



# Harm Reduction in Portugal

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# The Portuguese Model

- **1999: National Strategy of War on Drugs**

- ☛ Establishment of an HR policy related to drug use and decriminalization.

- **The Aim...**

- ☛ Promote health in general at clinical and sanitary level

- ☛ Prevention and reduction of drug abuse is the first aim of this law

- **2000: Law 30/2000**

- ☛ Defines the legal framework applicable to the consumption of narcotics and psychotropic substances, together with the medical and social welfare of the consumers of such substances without medical prescription

- Decriminalization of drug use

- Trafficking remains criminalized

- The illicit substances remain illegal

- Use, purchase, transportation and possession for use, Is not a crime but constitutes an administrative offence

# The Portuguese Model

- **Legislative Evolution: From Justice to Health**

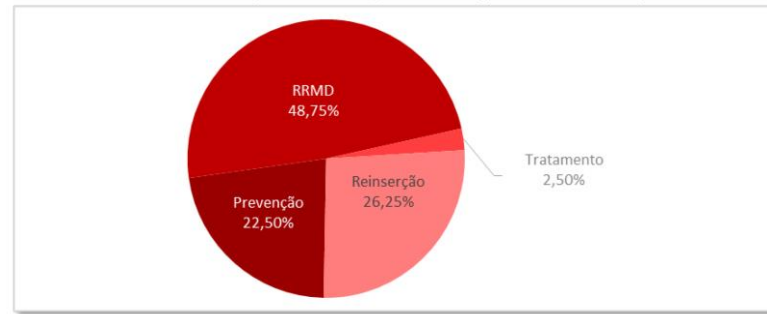
- ☛ The drug addict is seen as a sick person
- ☛ The drug addict must be responsible for a behavior that is still considered an offence in Portugal
- ☛ This regime doesn't promote the impunity of the consumers
- ☛ Quick intervention among drug users

- **2001: Dec.-Law183**

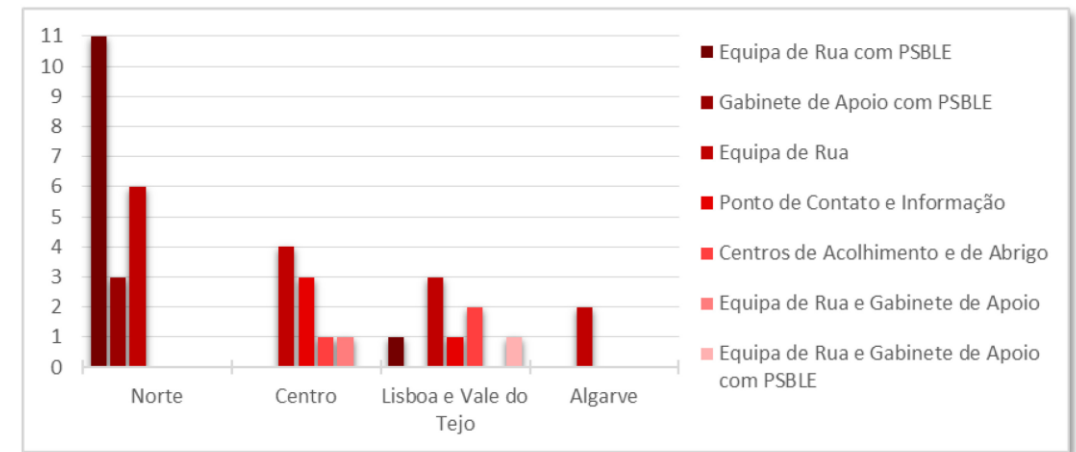
- ☛ HR measures are approved
- ☛ It is made a Legal report, sent to the CDT - the consumer must attend in 72 hours
- ☛ The case is analyzed and a sentence is given (sanction, treatment obligation, prohibition from attending certain places, community work, ...)
- ☛ Distinction between offense and crime: the amount of illegal substance (the Law establishes the reference of quantities)

# HR in Portugal

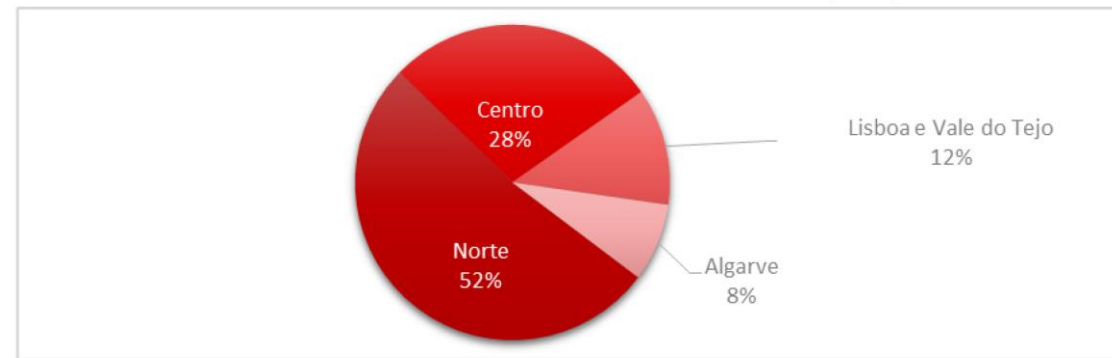
## - Mapping of Services –



Projects implemented in 2015, per axe of intervention



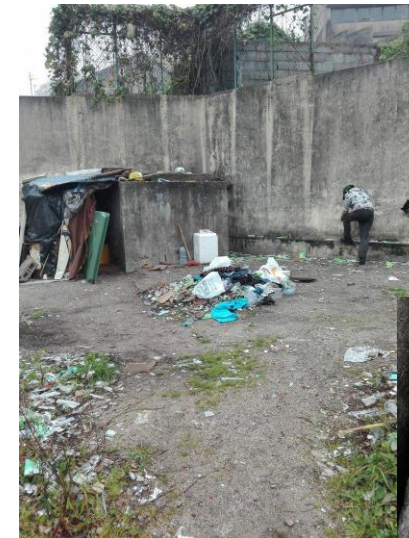
HR Programs, per region (n=39)



# The PWUD

Who are the clients (use profile)

- Opioid substitution treatment clients: 17 011
- High-risk opioid users: 31 858 (27 434 - 36 282)
- Syringes distributed: 1 004 706
- Overdoses: 40
- HIV diagnoses attributed to injecting: 44, 5%
- HCV diagnoses attributed to injecting: 80%



## HR in the Field

- Health intervention community-based – health instead of sanction
- Capacity to intervene in the “psychotropic territories”, contacting the hidden population
- Availability, commitment, active listening, out reach work
- Intervention based on the relationship, building trust with the PWUD

# HR Professionals

- Professional skills development
- HR Profile (acknowledgement – professional training, university, advocacy...)
- Enhances the professional identity (career, wages, qualification...)
- Improves the quality of the work



Professional Profile of the Outreach Worker in Harm Reduction

[http://www.apdes.pt/en/assets/apdes/prowfile/EBook\\_Prowfile\\_OWHR.pdf](http://www.apdes.pt/en/assets/apdes/prowfile/EBook_Prowfile_OWHR.pdf)

# HR FUNDING

- Co-funding – 80%
- Private-Public contract vs. Social-Public contract
- Sustainability of the services (*Pilot vs. Service*)
- Quality (stabilized response, staff qualification, strong methodologies, continuity and evaluation)
- HR's acknowledgement as an essential pillar of the Drug Policy



# Dyad Peer / Professional

- Peer vs Professional – is that a question?
- Organic vs Technocratic intervention
- Different settings (proximity)
- Diversity of Languages and communication styles
- Complementarity of the response (integrate, coherent and rich)



# Added Value

- Peer Education as a tool for horizontal education
- Participative diagnosis – involvement of the PWUD in the intervention process
- Health literacy – the PWUD is able to identify gaps and obstacles in the health services and to propose alternatives for change



# What's Missing

- Drug consumption room (facilities)
- Prison needle exchange program
- Drug Testing
- Naloxone
- Heroin prescription
- Peer driven services

## Needs for the future

- Need to reinforce HR Programs – lack of proper funding (**Services**)
- Need to improve CSI in the Drug strategy decision process
- Need to improve Peer involvement in the Drug strategy decision process
- Shift from a Medical approach towards a more Citizenship perspective

**For further  
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**Thank you!**