Drugs, Crime and Punishment - where to draw the line?
Tallin, March

Decriminalisation

A preventive and health promotion approach
GEO-DEMOGRAPHIC SITUATION

Population: 10,627,250
Area: 92,090 Km²
The government created a **Sworn of Sage's Commission** composed by experts from demand and supply reduction.

They'd heard in auditions and public sessions:
- Scientific community: health, social, law;
- Professionals with responsibilities and experience;
- Religious community;
- Civil society;
Historically two different and contradictory approaches:

- Drug use is a crime which must be criminally punished

- Addiction is a chronic health and behavioural condition that requires a biopsychosocial treatment and support. When people become addicted, they need treatment, not punishment.

The use of drugs 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 drug use should be understood as one measure in the comprehensive drug policy.

**Prevention:**
- Innovative set of policies developed with partnership of local municipalities and civil society

**Harm Reduction:**
- Commissioned to non-profit organisations (needle exchange, low threshold services)

**Treatment:**
- Set up a wide public treatment network

**Social Integration:**
- Programs

**Integrated Approach:**
- Supply reduction

**Humanism**

**Pragmatism**
The law considers the use of ten days average individual use

**Drugs remain illegal and socially unacceptable**

**Use and possession are not a crime**

### Personal use - 10 days amount

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Personal use - 10 days amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroína</td>
<td>1 gr</td>
</tr>
<tr>
<td>Cocaína</td>
<td>2 gr</td>
</tr>
<tr>
<td>Cannabis (resina)</td>
<td>5 gr</td>
</tr>
<tr>
<td>Cannabis (leaves)</td>
<td>25 gr</td>
</tr>
<tr>
<td>Anfetaminas</td>
<td>1 gr</td>
</tr>
</tbody>
</table>

**Health care**

Seeking for health care and information of safe practices ceased to be a problem among problematic drug users.
Decriminalisation ≠ liberalisation

We look at the drug addict as a sick person.

- It doesn’t devalue the reproach, 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 to 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.
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;

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

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.
All the offenders 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.

Multidisciplinary team

Psychologists, Sociologists, social areas, lawyers

85 professionals

18 CDT

Comissions for Dissuasion of Drug Addiccion
The integrated approach of dissuasion goes beyond the mere application of the law. Focuses on the needs and motivation to change behaviours of individuals referred by police authority.

The answers’ network has a strong potential for intervention among non-dependent citizens. It allows an 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 change;
- 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 use and abuse of drugs.
Decisions and Sanctions

- Provision Process Suspension
- Periodic Presentation to the CDT
- Warning
- Community Service
- Forbiddance to attending certain places
- (...
- Monetary fee
1. Evaluation of Offender

The first task is a semi-structured interview with the individual history collection and an evaluation of the risk behaviour.

The risk assessment requires the evaluation of his stage of change (Prochaska and DiClemente (1994)) and the application of instruments, among others, the questionnaire ASSIST (The Alcohol Smoking and Substance Involvement Screening Test).

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

*Prochaska and DiClemente’s Stages of Change Model*
1994 (in Albuquerque, 2009)
The motivational intervention is adequate to the three identified risk levels.

**Lower Risk**
- Psychoeducational intervention (preventive and educational intervention)

**Moderate Risk**
- Offenders' assessment of risk and motivation to change
- Motivational and brief intervention
- Possible signaling / referral

**High Risk**
- Offenders' assessment of risk and motivation to change
- Motivational and brief intervention
- Monitoring and referral to specialised services

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 regards the motivation to change behaviour and adherence to the proposed referrals, contributes to a more rigorous analysis of the sustainability of interventions in terms of dissuasion of consumption and health gains.
Since 2001, more than 112,000 proceedings of administrative offences

In 2015, 11,013 proceedings were instate, high value ever

More than 70% were non addicts. 50% of those were considerate in moderate risk and had criteria to have motivational and brief approach in CDT or indicated prevention services.
Lessons learned with decriminalisation
Crime and addiction problems did not increase.

Reduced burden on criminal justice system and enable police authorities to focus their attention on more serious offences.

Resources have been re-directed to community responses, with more users in treatment and in social inclusion programs.

Police authorities work together with the Commissions in order to develop an integrated approach, namely among young people.

Decriminalization has brought coherence in facing drug users, some of them suffering and in need of help.

The integrated approach has linked health services and police authorities and has been proving to be incredibly successful at helping individuals and communities.
Crime and addiction problems did not increase.
Reduced burden on criminal justice system and enable police authorities to focus their attention on more serious offences.
Resources have been re-directed to community responses, with more users in treatment and in social inclusion programs.
Police authorities work together with the Commissions in order to develop an integrated approach, namely among young people.
The integrated approach has linked health services and police authorities and has been proving to be incredibly successful at helping individuals and communities.
Decriminalization has brought coherence in facing drug users, some of them suffering and in need of help.
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 (%)

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

Total Population (15-64)
Young Adults (15-34)

Source: Balsa et al., 2014/SICAD
### Decrease of recent problematic drug users.

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N.º</td>
<td>Per thousands (%)</td>
</tr>
<tr>
<td><strong>Users of opioids, cocaine, and/or amphetamines</strong></td>
<td>48,673 – 73,010</td>
<td>6,4 - 10,7</td>
</tr>
<tr>
<td><strong>Injecting drug users</strong></td>
<td>15,900 – 31,800</td>
<td>2,3 – 4,7</td>
</tr>
</tbody>
</table>

Source: Balsa et al, SICAD (2014)
Increase of treatment demand among cannabis users.

Source: ARS, IP; SICAD: DM - DEI
Reduction of drug-related deaths

Source: Instituto Nacional de Medicina Legal e Ciências Forenses, IP; SIGAD : DMI ; DEL,
Reduction infectious diseases HIV/SIDA associated with intravenous drug use
Infections Diseases
HIV/AIDS
HIV/AIDS Notifications

Evolution of HIV diagnosis associated with drug addiction
- 2007: 20%
- 2009: 14%
- 2011: 9%
- 2013: 7%
- 2014: 4%

# of new HIV diagnosis associated with drug addiction
- 2007: 393
- 2009: 247
- 2011: 137
- 2013: 78
- 2014: 40

Source: INSA: DDI - URVE; SICAD: DMI - DEI
Also relevant is the decrease of drug users stigma due to greater openness and tolerance of citizens in relation to users and their problems.
Portugal lived dramatic moments of heroin use (since 90's).
By that time the **health protection of users and communities** was the main goal.
The **contact of drug users with health services** was the priority.

**2013**

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

We realized the huge **preventive** potential of the decriminalisation law and we have redefined the guidelines for Commissions intervention.

This strategic option is feasible since it is a concerted choice with **police authorities**. As well as with other stakeholders who have answers that meet the needs of the offenders.
2001

Portugal lived dramatic moments of heroin use (since 90's).
By that time the health protection of users and communities was the main goal.
The contact of drug users with health services was the priority.
Nowadays the decriminalisation model was redefined: the priority and the strategic option is the *early intervention approach among young cannabis users*.

We realized the huge *preventive* potential of the decriminalisation law and we have redefined the guidelines for Commissions intervention.

This strategic option is feasible since it is a concerted choice with *police authorities*. As well as with other stakeholders who have answers that meet the needs of the offenders.
Nowadays the decriminalisation model was redefined: the priority and the strategic option is the **early intervention** approach among young cannabis users.

We redefined the decriminalisation model and we focus on the prevention of the consumption in young people.
We realized the huge preventive potential of the decriminalisation law and we have redefined the guidelines for Commissions intervention.
This strategic option is feasible since it is a concerted choice with police authorities. As well as with other stakeholders who have answers that meet the needs of the offenders.
Thank You

Alcina Ló
march 2016
alcina.lo@sicad.min-saude.pt
All the offenders 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.

**Multidisciplinary team**

- Psychologists
- Sociologists
- Social areas
- Lawyers

85 professionals

**18 CDT**

**Commission for Dissuasion of Drug Addiction**