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CANNABIS USE IN A SAMPLE OF PORTUGUESE ADULTS: AN EXPLORATORY ONLINE STUDY*

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Abstract: Background: Alcohol and tobacco are the most consumed licit substances in Portugal, while cannabis is the most consumed illicit drug. Objectives: To characterize cannabis use in a sample of Portuguese adults, assessing risk levels and polydrug use with other licit and illicit substances. Methodology: Quantitative, descriptive, correlational and cross-sectional study, based on a questionnaire made available online with the ASSIST version 3.1 (*Alcohol, Smoking and Substance Involvement Screening Test*) as the main collection tool. Results: The results (sample of 1312 Portuguese adults) reveal higher frequencies of consumption than national epidemiological studies, for all substances except alcohol. There is a preponderance of licit drugs over illicit drugs in the frequency of consumption. A quarter of the participants have a pattern of harmful cannabis use and 0.5% have a probable dependence. Half of the participants are high-risk users. Conclusion: There is an association between cannabis use and other substances (licit and illicit) and a trivialization of consumption and relativization of the problems associated with the use of this substance.

Keywords: Cannabis use, risky consumption, ASSIST, polyconsumption

INTRODUCTION

According to the 2019 World Drug Report, around 35 million people in the world suffer from drug use disorders, and only one in seven receive treatment (United Nations Office on Drugs and Crime [UNODC], 2019).

In Portugal, licit substances (such as tobacco and alcohol) are the most popular. As for illicit substances, the national study (2016/2017) reveals that the prevalence of consumption of any drug was 10% over a lifetime, 5% in the last 12 months and 4% in the last 30 days, an increase compared to 2012. Cannabis, cocaine and *ecstasy* were the illi-

cit substances with the highest prevalence of use, although the latter two were very distant from cannabis, making it the most consumed illicit drug both in the total population, aged 15 to 74, and in the youth and young adult population aged 15 to 34 (Balsa et al., 2018; Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências [SICAD], 2019). There has thus been a worsening in the prevalence of recent consumption and more intensive frequencies, which corresponds to more people with more frequent daily or almost daily consumption patterns.

The consumption of psychoactive substances is a global, culturally and historically determined phenomenon, so that the consequences of this consumption vary according not only to the product itself, but also to the context in which consumption occurs and the subjects who adopt it. Consequently, the damage caused by the use of psychoactive substances reflects the multiple combinations that these factors can make up, diversifying the scenarios in which drug use takes place, causing social and health consequences of varying severity (European Monitoring Center for Drugs and Drug Addiction [EMCDDA], 2017), which need to be known in order to know how to intervene.

The aims of this study were therefore to describe cannabis use in a sample of Portuguese adults, to quantify the distribution of cannabis users by different levels of risk (low risk, harmful use and dependence) and to assess patterns of possible associations between use of other substances.

Background

Historically, until the revolution of April 1974, alcohol production was an undeniable source of resources. The use of illicit substances was widespread among young people, particularly those fighting in the colonial war in Africa (Dias, 2007). After the revolution, Portugal opened up to the world, facilitating

the circulation of illicit psychotropic substances, to such an extent that in the 1980s heroin consumption overtook hashish consumption, which had been predominant in the previous decade. The knowledge and resources to deal with this situation were scarce, so that the consumption of substances, particularly heroin, was the exponent of the social concerns of the Portuguese in the 1990s (Cabral, 2017).

In 2001 (Law No. 30/2000 of the Assembly of the Republic [AR], 2000), the acquisition, possession and consumption of illicit substances were decriminalized. Consumption remained a punishable act by law, without being prosecuted as a crime, and acquired the status of a social offense. Users of illicit substances are no longer considered criminals and are now approached as individuals with health problems who deserve specialized support (SICAD, 2020). The consequences of this process are still being analyzed, but after decriminalization, cannabis showed a greater increase in lifetime use. The establishment of a causal relationship between this increase and decriminalization is not consensual in the literature (Hughes & Stevens, 2010).

In 2003, the Assembly of the Republic discussed the separation between hard and soft drugs (Draft Law no. 116/IX of the AR, 2003). The term “soft drug” was based on the assumption that the degree of harmfulness of certain illicit drugs, usually referred to as “soft” (cannabis and derivatives), did not reach levels of danger for the citizen who consumed them, nor any consequences, making it make sense for the decision to consume or not to be left to the individual freedom of each person. Their counterpoint, “hard drugs”, were predominantly associated with heroin and the consequences attributed to its use. This classification was retained in common sense, “transforming” cannabis and its derivatives into a more innocuous substance for those who consume it. This notion of the substance’s

low dangerousness, coupled with the flexibility of its use and experimentation, devalued the real impact of cannabis consumption on the lives of its users. Today, the notions of frequent consumption and occasional consumption predominate, and it is known that these forms of involvement with the substance will play a fundamental role in the emergence of problems related to cannabis use.

In fact, frequent and high-risk use is part of the key indicator of problematic drug use of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2020). This pattern is defined as the consumption of drugs at least almost daily for at least one month in the last 12 months, consumption that causes real harm to those who consume or puts them at a high risk of harm (SICAD, 2017).

Regarding the prevalence of this pattern of consumption (daily or almost daily) in Portugal, in 2017 it was 2.6% of the general population; and 0.7% of the population had moderate to high risk consumption (SICAD, 2017). However, these figures double if we focus on the younger age groups, who have moderate to high consumption rates of 1.2%.

According to the European Monitoring Center for Drugs and Drug Addiction (EMCDDA, 2020), “poly-drug use” is the use of more than one substance (licit and/or illicit) or several types of substances by the same individual simultaneously or sequentially. It is common to distinguish between consumers who are flagged as socially stigmatized and who show a core consumption of heroin to which they associate other psychoactive substances (alcohol, benzodiazepines, cocaine) and another type of more normative and integrated users who combine alcohol with cocaine and/or cannabis, in a register recognized as problematic and with harmful consequences (EMCDDA, 2020). It is recognized that poly-drug use is easier to detect in healthcare settings, and that it can be underestimated when

only the main or drug of choice is considered (EMCDDA, 2017). However, this reality also exists in the population of non-problematic users, which is one of the aims of this study.

This led to the following research questions: What are the patterns of cannabis use? What is the distribution of cannabis users among the different levels of risk (low risk, harmful use and dependence)? What are the patterns of possible associations between substance use?

METHODOLOGY

A methodological, quantitative, descriptive, correlational, cross-sectional study was carried out using non-probabilistic sampling. The inclusion criteria were individuals aged over 18, of Portuguese nationality, who could read and write and had access to the internet.

For data collection, which took place in the first quarter of 2020, a sociodemographic questionnaire was administered consisting of items such as gender, age, marital status and a question regarding self-perception of the existence or not of a consumption problem (Humeniuk et al., 2008). We also used the ASSIST (*Alcohol, Smoking and Substance Involvement Screening Test*) version 3.1, recommended for this type of study (World Health Organization, 2010; DGS, 2014). The ASSIST is a tool used in primary health care to determine the risk of consumption 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), and thus define the respective intervention (World Health Organization [WHO], 2010). It consists of eight items: (1) screening and assessment of lifetime consumption of ten substances; (2) assessment of frequency of consumption in the last three months; (3,4,5,6,7 and 8) assessment of frequency of desire or urgency to consume, interference of consumption with health, social, legal or financial problems and intrusion/

alteration of routines. Finally, it also assesses the existence of friends, relatives or other people who have shown concern about the use of substances and whether the participant has ever tried to control, reduce or stop this use without success. The last item refers to injecting drug use.

The response options vary between “1 or 2 times”, “1 to 3 times a month”, “1 to 4 times a week” and “5 to 7 times a week”, thus making up a five-point Likert scale for items two to five, and three points for items six and seven. The score is obtained by adding up the values recorded for each substance, which allows risk levels to be determined. The higher the score obtained for each substance, the more serious the level of risk of consumption. Determining the risk score, in practical or clinical terms, allows for specific intervention guidance for each case (Humeniuk et al., 2008). When reading the scores obtained by each respondent, the cut-off points proposed by the WHO for substance use were taken into account (0 to 3 = low risk, 4 to 26 = harmful use, and 27 or more = probable dependence), with the exception of alcohol, which has different cut-off points.

Since ASSIST is an open-access instrument, it was not necessary to ask the authors for permission. The project was submitted to the Ethics Committee of Fernando Pessoa University and data was collected using the *Google Docs* platform between February and April 2020. Data was shared via email and social media, safeguarding voluntary participation, confidentiality and anonymity.

IBM SPSS Statistics *software*, version 24, was used to process the data. The missing field was filled in with the value 999 to ensure that there were no coincidences with valid values.

Descriptive, inferential and correlational statistical tests were used. The descriptive analysis used frequencies and some measures of central tendency. The inferential analysis

was based on the Mann-Whiney and Kruskal-Wallis tests to check for differences between groups. The correlational analysis used Spearman's R test (non-parametric samples). For some variables to be feasible, it was necessary not to use certain categories or to combine them in order to solve the problem situations of the tests that "impose" conditions for their applicability.

By opting for online administration, it was decided to analyse the internal consistency of the ASSIST in the sample of this study, and a value was found that characterizes high reliability ($\alpha = 0.92$).

RESULTS

Table 1 shows the sociodemographic data of the entire sample ($N=1312$) and of cannabis users, distinguishing between those who had used cannabis at least once in their lives ($n=423$) and those who had used cannabis in the last 3 months ($n=118$). The sample is made up predominantly of females (76.1%), mostly aged between 18 and 27 (34.9%). The participants were similarly distributed in the "Single" and "Married/De facto" categories (44.9% and 47.5% respectively), living in the north of the country (74.5%), with higher education qualifications (70.3%) and professionally active (76.7%).

With regard to reported consumption, the 1312 subjects reported using alcohol at least once in their lives (86.5%, $n=1135$), tobacco (63.8%, $n=837$) and cannabis (33.0%, $n=423$). The analysis of the latter focused on consumers who had used this substance at least once in their lives ($n=423$). After a comparative analysis of sociodemographic variables, this sub-sample showed significant differences with regard to the variables "Sex" ($p=0.001<0.05$), "Age" ($p=0.000<0.05$), "Marital status" ($p=0.000<0.05$) and NUT of residence ($p=0.022<0.05$).

Within this group, 72.1% had not consumed anything (occasional or recurrent) in the last three months, 74% had no strong desire or urge to consume, 96% had no health, social, legal or financial problems caused by consumption and 93.1% had not stopped doing what was expected of them as a result of cannabis use. In the same vein, 85.1% have never seen their consumption become the target of concern on the part of friends, family or others, and 87.5% have never tried unsuccessfully to reduce or stop their consumption. As a result, the majority of those who had used cannabis at least once in their lives ($n=305$, 72.1%) had not done so in recent months, nor had they experienced any effects of this use in the same period.

Based on the total score, the levels of risk (low, harmful use and probable dependence) were also analyzed. The majority (73.8%) had a low-risk consumption pattern, 25.8% had a harmful consumption pattern and 0.5% had probable dependence.

The group of people who had used cannabis in the previous three months consisted of 118 individuals, with significant differences in terms of gender ($p=0.000<0.05$), age ($p=0.000<0.05$), education ($p=0.000<0.05$) and professional status ($p=0.005<0.05$).

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, giving rise to the category "recurrent consumption" and the option "1 to 2 times" in the last three months was considered "occasional consumption". This resulted in two subgroups of 59 people each,

which showed significant differences between the age variable and younger occasional consumers ($p=0.032<0.05$). In the analysis of the differences between occasional and recurrent consumers, the results show that it is the latter who, on average, have a greater impact on their areas of life and relationships. Particu-

	Total sample (N=1312)	Cannabis users				
		Ever (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
No answer	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[32	2,4	2	0,5	0	0,0
No answer	4	0,3	2	0,5	0	0,0
Marital status						
Married or de facto union	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
No answer	3	0,2	0	0,0	0	0,0
Residence (NUT II)						
Alentejo	10	0,8	6	1,4	0	0,0
Algarve	8	0,6	3	0,7	0	0,0
Lisbon Metropolitan Area	113	8,6	44	10,4	7	5,9
Center	177	13,4	63	14,9	18	15,3
Outside Portugal	10	0,8	5	1,0	0	0,0
North	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 the Azores	6	0,5	3	0,7	0	0,0
No answer	8	0,6	3	0,7	0	0,0
Educational 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 / equivalent)	328	25,0	118	27,9	48	40,8
Higher education	922	70,3	296	69,9	68	57,6
No answer	2	0,2	0	0,0	0	0,0
Professional status						
Working	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
No answer	26	2,0	9	2,1	5	4,2

Table 1 - Sociodemographic data of the total sample and cannabis users

larly noteworthy are the results relating to the decrease in behavior expected by third parties ($p=0.009<0.05$), as well as the question about concerns about consumption on the part of family and friends ($p=0.000<0.05$). It is the group of recurrent consumers who most often feel a strong desire or urge to consume, thus interfering with the frequency of consumption in the last three months ($p=0.000<0.05$).

There was a positive correlation ($\rho=0.431$, $p=.000$) between the frequency of cannabis use and the level of risk of use, i.e. as cannabis use increases, the likelihood of using at problematic levels increases. Analysis of the levels of risk for cannabis use associated with the frequency of consumption in the last three months shows the existence of harmful levels of consumption both in participants who have not consumed in the last three months ($n=25$, 8.2%) and in participants who have done so only once or twice in this period ($n=32$, 54.2%).

The question "How often have you felt a strong desire or urge to consume?" (the clinical dimension of *craving*) shows that, in the group that has consumed at least once in their lives, 8.5% of the participants have experienced this need on an occasional, monthly or weekly basis. Among occasional consumers, this craving is reported by 44.1% of respondents, and among recurrent consumers by 84.7%.

Recent consumers represent 54.2% of occasional consumers with harmful consumption levels. With regard to self-perception of the harm caused by cannabis, 94.9% of occasional users say they have never had any problems associated with consumption, a figure which drops to 89.8% among repeat users.

When it comes to expectations of others, recurrent users are less likely to say that they "never failed to do what they expected because of their use" than occasional users (76.3% and 93.2% respectively).

With regard to third-party concerns about cannabis use, 14.7% said that this had happened in the last three months or even earlier. In the group without recent consumption, 7.9% of participants indicated this concern in the past, and 1.0% that they had noticed this concern in the last three months. Even participants who haven't consumed in the last three months report concern on the part of significant others about their potential consumption. As for occasional consumers, 15.2% have been concerned by significant others, but not recently. In comparison, 44.0% of regular consumers reported this concern (13.6% in the last three months).

Around 87.5% said they had never tried to reduce or stop cannabis use without success. Among the 305 respondents who had not used in the last three months, 4.3% had tried unsuccessfully to cut down or stop in a previous period. Regular and occasional users are distinguished by the greater frequency of trials and failures (42.8% versus 17.2% of occasional users). In fact, the more frequently they consume, the more likely they are to experience problems and find it difficult to stop.

Recent users differed positively and significantly from those who had used cannabis at least once in their lives in terms of the frequency with which they felt a strong desire or urge to use ($p=0.000<0.05$), the frequency with which cannabis use led to health, social, legal or financial problems ($p=0.015<0.05$), in the interference of consumption in what was normally expected of them ($p=0.000<0.05$), in the occurrence of some concern about their cannabis consumption shown by third parties ($p=0.000<0.05$) and in the frequency with which some tried unsuccessfully to reduce or stop cannabis consumption ($p=0.000<0.05$).

In short, 92.4% of recent users were less likely to recognize the existence of harmful conditions associated with their consumption, when compared to participants who

only used cannabis at least once in their lives (97.4%).

In the study of the possible polyconsumption of cannabis users, we highlight the use of cannabis and at least one legal substance such as alcohol or tobacco (97.5%, $n=115$). The use of cannabis, alcohol and tobacco 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.

The use of cannabis and at least one other illicit substance was found in 20.3% of the group ($n=24$). There was a predominance of cannabis use associated with one other substance (11.9%, $n=14$), but there was concomitant use with two other illicit substances (1.7%, $n=2$), with three (5.1%, $n=6$) and with four others (1.7%, $n=6$).

In the analysis of combined use (licit and illicit substances), it was found that in all cases where there was poly-consumption of illicit substances, there was also consumption of licit substances (in 23 cases cannabis, alcohol and tobacco and in one case cannabis and alcohol).

The frequency of associated use of cannabis and alcohol was present in the last three months in 94.1% ($n=111$) of respondents. The association between tobacco and cannabis was found in 78.8% ($n=93$) of participants, and the combination of cannabis and cocaine was found in 11.9% ($n=14$). For stimulants, the frequency of simultaneous use with cannabis was 10.2% ($n=12$). As for the use of inhalants, the frequency drops to 4.2% ($n=5$), the same for the use of hypnotics/sedatives (4.2%, $n=5$). The use of hallucinogens was mentioned by 5.1% ($n=6$) of recent cannabis users. Only one participant (0.8%) reported using opiates during the same period in which they used cannabis.

Analysis of the Spearman correlation between the total scores obtained for each of the substances included in the ASSIST showed

positive associations (with statistical significance) between cannabis and most of the other substances. The correlations are positive, highly significant for cannabis and alcohol ($\rho=0.287$; $p=0.002$), tobacco ($\rho=0.396$, $p=0.000$), stimulants ($\rho=0.521$; $p=0.002$). They are significant for cocaine ($\rho=.367$; $p=.042$), inhalants ($\rho=.597$; $p=.024$), and hypnotics/sedatives ($\rho=0.594$; $p=.015$).

As for the correlation between the risk levels presented by the sample of recent cannabis users, only a highly significant correlation ($\rho=.397$; $p=0.000$) was found with the risk levels associated with tobacco.

DISCUSSION

This study focused on the illicit substance that was most consumed in the sample collected, cannabis, not only because of the weight that current epidemiological studies give it (SICAD, 2017) but also because of the social and political discussion it has given rise to. Particularly noteworthy are the themes that presuppose the trivialization of consumption by devaluing the associated damage, the consideration of health benefits (medicinal/therapeutic use) and legalization for these purposes, and the clinical perspectives that highlight the emergence of dependency conditions that have been seen in younger groups of consumers and that conflict with the representation of this substance as being for recreational and harmless use (Draft Law no. 116/IX of the AR, 2003).

The overall sample confirms the preponderance of licit drugs over illicit drugs in terms of frequency of consumption. Lifetime alcohol consumption (86.5%) is similar to the national figure (86.4%). Tobacco consumption is clearly more prevalent in this sample (63.8%) than in the general national population (48.8%). Among illicit substances, cannabis was used at least once in life by a third of the sample (33.0%), which is much higher than the Por-

tuguese population (11.0%), according to Balsa et al. (2018). In terms of the frequency of women's consumption, the discrepancies with the general population remain, with 29.6% of women consuming throughout their lives, as opposed to 6.6% of female consumption in the general population. These differences are confirmed for cocaine, heroin and hallucinogens. A possible explanation for this discrepancy may lie in the way the questionnaire was administered, since several studies have shown that *online* questionnaires increase the likelihood of responses not distorted by social desirability on less normative or socially criticized topics, and that the anonymity granted by this administration, which is intrinsically voluntary, facilitates the subjects' participation (Gnambs & Kaspar, 2015).

In the group of cannabis users who had used cannabis at least once in their lives ($n=423$), the association of negative consequences with consumption was not relevant and the vast majority reported never having tried to reduce or unsuccessfully stop using cannabis, which is in line with the low frequency of concern about their cannabis use.

However, the ASSIST survey showed that 25.8% have a pattern of harmful consumption and 0.5% have a probable dependence.

Although the majority of these cannabis users have not used cannabis in the last three months, of the 27.9% who have, half are frequent users, thus falling within the operational definition of risk users (EMCDDA, 2012). The results also show that the more often cannabis is consumed, the more problems arise ($\rho=0.431$, $p=0.000$), and the greater the likelihood of experiencing difficulties in stopping consumption, suggesting that the harmlessness perceived by common sense, associated with the notion of cannabis as a soft drug, may not be true in practice. In addition, the frequency of recent cannabis users (in the last three months) shows a high rate of conti-

nued use of this substance, which is the same as saying that, after trying cannabis for the first time, there is a strong possibility that they will continue using it, and are therefore more exposed to the risk of experiencing problems related to this practice.

On the other hand, the data shows a discrepancy between the self-perception of problems resulting from frequent cannabis use and the perception of others about cannabis use, since subjects who frequently use cannabis only differ from occasional users in terms of the concern of family or friends about their use ($p=0.000<0.05$) and in the reduction of behaviors expected by others ($p=0.009<0.05$). Also, the majority of consumers, both occasional (94.9%) and recurrent (89.8%), reported never having experienced problems arising from their cannabis use. This low perception of the consequences of consumption may be due to the fact that cannabis users are comfortable with the social discourse that has taken hold, not only about the low danger of the substance, but also the idea that its consumption does not cause dependence (Draft Law no. 116/IX of the Portuguese Parliament, 2003).

However, the assessment of *craving*, through the variable "frequency of strong desire or desire to consume the substance", already leaves doubts as to the interpretation of this symptom. On the one hand, it may suggest a devaluation of this sign by interpreting the desire to consume or the intense craving as inherent to the gratifying modification of their functioning caused by the substance without much basis for concern; But 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, which would justify, for example, the existence of subjects with a risk level of harmful consumption, even though they have

not consumed recently, and subjects who reported having a strong monthly or weekly desire to consume, but who have not consumed for at least three months.

With regard to *craving*, it was also found that recurrent users showed this symptom more often, which could be interpreted as a physiological response to the need to consume, without all the requirements of dependence being met. If “*craving*” is understood as a central symptom of substance use problems, as suggested in the DSM-5 classification (American Psychological Association [APA], 2014), the concept of dependence is replaced by that of a severe substance use problem, moving closer to the approach that sees consumption on a continuum of involvement and severity. Thus, the existence of this symptom may indicate that we are dealing with subjects who already have problems related to cannabis use and, therefore, people who could benefit from intervention.

When it comes to associating cannabis use with other substances, it can be seen that in the group of recent users, exclusive use of cannabis is an exception. There is a very high frequency of association with the use of licit substances (alcohol and tobacco), which may be indicative of the “approximation” of cannabis, in terms of representations of the risks of consumption, to licit substances of “normalized” and more frequent use in the population. However, although less prominent, there are also links between cannabis use and other illicit substances. The *scores* that allow access to the different levels of risk are correlated between the different substances, i.e. as the level of risk associated with cannabis use worsens, so do the levels of risk associated with the use of other substances, especially alcohol, tobacco, stimulants, cocaine, inhalants and hypnotics/sedatives, indicating once again that their use is not disconnected from that of other substances, which by combining use is almost

always a factor in increasing the risk of harmful consequences in physical, psychological and social terms.

CONCLUSION

The history of the political, social and scientific approach to problematic substance use has shown the constant need to update strategies for understanding and intervening in this phenomenon. While the distinction between “soft” and “hard” drugs may have made sense in the past, today, as a result of changes in substances, motivations for use, market intentions, among other factors, it doesn’t seem to be functional. The social construction of the phenomenon of cannabis and its derivatives as substances that were not addictive, that had no impact on the social sphere of individuals and that were on a different level from other substances because they were free of health risks anticipated the innovative plan that culminated in the decriminalization of consumption, among other important acquisitions in 2003. However, the data collected warns of the devaluation and trivialization of cannabis use by its users, in a register that is still very closed to the consideration of the harmful potential that it can assume and that already emerges in the scientific discourse that refers to frequent/high-risk cannabis use (SICAD, 2017). Intervention in the predominantly positive attributions to a substance with addictive potential must remain on the agenda of universal, selective and indicated prevention (Institute of Medicine [IOM], 2009).

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