

# Want to Win the <sup>TIME</sup> War on Drugs? Portugal Might Have the Answer

By Naina Bajekal | Photographs by Gonalo Fonseca

August 1, 2018



"I have been trying to escape this life, but it's very hard" says Pedro, a 30-year old man at Praça de Espanha, one of the daily stops for the Ares do Pinhal methadone truck in Lisbon, Portugal, February 9, 2017. "The methadone helps, but ultimately, it has to come from me."  
Gonalo Fonseca

When Gonalo Fonseca was a child, he went to school near Casal Ventoso, a Lisbon neighborhood that also served as the biggest open-air drugs market in Europe. "I have the vivid memory of being a child and seeing someone shoot up in broad daylight," the photographer says. His experience wasn't unusual. In the 1990s, some 5,000 addicts roamed the streets of the hilly neighborhood, searching for their daily fix as dirty syringes piled up in the gutters.

Back then, Portugal was in the grip of heroin addiction. An estimated 1% of the population—bankers, students, socialites—were hooked on heroin and Portugal had the highest rate of HIV infection in the entire European Union. "It was carnage," recalls Amrico Nave, a psychologist and President of **Crescer**, an outreach NGO focused on harm-reduction practices. As the government prepared to demolish Casal Ventoso in 2001, he was working with the addicts living in the neighborhood. "People had sores filled with maggots. Some lost their arms or legs due to overusing."

Over the course of two decades, the government's response had been one that Americans will recognize: it introduced increasingly harsh policies led by the criminal

justice system, while conservative critics spoke out against drug use. By the late '90s, about half the people in prison were there for drug-related reasons—creating a large addicted inmate population. Nothing was working. On the other side of the Atlantic, the U.S. was doing the same: spending billions of dollars cracking down on drug users.

But in 2001, Portugal took a radical step. It became the first country in the world to decriminalize the consumption of all drugs.

## The War on Drugs

Seventeen years on, the U.S. is suffering **its worst addiction epidemic** in American history. In 2016 alone, an estimated 64,000 Americans died from opioid overdoses—more than the combined death tolls for Americans in the Vietnam, Afghanistan, and Iraq Wars. In Portugal, meanwhile, the drug-induced death rate **has plummeted to five times lower** than the E.U. average and stands at one-fiftieth of the United States'. Its rate of HIV infection has dropped from 104.2 new cases per million in 2000 to 4.2 cases per million in 2015. Drug use **has declined overall among the 15- to 24-year-old population**, those most at risk of initiating drug use.

In 2017, Fonseca spent three months embedded with one of Lisbon's drug outreach teams; he was interested in seeing—and photographing—the kind of help people are getting in Portugal now that drug usage isn't a political priority. "America and Portugal are very different countries," Fonseca says, pointing out that what worked in his home country may not translate to the United States. But at the same time, he says, there are lessons to be learned from the approach of treating drug addiction as a medical issue rather than a criminal problem.

How did Portugal come to see drug addiction that way, when so many other countries haven't? For starters, its crisis escalated extraordinarily quickly. After four decades of authoritarian rule, during which it was impossible to even buy a Coca Cola, Portugal opened to the world in 1974, perhaps embracing freedom and new markets a little too enthusiastically. Soldiers returned to Portugal from ex-colonies with a variety of drugs, just as borders opened up for travel and trade. From the late '70s, heroin **was smuggled from India and Pakistan** via the former colony of Mozambique, and then landed on the streets of Portugal. So many years of isolation had left the country poorly equipped to tackle the influx of drugs, and it lacked adequate knowledge about the social and health risks of different drugs. The culture of liberation soon spiraled into a crisis.

Although **a comprehensive study from 2001** found that the level of drug consumption in the country was among the lowest in Europe at the time, cases of problematic drug use—either by injecting or regular use of opiates, cocaine and/or amphetamines—were especially bad in Portugal. What's more, drug use was unusually visible for such a socially conservative society—plain to see in the streets and bars of Lisbon and other big cities, particularly in the south. Unlike in other Western countries, where certain marginalized groups have been most vulnerable to heroin addiction, Portugal's drug crisis cut across all classes. "It was almost impossible to find a family in Portugal that did not have drug-related problems," said João Goulão, the architect of Portugal's revolutionary drug policy.

In 1998, Goulão was on the panel of experts who recommended a shift in the country's approach. "We realized we were squandering resources," he told Fonseca. "It made much more sense for us to treat drug addicts as patients who needed help, not as criminals." Police could concentrate on traffickers and dealers, freeing up resources

for the government to invest in treatment and harm reduction practices. A [2015 study](#) found that since Portugal approved the new national strategy in 1999 that led to decriminalization, the per capita social cost of drug misuse decreased by 18%. And according to a [report by the Drug Policy Alliance](#), a New York-based nonprofit with the goal of ending America's "War on Drugs," the percentage of people in prison in Portugal for drug law violations has decreased dramatically, from 44% in 1999 to 24% in 2013.

## Seventeen Years On

Since 2001, the Crescer outreach team has walked the same route on an abandoned construction project in a Lisbon suburb. They provide heroin and cocaine addicts with what they need for safer consumption: clean needles, tinfoil and psychological support. Each year, they help about 1,600 users.

"If we didn't reach out to them or go to the places where they are using, nobody would know they exist," Joana Frias, a 26-year-old nurse working as part of a task force for the Portuguese Harm Reduction Policy, told Fonseca. "We don't judge them in any way. If they want to, in their own time, we can help them stop using."

Under the 2001 law, drug dealers still go to prison. But anyone caught with less than a 10-day supply of any drug—including marijuana and heroin—is typically [sent to a local commission](#), consisting of a doctor, lawyer and social worker, where they learn about treatment and available medical services. And in Portugal, no distinction is made between "hard" or "soft" drugs, or whether consumption happens in private or public. What matters is whether the relationship to drugs is healthy or not.

As well as these programs, Goulão's panel proposed supervised drug consumption facilities, where drug users can consume drugs in safer conditions with the assistance of trained staff. Such facilities have been [running in Europe](#) since 1986, when the first was opened in Berne, Switzerland. Other rooms have since been established in several other countries, including France, Germany, Spain, and Greece, while the city of Vancouver in Canada opened North America's first supervised drug injection site in 2003.

Evidence [shows these sites can save lives](#), reduce public disorder associated with drugs, and lead to a drop in the behaviors linked to HIV and Hepatitis C transmission. But in the U.S., they remain controversial—despite several major cities, including Seattle, San Francisco and Philadelphia, considering plans to open supervised injection sites. Legal uncertainty is part of the problem: the federal government is opposed to the opening of such facilities, and state and local lawmakers have clashed over them. Some communities have also raised concerns about the impact on their neighborhoods. According to [NPR](#), although efforts are underway in at least 13 cities and states, all official supervised injection sites remain pending.

In Portugal, too, progress has been slow—although three supervised consumption rooms will finally open in Lisbon at the start of 2019. But the other measures recommended by Goulão's panel seem to have been a success.

"Drug addiction is something that will always exist," Fonseca says, articulating one of the principles underlying Portugal's attitude to drug abuse. But by eliminating the threat of criminal penalties—and along with it, a great deal of stigma—it has become easier for people to seek treatment. Between 1998 and 2011, [the number of people in](#)

drug treatment increased by over 60%; nearly three-quarters of them received opioid-substitution therapy.

Portugal's policies—and Goulão's role as drug czar—have managed to survive seven conservative and progressive administrations. Some critics have said Portugal's drug culture is too permissive now, with data showing more people have experimented with drugs since 2001. Yet despite some politicians pushing for a return to a more American-style war on drugs, the policies have endured—in part because the broader public supports decriminalization and a health-centered approach.

Some experts say the resounding success of Portugal's approach has been exaggerated. In a 2014 paper, UC Berkeley's Hannah Laqueur found that even before Portugal passed its decriminalization law, it was already loosely enforcing its anti-drug laws. “For years before the 2001 legislation, fines served as the primary sanction for individuals arrested and convicted of drug use,” she wrote. “By removing the possibility of criminal sanctions for drug use, the 2001 law primarily codified the existing practice.”

While there is still a debate about the policy and how easily it could apply to other countries, it is clear that on the ground in Portugal, healthcare workers feel better equipped to help addicts. Fonseca was surprised and moved by their dedication to people “largely forgotten by the rest of society.” That's in spite of austerity measures introduced two years after Portugal's 2010 financial crisis, when the government merged the 1,700 staff of its autonomous drug agency with its national health service. Although Fonseca says centers still lack adequate funding, two state-sponsored outreach teams—made up of psychologists, social workers and nurses—continue to travel each day to find addicts and get them the treatment they need. “The teams would go to the most dangerous parts of Lisbon and create real relationships,” he says.

Portugal still has a way to go, with some people continuing to use drugs in terrible conditions. But, Fonseca says, “what America and other countries can learn from Portugal is to treat people with more dignity.” Portugal has showed that, without spending significant sums, governments can give drug users the tools to put their lives back on track. But to do so, it will have to stop treating them like criminals.

*Gonçalo Fonseca is a freelance photographer based in Portugal. Follow him on Instagram [@goncalo.fonseca](#)*

*Naina Bajekal is TIME's Deputy International Editor, based in London. Follow her on Twitter [@naina\\_bajekal](#)*

*Paul Moakley, who edited this photo essay, is an Editor at Large and was previously the Deputy Director of Photography and Visual Enterprise at TIME. Follow him on Twitter [@paulmoakley](#)*



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HELP NOT HANDCUFFS SPONSORS DRUG  
DECRIMINALIZATION DISCUSSION FRIDAY AT  
PARLOR GALLERY ON COOKMAN AVENUE

By Michelle Gladden

In the midst of an opioid crisis that claimed a record number of lives last year, the local NGO **Help Not Handcuffs** will host three events featuring discussions with Portuguese Drug Czar Dr. João Goulão on how his country's drug decriminalization policy succeeded in greatly reducing overdose deaths and improving other health outcomes.

Among the three stops across the state will be an Advocate's Round Table with Mayor John Moor from 6 to 8 pm Friday at Parlor Gallery, located at 717 Cookman Ave.



"We want to engage those who are advocates and those affected by the issue to try to overcome barriers to implement this paradigmatic shift of the drug war," Help Not Handcuffs founder and CEO Randy Thompson said.

According to the **State Attorney General's office**, overdoses across the state escalated from 1,223 in 2012 to an estimated 2,750 deaths in 2017.

"I will be going to listen and learn," Mayor John Moor said. "I think it is interesting to how a country that had similar issues we are currently facing seemed to reduce their problems by relaxing legislation."

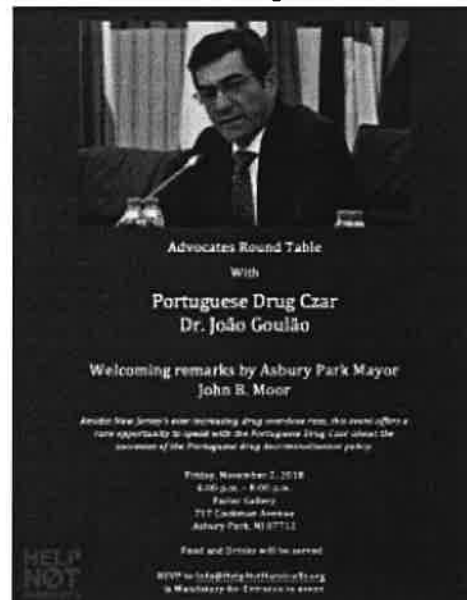


Goulão serves as the southern European nation's Drugs and Alcohol Coordinator and Director General of its Intervention on Addictive Behaviours and Dependencies General Directorate [SICAD], a body within the Health Ministry responsible for the policy coordination. He was chairman of the European Monitoring Centre on Drugs and Drug Addiction [EMCDDA] from 2009 to 2015 and has a long experience in the addiction field at the international level.

"Nearly twenty years ago while dealing with its own heroin epidemic, Portugal took the revolutionary action of decriminalizing all drugs in order to address drug use as a human rights and health issue," Thompson said. "Since then Portugal has achieved a drug-induced death rate five times lower than the European Union average, a 95 percent reduction in drug-related HIV infections and lower adult drug use."

A medical doctor by profession, Goulão has over 20 year's experience regarding drug-related issues, working in this field since 1987 as general practitioner and since devoting his professional life to drug reduction and health. He was also a member of the Portuguese Committee, which in 1999, prepared the report the first Portuguese Drug Strategy was based and that included decriminalisation proposal.

"In 2016 New Jersey experienced 2,221 overdoses to Portugal's 27 despite having similar sized populations," Thompson said. "New Jersey is projected to break 3,000 fatal overdoses in 2018. If you care about reducing overdoses while improving health and human rights, not attending is not an option, because Portugal's policy achieved these goals while New Jersey's policies continually fail our communities."



The visits are orchestrated with support from the **Open Society Foundations** and in collaboration with numerous partners, Thompson said.

Goulão's scheduled appearances are as follows:

Drug Decriminalization: The Triumph of Health and Human Rights over the Drug War, 12:30 to 2 pm  
Wednesday at Rutgers Law School on the Newark Campus, located at 123 Washington St, Room 070. Lunch will be provided and RSVP is mandatory via [sbouchouar@gmail.com](mailto:sbouchouar@gmail.com).

Symposium on Opioid Addiction, 9 to 11 am Friday at the Rutgers School of Social Work, Alexander Library Pane Room, located at 169 College Ave, New Brunswick. RSVP is mandatory via [kcrimmins@ssw.rutgers.edu](mailto:kcrimmins@ssw.rutgers.edu).

Advocates Round Table with Mayor John Moor, 6 to 8 pm Friday at Parlor Gallery, located at 717 Cookman Ave, Asbury Park. Food and drink will be provided and RSVP is mandatory via [info@HelpNotHandcuffs.org](mailto:info@HelpNotHandcuffs.org).

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## 1ª PÁGINA

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### **O toque humano no combate à toxicodependência**

### **Dr. Manuel Cardoso esteve em Toronto onde abordou o sucesso do sistema português na luta contra a droga e recuperação dos toxicodependentes**

*Por João Vicente*

*Sol Português*

Os arquitectos do plano português de combate à toxicodependência têm corrido o mundo para darem a conhecer o segredo do sucesso luso nesta guerra que Portugal, à semelhança do que acontece noutros países, esteve a perder durante os anos '90 e o início deste século até tomar medidas que inverteram o rumo.



Um deles, o subdirector-geral do Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD), Dr. Manuel Cardoso, esteve a semana passada em Toronto onde durante os dias de quinta (13) e sexta-feira (14) decorreu a Recovery Capital Conference of Canada.

Tratou-se de uma conferência dedicada a um modelo de tratamento e recuperação de toxicodependentes virado para uma abordagem multidisciplinar do problema e para um acompanhamento mais prolongado dos pacientes, ou seja, um modelo mais próximo daquele que tem vindo a ter sucesso em Portugal.

O Dr. Manuel Cardoso foi um dos oradores convidados, tendo feito uma apresentação na quinta-feira acerca da descriminalização e da política de saúde pública adoptadas por Portugal para combater o consumo de drogas, especificamente com vista a debelar o problema do consumo de heroína e as numerosas mortes por overdose que então se registavam em Portugal.

Na sexta-feira à noite, Manuel Cardoso veio ao encontro da comunidade lusa da área de Toronto através de uma apresentação organizada por José Carlos Sousa e Alexandre Ribeiro e que teve lugar na Casa do Alentejo de Toronto.

"Há assuntos essenciais e fundamentais na nossa sociedade, sobretudo na nossa comunidade portuguesa, que têm de ser analisados", referiu José Carlos Sousa, ao destacar o que levou a trazer este perito na matéria junto da comunidade lusa da área de Toronto, nomeadamente numa altura em que se debate e aborda o assunto da legalização de cannabis (marijuana) no Canadá.

"Temos que aprofundar estes temas, estes tópicos, e tentar contribuir para uma sociedade melhor, para uma comunidade melhor, e a maneira de conseguir fazer isso é estar informados, ter conhecimento e poder contribuir para as soluções", destacou.

O encontro reuniu cerca de duas dezenas de pessoas, várias delas com ligação aos serviços de assistência social e, especificamente, de toxicodependência, e que durante cerca de duas horas escutaram atentamente a palestra do orador convidado.



No final, e para além de um período para a colocação de perguntas, várias optaram por ficar ainda mais um pouco para jantar e socializar com a visita de Portugal.

Ao longo da sessão o Dr. Manuel Cardoso, além de explicar a estrutura dos departamentos governamentais e de saúde, assim como dos programas criados para dar resposta ao problema da droga em Portugal,

ênfatizou as principais características que permitiram ao sistema português atingir um nível de sucesso que o torna alvo de curiosidade e de tentativas de implementação noutros países.

Na sua avaliação, o facto de antes de se proceder à descriminalização da posse e do uso de pequenas quantidades de drogas se ter criado uma estrutura para dar resposta e encaminhar as pessoas afectadas foi crucial para o sucesso do programa.

Esse é um dos aspectos que mais contrasta com a abordagem americana, e agora canadiana, em relação à legalização de cannabis, algo que rapidamente se percebeu quando algumas das profissionais que lidam com toxicod dependentes formularam as suas perguntas dando conta das dificuldades que existem no Canadá para colocar os pacientes em programas de desintoxicação.

Além da preparação e criação antecipada de estruturas de resposta para o tratamento e dissuasão do uso de estupefacientes, o orador referiu ainda a diferença do sistema jurídico português, que permite a descriminalização, como outro aspecto que foi chave do sucesso de Portugal, pois funciona como um meio termo entre a proibição e a legalização – algo que parece não ser possível dentro dos parâmetros jurídicos existentes no Canadá e nos Estados Unidos da América.

Segundo destacou, o programa português assenta em cinco pilares: Prevenção, Dissuasão, Tratamento, Redução de Danos e Reinserção.

O perito vindo de Portugal compara a abordagem lusa à aplicação de uma multa a alguém que conduza sem cinto de segurança ou em excesso de velocidade sem que a pessoa seja considerada criminosa.

Neste caso, as pessoas que são apanhadas na posse de uma quantidade de estupefacientes que excede um determinado limite – dependendo esse limite da substância em questão – são consideradas traficantes e detidas.

Já as que tenham em sua posse uma quantidade que esteja dentro do padrão de "consumo médio individual no período de 10 dias" são consideradas doentes que precisam de cuidados de saúde e encaminhadas para um programa adequado às suas necessidades, enquanto recebem acompanhamento prolongado.

A propósito da conferência em que participou bem como deste encontro com a comunidade, Manuel Cardoso fez um balanço positivo salientando que neste último achou importante deixar os participantes aptos a explicarem o modelo português.

"Penso que a conferência que fiz correu bem", destacou, adiantando que "tive repercussões e perguntas, quer ontem, quer hoje", incluindo da parte de um deputado que no final "veio fazer o encerramento (e) acabámos por trocar também algumas impressões".

"Gostei da conversa, apesar de algumas componentes do nosso modelo serem difíceis de entender, porque o modo de pensar em termos legais é

diferente", referiu, ao explicar que por isso "às vezes não é fácil passar as mensagens".

No entanto, acrescentou, "por parte dos técnicos a recepção foi excelente" e afirmou ter sentido em ambos os dias a mesma manifestação de interesse e reconhecimento pelo trabalho que se desenvolveu em Portugal.



Embora o projecto português tenha ganho notoriedade além-fronteiras mais recentemente – chegando a ter uma propagação quase viral nos últimos anos devido à atenção que lhe foi prestada desde 2009 por um especialista de um centro de reflexão de Washington, assim como à expansão e ubiquidade das redes sociais e à crescente conversa em torno da legalização de cannabis – é fruto de uma semente que foi plantada em 1987.

Em 1990, Manuel Cardoso foi convidado a integrar o conselho de administração do Serviço de prevenção e Tratamento da Toxicodependência, pelo que já tem décadas de experiência a partilhar.

Tanto ele como o director do SICAD, João Goulão têm sido contacta-dos por profissionais e instituições do sector, assim como por parte de vários governos, incluindo o canadiano, que tanto têm visitado e enviado delegações como solicitado a sua presença em fóruns como este que agora teve lugar em Toronto.

Só no ano passado, Portugal recebeu a visita de 57 delegações estrangeiras e em termos do Canadá, Manuel Cardoso já esteve em Otava por duas vezes, tendo sido auscultado tanto pela ministra da Saúde, Ginette Petitpas Taylor, como pelo Senado.

Entretanto, uma delegação constituída pela ministra da Saúde e pela ministra da Justiça, Jody Wilson-Raybould, foi também a Portugal, enquanto que João Goulão já se deslocou por duas vezes a Vancouver e um outro colega visitou também outra cidade canadiana.

Actualmente, e apesar da fórmula do sucesso português ser já sobejamente conhecida, há entraves, tanto legais como de cultura e ideologia, que têm vindo a impedir a sua aplicação noutras partes do mundo.

No Brasil, por exemplo, procedeu-se à descrimi-na-lização do uso, mas não da posse, o que criou um sistema algo desconjuntado e que concede um enorme poder discricionário aos agentes da polícia.

Por outro lado, na República Checa o modelo adoptado é mais parecido com o português, mas entrou em vigor há pouco tempo por isso ainda se aguardam os resultados.

O que é facto, salienta o Dr. Manuel Cardoso, é que nos anos '90 o "número de consumidores problemáticos de heroína" era de cerca de 1% da população de Portugal – mais de metade dos quais (56%) estavam infectados também com o vírus VIH – enquanto que hoje em dia é menos de metade.

De igual modo, o número de overdoses, que na altura se cifravam em cerca de 350 por ano, foram hoje em dia reduzidas para menos de 40, desde 2011.

Enquanto o sucesso do programa português tem vindo a ser independentemente verificado, o que tem ajudado a comprovar a fiabilidade dos resultados obtidos, neste momento são o Canadá, a Noruega, a Austrália e a Irlanda os países que mais se esforçam para o tentar perceber, por forma a poderem vir a aplicá-lo.

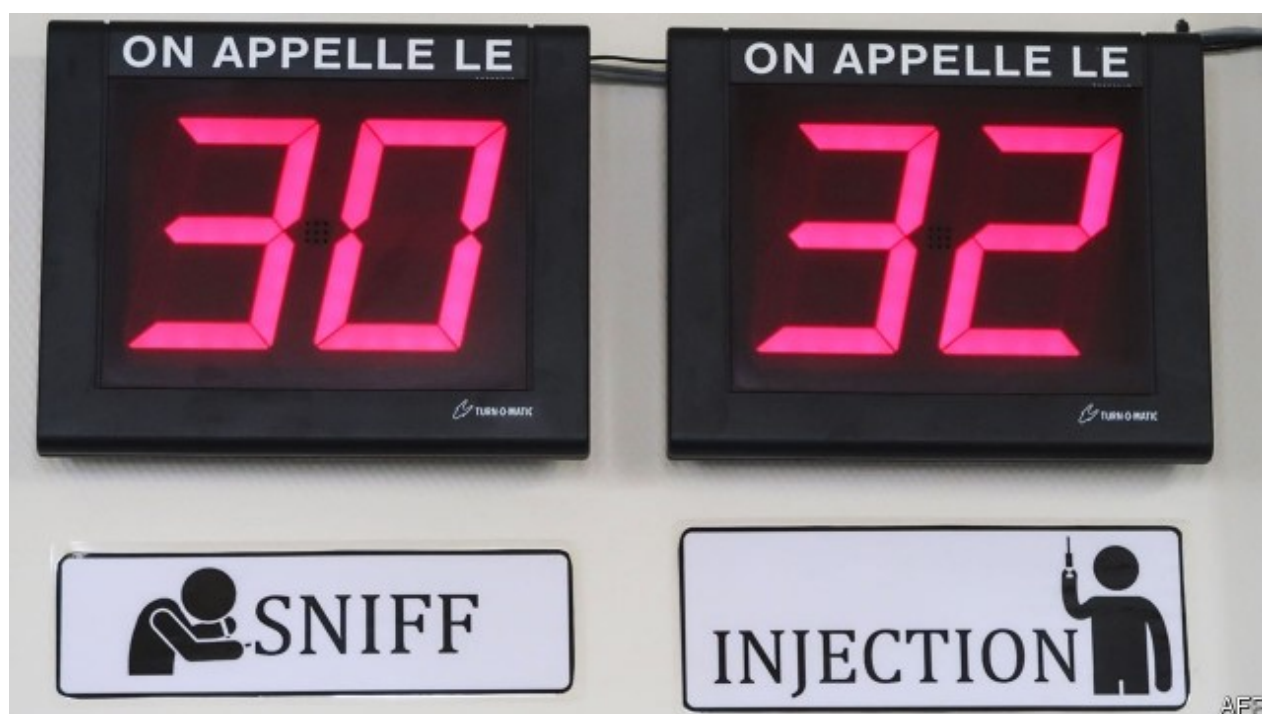
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Chill pill

# Harm reduction is the right way to treat drug abuse

*Europe should re-embrace an approach it pioneered*

Print edition | Europe

Nov 24th 2018 | LISBON AND AMSTERDAM

**T**WENTY YEARS ago Lisbon's Casal Ventoso neighbourhood was the biggest open-air drug market in Europe. But since 2001, when Portugal decriminalised most drug use, the number of addicts has plummeted, and these days one has to know where to find them. One recent evening, three outreach workers from CRESCER, a charity that helps drug users, trudged up a hillside carrying bags of clean syringes, saline solution and pastries. In a grove of cane

plants, half-a-dozen people were smoking crack or injecting heroin. A gaunt man leant over a friend's face, helping him plunge a needle into his neck.

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Marta Correia, a psychologist at CRESCER, is friendly with many of Casal Ventoso's drug users, but the thin fellow was unfamiliar. "Call me John Doe," he joked, grinning. He had been shooting heroin for 25 years, since he was 15, he said. Ms Correia gave him a pastry and some syringes, accepting used ones in return. Other users got sheets of tinfoil for their pipes, and were encouraged to enter treatment.

At the height of the epidemic in the 1990s, authorities estimated that about 100,000 Portuguese, or 1% of the population, were heroin users. "It cut across all social classes. Nearly every family had someone," says Dr João Goulão, head of SICAD, the agency that directs Portugal's addiction programmes. That generated the political will to take the fight against drugs out of the justice ministry and give it to the health ministry. Under the law of 2001, illegal drugs remain illegal and dealers are prosecuted. But possession for personal use is an administrative offence, not a criminal one. Anyone caught with a 10-day supply or less is ordered

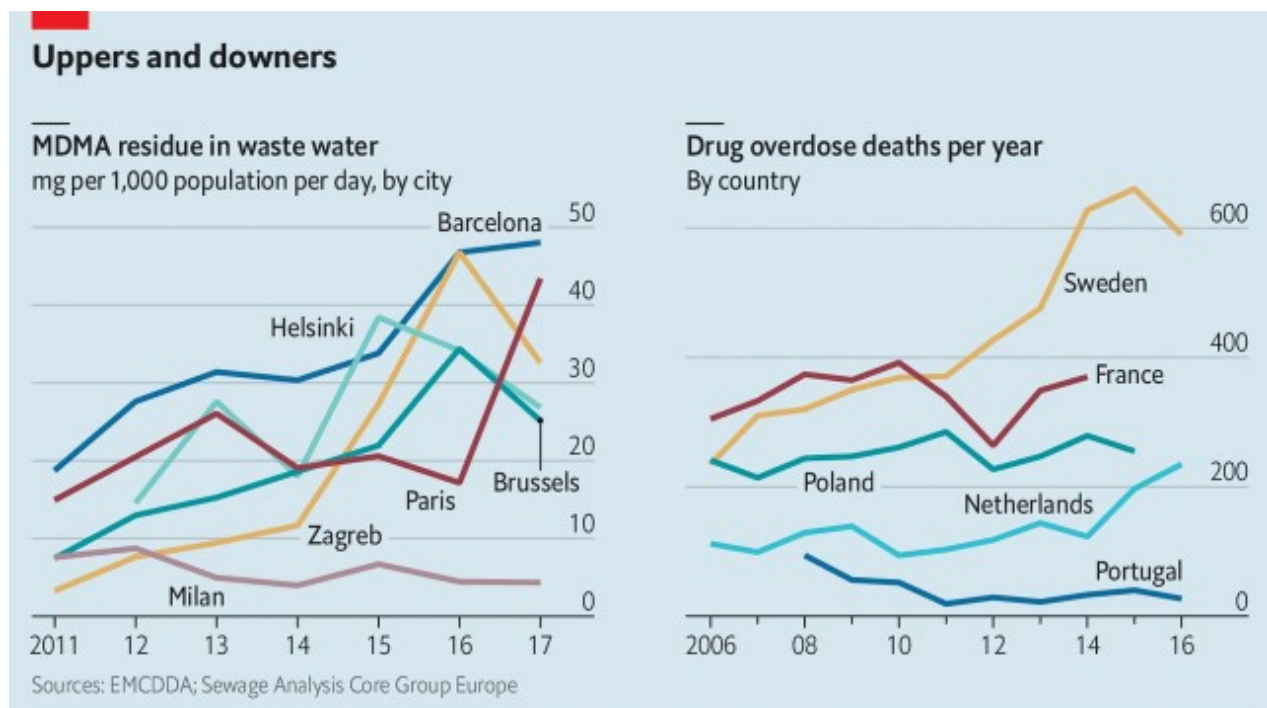


to visit the local Commission for Dissuasion of Drug Addiction. Rehabilitation programmes and opiate substitutes, such as methadone, are available to all users who want to quit.

### First, do no harm

Since then, the number of problem heroin users has fallen to about 33,000. The government can claim only partial credit; drug epidemics tend to fizzle. But decriminalisation and treatment helped cut Portugal's overdose rate to one of the lowest in Europe. As for America, in 2016 it had 63,600 fatal overdoses. In Portugal there were 27.

Portugal's policies are based on "harm reduction" approaches pioneered in countries such as Switzerland in the 1980s. The idea is to emphasise treatment and prevention more than punishment, says Brendan Hughes of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Most European countries now have some form of harm-reduction policy, though the east is more conservative.



The Economist

Some countries take things further. Many have safe injection rooms, supervised by medical professionals who check the drugs for safety. In Germany, the Netherlands and Switzerland, addicts who repeatedly fail methadone

programmes may even receive free, government-prescribed heroin. “Heroin-assisted treatment” has been shown to reduce crime and deaths. And it appears not to recruit new users: shooting up at a government facility under a nurse’s gaze is hardly glamorous.

But lately Europe is facing different drugs. Cocaine use is up; in Barcelona, residues in wastewater suggest it more than doubled between 2011 and 2018. Most overdose deaths in the Netherlands are caused not by opiates but by party drugs like amphetamines or synthetic cannabinoids, or by ecstasy, which can cause dehydration. The drug GHB raises your libido, but can knock you out; it accounted for two-thirds of Dutch drug-related emergencies in 2016.

For stimulants like these, notes the EMCDDA’s Andrew Cunningham, “there are no substitute treatments like methadone”. The same goes for methamphetamines, rare in most of Europe but common in the Czech Republic and Slovakia. (They are still known there as “Pervitin”, a brand of amphetamines distributed to Nazi soldiers.) In the past few years Czech meth has spread across Germany, mainly in paste form. The more dangerous crystal variant has popped up as well, often sold at T-shirt stands along the German border.

Resistance to decriminalisation can come from many sides. Moralistic Sweden has tough laws against even small quantities of drugs. That is one reason, critics say, why its overdose death rate is the second-highest in Europe after Estonia’s: users are afraid to call for help. Poland has needle exchanges, but under its present conservative government, the number of syringes distributed mysteriously dropped by half in 2016. In Copenhagen last summer police repeatedly raided the anarchist community of Christiania, where cannabis dealing had long been unofficially tolerated.

Getting tough on cannabis seems strange at a time when countries and American states are legalising it. Harm reduction began with cannabis in the 1970s, when the Dutch government began tolerating retail reefer sales in designated “coffee shops”. But tellingly, it never decriminalised the business of supplying the coffee shops, so the wholesale trade stayed illegal. “It makes no sense at all,” says Peter

Schouten, a Dutch lawyer who hopes to become one of the country's first legitimate marijuana farmers when a pilot programme is launched next summer.

Many of Europe's decriminalisation and harm-reduction efforts remain unfinished. Américo Nave, head of CRESCER, criticises Portugal's government for failing to create safe injection rooms and barring outreach workers from carrying the drug naloxone, which can save heroin users who have overdosed. Last December, Ms Correia says, she watched a man die, knowing that naloxone might have saved him. Still, that is one of just a few dozen such deaths in Portugal in the past year. In Sweden, there may be ten times as many.

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