

Portuguese drug policy shows that decriminalisation can work, but only alongside improvements in health and social policies.

by Blog Admin

Today the Home Affairs Select Committee in the United Kingdom releases a report on drug policy. The report draws on lessons from Portugal's decriminalisation of drug possession and puts forward a case for the UK reconsidering its own policies. [Alex Stevens](#) assesses the situation in Portugal, noting that while decriminalisation has coincided with a fall in the most problematic forms of drug use, it is not the only factor. The expansion of drug treatments and the Portuguese welfare state have also played a role, illustrating the importance of improving social and health policies in addition to decriminalisation.



Since Portugal decriminalised the possession of all illicit drugs in 2001, it has become a battleground for competing ideas about the effects of drug policy. The most recent skirmish on this terrain is led by the Home Affairs Select Committee. Its [report](#), released today, uses Portugal as a case to argue that Britain should reconsider its own drug policies.

The debate focuses on whether decriminalisation necessarily increases drug use. Caitlin Hughes and I have examined this issue in articles in both the [British Journal of Criminology](#) and [Drug and Alcohol Review](#). We have argued that opponents in this debate, like Glen Greenwald and Manuel Pinto Coelho, have both been guilty of overstating their case. Greenwald has [argued](#) that decriminalisation led to reductions in drug use and drug related deaths. Pinto Coelho [argues the opposite](#); that both drug use and deaths increased. Various statistical indicators are available to support both these cases. But taken together, the data suggest that, between 2001 and 2007, the most problematic forms of drug use fell (including use amongst teenagers) and that there were significant reductions in drug related deaths and HIV infections. There was also a reduction in the seriously overcrowded prison population.



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The causal link between these trends and the 2001 decriminalisation is harder to establish. The policy change included decriminalisation of possession of less than 10 days supply of any drug, but it also included a significant expansion in drug treatment, including methadone maintenance, to help dependent users get away from injecting heroin. This happened alongside an expansion of the Portuguese welfare state, with the introduction of a [guaranteed minimum income](#).

International analysis, both by the [European Monitoring Centre for Drugs and Drug Addiction](#) (EMCDDA) and in my book, [Drugs, Crime and Public Health](#), suggests there is little correlation between the level of punishment for drug offences and the rate of drug use or drug problems. The EMCDDA looked at levels of drug use in countries which had increased or decreased penalties for cannabis possession. It found no evidence that increasing penalties reduces use, or that reducing penalties increases it. I looked at the

prevalence of drug use across a range of countries. I found no link between the enforcement of drug laws and levels of use.

I did find a [suggestive correlation](#) between one of the most harmful forms of drug use, [by injection](#), and the generosity of the welfare state, or [decommodification](#). Countries with lower levels of pensions, sick pay and unemployment benefit tend to have higher rates of injecting drug use. The USA, for example, has a minimal welfare state and very tough punishments for drug offences. It still has the highest prison population in the world, with nearly half a million people imprisoned for drug offences. But it has internationally [high levels of drug use](#), [high rates of drug related deaths](#), and [excessive rates of HIV](#) among injecting drug users.

So to argue that criminal penalties (or their reduction) are the answer to drug problems is to miss the point. As the Home Affairs Committee acknowledges, we need to look more broadly, at economic and social policies, if we wish to make significant progress on drug problems. And this leads to some worrying conclusions for Portugal. Since 2007, it has been hit by a [huge and ongoing recession](#). Unemployment has soared. Public spending has been reduced, and the institution which led on the 2001 drug policy has been cut, along with the health and welfare budgets. Experience from Greece suggests the danger of a [spike in HIV infections](#) with the withdrawal of drug treatment and harm reduction services. [Since 2007](#), drug use in school children is up, although their alcohol use is down. The prison population is [creeping back up](#) and some of the gains made after the 2001 policy are [in danger of being reversed](#). Nevertheless, the decriminalisation remains in place, with no serious attempts to repeal it. Indeed, the [Bloco de Esquerda](#) plans to propose that decriminalisation should be extended by allowing cannabis users to grow up to ten plants and to pool this allowance with other users, as is done in [Spain's cannabis clubs](#).

The Home Affairs Committee uses Portugal as ammunition for its call for a Royal Commission on British drug policy. If the government agrees, it should ensure that this Commission includes health and social policies in its remit.

Note: This article gives the views of the author, and not the position of EUROPP – European Politics and Policy, nor of the London School of Economics.

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