

# The austerity measures and the Portuguese model of drug policy: An exploratory mixed method research

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## Introduction

In the last decades some countries tried to change their national drug policies by implementing alternative models that can contribute to find more human and science-based alternatives to the War on Drugs. Portugal is one of those nations: by implementing the decriminalization model on drug use in 2001, it adopted an innovative comprehensive approach that combines a legal framework - which distinguishes drug use from drug trafficking - with an intervention strategy that integrates Prevention, Treatment, Social Reintegration and Harm Reduction free and accessible services. A number of national and international studies were made in order to evaluate this policy model which evidenced its benefits (Domostawski, 2011; Greenwald, 2009; Hughes and Stevens, 2012; Trigueiros, 2010, Maia Costa, 2009). Now, with Portugal suffering the effects of the European economic and financial crisis, there are concerns about the maintenance of its model.

In this sense, our **main goal** was to comprehend how the current austerity measures could possibly change the lives of people who use drugs (PWUD) and the functioning of the services they use. We also aimed to analyse if the implementation of the Portuguese Drug Policy Model (PDPM) had recently been changed, and to what extent those changes were related with the intrinsic properties of the model or with the context of the economic and financial crises.

## Methods

**Mixed method research:** crossing qualitative and quantitative methodologies in order to achieve a more complete and holistic view of the phenomenon (Morse, 1994). In line with Flick (2009), both strategies were used in parallel, having been collected the different types of information simultaneously and, subsequently, integrated in the interpretation of the global results.

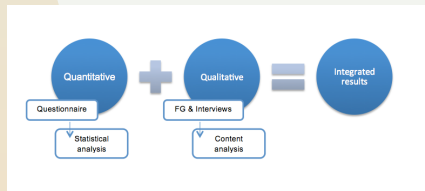


Figure 1: Adaptation of the Creswell model (2007).

Beyond the narrative literature review and data analyses on available indicators, the collection of the primary data involved:

- ✓ 2 **focus groups** with outreach workers and peer educators together: it had an exploratory purpose and aimed at the refinement of data collection instruments;
- ✓ **Online questionnaire** applied to HR professionals (n=100): HR axis was selected as the main vector due its central role in the Portuguese Drug Policy Model and in order to observe a set of hypotheses as relations between the variables;
- ✓ 41 **semi-structured interviews** with key actors from the drug field, but also from the public health, justice and social sectors: 10 People who use drugs (PWUD); 13 Professionals (P); 8 Decision-makers (D) from central government structures and other decision-making spheres; and 10 experts (E), selected due to their professional background in terms of research in drugs or related themes;

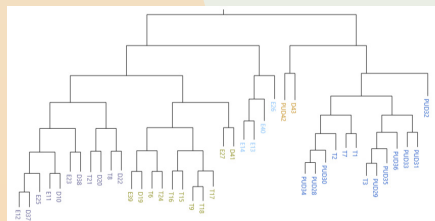
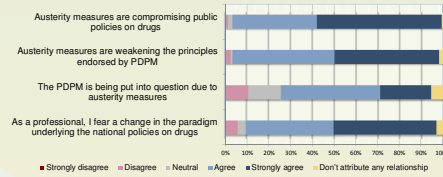


Figure 2: Key-actors clusters by similarity of encoded content.

Note: Primary data was collected between September 2013 and December 2014.

## Results

### The impact of austerity measures in the PDPM (Valid Percent)



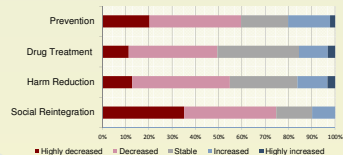
"Currently, it can cover all these functions in theory, but the fact is that they are progressively emptier in terms of fulfillment, of achievement, of efficacy, since there's no investment in all of them." (Professional)

"The adoption of a new organisational structure, in which the support is provided by the ARS, leads to a model that favours the medical approach. Therefore, the professionals end up valuing the clinical aspects, rather than the social aspects" (Decision-maker)

"The integrative strategy ended up losing relevance, losing a lot of relevance (...) We had an integrated policy. And it all went down the drain. Now we only have a treatment policy, we don't have an integrated policy." (Professional)

"All of this is contradictory, since it wasn't done according to what was written and planned, well planned in the PORI." (Professional)

### Access to intervention responses on matter of drugs, in the last 6 years (Valid Percent)

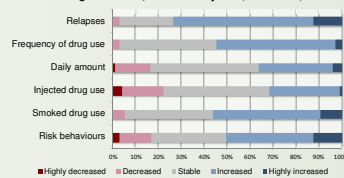


"Due to the lack of follow-up services or structuring programmes, members of this population are returning to their old habits." (PWUD)

"The truth is that we're noticing some addiction peaks and when we see the numbers in the future it will scare us." (Expert)

"At this point, I don't believe that there are sufficient data on this matter. We do have access to some of the data, but we don't have a sustained reading, in order to understand if there has been a reduction or increase" (Expert)

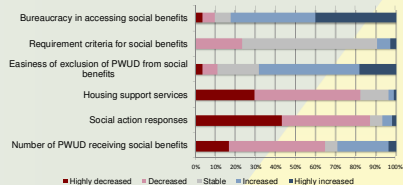
### Drug use trends, in the last 6 years (Valid Percent)



"We still enjoy fighting against exclusion and assistentialism, which is wrong, (...) we are unable to understand that we are creating a terrible social exclusion gap which includes drugs." (Expert)

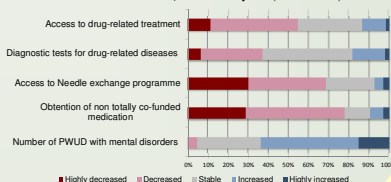
"A few years ago, people lived in better conditions, in spite of their drug addiction problems." (PWUD)

### Social protection system, in the last 6 years (Valid Percent)



"I know what it feels like to try to have access to the national healthcare services, namely to the local healthcare centres. It is hard to provide responses for the drug users, due to practical difficulties." (Decision-maker)

### Universal Health Care, in the last 6 years (Valid Percent)



**Cushion effect:** it is associated with the idea of HR professionals as *automatic stabilizers*, i.e., who contribute to smooth the impacts of changes among PWUD. This effect is particularly important to understand the sometimes different perceptions on the existence and direction of impact of austerity measures.

"I think professionals try to cover this crisis a lot, and they are the ones who give more of them so that people do not feel that so much" (PWUD)

## Conclusions

Research results indicate the existence of a very real effect of certain policies and budgetary changes, which frequently coincide with the period of economic and financial crisis in the lives of PWUD and in the functioning of services they often use.

### 1) The Portuguese Drug Policy Model (PDPM)

- Consensually described as innovative and exemplar;
- It is highlighted a hiatus between the model design and its operationalization due to contextual constraints;
- The majority of participants believe in the stability of the legal background in the future;

### 2) Intervention on matter of drugs (Prevention, Dissuasion, Harm Reduction, Treatment and Reintegration)

- The integrated intervention on matter of drugs is not being operationalized according to its conceptual design;
- Both Prevention and Reintegration are the vectors perceived as being the most disinvested;
- The main tendency was to identify a relation between the austerity measures and the reduction of responses in the drug dependence area;

### 3) Drug use trends

- Epidemiology: a positive outlook on what has been happening in the last years is a minority among interviewees or even residual among questionnaire respondents;
- Trends regarding types and patterns of drug use are the less consensual;
- Drug administration routes and risk behaviours: it was observed that the association with austerity is more evident among those who reported negative trends, while more positive considerations are less associated with austerity. Moreover, more positive perceptions are related with HR work.

### 4) Welfare State

- Results show an important retreat of the State regarding its responsibilities to care and protect those in most disadvantageous situations. In fact, among the study participants, one of the more consensual assumption was the recognition of welfare state as being in decadence.

## References

Domostawski, A. (2011). *Drug Policy in Portugal: the benefits of decriminalizing drug use*. Open Society Foundations.  
 Flick, U. (2009). *An introduction to qualitative research*, 4<sup>th</sup> edition. London: Sage Publications.  
 Greenwald, G. (2009). *Drug decriminalization in Portugal: lessons for creating fair and successful drug policies*. CATO Institute.  
 Hughes, C. E., & Stevens, A. (2012). A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalization of illicit drugs. *Drug and Alcohol Review*, 31: 101-113.  
 Maia Costa, E. (2009). A descriminalização do consumo de estupefacientes em Portugal – análise preliminar. *Toxicodependências*, 15(3): 3-8.  
 Morse, J. (1994). Designing Funded Qualitative Research. In Denzin, N. K., & Y. S. Lincoln (eds.), *Handbook of Qualitative Research*. Thousand Oaks, Sage, p. 220-235.  
 Trigueiros, F., Vitéria, P., & Dias, L. (2010). Rather treat than punish: the Portuguese Decriminalization Model. In Rosmarin, A., & Eastwood, N. (2011). *A Quiet Revolution: Drug Decriminalization Policies in Practice across the Globe*. Release. Drugs, The Law & Human Rights.