



The “Resounding Success” of Portuguese Drug Policy The power of an attractive fallacy

Manuel Pinto Coelho*

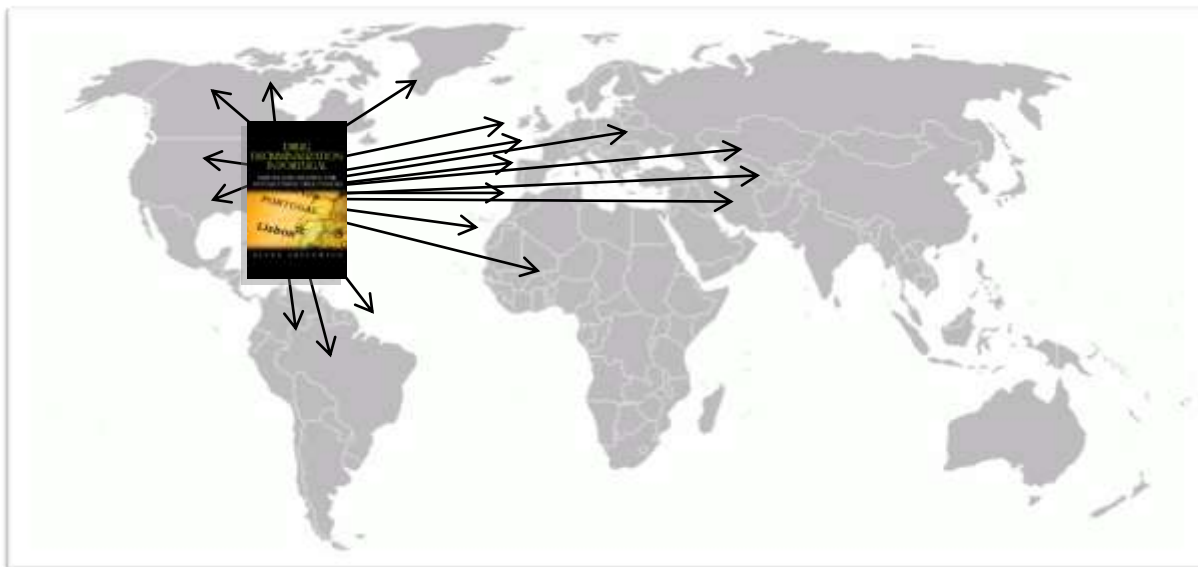
*Dr, Chairman of Association for a Drug Free Portugal - member of World Family Organization
Member of International Task Force on Strategic Drug Policy
Member of Drug Watch International*

We grew up believing that no matter how many times affirmed, no matter how insistently repeated, a lie, as convenient as it could be, would never become the truth.

Does that principle still apply today?

We wonder...

Last year, Mr. Glenn Greenwald an American lawyer and writer, fluent in Portuguese, was invited and sponsored by Cato Institute - Washington think-tank committed to libertarianism that has been a long-time advocate of drug legalization - to come to our home country Portugal, with a certain task at hand. He was to develop a study concerning the results of the Portuguese drug decriminalization policy. After 3 weeks he went back to the United States and wrote a book. And on that book he characterized the Portuguese drug policy as being a huge success. An example. A lesson to the world. A model worth being replicated.



Those 33 pages do look appealing. The book was a tremendous sensation.

So many attractive indicators and positive statistics really pleased a lot of minds, including the media, which boosted the proliferation of the “good news”. The TIME magazine published an article commending the book and its content.

It had a record number of viewing hits that day. “The Moderate Voice”, “The Kansas City Star”, the “Pittsburgh Tribune-Review”, “The Examiner”, the “Scientific American”, are just a few of the publications that mimicked the phenomena.

In Portugal, the magazine “Visão” dedicated two articles in two consecutive numbers to this “happening” with the flashy title “Portugal inspires Obama”.

“The Economist” was next in line and many others followed.

And so the book was flying around the world and speeding through the internet, inflaming people all over the globe.



But...

Was the book truthful?

Was the information in it reliable?

Was it worth all that credit?

Is that the truth?

Let's take a look at some statements that might have helped trigger the libertarian euphoria.

It says:

–“The total number of drug-related *deaths* has actually decreased from the pre-decriminalization year of 1999 (when the total was close to 400) to 2006 (when the total was 290)”.

And regarding *consumption*, it gives the general notion of decreasing tendencies affirming that:

-“Prevalence rates for the 15 to 19 age group have actually decreased in absolute terms since decriminalization.”

-“Most significantly, the number of newly reported cases of *HIV and AIDS* among drug addicts has declined substantially every year since 2001.”

It looks rather good doesn't it?

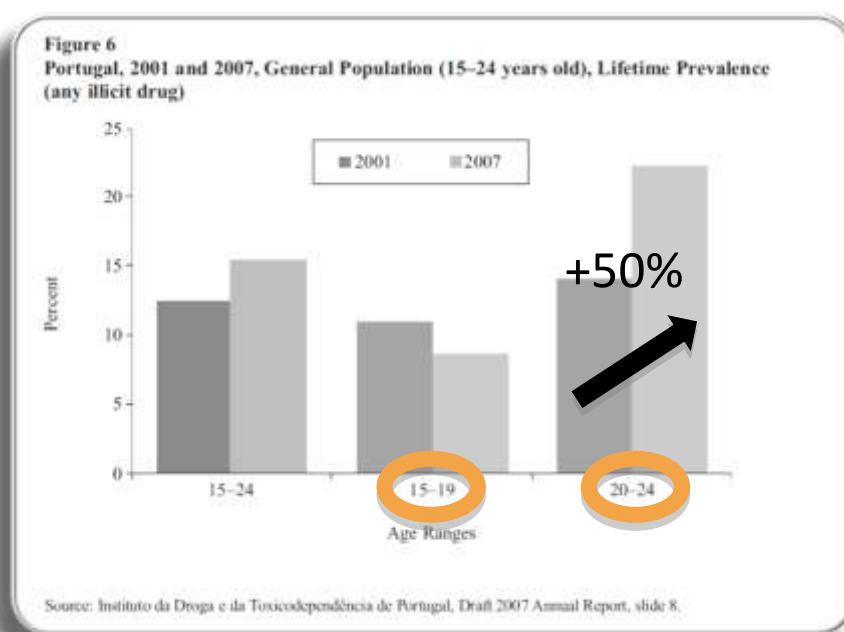
Unfortunately it does not comply with the truth.

So let's abandon the artefacts and move to the real facts.

Consumption

Looking closer at the data regarding prevalence, it's curious that the only 3 graphics presented in Mr. Greenwald's book, mainly focus on an age span population comprised between 13 and 19 years old.

Only a brief reference is made to the adjacent 20 to 24 age group, that already doesn't show any mild decrease, but rather a boosted 50% increase.



And still concerning the 13 to 15 age group in school environments, if we want to look at the same data in a different perspective, we can attest to an increase in every drug category from 1998 to 2002, with cannabis sky-rocketing the charts with its 150% raise.

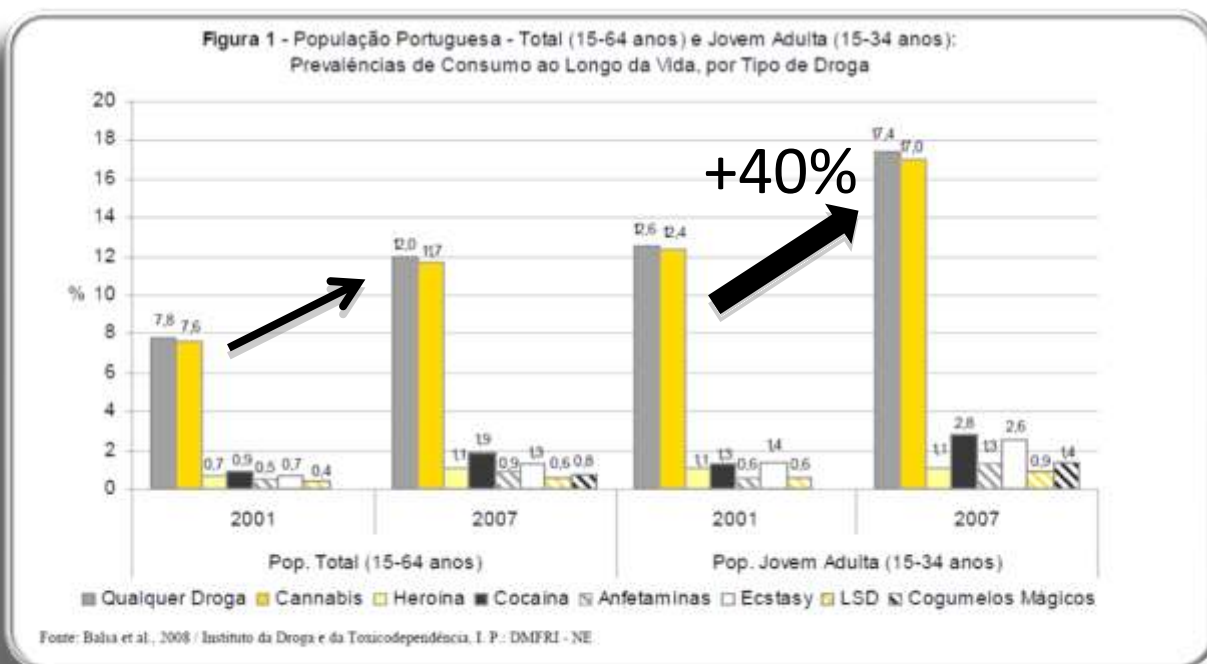
Only to have a mild decrease on to 2006, with the exception of heroin, and although numbers are still not available regarding subsequent years, there is a general sense that the numbers are ascending yet again.

If we look below the age of 34 it's nearly a 50% escalate.

If one glances at the numbers related to prevalence in the total Portuguese population, there isn't a single drug category, not one, that has decreased since 2001.

Between 2001 and 2007, the drug consumption in Portugal increased by 4.2% in absolute terms - the percentage of people who have experimented with drugs at least once in their lifetime, climbed from 7.8% in 2001 to 12%.in 2007.

The following statistics are reported:



Cannabis: from 12.4% to 17% (15-34 years old)

Cocaine: from 1.3% to 2.8% (15-34 years old)

Heroin: from 0.7% to 1.1% (15-64 years old)

Ecstasy: from 1.4% to 2.6 (15-34 years old)

(Portuguese IDT – November 2008)

Cannabis

It is difficult to assess trends in intensive cannabis use in Europe, but among the countries that participated in both field trials between 2004 and 2007 (France, Spain, Ireland, Greece, Italy, Netherlands and Portugal), there was an average increase of approximately 20%.

(EMCDDA - November 2008)

Cocaine

“There remains a notorious growing consumption of cocaine in Portugal, although not as severe as that which is verifiable in Spain. The increase in consumption of cocaine is extremely problematic.”

(EMCDDA's Executive Director, Wolfgang Gotz, Lisbon - May 2009)

In the chapter "Trends" of cocaine use, the new data (Surveys from 2005-2007) confirms the escalating trend during the last year in France, Ireland, Spain, United Kingdom, Italy, Denmark and Portugal.

(EMCDDA - November 2008)

While amphetamines and cocaine consumption rates doubled in Portugal, cocaine drug seizures have increased sevenfold between 2001 and 2006, rating us the sixth highest in the world in that matter.

(WDR - June 2009)

Fig. 7: Annual prevalence for adult (15-64) drug use in Portugal, 2001 and 2007

Source: EMCDDA²⁸

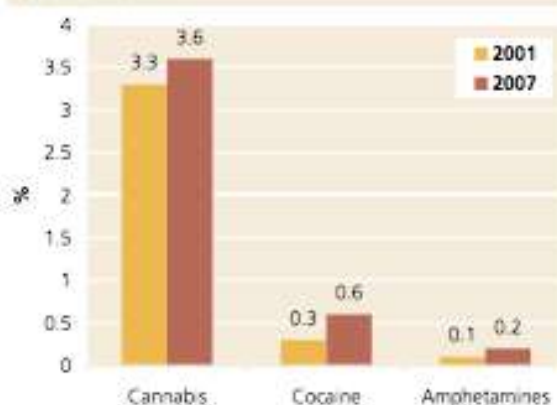


Fig. 8: Kilograms of cocaine seized in Portugal, 2001-2007

Source: UNODC ARQ

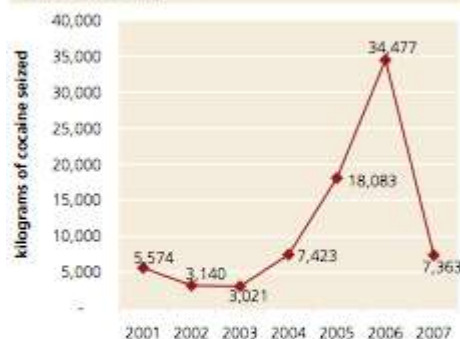


Fig. 9: Citizenship of those arrested in Portugal for cocaine trafficking in 2007 (top eight foreign drug trafficking national groups)

Source: UNODC, Drug trafficking as a security threat in West Africa²⁹

Heroin and drug related Deaths and Homicides

In Portugal, heroin is the most responsible for internments in drug rehabilitation facilities and for overdose deaths.

Behind Luxembourg, Portugal has the highest rate of consistent drug users and IV heroin dependents.

(Portuguese Drug Situation Annual Report – 2006)

Concerning drug-related deaths, in 2005 Portugal had 219 deaths, representing an increase of 40% relative to 2004 (156).

(Portuguese Drug Situation Annual Report – 2006)

In 2006, the total number of deaths as a consequence of overdose did not diminish radically compared to 2000. In fact, the opposite occurred. "With 219 deaths by drug 'overdose' a year, Portugal has one of the worst records, reporting more than one death every two days. Along with Greece, Austria and Finland, Portugal is one of the countries that recorded an increase in drug overdose by over 30% in 2005".

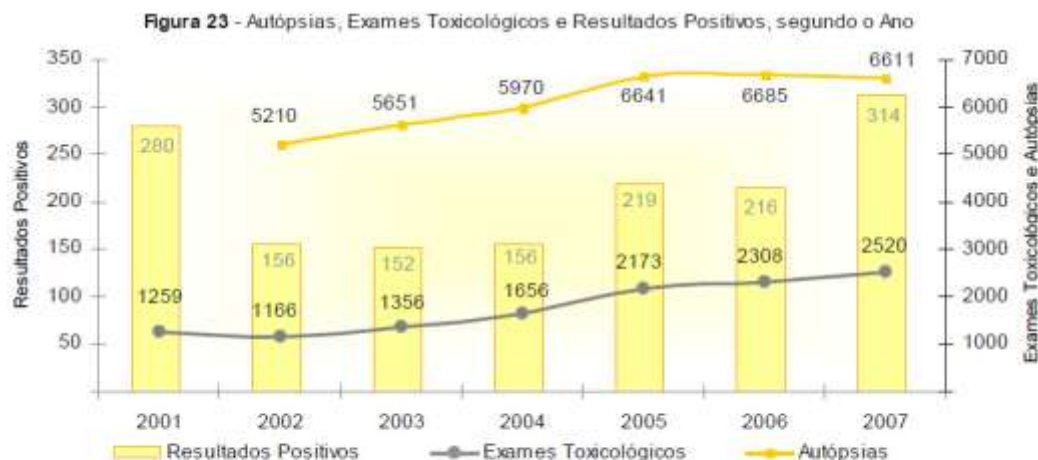
(EMCDDA – November 2007)

The number of deceased individuals that tested positive results for drugs (314) at the Portuguese Institute of Forensic Medicine in 2007, registered a 45% raise, climbing fiercely after 2006 (216). This represents the highest numbers since 2001 – roughly one death per day - therefore reinforcing the growth of the drug trend since 2005.

(Portuguese IDT – November 2008)

3. Mortes²⁶

Relativamente aos casos de mortes com resultados positivos nos exames toxicológicos de drogas efectuados no INML, I. P., em 2007 foram registados 314 casos, representando um acréscimo de 45% em relação a 2006 e o valor mais elevado desde 2001.



In Portugal, since decriminalization has been implemented, the number of drug related homicides has increased by 40%. "It was the only European country with a significant increase in (drug-related) murders between 2001 and 2006" (*WDR - June 2009*).

HIV and AIDS

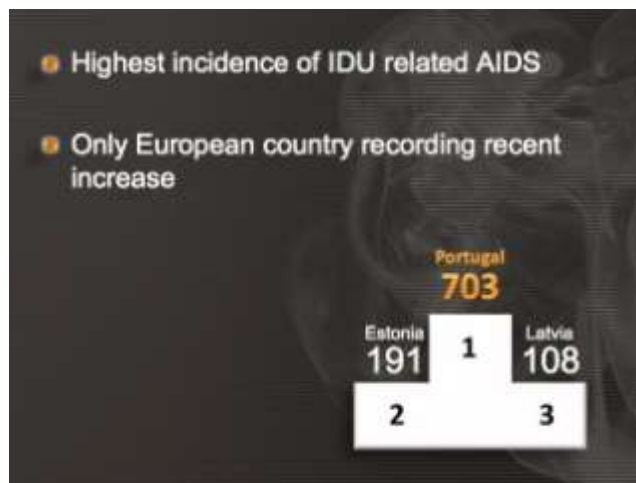
On to the HIV and AIDS issue, by no means have the numbers declined substantially. Again, the exact opposite takes place.

Portugal remains the country with the highest incidence of IDU-related AIDS and it is the only country recording a recent increase. 703 newly diagnosed infections, followed from a distance by Estonia with 191 and Latvia with 108 reported cases.

We're top of the list, with a shameful 268% aggravation from the next worst case. (*EMCDDA – November 2007*)

The number of new cases of HIV / AIDS and Hepatitis C in Portugal recorded among drug users is eight times the average found in other member states of the European Union.

"Portugal keeps on being the country with the most cases of injected drug related AIDS (85 new cases per one million of citizens in 2005, while the majority of other EU countries do not exceed 5 cases per million) and the only one registering a recent increase. 36 more cases per one million of citizens were estimated in 2005 comparatively to 2004, when only 30 were referred" (*EMCDDA - November 2007*).



It's rather simple and easy to grasp the reality of the facts, with one look at the real figures, the official figures. Still Mr. Glenn Greenwald managed to picture it otherwise, and most of the world press bought it, and subsequently some governments disgracefully did too.

That's the power of an attractive fallacy.

In the same line of thought as Mr. Greenwald's misleading book, there were recently published on the foreign press, two articles that deserved our attention.

The first one by Danny Kushlik of the Transform Drug Policy Foundation entitled "Portuguese style decriminalization and legal regulation". And a second one published on Oxford Journals - British Journal of Criminology with the partial funding of Beckley Foundation (usually very active in criticizing the United Nations drug Conventions) signed by Caitlin E. Hughes and Alex Stevens: "What Can We Learn From The Portuguese Decriminalization of Illicit Drugs?"

Both ones, underestimating the readers understanding, suggest the contrary to what the numbers show clearly and unequivocally.

In this last one, the authors are peremptory in their "*Conclusion*": "...since decriminalization in July 2001, the following changes have occurred:

...

- reduced illicit drug use among problematic drug users and adolescents, at least since 2003;

- reduced burden of drug offenders on the criminal justice system;

- reduction in opiate-related deaths and infectious diseases;

...

... and continues: "It is also an ethical and political choice of how the state should respond to drug use. Internationally, Portugal has gone furthest in emphasizing treatment as an alternative to prosecution. Portuguese political leaders and professionals have by and large determined that they have made the right policy choice and that this is an experiment worth continuing."... "As this paper has shown, decriminalization of illicit drug use and possession does not appear to lead automatically to an increase in drug-related harms. Nor does it eliminate all drug-related problems. But it may offer a model for other nations that wish to provide less punitive, more integrated and effective responses to drug use".

Articles like these ones were so effective, that, as we mentioned before, already the Czech Republic, Mexico and Argentina copied the model and adopted the famous Portuguese drug decriminalization model.

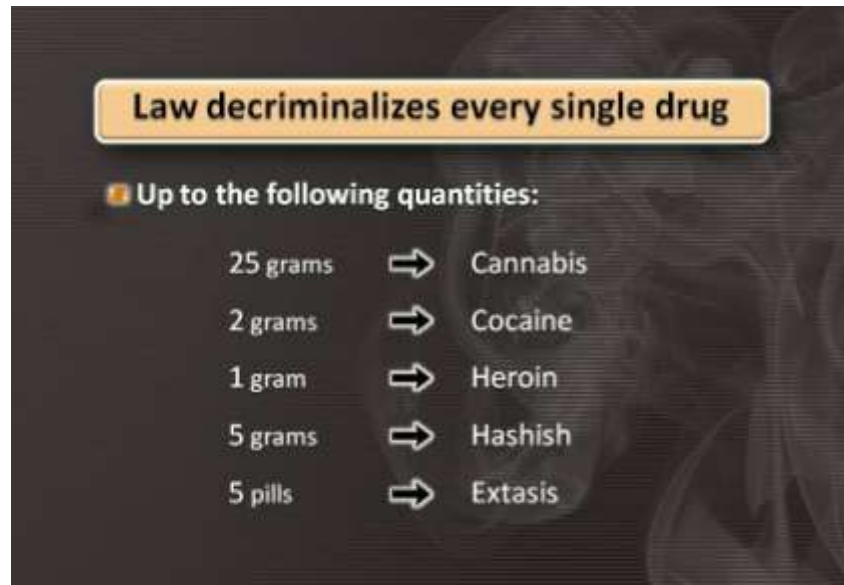
Decriminalization and CDT's

Let's recede in time back to 2001.

In early summer July 1st a law takes effect that decriminalizes every single drug, provided that it is for personal use only.

This means that yet illegally sold, purchased or consumed, you will never be criminally charged for any of it, unless you possess a quantity superior to an estimated 10 day supply, then transforming yourself into a drug dealing criminal.

Compared with this law, the Dutch famous permissiveness is a strict dictatorship!



So what did the mentors of this new law have in mind when they idealized it?

Their belief was that by eliminating the social stigma of guilt associated with criminalized drug consumption, users would be more willing to enrol in drug dissuasion programs.

This is based on the conception that most addicts avoid treatment for the fear of criminal charges.

In a article dedicated to Portugal's drug policy "The Economist" in it's printed edition (August 27th 2009) says: *"Officials believe that, by lifting fears of prosecution, the policy has encouraged addicts to seek treatment. This bears out their view that criminal sanctions are not the best answer. 'Before decriminalization, addicts were afraid to seek treatment because they feared they would be denounced to the police and arrested,' says Manuel Cardoso, deputy director of the Institute for Drugs and Drug Addiction, Portugal's main drugs-prevention and drugs-policy agency. 'Now they know they will be treated as patients with a problem and not stigmatised as criminals'."*

So the current Portuguese reality, that one reality the world has recently been invited to follow, is that anyone who's drug dependent and commits a crime is not a criminal, because drug dependents are sick poor people.

In almost 20 years of experience - we directed the first private Portuguese drug dependency rehabilitation clinic (Health Ministry Licence 1/1996) - neither ourselves nor any of our several collaborators, have ever heard or even slightly sensed this supposed fear of seeking treatment over the risk of criminal indictment.

Not even 1 of the 14.000 addicts that went through our clinics has ever showed any kind of fear concerning the authorities.

Even in long sessions with psychologists, never was that a topic of conversation.

This conception is a seriously distorted projection of reality.

It is an unfounded lame argument.

This statement is also a serious and painful attempt against all the crowd of medical doctors, followers by obligation of the Hippocratic oath that ensures professional secrecy. These doctors, although without proper conditions to do their job, as a consequence of a total absurd drug dependency policy, are giving their best to help drug dependents and their families.

As to the differentiation of dealers from users, official reports from the National Institute of Administration state that since 2001 is very hard to distinguish between dealer and consumer, since it is fairly easy for a dealer to organize his distributing method through smaller, below the line quantities.

As matter of fact that important document reports on Chapter XIV – The Future of the National Strategy: Main Questions – How to distinguish the consumer from the Traficant? *”Doubts rises in what concerns the main criteria explicated on the Decreto-Lei n.º 130-A/2001 of 23 de April, in which is considered a consumer everyone that does not carry drug quantity superior to 10 days of use. So, it is possible to exert drug traffic with more distributed logistics avoiding the possession of quantities superior to that limit. How can we ameliorate this criterion?”*

Since this neutral (INA) report was published – November 2003 - until today, nothing was done to improve the situation. Absolutely nothing was changed, and despite the disappointing results, the Portuguese strategy was renewed up until 2012.

In fact, nowadays, in this country that some people insist on preaching as a role-model to the world, if you walk alone through any crowded street in Lisbon’s Bairro Alto or in certain populated spots of historical downtown, you are likely to be approached by individuals sneakily alluring with hashish, cocaine and others on their swift hands, even in broad daylight. Such daring characters were inexistent 5 years ago in places like these.

There is a growing sense of fearlessness in the selling of small quantity drugs, since most police officers find it unworthy of their attention and effort.

According to this ideology, a beneficial distinction is created when putting this law to practice: on one hand we would have dealers and traffickers sent to prison and on the other, we would have more dependents sent into treatment facilities.

Furthering this notion, was the creation of the CDT's (Commissions for the Dissuasion of Drug Addiction) where users caught in the act, would be sent for evaluation, and if so justified, they would be persuaded to follow treatment in order to avoid Administrative fines and other light penalizations.

Better explaining the CDT's: there is no better way to illustrate how these new facilities, created as a form of diversion from imprisonment, truly work, than to present the reader the desperate appeal from the director of one of the most significant units.

The letter that follows was posted on IDT's intranet services:

"The Portuguese CDT's were created one for each district under the entry into force of Law 30/2000, which decriminalized the consumption of narcotic drugs and psychotropic substances. Becoming, then, the institutions or authorities with the responsibility to take knowledge of the offenses which began to be originated by the situations of consumption, leaving the realm of the courts: they began by depending on the Presidency of the Council of Ministers and subsequently by the Ministry of Health. Usually the cases that reach the CDT's are sent by the PSP (Portuguese Public Police Force), GNR (Portuguese Military Guard) Courts and Prisons. Hence the law itself specifies in particular the existence of a multidisciplinary team in each CDT, covering the fields of psychology, sociology, social service, law and administrative and directive part. The same law provides and requires different processing in each case, since the hearing, the technical evaluation, measures of deterrence, any work of motivation for treatment, monitoring process in its different moments (suspension, sanction if any, etc.). Similarly, the law requires that the hearing and the taking of any decision must be made only with a quorum, is to say, with at least two of the three members set out in the Board of Directors the Commission. The same law also recommends that any decision is adequately supported by a report of the technical team, observing this team the monitoring of cases in stage of suspension, creating networks and linking with support institutions or treatment.

Accordingly - and taking into account the different stages of the process (from receipt of the case, sealing of seized drugs and its transmission to the State safe deposit, the service of police officers and defendants, hearing, evaluation, decisions, reports, minutes, quotas and several information to attach to each case, the statement of measures taken and the corresponding bureaucratic processing, correspondence sending, creation of maps and databases in constant update, ordering of the destruction of drugs after each archiving process, meetings, etc..) the law provides for eight persons employed by each Committee, being one President, two vowels, two elements in the technical support team (psychology and social work) and three elements in the administrative support team.

What happens, however, is that despite many statements giving notice of the long-standing lack of resources to the minimum requirement: the CDT Braga as always seen increased the volume of work and decreased the number of staff to do it.

In the first year, in December 2001, the Social Service Technician left, as she lived in Vila do Conde and was admitted on Welfare Services of that city. She has never been replaced. In January 2003, a member of the Board of Directors, the one specialized in the field of psychology, left to engage in private practice. In May of that year it was the time for one of the administrative employees, because she lived in Esposende and was able to be placed at the local Health Centre. Also in October of the same year, the psychologist of the technical support team leaves the service, being this team, since then, without any of the two members provided by law. In February 2004, the second administrative official leaves, as she lived in Guimarães and managed to be employed in a private company in this city. At that time, the CDT Braga was left with only one administrative employee, on top of all in nursing license which reduced in two hours her daily work schedule. Only later, in November 2007, after much insistence, another administrative employee was placed in system of mobility from the IRS of Braga. The situation deteriorated again in August 2009, when the oldest administrative employee moves to Lisbon at her request, to accompany her husband who had been placed in a company at the capital city. In November of this year, the IRS requires the employee who is in mobility in this service but belongs to their staff.

Thus, of the three elements of the administrative team provided by law, this team - which was often short of staff and with board members assisting the many secretarial work – is now also without anyone. Like this, the CDT with one of the largest work volume in the country has currently two members of the Board (President and Juridical Vowel), totally depleted, for more than five years, of any element in the technical support team and also completely lacking, up to the moment, administrative support. Of the eight elements that the law provides, there are only two resistant ones.

These problems have often been reported by different ways, at different times and for various departments. It is even reported that in the present context, it is almost impossible to open the doors of this service in good conditions of functionality and safety. It was further added that, given the holiday season where there will be only one person present at the service and that, even if there are two, they will have to unfold to the main administrative services and to assist to the basic office tasks; it is not possible under law to carry out hearings or to take decisions in the many cases that will be piling up, some on the verge of expiry.

It should be understood that everything was always done and the effort always ensured to give the best prestige to a public service with internationally recognized merit. And everything was always reassured even at times when the situation had become uncomfortable and suffocating. We are proud of it and feel duty done and with a clear conscience. I also believe that people who I address to could and can in many contexts be somewhat hamstrung to resolve these serious and urgent issues, denoting intention to solve... The difference is that now it became impossible to this service to give a minimally satisfactory response and with dignity - even at the level of assuring the existence of conditions to open doors...

Considering this situation, we would appreciate to whom it might consider the possibility of eventually working for the CDT of Braga or had knowledge of someone available to

perform duties here, either in the technical team of psychology and social work, either in the technical and administrative staff.

Thanking you in advance for the attention that you could dedicate in order to a better cooperation or easing to overcome this major constraint, we remain at your disposal.

*The Chairman of the CDT Braga
Jorge Tinoco”.*

Note: the underlined parts are APLD’s responsibility.

For a better understanding of this new Portuguese reality let us give some more statistical insight on these entities – the CDT’s:

From a total number of 7.346 processes instated to caught users, 2.816 were classified as being non dependents 2.075 are pending evaluation and 783 were considered to be dependents.

Of these 783, 661 voluntarily accepted to be treated in order to temporarily suspend the legal process.

From this group of 661 people, 166 had never had any prior contact with treatment facilities.

127 resumed abandoned treatment and 368 were already following treatment when they got caught practicing the legal offense.

So we can attest that the CDT units, one for every district, with a total of 99 technicians working in them, only managed to conduct towards treatment 166 addicts.

Since the remaining (127 + 368) were already referenced and being followed in the CAT facilities.

This means that those supposed indicators of statistical success, come from referencing the dependents that are already referenced, once again misleading everyone into factual misinterpretation.

Plus, the 2.816 referenced as not constituting risk cases, in other words, yet not having a drug dependency, were dismissed from any kind of intervention.

This is equivalent to saying that they wait for users to get hooked on drugs, before they grant them any support.

This is disastrous.

As well confirmed by the IDT 2008 Report that says that there is evident lack of response upon this population.

Five of these CDT units don't even have any technical element on their staff, and many others lack professionals too.



Health

On the very recent 2010 World Drug Report released last June 26th, the Executive Director of the United Nations Office on Drugs and Crime (UNODC), Mr. Antonio Maria Costa (ED) signed an extremely preoccupant *Forward*

ED was peremptory: "...Most importantly, we have returned to the roots of drug control, placing health at the core of drug policy. By recognizing that drug addiction is a treatable health condition, we have developed scientific, yet compassionate, new ways to help those affected. Slowly, people are starting to realize that drug addicts should be sent to treatment, not to jail." ... "While the pendulum of drug control is swinging back towards the right to health and human rights, we must not neglect development." ... "Above all, we must move human rights into the mainstream of drug control." ... "Just because people take drugs, or are behind bars, this doesn't abolish their right to be a person protected by law - domestic and international."

What a strange world this we are living in, where it's becoming increasingly difficult to distinguish right from wrong, even for good willed people sharing the same moral and ethical values.

Surprisingly the United Nations still most representative official, in applying in his speech the two favorite arguments, the two “jewels of the crown” of the well known economic-social-political group that insistently and restlessly wishes to legalize drugs - “health” and “human rights” – indicates eventually that, he too was influenced by the “resounding success” of the Portuguese experience, and maybe did not find the strength to resist the pressure, dropped the towel and capitulated!

Amazingly UNODC's *Forward* speech is coincident with pro-legalization organizations like Drug Policy Alliance, Cato Institute, Transnational Institute, Beckley Foundation, Encod, among many others who claim that the War on Drugs cannot be won and that drug use and dependency should be treated as a health problem and not as a criminal one.

By joining his voice to others who consider prohibition a violation of human rights, giving the idea that drugs are not the vehicle responsible for violence and crime but instead the war against drugs is, as that pledged group usually says. The ED's *Forward* doesn't invite as it should the drug dependent to live without drugs, considering instead, between the lines, a “responsible use” and not less surprisingly attracts the world to follow the so original as promptly condemned example of Portugal and, likewise, decriminalize drugs too!

Who could have imagined this some years ago?

After the ED's speech, the model of society (in what concerns narcotic dependence), that always used to address the phenomenon in a winning optimistic and positive way, a society that would not allow drugs to be part of it, that used to carry the message that narcotic dependent behavior should always be considered unacceptable and marginal (the drug addicts used to feel uneasy on the streets), and would adopt regulation that makes life more difficult for those who decide to take drugs, surprisingly and unfortunately gave place to another model. A pessimistic, negative and ineffective one which considers utopian a society free from drugs, that doesn't follow necessarily the goal of abstinence (in the name of compassion...), pretends above all to make the use of drugs less dangerous by making them more acceptable in society (narcotic dependents feel protected, not to say stimulated) and bases itself essentially on the concept of taking care of and supporting rather than reaching a cure – the unfortunately famous Portuguese one.

It is our understanding that contrary to what it is suggested on the last UNODC's *Forward*, by the Executive Director Antonio Maria Costa (ED) we should not place health but welfare at the core of drug policy.

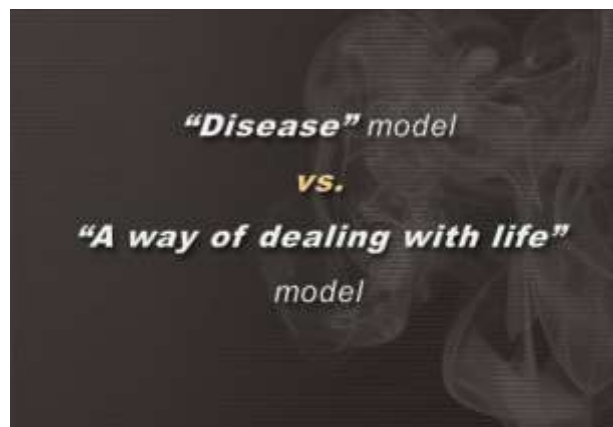
As a matter of fact these are two completely different situations: if the key word for “health” is disease, the key word for welfare is discomfort.

Considering drug dependency a “treatable health condition” like Portuguese officials and the ED do, is another way to call it a disease - the ED labeled it countless times...”drug addicts need treatment as much as patients of chronic diseases such as cancer, diabetes and tuberculosis” (*UNODC Annual Report - 2008*). This opens the door to medical treatment and other harm reduction strategies, hiding that before the (un)health conditions are installed, before diseases like AIDS and other co-morbid situations are installed, there is an important panoply of other conditions much more related with psychological and social discomfort – personal and societal factors that drive the drug dependent into drug dependency.

Health problems are essentially consequences of a prior uneasiness felt by the individual.

The disease model linked to “mainstream healthcare” prevents the correct scientific research of all these situations, a crucial research which could evolve into effective treatment.

Talking about "health problems" is to the public opinion the same than talking about a "disease"-that-must-be-dealt-naturally-by-doctors.



But what is treatment?

What can we interpret treatment to be? – This is the heart of the matter, the mother of all questions.

Can the perpetuity of a called chemical dependency be considered a treatment?

Can we interpret the massive 70% majority of dependents in substitute drug programs in Portugal to be an indicator of success, or are they just a deluding form of social control?

Can dependents aspire to a life free of drugs?

Can drug-free treatments do the job?

Deep underneath all these questions lies the fundamental one: Is the drug dependent a condemned victim of his own biology or can he work himself around that issue through the process of discovering himself and his will power?

In other words, is drug dependency an incurable disease or is essentially a cognitive behavioral entanglement?

This is the fundamental question and the answer to it is determinant in the choice of treatment to be approached and the politics to be drawn.

As we can see in further detail later on, the society as a whole feeling dismissed of its obligations, keeps itself away from the scene, so perpetuating the discomfort, sorry, the “illness” of the drug addict!

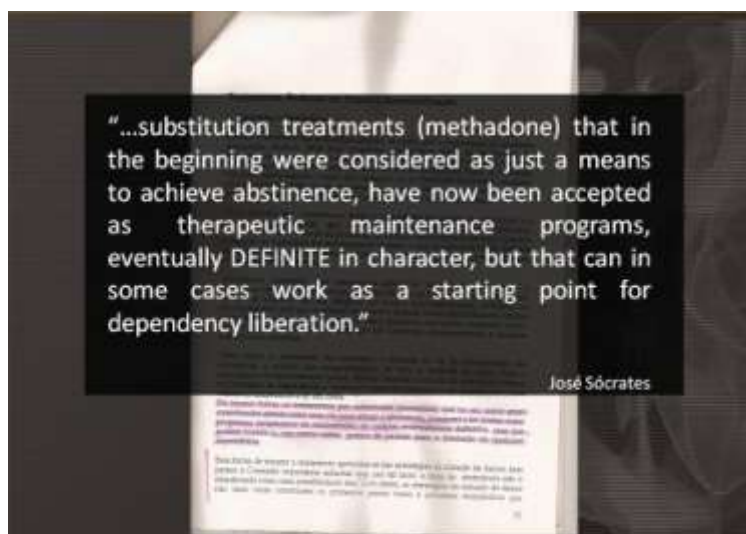
“Harm reduction” strategies are used in Portugal – a country where drug dependency is officially considered a disease – as the main tool to fight drug dependency, as can be confirmed by such a high percentage of drug dependents in substitution programs.

This means that those strategies are prioritized, much to the detriment of prevention and treatment.

In political terms, this also means that, surely well intentioned, Portuguese officials understand that to treat the drug dependent is indeed a very difficult task and that the majority of them relapse one time after another when they try to stop using drugs.

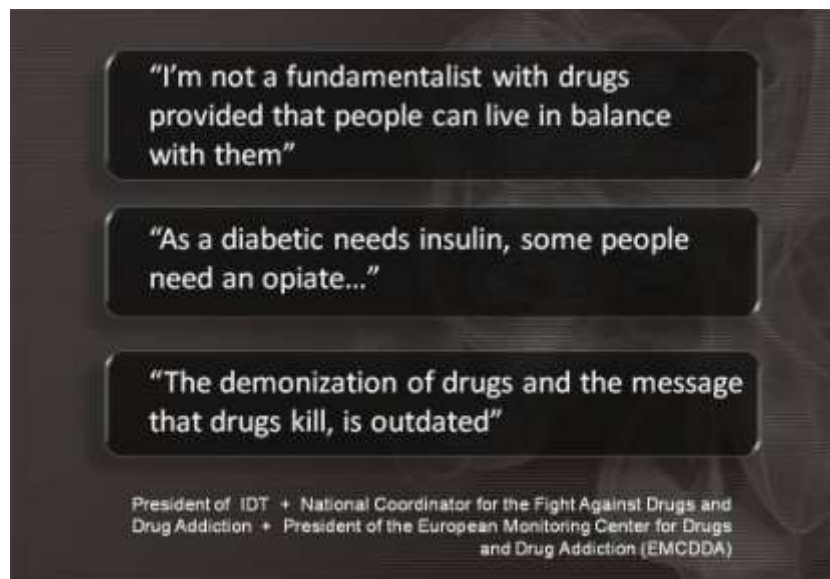
So to the Portuguese people, drugs are awful and they are (poorly) persuaded to stay away from them. But if someone is already using them, then... that’s OK, because they are “sick” and they don’t have any power to change that for the rest of their lives.

A letter we received some years ago from the Portuguese Prime Minister portrays eloquently the situation and the Portuguese reality: “...substitution treatments (methadone) that in the beginning were considered as just a means to achieve abstinence, have now been accepted as therapeutic maintenance programs, eventually definite in character, but that can in some cases work as a starting point for dependency liberation.” (Note: the underlined is APLD’s responsibility)



UNODC's 2008 slogan "use music, use sports, do not allow drugs to come into your life" had been in Portugal, in a symbolic way, replaced since 2001 by "use methadone, use buprenorphine, don't allow drugs to abandon your life...!"

With a policy like the Portuguese one, Portuguese narcotic dependents feel more and more protected not to say stimulated. When they listen to their "drug czar" - Portuguese IDT and EMCDDA President's thoughts: - "as a diabetic needs insulin, some people need an opiate"... "the demonization of drugs and the message that drugs kill is outdated"... "I am not a fundamentalist with drugs since people can live in balance with them"... "cannabis is not already seen as a gateway to other drugs" their soul disposition is not hard to guess - jumps of joy!



More or less unconscientiously, policies like the these, give up helping drug dependents in their changing process on the way to abstinence and prefer to take care and support them.

Drug dependence as a chronic disease arises from this desistance process.

It is pessimistic, negative and inadequate, and all in the name of "compassionate humanism", and as we said before, does not lead to abstinence.

But does abstinence work?

Even if the regular citizen and drug therapists experience did not tell us that abstinence and spontaneous remission are familiar realities, a well known study revealed that people who completed successfully a treatment program (even if one year only after the beginning of the abstinence) reduced 60% illicit activities. The sell of drugs fell close to 80%, imprisonment decreased more than 60%, drug dependents without a roof decreased

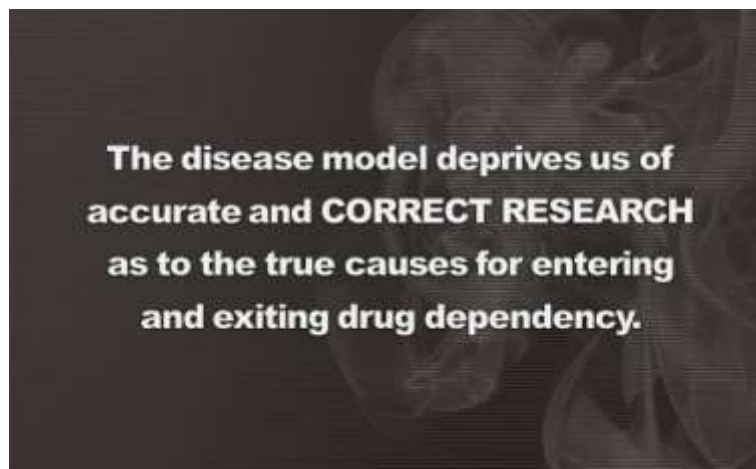
to numbers close to 43%, dependence to Social Institutions fell 11% and finally the employment increased 20%.

(National Institute on Drug Abuse, Drug Abuse Treatment Outcome Study (1997); Department of Health and Human Services, National Treatment Improvement and Evaluation Study (1996).

“Health at the core of drug policy” like has been done with an excused rigor since 2001 in Portugal is now also stated by the ED?

False medical therapies have been used by successive governments not only in Portugal as a smoke curtain behind which have been hidden some of the most pressing problems that sicken our societies.

By transferring it to the authority of medical profession, they have successfully managed, so far, to transform political problems (that can not be resolved in a commission time...) into medical problems requiring specialized medical intervention, depriving us as society of the responsibility of an accurate and correct research of the true causes of entering and exiting drug dependency.



But is “drug addiction a treatable health condition”?

It is very sad and worrying when the noble science of Medicine is emphasized as the solution for drug dependency.

People must understand that what drug addicts really need is psychological help, not medical (while medical doctors can prescribe medicines, psychologists “prescribe” psychotherapy). To send away the indispensable psychologists with their fundamental emotional control strategies and skills to avoid the situations that lead to drug abuse, is to open perversely the door to the fantastic paraphernalia with which doctors usually feed (the Government calls it “treating”) the “disease” – syringes, needles, methadone,

buprenorphine, condoms, etc. - with the aid of large staff on the street, ingloriously and willingly doing their best to care drug abusers. This is the case happening in Portugal.

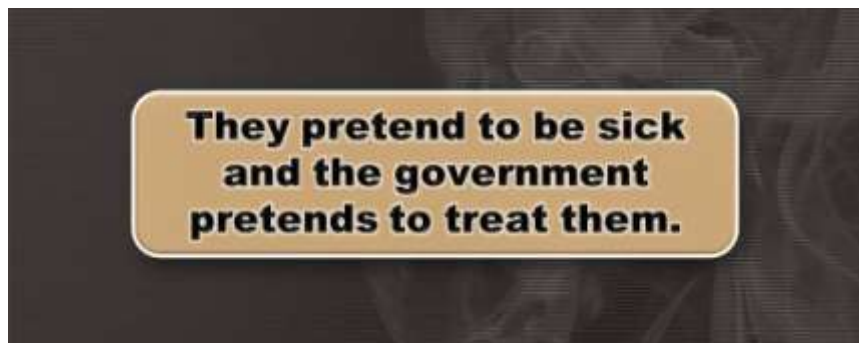
If instead the world understands the phenomenon less like a disease (of the will or whatever) and more like a psychological state, a way of dealing with life, if people understand that what those unfortunate people need is a reason to live and for this purpose doctors (as ourselves) can offer nothing, a decisive step forward will be performed.

When the ED states that "we have developed scientific, yet compassionate, new ways to help those affected" we agree that we must go on searching new ways of scientific research but as we stated previously, oriented in a different direction. In a direction that can help us better understand the discomfort or the privation of well-being induced by the unhappy situations that are mostly responsible for drug users to fall into the drug dependency.

Not the current research that tries to find out (with the disguised enthusiasm of pharmaceutical industrials) biomedical/bio-chemical reasons for one essentially cognitive-behavioral phenomenon.

Betting on this "treatable health condition" betting on this conveniently shy disease-conception of drug dependency, Governments like the Portuguese do not understand that on dependence people "get in", while on the disease people "fall".

As a result, drug dependents go on pretending they are sick and the government goes on pretending they are treating them!

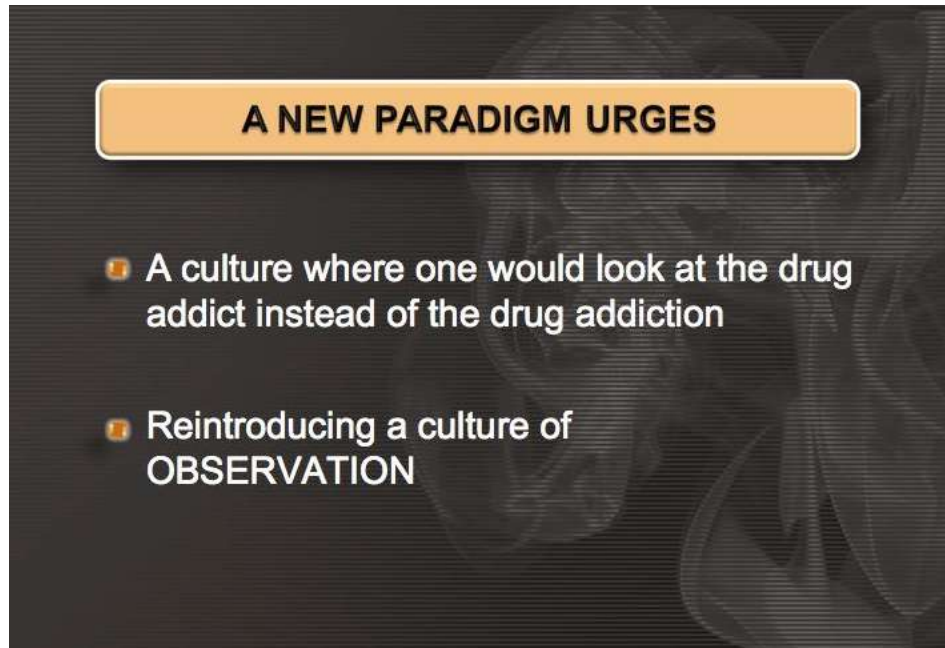


That is the very thing.

This is turning political problems into medical ones, like sweeping dust under the carpet, pretending to recover people by patting them on the back and allowing them to maintain the same addictive pattern...

This is neither humanization nor compassion.

What is indeed human and compassionate is the urgent creation of a new paradigm to the drug dependency phenomenon - the creation of a culture of observation, the creation of a new culture where one would look at the drug dependent instead the drug dependency. Attentions should be directed to individual's health, social, familiar, economic and psychological idiosyncrasies thus leaving the "one size fits all" model and returning to tailor-made hand giving that makes him or her finally feel... like a human being.



That would be the real work, the decisive one on the way to the drug dependents and their families welfare.

That would be the real work, the decisive one to cure the drug dependent of his "disease".

We can resume by saying that in philosophical terms, to confuse the concept of "treatment" with the concept of "social control" as nowadays is done in Portugal is an incorrect attitude.

In psychological terms, to convince drug dependents that their metabolism is unbalanced and that they have to maintain it dependent of an opiate as methadone, buprenorphine or any another instead of fighting for their autonomy, is distorting and deluding.

Any policy that drives a significant fringe of its society to a situation of defeat or inability to fight for its growth and personal development is unethical.

Jail

"Slowly, people are starting to realize that drug addicts should be sent to treatment, not to jail" expressed the ED on the UNODC's *Forward*.

Most respectfully, this is another unhappy statement by the ED, that if adopted by the international community as it was already in Portugal, can be very harmful as well.

Firstly, as we said before, this opens a precedent as it clearly invites other countries to do the same that Portugal did, to decriminalize the consumption, the possession and acquisition of drugs.

And what is more extraordinary, is that it sounds like a prize to a country that did it with very bad results against the rest of the world and against UN Conventions that the ED represents....!

The APLD can imagine everyone who is wishing to legalize drugs clapping their hands vibrantly – Mr. Soros, Mr. Nadelmann, Mr. Trebach and relatives must feel very happy indeed, with their abstruse goal getting a little closer...

By the way, we remember when that happened in our country Portugal in July 2001, United Nations INCB was fast, as it should, to condemn our original attitude - we were the only country in the whole world to do it!

Secondly, it is a nonsense and an incongruity.

Who wins by weakening drug laws?

Is it not true that like the ED several times stressed out, "the rule of law" is one (the main one?) of the three pillars where any winner drug addiction policy, and not only, should sustain on?

"We are slaves of the law in order to be free" said Cicero (106 aC-43 aC). He did not mention any exceptions!

Don't send drug addicts to jail?

To legalize crime committed by drug dependents (or by "patients" - sic) doesn't seem to be the most effective way to fight it.

As a matter of fact (and as we've mentioned before) in our country, since decriminalization has been implemented in July 2001, the number of homicides related to drugs has increased 40%. It was the only European country with a significant increase in (drug-related) homicides between 2001 and 2006. (*WDR- June 2009*).

Confirming national and international official data, a recent report commissioned by the IDT, the Center for Studies and Opinion Polls (CESOP) of the Portuguese Catholic University, based on direct interviews regarding the attitudes of the Portuguese towards drug addiction revealed that 83,7% of respondents indicated that the number of drug users in Portugal has increased in the last four years, 66,8% believed that the accessibility of drugs in their neighborhoods was easy or very easy and 77,3% stated that crime related to drugs had also increased.

(IDT “*Toxicodependências*” No. 3, 2007).

What is happening in Portugal is very peculiar; drug dependents, with the support of the government since 2001, rely on their status as “sick people” to not be punished for their crimes.

The same is to say that they do crimes but they are not criminals because they are drug dependents...

But then afterwards, these addicts forget that they are “sick” and are assumed as free and responsible people who are able to decide whether they want treatment or not!

After the decriminalization in Portugal, the law punishes only when another illicit act is added to the effect of use, which works almost every time as attenuation.

The example of Portugal shows clearly that facilitating access to drugs, will not be the way to reduce the use, the decrease of drug dependencies or related crime.

In Considering, through decriminalization, the drug dependent as a patient and not as a delinquent, the State cannot then choose, through a policy which prioritizes “harm reduction” measures, to feed the “disease” instead of healing it.

But people may wonder; must drug dependents be sent to prison?

Of course, if they commit a crime within a certain penal frame, a crime that deserves that type of punishment, yes they must go to prison like any other citizen.

Is the prison the right answer to the drug dependent problem?

Although it might seem strange, yes it can be.

First of all, if the drug dependent is not only a user but is also someone who carries drugs to deliver/sell to others, then yes, he deserves and he must go to the jail. What happens in Portugal – the most liberal country in the world where any citizen, as we’ve said before, is allowed to carry drugs up to a ten day supply, so being considered for personal use only, thus not being considered a dealer, and punished only with a fine - is a perfect absurd.

No one in a civilized society should have the “human right” to harm his neighbor.

Secondly, it all depends on the prison policy system. if, as is the case in Sweden where one has a nearly perfect system that really treats the criminal drug dependent in a drug free program, with a willful multidisciplinary team taking advantage of possessing the most important tool to help someone in his recovering process – Time, they have it in a large amount - and using it properly, then yes, it can be good. We can even go farther and say, that it can be a blessing to be arrested, to stop the dependency and to rehabilitate oneself.

In Sweden they do not feed drugs to drug dependent prisoners as it happens in Portugal, Spain - where needle machines and shooting rooms are available (in Portugal the Government has been trying every year without success – much to officials surprise and anger, for the last two years, although a nurse has been patiently available 24 hours a day, not even one prisoner has required it ever...) and a few more ingenious countries.

In Swedish prisons, drug needle machines and shooting rooms are not available and hopefully, they never will be. There's the understanding that if you cannot make a prison a drug free place, how on earth can someone even imagine that would succeed anywhere else?!

By using drug detection dogs, searching visitors as well as staff working, the Swedish system gives the first step to clearly indicate that drugs are not welcome.

Drug detection dogs are available at almost every prison in Sweden.

There are drugs in Swedish prisons as it happens in the rest of the world but at least there are very serious efforts in order to get rid of them.

In Sweden, when drug dependent prison inmates leave the prison, they have less chances to return back by drug dependency reasons.

They do their best to care and rehabilitate the human being and they do not use drugs to treat drug problems.

Human rights

"Above all we must move human rights into the mainstream of drug control."
(UNODC's *Forward*)

Before starting to discuss the problem of human rights, the first question we should point out is; from what point of view are we interested to discuss this so controversial subject?

The economic?

The political?

The legal?

Or are we going to discuss above all the drug dependents and their families' so precious welfare?

Considering that the reader elected this last one, if there is a correct understanding of it, then one should be absolutely familiar with commentaries like the one from "Sandra", a former drug dependent, one among millions in drug rehabilitation centers throughout this world: "If it was not so troublesome for me being a drug dependent, I am sure that I would not have cured myself. If, everyday, when I'd wake up, I knew that it was easy for me to get my drug of choice without any worries, I am positively convinced that I would not be able to stop using it ever. The opposite should happen. Drugs are like that".

People should understand that this statement is the real paradigm of the drug dependent thought – everything he/she needs, is definitively not more drugs, available or not, in the name of their "human rights".

What he/she wants, what he and she are begging for is help to escape that "life" the circumstances dropped them in. If anyone has any doubts about this, please make an enquiry and ask them what they'd prefer: a costless and painless drug free program versus more drugs, and listen to the answer!

So addressing the question: In a free society, shouldn't everyone have the freedom to do what they want with their body since that does not harm any third party?

Answer: no.

First of all, although the individual could be free when he begins using drugs, once he gets dependent, he loses that freedom immediately.

The consumption, becoming imperative, ends-up subverting the rules of any society, no matter how authoritarian that society may be.

Secondly, we all are gregarious by nature. In modern societies nobody can be an island, we all depend upon each other.

To the alcoholic or to the drug dependent, the surrounding ambience – the husband/wife, the children, the neighbor, the friends, the co-workers, the society in general - shall always be affected by his/her deviant behavior.

Not to mention the suffering of the families, often greater than the dependent's own suffering, because adding to their own sorrows and suffering they are punished as well by their relative's drug problems.

That is why, regarding the collective, each and every individual ought to always subordinate to limitations, which mean that living in society implies to accept restrictions to individual liberty.

As it was said by the, so considered to be, father of the modern liberalism, the English philosopher John Stuart Mill (1806-1873) in his classic “On Liberty”, in 1859: “Over himself, over his own mind and body, the individual is sovereign... ..The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others...”

It is a fact that drugs destroy the brain structure that allows us to decide freely. And free decision making is the pillar of man’s dignity and man’s right to assume responsibilities.

In being enslaved to drugs, man is discarding his most fundamental right: the right to control his own actions.

Man has the right to his free decision making abilities.

Furthermore – in being indebted to do it in a responsible way, he cannot escape that obligation. And drugs reduce or retire him from that right of free choice.

So, we can affirm that human rights are incompatible with drug abuse. Consequently, politic officials have the moral and civil obligation to protect them.

Each and every policy that undermines human rights, each and every policy that supports, encourages and promotes the use of drugs, questions essential values like health and safety and violates established rights.

Each and every policy that allows one significant part of the population to remain enslaved chemically and psychologically by drugs, is a cruel and inhumane one, and must not be accepted.

Let’s make it clear; sometimes people do not understand, or pretend not to, that drug abuse aggravates social and emotional misery and undermines human rights.

By facilitating drug consumption, addicts such as all the “Sandras” in the world are being neglected and penalized.

If society as a whole, doesn’t emerge in refusal of the concept that it is a human right to take drugs, one of these days we could be waking up in a world where the common understanding is that... the marginal ones, are those who do not use them!

As someone once said, the message should be explicit: “It is in our best interest to help find solutions for drug dependency, not to let the dependents destroy themselves and all those around them!”

One may ask people who use the human rights argument to reach the goal of legalization, if, to their understanding, legalization would make drugs become less available?

Would then they be less attractive?

Or be less addictive?

Would they raise productivity?

Or diminish road accidents?

Diseases?

Crimes?

Can it ever be the solution the drug dependents and the world are expecting it to be? Can it solve these problems?

There is no need for expertise in this subject to understand that legalization, sustained by the human right to use drugs, definitely is not the best way to protect and improve the wellbeing of the individual and society. It is definitely not the most intelligent way to protect public health and to offer security and a balanced approach to the drug problem.

Very often when we think about the drugs market, we forget what is primary and secondary.

The fact that Mother Nature produces plants like poppy, or that international crime cartels took property of drug distribution, is not a primary factor.

The primary factor is that millions of people are ready to break the norms and rules for the goal of using drugs, be them natural or synthetic – most of these people are children, they're young people!

We don't have to read the declaration of children's rights to understand that, as a responsible society we have the obligation to protect them and to not allow those who carry drugs destroy them.

“Legalize drugs and send the dealer to unemployment” we very often hear.

Concerning this, there is a lot of misconceptions about the drug seller role.

Most people have the misconception that the classic “dealer” – that evil guy we see on movies usually in black clothes - is the entity responsible for a considerable amount of the miseries drugs carry to our youth.

Eventually for them, were drugs to be legalized, the consequent free market of drugs

could definitely put them out of business and consequently children released from their influence could recover their normal lives and perspective a better future.

Unfortunately, anyone who studies the problem with any accuracy knows that the reality is very far from that.

In real life what happens is that, the very first accountability for the very first contact with drugs is...mine, yours. It concerns most of our beloved ones, as well as our regular relatives and friends.

They're the ones who naively and without dimensioning properly or understanding what they are really doing, want to share - since they feel good using them - through friendly complicity with their beloved ones, the source of their ever ready easy way to "happiness" - in the beginning drugs feel good, if they didn't, they wouldn't be the problem they are and we would not be speaking about them now.

The classic "dealer" usually appears later on when the dependence is already well established and/or when they feel that someone wants to stay clean.

Then, has it happens a lot of times, they come very nicely and give their product money free, as the "good friends" they are.

With this bit of knowledge, the reader who has the responsibility to raise his children, can now easily understand why for us, the ED's statement "Above all we must move human rights into the mainstream of drug control", is so, to say the least... hugely polemic!

Shall prevention strategies acting by dissuading the youth from drug use, be considered at any time obstructive or oppressive of human rights?

No they can't.

Not for the drug user, nor for all those around him or her.

In the name of liberty, solidarity, equality, democracy, human dignity and...human rights, we all, be us children or adults, have the right to grow up in drug free places.

To treat the drug dependent (inside or outside prison) is not a question of compassion. It is a question of love for his neighbor, a question of respect for human rights.

We are afraid that moving human rights into the mainstream of drug control, as the UNODC's ED proposes, might be scarily similar to Goethe's (1749-1832) pessimistic prescience anticipating the "humanist medicalization".

He wrote: “I believe that in the end humanitarianism will triumph, but I fear that, at the same time, the world will become one big hospital, with each person acting as the other’s nurse”.

(*J.W. von Goethe, “Letter to Charlotte von Stein” (June 8, 1787) in Gedenkausgabe, 11: 362. – Szasz, T. in Pharmacracry, Syracuse, 2003, pag 165.*)

Cascais August 4, 2010

Manuel Pinto Coelho

