



# CITYWIDE DRUGS CRISIS CAMPAIGN

## KEY LEARNINGS FROM PORTUGAL FOR IRELAND'S NATIONAL DRUGS STRATEGY

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**NOTE:** Citywide Drugs Crisis Campaign is a national network of community organisations that are involved in addressing the drugs issue and it represents the community sector on the National Oversight Committee of the National Drugs Strategy (NDS). More info and contact: [www.citywide.ie](http://www.citywide.ie) [info@citywide.ie](mailto:info@citywide.ie) [@drugscrisis](https://twitter.com/drugscrisis)

## Learning from Portugal's story to help us in implementing the Recommendations of the Citizens Assembly on Drugs

This short document is based on our recent visit to the city of Porto in Portugal and we start with a very special thank you to José from APDES<sup>1</sup> for hosting us and arranging the meetings. We are so impressed by APDES' commitment to building a society where people who use drugs are seen as equals, and with how CASO<sup>2</sup> and APDES are working together to strengthen the crucial role of people who use drugs. Thank you to the members of CASO who took the time to meet with us and to share their knowledge and experience as people who use drugs. Thank you to the Municipal Police, the University of Porto, the Drug Consumption Room, and the Public Health Department for sharing their extensive experience of implementing Portugal's drug policy.

Our visit to Portugal has been inspiring, not because people told us everything is great there, but because, better than that, everyone was so open to being honest and to presenting a balanced view of what is currently happening. The common position across everyone we met is of really appreciating their Portuguese drug policy model, while also being critical of it too!

### Change the Law, Change the Culture

The first key message we got from our colleagues in Portugal was very clear 'Don't just talk about decriminalisation, talk about the Portuguese Drug Policy Model!' (PDPM). This is the model that was introduced in 2000 which, crucially, recognised the need to end the moral judgement of drug use as 'bad' and of people who use drugs as doing something 'wrong'.

Ending the criminalisation of people who use drugs allowed Portugal to shift the focus away from moral judgement of individual behaviour to recognising and understanding that problems relating to drugs arise from the wider social situation in which people live their lives, in particular, situations of poverty and inequality.

This shift in culture is reflected in the Vision of the current Portuguese Drugs Strategy 2023-2030 that aims to promote people's ability '*to deal with the challenges that daily life poses for them, so they can have an experience as close as possible to fulfilment and well-being*', People who use drugs are not seen as different or separate, they are included as equal members of society with the same equal rights as everyone else.

The Strategy goes on to recognise that we need to look at the wider social situation in which drug use happens '*the ability to deal with challenges in our lives is shaped*

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<sup>1</sup> <https://apdes.pt/en/home-en/>

<sup>2</sup> <https://apdes.pt/en/portfolio/caso-en/>

*and influenced by the broader social and environmental context in which we live.’ So, ending criminalisation of people who use drugs is not only intended to reduce the direct harm that is caused by criminalisation, but also to open up the space where we can address the link between drugs, poverty and inequality that impacts on people’s lives through class, race, and gender.*

This is what they set out to do in Portugal in 2000 and what we want to do now in Ireland. As we begin to implement the recommendations from the Citizens’ Assembly on Drugs, we have a great opportunity to learn from 20 + years of the Portuguese Drug Policy Model and to use what we learn to help inform what happens next here in Ireland.

### **Invest in Responses that address the broader Social Situation**

A crucial lesson from the experience in Portugal is that, *yes, decriminalisation i.e. a change in the law, is an essential step, but it is not standalone.* The Portuguese Drug Policy Model is about going beyond decriminalisation; it recognises that people using drugs are to be treated as full members of society, with Rights, Dignity, and Access to Health and Well-Being, with the funding and services to back up these rights. The Model includes all the elements of Prevention, Treatment, Dissuasion, Social Integration, Harm Reduction and also Law Enforcement.

The year after decriminalisation was introduced, Portugal put in place legislation that recognised the need for a range of harm reduction services to be available for people who use drugs. At our meeting with the Dept of Public Health we got a strong impression of its commitment to people’s right to be able to access the services they need and how this right has been supported by the legislation. *Crucially, along with harm reduction services, there was also investment in a wide range of social and community supports, in particular for housing and employment, as part of an approach that aimed to address the wider issues of poverty and inequality.*

It's really interesting to look at the criteria that are used to evaluate the effectiveness of the Portuguese Drug Policy Model - Quality of Life, Social and Economic Situation, Stigma, Access to Care, Citizenship and Sense of Belonging. These indicators show an understanding of the broader social context of drug use and *they place support for people to have a good quality of life at the heart of drugs policy.* Of course, if we want to have a real impact on quality of life, that means adequate resources need to be provided, in particular, in *the communities that are most affected by a concentration of poverty, inequality and drug-related problems.*

## Invest in Services on a Long-term and Consistent Basis

A crucial message that we bring back from Portugal, based on the experience there from 2000 to date, is that **we cannot and will not be effective in addressing our problems relating to drugs unless we commit to long-term, consistent, and sustained investment into public services in our communities over many years, and well into the future.**

As we noted earlier, everyone we spoke to in Portugal is proud of their Drug Policy Model, while also having a critical view of how effectively it is being implemented in more recent years. Research carried out by APDES and the University of Porto shows that the challenges currently being experienced in Portugal in relation to drugs are **not an outcome of the policy of decriminalisation but have come about as a result of disinvestment in services**, and in particular, the integrated social services that are needed to address more long-term quality of life issues.

Issues around housing/homelessness are a key example of this – from the very beginning, investment in housing supports was seen as a crucial part of the Portuguese Drug Policy Model but, following the introduction of austerity measures in Portugal as a response to economic recession, the investment has not been maintained and homelessness amongst people who use drugs is now a major problem in Portugal, as it is in Ireland.

What happens in the absence of adequate housing supports? What becomes most visible to the public and to people in our communities is the combination of inadequate housing and problem drug use, where people who use drugs spend a lot of their time on the streets. This situation can have a significant negative impact on community life, and **can result in a view that it is the people using drugs who are the problem, rather than the problem being the circumstances that lead to them being on the street in the first place.**

The data would indicate that most people who use drugs in Ireland are not causing problems for the public because they are using in their own homes or other spaces where they are not publicly visible, so it is more appropriate to see that the actual problem we need to address is the situation of housing/homelessness/poverty that leads to people being on the street. **If we continue to misrepresent the problem, we will continue to fail in addressing it.**

Even if we do have a more effective approach to housing policy in the future, the problems of homelessness and poverty will not be solved immediately, so it is really important that we have harm reduction services in place, not as a means of containment of the problems, but as a way of **working in partnership with people who use drugs to bring about a genuine improvement in their existing quality of life.**

Current challenges identified in Portugal also include the lack of psychological and psychiatric services and the lack of supports to access employment, with medical/clinical services being prioritised for available funding. This picture is very similar to what has been happening here in Ireland and the experience in both countries shows the devastating impact of disinvestment in services and narrowing of focus.

The experience both in Ireland and Portugal tells us **that housing, employment, and mental health supports cannot be seen as optional extras to be added in to our drugs policy, instead we need to see them as an essential core part of that policy.** Our drugs policy will not work unless we recognise this reality and act on it.

### **Invest in ensuring the full participation of People Who Use Drugs**

We heard a clear message from our colleagues in CASO, as an organisation that represents people who use drugs, that the same value must be put on their expertise as on everyone else's and that work being carried out by Peer Workers and Peer Networks needs to be resourced. Being funded to do this work does not mean losing an independent voice and **it is crucial that peers in all situations are free to express their views based on their experience, whether they are currently using drugs or have used them in the past. Being treated as equals means the right to have a voice should not be dependent on a person's current drug use status.**

Our visit to the Drug Consumption Room (DCR) gave us the opportunity to see what the involvement of peers can mean in practice when it comes to service delivery. The DCR left a strong impression on us as a place of dignity for the people who use it and of a staff team who totally respect the service users as equal human beings. This is the case even though there is clearly huge pressure on them and serious challenges being experienced by everyone involved.

Everyone we talked with in the Drug Consumption Room highlighted how crucial it is to have the voices of people who use drugs at the centre of its work. We met with

the Peer Worker in the DCR who is a paid employee, he told us how **payment for Peer Workers has been in place since 2011 and how important this is, not just for the individual worker but also for how the service is run.**

He spoke about how the involvement of peers is now helping other people who use drugs to reject the 'myth of shame' and to know they should not have to feel that way. He talks about the importance of recognising and valuing community support amongst people who use drugs, caring for each other and looking out for each other - overdoses happen outside the DCR because of isolation, when people are on their own.

We heard about an innovative project run by APDES which recognises that **people who are using drugs do not have to give up drugs to be capable of accessing employment, education and other opportunities that are crucial to an improved quality of life.** APDES and CASO have worked together to develop and implement Peer Worker training with the aim of leading to paid employment. These are good examples of what can be done when the focus of drugs policy is about improving quality of life and when having a better quality of life is seen as a key indicator of success in drug policy.

The Portuguese experience reinforces the call here in Ireland, supported by recent peer-led research, for greater engagement and empowerment of peers in all aspects of our service development and delivery.

### **Facilitate and Support the Police in transition to a decriminalised approach**

It was good to hear the clear message from the Police Commander that **it should not be part of the police's role to arrest people for using drugs and that there is no general mood to go back to criminalisation.** He recognises that not everyone in the police force will be happy and a key learning from his experience of implementing decriminalisation is that the police force needs to be supported in adapting to what is a significant change in culture and practice. He emphasises the importance of a basic, but very significant, positive impact on police officers of having less paperwork as a result of decriminalisation.

Recent research indicates that younger police officers in Portugal can be less positive about decriminalisation than older ones, and the Commander sees this happening because younger police do not have the experience of how much worse things were



before criminalisation was ended. There is a need for ongoing training and for champions within the police force who understand the challenges at firsthand, and who can be directly engaged in **developing clear and practical protocols on how to manage different situations when engaging with people who use drugs, making it clear for everyone involved where policing responsibility begins and ends.**

This clarity is crucial, not just because, as long as drugs are illegal, the police will continue to have a role in dealing with drug use, but also because of the police role as first responders. We know that, as first responders, a very significant percentage of police work involves engaging with people with addiction and mental health issues, and the police have a key role to play in the prevention of harm in these situations, both to the people themselves and to others.

The Commander was clear about the importance of having specific supports such as Outreach Harm Reduction Teams and Drug Consumption Rooms in place, ideally in advance of decriminalisation. **If the police are to be effective in preventing harm and reducing the impact of drug use on the street, it is crucial that these referral options are available and accessible when they are needed.** The medical, mental health and social supports have to work in unison and the role of the police has been affected by the negative impact of austerity cutbacks on the availability of these and other services, including housing.

This has contributed to situations such as where, in response to public complaints, the police have removed tents from the streets without people having anywhere else to go. In the end, nobody is better off as a result, as people using drugs are still on the street. It was interesting to hear how, as a support to harm reduction in the community, the Porto police go out on the streets with the local municipality workers every morning to help with clearing drug-related litter from the areas most affected.

We heard about the current relationship between people who use drugs and the police from both perspectives. The police view is generally positive, in particular, based on the absence of assaults on police in recent years, while the conversation with CASO shows the perspective of people using drugs is less positive. **As long as drugs are illegal the police maintain the power to stop, search and take the drugs from them and also to check previous attendance at the Dissuasion Committee, with possible penalties for non-attendance.** Not all police officers do this but they have the power to do it, and some do.

It is notable that in Porto neither the police nor people using drugs identified intimidation and violence relating to the drugs trade as a major issue and the police view is that the dealers prefer to maintain a reasonable relationship with the people who buy their drugs. At the same time, the Police Commander did indicate that there seems to be a change starting to happen in the relationship between dealers and people using drugs, maybe because of an increase in drug supply based on a strategy by South American cartels to saturate the European market.

There is an increase in cocaine and crack use, with a trend towards organic drugs being replaced with chemically manufactured ones. In one area that we visited incidents of recent serious violence towards people using drugs were raised with us, where the police had moved against a particular supplier in the area and a more aggressive and violent supplier has now moved in to replace the previous one.

### **Challenge Drug-related Stigma and its Underlying Causes**

People who use drugs have told us that, while decriminalisation in Portugal has reduced stigma to some extent, drug-related stigma still exists and is still very real in their lives. The reality is that drug-related stigma cannot be adequately addressed without recognising and addressing the broader social stigma that exists relating to class, poverty, and inequality; the extent to which poverty-related and drug-related stigma have become intertwined and embedded in our society presents a major challenge that requires a long-term and sustained response.

The reality of stigma means that, as individuals, we are passing judgement on other individuals because they use drugs, that services and institutions are then treating them less well because of the judgement, and that the judgement then becomes generally accepted by society as accurate and justified. We need to move past this by recognising the profound and destructive impact of drug-related stigma on the quality of life for all of us in our communities and to challenge and address it at all levels.

As we begin to implement a policy in Ireland that will end the criminalisation of people who use drugs, there is an urgent need to develop and implement a high-profile and well-funded National Anti-Stigma Campaign.



## Summary of Key Points

We need to set out an inclusive Vision for our National Drugs Strategy in which people who use drugs are seen, not as somehow different or separate to others, but as full and equal members of our society.

An essential first step in implementing this vision is to end criminalisation of people who use drugs and recognise the broader social and environmental context that impacts on drug-related harms.

By ending the criminalisation of people who use drugs we open up the space where we can respond to the broader societal context of drug use and, in particular, the link between drugs, poverty & inequality, and the impact of drug-related harms.

We can only do this if we have meaningful engagement as full and equal partners with the communities most impacted by drug-related harms - people who use drugs, their families, and the wider community.

A crucial message from Portugal is that we cannot and will not be effective in addressing our problems relating to drugs unless we commit to consistent and sustained investment in a wide range of public services over many years.

Current challenges being experienced in Portugal are not an outcome of decriminalisation but have come about as a result of disinvestment in services, and in particular, the integrated social services that address long-term quality of life issues.

Experience both in Ireland and Portugal tells us that housing, employment, mental health and other social supports are not optional extras to be added on to our drugs policy, rather they need to be included as an essential core part of that policy.

An Garda Síochána should be supported in developing clear and practical protocols for how they engage with people who use drugs, involving peers in the process, and making it clear for everyone involved where policing responsibility begins and ends.

For protocols to work, it is crucial that supports and referral options, such as Outreach Harm Reduction Teams and Drug Consumption Rooms, are available and accessible when needed and that peer workers are a core part of staff teams.

As we end the criminalisation of people who use drugs, there is an urgent need to develop and implement a high-profile and well-funded National Anti-Stigma Campaign to tackle the deep-rooted and damaging impact of drug-related stigma.

