

Episode 261—Dr. Stephanie Elias Sarabia and Dr. Kathleen Ray: Lessons Learned from Portugal’s Drug Decriminalization Policy: Educating Students on Alternative Models

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hello from Buffalo and welcome to inSocialWork. My name is Louanne Bakk and I'll be your host for this episode. Portugal enacted drug decriminalization in 2001, And since that time drug related crimes and incarceration rates have dropped significantly while the number of people voluntarily entering treatment has increased. Additionally drug induced death rates, HIV infections among drug users, and the rates of adolescent drug use have decreased. Portugal's accomplishments are extremely valuable and timely, particularly given that the US is experiencing its worst addiction epidemic in history. In this podcast, Dr. Stephanie Elias Sarabia and Dr. Kathleen Ray describe the Ramapo College study abroad program in Portugal which examines policies relevant to those with substance abuse disorder from an international perspective. They provide an overview of Portugal's groundbreaking drug decriminalization policy, summarize progress that has been made since the enactment of this legislation and compare and contrast how the US differs from Portugal in regards to approaching substance abuse. They provide an overview of Portugal's groundbreaking drug decriminalization policy, summarize progress that has been made since the enactment of the legislation and compare and contrast how the US differs from Portugal in regards to approaching substance abuse. Doctors Elias Sarabia and Ray describe the students international experience and how exposure to Portugal's system has heightened student's understanding of the political, legal and social context of decriminalization. They conclude by emphasizing the need for social workers to challenge our current belief systems regarding drug addiction and treatment and provide strategies for educators interested in building an international program that provides a well-rounded, meaningful and invaluable experience for students. Stephanie Elias Sarabia Ph.D. is an associate professor of social work at Ramapo College of New Jersey. She is a Licensed Clinical Social Worker and a Licensed Clinical Alcohol and Drug Counselor with over 20 years experience working with people, managing mental health, substance use and co-occurring disorders. Kathleen Ray Ph.D. is an assistant professor of social work at Ramapo College of New Jersey. She is a Licensed Clinical Social Worker and a certified social work supervisor with over 25 years experience working in mental health care in multiple settings. Doctors Elias Sarabia and Ray are co-convenors of the minor and substance use disorders. They were interviewed in October 2018 by Caitlin Beck who is a dual degree student in law and social work here at the UB School of Social Work.

[00:03:46] Hello listeners. Caitlin Beck here from the University at Buffalo. I'm a dual degree grad student in law and social work and I'm speaking with Dr. Stephanie Elias Sarabia, Associate Professor of Social Work, and Dr. Kathleen Ray, assistant professor of social work, both at Ramapo College of New Jersey. Stephanie and Kathleen are the co-convenors of the Substance Abuse minor. They currently run an international travel class where Ramapo students go to Portugal over spring break to learn about the decriminalization of drugs in Portugal from a legal, clinical and public health perspective, and that is what we are talking about today. So Stephanie, could you tell us what the impetus was for creating a study abroad experience for your students in Portugal?

[00:04:27] Absolutely. When I was in graduate school at NYU I studied in the Netherlands at the University of Amsterdam, a two week program that was put together by Dr. Lala Shaffner and we learned all about how the Netherlands approaches substance use and harm reduction, and kind of the gray area of marijuana not being legal but tolerated and it really changed how I saw substance

use, which was really meaningful for me because I had worked in the fields for 20 years before I went on that experience. So when I became a professor one of the things I really wanted to do was to have an experience for my students. So at the time I was reading a lot about Portugal's decriminalization of drugs. There have been various reports about its successes and its failures. And I started to notice that there were real stark differences between how Portugal approaches drug use and how the United States approaches drug use. And I thought it would be really nice for our students to have that same change of context experience, I think I'd call it, that I had in graduate school. And one of the other things I liked about Portugal was they really approach drug policy from a public health perspective, which is what NITA and the CDC and the NASW all recommend but our students really have not seen that in practice because we really have a war on drugs in the United States. So I felt like this trip was kind of the best way to do that. And so I went to our Roukema Center, which is our International Center at Ramapo College and gave them my wish list. I wanted to meet with parliament members who were involved in changing the laws. I wanted to meet with treatment providers. I wanted to meet with the judges and people involved on the illegal and the police force, and really give a full experience about how Portugal does this. And so they reached out to an organization called CIEE and a professor from Nova University in Portugal, Martha Seya, really just hit it out of the park. She arranged for all of these experiences for our students that I really couldn't have planned it better myself.

[00:06:28] I'm just thinking of being 18 or 19 year olds and the first time I went away to a different country. I just didn't know there was a different way of doing anything before going to different country, so I think that's a very unique experience for students in a great way to learn about the differences, especially with drug treatment. So the next question, I'm wondering can we have an overview, Kathleen, of the Portuguese system of drug treatment?

[00:06:52] Yes. So back in the 1990s Portugal was experiencing a drug problem quite similar to what we're experiencing here in the United States. There was an increase of all drug use but particularly there was a heroin epidemic that developed. And by the end of the 1990s about 1 percent of the population was addicted to heroin. And what was interesting about Portugal as opposed to the United States is that in Portugal heroin really affected many members of the community across all education levels, income levels and geographical areas. So most family members had some sort of connection to someone who was using drugs and the community really felt it as a whole. They saw overdoses on the street. There was dirty needles everywhere. There was an increase of crime to pay for drugs and increase of prostitution. There was one area Portugal calls Castell de Casso that really had an open air drug market where people came to buy and use drugs there. So it really effected the community as a whole. The law enforcement was overwhelmed with arresting drug users, the healthcare system was overwhelmed with treating drug overdoses as well as the increase in HIV and AIDS and other drug related health concerns. And the initial approach is really a campaign similar to what we have in the United States of a war on drugs and the policy was administered and overseen by the Ministry of Justice. So at that time the Prime Minister asked Awel Jual, a physician who is working in drug addiction at the time he is now the National Drug Coordinator of Portugal, to come up with the plan. So he created a panel of experts that included health care providers, law enforcement, educators and community members to really look at this problem of substance use in Portugal. And they created a national plan and their vision was really holistic, comprehensive, evidence based and focusing on the improvement of the health and well-being of its citizens. And oversight of this new policy was moved from the Ministry of Justice to the Ministry of Health. The plan had the goals of preventing and decreasing drug use, decreasing the availability of drugs but also providing safer ways for drugs to be used if the person chooses to do so. And they finally created policies that were research informed to use in Portugal and also to share with the European Union. The plan has multiple principles to support the vision and the first that I think was so telling to how the approach to drug use was changing was this idea of humanism and pragmatism and that there was an understanding that drug addiction is really complicated and there

isn't a one size fits all approach to treatment and that each individual needs to be looked at in terms of their own circumstances. But they also talked about that the citizen had a right to healthcare and that included treatment and more importantly that there will no longer be any prejudice towards the individual. So all of the interventions were focused on the citizens and the improvement of public health. So prevention was clearly a really important component of the plan and the goal was really to prevent citizens from even starting to use drugs. And they had really comprehensive program put into the school systems, to put into community centers, to really talk to their citizens about the dangers and the harms of drug use. Secondly if the citizen was using drugs there was a focus to try to dissuade further use. And that really came about in a couple of different ways. One was in terms of treatment programs, which they had all different kinds or continue to have all different kinds of treatment programs that address the individual needs of the particular person. There is risk and harm reduction programs that include the availability of clean needles and safe injection sites. There is an education on the impact of drug abuse. And most importantly, or what we think about we think about Portugal is their plan of decriminalization. And it really is the most well known part of the Portugal plan, but it really is embedded in this overall vision of treating the person with dignity and to really help them in terms of improving their overall well-being and their participation in the community. So in 2001 Portugal decriminalized all drug use, any kind of drug, and personal possession of drugs. So prior to this the police arrested people who were using drugs on the street and that person was placed into the criminal justice system. So after 2001 the police now have the discretion to give the drug user a summon as opposed to a ticket and that summon would be to appear at a dissuasion board otherwise known as a CDT. That is staffed by three people, can be including a lawyer, a social worker and psychologist, and that person receives a biopsychosocial assessment to evaluate if the person is addicted to drugs. If it's deemed that the person is not addicted to drugs and is just a casual user the summons goes away and the person can go back into the community and continue their life as they had. And if it is decided that the person is addicted they will be offered treatment programs that are appropriate to where they are in the life cycle and how they're living their lives and education, again that is individualized to that person, but they're not required to go. It is just an offer that this would be helpful and that you can use it if you want and if you don't want to it's OK as well. That summon could also be a small fine, but the goal is really to steer the individual towards treatment and not until the criminal justice system because they saw that close to 50 percent of the people in jail at that time were there for drug related problems or incidences. And that money was better spent either moving towards treatment or for law enforcement to go after drug dealers.

[00:12:24] I wish you could see it now because I am just smiling from ear to ear as you're talking about a system that looks so different from our system. You both have sent me an article before our interview from The Guardian and I can't pronounce this doctor's last name. It's Goulao, how I pronounce the last name?

[00:12:41] Goulao I believe.

[00:12:42] Goulao, okay. So he's a very popular doctor that did a lot of policy and clinical work with these individuals who are suffering from addiction and he said if a heroin epidemic had affected only Portugal's lower classes or racialized minorities and not the middle or upper classes he said he had some doubts the conversation around drugs and addiction and harm reduction would have taken shape in the same way. And I think of, maybe I'm wrong you can correct me if this association is wrong, but I think of how we are a lot more up in arms as a system in a very holistic way about the opioid crisis, which affects a very wide set of classes. Whereas with other past drug issues we've had as a system in the United States we haven't responded with a very holistic treatment. And I just thought that was really interesting as you were talking, Kathleen, about sort of how like the article said and like you said this affected everyone. The heroin epidemic.

[00:13:33] Well we've certainly appears that that is why the community as a whole really demanded change. So we've had heroin problems in the United States for decades and until just recently in terms of thinking about heroin as part of the opioid addiction problem we are now starting to look at it more from is this a public health matter as opposed to a law enforcement matter. But in terms of heroin use, the heroin use has been used in the inner city for decades with very little attention.

[00:14:02] So Stephanie I'm wondering if you can talk about the institutions and/or professionals you were able to visit with your students when you go over to Portugal.

[00:14:11] Sure. Really the goal when we had this experience was that students could see how basically when the rubber hits the road what does this policy look like on the ground. So if you are practicing social worker or what you would see. And so the first piece of that were a number of lectures actually at the University Nova where we had an anthropologist, we had a neurobiologist, and this was all about giving us context. Context to the culture in Portugal, context to the research in this area, because their system is really research informed and so it helps the students understand all the balls in the air when they were trying to determine this policy. It also gives a nice context for social work because this is such a part of our profession. We don't see anything of content. And so I think it's a nice way to view the social problem of addiction. And medical care as a right in Portugal, the prison system is state run. It is not for profit like in the United States. And so as these decisions were made it's really why we couldn't just pick this system up and plop it into the United States as much as we all fantasize about that, because there's all these other pieces that we really need to be in place in order to do that like universal health care and state-run systems. So when the first places that we had a visit from were law enforcement. So it's the public security police in Portugal that basically their job is to keep the peace and maintain security around the urban areas. And so beginning in 2000 when they had determined that they would go to this policy, the Portuguese government invested a lot of money into retraining police and supporting them through these efforts. And what happened was there was this transition from "we're policing to kind of catch people and deal with that" to "we're going to focus on drug trafficking and people who are sick and using substances or we're not sure if they're sick but they're publicly using we'll get the summons so they can go to the Dissuasion Commission and really get a sense and find out what they need." And so the police were able to just make these determinations, did this person have a 10 day supply of a substance on them, if they had ten days or less there given that summons to appear, if they have more they're considered a drug trafficker. And so it made their job much easier in dealing with the public. And there was really a shift to more community policing at this point, which embraces their view of human dignity being so important in policing. We also visited the commission, which is the Commission for the Dissuasion of Drug Addiction. And this is really at the center of the intervention. And so when a police officer gives a summons to appear a person appears now they may be someone who was just smoking marijuana at a festival and they'll be sent on their way. But this is all determined through a comprehensive assessment by a psychologist, a social worker and someone from the judiciary. And they determined really does this person needs some support, do they need housing, do they need a job do they need treatment. And if so they're giving connections to those services and the commission also follows up on those people. These services are in no way mandatory, but the idea is that we capture the person in a moment where they're using in public, a little bit of a crisis. And we're going to offer them services at that time with the hope that it will be the right time. Whether it is or it isn't they will continue to offer services. They really approach this from starting where the person is at and offering them whatever they have. The next place we visited was Saccod, and Saccod is basically the general dictatorate of intervention and addictive behaviors and dependencies and what they do is they oversee all of these pieces and inform these pieces about the research, best practices. They are located in the Ministry of Health which was a huge fit. So the entire policy went from the Ministry of Justice to the Ministry of Health. And so it's a whole national strategy on public health. So they inform the treatment providers, They have huge prevention programs within their school system, which was a big part of the program that isn't as

well-known. And they really just help each of the pieces know what's the current evidence based practice for their area. They're also supported by the European Monitoring Centre for Drugs and Drug Addiction. And so this is a piece of actually the European Union, it's one of their decentralised agencies and it's located in Lisbon and their mission is really to provide lawmakers and policy makers with accurate information and data so that everything can be research informed. So it's all factual information about substance use in Portugal, in other countries, it helps Portugal know how effective or not effective their plan is, when they can compare themselves for example to neighboring countries such as Spain or maybe trends that have happened with various substances, you can see the trend across Europe were in sections of Europe. We also visited the community intervention association CRESFER and their vision is really about going into the community to people who are in vulnerable situations and promoting health and harm reduction and really inclusion of people back into the community. So this is a true start where the client's at, and all of the services that they have are about, you know, this is a needle exchange where they bring the needles to the clients. They will try and engage them in health care services, in housing. They use actually the Housing First model which start in the United States but they've really expanded it in such a way that it's become a big piece of what they do. They also outreach people who have been marginalised because of addiction. So frequently what happens in various sections of Portugal where drug use was prominent is that maybe the kids aren't going to school or people don't have well paying jobs or they have substandard housing. So they look at all these areas, so it's very comprehensive, holistic and really they're trying to engage. It's really an outreach and engagement program. The last piece that we visited with was the parliament for the Republic of Portugal and we were able to meet with a lawmaker who was integral in introducing this policy change, who's a physician as well as a parliament member and really talked to us about the political process in Portugal which is so different and I think probably one of the most meaningful pieces of that was when they were describing the hall outside of where the Prime Ministers meet and they call it the Hall of Lost Steps because that's where a constituent would walk back and forth waiting for their representative. And we asked "oh is this where the lobbyist would hang out?" And they said "no, actually lobbying is illegal in Portugal." And so I think it's very different from our system where we have various groups who have a lot of resources who are able to lobby politicians directly. That can sometimes drown out the voices of the real stakeholders in the sense of people who are using or family members or treatment providers.

[00:21:11] So then I'm wondering, and Stephanie kind of already talked a little bit about it in the beginning of her answer to the last question. Let's talk a bit more about what are the differences between the U.S. and Portugal systems. Kathleen could you talk about this?

[00:21:25] Well first off Portugal is a much smaller country than the United States. So they have about 10 million people and they're far more homogeneous, about 80 percent are Catholic. So it's a smaller sort of more cohesive community. They don't have the past racial discriminatory policies that we've had in the United States. So while there is racism everywhere they don't have the same policies that reinforced racism in terms of redlining for housing, in terms of the different sort of racial groups that end up incarcerated because of drug laws. So they didn't have the same racial component that we have in terms of drug enforcement in the United States. And like we said before the heroin specifically really affected across the population and the community really felt the impact. It wasn't just pockets of Portugal that felt the impact of the heroin. And I think one of the most important things is when heroin came into Portugal and the epidemic started to rise it really was non-discriminatory in terms of who it affected. So it cut across income levels, education levels, and everyone in the community really felt the impact of heroin use.

[00:22:33] Stephanie do you want to talk a little bit about this as well?

[00:22:35] Yeah I think one of the most meaningful things for me is that the Portuguese system is

comprehensive and integrated. And so all of the agencies that we've talked about and the principles that Kathleen reviewed, this is one big integrated system. Where in the United States we really don't have a unified message. We have different organizations like the Centers for Disease Control or the National Institute of Drug Abuse that really have this public health approach to substance use. But from a federal and law enforcement perspective we really have a war on drugs which is where most of the money goes in the United States. So we also have the lobbying which I alluded to in the last question and we have a for-profit medical system, and access to research informed effective treatment approaches for addiction really are not accessible to everyone. And so I think it's a huge barrier to people. Also our criminal justice system is for profit and there's racial disparities on who is arrested and incarcerated for substance use. And that's another big piece that just isn't present in the Portuguese system.

[00:23:43] And it seems like there is just so much room for an individual with a mental illness or with substance use, sometimes those go hand in hand. I guess I'm pointing towards when I'm in any court or an administrative hearing, I just don't feel like individuals with addictions or mental illnesses really fit into the way that we do justice in general. And so you know someone who is acting out because they're having a manic episode or is having detox issues and they're acting out in court, they'll get kicked out and lose their hearing, you know? It sounds like there's so much more of an understanding for the individual struggling with either of these two issues. And that seems like a really important difference.

[00:24:25] Yeah I think the Portuguese system really embraces, "We're trying to figure out what's going on here and solve the problem" is really their approach. When you see how the judiciary is based off of this biopsychosocial assessment that includes social workers and psychologists. So that's how they do this where for us it's about punishment for a crime, behavior, whatever it may be. We just have a different philosophical approach to our legal system than I think they do.

[00:24:52] So what was the impact of the trip on your students and also yourselves. Kathleen, do you want to talk about this?

[00:24:59] One of my favorite stories and we tell this story over and over is when we went to the CDC which is the dissuasion board and we talked to the director about how the process works when people come in with their summons and the biopsychosocial assessment and also the treatment options that are offered for the clients, one of our students raised her hand and asked the director if he was concerned that if a client were to start treatment and stopped treatment and start treatment and stopped treatment, which is completely allowed in the Portuguese system, if they were abusing the system. And he had kind of this blank stare on his face and he said "I really don't understand the question," and the student went on to talk about how we would in the United States that if a client isn't compliant to the rules of the treatment program or if they start using we kicked them out. And again he looked completely confused and he said "I don't understand." He goes "why would we ever discourage our citizens from coming in to treatment." And then the students sort of push back a little bit and said "well what if you're enabling them," and we talk about enabling a lot in the United States. And again he responded, he goes "I really don't understand the question." He goes "we want our citizens to get treatment and we make that process as comfortable and as easy and available and as appropriate to that individual as possible." And it really left all of us really rethinking what it means to help our clients and that this idea that treatment is there to be used and a client isn't always ready to get treatment at that particular moment, But it's continually available if they want it and they won't be penalized if they're not quite ready for the treatment. So I think that that had an enormous impact on our students.

[00:26:38] That sounds like a really great experience and interaction to have.

[00:26:41] And I actually for myself, one of the things that really stuck out to me was this concept of reintegration of the substance user into the community where often people who are addicted to drugs end up marginalized in the community, living away from family and unsafe areas or they become isolated from friends and family. And part of their vision is to really reintegrate the citizen back into the community. So it's also this idea that the person feels welcome in the community. So there's education on both parts. There's education to the substance user that you belong in the community, your treatment is in the community. We will make it easily accessible to you. But it's also the education in the community that this person is a citizen who is struggling with addiction. They are not a criminal. They are a person who is struggling. And one of the treatment options that they have that I was really impressed by is they have a methadone bus. So instead of just having methadone clinics, you know, stand up clinics where people can go in to get their methadone. As we often have in the United States those are often in areas that aren't accessible, they're not near schools, not in their centers of town. So people have to go out of their way to get methadone. In Portugal they have a bus that comes to the person. So they really see that methadone treatment can reintegrate the person into the community so they can drop their kid off at school, they could go to the methadone bus, get their methadone for the day and then go to work. So the treatment isn't kept away from the rest of the community. It's integrated into the community so the person can really participate fully. And to me I was really impressed by that, that there's this not just acceptance of the person in the community but just really this emphasis on that this particular person is part of the community, they have a family in the community, they can get their treatment in the community, they can work in the community and to really stay away from marginalizing that person. And to me that really hit home with me, how important that is for people to feel part of something.

[00:28:41] It sounds like you couldn't go on this trip without walking away being impacted. So I guess a follow up then is what is the most important takeaway from his experience and how does that take away at the social work profession? Stephanie, I'm wondering if you could start us with this question.

[00:28:55] Well I think that as social workers we are one of the largest providers of Addiction Services in the United States. And all too often our social work values are in contrast with how policy is developed in the United States. We don't have access to treatment for our clients frequently. We don't have this public health approach and really our social work values talk about human well-being and meeting the basic human needs of all people and not marginalizing and oppressing various groups of people. And so I think it's a challenge for social workers sometimes when we have someone who let's say is unsuccessful in substance abuse treatment and they want to be into treatment a month later and they're told by providers that "oh you haven't successfully completed you can't come back here." And so I think that it's really this struggle where in Portugal the dignity and worth of a person is a pillar that's a part of this whole system. And it's a pillar in our values as social workers in this profession. And we can't always live up to that in our current system and I think it can be really frustrating. I think the other piece is that their system is so research informed. And I think that frequently what happens in social work is that our system is not so research informed at times. Now we know that if you look at a biopsychosocial perspective getting medications to help with addiction are helpful, particularly with opioids. We know that from a psychological perspective, perhaps CBT is very effective. We know that a community reinforcement approach is effective socially to help family members through the craft program or with the person themselves. Yet we don't really have a treatment system that embraces all of that together. There was a just a piece on NPR about how Suboxone has a street value now because people have tried it in treatment but then they couldn't afford it, and so they're getting it on the black market at times when they don't want to use heroin. That's really amazing to me. I think it's startling to any social worker considering our values.

[00:30:59] Kathleen do you want to add as well to this?

[00:31:01] I do. I think what was really evident to our students was just how punitive our system is in the United States and how we needed to really look at that as social workers and challenge some of the ways that we do things. And I think from a big systems perspective but I think also more importantly as we train social work students to really be able to challenge our own belief systems and I think that that was really an important takeaway because a lot of our students had previous conceived notions that the substance user maybe was to blame for their problems or that if they didn't participate in treatment the way treatment was prescribed that they were failing in some way. And did we look at substance users in a way that wasn't empathic and that we did have some judgment or some bias? And I think that that really came across in this trip because the Portugal system is so infused with this idea of treating the person with respect and dignity that we really had to challenge our own belief system. And I think that a lot of the discussion that the students had on the bus rides and at dinner time was were we judge mental towards our clients, and if we are judgmental how can we challenge that? How can we challenge our previous belief system and how can we become better social workers by seeing a system that treats people with respect and dignity and research informed treatment and how can we make our current system better? And I think that that really was a message that came across from this trip as our students able to challenge their own beliefs in a way that they could handle and that they could talk about and that they can explain to themselves and also to the people around us because we really did process this information, that it's OK to know that maybe we had some judgmental ideas and we can challenge them and change them, and also to bring that back to treat our clients with more respect and more empathy. So I think that that was really important for our students. You know I have been a social worker for over 25 years, and I was really able to look at "Do I still have bias? Do I still have judgment towards clients and can I challenge those beliefs?" And to be in a place in a system that again, this idea of respect for the person cuts across all the different organizations and community members and treatment options. You just realize that we don't have that system here and that the value of that is really important. And can we start to infuse that in this small way just with our clients within the agencies that we work. And certainly in academia can we in part that to our students.

[00:33:33] You both had also sent me a video to watch. And I was really surprised by the interviewer was talking to a few police officers in Portugal. And the thing that they were talking about the most was understanding the integrity of a human. The dignity, actually was the word they used, of each and every human. And I think that we are all trying to do our best. I don't want to spend this moment being too critical of police officers here. It's just I don't think they have that same understanding of dignity as the most important thing. It seems like maybe would be justice or accountability would be the most important thing for a police officer in the States. So I just was thinking as you were talking about one of these really important takeaways, is that we have to understand and to have a focus on as social workers the dignity of our clients.

[00:34:18] As some of the laws the United States change in terms of legalization for medical use as well as recreational use there will need to be some sort of shift in how we view people who use substances because if it's no longer illegal, specifically with marijuana at this point, it won't be viewed as a crime. So I think that that's the major shift that the law enforcement in Portugal is that substance use is not seen as a crime. It's seen as a public health concern. So I think that helps with the way law enforcement in Portugal has been able to shift their view of people who use substances. But it took a long time for this shift to occur. There was a lot of training and I think that, and Stephanie can correct me if I'm wrong, they said it took about 10 years or so to really get to the place where they felt that law enforcement felt comfortable in this new view and stance towards people who are using substances.

[00:35:08] Yes initially the police did not buy in. They didn't think this was going to work. But they felt pretty hopeless about what they were already doing. And they very much had a policy like a

war on drugs just like we have now. So I think that when we think about police officers I think that there's a lot of variation. I think there's a good chunk of them who are compassionate and really want to perform public service. I think that there are others who may not be inclined for their profession, but our policy is one of a war on drugs. And so they're really executing that policy when you think about it. I mean that doesn't excuse, of course, the racial disparities in how substance uses it force and that whole piece of things. But I do think that in this country we put more money into enforcement than we do into treatment, and I think we have to look at ourselves about that.

[00:35:58] So there are so many great takeaways and so I think that other educators would be interested in how they could replicate what you were doing in Ramapo with this study abroad program. So could you speak a little bit to that? Kathleen would you want to start, and then Stephanie, you could follow up?

[00:36:13] Well the first thing is don't be afraid to aim high. Stephanie created this program before I even came to Ramapo and she had this incredible wish list of what she wanted to provide for the students and how to expose the students to really a different plan and a different way of managing this health concern. So she had this incredible wish list to start with. And to work with your international program at your school, most colleges do have an international program. They're incredibly effective at help managing the resources and all of the travel plans in a different country, you do not have to create this all by yourself. And also partner with other international programs to implement the wish list. As Stephanie mentioned before we work with the CIEE in Portugal and they were instrumental in both the programs that we were able to see but also the cultural experiences that we had. It wasn't all work and no play on this trip. We were able to do some really interesting cultural things as well. And to really round out the experiences for our students. so come up with a good idea, make that wish list as big as you can and use the resources that are available to you.

[00:37:20] In regard to resources, I think that funding becomes an issue. One of the things that we were always concerned about was that we didn't want this program to be just those maybe more elite students who could afford an experience to be able to do it. And so we really talked a lot with the Roukema, the International Center here at Ramapo, as well as our Ramapo College Foundation. And we got some funding to help support students so they wouldn't have to burden the full cost. And what resulted was the group of students that were able to attend were extremely diverse and majority of them on their FAFSA financial aid forms had a zero family contribution, which is really meaningful because for many it was the first time they've ever been out of the country. And so that was really a big piece of this as well, it wasn't just about taking the well-off students. We were also fortunate that our institution really bought into this. So it's part of our strategic plan of our college to have international and intercultural experience for our students. And so when that's part of your strategic plan that's really where often money follows. And so that was a really nice piece of things. And just valuing International Learning. I think that many students do now and many colleges do now. You see a lot more of it. But I can work a whole semester in a course and try to help students see another way of seeing a problem, but in two weeks you can really drive that point home by them living and experiencing another culture in another context. So it's really invaluable.

[00:38:48] Well thank you. I think educators will really benefit from those tips. I was just wondering so we're at the end of our interview if you had any other comments you wanted to make before we wrap up today.

[00:38:59] I really appreciate getting the word out about this because I think that we have to help social workers and social work students see that this issue isn't really a black and white issue. There's a lot of gray and there's other ways to see this problem. It's not just one or the other. And so I think that having the opportunity to tell other social workers that there are these experiences, these

other ways of learning, is really a benefit to us.

[00:39:23] Thank you both so much for joining us today. Stephanie and Kathleen, you have given us so much to think about.

[00:39:28] Thank you so much. It's been our pleasure.

[00:39:30] You've been listening to Dr. Stephanie Elias Sarabia and Dr. Kathleen Ray's discussion on Portugal's drug decriminalization policy. I'm Louanne Bakk. Please join us again at inSocialWork.

[00:39:53] Hi I'm Nancy Smyth, Professor and Dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school, our history, our online and on the ground degree and continuing education programs, we invite you to visit our website at www.socialwork.buffalo.edu. And while you're there check out our technology and social work resource center. You'll find that under the Community Resources menu.