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DECRIMINALIZATION OF DRUGS IN PORTUGAL: A CONTROVERSIAL EXPERIMENT FOR PUBLIC HEALTH

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Introduction

Portugal has received international attention since 2001, when it decriminalized the personal use of all illicit drugs (Hughes and Stevens, 2012, p. 110).[1] This policy has been polarizing, as various interest groups have taken extreme positions in analyzing whether or not it has been a success (Hughes and Stevens, 2012, p. 101). In practice, drug policy is difficult to assess due to a variety of factors, including public knowledge of the legal status of drugs, user sensitivity to criminal penalties, and the dynamics of the illicit drug market (Yablon, p. 4). Furthermore, the data available to ascertain the success of a drug policy often fall short in their comprehensiveness and accuracy, which leads to uncertainty in any conclusions drawn from them. In addition, selective data use can lead to divergent accounts of the same situation (Hughes and Stevens, 2012, p. 109). However, despite the controversy, polarized perspectives, difficulties in data collection and selection, and the complexity of the drug policy itself, the Portuguese drug policy experiment has arguably caused major societal changes in public health and criminal justice outcomes.

The aim of this article is to assess the effects of the drug decriminalization program in Portugal as they relate to public health and criminal justice. The methods I used to accomplish this assessment include analyzing trends before and after the policy change and comparing them to trends in other appropriate countries. Through this analysis, it is evident that after the Portuguese policy change there were decreases in drug-related deaths, in the incidence of drug-related infectious diseases, and in rates of problematic drug usage. Further, the criminal justice system was burdened with fewer drug-related crimes. However,

[1]Decriminalization means the removal of all criminal sanctions and implementation of administrative sanctions (van het Loo et al., p. 50). I discuss this in detail in the section "Drug Policy Design."

there were also modest increases in recreational drug usage rates. These trends in Portugal differed from general trends in the rest of Europe in that there were larger decreases in HIV incidence, in problematic drug usage, and in the burden on the criminal justice system and smaller increases in casual drug usage in Portugal. This comparison in trends leads to the conclusion that this policy has generally been successful. The major factor leading to this success seems to be Portugal's focus on public health initiatives (Russoniello, p. 395).

After an historical overview of drug policy in Portugal, I describe the 2001 policy change that decriminalized drugs. I then discuss general drug policy design and explore the effects of the decriminalization policy on public health, drug use, treatment demand, and criminal justice. Finally, I discuss the effects of the austerity program that Portugal was mandated to follow on the impact of the decriminalization program.

Historical Overview of Portugal's Drug Policy

Until 1963 Portugal had passed very little illicit drug legislation; however, in 1963 it passed a mental health law that identified drug addiction treatment as a component of mental healthcare, although at the time there were no facilities or plans to provide federal drug addiction treatment. Shortly thereafter, Portugal implemented a legal framework for the criminalization of drugs. Under this framework, personal possession could warrant a punishment of up to two years' imprisonment (EMCDDA, 2011a, p. 10). This policy aligned with guidelines produced by the United Nations Conventions of 1961 (George et al., p. 38).

The rhetoric surrounding drug policy debates during the 1960s focused mainly on the moral aspects of drug use. This focus slowly shifted in the 1970s with the creation of the Centro de Estudos da Juventude (Youth Studies Center) and the Centro de Investigação Judiciária da Droga (Drug Criminal Investigation Center). These centers, which had been created because of the increase in drug experimentation that occurred after the democratic revolution of 1974,[2] aimed to study both the supply and demand sides[3] of drug policy. Through their reports, these two centers shifted the rhetoric on drug use, encouraging a humanistic perspective of drug users by observing drug use through a public health rather than a criminal lens (EMCDDA, 2011a, p. 10). As a result of their investigations, the Youth Studies Center produced the first recommendation of drug decriminalization in 1976.

In a move that reversed the progress made by the Youth Studies Center, Portugal moved the oversight of drug policy to the Ministry of Justice in 1982 for budgetary and operational reasons. Soon thereafter, Portugal adopted a new legal framework that increased focus on drug trafficking while maintaining social condemnation of the drug user. However, alongside the legal criminalization of drug use, this new framework also recognized the need to provide treatment for the user, leading to the creation of the first drug treatment centers, which brought the Ministry of Health into drug policy.

In 1987 the first comprehensive drug policy addressing both supply and demand reduction was implemented. This policy, called Projecto VIDA, was enacted due to increasing heroin usage and drug trafficking. Projecto VIDA comprised 30 measures, including the first official national call for treatment and social rehabilitation. Notably, Projecto VIDA contained measures to increase resources for people with AIDS and for AIDS prevention as well as a shift of control over treatment centers from the Ministry of Justice to the Ministry of Health. In 1993 the first syringe-exchange and HIV testing programs were implemented alongside a new policy for supply reduction, which remain in effect today. As the public health focus of demand-side drug policy began to grow larger in the 1990s, there was a call for a more integrated policy from representatives of all political parties (EMCDDA, 2011a, p. 86).

[2]Through a military coup, Portugal ended a 48-year-old dictatorship on April 25, 1974. By 1976, Portugal had written a democratic constitution (Chabal, p. 233).

[3]Supply side refers to manufacture, trafficking, and sale; demand side refers to possession and consumption (Yablon, p. 3).

The 2001 Policy Change: "Treat Rather than Punish"

The drug situation in Portugal remained problematic and seemed to be worsening at the end of the 1990s despite the government's policies to curb drug usage, such as Projecto VIDA. This was exemplified through rising HIV incidence and problematic heroin usage rates (Hughes and Stevens, 2007, p. 3). Therefore, the government assembled the Commission for a National Drug Strategy (CNDS) (van het Loo et al., p. 50), composed of nine individuals, to tackle the drug problem. The commission included five legal or health experts in drug policy theory, two from the Health and Justice Ministries, the Assistant Minister to the Prime Minister, and a noted researcher with no ties to drug policy. The CNDS put together a report for Parliament, which was approved unanimously and adopted into the policy that took effect in 2001 (EMCDDA, 2011a, p. 15). The policy reflected a central desire to "treat [rather] than punish" (Trigueiros et al., p. 1)[4] with a "key rationale for the reform [being] to provide a more health-oriented response, including the possibility to refer people who are dependent on drugs into treatment" (Hughes and Stevens 2010, p. 1001).[5] More generally, the primary goal of the policy change was "to implement a coherent and comprehensive strategy based on the philosophy of harm reduction, in the broad sense of referring to activities that reduce harm to the drug-consuming individual and society" (van het Loo et al., p. 54).

The goal of this policy change utilized the central principles outlined by the CNDS to define 13 strategic options central to the 2001 policy (van het Loo et al., p. 56). These principles were

1. International cooperation
2. Decriminalization of all illicit drugs for personal consumption
3. A focus on prevention
4. Improved access and quality of treatment for addicts
5. Extended harm-reduction policies
6. Social and professional reintegration programs
7. Harm reduction in prisons
8. Treatment as an alternative to prison
9. Increased scientific research on drugs and drug addiction
10. Establishment of methodologies for policy evaluation
11. Simplified oversight
12. Reinforced targeting of drug trafficking
13. Increased public investment.

Decriminalization was just one of the many public health-related principles that went into the creation of this policy. Along with these 13 strategic options were several guiding principles. One guiding principle was humanism, the recognition of human rights for all people, meaning that people addicted to drugs should receive social services. A second guiding principle was pragmatism, ensuring that interventions are scientifically based. The implementation of these strategic options and principles occurred under the National Action Plan for the Fight Against Drugs and Drug Addiction, which took effect in 2001 (EMCDDA, 2011a, p. 15).

In order to carry out the new policy, Portugal created new oversight mechanisms.[6] The Institute on Drugs and Drug Addiction (IDT), which grew out of the former Projecto VIDA, moved to the Ministry of Health in 2002.

[4]The relative merits of treatment and punishment as related to illicit drug usage are still debated today. As reported by Specter, "There is no country where illegal drugs kill as many people as legal addictive substances. The World Bank estimates that tobacco will kill five hundred million of the present global population" (Specter). Therefore, whether the legal status of certain drugs takes into consideration their public health impact (i.e., their cause of health-related harms) is debated. An alternative theory is that drugs were originally deemed licit or illicit based on socioeconomic factors, largely neglecting public health (Specter).

[5]This is in comparison to other reforms that focus solely on avoiding criminal penalties for drug users instead of focusing on health, as is the case in Mexico (Hughes and Stevens 2010, p. 1001). A comprehensive comparison of the goals and outcomes of each policy is described in Russoniello.

[6]A portion of the funding for drug control in Portugal comes from lottery receipts and money seized from traffickers. More than 90 percent of this funding is devoted to treatment, not punishment. In the U.S., "the cost of running the state-prison systems has grown by 400 percent [since the late 1980s], and it is expected to grow even more rapidly in the next decade. According to the National Center on Addiction and Substance Abuse, these costs represent at least ten times the amount of money spent on treatment, prevention, and research" (Specter).

Furthermore, the new law established Commissions for the Dissuasion of Drug Abuse in each of Portugal's administrative districts under the jurisdiction of the IDT (EMCDDA, 2011a, p. 17). Each commission was composed of three people, two from the medical sector and one with a legal background. The only function of these commissions is to administer sanctions for drug use. Examples of sanctions are fines (ranging from €25 to €150), travel bans, restraining orders, removal of professional licenses, scheduled meetings with the committee, and gun restrictions. Sanction decisions are to be made based on several factors, including the drug type, severity of offense, whether use occurred in public or private, whether the user was an addict, and the user's socioeconomic status (van het Loo et al., p. 58).

Drug Policy Design

In order to analyze the change in drug policy in Portugal, I discuss general drug policy design. There are four general types of drug policy: prohibition, decriminalization, depenalization, and legalization. Consequences for drug use differ under each type of policy. In order to assess drug policy, the distinctions between prohibition, decriminalization, depenalization, and legalization should be clear. Table 1 shows the consequences under each framework for getting caught with a small amount of drugs (i.e., an amount deemed appropriate for use and not sale).

Although some countries did not adhere, the global policy trend in the 1980s was toward harsher prohibition at all levels. However, in trying to combat drug-related issues, many countries have since reversed this trend (Greenwald, p. 2), aligning with the side of the drug policy debate that discredits the effectiveness of prohibition schemes (Miron and Zwiebel, p. 176). Although no country has fully legalized drugs, many have decriminalized or depenalized them.[7]

The rationale for criminalizing the supply side is to prevent people from beginning to use drugs and limit normalization of drug use so that it does not spread throughout society (Babor, p. 75). Conversely, the rationale for decreasing criminal penalties on the demand side generally reflects claims that the criminal justice system tends to exacerbate drug abuse (Greenwald, p. 1). Table 2 presents the strategies relevant to Portugal where interdiction remained intact to deter trafficking and sale through criminalization. While criminal sanctions were upheld on the supply side, they were eliminated on the demand side. Furthermore, services for drug users and harm-reduction strategies were increased with goals of promoting public health and decreasing drug usage.

The complexity of creating and analyzing drug policy is a result of many factors, including knowledge of drug laws, behavioral changes related to criminal penalties, unrelated changes in the drug market, and data scarcity surrounding decriminalization events (Yablon, p. 4). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was established to provide information to the European Union (EU) and its member states regarding drug issues in an attempt to mitigate data scarcity and increase public knowledge of drug policy. It is arguably the most comprehensive source available for professionals and policymakers in assessing drug policy in Europe, as the researchers at EMCDDA both perform their own research and compile reports from other organizations and governments. The methods used to analyze the data provided by the EMCDDA and other organizations are important in minimizing issues associated with drug policy analysis, as discussed in the following section.

Approaches to Policy Evaluation

I provide an analysis of the effectiveness of Portugal's drug policy. Ideally, the best use of data would be an analysis of trends in an extended time series, including years before and after the "treatment"—the drug policy reform (Campbell, p. 413). Following Campbell's guide to assessing reforms, my hypothesis is that the drug policy reform caused the changes in public health and criminal justice observed in Portugal. The rival hypothesis is that all the changes would have happened regardless of

[7] Since the "War on Drugs" was declared in 1971, the United States has been following a prohibitionist framework with severe criminal penalties (NPR). However, in recent years, Colorado, Washington, Oregon, Alaska, and Washington, D.C. have legalized marijuana for recreational use, and several states and cities have decriminalized it (Nelson).

Table 1
General Consequences for Possessing Drugs for Personal Use

Framework	Illegal?	Criminal Record?	Maximum Penalty
Prohibition	Yes	Yes	Imprisonment
Depenalization	Yes	Yes	Fines
Decriminalization	Yes	No	Fines
Legalization	No	No	N/A

Source: Adapted from Yablon, p. 3.

Table 2
Supply- and Demand-Based Strategies Relevant to Portuguese Drug Policy

Strategy	Supply or Demand	Targeted Policy	Broad Policy Goals
Interdiction	Supply	Arrest traffickers/dealers, force suppliers to operate in inefficient ways	Keep prices high and reduce availability
Eliminate criminal sanctions	Demand	Decrease penalties for drug use	Prevent negative effects of criminalization
Services for drug users	Demand	Counseling, therapeutic communities, needle exchange programs, and peer-support groups	Reduce crime and overdose deaths and treat psychiatric disorders
Harm-reduction strategies	Demand	Safe injection sites and needle exchange programs	Prevent spread of HIV infection and reduce risk of overdose death

Source: Adapted from Babor, pp. 75 and 78.

policy reform. In order to determine whether changes in trends after the policy reform would have happened regardless, the indicator trends over the same years need to be compared to an appropriate country or countries. I have chosen Spain as the benchmark country for comparison purposes not only for its proximity to Portugal but also for its comparable drug situation.[8] Italy is similarly appropriate for comparison (Hughes and Stevens, 2010, p. 1003), and I use it as a benchmark when possible.

Presentations of data in this format—trends from before and after 2001 over the same periods measured by the same criteria for Portugal, Italy, and Spain—would be a fairly comprehensive and consistent analysis of the effects of the drug decriminalization program in Portugal, avoiding bias based on data selection. Unfortunately, data often do not exist over the same periods of time for all three countries of interest and, when they do exist, they are sometimes not measured according to the same criteria. To preserve data integrity, I analyze data over the longest possible period of time in order to identify trends. Finally,

[8]Spain created a policy in 1992 that made drug use illegal but never criminalized drug use. Before 1992, drug use and possession were allowed under Spanish law. However, compared to Portugal, Spain puts much less emphasis on public health programs (EMCDDA, 2012a). Another key difference is that Spain's decriminalization system is de facto, meaning that the user goes through the criminal justice system but does not ultimately face criminal penalties. In Portugal, drug users go through the public health system under the Ministry of Health, not the Ministry of Justice (Russoniello, p. 386).

present qualitative research to bridge the gap between the intended effects of the policy and the effects of the policy that were observed by users and administrators.

Results of Policy Evaluation

Although most analysts of Portugal's drug decriminalization claim it has been a success, some have called it a "disastrous failure" (Hughes and Stevens, 2012, p. 101). Those who oppose decriminalization believe that harm-reduction measures decrease the pressure to stop using drugs. The most vocal opposition to the policy has come from Dr. Manuel Pinto Coelho, who believes that "medicalization of this deviant behavior… convinces most addicts that they have to remain dependent on methadone rather than struggle to become independent. It is a service neither to them nor to society" (Specter). Pinto Coehlo has written many articles critical of Portugal's policy. Glenn Greenwald has a different view from Pinto Coelho's. Greenwald argues that "none of the fears promulgated by opponents of Portuguese decriminalization has come to fruition, whereas many of the benefits predicted by drug policymakers from instituting a decriminalization regime have been realized" (Greenwald, p. 28). In 2012 Hughes and Stevens analyzed the methods used by Pinto Coehlo and Greenwald, the two analysts who have come out with arguably the most negative and positive reviews of the policy. From this review, it became clear that both Pinto Coehlo and Greenwald selectively used data to support their different points of view. Examples of this include focusing on indicators in a single year or short period of time rather than trends (Hughes and Stevens, 2012, p. 110).

By comparing trends in Portugal with trends in appropriate control countries (Spain and Italy) when possible, Hughes and Stevens (2007, p. 9) found that there have been an increased use of cannabis, a decreased use of heroin, an increased demand for treatment, and a reduction in drug-related deaths in Portugal. Others have reiterated these conclusions and have generally categorized decriminalization as a success. Many issues that have been successfully addressed by decriminalization, such as lower rates of problematic drug usage and lower rates of HIV incidence, continue to be problematic in many EU states that did not decriminalize drugs (Russoniello, p. 391). Using the methodology described in the previous section, I performed an analysis of the effects of decriminalization on indicators of public health, drug usage, treatment demand, and criminal justice. The results from this analysis are discussed in the following sections.

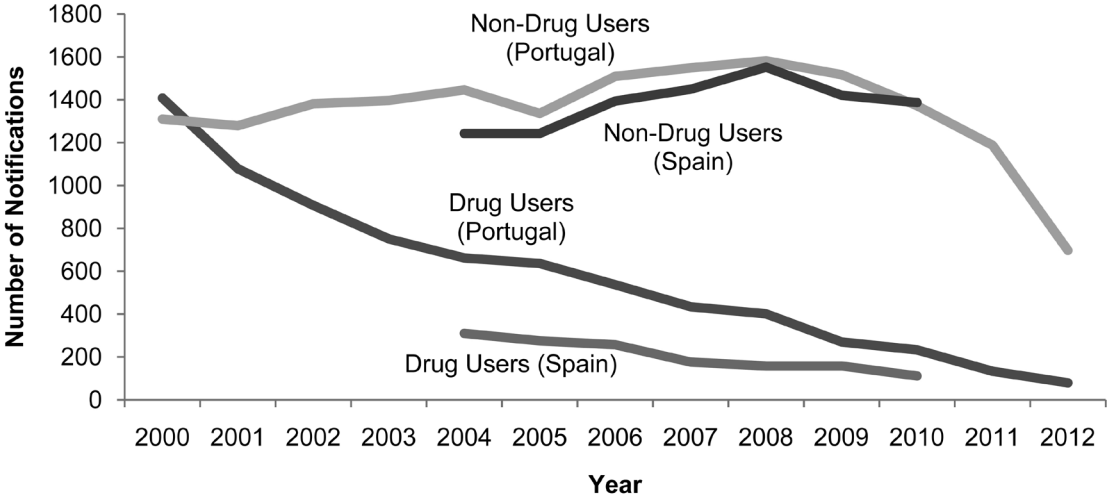
Drug Policy Centralized around Public Health

According to the United Nations, drug policy is a public health issue, and it should be used to decrease demand and provide help for the user (Johansen and Jones, p. 19). Treating addiction is a key component of Portugal's policy and is what differentiates it from other countries that have decriminalized drugs by focusing only on criminal justice aspects, such as Spain and Mexico. Elisabeta Moutinho, a clinical psychologist working for a drug outreach program funded by Portugal's Ministry of Health, argues against resistance to needle-exchange programs and other harm-reduction measures:

> [Aiding people in their quest to satisfy addictions] is the wrong way to think about what [drug outreach programs] do. Of course, you can come here and still buy heroin. The dealers know where we are and when we are here. People exchange syringes and then go buy drugs. I know it is not easy for everyone to accept, but they don't get AIDS from a dirty needle, or hepatitis. They are not beaten by gangs or arrested or put in jail. There is no police corruption, because there is nothing to get rich from. It is a program that reduces harm, and I don't see a better approach (as quoted in Specter).

The public health focus, from Moutinho's account, is what allows drug policy to positively affect harm-reduction outcomes through reduced stigma and increased services. I discuss such outcomes further in the following sections.

Figure 1
Comparison of HIV Incidence Rates



Source: Author's plot based on data from EMCDDA, 2006–2010, 2011b, 2011c, 2012b, and 2013b.

HIV Incidence Rates

One of the major catalysts for policy change in Portugal was a rising HIV incidence rate among needle-injecting drug users (EMCDDA, 2011a, p. 15). I present evidence on the effects of drug decriminalization on HIV incidence.[9] Portugal had high HIV incidence rates just prior to the 2001 policy change. In 1999 Portugal's rate of drug-related AIDS and prevalence of HIV among injecting drug users (IDUs)[10] were first and second in the EU, respectively (Hughes and Stevens, 2010, p. 1001). At the time of the policy change, IDUs were the predominant transmission group, accounting for 46 percent of all new cases (Hamers and Downs, p. 85).

HIV incidence among IDUs has declined significantly since the policy change, illustrated in Figure 1 (adapted from EMCDDA reports on Portugal from 2008 to 2013).[11] Hughes and Stevens (2010) also reported this trend, citing "highly significant" drops in HIV—as well as in hepatitis C virus (HCV) and tuberculosis—incidence rates among drug users every year since decriminalization in their analysis. They attribute this largely to the expansion of harm-reduction services (pp. 1015–16).

Due to data scarcity on HIV incidence rates, I could only use Spain as a comparison from 2004 to 2010, limiting the effectiveness of the counterfactual. Nonetheless, analyzing the difference between trends over time (see Figure 1) still provides a basis for comparison. Over this period, the trend in HIV incidence rates among non–drug users is nearly identical in the two countries. However, the Portuguese trend among drug users appears to decline at a faster rate than the Spanish trend. The discrepancy between trends indicates that the decriminalization of drugs and associated social programs created to reduce HIV incidence among IDUs appear to have had an effect. This analysis is consistent with that of Greenwald, who reports that drug use and associated issues, such as HIV incidence, remained high in many EU

[9]Portugal only started reporting cases of HIV in 2000, making it difficult to accurately assess trends before and after the policy change (Hamers and Downs, p. 84).

[10]IDUs refers to individuals who consume drugs through intravenous injection. HIV can be spread through shared needles for intravenous drug injection.

[11]Assuming that the latter years included in Figure 1 are an underestimate of incidence rates does not negate the downward trend that is evident. For the 2006 incidence rate discussed in footnote 9, there was an overall increase of 165 individuals over six years, which is approximately 44 percent of the originally reported value. Increasing every value after 2006 from the original reported values by 44 percent would still produce a downward trend since 2000.

states that adhere to a criminalization scheme while it improved in Portugal (p. 11).

Drug Use

Rates of recreational (as opposed to problematic) drug use after the Portuguese policy change indicate a slight increase in reported illicit drug use among adults; however, the increase in drug use among adults matches increases in Spain and Italy, indicating a regional phenomenon. Illicit drug use among adolescents and problematic drug users, however, has fallen in Portugal, a trend that is unique and opposite to the trends seen in Spain and Italy (Hughes and Stevens, 2010, p. 1017).

Focusing on problematic drug use is important, because the second health-related catalyst for the policy change was problematic rates of heroin use. One way to quantify problematic drug use is through drug-related deaths. The Wilson Quarterly reports that, along with reductions in HIV, HCV, and tuberculosis, the greatest success of the 2001 policy has been reductions in drug-related mortality. The IDT reported that the numbers of drug-related deaths every year from 2000 to 2006 were 318, 280, 156, 152, 156, 219, and 216, an overall decrease of approximately seven percent per year. Over the same years, the reported number of toxicological examinations increased 83 percent (from 1,255 to 2,173) from 2000 to 2006 (Greenwald, p. 18). An increase in the number of exams would logically result in an increase in the number of drug-related deaths reported. However, the increase in exams that occurred from 2000 to 2006 was accompanied by a decrease in the reported number of drug-related deaths. The reduction in heroin-related deaths was particularly significant ("Getting High in Portugal"). Since the mid-2000s, Portugal has seen an increase in problematic drug use, but this has been attributed to the increase in toxicological examinations reported by the IDT (Hughes and Stevens, 2010, p. 1014).

Furthermore, Hughes and Stevens (2010, p. 1014) found that the decline in problematic drug use seen in Portugal from 1999 to 2002 was more pronounced than the declines seen in Spain and Italy over the same period of time. I extended my comparison through the year 2006, the latest year for which data are available. From 2000 to 2006 the percent rate in decline in drug-related deaths in Spain was 18 percent (EMCDDA, 2013c, p. 186), and in Italy it was 45 percent (EMCDDA, 2013a, p. 141), compared with 32 percent in Portugal over the same period. From these data, it is unclear whether the change seen in Portugal would have occurred regardless of the policy change. In order to control for what would have occurred without the 2001 policy change, Tavares and Portugal (2012) created a synthetic control method for Portuguese drug policy analysis. The synthetic control method creates a weighted combination of other European countries to create an "artificial Portugal," or a simulated Portugal in which there was no policy change. From this analysis, Tavares and Portugal reported that there would have been a higher number of drug-related deaths without the change in drug policy.[12]

Treatment Demand

Along with a decrease in drug-related deaths in Portugal, the number of people utilizing opioid substitution treatment was reported to have increased from 6,040 in 1999 to 14,877 in 2003, and to 17,780 in 2007 (Greenwald, p. 15). This trend was also reported in The Wilson Quarterly, which noted that treatment demand (measured by the number of users enrolled in drug treatment programs) increased by 60 percent from 1998 to 2008 ("Getting High in Portugal"). Specter also reports that from 1999 to 2009, the percentage of IDUs receiving methadone treatments to manage their addiction increased from 37 to 67 percent. Overall, between 1998 and 2008 there was an increase from 23,654 to 38,532 drug users in treatment (Hughes and Stevens, 2010, p. 1015). Over the same period of time, the number of drug users in treatment in Spain remained relatively

[12]The authors note that Portugal has a broader definition of drug-related deaths than most other European countries. Portugal defines drug-related deaths as any positive result on a toxicological exam, whereas other countries classify a death as drug-related when the primary cause of death is an overdose. This difference may lead to over-estimation in Portugal; however, this difference in definition is present before and after the policy change, potentially negating its effects.

constant, decreasing from 54,338 to 53,155 (EMCDDA, 2013c, p. 135). Furthermore, the number of drug users in treatment in Italy increased from 31,510 to 35,020 from 2000 to 2008 (EMCDDA, 2013a, p. 123), which is a relatively comparable time frame. The percentage changes in drug users in treatment over this time period for Portugal, Spain, and Italy were 63, −2, and 11 percent, respectively. These data indicate that the utilization of these social programs in Portugal was greatly enhanced with the decriminalization of drugs in 2001 and the associated reallocation of resources from incarceration to rehabilitation programs.

Treatment demand, along with HIV incidence and problematic drug usage rates before and after the policy change, are important measures of the success of the drug decriminalization program. The data for these measures indicate that the program was successful because it led to lower rates of HIV incidence among IDUs and drug-related deaths and higher rates of toxicological exams and treatment demand. Therefore, it can be reasonably concluded that the drug decriminalization program was successful from a public health perspective. From a comparative study of Portugal, which decriminalized drugs with a focus on public health, and Mexico, which decriminalized drugs with a focus on criminal justice, it is evident that the way in which this policy is supported with social programs is crucial (Russoniello, p. 412). Consequently, a strong emphasis on public health must accompany any recommendations of implementing a decriminalization scheme.

Criminal Justice

Decriminalization of personal consumption of drugs does not necessarily indicate a soft-on-crime position on drug trafficking or drug-related crimes. João Figueira, the chief inspector of the drug division of the Judicial Police crime squad in Lisbon, changed his position from opposition to support of the new law based on his observations of the ineffective results of criminalization in Portugal:

> In the last years before the law, consumers were arrested by police. They were fingerprinted and made statements and took mug photos and were presented to court. And always, always, always released. It was a waste of everyone's time. It didn't stop drug use or slow down the dealers. So the idea that somehow people are getting away with what they did not get away with before is silly (João Figueira, as quoted in Specter).

Instead of letting drug users get away with their crimes, the Portuguese program creates a reallocation of resources from incarceration to treatment of users while allowing for an increase in resources to targeting trafficking. Hughes and Stevens report a nine percent increase in the number of crimes strongly related to drugs (including theft, robberies, public assaults, and some cases of fraud) in the years 2001 to 2005 compared with the years 1997 to 2001. They also report a 500 percent increase in the amount of drugs seized in the years 2000 to 2004 compared with the years 1995 to 1999. Through a comparison of patterns in these indicators for Portugal and Spain and Italy, Hughes and Stevens (2010, p. 1009) attribute the changes to increased law enforcement and resources for targeting trafficking rather than an increase in the size of the domestic drug market.

The number of criminal offenses related to drugs is expected to drop after decriminalization, because drug users would no longer be considered criminals. This turned out to be the actual case: there were 14,000 criminal offenses related to drugs in 2000, and, in each year since decriminalization, there have been between 5,000 and 5,500 offenses per year (Hughes and Stevens, 2010, p. 1008). Accordingly, the prison population in Portugal declined continuously from 2000 to 2012 (Russoniello, p. 394). Allen and colleagues argued that this decrease resulted in considerable financial savings for the criminal justice system (p. 4).[13] Additionally, the percentage of offenses committed under the influence of drugs or to fund

[13]Since 2009, the United States has been making more choices to treat rather than punish in order to reduce the financial burden on the criminal justice system, including drug prevention and treatment programs, diversion of nonviolent offenders from the criminal justice system into treatment, and more ("Obama Administration Drug Policy: A Record of Reform"). According to Specter, "Federal health officials have estimated that every dollar spent on substance-abuse treatment saves the United States seven dollars that would be spent on prison, police, and courts."

drug consumption, which is not directly related to decriminalization of drug use alone, decreased from 44 percent in 1999 to 21 percent in 2008 (Hughes and Stevens, 2010, p. 1010).

Russoniello concludes that the lower percentage of drug-related offenders in prison and the lower number of people in prison in general were both positive outcomes of the decriminalization policy. Without the need to arrest, prosecute, and incarcerate drug users, Portugal's legal system appears to have become more efficient (Hughes and Stevens, 2010, p. 1009).

Effects of Austerity

Portugal was mandated to institute severe austerity measures as a condition of receiving financing from the International Monetary Fund in 2010. In 2011 the EMCDDA observed that the austerity measures "have already had an impact on drug services." However, one of the major changes occurred in 2012, when Portugal dissolved the IDT, the institute in charge of treating drug-dependent persons within the Ministry of Health (Kirby-Lepesh). In its place, Portugal created the General-Directorate for Intervention on Addictive Behaviours and Dependencies (Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências [SICAD]). With this change came a decentralization of service provision as well. The mission of the SICAD is to reduce drug use; but, unlike the IDT, the SICAD operates regionally rather than nationally (EMCDDA, 2013b, p. 6).

One major implication of the transition from the IDT to the SICAD is the location of drug treatment centers. The IDT used to control drug treatment in specialized facilities; however, under the SICAD, drug users have to go to health clinics or hospitals to access treatment, which may reintroduce social stigma and intimidation, deterring drug users from seeking treatment. An example of a specialized facility for treatment is Unidade Móvel, a mobile van that is located outside of Lisbon and that caters to approximately 6,000 clients while providing a safe, accessible place for drug treatment. The healthcare workers in this van provide access to methadone and medication for tuberculosis, HIV, and more, in accordance with a doctor's consent. The van has been under the control of IDT, and its future under the SICAD is uncertain (Kirby-Lepesh).

The future of Portuguese drug policy seems especially uncertain now due to the resistance to decriminalization shown by Portugal's right-wing parties, which favor a prohibitionist approach (Kirby-Lepesh). The political ideologies of the party in power as they relate to the decriminalization program greatly affect the success of the program (Russoniello, p. 394). However, the current health minister, Paulo Macedo, still supports the existing drug policies (Kirby-Lepesh). Cuts in funding will almost certainly reduce the effectiveness of the Commissions for the Dissuasion of Drug Abuse, which had been underfunded even before austerity measures. The effects of further funding cuts on drug use, treatment uptake, and drug-related disease are yet to be seen (Russoniello, pp. 394–95).

Conclusion

Drug decriminalization in Portugal has been innovative in its focus on public health and social support. The Portuguese decriminalization program has led to decreases in drug-related infectious disease and problematic drug usage while it has increased treatment demand. By leading to a reduction in drug-related crimes, drug decriminalization in Portugal has also reduced the burden on the criminal justice system. Given the success of Portugal's policy, it would make sense to encourage other countries to adopt a similar drug policy. Appropriately, during AIDS 2014, an international AIDS conference, the World Health Organization endorsed decriminalization of illicit drug use in order to end HIV transmission globally (Global Commission on Drug Policy). This call to action, although unlikely to happen immediately, is gaining more international attention.

In this article, I have provided evidence that drug decriminalization is an important policy reform when trying to address drug-related public health crises. Decriminalization on its own, however, cannot solve drug-related public health issues. Programs aimed to help drug users must accompany decriminalization. Analysis of the illicit drug situation in Portugal indicates that the social programs associated with Portugal's decriminalization policy have been largely responsible for the improvements in public health as it relates to illicit drugs. Therefore, it is crucial that decriminalization occurs with a strong public health focus.

REFERENCES

Allen, Laurence, Mike Trace, and Axel Klein. "Decriminalization in Portugal: A Current Over view." The Beckley Foundation Drug Policy Programme. No. 6, 2004.

Babor, Thomas F. "The Public Health Impact of Drug Policies," in Ernesto Zedillo and Haynie Wheeler, eds. Rethinking the "War on Drugs" through the US- Mexico Prism. Yale Center for the Study of Globalization. New Haven, CT: Betts House, 2012. pp. 73–84.

Campbell, Donald T. "Reforms as Experiments." American Psychologist. Vol. 24, No. 4, 1969, pp. 409–29.

Chabal, Patrick. "Portugal: The Revolution in Perspective." Portuguese Studies. No. 4, 1988, pp. 233–37.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Portugal: New Developments, Trends, and In-Depth Information on Selected Issues." 2006.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Portugal: New Developments, Trends, and In-Depth Information on Selected Issues." 2007.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Portugal: New Developments, Trends, and In-Depth Information on Selected Issues." 2008.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Portugal: New Developments, Trends, and In-Depth Information on Selected Issues." 2009.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Portugal: New Developments, Trends, and In-Depth Information on Selected Issues." 2010.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Drug Policy Profiles: Portugal. 2011a.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Portugal: New Developments, Trends, and In-Depth Information on Selected Issues." 2011b.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Spain: New Developments, Trends, and In-Depth Information on Selected Issues." 2011c.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Country Legal Profiles: Spain. 2012a. www.emcdda.europa.eu/html.cfm/index5174EN.html?pluginMethod=eldd.countryprofiles&country=ES. Accessed October 2014.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Portugal: New Developments, Trends, and In-Depth Information on Selected Issues." 2012b.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Italy: New Developments, Trends, and In-Depth Information on Selected Issues." 2013a.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Portugal: New Developments, Trends, and In-Depth Information on Selected Issues." 2013b.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). "Spain: New Developments, Trends, and In-Depth Information on Selected Issues." 2013c.

George, Francisco, José Luís Castanheira, José N. Martins, Ana Rita Laranjeira, Belmira Rodrigues, and Tânia Morales de los Rios, eds. "Health in Portugal 2007." Directorate-General of Health, Ministry of Health. 2007.

"Getting High in Portugal." The Wilson Quarterly. Vol. 35, No. 1, Winter 2011, p. 73.

Global Commission on Drug Policy: "AIDS 2014 – Decriminalisation, Prevention, Human Rights." July 25, 2014. www.globalcommissionondrugs.org/ aids-2014-decriminalisation-prevention-human-rights/. Accessed September 2014.

Greenwald, Glenn. "Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies." Cato Institute, 2009.

Hamers, Françoise F., and Angela M. Downs. "The Changing Face of the HIV Epidemic in Western Europe: What Are the Implications for Public Health Policies?" The Lancet. Vol. 364, No. 9428, 2004, pp. 83–94.

Hughes, Caitlin Elizabeth, and Alex Stevens. "The Effects of Decriminalization of Drug Use in Portugal." The Beckley Foundation Drug Policy Programme. No. 14, December 2007.

Hughes, Caitlin Elizabeth, and Alex Stevens. "What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?" British Journal of Criminology. Vol. 50, No. 6, 2010, pp. 999–1022.

Hughes, Caitlin Elizabeth, and Alex Stevens. "A Resounding Success or a Disastrous Failure: Re-Examining the Interpretation of Evidence on the Portuguese Decriminalisation of Illicit Drugs." Drug and Alcohol Review. Vol. 31, No. 1, January 2012, pp. 101–13.

Johansen, Raggie, and Alun Jones. "Annual Report 2009." United Nations Office on Drugs and Crime, 2009.

Kirby-Lepesh, Alexandra. "In Times of Austerity, a Threat to Portugal's Drug Policies." Open Society Foundations. February10,2012.www.opensocietyfoundations.org/voices/in-times-of-austerity-a-threat-to-portugals-drug-policies. Accessed November 2014.

Miron, Jeffrey A., and Jeffrey Zwiebel. "The Economic Case against Drug Prohibition." The Journal of Economic Perspectives. Vol. 9, No. 4, 1995, pp. 175–92.

National Public Radio (NPR). "Timeline: America's War on Drugs." April 2, 2007. www.npr.org/templates/story/story.php?storyId=9252490.AccessedDecember2014.

Nelson, Steven. "Pot Legalization: Gateway to What?" U.S. News & World Report. November 12, 2014. www.usnews.com/news/articles/2014/11/12/pot-legalization-gateway-to-what.AccessedDecember2014.

"Obama Administration Drug Policy: A Record of Reform." The White House. March 2012. www.whitehouse.gov/ondcp/drugpolicyreform. Accessed December 2014.

Specter, Michael. "Getting a Fix." The New Yorker. October 17, 2011.newyorker.com/magazine/2011/10/17/getting-a-fix. Accessed September 2014.

Russoniello, Kellen. "The Devil (and Drugs) in the Details: Portugal's Focus on Public Health as a Model for Decriminalization of Drugs in Mexico." Yale Journal of Health Policy, Law, and Ethics. Vol. 12, Issue 2, Article 4, April 26, 2013, pp. 370–431.

Tavares, Ana, and Pedro Portugal. "The Impact of Drug Decriminalization in Portugal." NOVA School of Business and Economics, February 2012.

Trigueiros, Fátima, Paula Vitória, and Lúcia Dias. "Rather Treat than Punish: The Portuguese Decriminalization Model." Expert Forum on Criminal Justice: National Experiences with Quasi-Coerced Treatment of Drug Dependent Offenders. The Pompidou Group of the Council of Europe, Strasbourg. 2010.

van het Loo, Mirjam, Ineke van Beusekom, and James P. Kahan. "Decriminalization of Drug Use in Portugal: The Development of a Policy." The Annals of the American Academy of Political and Social Science. Vol. 582, July 1, 2002, pp. 49–63.

Yablon, Daniel R. "The Effect of Drug Decriminalization in Portugal on Homicide and Drug Mortality Rates." Undergraduate Honors Thesis, University of California, Berkeley. 2011.