

Use, Representations and Perceptions of New Psychoactive Substances among University Students, 2014

SYNOPSIS

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OBJECTIVES

MAIN OBJECTIVE

To evaluate New Psychoactive Substances (NPS) patterns of use in university students, as well as their perceptions and social representations. Taking advantage of the inquiry made among university students, the use of alcohol and other psychoactive substances are also evaluated, being also asked the respondents on awareness and attitudes towards legislation that regulates alcohol, illicit psychoactive substances and NPS, whose legal framework was amended in April 2013 by the Decree-Law No. 54/2013, of 17 April (NPS).

SPECIFIC OBJECTIVE

Since this study is the replication of another, held in 2013 and prior to entry into force of Decree-Law No. 54/2013, of 17 April, data collection aims to achieve an autonomous monitoring study on the situation of the NPS phenomenon, one year after the publication of the legal regime of prevention and protection against advertising and trade of New Psychoactive Substances (NPS), which prohibits the production, sale and delivery and that led to the closure of the so-called *smartshops*.

METHODOLOGY

SAMPLE

Convenience sample of 500 university students from Lisbon.

PROCEDURE

Data collection took place during April and May 2014 through the application of a semi-open self-administered questionnaire to those attending the University Campus of Lisbon.

SAMPLE CHARACTERIZATION

The sample is composed by Lisbon university students, which is reflected in the profile of the respondents: they are mostly young female (under 24 years old) (Table 1 and 2), single¹, resident in the District of Lisbon (Figure 1). Academically, the majority of respondents stated that they are attending a graduate course (Figure 2) at Lisbon University (Figure 3), highlighting the Health Sciences as the main field of study (Figure 4).

Table 1 – Sample by sex (n)

Year	
Sex	2014
Male	226
Female	274
TOTAL	500

Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

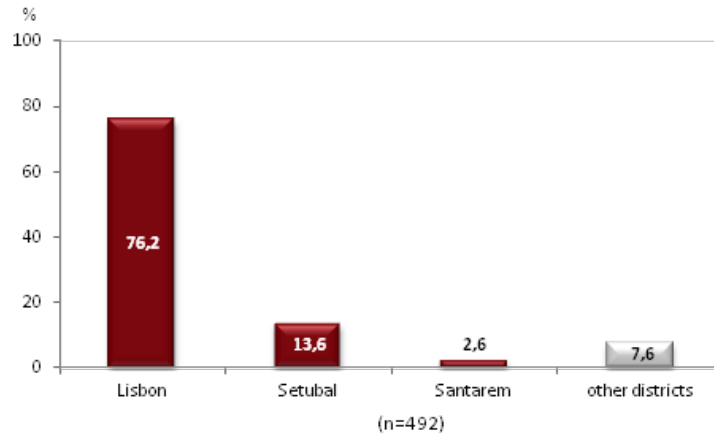
Table 2 – Sample by sex and age group (n)

Age group	Year				
	under 20	20-24	more than 24	unknown	total
Sex					
Male	23	175	24	4	226
Female	43	212	18	1	274
TOTAL	66	387	42	5	500

Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

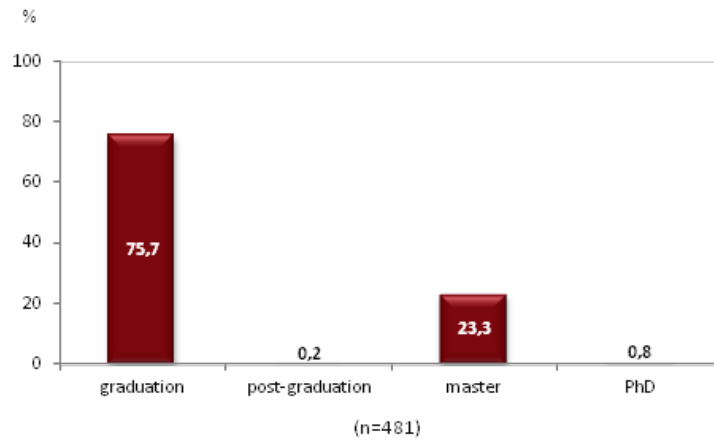
¹ Concerning marital status, 98% of respondents' stated to be single.

Figure 1 – Districts of residence (%)



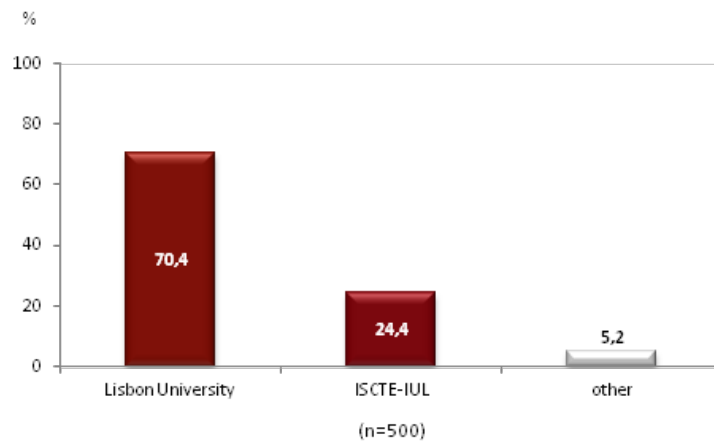
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 2 – Education Level (%)



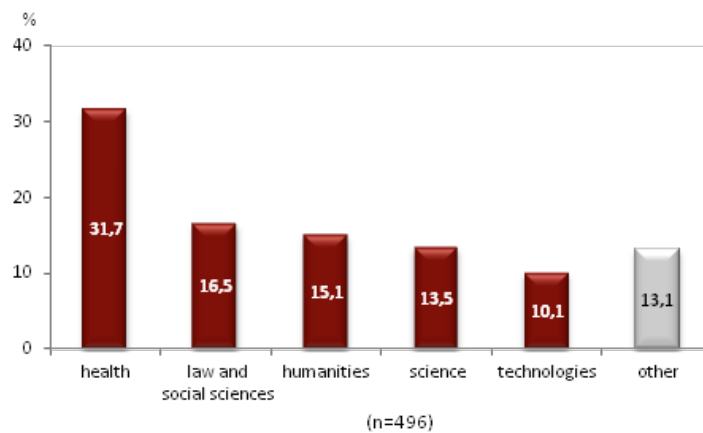
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 3 – Universities (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 4 – Study areas (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

USE OF ALCOHOL AND OTHER SUBSTANCES

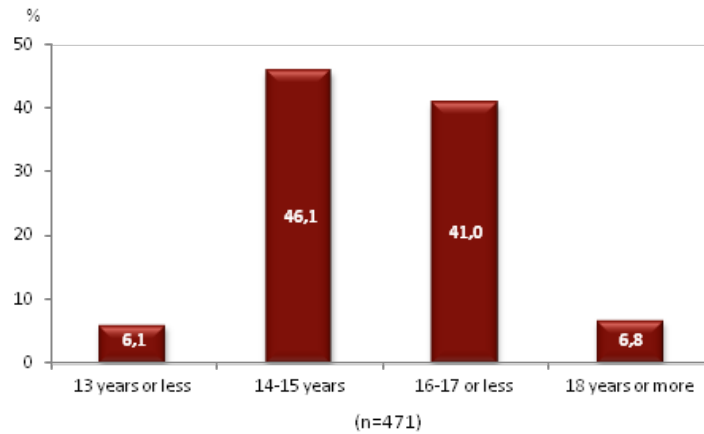
ALCOHOL

Most respondents (52%) started to drink alcohol before the age of 16 (Figure 5). Regarding harmful drinking patterns, last year prevalence of binge drinking and drunkenness are very high (Figure 6). However, the frequency of these behaviours tends to be episodic: 48% of respondents had binge use² once a month or less (Figure 7), an even more accentuated trend in the case of drunkenness (66%) (Figure 8).

Almost all respondents (98%) said that usually go out at night to bars, clubs and parties, and 1 to 6 days was the most declared monthly frequency (79%) (Figure 9). On the other hand, half (50%) stated to use alcoholic drinks always or almost always when they attend bars, clubs and parties (Figure 10) thereby pointing to an association between alcohol use and recreational settings.

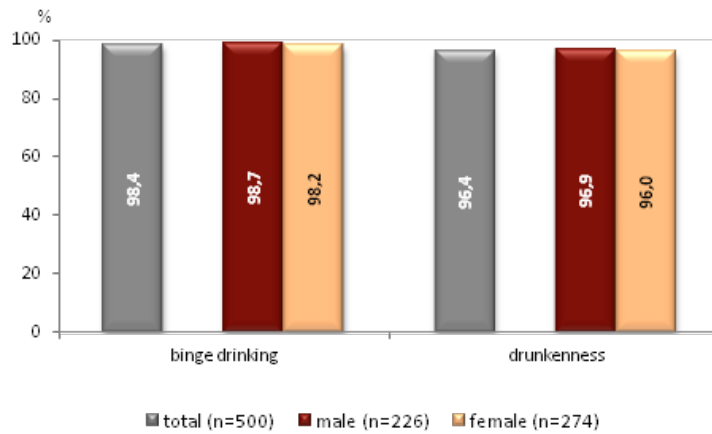
² Take 5 or more cups (female) or 6 or more cups (male) of any alcoholic drink at the same time.

Figure 5 – Age of onset of alcohol use (%)



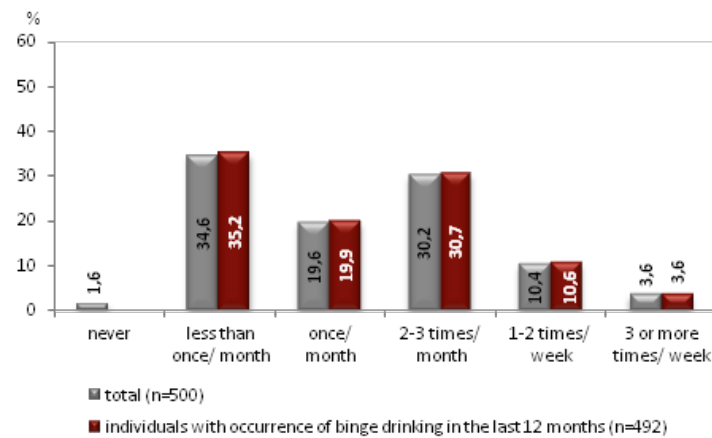
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 6 – Last 12 months prevalence of binge drinking and drunkenness (total and by sex) (%)



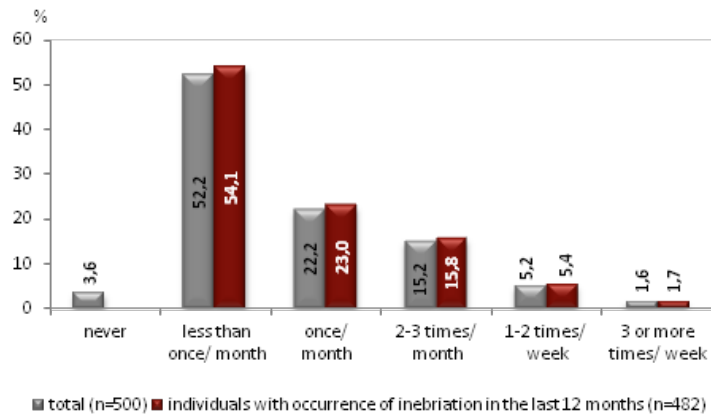
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 7 – Last 12 months frequency of binge drinking (total and individuals with occurrence of binge drinking in the last 12 months) (%)



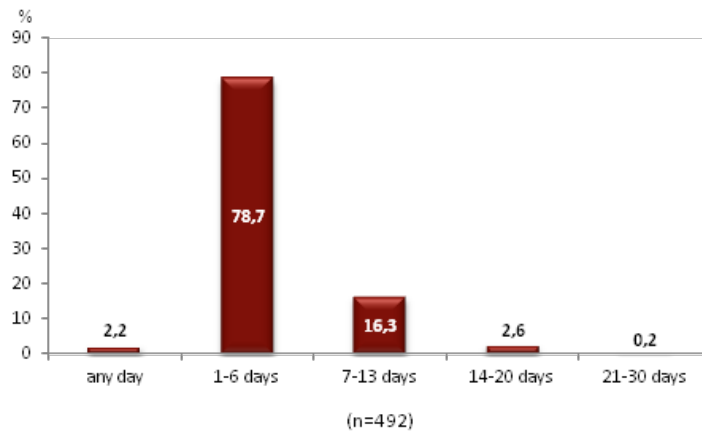
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 8 – Last 12 months frequency of drunkenness
(total and individuals with occurrence of inebriation in the last 12 months) (%)



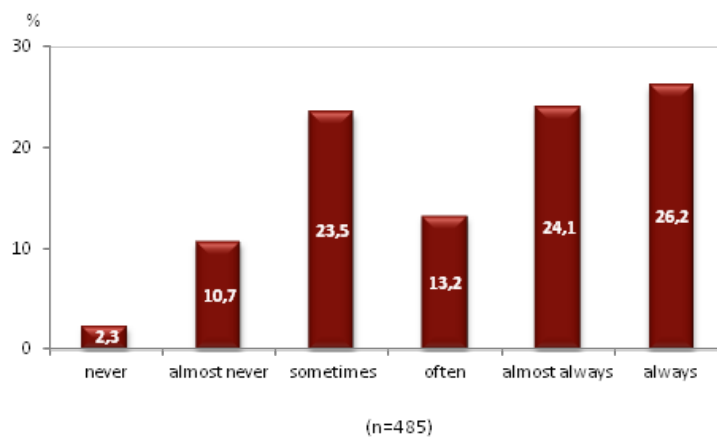
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 9 – Nights out to bars, clubs or parties: monthly frequency (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 10 – Nights out to bars, clubs or parties: frequency of alcoholic drinks use (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

ILLICIT PSYCHOACTIVE SUBSTANCES

More than 2/3 of the respondents (69%) used illicit psychoactive substances at least once in life, with great emphasis on cannabis. In second place, with a substantially lower prevalence, appears the group of amphetamines/methamphetamines, followed by LSD and, finally, cocaine. Other substances have much residual use prevalence (Table 3). There is a very high recent use – close to half of the respondents (47%) having used cannabis in the last 12 months (Figure 11).

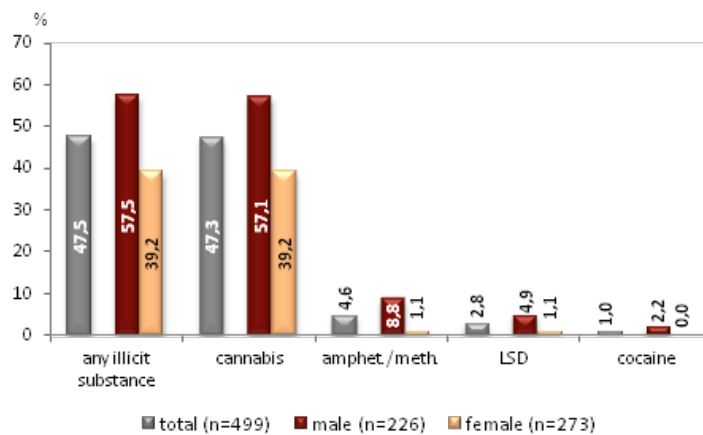
However, although the frequency of cannabis use is highly variable, occasional use predominates – 26% of all respondents – more than half of recent cannabis users (55%) used cannabis once a month or less. Nevertheless, it is noteworthy that, among recent cannabis users, 22% used it in a daily or almost daily basis (Figure 12).

Table 3 – Lifetime prevalence of illicit substances use (total and by sex) (%)

	any illicit substance	cannabis	amphet./methanph.	LSD	cocaine	heroin	anabolic steroids	other
Male (n=226)	77.9	77.9	14.6	13.3	8.8	0.9	1.3	7.7
Female (n=273)	61.5	61.5	2.2	2.6	2.2	0.0	0.4	2.9
Total (n=499)	68.9	68.9	7.8	7.4	5.2	0.4	0.8	5.1

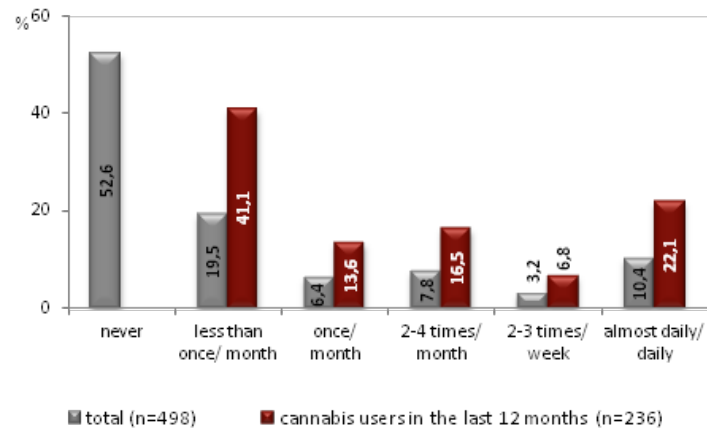
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 11 – Last 12 months prevalence of illicit substances use (total and by sex) (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 12 – Last 12 months frequency of cannabis use (total and cannabis users in the last 12 months) (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

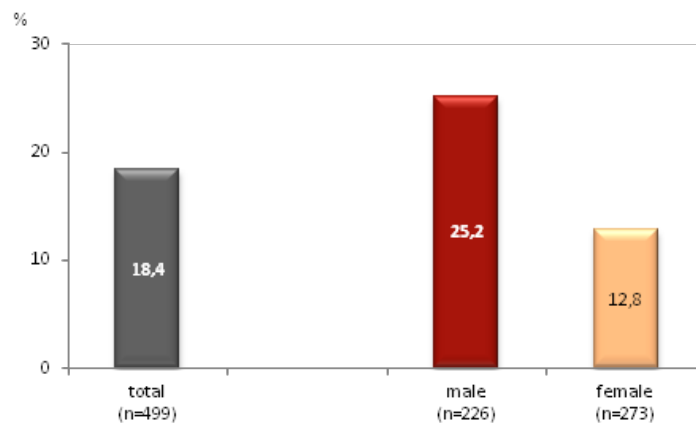
NEW PSYCHOACTIVE SUBSTANCES (NPS)

USE

In the sample, lifetime prevalence of use of NPS is less than 19% (Figure 13) while recent use is practically residual (2%)(Figure 14) and with occasional frequency (among NPS users in the last year, 83% did so only once) (Figure 15).

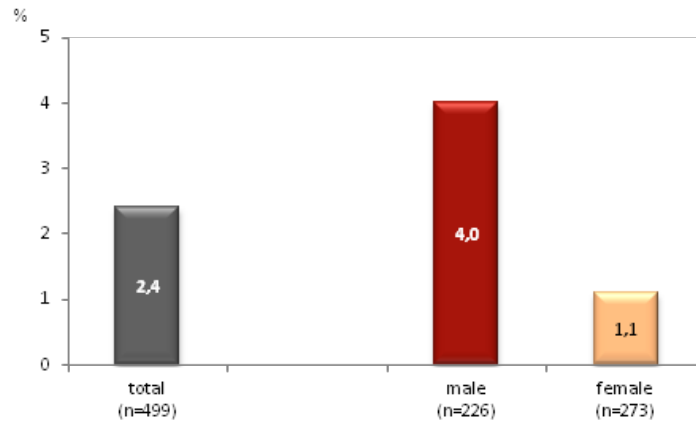
Male students showed up a higher use. Nights out were the most frequently reported context (42%).

Figure 13 – Lifetime prevalence of New Psychoactive Substances (NPS) use (total and by sex) (%)



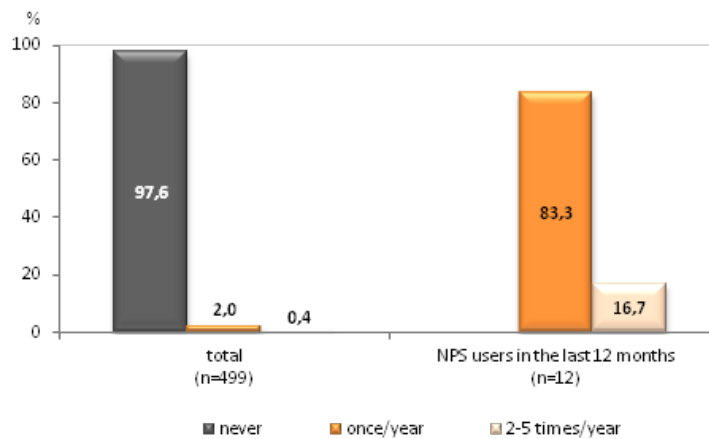
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 14 – Last 12 months prevalence of New Psychoactive Substances (NPS) use (total and by sex) (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 15 – Last 12 months frequency of New Psychoactive Substances (NPS) use (total and by NPS users in the last 12 months) (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

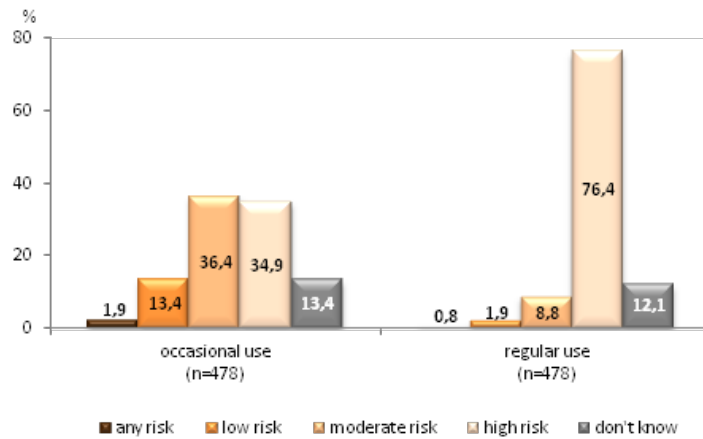
RISKS

The sample turns out to have a clear perception of health risks associated to occasional use of NPS, a trend that is accentuated when it comes to regular use (Figure 16). However, only a minority knows someone who has had health problems resulting from this use (Figure 17).

Among respondents there is a general tendency to consider that the use of NPS entails equal or greater risk to health than the use of traditional illicit psychoactive substances, perception of risk that is even greater in the group of respondents who used the NPS in the last 12 months (Figure 18).

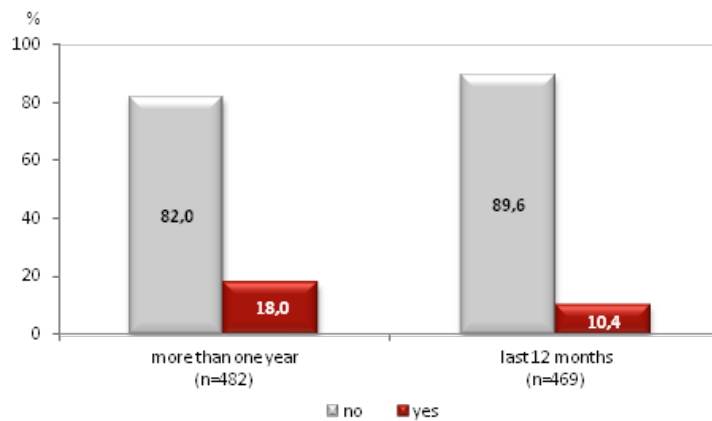
The main reasons stated for this perception results from NPS being considered more chemical, with unknown composition and effects and affecting the nervous system (Figure 19).

Figure 16 – Use of New Psychoactive Substances (NPS): health risks according to occasional or regular use (%)



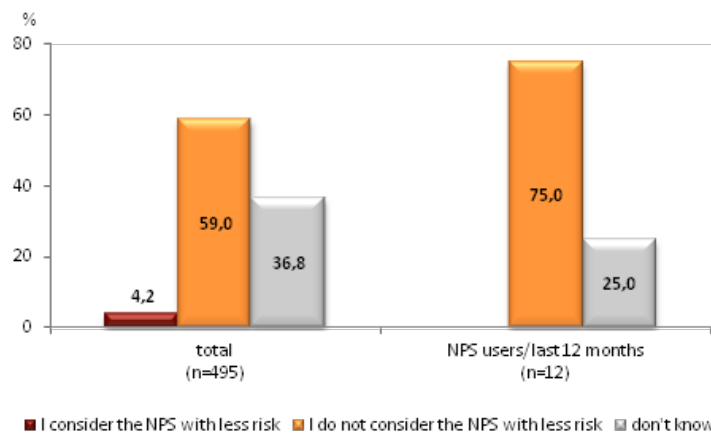
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 17 – Awareness of someone who has had a health problem due to New Psychoactive Substances (NPS) use, for over a year and in the last 12 months (%)



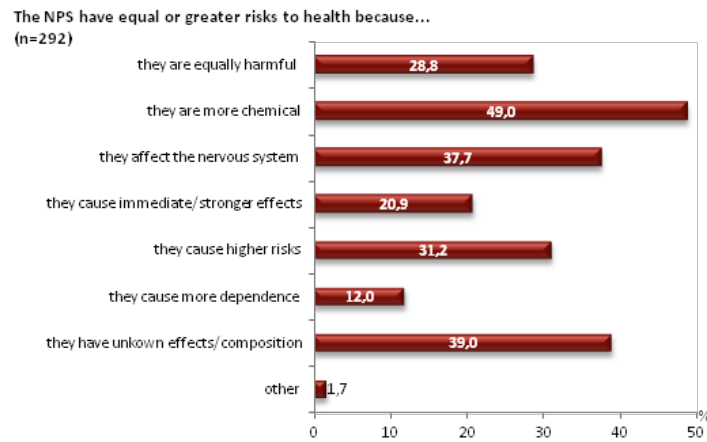
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 18 – Health risks associated with New Psychoactive Substances (NPS) use compared to traditional illicit psychoactive substances (total and according to NPS users in the last 12 months) (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 19 – Reasons for the perception of equal or greater health risks associated with the use of New Psychoactive Substances (NPS), in comparison with traditional illicit psychoactive substances (according to individuals who consider that NPS do NOT represent less risk to health than traditional illicit substances) (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

LEGISLATION – ATTITUDES AND AWARENESS

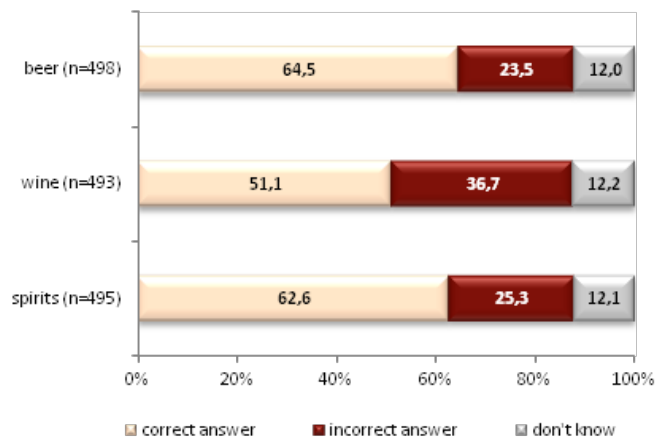
ALCOHOL

Against the backdrop of the amendments of the Decree-Law No. 50/2013, of 16 April, half of the respondents knows what is the minimum legal age to use and buy alcohol, with the exception of buying wine. In relation to alcoholic beverages, the sample reflected more difficulty to know the minimum legal age of the wine, and a better knowledge regarding the use of beer and the purchase of spirits (Figures 20 and 21). As for the erroneous answers in the case of beer and wine, we are witnessing the tendency to think that the legal minimum age is 18 years, while in the case of spirits the most common incorrect answer is 16.

The sample declares that tend to favour the implementation of a number of restrictive measures on access to alcohol (for example: "the legal age for use of all alcoholic beverages goes from 16 to 18 years of age" or "lower from 0.5 to 0.2 g / l the level of blood alcohol allowed for professional drivers"), but disapproves others (namely "prohibit the alcohol industry to promote or sponsor the realization of concerts and / or music festivals") (Figure 22).

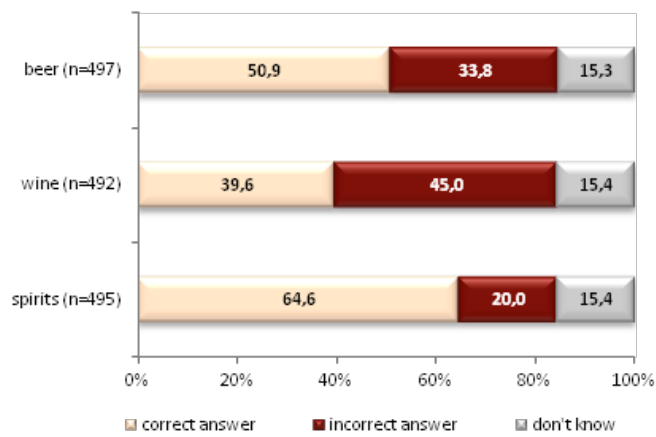
With regard to law enforcement, only 11% of respondents claim to have witnessed greater control of client ages in the last 12 months by professionals of commercial establishments selling alcoholic beverages to the public, although about 45% said that usually do not notice this attitude from professionals (Figure 23). As regards the places where the respondents say to purchase more alcoholic beverages between 00:00h and 08:00h, excluding bars and clubs – establishments where the law allows the sale of alcohol during that time –, those are the convenience stores (13%) and supermarkets (7%) – where the law prohibits the sale of alcoholic beverages during the period in question (Figure 24).

Figure 20 – Awareness of minimum age for beer, wine and spirits use (%)



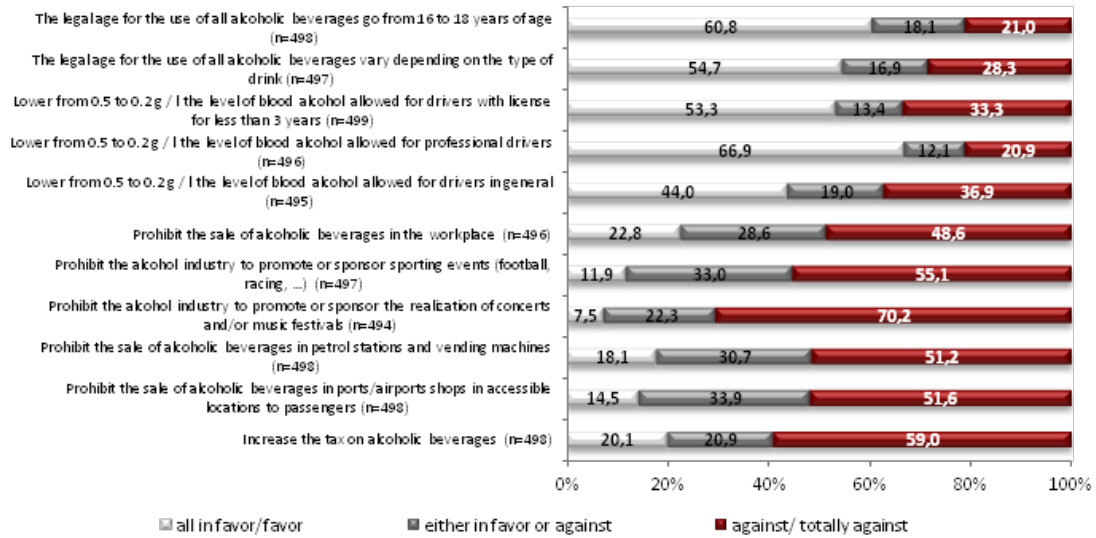
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 21 – Awareness of minimum age for beer, wine and spirits buy (%)



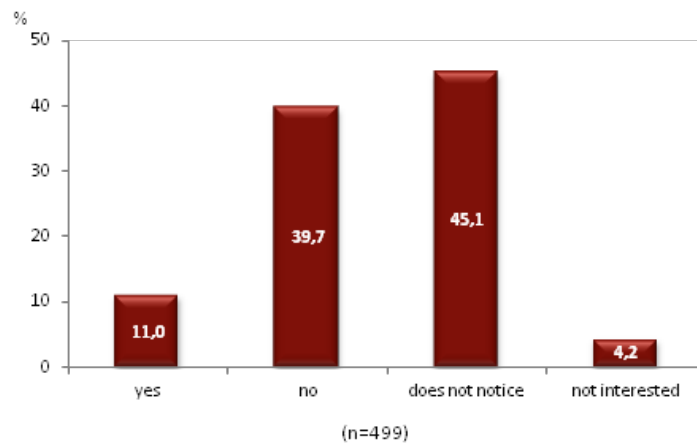
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 22 - Attitudes to alcohol provision, sale and use (%)



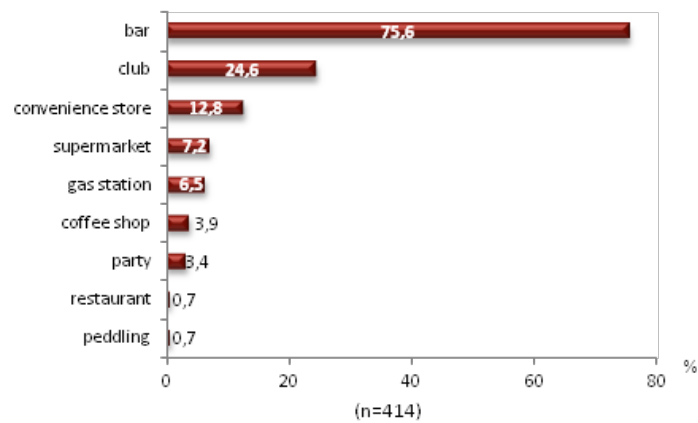
Source: General Directorate for Intervention on Addictive Behaviours and Dependences: MID – SRD

Figure 23 – Perception of clients age control, regarding alcoholic beverages sale, in the last 12 months (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependences: MID – SRD

Figure 24 – Usual places for alcoholic beverages acquisition between midnight and 8 am (%)

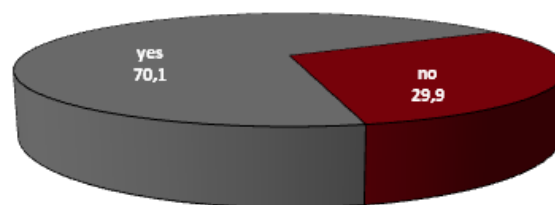


Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

NEW PSYCHOACTIVE SUBSTANCES (NPS)

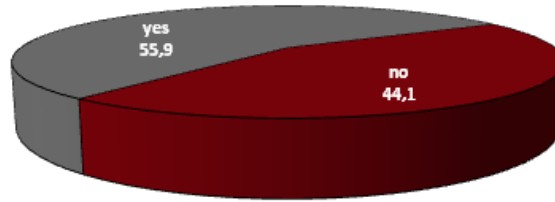
The vast majority of respondents agree with the closure of shops (*smartshops*) selling NPS (Figure 25), tending to share the idea that this contributes to the reduction of NPS use among young people (Figure 26). Regarding the current law, passed one year prior to the survey, nearly half of respondents say that they are not informed, and, of those who declared to be informed, most stated that NPS use is not a crime but it is forbidden and illicit (Figure 27).

Figure 25 – Agreement with the closure of *smartshops* (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

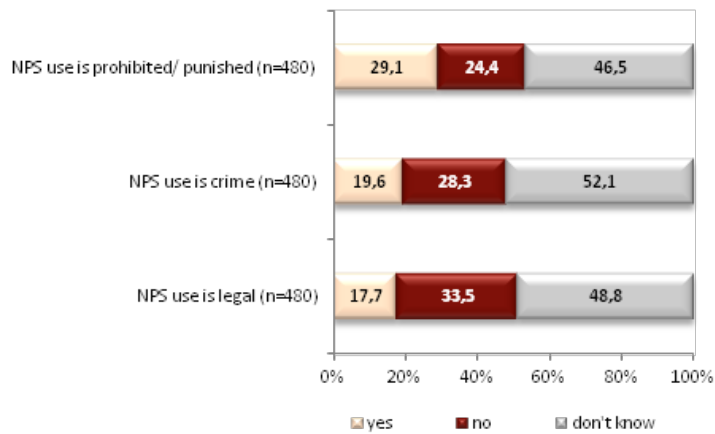
Figure 26 – Perception that the closure of *smartshops* contributes to the decrease of New Psychoactive Substances (NPS) use among young people (%)



(n=487)

Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 27 – Regulation of New Psychoactive Substances (NPS) (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

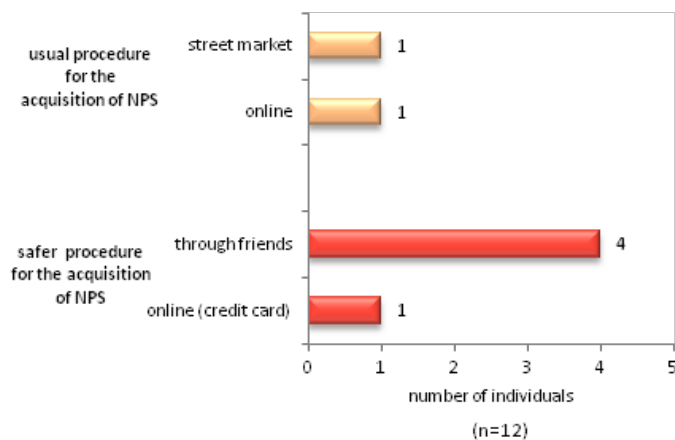
MARKET, AVAILABILITY AND ACCESSIBILITY

Only 2 of the recent NPS users (n=12) answered the question on how they purchase these substances in the last year, and one of them mentioned the street market and the other the internet. The acquisition through friends is seen among users as the safest procedure (Figure 28).

Against the backdrop of the amendments of the Decree-Law No. 54/2013, of 17 April, the majority of respondents stated that they do not know whether the closure of shops changed the price or the quality of the NPS. Concerning access, there are much more respondents thinking that such measure difficults the access, than thinking that such measure facilitates it or that nothing has changed (Figure 29).

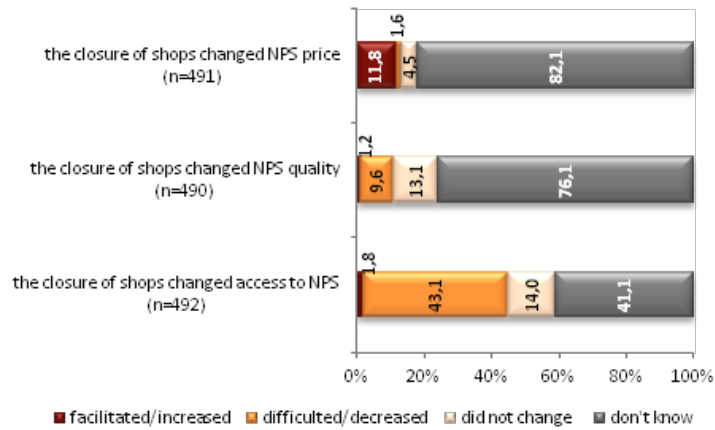
With regard to prices (Figure 30), restrictions on sale (Figure 31) and warnings on the dangers (Figure 32), there is a great lack, understandably less significant when we consider only recent NPS users. Thus, ignorance of the current situation related to the NPS seems to derive from the residual nature of recent use.

Figure 28 – New Psychoactive Substances (NPS) acquisition: usual procedure and perception of safer procedure, considering the last 12 months (according to NPS users in the last 12 months) (n)



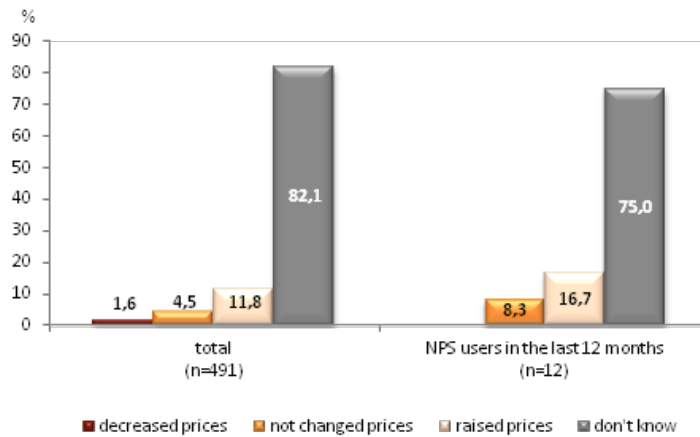
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 29 – *Smartshops* closure and changes (total) (%)



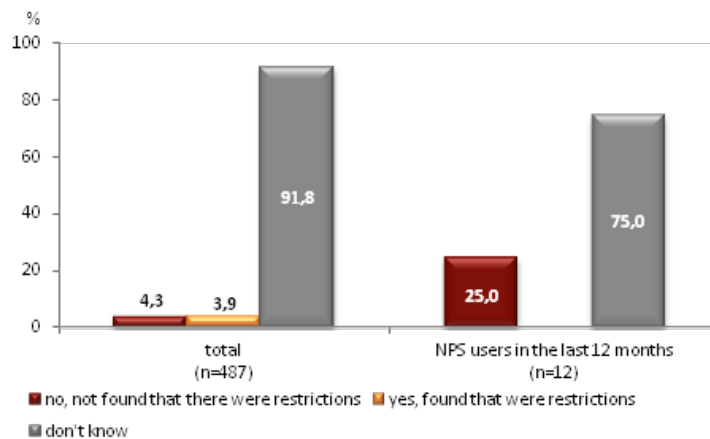
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 30 – Perception of New Psychoactive Substances (NPS) prices, with the closure of shops (total and according to New Psychoactive Substances (NPS) users in the last 12 months) (%)



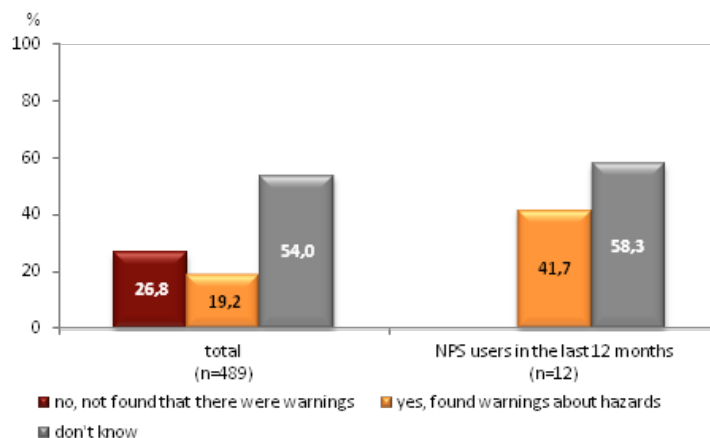
Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 31 – Restrictions on the sale/delivery of New Psychoactive Substances (NPS), in the last 12 months (total and according to New Psychoactive Substances (NPS) users in the last 12 months) (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

Figure 32 – Warnings about the hazards of the product/disengagement of the seller for its misuse, in the last 12 months (total and according NPS users in the last 12 months) (%)



Source: General Directorate for Intervention on Addictive Behaviours and Dependencies: MID – SRD

CONCLUSIONS

The sample is composed by young university students from Lisbon and with a high prevalence of binge drinking and drunkenness (patterns of harmful alcohol use), as well as use of illegal psychoactive substances throughout life. However, this is a recent use (last 12 months) with occasional tending frequency. With regard to the New Psychoactive Substances (NPS), there is a reduced recent use with almost residual frequency. In general, the use appears to be associated especially to recreational settings, being higher in male respondents.

As regards the risk perception associated with the use of the NPS, the respondents tend to consider that these substances bring equal or greater risk to health when compared with traditional illicit psychoactive substances. However, a minor percentage of respondents know someone who had problems stemming from the use of NPS.

Regarding knowledge of current legislation related to alcohol and NPS, changed about a year before the inquiry, respondents show to have a greater knowledge of the alcohol legislation. Nevertheless, the majority of respondents are in favour of some measures that hinder the access to alcohol, and also favourable to the closure of shops selling New Psychoactive Substances.

With regard to the reality of NPS after the publication of Decree-Law No. 54/2013 of 17 April, the sample shows a great lack of knowledge about the implications of these stores on the quality, warnings and prices of New Psychoactive Substances. However, nearly half of the respondents have the opinion that today the access to NPS is easier, predominating too – among those who claim to have opinion – the perception that the closure of stores caused an increase in prices and the decrease in quality of these substances. The procedure considered safer for the acquisition of these substances through friends.