

General-Directorate for the Intervention in
Addictive Behaviours and Dependencies
Ministry of Health - Portugal

Which services are useful?
Reaching to the clients' perspectives through the
European Web Survey on Drugs – Portugal 2021
- SYNOPSIS -



European Web
Survey on Drugs

Results from the European Web Survey on Drugs
– Patterns of Consumption
Portugal 2021


SICAD | Serviço de Intervenção nos
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Technical Sheet

Title: Which services are useful? Reaching to the clients' perspectives through the European Web Survey on Drugs – Portugal 2021 (synopsis)

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BACKGROUND

National health government agencies with responsibilities in the planning, funding, technical support, and assessment of public policies, like SICAD, support their decisions on a set of methodologies, namely to design useful and tailored interventions. Under this diagnostic venue one of the questions that arises is what services people who use drugs actually find useful.

Due to the illicit attribute of several drugs under the law it is a challenge to obtain such information. One possible mechanism, already rehearsed, consists in asking patients or clients of specific services (treatment, reintegration, harm reduction) or indicted drug users to the Commissions for the Dissuasion of Drug Addiction, what is their assessment on the services, but many persons who use illicit drugs do not use these services.

In 2021 SICAD implemented for the first time in Portugal the European Web Survey on Drugs - Patterns of Consumption (EWSD). Since it is a survey targeting specifically people who use illicit drugs and New Psychoactive Substances through an online platform, it was considered as an opportunity to ask these potential clients which services they find useful.

Under this consideration, SICAD, with the support of its partners, prepared a Portuguese Module to explore this important question. The report with the detailed analysis of the results is available in the SICAD website - Serviços para utilizadores de drogas. Resultados do Inquérito Online Europeu sobre Drogas – Padrões de Consumo Portugal 2021 -.

This synopsis presents the main results and a discussion on the potential of this web survey as a mechanism of inquiring people who use drugs about this specific question: how useful do they find a set of services.

METHOD

The European Web Survey on Drugs - Patterns of Consumption

The EWSD is an initiative of the European Monitoring Centre for Drugs and Drug Addiction, implemented in collaboration with the Focal Points of several Countries of the European Union. In 2021, the 3rd edition of this survey took place and for the first time SICAD implemented the survey in Portugal.

The EWSD is a web survey targeting persons who use drugs with 18 years old or more, inquiring them on recent use (previous 12 months) of a list of illicit drugs and New Psychoactive Substances (NPS). Based on the answers given on recent use (it is a self-report instrument), the system automatically would ask the respondent to participate in modules concerning patterns of consumption and acquisition of specific drugs. The participation in each module was voluntary. Besides these core themes, the survey included some additional questions, on sociodemographic features, contexts of drug use or previous treatment history, for instance.

The questions of the survey were discussed and reviewed in meetings with the participant countries, bearing also on the experience of previous editions and on cognitive testing in specific countries. Being the first time that the EWSD was implemented in Portugal, the Portuguese version of the questionnaire was subject to cognitive testing with 10 persons who use drugs.

The National Module

Under the partnership established between the EMCDDA and the Focal Points, besides the core questionnaire, each participant country can develop a national module to be embedded in the survey, presented in his country. SICAD prepared a module mainly focused on services for people who use drugs.

In order to prepare the national module several experts were consulted: researchers in the field of drug use and abuse; professionals from prevention, treatment and harm reduction, from all the administrative regions of the country; and persons with past or current history of illicit drug use.

The main content of the module consisted in a list of 18 services that was developed to be as broad as possible. Besides the 18 services proposed it was also given the possibility to the participant point any service he considered it would be useful for him, in an open question. For each service the participant was asked to indicate the level of usefulness for him, bearing on his experience as a person who uses drugs, in a scenario of no pandemic restrictions. The scale was from 1 (Extremely Useless) to 7 (Extremely Useful).

If the service of providing material to use drugs with fewer risks was considered useful by the participant (5 points or more), a further inquiry was done on the materials considered useful, with 19 options (multiple answer).

The self-reported experience as a person who uses drugs was operationalised in a question, asked before the list of services, with 7 options, to select one:

- I'm comfortable with my drug use and don't feel any need for change;
- I wish to continue using but would like to use less;
- I wish to continue using but would like to have more control on my drug use;
- I wish to continue using but would like to know better the composition of what I'm using;
- I wish to continue using but would like to be better informed about the risks related with my drug use;
- I would like to stop using drugs;
- None of the previous.

The national module was presented at the end of the survey, after the modules about drug consumption and acquisition, with voluntary participation.

Variables included in the study

The present study draws on some questions of the main EWSD (last 12 months use of specific drugs (ecstasy, cocaine, cannabis, amphetamines, methamphetamines, NPS, GHB/GBL, LSD, hallucinogenic mushrooms and heroin); and sociodemographic features: sex, gender, age, highest level of education, place of residence, working status, composition of the household, average income per month after tax) and on the questions presented above, from the national module (self-reported experience as a drug user, level of usefulness attributed to a set of services, harm reduction materials considered useful).

Implementation of the survey

The survey was available online since the 18th march to 31st may 2021. It was disseminated through several mechanisms: news in the mainstream printed and online main media, in the SICAD website, newsletter and social media (Facebook, Instagram and Tweeter) and, also, through partners social media, mainly NGOs working with the target population. The advertisement of the survey was repeated through the period of implementation.

In order to reach specific populations of persons who use drugs 2 targeting strategies were developed. The first was done through directed advertisement in the social media, based on knowledge obtained from previous surveys and experts consulted, concerning the sociodemographic features and lifestyle preferences of specific populations. This targeting procedure was adjusted during the period of implementation based on the preliminary analysis of participants reached at a given moment. This was done with the purpose of reaching more participants and with more diverse sociodemographic features. The second targeting strategy consisted in implementing the survey in treatment and harm reduction settings, with the collaboration of field professionals, in order to reach heroin and crack cocaine users. This second strategy was implemented with many constraints due to the COVID-19 restrictions.

Sample

4 685 persons with recent experience of drug use, living in Portugal, participated in the survey with valid questionnaires. From them, 587 participated in the national module.

The sample consists mainly of men (sex) (67%), males (gender) (64%), aged between 18 and 34 years (53% aged 18 to 24 years, 34% with 25 to 34 years), attending higher education or with complete higher education (58%), living in a city (76%), with an average income per month after tax of less than 1000€ (42% with less than 500€ per month and 37% with 500€ to 999€).

41% work full-time and 7% part-time, self-employed or other, regardless of whether it is formal or informal work, 38% are full-time or part-time students, including working-students, and 12% are unemployed and may benefit from social pensions.

All use ecstasy, almost all (94%) use cannabis, half (50%) use cocaine, a little more than a third (37%) use LSD, 30% use NPS, 27% use amphetamines, 25% use hallucinogenic mushrooms and only a small percentage use benzodiazepine (17%), methamphetamines (7%), GHB/GBL (5%) or heroin (1.7%), reporting to the previous 12 months.

In this sample, almost half (42%) are comfortable with their use of drugs, without feeling the need for change. On the other hand, close to a third (32%) would like to make changes in consumption, either in the sense of greater control (10%), its decrease (15%) or elimination (7%) (Table 1).

TABLE 1. SAMPLE FEATURES (N=587)

Sex (n=587)		%	Ecstasy used in the previous 12 months (n=587)		%
	Male	67,0	Yes		100
	Female	32,7	No		..
	Rather not say	0,3	Cannabis used in the previous 12 months (n=587)		
	Other	..	Yes		93,9
			No		6,1
Gender (n=387)		%	Cocaine used in the previous 12 months (n=587)		
	Male	63,6	Yes		49,7
	Female	33,5	No		50,3
	Non binary	1,5	LSD used in the previous 12 months (n=587)		
	Rather not say	1,2	Yes		37,0
	Other	0,2	No		63,0
Age group (n=587)		%	NPS used in the previous 12 months (n=587)		
	18-24	52,6	Yes		30,0
	25-34	34,2	No		70,0
	35-44	9,2	Amphetamines used in the previous 12 months (n=585)		
	45-54	3,4	Yes		27,4
	55-64	0,5	No		72,6
Highest level of education (n=524)		%	Hallucinogenic mushrooms used in the previous 12 month		
	Primary education - Attended, not complet.	1,0	Yes		24,8
	Primary education - completed	4,8	No		75,2
	Secondary education - Attended, not compl.	7,3	Benzodiazepines used in the previous 12 months (n=582)		
	Secondary education - completed	29,2	Yes		16,8
	Higher education (university or equivalent) - Attended, but not completed	23,5	No		83,2
	Higher education (university or equivalent) - completed	34,4	Methamphetamines used in the previous 12 months (n=582)		
			Yes		16,8
			No		83,2
Working Status (n=523)		%	GHB/GBL used in the previous 12 months (n=579)		
	Employed full-time (legal or illegal)	35,2	Yes		5,2
	Employed part-time (legal or illegal)	4,8	No		94,8
	Self-employed full-time	6,1	Heroin used in the previous 12 months (n=587)		
	Self-employed part-time	1,9	Yes		1,7
	Student (part-time or full-time)	27,2	No		98,3
	Working student	10,3	In the previous 12 months which of the following options best describes your experience as a drug user (n=587):		
	Unemployed / on a social support	11,7	I'm comfortable with my drug use and don't feel any need for change		41,7
	Disability payment	..	I which to continue using but would like to use less		15,2
	Other	2,9	I which to continue using but would like to have more control on my drug use		10,2
Place of residence (n=522)		%	I which to continue using but would like to know better the composition of what I'm using		19,8
	City	76,4	I which to continue using but would like to be better informed about the risks related with my drug use		2,7
	Town	14,2	I would like to stop using drugs		6,8
	Village/countryside	9,4	None of the previous		3,6
Average income per month after tax (n=561)		%			
	Less than €500	41,7			
	€500 - €999	37,3			
	€1000 - €1999	16,6			
	€2000 or more	4,5			

Source: European Web Survey on Drugs: Patterns of Consumption – Portugal 2021/ General-Directorate for the Intervention in Addictive Behaviours and Dependencies

Data analysis

Data was exported from Lyme Survey to a SPSS dataset (v. 27.0). Data on the level of usefulness of the different services and the materials selected as useful is provided under univariate analysis. The profiles of each self-reported category of experience as a person who uses drugs were analysed considering the sociodemographic features and substances used. Associations with specific features and specific drugs used were analysed under bivariate analysis (Chi-square Test).

The association between, on one side, the self-reported experience as a drug user and, on the other side, the level of usefulness of the different services considered, was studied with bivariate analysis (Mann-Whitney Test for 2 independent samples).

Ethics

The participation in the survey was voluntary and anonymous. Each participant was informed on the aims, benefits, risks, rights and privacy issues and gave his formal consent in the questionnaire. The database didn't include any information to allow personal identification. This study was developed with the purpose to further benefit people who use drugs, by contributing with information for more tailored interventions.

RESULTS

Level of usefulness attributed to different services

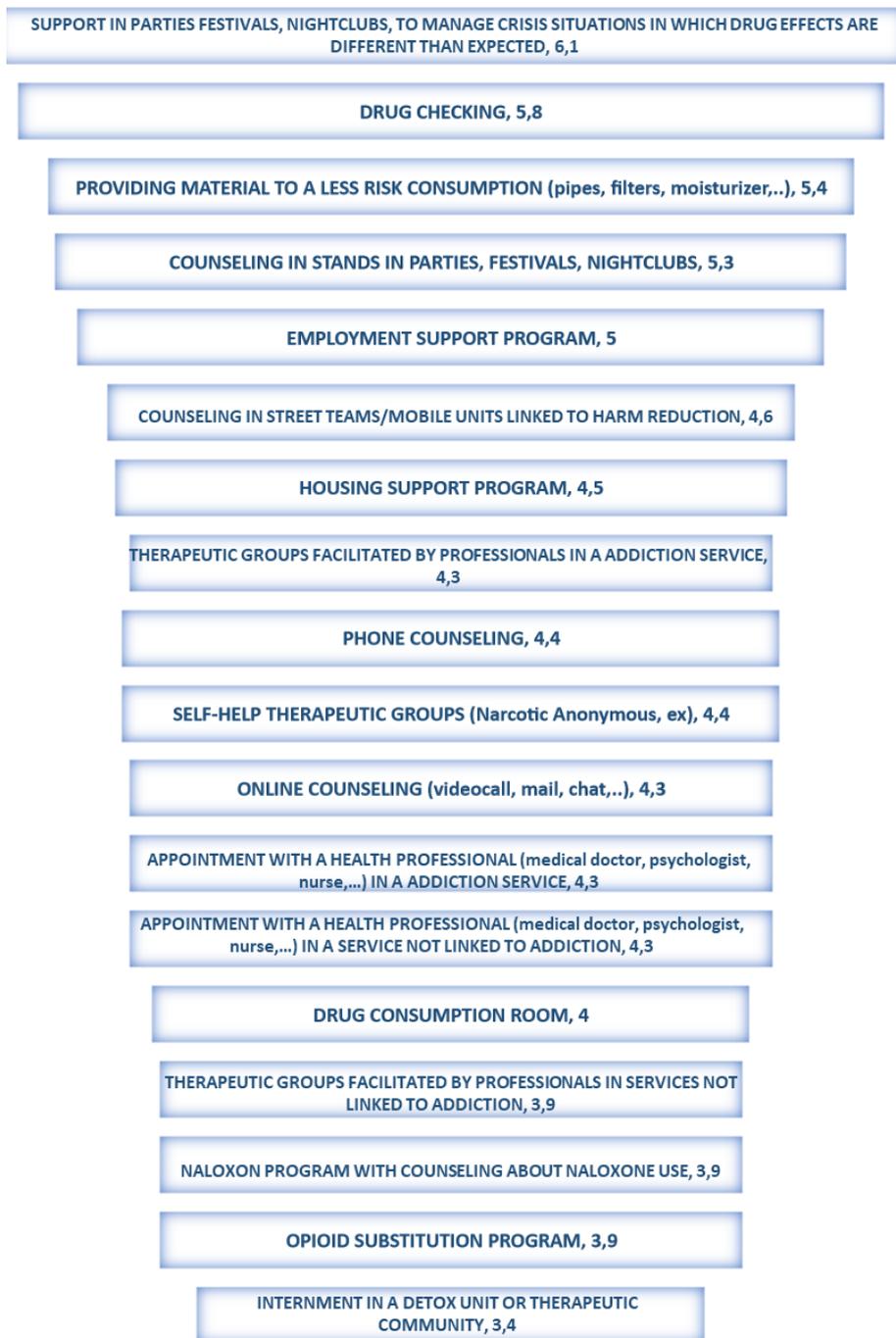
Generally speaking, almost all services were considered useful, with an average/median score equal to or greater than 4, the central point of the scale.

Regardless of the unit considered (median of 7 and average above 5), the services most valued by users can be included in a risk reduction and harm minimisation approach:

- Support in parties, festivals, clubs, to help manage crisis situations following drug effects more intense and/or different than expected;
- Chemical drug analysis service or drug checking;
- Service that provides material for drug use with fewer risks (pipes, moisturizer, filters...);
- Counselling in stands in parties, festivals, clubs (Figure 1).

53 participants selected the option "other service" using it, mainly, to address a proposal of cannabis legalization.

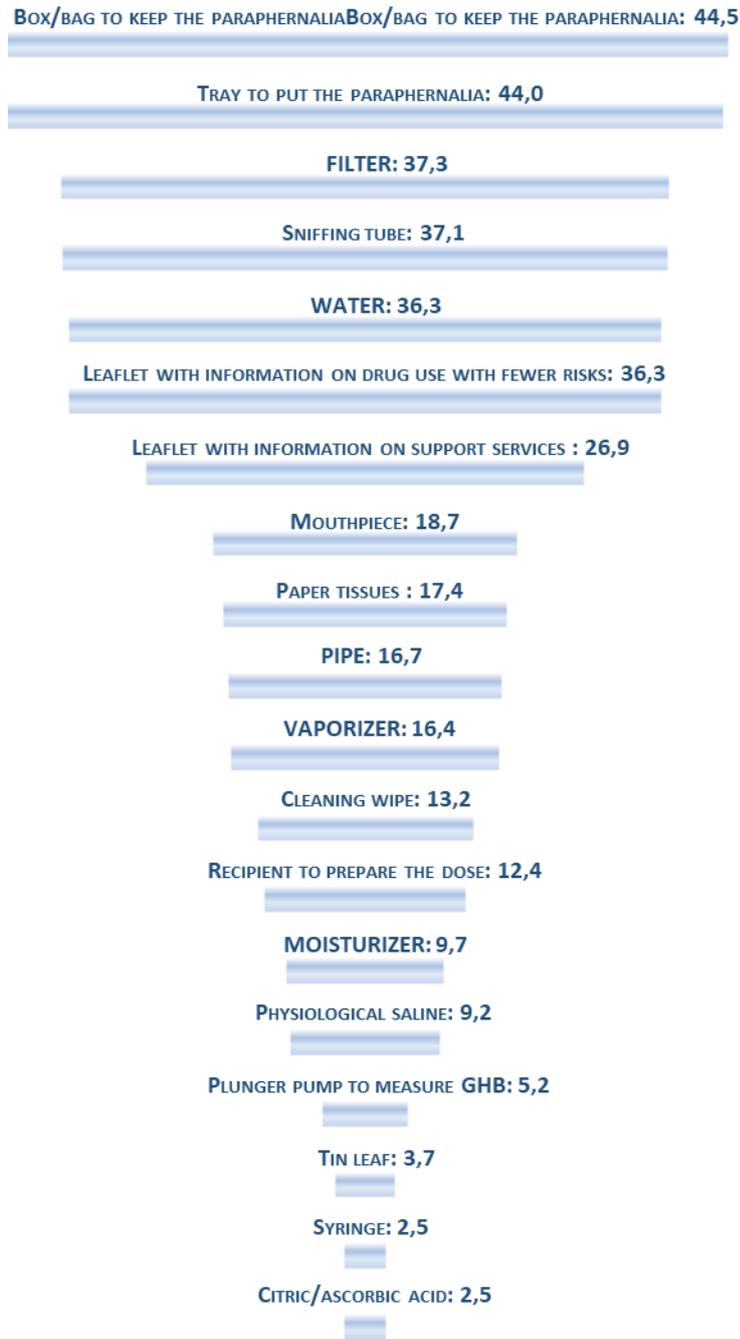
FIGURE 1. UTILITY (mean value from 1 to 7) ATTRIBUTED TO A SET OF SERVICES AIMED AT PERSONS WHO USE DRUGS, TAKING INTO ACCOUNT THEIR EXPERIENCE



Source: European Web Survey on Drugs: Patterns of Consumption – Portugal 2021 / General-Directorate for the Intervention in Addictive Behaviours and Dependencies

402 participants considered useful a service that provides material to a consumption with fewer risks. The materials more selected were a container (box or bag) to store the consumables and a tray where to place the material at the time of consumption, followed by the filter, the sniff tube, the water and an information leaflet for a consumption with fewer risks (Figure 2).

FIGURE 2. MATERIALS INDICATED AS USEFUL FOR A SAFER CONSUMPTION BY PARTICIPANTS WHO CONSIDER USEFUL THIS TYPE OF SERVICE (N=402) (%)



Source: European Web Survey on Drugs: Patterns of Consumption – Portugal 2021 / General-Directorate for the Intervention in Addictive Behaviours and Dependencies

Self-reported experience as a person who uses drugs and services most valued

Almost regardless of the self-report experience as persons who use drugs, the same set of services, presented above, is the most valued. Participants that would like to decrease drug use or to stop using drugs are the exception, by valuing more the employment support program (in both cases) or the therapeutic groups managed by an addiction health professional (in the second case).

Under this analysis the major difference established between different self-reported experiences was between those participants that would like to stop using drugs and the others. Generally, such group tends to value more the usefulness of each service and, specifically, value especially more the advice in street teams/mobile units, therapeutic groups, self-help groups, consultations with health professionals, an employment support program and the internment in a detoxification unit or therapeutic community, in short, mainly services that potentially help to end consumption (Table 2).

Who are the participants that wish to stop using drugs?

Comparing the participants who wish to stop using drugs with the others (through the aggregation of the other categories) there are some significant differences on sociodemographic traits and drugs recently used: the self-reported experience of wanting to stop using drugs is more associated with the female sex and gender, with not being students and with recent use of heroin and/or cocaine, while wanting to keep using is more associated with the male sex and gender, being a student and have not recently used heroin and/or cocaine (Table 3, 4).

TABLE 2. USEFULNESS (AVERAGE BETWEEN 1 TO 7) ATTRIBUTED TO DIFFERENT SERVICES, REGARDING THE SELF REPORTED EXPERIENCE AS A PERSON WHO USES DRUGS

SERVICES	SELF-REPORTED EXPERIENCE AS A PERSONS WHO USES DRUGS					
	TOTAL (n=587)	Keep consumption + no change (n=245)	Keep consumption + higher control (n=60)	Keep consumption + knowl. drugs composition	Keep consumption + using less (n=89)	Stop consumption (n=40)
Crisis intervention in parties/festivals/clubs, following drug effects different than expected	6,1	6,0	6,4	6,1	6,0	6,5
Chemical drug analysis service/drug checking	5,8	5,5	5,9*	6,6*	6,0	5,4
Service that provides material for drug use with fewer risks	5,4	5,3	5,5	5,6	5,4	5,1
Counselling in stands in parties, festivals, clubs	5,3	5,2	5,5	5,3	5,0	5,9
Employment support program	5,0	4,8	5,4	4,8	5,1	6,0*
Counselling in harm reduction street teams/mobile units	4,6	4,5	5,1	4,4*	4,4*	5,6*
Housing support program	4,5	4,4	4,9	4,4	4,7	5,3
Counselling by phone	4,4	4,2	5,0	4,3	4,4	5,0
Self-help therapeutic groups (Ex: Narcotics Anonymous)	4,4	4,3	4,6	4,1*	4,5	5,6*
Therapeutic groups led by a professional in a drug service	4,3	4,3*	5,0	3,9	4,3*	5,7*
Online counselling (video call, mail, chat)	4,3	4,2	4,7	4,3	4,4	5,0
Appointment with a health professional in a drug service	4,3	4,1	5,1*	3,9*	4,6	5,5*
Appointment with a health professional in other type of service	4,3	4,0	4,7	4,3	4,4	4,8
Drug consumption room	4,0	3,9	4,4	3,9	4,1	4,3
Therapeutic groups led by a professional in other type of service	3,9	3,9	4,2	3,7	4,0	4,7
Service that provides naloxone and counselling towards it's use	3,9	3,8	4,2	3,7	3,8	4,2
Opioid substitution program	3,9	3,8	4,2	3,7	4,0	4,7
Internment in a detoxification unit or therapeutic community	3,4	3,4	3,7	3,1*	3,4	4,3
Sum of the averages	81,8	79,6	88,5	80,1	82,5	93,6

*Statistical difference from one or more self-reported experiences concerning the usefulness of the service (Mann-Wittney Test; $p < 0,005$)

a) The self-reported experience of keeping consumption but with more knowledge on the risks involved is not included due to the small size of the sample.

Source: European Web Survey on Drugs: Patterns of Consumption – Portugal 2021 / General-Directorate for the Intervention in Addictive Behaviours and Dependencies

TABLE 3. ASSOCIATIONS BETWEEN THE SELF-REPORTED EXPERIENCE AS A PERSON WHO USES DRUGS AND SOCIODEMOGRAPHIC TRAITS

	SELF-REPORTED EXPERIENCE AS A PERSONS WHO USES DRUGS - WANTS TO:	
	Stop using drugs	Keep using drugs
SOCIODEMOGRAPHIC TRAITS		
Sex (n=564) * p≤0,001		
Male	45,0	69,8
Female	55,0	30,2
TOTAL	100	100
Gender (n=554) * p≤0,05		
Male	47,5	66,5
Female	50,0	31,9
Non binary	2,5	1,6
TOTAL	100	100
Age group (n=566)		
18-24	37,5	53,4
25-34	40,0	34,0
35-more	22,5	12,5
TOTAL	100	100
Highest level of education (n=507)		
Primary education (completed or not)	9,4	5,7
Secondary education (completed or not)	40,6	36,0
Higher education (completed or not)	50,0	58,3
TOTAL	100	100
Working Status (n=506) p≤0.01		
Employed full-time (including self-employed)	48,4	40,8
Employed part-time (including self-employed)	12,9	6,3
Student (including working student)	9,7	39,2
Unemployed / on a social support /disability payment	22,6	11,4
Other	6,5	2,3
TOTAL	100	100
Place of residence (n=505)		
City	68,8	76,7
Town	21,9	13,5
Village/countryside	9,4	9,7
TOTAL	100	100
Average income per month after tax (n=541)		
Less than €500	38,5	41,2
€500 - €999	48,7	37,1
€1000 - €1999	10,3	17,3
€2000 or more	2,6	4,4
TOTAL	100	100

*Statistical difference with the Chi-square test.

Source: European Web Survey on Drugs: Patterns of Consumption – Portugal 2021 / General-Directorate for the Intervention in Addictive Behaviours and Dependencies

TABLE 4. ASSOCIATIONS BETWEEN THE SELF-REPORTED EXPERIENCE AS A PERSON WHO USES DRUGS AND DRUGS USED IN THE PREVIOUS 12 MONTHS

	SELF-REPORTED EXPERIENCE AS A PERSONS WHO USES DRUGS - WANTS TO:	
	Stop using drugs	Keep using drugs
DRUGS USED L12M		
Cocaine (n=566) * p<0.005		
Yes	72,5	48,1
No	27,5	51,9
TOTAL	100	100
LSD (n=563)		
Yes	27,5	37,9
No	72,5	62,1
TOTAL	100	100
NPS (n=566)		
Yes	25,0	30,6
No	75,0	69,4
TOTAL	100	100
Amphetamines (n=564)		
Yes	27,5	27,5
No	72,5	72,5
TOTAL	100	100
Hallucinogenic mushrooms (n=563)		
Yes	22,5	25,2
No	77,5	74,8
TOTAL	100	100
Benzodiazepines (n=561)		
Yes	25,0	15,7
No	75,0	84,3
TOTAL	100	100
Methamphetamines (n=564)		
Yes	10,0	6,5
No	90,0	93,5
TOTAL	100	100
GHB/GBL (n=558)		
Yes	..	5,6
No	100	94,4
TOTAL	100	100
Heroin (n=566) * p<0.005		
Yes	7,5	1,3
No	92,5	98,7
TOTAL	100	100

*Statistical difference with the Chi-square test.

Source: European Web Survey on Drugs: Patterns of Consumption - Portugal 2021 / General-Directorate for the Intervention in Addictive Behaviours and Dependencies

DISCUSSION

This study was motivated by the willingness to consult persons who use drugs about the services they consider useful to them. Of 4 685 participants living in Portugal, that participated in the survey, only 587 participated in this consultation. Although it is an important number, it is a little more than 10%, which is a low rate of adherence.

Several issues may have contributed to this low participation. The culture of citizen participation in the development of better services may be yet incipient in Portugal, and one of the reasons may be that the citizens expectations are yet that their proposals will not make a difference. Another reason may be due to the length of the survey, being the national module the last one to be presented. A third possible reason may be related with the characteristics of the sample, possibly compounded by an important proportion of persons that use drugs and do not wish to have any contact with services, meaning that this question was irrelevant for them.

A list was developed through a consultation process in order to grasp as much as possible different services' needs and an open question was made available for personal suggestions. The open question was used only by about 10% of the sample. This may mean that the respondents were satisfied with the options offered, but, also, that the motivation to answer was low.

Almost all services were considered useful by the participants, with a higher consensus toward usefulness around four services: (1) Support in parties, festivals, clubs, to help manage crisis situations following drug effects more intense and/or different than expected; (2) Chemical drug analysis service or drug checking; (3) Service that provides material for drug use with fewer risks (pipes, moisturizer, filters...); (4) Counselling in stands in parties, festivals, clubs; even considering different self—reported experiences as persons who use drugs.

This consensus may be due to the profile of wanting to use drugs but in safer conditions, because the subgroup that stands out is the one of persons that want to stop using drugs, appreciating more services that support this option. It is possible that this is a group with a more problematic pattern of drug use, considering their difference from the others on the drugs used (heroin and cocaine).

This questionnaire has the value of grasping the general level of usefulness attributed to a large set of services, from an important sample of about 500 persons who use drugs that possibly would not have been reached in another way.

However, it resulted somehow limited in differentiating the level of usefulness attributed to different services bearing on different profiles of people that use drugs. It is possible that this limitation arises from the formulation of the question on self-reported experience as a person who uses drugs. This question apparently had good results in differentiating people who want to use and people who want to stop using but more fragile results in differentiating the larger group of persons who want to keep using drugs.

However, another hypothesis may be valued, an hypothesis that the participants consider important the availability of a broad range of services, addressing different needs and

conditions, that not only differ interpersonally, but also, at different moments in the life span or in different contexts of the life of each person.

CONCLUSIONS

Public Policy is somehow a matter of decisions. Decisions on WHO, HOW, WHEN and FOR WHAT actions are taken. These decisions are affected by several conditions, like political conditions, resources available, sometimes moral conditions and, importantly in this context, knowledge or evidence. But it is wise to accept that evidence is always imperfect and limited, no matter the efforts to make it more objective and credible. Accepting this is accepting the challenge to experiment new ways of knowing and approaching the diversity of information available with a critical mindset.

The present study is not particular innovative in the plan of theoretical and methodological possibilities, but it is the first time that a survey with this dimension is implemented in Portugal with this population and scoping the issue of services needed. Some interesting results were found, that can complement other types of information available. Also, some strong and weak points were recognized.

The question now is where to go from here? Some options can be listed around research and intervention. Having this pool of information, it would be important to further understand what personal and social conditions, considering the experience as a person who uses drugs and beyond that make each service more valuable in specific contexts and periods of the life span. This could be developed through qualitative studies. The improvement of this understanding could then support the refinement of the questions presented in the survey. Also, from the perspective of intervention planning, a critical analysis on the level of implementation of the services considered more useful is in order.



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