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Investigating Dutch and Portuguese Drug Policies in their historical-cultural contexts

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Very Quickly

- Franco-American, grew up between La Réunion and Maine
- Public Service: Maine HHS Committee, Warren for President, Maine Office of Behavioral Health (OPTIONS), Office of Senator Angus King (I-ME)
- Opioids crisis
  - Family, friends, strangers
  - 2017 Task Force in Augusta
  - Experience of socio-cultural barriers to evidence-based policies
- Fellowship
  - Send young Americans abroad to learn best practices from abroad
  - Thank you to Dr. Andrew Weil. Integrative lens

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Who is impacted by drug policy?

- People who use drugs
  - 95 percent are recreational users
- People who know or interact with people who use drugs
  - Friends, family members, strangers
- Everyone who walks down the street

What are your goals for drug policy?

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Why this matters now!

- One American dies every 5 minutes. That's more sons, daughters, fathers and mothers who die annually than from firearms and motor vehicle crashes combined.
- Economists estimate the public cost of the US opioid epidemic at $1.5 trillion a year, its real toll is far greater. The empty chair at Thanksgiving dinner, the uneaten burger at the July 4th cookout, the guilt we suppress hurriedly walking by another homeless encampment.
- For every fatal overdose, there are 15 non-fatal overdoses that cause physical, mental, emotional trauma. They not only affect the victims but also tear at the fabric of our families, communities and society.

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The Netherlands: Drugs, Dignity and Peace

- Size of West Virgina with over 17.5 million people
- Overdose rates 19 times lower than US

- More Cocaine confiscated in Rotterdam than all US ports combined
- World leader in amphetamine and ecstasy production

- Local drug consumption is lower or equal to US and other countries
- Habitually ranked one of the best places to live and raise a family in the world with low crime

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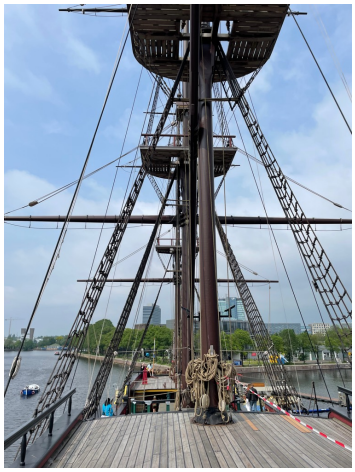
The Netherlands: History of Opium Trading

- The Dutch East India had a monopoly on opium sales to Asia since 1678 with huge. State control after 1808 collapse of VOC. Opium sales provided 16% of tax revenues for colonies until 1906.

- In 1928, Dutch factories produced 50% of world's opium. Also produced heroin and cocaine until WWII.

- Current national and international prohibitionist regime is not necessarily the historic norm.



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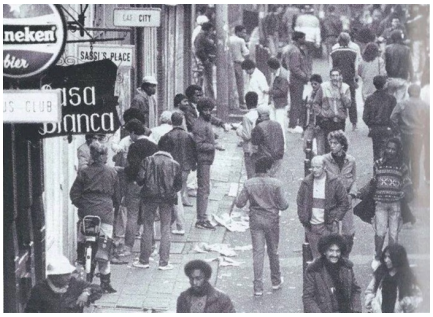
The Netherlands: Heroin Crises

- 1971 first fatal overdose in Amsterdam
- 4k users by 1975, peak 30-35k by 1984, 0.24% of pop. Alcohol use tripled as well.
- Influx of Americans, Surinamese, disenchanted hippies collides with financial crisis and rerouting of international heroin flows through Rotterdam.
- 1976, Opium Act compromise: split substances between soft and hard drugs. Divide drug market.
- 1980s *AIDS* and no go zones around Zeedijk



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The Netherlands: Medical Interventions

- 1977, Junkie Union. Nothing about us without us!
- 1978, first low threshold MAT. No drug testing. Take home. Doctors also prescribe MAT but problems at pharmacies.
- 1984, first syringe service program, thought up by PWID
- 1994, first drug consumption room after crack created chaotic street use and disturbances. Integrated with drop-ins.
- 1998, heroin assisted treatment for most difficult to help. 20 years on street. Desire budget, housing, daily activity, not psy.
- By 1990s 65-85% of PWID in contact with treatment or harm reduction services. *US today only 14% receive treatment.*

More visibility = More control

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The Netherlands: Medical Interventions

Today, of people who use opioids: 60% on MAT, 5-8% on HAT, 10% 12-step, 20% on their own. Age of patients goes up 10 months/year.

Should this be our goal?

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The Netherlands: Non-Medical Interventions

Housing as healthcare: A deal they can't refuse.

- Medical interventions alone won't solve what most PWUD and non-PWUD care about: *reducing homelessness and safer streets.* Non-opioid using populations don't have MAT yet.
- Until 1990s, abstinence only social services. Rampant homelessness and squatting.
- Then, no need to stop using to access tiered housing services, psychiatric and financial management support, daily activity, etc. Life improvement plan.
- 2006, Housing First. 83% remained housed. x2.5 money saved.
- Stick: Police will harass and throw you in jail if stay on streets. Helped get police on board with other recommendations.

Gerrie and Rowland outside his room at a second tier facility in Amsterdam

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The Netherlands: Non-Medical Interventions

Societal re-integration:
Lifelong criminal records is seen as a violation of individual privacy. Employers can only ask for a Statement of Good Conduct (VOG) but never their criminal record. Most can be cleaned after 4-30 years.

Investment in urban revitalization efforts:
Zeedijk now a thriving commercial center where people still use drugs but they also shop a H&M and buy stroopwafels.

Today:
Housing crisis and steep new budget cuts threaten this well functioning system.

Gerrie and Rowland outside his room at a second tier facility in Amsterdam

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The Netherlands: The role of Culture

- Polder model lets all voices be heard.
- Pragmatic, country of engineers: 70% of population in flood prone areas. Can't get rid of a problem, manage it.
- "Tolerance" policy: individual freedom, community peace, fiscal conservatism. Public health is public safety.
- Dutch are not ultra-progressives who believe that the use of drugs acceptable, let alone condonable.
- 1995 report: drug use itself not risk to society, but the use of drugs can never excuse damage and nuisance to others.

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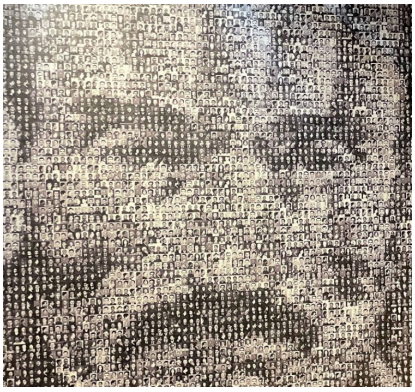
Portugal: History of Dictatorship and Colonization

- Doctorship from 1926 to 1974. Initially friendly to Hitler and Mussolini it later aligned with the west.
- Infant Mortality 38%; illiteracy 25%; Running water 47%; electricity 63%
- Estado Novo deeply intertwined with the Catholic church. Up until 2000, 95% of Portuguese were catholic. Most in EU.



Portugal: size of Maine with population of 10 million

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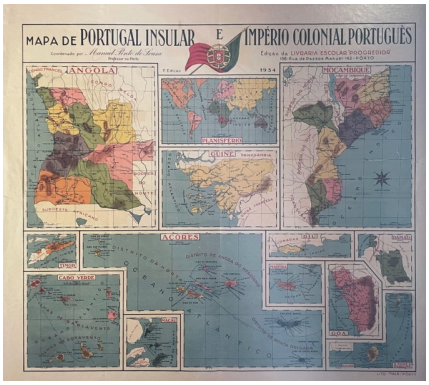
Portugal: History of Dictatorship and Colonization

- Arguably longest colonial power from 1400s to 1999 Macau
- Unapologetic of its colonial holding and "Portuguese model." Mainland accounted for only 4% of footprint.
- 1961 fight to hold colonies. Portuguese Vietnam with 13 years of jungle warfare.
- 1 million men drafted, country of 8.6 million. 500k colonists and local sympathizers recruited.
- Troops drank heavily, smoked cannabis, took heroin



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Portugal: Liberation and Heroin Crisis

- April 25, 1974 Carnation Revolution led by army captains
- Decolonization and 500k "retornados." Some had never set foot on Portuguese soil. Different living standards.
- Major changes in politics, economy, culture. There was fear of civil war.
- Smoking cannabis was sign of freedom from dictatorship.

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Portugal: Liberation and Heroin Crisis

- Mid-1980s shortage of cannabis, introduction of heroin. People didn't know what it was due to lack of outside information.
- Heroin thrived in a dislocated society with moralistic instincts and hierarchical structures
- By 1990s 1% of population is heroin. 350 deaths a year. Largest open drug market in Europe Casal Ventoso: 5,000 people per day.
- 80% Hep C, 60% HIV, 90% no access to treatment.
- "We never learned how to discuss our feelings," he said. The revolution upended the lives of a generation without the tools to express their frustrations and vulnerabilities—heroin soothed.

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Portugal: Road to Reforms

- "Wild west of treatment" – Doctor Goulão
- 1987 first dedicated treatment center in Lisbon in/out-patient. Immediately overwhelmed and followed by 16 satellite sites.
- 1997 government mandates evidence based best practices and multi-disciplinary teams for non-state-run treatment centers.
- 1998, solving epidemic was #1 issue for voters because of impacted family members and danger walking downtown.
- 1998, independent 9-person panel. 1999 government adopts far reaching public health recommendations. 2000 leg passes decrim.
- 2002, opposition win power but keep reforms in place.

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Portugal: Reforms and creation of ICAD umbrella

- Treatment: Outpatient and inpatient available same/next day
  - Low and high threshold MAT
  - Evidence based therapeutic communities
- Harm Reduction: SSP, street outreach teams
  - First DCR 2019
- Re-integration into society: non-abstinence employment and housing programs, tax deductions for businesses, decrim.
- Community engagement and urban revitalization
- Outcomes: within a decade heroin use dropped by two-thirds to 3%, overdoses cut to a one-fifth, new HIV cases plummeted

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Portugal: Decrimanization is not Depenalization

- Drug Commissions: 18 across country and islands. Lisbon handles 1.2 million residents and 2,000 cases a year.
- Acts of public disturbance. Drugs confiscated at interception. Non-drug charges referred to judge as normal.
- Must show at DC within 72 hours, mail and in-person follow up. 75-80% compliance.
- 80% cannabis, 91% men, 75% between ages of 16-34.
- People enter public health environment, they are not seen as criminals or delinquents but people needing help.
  - Passport renewal vibes.

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Portugal: Decrimanization is not Depenalization

- 40min evidence-based ASSIST and motivational interview.
  - "Context, context, context!"
- Low, medium, high-risk assessment by psychologist, socialworker
- 3-person panel recommends action plan.
  - Warning, connection to social services like housing and employment, treatment, harm reduction services
- Individual may refuse. Threat of penalty not often used.
- Story of teenager: positive interaction and correct information.

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Portugal

"Decriminalization without these investments would be useless or even counterproductive."
Doctor Countinho

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Key Takeaways

- History and cultural contexts play a vital role in the shaping of a country's acceptance of public health intervention in drug policy.
- Solving an opioid (or other drug) crisis is POSSIBLE. Must engage all members of society from PWUD, to neighborhood groups, to medical professionals, to law enforcement.
- Non-abstinence programing. Meet people where they are while they're using drugs from treatment to housing to employment. Data conclusively shows drug consumption goes down naturally. More importantly, people re-integrate.
- Harm reduction interventions can exist in a society that disproves of drug use.
- Drug use in society can coexist with safety – NL and PT safest countries on earth.
- ***Public health is public safety!***

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Key Takeaways: what would I do?

- Show people their lives matter and we're trying to help
  - Daily/weekly go on TV to talk about the persons lost today.
- End all preventable overdoses by de-toxifying drug supply:
  - Low-threshold methadone, buprenorphine, etc. No drug tests. Take-home.
  - Safe supply through HAT or other models
- Re-integrate into society
  - Low threshold housing access. VA program examples.
  - Low threshold employment services. Current labor shortage!
- Why? Because it will help people, reconnect families while also save taxpayer dollars and revitalize our local economies.

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What are my goals of Drug Policy?

Vision: A policy centered around people and grounded in evidence.

Values: Compassion, pragmatism.

Mission:
- Safer use, including end to all preventable overdoses
- Safer, revitalized streets
- Dismantle organized crime networks

*Note, creating drug free communities is not part of my goals as is it impossible.

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Thank you!

Read more: www.icwa.org/author/rerobinson

Connect with me on Linkedin: Rowland Robinson

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