

# Decriminalisation

**A preventive and health promotion approach**

Historically two different and contradictory approaches:

Drug use is a crime which must be criminally punished

Addiction is a chronic health and behavioral condition that requires a bio psychosocial treatment and support.

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.

## Decriminalisation (personal use, ten days amount)

In Portugal, the decriminalisation paradigm of drug use lies in a preventive and health promotion approach to dissuade the use and abuse of drugs.

Pragmatism

Humanism

Drugs remain illegal and socially unacceptable but drug users are dealt through the civil rather than the criminal law.

# Decriminalisation drug use should be understood as one measure in the comprehensive drug policy model

Prevention: innovative set of policies developed with the partnership of local municipalities

Harm reduction policies: commissioned to non-profit organizations (needle exchange, low threshold services)

Treatment: set up a wide public treatment network

Social Reintegration

Integrated approach

Evaluation

Supply Reduction

Decriminalisation



Liberalisation

We look at the drug addict as a sick person:

- It doesn't devalue the reapproach, on the contrary. The use of drugs is still forbidden;
- It reinforces the prevention and the identification of people in risk;
- It allows early intervention;
- It develops a motivational approach to accept specialised support and change risk behaviour;
- It represents a strong instrument to fight against the use and abuse of drugs and a measure that avoids the social exclusion.

## Police Authorities

A person is found in a public place in possession of drugs or using drugs, by the **police authorities**

The **occurrence police** report is carried out immediately and the offender is presented to the Commission with the competent territorial jurisdiction, in a delay of 72h.

### Evaluation of the offence and the offenders

- Semi-structured interview with the individual history collection;
- Risk assessment/Assist
- Evaluation of the offender's motivation;

## Commissions for Dissuasion of Drug Addiction

### The decision relies on:

- The situation regarding risk drug use - level of risk;
- The psychosocial situation
- Antecedents in the context of Law 30/2000 (prior offence or not):

- **Motivational and brief intervention**
- **Referral to specialised services**
- **Penalties**

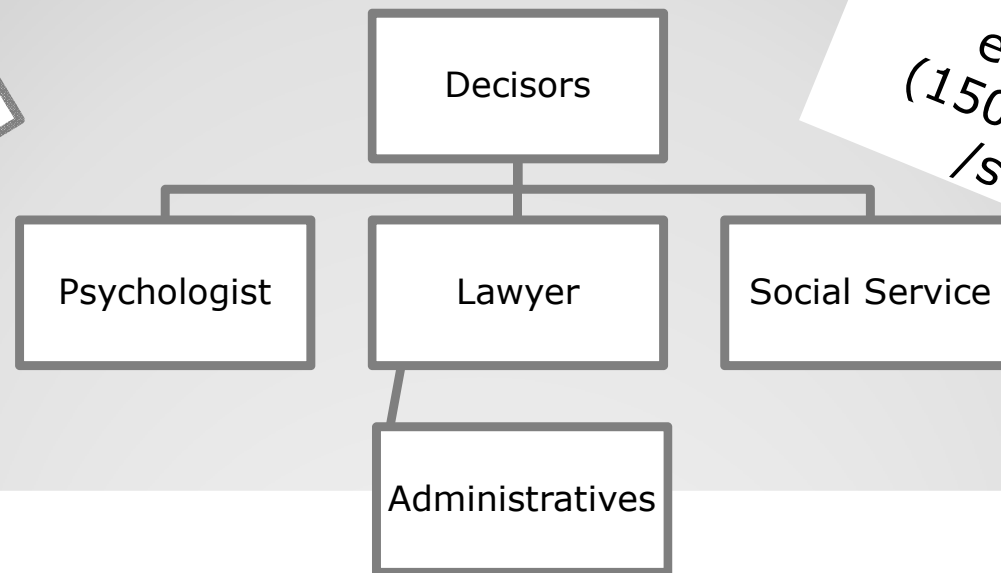
## Proceedings closed

The proceedings are closed, when the suspension period expires and the offenders stop using drugs, and there is no record of relapse, or in the cases that the measures were carried out - treatment or penalty

# Commissions for Dissuasion of DrugAddiction

The Commissions for Dissuasion of Drug Addiction were especially created for this purpose. All the ofenders found in possession or use of drugs, whether in a public place, in prison, or being judged by other crimes, are brought to the competent CDT.

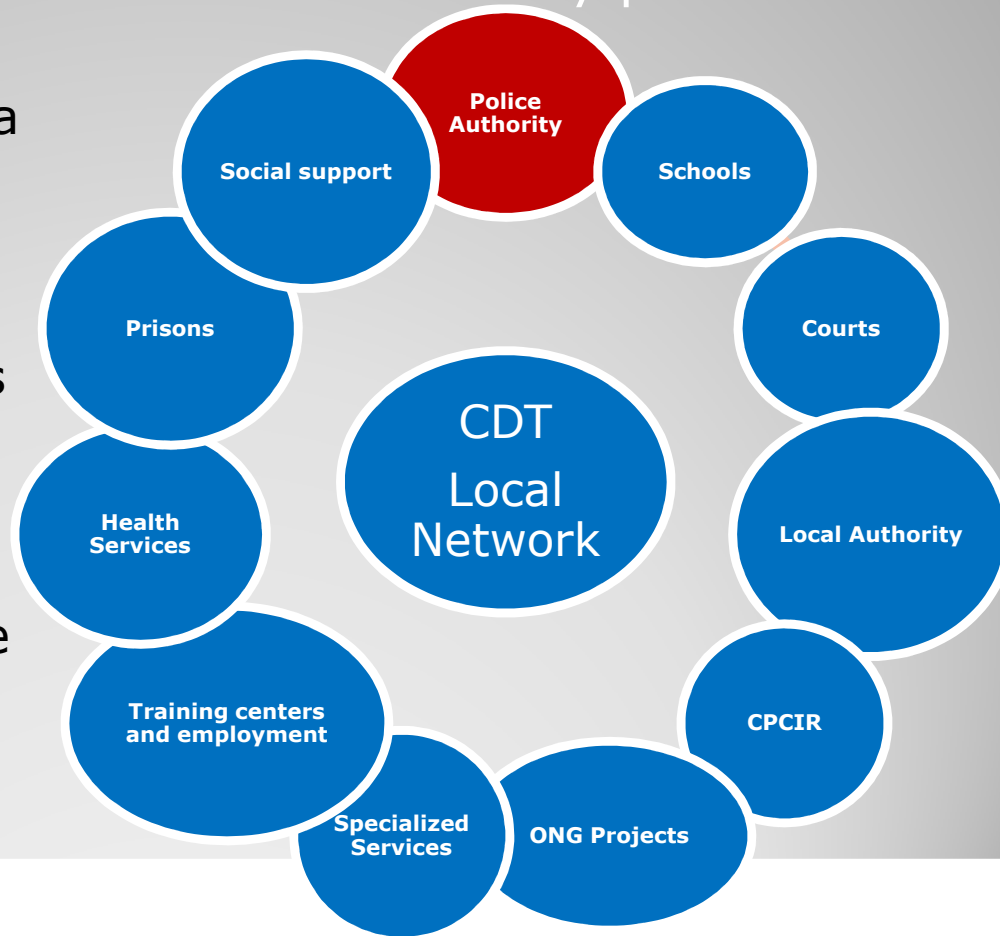
85  
professionals



Aprox. 2.700.000  
euros/year  
(150.000 euros  
/service)

The integrated approach of dissuasion goes beyond the mere application of the law. Focuses on the needs and motivation to change behaviour of the individuals referred by police authority.

The answers' network has a strong potencial for intervention among non-depedent citizens. It allows na early identification of situations that need to be supported, which otherwise does not seek health services.





## **Guidelines for Dissuasion Intervention in CDT**

The approach focuses on:

- Risk assessment and motivation of users for behavioural changes;
- Health promotion;
- Adherence to specialized support, whether they are indicated prevention, treatment or rehabilitation;

When applied, the penalties have into consideration:

- Making the offender aware of his problem;
- Connection to Health System;
- To dissuade the use and abuse of drugs.

## **1. Evaluation of the Offender**

- The first task is a semi-structured interview with the individual history collection and a evaluation of the risk behaviour.
- The risk assessment requires the evaluation of his stage of chage (Prochaska and DiClemente (1994)) and the application of instruments, amont others, the questionnaire ASSIST (The Alcohol Smoking and Substance Involvement Screening Tests).

# 1. Evaluation of the Offender

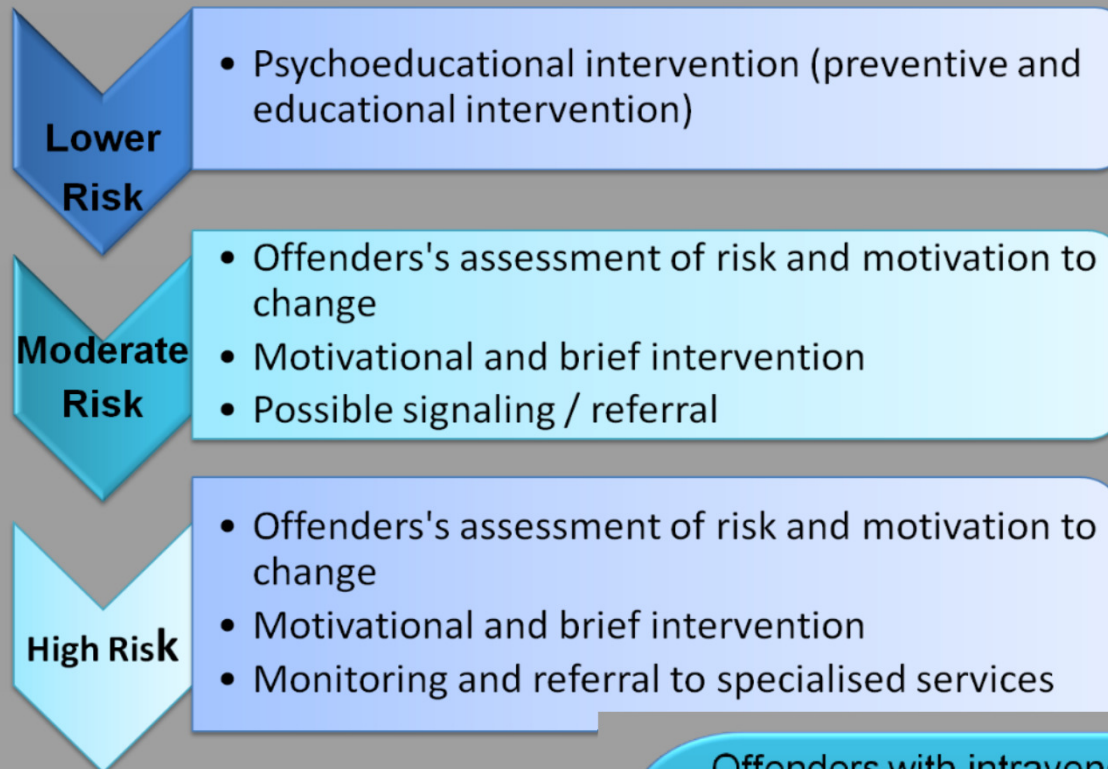
- In order to determine the stage of change is essential the assessment of the individual when he is forwarded to the CDT.

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The process of change has been segmented by Prochaska and DiClemente (1994) in progressive steps, each one with its own characteristics and its own specific and differentiated interventions, appropriate to the time/phase in which the individual is.

## 2. Motivational Intervention

The motivational intervention is adequate to three identified risk levels:



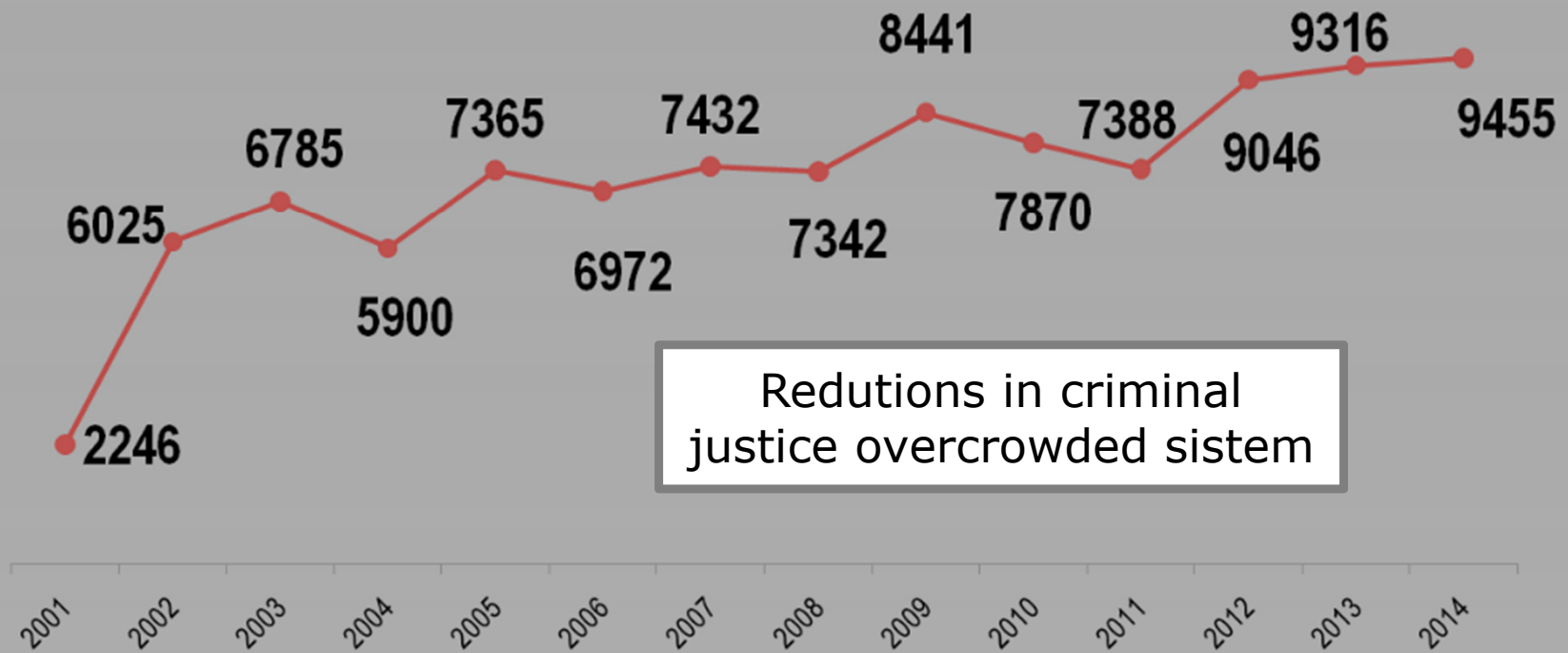
Offenders with intravenous drug use in the last three months are referred to specialised health care..

### **3. Monitoring and follow-up of offenders**

The evaluation of the effects of the intervention of CDT, in particular as regard the motivation to change behaviour and adherence to proposed referrals, contributes to a more rigorous analysis of the sustainability of interventions in terms of dissuasion of consumption and health gains.

**Since 2001 there were instated more then 100.000 proceedings of administrative offences.**

**In 2014, 9.455 proceedings were instated, high value ever.**



\* 2nd semester

Source: Central Register

## Lessons learned with decriminalisation

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According to a recent study developed by Ricardo Rodrigues *et al.* from Oporto Economics and Management University, with the support of Fundação Francisco Manuel dos Santos, about the social costs, *in the first 5 years after 2000 we had a reduction of 12% in social cost, particularly driven by the reduction of drug related death.*

Once again this evaluation focused not only in decriminalisation approach but on the 1999 national strategy itself.



## Lessons learned with decriminalisation

- The crime and addiction problems did not increase.
- The burden on criminal justice system was reduced and enable police authorities to focuses their attention on more serious offences.
- Portugal didn't became a drug tourism destination.
- Resources have been re-directed to community responses.

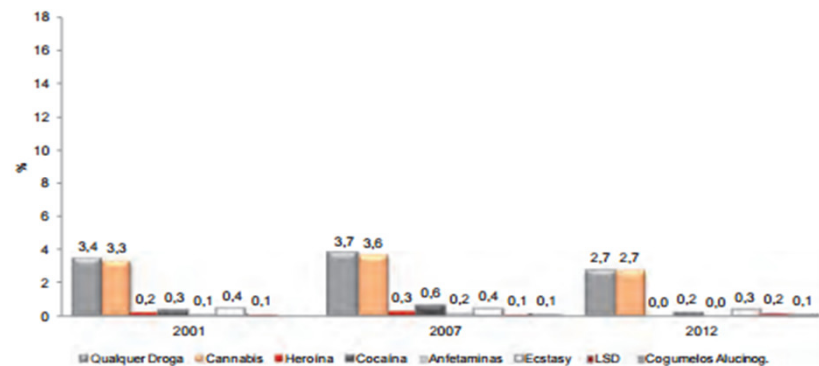
## Lessons learned with decriminalisation

- At first the Police authorities were very skeptical and mistrustful about the change but after and nowadays they work together with the commissions.
- This integrated approach has linked health services and police authorities and has been proving to be successful at helping individuals and communities.
- Decriminalization has brought coherence in facing people who use drugs.

# Lessons learned with decriminalisation

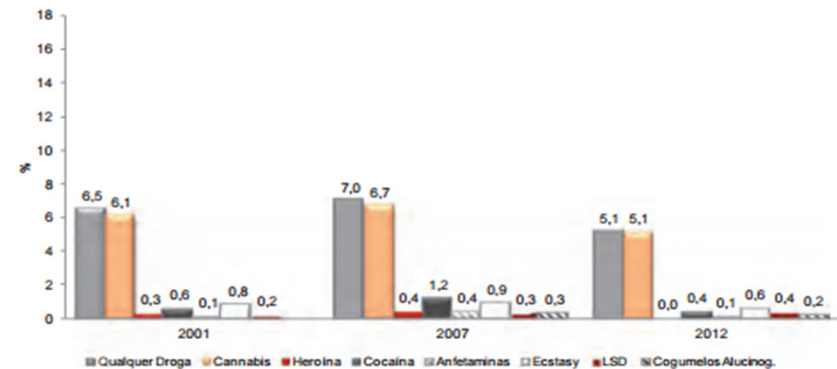
Decrease of recent users among general population (15-64 years and 15-34 years);

**Figura 3 - População Geral, Portugal – Total (15-64 anos)**  
Prevalências de Consumo nos Últimos 12 Meses, por Tipo de Droga (%)



Fonte: Balsa et al., 2013 / Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências: DMI – DEI

**Figura 4 - População Geral, Portugal – População Jovem Adulta (15-34 anos)**  
Prevalências de Consumo nos Últimos 12 Meses, por Tipo de Droga (%)



Fonte: Balsa et al., 2013 / Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências: DMI – DEI

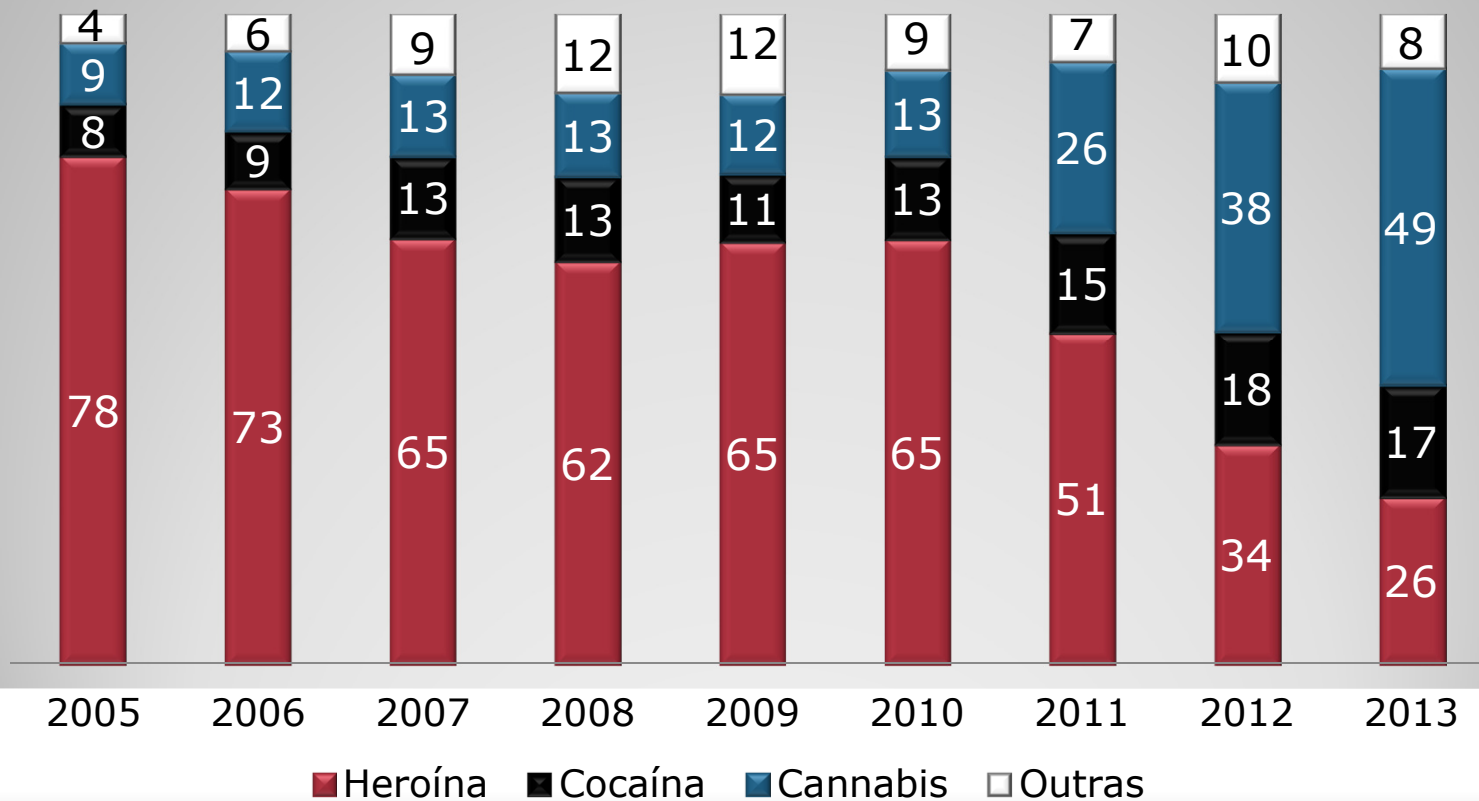
# Lessons learned with decriminalisation

Decrease of problematic users

	2000		2012	
	N.º	Per thousands (‰)	N.º	Per thousands (‰)
Users of opioids, cocaine, and/or amphetamines	48 673 – 73 010	6,4 - 10,7	42 327 – 50 467	6,5 – 7,7
Injecting drug users	15 900 – 31 800	2,3 – 4,7	12 732 – 16 101	1,9 – 2,5

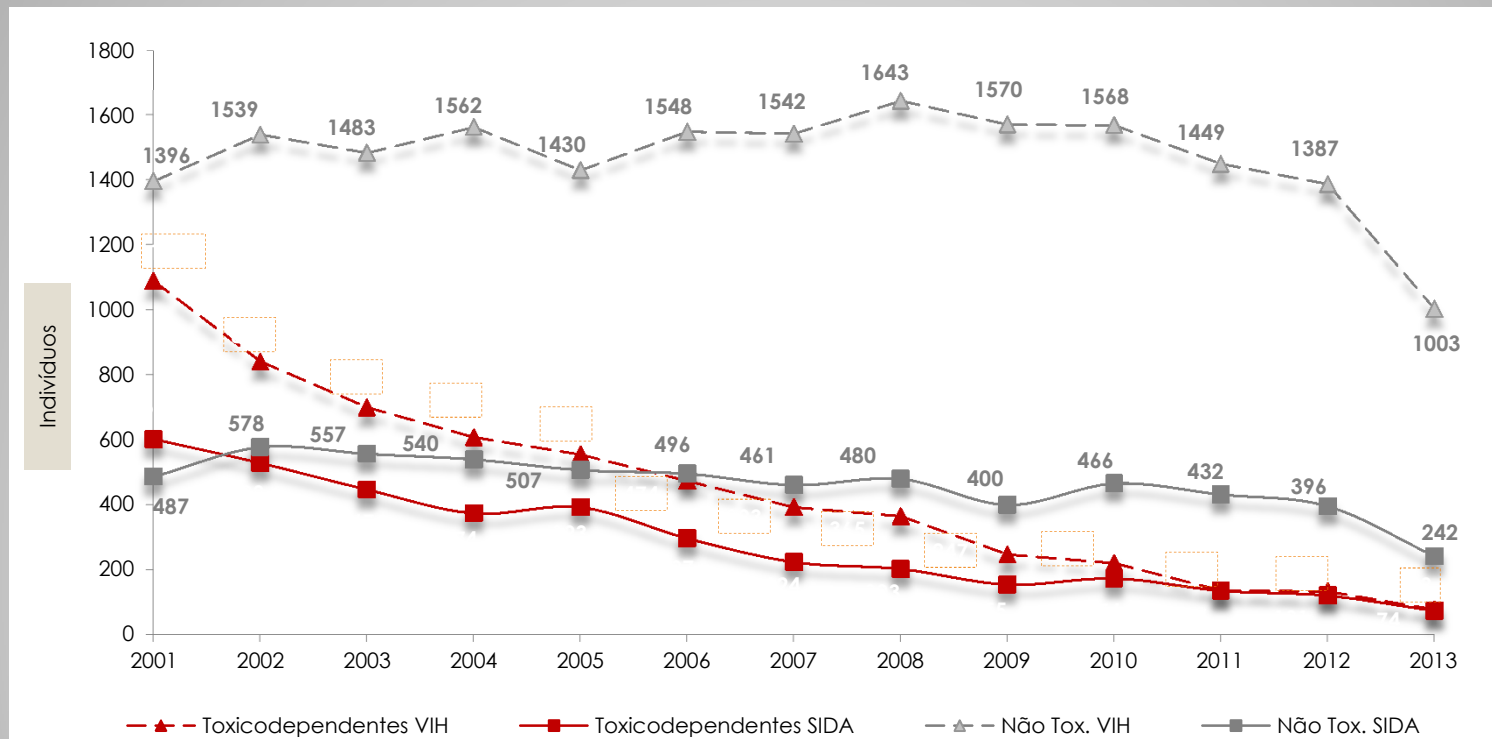
# Lessons learned with decriminalisation

Increase of treatment demand, also amongst cannabis users;



# Lessons learned with decriminalisation

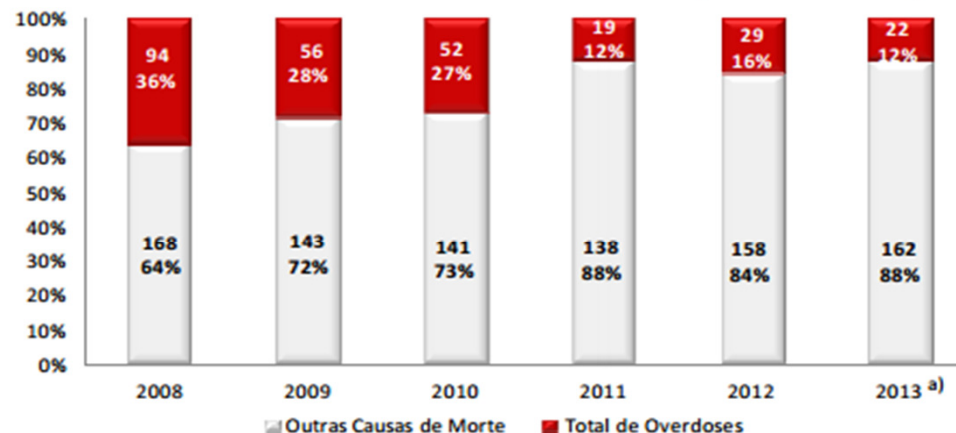
Reduction infectious diseases associated with intravenous drug use;



# Lessons learned with decriminalisation

Reduction of drug-related deaths;

**Figura 41** – Causas de Morte\* dos Casos com Resultados Toxicológicos Positivos, segundo o Ano



\* Casos com informação sobre a causa de morte à data da recolha de informação.

a) Data da recolha de informação julho 2014; os dados de 2013 são passíveis de atualização no próximo ano.

Fonte: Instituto Nacional de Medicina Legal e Ciências Forenses, I. P. / Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências: DMI – DEI

# Lessons learned with decriminalisation

Also relevant is the decrease of drug users stigma due to greater openness and tolerance of citizens in relation to users and their problems.



## Lessons learned with decriminalisation

We also learned that it's possible to adjust the intervention that decriminalization allows to the realities and the identified needs.

In **2001** we had a big public health problem and our priority was brought to health services problematic drug users in suffering, that were using drugs in the streets and committing crimes to get money to buy drugs.

The communities were really concerned and frightening with the situation.

## Lessons learned with decriminalisation

Nowadays the decriminalisation model was redefined: the priority and the strategic option is the early intervention approach among young cannabis users .

We are taking advantage of the potential preventive of the commissions, together with the police authorities. We are focuses on indicative prevention and the identification of young people in risk in order to develop early intervention among moderate risk cannabis use.

This strategic option is feasible since it is a concerted choice with police authorities.

# Thank You

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