

DRUG COURTS

Study Day in Brussels

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“The Portuguese Experience”

João Goulão

General-Director for Intervention on Addictive Behaviors and Dependencies

National Coordinator on Drugs, Drug Addiction and the Harmful Use of Alcohol

PORTUGAL

GEO-DEMOGRAPHIC SITUATION

10.627.250
Population



Espanha

França

Bélgica

Alemanha

Holanda

Dinamarca

Irlanda

Inglaterra

Noruega

Suécia

Rússia



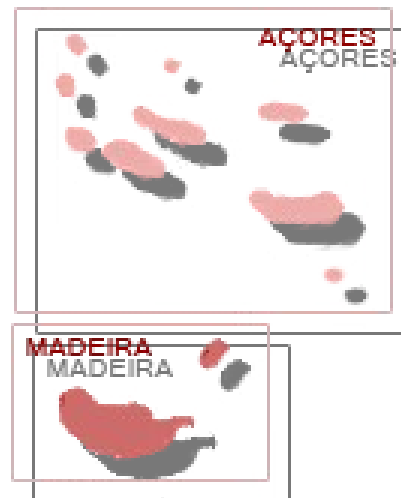
GOVERNO DE
PORTUGAL

MINISTÉRIO DA SAÚDE

: OEDT

GEO-DEMOGRAPHIC

Population	10 627 250
North/South territorial units maximum length	652 km
East/West territorial units maximum length	218 km
Surface	92 090 Km2



DRUG USE IN PORTUGAL

It began much later than other European Countries

After the Portuguese Democratic Revolution (1974):



Society unprepared to new phenomenon;
Closed and isolated country;
Return of soldiers and settlers from colonies



DRUGS PROBLEMS DEVELOPED VERY FAST

AS A CONSEQUENCE:

- Drug use spread under European average level;
- But by the end of the 20th Century, Portugal had one of the highest prevalence of Problematic Drug Use, at European Level (1% - 100 000 problematic drug users) among all social groups;
- At the same time, the social burden, associated to drug use, was very relevant

TOP POLITICAL CONCERN



KEY MEASURES

1. **Treatment** (treatment units network – Law 7/97)
2. **Innovative policies on harm reduction and public health based on the assumption that drug addict is a sick person :**
 - National Syringe Exchange Program (1993)
 - Network of integrated and complementary responses, public-private partnerships (1999/2004 - DL 16/99 and DL 72/99)
3. **Decriminalisation of Consumption** - Dissuasion
 - Creation of the Commissions for the Dissuasion of Drug Addiction (2000/2001 – Law 30/2000)
4. **Risk and Harm Reduction Network** (DL 183/2001)
5. **Demand Reduction** (2006/2007)
 - Approach, Integrated and Focused Responses
 - Centrality in the Citizen and Territory

SOME MEASURES TO REVERSE THE CYCLE

- 1999 - A National Drug Strategy was adopted:
 - Humanistic principle; Drug user as a sick person; Need to approach drug users with treatment; New legal framework envisaged.
- New Law 30/2000 decriminalise the use and possession of drugs:
 - Possession for use still prohibited and sanctioned but not with penal sanctions but addressed with social/treatment options;
 - Creation of the Commissions for Drug Addiction Dissuasion'

NATIONAL STRATEGY/ NATIONAL PLAN

NATIONAL POLICY

1999 – 1st Portuguese Drug Strategy
(Action Plan 2000/2004)


National Plan Against Drugs and Drug Addiction 2005-2012
(Action Plans 2005-2008, 2009-2012)


National Plan on Alcohol 2010


National Plan to Reduce Addictive Behaviours and Dependencies
2013-2020
(Action Plan 2013-2016)

STRATEGIC OPTIONS OF THE NATIONAL POLICY

1. Reinforce International Cooperation...
2. Decriminalize consumption, forbidding it as unlawful administrative offense
3. Redirect the bet in Prevention...
4. Expand and improve the care network...
5. Extend harm reduction policies...
6. Promote and encourage social reintegration...
7. Ensure conditions of access to treatment for addicted inmates...
8. Enlargement to other dependencies and addictive behaviors...

Dissuasion

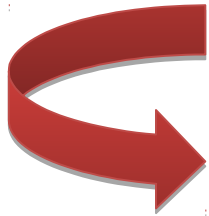
A NEW PARADIGM

DRUG USE AS A PUBLIC HEALTH ISSUE

- Historically two different and contradictory approaches:

- Drug use as a crime which is criminally punished.

- Addiction as a chronic health and behavioural condition requiring treatment and support. When people become addicted, they need treatment, not punishment. Drug addict is considered a sick person.



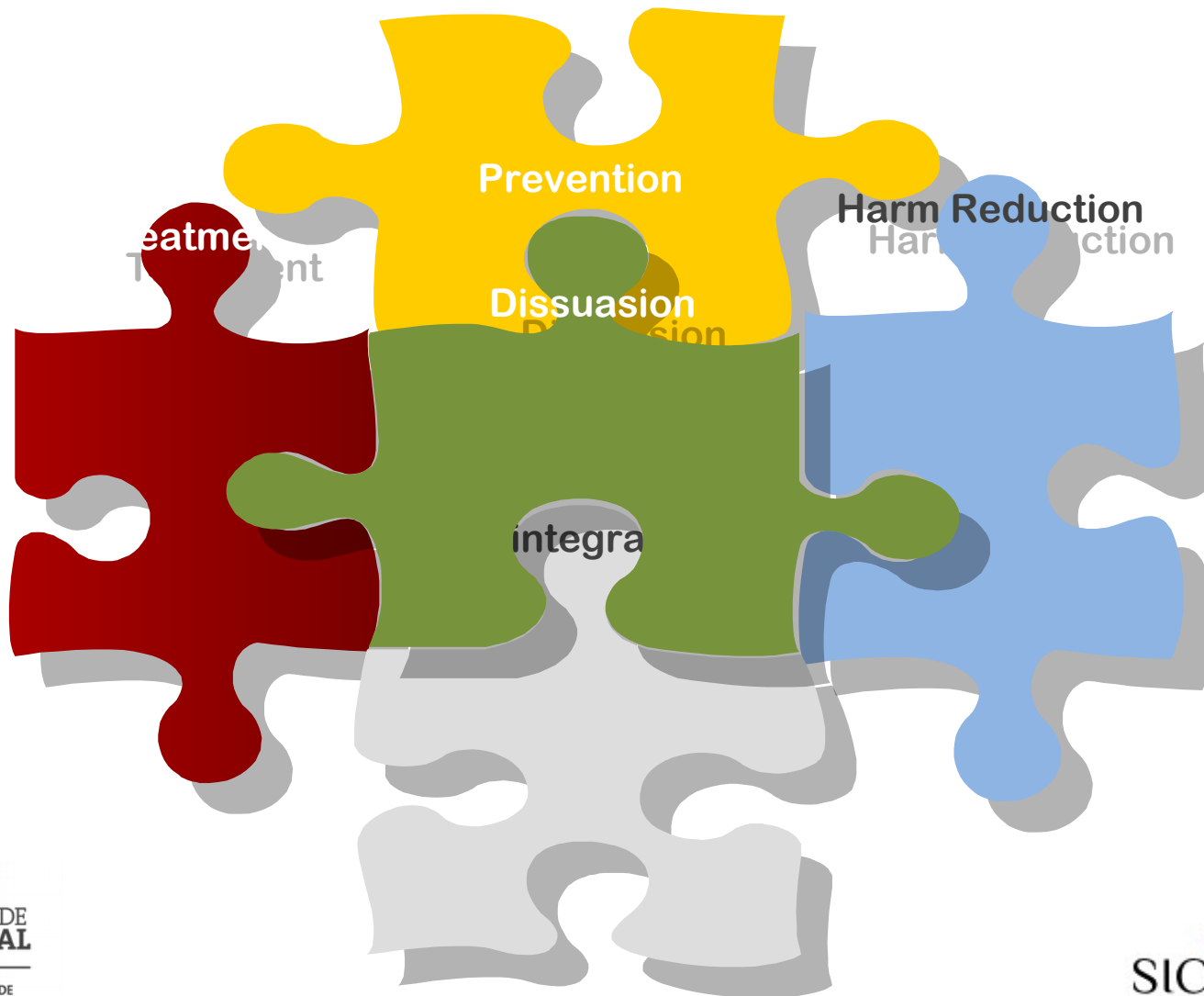
PUBLIC HEALTH APPROACH

Drug use is a public health issue, not a criminal issue.

Public health approach includes strategies that address the individual and the harm caused by drug use, within the context of community. Drug addicts need access to medical care, harm reduction services, housing and social services. All sectors of society are involved.

PORTUGUESE POLICY

Coordinated Public Health-oriented Approach Based On 5 Pillars:



A NEW PARADIGM

- Was approved in the Parliament a new legal framework (Law 30/2000); good social acceptance; huge public debate:
 - UN Conventions;
 - Drug tourism destination;
 - Early consumption;
- The need to liberate resources from the supply reduction to the fight against drug trafficking at large scale;
- Recognition that imprisonment of users has counterproductive effects;
- The new Law entered into force the 1st of July 2001 – 14 years!



THE DISSUASION MODEL

Law No. 30/2000: 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 sick person in need of health care;
- The dissuasion intervention provides an opportunity for an early, specific and integrated interface with drug users;
- The dissuasion intervention is aimed and targeted to the drug users' characteristics and individual needs.

Unlike models from other countries where “Drug Courts” were created with streamlined procedures under the Ministry of Justice, the Commissions for the Dissuasion of Drug Addiction privilege the health approach.

DISSUASION OBJECTIVES

- To dissuade consumption – a “second line” for preventive intervention – the “yellow card”;
- Prevent or reduce the use and abuse of drugs;
- Ensure the health protection of users and the community;
- Guide drug users to more adequate responses regarding their personal situation;
- Release resources for the fight against trafficking and drug use related crime (acquisitive crime).

DISSUASION AS A TOOL FOR PREVENTION

COMPOSITION OF THE COMMISSIONS (18 + 2 AUTONOMOUS REGIONS)

President and two other members

Appointed by the Minister of Justice and by the Minister of Health

Multidisciplinary technical support team
Psychologists, Social Service Workers, Lawyers
and Administrative

Prepares a report with all facts and makes a previous evaluation that supports the decision
Evaluates Motivation of the user to undergo for treatment
Guarantees the function of the referral network .

PROCEDURE

Police Authority

COMMISSION
Psychological and social
Evaluation:

- ⌚ Hearing of the user
- ⌚ Decision

Execution of penalties by
Law Enforcement
Authorities

File Proceedings

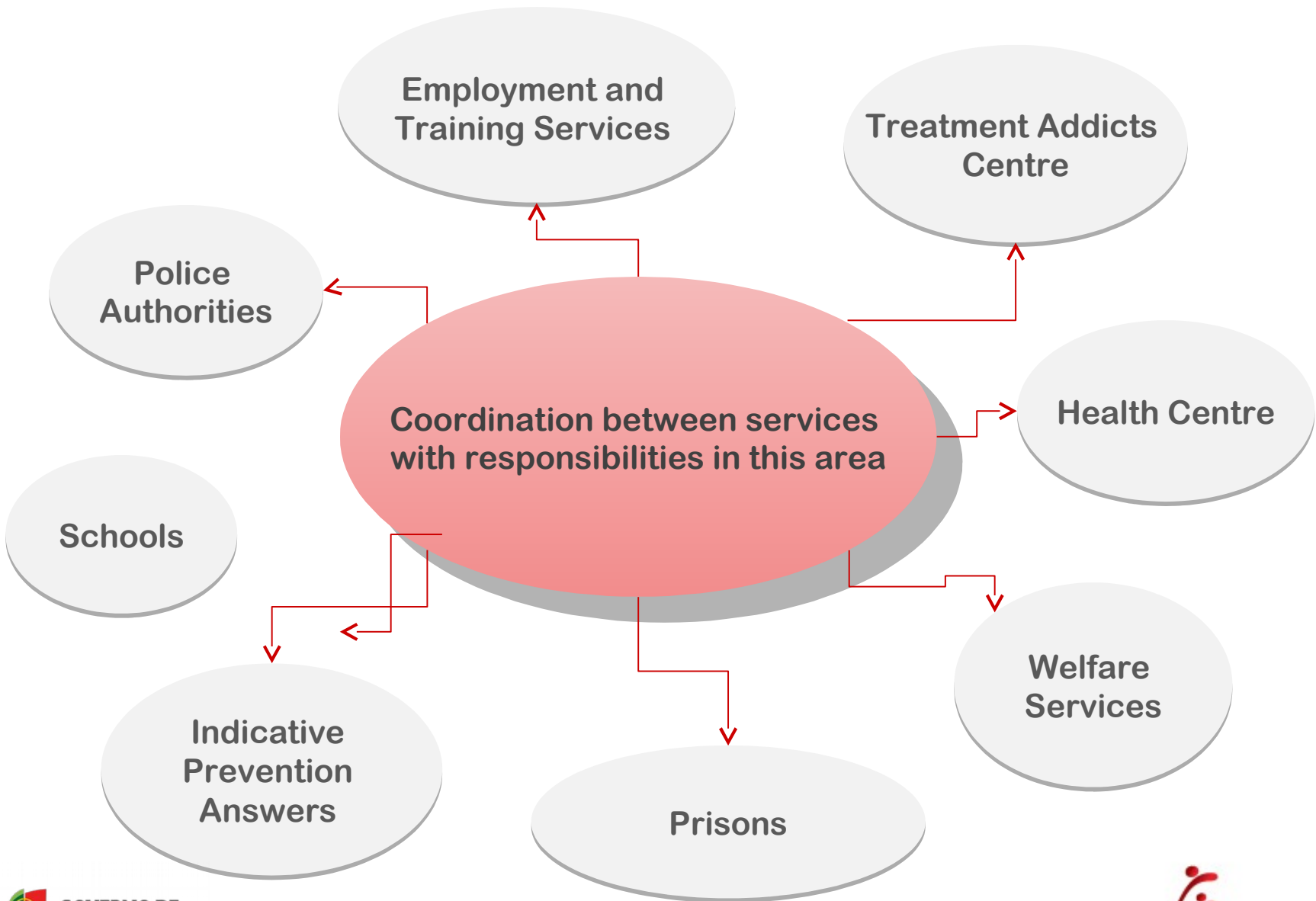
- ⌚ A person is found at a public place in possession or using drugs;
- ⌚ Occurrence police report;
- ⌚ The substance is seized;
- ⌚ The user is brought to the Commission in a maximum delay of 72h.

Motivation work

- Situation regarding drug use;
- Psychosocial situation;
- Previous register.

When the suspension period expires and the user stopped to use drugs without record of relapse, or if penalties were carried out

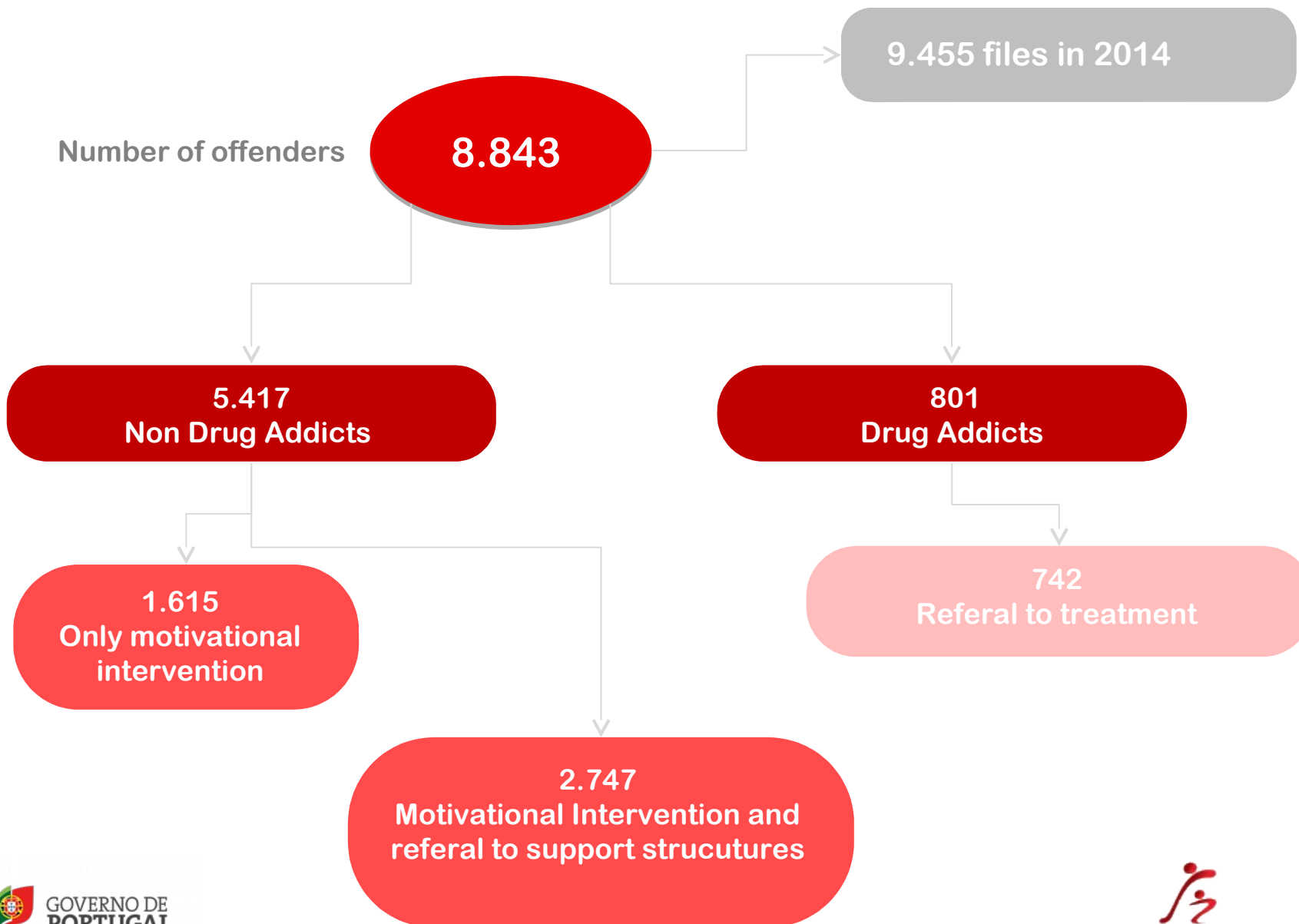
NETWORK



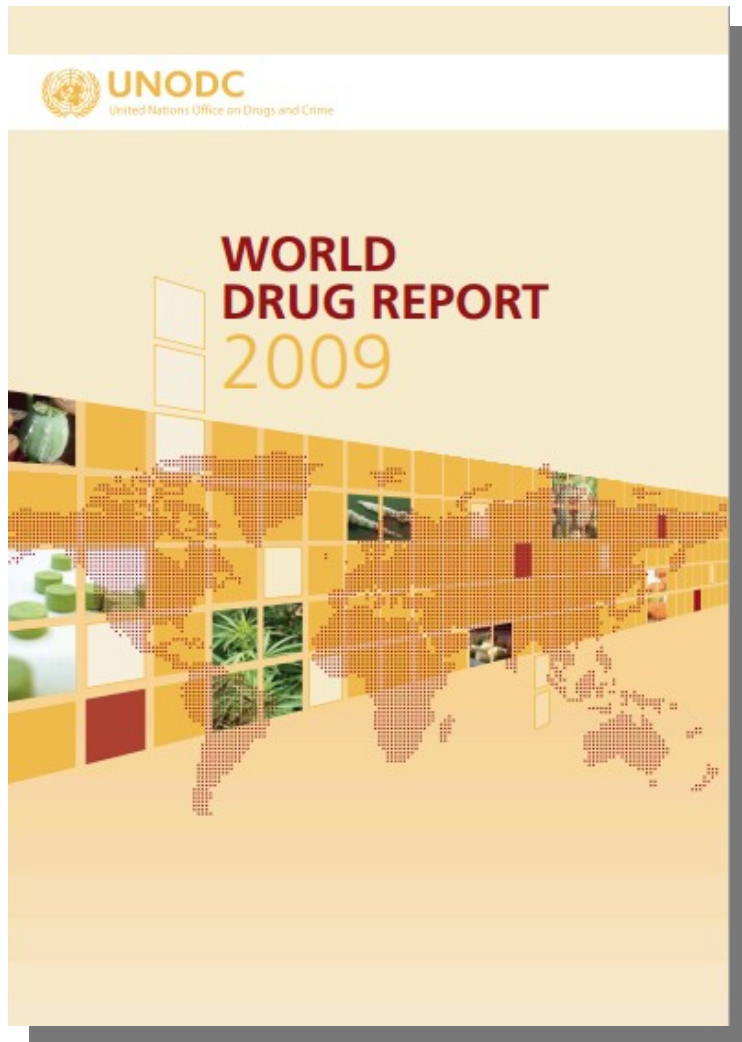
DECISIONS AND SANCTIONS

- Provisional Process Suspension;
- Periodic Presentation to the Drug Addiction Dissuasion Commissions;
- Warning;
- Community Service;
- Forbiddance of attending certain places;
- Apprehension of objects;
- Interdiction to travel abroad;
- Interdiction of receiving subsidies or other monetary social grants;
- (...)
- Monetary fee.

DEMAND REDUCTION: DISSUASION



PORTUGUESE POLICY ON DRUGS:



World Drug Report 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."

SOME RESULTS

TRENDS SINCE 2001

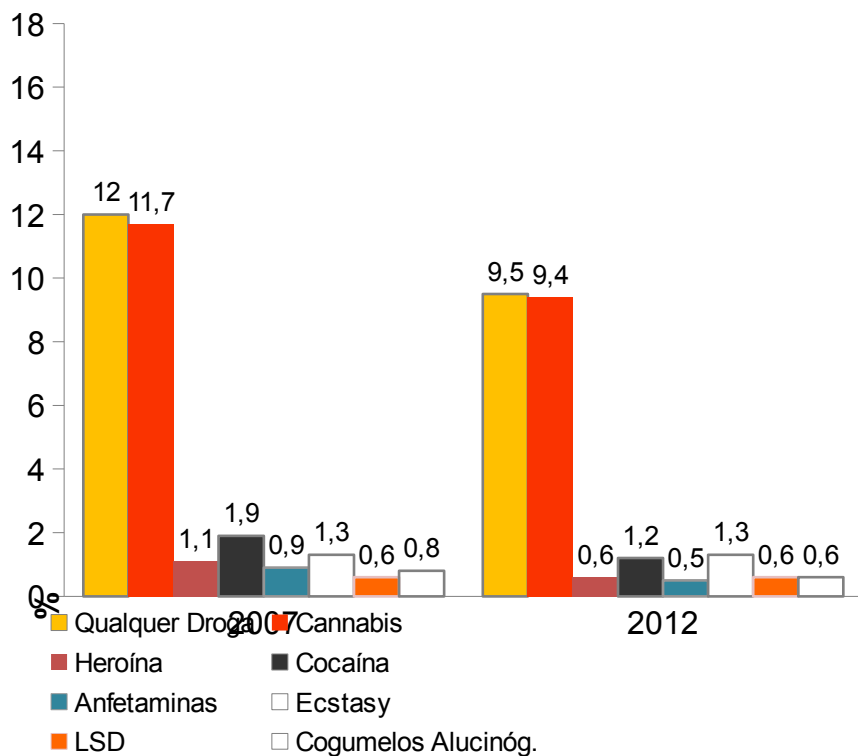
- Small decrease in reported illicit drug use amongst adults;
- Reduced illicit drug use among adolescents, at least since 2003;
- Reduced burden of drug offenders on the criminal justice system;
- Reduction in the prevalence of injecting drug use;
- Reduction in opiate-related deaths and infectious diseases;
- Reduced stigmatization of drug users;
- Increases in the amounts of drugs seized by the authorities;
- Reductions in the retail prices of drugs;
- Increased efficiency of Police and Customs forces.



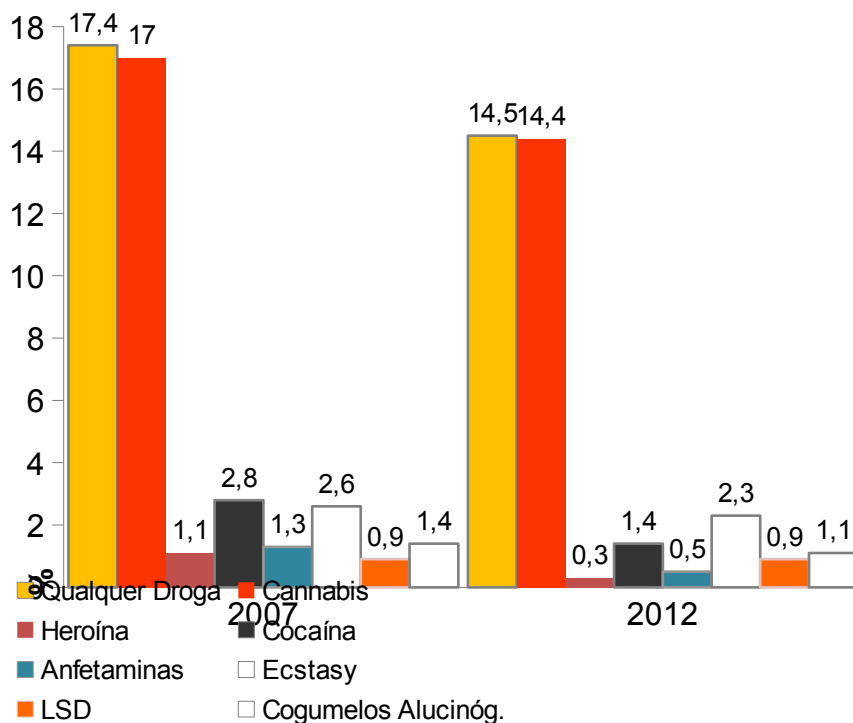
CONSUMPTION PREVALENCES ON THE GENERAL POPULATION

III NATIONAL ENQUIRY – GENERAL POPULATION: PORTUGAL 2012

Life Long Consumption Prevalences



Total Population (15-64 years)

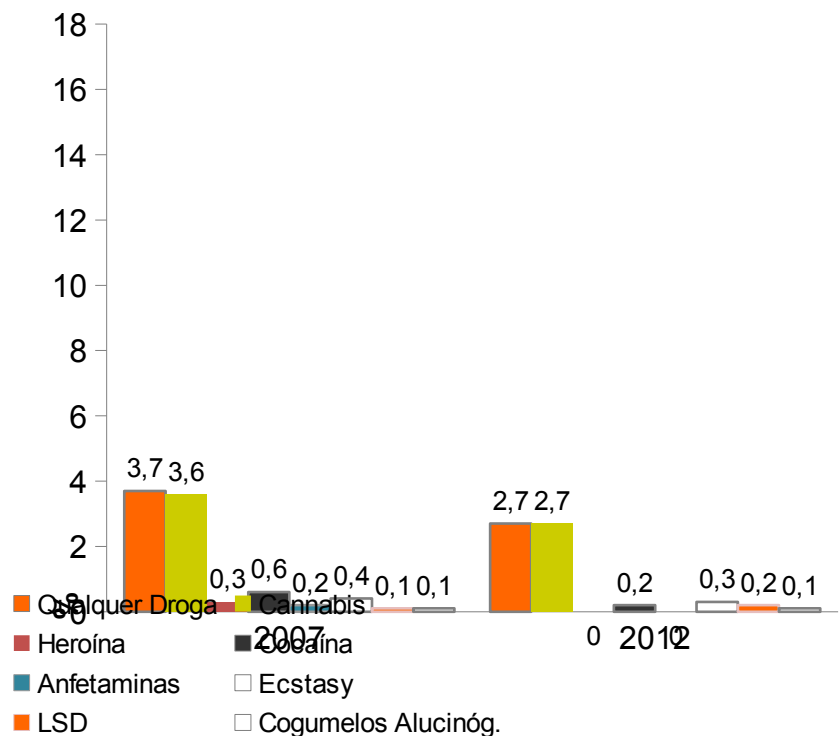


Young Adults Population (15-34 years)

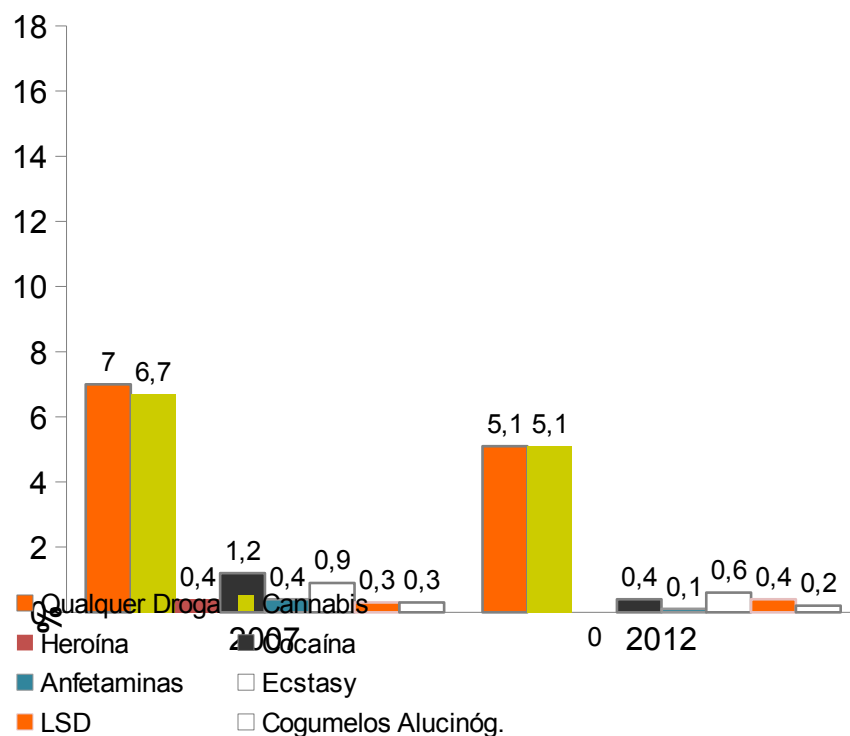
CONSUMPTION PREVALENCES ON THE GENERAL POPULATION

III NATIONAL ENQUIRY – GENERAL POPULATION: PORTUGAL 2012

Last 12 Months Consumption Prevalences



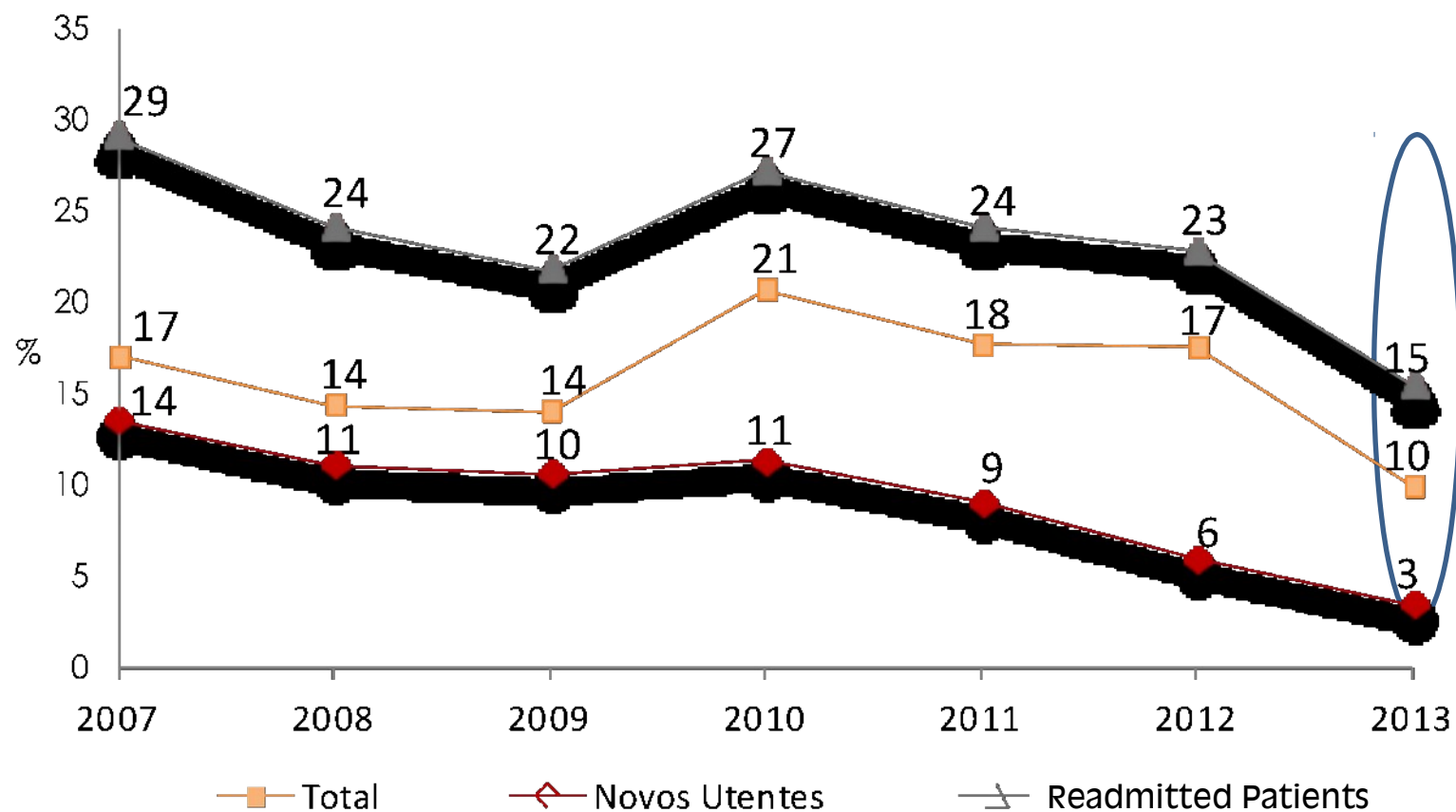
Total Population (15-64 years)



Young Adults Population (15-34 years)

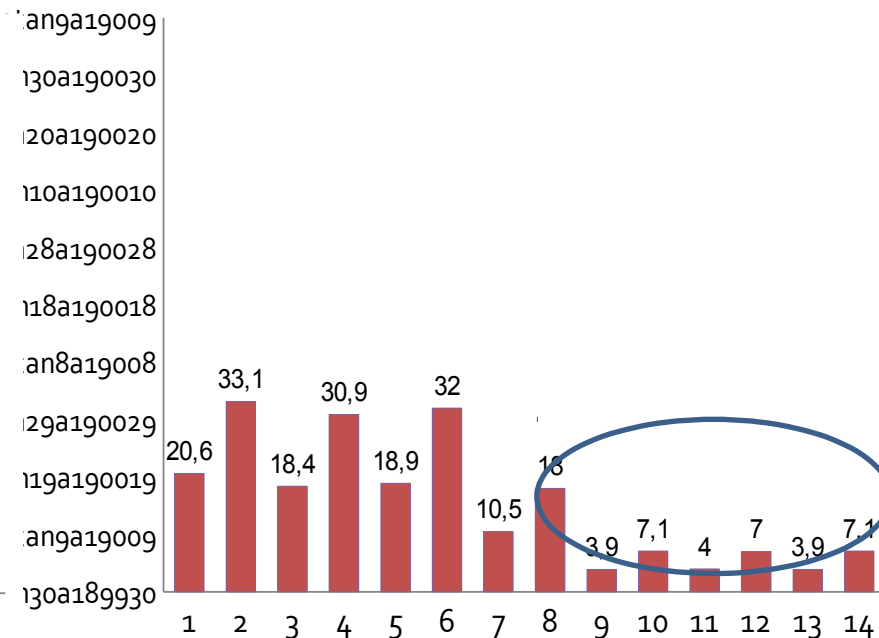
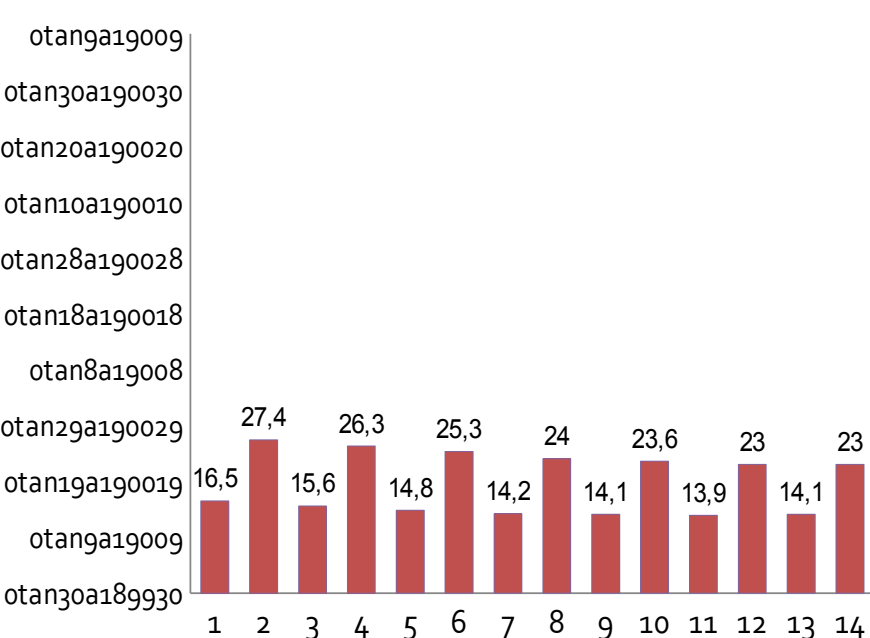
INTRAVENOUS DRUG USE IN THE LAST 12 MONTHS

Patients Starting Treatment In The Year: Public Network – Outpatient



INFECTIOUS DISEASES/HIV

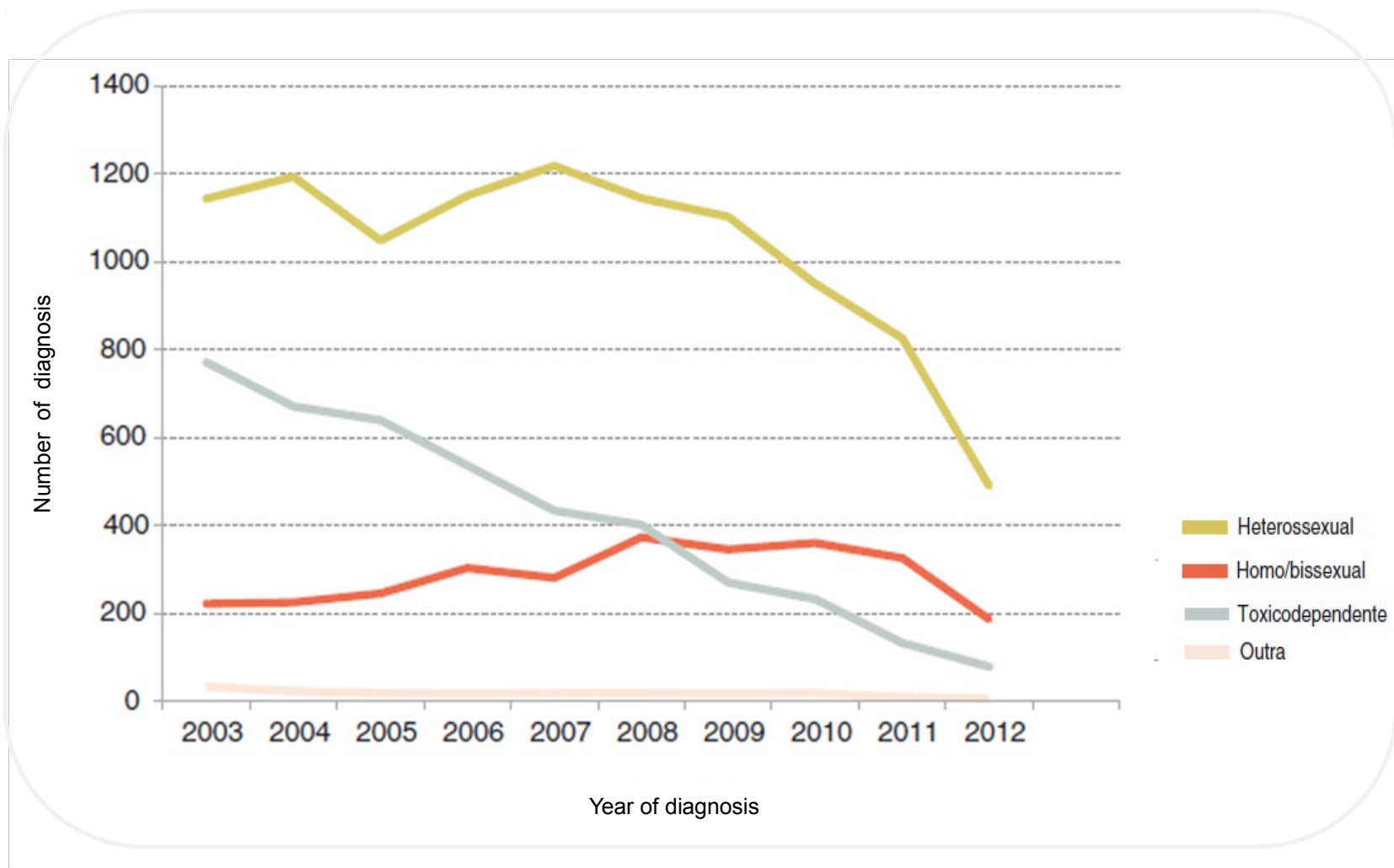
Public Network/Ambulatory Users in Treatment by Year



Prevalences: Total & Injectors

New Infections: Total & Injectors

DIAGNOSE OF HIV INFECTION BY CHARACTERISTICS OF SAMPLED POPULATION PORTUGAL 2003-2012

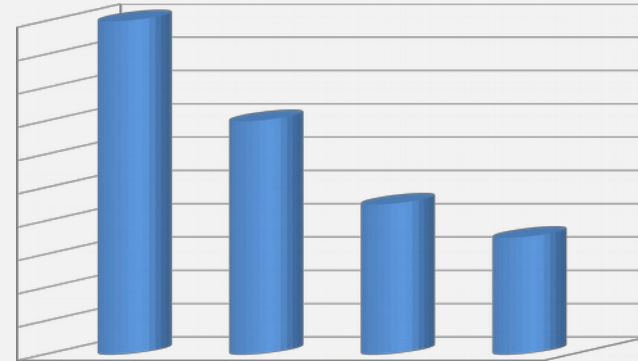


INFECTIOUS DISEASES : HIV/AIDS

HIV/AIDS NOTIFICATIONS

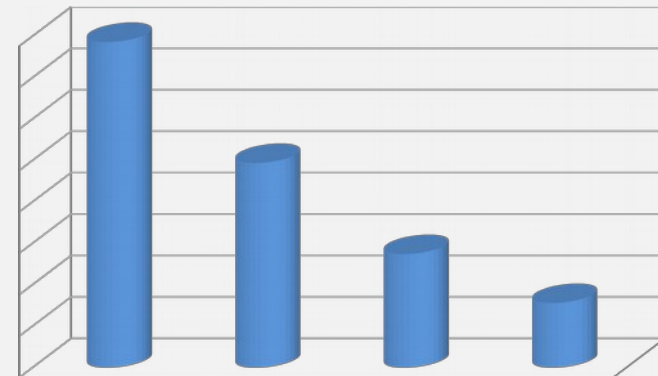
Evolution of HIV diagnosis associated with drug addiction

2007 → 20%
2009 → 14%
2011 → 9%
2013 → 7%



of New HIV diagnosis associated with drug addiction

2007 → 393
2009 → 247
2011 → 137
2013 → 78



SOME CONCLUSIONS

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!

joao.goulao@sicad.min-saude.pt

SICAD
**General Directorate on Addictive Behaviours
and Dependencies**

**Avenida da República n.º 61 - do 1º ao 3º e do 7º ao 9º
1050-189 Lisboa - Portugal**

**T. + 351 211 119 000 - F. + 351 211 112 795
sicad@sicad.min-saude.pt – www.sicad.pt**



MINISTÉRIO DA SAÚDE

