

The Truth on Portugal

Countering false drug
decriminalisation
activist claims about
Portugal with its own
official statistics



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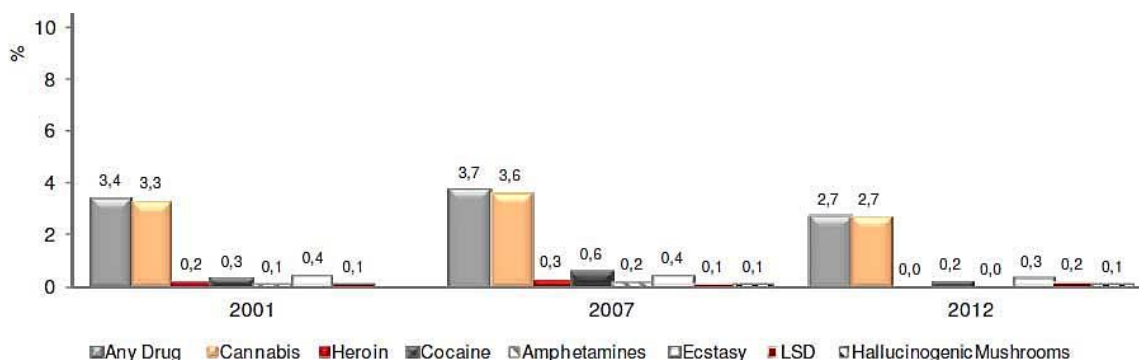
Portugal decriminalised all illicit drug use as of July 2001 and since that time drug decriminalisation/legalisation activists have inundated politicians and the media with glowing reports of Portugal's touted 'success'.

But here is the reality, using their own official data sent to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the same statistics used for the yearly United Nations World Drug Report drug use tables.

Drug use rose after decriminalisation

Since the implementation of decriminalisation in 2001 drug use for all age-groups in Portugal rose through to 2007 - compare the grey bars in its official REITOX 2014 annual report to the European Monitoring Centre graphed below. While cannabis use increased marginally for all aged groups, cocaine use doubled as did use of speed and ice.

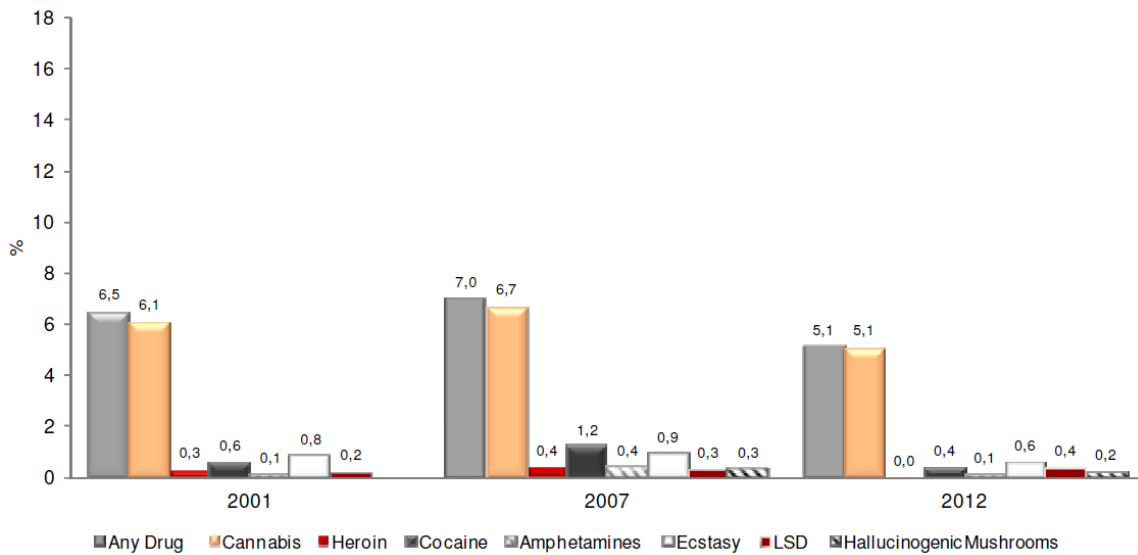
Any drug	Up 9%
Cannabis	Up 9%
Heroin	Up 50%
Cocaine	Doubled
Speed/Ice	Doubled
Ecstasy	No change
LSD	No change
Magic Mushrooms	Up from negligible to 0.1%



Graph 3 – General Population, Portugal – Total (15-64), last 12 months prevalence, by type of drug (%) (SICAD2013)

Drug use by young people aged 15-34, as graphed by the REITOX report (below), saw greater increases.

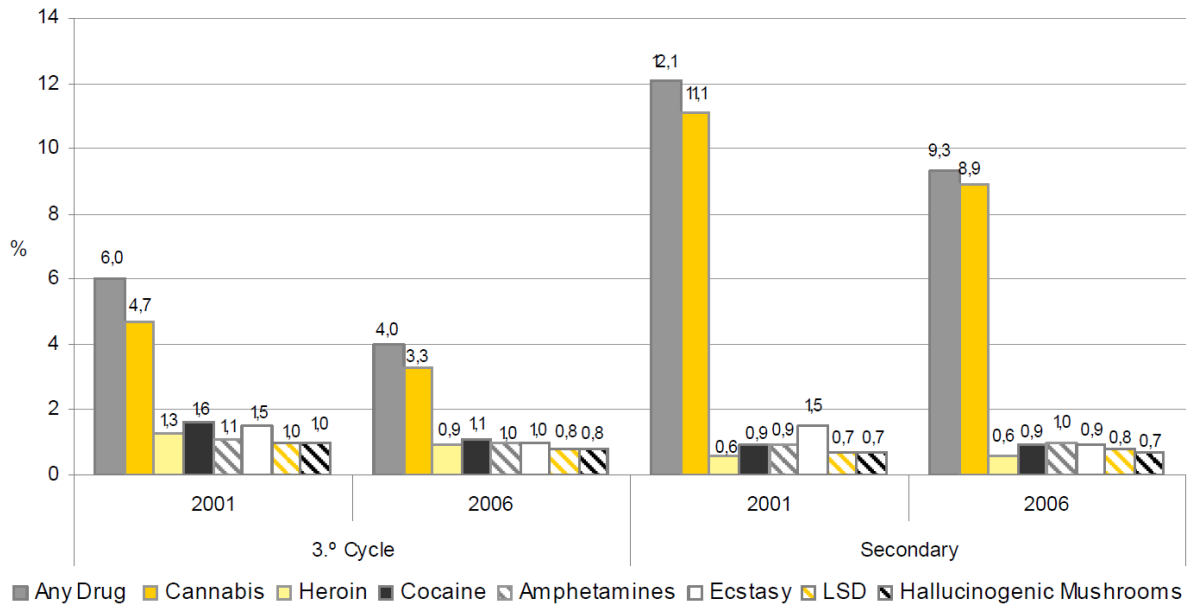
Any drug	Up 8%
Cannabis	Up 10%
Heroin	Up 33%
Cocaine	Doubled
Speed/Ice	Quadrupled
Ecstasy	Up 13%
LSD	Up 50%
Magic Mushrooms	Up from negligible to 0.3%



Graph 4 – General Population, Portugal – Young Adult Population (15-34 years), last 12 months prevalence, by type of drug (%) (SICAD2013)

Although high-school student use fell from 2001 to 2007

The dominant given by activists about Portugal is that decriminalisation did not cause increases in drug use. High-school student use did in fact fall by 33% for 3rd Cycle students (typically aged 13-15) and by 23% for secondary students (aged 16-18). A Cato Institute report promoting the “success” of decriminalisation made much of these decreases while downplaying the increases for the greater part of the population already seen in the graphs above.



Graph 7 - School Population – 3rd Cycle and Secondary: Last Month Prevalence, by type of Drug

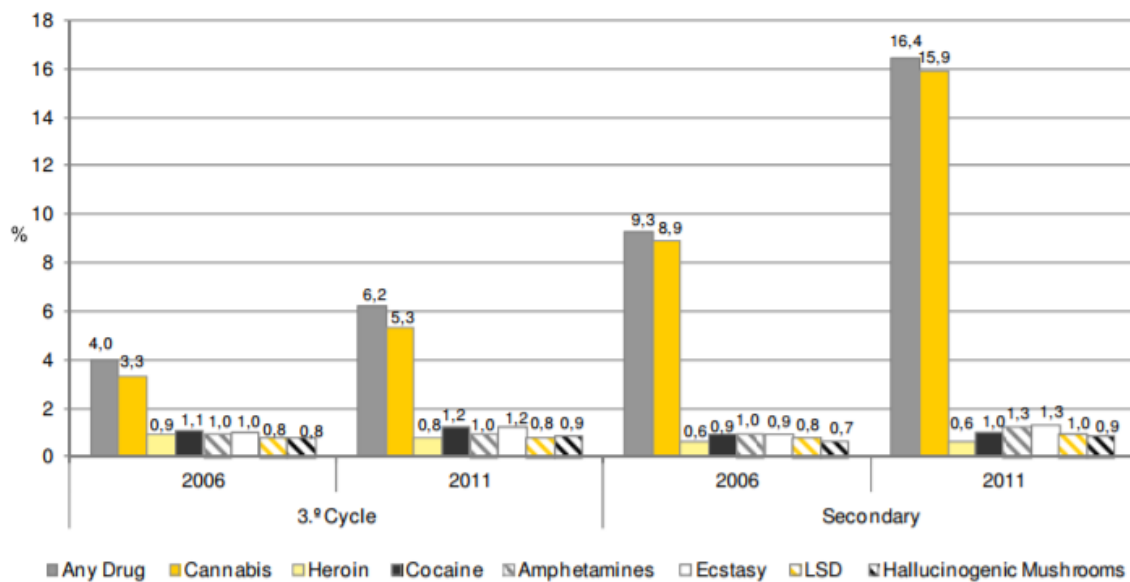
Overall drug use fell from 2007 to 2012

Between 2007 and 2012 drug use in Portugal for all age groups declined in line with general decreases across various European countries.

Italy - Opiates	0.8% (2005)	0.48% (2011)
Spain - Opiates	0.6% (2000)	0.29% (2012)
Switzerland - Opiates	0.61% (2000)	0.1% (2011)
Italy - Cocaine	1.1% (2001)	0.6% (2012)
Italy - Speed/Ice	0.4% (2005)	0.09% (2012)
Austria - Speed/Ice	0.8% (2004)	0.5% (2012)

Yet high school use rose steeply

Use of any illicit drug by high-school students rose markedly between 2006 and 2011. The graph below is again copied directly from the 2014 REITOX report to the EMCDDA. From 2001, when decriminalisation commenced, Secondary School drug use was 36% higher and 76% higher than in 2006.



Graph 15 – School Population – INME (3º Cycle and Secondary): Last 30 Days Prevalence of use, by type of drug (IDT, I.P. 2012)

Drug Use has increased again from 2012 to 2017

Between 2012 and 2017 Lifetime Prevalence statistics for the general population (aged 15-64) have risen by 23% <http://www.theportugalnews.com/news/alcohol-tobacco-and-drug-consumption-all-report-increases/43238>. It is important to note that all other statistics cited thus far in this paper have been statistics for use in the last 30 days before survey, or the last 12 months. Lifetime Prevalence asks survey respondents if they have ever used a particular drug at any time in their lifetime. However a comparison of Portugal’s Lifetime Prevalence graphs for 2001, 2007 and 2012 shows only a slightly attenuated difference for Lifetime Prevalence as compared to last 12 month figures indicating that Portugal is again seeing significant increases in illicit drug use.

According to the 4th National Survey on the Use of Psychoactive Substances in the General Population, Portugal 2016/17, there has been a rise in the prevalence of alcohol and tobacco consumption and of every illicit psychoactive substance (essentially affected by the weight of cannabis use in the population aged 15-74) between 2012 and 2016/17. The study focused on the use of legal psychoactive substance (alcohol, tobacco, sedatives, tranquilisers and/or hypnotics, and anabolic steroids), and illegal drugs (cannabis, ecstasy, amphetamines, cocaine, heroin, LSD, magic mushrooms and of new psychoactive substances), as well as gambling practices.

According to the study, alcohol consumption shows increases in lifetime prevalence, both among the total population (15-74 years) and among the young adult population (15-34 years), and among both men and women. Tobacco consumption shows a slight rise in lifetime prevalence, which, according to the report, “is mainly due to increased consumption among women.”

The study also saw an increase from 8.3% in 2012, to 10.2% in 2016/17, in the prevalence of illegal psychoactive substance use.

Opiate use was already falling before decriminalisation

Much has been made of the decreases in heroin use in Portugal after decriminalisation. But Portugal’s opiate use, which had topped OECD countries in 1998 at a staggering 0.9% according to the United Nation's World Drug Report for 2000, halved to 0.46% by 2005.

However half of that decreased use **predated** decriminalisation, with 0.7% recorded in the UN World Drug Report for the year 2000. It is not clear what dynamic was in play for the 22% decrease in heroin use by 2000, the year before decriminalisation. However it may well have continued to be the dynamic at play without decriminalisation being a factor – we simply do not know.

It appears that heroin use is simply not recorded for 2012 in the graphs above and it is not at all clear why. Other data on page 71 of the same 2014 REITOX report (facsimile below) show that presentations for heroin use scored higher for outpatients and for detox units than any other type of illicit drug. Heroin also made up 42% of residential rehab admissions.

Regarding the characterization of users' consumption that went in 2013 to the different structures of drug treatment³⁰ can be seen that, in outpatient, heroin remains the main substance more reported by patients in treatment in the year (82%). At the level of those who started treatment in 2013, this also occurred in the case of users readmitted (77%), but not in the case of new users, where cannabis has emerged as the main substance most referred (49%).

Also among patients of DU's, heroin was the main drug most often reported (66% public and 69% in the licensed), but in TC's this occurred at licensed (42%) level but not at the public, where main drug most reported was cocaine (61%).

Drug deaths in Portugal

Claims have been made regarding drug deaths in Portugal as compared to Australia which require some explanation. Below are the drug deaths alongside deaths per million population for both countries to 2007.

Year	PORTUGAL		AUSTRALIA	
	Deaths	Per Million	Deaths	Per Million
2002	34	3.3	364	18.5
2003	23	2.2	357	18.1
2004	20	1.9	357	17.9
2005	9	0.9	374	18.4
2006	12	1.1	381	18.5
2007	14	1.3	360	17.2

Overdose deaths > Trends > EMCDDA 'Selection B'

Download as Excel file (.xlsx)

Search:

Country	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002
Poland														
Portugal		37	28	16	10	26	27	20	14	12	9	20	23	34

http://www.emcdda.europa.eu/data/stats2017/drd_en

The two most obvious factors for the much lower rate of overdose deaths per million population is that only 18% of heroin users inject heroin (see EMCDDA Table below) whereas most heroin users in Australia inject. Users who smoke or snort their opiates do not run the same risks of overdose that injectors do.

Country	High-risk opioid use estimate		Entrants into treatment during the year						Clients in substitution treatment
			Opioids clients as % of treatment entrants			% opioids clients injecting (main route of administration)			
			All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants	
Year of estimate	cases per 1 000	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	count	
Latvia	2014	3.4–7.5	46.2 (382)	24.7 (102)	67.8 (280)	91 (343)	87.1 (88)	92.4 (255)	518
Lithuania	2007	2.3–2.4	88.2 (1 905)	66.6 (227)	92.6 (1 665)	84.4 (1 607)	84.6 (192)	84.3 (1 402)	585
Luxembourg	2007	5–7.6	53.9 (146)	46.4 (13)	51 (100)	50.3 (72)	15.4 (2)	52 (51)	1 121
Hungary	2010–11	0.4–0.5	4.2 (196)	1.6 (51)	9.5 (118)	60.2 (109)	55.1 (27)	63.5 (73)	745
Malta	2014	5.3–6.2	72.8 (1 277)	27.5 (58)	79 (1 219)	63.4 (786)	47.3 (26)	64.1 (760)	1 013
Netherlands	2012	1.1–1.5	10.5 (1 113)	5.7 (346)	16.9 (767)	6.5 (44)	9.3 (18)	5.4 (26)	7 569
Austria	2013	4.9–5.1	50.8 (1 737)	29.2 (435)	67.3 (1 302)	35.9 (479)	23.1 (79)	40.3 (400)	17 272
Poland	2009	0.4–0.7	14.8 (1 054)	4.7 (162)	25 (877)	61.5 (655)	39.1 (61)	65.1 (555)	2 586
Portugal	2012	4.2–5.1	53.8 (1 538)	26.3 (357)	78.8 (1 180)	18.3 (255)	12.5 (39)	19.9 (216)	16 587
Romania	–	–	41.8 (1 094)	15.1 (211)	74 (852)	92.4 (1 007)	85.7 (180)	94 (799)	593

http://www.emcdda.europa.eu/edr2016_en_p_71

If Australia wants to replicate the low death rates from opiates, health authorities are going to have to convince Australians of the switch from injecting to smoking or snorting. It is unlikely that Australians will change.

The second factor is that Portugal coerces treatment and rehab, as does Sweden, which reduced its drug use from the late 1970s from the highest levels in Europe to the lowest in the developed world by the early 1990s. Perhaps the message for our politicians is that coercion for drug users is an option used successfully by two Western countries, so why is it not possible for Australians as so many claim?

Now compare Australia's Tough on Drugs results

Compare the results of Australia's 'Tough on Drugs' between 1998 and 2007. This approach was with use of most illicit still a criminal offence. Use of all illicit drugs declined by 39%. Portugal's decriminalisation has never approached the success of Tough on Drugs.

