

SICAD - General-Directorate for Intervention
on Addictive Behaviours and Dependencies
Ministry of Health - Portugal

Executive Summary

Effects of Dissuasion Intervention,
based on the Comissions for the Dissuasion of
Drug Addiction Activity

2017



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Serviço de Intervenção nos
Comportamentos Aditivos
e nas Dependências

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Goals

The study on *Effects of Dissuasion Intervention, based on the activity of the Commissions for the Dissuasion of Drug Addiction (CDT)*, was fundamentally developed with the aim of exploring changes in psychoactive substances use and representations of the indicted, after the intervention of the CDT. In a second plan, it intended to explore changes in life style, in attitudes towards the application of a set of specific dissuasion measures, as well as the referral of drug users to specialized structures.

Method

It was a national, quantitative, prospective and exploratory study, with the application of self-report questionnaires to the indicted, in two waves (T0: before the intervention, implemented from September to December of 2014; T1: after intervention, when the proceeding was filled, until the limit of the 1st trimester of 2016) and a questionnaire to the CDT about the intervention developed with each one of the participants. Every instrument of data collection was anonymous. The matching of information from each participant was made with a code.

Target population

The target population were the indicted drug users (18 and older, residents in continental Portugal, Portuguese literate, in freedom) that went to the CDT for the first time under a new proceeding, between 15th September and 15th December 2014. Also, they were not absolved under this proceeding, which had to be filled until the end of the 1st trimester of 2016 (N=1 653).

Procedure

It was established that the study would be presented, by the CDT, to every indicted of the target population, with a focus on the explanation that the questionnaires were anonymous and that the participation in the study had nothing to do with the proceeding. In the first wave (T0) participated 892 individuals (54% response) and, in the second one (T1) 336 (20% in both waves).

In the first wave (T0) the questionnaire was filled in the CDT premises and inserted, by the participant, in a sealed envelope, inside a ballot box. In the second wave (T1) participants could choose between 3 options: replication of the T0 proceeding, receiving a questionnaire at home, in a pre-paid postal envelope, or receiving a password by e-mail in order to fill the questionnaire online. About half of the

participants filled the questionnaire online and the others on paper. All the questionnaires were sent to the SICAD's Statistics and Research Division for data validation and analysis with SPSS 23.0.

Sample

With reference to the total of individuals with administrative proceedings under the Decriminalization Law in 2014, the sample of 336 participants had a relatively similar distribution concerning CDT origin, pattern of consumption classification (Addicted, Non-Addicted) and sociodemographic information (among those comparable). On the other hand, the sample is, globally, composed by participants which are younger, with higher school level, and a higher proportion of students.

Main results

The intervention developed by the CDT followed similar standards to all participants in terms of admission, assessment and intervention possibilities. There was, though, a significant difference on the type of intervention implemented according with the pattern Addicted/Non-Addicted. For the Non-Addicted it was more common the use of brief interventions in the CDT, while, for the Addicted, it was more common the referral to treatment structures specialized in addictive behaviours (particularly Treatment Centres from the Regional Health Administrations).

In fact, the group of Addicted participants (N=32) differed significantly from the Non-Addicted (N=297) not only on substance use matters, but also in sociodemographic information, risk perceptions and life style, in addition to the already mentioned

differences in CDT intervention. As such, in the context of the exploration of T0/T1 evolutions, the analysis was made on the Total of participants and, also, in the specific groups of Addicted and Non-Addicted.

This analysis was complemented by the participants assessment about the role of the CDT on eventual changes.

Globally, important changes in illicit **psychoactive substances use** were identified (but not in alcohol use, mainly in terms of stopping use (cannabis and cocaine) or in reducing frequency of use (cannabis), and also some changes in the circumstances (less use alone) and contexts of illicit substances use (less consumption in music festivals, for instance) and less experience of problems related to this consumption. Three quarters of the participants attributed to the CDT's some responsibility in these changes, mainly in the reduction and abandon of consumption.

Considering **representations about consumption**, the motivations to use illicit substances were similar in T1. On the other hand, there was an increase in risk perceptions on the probability of occurring problems in case of illicit substance use (also related to alcohol drinking but at an inferior level), as well as on the risk assessment of the health consequences of using cannabis (for instance, in comparison with alcohol or tobacco), of sporadic cocaine use, and of NPS use in comparison with other drugs. More than half of participants assessed that the CDT had some effect on their change of ideas related with illicit psychoactive substances use, mainly with regard to the notion of the risk involved.

After CDT intervention, participants appeared to have a more critical view on the health aspect of their **life style**. More than half attributed to the CDT some responsibility in this change, essentially in a greater care with health and in the devaluation of drugs' role in their life.

On the context of CDT intervention, it is important to emphasize that about a quarter of the participants were **referred to** specialized **services** in addictive behaviours, mainly Treatment Structures (N=54). For half of them was the first contact with these structures and, for a quarter, a return.

Finally, although the level of acceptance of more punitive **measures to dissuade illicit substances consumption** remained low at T1, there was, generally, an increase in acceptance of the hypothetical measures presented, with particular relevance in the case of psychosocial support referral.

Concerning **CDT** in particular, although the attitude toward them as alternative structures to courts was already positive in T0, after intervention there was even an increase in the importance attributed to the CDT, with almost all participants stating them has *important* or *very important* in alternative to courts. The main functions of CDT selected by the participants were helping to abandon illicit substance use, informing about substance use related problems, helping to change the life style and, of informing about the law.

As expected, these evolutions had different patterns when the type of relation with illicit substance use was also different (Addicted /

Non-Addicted) but in both groups it was possible to identify changes in terms of consumption reduction and some increase in risk perceptions, although with greater expression in the group of Non-Addicted. Also, it was this group that attributed a higher role to the CDT in the T0-T1 evolutions.



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