1027 – SSM1 – Dr O'Neill

Was the decriminalisation of drugs in July 2001 an effective intervention as a method of harm reduction?

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Photograph by Todd Huffman[1]

"Heroin is dangerous because it is prohibited, not prohibited because it is dangerous."[2]

-Dr Alex Wodak, ex-president of the International Harm Reduction Association (1996-2004)

Contents

Acknowledgements

Many thanks to Dr O'Neill for setting up an SSM that allowed me to look into a subject I was already interested in and have learnt a lot about in the last few weeks.

Abstract

Background – In the late 1990's, drug use was a serious problem in Portugal. A policy change was made in July 2001 to decriminalize all drugs for personal use. Alongside this, a series of harm reduction programs were put in place to get problematic drug users into treatment and dissuade others from beginning new drug use.

Aim – This study aimed to look at several measurable outcomes relating to harm reduction and to decide whether the act of decriminalization reduced the amount of harm caused to society and individuals by drug use.

Method – Database searches were performed to find some evidence based articles but none were found. A search engine was used to gather reports and news articles regarding the effects of decriminalization.

Results – The results showed a decrease in total drug related deaths, decrease in drug use for younger age groups, more drug addicts in treatment for their addiction, decrease in heroin use and an increase in cannabis use. Drug related crime also increased.

Conclusion – Decriminalization of drugs has been an effective intervention as a method of harm reduction.

Learning Objectives

1. Find statistics of drug use and drug harm in Portugal before and after the decriminalization act of 2001.
2. Analysis how the data is interpreted in articles and reports.
3. Draw my own conclusions from the data.

Background

Mainstream drug abuse began in Portugal in the late 1970's after a military coup d'état known as the Carnation Revolution in 1974 when Portugal first became a constitutional republic allowing democratic elections. Drug use became associated with the ideas of freedom and spread through the military and Portuguese citizens returning as refugees from African colonies which had been granted independence by the new Portuguese Government.[3, 4]

Drug use was very widespread amongst young people and the introduction of heroin lead to an epidemic of addiction and associated problems such as a massive rise in HIV infection during the 1980's and 1990's. Prevention and treatment programs were started both by the Government and non government agencies but they did little to change the growing trends in

harmful drug use. One reason the programs failed was that drug users were fearful to enter the programs as they did not want to be referred to the criminal justice system. [4]

The Commission for a National Anti-Drug Strategy was created in the 1990's to respond to the rapidly rising use of drugs, especially heroin. A report was delivered in 1998 estimating that the number of problematic drug users in Portugal was around 100,000 out of its 10 million citizens. The report also recognised that imposing criminal sanctions upon drug users was failing to address the increasing drug use amongst the poorest in its society. [5]

In July 2001, the Portuguese Government passed a nationwide law that decriminalised all drugs, including heroin and cocaine. Drugs had not been legalised and possession and usage of drugs for personal use were still legally prohibited but they were deemed to be administrative violations and were removed completely from the criminal system. [6]

The amount deemed to be acceptable to carry for personal use was ten days worth of a drug. Legal penalties are still applied to growers, dealers and traffickers of drugs.[7]

If found in possession of drugs for personal use, the police would hand over the user to a Commission for the Dissuasion of Drug Addiction (CDT) which is a panel of up to three people; social workers, legal advisors and/ or medical professionals. The aim of the panel is to prevent new drug users through sanctions such as community service, fines, suspension of professional licences and a ban on entry into high risk drug areas such as nightclubs. The panel also aims to encourage drug dependent users to enter treatment for their addiction. [7]

In additional to the legal framework changes, harm reduction programs were encouraged and there are now more than 40 projects working with drug users to make their drug use safer. [8]The number of people who were in substitution treatment rose from 6040 in 1999 to 14,877 in 2003. The number of people attending places in detoxification, half-way houses and therapeutic communities also increased. [7]

There was also a reform in the police strategy which was aimed at tackling large scale drug dealers and traffickers rather than street level deals involving small amounts of drugs.

Harm reduction is a type of health care method that involves changing drug user's behaviour to limit the damage done to both themselves and society. It acknowledges that drug users are often unable or unwilling to accept abstinence but that they can still be helped. Common methods of harm reduction include: needle exchange programs to reduce the risks associated with needle sharing, medically supervised injection sites to teach people safer injection techniques and to get them off the streets. Methadone subscriptions are also used to help reduce the amount of street heroin an addict may take to stave off his cravings.[9-11]

Aim

It had been commented that the statistics gathered in Portugal over the decriminalisation period can be used to argue both sides of the 'Should drugs be decriminalised' debate. This report will look at the statistical evidence gathered and attempt to conclude whether decriminalisation has reduced the harm caused by drug use to individuals and society.

Method

Online literature databases were searched originally, including Medline, EMBASE, AMED and PsycINFO with the NHS Athens search engine. Scopus was also searched. The search terms used were ("Portugal" OR "Portuguese") AND ("Decriminalisation" OR "Decriminalization").

The inclusion criteria were:

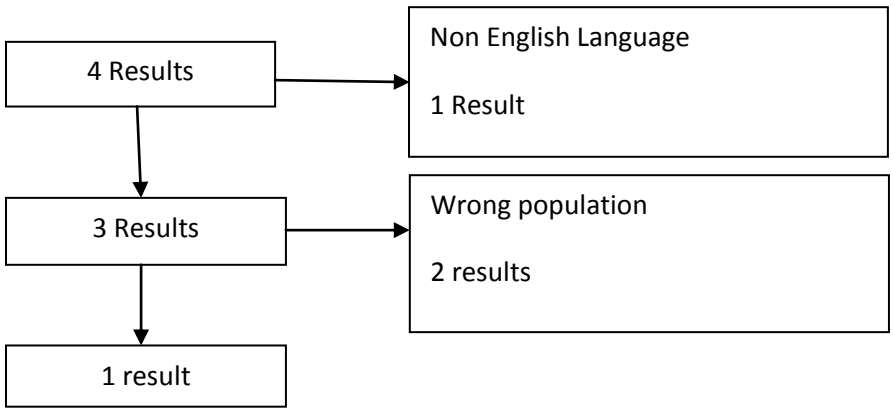
-Must be less than 12 years old

-Must be English Language

-Must refer to the population – Portugal or Portuguese

-Must refer to the intervention – (Decriminalization or Decriminalisation) of drugs in July 2001.

("Decriminalisation" OR "Decriminalization") AND ("Portugal") put into NHS Athens for Medline, EMBASE, AMED and PsycINFO



A search engine was then used to find media articles relating to the subject. Amongst these were several reports and online articles, which referenced other studies conducted.

The two reports found through search engines were then critically appraised using the CASP [12] framework for systematic reviews.

The data was extracted through reading the articles and writing down statistics and relevant information when it was found.

Results

The database research turned up one article that fitted all the inclusion criteria[8]. However this article did not reference its sources and had several replies posted on the BMJ website stating that the article was biased and neglected to discuss other relevant information.

Through a search engine, I was able to gather new articles by the Economist[13, 14] and Scientific American[15] on the first couple of pages. The Economist articles proved very useful as they linked me to the two studies below. However the Scientific American article provided links only to its own site, did not reference its claims and made some statements regarding declining cannabis use that contradicted my findings in the two evidence based reports I had found.

CATO report Drug Decriminalisation in Portugal (2009)

This report was linked to by articles in the Economist and examines the structure of the Portuguese decriminalisation framework, examines how it works in practice, measures what effect decriminalisation had on Portugal in absolute terms and also in comparison with other EU states.

The report states that decriminalisation was seen by the Portuguese government as a move towards a "strong harm-reductionist orientation" rather than an acceptance of drugs into society. It was seen as the most effective policy for reducing drug use and its accompanying harms.

It is stated in the report that "The most substantial barrier to offering treatment to the addict's population was the addicts fear of arrest."

This report contained many useful statistics for comparing rates of drug use before and after the July 2001 decriminalisation.

Lifetime prevalence rates of any drug for various age groups:

- In the 13-15 years old category, lifetime prevalence of use of any drug was 14.1% in 2001. By 2006, this had decreased to 10.6%.
- In the 16-18 years old category, lifetime prevalence of drug use dropped from 27.6% in 2001 to 21.6% in 2006.
- In the 20-24 years old category, lifetime prevalence of drug use rose in a slight to mild increase that was not directly stated (2001 to 2006).

Prevalence for different drugs in age groups 16-18 years old:

- Cannabis: 1999 prevalence was 9.4%. 2005 prevalence was 15.1%
- Heroin: 1999 prevalence was 2.5%. 2005 prevalence was 1.8%
- Any drugs: 1999 prevalence was 12.3%. 2005 prevalence was 17.7%

Number of people in opiate substitution treatment:

- In 1999, 6040 people were in treatment.
- In 2003, 14877 people were in treatment.

Number of people who newly entered treatment with drug related HIV:

- In 2001 there were 280.
- In 2006 there were 216.

Opiate related deaths:

- In 2000 there were 281.
- In 2006 there were 133.

Total drug related deaths:

- In 1999 there were 400.
- In 2006 there were 290.

Critical Analysis

The report did not state a clearly-focused question. The population studied was very broad - all of Portugal. The intervention was the decriminalization of drugs in July 2001; however there were many other confounding factors which the paper acknowledges to some degree. The other interventions from July 2001 included increase in the funding and numbers of treatment centres. The outcomes measured were mainly good indicators of harm reduction such as usage rates amongst the younger general population, number of people in opiate substitution treatment, HIV prevalence amongst those entering treatment and the number of drug related deaths. There were sections irrelevant to this study on decriminalization as a form of harm reduction in Portugal as the report spent considerable time comparing Portugal to other EU countries.

There is no indicator in the report about which studies were included or why, however the results of each study were mainly clearly displayed as graphs; however some statistics the report had gathered were found in the text. There is no mention of study designs.

There is some contradiction in the statistics as lifetime drug use in 16-18 tear olds is shown to decrease from 2001 from 27.6% to 21.6% in 2006 yet prevalence of lifetime drug use from 1999 to 2005 is shown to increase from 12.3% to 17.7% for the same age group. This could be as the sample populations were different however this anomaly is not addressed in the paper.

The data shown in the report is meaningful to this study as it shows a marked reduction in harm to both individuals and society, through a lowering of heroin use, drug related deaths, increased numbers of people in substitution treatment and a lowered rate of new HIV infections related to drugs. The report shows that lifetime use of other drugs has decreased for the younger population but increased slightly for older teenagers and people in there 20's. There was also an increase in lifetime use of cannabis, although this trend was seen throughout Europe.

The report concludes that:

- Drug decriminalization was a success, stating "*Drug use decreased in the absolute terms in this decriminalization framework*".
- It also states that freeing addicts from the fear of prosecution has helped get people into treatment centres.
- Resources once spent on imprisoning and arresting drug users are now spent helping them.
- Treatment centres would ideally be voluntary
- The Portuguese model of decriminalization should be carefully considered by policymakers around the world.

All the results of this study would not necessarily apply to the UK. The same intervention could be provided if politics allowed [16-18] however the Portuguese and British are totally different populations. Certain outcomes could be predicted such as a decline in opiate related deaths but there may be other unforeseen results due to the differences in culture.

This study does present a case where the benefits (less drug death, lower HIV incidence, less drug use amongst youngsters and more people in treatment) outweigh the harms to society (increased lifetime cannabis use and higher levels of lifetime drug use in the late teens, early 20's). This suggests that decriminalization could be implemented in the UK if done carefully and with the additional support which was also provided by the Portuguese in regards to funding and opening treatment centres and CTD's.

<u>The Beckley Foundation Drug Policy Programme – The Effects of Decriminalization of Drug Use in Portugal</u>

This report provides an overview of the effects caused by the 2001 changes, using data from evaluations which have been carried out and also from interviews with 11 key stakeholders in Portugal.

It is acknowledged in this report that it is difficult to link the changing statistics directly with decriminalization as in 2001 there was a series of policy changes including better education, more funding for treatment centres etc. It is also notoriously difficult to measure drug use and related problems accurately as it is a secretive, stigmatised lifestyle.

There are many useful statistics relating to harm reduction found in this study, some of which were found in the CATO report but the two studies mainly look at different years.

% of cases sent to CDT in regards to which drug they were caught with:

DRUG	2001	2002	2003	2004	2005
Cannabis	47%	57%	67%	66%	65%
Heroin	33%	24%	17%	17%	15%

Cocaine	5%	6%	4%	6%	6%

Drug related deaths:

Drug	1999	2003
Opiates	350	98
Other Drugs	19	54
Total	369	152

Total drug related deaths fell 59% between 1999 & 2003.

Drug related disease:

- Between 1999 & 2003 there was a 17% reduction in notifications of new, drug related cases of HIV.
- There have also been reductions in Hepatitis B and Hepatitis C for people in treatment.

Drug related crime:

- The number of crimes "strongly related to drugs" increased by 9% between 1999 & 2003.
- Police made 7,592 charges for drug consumption in 2000.
- Police made 6,026 referrals to CDTs in 2002.
- Charges for trafficking increased by 11%.

Critical Analysis

This study gives a reasonably clearly-focused question. The population is very broad and not identified as anything more specific than the Portuguese population. The intervention is the decriminalization of drugs due to the July 2001 law 30/2000. The outcomes measured are made clear, regarding drug use, drug supply reduction, drug related disease, burden on the justice system and drug related crime.

The confounding variables which also affect the measured outcomes are clearly recognised. These variables are:

- "*The oblique nature of the relationship between drug market trends and policy responses*."
- The variety of responses by the government to accompany the decriminalization law.
- The notoriously difficulty in measuring drug use and the problems associated with it due to stigmatisation and secrecy of drug users.
- If society shows that drugs are more acceptable by removing the stigmatisation and criminal status, people may be more willing to report their drug use resulting in a falsely recorded increase in drug use.

The studies provided, including the interviews, provide a good overview of the effects of decriminalization of drugs measured by the above outcomes.

There is no discussion regarding why the studies included were chosen or if they were quality assured.

The majority of the data collected from studies was presented in graphs, although some statistics were left in the text. The data is meaningful in respect to the study and shows that cannabis use among young people may have increased but heroin use has decreased. The study also shows a large drop in deaths due to heroin but an increase in deaths due to other drugs. The report also shows that the number of crimes strongly linked to drugs increases by 9% between 1999 and 2003. However, this could be related to factors such as increased efforts by police to target drug suppliers rather than an increase in crime rates. Alternatively, decriminalization may have created a higher demand for certain drugs (such as cannabis) and crime may have increased as a result.

The report comes to the conclusion that the rise in cannabis use is probably less of a threat to public health than the levels of heroin use and related deaths and blood-borne viruses than in 2001. However the report also acknowledges that patterns of drug use may not be related to drug laws/ policies and may change independently. It says that the heroin and HIV epidemic may have already peaked before 2001 and would have fallen regardless of policy change.

The bottom line of the report is that the data trends seen in Portugal support the idea that decriminalization brings reductions in drug-related health problems at the cost of overall increases in drug use.

However the results of this report cannot be reliably applied to the UK population, which is acknowledged in the report. The results show only the effects of decriminalization in the specific Portuguese context and it is impossible to distinguish what effects were caused by decriminalization or which were caused by the rest of the implemented drug strategy. The system established in Portugal could be established here however public spending cuts[18] and fears of mixed messages[19] or promoting drug use will probably prevent this happening in the near future.

Discussion

Conclusion

The two reports both show similar data trends of increased soft drug use and a decline in heroin use and related deaths. The Beckley foundation paper also shows improvements to the

justice system despite increases in drug related crime and the CATO report shows a decrease in drug use amongst the younger generations although increases in older teens. When the benefits and harms are weighed up both papers suggest that the decriminalization of drugs has been successful in reducing levels of drug use and the harm caused by drugs.

To conclude, as a method of harm reduction to both individuals and society, decriminalization of drugs has been a successful intervention for Portugal.

Limitations

There were several limitations to this study:

- Decriminalization of drugs was accompanied by other policy changes which will have directly affected the outcomes measured, so the effects of decriminalization itself cannot be directly measured.
- There was no data gathered directly regarding the population over the age of 24.
- 'Lifetime use' as a measurement of drug consumption does not distinguish between one off use, occasional use, regular use and problematic use.
- In both papers, there in no quality assurance of the data presented and no discussion of how the data was collected other than a reference to the original reports.
- There was a problem in the CATO report where two different data sets (1999 – 2005 & 2001 – 2006) showed an increase in drug use of 16-18 year olds (1999 – 2005) and in the overlapping period of time (2001 – 2006) a decreasing drug use for the same age groups. This could be due to a spike in drug consumption over the latter half of 2001 due to the sudden change in the law; however there is no explanation or evidence of this in the article.

Strengths and Weaknesses of this study

Strengths:

- Adapted search method to find some evidence based papers when none were available on the databases searched.

Weaknesses:

- Only one unreferenced and criticised article found with database search
- Had to exclude a non-English text
- Only 2 evidence based papers found

Recommendations

In order to fully understand the harm reduction effects decriminalization would have on society, much more research needs to happen. A framework for establishing the difference between casual drug use and problematic drug use needs to be established and data should be gathered regarding drug use across a much broader spectrum of the population including the

homeless, high school students, university level students, unemployed and right across the social classes.

With the current evidence base, decriminalization would be difficult to recommend as although the data suggests positive trends in almost all areas (with the exception of soft drug and crime related figures), the data does not cover enough areas of the population to give the full picture of how society changed. Therefore, the data is not sufficient to base a policy change in the UK on it alone.

Reflection

I came into this SSM with some strong views on drug policies and individual freedoms which I put aside in order to do the most unbiased review as I could, hoping I would learn more this way. I think this really paid off as my understanding of why drug policies in the UK have not (or have) been changed has improved. I also have come to understand that sometimes even good scientific studies will not be able to immediately change society or sway the opinions of those who are stuck in their ways.

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Appendix 1 – Definitions

Addiction – a state of dependence produced by the habitual taking of drugs

CDT - Commission for the Dissuasion of Drug Addiction, a panel made up of social workers, medical professionals and legal advisors which can issue administrative sanctions such as fines, compulsory referral to treatment centres and suspension of professional licenses.

Decriminalisation: the removal of sanctions under criminal law, with optional enforcement of administrative sanctions (e.g. civil fines or court-ordered therapeutic responses).

Depenalisation: the decision in practice to not criminally penalise offenders, such as non-prosecution or non-arrest.[20]

Detoxification: refers to the period of withdrawal when a person returns to homeostasis after a long period of addiction.

Drug related crime: includes: crimes committed under the influence of drugs, crimes committed to obtain money for drugs, crimes committed relating to the drug market including trafficking and dealing.[21]

Drug related deaths: also know as drug induced deaths, are deaths which occur shortly after taking one or more illicit psychoactive drug, and the death being directly related to the consumption.

Half-way house: also known as sober house, this is where ex-addicts or prisoners can be sent to begin re-integrating with society whilst still being provided with support and supervision.

Harm reduction: a series of public health programmes which are designed to reduce the harmful consequences associated with drug use.

Legalisation: the complete removal of sanctions, making certain behaviour legal and applying no criminal or administrative penalty.

Lifetime drug use: this statistic states if a person has ever taken a particular (or any) drug during their entire lifetime.

Medically supervised injection site: a type of harm reduction program where people can inject drugs under medical supervision with clean needles provided.

Methadone substation program: methadone is a long lasting opiate which can prevent withdrawal symptoms. It is subscribed to heroin users to either help them get off the drug or to reduce their intake of street heroin.

Needle exchange programmes: a type of harm reduction program where clean needles are provided for injections. Some programs require dirty needles to be given in as an exchange for new needles.

Prohibition: laws which prevent the possession, sale or ingestion of drugs.

Appendix 2 – Timetable

	Activities
Week 1 – beginning Monday 17th Jan	• SSM Lectures x 2 • Began reading around drug addiction
Week 2 - beginning Monday 24th Jan	• Meet convenor and organise placements • Placements were cancelled due to heating problems • Meeting with Dr O'Neill to discuss ideas and current knowledge • Trip to Fade Library
Week 3 - beginning Monday 31st Jan	• Literature searches and resource gathering • Create presentation on harm reduction • Lecture day and presentation giving • Change the topic of my SSM.
Week 4 - beginning Monday 7th Feb	• Literature searches and resource gathering • Critical analysis of articles • Write up SSM1.