



## **Drugs: The Portuguese Fallacy and the Absurd Medicalization of Europe**

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### **Abstract**

Drug decriminalization in Portugal is a failure despite of various reports published all over the world pretending the opposite. There is a complete and absurd campaign of an unacceptable manipulation of Portuguese drug policy. Underestimating the readers understanding and suggesting the contrary to what facts and numbers show unequivocally, a book written by a writer/lawyer fluent in Portuguese for an American “libertarian” think-tank a long time advocating drug legalization – Cato Institute - has been carried out naively by some usually responsible national and international press all over the world, that boosting the proliferation of the Portuguese “good news” are dangerously distorting the projection of the reality.

On the other hand, is very preoccupant indeed the appeal, among others, of two notorious personalities on the field of drug dependence that among others are inviting the world “to move human rights into the mainstream of drug control” and “place health at the core of drug policy”. Applying in their speech the two favorite arguments the two “jewels of the crown” of the well known economic-social-political group that insistently and restlessly wishes at any cost to legalize drugs – “health” and “human rights” - those high representative officials amazingly seems they did not find the strength enough to resist the pressure and, capitulating to that lobby group are opening dangerously the door to the medicalization of drug dependency. Surprisingly the very recent 2010 EMCDDA Report, emphasizing the use of substitution drugs as main tool to tackle opioid dependence, shows clearly that Europe seems wishing to go in the same way.

### **Keywords**

Drugs, Portugal, legalization, decriminalization, medicalization, harm reduction, health, jail, human rights

### **The Portuguese fallacy**

On the early Spring 2009 Mr. Glenn Greenwald (1) an American lawyer and writer fluent in Portuguese, sponsored by Cato Institute - Washington think-tank committed to

libertarianism that has been a long-time advocate of drug legalization – was invited to come to Portugal with a certain task at hand. He was to develop a study concerning the results of the Portuguese drug decriminalization policy. After 3 weeks he went back to the United States and wrote a book. And on that book he characterized the Portuguese drug policy as being a huge success. An example and a lesson to the world. A model worth being replicated. That 33 pages book was a tremendous sensation. But was the book truthful? Was the information in it reliable? Was it worth all that credit? Was that the truth?

Let's take a look at some statements that might have helped trigger the libertarian euphoria.

It says: –“The total number of drug-related *deaths* has actually decreased from the pre-decriminalization year of 1999 (when the total was close to 400) to 2006 (when the total was 290)”.

And regarding *consumption*, it gives the general notion of decreasing tendencies affirming that: –“Prevalence rates for the 15 to 19 age group have actually decreased in absolute terms since decriminalization.”

And continues: “Most significantly, the number of newly reported cases of *HIV and AIDS* among drug addicts has declined substantially every year since 2001.”

This book, as we will see, underestimating the readers understanding and suggesting the contrary to what the numbers show clearly and unequivocally, has been carried out unconsciously and naively by some usually responsible national and international press all over the world that boosting the proliferation of the Portuguese “good news” are dangerously distorting the projection of the reality: “The Guardian” - “Britain looks at Portugal's success story over decriminalizing personal drug use” (September 5th 2010), “The Economist” - “The evidence from Portugal since 2001 is that decriminalization of drug use and possession has benefits and no harmful side-effects” (August 27<sup>th</sup> 2009) and the Portuguese magazine “Visão” – “Portugal inspira Obama” (Maio 7, 2009) are just a few of the publications that mimicked the phenomena all over the world.

As Mr. Greenwald misleading book articles like these ones were so effective, that already the Czech Republic, Mexico and Argentina copied the model and adopted the famous Portuguese drug decriminalization model.

That is the razing power of an attractive fallacy!

Regarding with interest the outcomes and implications of Portugal's drug decriminalization initiative, the Executive Office of President Barak Obama Drug Control Policy, Director Gil Kerlikowske, in a letter (2) to a member of the International Task Force on Strategic Drug Policy and Drug Watch International, states: “... a careful review of all available data on this subject as you can see in the enclosed working paper, our analysts found that claims that decriminalization has reduced drug use and had no detrimental impact in Portugal significantly exceed the existing scientific basis. Because this conclusion largely contradicts prevailing media coverage and several policy analyses in Portugal and the United States, my staff has heavily documented the sources of the data and information contained in this working paper. Please feel free to use this

document in part or in whole to help strengthen your own efforts to advance a more honest discussion of decriminalization in Portugal and of the drug policy choices with nations are grappling today.”

Ending up his manuscript with the sub-title: “Drug Legalizers’ Claims Exceed Supporting Science” – In addition to the complications associated with using lifetime prevalence data to assess the impact of drug policies, and to the challenges presented by evidence that is not fully considered in the Cato Institute report, it is generally difficult to be certain whether shifts in drug-related outcomes in Portugal and other countries are due to changes in drug policy or to other factors.<sup>17</sup> More data is 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 large heroin use.<sup>18</sup> For now, this much can be said – drug legalization advocates’ claims regarding the impact of Portugal’s drug policy have significantly exceeded the existing scientific basis.”

(17 – Peter Reuter and Alex Stevens, “An Analysis of UK Drug Policy,” UK Drug Policy Commission, April 2007, pp.10-11, accessed via [www.ukdpc.org.uk](http://www.ukdpc.org.uk); Reuter reportedly proposes that the cyclical nature of drug epidemics may explain drops in heroin use and heroin-related deaths apart from changes in Portuguese drug policies. See Maia Szalavitz, “Drugs in Portugal: Did Decriminalization Work?”, *Time*, April 26, 2009, accessed via [www.time.com](http://www.time.com). 18 – Allen, Trace, and Klein, p.1.)

Let’s abandon definitively Mr. Greenwald artefacts and move to the real facts, to the data (and his sources) starting with the one presented by that high representative USA official’s above letter:

“Drug-induced deaths in Portugal that decreased from 369 in 1999 to 152 in 2003, climbed to 314 in 2007 – significantly more than the 280 deaths recorded when decriminalization started in 2001”. (*EMCDDA, Statistical Bulletin 2009, Table DRD-2.*)

“...the report’s claims of Portuguese drug legalization success, however it trumpets a decline in the lifetime prevalence rate for the 15-19 age group from 2001 to 2007, while discounting a larger lifetime prevalence increase in the 15-24 age group and ignoring the substantially larger lifetime prevalence increase in the 20-24 age group over the same period. (Greenwald, p.14.) Furthermore, the report emphasizes decreases in lifetime prevalence rates for the 13-18 age group from 2001 to 2006 and for heroin use in the 16-18 age group from 1999 to 2005, but once again downplays increases in the lifetime prevalence rates for the 15-24 age group between 2001 and 2006, and for the 16-18 age group between 1999 and 2005”. (*Greenwald, pp. 12-14.*)

“... despite an assertion in the Cato Institute report that increases in lifetime prevalence rates for a general population are “virtually inevitable in every nation”, EMCDDA data indicate that countries have been able to achieve decreases in lifetime prevalence rates, including Spain, for cannabis and ecstasy use between 2003 and 2008.” (*EMCDDA, Statistical Bulletin 2009, Table GPS-1.*)

### *Consumption*

Looking closer at the data regarding prevalence, (Figure 1) it’s curious that the only 3 graphics presented in Mr. Greenwald’s book, mainly focus on an age span population comprised between 13 and 19 years old.

Only a brief reference is made to the adjacent 20 to 24 age group that already doesn't show any mild decrease, but rather a boosted 50% increase.

And still concerning the 13 to 15 age group in school environments, if we want to look at the same data in a different perspective, we can attest to an increase in every drug category from 1998 to 2002, with cannabis sky-rocketing the charts with its 150% raise.

Only to have a mild decrease on to 2006, with the exception of heroin, and although numbers are still not available regarding subsequent years, there is a general sense that the numbers are ascending yet again.

If we look below the age of 34 it's nearly a 50% escalade.

If one glances at the numbers related to prevalence in the Portuguese population (Figures 2 and 3), there isn't a single drug category, not one, that has decreased since 2001.

Between 2001 and 2007, the drug consumption in Portugal increased by 4.2% in absolute terms - the percentage of people who have experimented with drugs at least once in their lifetime, climbed from 7.8% in 2001 to 12% in 2007.

The following statistics are reported (3)

|           |                                     |
|-----------|-------------------------------------|
| Cannabis: | from 12.4% to 17% (15-34 years old) |
| Cocaine:  | from 1.3% to 2.8% (15-34 years old) |
| Heroin:   | from 0.7% to 1.1% (15-64 years old) |
| Ecstasy:  | from 1.4% to 2.6 (15-34 years old)  |

### *Cannabis*

"It is difficult to assess trends in intensive cannabis use in Europe, but among the countries that participated in both field trials between 2004 and 2007 (France, Spain, Ireland, Greece, Italy, Netherlands and Portugal), there was an average increase of approximately 20%." (4)

### *Cocaine*

"There remains a notorious growing consumption of cocaine in Portugal, although not as severe as that which is verifiable in Spain. The increase in consumption of cocaine is extremely problematic." (5)

In the chapter "Trends" of cocaine use, the new data (Surveys from 2005-2007) confirms the escalating trend during the last year in France, Ireland, Spain, United Kingdom, Italy, Denmark and Portugal. (6)

While amphetamines and cocaine consumption rates doubled in Portugal, cocaine drug seizures have increased sevenfold between 2001 and 2006, rating this country the sixth highest in the world. (7) (Figure 4)

### *Heroin and Drug related Deaths and Homicides*

In Portugal, heroin is the most responsible for internments in drug rehabilitation facilities and for overdose deaths.

Behind Luxembourg, Portugal has the highest rate of consistent drug users and IV heroin dependents. (8)

Concerning drug-related deaths, in 2005 Portugal had 219 deaths, representing an increase of 40% relative to 2004 (156). (9)

In 2006, the total number of deaths as a consequence of overdose did not diminish radically compared to 2000. In fact, the opposite occurred. "With 219 deaths by drug 'overdose' a year, Portugal has one of the worst records, reporting more than one death every two days. Along with Greece, Austria and Finland, Portugal is one of the countries that recorded an increase in drug overdose by over 30% in 2005". (10)

The number of deceased individuals that tested positive results for drugs (314) at the Portuguese Institute of Forensic Medicine in 2007 registered a 45% raise, climbing fiercely after 2006 (216). This represents the highest numbers since 2001 – roughly one death per day - therefore reinforcing the growth of the drug trend since 2005. (11) (Figure 5). From 2007 to 2008 the deaths cases had grown from 314 to 338. (Figure 6)

In Portugal, since decriminalization has been implemented, the number of drug related homicides had increase by 40%. "It was the only European country with a significant increase in (drug-related) murders between 2001 and 2006." (12)

### *HIV and AIDS*

On to the HIV and AIDS issue, by no means have the numbers declined substantially. Again, the exact opposite had happen.

“The highest HIV/AIDS mortality rates among drug users are reported for Portugal, followed by Estonia, Spain, Latvia and Italy; in most other countries the rates are low” (13)

Portugal remains the country with the highest incidence of IDU-related AIDS and it is the only country recording a recent increase. 703 newly diagnosed infections, followed from a distance by Estonia with 191 and Latvia with 108 reported cases.

We're top of the list, with a shameful 268% aggravation from the next worst case. (14)

The number of new cases of HIV / AIDS and Hepatitis C in Portugal recorded among drug users is eight times the average found in other member states of the European Union.

“Portugal keeps on being the country with the most cases of injected drug related AIDS (85 new cases per one million of citizens in 2005, while the majority of other EU countries do not exceed 5 cases per million) and the only one registering a recent increase. 36 more cases per one million of citizens were estimated in 2005 comparatively to 2004, when only 30 were referred.” (15)

### *Decriminalization and CDT's*

“In July 1st 2001, Portugal drug law changed. Was adopted Law 30/2000 decriminalizing the use, and acquisition or possession of all illicit drugs provided that it is for personal use only. Before then, illicit drug possession, acquisition, and use were considered criminal offenses punishable by fines or up to 3 months in prison. Possession of more than 3 daily doses of an illicit drug increased the maximum prison term up to 1 year. After July 2001, the possession of illicit drugs remained prohibited and the cultivation or trafficking of illicit drugs remained a criminal offense. However the consumption, purchase, and possession of illicit drugs for personal use – defined as the quantity sufficient for 10 days' usage for one person – became administrative offenses to be referred to Comissions for the Dissuasion of Drug Addiction instead of the Portuguese criminal justice system”. (16)

In other words, this means that yet illegally sold, purchased or consumed, the Portuguese citizen never be criminally charged for any of it, unless he possess a quantity superior to an estimated 10 day supply (Figure 7), then transforming himself into a drug dealing criminal.

With the new Portuguese law, the drug dependent is no more a criminal but a sick individual requiring treatment of his “disease”.

So what did the mentors of this new law had in mind when they idealized it?

Their belief was that by eliminating the social stigma of guilt associated with criminalized drug consumption, users would be more willing to enrol in drug dissuasion programs.

This is based on the conception that most addicts avoid treatment for the fear of criminal charges.

In a article dedicated to Portugal' s drug policy “The Economist” in one of it's printed edition says: “Officials believe that, by lifting fears of prosecution, the policy has encouraged addicts to seek treatment. This bears out their view that criminal sanctions are not the best answer. ‘Before decriminalization, addicts were afraid to seek treatment because they feared they would be denounced to the police and arrested,’ says a deputy director of the Institute for Drugs and Drug Addiction, Portugal' s main drugs-prevention

and drugs-policy agency. ‘Now they know they will be treated as patients with a problem and not stigmatised as criminals.’ (17)

So the current Portuguese reality, that one the world has recently and insistently been invited to follow, is that anyone who’s drug dependent and commits a crime is not a criminal, because drug dependents are sick poor people.

As to the differentiation of dealers from users, official reports from the INA - Instituto Nacional de Administração nominee by the Portuguese Government in 1999 to do the evaluation of the new National Strategy Against Drugs that decriminalize them, states that since 2001 “is very hard to distinguish between dealer and consumer, since it is fairly easy for a dealer to organize his distributing method through smaller, below the line quantities”. (18)

As matter of fact that important document reports on Chapter XIV – The Future of the National Strategy: Main Questions – How to distinguish the consumer from the Traficant? ”Doubts rises in what concerns the main criteria explicated on the Decreto-Lei Nº 130-A/2001 of 23 de April, in which is considered a consumer everyone that does not carry drug quantity superior to 10 days of use. So, it is possible to exert drug traffic with more distributed logistics avoiding the possession of quantities superior to that limit. How can we ameliorate this criterion?”

Since this neutral report was published until today, nothing was done to improve the situation. Absolutely nothing was changed, and despite the disappointing results, the Portuguese strategy was renewed up until 2012.

In fact nowadays in Portugal that some insist on preaching as a role-model to the world, if one walks alone through any crowded street in Lisbon’s Bairro Alto or in certain populated spots of historical downtown, are likely to be approached by individuals sneakily alluring with hashish, cocaine and others on their swift hands, even in broad daylight. Such daring characters were inexistent 5 years ago in places like these.

There is a growing sense of fearlessness in the selling of small quantity drugs, since most police officers find it unworthy of their attention and effort.

According to this ideology, a beneficial distinction is created when putting this law to practice: on one hand we would have dealers and traffickers sent to prison and on the other, we would have more dependents sent into treatment facilities.

Furthering this notion, was the creation of the CDT’s (Commissions for the Dissuasion of Drug Addiction) where users caught in the act, would be sent for evaluation, and if so justified, persuaded to follow treatment in order to avoid Administrative fines and other light penalizations.

For a better understanding of this new Portuguese reality let us give some more statistical insight on these entities – the CDT’s:

On IDT's 2008 Activities Report one can see (page 55) that from a total number of 7.346 processes instated to caught users, 2.816 were classified as being non dependents 2.075 are pending evaluation and 783 were considered to be dependents. Of these 783, 661 voluntarily accepted to be treated in order to temporarily suspend the legal process. From this group of 661 people, 166 had never had any prior contact with treatment facilities. 127 resumed abandoned treatment and 368 were already following treatment when they got caught practicing the legal offense. So one can attest that the CDT units, one for every district, with a total of 99 technicians working in them, only managed to conduct towards treatment 166 addicts. Since the remaining (127 + 368) were already referenced and being followed in the CAT facilities. (Figure 8)

This means that those supposed indicators of statistical success, come from referencing the dependents that are already referenced, once again misleading everyone into factual misinterpretation. Plus, the 2.816 referenced as not constituting risk cases, in other words, yet not having a drug dependency, were dismissed from any kind of intervention. This is equivalent to saying that they wait for users to get hooked on drugs, before they grant them any support. This is disastrous. As well confirmed by the IDT 2008 Report that says that there is evident lack of response upon this population.

Better explaining the CDT's: there is no better way to illustrate how these new facilities, created as a form of diversion from imprisonment, truly work, than to present the reader the desperate appeal from the director of one of the most significant Portuguese CDT's units. (20): "...the CDT with one of the largest work volume in the country has currently two members of the Board (President and Juridical Vowel), totally depleted, for more than five years, of any element in the technical support team and also completely lacking, up to the moment, administrative support. Of the eight elements that the law provides, there are only two resistant ones... .. "These problems have often been reported by different ways, at different times and for various departments. It is even reported that in the present context, it is almost impossible to open the doors of this service in good conditions of functionality and safety".... .. "it is not possible under law to carry out hearings or to take decisions in the many cases that will be piling up, some on the verge of expiry"... .. "now it became impossible to this service to give a minimally satisfactory response and with dignity - even at the level of assuring the existence of conditions to open doors."

### **The absurd medicalization of Europe**

Anand Grover, the United Nations Special Rapporteur on the Right of Everyone to the Highest Attainable Standard of Physical and Mental Health, on a 25 pages report presented at the United Nations General Assembly in New York, last October 26, 2010 peremptory recommends Governments to:

“Ensure that the rights of people who use drugs are respected, protected and fulfilled”...  
 ...“ensure that all harm-reduction measures (as itemized by UNAIDS) and drug-dependence treatment services, particularly opioid substitution therapy, are available to people who use drugs, in particular those among incarcerated populations”... .. “create a permanent mechanism with the need to protect the health and human rights of drug users and the communities they live in as its primary objective”... .. “take a human rights-based approach to drug control, and devise and promulgate rights-based indicators concerning drug control and the right to health” and “decriminalize or de-penalize possession and use of drugs”. (21)

Four months before, Antonio Maria Costa (ED), Ex-United Nations Executive Director of the Office of Drugs and Crime, stated:

"...Most importantly, we have returned to the roots of drug control, placing health at the core of drug policy"... .. “By recognizing that drug addiction is a treatable health condition, we have developed scientific, yet compassionate, new ways to help those affected. Slowly, people are starting to realize that drug addicts should be sent to treatment, not to jail.”... .. “While the pendulum of drug control is swinging back towards the right to health and human rights, we must not neglect development.”... .. “Above all, we must move human rights into the mainstream of drug control.” ... .. “Just because people take drugs, or are behind bars, this doesn’t abolish their right to be a person protected by law - domestic and international.” (22)

Surprisingly these two high representative officials - the UN Special Rapporteur and the notorious UNODC’s Ex- Executive Director - applying in their speech the two favorite arguments, the two “jewels of the crown” of the well known economic-social-political group that insistently and restlessly wishes at any cost to legalize drugs - “health” and “human rights” – are carrying with their messages that they did not find the strength sufficient to resist the pressure, dropped the towel and capitulated!

Unexpectedly and amazingly, their speech turned coincident with the pro-legalization organizations one like Drug Policy Alliance, Cato Institute (responsible as we said by the Portuguese “resounding success” policy fallacy), Transnational Institute, Beckley Foundation, Encod among others, who claim that the war on drugs cannot never be won and that a crime committed by someone on drugs shall be treated as a health problem and not as a criminal one.

By joining their voices to others who consider prohibition a violation of human rights, forgetting that the human rights of non-users must be as well protected and valued, inviting unconsciously the youth to a “responsible use” by promoting harm reduction strategies, they are dangerously passing the idea that drugs are not the vehicle responsible for violence and crime but instead the war against them.

Who could imagine this message coming from the United Nations some years ago?

Very recently on November 10, 2010, the EMCDDA released its Annual Report signed by it’s Chairman and Director, respectively João Goulão (also the Portuguese drug and

drug addiction Institute's President and the National drug policy Coordinator) and Wolfgang Gotz.

In this important document we can read:

"The estimated 1 million people now in drug treatment testifies to the work that has been done to ensure that care is made available to those in need... ... Opioid substitution treatment remains the biggest sector in this area, and here the mood appears to be changing, with questions being asked about the long-term outcomes of those in care". (23)

"Overall, the EMCDDA estimates that about 670.000 Europeans now receive opioid substitution treatment, representing about half of the estimated number of problem opioid users". (24)

"Substitution treatment is the predominant treatment option for opioid users in Europe". (25)

"...the general European trend is one of growth and consolidation of harm-reduction measures". (26)

"Putting science into practice in drug treatment: - Drug treatment has often been slow in adopting scientifically tested methods in its clinical practice. The limited provision of opioid substitution treatment in several European countries and the rare use of contingency management for the treatment of cocaine dependence are examples of this gap between science and practice." (27)

"Opioid substitution treatment, combined with psychosocial interventions, was found to be the most effective treatment option for opioid users". (28)

"Deaths showing the presence of substances used in opioid substitution treatment are also reported each year. This reflects the large number of drug users undergoing this type of treatment and does not imply that these substances were the cause of death. Overdose deaths among clients in substitution treatment can be the result of combining drugs, as some treatment clients still use street opioids, engage in heavy drinking and use prescribed psychoactive substances. However, most deaths due to substitution substances (often in combination with other substances) happen among people who are not in substitution treatment (Heinemann et al. 2000)." (29)

After these considerations of both United Nations and Europe representatives, as one can easily observe, the model of society (in what concerns narcotic dependence), that always used to address the phenomenon in a winning optimistic and positive way, a society that would not allow drugs to be part of it, that used to carry the message that narcotic dependent behavior should always be considered unacceptable and marginal (the drug addicts used to feel uneasy on the streets), and would adopt regulation that makes life

more difficult for those who decide to take drugs, surprisingly and unfortunately gave place to a completely different model.

A pessimistic, negative and a looser one, which considers utopian the way to a society free from drugs, doesn't follow necessarily the goal of abstinence (in name of compassion, humanism and human rights...), intends above all to make the use of drugs less dangerous by making them more acceptable in society (narcotic dependents feel protected not for saying stimulated) and is sustained essentially on the concept of taking care of and supporting rather than reaching a cure.

### *Health*

It is our understanding that contrary to what was suggested, we should not place health but welfare at the core of drug policy.

As matter of fact these are two completely different situations: if the key word for health is disease, the key word for welfare is discomfort.

To consider drug dependency a “treatable health condition” is another way to call it a disease as ED labeled countless times - “drug addicts need treatment as much as patients of chronic diseases such as cancer, diabetes and tuberculosis.” (30)

This opens the door to medical treatment and “harm reduction” measures as predominant tools to fight drug dependence, as is clearly exposed on the 2010 EMCDDA Annual and UN Special Rapporteur's reports, hiding that before the (un) health conditions are installed, before diseases like AIDS, Hepatitis C and other co-morbid situations are installed, there is an important panoply of other conditions much more related with psychological and social discomfort – personal and societal – that unfortunately drive the individuals into drug dependency.

Health problems are essentially consequences of a prior uneasiness felt by the individual.

The disease model linked to “mainstream healthcare” prevents the correct scientific research of all these situations, a crucial research that can evolve into effective treatment.

To talk about health problems is to the public opinion the same than talking about a disease-that-must-be-dealt-by-doctors.

But what is treatment? What can we interpret treatment to be?

This is the heart of the matter, the mother of all questions.

Can the perpetuity of a called chemical dependency be considered a treatment? Can we interpret the 670.000 Europeans representing about half of the estimated number of problem opioid users in all Europe, now on opioid substitution programs, being in treatment?

Can we interpret the massive 70% majority of dependents on opioid substitution programs in Portugal to be an indicator of success, or are they just a deluding form of social control?

Can dependents aspire to a life free of drugs? Can a drug-free treatment do the job?

Deep underneath all these questions lies the fundamental one: Is the drug dependent a condemned victim of his own biology or can he work himself around that issue through the process of discovering himself his own conscience and his will power?

In other words, is drug dependency a chronic progressive and incurable disease or is it essentially a cognitive-behavioral entanglement?

This is the fundamental question and the answer to it is determinant in the choice of treatment to be approached and the politics to be drawn.

As we can see in further detail later on, the society as a whole feeling dismissed of its obligations, keeps itself away from the scene so perpetuating the discomfort the “illness” of the drug addict.

In Portugal a country where drug dependency is officially considered a disease, is suggested that the drug victims will to overcome their problems is ill.

Based on this assumption, harm reduction strategies are used as the main tool to fight drug dependency, as we could easily understand by consulting the very recent EMCDDA 2010 Annual Report, and confirm by the abnormal percentage of drug dependents in substitution programs – more than a half of all European opioid dependents in treatment.

Based on this disease principle, drugs don’t carry consequences; those who suffer from the “disease” will use them to “treat” themselves, those who don’t suffer, won’t.

In political terms, this also means that the surely well intentioned officials like the Portuguese and surely many other in Europe, understand that to treat the drug dependent is indeed a very difficult task and that the majority of them relapse one time after another when they try to stop using drugs.

### *The Incredible President*

This so strange than wrong feeling has been peremptory expressed several times by the new EMCDDA and Portuguese IDT President Dr. João Goulão. He said - "The heroic attempt to stop addiction to heroin does work in some cases, but rarely. As a diabetic needs insulin, some people need an opiate - more and more scientific evidence points to this. There is on nerve receptors level, a deficit that is installed in the production of certain chemical mediators which requires that these people need an opiate to achieve a

socially, family and professionally well integrated life. Very often when trying to stop, these addicts 'fall', and return to the 'street' consumption, demolishing all the work already achieved. Hence, the IDT prefers to keep users in programs that do a workhorse of the discontinuity of these treatments." (31)

"I'm not a fundamentalist with drugs since people can live in balance with them." (32)

"The demonization of drugs and the message that drugs kill is outdated." (33)

"A drug-free society is a utopia. All societies have drugs. Our traditional drugs are alcohol and tobacco. But perhaps we have to think that cannabis may now also be embedded in our culture. Kids might have seen their parents or grandparents using it and this must be incorporated into the argument ... " ... "The new model should perhaps be legalization and regulation of the sale and consumption of drugs. I think this is inevitable, and is something that must be done jointly by several countries. I think the programs in therapeutic uses of heroin may one day be a need here ... It is evident that I would like to create an assisted injection room. It would start in Lisbon, in the area of the Intendente eventually." (34)

"Cannabis is not already seen as a gateway to other drugs..." (35)

UNODC's 2008 slogan "use music, use sports, do not allow drugs to come into your life" had been replaced in Portugal and other European countries, in a symbolic way, by "use methadone, use buprenorphine, don't allow drugs to abandon your life...!"

So, as we can see, according to some responsible (?) politics, drugs are awful and the dependents are (very poorly) persuaded to stay away from them. But if someone is already using them, then the only thing we can do is not to cure but try to reduce the harm because they are "sick" and have no power to change that for the rest of their lives!

With a policy like this what happens is that narcotic dependents feel more and more protected. When they listen to their "drug czar" - Portuguese IDT and EMCDDA President's so peculiar thoughts, their soul disposition, is not hard to guess, jumps of joy!

More or less unconscientiously, policies like these ones give up helping drug dependents in their changing process on the way to abstinence and prefer to take care and support (?) them.

Drug dependence as a chronic disease arises from this desistance process.

But does abstinence work?

Even if our regular citizenship and drug therapist experience did not tell us that abstinence and spontaneous remission are indeed very familiar realities, a known well and reputed study revealed that people who completed successfully a treatment program

(even if one year only after the beginning of the abstinence) reduced 60% illicit activities. The sell of drugs fell close to 80%, imprisonment decreased more than 60%, drug dependents without a roof decreased to numbers close to 43%, dependence to Social Institutions fell 11% and finally the employment increased 20%. (36)

Everybody who deals with drug dependents knows that is very common to get rid off drugs without any treatment. If it was a disease this should be impossible. If it was a disease how to explain the countless cases of spontaneous remissions?

“Health at the core of drug policy” as stated by United Nations officials?

False medical therapies have been used by successive governments not only in Portugal as a smoke curtain behind which have been hidden some of the most pressing problems that sicken our societies.

By transferring them to the authority of medical profession, politicians have successfully managed, so far, to transform political problems (that can not be resolved in a commission time of a few years) into medical ones requiring specialized medical intervention, depriving us as society of the responsibility of an accurate and correct research of the true causes of entering and exiting drug dependency.

But is drug addiction a “treatable health condition”?

It is very sad and worrying when the noble art and science of Medicine is so often emphasized as the solution for drug dependency.

Based on the disease conception of drug dependency, European governments like the Portuguese don’t understand the very fact that on dependence people get while on disease people fall. Medicine takes care of drug dependence consequences but may not explain how people get into.

People in Europe and in the World should understand that what drug dependents really need is psychological help, not medical - while medical doctors can prescribe medicines, psychologists “prescribe” psychotherapy. To send away the indispensable psychologists with their fundamental emotional control strategies and skills to avoid the situations that usually lead to drug abuse, is to open perversely the door to the fantastic paraphernalia that doctors use to feed the “disease” – syringes, needles, methadone, buprenorphine, condoms, etc. - with the aid of a large staff on the streets ingloriously and no doubt very willingly doing their best to care drug abusers.

If instead the societies begin to understand this phenomenon less like a disease (of the will or whatever) and more like a psychological state, a way of dealing with life, if the people begin to understand that what individuals on drugs need is a reason to live and for this purpose doctors (as ourselves) can offer very little or nothing, a decisive step forward will be performed.

The next scholar words from one official of one of the best world drug dependence Centers – San Patrignano – in Italy, reflects with precision our thoughts: “Many countries’ social policies reflect the belief that drug addiction is a disease and that relapse is inevitable. Believing it is impossible to cure addiction, the general goal has then become the reduction of social harm, through the stabilization of drug addicts rather than full rehabilitation, in the illusion that this also is the more financially convenient option. Even when taking into account only the direct costs of drug addiction, such as methadone distribution, needle exchange and those for medical, psychiatric and legal assistance, the expense is enormous: in 2005 Italy spent 800 million euro, France spent 1 billion while the United Kingdom spent almost 2 billion euro. With 2 billion, in one year we could have placed 41,600 people into San Patrignano’s program. Four years later, 31,200 if these people would have been fully recovered drug free and living their lives. But as things stand currently, these 41,600 can only be multiplied over and over again into an ever increasing number of individuals subsisting on replacement therapies and revolving clinic and prison doors. A waste of money, of potential and most tragically, of human life.” (37)

Supporting our own experience and loaning the indispensable scientific basis, an important study with the lead of the director of the Scottish Centre for Drug Misuse Research, Neil Mckeganey, focusing Scottish drug dependents reality, says among other important findings that “...almost 60% of individuals said that abstinence was the only goal that they were seeking to achieve”. In Conclusions one may read: “...on the whole drug users contacting drug-treatment services in Scotland tend to be looking for abstinence rather than harm reduction as the change they are seeking to bring about”. (38)

When ED state that “we have developed scientific, yet compassionate, new ways to help those affected” we agree that we must go on searching new ways of scientific research but as we said previously, oriented in a different direction. In a direction that can help us to better understand the discomfort or the privation of well-being induced by unhappy situations, psychological and/or societal ones, that are most of the times responsible to enter in the drug dependency.

Not the current research that tries to find out (with the disguised enthusiasm of pharmaceutical industrials) biomedical/bio-chemical reasons/solutions to an essentially cognitive-behavioral phenomenon.

This is to go in the opposite direction to the one it should be followed.

A wide range of situations more or less complicated, such as the loss of a relative or a good friend, relationship break ups, difficulties at work, drug dependence or sexual abuse, have been transformed by our societies in chemical problems.

The human being, with his own life history and his own idiosyncrasies is this way reduced to a biochemical entity to which the reality of experience and suffering is denied.

The message that drugs can heal our problems has profound consequences.

It encourages people to see themselves as helpless victims of their own biology.

As a result, drug dependents all over the world, with the pathetic support of tax payers, go on pretending they are sick and the governments goes on pretending they are treating them.

It is turning political problems into medical ones, sweeping dust under the carpet, pretending to recover people by patting them on the back and allowing them to maintain the same addictive pattern.

On another level, it authorizes governments and institutions to ignore or overlook the social and political reasons that lead to people feeling dissatisfied with their lives.

This is the very thing. This is neither humanization nor compassion.

What was indeed human and compassionate was the urgent creation of a new paradigm to the drug dependency phenomenon, the creation of a culture of observation a new culture where one should look at the drug dependent instead at the drug dependency (Dias, C.A., verbal communication).

A new paradigm which holds a different comprehension of the dependence phenomenon, an alternative model which sustains that this is not a chronic disease, recurrent and progressive, but instead “the result of a complex interaction between culture, immediate environment, individual availability and substance” (39), a lifestyle, a maladaptive behaviour, a disturbance of the whole of the person affecting some of his functioning areas.

A new paradigm that could hold that the illegal use of drugs has more to do with values and expectations than with dependency compulsion or disease.

So attentions should be directed to individual's health, social, familiar, economic and psychological idiosyncrasies, thus leaving the one size fits all model and returning to the old tailoring one, helping him or her finally feel like... human beings (Dias, C.A., verbal communication).

That should be the real work, the decisive one to reach the goal of drug dependents and their families welfare.

That should be the real work, the decisive one to cure the drug dependent of his “disease”.

In resume we can say that in philosophical terms, confusing the concept of "treatment" with the concept of "social control" (as nowadays is done in Portugal) is an incorrect attitude.

In psychological terms, to convince drug dependents that their metabolism is unbalanced and that they have to maintain it dependent of an opiate as methadone, buprenorphine or any another psychotropic substance instead of fighting for their autonomy, is distorting and deluding.

Any policy that drives a significant fringe of the society to a situation of defeat or inability to fight for its growth and personal development is unethical.

## **Jail**

*"Slowly, people are starting to realize that drug addicts should be sent to treatment, not to jail"* expressed ED on UNODC's *Forword*.

Most respectfully, this is another unhappy statement that if adopted by the international community as it was already in Portugal, can be very harmful as well.

At first, as we said before, this opens a precedent as it clearly invites other countries to do the same than Portugal did and decriminalize the consumption, the possession and acquisition of drugs.

And what is more extraordinary, is that it sounds like a prize to a country that did it with so bad results (some organized media working in lobby is doing the impossible to hide the evidence) against the rest of the world and against UN Conventions that ED long time represented!

APLD can imagine everyone who dreams legalizing drugs like Soros, Nadelmann, Trebach and many others, clapping their hands vibrantly feeling their abstruse goal a little closer indeed...

By the way, we remember when that happened in our country Portugal in July 2001, United Nations INCB was fast, as it should, to condemn our original attitude - we were the only country in the whole world to do it!

Secondly, it is a nonsense and an incongruity.

Who wins by weakening drug laws, we shall ask?

Is it not true that like ED several times stressed out, "the rule of law" is one (the main one?) of the three pillars where any winner drug addiction policy, and not only, should sustain on?

*"We are slaves of the law in order to be free"* said Cicero (106 aC-43 aC). He did not mention any exceptions!

Don't send drug addicts to jail?

To legalize crime committed by drug dependents (or by "patients" - sic) doesn't seem to be the most effective way to fight it.

As we said before, in Portugal since decriminalization has been implemented in July 2001, the number of homicides related to drugs has increased 40%. It was the only European country with a significant increase in (drug-related) homicides between 2001 and 2006.

*(WDR- June 2009).*

Confirming national and international official data, a recent report commissioned by IDT, the Center for Studies and Opinion Polls (CESOP) of the Portuguese Catholic University, based on direct interviews regarding the attitudes of the Portuguese towards drug addiction revealed that 83,7% of respondents indicated that the number of drug users in Portugal has increased in the last four years, 66,8% believed that the accessibility of drugs in their neighborhoods was easy or very easy and 77,3% stated that crime related to drugs had also increased.

*(IDT "Toxicodependências" No. 3, 2007).*

What is happening in Portugal as in the world is very peculiar; drug dependents with the support of local governments rely on their status of "sick people" to not be punished for their crimes.

In other terms they do crimes but they are not criminals because they are drug dependents...

But then, afterwards, these dependents forget that they are "sick" and are assumed as free and responsible people who are able to decide whether they want treatment or not!

After the decriminalization in Portugal, the law punishes only when another illicit act is added to the effect of use, which works almost every time as attenuation.

The example of Portugal, the real data not the fictitious one, shows clearly that facilitating access to drugs, will never be in any circumstances the way to reduce abuse or related crime.

In considering, through decriminalization, the drug dependent as a patient and not as a delinquent, State cannot later choose, through a policy that prioritizes "harm reduction" measures, to feed the "disease" instead of healing it.

But people may wonder; must drug dependents be sent to prison?

Basically, jails, as far as we know them in the great majority of countries in our world, were we can hardly call to the arrested individuals, human beings, they definitively can not offer any kind of conditions to the drug dependent recovery.

But if they commit a crime within a certain penal frame, a crime that deserves that type of punishment, yes they must go to prison like any other citizen.

There is any way that the prison can be the right answer to the drug dependent problem?

Although it might seem strange, yes it can be.

First, if the drug dependent is not only a user but is also someone who carries drugs to deliver/sell to others, then yes he deserves and he must go to the jail.

What happens in Portugal – the most liberal country in the world where any citizen is allowed to carry any type of drugs up to a ten days supply so being considered for personal use only thus not being considered a dealer and punished only with a fine - is a perfect absurd. No one in a civilized society should have the “human right” to harm his neighbor.

Secondly, it all depends on the prison policy system. If, as it happens in Sweden where one has a nearly perfect system that really treats the criminal drug dependent in a drug free program, with a willful multidisciplinary team, taking with intelligence advantage of possessing the most important tool someone can use to help at the recovering process – the time - they have it in a large amounts and using it properly, then yes, it can be good.

We can even go further and say that it can be a blessing to be arrested to stop the dependency and to rehabilitate oneself.

In Sweden they do not feed with drugs the drug dependent prisoners as it happens in Portugal, Spain - where needle machines and shooting rooms are available (in Portugal the Government has been trying every year without success – much to officials surprise and anger, for the last two years, although a nurse has been patiently available 24 hours a day, not even one prisoner has required it ever...) and a few more ingenious countries.

In Swedish prisons, drug needle machines and shooting rooms are not available and hopefully, they never will be. Why? Because there is a global understanding (it includes all political parties from the left to the right) that if one cannot make a prison a drug free place, how on earth can someone even imagine that would succeed anywhere else?!

By using drugs detection dogs - they are available at almost every prison in Sweden, sniffing the visitors as well the prison staff including directors - the Swedish system gives a decisive step to clearly indicate that drugs are not welcome.

There are drugs in Swedish prisons as it happens in the rest of the world but at least there are very serious efforts in order to get rid of them.

In Sweden, when drug dependent prison inmates leave the prison, they have surely less chances to return back by drug dependency reasons.

They do their best to care and rehabilitate the human being and they do not use drugs to treat drug problems.

### *Human rights*

Before starting to discuss the problem of human rights, the first question we should point out is; from what point of view are we interested to discuss this so controversial subject?

The economic? The political? The legal?

Or are we going to discuss above all the drug dependents and their families so precious welfare?

Considering that the reader elected this last one, if there is a correct understanding of it, then one should be absolutely familiar with commentaries like the one from “Sandra”, a former drug dependent, one among millions in drug rehabilitation centers throughout this world: “If it was not so troublesome for me being a drug dependent, I am sure that I would not have cured myself. If everyday, when I’d wake up, I knew that it was easy for me to get my drug of choice without any worries, I am positively convinced that I would not be able to stop using it ever. The opposite should happen. Drugs are like that.” (40)

People should understand that this statement is the real paradigm of the drug dependent thought – everything he/she needs, is definitively not more drugs, available or not, in the name of their “human rights”.

What he/she wants, what he/she are begging for, is help to escape that “life” the circumstances dropped them in. If anyone has any doubts about this, please make an enquiry and ask them what they’d prefer: a costless and painless drug free program *versus* more drugs, and listen to the answer!

So addressing the question: In a free society, shouldn’t everyone have the freedom to do what they want with their body since they don’t harm others?

Answer: No.

First of all, although the individual could be free when he begins using drugs, once he gets dependent he loses that freedom immediately.

The consumption, becoming imperative, ends-up subverting the rules of any society no matter how authoritarian that society may be.

Secondly, we all are gregarious by nature. In modern societies nobody can be an island, we all depend upon each other.

To the alcoholic or to the drug dependent, the surrounding ambience – the husband/wife, the children, the neighbor, the friends, the co-workers, the society in general - shall

always be affected by his/her deviant behavior.

Not to mention the suffering of the families often greater than the dependent's own suffering, because adding to their own sorrows and suffering they are punished as well by their relative's drug problems.

That is why, regarding the collective, each and every individual ought to always subordinate to limitations, which mean that living in society implies to accept restrictions to individual liberty.

As it was said by the so considered to be the father of modern liberalism, the English philosopher John Stuart Mill (1806-1873) in his classic "On Liberty", in 1859: "Over himself, over his own mind and body, the individual is sovereign"... ... "The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others..." (41)

It is a fact that drugs destroy the brain structure that allows us to decide freely and that free decision is the pillar of man dignity and man right to assume responsibilities.

In being enslaved to drugs man is discarding his most fundamental right: the right to control his own actions.

Man has the right to his free decision making abilities.

Furthermore in being indebted to do it in a responsible way, he cannot escape that obligation. And drugs reduce or retire him that right of free choice.

So, we can affirm that human rights are incompatible with drug abuse. Consequently, all politic officials belonging to the United Nations or to any other responsible organization has the moral the ethical and the civil obligation to protect them.

In 2004, the Council of the European Union made explicit reference to human rights, among other matters, in the preface to the EU Drugs' Strategy for 2005- 2012. "This new Drugs' Strategy is based first and foremost on the fundamental principles of EU Law and, in every regard, upholds the founding values of the Union, respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. It aims to protect and improve the wellbeing of society and the individual, to protect public health, to offer a high level of security for the general public and to take a balanced integrated approach to the drug problem".

Each and every policy that undermines human rights, each and every policy that supports, encourages and promotes the use of drugs, questions essential values like health and safety and violates established rights.

Each and every policy that allows one significant part of the population to remain enslaved chemically and psychologically by drugs is a cruel and inhumane one and must not be accepted.

Let's make it clear; sometimes people do not understand, or pretend not to, that drug abuse aggravates social and emotional misery and undermines human rights.

By facilitating drug consumption, addicts such as all the "Sandra" in the world are being neglected and penalized.

If society as a whole doesn't emerge in the refusal of the concept that it is a human right to take drugs, one of these days we could be waking up in a world where the common understanding is that... the marginal ones are those who do not use them!

As someone said, the message should be explicit - It is in our best interest to help find solutions for drug dependency, not to let the dependents destroy themselves and all those around them!

One may ask people who use the human rights argument to reach the goal of legalization, if, to their understanding, legalization would make drugs become less available?

Would then they become less attractive? Less addictive? Or would they raise productivity? Or diminish road accidents? And Diseases? And Crimes?

No. Never!

Can it ever be the solution the drug dependents and the world are expecting for? Can it, any time, solve these problems?

One doesn't need to be an expertise to understand that legalization sustained by the human right to use drugs, definitely would never be the best way to protect and improve the well-being of the individual and the surrounding people.

It is definitely not the most intelligent way to protect public health and to offer security and a balanced approach to the drug dependent's drug problem.

Very often when we think about the drugs market, we forget what is primary and secondary.

The fact that Mother Nature produces plants like poppy, or that international crime cartels took property of drug distribution, is not a primary factor.

The primary factor is that millions of people are ready to break the norms and rules with the goal of using drugs, natural or synthetic, most of them young people and children.

We don't have to read the declaration of children's rights to understand that, as a

responsible society we have the obligation to protect them and not allow that those who carry and use drugs may destroy them.

“Legalize drugs and send the dealer to unemployment,” we listen very often.

Concerning this, there is a lot of misconceptions about the drug seller role that must be clarified.

Most people have the misconception that the classic “dealer” – that evil fellow dressing black - is the entity responsible for a considerable amount of the miseries that drugs carry to our children.

Eventually for them, once drugs legalized, the consequent free market could definitely put them out of business and as a consequence children released from their bad influence could recover their normal lives and perspective a better future.

Unfortunately anyone who studies with accuracy this problem knows that the reality is very far from this.

In real life what happens is that the very first accountability for the very first contact with drugs is...mine, yours, it concerns most of our beloved ones, as well as our regular relatives and friends.

It concerns all that who naively or without dimensioning properly or understanding what they are really doing, want to share because they feel good using them, with friendly complicity, the source of their so ready and easy way to “happiness”.

It’s worthless to hide that in the beginning many people feel good with some drugs, if they didn’t they wouldn’t be the problem they are and we would not be speaking about them now.

The classic “dealer” usually appears later on when the dependence is already well established and/or when they feel that someone made up his mind to be apart of them and stay clean.

Then, has it happens a lot of times, they come very nicely and give their product money free, as good friends they are...

Shall prevention strategies acting by dissuading the youth from drug use be considered at any time obstructive or oppressive of human rights?

No, they can not. Neither for drug users nor for those around them.

To treat the drug dependent (inside or outside the prison) is not a question of compassion.

It is a question of love for his neighbor, a question of respect for... human rights.

We are afraid that moving human rights into the mainstream of drug control might be scarily similar to Goethe's (1749-1832) pessimistic prescience anticipating the "humanist medicalization".

He wrote: "I believe that in the end humanitarianism will triumph, but I fear that, at the same time, the world will become one big hospital, with each person acting as the other's nurse". (42)

### **Biography:**

Manuel Pinto Coelho, MD registered with the College of Physicians, nº 13.585 is graduated since 1972 in Medicine and Surgery at the University of Lisbon - School of Medicine. He is a former Clinical Director of Galamares and Gondomar's Dr. Manuel Pinto Coelho Drug Rehabilitation Centers and Consultant in the field of Drug Dependency to the Municipality of Lisbon. As Chairman of APLD - Association For a Drug-Free Portugal, a United Nations ONG and member of World Family Organization he organized the 1st International Symposium to Discuss Models for the Prevention/Treatment of Drug Dependency held in Lisbon on October 2005. Member of the Portuguese Society of Medical Sciences, Drug Watch International and International Task Force on Strategic Drug Policy is a Conference Speaker at various seminars and meetings in the field of drug dependence both in Portugal and abroad and the author of various papers and the following books: "Toxicomania: - A Liberdade Começa no Corpo" (Craving for Drugs – Freedom Comes From Within), "Correio da Manhã", 1986, "Toxicodependência: - A Liberdade Começa no Corpo" (Drug Dependency – Freedom Comes From Within), "Fim de Século", 1996, "Ser Herói para a Heroína" (Being Heroic About Heroin), published by "Editorial Notícias", 2001, "Um Portugal Livre de Drogas. Contributo para uma nova política da toxicodependência" (A Portugal free of drugs: A Contribution for a new drug dependence policy), "Gradiva", 2004. Is finishing a doctoring thesis.

### **Conflicts of Interest:**

I declare that I have no proprietary, financial, professional or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in, or the review of this manuscript.

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Figure 1. Portugal IDT 2007, General Population, 2001-2007 Lifetime Prevalence

Figure 2. Portugal IDT 2008, Prevalências do Consumo ao Longo da Vida por Tipo de Droga

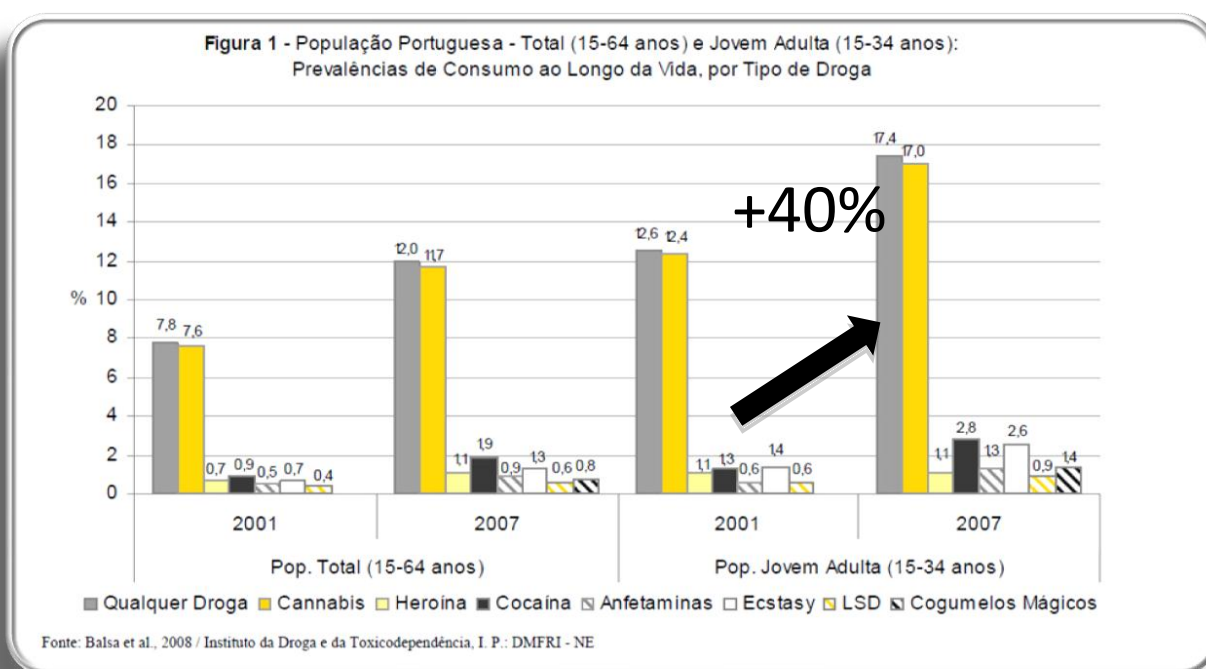
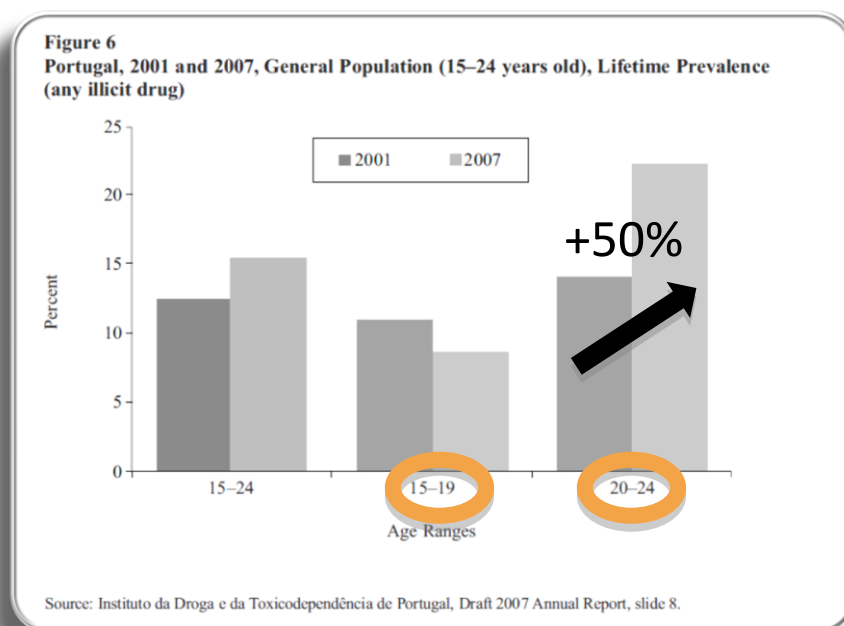
Figure 3. Portugal, Annual Prevalence for adult drug use (15-64) 2001-2007

Figure 4. Portugal, Kilograms of cocaine seized in 2001-2007

Figures 5 and 6. Portugal IDT, I. P. (2008 and 2009): DMFRI-NE Instituto Nacional de Medicina Legal, I.P.

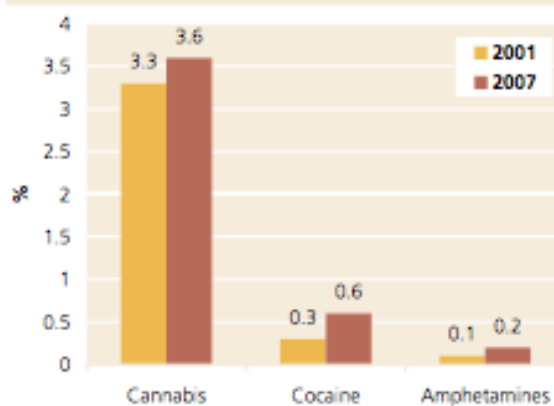
Figure 7. Portugal, Law 30/2000 decriminalizes every single drug

Figure 8. Portugal IDT, I.P. (2008) Activities Report - CDT's



**Fig. 7: Annual prevalence for adult (15-64) drug use in Portugal, 2001 and 2007**

Source: EMCDDA<sup>28</sup>



**Fig. 8: Kilograms of cocaine seized in Portugal, 2001-2007**

Source: UNODC ARQ

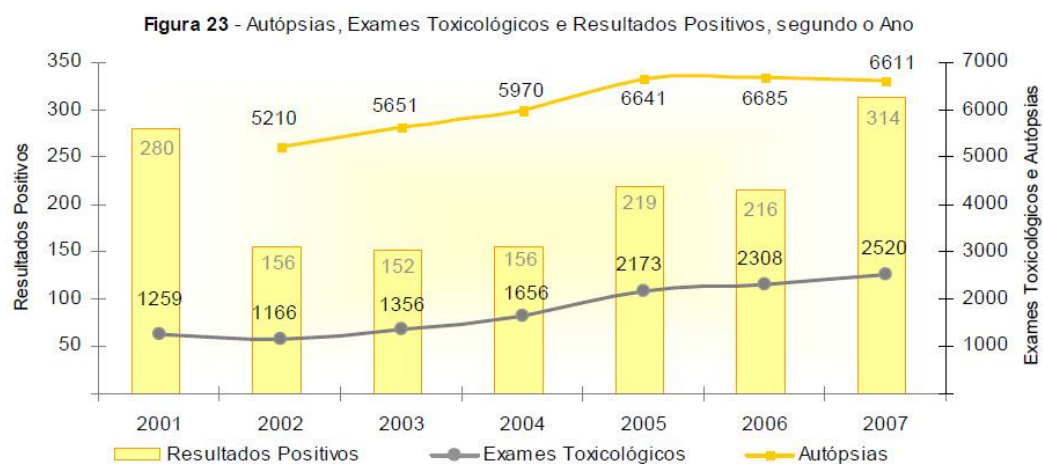


**Fig. 9: Citizenship of those arrested in Portugal for cocaine trafficking in 2007 (top eight foreign drug trafficking national groups)**

Source: UNODC, *Drug trafficking as a security threat in West Africa*<sup>29</sup>

### 3. Mortes<sup>26</sup>

Relativamente aos casos de mortes com resultados positivos nos exames toxicológicos de drogas efectuados no INML, I. P., em 2007 foram registados 314 casos, representando um acréscimo de 45% em relação a 2006 e o valor mais elevado desde 2001.



QuickTime™ and a  
decompressor  
are needed to see this picture.

### Law decriminalizes every single drug

#### Up to the following quantities:

|          |   |          |
|----------|---|----------|
| 25 grams | ⇒ | Cannabis |
| 2 grams  | ⇒ | Cocaine  |
| 1 gram   | ⇒ | Heroin   |
| 5 grams  | ⇒ | Hashish  |
| 5 pills  | ⇒ | Extasis  |

