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Portugal's experiment with decriminalization shows there's a better way to address drug use

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It is far past time to consider alternative practices to our war on drugs. Forty-five years and a trillion tax dollars later, this war has not stopped the flow or consumption of illegal drugs in the U.S.

Instead, it has been instrumental in creating cartels, gangs and organized crime syndicates that are more violent and ubiquitous than Al Capone's Mafia dynasty. This dirty war is complicit in the deaths and mutilations of hundreds of thousands of people, along with widespread lawlessness across Asia, South America and in our own inner cities. In addition, it is a major source of funding for terrorist groups. Further, it has been instrumental in creating, in our own country, the largest prison population in the world. Every day, there are 488,000 men and women incarcerated for drug charges, costing taxpayers more than \$25 billion per year. By any standard, this ill-advised war on drugs has been a colossal failure.

Thankfully, far more humane alternatives do exist.

Portugal, after an extensive study was conducted, opted to decriminalize all drugs in 2001. This does not mean that drugs are legal; it's simply not a criminal offense to have a certain small amount. This law is very similar to the Maine law governing marijuana but covers all illegal drugs, including heroin, cocaine, methamphetamine and so on.

Unlike the U.S., where the prevalent treatment of substance abuse disorder is through the criminal justice system, Portugal treats it as a public health issue. Those found guilty of possession are sent to a special panel that consists of a psychologist, social worker and legal adviser, where treatment is offered at no expense. This treatment can be refused without criminal consequences or jail time. "The data show that, judged by virtually every metric, the Portuguese decriminalization framework has been a resounding success," a 2009 Cato Institute report concluded.

Glenn Greenwald, the author of that report, found that since 2001 there had been virtually no evidence of an increase in drug usage among the nation's most vulnerable population: teenagers. In fact, a trend downward in hard drug use has been demonstrated. There were very slight increases in other categories of the population. Still, overall there has been a decreased usage

measured in absolute terms. In the case of drug-related crime and infectious diseases, the reduction has been dramatic. This factor alone presents compelling evidence for change. Moving beyond decriminalization, the use of supervised injection sites has had similar successes.

To the U.S. culture of punishment and criminalization of a disease, the concept of legal injection sites for drugs may seem inconceivable. And yet, it has met with success in places where it has been tried, without any of the dire fallout predicted by critics. Legal injection sites in the Netherlands, Canada and Australia offer health care, counseling and treatment beds. There have been 5,900 overdoses in Sydney since 2001 without a single death. That is because these sites are staffed with nurses who monitor the clients and have Narcan readily available. In addition, clean needles are readily available in all these places.

The Vancouver Insite program, a legal injection site that has operated for 13 years, has also reported zero deaths from overdoses there. This program has also had a marked effect on decreasing the proliferation HIV and other infectious diseases. In addition, like in Portugal, there has been a reduction in risks to the users and their communities. Overall, about a third of the chronic patients at the Vancouver site request referrals to detox programs. Currently, frustrated by the failed drug war and the epidemic of opioid use and overdoses with the attendant crime, New York, Maryland and California, along with cities such as Seattle, San Francisco and New York City, are considering legal injection sites.

America's drug czar, Michael Botticelli, in response to a question from Rolling Stone magazine expressed openness to legal injection sites while trying to destigmatize the disease by using appropriate language. He refers to those who have opioid-use disorder instead of addicts or junkies. He has been critical of the mentality and practices of his predecessors, and he realizes that treatment is in the end far more effective and less costly than incarceration.

As a nation and as a state it behooves us all to examine alternatives that have a proven long-term success; we need to change policies with 45 years of proven failure. It is highly unlikely there is a single individual in this state who has not been touched in some fashion by this epidemic. Moving forward, it is critical to treat substance abuse as a disease. We need to treat those who suffer from this affliction as patients, not criminals; we need treatment and understanding, not more jails and stigmatization.