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RESEARCH ARTICLE (ORIGINAL)

Cannabis use, risk grade, and polydrug use in Portuguese adults

Consumo de cannabis, grau de risco e policonsumos numa amostra de adultos portugueses

Consumo de cannabis, grado de riesgo y policonsumo en una muestra de adultos portugueses

José Manuel Santos [1]
https://orcid.org/0000-0003-3201-3394

Zélia de Macedo Teixeira [2]
https://orcid.org/0000-0001-8422-5239

Margarida Soliz [3]
https://orcid.org/0000-0001-7607-6456

Maria Manuela Guerra [1]
https://orcid.org/0000-0002-0682-695X

[1] Health School Fernando Pessoa, Porto, Portugal

[2] University Fernando Pessoa, Faculty of Human and Social Sciences, Porto, Portugal

[3] Regional Health Administration of Northern Portugal, Porto, Portugal

Corresponding author
José Manuel Santos
E-mail: jmsantos@ufp.edu.pt

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Abstract

Background: The European Monitoring Centre for Drugs and Drug Addiction reports an increasing number of patients in treatment for opioid and cannabis use. In Portugal, 72 drug-induced deaths were identified in the 15-64 age group.
Objectives: To characterize cannabis use, risk grade, and polydrug use in Portuguese adults.
Methodology: Quantitative, descriptive, correlational, and cross-sectional study, using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).
Results: The results reveal higher frequencies of consumption than nationwide epidemiological studies for all substances (except alcohol). Cannabis use is mostly low risk, but there is harmful use and probable dependence. Polydrug use exists, mainly of cannabis with alcohol and tobacco.
Conclusion: Cannabis use has increased in recent years; there is an association of cannabis use with other substances; problems associated with cannabis use are relativized, despite the risk assessment pointing in another direction.

Keywords: cannabis; licit/illicit drugs; risk grade; addictive behavior

Resumo

Enquadramento: O Observatório Europeu da Droga e da Toxicodependência refere um crescente número de utentes em tratamento por consumo de opiáceos e cannabis. Em Portugal, foram identificadas 72 mortes induzidas por drogas na faixa etária entre os 15 e os 64 anos.
Objetivos: Caracterizar, numa amostra de adultos portugueses, os consumos de cannabis, o grau de risco e os policonsumos.
Metodologia: Estudo quantitativo, descritivo, correlacional e transversal, com utilização do Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).
Resultados: Os resultados revelam frequências de consumo mais elevadas que os estudos epidemiológicos de âmbito nacional para todas as substâncias (com exceção do álcool). O consumo de cannabis é maioritariamente de baixo risco, mas há consumo nocivo e provável dependência. O policonsumo existe, principalmente da cannabis com o álcool e tabaco.
Conclusão: O consumo de cannabis aumentou nos últimos anos. Há associação do consumo de cannabis com outras substâncias e há uma relativização dos problemas associados à utilização da cannabis, apesar de a avaliação do grau de risco apontar noutro sentido.

Palavras-chave: cannabis; drogas licitas/ilícitas; grau de risco; comportamento aditivo

Resumen

Marco contextual: El European Monitoring Centre for Drugs and Drug Addiction informa de un número creciente de usuarios en tratamiento por consumo de opioides y cannabis. En Portugal, se identificaron 72 muertes inducidas por drogas en el grupo de edad de 15 a 64 años.
Objetivos: Caracterizar, en una muestra de adultos portugueses, el consumo de cannabis, el grado de riesgo y el policonsumo.
Metodología: Estudio cualitativo, descriptivo, correlacional y transversal, para el cual se utilizó el Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).
Resultados: Los resultados muestran frecuencias de consumo superiores a las de los estudios epidemiológicos nacionales para todas las sustancias (excepto el alcohol). El consumo de cannabis es mayoritariamente de bajo riesgo, pero existe un consumo perjudicial y una probable dependencia. Existe policonsumo, principalmente de cannabis con alcohol y tabaco.
Conclusión: El consumo de cannabis ha aumentado en los últimos años. Este consumo se asocia a otras sustancias y hay una relativización de los problemas asociados al consumo de cannabis, aunque la evaluación de riesgos apunta en otra dirección.

Palabras clave: cannabis; drogas lícitas/ilícitas; grado de riesgo; conducta adictiva

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Introduction

According to the 2019 World Drug Report, about 35 million people worldwide suffer from drug use disorders, and only one in seven receives treatment (United Nations Office on Drugs and Crime, 2019).

In Portugal, licit substances (such as tobacco and alcohol) are the most popular. As for illicit substances, the national study (2016/2017) shows increases in use compared to 2012 data, with prevalence of use of any drug found to be 10% lifetime, 5% in the last 12 months, and 4% in the last 30 days.

Illicit substances show the highest prevalence of use, with cannabis standing out, making it the most used illicit drug in both the total population and the young and young adult population (Balsa et al., 2018; Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências [SICAD], 2019). We are thus witnessing worsening prevalence of recent users, as well as more intensive users of these substances. The use of psychoactive substances is a global, cultural, and historically determined phenomenon, such that its consequences vary according to not only the product itself but also the context in which the use occurs, and the users. Consequently, the harms related to the use of psychoactive substances reflect the multiple combinations that these factors can compose, diversifying the scenarios in which drug use occurs, causing social and health consequences of varying severity (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2017), which are important to know. Thus, this study aims to describe cannabis use in Portuguese adults, quantify the distribution of cannabis users according to the different risk grades, and identify possible situations of polydrug use.

Background

Until the April 1974 revolution, alcohol production was an undeniable source of resources. The consumption of illicit substances was expressed among the youth, especially those who fought in the colonial war taking place in Africa (Dias, 2007). After the revolution, Portugal opened to the world, facilitating the circulation of illicit psychotropic substances, to such an extent that in the 1980s heroin use supplanted hashish use, which had been predominant in the previous decade. The knowledge and resources to deal with this situation were scarce, which means that substance use, particularly heroin, was the main concern of the Portuguese population in the 1990s (Cabral, 2017). In 2001 (Lei n.º 30/2000 da Assembleia da República [AR], 2000), the acquisition, possession, and use of illicit substances were decriminalized. Consumption remained an act punishable by law, but not subject to criminal prosecution, and acquired the status of a social misdemeanor. Users of illicit substances are no longer considered criminals and are now approached as individuals with health problems, needing specialized support (Observatório Europeu da Droga e da Toxicodependência [OEDT], 2020). After decriminalization, cannabis has shown a greater increase in lifetime use. Literature is not consensual in establishing a cause/effect relationship between this increase and decriminalization (Hughes & Stevens, 2010). In 2003, the separation between hard drugs and soft drugs was discussed in the Portuguese Parliament (Projeto de Lei n.º 116/IX, 2003). The term soft drug was based on the assumption that the level of harmfulness of certain illicit drugs, usually called soft drugs (cannabis and derivatives), was not dangerous for the user, nor did it bring any consequences, so to use or not was an individual decision as part of the freedom of each person. However, hard drugs were predominantly associated with heroin and the consequences of its use. Such classification led to the notion that cannabis and its derivatives are a more innocuous substance to their users. This belief in its low dangerousness, combined with flexible use and experimentation, devalued the real impact of cannabis use on the lives of its users. Today, frequent use and occasional use predominate, and it is known that these forms of involvement with the substance will influence the emergence of problems related to cannabis use. Indeed, frequent and high-risk use are part of the problem drug use key indicator of the Observatório Europeu da Droga e da Toxicodependência (OEDT, 2022). This pattern is defined as drug use daily or almost daily for at least one month in the last 12 months, which causes real harm to those who use or puts them at high risk of harm (SICAD, 2017).

In Portugal, the prevalence of this use pattern (daily or almost daily) was, in 2017, 2.6% of the general population, and 0.7% of the population had moderate to high-risk use (SICAD, 2017). However, these figures double in the younger age groups, which have moderate to high use rates of 1.2%. Neves et al. (2019) highlighted the possibility of measuring and assessing the risk of psychoactive substance use through the application of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), as it reveals guiding scores for interventional practices.

Oliveira et al. (2021), using the ASSIST questionnaire, found that the most commonly used substances were alcohol, hashish, tobacco, inhalants, and cocaine/crack. According to the OEDT (2020), polydrug use is considered to be the use of more than one substance (licit and/or illicit) or type of substance by an individual either at the same time or sequentially, a term adopted in this article. Polydrug use is easier to detect in health care settings and may be underestimated when only the primary or drug of choice is considered (EMCDDA, 2017). Recently, the results of the European Online Drug Survey - Consumption Patterns Portugal 2021 (Observatório Europeu da Droga e da Toxicodependência, 2022), in which 3188 cannabis users participated, revealed that: 71% of users are male; 48% are 18-24 years old, 31% are 25-34 years old, 13% are 35-44 years old, 6% are 45-54 years old, 2% are 55-64 years old (n = 3175); and 36% have completed higher education (+18% attending). In addition, 95% of legal cannabis users were found to be illegal cannabis users. Only 38 used legal cannabis exclusively (1%).

Research Questions

What are the models of cannabis use? What is the distribution of cannabis users among the different risk grades? What are the patterns of possible associations between substance use?

Methodology

A methodological, quantitative, descriptive, correlational, cross-sectional study was conducted using a non-probability sample. The inclusion criteria were being over 18 years old, having Portuguese nationality, being able to read and write, and having access to the Internet. Data were collected through a sociodemographic questionnaire consisting of several items and a question on the self-perception of the existence or non-existence of drinking problems (Humeniuk et al., 2008). We also used the ASSIST (World Health Organization [WHO], 2010), an instrument that determines the risk of use for each substance (tobacco, alcohol, cannabis, cocaine, stimulants, sedatives, hallucinogens, inhalants, opioids, and other drugs) according to three possible categories (low, moderate, or high risk). The score is obtained by adding up the values recorded for each substance to determine the levels of risk. The higher the score obtained for each substance, the more severe is the level of risk of use. The determination of the risk score, in practical or clinical terms, allows guiding the specific intervention for each case (Humeniuk et al., 2008). The cut-off points proposed by the WHO for substance use were considered (0 to 3 = low risk, 4 to 26 = harmful use, and 27 or more = probable dependence), with the exception of alcohol which has distinct cut-off points. Since the ASSIST is an open access instrument, it was not necessary to request authorization from the authors. The project was submitted to the Ethics Committee of the University Fernando Pessoa University. Data collection was carried out through the Google Docs platform between February and April 2020. The disclosure was made through email and social networks, safeguarding the voluntary participation, confidentiality, and anonymity. Because the completion of the questionnaire may cause the respondents to reflect and ask questions about the topic, the contacts of the SOS Drug Helpline were indicated at the end of the questionnaire. IBM SPSS Statistics software was used to process the data. Descriptive, inferential and correlational statistical tests were used. For the descriptive analysis, we used the study of frequencies and some measures of central tendency. The inferential analysis was based on the Mann-Whiney and Kruskal-Wallis tests to investigate differences between groups. The correlational analysis used Spearman's correlation (non-parametric samples). Some variables required not using some categories or agglutinate them, in order to solve the problem situations of the tests that condition their applicability. The internal consistency of the ASSIST, administered online, was analyzed, revealing high reliability ($\alpha = 0.92$).

Results

Table 1 shows the sociodemographic data of the total sample ($N = 1312$) and of the cannabis users, distinguishing lifetime users ($n = 423$), and those who used in the last 3 months ($n = 118$). The sample is predominantly female (76.1%), mostly aged between 18 and 27 (34.9%). The participants are similarly distributed in the categories Single and Married/cohabiting (respectively 44.9% and 47.5%), living in northern Portugal (74.5%), with higher education (70.3%), and employed (76.7%).

Table 1

Sociodemographic data of the total sample and cannabis users

	Total sample (*N* = 1312)		Cannabis users			
			Lifetime (*n* = 423)		In the last three months (*n* = 118)	
	f	%	*f*	%	*f*	%
Gender						
Female	998	76.1	296	70.0	67	56.8
Male	313	23.8	126	29.8	51	43.2
N/A	1	0.1	1	0.2	0	0.0
Age						
[18 - 27]	457	34.9	179	42.3	71	60.2
[28 - 37]	284	21.6	107	25.3	19	16.1
[38 - 47]	307	23.4	98	23.2	23	19.5
[48 - 57]	148	11.3	26	6.1	4	3.4
[58 - 67]	80	6.1	9	2.1	1	0.8
[68 - 83]	32	2.4	2	0.5	0	0.0
N/A	4	0.3	2	0.5	0	0.0
Marital Status						
Married or cohabiting	589	44.9	150	35.5	17	14.4
Separated or divorced	78	5.9	21	5.0	3	2.6
Single	622	47.5	251	59.3	97	82.2
Widowed	20	1.5	1	0.2	1	0.8
N/A	3	0.2	0	0.0	0	0.0
Home Location (NUTS II)						
Alentejo	10	0.8	6	1.4	0	0.0
Algarve	8	0.6	3	0.7	0	0.0
Metropolitan Area of Lisbon	113	8.6	44	10.4	7	5.9
Center Portugal	177	13.4	63	14.9	18	15.3
Outside Portugal	10	0.8	5	1.0	0	0.0
Northern Portugal	977	74.5	295	70.0	93	78.8
Autonomous Region of Madeira	3	0.2	1	0.2	0	0.0
Autonomous Region of Azores	6	0.5	3	0.7	0	0.0
N/A	8	0.6	3	0.7	0	0.0
Academic Qualifications						
Less than 4 years of schooling	23	1.8	1	0.3	1	0.8
6 years of schooling	9	0.6	1	0.3	0	0.0
9th grade	28	2.1	7	1.6	1	0.8
12th grade (secondary school or equivalent)	328	25.0	118	27.9	48	40.8
Higher education	922	70.3	296	69.9	68	57.6
N/A	2	0.2	0	0.0	0	0.0
Employment status						
Employed	1009	76.7	324	76.6	80	67.8
Retired	78	5.9	4	0.9	0	0.0
Unemployed	199	15.2	86	20.3	33	28.0
N/A	26	2.0	9	2.1	5	4.2

The 1312 participants reported lifetime use predominantly of alcohol (86.5%; *n* = 1135), tobacco (63.8%; *n* = 837), and cannabis (33.0%; *n* = 423). The analysis of cannabis focused on lifetime users (*n* = 423). The comparative analysis of the sociodemographic variables of this sub-sample shows significant differences regarding the variables Gender ($p = 0.001$), Age ($p < 0.05$), Marital status ($p < 0.05$), and Home location (NUTS II; $p = 0.022$).

Within this group (*n* = 423), 72.1% had not used (occasionally or recurrently) in the last three months, 74% did not feel a strong desire or urge to use, 96% had no health, social, legal, or financial problems caused by use, and 93.1% did not fail to do what was normally expected of them because of their use of cannabis. Moreover, 85.1% never had friends, relatives, or others express concern about their use, and 87.5% never tried to cut down or stop using. From the total score, the levels of risk (low, harmful use, and probable dependence) were also analyzed. The majority (73.8%) have low risk, 25.8% show harmful use, and 0.5% have probable dependence. Cannabis users in the last three months include 118 individuals, showing significant differences in gender ($p < 0.05$), age ($p < 0.05$), academic qualifications ($p < 0.05$), and employment status ($p = 0.005$).

For a more detailed analysis, the options 1 to 3 times a month, 1 to 4 times a week, and 5 to 7 times a week were aggregated, creating the category Recurrent use, and the option 1 to 2 times in the last three months was considered occasional use. Two subgroups of 59 elements each resulted, showing significant differences between the age variable and younger occasional users ($p = 0.032$). When analyzing the differences between occasional and recurrent use, the results reveal that the latter have, on average, a greater impact on life and relationships. The results concerning the failing to do as expected by others ($p = 0.009$), as well as friends and relatives expressing concern about use ($p < 0.05$) should be highlighted. Recurrent users are who most often feel a strong desire or urge to use, thus interfering with the frequency of use in the last three months ($p < 0.05$). There was a positive correlation ($r_s = 0.431$; $p = 0.000$) between the frequency of cannabis use and the level of risk of use, that is, as cannabis use increases, the probability of problem use increases. The analysis of risk levels for cannabis use associated with frequency of use in the past three months shows the existence of levels of harmful use both in participants who have not used in the past three months (*n* = 25; 8.2%) and in participants who have used only once or twice in this period (*n* = 32; 54.2%).

The question how often have you felt a strong desire or urge to use (clinical dimension of craving) shows that in the group of lifetime users, 8.5% of the participants will have experienced this urge on an occasional, monthly, or weekly basis. Among occasional users, this craving is reported by 44.1% of the respondents, and among recurrent users, by 84.7%.

Recent users represent 54.2% of occasional users with harmful use levels. Regarding the self-perception of harm caused by cannabis, 94.9% of occasional users report never having had problems associated with cannabis use, a figure that decreases to 89.8% among recurrent users. In relation to the dimension of expectations from others, recurrent users report less frequency in the option *never failed to do what was normally expected of you because of your use* than occasional users (76.3% and 93.2%, respectively).

Regarding others expressing concern about cannabis use, 14.7% reported that there was concern in the last three months or before. In the group without recent users, 7.9% of participants indicated this concern in the past, and 1.0% noticed this concern in the last three months. Even participants who have not used in the past three months report concern from significant others regarding their potential use. As for occasional users, 15.2% noticed concern from significant others, but not recently. In comparison, 44.0% of regular users reported this concern (13.6% in the past three months). Around 87.5% reported that they had never unsuccessfully tried to cut down or stop using cannabis. Among the 305 respondents who had not used in the past three months, 4.3% had unsuccessfully tried to cut down or stop in a previous period. Regular and occasional users stand out with a higher frequency of attempts and failures (42.8% versus 17.2% of occasional users). In fact, the more frequent the use, the more likely they are to experience problems and difficulties in stopping.

Recent users differed positively and significantly from lifetime cannabis users in the frequency with which they felt a strong desire or urge to use ($p < 0.05$), in the frequency with which cannabis use led to health, social, legal, or financial problems ($p = 0, 015$), in the influence of cannabis use in what was normally expected of them ($p < 0.05$), in others' expression of concern about their cannabis use ($p < 0.05$), and in the frequency with which some had unsuccessfully tried to cut down or stop using cannabis ($p < 0.05$). In sum, 92.4% of recent users less frequently acknowledged the existence of harmful conditions associated with their use when compared to lifetime users (97.4%). In the study of possible polydrug use among cannabis users, the use of cannabis and at least one licit substance such as alcohol or tobacco is noteworthy (97.5%; *n* = 115). Cannabis, alcohol, and tobacco use was recorded in 74.5% (*n* = 118) of the responses, 18.6% (*n* = 22) used cannabis and alcohol, and 4.2% (*n* = 5) used cannabis and tobacco. Use of cannabis and at least one other illicit substance was found in 20.3% of the group (*n* = 24). Cannabis use associated with one other substance predominated (11.9%; *n* = 14), but concomitant use was recorded with two other illicit substances (1.7%; *n* = 2), with three (5.1%; *n* = 6), and with four others (1.7%; *n* = 6). The analysis of combined use (licit and illicit substances) revealed that in all cases where there was polydrug use of illicit substances there was also use of licit substances (in 23 of the cases, cannabis, alcohol, and tobacco, and in one case, cannabis and alcohol). Associated use between cannabis and alcohol is frequent, in the last three months, in 94.1% (*n* = 111) of the respondents. There is association between tobacco and cannabis in 78.8% (*n* = 93) of the participants, and there is combination of cannabis and

cocaine in 11.9% (n = 14). Regarding stimulants, there is simultaneous consumption with cannabis in 10.2% (n = 12). The frequency of inhalant use decreases to 4.2% (n = 5), identical to that for the use of hypnotics/sedatives (4.2%; n = 5). Hallucinogenic use was reported by 5.1% (n = 6) of recent cannabis users. Only one participant (0.8%) reported opioid use in the same period as cannabis use. Spearman correlation analysis between the total scores obtained for each of the ASSIST substances showed positive (and statistically significant) associations between cannabis and most of the remaining substances. The correlations are positive, statistically significant for cannabis and alcohol (r_s = 0.287; p = 0.002), tobacco (r_s = 0.396, p = 0.000), and stimulants (r_s = 0.521; p = 0.002). They are significant for cocaine (r_s = 0.367; p = 0.042), inhalants (r_s = 0.597; p = 0.024), and hypnotics/sedatives (r_s = 0.594; p = 0.015).

Regarding the correlation between the risk grades presented by the sample of recent cannabis users, a statistically significant correlation was only found (r_s = 0.397; p = 0.000) with the risk grades associated with tobacco.

Discussion

This study focused on the illicit substance most commonly used in the study sample, cannabis, not only because of the relevance given to it by current epidemiological studies (SICAD, 2017) but also because of the social and political discussion it has raised. We highlight the themes of the trivialization of use by devaluing the associated harms, the consideration of health benefits (medicinal/therapeutic use) and legalization for these purposes, and the clinical perspectives that underline the emergence of dependence that have been observed in younger users and oppose the recreational and innocuous representation of this substance use (Projeto de Lei n.º 116/IX da AR, 2003). Along with other studies, namely of a more epidemiological nature (Balsa et al., 2018; SICAD, 2022), the total sample confirms the preponderance of licit drugs over illicit ones in the frequencies of use. Lifetime alcohol use (86.5%) is similar to the national figures (85.3%). Tobacco use is clearly more prevalent in this sample (63.8%) than in the general Portuguese population (48.8%; SICAD, 2017). In illicit substances, lifetime cannabis was reported by a third of the sample (33.0%), which is much higher than in the Portuguese population (9.7%), according to the most recent data from SICAD in 2022. Comparing the frequencies of use by women with the general population, 29.6% of the female participants are lifetime users, in contrast to 6.6% of female use in the general population (Balsa et al., 2018). These differences are reaffirmed for cocaine, heroin, and hallucinogens. A possible explanation for this discrepancy may lie in how the questionnaire was applied, as several studies show that online questionnaires increase the likelihood of responses not distorted by social desirability in less normative or socially criticized topics, and that the anonymity granted by this intrinsically voluntary administration facilitates subject participation (Gnambs & Kaspar, 2015). In the group of lifetime cannabis users (n = 423), the association of negative consequences with use is not relevant and the vast majority reported never having unsuccessfully tried to cut down or stop using cannabis, which is consistent with the reduced frequency of concern about their cannabis use. However, the application of ASSIST allowed concluding that 25.8% have a pattern of harmful use and 0.5% have probable dependence. These results agree with statistical data for the general population (SICAD, 2022), which show that 0.4% of the general population is at high risk of cannabis dependence. Although most of these cannabis users have not used in the last three months, of the 27.9% who have, half are frequent users, thus fitting the operational definition of at-risk users (EMCDDA, 2012). The results also suggest that the more often one uses cannabis, the more problems derived from that use arise (r_s = 0.431; p = 0.000). It is also more likely to experience difficulties in stopping use, suggesting that the perceived harmlessness of common sense, associated with the notion of cannabis as a soft drug, may not be true in practice. Furthermore, the frequency of recent cannabis users (last three months) shows a high rate of continuity of use of this substance, which is to say that, after trying cannabis for the first time, there is a strong possibility that they will continue their use and are therefore more exposed to the risk of experiencing problems related to this practice. On the other hand, the data show a discrepancy between self-perception of problems arising from frequent cannabis use and the perception of others about this use, since participants who frequently use cannabis only differ from occasional users regarding the concern of relatives or friends about their use (p < 0.05) and in the decrease of expected behaviors by others (p = 0.009). Also, the majority of users, both occasional (94.9%) and recurrent (89.8%), report never having experienced problems arising from their cannabis use. This low perception of the consequences of cannabis use may derive from the accommodation of cannabis users to the social notion of the low dangerousness of cannabis to the idea that its use does not cause dependence (Projeto de Lei n.º 116/IX da AR, 2003).

However, the assessment of craving, through the variable *how often have you had a strong desire or urge to use*, already raises doubts about the interpretation of this symptom. On the one hand, it may suggest a devaluation of this signal by interpreting the urge or intense desire to use as inherent to the rewarding modification of their functioning caused by the substance without much basis for concern. On the other hand, it may suggest an awareness that it is an uncontrollable desire and therefore problematic, inducing concern and promoting abstinence, in order to gain control over their behavior. This would justify, for instance, the existence of participants with a risk grade of harmful use, even if they have not used recently, and participants who reported having a strong desire to use monthly or weekly, but have not used for at least three months. It was also found, regarding craving, that recurrent users show this symptom more frequently than most, which can be interpreted as a physiological response of the need to use, without fulfilling all the requirements of

addiction. If craving is understood as a central symptom of problem substance use, as suggested in the DSM-5 classification (American Psychological Association, 2014), the concept of dependence is replaced by that of severe problem substance use, coming closer to the approach that perceives use in a continuum of involvement and severity. Thus, the existence of this symptom may indicate that we are dealing with participants who already have problems related to cannabis use and, therefore, people who could benefit from intervention. In the association of cannabis use with other substances, we find that in the group of recent users the exclusive use of cannabis is an exception. There is a very high frequency of association with licit substances (alcohol and tobacco), which may be indicative of the *approximation* of cannabis, in terms of representations about risks of use, to licit substances of *normalized* and more frequent use in the population. However, although less relevant, there are also links between cannabis use and other illicit substances. The scores that allow accessing the different risk grades are correlated between the different substances, that is, as the risk grade associated with cannabis use increases, so do the risk grades of other substance use, mainly alcohol, tobacco, stimulants, cocaine, inhalants, and hypnotics/sedatives, indicating, once again, that its use is not disconnected from the use of other substances, which, due to combined use, is almost always a factor increasing the risk of harmful physical, psychological, and social consequences.

Conclusion

The history of the political, social, and scientific approach to problem substance use has shown the constant need to update strategies for understanding and intervening in this phenomenon. If the distinction between soft drugs and hard drugs may have made sense in the past, today, as a result of changes in substances, motivations for use, and market intentions, among other factors, it seems to be non-functional. The social construction of the phenomenon of cannabis and its derivatives as substances that do not induce dependence, have no impact on the social sphere of individuals, and are on a different level than other substances because they are free of health risk anticipated the innovative plan that culminated with the decriminalization of use, among other important acquisitions in 2003. However, the data collected point to the devaluation and trivialization of cannabis use by its users, still not considering its potential harms, a topic already emerging in scientific literature on frequent/high-risk cannabis use. Intervention in predominantly positive attributions to a substance with addictive potential should remain on the agenda of universal, selective, and indicated prevention.

Author Contributions

Conceptualization: Santos, J. M., Teixeira, Z. M., Soliz, M.
Investigation: Santos, J. M., Teixeira, Z. M., Soliz, M., Guerra, M. M.
Methodology: Santos, J. M., Guerra, M. M.
Data curation: Santos, J. M., Teixeira, Z. M., Soliz, M.
Writing - original draft: Santos, J. M., Teixeira, Z. M., Soliz, M.
Writing - review and editing: Guerra, M. M.

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