

For better or for worse – decriminalisation of drug use: outcomes from Portugal

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IOTOD

improving outcomes
in the treatment
of opioid dependence

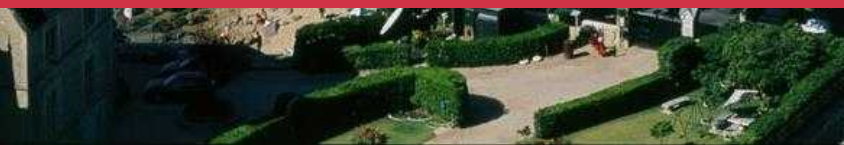


Disclosures

- No conflicts of interest.



Portugal: Cascais – Sintra – Estoril coast



Learning objective

After this talk, participants will be able to:

- **Describe plausible approaches to achieve positive outcomes following decriminalisation of drug use**

Portugal

- Part of the **Iberian Peninsula** (southwest Europe)
- Population of **10,259,714**
- Area of **91,590 km²**
- Recognised for:



Portugal: the history behind the drug law



1926–1974 Salazar dictatorship



1974 Democratic revolution



Problematic consumption of drugs

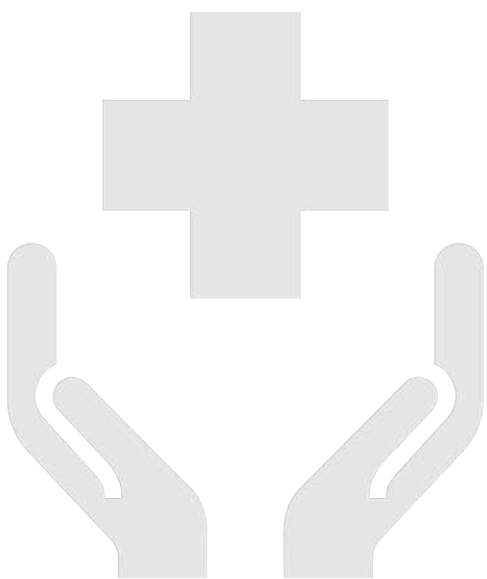
**Contributing factors
include:**

**Return of soldiers and
Portuguese citizens from the
colonies**

**Lack of knowledge due to the
closed nature of the
autocratic regime**

**Lack of preparation for the
new political and
socioeconomical status**


Portugal: the landscape of drug use pre-2001



Health and social issues:

- 
- treatment demand
 - **infectious diseases – HIV, hepatitis C virus (HCV) reported**
 - drug-related **deaths**
 - number of **presumed drug offenders**

Market issues:

- 
- number of **seizures and the quantity of seized substances**
 - **LSD and ecstasy availability**
 - **drug prices at retail level**



Heroin was the main substance of problematic drug use

Increases in reported HIV infections and drug-related deaths between 1991–1998 highlighted the public health risks of heroin injecting and the need for drug policy reform

Drug policy options



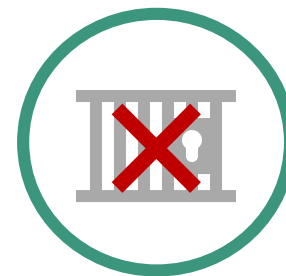
Criminalisation

The process in which a permitted legal act is turned into a criminal offence by making it illegal



Depenalisation

A policy in which a criminal case previously punished can be closed without proceeding with punishment



Decriminalisation

When the status of an offence is reclassified from constitutionally criminal to non-criminal



Legalisation

The process in which a prohibited illegal act becomes permitted legal behaviour in the country's legal framework

2001: policy changes in Portugal



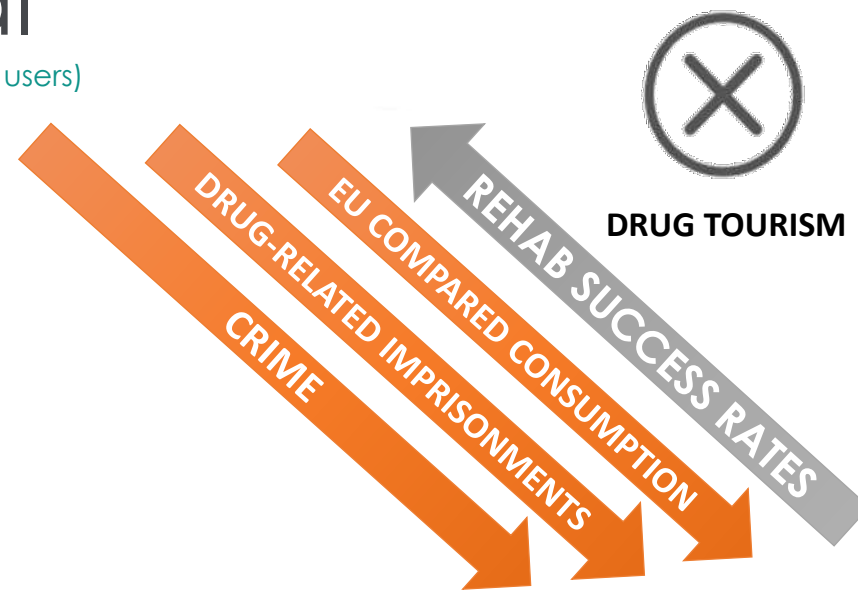
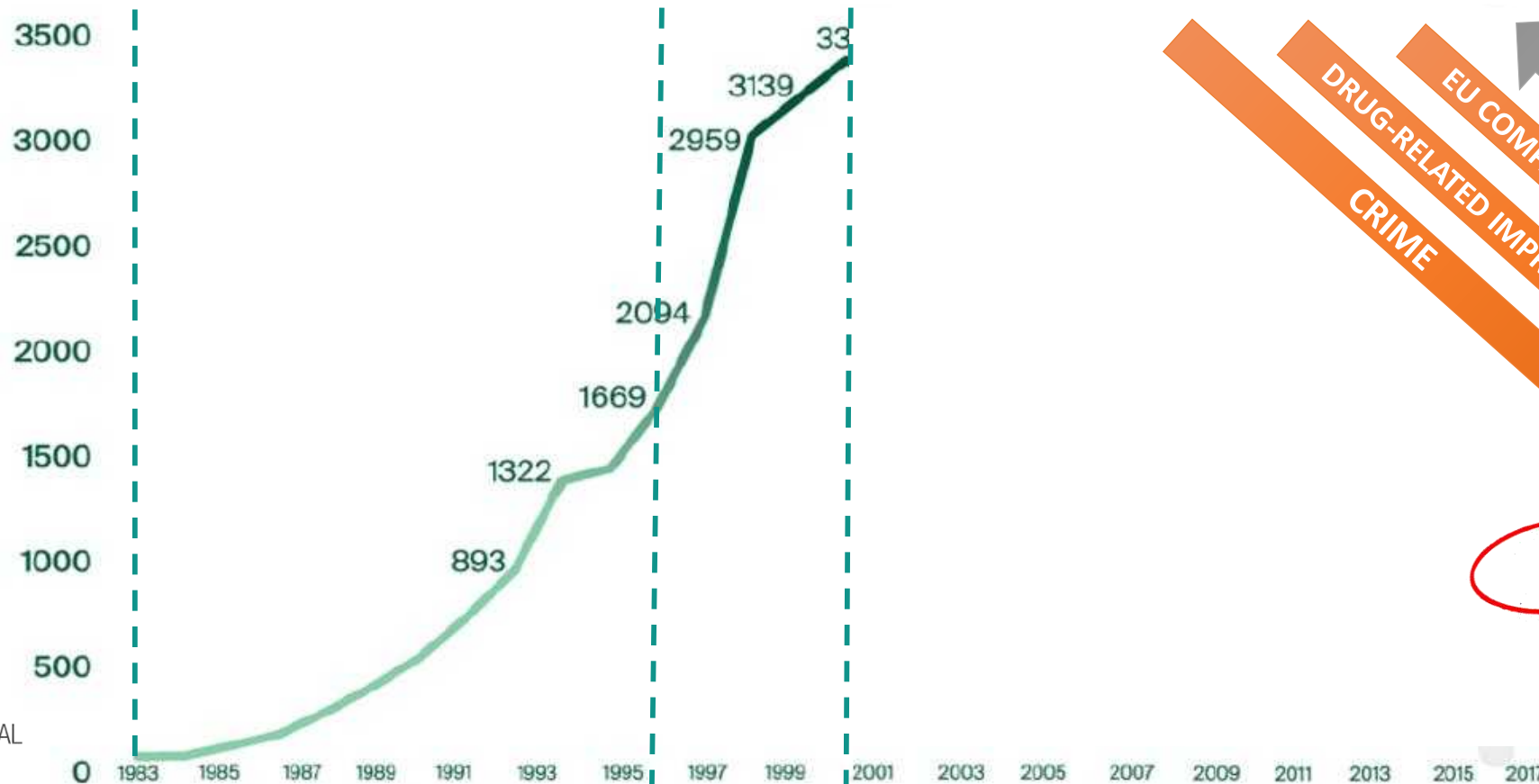
* 'Personal use' was defined as a quantity of drugs that did not exceed the average quantity that an average user consumes over a period of 10 days

Drug use is not legal in Portugal!



2001: policy changes in Portugal

1979 1983 1996 2001 (~100,000 heroin users)



Less than 2% are drug related
 (MSW 57.5%; MSM 36.7%)
 (MSW/MSM: men who have sex with women/men)

INSA, 1983–2017 (notified cases until 15 April 2018).



SNS
SERVIÇO NACIONAL DE SAÚDE

1st HIV diagnosis in Portugal

HAART
(highly active antiretroviral therapy)

Drug addiction as health problem

Main features of the Law 30/2000



Introducing a system of referral to Commissions for Dissuasion of Drug Addiction (CDTs)

- Regional panels made up of three people:
 - **Social worker, legal advisor and medical professional**
- Use targeted responses to drug users
 - For example: sanctions like community services, bans to specific locations
- Primary aim is to **encourage entry into treatment or education**



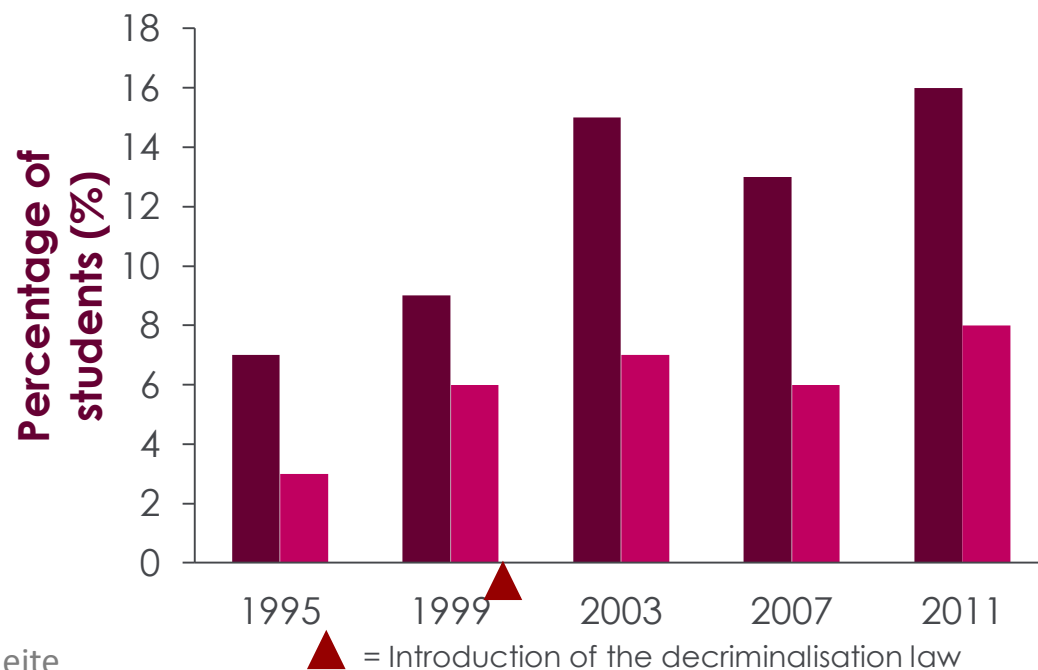
Ending the use of penal sanctions for drug possession

- **Police refer people who are found in possession of drugs to the CDTs**
 - The person appears before the CDT within 72 hours
- Focus police resources on those who profit from the drugs trade

Post-2001 policy changes: drug use

Student reports of lifetime drug use between 1995 and 2011

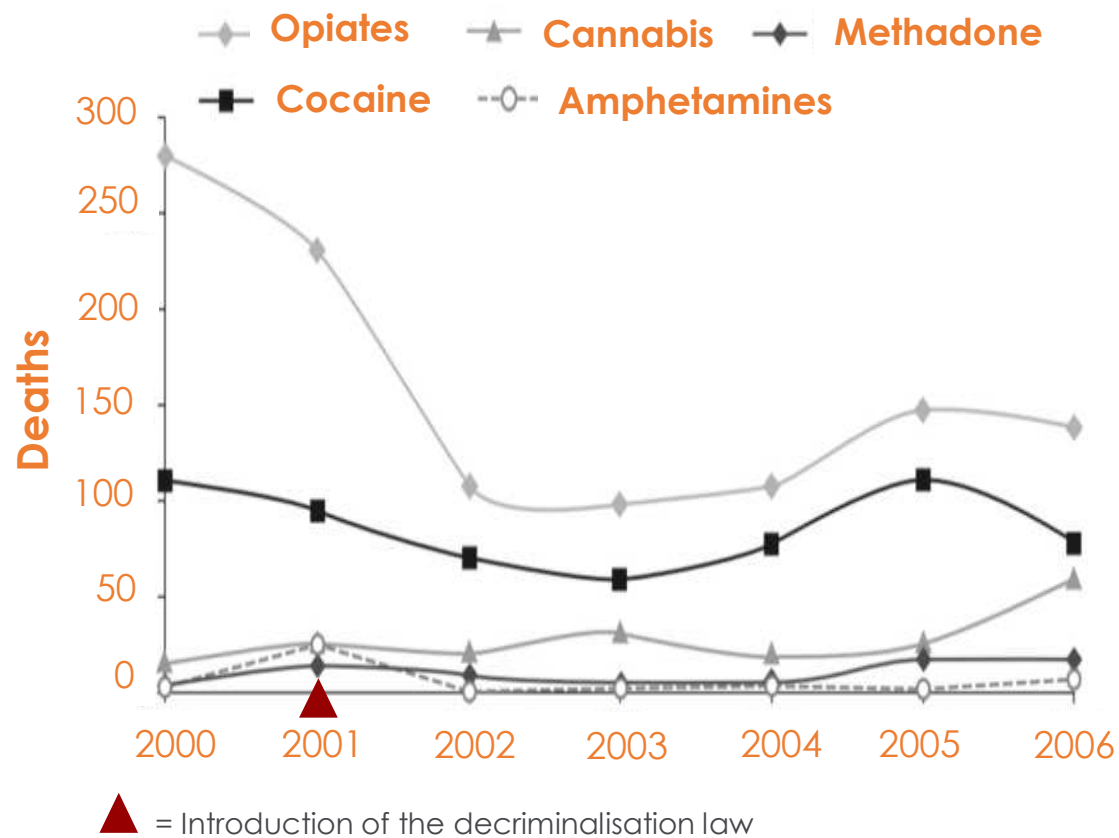
■ Cannabis ■ Drugs other than marijuana or hashish



◀ Since 2003, use of cannabis increased while use of other drugs remained relatively stable

- Rise in cannabis use **corresponds to a general trend seen across Europe** in the late 1990s and early 2000s
- **In 2015:**
 - Lifetime use of cannabis and other substances were **slightly lower than the respective European averages** of 16% for cannabis and 5% for other substances among students (lower by 1% for each)
 - Psychoactive substances were **also lower than the European average of 4%** (lower by 3%)

Post-2001: drug-related deaths



◀ Opiate-related deaths have declined significantly since 2000 with other drug-related deaths remaining mostly constant

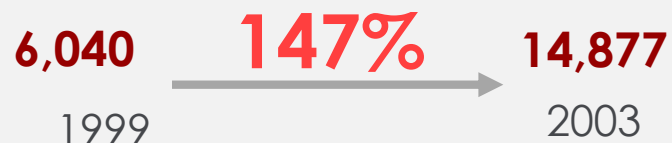
- Drug-induced deaths have continued to **decrease** and **stabilise between 2011 to 2016** (27 deaths in 2016)
 - Opioids were detected in most of these deaths
- **In 2016:**
 - Drug-induced mortality rates in 15–64 year olds in Portugal was estimated at **3.86 deaths per million** – the European average was **21.8 deaths per million**



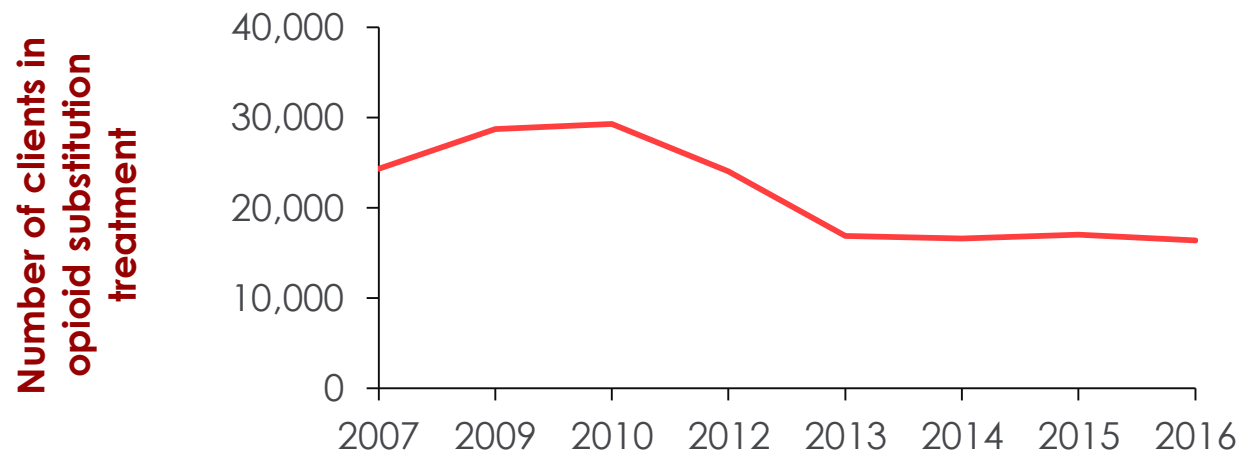
Post-2001: treatment entries

Between 1999 and 2003:

The number of patients on substitution treatment in 1999 and in 2003:

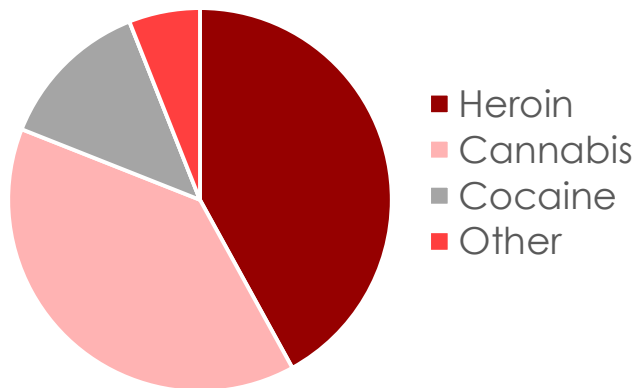


Since 2007:



In 2016:

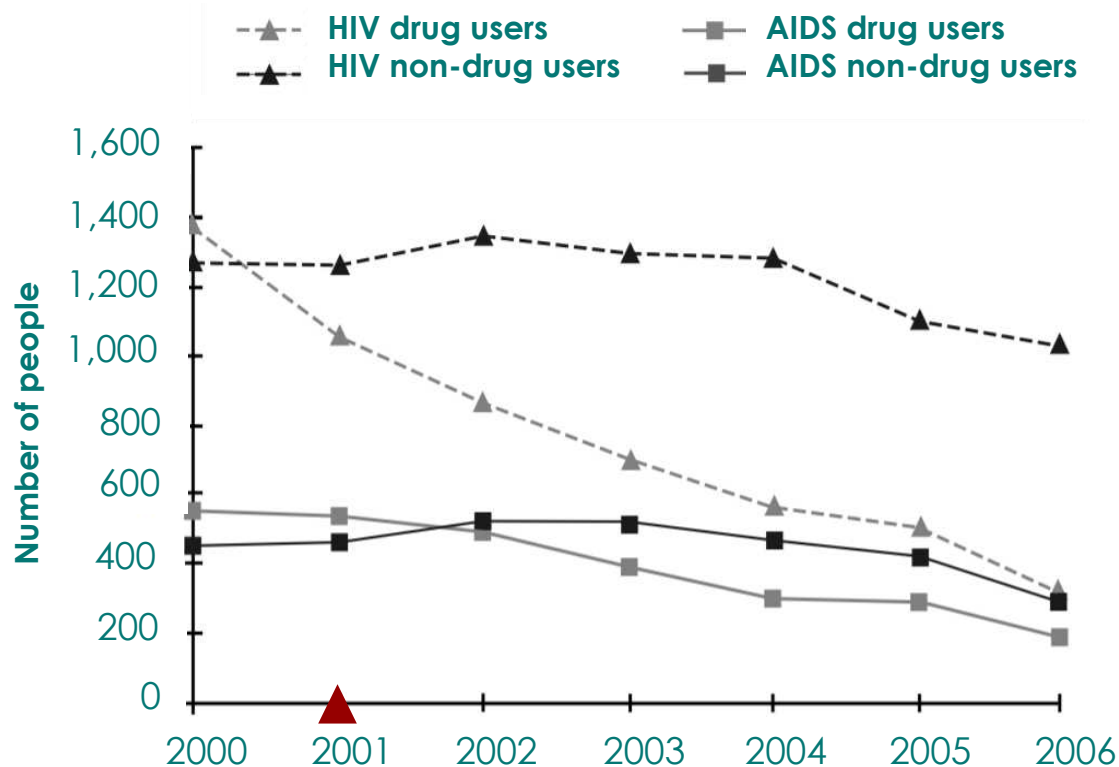
All treatment entrants by primary drug:



The number of opioid substitution clients decreased in 2010 and 2013, and has not increased since



Post-2001: HIV and HCV



*Infection by HIV was integrated into the list of diseases of mandatory declaration

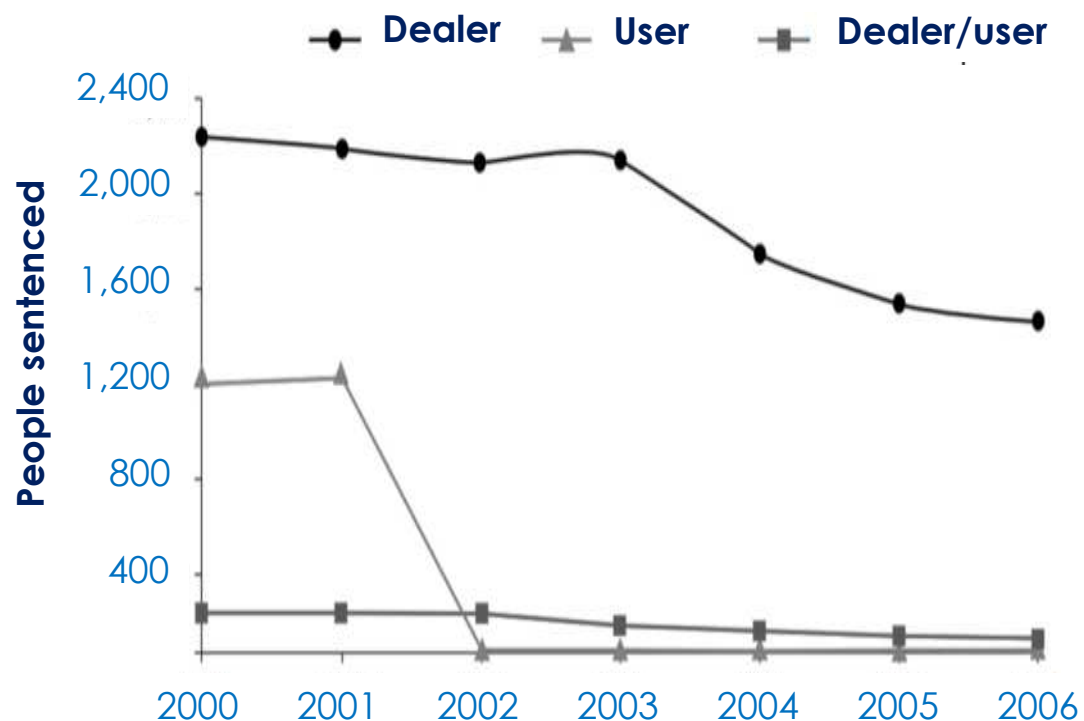
▲ = Introduction of the decriminalisation law

◀ There has been a large decline in the incidence of HIV and AIDS associated with drug use since 2000

- **Small decreases in new hepatitis B and C infections nationwide**
 - Potentially attributed to the **enhanced treatment programmes** brought about by decriminalisation
- **HIV diagnoses attributed to injecting continued to decrease from 2006 to 2016**
- **In 2016:**
 - **Less than 1 in 10** new cases of HIV and AIDS were associated with injecting drug use
 - However, **HCV antibody prevalence remains one of the highest in Europe**

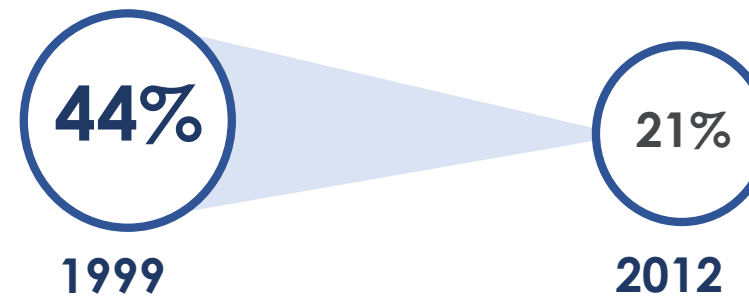


Post-2001: drug-related crime

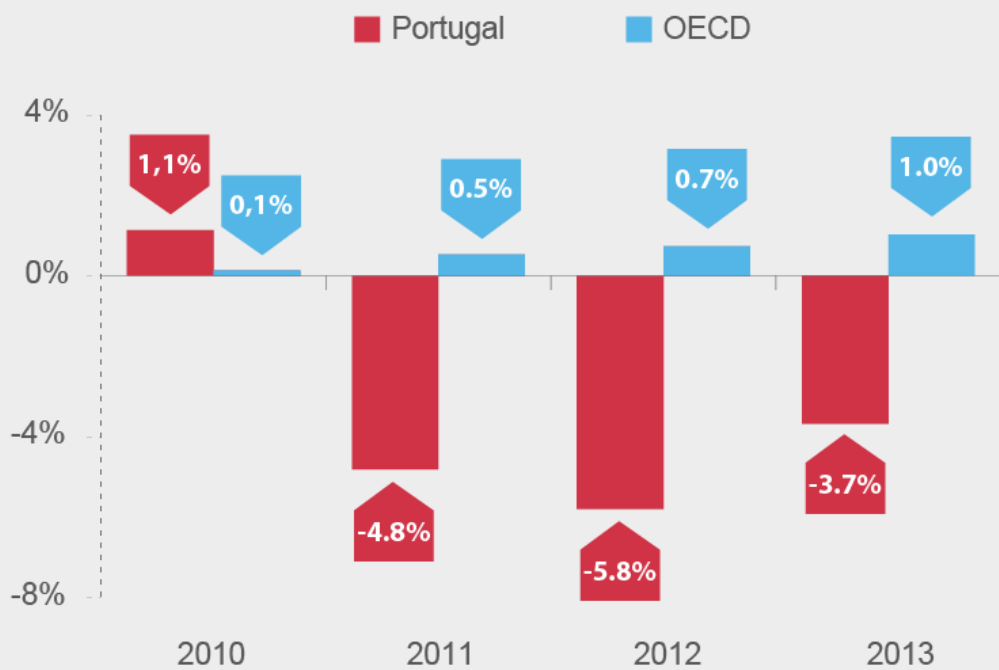


◀ Sentenced dealers decreased from 2003 while users were no longer sentenced to prison from 2001

- The proportion of drug-related offenders* in the prison population also declined:



* defined as those who committed offences under the influence of drugs and/or to fund drug consumption



* Per capita spending in real terms.
Source: OECD Health Statistics 2015





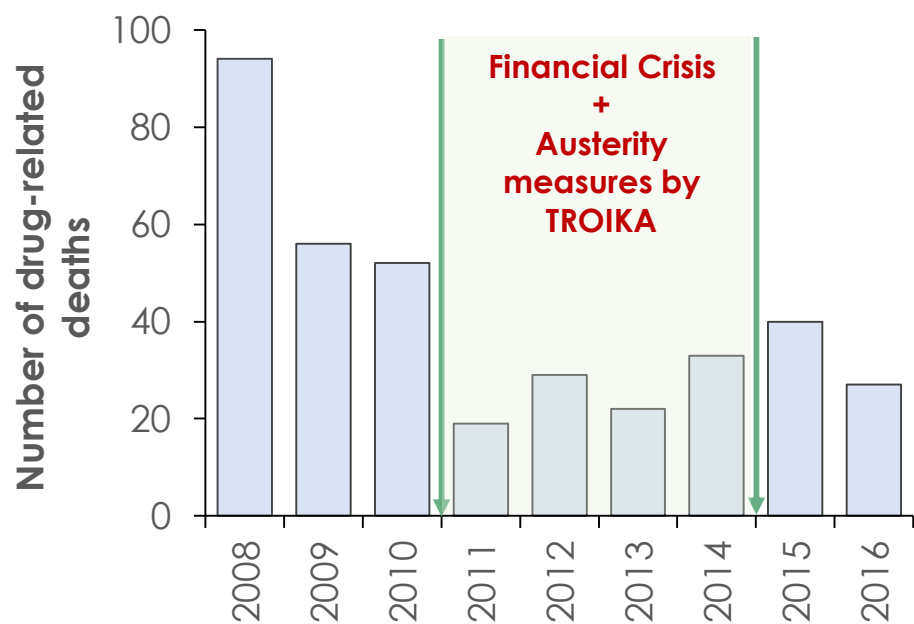
2011 – HIV, hepatitis and tuberculosis resolution



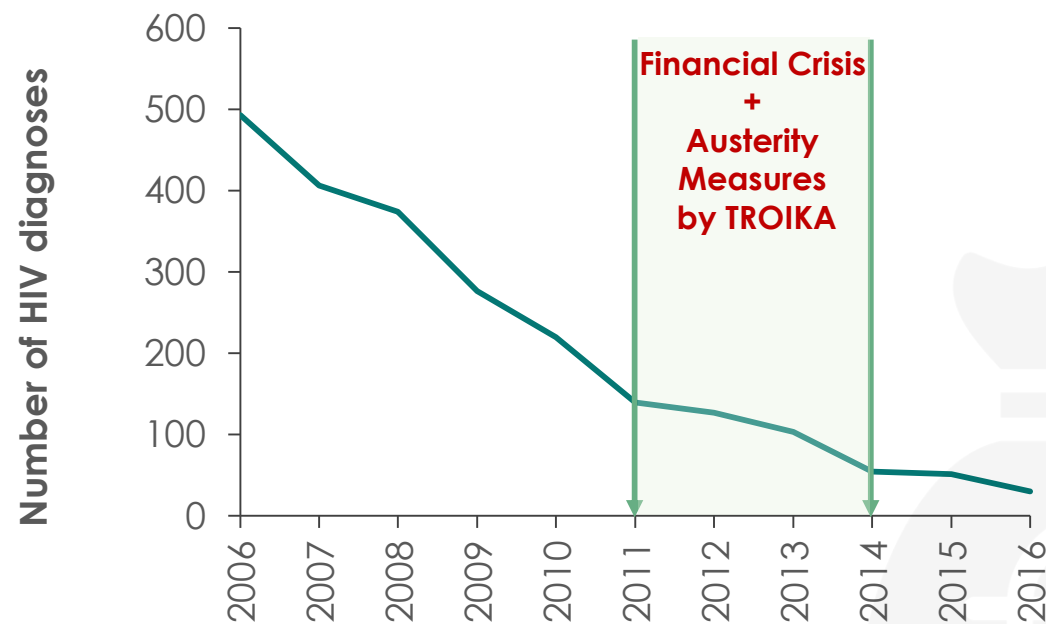


2010–2014: the Portuguese financial crisis

In 2011, austerity measures were set out by TROIKA (the European Commission, European Central Bank and International Monetary Fund) and were feared to negatively impact harm reduction services set up by the 2001 policy change.



Adapted from EMCDDA, 2018



Adapted from EMCDDA, 2018

The number of drug-related deaths and drug-associated HIV diagnoses continued to decrease.

Decriminalisation: perspectives from PWUDs (I)

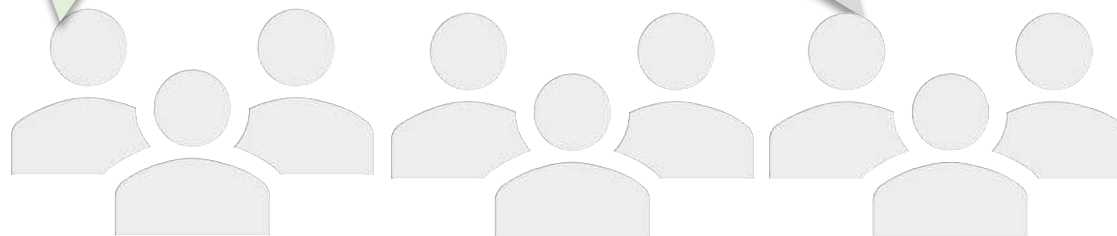
Factors that still need to be considered:

People who use drugs (PWUDs) **still experience harassment, violence and discrimination** from services and the police for possession of **any amount of drugs**

The shift of labelling PWUDs from **'criminals'** to **'patients'** has led to people being **stigmatised as sick and unaccountable for personal decisions**

PWUDs are **still susceptible to fines if they do not attend medicalised dissuasion appointments** which can mandate attendance at **involuntary rehabilitation programmes**

Widespread availability or peer distribution of **naloxone is not available.** **Drug consumption rooms are also not established**



Decriminalisation: perspectives from PWUDs (II)

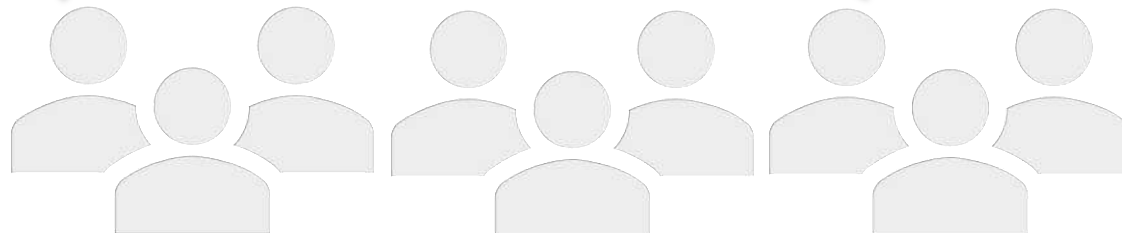
Factors that still need to be considered:

The small amounts deemed for personal use **may not be sufficient for personal use** for everyone – this causes them to **run legal risks**

Despite being safer than in other countries, people are **still required to enter dangerous, clandestine environments to obtain their drugs**

People are concerned about the **potential toxic contaminants** present in their drugs due to the **lack of legal drug production and unregulated drug markets**

Widespread availability or peer distribution of **naloxone is not available**. **Drug consumption rooms are also not established**



Development of novel harm-reduction tools in Portugal



Let's end HEPC – research project by the Portuguese Catholic University (UCP)



Interactive policy tool to help **stakeholders** understand the **potential effects of various political decisions** on the **evolution of HCV**



The aim is **to support and forecast potential policy changes** based on expected outcomes to **support HCV elimination by 2030**



This aims to **includes 12 countries** which include: Austria, Bulgaria, Portugal, Romania, Spain and England

CHANGING POLICY. TOGETHER.



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A digital tool that integrates the analysis of the history of disease, the treatment continuum, vulnerable populations and the impact of health policies



LETSENDHEPC.COM and download the APP 'LET'S END HEPC'

DECLARATION OF INTERESTS

Gilead Sciences Europe Ltd is providing financial support for this project to UCP.

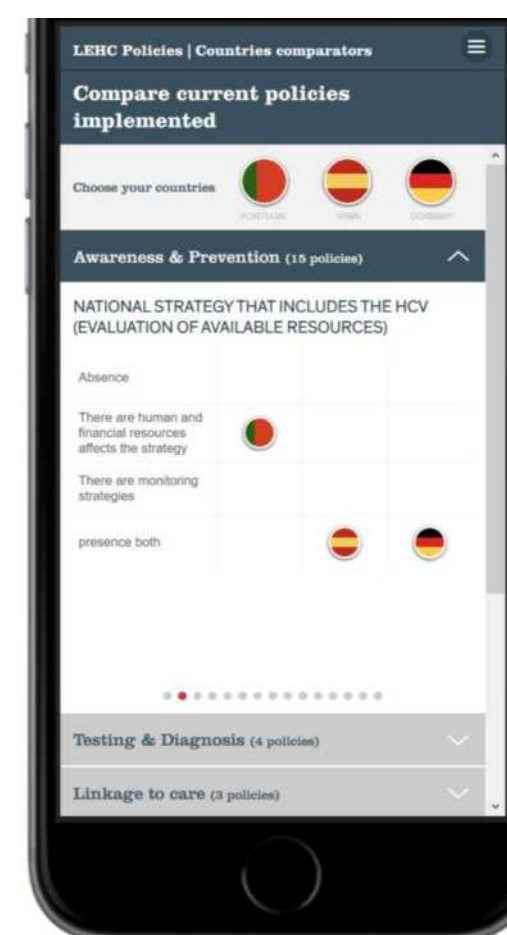
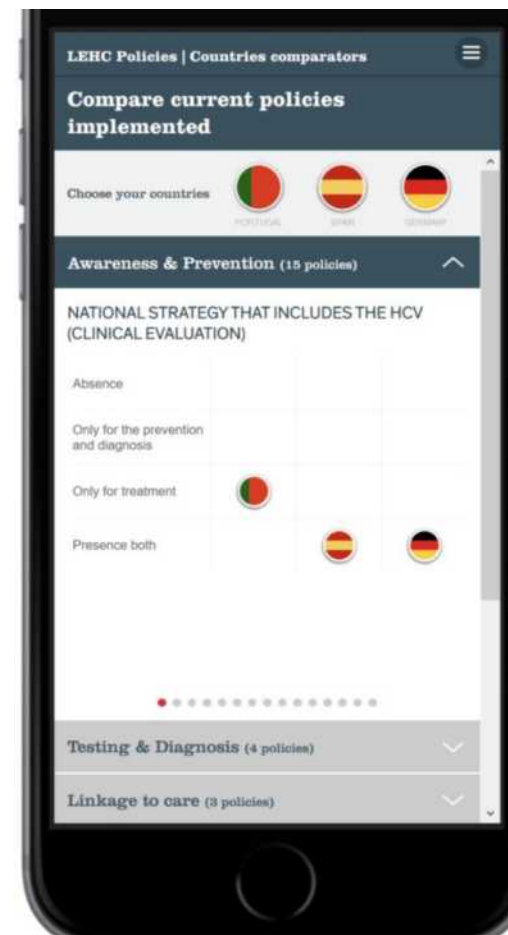
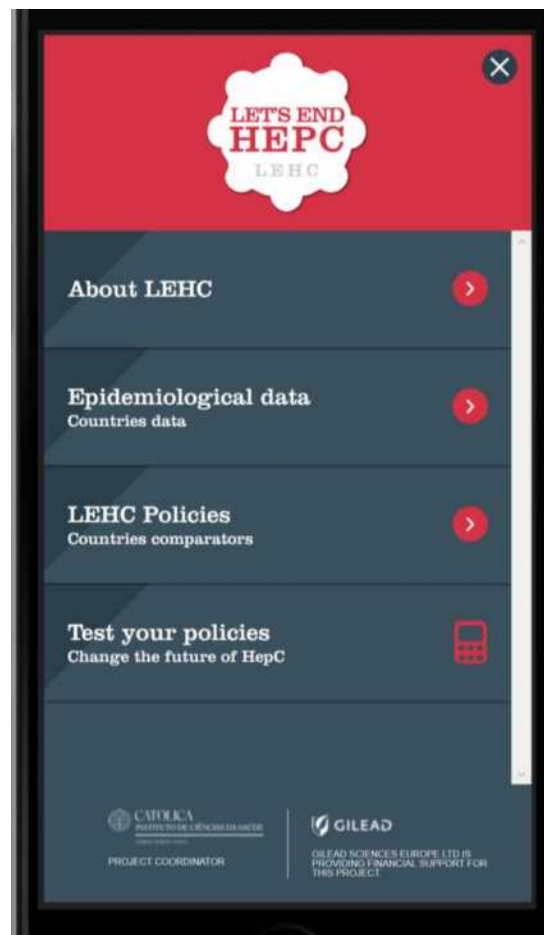
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COMPARING POLICIES ACROSS COUNTRIES



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ASSESSING AND FORESEEING IMPACT



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POLICY IMPACT ON HEALTH OUTCOMES

- Main HCV outcomes
- Per year 2019–2030
- Vulnerable populations



Elimination of HCV will not be achieved by 2030 with current policies (according to WHO elimination definition of HCV cut off of 90%).



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REDESIGNING THE FUTURE



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POLICY CALCULATOR

*'Gamification of
policy making'*

The screenshot displays the 'LET'S END HEPC' Policy Calculator interface. The top navigation bar includes 'About LEHC', 'Epidemiological data', 'LEHC Policies', and 'LEHC Supporting P...'. The main dashboard is divided into three columns of metrics, each with a map of Portugal in the background. The metrics are:

- Column 1:** TOTAL POPULATION (945,152), INCIDENCE (8), HCV PREVALENCE (365), and DIAGNOSED (246).
- Column 2:** LINKED TO CARE (154), ON TREATMENT (89), CURED (107), and LIVER TRANSPLANT (1).
- Column 3:** COMPENSATED (888), HEPATOCELLULAR CARCINOMA (24), and another metric (30).

On the right side, there is a list of policies with a 'V' icon indicating they are currently implemented. The policies include:

- National strategy that includes the HCV (clinical evaluation)
- National strategy that includes the HCV (evaluation of available resources)
- National clinical guidelines for the diagnosis and treatment of HCV
- Involvement of civil society in defending the interests and rights of patients with HCV
- Events or awareness campaigns for HCV
- National Register of disease for HCV
- legal framework particularly in terms of discrimination of patients with HCV
- Involvement of primary health care
- national policy to address the prevention of HCV infection
- Screening for HCV in blood donations
- Screening for HCV in tissue and organ donations
- Measures "safe health" - screening and treatment of surgical instruments, equipment and supplies

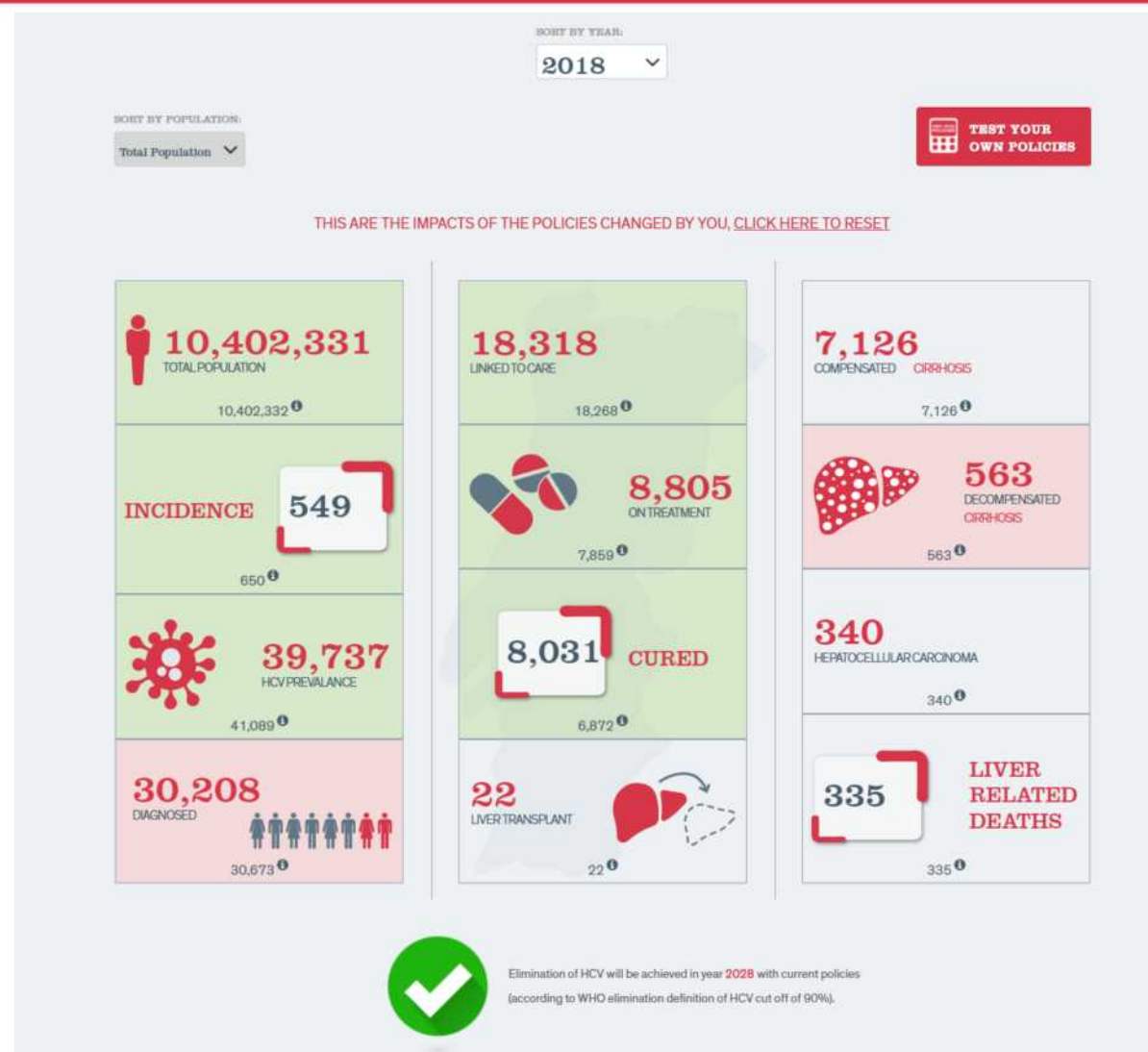
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POLICY CALCULATOR

'Gamification of policy making'

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Conclusions

- Decriminalisation of drug use in 2001 **did not increase drug use, drug-related crime or 'drug tourism' in Portugal**
- **Decreases in HIV and overdose-related deaths** have been observed since 2001
 - These were not affected by the austerity measures implemented between 2011 and 2014
- Decriminalisation is **only part of the journey** – further work needs to be done on **stigma, safety** and **availability of other harm reduction initiatives**

It's time to end HIV/AIDS,
viral hepatitis and other
infectious diseases.

It's time to UNITE.



Global Parliamentarians Network
to End HIV/AIDS, Viral Hepatitis
and other Infectious Diseases



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