Drug Decriminalization in Portugal: Challenges and Limitations

Changes in Portugal’s Drug Law
In July 2001, Portugal decriminalized the personal use and possession of all illicit drugs. Now, following passage of Law 30/2000, Portugal refers cases of consumption, purchase, or possession of up to a ten days’ supply of an illicit drug to an administrative panel, which makes recommendations for treatment, fines, warnings, or other penalties. Trafficking and cultivation of illicit substances, as well as possession of quantities exceeding a ten days’ supply, remain criminal offenses.

A Case Study for Legalization?
Portugal’s decriminalized drug policy has been cited as proof that softening drug laws does not increase illicit drug use or the consequences of drug use. This contention is based primarily on the findings published in a 2009 Cato Institute report.¹ It is difficult, however, to draw any clear, reliable conclusions from the report regarding the impact of Portugal’s drug policy changes.

Limitations in Current Research

- **Supporting Analysis Not Definitive:** The Cato Institute report does not discuss the statistical significance of the data shifts it highlights, sometimes focusing on prevalence rate changes as small as 0.8 percent.²

- **Fails to Recognize Other Factors:** The report attributes favorable trends as a direct result of decriminalization without acknowledging, for example, the decline in drug-related deaths that began prior to decriminalization.³

- **Adverse Data Trends Not Reported:** Evidence that may reflect Law 30/2000’s adverse social effects – such as the increase in drug-related deaths in Portugal between 2004 and 2006 – is sometimes ignored, downplayed, or not given equal recognition.

- **Core Drug-Use Reduction Claims Not Conclusive:** As “proof” of drug legalization’s success, the report trumpets a decline in the rate of illicit drug usage among 15- to 19-year-olds from 2001 to 2007, while ignoring increased rates in the 15-24 age group and an even greater increase in the 20-24 population over the same period.⁴ In a similar vein,

- **Methodologically Limited:** Cato’s analysis relies heavily on lifetime prevalence data, which can be problematic when analyzing the impact of policy changes over time periods as short as the 5-6 years captured in most of the studies cited in the report.

### Additional Studies Offer More Contradictory Evidence

- Statistics compiled by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicate that between 2001 and 2007, lifetime prevalence rates for cannabis, cocaine, amphetamines, ecstasy, and LSD have risen for the Portuguese general population (ages 15-64) and for the 15-34 age group.6

- Past-month prevalence figures show increases from 2001 to 2007 in cocaine and LSD use in the Portuguese general population as well as increases in cannabis, cocaine, and amphetamine use in the 15-34 age group.7

- Drug-induced deaths, which decreased in Portugal from 369 in 1999 to 152 in 2003, climbed to 314 in 2007 – a number significantly higher than the 280 deaths recorded when decriminalization started in 2001.8

- Despite Cato’s assertion that increases in lifetime prevalence levels among the general population are “virtually inevitable in every nation,” EMCDDA data indicate that other countries, including Spain, have been able to achieve decreases in lifetime prevalence rates for cannabis and ecstasy use between 2003 and 2008.

### Claims of Benefits from Drug Legalization Exceed Supporting Science

The Cato Institute report does not present sufficient evidence to support claims regarding causal effects of Portugal’s drug policy on usage rates. More data are required before drawing any firm conclusions, and ultimately these conclusions may only apply to Portugal and its unique circumstances, such as its history of disproportionately high rates of heroin use.9 However, it is safe to say that claims by drug legalization advocates regarding the impact of Portugal’s drug policy exceed the existing scientific basis.

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2 Greenwald, p. 12.
3 Greenwald, pp. 17-20.
5 Greenwald, pp. 12-14.
8 EMCDDA, Statistical Bulletin 2009, Table DRD-2.
9 Allen, Trace, and Klein, p. 1.

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**ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation’s effort to reduce drug use and its consequences.**

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