

Joao Goulao II - Episode 786

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SPEAKERS

Joao Goulao, James Geering

J James Geering 00:00

Welcome to the behind the shield podcast. As always, my name is James Geering. And this week, it is my absolute honor to welcome back onto the show Jewelle Gula. Now, five years ago whilst visiting family in Portugal, I traveled to Lisbon and sat down with jewel. In Episode 138, you will be able to hear how they went from the worst addiction problem in Europe to the lowest by simply decriminalizing addiction. Now, as you will hear us discuss, it doesn't mean that drugs are for sale in stores. Now, it simply means that when an addict is caught with a user's amount, rather than being thrown in prison, they are educated on the resources available to them, including addiction counseling, mental health counseling, and job creation. So as we reconvene, five years later, we discuss a host of topics from the impact of the pandemic through Portuguese eyes, the ripple effect when it comes to the mental health crisis, fighting smuggling, how the withdrawal of support and funding has negatively impacted his program, and so much more. Now, before we get to this incredible conversation, as I say, every week, please just take a moment, go to whichever app you listen to this on, subscribe to the show, leave feedback and leave a rating. Every single five star rating truly does elevate this podcast, therefore making it easier for others to find. And this is a free library of almost 800 episodes now. So all I ask in return is that you help share these incredible men and women's stories. So I can get them to every single person on planet earth who needs to hear them. So with that being said, I welcome back Jewelle Koolau. Enjoy.

J Joao Goulao 02:05

In fact, the the those are the big issues. How are we moving forward? And how could we deal with the difficulties that we faced in the last few years with the COVID. And now with this new financial crisis caused by by the war and our difficulties that the citizens are facing impacts mental health and drug use. And I would say that, in fact, we are facing some difficulties. at the given point, I would say that due to government and even the society was convinced that the problem of drugs in Portugal was controlled, was was under control and everything was was in place what we need it. And it's not the fact that every day we have new challenges, new new things to deal with. And the investment is not I would not say that the budget, but the political will to provide our all the means that we need, namely human resources, because there's a lot

of people leaving the services people of my age that joined the services during the heroin epidemic in the 80s and 90s. And nowadays, people are leaving the the data retiring, and we cannot change and find new blood to join our our facilities and this is the our biggest difficulty nowadays is to attract people to work in this area. Is the AI you'd say that in the 80s and 90s. Working in the in the area of addictions was a little bit fancy, I would say. But that's not the case. Nowadays. People recognize that this is a difficult area the difficult, quite frustrating some sometimes. And it's not easy to attract new people to work in this in this in these teams. On the other end, we have an enlarge I don't know exactly. If when we when we spoke we had already a mandate on other addictive behaviors such as gambling, such as screen dependence. Nowadays we deal with all those challenges. And those are really very important challenges because, and those were really very much impacted by the pandemic. We have lots of people with difficulties in, in, in meeting face to face with, with others. So the use of these kinds of tools is very much present in our in everyday life and I think it's not only here, all around we see the same. So, those are the big the big availability of new substances. Never as as nowadays we everything is used as, as psychoactive substance. legal and illegal substances makes the alcohol, medicines, illicit drugs, everything together, the cocktails that people people use. And not not only are not specially among youngsters, we see it in Neath age people. And this is probably also a consequence of the of the difficult periods that we have lived in the last few years.

J

James Geering 06:45

Well, when we first spoke, it was five years ago, that was episode 138. For people listening, I got to sit down with you in Lisbon. And ironically, the backstory was my mother and brother had moved to Portugal, the Algarve. And when I started this, she'd said, did you know about what Portugal has done with the decriminalization of addiction? I was blown away, you know, I got to come, flyover come sit down with you. And that was five years ago. So since then, obviously, we've had a pandemic we've seen, you know, the, the wars in the Middle East come to a conclusion. So there's been a lot of trauma, whether it's isolation through through the virus, whether it's, you know, a lot of veterans returning home from war, from five years ago, walk me through some of the challenges that you face, because I think the what we saw in 911 What we've seen with so many other areas, people are all in when there's a problem, the moments things seem to settle down, people quickly, very forget very quickly. And then all of a sudden resources funding and public support seems to dwindle. So, what have been some of the challenges that you've seen since you and I spoke five years ago

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08:04

in a when we spoke five years ago I would say that drugs that are used mostly to potentiate pleasure, were on the race party drugs, stimulants, cocaine, ecstasy, those things. But nowadays, what we see is that people is using people are using drugs to relieve pain now, and this is much more complicated. If you cannot fulfill the main needs of the people and you cannot respond to the to the needs on housing, employment, this kind of things, drug use becomes much more complicated. And we are seeing we are watching nowadays on the streets. Lots of very disorganized people that five years ago were we would think that was something that was was gone forever in our in our society. So in the main challenges are those we need to to rebuild the capacity to offer treatment and support and Uncle education measures to all those in need of it. But on top of that we need to to deal with all those social difficulties

that they are facing. And this is quite, quite complicated. It is not only a health issue. It's a challenge for all our society. At and for interministerial a fourth, that we need to develop and we are trying to organize it the best that we can with the available resources.

 James Geering 10:12

Well, what you have done so well in Portugal is look at addiction through the mental health lens, and therefore the solutions that were brought were addiction counseling and mental health counseling, job creation. And that was working up, you know, when we were talking last, so from a mental health standpoint, what are some of the issues that have negatively affected some of the Portuguese people that seemed to be doing so well, prior to that,

 10:42

of suddenly, we have huge difficulty in dealing with all the needs of, of the people, because the when we were dealing with a quiet restricted population of people, with programmatic use, suddenly, we started to have much more people with this kind of abuse and resources, namely, you human resources did not increase appropriately, I think we have the legal framework, the equate framework to deal with the those difficulties. But we need more more means we need more. And we are also changing the organization. Prior to 2012, we are the vertical institute that had the capacity to, to sink the to to define policies, and to apply them directly on the ground, with the with our, with our, with our units with our professionals. In 2012, this institute was splitted into a General Directorate, which is sick as well that the intervention on the ground went to the general health service, and we lost a lot of efficiency. So nowadays, we are with the support of our current minister, we are working on rebuilding a unique structure to deal with all the aspects on the health side. And to and to coordinate the interventional of other ministries in this in this area. So I hope that during until the at the end of this year, we will have again, a better capacity to intervene in the difficult situation that we have.

 James Geering 13:00

I think that's one of the problems is that I've seen this as a firefighter as a paramedic, and in other areas as well. When a solution when a problem has a solution to it, the moment it's quote unquote, fixed, there's that lack, like I said, lack of support, lack of push towards maintaining that the checking box, okay, we've done that now we'll move on, is that what was behind the split that they assumed that that addiction was taken care of now, and they just move resources somewhere else?

 13:29

Yes, that's it. The political attention to it, the support the the discussions in the media, everything almost disappeared, you know, because a non issue in the last in the last couple of years, but nowadays that we are against seeing those disorganized disorganize the people on the streets, gaining visibility again, there was Oh, whoops, let's, let's watch it. Let's go there. And let's find a solution for it. So that's where we stand nowadays.

J James Geering 14:11

Well, what about COVID? Through your eyes? I mean, you had a lot of facilities that were in person, whether it was a safe injection sites, whether it was the the counseling sessions, even that the job creation, you're creating these, these, these careers for these men and women to get back on their feet. What impact did COVID have on your ability to maintain all those services that you are providing with your your people that were struggling mentally?

 14:37

Yes, the those were. We faced increased difficulties in dealing with it. Some of our treatment facilities such as therapeutic communities, for instance, we could not have people living together. There was a lot of difficulties in including new patients in a group testing. They call it a kind of accordion thing before joining the others, everything was very, very difficult in the capacity, there's a further difficulty in absorbing all the people in need for it. On the other hand, we increase the flexibility in harm reduction responses, including more, for instance, being included in an methadone program was much more easy and uncomplicated. So because there was a disruption in the market of air when suddenly in overnight, we had 100 people knocking the door. Well, I knew that. And we included everybody with no difficulties. So we tried to deal in an appropriate way with the, with the situation. And in fact, I think we did it quite quite well. With the support of municipalities, we found emergency shelters, and we did quite quite well. But of course, some habits of people changed in the way affected by the by the pandemic, of course,

J James Geering 16:37

we just hit on something I haven't heard anyone say yet. So talk to me about the why behind the fact that these addicts weren't able to get the heroin where normally they were.

 16:49

Nobody, because there was a it was he didn't last very long. But for a couple of weeks, there was a complete disruption in the market. So no arenas available, okay. I mean, he used to come by, by by playing mostly in small amounts to being introduced in the in the market. Suddenly, there was no, no planes, it take quite a couple of weeks, until the traffickers started to use maritime way to introduce as the fuckup for for some weeks, there was no no availability for earrings. So people were dependent on on Irwin, so that suddenly and seeking for substitution treatment, which we we provided the very, very easily to them. So they were included by standards. In our programs, our pro program used to serve in daily 1600 People in Lisbon, in Lisbon, hello. And suddenly, we have the 400 more joining the those figures. Some of them were absorbed, they were included in treatment programs, others just disappeared when the market recovered.

J James Geering 18:36

Well, it's interesting because it's in reverse, but it mirrors what I think is one of the most

successful things about your program. Most addicts are wanting to find some sort of help. And in a country that has criminalized addiction, like most of the world, they're forced into the underworld, they're hiding in the shadows, and then that the ripple effect of that is the cartels in Mexico and the in the gangs of Colombia, because it's supply and demand. And what I've talked about so many times with what you did, is you cut the head off the snake because you took away the demand, you put the addicts in the hands of the medical community, and you gave them these counseling, you created employment for them. And therefore, there's no customers for most of these smugglers. So it's interesting when you turn it around the other way that you know, you have a pandemic that momentarily took away the customers through transportation. That's a little snippet into the fact of how successful it will be decriminalizing addiction, therefore removing the customer from the illicit drug market, which in turn would then not only, as I said, cut the head off the snake but also then create so many resources in law enforcement and the courts to focus on the smugglers and the drug sellers.



19:57

Yes, in fact, our Our focus is the cities and difficulties that people are facing. So we try to respond in any circumstances in a new main way, respecting the need the needs and understanding the needs, that people may have, trying to find the most adequate responses for it. So I think this, this is what differentiates Ron the best to the legal framework, it provides us the opportunity to deal with it, to deal with it, and people are confident in the system, people approach health professionals and social facilities without fearing to be arrested, to be prosecuted to have this kind of, of the of difficulties. So I think it's important that the legal framework and and decriminalization is also very important for it, because people can just seek what they need. And well formed from our side, we try to do the best that we can to prove to fulfill that those those needs.



James Geering 21:16

So in discussing what you've done in Portugal, it's interesting because the number of people now in the military in law enforcement that were kind of resistant to it, when I first started this podcast, there's been a complete shift. And a lot of people are acknowledging that the war on drugs is an epic failure, and that you yourself and Switzerland, and some of these other countries are doing things just just better. But I think there's still that mythology, when I say drug decriminalization, people think, oh, I can go into the supermarket and just go and buy, you know, meth and all that stuff. So if you wouldn't mind educate people listening. I know, we discussed it the first time, but I think it's important to underline what decriminalization looks like in Portugal.



22:00

Okay. I'm happy to to have that opportunity. Once again. In fact, there's a lot of myths around the decriminalization, as you said, people saying, Okay, it's free, I can move to Portugal and use all the substances that I want with no, no constraints, no fears. It's important to say that drug use in Portugal has been decriminalized, but not the penalized that means that it moved from the criminal framework from the criminal environment from courts and now that but it is still forbidden, but we can compare the prohibition of using drugs to to the prohibition of driving

without the seatbelt. If you are driving without your safety belt, the police officer still stops you may apply you will find on site. In theory, he may impose that you attend the training course, for drivers and educational program for drivers, that you do not get the criminal hacker that stands for life and stigmatizes you for the rest of your days in some areas of your life very difficult. And you never end up in prison, there's no imprisonment for mere drug use. So, if you are caught using drugs in a public place, are in possession of small amounts of of drugs. And those small amounts are calculated on the basis of personnel use for 10 days. If you have less than that, you are just addressed by the police authority to panel under the Ministry of Health that will try to address you to the adequate responses for your for the type of drug use that you are having. If you are an addicted person, a very problematic user, you will be invited to join a treatment facility but it's not compulsory, you may just refuse. I would say that most of the people were confronted with that possibility accept to be included in treatment programs. But if you are not addicted if you are just playing drugs, create creation or occasional user of drugs even then, the panel will try to identify any factors in your life that along with drugs Use may lead you to more problematic use later on. Okay. So and find some health, some support for other areas in your life. Not not necessarily in a facility for the treatment of drug users, but other kinds of support, okay. I, I have no problems with drugs, I smoke a joint on weekends with my friends and it's drugs were not an issue in my in my life that my parents are divorcing, or my father just lost his job or myself, I am facing some kind of difficulties. And the panel can address you to the adequate professionals that can help you to deal with those difficulties, social support, or psychologist or whatever that may help you to deal with your difficulties. And this is quite effective, in fact, in, in preventing people from becoming more problematic users later on?

J James Geering 26:18

Well, I think it's such an important insight, because like you said, these drugs being referred to as gateway drugs, they are gateway drugs, when someone has some sort of mental health challenges, that's creating the void that they're wanting to fill. So, you know, one person might try an opiate and immediately fall into addiction, another one will try and opiate and go, okay, my, my pain in my arm is gone, and never take them again. But the common denominator is addressing the mental health issue underneath the addiction.

 26:50

That's it, that's exactly how we are we face it, we try to address it. And I think this, this decision of decriminalizing was really, really important because it gives us room to act and to, to focus in the needs of the person.

J James Geering 27:14

So another contrast, I'd love to kind of revisit as well, we talked about when you'd had huge success with this program, and your police officers, we're not having to arrest and process and go through the court process on an addiction charge or or a usage charge, that it freed up the resources to address the people selling drugs and the people smuggling drugs. When you look at America at the moment, you know, I believe we're in a deep, deep mental health crisis that have expressed through violence, through addiction, through obesity, through social media, I

mean, all the things that we'll probably touch on in a second. And so when you look at our police officers, they're wearing all this tactical gear they're getting, we're losing police officers every single day to murder, we have gangs killing each other. So we have a lot of this violence expressed on our streets. And the resistance to this change is again, these myths Oh, you can sell drugs. You know, if we legalize drugs or decriminalized drugs, then there'll be edit addicts everywhere on the street. Talk to me, if you don't mind about the the criminal element, what did you see change when you took these addicts and put them in the medical system? How was law enforcement able to make Portugal safer with the resources that they gained through this manpower?



28:35

Yes, in fact, I've said that the police authorities somehow where he lives of all the tasks related to me or us, when they identify people in possession of small amounts of drugs, they just pass past people to the to the to the health side. And they they manage to to free resources to address bulk trafficking big criminal organizations, instead of spending all their time and spending all their energy and resources with a with a mere users. So they are much more effective. In fact, nowadays, in dealing with the bulk trafficking and criminal organizations there then before they used to spend all the time with the small fish, and nowadays they can address the sharks in the in the traffic organizations.



James Geering 29:45

And at what level? Do you have gangs and violence in Portugal because I talk about this quite a bit if I've witnessed the horrendous violence in America because I was a firefighter and a paramedic, so I got to literally pull the sheets over the dead Children that were murdering each other over these these tariffs. But if you look at Norway and Finland and Denmark and seemingly Portugal, we have a fraction or you have the fraction of the violence that you would see here in the US or even, you know, the streets of London, for example, with the knife crime that we're having at the moment. You know, what, when you compare yourself to other developed countries, you know, where this Portugal fall as far as gangs and violence on your streets?



30:28

No, of course we will. We have drug related violence that we never had, hopefully, we'd have this big violent criminality, with the shootings and killings. Of course, they happen at very lower levels than in other societies, namely the American society. What we have is a lot of petty crimes, acquisitive crimes. And even even that small criminality, the acquisitive criminality has dropped, since we have put in place the treatment and arm deduction responses. So people do not need as desperately as they used to do. They don't need the amounts of money that they used to need. So in this impacted in this acquisitive, criminality, okay, as to big organizations, big traffic organisers, so white collar organizations, we have, mainly we have some branches of international organizations that operate, operating through Portugal, it's important to say that, even for geographic circumstances, Portugal is very important as a as a gateway for the European market. But this does not translate in this big, violent criminality, although there are

economic interests and economic activity related to traffic, but not so aggressive, I'd say, as in other in other countries, namely, in America, and even in countries like Spain, for instance, our neighbors, they are much more affected by violent criminality then, then ourselves.

J James Geering 32:46

One of the conversations that you don't hear very often is our role in the kind of downward spiral of other countries. So for example, in the 80s, the cocaine was the big thing. And Colombia was a big producer of that. Now, the cartels in Mexico become empowered. And their stats, as far as I understand, America makes up 4% of the world's population, but they consume 75% of the world's opiates. So you don't have to be a country that's even consuming a lot of illicit drugs to be negatively affected by that trade in another country. What are the barriers that you're finding to try and get Spain and some of your neighboring countries to align with the same addiction philosophy that you have that will in turn, then make your country even safer because people will be dissuaded by trafficking through Portugal to get to their countries?

 33:47

You know, we have a common European strategy that we built together. Strategy and an action plan that we share all the European countries. So the big, the big lines, the big issues, we address, we try to to align as perfectly as possible in the same direction, say and we have European cooperation, either in the supply side by by police and customs authorities and common policies concerning airports, for instance. But we are the UN agency for the safety of maritime.

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An agency that deals with the maritime traffic and the trends, seven European countries, mostly South African countries. So we cooperate very, very, very, very directly As with other European countries to to have common approaches to those Indic issues, on the other end, we have different traditions as, as what concerns for instance, the use of opioids. For light circumstances, we do not use as much Shoup opioids to control pain unless it is too severe. And we do not have the same pressure from big pharma that is presently in some countries like the North Americans, knighted States, Canada, where this presence is much more, and the tradition of opioid use by by doctors is much more strict, I'd say. So, we have different circumstances, even though there are some European countries that are already facing difficulties with fentanyl and derivates. While others are still still in dialogue, they would still relatively free of it, we did not identify until now. Any cases of overdoses, deaths, or even does not circulate in a visible way in our society until now, but we are trying to be prepared because probably thrill it will show up

J James Geering 36:50

was interesting as well, because it kind of mirrors the the gun conversation here in America, where you know, the people that are very pro guns will say, well, a gun is just a weapon until someone nicks it up. And yes, that's the right now obviously, the access to the guns is a whole

someone picks it up. And yes, that's the right now obviously, the access to the guns is a whole other conversation. So that needs to be brought in. But if you are an opioid smuggler, and Portugal is full of people that you know, overall, mentally are doing very well, then they're not going to be a very attractive customer base. The US for example, with the the kind of mental health crisis that we have, we're seeing a huge amount of people die from fentanyl overdoses. So again, it's the power of that prevention and removing that potential customer. With Spain being your neighbor and witnessing the amazing success that you had with your drug policy. What is the resistance to some of these other European countries mirroring what you did in their own country?

 37:54

Mostly, there's not a big resistance, it's accepted. It's it's not, they're not complying. And I'd say that in Spain, for instance, they did not need to decriminalize drug abuse because they never criminalized the reviews. The big issue is we establish a border basically in the amount of substances that the person is on them. Okay. And in Spain date, it is not the case. So if someone is intercepted using drugs or in possession of drugs by the police, still goes to the police station, but then the police officer has to decide okay, I'm going to charge this guy because I suspect is smuggling is selling drugs or I just let him go is a mere user and without having an objective threshold subjectivity and some bias that can occur much more pleasant than in our case. Okay. Okay, you if someone is picked up using drugs is a very well dressed blonde blue eyes. Nice nice guy. Good families, okay. Go in peace, you are a mere user. If you happen to be black, dirty, poor, you will probably be charged by trafficking. So, I think with this subjective threshold that we have is this step behind this, this, this solution because it avoids at least partially Only this bias that can occur in practice, we are not forcing the police officer to be a judge in an immediate cause, okay? If there if there is a suspicious, okay, this citizen must be subjected to, to trial to a court and then to decide not just immediately based in your feeling or in your impression. I don't know if you I could explain my my view on that.

 James Geering 40:40

Yeah, no, no, I was, I was amazing, actually. Because when you look at the genesis of the nucleus of drug prohibition in America, with Harry Anslinger, in the 30s, that's exactly why it was created. So they could then because he was, you know, it came from racism, it came from job shots, justification, and he could then throw certain types of people in prison for possession. So it's funny now here we are having this conversation and 2023 identifying, you know, a horrendous mistake that we allowed to happen 80 years ago.

 41:12

Now, it says the problems are not new, the way to address them. is different. It's changing is moving forward.

 James Geering 41:23

Now just stand on Spain for a second just purely because obviously, your neighbors and having two kind of contrasting results at the moment. Is there that philosophy of addiction counseling,

mental health counseling, job creation in that country?



41:38

Yes, yes. Yes, it's, it's the same, it's same same kind of approach. But there are even if we are neighbors, we have very, very important differences. For instance, in by by the the end of the 90s, Edwin almost disappeared overnight from the Spanish market. While in Portugal, it has been very, it has been fading very slowly, and is still fairly, and cocaine just Skyhawks overnight. In Spain. Wailea is still climbing very, very slowly. Nowadays, we are having some problems related to crack cocaine as well. We have first wave in the beginning of the of this century, then it almost disappeared, that nowadays is coming back. So, and in Spain, cocaine is the is the drug. So, the big difference past me why, but probably even the traffic routes, and the introduction of the different substances to the European market has something to do with it. The presence of some criminal organizations, mafias, and so on the different organizations, some branches of it are shared by both countries formally.



James Geering 43:21

Now, I know that Portugal like many of the countries, you know, we all have immigrants coming from all over the world. I'm sitting here in America as an immigrant, so I can go put my hand up as one of them. But some of these men and women come from this very, very desperate background, they'll come to another country, they'll they'll really enter immense poverty in that country. Has immigration played a role in the number of consumers of some of these illicit drugs being preyed upon by some of these people that are still making it through as far as selling in Portugal.



43:57

We, we noticed some increase in the number of people that we follow in our facilities treatment and the reduction facilities coming from other countries. But the vast majority are still locals are still Portuguese, but we have very important migrant communities from from African countries, Portuguese speaking African countries, Angola, Mozambique, it fairs and so on as a very important community. Lots of Brazilians which are very, very, very much present, also in our society. And recently we have Asian Asian migrants from Nepal, India and countries like Pakistan some of them I'm searching for help and support as well. But I would say it's not a very, very dramatic situation yet we can absorb. Of course, they posed some difficulties in terms of language and communication between try to observe them and we treat them with the same kind of availability of resources that we devote to locals.



James Geering 45:31

Beautiful. That's what I love about about the philosophy and Portugal's it seems that there is that we're all in it together that community that take care of everyone, which I thought was one of the most beautiful things about the UK with national health. I mean, that was a principle that was founded on that we take care of our own. You know, as you mentioned, with the pharmaceutical industry, even though there are some incredible drugs out there that I use as a

paramedic, that business element of the drug companies in America has created, I would argue the opposite of Portugal and the UK as far as their view on the health of their nation where if you can afford health care, then good for you. But if you can't, then while you're on your own, then so you know, I love hearing that altruistic model that you guys have.

 46:21

Yes, we are proud of it. We are. We are a country with quite limited resources, that we share what we have the others.

 James Geering 46:33

We have a beautiful country. And like I said, I was just there about three weeks ago, myself again, and sadly, we miss each other on that visit. I want to hit one more topic and then just go revisit what you mentioned about social media and gambling. So I think that's important. But just one more thing before we do. A lot of people that are come on here saw an increase in mental health challenges after the pandemic, my opinion, my opinion of the virus, it was a very real thing. You know, in some countries, it was pushed way too far, some maybe not enough, but the reality was that people were dying, you know, the initial quarantine was valid in I think the health of the nation was very important, which is what I'm assuming the Portuguese probably did very well, you had a lot of Healthy People already. But that being said, a lot of us spent time in isolation for months, if not years, some countries. And the reports I've had from all over the world was there was a mental health cost of that. So what have you seen through your eyes with the post quarantine can isolation element of the pandemic

 47:43

we have the same kind of impact that other countries with an increased number of mental health conditions occurring among youngsters in the in less young. We see for instance an increase in in eating disorders in gender assumption, difficulties and difficult relations and difficulties in assuming face to face relation with with others. Isolation that even when mandatory isolation ended, people kept were not comfortable in joining the friends and relatives and, and this impacted a lot. I think substance abuse and other kinds of Addictive Behaviors also increased the in the same proportion. For instance, in what relates to alcoholic beverages. In the first round, I think people use all their their caves or they're used everything that they had had at home, they didn't need even to go out to buy hawkwell they just tried whatever the they have there. And then they kept the same same balance in the coming months or years. And this is once again it's not mostly among youngsters. It happened with middle aged or older people who acquire wired every alcoholic habits during those times. And along with that, for instance spending six or more more hours Are they in front of the computer or in exploring whatever social networks or gaming gambling, as a lot of, of new episodes are increased habits that came and stayed in are still in there, and are causing difficulties, current difficulties to people. So we have new challenges to deal. In fact, with, with all, all those consequences.

 James Geering 50:41

We touched on an area that's kind of hot button topic here at the moment. And it's sad that it is because it, it definitely needs discussion. But it literally fills our news channels every single day for months and months and months now, but this, this element of gender, to me, you have the world of autism, and there are a lot of people on that spectrum, who are completely, you know, irrefutably on the spectrum, you know, from full autism, that I'm not able to talk not able to speak on it feed themselves through to people that are on the other side. But then what I've seen in the States is there's a lot of people that put them their children on that scale, that if you psychoanalyze probably should never have been there. But the chemicals in their food, the lack of exercise, and stimulation and guidance is probably skewed their perspective, when it comes to the gender thing. This is James Geering. Perspective. Now, there are undoubtedly men and women that are born into a body that they feel is wrong. And as they progressed and mature, that never changed, and it becomes their true north. And ultimately, they may choose to transition to that physically as well. What I'm seeing is, as you said, these children that are growing up with social media, they've had two years of isolation, they're not even understanding how to interact with another human being, I can't help but think that some of these gender confusion, young boys and girls is coming from a mental health element rather than a true biological, you know, yearning to be an opposite one. What is your I mean, I've I've kind of loaded the question. That's my opinion, what is your opinion on Dilbert?

 52:28

But I very much agree with you, as I am convinced that exactly, as you said, it's that's why the, the numbers of people with this difficulties in assuming the gender is higher than than ever. Most of adolescents that were impacted by this pandemic, exactly when they were assuming there. The gender preferences were completely confused by by, by the lack of contact with the, with the other dollars fence, where were the identity is formed. So I think it's a very, very important consequence of this difficult period, that there's several impacts in mental health and other kinds of difficulties and also in addictive behaviors, but not not necessarily on that.

 James Geering 53:50

We talked about kind of being split to covering not just drug addiction, but now in a gambling and social media use with the social media, what are the resources that you're offering to these people when it when it's that because that is an addiction that I don't think is really even acknowledged very much here? You know, we all use it and you can't blame children, as many of us adults that are staring at our phone way too long as well. What are some of the tools that you're helping people that are suffering from that with


 54:23

you know, the on the basis of this kind of addiction fee consider life like that. There are some behavioral the same behavioral approaches and some limitations that we try to negotiate with, with people who you know, if I have someone I have an adolescent that is missing, his class his is not studying is not complying with the obligations as a as a Students that spent six, eight year eight hours a day engaging in gaming or gambling or in social media, whatever is it's a source of pleasure for it. For him, and I have to negotiate a limit of four it Greatwall limitation to it and to fulfill with the indifferent interests, for the missing for the missing hours for the

missing period, and something that provides him the same kind of reward that he takes from the social media, the desert, it's difficult to compete with the likes and the, with all those phenomenon that we found when using those, those networks, but I think it's we need to find personal approach for each case. Once again, I think it's almost impossible to find a suite that's that suites, everybody. Personnel program for each, for each person.

 James Geering 56:34

Well, I want to ask you one more area, because I'm really mindful of your time because I know that you've got another meeting coming up after this

 56:39
year's CSA.

 James Geering 56:41

So the last place where again, I think it's under discussed the mental health component of this, but America has an obesity problem, I think 70% of our population is either overweight or obese. Talk to me about your lens on that. And have you seen any changes in in the kind of obesity or overweight level in the Portuguese people as more and more of these fast food companies kind of perforate in your country as well?

 57:12

Well, there's a there's a problem with the obesity overweight. But more than that, what I think it's a consequence of force of this period is the number of dental anorexia or bulimia or this kind of, of, of eating disorders that were not never as as frequent as nowadays. And we see people going on the obesity way, as you seen the extreme as loss of weight the either very limited sample of kids, I can watch with the friends with the Friends of the colleagues of my daughter, I can see everything in print presence that was not so common before the before the pandemic it was it is nowadays much more frequent to find this kind of of diseases of difficulties than before. And once again, I believe that we can we can move into a balance as soon as this difficult period is incorporated is in the in the living experiences of people that immediately after the pandemic. The impact was huge was brutal in this in these areas.

 James Geering 59:19

Now with the body dysmorphia, with the kind of anorexia and bulimia what impacts do you think is that social media having on that side of things? When I look back at when I was young, the models the runway models were the waifs that was the ones that were very very very skinny. Is that happening again with social media do you think?

 59:42

11 09.43

Yes, there's a paradigm that kids are looking for and I think that is sin. The same model is still very present in the imagination of people in the willingness to be similar to them and in some social media, those stick talks and others very, very promote very, very ugly, this kind of model of paradigm. So, I think it's important in the kids' development, the presence of those stereotypes, you know?

J James Geering 1:00:46

Absolutely. Well, it's been an amazing conversation. I want to just get kind of one passing thing from you. The success that you've seen in Portugal with the Decon decriminalization model, despite some of the challenges, as you mentioned, of getting new people to come in and be part of the solution, the funding, getting the sensor put back together again, and not fragmented. If you could talk to a country like the US or the UK, about the other side of that, that challenging decision to move to decriminalisation? What would you say to the leaders of the world to encourage them to take the bold, brave step of moving the direction that Portugal did?

1:01:33

I'd say we have lots of discussions all over the world, about the legal framework for fathers substances, such as very, very present discussion around cannabis legalization for non medical purposes. You have done it in most of the American states, but not in. But despite that discussion, and the pros and cons of that kind of solution. I think that decriminalisation does not have any kind of cons, and could be a good step in whatever condition all over the world, okay? To consider drug use. And on top of that problematic drug use as problematic drug use dependence addiction, as a disease is a very, very important step to be given. And stopping, putting people in prison by the use of substances makes all the difference facilitates the approach of the else and social professionals and resources. And I think in any circumstance, it's a very important step in dealing with the drug phenomenon all over the world. So I would like to see drug use decriminalized all over the I can see countries in very different sizes in very different with very different approaches to it. We have to help those countries were left behind, we still have countries with the death penalty for drug related crimes or for mere use of substances. And I think we should have a common front convincing those countries in, in changing that kind of policies, at least that.

J James Geering 1:04:05

Well, I mean, thank you so much. And you touched on the decriminalization or legalization of marijuana. And this is the problem that I have with this is that's one single drug that doesn't cover all the other ones. And to me, what you've done in Portugal is you to criminalize addiction period. So whatever substance that is, as we said, it's not going to be found on the shelves on the shops. That's not how it works. But if it's a user's amount, as we touched on addiction can be all these different illicit drugs, it can be food, it could be gambling, it can be social media. But if you address the root cause I truly believe if every country adopted what you have, we would truly change the world. We wouldn't have to build walls at the American borders. So all these things that we suffer from we wouldn't have children wearing blue or red

and murdering each other on American streets, because we would we would not only remove the consumer from the illicit drug world, but we would start and positively affecting the trauma and all these young men and women, and then they would be ended up having fruitful lives. So I want to thank you so, so much for coming on yet again. This has been an amazing conversation and I really, really admire your perspective, because there's a lot of people talking out there. But what you and the Portuguese people did would actually walk the walk and truly create a solution for a problem rather than just complaining about it on the news.



1:05:30

Yeah, thank you, James. Because it was my pleasure talking to you. Whenever you you wish. We can talk again. Okay.