From Prison to Public Health

The Portuguese Model of Drug Decriminalisation and its Impact on Incarceration & Prosecution

Law 30/2000 · Dissuasion Commissions (CDTs) · Evidence-Based Reform

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Portugal in the Late 1990s: A System in Crisis

The problem that demanded a fundamental policy shift

>40%

of sentenced prisoners held for drug offences

(EU avg: 14%)

~1,300

new HIV diagnoses linked to injecting drug use in 2001

>50% of all EU cases

70%

of all reported crime associated with drugs

in the year 2000

76

drug overdose deaths recorded in 2001

before the reform

SICAD/IDT (2001); Torres & Gomes (2002) Drogas e Prisões em Portugal; EMCDDA (2001)

Law 30/2000: The Portuguese Model

Decriminalisation ≠ Legalisation — a health-centred reorientation

What Changed (July 2001)

- Personal possession of ALL drugs

→ administrative offence, not a crime

- Threshold: up to a 10-day personal supply
- No criminal record, no imprisonment for simple possession
- Drugs confiscated; administrative penalties (fines, community service) remain possible
- Trafficking and cultivation remain criminal offences

The Underlying Philosophy

"Accepting the reality of drug use rather than eternally hoping it will disappear as a result of repressive legislation"

- Drug use reframed as a public health issue,
- not a criminal justice problem
- Part of a broader national strategy developed by a cross-party expert commission
- Combined with expanded harm reduction and treatment provision

Law n.° 30/2000 of 29 November; Decree-Law n.° 130-A/2001; EMCDDA Threshold Quantities (2015)

The Dissuasion Commissions (CDTs)

A health-led, non-punitive administrative process — 18 district panels across Portugal

1

Referral

Police refer person to district-level CDT panel comprising legal, health and social work professionals

2

Assessment

Panel assesses whether drug use is non-problematic (low risk), moderate-risk, or high-risk / dependent

3

Response

Low risk: case suspended — no action
Moderate: brief counselling
High risk: referral to treatment
(all non-mandatory)

4

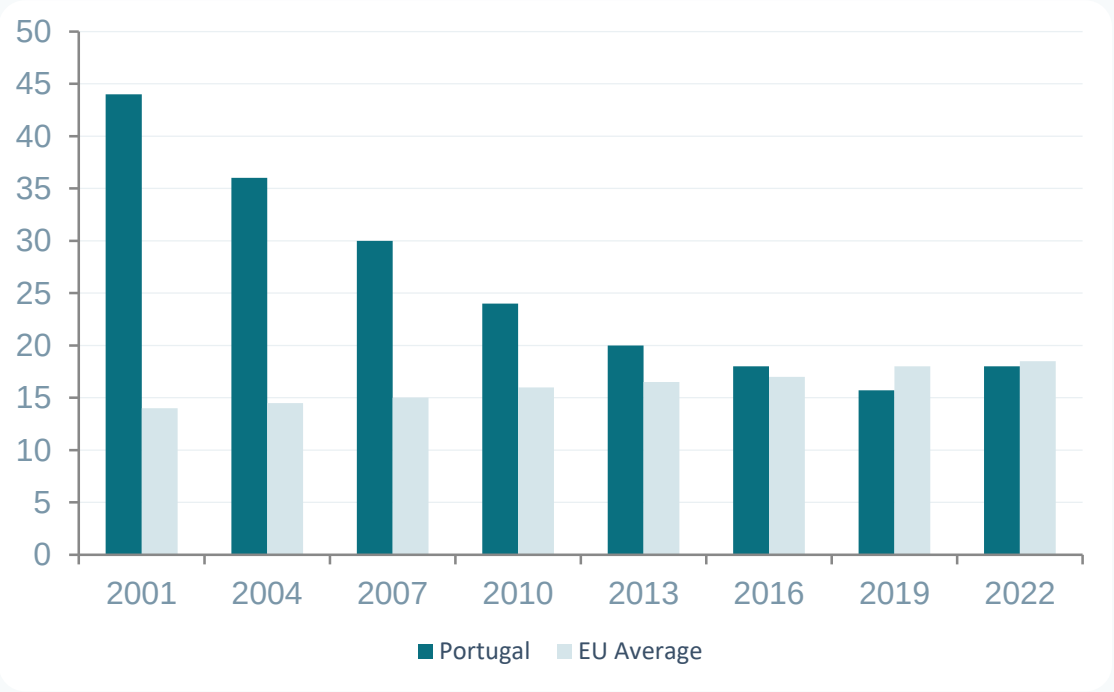
Outcomes

2018: 90% of cases found non-problematic
2013: 83% of 7,258 CDT rulings simply suspended
5% found innocent

Key principle: people referred to a CDT are not punished — they are guided toward health and social support when needed

Impact on the Prison Population

The most dramatic structural change: who is in prison for drugs?



PT fell from ~3x the EU average (2001) to near parity (2022); 2019 was its lowest point, modestly below the EU average.

44% — 18%

before → after

Sentenced prisoners for drug offences

2022 DGRSP data (72% for trafficking)

8% — 0%

before → after

Simple possession given a prison sentence

Council of Europe SPACE Project, Annual Reports 2001–2022; DGRSP Estatísticas Prisionais (2022); Transform Drug Policy Foundation (2021)

Prosecution Numbers: A Sharp Decline

The criminal justice system no longer the primary response to drug use

−73%

Drop in drug-related arrests
(16,800 in 2000 → 4,500 in 2021)

Source: PJ / ICAD (2022)

83%

of CDT cases simply suspended
(2013: 7,258 total rulings)

No penalty, no treatment — just closed

−18%

Drop in social costs of
drug use by 2010

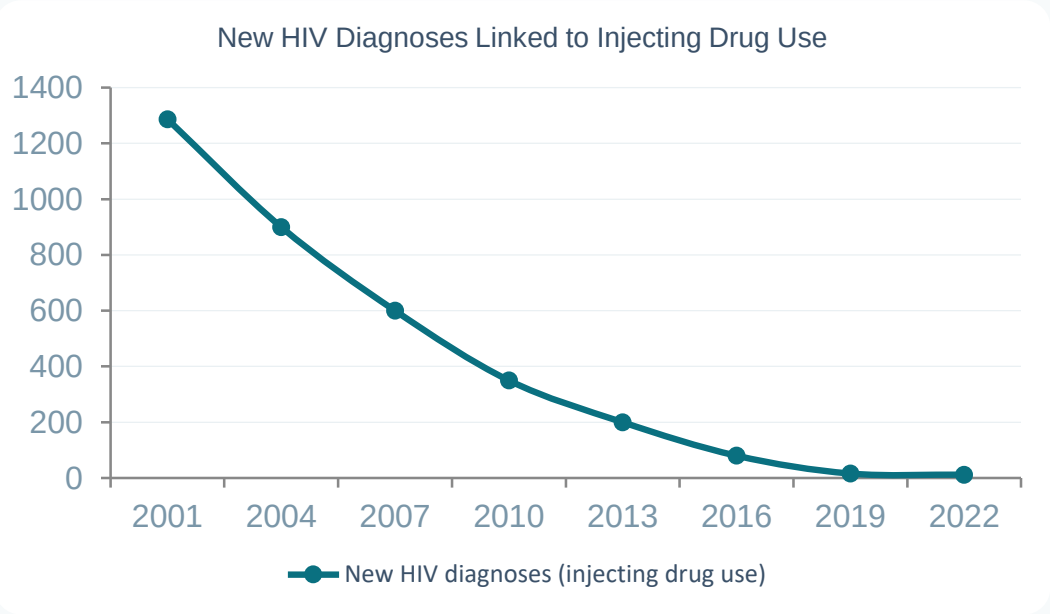
Largely from reduced criminal proceedings vs. 2000 baseline

Note: trafficking sentences also fell — custody rate for trafficking dropped from 70% to 43% post-reform

Gonçalves, Lourenço & Silva (2015) Int. Journal of Drug Policy; SICAD (2014) National Report to EMCDDA; APAV/PJ data cited in ICAD (2022)

Public Health Outcomes: Beyond the Prison Gate

Decriminalisation was paired with health investment — results followed



1,287 → 12

New HIV diagnoses from injecting drug use (2001 → 2022)

>50% → 1.7%

Portugal's share of EU HIV diagnoses from injecting drug use

33 → 0.3/100

HIV rate per 100 PWID (2000 → 2022)

76 → 6/M

Drug deaths per million 2001 → 2019 (EU avg: 23.7/M)

ECDC HIV Surveillance Reports (2001–2022); EMCDDA Statistical Bulletins; EuroHIV (2004); ICAD Statistical Bulletin Portugal (2023)

Did Drug Use Increase? Addressing the Core Concern

The feared 'floodgates effect' did not materialise

What the evidence shows

- Drug use consistently below EU average for 20+ years
- Lowest usage rates in Europe among 15–34 year olds
- 2022 ICAD survey: only 3% used any drug in last 12 months (general population 15–74)
- 90% of CDT referrals (2018): no problematic use identified
- School drug use consistently below European average (ESPAD 2019)

Nuances in the data

- Lifetime prevalence rose slightly in first 5 years, then fell — considered a less reliable indicator (WHO/UNODC)
- Past-year (recent) use fell between 2001 and 2012, consistent with reduced harm
- Since 2012, some rise in cocaine-related indicators (ICAD 2022); increased problems among 18-year-olds — under active monitoring
- Drug use in prison (2023): 32% reported use during imprisonment; 1% injecting

ICAD/SICAD (2022) V INPG Survey; ESPAD (2019); EMCDDA Statistical Bulletin 2020; Hughes & Stevens (2012) Drug and Alcohol Review

Limitations and Critical Perspectives

A successful reform — but not without constraints and ongoing debates

Austerity Impact (2010–2015)

Health and welfare budget cuts reduced treatment capacity. National Drugs Agency absorbed into NHS with 10% cuts. Treatment admissions fell, though this may also reflect reduced problematic use.

Supply Side Untouched

Decriminalisation addresses demand only. Drug trafficking and cultivation remain criminal. Markets and associated violence are not resolved by this model.

Ongoing Health Challenges

Hepatitis C prevalence among PWID remains highest in Western Europe (legacy of pre-reform epidemics). Overdose prevention facilities only opened in Lisbon/Porto in 2019.

Attribution Challenge

Outcomes result from both decriminalisation and simultaneous health investment. Isolating the specific effect of legal status change from broader policy and economic factors remains difficult.

Stevens & Hughes (2016) Mouvements; Harm Reduction International (2020); SICAD Annual Reports (2009–2018); Félix et al. (2017) IZA

Key Lessons for Policy Transferability

What made the Portuguese model work — and what it requires

01 Political Will & Expert Consensus

Reform followed a commission of experts and cross-party consensus. Public, media, and political support were built before implementation — crucial for sustainability.

02 Health Investment Must Accompany Reform

Decriminalisation alone is insufficient. Portugal expanded outpatient treatment (50→79 units, 2000–2009) and harm reduction provision simultaneously.

03 Multidisciplinary CDT Design

Panels combining legal, health, and social work expertise ensure both rights protection and health outcomes — not just a rubber-stamp process.

04 Global Influence & Transferability

The Portuguese model directly influenced Oregon's 2020 decriminalisation measure and proposed reforms in Norway. It is the key reference for evidence-based drug policy globally.

Hughes & Stevens (2012) Drug and Alcohol Review; Drug Policy Alliance (2020); Laqueur (2014) Law & Social Inquiry; Goulão (2018) Justice Trends

CONCLUSION

From Criminalisation to Health: A Measurable Success

Drug-related incarceration fell from >40% to ~18% of the prison population (2022) — down from a 2001 peak, now at or below EU average

Criminal prosecutions for drug use dropped 73% by 2021; administrative diversion through CDTs replaced punishment

HIV infections, drug deaths and social costs all fell — without an increase in population-level drug use

"Portugal's experience is a lesson in what can be achieved when policy innovation and political will are aligned in response to a crisis." — Transform Drug Policy Foundation (2021)

Key References

Principal sources cited in this presentation

1. Transform Drug Policy Foundation (2021). Drug Decriminalisation in Portugal: Setting the Record Straight. Bristol.

2. Council of Europe (2001–2022). SPACE Project Annual Reports. https://wp.unil.ch/space/space-i/annual-reports/

3. ICAD/SICAD (2022). Relatório Anual — A Situação do País em Matéria de Drogas e Toxicodependências. Lisbon.

4. ICAD (2023/2025). Statistical Bulletin Portugal 2023 — Illicit Substances. EUDA Document Library.

5. DGRSP (2022). Estatísticas Prisionais. Direção-Geral de Reinserção e Serviços Prisionais. Lisbon.

6. Hughes, C.E. & Stevens, A. (2012). A resounding success or a disastrous failure? Drug and Alcohol Review, 31.

7. Gonçalves, R., Lourenço, A. & Silva, S.N. (2015). A social cost perspective. International Journal of Drug Policy, 26, 199–209.

8. Torres, A. & Gomes, M.C. (2002). Drogas e Prisões em Portugal. CIES/ISCTE. Lisbon.

9. Carapinha, L. et al. (2017). Effects of Dissuasion Intervention, based on CDTs activity. SICAD. Lisbon.

10. Laqueur, H. (2014). Uses and Abuses of Drug Decriminalization in Portugal. Law & Social Inquiry, 39(3).

11. Law 30/2000 of 29 November; Decreto-Lei n.° 130-A/2001 — Portugal's Decriminalisation Legislation.