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Breaking Stigmas: A Mixed-Design Study on Drug Decriminalisation in Portugal Over Time

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Resumo

Introdução:

Portugal descriminalizou o uso de drogas em 2001, provocando mudanças sociais. Porém, ainda nenhum estudo examinou a evolução do estigma social pós-política. Assim, este estudo teve como objetivo investigar a evolução das percepções, atitudes e o conhecimento sobre as pessoas que usam drogas (PUD), o uso de drogas e a política de drogas em Portugal após a introdução da nova política.

Métodos:

Um estudo de métodos mistos foi conduzido, incluindo um questionário baseado numa abordagem de amostragem em bola-de-neve, com perguntas abertas e fechadas, e uma entrevista semiestruturada. Reproduzimos o questionário de Oliveira (1997) incorporando questões adicionais. A parte qualitativa envolveu a entrevista de um PUD e profissional que trabalha com eles, com o objetivo de explorar as possíveis mudanças sentidas. Descrevemos as características dos participantes utilizando frequências absolutas e relativas e exploramos as mudanças com base no género, idade, nível de educação e distrito de residência utilizando correlações e ANOVAs. Os dados qualitativos foram submetidos à análise de conteúdo.

Resultados:

Dos 214 participantes, a maioria era do sexo feminino (73.8%), com educação superior (77%) e residia no Porto (43.5%). A análise revela diferenças com base nas variáveis sociodemográficas e mudanças na percepção em relação às PUD e ao uso de drogas, em comparação com 1997. Embora o conhecimento da população portuguesa seja limitado, prevalece uma crença na eficácia da descriminalização. Além disso, as PUD relataram sentir uma diminuição do estigma social, ainda que esta tenha estagnado.

Conclusão:

Os nossos resultados sugerem uma redução no estigma pós-Lei 30/2000, porém é demonstrada a necessidade de trabalho adicional. Adicionalmente, a percepção face aos PUD e o uso de drogas varia entre a população portuguesa, indicando a necessidade de intervenções direcionadas e esforços educacionais.

Palavras-chave: descriminalização, estigma social, PUD, uso de drogas, legislação, Portugal

Abstract

Introduction:

Portugal decriminalised drug use in 2001, prompting societal changes. However, no studies have examined social stigma's post-policy evolution. In this sense, this study aimed to investigate the evolution of societal perceptions, attitudes, and knowledge concerning People Who Use Drugs (PWUD), drug use, and drug policy in Portugal after the new drug policy's introduction.

Methods:

A mixed-methods study was conducted, encompassing a questionnaire based on snowball sampling approach, with open-ended and closed-ended questions, and a semi structured interview. We reproduced Oliveira's questionnaire (1997) incorporating additional questions. The qualitative portion involved interviewing a PWUD and professional working with them to explore his perceptions of societal changes. We described participant characteristics using absolute and relative frequencies and explored changes based on gender, age, education level, and residence district using correlations and ANOVAs. Qualitative data were subjected to content analysis.

Results:

Among 214 participants, most were female (73.8%), highly educated (77%), and resided in Porto (43.5%). The analysis reveals differences based on sociodemographic variables and shifts in perception towards PWUD and drug use, comparing to 1997. Although Portuguese population's knowledge remains somewhat limited, there is a prevailing belief in the efficacy of decriminalisation. Moreover, PWUD reported experiencing a decrease in social stigma, even though it has stagnated.

Conclusion:

Our findings suggest a reduction in stigma post-Law 30/2000, but further work remains to be done. Additionally, perception on PWUD and drug use vary among Portuguese population, indicating the need for targeted interventions and education efforts.

Keywords: decriminalisation, social stigma, PWUD, drug use, legislation, Portugal

Resumé

Introduction :

En 2001, le Portugal a dépénalisé l'usage de drogues, entraînant des transformations sociétales. Toutefois, aucune étude n'a examiné l'évolution de la stigmatisation sociale après la mise en place de cette politique. Ainsi, cette étude s'est fixée pour objectif d'explorer les évolutions des perceptions sociales, des attitudes et des connaissances concernant les Personnes Usagères de Drogues (PUD), l'usage de drogues et la politique en matière de drogues au Portugal après la mise en place de la nouvelle politique.

Méthodes :

Une étude mixte a été entreprise, combinant un questionnaire basé sur une méthode d'échantillonnage en boule de neige, avec des questions ouvertes et des questions fermées, ainsi qu'un entretien semi-structuré. Nous avons repris le questionnaire élaboré par Oliveira (1997) en y ajoutant des questions supplémentaires. La partie qualitative comprenait entretiens avec une PUD et professionnel travaillant auprès d'elles, afin d'explorer leurs perceptions des changements sociétaux. Les caractéristiques des participants ont été décrites en utilisant des fréquences absolues et relatives, et les changements ont été analysés en fonction du sexe, de l'âge, du niveau d'éducation et du district de résidence, en se servant de corrélations et d'ANOVAs. Les données qualitatives ont été soumises à une analyse de contenu.

Résultats :

Sur les 214 participants, la majorité étaient des femmes (73,8%), hautement éduquées (77%) et résidant à Porto (43,5%). L'analyse a révélé des variations en fonction des variables sociodémographiques et des changements de perception à l'égard des PUD et de l'usage de drogues par rapport à 1997. Bien que les connaissances de la population portugaise demeurent relativement limitées, l'efficacité de la dépénalisation est une croyance prédominante. De plus, les PUD ont rapporté ressentir une diminution du stigmate social, bien que celui-ci ait stagné.

Conclusion :

Nos résultats suggèrent une diminution de la stigmatisation après l'instauration de la Loi 30/2000, mais il subsiste encore des défis à relever. De plus, les perceptions à l'égard des PUD et de l'usage de drogues varient au sein de la population portugaise, soulignant ainsi le besoin d'interventions ciblées et d'efforts éducatifs.

Mots-clés : dépénalisation, stigmatisation sociale, PUD, usage de drogues, législation, Portugal.

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Introduction

Drug use, which accompanies the evolution of humanity (Escobotado, 2004), is a complex phenomenon influenced by cultural, social, individual, and collective health aspects (Greenwald, 2009; Lo et al., 2020; Silva & Matos, 2012). In developed countries, drug use and dependence rank among the top ten health risk factors, even more with the new psychoactive substances (Felix & Portugal, 2017; Peacock et al., 2019; United Nations Office on Drugs and Crime [UNODC], 2023).

In 2021, one out of every 17 individuals aged 15-64 worldwide reported drug use in the past year, marking a rise from 240 million PWUD in 2011 to 296 in 2021, with cannabis being the most commonly used (UNODC, 2023). In the European Union, approximately 6,100 deaths were linked to illicit drugs in 2021 (UNODC, 2023).

Drug policy's complex impact on social and policy domains (Houborg, et al., 2018; Pike, 2012), stems from the historical 19th-century origins of substance prohibition and the war on drugs (Carneiro, 2018). Modern drug control relies on the United Nations conventions implemented by most countries (Levine, 2023), including the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Nevertheless, global drug prohibition since the 1980s faced crises (Levine, 2003), revealing its ineffectiveness (Colson, 2019; Coyne & Hall, 2017; Global Commission on Drug Policy [GCDP], 2011; GCDP, 2021; Hughes et al., 2019; Leite, 2019; Pike, 2012; Quah et al., 2014).

Repressive drug policies that aimed at reducing the illicit drug market have ironically increased organised crime (Coyne & Hall, 2017; GCDP, 2011), corruption, violence (Coyne & Hall, 2017), job loss, poverty, and social isolation (Stone, 2022). These policies empowered those in power (Laidler, 2021), while stigmatising and marginalising PWUD as criminals (Fernandes, 2009; GCDP, 2011, 2014; Laidler, 2021) despite their minimal harm potential (Ahern et al., 2007). As a result, public discourse shifted towards legalisation, decriminalisation, and depenalization of drug use, with no increase in usage observed in endorsing countries (GCDP, 2011). Meanwhile countries enforcing strict drug laws and prison sentences experienced rising drug use rates. The GCDP (2018) recommends a humanistic and evidence-based approach, emphasising human rights, public health, sustainable development and security principles for more effective policies.

Decriminalising personal drug use boosts healthcare access, treatment, harm reduction resources and reduces poverty (Transform Drug Policy Foundation [TDPF], 2021). In 2001, Portugal became one of the few countries and the first in Europe to decriminalise drug use (CGDP, 2011; TDPF, 2021), setting a significant example (CGDP, 2011; Hughes & Stevens, 2010; Mignon, 2014; Tavares et al., 2015; Hughes & Stevens, 2010; Lo et al., 2020; Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências [SICAD], 2022; TDPF, 2021). The Law 30/2000 of November 29th decriminalised the personal use, possession, and acquisition of all illicit substances (up to ten days' supply). However, without legalising drugs, as harsh penalties still apply to drug trafficking (CGDP, 2011).

Nevertheless, until 2001, drug possession, acquisition, and cultivation for personal use were considered criminal offences in Portugal, carrying a maximum one-year prison sentence, as stipulated by Decree-Law n° 15/93, of 22 January. Simultaneously, the country initiated its first anti-drug campaign in 1971/2, called "Droga – Loucura – Morte" (Drug – Madness – Death). This punitive approach, in line with the 1961 Single Convention on Narcotic Drugs, did not have the deterrent effect on drug use (Poiares, 1999). Instead, it resulted in an increase in infectious diseases (Santos, 2004) and mortality rates (Poiares, 2001; OEDT, 2001; Greenwald, 2009). Moreover, it pushed PWUD into legal and social stigmatisation, causing their exclusion and marginalisation (Poiares, 2002).

A shift occurred in Portugal during the late 1980s and 1990s, marked by the emergence of a growing heroin user population, HIV infections and drug-related deaths (Greenwald, 2009, Hughes & Stevens, 2010, SICAD, 2022). In 1999, Portugal had the highest rate of drug-related HIV in the European Union and the second-highest prevalence of HIV amongst injecting PWUD (EMMCDA, 2000; Poiares, 2001; Tavares et al., 2005).

To address these challenges, the National Strategy for Drug Control proposed a more humane legal framework (Hughes, 2006), paired with intensified anti-trafficking efforts (Felix & Portugal, 2017). This approach redirected resources towards prevention, harm reduction, treatment, dissuasion of drug abuse and social reintegration, emphasising support for PWUD as people in need (Comissão para a Estratégia Nacional de Combate à Droga [CENCD], 1998; Hughes & Stevens, 2010; Poiares, 2002; SICAD, 2013). The reform prioritises a health-oriented response, including the possibility to refer people who are dependent on drugs into treatment, and a more humanistic approach (CGDP, 2011; Felix & Portugal, 2018; Hughes & Stevens, 2010; Lo et al., 2020; Mignon, 2014; SICAD, 2022; Tavares et al., 2015; TDPF, 2021; Wogen & Restrepo, 2020). Moreover, it focuses on

mitigating the associated health and social harms through education and awareness about its risks (Poiares, 2002; SICAD, 2013).

The latest EMCDDA (2023) statistical bulletin shows that Portugal ranks sixth in Europe for the lowest lifetime prevalence of illicit drugs. Although illicit substance users increased from 7.8% in 2001 to 12.8% in 2022 (Singer, 2023), it remains below the European average. Moreover, there were economic benefits, representing an 18% cost reduction from 2000-2010, encompassing indirect healthcare costs and direct (criminal proceeding for drug law violations) and indirect (income loss and reduced productivity of individuals incarcerated for drug-related offences) non-healthcare costs (Gonçalves et al., 2015). Drug-related offences, deaths, and HIV incidence among drug addicts decreased (Félix & Tavares, 2017). Furthermore, GCDP (2018) notes that Portugal's policy positively impacts Sustainable Development Goals.

Based on this data, the Portuguese drug policy model, ranked third best in the world (The Global Drug Policy Index, 2023), has earned international recognition as a good practice (Anderson, 2012; Department of Health, 2019, cited by Leonard & Windle, 2020; Greer et al., 2022; Laplana, 2023; Leite, 2019; Messamore, 2010; Mothersbaugh, 2021; ONUNews, 2019). Nevertheless, to our knowledge, little is still known about the possible impact of this reform in the general population's social stigma against people who use drugs. Stigma, as defined by Goffman (1963), encompasses identities (e.g., race, religion), physical traits (e.g., obesity, disability), and character flaws. This can result in exclusion, feelings of inferiority, shame, and self-hatred (Wogen & Restrepo, 2020). Those experiencing mental health problems and substance use face multifaceted stigma elements affecting their well-being (Barrett, 2010; Becker, 1963; Berger et al., 2005; CGPD, 2011; Corrigan et al., 2009; Fortney et al., 2004; Goffman, 1963; Lloyd, 2013; Poiares, 2002; Romani, 1999; Sumnall et al., 2021; Wogen & Restrepo, 2020.).

Despite the biological impact of these chemical substances, their effects, consequences, and functions are primarily influenced by social, economic, and cultural definitions (Romani, 1999). Agra and Fernandes (1993) also emphasised this idea, asserting that it is impossible to separate this phenomenon from the societal response to the PWUD and drugs. Furthermore, this stigma results from a social process that nurtures negative perceptions of people involved in drug use (Gilroy, 2023).

Historical and cultural portrayals of these people as deviant, associating them with criminality, immorality, and lack of self-control (Rêgo et al., 2021), impacts the entire health care *continuum* for substance use issues. It affects treatment choices, retention, adherence,

and access to syringes (Biancarelli et al., 2019; Cheetham et al., 2022; Paquette et al., 2018; Wogen & Restrepo, 2020). It also fosters fear of judgement, isolation, and harm, raising overdose and infection risks and causing loss of social support and connections (Gilroy, 2023). Hence, substance use-related stigma is a direct affront to human rights and dignity (Wogen, & Restrepo, 2020).

The removal of criminal penalties for drug use was intended to de-stigmatise those classified as addicted and encourage treatment and harm-reduction services with downstream public health benefits (Catarino, 2020; Connolly, 2009; Greenwald, 2009; Hughes & Stevens, 2015; Laqueur, 2015; Wogen & Restrepo, 2020). According to Portuguese drug policy officials, the new system has effectively done that (Greenwald, 2009). It led to large-scale adherence to treatment and risk reduction programs, supported by the reduction of fear, shame, and social marginalisation (Torrado, 2017). However, a study made by the University of Washington, suggests that there was not an entire elimination but a shift in the type of stigma (Gilroy, 2023).

Therefore, our study underscores the critical role of stigma in the evolution of drug policy impact, as it can significantly deteriorate the quality of life, rights, and dignity of PWUD. To our knowledge there are some existing studies on this topic in Portugal (Antunes, 2013; Catarino, 2020; Marques, 2011; Neto, 2016; Torrado, 2017). Their focus was not on the evolution of stigma before and after the law neither on the public perception towards PWUD and was not in the realm of psychology. Moreover, to our knowledge, there are no studies focusing on the evolution of stigma over time in the international research literature. Therefore, this study seeks to address these gaps by exploring how the Portuguese public perspective on PWUD might have evolved over time, considering the drug policy reform introduced in the early 21st century. This research is extremely relevant for the national and international arenas, since a global movement of problematization of the war on drugs is taking place, grounded on the efforts of academics, politicians, and activists (for example, ISSDP, GCDP, IDPC, respectively). Since scientific evidence is key to shape future drug policies, this study attends to the strategy proposed by the Council of European Union (2021): research, innovation, and foresight. Its overarching goal is to make an impact in the theme of coordination, governance, and implementations, as delineated by this council.

Thus, our main purpose is to comprehensively assess societal perceptions, attitudes, and knowledge concerning drug use and drug policy in Portugal. Particularly, it will seek to describe social stigma under 2001's drug decriminalisation law, and public opinion regarding potential policy framework. Moreover, we intend to analyse how PWUD perceive the social

perceptions constructed over them and how they might relate to decriminalisation. By doing so, we wish to contribute to more science-informed national and international policies and practices by elucidating the importance of stigma and how it might be influenced by legal frameworks.

Methods

Considering the aforementioned goals, we defined the following specific objectives: (1) to study the perception of adult Portuguese residents regarding drug use and PWUD; (2) to describe possible changes in social stigma directed to PWUD before and after the Portuguese drug policy reform of 2001; (3) to collect and analyse the perspectives of adult Portuguese residents on what would be the best policy to address drug use; (4) to assess the general literacy level of adult Portuguese residents regarding the current national decriminalisation framework and its implications for PWUD; and (5) to understand how PWUD perceive the impact of the decriminalisation reform on the social stigma they experience.

2.1. Study design and participants

A cross-sectional mixed-method study was conducted, using an online survey, with a snowball sampling technique. Initially, it was shared across various social media platforms (i.e., Facebook, Instagram, WhatsApp, and Twitter). Subsequently, it circulated among the research teams' professional and personal contacts via email. Lastly, it was disseminated through the mailing list of the Faculty of Psychology and Educational Sciences of the University of Porto Student Association. The inclusion criteria were (1) being at least 18 years of age and (2) residing in Portugal for, at least, 10 years to ensure familiarity with the country's drug phenomenon and policy. The questionnaire was available online for two months (July 2023 - August 2023) and underwent a pre-test with five people.

Participants were given the option to refuse participation after accessing the survey link, reading the informed consent, and understanding the study's objectives. Nevertheless, no refusal questionnaires were fulfilled.

This study is part of a broader research project which will analyse the perspectives of people who began using illicit substances before and after the Portuguese decriminalisation reform on experienced social stigma. That component will be implemented through heterogeneous focus groups with PWUD. However, in this paper, there will be a qualitative dimension that will be focused on the interview performed with Rui Salvador, a member of CASO, the National Association of People Who Use Drugs. Salvador's insights are valuable, given his assumption as a voice of those who use illicit substances. Salvador is a person with long lived experience as a former user and has been working for many years

as a peer in Portuguese harm reduction projects. Being an activist in this field, Salvador has requested to be identified. The interview aimed to answer the specific objective nº 5.

2.2. Ethics approval and informed consent

Ethical approval was obtained from the Ethics Committee of the Faculty of Psychology and Educational Science of the University of Porto (Reference 2023/04-08c).

In accordance with the ethical guidelines outlined in the Declaration of Helsinki and of the Oviedo Convention for medical research involving human beings, as well as the prevailing national legislation, all participants were duly requested to provide their informed consent.

2.3. Data Collection

2.3.1. Data Collection for Quantitative Analysis

Data collection was performed through a structured questionnaire (Appendix 1). The questionnaire was only available in Portuguese language and was later translated for the purpose of this article.

The questionnaire started with general demographic characteristics (i.e., gender, age, educational level, and district of residence). To assess the public perception and the potential changes regarding the social representations of PWUD and, consequently, allowing for a discussion by qualitatively comparing the differences spanning over time, as it predates the new law introduced in 2001 (IDT, 2006; Wogen & Restrepo, 2020; Catarino, 2020; Gilroy, 2023) the questionnaire created and developed by Jorge Oliveira was used (Oliveira, 1997) with the author's permission. The scales were replicated, including for the characteristics, emotions, causes, and consequences.

Subsequent sections, created by the research team, delved into participants' perspectives on the acceptability of drug use, potential feelings of shame associated with use, and perceptions of others' reactions towards PWUD. Finally, participants were asked about their own relationship with drug use. Those identifying themselves as PWUD were queried about substances used and frequency. Moreover, to explore the participants' perceptions on the best policy approaches to drug use, a section was created. This related section on Quinta's instrument was omitted due to not being relevant after the enormous drug policy changes that occurred since then.

2.3.2. Data Collection for Qualitative Analysis

To address the public symbolic representations in place and to examine participants' viewpoint on drug policy in an in-depth manner, four open-ended questions from the original instrument were used so that respondents provided three words¹ related to their thoughts regarding PWUD, the causes for drug use, and the respective consequences; and mention suitable measures to address it.

In order to obtain insight into PWUD' perspectives, a semi-structured interview (Appendix B) was conducted. This study component aimed to collect the perspective of a person who represents the voice of PWUD, both about possible changes verified in lived social stigma since the reform and the results from the questionnaire.

2.3.3. Measurements, assessment, and instruments

2.3.3.1. Social representations of drug use and PWUD

The instrument created by Oliveira (1997) consists of fifty items. Each item was responded according to a five or seven-point Likert scale: from one meaning “never” to five meaning “always” or one meaning “totally disagree” to seven “totally agree”.

2.3.3.2. Knowledge about Portuguese legislation

Since there was no previous instrument to address the level of knowledge of the Portuguese legislation regarding drug use, the research team used the decriminalisation Law n 30/2000, of 29 November, to create one.

2.4. Data treatment

2.4.1. Statistical analysis

The study analysed participants' characteristics using absolute and relative frequencies and compared them using either the Chi-square test or Fisher's exact test for categorical variables. For primary analysis, the Independent t-test and the One-Way ANOVA were selected. The validation process included applying Levene's test to assess variance homogeneity and the Shapiro-Wilk test to check for normal data distribution. These tests revealed deviations in terms of both variance homogeneity (Levene's test, $p < .005$) and normality (Shapiro-Wilk test, $p < .005$). To address these issues, bootstrapping was employed, involving 1000 iterations at a 95% confidence level to ensure the robustness and

¹ In the original questionnaire it was asked for ten (Oliveira, 1997)

reliability of the analyses. To explore potential relationships among the variables, Pearson's correlation coefficient was used.

Data analysis was performed using the SPSS Statistic 27.0 (IBM SPSS, New York, USA). A significance level of 0.05 was used.

2.4.2. Qualitative analysis

To analyse the open-ended questions and the interview, we performed categorical content analysis based on the method described by Bardin (1977). Initially, we created an Excel spreadsheet to house the dataset. We then proceeded with a thorough data review to develop a profound knowledge of the central ideas expressed by the research participants. Afterward, we began the coding and categorization process. Initially, we divided the dataset into smaller units, which were methodically restructured and consolidated into distinct categories. These categories were later scrutinised in relation to each other, forming the sub-categories.

The categorisations were reviewed and discussed by the four-member research team after initial coding, which was done by the researcher. Any disagreements were resolved through consensus.

Results

3.1. Questionnaire results

Sociodemographic characteristics

During the two-month period of data collection, a total of 214 participants answered the questionnaire (Table 1). All of them were Portuguese, the majority were female (73.7%), aged 18-24 years (43.7%), held a bachelor's degree (50.7%) and lived in Porto (43.7%).

Table 1. Characteristics of the study participants (N = 214)

Characteristic	Participants, n (%)
Gender	
Male	55 (25.7)
Female	158 (73.8)
Missing	1 (0.5)
Age	
18-24	94 (43.9)
25-34	46 (21.5)
35-44	16 (7.5)
45-54	23 (10.7)
+55	35 (16.4)
Education	
Up to high school	49 (22.9)
Bachelor's degree	109 (50.9)
Master's degree	49 (22.9)
PhD	5 (2.3)
Missing	2 (0.9)
District of Residence	
Aveiro	15 (7)
Braga	11 (5.1)
Leiria	23 (10.7)
Lisboa	31 (14.5)
Porto	93 (43.5)

Santarém	12 (5.6)
Others*	29 (13.6)

Nationality

Portuguese	214 (100)
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*The 'others' include the following districts: Açores, Beja, Bragança, Castelo Branco, Coimbra, Évora, Faro, Guarda, Madeira, Portalegre, Setúbal, Viana do Castelo, Vila Real and Viseu.

Nineteen participants self-identified as (former) PWUD, while four expressed uncertainties about their drug usage. In terms of substances used, 11 reported cannabis, 7 mentioned MDMA, 6 LSD, 2 magic mushrooms, 2 ecstasy, 2 consumed hashish, 1 used cocaine, 1 mentioned marijuana, 2 experimented with psychedelic substances, and 1 reported using depressants. When it comes to the frequency of use, 5 participants (26.3%) reported daily use or almost, 2 (10.5%) mentioned weekly use, 5 (26.3%) reported monthly use, 3 (15.8%) mentioned using substances every three months, and 4 (21.1%) reported annual use.

Statistical Analysis: Characteristics of PWUD

In this section we studied the relation between emotional reactions against PWUD - "be aggressive", "need help", "be careless", "live alone", "be ill", "live for drugs", "be a thief", "have problems", "live with pleasure", "be addict" and "be victim", - and the sociodemographic characteristics of participants (Supplementary Material A).

First, regarding PWUD needing help, individuals holding a PhD ($p < .001$) had higher mean values, indicating their likelier belief that PWUD need it.

When exploring how PWUD are perceived as being sick, participants aged 45-54 ($p = .008$) (correlation $r = 0.16$, $p = .021$) exhibited higher mean values, signifying greater likelihood of such consideration.

Regarding the perception of PWUD prioritising their lives around drugs, those aged 45-54 ($p = .024$) displayed higher mean values, signifying they are more likely to associate PWUD with a drug-centred lifestyle.

Concerning the concept of considering PWUD as weak, men (correlation $r = 0.18$, $p = .008$) and individuals aged 45-54 ($p = .005$) (correlation $r = 0.22$, $p = .001$) had higher mean values, meaning they are more likely to perceive PWUD as exhibiting weakness.

In terms of perceiving PWUD as potential thieves, men (correlation $r = 0.15$, $p = .030$) and those aged 45 or older ($p = .001$) (correlation $r = 0.18$, $p = .009$) had higher mean values, suggesting a stronger tendency to make this association.

Regarding the PWUD as leading pleasurable lives, men (correlation $r = 0.15$, $p = .036$) and individuals aged 18-24 and 25-34 ($p = .002$) (correlation $r = -0.26$, $p < .001$) exhibited higher mean values, indicating a greater likelihood of associating PWUD with a lifestyle with pleasure.

Statistical Analysis: Emotional Reactions towards PWUD

In this section we studied the relation between emotional reactions - “happiness”, “guilt”, “disgust”, “contempt”, “hope”, “frustration”, “interest”, “fear”, “pride”, “anger”, “surprise”, “sadness” and “shame” -, and the sociodemographic characteristics (Supplementary Material B).

Regarding happiness related to PWUD, men (correlation $r = 0.18$, $p = .010$), younger individuals (correlation $r = -0.14$, $p = .043$), and those with lower education levels (correlation $r = -0.20$, $p = .004$) exhibited higher mean values, suggesting that they experience more happiness towards them.

In terms of feeling disgust, men (correlation $r = 0.15$, $p = .036$) and older participants ($p = .00$) (correlation $r = 0.23$, $p < .001$) displayed higher mean values, indicating that they experience more disgust when considering PWUD.

Concerning revulsion, younger participants (correlation $r = 0.15$, $p = .026$), those with a master’s degree ($p = .028$) (correlation $r = -0.18$, $p = .008$), and individuals from Braga and Porto ($p = .045$), compared to those from Leiria and Santarém, reported lower mean values, indicating lesser revulsion towards PWUD.

Regarding frustration, participants aged 35-44 and 55 or over ($p = .003$) (correlation $r = 0.19$, $p = .006$), those up to high school and PhD ($p = .006$) (correlation $r = -0.21$, $p = .003$), individuals from Leiria, Lisbon and Santarém, compared to those from Braga and Porto, and those from Lisbon, when compared to ‘others’ ($p = .005$) evidenced higher mean values, suggesting increased frustration when considering PWUD.

In terms of guilt, women ($p = .009$) exhibited higher mean values, suggesting that they experience more guilt when considering PWUD.

Concerning fear, individuals with lower education levels (correlation $r = -0.15$, $p = .027$), exhibited higher mean values, suggesting they experience more it towards PWUD.

Regarding anger, those aged 55 or over ($p = .030$) (correlation $r = -0.16$, $p = .023$) and those from Santarém, compared to those from Porto, reported higher mean values, indicating a stronger sense of this emotion considering PWUD.

About feelings of surprise, women (correlation $r = -0.15$, $p = .035$) and participants from Leiria and Santarém, compared to those from Braga, Porto and Lisbon ($p = .009$) demonstrated higher mean values, suggesting they experience more surprise when contemplating PWUD.

Concerning sadness, women (correlation $r = -0.17$, $p = .014$) exhibited higher mean values, indicating a greater experience of sadness towards PWUD.

Finally, regarding shame, our findings suggested that individuals with PhD and Secondary education ($p = .029$) and the older ones (correlation $r = 0.14$, $p = .043$), reported higher mean values, indicating a stronger sense of shame concerning PWUD.

Statistical Analysis: Causes for drug use

In this section we studied the relation between the variables “lack of family support”, “curiosity”, “unemployment”, “distaste”, “lack of money”, “influence of money”, “influence of others”, “youth's lack of support”, “environment they live in”, “family problems”, “personal problems”, “body addiction” and “desire to consume” and the sociodemographic characteristics (Supplementary Material C).

Regarding absence of family support as a factor, findings indicated that individuals aged 18-44 ($p < .001$) (correlation $r = -0.36$, $p < .001$) exhibited higher mean values, indicating a stronger association with the lack of family support as a cause.

Concerning the influence of curiosity, individuals aged 55 or over ($p < .001$) (correlation $r = -0.36$, $p < .001$) showed lower mean values, implying that they were less likely to associate curiosity as a contributing cause.

Regarding the unemployment, individuals aged 18-34 ($p < .001$) (correlation $r = -0.30$, $p < .001$), and those characterised by ‘Others’, from Aveiro, Porto, Santarém, when compared to those from Leiria ($p = .020$), had higher mean values, demonstrating that they were more likely to associate unemployment as a contributing cause.

In terms of distaste, individuals aged 18-34 ($p < .001$) (correlation $r = -.034$, $p < .001$) displayed higher mean values, suggesting they were more likely to associate distaste as a cause.

Concerning the lack of money, individuals aged 18-34 ($p < .001$) had higher mean values, indicating that they were more likely to connect the lack of money as a contributing cause of drug use.

Regarding the influence of others, individuals aged 18-34 ($p = .025$) (correlation $r = -0.23$, $p < .001$) had higher mean values, meaning that they were more inclined to connect the influence of others as a contributing cause.

In terms of youth's lack of support, women (correlation $r = -0.17$) and individuals aged 18-34 ($p = .008$) had higher mean values, indicating they were more inclined to see the youth's lack of support as a cause.

Regarding the environments where PWUD live, individuals aged 18-34 ($p < .001$) (correlation $r = -0.36$, $p < .001$) had higher mean values, implying they were more likely to link PWUD's living environments as a cause of drug use.

Concerning family problems, individuals aged 18-34 ($p < .001$) (correlation $r = -0.41$, $p < .001$) had higher mean values, suggesting they were more inclined to associate family problems as a contributing cause.

Concerning the concept of bodily addiction, individuals aged 45 or over ($p = .009$) had higher mean values, indicating they made a stronger association with body addiction as a contributing cause.

Regarding desire to consume, individuals aged 18-34 ($p = .002$) (correlation $r = -0.30$, $p < .001$) exhibited higher mean values, suggesting a stronger inclination to see desire to consume as a contributing cause.

Statistical Analysis: Consequences of drug use

In this section we studied the relation between the variable's "crime", "personal degradation", "unemployment", "wasting money", "disease", "forgetting problems", "misery", "death", "worst possible things", "pleasure", "family problems" and "AIDS" and the sociodemographic characteristics (Supplementary Material D).

Concerning crime, individuals from Santarém, compared to those from Porto ($p = .009$) had higher mean values, implying a stronger inclination to consider it as a consequence.

Regarding personal degradation, individuals from Aveiro, compared to those from Porto and Braga ($p = .013$), displayed higher mean values, indicating a stronger tendency to consider personal degradation as a consequence.

In terms of illness, women ($p = .027$) (correlation $r = 0.19$, $p = .005$) had higher mean values, suggesting a stronger inclination to consider illness as a consequence.

Regarding death, women ($p = .036$) had higher mean values, implying a stronger inclination to consider death as a consequence.

Concerning worst possible things, women (correlation $r = -0.14$, $p = .040$) displayed higher mean values, suggesting a stronger inclination to consider this as a consequence.

About family problems, women (correlation $r = 0.15$, $p = .028$) and individuals aged 18-24 ($p = .040$) (correlation $r = 0.15$, $p = .034$) showed higher mean values, meaning a stronger inclination to consider it as a consequence.

In terms of HIV/AIDS, women (correlation $r = -0.15$, $p = .035$) displayed higher mean values, indicating a stronger inclination to consider HIV/AIDS as a consequence.

Statistical Analysis: Analysis of the Factors obtained by Oliveira (1997)

Oliveira (1997) made a factorial analysis of each close-ended question. Based on that, we present our results.

Oliveira (1997) identified three factors for PWUD' characteristics: Marginal (sloppiness, theft, different lifestyles, weakness, living for drugs, and aggressiveness), Frail (having problems, being ill, living with pleasure, needing help, and being a victim), and Addicted (being addicted). Our findings showed slightly lower means in relation² to Oliveira (1997) for each factor: Marginal (3.33 vs. 4.69), Frail (4.27 vs. 5.07), and Addicted (4.71 vs. 6.17)³.

Oliveira (1997) identified three factors for emotions towards PWUD: Negative Emotions (sadness, disgust, frustration, anger, shame, and fear), Ambivalent Emotions (pride, happiness, guilt, disgust, contempt, and surprise), and Positive Emotions (hope and interest). Our findings showed differences in the means in relation to Oliveira (1997) for each factor: Negative Emotions (2.23 vs. 2.50), Ambivalent Emotions (1.56 vs. 1.67), and Positive Emotions (2.15 vs. 2.49)⁴.

The researcher identified four factors for the causes of drug use: Social and Economic (unemployment, youth's lack of support, lack of money, living conditions), Personal and Family (family problems, personal issues, lack of family support, disappointments), Relational and Experimental (curiosity and third-party influence) and Volitional and Physical (desire to consume and body addiction). Our findings showed differences in the means in relation to Oliveira (1997) for each factor: Social and Economic (4.38 vs. 4.44),

² Due to lack of statistical information, we cannot guarantee that these differences are statistically significant

³ SD respectively: (1.23 vs. 1.72) (1.24 vs 1.62) (1.92 vs. 1.37)

⁴ SD respectively: (0.61 vs. 1.09) (0.44 vs 0.91) (0.70 vs. 0.98)

Personal and Family (4.88 vs. 4.76), Relational and Experimental (5.29 vs. 5.55), and Volitional and Physical (1.64 vs. 4.86)⁵.

In terms of consequences, Oliveira (1997) identified three factors: Negative Consequences (Wasteful Spending, Illness, Unemployment, Personal Degradation, Pleasure), Catastrophic Consequences (AIDS, Worst Possible Outcomes, Misery, Family Problems, Crime, Death), and Positive Consequences Factor (Escaping Problems). Our findings showed differences in the means in relation to Oliveira (1997) for each factor: Negative Consequences (5.26 vs. 5.61), Catastrophic Consequences (4.83 vs. 5.74), and Positive Consequences (4.59 vs. 4.94)⁶.

Statistical Analysis: Acceptance of the drug use

In terms of drug use acceptance, participants aged 55 or over ($p < .001$) (correlation $r = -0.35$, $p < .001$) displayed lower mean values, indicating less acceptance of it.

Statistical Analysis: Emotional consequences of being caught using drugs

Regarding the potential consequences of being caught using drugs, women ($p = .019$) display higher mean values, suggesting they would feel more shame and consider it like a problem.

As for the anticipated reactions from others if participants were discovered using drugs, the responses were the following: 80.4% reported they would feel disgust, 76.6% sadness, 59.3% surprise, 51.4% shame, 50.9% frustration, 29.9% contempt, 27.1% fear, 16.4% guilt, 24.8% anger, 7% interest, 6.1% revulsion, 1.4% happiness. None reported pride.

Statistical Analysis: Participants' opinion on drug use policy

Regarding the preferred drug policy to adopt, 95 (44.4%) participants chose the permissive approach, while 72 (33.6%) favoured prohibition. Notably, when analysing the 44 (20.6%) answers in the 'other' option, the overwhelming majority expressed a preference for the prohibition approach.

⁵ SD respectively: (1.39 vs. 1.82) (1.46 vs 1.69) (1.34 vs. 1.36) (1.64 vs. 1.85)

⁶ SD respectively: (1.28 vs. 1.39) (1.42 vs 1.45) (1.34 vs. 1.36) (1.78 vs. 2.06)

In this terms, women ($p = .010$) and participants aged 55 or over ($p < .001$) (correlation $r = 0.30$, $p < .001$) displayed higher mean values, indicating a preference for drug use prohibition, when compared to men and younger participants.

As for the question of permitting drug use, no significant differences were observed across demographic variables. Moreover, the results suggest a general inclination to support market regulation, with a mean score of 1.98 and a standard deviation of 0.15.

Considering drug use prohibition, women ($p = .025$) and participants aged 55 or over ($p = .041$) displayed higher mean values, suggesting favoured decriminalisation. There was a general inclination towards enhanced decriminalisation, with a mean score of 1.46 and a standard deviation of 0.50.

Statistical Analysis: Familiarity with the drug phenomenon

In terms of familiarity with the drug phenomenon, 55 participants (25.7%) felt closely connected, while 133 (62.1%) considered their connection distant. Additionally, 16 participants (7.5%) reported no connection, with 10 (4.7%) participants having missing values. As for knowing someone who uses drugs, 23 individuals (10.7%) have someone in their nuclear family, 41 (19.2%) in their extended family, 119 (55.6%) among their friends, and 58 (27.1%) either in their neighbourhood or workplace. On the other hand, 46 participants (21.5%) did not know anyone, 31 (14.5%) were uncertain, and 5 (2.3%) preferred not to answer.

Comparing participants' beliefs on permitting drug use, among legalisation supporters ($n = 90$), 29 (30.5%) had a close drug connection, 54 (56.8%) had distant, and 7 (7.4%) were uncertain. Conversely, among prohibitionism advocates ($n = 69$), 14 (19.4%) had a close drug familiarity, 51 (70.8%) perceive a more distant one, and 4 (4%) are uncertain.

Among those who support permissive policies ($n = 81$), 14 participants have a family member who uses drugs, 18 (18.9%) know someone in their extended family, 66 (66.3%) have friends who use drugs, 27 (28.4%) know someone from their neighbourhood or workplace, 22 (23.2%) are acquainted with other PWUD, 10 (10.5%) do not know anyone, and 1 (1.1%) preferred not to answer.

Content analysis: Social representations on the characteristics of the PWUD

In the question related to the characteristics of PWUD, "Write down the first 3 words that come to mind when you think of a person who uses drugs", a total of 207 participants

provided their input (Supplementary Material E). Through content analysis, five major categories: “Disease”, “Stereotypes”, “Attitudes and Feelings”, “Drug use”, and “Degradation”.

(1) Disease

PWUD were often associated with disease, further categorised into three subcategories: physical illness and mortality ($n = 56$), dependency ($n = 127$), and mental health issues ($n = 11$).

(2) Stereotypes

Participants associated intrinsic and extrinsic elements to PWUD. Intrinsic elements included personal characteristics or mental state of PWUD ($n = 180$), such as sadness and alienation. Extrinsic elements encompassed factors in the external world related to PWUD ($n = 38$), such as poverty, helplessness and isolation. Additionally, a deficit perspective, i.e., perceiving PWUD as lacking something ($n = 9$), such as ambitions; a perspective of recreational and experimental, where PWUD engaged in leisure activities ($n = 9$); and an to escape from reality, where PWUD sought refuge from reality ($n = 9$) were identified. Finally, responses related to Criminality ($n = 9$) emerged.

(3) Attitudes and Feelings

This category comprises three subcategories: negative attitudes ($n = 56$), neutral attitudes ($n = 10$), and feelings ($n = 21$), such as pity and disdain.

(4) Drug use

Here, we identify two subcategories, i.e., type of substances ($n = 13$), and drug use materials ($n = 9$).

(5) Degradation

This category encompasses a single subcategory - physical deterioration -which focuses on changes in physical aspect of PWUD ($n = 9$).

Content analysis: Causes of drug use

In response to the question concerning the participants’ initial thoughts when considering the causes of drug use, a total of 210 participants provided their responses (Supplementary Material F). Through a content analysis, four predominant categories

emerged: “Individual Factors”, “Social and Environmental Influences”, “Seeking Positive Effects”, and “Substance”.

(1) Individual Factors

Drug use was associated with various individual factors. Specifically, mental health ($n = 60$), emotional and psychological aspects ($n = 106$), individual characteristics ($n = 20$), and lack of individual attributes ($n = 10$), like a clear life purpose. Moreover, it was linked to coping mechanisms ($n = 34$), as relaxation and escape; driven by addiction ($n = 25$), organic causes ($n = 20$), such as illness and predisposition; and, finally, based on freedom of choice ($n = 6$), commonly referred to as free will.

(2) Social and Environmental Influences

This category has three subcategories. Participants mentioned social context ($n = 119$), family environment ($n = 21$), socioeconomic conditions ($n = 33$), and education/literacy ($n = 3$).

(3) Seeking Positive Effects

This category includes seeking pleasure and enjoyment ($n = 26$), curiosity and experimentation ($n = 43$), and personal transformation ($n = 4$), such as enhanced performance.

(4) Substance

This encompassed one subcategory: types of substances ($n = 3$), such as cocaine, heroin, and hashish.

Content analysis: Consequences of drug use

In response to the question regarding the consequences of drug use, a total of 212 participants provided their insights (Supplementary Material G). Through content analysis, four members of the investigation reached a consensus, becoming able to identify three categories: “Health Consequences”, “Social Consequences”, and “Individual Consequences.”

(1) Health Consequences

Drug use is associated with health consequences, including physical health effects ($n = 110$), mortality ($n = 80$), dependence ($n = 89$), and mental health and psychopathology ($n = 25$).

(2) Social Consequences

Several social consequences were mentioned, such as social isolation and exclusion ($n = 28$), impact on interpersonal relationships ($n = 12$) and family ($n = 7$), criminality and risks ($n = 37$), and socioeconomic issues ($n = 64$) Furthermore, stigma and discrimination ($n = 5$) and feelings and emotions towards PWUD ($n = 3$), such as pity and fear, were mentioned.

(3) Individual Consequences

Individual consequences encompass physical and behavioural effects ($n = 4$), emotional consequences ($n = 60$), erosion of well-being, i.e., negative impacts that drug use has on the PWUD's well-being ($n = 50$), such as decline and misery, and long-term effects ($n = 7$), such as academic failure and a snowball effect.

Content analysis: Strategies to address drug use

In the question related to the measures, "In your opinion, what measures do you deem appropriate to address drug use?", a total of 195 participants provided their insights (Supplementary Material H). Through content analysis, we were able to discern eight categories: "Permissive Approach", "Prohibitionist Approach", "Combating Trafficking and Enforcement", "Education and Prevention", "PWUD Support", "Integration and Socioeconomic Support", "Science" and "Undefined".

(1) Permissive Approach

Permissive Policies reflect opinions on the regulation ($n = 21$) and legalisation ($n = 22$). Some advocated for a regulated market to ensure controlled drug access, while others called for the outright legalisation of drug use.

(2) Prohibitionist Approach

Prohibitionist Policies encapsulated criminalisation ($n = 6$), with measures aimed at criminalising drug use; depenalisation ($n = 3$), focus on reducing legal penalties for drug use; and decriminalisation ($n = 8$), with measures to remove drug use as a criminal offence. This spectrum extends further with suggestions for more restrictions ($n = 4$), including efforts to seize quantities; and consequences of the use ($n = 14$), such as stricter laws and penalties. Even the extreme viewpoint of elimination of the phenomenon ($n = 2$) emerged.

(3) Combating Trafficking and Enforcement

This category was divided into combating trafficking ($n = 10$) and enhancing monitoring and control ($n = 18$), which includes suggestions for increased control over sales and distribution.

(4) Education and Prevention

This category encompasses public education efforts ($n = 43$) to inform and educate the public on drugs. School-based education ($n = 8$) was advocated, along with awareness campaigns ($n = 26$), prevention initiatives ($n = 16$), interventions with at-risk populations ($n = 15$), as in problematic areas; and combating the stigma ($n = 4$).

(5) PWUD support

This category entailed risk reduction measures ($n = 11$) and the supervised use ($n = 26$) to make drug use safer, as well as comprehensive monitoring and treatment strategies ($n = 87$), involving psychosocial and psychological support alongside medical and pharmacological supervision. The need of support for the family of PWUD ($n = 3$) was also recognized.

(6) Integration and Socioeconomic Support

This category included ideas to promote the integration and inclusion ($n = 11$) of PWUD into society. Additionally, participants mentioned the value of peer support ($n = 1$), in connecting and supporting PWUD. Socioeconomic support ($n = 9$) also emerged.

(7) Science

Here we have one subcategory, which indicates the need for scientific research ($n = 4$).

(8) Undefined

There is one subcategory, for the topics that raised difficulties in interpretation or lack of clarity ($n = 10$).

Statistical Analysis: Knowledge of the drug policy in Portugal

In the study, participants' knowledge of Portuguese drug laws and policies varied. Approximately 12.1% had no knowledge, while 36% rated their knowledge as moderate (3

on a scale of 1 to 5). The mean knowledge score was 2.66 ($SD = 0.98$). A majority (55.6%) were unfamiliar with Portuguese drug policy.

Regarding perceptions of drug use trends, 39.3% thought it had worsened since the 21st century, while 28% believed it had improved. Around 55.1% believed drug use is punishable, and 53.7% thought it was illegal in Portugal.

When asked if drug use is a crime, 51.9% said no. Regarding acquiring and possessing substances without criminal consequences, 75.2% provided the correct response. Only 44.4% knew whether they could be identified if carrying less than a 10-day supply.

Awareness of “Comissões para a Dissuasão da Toxicodependência” [Drug Dissuasion Commissions] was low, with 68.7% being unaware. Those aware had an average accuracy rate of 17.4%. Participants’ knowledge about case dismissals averaged around 37%. Questions about identifying the drug user and removing the product had 32.2% correct responses, with 45% responding “do not know.”

Regarding beneficiaries of fines imposed on people who use drugs, 66.4% believed the information was not public, and only 1.9% answered correctly. In summary, participants had varying knowledge of Portuguese drug laws and policies, and awareness of certain aspects was limited.

3.2. Interview result

Content analysis: Interview with a drug-user and professional

In the interview with Rui Salvador, through content analysis, we were able to identify four categories (Supplementary Material I): “Social Stigma and Knowledge”, “Social Impact”, “Current Policy Model”, “Drug Use Related Phenomena”.

(1) Social Stigma and Knowledge

This category encompasses society’s perception of PWUD, the evolution of perception regarding PWUD, and the public knowledge. Salvador conveyed that, despite changes in societal attitudes post-decriminalisation, discrimination against PWUD persists. He noted that age does not appear to significantly affect society’s perception; but generational differences become evident. Older individuals, including some former PWUD, exhibit greater discrimination. Additionally, he noted that stigma is not uniform across all PWUD, with a greater stigma attached to those who are homeless and living in precarious conditions. Furthermore, Salvador believes there is limited public awareness about the lifestyles of PWUD.

“[...] I feel a big big difference. But that was a step that stagnated.”

“PWUD are poorly regarded and mistreated.”

“[...] if you are a musician or writer, and you use drugs, you are an artist. If you are a person who does nothing and uses drugs, you are a stupid person, poorly seen, misunderstood. [...].”

“[...] there is a huge lack of knowledge about why these people have this way of life.”

(2) Social Impact

This category covers drug use as a social issue. Salvador highlights drug use as a problem that affects the entire community, emphasising the importance of everyone contributing to helping this population.

“This problem of PWUD being on the street, in the open, near children, abandoned is my fault and yours [...].”

“This is a war on people, on people who use drugs [...].”

(3) Current Policy Model

This category encompasses the current model’s issue and policy model alterations. Salvador outlines several challenges related to the current model, notably the need to shift focus away from dissuading PWUD from drug use, the ongoing arrests of PWUD and the ambiguity surrounding allowable drug quantities, given that individuals may have varying needs. Additionally, Salvador addresses the persistent social stigma from the professionals and the limited alternative options beyond methadone. He emphasises that the issue is often silenced, and underscores the importance of continued progress, given the apparent policy stagnation.

Therefore, Salvador presents several aspects to address the current panorama. He highlights the need for services to adapt to PWUD rather than the other way around, advocating for increased investment, especially in more psychologists. He proposes that full legalisation may not be necessary if a drug prescription model at consumption sites is adopted. Salvador also highlights the positive outcomes and potential adoption of measures such as drug use rooms, as seen in the Netherlands.

“In reality, in addition to having decriminalised the drug in 2001, we continue to arrest many people.”

“We have the authorities, hospitals, and councils treating PWUD badly.”

“For me, the best model would be the prescription of drugs in uses spaces [...].”

“Investment is needed. For example, I needed 2 psychologists in the room [supervised injection site] full time, but they do not pay [for it] [...].”

(4) Drug Use Related Phenomena

This category covers causes of drug use and experiences of those closest to PWUD. Salvador highlights a reason for drug use, which is the innate human need for completeness and relief from emptiness. Consequently, he emphasises the imperative to develop and provide safer, high-quality drugs to address this inherent need. Moreover, Salvador sheds light on the experiences endured by those close to PWUD, such as friends and family, who often suffer and may choose to distance themselves from the PWUD. When contact is maintained, it often centred on seeking financial support.

“I think there is no human being who does not have an emptiness, and if they do not seek drugs, they seek something else. And that is what leads us to use and fall into addiction [...].”

“[...] it ends up being very bad for families, very bad for friends [...].”

Discussion

4.1. General perception and social stigma towards PWUD and drug use

In 2001, Portugal adopted a new drug policy centred on decriminalisation, aimed at, among other goals, reducing societal stigma towards PWUD (Greenwald, 2009; Laqueur, 2015; Rêgo et al., 2021). Our study focuses on the perceptions and attitudes of Portuguese society towards PWUD to a deeper comprehension of the implications of the 2001 drug decriminalisation law on societal perspectives.

Responses to the open-ended questions revealed significant semantic diversity, reflecting various symbolic associations with PWUD. This diversity posed challenges in conducting our analysis. Nevertheless, we have discovered the essential traits associated with PWUD, allowing us to picture how they are seen in 2023 in Portugal.

Initially, the focus was on viewing PWUD as ill, associating their condition with death, suffering, addiction, and mental health issues. The idea of a predisposition to addiction emerged as an organic cause. By 2005, the concept of substance addiction as a disease was already prevalent (Gomes, 2006). However, in 1997, "sick" was not frequently mentioned, and opinions varied (Oliveira, 1997). Moreover, in the addicted and volitional and physical causes factor, there was a mean decrease. This suggests a shift in public opinion towards treating drug use as a health issue rather than a moral one. In contrast, in countries with criminalising policies, such as some U.S. states, PWUD are often reluctant to seek medical care due to fears of mistreatment by healthcare providers (Biancarelli, 2019; Mayerson et al., 2021; Mucan et al., 2020).

Noteworthy are words associated with physical degradation (e.g., dirtiness, thinness, dark circles and dental issues), in the characterising PWUD and drug use consequences, reflecting a negative perception of their appearance. This contributes to stigmatisation, by highlighting deviations from societal norms and expectations of beauty and health, resulting in low self-esteem and rejection (Fernandes & Barbosa, 2016). As Goldenberg and colleagues (2000) noted, people whose bodies deviate from societal norms may experience anxiety, shame, exclusion, and ridicule.

Participants strongly emphasised individual characteristics, frequently associating vulnerability, instability, irresponsibility, alienation, loneliness, and weakness with PWUD across the three open-ended questions. This suggests a cyclical relationship where these characteristics, causes, and consequences of PWUD mutually influence each other. The

reference to terms as weakness, implies a negative and stigmatised view, suggesting that PWUD may struggle to resist temptation, possibly due to certain predisposing personality or behavioural traits. Being weak was also prevalent in Oliveira's study (1997). In this context, negative emotions, particularly sadness, suffering and loneliness, were mentioned. Notably, sadness and depression stood out as two of the most referred aspects, indicating an association between drug use and negative emotional states. Effectively, drug use was viewed as a coping mechanism, perceiving PWUD as needing/wanting to escape from reality, using drugs for refuge and relaxation. This idea emerged in the positive consequences factor, with a higher mean compared to 1997. As indicated by Ayres (2021) cognitive avoidance coping, predicted being a PWUD. Therefore, this coping mechanism should not be labelled as a positive consequence.

Characteristics linked to childhood and youth were also mentioned, which may imply that drug use could be associated with family dynamics or/and trauma, as these words were mentioned, possibly related to the age at which drug use begins. As Santos and collaborators (2021) stood out, 84.4% of participants reported stating drug use around the age 20.

Long-term effects were mentioned, including academic and professional failure, attributed to an irreversible nature and a snowball effect. These aspects demonstrate the challenge of overcoming drug use. In this context, characteristics and causes also emerged as the perspective of deficit, where the user is perceived as someone lacking a future and ambitions. However, despite a lesser prevalence, positive characteristics and emotions were also presented, such as a fun-person, chill, open, experiencing joy, pleasure and being relaxed. As we can see, there are a variety of characteristics associated with PWUD, which can indicate that there is not a unique vision of who PWUD are.

There is a perception of PWUD engaging in recreational activities, like having fun and adrenaline, taking risks, and curiosity. This challenges the idea that PWUD's life revolves solely around drugs, as found in Oliveira's study (1997). As Pickard (2020) demonstrated, even in addiction, drugs can provide relief from pain, fatigue, stress, boredom, negative emotions, and psychological suffering (despite addiction's own suffering). Therefore, it is considered a cause and consequence. Some participants also viewed drug use as a means of personal transformation and performance improvement, a perspective absent in Oliveira's study (1997). Although there was a slight reduction in the Relational and Experiential Causes Factor (including a reduction in the curiosity item specifically), this appears to contrast with our open-ended results.

Moreover, some participants hold the perspective that PWUD make informed choices, seeing drug use as a conscious decision and with an awareness of the consequences, related to free will, freedom, and knowledge. However, this viewpoint, possibly influenced by the efforts of harm reduction programs, is not a widely shared perspective. O'Malley (2019) notes the emergence of qualified conditions and forms of drug use, such as being informed, controlled and responsible.

Compared to 1997, there has been a noticeable shift in how PWUD are characterized. In Oliveira's study commonly used words were "thief" and "sloppy", carrying a criminal and negligent stigma, and "weak", "needs help", "addicted", "has problems", and "lives for drugs". Therefore, the connotation has shifted from negative and criminal associations to words more connected to individuals who are unwell or in distress. In our study, only a few participants associated PWUD with criminality, and, even then, it was less frequent than in the 1997 study, where "thief" was most associated. Additionally, criminality was mentioned as a possible consequence in only 6,5% of cases. This perspective lasted, at least into 2005, as Gomes (2005) found that 88% considered drug abuse both a social and criminal issue. Neto's study (2016), supported our perspective, with most respondents disagreeing with characterising PWUD as delinquents.

Nevertheless, negative and stereotypical attitudes towards PWUD persist, with words like "problem", "degradation" standing out. Furthermore, there is a deficit perspective in their characterization, like a lack of ambition, which is also seen as a cause. These stereotypes and prejudices persist within this population.

Digging into the social and external factors surrounding PWUD, we will begin with the family environment's influence on PWUD, causes of drug use (e.g., "family issues" and "family members who are PWUD") and consequences (e.g., "family conflicts" and "family dysfunction"). Considering the current study, among those identifying as (past) PWUD, 21% report that their nuclear family uses drugs, compared to 9% of those who do not consider themselves PWUD. In this context, we have the Personal and Family Causes Factor, which did not have a huge difference in means, suggesting that these causes remain as associated as before decriminalisation. Additionally, as indicated by Rui Salvador, most PWUD no longer maintain any forms of relationship with their families.

The need for belonging and acceptance, the absence of love, and misunderstanding were also associated, indicating that drug use may not be entirely voluntary but, once again, a coping mechanism, this one in response to social issues.

This idea emphasizes the impact of social context, including “bad company” and “third-party influences”, “social pressure”, “peer pressure”, and “fashion”. Researchers suggest that an awareness of their peers' drug use significantly influences one's own drug use (Palamar et al., 2013). Indeed, among 19 (former) PWUD-identifying participants, 84% have friends using drugs, while none do not know anyone. In contrast, (former) non-PWUD participants had 10% with drug-using friends and 16% did not know anyone. Similar to family issues, participants link drug use to consequences like disrupted friendships, social isolation, manipulation, falsehood, and destabilisation. The Relational and Experiential Causes Factor is again pertinent here. Particularly related to third-parties influence, there was a decrease, suggesting that it is not as significant as before.

Participants also mentioned overall life situations, encompassing problems, difficult circumstances, poor choices. They also emphasise socioeconomic conditions, particularly poverty and financial scarcity, as well as wastefulness and excessive money. It is noteworthy that both the absence and abundance of money can influence drug use. Marginalisation and homelessness also played a role, echoing findings from 1997 (Oliveira, 1997). The Social and Economic Causes Factor suggests equal importance of these conditions. Gomes (2005) supported this economic perspective, where drugs serve as an economic resource for subsistence and drugs-issues could cease if financial interests were not involved.

Educational aspects were also mentioned, indicating that the drug use can be caused by misinformation. An interesting response was related to ‘specific locations for drug use’, even though it was mentioned only once. This suggests that these places for drug use may be misinterpreted, and be seen not as a safe place, but as one that encourages use.

Understanding individuals' emotions is crucial as these emotions reflect perceptions of stigmatised PWUD (Angermeyer et al., 2010). Attitudes and emotions towards PWUD encompass fear, misunderstanding, disappointment, but also compassion and concern. Less frequent but emotionally intense words like “disgust” and “harmful” were mentioned. Disgust is a sociomoral factor and emotion with distinctive physiological, behavioural, and cognitive elements, contributing to dehumanisation and stigmatisation (Tybur et al., 2009). Therefore, stigma and disgust have been found to be strongly linked (Tybur et al., 2009), underscoring the need for education and public awareness to promote a fairer and more compassionate view of PWUD and combat persistent stigmas affecting their well-being and healthcare access. Nevertheless, some neutral attitudes, such as “person” and “normal”, emerged, suggesting that some perceive PWUD as ordinary individuals.

Emotions towards PWUD show increased empathy, with predominant feelings of pity and compassion. Only five participants mention stigma and discrimination. Looking at Oliveira's factors (1997), there has been a reduction in the means of negative, ambivalent, and positive emotions. Even though we do not agree with certain emotions belonging to the positive and ambivalent emotions factors, this suggests a potential decrease in emotional intensity towards PWUD, although without guarantee that it is statistically significant. Nonetheless, some emotional responses persist, with fewer positive emotions than negative ones. Van Boekel (2013) demonstrated that anger and fear increased intentions to impose restrictions. However, the present study did not find a correlation between fear or anger and the belief that drug use should be prohibited.

Also, participants mentioned different types of substances, including cocaine, tablets, marijuana, heroin, the 'heavy' ones, along with materials, like syringes and needles. Similar findings were observed in Neto's study (2016), indicating that certain substances may carry a greater stigma than others, as also demonstrated by Pennay and Measham (2016). Furthermore, according to Lloyd (2013) and Broady and collaborators (2020), a key characteristic of this type of stigma is injection, which elicits strong emotional reactions and is more stigmatised. Injecting street drugs is perceived by many as 'dirty' (Power, Power, & Gibson, 1996, cited by Lloyd, 2013), which can explain the previous notion of dirtiness.

Due to a different analysis organisation from Oliveira (1997), the comparison regarding the other characteristics and consequences factors, will be discussed now.

The Marginal and the Frail Factor has been decreasing, suggesting a shift in public opinion and a decrease in social stigma over time. Nowadays, PWUD are no longer seen as marginal and frail as they were before 2001, possibly indicating a more empathetic and less judgmental view since the decriminalisation law.

The Negative Consequences factor showed a reduction, indicating a change, although not as big as expected, aligning with the open-ended responses. Nevertheless, we believe that "pleasure" should not have been included in this factor since we consider it a positive consequence. Decreases also appear in the Catastrophic Consequences Factor, demonstrating a less catastrophic view towards PWUD. Reduced concerns about AIDS may be associated with harm reduction policies and supervised use.

Several factors associated with drug use and PWUD from 1997 still persist, but with less intensity. Furthermore, new factors emerged, displaying a more positive and less stigmatising nature. The general profile of PWUD in Portugal in 2023, even complex, compared to 1997, reveals less pronounced social stigma. This aligns with Salvador's

observation of existing differences that have somewhat stagnated. Moreover, most of the participants seem to focus on a specific type of PWUD, the addicted ones. However, the spectrum is vast. Salvador also highlighted differences in stigma between PWUD on the street and those who are artists.

4.2. Perception and social stigma towards PWUD and drug use comparing the sociodemographic variables

Going deeper, it is evident that these perceptions are not uniformly shared among the entire population. Therefore, it is crucial to understand the differences.

In this study, we explored gender perspective towards PWUD. Both men and women largely associate PWUD with addiction and challenges, with fewer linking them to theft. Nonetheless, men tend to associate attributes like weakness, criminality, and hedonism. Moreover, both genders express feelings of disgust, sadness, and frustration towards PWUD, aligning with the predominant emotions observed in 1997 (Oliveira, 1997). Nevertheless, women reported more sadness, guilt, and surprise. These gender disparities may reflect societal expectations and gender norms concerning empathy and emotional expression. Research suggests that females are more inclined to report heightened empathetic responses, rather than indicating an inherent difference in empathic abilities between genders (Löffler & Greitemeyer, 2021; Thomas & Maio, 2010).

Our data suggests that women are more inclined to attribute drug use to “youth’s lack of support” than men, possibly because they feel responsible for preventing someone, like their child, from becoming a drug user, which increases their empathy. This underscores the influence of gender roles and stereotypes, wherein women are commonly perceived as caregivers and emotionally sensitive (Cardona et al., 2014; Pires, 2014). Furthermore, women, in our sample, tend to associate drug use more with illness, death, HIV/AIDS, family problems, and the worst possible outcomes, possibly indicating a more stigmatised view of drug use. This may be explained by heightened vigilance due to women's vulnerability to drug-related issues (Becker et al., 2017) and the impact of drugs on their defensive behaviour and ability to self-expression (Smith et al., 2021).

Compared to men, women reported feeling more shame if caught using drugs. This may be related to their differential experience of drug use-related stigma (Meyers, 2021; Oliveira, 2017; Silva, 2021; UNODC, 2004) The use of drugs by women is perceived as a moral transgression (Meyers, 2021).

Research suggests that gender significantly shapes non-PWUD's attitudes towards PWUD, with non-using women often holding more negative and less tolerant views (Mundon et al., 2016). This gender-based disparity becomes particularly pronounced in our data, where only 9 of the 158 women identified themselves as (former) PWUD. Among this subset, we observe a stronger correlation between negative consequences and drug use, compared to men. These differences are not perceived by Salvador, in contrast to variations in age within the population.

Across age groups, the prevailing belief is that PWUD need assistance. However, younger individuals (18-44) are less likely to associate drug use with theft and feel more happiness and less aversion. Older generations tend to perceive PWUD as sickly and dependent on drugs and feeling more disgust, frustration, and anger, potentially due to their pre-decriminalisation exposure, as these individuals were at least 23 when it occurred. Younger people may have less experience with drug addiction's harmful effects, associating PWUD more with seeking pleasure, while older generations already hold negative views due to direct or indirect experiences, leading to more discriminatory attitudes (Adam et al., 2021). Salvador notes that older generations tend to discriminate more. Anyways, pride is the least common emotion towards PWUD across all ages.

Regarding causes, those over 35 see peer influence as the primary cause of drug use. In contrast, those aged 18-24 mention family issues, and those between 25 and 34 cite curiosity. These preferences align with their life experiences at the moment. The least associated cause is lack of money, consistent with other sociodemographic variables. All the differences observed in terms of causes and consequences, reported in the results demonstrate that age significantly influences perceptions of PWUD, with older individuals holding more stigma compared to younger counterparts. This finding aligns with Jang and colleagues' research in Korea (Jang et al., 2023).

Additionally, we aimed to understand the difference based on education levels. Across all levels, needing help was the most commonly associated with PWUD, while being a thief was the least common. This suggests a reduced connection between PWUD and criminal behaviour across all educational backgrounds. Those with PhDs and high school degrees felt more frustration and shame towards PWUD compared to others. However, those with PhDs also emphasised the need for help, possibly due to a deeper understanding of the phenomenon, especially if their studies relate to it. Moreover, this reveals that these similarities can be originated by distinctions in motivations. Once again, despite there being no significant differences in perceived causes and consequences, HIV/AIDS was the least

associated among bachelor's and master's degree holders, and pleasure for those with a high school education and PhD.

Due to this, education level does not significantly affect perceptions of PWUD and drug use, except for those with a high school education or less, who exhibit a less stigmatised view. While there is limited research on education levels, already mentioned by Kulesza and collaborators (2013), the existing studies offer contrasting insights. While Palamar (2013) found a significant impact of having or not having a bachelor's degree on reducing stigma, Donatti Gallass and collaborators (2021) suggest that stigma is multifaceted, and education level should not be the sole predictor of the behaviour.

In Portugal, perceptions of PWUD vary across districts, with the prevailing association of needing help in most districts, except for Aveiro. Sadness is the most prevalent emotion felt towards PWUD, while pride is the least experienced. Regional disparities were observed between the central (Leiria and Santarém) and northern (Porto and Braga) regions, highlighting the lack of research in Portugal on geographic variations in drug-related stigma across districts, zones (north, central, south), and urban and rural areas. This research gap extends globally as geography's role in public stigma lacks discussion (Schoroeder et al., 2021).

The differences may be explained by varying drug-related initiatives, which are more frequent in the north, especially risk reduction efforts (Serviço Nacional de Saúde [SNS] & Administração Regional de Saúde do Centro, s.d.; SNS & Administração Regional de Saúde do Norte, s.d.) and by the higher beneficiaries in Porto and Braga (SICAD, 2022), reflecting the influence of public health and education policies. Moreover, the northern regions, being more urban (Gabinete de Planeamento, Políticas e Administração Geral, 2020), contribute to differences. In rural areas, there is a stronger stigma against drug use (Bolinski et al., 2019, cit in Walters et al., 2022), due to the limited-service access and heightened social visibility (Larson & Corrigan, 2010). Ageing is another factor, as older individuals tend to hold more negative views on drug use. Santarém and Leiria have higher ageing indices (201.8 and 204.7) compared to Porto, Lisbon, and Braga (174.7, 150.9, and 141.5) (Pordata, 2023).

The lack of money was rarely associated with drug use, except in Santarém, linked to youth's lack of support. Third-party influence, living environments, and family problems were common causes. Leiria associated it less with unemployment compared to Aveiro, Porto, Santarém, and 'others.' In most districts, HIV/AIDS was the least linked consequence, significant given Portugal's decriminalisation efforts due to high HIV cases. In the 1997 study (Oliveira, 1997), "AIDS" was frequently mentioned in drug consequences discussions.

Wasting money, personal degradation, and personal problems were top concerns in 1997 and remained important in 2023, with Aveiro more focused on personal degradation and Braga/Santarém associating more drug use with crime compared to Porto.

In conclusion, attitudes towards PWUD are not uniform across the country, and these differences may reflect distinct cultural, socioeconomic, and regional public policy influences. Specifically, there appear to be fewer stigmatising attitudes in the northern regions of the country.

4.3. Knowledge regarding drug policy

Many individuals in Portugal are unaware or misinformed about Law n°30/2000, a finding consistent with previous research by Catarino (2020) and Neto (2016), as well as Salvador's opinion. This lack of awareness may contribute to social stigma, as individuals remain uninformed about the actual consequences of drug use. Palamar (2013) asserts that those who stigmatise drug use the most often have a limited understanding of the distinctions between illicit substances (e.g., marijuana vs. heroin). Among individuals who identify as (former) PWUD, their self-rated knowledge about the legislation averaged 3.11 on a scale 1 to 5.

Nonetheless, a reduction in stigma is evident, indicating that campaigns and prevention efforts have yielded results. As noted by Wogen and Restrepo (2020) legislative reform must be accompanied by programs, directly addressing components of stigma to improve outcomes. Catarino (2020) identified a correlation between the lack of information and opposition to drug use legalisation. However, from our responses to open-ended questions, it can be concluded that the general population in Portugal, while not having an in-depth understanding of the current legal framework, possesses basic knowledge of it.

4.4. Strategies to adopt concerning the drug policy

Participants generally favoured the prohibited approach in the closed-ended questions, aligning with their answers in the open-ended question. Moreover, women and older individuals tend to prefer prohibition, as founded Catarino (2020). This inclination among older individuals may stem from experiences during the pre-decriminalisation era, marked by high rates of HIV infection.

In summary, most participants support a drug decriminalisation policy, which aligns with Portugal's current policy. Even though, if considering a permissive approach, almost all population believe it should be adopted the regulated market.

This contrasts with the past when more punitive policies were advocated (Oliveira, 1997) and both drug-dependent and non-drug-dependent individuals preferred drug prohibition and supported criminal penalties (Antunes, 2013). Moreover, these findings contrast with those from Catarino (2020), who reported that 63% of respondents supported legalisation. Nevertheless, it is worth noting that the variable of participants considering themselves PWUD varies between Catarino and our study (58% vs. 8.9%). This leads to the question of familiarity with the phenomenon.

Only 25.7% of participants feel closely connected to drug-related phenomena, while 62.1% have a distant connection. Among the 69 participants advocating for drug prohibition, 70.8% consider themselves distantly connected to the world of drug use. This distance may lead them to perceive the consequences more negatively than they actually are, as suggested by previous research (Catarino, 2020). This indicates that the contact may reduce stigma (Adlaf et al., 2009). For those in favour of drug legalisation, 14 have nuclear family members using drugs, 18 (18.9%) extended familiars, 66 (66.3%) friends, 27 (28.4%) colleagues or neighbours.

Analysing responses to the open-ended question about addressing drug use, a multitude of ideas emerged, noticing a shift from 1997. Back then, suggestions mainly focused on repressive interventions and, to a lesser extent, preventive measures (Oliveira, 1997). However, in our study, legalisation, regulated markets, decriminalisation, and depenalization had been proposed, even before these ideas were elaborated further in the questionnaire. There's also a significant focus on non-sensationalist education and prevention, in contrast to Frاسquilho's findings (1997), where non-PWUD suggested more policing, harsher penalties, a zero-tolerance approach policy with drug supply destruction, and production bans, along with increased information dissemination and efforts to combat isolation. Combating traffic was also highlighted by the participants, which was already mentioned in 1997 and by Salvador.

Salvador highlights issues within the current model, including imprisonment of PWUD, insistence on quitting drug use, variable defined gram quantities for drug use, and the need for referrals to the dissuasion commission. Moreover, PWUD still face stigmatisation by healthcare professionals. To address these issues, Salvador proposes a policy for prescribing psychoactive substances in supervised spaces and underscores the need for increased investment.

4.5. Strengths of the study

This mixed-methods study provides a valuable view of the perception on PWUD in Portugal and a comparison of social stigma experienced in 1997, before the drug decriminalisation law, and in 2023, 22 years after decriminalisation. Moreover, it was possible to explore the public opinion on the policy to adopt, as well as to analyse differences based on various socioeconomic variables, including gender, age, level of education, and district of residence. The last is particularly noteworthy due to the lack of similar studies in Portugal. All in all, it was possible to pursue our five objectives.

4.6. Practical implications and Future research

This study yields practical implications worth emphasising. There is a clear need to enhance prevention and education efforts targeting, not only at schools, but also at the general population. Differences persist by age, gender, and educational level. Additionally, some regions require the implementation of harm reduction policies and anti-stigma campaigns, especially in areas with higher levels of stigma. Participants' suggestions highlight the importance of real-life cases-based advertising campaigns in combating stigma, which was also demonstrated by Cheetham and collaborators (2022). All in all, as stated by Silva and collaborators (2021), empowering means providing knowledge. Understanding the public's opinion on drug use, particularly at the legislative level, is crucial, as it was facilitated by the presented study, being possible to gauge how the population feels about PWUD and drug use and work towards improving these sentiments, not only among the general population but also among PWUD themselves and experts, as emphasised by Fernandes (2009) and demonstrated in the interview.

Future research can enhance our understanding of social stigma by validating Oliveira's scale and employing a longitudinal study design to track stigma evolution over time, in line with Adlaf and colleagues' findings (2009) that levels of stigmatisation tend to evolve. It would be valuable to explore the impact of religion on stigma, especially in a predominantly religious country like Portugal (Instituto Nacional de Estatísticas, 2022), as religious individuals tend to report higher stigmatisation levels (Palamar et al., 2011). Additionally, it would be worthwhile to investigate variations in stigma based on the type of substance. McCradden et al. (2019) have pointed out distinctions between the "legitimate" use of opioids and the "illegitimate" one. Despite limited research in this area, individuals who inject illicit opioids often experience significant societal stigma (Paquette, 2018;

Biancarelli et al., 2019; Luoma et al., 2007). Our open-ended questions also revealed terms like "syringes" and specific types of substances, suggesting the need for further exploration.

4.7. Limitations

It should be noted that this study also has some limitations. Firstly, even though the scale used, specifically Oliveira's Questionnaire, lacks validity, we successfully replicated it and obtained a favourable result on our study. While the absence of necessary data for statistical comparisons prevents us from providing absolute certainty regarding the reduction in stigma on quantitative data, a noticeable difference can be observed in qualitative data. Additionally, Oliveira's study exhibits a weak sample characterization and fails to present results of sociodemographic variables, thus resulting in a lack of detailed sample description.

Furthermore, there was a greater representation of the female gender in our sample. Moreover, there are specific answers as "Harm minimisation" that seem to be answered by a specific population that already has more knowledge about this phenomenon.

One last limitation lies in the fact that the interview conducted involves the perspective and bias of someone who has direct contact with one extreme of the phenomenon: active PWUD, individuals with substance use disorders.

Conclusion

This study offers insights into the perspective that the Portuguese population holds in 2023 regarding PWUD. Although statistical comparisons were not feasible, this research suggests a shift in social stigma compared to 1997. While Rui Salvador acknowledges that there is still much space for improvement, he agrees that there have been some positive changes. It is evident that this perspective is not uniform across the entire population, and misconceptions persist. This is also voiced by PWUD. Furthermore, the Portuguese population has a preference for less repressive measures than in 1997 and is already discussing permissive policies, even though it seems to view decriminalisation as the best approach, while admitting that certain measures need refinement. This viewpoint is also advocated by Rui Salvador, who believes that progress has stagnated. As Salvador states, "[...] there is no human being who does not have an emptiness, and if he does not look for drugs, he looks for something else".

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Supplementary Materials

Supplementary Material A. Statistical analysis of the characteristic associated to PWUD

Characteristics	Need help mean (SD)	p value	Sick	p value	Live for drugs	p value	Weak	p value	Thief mean (SD)	p value	Pleasure	p value	
			mean (SD)				mean (SD)				mean (SD)		
Gender													
Female							2.64 (1.68)	.001	2.06 (1.38)	.030	2.73 (1.40)	.036	
Male							3.37 (1.92)	.001	2.56 (1.55)	.030	3.20 (1.47)	.036	
Age													
18-24			3.96 (1.87)	.008	3.84 (1.74)	.024	2.52 (1.58)	.005	1.90 (1.34)	<.001	3.19 (1.40)	.002	
25-34			4.28 (1.94)	.008	3.61 (1.54)	.024	2.60 (1.68)	.005	1.96 (1.26)	<.001	3.00 (1.23)	.002	
35-44			5.25 (2.02)	.008	4.31 (2.06)	.024	2.63 (1.78)	.005	2.06 (1.39)	<.001	2.31 (1.01)	.002	
45-54			5.39 (1.64)	.008	5.04 (1.80)	.024	3.87 (1.96)	.005	3.00 (1.48)	<.001	2.52 (1.78)	.002	

≥55			4.35 (2.12)	.008	4.06 (2.01)	.024	3.31 (1.94)	.005	2.79 (1.57)	<.001	2.20 (1.37)	.002
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Education												
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Up to high school	5.27 (2.04)	<.001
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Bachelor's degree	5.60 (1.50)	<.001
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Master's degree	5.20 (2.02)	<.001
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PhD	6.80 (0.45)	<.001
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Blank cells refer to values that did not demonstrate significance, with the cutoff value for $p < .05$.

Gender: Weak: $r = 0.22$ ($p = .001$); Thief: $r = 0.15$ ($p = .030$); Pleasure: $r = 0.15$ ($p = .036$)

Age: Sick: one-way ANOVA ($F(4, 204) = 3.55$, $p = .008$, $\eta^2 = 0.07$); Live for drugs: one-way ANOVA ($F(4, 207) = 2.87$, $p = .024$, $\eta^2 = 0.052$); Weak: one-way ANOVA ($F(4, 207) = 3.82$, $p = .005$, $\eta^2 = 0.069$); Thief: one-way ANOVA ($F(4, 207) = 4.95$, $p < .001$, $\eta^2 = 0.087$); Pleasure: one-way ANOVA ($F(4, 208) = 4.44$, $p = .002$, $\eta^2 = 0.079$).

Education: Need help: Welch's ANOVA ($F(3, 29) = 11.01$, $p < .001$).

Supplementary Material B. Stastical analysis of the emotional reactions towards PWUD

Characteristic s	Happiness		Disgus t		Revulsion		Frustratio n		Guilt y		Fear		Anger	p value	Surprise	p value	Sadness	p valu e	Shame	p valu e
	mean (SD)	p value	mean (SD)	p valu e	mean (SD)	p valu e	mean (SD)	p valu e	mean (SD)	p valu e										
Gender																				
Female	1.44 (0.63)	< .001							1.76 (0.91)	.009					1.69 (0.82)	.035	2.96 (0.89)	.014		
Male	1.73 (0.87)	< .001							1.58 (0.69)	.009					1.44 (0.63)	.035	2.60 (1.03)	.014		
Age																				
18-24	1.62 (0.79)	.043	2.35 (0.87)	.001	1.60 (0.68)	.026	2.30 (0.98)	.003					1.54 (0.76)	.030					1.73 (0.91)	.043
25-34	1.50 (0.69)	.043	2.32 (0.93)	.001	1.39 (0.61)	.026	2.09 (0.99)	.003					1.35 (0.60)	.030					1.63 (0.88)	.043
35-44	1.31 (0.48)	.043	3.14 (1.03)	.001	1.75 (0.68)	.026	2.94 (0.77)	.003					1.38 (0.50)	.030					2.13 (1.03)	.043
45-54	1.43 (0.59)	.043	2.78 (0.85)	.001	1.57 (0.79)	.026	2.30 (0.97)	.003					1.78 (0.95)	.030					1.83 (0.98)	.043
≥55	1.37 (0.65)	.043	2.87 (0.96)	.001	1.97 (0.97)	.026	2.83 (0.86)	.003					1.83 (0.82))	.030					2.09 (0.98)	.043

Education																				
Up to high school	1.76 (0.83)	.004			1.83 (0.87)	.028	2.80 (0.96)	.006			2.45 (0.89)								2.04 (1.06)	.029
												.027								
Bachelor's degree	1.47 (0.66)	.004			1.64 (0.72)	.028	2.30 (0.98)	.006			2.24 (0.82)								1.73 (0.87)	.029
												.027								
Master's degree	1.41 (0.67)	.004			1.35 (0.58)	.028	2.13 (0.96)	.006			2.04 (0.82)								1.63 (0.88)	.029
												.027								
PhD	1.00 (0.00)	.004				.028	2.40 (0.55)	.006			2.20 (1.30)		.027						2.60 (1.14)	.029
District of Residence																				
Aveiro					2.53 (0.83)	.045	2.33 (1.05)	.005				1.80 (0.78)	.006	1.80 (0.78)	.009					
Braga					1.36 (0.51)	.045	1.73 (0.79)	.005				1.55 (1.04)	.006	1.27 (0.47)	.009					
Leiria					1.95 (0.90)	.045	2.70 (0.97)	.005				1.96 (1.07)	.006	2.00 (0.87)	.009					

Lisboa	1.68 (0.87)	.045	2.81 (0.91)	.005	1.61 (0.67)	.006	1.57 (0.90)	.009
Porto	1.48 (0.66)	.045	2.25 (0.95)	.005	1.35 (0.64)	.006	1.47 (0.65)	.009
Santarém	2.00 (0.74)	.045	2.83 (0.94)	.005	2.00 (0.60)	.006	2.08 (1.00)	.009
Others*	1.72 (0.70)	.045	2.24 (0.99)	.005	1.55 (0.69)	.006	1.72 (0.80)	.009

Blank cells refer to values that did not demonstrate significance, with the cutoff value for $p < .05$.

Gender: Happiness: $t(75) = -2.65$, $p < .001$, $d = 0.70$; $r = .009$ ($p = .009$); Guilty: $t(126) = 1.52$, $p = .009$, $d = 0.86$; Surprise: $t(123) = 2.36$, $p = .026$, $d = 0.78$; $r = -0.15$ ($p = .035$); Sadness: $t(84) = 2.32$, $p = .014$, $d = 0.93$; $r = -0.17$ ($p = .014$)

Age: Happiness: $r = -0.14$ ($p = .043$); Disgust: one-way ANOVA ($F(4, 196) = 4.64$, $p = .001$, $\eta^2 = 0.09$); $r = 0.23$ ($p < .001$); Revulsion: $r = 0.15$ ($p = .026$); Frustration: one-way ANOVA ($F(4, 196) = 4.10$, $p = .003$, $\eta^2 = 0.08$); $r = 0.19$ ($p = .006$); Anger: Welch's ANOVA ($F_{Welch}(4, 63) = 2.86$, $p = .030$); $r = -0.16$ ($p = .023$); Shame: of $r = 0.14$ ($p = .043$)

Education: Happiness: $r = -0.20$ ($p = .004$); Revulsion: Welch's ANOVA ($F_{Welch}(3, 18) = 3.81$, $p = .028$); Frustration: one-way ANOVA ($F(3, 208) = 4.29$, $p = .006$, $\eta^2 = 0.06$); $r = -0.21$ ($p = .003$); Fear: $r = -0.15$; $p = .027$; Shame: one-way ANOVA ($F(3, 208) = 3.08$, $p = .029$, $\eta^2 = 0.04$).

District: Revulsion: ANOVA ($F(6, 204) = 2.20$, $p = .045$, $\eta^2 = 0.06$); Frustration: one-way ANOVA ($F(6, 207) = 3.18$, $p = .005$, $\eta^2 = 0.08$); Anger: Welch's ANOVA ($F_{Welch}(6, 48) = 3.25$, $p = .006$); Surprise: one-way ANOVA ($F(6, 204) = 2.92$, $p = .009$, $\eta^2 = 0.08$)

Supplementary Material C. Statistical analysis of the causes associated to drug use

Characteristics	Lack of family support											Youth's lack of support											Environment they live in		Family problems		Body addiction		Desire to consume	
	support		Curiosity		Unemployment		Distaste		Lack of money		Influence of others		of support																	
	mean	value	mean	value		value	mean	value	mean	value	mean	value	mean	value					mean	value	mean	value	mean	value						
	(SD)	e	(SD)	e		mean (SD)	e	(SD)	e	(SD)	e	(SD)	e	(SD)	e	mean (SD)	e	(SD)	e	(SD)	e	(SD)	e							
Gender																														
Female													4.77 (1.66)	.014																
Male													4.09 (1.90)	.014																
Age																														
18-24	4.99 (1.63)	.001	5.38 (1.38)	.008	4.66 (1.61)	<.001	5.31 (1.42)	<.001	4.11 (1.80)	<.001	5.57 (1.26)	.025	4.88 (1.60)	.008	5.62 (1.35)	<.001	5.80 (1.21)	<.001	4.75 (1.67)	.009	5.34 (1.38)	0.02								
25-34	4.89 (1.66)	.001	5.57 (1.33)	.008	4.26 (1.54)	<.001	5.28 (1.46)	<.001	3.48 (1.53)	<.001	5.50 (1.28)	.025	4.89 (1.75)	.008	5.48 (1.46)	<.001	5.41 (1.48)	<.001	4.72 (1.73)	.009	5.13 (1.60)	0.02								
35-44	4.31 (2.06)	.001	5.13 (1.82)	.008	3.94 (1.81)	<.001	4.44 (1.67)	<.001	3.25 (1.88)	<.001	5.38 (1.50)	.025	4.56 (1.97)	.008	4.94 (1.44)	<.001	5.13 (2.00)	<.001	4.81 (1.98)	.009	5.06 (1.65)	0.02								
45-54	3.09 (1.65)	.001	5.48 (1.81)	.008	3.50 (1.90)	<.001	4.18 (1.94)	<.001	3.00 (1.80)	<.001	5.59 (1.50)	.025	4.23 (1.93)	.008	4.59 (1.82)	<.001	4.45 (1.50)	<.001	3.77 (2.09)	.009	4.68 (2.17)	0.02								
≥55	3.53 (1.85)	.001	4.20 (1.78)	.008	3.31 (2.08)	<.001	3.91 (1.78)	<.001	3.69 (1.68)	<.001	4.46 (1.74)	.025	3.71 (1.64)	.008	4.06 (1.89)	<.001	4.06 (1.78)	<.001	3.66 (2.09)	.009	3.89 (1.73)	0.02								

District of residence																						
Aveiro						5.00 (1.30)																.020
Braga						4.18 (1.83)																.020
Leiria						3.30 (2.06)																.020
Lisboa						4.00 (2.08)																.020
Porto						4.12 (1.65)																.020
Santarém						5.42 (1.68)																.020
Others*						4.34 (1.59)																.020

Blank cells refer to values that did not demonstrate significance, with the cutoff value for $p < .05$.

Gender: Youth's lack of support: $r = -0.17$ ($p = .014$)

Age: Lack of familiar support: one-way ANOVA ($F(4, 207) = 9.21, p < .001, \eta^2 = 0.15$); $r = -0.36$ ($p < .001$); Curiosity: Welch's ANOVA ($FWelch(4, 58) = 3.85, p = .008$); $r = -0.22$ ($p < .001$); Unemployment: one-way ANOVA ($F(4, 208) = 4.97, p < .001, \eta^2 = 0.09$); $r = -0.30$ ($p < .001$); Distaste: one-way ANOVA ($F(4, 206) = 7.16, p < .001, \eta^2 = 0.12$); $r = -0.34$ ($p < .001$); Lack of money: one-way ANOVA ($F(4, 207) = 5.30, p < .001, \eta^2 = 0.09$); $r = -0.30$ ($p < .001$); Influence of others: Welch's ANOVA ($FWelch(4, 58) = 3.03, p = .025$); $r = -0.22$ ($p < .001$); Youth's lack of support: one-way ANOVA ($F(4, 206) = 3.58, p = .008, \eta^2 = 0.06$); $r = -0.24$ ($p < .001$); Environment they live in: Welch's ANOVA ($FWelch(4, 58) = 6.13, p < .001$); $r = -0.36$ ($p < .001$); Family problems: Welch's ANOVA ($FWelch(4, 56) = 9.45, p < .001$); $r = -0.41$ ($p < .001$); Body addiction: one-way ANOVA ($F(4, 207) = 3.45, p = .009, \eta^2 = 0.063$); $r = -0.23$ ($p < .001$); Desire to consume: Welch's ANOVA ($FWelch(4, 57) = 5.02, p = .002$); $r = -0.30$ ($p < .001$)

District: Unemployment: one-way ANOVA ($F(6, 206) = 2.58, p = .020, \eta^2 = 0.07$)

Supplementary Material D. Statistical analysis of the consequences associated to the drug use

Characteristic	Crime		Personal degradation		Illness		Death		Worst possible things		Family problems		HIV/AIDS	
	Mean (SD)	p value	Mean (SD)	p value	Mean (SD)	p value	Mean (SD)	p value	Mean (SD)	p value	Mean (SD)	p value	Mean (SD)	p value
Gender														
Female					5.74 (1.48)	.027	5.25 (1.63)	.036	4.90 (1.79)	.028	5.61 (1.51)	.013	4.19 (1.87)	.035
Male					5.04 (1.83)	.027	4.85 (1.92)	.036	4.30 (2.09)	.028	5.06 (1.96)	.013	3.56 (1.98)	.035
Age														
18-24											5.76 (1.40)	.040		
25-34											5.69 (1.55)	.040		
35-44											5.19 (1.76)	.040		
45-54											5.52 (1.70)	.040		
≥55											4.60 (1.99)	.040		
District of Residence														
Aveiro	5.43 (0.94)	.009	6.64 (0.63)	.013										

Braga	4.82 (1.66)	.009	5.27 (1.01)	.013
Leiria	4.35 (1.87)	.009	5.30 (1.89)	.013
Lisboa	4.42 (1.89)	.009	5.81 (1.66)	.013
Porto	4.60 (1.68)	.009	5.81 (1.60)	.013
Santarém	5.92 (1.17)	.009	6.42 (0.79)	.013
Others*	4.69 (1.89)	.009	5.48 (1.86)	.013

Blank cells refer to values that did not demonstrate significance, with the cutoff value for $p < .05$.

Gender: Illness: $t(80) = 2.57$, $p = .027$, $d = 1.58$; $r = 0.19$ ($p = .005$); Death: $t(81) = 1.36$, $p = .036$, $d = 1.71$; Worst possible thing: $t(81) = 1.91$, $p = .028$, $d = 1.87$; $r = -0.14$ ($p = .040$); Family problems: $t(72) = 1.88$, $p = .013$, $d = 1.63$; $r = -0.15$ ($p = .034$); HIV/AIDS: $r = -0.15$ ($p = .035$)

Age: Family problems: Welch's ANOVA (FWelch (4, 58) = 2.68, $p = .040$); $r = -0.23$ ($p < .001$)

District: Crime: Welch's ANOVA (FWelch (6, 51) = 3.27, $p = .009$); Personal degradation: Welch's ANOVA (FWelch (9, 31) = 2.90, $p = .013$)

Supplementary Material E. Content analysis of the characteristics associated to PWUD

Categories	Sub-categories	Examples	Frequencies	%
Illness	Physical			
	Illness/Mortality:			
	PWUD as being ill, receiving treatment, and the mortal risks associated with drug use	Sick Mortality Detoxification Drug addict Overdose	56	9,8
	Dependency:			
	PWUD as someone dependent on a substance, implying a continuous and regular need for use	Addicted Dependent Habit Hooked Addict	127	22,1
	Mental Health:	Anxiety Trauma Psychological Discomfort Depression	11	1,9
Stereotypes	Intrinsic Elements:	Sadness Alienated Vulnerable Unstable Suffering Loneliness Lost	180	31,4
	Extrinsic Elements:	Exclusion Family Issues	38	6,6

	Elements and characteristics from the external world associated with PWUD	Helplessness Isolation Misery Money Parties Poverty		
	Deficit Perspective:			
	View of the PWUD as someone lacking goals or ambitions	Directionless Without a future Without ambitions	9	1,6
	Recreational and Experimental:			
	The perspective that PWUD engage in substance use for recreational purposes or as part of their experimentation with substances	Adrenaline Curiosity Experience Fun Pleasure Relax	23	4
	Escape from Reality:			
	The perception of PWUD as individuals seeking to escape from or take refuge from reality.	Escape Refuge	9	1,5
	Criminality:	Crime Delinquent	7	1,2

Attitudes and Feelings	The perspective of PWUD engaging in criminal behaviours and illegal activities	Illegality Theft		
	Negative Attitudes: A negative perspective towards PWUD	Danger Decadence Disgrace Drugged Exile Failed Marginalised Problem Waste	56	9,8
	Neutral Attitudes: A neutral perspective towards PWUD	Normal Person	10	1,7
	Feelings: Emotions and emotional responses experienced towards PWUD	Disappointment Disgust Disgust Fear Misunderstanding Pity Revolt Shame Worry	21	3,7
	Types of Substances: The variety of substances associated with PWUD	Cocaine Heavy Heroin Pills Weed	13	2,3
Drug Use				

Deterioration	Use Drugs Materials:			
	Materials associated with PWUD	Needles Syringes	5	0,9
Deterioration	Physical Deterioration:			
	Physical changes that occur in PWUD's body	Dark circles		
		Dirty Teeth	9	1,5
		Thin		
Total			574	100

Supplementary Material F. Content analysis of the causes associated to drug use

Categories	Sub-categories	Examples	Frequencies	%
Individual Factors	Mental Health:	Depression		
	Mental health as a driver of substance use	Anxiety		
		Stress	60	10,7
		Trauma		
		Grief		
	Emotional and Psychological Causes:	Sadness		
		Low self-esteem		
		Suffering		
	Emotions and psychological traits that lead to drug use	Despair		
		Dissatisfaction		
		Helplessness		
		Emotional instability		
		Emotional problems	106	18,8
		Imbalance		
		Hopelessness		
		Loneliness		
		Abandoned		
		Revolt		
		Frustration		
		Instability		
		Fragility		
		Insecurity		
	Lacking Individual Attributes:	Lack of confidence		
	Characteristics lacking in a person that lead to drug use	Lack of meaning in life	11	2
		Lack of guidance		
		Lack of objectives		

Individual				
Characteristics:		Immaturity		
Traits of a person that contribute to drug use		Irresponsibility	20	3,6
		Weakness		
		Rebellion		
Life Situations:		Difficulties		
Situations arising from the PWUD's life that lead to drug use		Problems		
		Personal problems	28	5
		Life context, Life		
		Youth		
		Negative Events		
Coping Mechanisms:		Avoidance		
Viewing drug use as a way to cope with difficulties		Desire for freedom		
		Relax		
		To forget		
		To escape	34	6
		Need to switch off		
		Abstract		
		Exhaust		
		Refuge		
	Organic Factors:			
Causes associated with biological factors		Predisposition		
		Pain	20	3,6
		Illness		
Dependency:				
Drug use driven by physical or psychological dependence		Need	26	4,6
		Addition		

Social and Environmental Influences	Freedom of Choice / Knowledge:			
	Drug use as an informed choice by the PWUD	Free will Knowledge	6	1,1
	Social Context	Friendships		
	Characteristics of the social environment that contribute to drug use	Bad Companies, Companies Consumer peers Peer pressure Integration, Acceptance Social context Fashion Lack of support Lack of love Exhibition Facilitatism Own venues Social isolation Quite Rejection Society	119	21,1
	Family Environment			
	Characteristics of the family environment that lead to drug use	Family problems Unstable family relationship Consumer family	21	3,7
	Socioeconomic Conditions	Poverty Money Economic and	33	5,9

	Economic factors that lead a person to drug use	Financial Problems Unemployment		
	Education/Literacy Factors related to awareness and knowledge about drug use	Misinformation Education	3	0,5
Seeking Positive Effects	Pleasure and Entertainment Seeking:	Adrenaline Sexual excitement Sensation seeking,		
	Recreational causes associated with drug use	Sensation Travel, Alienation Pleasure Fun Leisure Parties	26	4,6
	Curiosity and Experimentation:	Curiosity Exploration Willing Experimentation	43	7,6
	Personal Transformation:	Performance Creativity Transformation	4	0,7
	The use of drugs as a means of personal improvement			
Substances	Types of Substances:		3	0,5



Substances
that are seen
as causes of
drug use

Cocaine
Heroin
Hashish

563 100

Supplementary Material G. Content analysis of the consequences associated to drug use

Categories	Sub-categories	Examples	Frequencies	%
Health Consequences	Physical Health	Illnesses		
	Aspects:	Accident		
	Consequences on physical health due to drug use	Pain		
		Aging	110	19,3
		Inability		
		Deterioration		
		Dentition		
		Hangover		
	Mortality:			
	Mortal risks as consequences of drug use	Overdose	70	12,3
Social Consequences		Death		
	Dependency:			
	The state of recurrent need for drug use	Dependency		
		Craving	89	15,6
		Addiction		
	Mental Health and Psychopathology:			
	Consequences on mental health and psychological aspects due to drug use	Psychological illnesses		
		Schizophrenia		
		Obsession		
		Depression	25	4,4
		Psychological malaise		
		Delusions and Paranoia		
	Isolation and Social Exclusion:	Isolation		
		Exclusion		
	Consequences of the withdrawal of	Conflicts	28	4,9
		Rejection		
		Abandonment		

	PWUD from society resulting from their drug use			
	Interpersonal Relationships:			
	The impact of drug use on the PWUD's behaviour towards others	Manipulation	12	2,1
		Toxicity		
		Destabilisation		
		Simulation		
	Family Impact: Effects on family dynamics and relationships due to substance use	Lack of empathy	7	1,2
		Family problems		
		Family misery		
	Feelings and Emotions PWU:			
	Emotions experienced by the population regarding PWUD	Pity	3	0,5
		Fear		
	Stigma and Discrimination:			
	Social consequences resulting from the stigmatisation	Stigma	5	0,9
		Detour		
		Discrimination		

Consequences for the Individual	of drug users in the population			
	Criminality and Risks:	Crime		
	Criminal behaviours resulting from PWUD	Delicacy Violence Illegal Theft, Assaults	37	6,5
	Socioeconomic Issues:	Marginality		
	Social problems experienced due to drug use	Homeless prostitution Insecurity Poverty Money Misery Economic problems Unemployment	64	11,2
	Physical and Behavioural:	Unrest	4	0,7
	Physical effects of drug use	Dance		
	Emotional:	Weakness		
	Emotional and psychological aspects experienced by PWUD	Fragility Despair loneliness Suffering Well-being Emotional instability Pleasure Relaxation Sadness New sensations	60	10,5

		Disconnected		
		Happiness		
	Erosion of Well-being:	Undoing		
	Negative	Doom		
	consequences	Stagnation		
	caused by drug	Tragedy		
	use on the	Self destruction	50	8,7
	PWUD's well-	Decadence		
	being	Degradation		
		Disgrace		
		Wear		
	Long-term Effects:			
	Long-term	Irreversible		
	consequences	Failure	7	1,2
	resulting from	Snowball		
	drug use			
Total			571	100

Supplementary Material H. Content analysis of the strategies to address drug use

Categories	Sub-categories	Examples	Frequencies	%
Permissive Approach	Regulated market: Measures to be taken for a controlled regulation and legalisation of drug use	Regulated and controlled	21	5,5
		Legalisation		
		Regulation and control of drug use		
		Legalise light drugs in a controlled context		
		Regulation of doses		
		Regulated and certified		
		production and sale		
		Sale at authorised locations		
		Sale by the state		
		Legalise		
Prohibitionist Approach	Legalisation: Measures aimed at making drug use legal	Legalisation of Marijuana	22	5,8
		Legalise light drugs		
		Legalise some Drugs		
		Legalisation of drug use		
		Prohibition of drug use		
		Prohibition of sale		
Prohibitionist Approach	Criminalised: Measures aimed at making drug use a crime	Prohibition of drug use	6	1,6
		Prohibition of sale		

	Combat the circulation and reduce access		
Decriminalisation:	Decriminalise drug use for medical and therapeutic purposes	11	2,9
Measures aimed at removing the criminal aspect of drug use	Decriminalisation of drug use		
Restrictions:	Make it harder to access drugs		
Specific measures aimed at making it more difficult to access and use of drugs	Seizure of certain quantities		
	Dismantling of unregulated quality control systems	4	1
	Increased control of drug use		
Consequences of Drug Use:	Increase in punishments and sanctions		
Policies to be adopted in response to drug use	Increase in sanctions for heavier and more addictive drugs	14	3,6
	Harsher laws and Penalties		
	Fines		
	Prisons		
	Less severe consequences regarding use		

	Total elimination:			
	Measures that envision the complete eradication of drug use	Eliminate all drugs	2	0,5
Combating Trafficking and Oversight	Combating Drug Trafficking:	Combat drug trafficking and narcotics trafficking		
	Measures aimed at combating drug trafficking	Increased border and transportation surveillance	10	2,6
		Enhanced police control and imprisonment for traffickers		
		Greater patrols in areas prone to trafficking		
	Surveillance and Control:	Increased drug surveillance in regions		
	Measures intended to increase the monitoring and control of drugs	Greater control of drug sources		
		Enhanced control over sales and distribution	18	4,7
		Reinforcement of policing and investigation of 'heavy' drugs		
		Increased surveillance		

		of areas prone to drug use		
		Greater control of supervised and medically assisted drug use sites		
		Control of the authority and institutions dealing with addiction		
	Public Education:	Education and literacy for the population		
	Measures that involve educating the population about drug use	Education on common values and responsibility		
		Education on safe and conscious drug use		
Education and Prevention		Education about the dangers of drugs	43	11,3
		Education about the Consequences		
		Demystification		
		Greater transparency and realism in education		
		Parental education		
		Demonstrating that		

	people do not need to resort to drugs		
School Education:	Psychological support		
Measures that	in schools		
involve educating	Allowing interaction		
students or the	between		
younger population	students and	8	2,1
in an academic	former drug		
setting	addicts/people		
	in treatment in		
	schools		
Awareness:	Public debates about		
Measures aimed at	drugs		
raising awareness	Advertising to portray		
among the	drugs as tools		
population about	and not escapes		
drug use	Non-sensationalistic	26	6,8
	awareness of		
	drug use		
	Advertising campaigns		
	and debates		
	with real-life		
	examples		
Prevention:	Prevention campaigns		
Measures aimed at	and lectures		
preventing drug use.	Primary prevention	16	4,2
	School-based		
	prevention		
	Workplace prevention		
Intervention with At-Risk			
Populations:	Actions and programs	15	3,9

	Measures involving support and intervention for populations at risk of drug use	within the population in troubled neighbourhoods or problem areas		
		Intervention in conducive contexts street outreach support		
		Support and monitoring of vulnerable/at-risk groups		
	Stigma Reduction: Measures to combat the social stigma associated with drug use	Changing the perception of PWUD from being seen as deviant	4	1
		Not judging Humanization of PWUD		
PWUD Support	Harm Reduction: Measures aimed at making future drug use safer	Policies and actions for risk reduction and prevention		
		Drug checking Safer drug use alternatives to drugs	11	2,9
	Monitoring and Treatment: Measures to be adopted to provide	Psychosocial and psychological support	87	22,8

more and better
monitoring and
treatment for
PWUD

Free psychological
consultations
Medical and
pharmacological support
Monitoring of
PWUD
Immediate intervention
for PWUD
Detoxification
Inpatient treatment
Treatment and
Rehabilitation
Enhanced and
expanded
assistance and
support systems
and resources
State support for
treatment
Increase in the number
of professionals
Promotion of
specialized and
close support
Enhancement of
professional
dedication
Support communities
Assistance for
PWUD who
want to quit
Support in identifying

Integration and Social and Economic Support	addiction			
	Family Support:	Increased intervention		
	Measures aimed at providing support to the families of PWUD	and support for families of PWUD	3	0,8
	Supervised drug use:	Assistance for drug use		
	Measures to make momentary drug use safer through supervision or assistance	Controlled and safe Drug use facilities		
		Increased number and access to supervised drug use sites	26	6,8
		Mobile units for drug use		
	Integration and Inclusion:	Reduction of social inequality		
	Measures to increase the social integration and inclusion of PWUD	Social and community integration		
		Support network	11	2,9
		Welcoming and care		
		Empathy-based policies		
		Reduction of social stigma		
	Peer Support:	Creation of groups for sharing experiences	1	0,3
	Measures to increase integration and support among PWUD			
	Socioeconomic Support:	Effective	9	2,4

	Measures to increase the socioeconomic integration of PWUD	socioeconomic integration Improving living conditions		
Science	Research: Investigations that should be conducted by science	Studies on the consequences of drug use Studies on the effects of drug use Studies on the effectiveness of detoxification clinics	4	1
Undefined	Undefined: Topics that raise difficulties in interpretation or lack clarity	"Value household services more, learn to manage your home as well as take care of it." "There aren't any. Everyone knows how bad that world is, and so every day we have people entering it and just as many struggling to get out. It's not something that	10	2,6



will come to an
end."

382 100

Supplementary Material I. Content analysis of the interview

Categories	Subcategories	Quotations
Social Stigma and Knowledge	Society's perception of PWUD: the interviewee's opinion on how society in general perceives and evaluates PWUD, including their stereotypes, prejudices, and beliefs about these people	<i>"The population ends up being a bit comparative to the state"</i> <i>"Discrimination continues to persist in people who use drugs by people who do not."</i> <i>"There are mentalities that continue to persist."</i> <i>"Discrimination persists, almost as much as it was 10 or 20 years ago"</i> <i>(people's opinions about their work)</i> <i>"[...] "you do an excellent job", others say that "I would not be working on this, I would not help them, I would not treat them like that"!"</i> <i>"Drug users are poorly seen and treated poorly."</i> <i>"[...] they don't see that there is a person there who is in dreams. They see it as something empty, practically living-dead, they see us as devils."</i> <i>(expressions that are said about PWUD) " "he uses drugs, be careful, look at your wallet", "I have two children. If either of them gets involved in drugs, he will no longer be my son".</i> <i>"[...] if you are a musician or writer, and you use drugs, you are an artist. If you are a person who does nothing and uses drugs, you are a stupid person, poorly seen, misunderstood. He suffers from the same desires as the artist, but he is frowned upon because he is on the street and using drugs in places that are less suitable for him. And with absolutely no conditions."</i> <i>(in relation to the gender that stigmatises the most:) "it is her for her" (Portuguese expression equivalent of "six</i>

		<i>of one, half a dozen of the other"</i> <i>"Old people can make us forget, but we had a very 'wild west' era at the end of the 80s and 90s. [...] Everyone experienced this problem, everyone watched it, everyone has a cousin, a friend who went through this, in the meantime they speak badly and continue to treat PWUD badly. [...] Old people end up forgetting when they have already come from a time that... the most problematic time, when PWUD came in angry. I don't know how it happened from one moment to the next. We were more than mothers on the streets using drugs."</i>
	Evolution of perception regarding PWUD with decriminalisation: how people's views on PWUD have changed as a result of drug decriminalisation Public knowledge: opinion on the level of knowledge that the population has about the phenomenon of drug use	<i>"Yes, I really feel a big difference. But there was a step that stagnated."</i> <i>"[...] there is a huge lack of knowledge about why these people have this way of life."</i>
Social Impact	Drug use as a social issue: Perspective that drug use affects the entire society	<i>"This problem of the users being out on the streets, in the open, near children, abandoned, is our fault. If we think it's not, it's passive discrimination."</i> <i>"This is a war on people, on people who use drugs, and we, as users, truly believe that what they want is to eliminate the users: the authorities, the politicians [...]"</i>
Current Policy Model	Current model's issues: criticisms and challenges pointed out in the current drug policy system	<i>"There are studies and evidence that prove that support helps. Never punish. And we still have a state today, not only in Portugal, but also in all European countries, [which] have always been in dissuasion. The person</i>

consumes has to stop. It's not like this."

"I saw a report yesterday, we had almost 500 people were arrested for using drugs. It is important to check if this law prevails and if it has been correct and active. Okay, there may be flaws, but if we have 500 people arrested for using [drugs], if we say we don't arrest users... We still have a lot to do."

(reference to the law that establishes the quantities of drugs that a user can have:) "[...] if the person is a user, period. They may want to buy for a week, but let's see: you have Manuel who during a week uses 10 grams and you have António who uses 20 grams during a week."

"But there was a development in the sense that [...] we no longer had the issue of processes so much. Because each user, at that time [before discrimination], had up to 10 or 15. They had up to 45 processes. They are people that were caught today, tomorrow and every time they catch them."

"[...] the drug addiction commission, these services somehow only delay. [...] because it is not justified to send a person who smokes a joint to the deterrence commission."

"[...] there are many things that have to change, particularly the area of justice [...] We have to change drug policies. We have to be further ahead; we are far behind."

"Then the drug policies. When they tell you that they remain stagnant. When I tell you that we could even manage to

Changes to the political model:
Changes that are considered
necessary to the current
model

*make this universe of people
reach services with
accessibility that is not
possible and that is not found.
There are many people who
just don't go to the [health]
service because when they get
there they are discriminated
against."*

*"The supervised injection site was
already designed for 4 years
ago and we delayed because it
is a service for users."*

*"[...] we, the drug users in Portugal,
are all forced to take
methadone and there are
people who don't get along
with it. Methadone has second
effects."*

*"We silence this problem, it seems
that sometimes it doesn't exist
[...]"*

*"I feel very alone. Me and all the
professionals in the field. I
have about 5 of my colleagues
working in this area and we
feel very abandoned, even the
psychologists."*

*"It [drug use] also have bad thing.
The sale of drugs. For me, I'm
very much against it. I believe
that our government could
create the conditions so that
there would be no trafficking."*

*"For me, the best model would be to
prescribe drugs in
consumption spaces. [...] We
didn't even need to legalise
[...] Have their own spaces,
like they have in the
Netherlands."*

*"Services have to adapt to people and
this is not the case"*

*"It's a struggle. It can change
a lot, it certainly can"*

*"There is still a lot of work to do.
Something should be done just
like what was done with HIV.
[...] precisely because there
was a high number of*

Causes of drug use: opinion on the
underlying reasons why
people use drugs

infections. Risk reduction also applies to HIV, in the sense that many people were getting infected, and we had to raise awareness to reach others and make sure they took the medication that we, the government, provided. [...] This happens when we all get involved. It also involves going to the police and telling them that when they encounter drug users, with or without drugs, the approach should be holistic."

"Investment is needed. For example, I needed 2 psychologists in the room (supervised injection site) full time, but they don't pay. It is an obstacle on their part, they're the ones who have the money. [...] They should invest more. They'll look for more professionals."

"I think there is no human being who doesn't have an emptiness and if he doesn't look for drugs, he looks for something else. And that's what makes us consume and get addicted. I firmly believe that precisely because we don't have a fair world. If we have a world in which we can all be happier, because we don't have a world in which we still don't get it right as humans, how should we treat each other? Then drugs will always be necessary. Drugs have existed since the beginning of humanity. I'm talking to you about drugs that come from the earth, it's organic."

"[...] there is a great need for us to make good drugs, precisely because I, Rui Salvador, I want to have happy days, I want to have lighter days"



Experience of those closest to drug users: how drug use is experienced by people who are close to PWUD

"[...] it ends up being very bad for families, very bad for friends. [...] It's very bad for families. [...] There is no possibility of a family. And the few that are there are always in if there is the possibility the family will send some money. There is little relationship. [...] There are few. Out of 100, if there is 1 there is an aunt or cousin there who will look for it... But otherwise, it seems like they haven't had a family for a long time. I would say that many don't even have it anymore."

Appendices

Appendix A

Questionnaire on Knowledge and Social Stigma towards drug users in Portugal

Project objectives description

Dear Participant,

As part of my research project for the master's in clinical and health Psychology at the University of Porto, I am seeking to study the perspectives of the population regarding drugs and drug users under the supervision of Professor Marta Pinto. This research is important as it allows us to understand how we can improve policies and interventions in this area.

The questionnaire is intended for the entire population residing in Portugal for at least 10 years. The participants must be 18 years of age or older.

We request your cooperation in completing the following questionnaire, which should take no more than 10 minutes of your time. You may interrupt the questionnaire at any time before submission. This questionnaire is anonymous.

Throughout the questionnaire, instructions will be provided to assist you in completing it.

Your responses will be confidential and anonymous, with the data collected used solely for research purposes.

If you require additional information, please contact up201807154@up.pt.

Your participation is crucial for the completion of this study. We appreciate your willingness to participate.

Informed Consent

I declare that I am over 18 years of age and have read and understood the information presented above. I have been assured that I can refuse to answer some questions in this study at any time during the questionnaire without any consequences. Therefore, I agree to participate in this study and allow the use of the data that I voluntarily provide, trusting that they will only be used for this research and in accordance with the confidentiality and anonymity assurances provided by the researcher.

☐ I agree to participate in the study (continue to the next section)

☐ I do not want to participate in the study (submit the form)

Sociodemographic Data

Gender

- ☐ Female
- ☐ Male
- ☐ Prefer not to disclose
- ☐ Other option

Age

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ +74

Education

- ☐ Elementary School - 1st cycle (current 4th year/old primary education 4th grade)
- ☐ Elementary School - 2nd cycle (current 6th year/old preparatory cycle)
- ☐ Elementary School - 3rd cycle (current 9th year/old 5th year of high school)
- ☐ High School (current 12th year/old 7th year of high school/propaedeutic year)
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate
- ☐ Other option

Which district do you reside in?

- ☐ Açores
- ☐ Aveiro
- ☐ Beja
- ☐ Braga
- ☐ Bragança
- ☐ Castelo Branco
- ☐ Coimbra

- ☐ Évora
- ☐ Faro
- ☐ Guarda
- ☐ Leiria
- ☐ Lisboa
- ☐ Madeira
- ☐ Portalegre
- ☐ Porto
- ☐ Santarém
- ☐ Setúbal
- ☐ Viana do Castelo
- ☐ Vila Real
- ☐ Viseu

Is your nationality Portuguese?

- ☐ Yes (proceed to the next two pages)
- ☐ No (next page)

How long have you been living in Portugal?

- ☐ Less than 10 years (next page)
- ☐ 10-20 years (fifth page)
- ☐ 11-30 years (fifth page)
- ☐ 31-40 years (fifth page)
- ☐ 41-50 years (fifth page)
- ☐ 51-60 years (fifth page)

What is your nationality?

(Open response)

Since you have been living in Portugal for less than 10 years, you are not eligible to participate in this study.

We appreciate your willingness and request that you send this questionnaire to two more people. Thank you.

Perceptions

In the following sections, we aim to understand your viewpoints regarding individuals who use drugs.

Write the first 3 words that come to mind when you think about a PWUD.

(Open response)

Write the first 3 words that come to mind when you think about the causes associated with drug use.

(Open response)

Write the first 3 words that come to mind when you think about the consequences associated with drug use.

(Open response)

In your opinion, what measures do you consider appropriate to address drug use?

(Open response)

The following questions have been adapted from the scale developed by researcher Jorge Quintas. Regarding each of the following characteristics of PWUD, please express your opinion on a scale from strongly disagree (1) to strongly agree (7):

Statement	1	2	3	4	5	6	7
A PWUD is aggressive							
A PWUD needs help							
A PWUD is careless							
A PWUD lives differently							
A PWUD is ill							
A PWUD lives for drugs							
A PWUD is weak							
A PWUD is a thief							
A PWUD has problems							
A PWUD lives with pleasure							
A PWUD is an addict							
A PWUD is a victim							

Regarding emotional reactions, please rate on a scale from never (1) to always (4) the extent to which you feel each of the following emotions towards PWUD:

Emotion	1	2	3	4
Happiness				
Guilt				
Disgust				
Contempt				
Hope				
Frustration				
Interest				
Fear				
Pride				
Anger				
Surprise				
Sadness				
Shame				

As for the causes of drug use, indicate your opinion on a scale from strongly disagree (1) to strongly agree (7) for each of the following:

Statement	1	2	3	4	5	6	7
Lack of family support							
Curiosity							
Unemployment							
Distaste							
Lack of money							
Influence of money							
Influence of others							
Youth's lack of support							
Environment they live in							
Family problems							
Personal problems							

Body Addiction							
Desire to consume							

Regarding the consequences of drugs, we present some of them, and we ask you to indicate your opinion on each of them on a scale from strongly disagree (1) to strongly agree (7):

Statement	1	2	3	4	5	6	7
Crime							
Personal degradation							
Unemployment							
Wasting money							
Disease							
Forgetting problems							
Misery							
Death							
Worst possible thing							
Pleasure							
Family problems							
AIDS							

Do you consider drug use acceptable? You may provide a justification for your answer if you wish.

- ☐ Yes
- ☐ No
- ☐ I do not know
- ☐ Other

If you were caught using drugs, would that be a problem, and would you have feelings such as shame? You may provide a justification for your answer if you wish.

- ☐ Yes
- ☐ No
- ☐ I do not know
- ☐ Other

Which of the following do you think would be the reactions of people you know if they found out that you use drugs? You can choose more than one.

- ☐ Happiness
- ☐ Guilt
- ☐ Disgust
- ☐ Contempt
- ☐ Disinterest
- ☐ Frustration
- ☐ Interest
- ☐ Fear
- ☐ Pride
- ☐ Anger
- ☐ Surprise
- ☐ Sadness
- ☐ Shame

Portuguese Legislation

In the following sections, we aim to understand your relationship with Portuguese legislation regarding drug use.

How do you rate your level of knowledge about Portuguese legislation on drug use on a scale from 1 (none) to 5 (very good)?

Since the beginning of the 21st century, how do you perceive the evolution of drug use in Portugal?

- ☐ Worsened
- ☐ Improved
- ☐ Remained the same
- ☐ I don't know
- ☐ Other option

Do you know the Portuguese drug policy?

- ☐ Yes

- ☐ No
- ☐ Other option

Is drug use punishable in Portugal?

- ☐ Yes
- ☐ No
- ☐ I do not know
- ☐ Other option

Is it illegal to use drugs in Portugal?

- ☐ Yes
- ☐ No
- ☐ I do not know
- ☐ Other option

Is it a crime to use drugs in Portugal?

- ☐ Yes
- ☐ No
- ☐ I do not know
- ☐ Other option

(Ninth Section)

It is possible to acquire and possess substances for personal use without facing criminal consequences if the quantity does not exceed the amount necessary for average individual use.

- ☐ True
- ☐ False
- ☐ I do not know
- ☐ Other option

If a person is found by the police in possession of these substances, they cannot be identified as long as they do not have more than a 10-day supply of average consumption with them.

- ☐ True
- ☐ False

- ☐ I do not know
- ☐ Other option

What are the penalties provided for? You can select more than one option.

- ☐ Fine/penalty
- ☐ Prison
- ☐ Referral to treatment
- ☐ Community service
- ☐ None exist
- ☐ Other. Which one?

Are you aware of the existence of the Commissions for the Dissuasion of Drug Addiction in Portugal?

- ☐ Yes
- ☐ No
- ☐ Other option

If you answered 'yes' to the previous question, please classify the following statements as true or false regarding these commissions:

They have the function of processing offences and applying the respective sanctions.

(True, False, I do not know)

It is composed of 3 members: one of them is a jurist, and the other two may be psychologists, sociologists, social workers, and/or others with suitable qualifications in the field of drug addiction.

(True, False, I do not know)

The members do not have a duty of confidentiality.

(True, False, I do not know)

The commission listens to the consumer and gathers the necessary information to make a judgement about whether the individual is a drug addict or not.

(True, False, I do not know)

Regarding the process of an individual, can it be archived or is it always prosecuted when caught with drugs? Classify as true or false:

It can be archived if the consumer is considered not drug-dependent and there has been no recurrence.

(True, False, I do not know)

It is always prosecuted, regardless of the quantity.

(True, False, I do not know)

It can be archived if more than 1 year has passed since being caught in possession of drugs.

(True, False, I do not know)

When it comes to an individual in possession of illicit substances, and it is their first time, their identification will not be taken, and only the product is removed.

- ☐ True
- ☐ False
- ☐ I do not know
- ☐ Other option

Sanctions differ when it comes to a drug-dependent consumer compared to a non-drug-dependent one

- ☐ True
- ☐ False
- ☐ I do not know

The type of substance and the economic and financial situation of the consumer are considered when determining the applicable sanction

- ☐ True
- ☐ False
- ☐ I do not know

Who benefits from the fines collected from drug users?

- ☐ The State and Prison Services
- ☐ Specialised health services in the field of addictive behaviours and dependencies
- ☐ This information is not public
- ☐ I do not know

If you consider that there are alternative sanctions to imprisonment, please select the ones you think exist:

- ☐ Ban from frequenting certain places
- ☐ Prohibition of practising a profession or activity
- ☐ Periodic reporting
- ☐ None of the above exist

What is the duration of the possible sanctions you selected above?

- ☐ Up to 10 years
- ☐ Up to 5 years
- ☐ Up to 3 years
- ☐ Up to 6 months
- ☐ Up to 1 month

Personal Opinion

Do you think drug use should be:

- ☐ Allowed (next page)
- ☐ Prohibited (twelfth page)
- ☐ Other option (thirteenth page)

What do you think is the best option?

- ☐ Free market – no rules
- ☐ Regulated market – specific rules exist (e.g., minimum age)
- ☐ I do not know
- ☐ Other option

What do you think is the best option regarding drug use?

- ☐ Criminalized - it should be considered a crime
- ☐ Decriminalized - it is no longer considered a crime, but still punishable (it is an offence)
- ☐ I do not know
- ☐ Other option

Do you consider yourself a (former) PWUD?

- ☐ Yes (next page)
- ☐ No (fifteenth page)
- ☐ I do not know (next page)

How often do you use drugs?

- ☐ Daily or almost daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually

Do you believe you have close or distant interactions with drug use (e.g., geographical, professional)?

- ☐ Close
- ☐ Distant
- ☐ I do not know

Mark, from the people listed, those you are aware of, currently or in the past, having regular drug use:

- ☐ Nuclear family (father, mother, son, daughter, brother, sister, husband, wife)
- ☐ Extended family (grandparents, cousins, aunts, uncles...)
- ☐ Friend
- ☐ Neighbour and/or Co-workers
- ☐ Others
- ☐ No one I know

Thank You for Your Participation!

We appreciate your participation in this study.

We kindly ask you to send this questionnaire to two more people. Thank you.

Appendix B

1. How do you think the general population perceives you regarding your use or past use of drugs?
2. And how do you think you are viewed by people who are closer to you, such as neighbours, coworkers, and family members?
3. How do you think this perception has changed over time?
4. How do you experience this perception, and how do you react to it?
 - a. Is there any relationship between how the population sees you and the type of substance use you engage in? (if yes, what and why?)
5. What are the consequences of people's reactions, both close and distant, to your drug consumption in your life? (Explore the following domains after spontaneous responses:)
 - a. At work
 - b. In the family
 - c. In health
 - d. In the type of substance use you engage in
 - e. In social relationships
6. What is your opinion on the current Portuguese drug law? (explore the reasons)
7. In 2000, Portugal decriminalised drug use. In your opinion, did this change have any general effects and, specifically, on your life?
8. Do you think what people say about the evolution of the general population's perception of PWUD has any connection to this change in the law?
9. What do you think would be the best legislative model for the country regarding drugs? (legal vs. illegal; free market vs. regulated market; decriminalisation vs. criminalisation)
10. What do you believe would be the general population's reaction to your proposals?
11. In your life, and specifically regarding your drug use, did the 2000 law change anything?