CANADIAN AFFAIRS

Drugs

Does drug decriminalization deserve another kick at the can?

Police are crucial to Portugal's decriminalization success, a new study finds — yet their role is largely ignored in North America

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

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A new study may help explain why Portugal's approach to drug decriminalization succeeded while similar efforts in North America failed.

Portugal decriminalized drugs without sidelining police.

"[In many decriminalization debates], police are kind of an afterthought, or they're seen as someone that's not really a stakeholder," said Miguel Moniz, lead author in the **study** published in the journal *Policing & Society* in May.

"[But] the police are a major stakeholder," said Moniz, who is also an anthropologist at the University of Lisbon studying Portugal's drug policy and its implementation in North America.

"Ignoring what police think and then telling them they have to enforce the policy is not strategically smart."

Decriminalization

Decriminalization removes criminal penalties for drug possession, such as jail time or a criminal record, but does not legalize the use of drugs.

Portugal decriminalized possession of small amounts of drugs in 2001 in response to rising heroin use and HIV infections in the 1990s.

But from the start, police were mandated to refer individuals caught with small quantities of drugs to **Drug Dissuasion Commissions**. These multidisciplinary panels assess a person's risk of problematic substance use and connect them to counselling, treatment or social supports. The commissions can impose civil sanctions for non-compliance, although this is rare.

Since implementing decriminalization, Portugal has seen declines in problematic drug use and drug-related HIV infections. Today, the country records fewer than 100 drug-related deaths a

year, while Canada loses more than 6,000 individuals a year and the United States **loses** more than 80,000.

The new journal study was based on qualitative interviews with police across the chain of command. It examined how Portugal's decriminalization model was implemented and why it has retained strong police support for more than two decades.

It found Portugal's police have broadly accepted decriminalization because it preserves their ability to maintain public safety while expanding access to treatment.

"[S]ince its inception, Portugal's decriminalisation regime has included police input and representation in the oversight process," the authors note.

Officers often act as the first point of contact for people who are otherwise disconnected from health and social services. About two-thirds of referrals to treatment are initiated by police.

"There's this very hard-to-reach population that the police nonetheless have contact with all the time," said Brandon del Pozo, a former police precinct captain in New York City and study co-author.

"If the only power the police have is to arrest them and charge them, then they're missing out on a huge opportunity to link them to treatment."

'Toothless' enforcement

Del Pozo, who is now a professor at Brown University, says Portugal's approach differs sharply from North American models, some of which have ended in failure.

British Columbia, for example, recently ended a three-year decriminalization pilot project and has no plans to renew it.

B.C. police said they had limited ability to intervene in public drug use, while residents reported increased disorder in parks, streets and nearby schools.

“If someone was openly using a small amount of illicit drugs and wasn’t otherwise breaking the law, police had no lawful authority to approach them — they would simply have to walk or drive on by, and that was not ideal,” said Chief Fiona Wilson of the Victoria Police Department.

Similarly, in 2021, the state of Oregon replaced criminal penalties for drug possession with a $100 fine that could be waived if people called a state hotline that provided information on treatment services.

More than 80 per cent of people did not pay the fine and did not call the hotline, according to hotline **data**. Treatment services were also slow to expand, so there was limited support for those who did seek help. Oregon recriminalized drug possession in 2024.

If North American cities want to truly emulate Portugal’s model, “we have to make our criminal justice system much stricter, much more paternalistic, and less forgiving,” said Del Pozo.

Del Pozo says Portugal’s approach is far more structured and far less permissive than it is sometimes portrayed.

“What surprised me was how conservative or restrained decriminalization was [and is] in Portugal,” he said. “It is not this completely toothless thing.”

Drug use remains illegal, as does drug possession above defined thresholds. Officers retain discretion to investigate suspected drug trafficking.

“[Portugal’s civilian police force is] concerned with working on supply, not so much on the issue of consumption,” said Portugal’s national police drug policy coordinator in the study. “On the repression side, we’re concerned with investigating crime and the traffickers.”

Portuguese police also retain tools to address public disorder, including seizing drugs and temporarily removing people from public spaces. And when decriminalization was implemented, they were given nationwide training and a standardized operational manual outlining their new role.

In B.C., police did receive extensive training, Wilson says. But frequent policy changes made the framework difficult to understand and apply consistently.

“There was lots of training, but the reality is it was just confusing,” said Wilson. “The decriminalization pilot changed repeatedly, and many officers struggled to understand what their lawful authority actually was.”

Treatment capacity

Sources emphasized that enforcement alone is not enough. Portugal has also invested heavily in treatment and social services.

Portugal’s universal health system provides immediate, no-cost access to opioid addiction treatments, including methadone, one of the most widely available and commonly prescribed therapies.

“When you introduce someone into a methadone program, his needs are satisfied,” said an unnamed district commander of criminal investigation in the study. “So they don’t need to do prostitution, or commit crimes.”

B.C. did not expand treatment capacity. And the province did not mandate police to connect individuals to care. Some **reports** suggested prescriptions for opioid-use treatment even declined during B.C.’s decriminalization pilot.

“There was no massive influx, like you saw in Portugal, of [health] resources … that we were expecting to see … for people who were seeking addiction treatment,” said Wilson.

“We were just unable to approach anyone who was using illicit drugs, so even that opportunity for referral was very, very limited, just by virtue of the project itself.”

Sources say B.C.’s experience reflects shortcomings in implementation rather than a failure of decriminalization itself.

“The biggest mistake is thinking decriminalization is just removing criminal penalties. That will fail every time,” said del Pozo, noting system reform is needed.

Wilson said she believes governments should continue exploring ways to divert people with substance use disorders away from the criminal justice system — even if the term “decriminalization” has become politically fraught.

“I think the notion of moving people away from the criminal justice system and towards pathways of health is still something that police leadership in this province and this country could get behind,” she said.

“But those pathways have to be available, readily accessible, reasonable and well funded.”

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