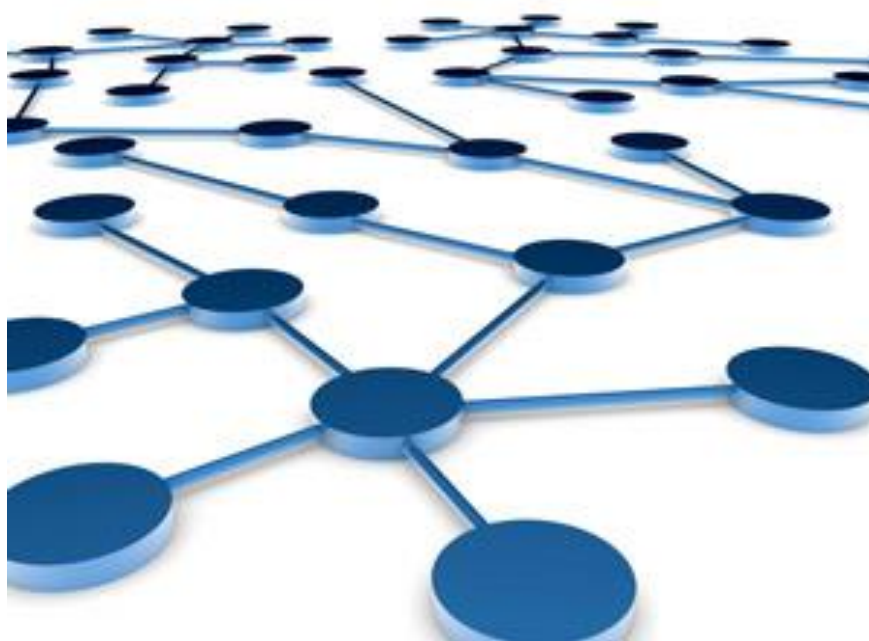


EXECUTIVE SUMMARY

**AUSTERITY AND THE PORTUGUESE
DRUG POLICY MODEL:
AN EXPLORATORY MIXED METHOD RESEARCH**



This research was part of a proposal directed to OSF to implement a broader project deeply connected with the Portuguese Drug Policy Model. It included the organisation of the First International Conference on Drug Policy in the African-speaking Countries - January 2014, Cape Verde. The authors of that original proposal were Marta Pinto, José Queiroz, Joana Marques e Helena Carvalho. The research had a significant contribution of the RECI researchers.

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Executive Summary

This document presents a number of results and recommendations collected from **“Austerity and the Portuguese Drug Policy Model: an exploratory study”**, a research study undertaken by Agência Piaget para o Desenvolvimento (APDES) and co-financed by Open Society Foundations.

The main aim of this project was **to monitor what is happening in the Drug phenomenon, in the lives of people who use drugs and in related public care services, while austerity measures are being applied in Portugal**. The Portuguese Drug Policy Model has been under international attention and scrutiny and is frequently pointed out as a possible example to follow because of promising related indicators. Nevertheless, its complex and integrated nature of care services and programmes might be at risk because of the currently restrictive public policy framework. In that case, the Portuguese Model itself is also at risk. By losing its inner and idiosyncratic traits, it might become inadequate and inoperative. This project took place **at a very critical and decisive moment, in which it was possible to understand in real time how comprehensive policies react to the undermining process of the resources to which they are anchored**.

The Portuguese Drug Policy Model

The use of drugs constitutes an anthropological constant in human history although their use only emerged as a problem in urban industrialized societies (Escotoado, 2005¹; Romani, 1999²). Prohibitionism started to gain terrain in the 20th Century and ended up by assuming the role of the world's paradigm to deal with the phenomenon.

If the initial intention of pursuing the use and commercial trades of some psychoactive substances was to prevent problems like misuse, prostitution, crime, drug use spreading and negative impacts on health, history has proved that the **War on Drugs**, besides being ineffective in reaching those aims, **became a (very important) part of the problem and definitely not a part of the solution. A technical, political and scientific**

consensus around this idea is becoming more and more prominent.

In short, **failures of the War on Drugs generally pointed out are:** spreading of HIV infection among injecting drug users³; deterrence from accessing services and treatment, discrimination and stigma, increased risks while using drugs, disproportionate impact on vulnerable and marginalized communities⁴; multiple social and economic costs; drug control collateral damage in human rights protection (torture and ill treatment by police, mass incarceration, executions, extrajudicial killings, arbitrary detention, and denial of basic health services); undermining international development and security, and fuelling conflict; causing deforestation and pollution; wasting billions on ineffective law enforcement⁵.

¹ Escotoado, A. (2005). *Historia general de las drogas*. Barcelona: Espasa-Calpe.

² Romani, O. (1999). *Las drogas: sueños y razones*. Barcelona: Ariel.

³ "The global war on drugs is driving the HIV/AIDS pandemic among people who use drugs and their sexual partners. Today, there are an estimated 33 million people worldwide living with the immunodeficiency virus (HIV), and injecting drug use accounts for approximately one-third of new HIV infections occurring outside Sub-Saharan Africa" (Global Commission on Drug Policy, 2012).

⁴ 2010 report of the Special Rapporteur of the UN on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

⁵ "Count the costs – 50 years of the *War on Drugs*".

Available at

<http://www.countthecosts.org/sites/default/files/War%20on%20Drugs%20-%20Count%20the%20Costs%20-%20cost%20summary.pdf>

⁵ Domostawski, A. (2011). *Drug Policy in Portugal: the benefits of decriminalizing*

There are already some interesting examples of alternative drug policy models in some countries that can contribute to finding more human and science-based alternatives. Portugal is one of them. It adopted a comprehensive approach that **combines an innovative legal framework** (distinguishing drug use from drug trafficking) **with an integrated, specialized and globally addressing care system which includes prevention,**

treatment, social reintegration and free, accessible and mainly non-judgmental harm reduction services. Several national and international studies were conducted to monitor and evaluate the Portuguese experience and **outcomes appear to be promising** (Domostawski, 2011⁶; Greenwald, 2009⁷; Hughes and Stevens, 2012⁸, Trigueiros, 2010⁹, Maia da Costa, 2009¹⁰).

The Portuguese Drug Policy Model in Scheme

Although it is frequently described through Dec.-law 183/2001 (legal framework for harm reduction services) or, and mostly, to Law 30/2000 (decriminalization of the use of any kind of

illicit drug) it is far from being reducible to it. It is structurally based on a considerably efficient network of multidisciplinary socio-sanitary services functionally linked with each other to provide comprehensive responses to people who use drugs.

⁶ Domostawski, A. (2011). *Drug Policy in Portugal: the benefits of decriminalizing drug use*. Open Society Foundations. Available at: <http://docbweb.idt.pt:81/plinkres.asp?Base=ISBD&Form=COMP&SearchTxt=%22DE+vers%E3o+eletr%F3nica%22+%2B+%22DE+vers%E3o+eletr%F3nica%24%22&StartRec=20&RecPag=5>

⁷ Greenwald, G. (2009). *Drug decriminalization in Portugal: lessons for creating fair and successful drug policies*. CATO Institute. Available at: http://www.cato.org/pubs/ftp/papers/greenwald_whitepaper.pdf

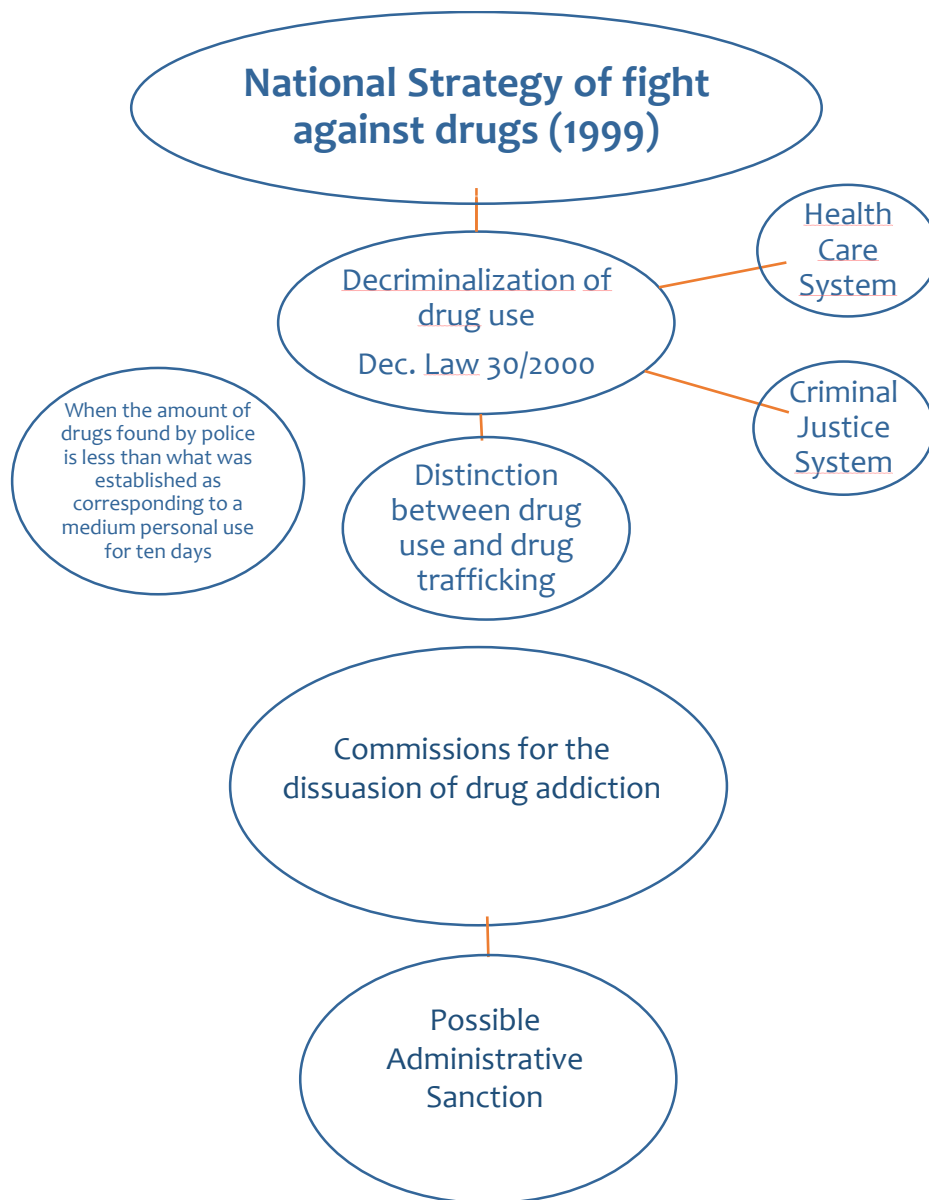
⁸ Hughes, C. E., & Stevens, A. (2012). A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese

decriminalisation of illicit drugs. *Drug and Alcohol Review*, 31: 101–113. doi: 10.1111/j.1465-3362.2011.00383.x

⁹ Trigueiros, F., Vitória, P., & Dias, L. (2010). Rather treat than punish: the Portuguese Decriminalization Model. Rosmarin, A., and Eastwood, N. (2011). A Quiet Revolution: Drug Decriminalisation Policies in Practice across the Globe. Release. Drugs, The Law & Human Rights. Available at www.release.org.uk/decriminalisation

¹⁰ Maia da Costa, E. (2009). A descriminalização do consumo de estupefacientes em Portugal – análise preliminar. *Toxicodependências*, 15(3): 3–8.

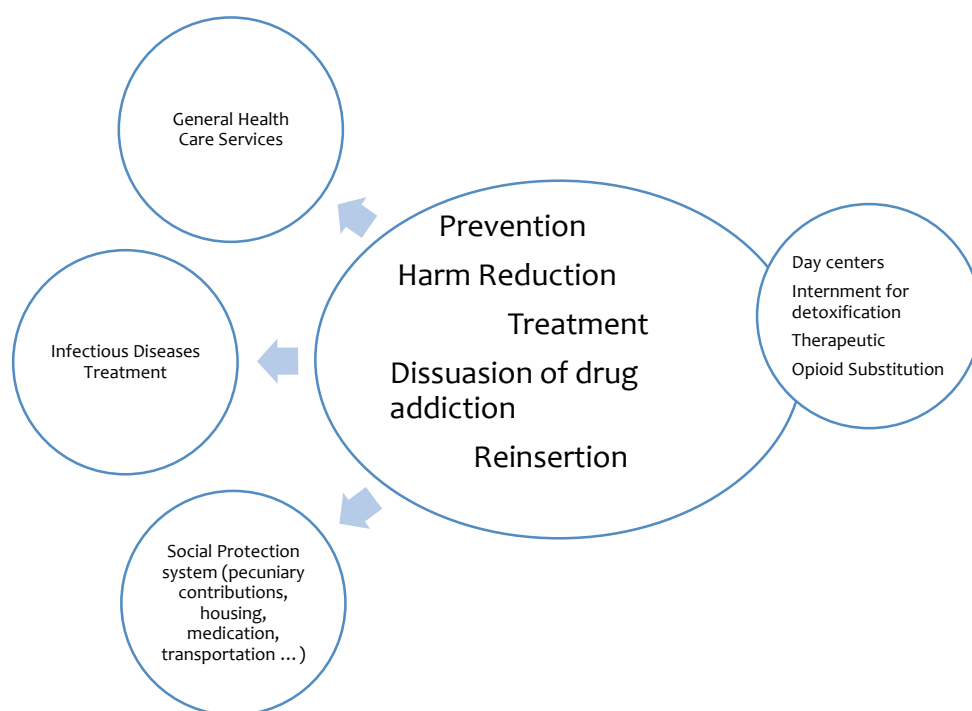
Legal Framework



Dec. Law 183/2001

- Clarification and legitimization of Harm Reduction Interventions such as:
- Low Threshold Opioid Substitution Programs
- Needle Exchange programs
- Outreach teams
- Drug consumption rooms

Global and Integrated Network of Services



Some promising indicators associated with this model (Hughes & Stevens, 2012)*

- Decrease in current and recent drug use, especially between those aged 15-24, the most at risk of initiation and long-term engagement
 - Considerable expansion of access to drug treatment
 - Partial evidence that reform may have contributed to diminishing drug-related deaths
 - In several indicators, post – reform Portugal is performing – longitudinally – similarly to most European countries in this matter
- *HUGHES, C., STEVENS, A. (2012). A res... success or a disastrous failure: re-examining the interpretation of evidence on the Portuguese decriminalization of

Preliminary Research Questions

Based on the knowledge that APDES empirically collects by working in the field, and in the narratives of other professionals working in harm reduction services, some concerns underlined the need for this study:

- Solicitations by people who use drugs for social support had been growing and responses from the Portuguese Central State services were getting harder to obtain;
- Bureaucratization of services (making them less accessible), cuts in social protection measures and the deterioration of life conditions of people who use drugs were evident.
- Some narratives coming from official services on drug use seemed to have gone back in time. The addictive conception of drug use seemed to gain terrain over a more comprehensive and sociological

perspective of the phenomenon and its protagonists.

Thus, the main research questions were:

- Do key actors such as people who use drugs, professionals working in the field, researchers and decision makers, find any recent changes in the drug phenomenon, the lives of drug users and the services they use?
- If so, do they link any of these changes to the austerity policy currently being applied in the country?
- How do participants connect their narratives with the Portuguese Drug Policy Model and its future?

Brief Methodological Note

A **mixed research method** was used, crossing qualitative and quantitative approaches in order to achieve a more complete picture of the phenomenon. Beyond the literature review and the analyses of available macro-level indicators, data collection was made through **focus groups** with outreach workers and peer educators; **online questionnaires** to harm reduction professionals and peer educators; and **semi-structured interviews** with people who use drugs, professionals, decision-makers and academic experts.

It is important to state that, because of the existing sensitivity regarding the study subject, extra care was taken in formulating neutral and non-biased questions.



Note: Adaptation of the Creswell model (2007).

Main Results

In general, **data points to the existence of a very concrete effect of the austerity policy in the lives of people who use drugs and in the way the services they access work, although participants did not always establish a direct association between these elements.**

THE PORTUGUESE DRUG POLICY MODEL: DEADLOCKS AND BREAKTHROUGHS IN THE WAKE OF THE ECONOMIC CRISES

Although participants referred to the innovative character of the Portuguese decriminalization model, as well as to its national and international acknowledgment, **the gap was highlighted between the model design and its operationalization due to contextual constraints.** Also, **fear of a setback was stated concerning the future of the model.** The main reason for this was the perceived lack of investment in the operational domain and its consequences. Furthermore, the majority of the participants felt that **austerity measures are compromising the Portuguese drug policies, namely by weakening the principles endorsed by the model,** such as pragmatism and humanism.

CHANGES IN THE ORGANIC STRUCTURE OF SERVICES

The majority of the participants had a negative opinion regarding the recent imposed end to the governmental organism specialized in drug use issues (IDT) and the integration of its services in the national health system. Most concerns were connected with the potential dilution/loss of relevance of these kind of interventions within that larger universe.

FINANCIAL INVESTMENT

Participants referred to the reduction of financial investment in responses to drug use.

INTERVENTION ON DRUGS

The main tendency was to identify a **connection between the austerity policies and the reduction of responses**, mostly through restrictions in human resources.

Also, the **Portuguese Drug Policy Model** is routed in five areas of intervention: Prevention, Dissuasion, Treatment, Harm Reduction and Reintegration. **Some participants referred to its “dismantlement” and to the perversion of its integrative notion.** Focusing on each of these five dimensions:

- The majority of the participants considered that, currently, **preventive interventions are clearly insufficient or inexistent and negative evolutions on that matter tended to be associated to austerity;**
- Emphasis was made on **the need to invest and reinforce the role of the Commissions for Dissuasion of Drug Addiction**, and the contrast between the vital role of these services to the decriminalization model in the 'formal' sphere, and the degree of relevance attributed to them in the 'informal' daily one;
- Regarding harm reduction, it was mentioned that some of the previewed responses in the Dec.-Law 2001 (like drug consumption rooms) have not been implemented; **it was unanimously considered that the Government funding for new harm reduction projects significantly decreased, as well as harm reduction territorial coverage, and all this is said to be associated to austerity.** Additionally, **the end of some projects, or their imminent risk, by non-renewal of contracts was also seen as a consequence of the loss of the funds provided by the State.** One of the **main obstacles** mentioned was the **mandatory submission of project proposals every 2 years to ensure renewal** and the barriers that this process poses to intervention. Besides this, other consequences of austerity were stated: the existence of **outreach teams that cancelled some of the more specific services that had been provided**, mostly psychosocial ones; a **reduction in the number of working hours in the field**, and with the users; a **decrease in the number of professionals** in HR teams; **constant delays and breaches in the payment of salaries**; or, in alternative, **professionals who once had employment contracts, since have started working as volunteers** (with an impact in their motivation to work); **“high decrease”/“decrease” in the access to needle exchange programs** since the exchange program in pharmacies was profoundly changed (as a consequence, some participants pointed to an intensification of risk behaviors. However, official data from treatment services and HR teams does not coincide with these statements.

Nevertheless, this incongruity might only be apparent – more studies are needed to clarify this);

- The majority of the participants considered that **access to drug treatment is still granted but some problems were mentioned: temporary closure of some units; bureaucratization of the entire access process; excessive waiting times before initiating opioid substitution therapy;**

- **Reintegration was described as facing several problems.** The majority of the participants mentioned the **absence of, or insufficient, reintegration responses in the area of employment and education/professional training and this was highly attributed to austerity.** The end of a valued reinsertion program was referred to: **the “Life-Employment Program”.**

Drug Use: Trends And Uncertainties

Answers addressing the relation between austerity and changes in types and patterns of consumption were not consensual, but it is very clear that related positive trends are minor or even residual. Nevertheless, **participants’ discourses in terms of drug use patterns were mainly dominated by their concerns about drug administration routes, namely injection.** The dispersion of responses does not allow for assertive conclusions. However, it may be pointing to the need for studying local differences in the evolution of the phenomenon.

A reduction in risky practices was mentioned by the majority of the interviewees, connecting it with: the growth in paraphernalia distribution; harm reduction intervention in general; the reduction in injecting practices. However, some participants made a reference to the potential risk of the increase of risk practices as a consequence of the economic crisis. More negative perceptions on injected drug use and risk behaviors are linked with the economic crisis and more positive perceptions are related with harm reduction work.

Welfare State: changes and setbacks that may affect people who use drug

SOCIAL PROTECTION SYSTEM

To many of the interviewees, the social protection is “at stake” or “deeply compromised”.

SOLIDARITY SUBSYSTEM

Rendimento Social de Inserção (a pecuniary transitory benefit that includes the signing and the compliance with a reintegration contract) is seen as losing importance, and it **was the focus of many participants` discourse**, particularly because of its recent incapacity to **guarantee even the most basic of needs**.

The majority of respondents considered that **bureaucracy has increased/highly increased, and most have no doubt that it is associated with austerity measures**.

According to harm reduction professionals, **the decreased number of people who use drugs receiving social benefits is associated with austerity**. They also consider that **easiness of exclusion of that population from social benefits has increased/highly increased**.

HOUSING

A tendency towards decreased or highly decreased responses from housing support services was referred by harm reduction professionals who associated this with austerity.

SOCIAL ACTION SUBSYSTEM

In general, respondents report **the availability of social action responses to be decreasing or highly decreasing** and associate this with austerity. Considerable cuts in social support are mentioned, not only in pecuniary attributions, but also in several dimensions like transportation, medication, dental prostheses or glasses. This has powerful impact in quality of life, in treatment success, in adhesion to infectious diseases services; in the potential for getting a job, etc...

MEDICATION

In addition to the difficulties in access to medication related to decreasing patients' purchasing power, there was a reduction in the State's support to several

types of medication. Harm reduction professionals considered **that there was a decrease in the clients' purchasing of subsidized medication and this was seen as being associated to austerity.**

MENTAL HEALTH

The majority of respondents considered that **the number of people with mental disorders who use drugs has increased, and this was associated it with austerity.**

DRUG-RELATED DISEASES

The majority of respondents considered the **access to treatment of drug-related diseases to be decreasing/highly decreasing.** Special references were made to **HIV/aids follow-up processes** provided by general hospitals; the increasing number of criteria in the access to treatment; and the fact that the patients need to be referred by the Primary Healthcare Services before being sent to hospitals. **Those who consider there was a decrease/highly decrease in this access associate it with austerity.**

THE “CUSHION EFFECT”

The importance of harm reduction interventions (contracted out by the State to civil society organizations) appeared as obvious in this study. Outreach work, in particular, is clearly protecting clients from the effects of austerity measures. This conclusion is coherent with the results obtained by other recent Portuguese research which addressed the point of view of people who use drugs (Almeida, 2014). Since harm reduction is a key pillar of the Portuguese Drug Policy, **this puts in evidence the protective role of a comprehensive model based on the principles of pragmatism and humanism.**

Nevertheless, it is fundamental to highlight that **the somehow neutralizing action of NGOs regarding the possible impact of austerity has a price for NGOs, which are working to the limits of their capacities, with tremendous stripping of professionals and material resources, and facing interruptions and cuts in cashflow.**

The most important lesson to be learned with this research is that **a decriminalizing legal framework is an important tool but not a sufficient resource to achieve the desired results.**

Recommendations for the Future

- This research brought to light a virtuosity of the Portuguese Drug Policy that has never been highlighted before: in such a hard socio-economic conjuncture, and because of one of the main achieves of the model (harm reduction and the call of civil society to its implementation), it acted protectively towards people who use drugs. A comprehensive and participative model is, therefore, an essential political option, even (and maybe mostly) for countries facing economic difficulties;
- Outreach services must be reinforced, protected, and efforts must be made in order to preserve the integrative, complex and wide logic of the responses in the drug field;
- In an historical moment characterized by the increased vulnerability of Portuguese citizens, disinvestment in operative responses dedicated to people who use drugs should be avoided;
- More studies are needed to deepen knowledge produced by this exploratory approach. Focus on the role of civil society is essential; listening to people who use drugs to understand impacts on consumption patterns and practices is also crucial since results in this study were not conclusive; analysis on macro level indicators that will be available soon is important in order to understand major impacts.

Although the majority of participants believe in the stability of the legal background in the future, the Portuguese Drug Policy Model is at risk of becoming a mere statement of principles and intentions without a true correspondence in practice. Without the reestablishment of the humanistic, comprehensive and fully interpreted social and health care character of the model, there will be a growing distance between what is defended in its core definitions and what is really happening at a quotidian basis. Of course, that could mean a setback for the promising indicators that seem to be associated with the Model.