

The Truth on Portugal

Countering false claims by activists concerning Portugal's decriminalisation using its own official statistics



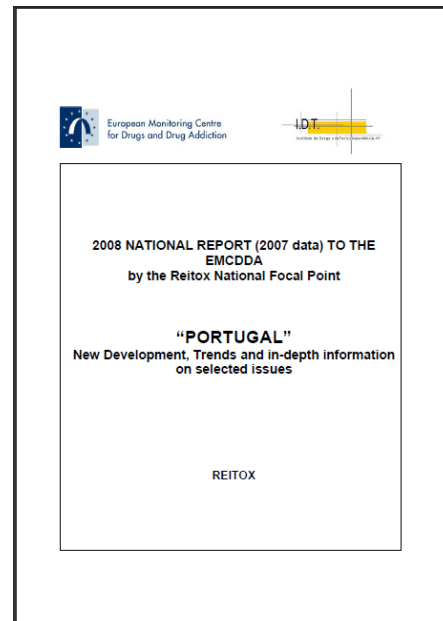
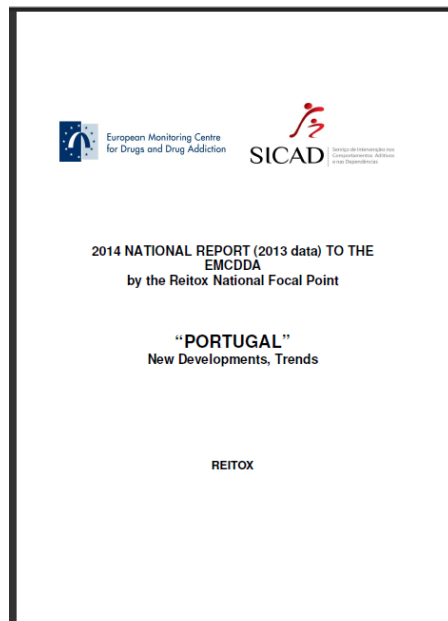
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The Truth on Portugal

Portugal decriminalised all illicit drug use as of July 2001 and since that time drug decriminalisation/legalisation activists have inundated politicians and the media with glowing reports of Portugal's touted 'success', selectively using data with no context rather than giving the full picture.

But here is the reality, using Portugal's own official data sent to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the same statistics used for the yearly United Nations World Drug Report drug use tables.



http://www.emcdda.europa.eu/publications/national-reports/portugal-2014_en

<http://www.emcdda.europa.eu/html.cfm/index86763EN.html>

First, Australia's superior Tough on Drugs results

Compare the results of Australia's 'Tough on Drugs' strategy between 1998 and 2007 to those of Portugal in this document (Tough on Drugs was scrapped by the new Federal government of late-2007). The Tough on Drugs approach worked within an environment of States and Territories maintaining criminal penalties for use of all illicit drugs other than cannabis.

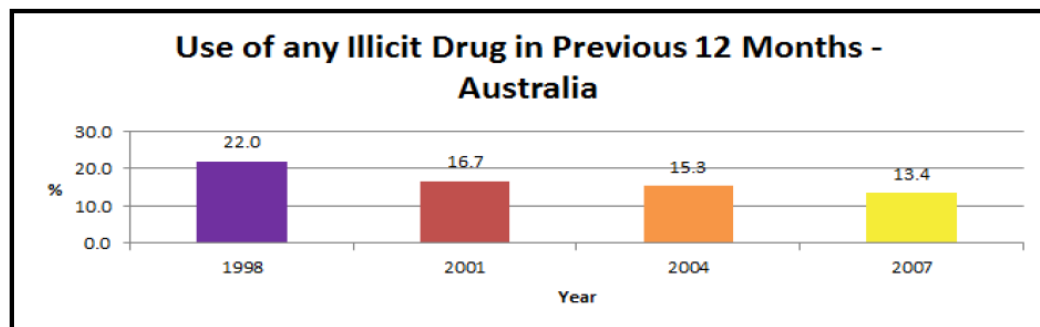
USE OF ALL ILLICIT DRUGS DECLINED BY 39% BETWEEN 1998 AND 2007.

View the actual drug use statistics for Portugal, then return here to compare them to the superior success of our Tough on Drugs approach.

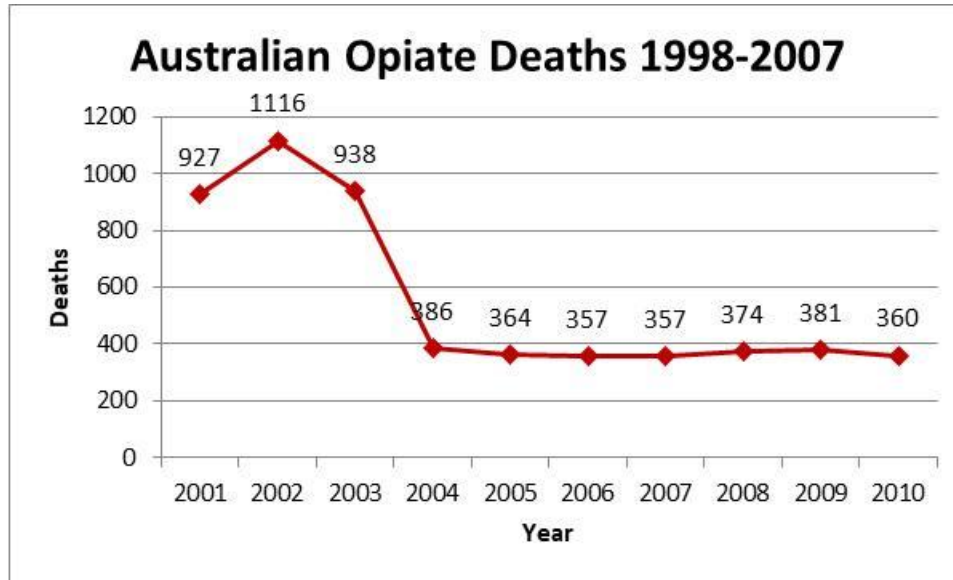
Table 2.1: Summary of recent^(a) drug use, people aged 14 years or older, 1993 to 2010 (per cent)

Drug/behaviour	1993	1995	1998	2001	2004	2007	2010
Illicit drugs (excluding pharmaceuticals)							
Cannabis	12.7	13.1	17.9	12.9	11.3	9.1	10.3
Ecstasy ^(b)	1.2	0.9	2.4	2.9	3.4	3.5	3.0
Meth/amphetamines ^(c)	2.0	2.1	3.7	3.4	3.2	2.3	2.1
Cocaine	0.5	1.0	1.4	1.3	1.0	1.6	2.1
Hallucinogens	1.3	1.9	3.0	1.1	0.7	0.6	1.4
Inhalants	0.6	0.4	0.9	0.4	0.4	0.4	0.6
Heroin	0.2	0.4	0.8	0.2	0.2	0.2	0.2
Ketamine	n.a.	n.a.	n.a.	n.a.	0.3	0.2	0.2
GHB	n.a.	n.a.	n.a.	n.a.	0.1	0.1	0.1
Injectable drugs	0.5	0.5	0.8	0.6	0.4	0.5	0.4
Any illicit ^{(d)(e)}	14.0	16.7	22.0	16.7	15.3	13.4	14.7

<https://www.aihw.gov.au/getmedia/85831350-afb6-4524-8d8d-764fa5d2d1f8/12668-20120123.pdf.aspx> p 8



During Tough on Drugs Australian opiate deaths plummeted.

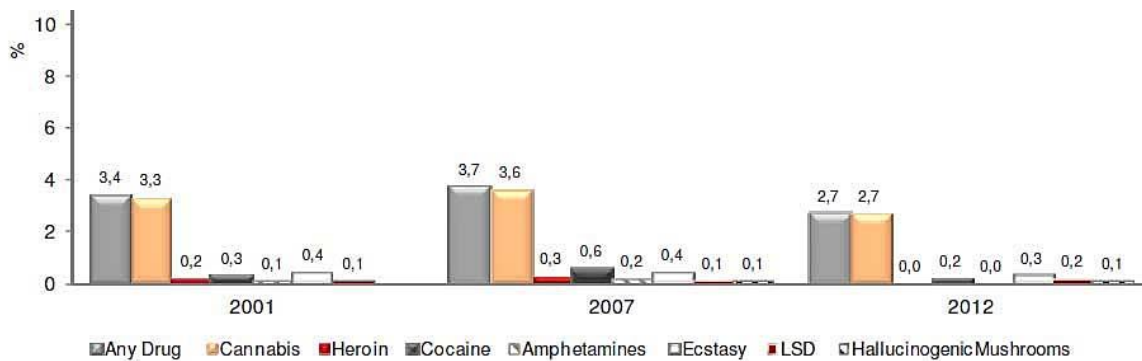


Portugal – overall drug use ROSE after decriminalisation

Since the implementation of decriminalisation in 2001 drug use for all age-groups in Portugal rose through to 2007 - compare the grey bars in Portugal's official REITOX 2014 annual report (page 26) to the European Monitoring Centre graphed below. While cannabis use increased marginally for all aged groups, cocaine use doubled as did use of speed and ice.

AGED 15-64

Any drug	Up 9%
Cannabis	Up 9%
Heroin	Up 50%
Cocaine	Doubled
Speed/Ice	Doubled
Ecstasy	No change
LSD	No change
Magic Mushrooms	Up from negligible to 0.1%

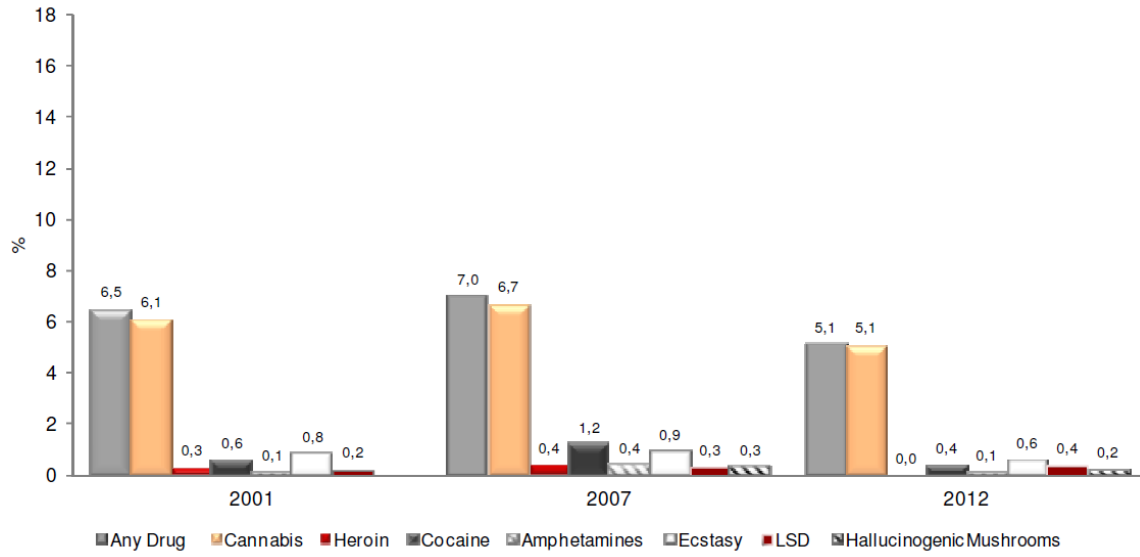


Graph 3 – General Population, Portugal – Total (15-64), last 12 months prevalence, by type of drug (%) (SICAD2013)

Drug use by young people aged 15-34, as graphed by the REITOX report (below), saw greater increases.

AGED 15-34

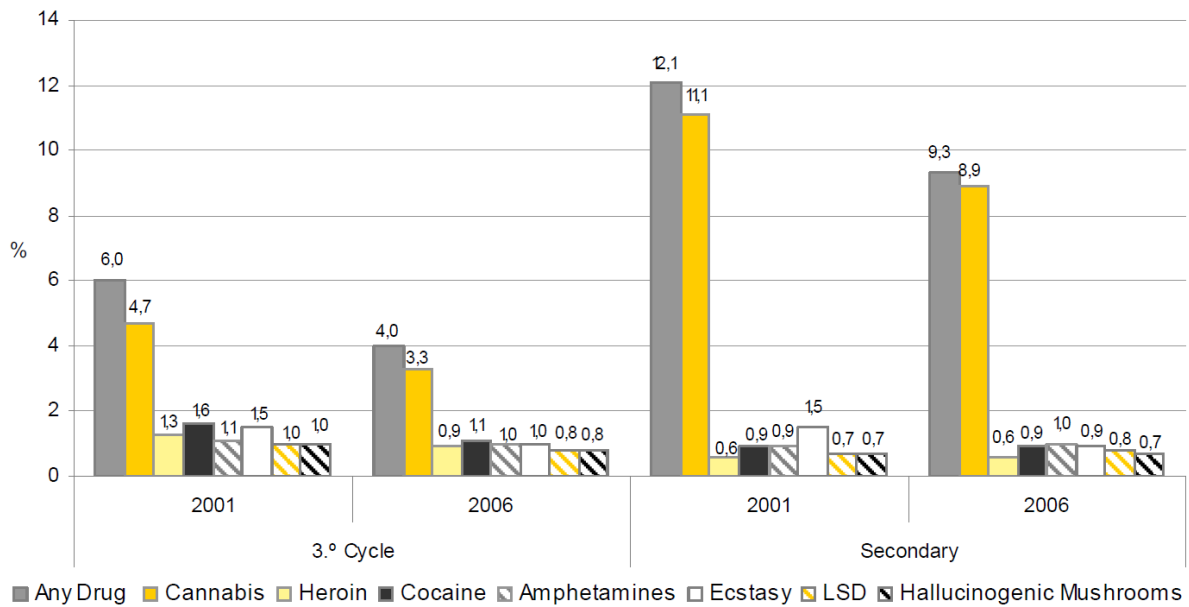
Any drug	Up 8%
Cannabis	Up 10%
Heroin	Up 33%
Cocaine	Doubled
Speed/Ice	Quadrupled
Ecstasy	Up 13%
LSD	Up 50%
Magic Mushrooms	Up from negligible to 0.3%



Graph 4 – General Population, Portugal – Young Adult Population (15-34 years), last 12 months prevalence, by type of drug (%) (SICAD2013)

Although high-school student use fell from 2001 to 2007

The dominant message given by activists about Portugal is that decriminalisation did not cause increases in drug use. Only high-school student use did fall - by 33% for 3rd Cycle students (typically aged 13-15) and by 23% for secondary students (aged 16-18) as per graphs copied from the 2008 REITOX National Report for Portugal (page 23). A Cato Institute report promoting the “success” of decriminalisation made much of these decreases while downplaying the increases for the greater part of the population already seen in the graphs above.



Graph 7 - School Population – 3rd Cycle and Secondary: Last Month Prevalence, by type of Drug

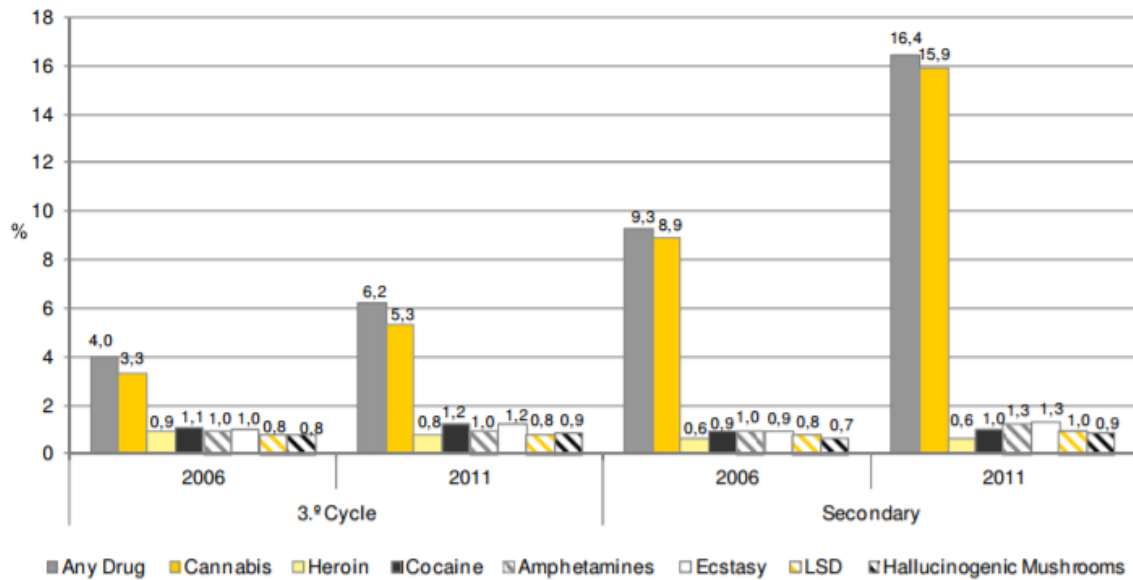
Overall drug use fell from 2007 to 2012

Between 2007 and 2012 drug use in Portugal for all age groups declined in line with general decreases across various European countries.

Italy - Opiates	0.8% (2005)	0.48% (2011)
Spain - Opiates	0.6% (2000)	0.29% (2012)
Switzerland - Opiates	0.61% (2000)	0.1% (2011)
Italy - Cocaine	1.1% (2001)	0.6% (2012)
Italy - Speed/Ice	0.4% (2005)	0.09% (2012)
Austria - Speed/Ice	0.8% (2004)	0.5% (2012)

Yet high school use rose steeply from 2006 to 2011

Use of any illicit drug by high-school students rose markedly between 2006 and 2011. The graph below is again copied directly from page 37 of the 2014 REITOX report to the EMCDDA. From 2001, when decriminalisation commenced, Secondary School drug use in 2011 was 36% higher and 76% higher than in 2006.



Graph 15 – School Population – INME (3º Cycle and Secondary): Last 30 Days Prevalence of use, by type of drug (IDT, I.P. 2012)

Overall drug use has increased again from 2012 to 2017

Between 2012 and 2017 Lifetime Prevalence statistics for the general population (aged 15-64) have risen by 23% <http://www.theportugalnews.com/news/alcohol-tobacco-and-drug-consumption-all-report-increases/43238>. It is important to note that all other statistics cited thus far in this paper have been statistics for use in the last 30 days before survey, or alternatively the last 12 months. Lifetime Prevalence asks survey respondents if they have ever used a particular drug at any time in their lifetime. However a comparison of Portugal's Lifetime Prevalence graphs for 2001, 2007 and 2012 shows only a slightly attenuated difference for Lifetime Prevalence as compared to last 12 month figures indicating that Portugal is again seeing significant increases in illicit drug use. The Portugal News articles states,

According to the 4th National Survey on the Use of Psychoactive Substances in the General Population, Portugal 2016/17, there has been a rise in the prevalence of alcohol and tobacco consumption and of every illicit psychoactive substance (essentially affected by the weight of cannabis use in the population aged 15-74) between 2012 and 2016/17.

The study focused on the use of legal psychoactive substance (alcohol, tobacco, sedatives, tranquilisers and/or hypnotics, and anabolic steroids), and illegal drugs (cannabis, ecstasy, amphetamines, cocaine, heroin, LSD, magic mushrooms and of new psychoactive substances), as well as gambling practices.

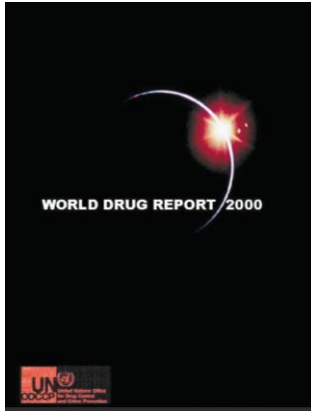
According to the study, alcohol consumption shows increases in lifetime prevalence, both among the total population (15-74 years) and among the young adult population (15-34 years), and among both men and women. Tobacco consumption shows a slight rise in lifetime prevalence, which, according to the report, “is mainly due to increased consumption among women.”

The study also saw an increase from 8.3% in 2012, to 10.2% in 2016/17, in the prevalence of illegal psychoactive substance use.

Opiate use was already falling before decriminalisation

Much has been made of the decreases in heroin use in Portugal after decriminalisation. But Portugal’s opiate use, which had topped OECD countries in 1998 at a staggering 0.9% according to the United Nation's World Drug Report for 2000, halved to 0.46% by 2005.

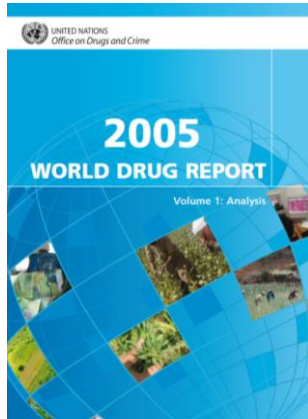
ANNEX 2 | ANNUAL PREVALENCE OF ABUSE OF ILLICIT DRUGS



EUROPE	Cannabis		Opiates		Cocaine ¹		Amphetamines		Ecstasy	
	%	Year	%	Year	%	Year	%	Year	%	Year
Western Europe										
Austria	3.0	1996*	0.2	1998	0.5	1996*	0.2	1996*	0.8	*
Belgium (18-65)	5.0	**	0.2	**	0.5	**	0.5	**	0.7	1998*
Denmark (18-69)	4.0	1995*	0.3	1995	0.3	1995	0.9	1995*	0.7	*
Finland	2.5	1998*	0.05	1997*	0.2	1998	0.1	1998*	0.2	1998*
France (18-69)	4.7	1995	0.3	1997*	0.2	1995	0.3	1995*	0.3	*
Germany (18-59)	4.1	1997	0.2	1998	0.6	1997	0.4	**	0.8	1997**
Greece (12-64)	4.4	1998*	0.4	*	0.5	**	0.06	1998*	0.01	1998*
Ireland	7.9	1995*	0.3	1997*	0.6	**	0.6	**	1.0	**
Italy	4.6	**	0.5	1997*	0.6	1996*	0.5	**	0.5	*
Liechtenstein	0.8	1996	0.1	1998	0.4	1998	0.02	1997	0.2	1998
Luxembourg	4.0	1998*	0.5	1997*	0.4	**	0.3	1998	0.2	*
Malta	2.2	**	0.2	1998	0.1	1996	0.01	1997	0.2	*
Monaco	0.4	1996	0.1	1995	0.01	1994	0.01	1993	0.4	*
Netherlands (12 and above)	5.2	1998	0.2	1998	0.7	1998*	0.4	1997*	0.8	1998*
Norway	3.8	1998*	0.2	1998*	0.3	1997*	0.5	1997*	0.1	**
Portugal	3.7	**	0.9	1998	0.5	1998*	0.2	**	0.1	*
San Marino	4.0	1997*	0.02	1996*	0.04	1994	0.3	1994	0.3	*
Spain	7.6	1997*	0.6	1999	1.7	1997	0.8	*	1.0	1997*
Sweden (15-75)	0.1	1998	0.1	1997	0.2	1998*	0.2	1997	0.1	1998*
Switzerland (18-45)	8.5	1998*	0.5	1998	0.5	1998*	0.7	**		
Turkey			0.01	1998						
United Kingdom	9.0	1998*	0.5	**	1.0	1998*	1.3	**	1.0	1998*
OCEANIA										
	Cannabis		Opiates		Cocaine ¹		ATS ⁽¹⁾			
	%	Year	%	Year	%	Year	%	Year		
Australia (14 and above)	17.9	1998	0.7	1998	1.4	1998	3.6(2.4)	1998		
Fiji	0.2	1996								
Micronesia Fed.State.	29.1	1995								
New Caledonia	1.9	**								
New Zealand	15.0	1998	0.6	1998	0.04	1998	2.0	1998		
Papua New Guinea (6-45)	29.5	1995			0.01	1995				
Vanuatu	0.1	1997								

* UNDCP estimate
 ** Tentative estimate for the late 1990s
 * Includes source
 (1) Where available Ecstasy prevalence in brackets
 Source: Global Illicit Drug Trends 2000

However roughly half of that decreased use predated decriminalisation, with 0.7% recorded in the UN World Drug Report for the year 2000. It is not clear what dynamic was in play for the 22% decrease in heroin use by 2000, the year prior to decriminalisation. However it may well have continued to be the dynamic at play without decriminalisation being a factor – we simply do not know.



OPIATES	
Annual prevalence of abuse as percentage of the population aged 15-64 (unless otherwise indicated)	
EUROPE	
East Europe	
Russian Federation, 2001	2.1
Ukraine*, 2002	0.8
Belarus*, 2003	0.4
Moldova, Rep., 2000	0.07
Southeast Europe	
Croatia, 1999	0.7
Bulgaria, 2001	0.5
Albania*, 2000	0.5
FYR of Macedonia, 1998	0.4
Romania*, 2002	0.3
Turkey, 2003	0.05
Western and Central Europe	
Latvia, 2001	1.7
Estonia, 2001	1.2
United Kingdom, 2001	0.9
Luxembourg, 2000	0.9
Italy, 2002	0.8
Denmark, 2001	0.7
Portugal, 2000	0.7
Spain, 2000	0.6
Switzerland, 2000	0.6
Ireland, 2001	0.6
Lithuania, 2002	0.6
Slovenia, 2001	0.5

It appears that heroin use is simply not recorded for 2012 in the REITOX report graphs above and it is not at all clear why. Other data on page 71 of the same 2014 REITOX report (facsimile below) show that presentations for heroin use scored higher for outpatients and for detox units than any other type of illicit drug. Heroin also made up 42% of residential rehab admissions.

Regarding the characterization of users' consumption that went in 2013 to the different structures of drug treatment³⁰ can be seen that, in outpatient, heroin remains the main substance more reported by patients in treatment in the year (82%). At the level of those who started treatment in 2013, this also occurred in the case of users readmitted (77%), but not in the case of new users, where cannabis has emerged as the main substance most referred (49%).

Also among patients of DU's, heroin was the main drug most often reported (66% public and 69% in the licensed), but in TC's this occurred at licensed (42%) level but not at the public, where main drug most reported was cocaine (61%).

Portugal's drug use was initially below European averages

Activist claims that Portugal's drug use is below European averages ignores the fact that Portugal, before decriminalisation, initially had drug use below European averages **other than for heroin**, as can be seen in the Annex 2 Table copied onto page 11 of this document. With the current increases in drug use between 2012 and 2017, it is not yet clear whether Portugal will be below or above – we await more data.

From 2001 to 2017 decriminalisation, despite being coupled with coerced rehabilitation and treatment, has failed to decrease the burden of drug use in Portugal, despite concerted efforts to target problem drug users with what they title "dissuasion". The diversion of funding from law enforcement to dissuasion and treatment has not ultimately succeeded.

Rising drug deaths in Portugal

Claims that there were significant decreases in drug-related deaths in Portugal immediately following decriminalisation are based on two errors.

First, claims that there were more than 75 drug-related deaths in 2001 which more than halved to 34 deaths in 2002 use a figure for 2001 for which there is no substantiation. Official drug-related deaths for Portugal, taken from the latest 2018 EMCDDA Statistical Bulletin are copied below. Notice that there is no such figure recorded for 2001.

Overdose deaths > Trends > EMCDDA 'Selection B'

[Download as Excel file \(.xlsx\)](#)

Search:

Country	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000
Poland	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Portugal	:	54	37	28	16	10	26	27	20	14	12	9	20	23	34	:	:
Romania *	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:

<http://www.emcdda.europa.eu/data/stats2018/drid>

Second, there is no way of knowing what the real number of drug related deaths before 2002 were. Up until 2009 Portugal counted all deaths where any illicit drug was detected, whether the death was caused by that illicit drug or not. Portugal later changed its definition to only those deaths that were caused by overdose or poisoning, and in 2009 reanalysed their data back to 2002. This leaves no comparison to the years before decriminalisation. The official figures yield the following graph.



Early decreases between 2002 and 2005 are part of the same decreasing trend in opiate use, as noted on page 12, which **predated** decriminalisation with reductions from 0.9% in 1998, to 0.7% in 2000. These decreases were not due to decriminalisation because they were not a part of it. Decriminalisation was introduced July 2001 and appears to be the beneficiary of whatever dynamic was driving opiate use and deaths down. However these early decreases in deaths are matched by an increasing trend between 2005 and 2010, which is followed by sharper rises in drug deaths from 2011 to 2015, the latest year for which data is currently available.

Portugal's graph should be compared with Australia's Tough on Drugs results on page 6. While Australia maintained criminal penalties for use of most drugs, it saw sharply decreased drug deaths that were then maintained at those lower levels throughout the tenure of Tough on Drugs.

Portugal's increasing trend in deaths since 2011 undoubtedly reflects rising drug use, in light of drug overdose deaths usually closely correlated to levels of rising opiate use. This is because there is a reasonably inelastic relationship between opiate use and opiate deaths, where typically 1% of opiate users fatally overdose each year. Portugal's increasing trend in overdose deaths should be indicate similar increases in opiate use.

One of the claims for Portugal that is in fact correct is that they have lower overdose deaths per million population than Australia. Below are the statistics for both countries to 2007 when Australia's Tough on Drugs ceased.

Year	PORTUGAL		AUSTRALIA	
	Deaths	Per Million	Deaths	Per Million
2002	34	3.3	364	18.5
2003	23	2.2	357	18.1
2004	20	1.9	357	17.9
2005	9	0.9	374	18.4
2006	12	1.1	381	18.5
2007	14	1.3	360	17.2

The most obvious factor for the much lower rate of overdose deaths per million population is that only 18% of heroin users inject heroin (*see circled datum on the EMCDDA Table copied on the next page*) whereas most heroin users in Australia inject. Users who smoke or snort their opiates do not run the same risks of overdose as injectors.

Country	High-risk opioid use estimate		Entrants into treatment during the year						Clients in substitution treatment
			Opioids clients as % of treatment entrants			% opioids clients injecting (main route of administration)			
			All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants	
Year of estimate	cases per 1 000	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	count	
Latvia	2014	3.4–7.5	46.2 (382)	24.7 (102)	67.8 (280)	91 (343)	87.1 (88)	92.4 (255)	518
Lithuania	2007	2.3–2.4	88.2 (1 905)	66.6 (227)	92.6 (1 665)	84.4 (1 607)	84.6 (192)	84.3 (1 402)	585
Luxembourg	2007	5–7.6	53.9 (146)	46.4 (13)	51 (100)	50.3 (72)	15.4 (2)	52 (51)	1 121
Hungary	2010–11	0.4–0.5	4.2 (196)	1.6 (51)	9.5 (118)	60.2 (109)	55.1 (27)	63.5 (73)	745
Malta	2014	5.3–6.2	72.8 (1 277)	27.5 (58)	79 (1 219)	63.4 (786)	47.3 (26)	64.1 (760)	1 013
Netherlands	2012	1.1–1.5	10.5 (1 113)	5.7 (346)	16.9 (767)	6.5 (44)	9.3 (18)	5.4 (26)	7 569
Austria	2013	4.9–5.1	50.8 (1 737)	29.2 (435)	67.3 (1 302)	35.9 (479)	23.1 (79)	40.3 (400)	17 272
Poland	2009	0.4–0.7	14.8 (1 054)	4.7 (162)	25 (877)	61.5 (658)	39.1 (61)	65.1 (555)	2 586
Portugal	2012	4.2–5.1	53.8 (1 538)	26.3 (357)	78.8 (1 180)	18.3 (255)	12.5 (39)	19.9 (216)	16 587
Romania	–	–	41.8 (1 094)	15.1 (211)	74 (852)	92.4 (1 007)	85.7 (180)	94 (799)	593

http://www.emcdda.europa.eu/edr2016_en_p_71

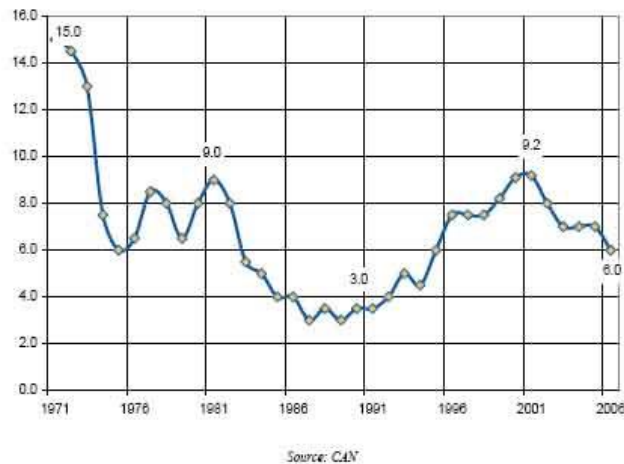
If Australia wants to replicate the low death rates from opiates, health authorities will have to convince Australians of the switch from injecting to smoking or snorting. It is unlikely that Australians will change.

However, smoked heroin is a harm reduction measure that is manifestly not the logical birth-child of decriminalisation. Netherlands has long promoted smoked heroin while drug use in that country is still technically criminalised.

Portugal uses coerced rehab and treatment

Portugal's policy coerces treatment and rehab, as does Sweden's which reduced its drug use from the late 1970s from the highest levels in Europe to the lowest in the developed world by the early 1990s with coerced rehabilitation central to its drug policy. In the graph on the next page from the United Nation's https://css.unodc.org/pdf/research/Swedish_drug_control.pdf decreases align with Swedish spending on rehab, which decreased between 1990 and 2001 due to Sweden's economic recession, but which was reinstated after 2001.

Figure 5: Life-time prevalence of drug use among 15-16 year old students in Sweden, 1971-2006



Coerced rehabilitation has successfully reduced drug use in Sweden, and is not cited as an impingement on users' rights in Portugal by those who claim that everything Portugal is good. There is therefore no excuse for politicians to be discouraged from using the success of Sweden's coerced rehab policies within Australia, given its acceptability in Portugal.

HIV decreases not due to decriminalisation

Drug legalisation/decriminalisation activists falsely claim that sharp decreases in Portugal's HIV incidence year on year are the result of decriminalisation.

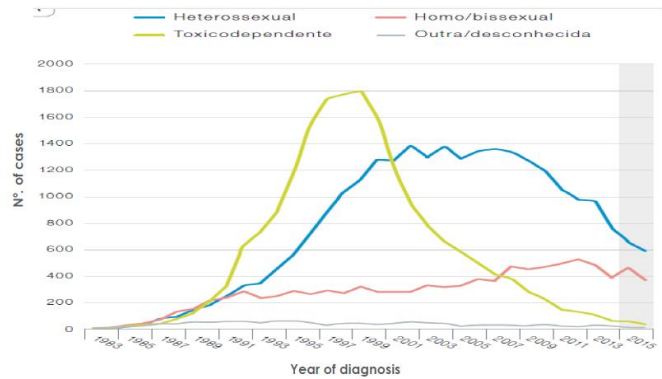
Both HIV and Hepatitis C (HCV) are transmitted by sharing used needles. While Australia has some of the lowest HIV rates despite a sizeable injecting user population it has an HCV prevalence of 65% (<https://catalogue.nla.gov.au/Record/3301382> p25) which is no different to any other drug-using country (ie typically 60-70% <http://www.ifngo.org/main/pmwiki.php?n=Policy.DrugAbuse>). While Australia's Needle & Syringe Programs (NSPs), the envy of every other country worldwide, took credit for our low HIV rates, our high HCV prevalence makes it clear that a majority of our injectors still often share needles despite provision of clean needles by our state-of-the-art NSPs. The failure of NSPs to control HCV has been confirmed by the world's most authoritative review of NSPs (<https://www.nap.edu/catalog/11731/preventing-hiv-infection-among-injecting-drug-users-in-high-risk-countries> p 145). If so many users are sharing needles as witnessed by high HCV rates, then Australia's low HIV rates are logically due to something other than NSPs.

The founder of Australian NSPs, Dr Alex Wodak, expressed alarm in a 1997 Medical Journal of Australia article (<https://www.ncbi.nlm.nih.gov/pubmed/9087180>) titled “Hepatitis C: Waiting for the Grim Reaper” where the apparent ineffectiveness of NSPs in preventing HCV led him to propose a new Grim Reaper campaign to target its spread. This of course suggests that Australia’s Grim Reaper television advertising campaign targeting HIV was the likely reason for low HIV levels in Australia, not NSPs. Australia’s higher levels of HIV testing than other countries also contributes.

While Australia’s HIV interventions effectively stopped any growth in contracted HIV from an initially low base of infected persons, Portugal has had to initially contend with the highest HIV levels in Europe with 45% of Portugal’s intravenous users having contracted HIV in the late 1990s. However, the identified interventions which have reduced HIV notifications in 2016 to less than 1 in 10 of their intravenous users (see http://www.emcdda.europa.eu/countries/drug-reports/2018/portugal/drug-harms_en) are not at all unique to decriminalisation.

First, from the graph below it is clear that the greatest reductions in HIV transmissions were already being achieved BEFORE the introduction of decriminalisation in mid-2001. The significant decreases in opiate use, also before 2001 as discussed on page 11 & 12, would be a contributor.

Diagnose of HIV infection by characteristics of sampled population, Portugal 1983–2015



Source: INSA, IP (2016). Infeção VIH/SIDA: in Portugal a 31 de dezembro de 2014. Lisboa: Instituto Nacional de saúde Doutor Ricardo Jorge, IP



https://www.qmhc.qld.gov.au/sites/default/files/downloads/the_portuguese_experience_0.pdf

Second, the success in decreasing heterosexual HIV transmissions evident from 2007 onwards also demonstrates that factors other than the decriminalisation of drug use were causal for decreases in HIV.

Third, while the move by Portuguese opiate users from intravenous drug use to smoked or snorted opiate use will have been somewhat responsible for the decreased transmissions of HIV, these changes are not the result of decriminalisation because they are not unique to decriminalisation. Smoked and snorted opiate use also happens within drug policy regimes that still maintain criminal penalties for drug use.

Fourth, one important factor has been the provision of free and readily available HIV screening, the very same factor that has led to low HIV transmissions in Sweden and Norway <https://www.ncbi.nlm.nih.gov/pubmed/14533729>. Yet freely available HIV testing and counseling in Sweden and Norway succeeds in a CRIMINALISED context, therefore free HIV testing is not synonymous with decriminalisation, given that it works successfully in either context.

While Portugal's success with HIV must be applauded, there is nothing to suggest that decriminalisation has in any way been causal.

Overblown activist claims about HIV reductions need to be publicly corrected.

Almost all Australians do not approve of illicit drug use

The Australian Government's Australian Institute of Health and Welfare (AIHW) conducts the National Drug Strategy Household Survey every 3 years, surveying close to 25,000 Australians each time. The very large sample gives this survey a great deal of validity.

The last survey was in 2016, and Table 9.17 from its statistical data <https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/data> indicates Australian approval or disapproval of the regular use of various illicit drugs.

97-99% of all Australians do not give their approval to the use of heroin, cocaine, speed/ice and ecstasy, and 86% do not give their approval to the regular use of cannabis.

Table 9.7: Personal approval of the regular use by an adult of selected drugs, people aged 14 years or older, 2007 to 2016 (per cent)

Drug	Males				Females				Persons			
	2007	2010	2013	2016	2007	2010	2013	2016	2007	2010	2013	2016
Tobacco	15.8	17.4	17.3	18.1	12.9	13.3	12.2	13.2	14.4	15.3	14.7	15.7#
Alcohol	51.7	51.5	51.7	52.4	39.0	38.9	38.6	39.8	45.3	45.1	45.1	46.0
Cannabis	8.7	11.0	12.6	17.8#	4.6	5.3	7.0	11.2#	6.7	8.1	9.8	14.5#
Ecstasy	2.6	3.0	3.3	3.9	1.5	1.7	1.6	1.8	2.0	2.3	2.4	2.9#
Meth/amphetamine ^(a)	1.5	1.5	1.6	1.6	0.9	0.9	1.1	0.8	1.2	1.2	1.4	1.2
Cocaine/crack	1.8	2.2	1.9	2.0	1.0	1.2	1.3	1.4	1.4	1.7	1.6	1.7
Hallucinogens	2.1	3.2	4.5	5.1	1.2	1.6	1.7	2.4#	1.7	2.4	3.1	3.7#
Inhalants	1.0	1.3	0.9	0.9	0.7	0.8	1.0	1.0	0.8	1.0	0.9	1.0
Heroin	1.3	1.5	1.3	1.3	0.7	1.0	1.1	1.0	1.0	1.2	1.2	1.1
Pharmaceuticals ^(a)	15.6	23.3	24.5	28.7#	11.9	21.4	21.9	26.9#	13.7	22.4	23.2	27.8#
Prescription pain-killers/analgesics ^(a)	n.a.	13.4	13.0	13.2	n.a.	12.6	12.2	12.1	n.a.	13.0	12.6	12.7
Over-the-counter pain-killers/analgesics ^(a)	n.a.	14.4	14.8	19.5#	n.a.	14.3	14.2	18.7#	n.a.	14.3	14.5	19.1#
Tranquilisers, sleeping pills ^(a)	4.8	7.2	9.5	10.1	3.4	5.7	6.8	8.5#	4.1	6.4	8.2	9.3#
Steroids ^(a)	2.5	3.0	3.0	3.0	1.0	1.4	1.5	1.8	1.7	2.2	2.2	2.4
Methadone or buprenorphine ^(a)	1.1	1.5	1.3	1.6	1.0	1.0	1.2	1.1	1.0	1.2	1.3	1.3

Statistically significant change between 2013 and 2016.

(a) For non-medical purposes.

Notes: The list of response options changed across survey waves. Comparisons should be interpreted with caution.

Source: NDSHS 2016

Australians want less drugs, not more

With 97-99% of all Australians not giving their approval to the use of heroin, cocaine, speed/ice and ecstasy, and 86% not giving their approval to the regular use of cannabis, it is clear that Australians do not want these drugs being used in their society. Decriminalisation of drugs has been associated worldwide with increased drug use. (see <https://drugfree.org.au/images/13Books-FP/pdf/Decriminalisation.pdf>) Australians need to be educated about the real results of decriminalisation, and the misleading portrayals of Portugal's drug policy need public correction.

Conclusions

Most of the claims being made for the 'success of Portugal's decriminalisation of all types of drug use are false claims.

- Decriminalisation has increased drug use for all age-groups
- Decriminalisation has seen sharp increases amongst high-school students
- Portugal's drug use, other than for heroin, was initially lower than European averages
- It is not clear what caused major decreases in opiate use before decriminalisation
- While drug deaths in Portugal are much lower in Portugal due to heroin being smoked or snorted rather than injected, drug overdose mortality is currently increasing
- HIV decreases are mostly not due to decriminalisation
- Australia's Tough on Drugs shows a far superior success

Recommendations

Australian politicians and media need to acquaint themselves with the real statistical picture for Portugal rather than accepting the claims of activists at face-value

Australian politicians and media need to be aware that Portugal coerces treatment and rehab and therefore should reject the notion that coerced treatment could never be accepted by drug users

Australian politicians and media need to seek every opportunity to advance the truth and not the false claims made about Portugal

Australian politicians need to recognise that Australians want less drugs, not more, and legislate those strategies which reduce drug use - Tough on Drugs was one such strategy