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Understanding Successful Policy innovation: The case of Portuguese Drug Policy

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Policy Papers

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Abstract

In 2000, the minority Socialist government led by António Guterres decriminalised the possession and consumption of drugs. This law made Portugal unique in having a formal system that directs the drug user to a panel under the purview of the Ministry of Health, as opposed to the Justice Ministry, and hence constitutes a successful 'Original Innovation'. In this article, we present a theoretical framework that claims that original innovation, though rare, only occurs when a series of variables are present at the same time. We then demonstrate that these variables were indeed all present in the Portuguese case. This research offers lessons to policy-makers and policy activists about the importance of electoral mandates, communication, inclusion, transparency, deliberation and evaluation when creating new policies - during and after policy-design. It also reminds us that the Portuguese model goes beyond decriminalisation. In fact, the rapid and positive effects of well-funded harm-reduction, drug treatment and prevention programs were fundamental for the success and resilience of the Portuguese drug policy.

Keywords: portuguese drug policy; policy innovation; policy success; harm reduction; treatment; decriminalization

1. Introduction

In 2000, the minority Socialist government led by António Guterres decriminalised the possession and consumption of drugs. Indicative¹ limit quantities were fixed by law, distinguishing possession for personal use from other purposes. What had been a crime became a misdemeanour, subject to an administrative sanction without imprisonment. Portugal was not the first country to decriminalise drug use and possession. For example, in Italy minor drug possession had been decriminalised - with interruptions - since 1975 (Zuffa 2017²).

The law, however, makes Portugal unique in having a formal system that directs the drug user to a panel under the purview of the Ministry of Health, as opposed to the Justice Ministry (Hughes 2021). The fundamental innovation of Law nr. 30/2000 was, thus, that it did not simply decriminalise drug use, but also created a new system in which users identified by the police are referred to a 'Commission for the Dissuasion of Drug Addiction'.³ These commissions are composed of three members appointed by the government, usually a social worker, a psychologist and a law professional. The latter are in charge of distinguishing whether the use is problematic or not; classifying the type of drug use into three risk levels; and deciding what sanctions or treatments are best for each user. Proceedings are suspended when users 1) are not addicted and have no prior record; or 2) are problematic users and agree to undergo treatment such as counselling or specialised treatment services.⁴ In other cases, the Commission could either issue a warning or impose a monetary or non monetary sanction. For problematic users who refuse to undergo treatment, only non monetary sanctions would be imposed.

A groundbreaking aspect of the Commissions for Dissuasion of Drug Addiction is their case-by-case and preventive approach. By focusing on each individual case and relying on multidisciplinary teams, the commissions assess the user's social and family situation, livelihood and other conditions that may trigger or aggravate problematic drug use. Thus, non addicted users with potential addiction triggers may have their case proceedings suspended but still be directed to institutions that can prevent triggers through

¹ The judiciary has the authority to disregard those limits where they feel it appropriate, Hughes 2021.

² With two interruptions, from 1990 (Jervolino-Vassalli bill) until the 1993 referendum, and between 2006 and 2014 (Zuffa 2017).

³ SICAD. (n.d.). *Comissões para a Dissuasão da Toxicodependência* [SICAD: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências]. Retrieved 8 November 2021, from <https://www.sicad.pt/PT/Dissuasao/SitePages/cdt.aspx>

⁴ SICAD. (2003). *Guidelines for the Intervention in Dissuasion*. https://www.sicad.pt/BK/Publicacoes/Lists/SICAD_PUBLICACOES/Attachments/160/LOID_EN.pdf cited in Transform: Drug Policy Foundation. (2021, May 13). Decriminalisation in Portugal: Setting the Record Straight. *Transform: Drug Policy Foundation*. <https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>

psychological support, healthcare, professional training programmes or public employment services. This in-depth assessment of drug use allows the commissions to intervene in a targeted way at an early stage, preventing future problems - an assessment that professionals made based on their scientific knowledge and experience (Goulão 2015). Prevention, then, is an important principle of this policy device.

The Portuguese drug policy also includes harm reduction measures: in 2001, when the law was implemented, several pilot programmes of harm reduction were set up.⁵ Since then, the harm reduction policy has grown gradually and encompassed new measures, such as street teams and mobile units that raise awareness and screen for infectious diseases, provide sterile material (e.g. syringes), vaccination or opioid substitution therapy. Most of these programmes are implemented by NGOs.

This combination of decriminalisation, treatment of drug addiction and strategies to minimise risk and harm is an ‘Original Innovation’, i.e. the development and application of something entirely new in the world. It is also a paradigmatic example of a great policy success. Indeed, the Portuguese drug policy brought overwhelmingly positive results such as below-EU average problematic use, a reduction in criminal justice overcrowding (Hughes and Stevens 2010) and the lowest drug-related death rates in Europe (European Monitoring Centre for Drugs and Drug Addiction 2019). The reform was also a profitable investment for the state, as the economic benefits were higher than its costs.⁶ This net benefit is caused by the reduction in indirect health-related costs and legal system expenses (fewer criminal proceedings, fewer people imprisoned, less indirect costs due to lost income and production of incarcerated people, Gonçalves, Lourenço, and da Silva 2015).

In this article, we present a theoretical framework that claims that original innovation, though rare, only occurs when a series of variables are present at the same time. We then show how our framework applies to the Portuguese case.

⁵ Decree-law n.183/2001

⁶ Estimation based on public expenditure on drugs, private costs for the drug users and indirect costs such as lost productivity (Gonçalves, Lourenço, and da Silva 2015).

2. Theoretical framework

2.1. What is a Successful Original Policy Innovation?

Elaborating from Jordan and Huitema (2014), we define original policy innovation as the development and implementation of a policy which is entirely new - i.e. not used anywhere else *in the world* before - and bears substantial, long-lasting change.

The point of reference for the novelty of the policy is thus, global (Rogers 2003: 43, Upham and al. 2014). Moreover, to qualify as original policy innovation, the policy must create substantial change, i.e. change in policy instruments (tools used to achieve policy objectives) or change in the actual objectives of the policy (Hall 1993). Changes in the precise settings of the instruments are of less interest to policy innovation scholars (Jordan and Huitema 2014). To classify as substantial, innovation should also be accompanied by an appropriate commitment of resources (Glick and Hays 1991).

Some innovations are undoubtedly short lived and never 'scaled up' (such as pilot projects, Howlett 2014); or are quickly reverted (Patashnick 2008, Moury and Afonso 2019). These are excluded from our definition, which focuses exclusively on long-lasting policy change. Finally, policy innovation might constitute a 'a policy success', i.e. 'a policy that demonstrably creates widely valued social outcomes', 'through design, decision-making, and delivery processes that enhance both its problem-solving capacity and its political legitimacy' (Compton and 't Hart 2019:5).

2.2. Obstacles to Original Policy innovation

Successful Policy Innovation is quite rare (Howett 2014). This is hardly surprising given the many obstacles policy-makers face when considering what actions to take. A first obstacle is that original policy innovation, because of its novelty, implies a great deal of *political uncertainty*. Yet we know from social psychologists that people - ordinary citizens and policy-makers alike - are *averse to risk* (Tversky et al. 1982, Howlett 2014). This implies that policy-makers will be reluctant to innovate with new policies that might 'fail' (Bovens & 't Hart 1988) and for which they might be held responsible (Weaver 1986).

In a similar line, research has shown that people blame governments for policy failure more than they credit them for their successes (Marsh & Tilley 2010). Hence, the risk

aversion of politicians is reinforced by the lack of *electoral incentives to introduce original policy innovation*.

Another obstacle is the fact that innovative policies are often needed to solve problems which are *complex and/or ethically difficult* ('wicked problems'). In fact, policy-makers do not always have the knowledge and computational capacity to understand how to solve those problems (Simon 1972, Cairney & St Dennis 2020). Moreover, their perceptions of the world are framed by ideas, that is, beliefs about what is right and what causes what (Blyth 2002), leading them to ignore evidence or scientists' prescriptions that contrast with their beliefs (Flyvbjerg 1998). Additionally, civil servants or ministerial staff are unable to help their ministers innovate for a variety of reasons such as the lack of technical competence (Lodge & Wegrich 2014) or the lack of time and human resources (Moser and Luers 2008) - all constituting what is commonly called a lack of *bureaucratic capacity*⁷.

Another problem is the *scarcity of financial resources* for innovation at the disposal of governments (Biesbroek et al. 2011): many innovations cost money and involve financial risks for governments. Of course, the wealth of nations varies from one political system to another and, as the hypothesis goes, richer countries will be better able to innovate (Volden 2006). However, the state of 'permanent austerity' imposed since the nineties by slowing growth, globalisation, and the constitutionalisation of supply-side economics principles have limited the fiscal space and instruments to finance innovative policies (Streeck & Mertens 2011).

Finally, *international cooperation* is sometimes needed for effective policy innovation (in climate change, for example), but every state has an interest in free-riding (Hovi et al. 2009).

2.3. Original Theoretical Framework

In light of these obstacles, and elaborating from the early work of public policy scholars (Kingdon 1984), we further argue that successful policy innovation will only occur when institutional and individual 'stars' are aligned, i.e. when the following variables are present simultaneously:

1. *Attention-trigger*: We expect that every innovation starts when the attention of policy-makers is directed towards a specific problem. This attention can be triggered by several factors, for example, the problem is or has become severe (Stream 1999) or visible

⁷ A same argument could be made for legislatures which often lack power, staff support and research facilities to significantly alter policy (Olson and Mezey 1991).

after a particular dramatic event (Kingdon 1984), and/or attracts media attention (McCombs, Maxwell and Show 1972). Finally, the head of state or minister in charge might be more attentive to some problems because she/he has gleaned knowledge about a given problem through past experience.

2. *Motivation to act.* Once attention has been attracted, policy-makers need the motivation to act. This motivation can be prompted by various situations, for example, decision-makers feel that the issue is salient in public opinion (Massey et al. 2014), it is or has become visible (Birkland 1998), or perceived by the public as avoidable (Hood 2010). Politicians are expected to be particularly sensitive to the problems that touch their constituency. Political psychologists also showed that policy-makers are more motivated to act when they risk losing office (Vis and Kesbergen 2007). Finally, policy-makers' desire (or obligation) to act can also result from international requirements (an European directive for example) or reports by international organisations in which being a 'laggard' might damage governments' reputation (PISA or corruption indexes for example).

3. *A solution:* Attention and motivation to act is not sufficient for action however ; a third necessary condition is the existence of a doable and legitimate solution (Kingdon 2011). Solutions can be proposed by politicians, experts, civil servants, and international organisations (Börzel & Risse 2012). They are often already 'out there' and , when the moment is right, they are 'sponsored' by 'policy entrepreneurs' (Kingdon 1984) or 'advocacy coalitions' (groups of government officials, activists, journalists, researchers who share the same objective and form an alliance for a given solution, Sabatier 1998). Solutions must be consistent with member states' international responsibilities (Mair 2011). As noted above, solutions are also dependent on the existence of financial resources to fund them and must fit within decision makers' beliefs.

4. *Political Strategies for adoption and resilience:* Once policy-makers' attention is obtained and a solution is found, adequate political strategies are necessary to ensure the political feasibility of the innovation policy. For example, politicians are more likely to see their policy adopted (Hausermann et al. 2019) if they compensate or divide the losers of (innovation) policies, postpone or gradually introduce the costs. Various studies also suggest that presenting innovative reforms during the electoral campaign and then putting them in place at the start of the government mandate, is also a successful strategy (Williamson 1994, Tompson 2009, König and Wenzelburger 2014). In addition, delegating competences to the EU level may help policy makers tackle difficult

(innovative) policies (Dyson and Featherstone 1996, Moravcsik 1994, Lobo and Lewis-Beck 2012).

Another important finding demonstrates the importance of communicating the reforms to the public and stakeholders through studies by independent institutions (Williamson 1994, Tompson 2009), and/or effective communication strategies that focus on the imminent catastrophe that would be caused by inaction (Weyland 1996, Wenzelburger and Hörisch 2016).

Finally, the resilience of successful innovation also crucially depends on whether policy-makers include strategies for their resilience over time, for example by creating rules that make change more difficult; by creating stranded costs or – most importantly – by ensuring that the reforms create specific support groups that will mobilise to defend those reforms (Patashnick 2008).

5. *Legitimacy and quality of the decision-making process.* Finally, we expect that, given the complexity of the introduction and success of innovation policies, they are even more dependent than any other kind of policies on the legitimacy and quality of the process of decision-making throughout the whole policy cycle. This quality is enhanced by bureaucratic capacity (see above) and is easily recognisable when we see it (Compton & 't Hart 2019). It occurs when policy-makers base themselves on solid and independent research by experts in several disciplines; when the process is transparent and involves deliberation and collaboration between different ministries, experts, street-level bureaucrats, civil society groups and stakeholders from more and less privileged groups (Flyvbjerg 2014, Sabel et al. 2017), during policy design and implementation (Ansell et al. 2020). Lastly, it is based on well-designed evaluation and accountability mechanisms (Luetjens & 't Hart 2019). Such mechanisms, we thus argue, are vital to successful innovation policies.

The key hypothesis driving this article is therefore that original innovation capacity will occur only when these variables (Attention, motivation to Act, Solutions, political Strategies, lEgitimacy and qualiTy) are present simultaneously. *We call this the ASSET theoretical framework.* In the following section, we show how our framework applies to the Portuguese case.

3. The adoption of the Portuguese Drug Policy

In Portugal, the first public health responses to drug use emerged in the late 1970s. As both using and trafficking drugs were criminalised, these responses were overseen by the Ministry of Justice. This criminalisation started to be questioned when the legislator, in the *Legislative Package on Drugs* (1976)⁸, stated that the ‘enslavement of will’ associated with addiction made it difficult to apportion blame, and called for a revision of the penalisation of drug use.⁹ The law also delegated to the government the task of shifting the focus to the treatment for drug abuse, recommending a social/medical approach (that was implemented with Decree Law nr. 792/76). However, the overall approach remained largely dependent on punitive means.

During the 1980s, drug related problems continued to worsen but little was done at state level. Thus, private initiatives began to spring up (Goulão 2021). In 1984, Anonymous Families was created for the family members of drug addicts, followed by the first Narcotics Anonymous group in 1986 (Augusto 2016). Some responses also came from the public sector. In 1987, the Taipas Centre for treatment of drug addiction opened in Lisbon under the jurisdiction of the Ministry of Health. This centre collected data on drug use and provided professional training. Two similar centres were set up in 1989, in Porto and Algarve (Goulão 2021). In 1990, Law n.83/90 created the Service for Prevention and Treatment of Drug Addiction (SPTT), responsible for coordinating public healthcare responses. This was the beginning of a statist response to the problem of addiction.

The measures implemented did not prevent the grave scenario Portugal witnessed in the 1990s. By then, 1% of the population was addicted to heroin (Goulão 2015). This brought serious consequences not only for individuals but also for public health. In 1999, 1 in every 200 people aged between 15 and 49 years was HIV positive (World Bank Data 1999) - the highest incidence rate in Europe (Ferreira 2017). In 10 years (1989-1999), deaths by overdose quadrupled, reaching 400 deaths/year (Van Het Loo et al. 2002). The severity of the problem attracted *the attention* of citizens and policy-makers alike.

⁸ We refer to Decree Law nr. 792/76 which, due to its range, is termed the *Legislative package on Drugs* in Poiares, C. (2000). Descriminalização construtiva e intervenção juspiscológica no consumo das drogas ou Recuperar o tempo perdido. *Revista Toxicodependências*, 6(2), 7–16.

⁹ ‘While still an offence, the illicit use of drugs raises delicate legal problems insofar as it leads to a weakening, and even enslavement of will, which tends to turn the offender into a patient to the point that he/she can be apportioned no or at least little blame. Hence, alongside the creation of these structures, the criminal offence of drug use should be subject to a thorough review so that it comes more within the scope of a set of rules of a purely social order.’ in Presidency of the Council of Ministers, ‘Decree Law nr. 792/76, of 5 November, ‘Structures the Study Centre for the Treatment of Drug Addiction, Substituting the Study Centre on Youth’ (1976).

Importantly, during the nineties drug addiction ceased to be a marginal problem and became socially and geographically spread (Goulão 2015, Augusto 2016). Hence, drug addiction was *visible* not only on health indicators, but also in the daily lives of the many that experienced its consequences in their surroundings. The fact that addiction visibly and seriously affected political parties' constituencies reinforced the political parties' *motivation* to act.

At this time, *scientific knowledge* spread and *solutions* were discussed and *sponsored* by important actors. In 1995, the scientific journal *Revista Toxicodependências* was launched, becoming an important knowledge sharing platform until its suspension in 2011. Moreover, as in the past, healthcare professionals came up with ideas (Goulão 2021). In 1995, the Portuguese Parliament created the *Ad Hoc* Commission for the Monitoring of the Situation of Drug Addiction and Trafficking in Portugal. An Antiprohibition Association (SOMA) was also formed.

The President of the Republic, Jorge Sampaio, was an active voice in the debate on drug addiction. In the late 1990s, the presidency organised public debates such as the Euro-iberianamerican Seminar 'Cooperation in Drug and Drug Addiction Policy' in 1998, where decriminalisation was first addressed. On Portugal Day in 2000, a symbolic date, Sampaio stated that 'the drug addict is not a criminal, but a struggling and ill human being' and positioned himself unequivocally on the side of decriminalisation (Sampaio 2000). According to Goulão (2021) the influence of the President was a great political push.

Between 1997 and 1999, the budget for drug policy doubled, demonstrating that it was now a government priority (Goulão 2015). In 1998, the PS government created the Commission for the National Strategy to Combat Drugs, composed of experts like physicians, psychiatrists, psychologists, including João Goulão, current General Director of SICAD (Intervention Service for Addictive Behaviours and Dependencies). This Commission would propose guidelines for a new policy for drugs and drug addiction. The government also stated that these guidelines should respect international commitments, in particular the United Nations conventions on illicit drugs (that require that nation states to prohibit illicit drug cultivation, manufacturing, sale and possession¹⁰, Hughes and Stevens 2010).

¹⁰ Single Convention (1961), Convention on Psychotropic Substances (1971), United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic (1988).

In 1999, the Commission presented the *National Strategy to Combat Drugs*, which called for the decriminalisation of all drug use and the State provision of a system guaranteeing treatment, social reintegration, and prevention policies targeting risk groups (Sampaio et al. 1999). It was during the Commission meetings that experts became collectively committed to drug decriminalisation (Goulão 2021). A *solution* to the problem was thus proposed and the *National Strategy to Combat Drugs* was adopted by the government in 1999. That same year, the Portuguese Institute for Drugs and Drug Addiction was created to further gather information on drugs and addiction.

Only Parliament could decriminalise drug use and possession. As a minority government approaching the end of its mandate, the government waited for the October 1999 legislative election to move forward with decriminalisation. During the electoral campaign, drug policies were brought into the spotlight and political positions became clear. While the parties of the left campaigned for the *National Strategy* described above, the centrist rightwing party took the stance that decriminalisation would send the wrong signal, resulting in a ‘drug paradise’ that would increase consumption.

In the aftermath of the legislative elections won by Guterres (PS), four bills (BE, PCP, PSD, government) and a draft resolution (PEV) were presented in Parliament. Despite general agreement on principles, they diverged in some respects. The government and the left-wing parties called for the decriminalisation of all drugs. BE went further and argued for the legalisation and regulation of cannabis. On the right, PSD defended the commercialisation of ‘soft drugs’ and the criminalisation of ‘hard drugs’.

Moreover, a large *advocacy coalition* was built around the leftist parties; it not only included a former Health Minister and health professionals, but also the President of the Republic mentioned above, the President of the Bar Association, the Association of Judges and the Union of Public Ministry Magistrates, the President of the Assembly of the Republic and the President of the Supreme Court of Justice.¹¹ While the discussion was taking place in Parliament, numerous *public sessions* were also organised by the proponents of the *National Strategy* to gather public support - a strategy that proved successful thanks to the crowds they attracted (Goulão 2021).

In the meantime, in Parliament, the four bills were submitted to the Committee on Health and Drug Addiction where a ‘broad exchange of opinions’ took place (Vitalino Canas, Secretary of State, quoted by Almeida 2000, *Público*). This allowed improvements

¹¹ This coalition was mentioned in Parliament by Francisco Louçã (BE) when debating the four bills presented about decriminalisation, on June 23rd 2000.

to be made to the *National Strategy to Combat Drugs*, and it was there that the Commissions for Drug Dissuasion were proposed and developed¹² (Goulão 2021).

In October 2000, decriminalisation¹³ was approved with PS and the left-wing parties voting in favour and right-wing parties voting against. Drug consumption and possession were decriminalised but not legalised. From then on, drug users identified by police authorities would have their drugs seized¹⁴ and be directed to a Commission for the Dissuasion of Drug Addiction, a truly innovative system.

As can be seen from the description above, a series of *strategies* were adopted to make the proposal *politically feasible*. First, the government established a *commission of experts* in charge of proposing a solution to the problem. Once the Portuguese Drug Strategy had been defined, the government asked for a clear political mandate on the drug strategies and the law was discussed at the start of its term. Additionally, a large coalition of advocacy was built around the reform that not only included health and judiciary associations and professionals, and renowned politicians but also - thanks to public sessions - a large number of citizens. Moreover, the *quality and legitimacy of the decision-making process* was quite clearly very high in the case of the Portuguese Drug Policy. As noted above, the government had an electoral mandate to act; members of parliament and public health experts participated actively in the deliberation, and their decisions were based on a large body of evidence.

In 2001, *two harm reduction bills* were presented in Parliament by the radical left party Left Bloc, pressuring the government to act on this front too (Costa 2001). Thereafter, the government presented a proposal for public debate that included several harm reduction measures. According to Costa (2001), public debate was dominated by conservative sectors that understood harm reduction policies as tolerating drug use and ‘political resignation’. Nonetheless, the government approved Decree-Law n.183/2001 recognising that it was the State’s responsibility to provide programmes to treat drug addiction, prevent drug use, and reduce risk and harm brought by addiction. Moreover, the fact that harm-reduction activities were provided by NGOs offered three main advantages: more flexibility than governmental agencies, the engagement of active civil society who would support the policy, and a more trusting relationship between care providers and drug users who tend to be suspicious of public authorities (Domoślawski 2011). Additionally, the systematic collection of data by the Institute for Drugs and Drug

¹² In 2001, the government issued a more detailed decree regulating the commissions - Decree Law n.130-A/2001.

¹³ Law nr. 30/2000

¹⁴ The drugs can be tested if necessary.

Addiction, and later by its successor the Service for Addictive Behaviours and Dependencies (SICAD), provided and continues to provide the state with regular updates on the effectiveness of these measures (Domosławski 2011).

One year after the law was passed, the 2001 Annual Report of the International Narcotics Control Board (INCB) expressed their disapproval of the Portuguese Drug Policy and pressured the new centre-right government (2002-2005) to reverse it (Goulão 2021). However, though slow to implement the measure, the government did not bow to this pressure, giving the policy time to produce results that legitimised it at an early stage. Harm reduction measures showed positive results particularly quickly. In just 3 years (2000-2003), new cases of AIDS related to drug use fell by 51%, and deaths related to drug use declined by 50% (Instituto da Droga e da Toxicodependência 2003).

In 2005, the Socialists were re-elected and continued the speedy implementation of the Drug Strategy (Goulão 2021). Thereafter, the former opponents to the policy started to acknowledge its success. This is demonstrated at the national level by the parties' positions (Santos and Raposo 2018), and also the stability of the funding for this policy (European Monitoring Centre for Drugs and Drug Addiction 2019). At the international level, the policy was also widely accepted. In 2009, the International Narcotics Board concluded that the Portuguese policy was consistent with international conventions showing positive outcomes (United Nations 2009). In 2015, the President of INCB considered Portugal as a model of best practice.¹⁵

Hence, the fact that 1) the measure had been planned in congruence with international commitments, 2) civil society had been engaged and tended to oppose any reversal and 3) the positive results of the harm reduction initiatives were visible quickly ensured the *resilience* of the reform over time. Moreover, as noted in the introduction, the economic costs of the policy were systematically lower than its benefits. Thus, the affordability of the measure, together with the predictability of its costs (Goulão 2021) also contributed to its resilience.

¹⁵ International Drug Policy Consortium. (2016, January 18). *INCB President Werner Sipp speaks at CND side event on Portuguese drug policy* [International Drug Policy Consortium: a global network promoting objective and open debate on drug policy]. <https://idpc.net/incb-watch/updates/2016/01/incb-president-werner-sipp-speaks-at-cnd-side-event-on-portuguese-drug-policy>

4. Conclusion

In this article, we claim that the Portuguese drug policy adopted in 2000-2001 is a good example of successful 'Original Innovation' - the introduction and development of a substantial, long-lasting policy that is entirely new on a global scale. This kind of policy is very rare, and we argue that it only occurs when five different variables are present simultaneously - this is our ASSET hypothesis.

The Portuguese case clearly supports our theoretical framework. First, the alarming increase in drug use and its consequences triggered a sense of urgency that attracted the *attention* of experts, citizens and policy-makers alike. Drug addiction was visible; it was not concentrated within marginal groups but was a socially and geographically spread problem. It therefore seriously affected political parties' constituencies, which certainly reinforced their *motivation* to act.

Scientific knowledge was widely produced and solutions were discussed and sponsored by important actors. Experts were involved in the decision-making process and a *solution* was proposed and adopted in the last year of the government's mandate - the *National Strategy to Combat Drugs*.

To proceed with decriminalisation, the government waited for elections to obtain an electoral mandate for action. The proponents of the original policy organised public forums, gathering an array of public supporters, and discussion in Parliament was held in a consensus seeking-strategy. These efforts for inclusion and deliberation proved to be an effective *political strategy for adoption*.

Decision-making was of high quality: in addition to the electoral mandate, the debate in parliament was very inclusive, deliberative, evidence-based and consensus was sought. These discussions led to the formation and fine-tuning of the Commission for the Dissuasion of Drug Addiction. Moreover, the quality of decision-making was not only in the policy-design phase. Data collection, transparency and evaluation mechanisms worked well throughout the implementation of the policy.

The rapid improvement in consumption and health indicators and consequent broad public support is an important factor explaining the policy's resilience over time. Moreover, the setting up of new institutions and partnerships with NGOs also gave the new policy supporters who would have quickly mobilised against its reversal. The clear effort to keep the law within the boundaries of international law was another fundamental *strategy for resilience*.

Our theoretical framework and the identification of variables that must be simultaneously present for successful original policy innovation do more than simply help understand the Portuguese case. They offer lessons to policy-makers and policy activists about the importance of electoral mandates, communication, inclusion, transparency, deliberation and evaluation when creating new policies - during and after policy-design. They also remind us that the Portuguese model goes beyond decriminalisation. In fact, the rapid and positive effects of well-funded harm-reduction, drug treatment and prevention programs were fundamental for the success and resilience of the Portuguese drug policy.

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