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Policy Transfer Model: Can the United States Successfully Borrow From Portugal's National Drug Policy?

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Background: Facing a drug crisis and opioid epidemic in the 1990s similar to the current struggle in the United States, Portugal took a bold strategy completely redesigning drug policy different from not only their previous approach, but also diverging from the United States and the existing norms of the European Union. The most known aspect of that plan was the decriminalization of all drugs. **Objective:** What resulted from Portugal's National Plan for Reducing Addictive Behaviors and Dependencies were public health successes that other countries might hope to emulate; however, the structural, political, and cultural differences are vast. **Methods:** The policy transfer model, which originated in comparative policy analysis, provides a roadmap to evaluate the likely barriers of successful policy transfer. **Findings/ Conclusions:** This article will present the unique elements of the Portuguese National Plan, highlight where they were successful, provide an overview of the policy transfer model, and ultimately an analysis of the possibility of adopting Portugal's drug policy in the United States using the Policy Transfer Model.

Keywords: drug policy; Portugal; policy analysis; decriminalization; policy transfer model

The United States is in the midst of an opioid crisis with over 70,000 Americans dying last year (National Institute on Drug Abuse [NIDA], 2019). Now classified as an epidemic due to the dramatic increase in fatalities as a result of opioid use, which began in the 1990s with an increase in prescription opioid deaths, followed by another increase resulting from heroin in 2010, and since 2013, a drastic increase in deaths resulting from synthetic opioid use (Centers for Disease Control and Prevention [CDC], 2019). All totaling close to 400,000 lives lost from 1999 to 2017 with substantial increases each year suggesting the United States is not on track to solve this problem. In addition to increasing mortality rates, multiple

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social consequences have resulted from the current approach. One such repercussion warranting a change of course is the increase in drug related incarceration rates and the racial disparities among those incarcerated for drug crimes. The Drug Policy Alliance (2018) has found:

> With less than 5 percent of the world's population but nearly 25 percent of its incarcerated population, the United States imprisons more people than any other nation in the world - largely due to the war on drugs. Misguided drug laws and harsh sentencing requirements have produced profoundly unequal outcomes for people of color. Although rates of drug use and sales are similar across racial and ethnic lines, Black and Latino people are far more likely to be criminalized than white people. (p. 1)

This is not the first drug crisis the United States has experienced. In the 1960s there were concerns about marijuana and heroin that prompted President Nixon to declare a war on drugs. In the 1990s, there was the crack epidemic. Although the drug of focus has changed, the U.S. policy approach remains the same. The initial rationale for declaring a war on drugs was to prioritize the problem and allocate resources to addressing it (Barber, 2016). What became apparent, however, was that the collateral damage of this war were people who were poor, of color, and addicted (Alexander, 2010; Knight, 2015). Evidence includes the disproportionate rates of people of color who are incarcerated for substance use related crimes as well as the demonizing of women of color with the fictional fears about crack babies (The Editorial Board, 2018). Alongside these failings that have marginalized drug users, the war on drugs has been largely ineffective in reducing drug use and has conversely produced a number of unintended social consequences (United Nations Global Commission on Drug Policy, 2011). Jensen et al. (2004) write that "race relations, family issues, political participation, labor force issues, and health care policy… have [been] identified as societal consequences of the war on drugs" (p. 117). The United States needs to explore a change in policy approach to address the current opioid crisis that effectively reduces the numbers of people becoming addicted, the number of people dying from substance use as well as the impact of drugs on society, particularly those most vulnerable from related illnesses, incarceration, and the damaging outgrowths onto families and communities.

This article will examine the successes of the Portuguese national drug plan in addressing an opioid crisis. Then, it will evaluate the viability of the United States adopting aspects of that policy. The Policy Transfer Model will guide that analysis.

PORTUGAL'S APPROACH TO DRUG USE

Looking to other countries who have had success addressing this problem can offer the United States options for consideration; one such country is Portugal. During the mid-1980s through the 1990s, Portugal experienced an opioid epidemic with 1% of its population using heroin (Fraser, 2017). Further mirroring the current U.S. struggle, Portugal addressed the problem with strict prohibition that resulted in an increase in incarceration rates for drug related offenses (Russoniello, 2012). A judicial review found that 44% of the jail population in Portugal was incarcerated for drug use during their epidemic (Stevens & Hughes, 2010).

Health markers also suggested that the approach was largely ineffective. In 1999, among countries in the European Union, Portugal topped the list of drug related acquired immunodeficiency syndrome (AIDS) cases increasing from 1 per million cases in 1985–54.7 per million in 1998 (European Monitoring Centre on Drugs and Drug Addiction [EMCDDA], 2000). In addition, illnesses commonly co-occurring with drug use and human immunodeficiency virus (HIV)/AIDS such as hepatitis and tuberculosis also increased dramatically (EMCDDA, 2000). Consequently, deaths related to drug use increased from approximately 20 to 400 from 1987 to 1999 (EMCDDA, 2000, 2019).

Portugal's shift came when its citizens expressed concern about soaring drug consumption rates and the visibility of the problem with drug users consuming in open spaces within communities throughout the country (Domostawski, 2011). In response, the government created the Commission for a National Drug Strategy, an interdisciplinary task force charged with developing an alternate approach to the drug crisis. What the commission found was that the drug use was a public health issue, not a criminal justice one citing that

> decriminalization was driven not by the perception that drug abuse was an insignificant problem, but rather by the condense view that it was a highly significant problem, that criminalization was exacerbating the problem, and that only decriminalization could enable an effective government response. (Russoniello, 2012, p. 384)

Portugal decriminalized drugs for users but selling drugs is still a crime and processed through the legal system including arrest and incarceration for those convicted. Clearly established 10-drug supply guidelines delineate the line between drug users and traffickers determining how police officers manage the case either through the dissuasion commission or the criminal justice system (Servico de Intervencao nos Comportamentos Aditivos e nas Dependencias [SICAD], 2015). Although decriminalization remains among the most well-known aspects of the Portuguese model, the commission produced a number of strategic measures constituting a comprehensive approach to address addiction from a public health perspective granting oversight of the plan to the Ministry of Health (SICAD, 2015). These strategic measures are based on the principles of human dignity and pragmatism. Most noteworthy among them are increasing prevention efforts, creating a system of healthcare focused on drug users, embracing harm reduction approaches, social reintegration of drug users, and increasing research in the area (van Beusekom et al., 2002). In 2001, this became formalized as Portugal's National Plan for Reducing Addictive Behaviours and Dependencies.

Portugal's National Plan

Accepting that policing alone was not successful in solving the drug problem, Portugal adopted a balanced approach that addressed both the supply and demand sides of illicit drug use as well as areas of overlap such as education, research, and communication (SICAD, 2015). Portugal's National Plan for Reducing Addictive Behaviours and Dependencies puts forward a framework of efforts aimed at not only the demand and supply sides as many countries do, but they also highlight cross-cutting themes of structural interventions to ensure an integrated, systematic

response. A notable tenet of Portugal's model is its interministerial, nationally coordinated structure under the ministry of health. The demand side puts the citizen at its center and uses the lifecycle to contextualize their needs and experiences. Interventions are integrated and comprehensive ranging "from health promotion, prevention, dissuasion, risk and harm reduction to treatment and social reintegration" (SICAD, 2015, p. 7). The aim is to foster wellness and social welfare outcomes through access to care and health promotion guided by a humane and pragmatic approach (Domostawski, 2011). Rooted in national and international collaboration, the supply side focuses on decreasing access to illicit drugs. Beyond the nationally coordinated efforts to combat the availability of drugs, Portugal, like many countries, engages in coordinated efforts with other member states of the European Union through the European Union Drug Strategy, and the global efforts of the World Health Organization as well as the United Nations Conventions (SICAD, 2015). Building on the robust and balanced interventions of the supply and demand facets, Portugal realized valuable universal themes are: "information and research, training and communication, and international cooperation...to ensure the production of knowledge through the training of all agents involved: decision-makers, professionals and citizens" (SICAD, 2015, p. 7) creating a comprehensive and integrated system to address problematic substance use. The Portuguese national plan has one overarching vision; "consolidate and develop an integrated policy in the scope of addictive behaviours and dependencies, based on intersectoral articulation, aiming at sustainable gains in health and social welfare" (SICAD, 2015, p. 13). This vision is executed through the principles of "humanism and pragmatism, focus on the citizen, integrated intervention, territoriality, and quality and innovation" (SICAD, 2015, p. 13).

Essential Elements of Portugal's Approach. The themes that thread through the Portuguese national plan are the value of human dignity, an appreciation for the complexity of the issue, and the comprehensiveness of the entire approach and the integration of all aspects of this contextualized model (SICAD, 2015). In particular, the Portuguese National Plan appreciates the complexity and variation regarding substance use and addiction. We have long known that substance misuse is multifaceted in its development and manifestations and addressing it requires a complex, varied, and comprehensive approach including individual, familial, community, and structural interventions (Jutras-Assad, 2016). The Portuguese model embraces this reality. Interventions are individualized and targeted accordingly. "The focus of the intervention can be on family, school, community, recreational, employment, road, prison and sports contexts" (SICAD, 2015, p. 22).

Essential elements of the Portuguese national plan contribute to its collective purpose and success; they include prevention, dissuasion, harm reduction, and treatment initiatives. Drug prevention initiatives target citizens throughout the life span with particular emphasis on children and adolescents with programming administered through the school system. Using a health-based approach to prevention and incorporating all of the customary levels (universal, selective, and indicated), Portugal focused on universally fostering social skills and other protective factors (SICAD, 2015). This was done through consistent programming across all of the territories within the country and tailored to not only each age group but also to the characteristics of subgroups. Efforts to dissuade the use of drugs are a collaboration between police, the dissuasion commission, and a web of treatment and social

services (Domostawski, 2011). Police encountering drug use in the community provide a summons to appear at the Commissions for the Dissuasion of Drug Use (CDT) where a comprehensive assessment is conducted by a psychologist, social worker, and legal representative. Citizens are then offered treatment and social services based on that assessment, which are voluntary. The Portuguese national plan incorporates harm reduction measures to reduce the risks for those who will continue to use drugs. Street teams consisting of psychologists, social workers, nurses, or peer advocates outreach those most marginalized providing clean needles, condoms, and other resources aimed at reducing health risks to drug users and engaging drug users into the social service system to access medical and psychological care (SICAD, 2015). Another effective harm reduction initiative is the low-threshold opioid-substitution program executed through mobile distribution within each community. This interconnected system of research-informed approaches also includes an array of treatment options for medical, psychological, and substance use disorders that foster reintegration into the community, a key aspect of the model (SICAD, 2015).

Success of Portugal's National Plan. The impact of Portugal's shift from a criminalized war on drugs policy approach to their decriminalized public health focused national plan are demonstrated in numerous statistics including drug legal offenses, drug-related deaths, and related illness such as HIV/AIDS. In 1999, there were 13,020 drug-related legal offenses: 61% were drug possession/users, 25% were individuals who trafficked drugs to support their use, and 14% were strictly drug traffickers (EMCDDA, 2000). Most often, the substance seized during this time was heroin. Shifting ahead to 2017 data, there were 16,970 drug related offenses with 72% of them related to use/possession and the remaining 28% related to trafficking (EMCDDA, 2019) with the substance most commonly involved being marijuana. Although the numbers demonstrate an increase from 1999 to 2017 of individuals breaking the law to use substances, contextualizing these numbers suggests a public health victory. One valuable point is that those who had drug offenses due to use in 1999 were arrested, and if convicted, incarcerated for their use; contrastingly, in 2017 those who broke the law using drugs were ticketed and appeared at the dissuasion commission (CDT) for assessment and referral to treatment as indicated. Besides that, the primary drug involved in 1999 was heroin, which is associated with a number of public health risks such as HIV/AIDS due to intravenous administration, as compared to the primary drug in 2017 which was marijuana. A closer look at new HIV/AIDS cases in 1996 of 507, 1997 of 542, and 1998 of 544 compared to 18 cases in 2017 support this public health success (EMCDDA, 2000, 2019). The shift from heroin to marijuana also had an influence on drug related deaths with 369 in 1999 with 95% of them related to opioids and 30 in 2016 (EMCDDA, 2000, 2019). Currently, Portugal has four drug related deaths per million compared to the European average of 22 and the United States average 207 per million (CDC, 2020; EMCDDA, 2019). Preventing illnesses and deaths as well as ending incarcerations for drug use are the meaningful successes of Portugal's shift to a public health approach. Murkin (2014) notes that these public health successes are attributable to both decriminalization and other pro-health policy initiatives.

> The reality is that Portugal's drug situation has improved significantly in several key areas. Most notably, HIV infections and drug-related deaths have decreased, while the dramatic rise in use feared by some has failed to materialize. However, such

> improvements are not solely the result of the decriminalisation policy; Portugal's shift towards a more health-centered approach to drugs, as well as wider health and social policy changes, are equally, if not more, responsible for the positive changes observed. (Murkin, 2014, p. 1)

A nuanced look at the factors that contribute to the successes of the Portuguese national plan suggest that adoption of that policy may be more complex that just decriminalizing drugs in the United States and include such determinants as access to healthcare and a prominent public health focus in national and local policy.

POLICY TRANSFER MODEL

The policy transfer model has its roots in Comparative Policy Analysis beginning as early as the 1940s (Dolowitz & Marsh, 1996). States and countries began looking outside their borders for examples of successful approaches to solving the problems they were facing, but they needed to evaluate the likelihood of successfully adopting lessons learned from others in a different context. In their review of the policy transfer literature, Dolowitz and Marsh (1996) define the model:

> Policy transfer, emulation and lesson drawing all refer to a process in which knowledge about policies, administrative arrangements, institutions etc. in one time and/or place is used in the development of policies, administrative arrangements and institutions in another time and/or place. (p. 344)

Dolowitz and Marsh (1996) go on to note that what is essential to the successful transfer of a policy from one time or place to another is prospective evaluation. Through observation, a thorough understanding of how the policy works in its current context leads to identifying all of the factors that contribute to its success. This outlines for the borrowing entity what is needed to recreate the policy in the new context and an evaluation of the possibility of borrowing given the identified requirements.

Lightfoot (2003) bridged using this model in social work policy as a tool to developing an in-depth understanding of the aspects required when evaluating a policy for transfer. Lightfoot (2003) also highlights the value of conducting a policy transfer analysis as a prospective evaluation. In cases where the policy is a good fit for the new context it can be a shortcut to addressing a common issue; by contrast, in a situation where there are foreseeable barriers to adopting an ill-fitting policy approach it can be identified in advance. This prospective evaluation considers elements that can limit or facilitate effective policy transfer. Broadly, they are the comparability of the two contexts, the complexity of the policy under consideration, and the internal characteristics of the adopting context (Lightfoot, 2003). The coming sections will consider an in-depth prospective analysis of these areas evaluating the appropriateness of transferring Portugal's national drug policy to the United States.

Comparability

Ideology: Individualism Versus the Collective. In the United States the social problem of substance misuse is viewed through the lens of individualism (Foster et al., 2014). Consequently, drug policy has rested on the assumption that people have free

will and choose to use drugs. Over recent decades this focus on the individual, and in turn personal responsibility, is exemplified in the "Just Say No" campaign of the Reagan administration and the assault on African American and Latina women who endured the impact of poverty and institutional racism during the crack epidemic (Knight, 2015; Paramar et al., 2015). Even though many of the contributing factors of substance use problems are structural in nature such as poverty, institutional racism, and insufficient resources in at-risk communities (Rosino & Hughey, 2018), the focus in the United States still centers around personal responsibility. And, personal responsibility is closely linked with punitive consequences (Boyarsky et al., 2002).

The criminalization of addiction is well documented in the U.S. System (Alexander, 2010). It is also the largest contributor to the mass incarceration of people of color, particularly the poor (The Sentencing Project, 2020). For example, through the lens that Intersectionality affords us, the experience of poor women of color who use drugs continues to deteriorate. The rates of women prisoners are not only raising exponentially but also the child protective system disproportionately imposes consequences on female parents as compared to male parents who use drugs (NIDA, 2014). Sered and Norton-Hawk (2014) noted that both the criminal justice and medical systems focus on personal responsibility while ignoring the obvious structural barriers that make sustained recovery virtually impossible such as inadequate housing and violence against women.

The Portuguese system adopts a public health approach that is consistent with their collective view of social problems that researchers attribute to their recent transition from a dictatorship to a democracy (Domostawski, 2011). Substance use problems are not viewed as the fault of the person but rather an unfortunate situation as is any illness (Brewer & Chen, 2007). Substance misuse is just a reality that the country must address as there will always be people who use drugs. In the 1990s, when the drug crisis in Portugal peaked, it was the citizens who demanded the government act and they made it a prominent issue in their national elections. Although there was right-wing opposition to this shift in drug policy, majority of the citizens supported the shift (Domostawski, 2011). This is credited to a concern and sympathy for drug users who were visible in the community and viewed as ill. This collective view of social problems supports policies like nationalized healthcare, decriminalizing all drug use, and the voting rights of prisoners (United Nations Office on Drugs and Crime [UNODC], 2009).

Ideology: Institutional Structure. Evaluating the fit of the two countries regarding institutional structure encompasses the institutions identified to address drug use, their levels of government, and the resources available to them (Lightfoot, 2003). There are structural differences between the governments of the United States and Portugal that contribute to their abilities to reform drug policy. Portugal is a parliamentary system that is more centralized so when drug policy is proposed there are few opportunities to veto or modify the legislation prior to voting on it (Pereira, 1991). Moreover, lobbying parliament members in Portugal is meaningfully regulated (Terrinha, 2019). Once approved, policy is universally executed throughout the country through a centralized agency, such as SICAD as in the case of drug policy. The United States is a presidential system with multiple branches of government that share power with States, which affords a number of opportunities for policy revision and veto on the federal level as well as considerable latitude in state execution of policy (Benoit, 2003). This is exemplified in the conflicting laws regulating marijuana use between the federal government and the states.

Consequently, Portugal was able to legislate dramatic changes in drug policy shifting the focus to public health, assigning the policy to the ministry of health, and naming SICAD the institution charged with its enactment (SICAD, 2015). The value of housing all aspects of drug policy under the charge of one institution, in this case under SICAD, is that responsibilities fragmented across institutions charged with various aspects of drug policy can contribute to institutional reach through the influence of politics such is the case in the United States (Benoit, 2003). The institution that a policy is assigned to gives that entity the power to develop programs from their lens and ideological priorities on the public health and social control continuum. In the United States that lens is more often than not a criminalized, law enforcement one diverging from the recommendations of researchers and experts in the field which support a public health approach (Csete et al., 2016).

Contrastingly, the CDT is a legal entity that falls under SICAD, a public health institution within the ministry of health, hence, the CDT aspires to reduce the harms associated with substance use through dissuasion techniques (SICAD, 2015). Interventions are based on public health principles and a biopsychosocial lens of problematic substance use. In the United States, federal legal institutions criminalize drug use and public health institutions related to drug use, such as the NIDA, do not oversee them but rather only focus on the prevention and treatment aspects of drug policy. So, where the policy resides matters because it empowers that institution the authority to determine how to address the problem: the lens through which it is viewed, assumptions accepted, the goals it aims to achieve, and interventions selected to achieve them.

One of the strengths of Portugal's approach to addressing drug use is its comprehensive national plan with SICAD overseeing a coordinated public health effort, based in research, including prevention, treatment, dissuasion, harm reduction, and reintegration (SICAD, 2015). Such noteworthy ideological and structural differences between the two countries signals a poor fit for policy transfer success.

Complexity

Aside from an analysis of the countries proposed for the policy transfer, the complexity of the social problem itself is warranted. Lightfoot (2003) notes the consideration of not only the single or multiple causes of the problem under examination but also the goals of the policy. In addition, establishing if the connection between the problem and the policy meant to address it are directly or indirectly related. Let us consider the complexity of substance use.

Prior to addressing the complexity of the social problem, we must define it. Whether we establish the broader substance use as the problem or the more specific illicit drug use, the nature of the problem is highly complex with multiple contributing factors encompassing "biological, psychological, family, community, or cultural levels" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019, p. 1). Further, each of these characteristics has multiple aspects to it. In regard to the biological aspect, we must consider the genetic predisposition to substance use as well as various substances that change the brain (Volkow et al., 2014). From a psychological perspective, we must consider the risk factors of differing personality type or the confounding influence of a co-occurring mental health disorder (NIDA, 2016). The family influences a teen's use through its support of substance

use, providing access to substances, and how parents model substance use to their children (NIDA, 2016). Communities that provide a sense of belonging and an array of pro-social and healthy alternatives to substance use engaging children in school and related activities that are protective in nature (NIDA, 2016). Communities that lack such supports and experience socioeconomic deprivation endure risk factors. Not to mention, a culture at-large can create an environment that views substance misuse as a negative activity discouraging use.

Clearly, substance use is complex and requires a multifaceted policy response to address it. Well exemplified by the Portuguese national plan is a comprehensive approach to substance use entails multiple goals involving a host of stakeholders, various types of interventions, as well as contextualization of those interventions (SICAD, 2015).

The complexity of both the problem of substance misuse and the goals a policy meant to address it cannot be overstated. While the relationship between the two encompasses a number of direct and indirect relationships, research points to factors such as neighborhood disorganization directly impacts drug use (Larkin et al., 2007); at the same time, poverty can indirectly impact substance use through access to healthcare, quality childcare, and parental attachment (NIDA, 2016). The complexity of the problem of substance misuse and the goals required to address it, and both the direct and indirect nature of that relationship does not support the viability of transferring this policy.

Internal Characteristics

An examination of the internal characteristics of the country considering borrowing a policy approach from another country needs to consider: past and current policy approaches meant to address the problem, any current and future policy commitments specific to the problem as well as related areas that impact it, and the level of politicization of the problem and its policy approach (Lightfoot, 2003). Furthermore, the demographic scope of the two countries is considerable. Portugal has a more homogeneous population of around 10 million citizens while the United States is considerably more demographically diverse population of 330 million (Central Intelligence Agency [CIA], 2021).

When developing drug policy every country must balance two initiatives: safeguarding public health and upholding public order (Benoit, 2003). Each country must achieve this in the context of other policies, both past and current, that may or may not be specifically targeting drug use but address the aims of public health and social order. A country's history of policies also cradles its institutions and how the responsibility for various aspects of policy is assigned and executed. Understanding what a particular government prioritizes is described by Benoit (2003).

> The division of labor implies three programmatic components that are available to all drug policies: prohibition (enforcement), treatment, and prevention. The legal institutions include police, courts, and prisons, and they are responsible for enforcing policy provisions and upholding citizens' rights. The medical sector includes public health institutions and the private medical establishment, both mainly responsible for addiction treatment. Prevention programs are commonly a public health responsibility but may be carried out by law-enforcement professionals or by the state through

> schools and social services . . . all drug policies also reflect a primary tension between maintaining social order and protecting public health. How states manage that tension is reflected in the relative emphasis they place on each of the three programmatic components identified above. This emphasis is mostly measured in terms of spending priority, which is often a function of the political strength of the relevant social institutions, and by the programs employed to achieve the stated goals. (pp. 273–274)

In essence, follow the money to unearth the institutions with more or less political power. In Portugal, the integration of a comprehensive national drug policy minimizes concerns of institutional reach, and the existence of public health institutions outside of the political realm mitigates the influence of politics on institutions charged with enacting drug policy. Furthermore, by moving public health policy, and its corresponding institutions, outside of the political forum, Portugal does not concern itself with the frequent changes imposed by a 4-year election cycle. They develop policy from a long-term perspective. Conversely, the United States is a starkly different system.

Past and Current Policy Approaches Meant to Address the Problem. U.S. policy specific to drug use began in the 1920s and was solely perceived as a criminal justice issue attending only to the supply side of the equation (Benoit, 2003). Attempts at addressing the demand side were not encompassed in drug policy but rather drug use treatment was left to local and private entities to develop. The Nixon administration shifted national drug policy toward a balanced approach including prevention, treatment, and interdiction with the demand side receiving a greater share of the federal drug policy budget (Barber, 2013). In no administration since has that been the case (Drug Policy Alliance, 2015; United States Office of National Drug Control Policy, 2020a). The Nixon administration set in motion two trajectories with its national drug policy that, although meant to address the concerning issue of drug use with considerable funding, became problematic: the declaration of a war on drugs and the separation of drug use from the National Institute of Mental Health (NIMH) to its own entity, the NIDA (Benoit, 2003). Over the past 50 years the war on drugs has devolved to a policy heavily favoring law enforcement and has also led to the disproportionate incarceration of people of color (Alexander, 2010). Although NIDA was created with the intent of giving the problem of drug use the unique attention it warranted to develop research supported drug use prevention and treatment, and the institution has done a tremendous work in this area, the unintended consequence was separating drug use from not only other mental health issues but also from health-related ones. So as public health programs were considerably defunded in the conservative Reagan administration it left NIDA particularly vulnerable (Benoit, 2003). In contrast, Canada also had generous social programs in the 1970s but by encompassing mental health and substance use programs in their national health services they were protected from the retrenchment of the 1980s (Benoit, 2003). Again, drug policy in the United States returned from a more balanced supply and demand balanced equation during the 1970s to a pre-Nixon structure favoring enforcement as Benoit (2003) describes:

> Drug policy crafted by the Reagan administration was designed to concentrate federal resources on the supply side of drug control-interdicting traffic in illegal drugs at the nation's borders and across state lines. Responsibility for the demand side . . . was relegated to state and local governments and the private sector. (p. 283)

Federal dollars allocated to states for addressing the demand side were not only drastically reduced but also encompassed in block grants that were intended for multiple social problems and allowed states to disperse dollars at their own discretion to the various issues. Not surprisingly, drug treatment programs were sparsely funded. As most western countries moved toward more generous social programming in the 1990s through current day, such as universal healthcare that includes mental health and substance use disorder treatment as well as various public health prevention efforts, the United States continued to favor criminal justice measures over public health initiatives as evidence by funding allocations (United States Office of National Drug Control Policy, 2020a).

The most significant concern with the stated goal of U.S. drug policy is the reduction of the prevalence of drug users (United States Office of National Drug Control Policy, 2020b). This goal is based on the assumptions that we can influence the number of drug users with prevention programs that get less people to begin using drugs, treatment programs that reduce drug use in the longer term, and enforcement initiatives that impact supply by reducing access to drugs as a result of increasing the cost and decreasing the availability of illicit substances (Reuter, 2013). Conversely, research indicates that drug policy has trivial effects on the number of people using drugs but more influential are expansive cultural and economic determinants (Reuter, 2013). "Evidence suggests that no practical policy measures can affect whether an epidemic of drug use starts, how severe that epidemic will be, or how rapidly it ends" (Reuter, 2013, p. 98). The goal of reducing the number of people who use drugs denies the reality that some people will use drugs regardless of policy efforts to deter them. By not accepting this actuality and neglecting harm reduction goals for drug users' safety and wellness, current policy is incomplete. Research suggests that if harm reduction drug policy approaches were implemented consistently and comprehensively that it could significantly curtail the consequences of drug use (Strang et al., 2012). Nevertheless, the United States does not have a track record of embracing harm reduction strategies regardless of their demonstrated efficacy and the consequences of drug use have been greater in the United States than countries that have embraced an overarching harm reduction policy model (Drucker, 2013; Ritter & Cameron, 2006). The focus of current drug policy on the prevalence of drug users further complicates a successful outcome in transferring policy as harm reduction is a purposeful aspect of Portugal's approach (Dolowitz & Marsh, 1996).

Current and Future Policy Commitments. Policy commitments exist for any country both intended to directly address drug use specifically and indirectly impact it, hence, drug policy analysis also needs to contextualize policy commitments regardless of the intended outcomes. For example, the punitive criminalization of drug use in the United States has resulted in the United States having particularly high incarceration rates (Carson, 2020). The criminal penalties for drug use were intentionally created to deter drug use, however, evidence has not fully supported their efficacy (The PEW Charitable Trusts, 2018). The United States also has sanctions for those who have been convicted of a felony crime that prohibit them from receiving a number of social benefits such as Section Eight housing. Although this policy is not directly intended to address drug use, it negatively impacts drug users making recovery more difficult and putting more burdens on their families.

Those aiming to change drug policy are not beginning with a clean slate but rather have to start where the country current policy dictates and make the changes available to them given their systemic rules. Dolowitz and Marsh (1996) quote Rose who captures the struggles of this dilemma.

> Policy makers are inheritors before they are choosers; as a condition of taking office they swear to uphold the laws and programs that predecessors have set . . . new programs cannot be constructed on green field sites . . . they must be introduced into a policy environment dense with past commitments. (p. 353)

Level of Politicization of the Problem and Its Policy Approach. The Portuguese stakeholder team assembled to create a new approach to drug policy established that the change would require a considerable amount of time and consensus to fully execute and, with that in mind, had to exist outside of the political system with 4 year cycles of varying administrations (Greenwald, 2009). So early on in the process the team engaged the dominant political parties to endorse the plan and remove it from the political realm of responsibility to the Ministry of Health under the direction of SICAD. This removed the risk of changes to the approach based on political ideology before the plan could see the results of the changes. After about a decade, the Portuguese approach attained support from law enforcement and across the political spectrum (Silvestri, n.d.).

Currently in the United States, there exists a particularly polarized political climate. As such, every bill is claimed as a victory toward a party's greater agenda by both Democrats and Republicans alike, which is not conducive to a public health driven initiative meant to reduce the harms of drug use. Politically, a public health approach to drug use is not universally accepted as the path forward in the United States. By contrast, the views of most American's, regardless of political party affiliation, support abandoning mandatory minimum sentencing for drug use and increasing access to drug treatment (Pew Research Center, 2014). Recall that the overall goal of U.S. drug policy is to reduce the number of drug users so efforts to reduce the harms of drug use are not widely accepted among politicians. Even though a public health approach to drug use is recommended by government agencies with expertise in the area including the Substance Abuse and Mental Health Services Administration (SAMHSA) and the NIDA (NIDA, 2015; SAMHSA, 2016). One of these agencies must not only be the lead on developing drug policy, but also provide management and oversight creating an umbrella organization with expertise, a public health initiative similar to the function of SICAD in Portugal. The recent example of the U.S. response to the Coved-19 pandemic does not suggest this is likely. Over the course of the pandemic politicians remained in the driver's seat with public health officials in an advisory role. Politicians dominated the airwaves with lengthy press conferences and updates that were not always based on science and facts. Conflicts played out among federal, state, and local governments based more on political party affiliations and competing priorities rather than established public health guidelines resulting in advice to the public and was contradictory and confusing (Duhigg, 2020). The result of such struggles is always additional lives lost, a scenario no different in the drug epidemic.

CONCLUSION

Taken together, a policy transfer analysis illustrates that the differences between Portugal and the United States may be too drastic to allow a successful transfer of drug policy. Ideological diversions from the collective good and individualism contribute to structural differences between a generous welfare state and a conservative for-profit, privatized one. Governmental and political structures along with the difference in demographic scope, also make the drastic changes enacted in Portugal's parliamentary context difficult to replicate in the U.S. presidential system. It may behoove the United States to look at models from countries that bear a closer resemblance to its political and ideological structure for drug policy transfer but as U.S. drug policy continues to favor law enforcement over public health it further diverges from other western nations making that possibility less likely.

What is particularly promising are grassroots programs on the state and local levels in the United States that offer innovative examples of compassionate, public health initiatives developed by community members many of which embrace a harm reduction approach. Examples of state and local resourcefulness may be a better fit for policy approaches nationwide and closer to home in not only geography but in ideology and structure as well.

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