

## Portugal: A Ray of Hope in the War on Drugs

*Portugal's decriminalization policy is a guarded success, mired in controversy. What can global policymakers take away from this example?*

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As Michael Moore ambles around Europe in his travelogue *Where To Invade Next*, he finds himself seated in the book-lined office of Dr. Nuno Capaz, from Portugal's Ministry of Health. "*They [drug users] may be causing harm to themselves, but not necessarily to others,*" Capaz says. Moore looks at him quizzically: "*I mean, they bring sadness to their marriage or their family or . . .*"

"So? So does Facebook," Capaz interjects. "*Are we going to legalize it?*"

Portugal's 2001 policy gambit—the decriminalization of the consumption of all drugs—has been regarded, depending on who you ask, as a magical panacea, a disastrous abandonment of state responsibility, or simply as a policy whose effects are ill-understood. Two decades worth of accumulated data and research, however, make the picture clearer—Portugal's decriminalization has been a measurable success, leading to positive economic and health consequences across the board. But this verdict comes with strings attached. Portugal's success does not mean that decriminalization is drug policy's silver bullet worldwide: its effectiveness is thanks to a host of robust institutions and welfare policies that the global community would do well to understand and emulate.

In 2001, according to [UNODC data](#), Portugal saw 1,016 new cases of HIV diagnosed in drug users. By 2012 that number had declined by nearly 90%, down to 56 new cases a year. Similar plummeting trends were seen for Hepatitis B, Hepatitis C and AIDS. Simultaneously, rates of continuation of drug use decreased, with Portuguese overall drug use dropping below

the European average. In the most at-risk populations, aged between 15 and 24, use declined—those at most risk of initiating drug use were now less likely to do so.

And yet the impacts of decriminalization on drug use are mired in controversy. Part of this controversy stems from the fact that there are four different datasets collecting information on drug use, leaving researchers such as Greenwald and Manuel Pinto to pick their preferred numbers—while Pinto exclusively uses HSBC data to paint decriminalization as a ‘disastrous failure’, Greenwald sticks to INME reportage to convey decriminalization’s ‘resounding success’. [Hughes and Stevens](#), in their literature review, caution against this sort of “deliberate misinterpretation of evidence”, remarking that this could prove “detrimental to future policy.” Much of the analysis of Pinto and other detractors, however, centers around the jump in drug use between 1998 and 2002—even though it is natural that immediately after decriminalization many would feel the urge to try hitherto ‘forbidden’ substances for the first time.

Decriminalization did not happen in a vacuum. It followed a host of policies seeking to expand the Portuguese welfare state, such as the establishment of a guaranteed minimum income in 1998 and the continued expansion of Portugal’s SNS health system. Academics such as Stevens have [noted the strong correlation](#) between decommodification (expansion of welfare policies) and a decrease in intravenous drug use, with Portugal appearing to be no exception. Alongside the general increases in welfare policies, ‘Dissuasion Commissions’ are in place, where users meet social workers in informal settings, receiving recommendations for safe drug use. Mobile vans roam the streets of areas like Casal Ventoso, offering methadone to users wishing for stability. Outreach workers distribute hypodermic kits and collect used syringes for safe disposal. All this comes at a cost of less than \$10 per citizen per year to the SNS. At the other end of the spectrum, the United States has spent billions of dollars over decades on a War on Drugs that has cost thousands of lives. The Portuguese system is not by any means perfect—it is vulnerable to recessions and budget cuts that may force the withdrawal of key

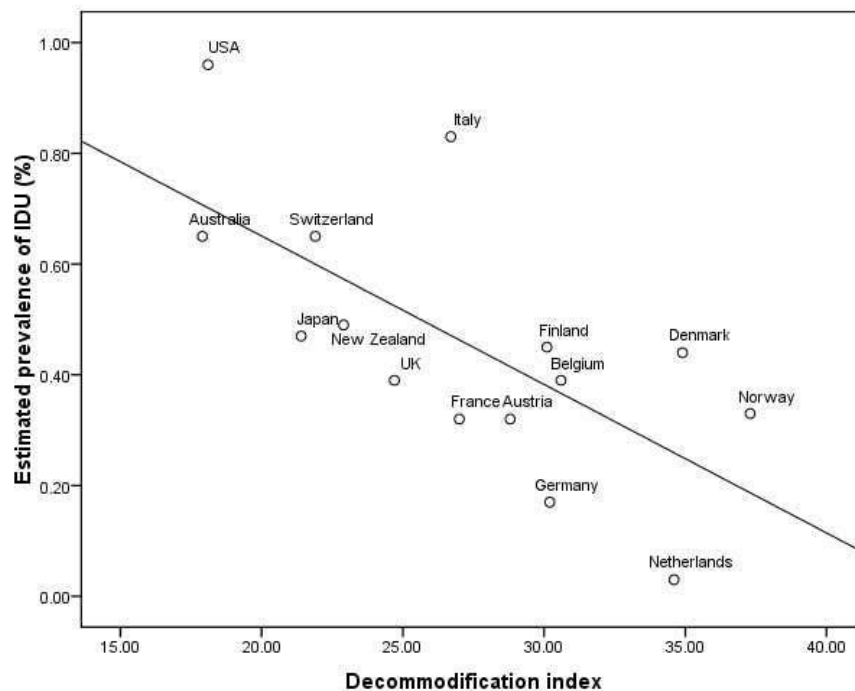
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services—but its massive social and economic gains are evident. The challenge for Portugal now is holding on to the gains it has made over the years, resisting cuts and weathering recessions.



There is also a pressing, normative case for the Portuguese model. It expands the freedoms citizens have, treating users as victims rather than criminals requiring reformation. As Capaz points out to Moore with his example of Facebook, drug policy is inherently irrational, with our social construction of drugs playing a large role in shaping public opinion. Decriminalization allows for a more compassionate system, rooted in a belief in restorative justice and the capability of humans for self-governance.

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Many countries have looked to the 'Portugal model' for inspiration, with delegations landing in Lisbon year-round to speak with medical professionals, policymakers and drug users. Decriminalization is not a cure-all that can end drug policy debates around the world—it may not necessarily work in certain cultures, terrains and political landscapes. If there is anything policymakers should take from Portugal, it is an understanding of the importance of strong welfare policies, robust health institutions and the need to view drug issues as public health issues worthy of compassion. Everything else is secondary.