

Drugs

What Canada failed to learn from drug decriminalization in Portugal

Experts say Canada adopted Portugal's language of decriminalization, but not the system features that made it a success



by Alexandra Keeler

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Dr. Manuel Cardoso, deputy director-general of Portugal's Service for Intervention in Addictive Behaviours and Dependencies (ICAD), in his office in Lisbon, Portugal; Dec. 16, 2025. | Alexandra Keeler

Overview:

This is the first story in a three-part series on drug policy in Portugal and Canada. Alexandra Keeler spent December in Portugal to conduct this reporting.

Read: 6 min



Portugal decriminalized all drugs more than two decades ago and now records fewer than 100 drug-related deaths a year.

In contrast, Canada loses over 6,000 people a year to opioid overdoses, despite some regions decriminalizing small amounts of illicit drugs.

Experts say Canada adopted Portugal's language of decriminalization without building the administrative, health and law enforcement systems that make Portugal's model effective.

"[Canada] has... one of the best health systems in the world," said Dr. Manuel Cardoso, deputy director-general of Portugal's Service for Intervention in Addictive Behaviours and Dependencies (ICAD), which coordinates treatment, harm reduction and monitoring of drug use nationally.

"You need an integrated approach."

The Portuguese model

This year will mark 25 years since Portugal passed a law decriminalizing the personal use and possession of illicit drugs.

Since then, rates of problematic drug use and drug-related HIV infections have been cut in half, and access to treatment and drug seizures have increased.

Canadian officials visited Portugal in 2017 to study its approach, and Canadian experts — especially in B.C. — referenced it when designing their decriminalization pilots.

But the countries have seen very different outcomes.

Today, Portugal ranks 107th globally for **drug use**, with 557 drug users per 100,000 people. Canada ranks second, at 2,170.

Sources say Portugal came to be regarded as a global leader in drug policy because it brought together law enforcement, addiction treatment, harm reduction, housing and social services under a single, centralized framework.

Police, for instance, have remained central to the country's drug policy, even as it pursued decriminalization.

People caught with small amounts of drugs for personal use are not criminally charged, but their drug possession is still treated as an administrative offence. Police also confiscate drugs possessed for personal use, and refer the individuals to Dissuasion Commissions — administrative bodies that assess a person's risk of problematic drug use, offer counselling and connect users to treatment.

“The metaphor that I would use is triage,” said Miguel Moniz, an anthropologist at the University of Lisbon's Institute of Social Sciences who studies Portugal's drug policy and its implementation in North America.

Over more than two decades, Dissuasion Commissions and police have developed a close working relationship, says Cardoso. “Feedback to the police officers is good ... and they now understand that they are not punishing someone,” he said. “They are giving these guys the possibility to rehabilitate, to have a better life, to change their lives.”

Use of drugs in public also remains illegal, as does possession of amounts above a modest threshold.

Moniz calls Portugal's approach to enforcement “paternalistic” — in a constructive way.

“They effectively say, ‘We don't want people ... to use drugs, however, we're adults, and we realize that people are going to use drugs in society, so how do we create a healthier society?’” he said.

In Canada, drug law enforcement has **declined** overall and varies widely across provinces and municipalities.

Individual police officers can choose to connect people to treatment or support. But there is no requirement for them to do so. Only in limited pilot programs are police encouraged to make referrals.

“The thing about the Portugal model was it gave police options, but it didn’t take them out of the equation,” said Chief Constable Fiona Wilson of the Victoria Police Service.

“That’s what decriminalization here in British Columbia tried to do, and it’s just ... not practical, it’s not reasonable, and it didn’t work.”

Public Security Police officers check on a citizen sleeping on the sidewalk in Lisbon, Portugal; Dec. 17, 2025. | Alexandra Keeler

Decriminalization

Portugal has also prioritized addiction treatment alongside decriminalization. Its Dissuasion Commissions, which are part of the country's health ministry, are a key component of the country's drug policy.

"Drug dependence is a health and social need, not a marker of a criminal type of person," said Cardoso. "The way to deal with drug addiction is like any [other health issue]."

Dissuasion Commissions begin with a one-on-one intake interview, usually conducted by a psychologist or social worker. This is followed by a brief, conversational hearing with one or more members of a small multidisciplinary board, which includes a legal professional alongside health and social specialists.

If an individual makes no further violations over six months, their case is dismissed without sanction. Those assessed as using drugs problematically can be referred to voluntary treatment. Penalties such as fines, community service or driving restrictions can be imposed but are rare.

All drugs are treated equally under decriminalization. "There is no distinction between 'hard' and 'soft' drugs," said Moniz. "It's, 'how much are you using?'"

Cardoso contrasts this with Canada, where users of so-called hard drugs are treated differently than alcohol or cannabis users. "If you look at these [hard drug] users the same way you look at alcohol users or cannabis users, you solve the problem," he said.

Canada's approach to decriminalization is also fragmented. Some drugs, like cannabis, were legalized, while others, like fentanyl, remain illegal.

In late 2023, B.C. began a three-year decriminalization pilot, allowing individuals to possess small amounts of normally illicit drugs.

The pilot quickly lost the support of the public and police, and in 2024, the province partially recriminalized public drug use.

However, unlike in Portugal, B.C. did not mandate referrals for treatment and addiction treatment providers received no additional funding. Publicly funded residential treatment facilities continued to have long waitlists.

The project **reduced** police interactions, but it did not reduce hospitalizations or overdose deaths. There was also little change in treatment uptake, and some reports indicated prescriptions to treat opioid addiction actually **declined**.

This January, B.C. Premier David Eby said the province has no plans to return to decriminalized public drug use. He said the government has not yet decided whether it will extend the pilot after it is slated to end Jan. 31.

Portugal's Service for Intervention in Addictive Behaviours and Dependencies (ICAD) building in Lisbon, Portugal; Dec. 16, 2025. | Alexandra Keeler

A unified system

Canada's decentralized governance system encourages siloed operations, Cardoso says. "You have lots of money spent on harm reduction units, but they are working each one by themselves," he said.

In Portugal, by contrast, law enforcement, health and social services operate under a publicly funded, centralized framework, where individuals' outcomes are monitored.

"The citizen is at the centre of our plan," said Cardoso. "We ask: why are you using, how do you want to live, and what do you want after treatment? Then we try to give them that possibility — in an integrated way."

Canada's **national drug strategy** also includes prevention, treatment, harm reduction and enforcement. But it lacks a unified system linking these pillars. Instead, coordination occurs across multiple departments and levels of government.

A 2024 **overview** of this strategy notes barriers to treatment, including "lack of integration of mental health and substance use services and supports." Unlike Portugal, Canada does not provide universal, publicly funded access to addiction treatment.

Cardoso says addiction services should ultimately work themselves out of a job by centering on the citizen and resolving problems. "It's not easy," he said. "If I earn my money from this, it's difficult to shift from maintaining the problem to actually ending it."

Canada's opioid crisis, which has been driven by overprescription of opioids and widespread fentanyl availability, has also created challenges Portugal has largely avoided. Strict European prescribing rules, coordinated drug monitoring and ready access to heroin have limited fentanyl's spread on the continent.

Playbooks

But Portugal is not without its challenges.

In 2023, the country **recorded** roughly 80 overdose deaths, the highest annual figure in three years. Experts say political complacency has recently led to underfunding, long treatment wait times and reduced resources, straining the system once considered a global model.

In Canada, drug policy experts are urging policymakers to address some of these same challenges.

The Canadian Centre on Substance Use and Addiction recently launched the **Small Cities**

Initiative, which helps mayors and municipal leaders design community-specific responses to drug-related issues.

The initiative includes **playbooks** of practical, evidence-based interventions small cities can use based on their regional realities.

“The kinds of drugs [being used, and] the impacts they are having in the streets of Winnipeg are totally different than what’s happening in Quebec City, totally different [from] what’s happening in Vancouver,” said Alexander Caudarella, CEO of the centre.

“We need to give communities a little bit of wiggle room.”

Caudarella hopes the Small Cities Initiative will reduce growing polarization over the drug crisis. “I think this is as much a community and culture problem as anything else,” he said.

“[If] you don’t have a cohesive sense of community, then it becomes really hard to have a cohesive sense of policing, cohesive sense of health, cohesive sense of direction.”

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“We don’t want people ... to use drugs, however, we’re adults, and we realize that people are going to use drugs in society...”
So be it, let them!

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