countries with the lowest lifetime prevalence of cannabis, but it is by no means the lowest country. A more pertinent statistic is that compared to other European and non-European countries . . . , Portugal has low annual prevalence of cannabis and cocaine use, but fairs less well in regard to opiates and problematic drug use (Hughes & Stevens (2012) p. 109).

Comparison with Spain and Italy (chosen for their similarity in geography and drug situation)

17. On most indicators Portugal post reform is similar or performing better. “Between 2001 and 2007 there were similar increases in all three nations for lifetime and recent drug use for cannabis and cocaine. For school students, lifetime prevalence (using ESPAD data) increased in all three nations from 1999 to 2003 before a drop in 2007, with the major difference being that in Portugal, the drop in reported use of any illicit substance appeared more pronounced and the decline in reported cannabis use appeared less pronounced. Significantly, Portugal was the only nation to exhibit declines in problematic drug use” (Hughes & Stevens (2012) p. 109)

18. “Portugal also continues to have high, drug-related mortality and injecting drug user-related HIV and AIDS, albeit not the highest prevalence. For example, in 2008, Portugal had among injecting drug users the third highest rate of HIV (behind Spain and Latvia) and fourth highest incidence of new cases of HIV” (Hughes & Stevens (2012) p. 109).

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