Methodology for the Observation of Hidden Behaviours in Addiction

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By

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GENERAL INTRODUCTION

This work is part of a broader project aimed at systematising a great deal of information scattered across a series of technical reports produced over a period of 20 years, as part of Portugal's national survey on drug use among general population (INPG — *Inquérito Nacional ao Consumo de Substâncias Psicoativas na População Geral, Portugal*).

After the publication of our study on alcohol and drug use by the working population (Balsa, Urbano and Vital 2021), it is now time to focus on discussion of the more methodological aspects involved in a study of this nature. In a forthcoming volume, we will systematise alcohol and drug use trends in Portugal over the last 20 years.

We propose to organise this discussion in four parts:

We shall begin by discussing the difficulties presented by a study that, in addition to having behaviour that is hidden as an object of observation, must also deal with the strategies of drug users who have every reason to conceal a censored behaviour from an interviewer who knocks on their door. Control procedures will be discussed that seek to guarantee the validity and reliability of the results obtained.

In the second part, we shall discuss the effect of information collection techniques on the results obtained. Once the option is made to conduct face-to-face interviews—which is difficult as well as expensive—the question is to know how the results would have been different if we had used more affordable techniques, such as a telephone or internet survey.

In the third part, we shall try to better elucidate the question of measuring the use, particularly of alcohol, which is, after all, the primary objective of the bodies promoting the study. Despite the importance of this question, it has not been easy to harmonise the measures between the different sources of information.

Finally, we shall make a technical presentation of the methodology of the national survey on drug use among general population.

A work of this nature necessarily involves the participation of many institutions and people working not only in the field of science but also in

the areas of the conception, organisation and intervention relating to the various aspects of the problems associated with consumption, whether in prevention and dissuasion, risk reduction and the minimisation of harms when consumption occurs, or in the treatment of addicts and their reintegration into society.

In the first instance, the national survey on drug use among general population should be set within the framework of the policies promoted by the European Union and managed by the European Monitoring Centre for Drugs and Drug Addiction. But it is above all important to anchor it at national level, as a tool to support decision making, within the scope of Portugal's policy on the decriminalisation of drug use. SICAD — the General Directorate for Intervention on Addictive Behaviours and Dependencies — plays an important role here, as do the bodies that preceded it with a similar function: for example, the Office for Planning and Coordination of the Fight Against Drugs, of which Dr Joaquim Rodrigues was Director General (and a member of the commission that defined the first National Strategy for the Fight Against Drugs, as was Dr João Goulão, currently SICAD's Director General). We would like to thank, in the persons of these two officials—Dr Rodrigues, who entrusted us with the task of carrying out the first INPG, and Dr João Goulão, who has maintained that confidence—all the staff of the institution for all the professional, open and always friendly cooperation we have enjoyed over these years.

On the scientific level, we recall the lessons we learned back in the 1990s within the Pompidou Group; in particular, we remember Richard Hartnoll. Later, we also benefited from the expertise and friendship of François Beck and the support of France's Monitoring Centre for Drugs and Drug Addiction (OFDT). The friendship and expertise of Jacinto Osuna Rodriguez and the sharing of his experience in the design and organisation of samples in Spain's national survey were indispensable. To Luís Fernandes, our esteemed colleague from the The Faculty of Psychology and Educational Sciences of the University of Porto, we also express our thanks for the exchanges in our series of interdisciplinary meetings "Olhares Cruzados sobre as Drogas" and other opportunities for fruitful comparisons.

Along the way in these 20 years, all the researchers and employees of NOVA FCSH who at one time or another worked on the team and contributed to the results that we present here were of equal importance:

Miguel Chaves, João Pedro Nunes, Tiago Farinha, André Francisco and Liliana Pascueiro, as well as Cláudia Urbano, from the beginning, and Clara Vital, since the application of the Survey in 2007, who share the authorship of this work. Thanks also go to Paula Bouça, who acted as secretary to the team for many years and whom we have missed greatly since her well-earned retirement.

We would also like to thank the experts at SICAD for their critical and essential review of the manuscript. If any of their suggestions for development fell short of what was expected, this is due to our own limitations.

Finally, a word of thanks to the data collection company, Intercampus, which has provided us with its valuable and professional help from the beginning, and whose work has served to lend credibility to our results.

PART I

OPACITY OF INFORMATION, DISSIMULATION OF BEHAVIOURS AND RECONFIGURATION OF POPULATION OBSERVED: VALIDITY AND RELIABILITY OF SURVEYS ON DRUG USE IN THE GENERAL POPULATION

Presentation

Framework of information analysed and objectives

In this first part of the study, we propose to discuss some of the issues that arise between the design and application of a questionnaire aimed at amassing knowledge about hidden behaviours that, in this case, manifest themselves around the use of psychoactive substances, especially when we consider that these behaviours are subject to greater censorship by dominant norms. We are not interested, for now, in focusing on the multiple technical difficulties presented in designing a questionnaire that has to take into account profiles of very diverse and socially very dense situations, nor the difficulties posed by the construction of a representative sample at national level, when there are no reliable survey bases, nor even the difficulties of programming and carrying out a face-to-face interview in the field with a sample that has varied between 12,000 and 15,000 individuals[1]. What does interest us is discussing the possibility and the conditions of viability of the field work and the degree of confidence that can be attributed to the information collected, when we aim to study hidden behaviours such as those that characterise, to a greater or lesser extent and depending on the circumstances, the use of psychoactive substances, especially illicit ones[2].

[1] These questions will be discussed in Part III.

[2] A conference that we organised in 2005 on hidden behaviours began a train of reflection whose first results were published in 2019 (Balsa 2019).

The question arises here in a totally different way from the one we face when we hope to reduce the opacity with which other research objects present themselves. In fact, most commonly, we can consider that difficulties in observation are to be found more on the side of the researcher and their research instruments, when faced with the distance that always inserts itself between the observable and the observed. This distance, due to the complexity that generally characterises the objects of observation, and contrary to the positivist ideal, is difficult to overcome. In the case of the study of drug use, in addition to this usual opacity, researchers must face the difficulties that arise from the fact that the populations and behaviours observed hide themselves from the observer's gaze.

How, then, can the researcher study these behaviours or populations that are hidden? Moreover, with what legitimacy can he do so, since this places him in a situation that breaks the codes of social relations, as conventionally arranged, because by definition what is hidden is what one does not want to or cannot show. Several questions may be posed here. What, after all, is hidden and to what extent does one want to hide it? Between the fully transparent and the fully hidden, might there not be a more or less wide range of intermediate positions? From whom is it hidden and who can know? In what circumstances can this happen? It sometimes happens that individuals hide their consumption from themselves... so why should they declare it to anyone else? Individuals almost always define the boundaries between those who can and those who cannot know, taking into account the type of normative control or elective affinities that mark the meaning of relationships. In some cases, the circumstances of their consumption mean that they can no longer hide. There are far fewer cases in which consumption is presented explicitly as a way of life.

We may think that, through the different positions that drug users take, the last entities to know are those most easily associated with a censorious, if not punitive, normative framework, including official bodies. Under these circumstances, it is worth asking what the fate will be of a researcher's door-to-door questionnaire to find out whether people "use drugs".

What is hidden is thus a status relative to behaviour, but it targets only those of whom it is considered that they cannot or should not see something. In fact, it is on the basis of this assumption that a space opens up for research to construct its strategies of unveiling. The knowledge obtained through

these strategies thus demands the clarification on the one hand of the determinations of the gaze of those who hide (but, after all, how to know who hides and what is hidden?) and, on the other, of the limits of the instruments of observation that aim to unveil them.

Moreover, the knowledge that is strategically constructed in this way will enter into competition with other knowledge, supported by the most diverse points of view, that reduces the "realities" about consumption, increasing its opacity. In this way, for example, a municipal official may think that the prevalence rates of consumption that we calculate understate reality, because he is thinking of that neighbourhood "full of drug addicts" that he knows. Similarly, another will tell us that the results are inflated in relation to what he "sees". This construction of "reality", which allows multiple representations about the extent of drug use, can even be observed in professional circles: before our first estimate of the prevalence of illicit substance use in Portugal was known, the expectations of those working in the field with whom we discussed it were divided as to whether it would be below, at the level of, or above the European average...

Our challenges therefore present themselves between opacity and dissimulation. On the one hand, it is a question of acknowledging and making explicit the limits of the capacity to see inherent in the observation functions that the researcher constructs. Yes, that he "constructs", because rather than simply "using" instruments or following such and such a procedure, the researcher is ultimately always the producer and the only one responsible for the research functions to which he may resort, even the most canonical ones, because he will always have to adapt them to "his hand" (much more than to his "measure"). On the other hand, neither the decision to dissimulate nor the dissimulation strategies that constitute obstacles to the researcher's capacity to see can be ignored. It is probable that this confrontation between, on the one hand, opacity and dissimulation and, on the other, the strategies of unveiling that aim to circumvent them cannot be resolved without the intervention of a mediating operation of validation that can make it possible, on an ongoing basis, to assess the degree of adequacy between the observable and the observed... And we know well that this adequacy can only be outlined on a horizon that is probably infinite, as Jean Ladrière taught us (Piaser and Ladrière 1976). In this process, in which gains and losses are totted up in the search for knowledge, factors outside

the research processes themselves also intervene to which it is important to pay attention – for example, in the case we shall outline, we observe a reconfiguration of the general population itself that constitutes here the empirical referential in relation to which our results may be validated.

Before we proceed, we need to better frame this study.

Hidden populations and national surveys of drug use in the general population

Let us start from one of the definitions of hidden populations that can be given: "a subset of the general population whose membership is not readily distinguished or enumerated based on existing knowledge and/or sampling capabilities" (Wiebel 1990, quoted in Fitzgerald 1996, 7). D. Heckathorn (1997) gets closer to the substance of these populations when, in addition to the impossibility of aligning them with a survey framework, he includes in the definition the facts that serious concerns are involved with the privacy of their behaviours and that they are associated with stigmatised or illegal activities, suggesting that any accounts that are made of them are unreliable.

In fact, when a survey is conducted in the general population to measure the prevalence of drug use, there are few previously known characteristics of the target populations that allow for any sample design. As a result, and paradoxically, a sample used in a survey on drug use among general population is defined precisely in a negative way: it is a sample that is not built up on the basis of the relationship of the populations with consumption — which is precisely the characteristic that is intended to be known.

There is a completely opposite situation in surveys aimed at studying the behaviour and characteristics of "problem drug users": in this case, individuals known to institutions are targeted precisely because they consume and because this consumption causes them problems. Also contrasting with the methodology of general population surveys are approaches that select the survey population by means of the "snowball" technique. In these cases, it is a question of starting from known consumption situations and users in order to reach people who share similar characteristics.

The survey among general population thus excludes the possibility of selecting the target population by taking into account the characteristics of the populations whose behaviour we want to know. What then is the

justification for this type of survey, if the number of drug users with problems can, in general, be accurately known through the records of institutions and if samples built through the "snowball" technique are usually considered as "particularly useful for located hidden populations" (Morgan 2008)? Moreover, these samples, which are often small in size, also offer the advantage of allowing a deeper understanding of individual behaviours. We would like to cite two reasons for opting to survey the general population: one of a political and the other of a scientific nature.

At the political level, the request for surveys of the general population is framed by a concern for knowledge that can directly serve the management of the social problem represented by the drug use and which is linked to a high degree of social urgency. Considering prevention or treatment relative to this function of management, the ideal for the manager would be to have direct indicators allowing him to identify, as far as possible in real time, the nature and extent of the problems. It happened that one of these managers of risk behaviours presents his needs to the research team, suggesting that he should be provided with a "control panel" such as pilots have, with flashing lights, allowing him perfect control of situations. This "control panel" metaphor was, historically, at the origin and development of studies of "social indicators" in the United States, essentially in the 1950s and 60s — an experience to which we will return in Chapter 1.

In the particular case of surveys of the general population focussing on behaviours related to the drugs use, the first studies were conducted in 1979 in the United States and Canada, after an initial period of studies dedicated to populations considered to be at risk (young people, prisoners...).

Following the experience in the United States, the concern with the centralised management of problems in a large, multinational space such as the European Union motivated a new temporality in the methodology of social indicators. These indicators are considered to be all the better if they are part of sets or batteries of indicators that are consensual, general and capable of formatting the definition of the problems that are being targeted.

It was with this end in view that "observatories" were set up, backed up at national level by "focal points" to process information, and a European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) established, taking over some of the concerns of the Pompidou Group that had functioned before, and continued to function, within the Council of Europe.

The concern here is to achieve the most complete standardisation possible of guidelines and tools for collecting information. Our research practice in the area of consumption took root within the Pompidou Group and we have been part, since its creation, of the EMCDDA's expert group on General Population Surveys (GPS). In addition, the questionnaire we use to measure consumption includes batteries of questions proposed by the EMCDDA as "models" to be replicated in the various national studies.

While it is easy to understand the motivations behind this type of approach, it is not difficult to understand some of the risks involved. We should like to highlight two of them, with the first relating to the application on an international scale of batteries of indicators constructed with reference to a problem defined at the intersection of many national realities (the reasoning does not change if we say that these indicators may be inspired by the research traditions of countries with a longer track record in the area) may impose an understanding of the problems on "large spaces", neglecting the possibilities of an understanding that is more rooted in medium-sized or small territories. This difficulty is due to factors of two orders: on the one hand, the fact that surveys are expensive and do not allow levels of representativity of smaller spaces. and on the other, the need to reach a consensus at international level to define the indicators does not allow the cultural specificities of regions or even countries to be taken into account. This uprooting of indicators from local realities makes it easier progressively to strengthen the epidemiological orientation of the studies.

The solution that makes it possible to benefit from the international dimension while at the same time valuing the national anchoring of the problem of consumption may be to complement epidemiological indicators, which mainly express quantities, with knowledge of the meaning of behaviours that can be obtained, for example, by sociology. We must admit that it has not been easy to achieve this desirable complementarity, given on the one hand the limits on the length of questionnaires and, on the other, the dominance in the context of our type of study of the epidemiological point of view, reinforced by the reduction of the number of behaviours to be "monitored", due to the broadening of potentially addictive behaviours.

We thus arrive at a situation that is somewhat paradoxical, and this is the second risk that we wished to highlight: the agreed effort to bring to light the risk behaviours of a hidden population may end up concealing important

dimensions of these behaviours. The masking of these dimensions, albeit undoubtedly justified by the need to clarify others, and not specific to this area nor to this type of surveys, is all the more likely to occur as the indicators measured by the observation instruments are, as we have said, standardised and have a universal vocation — to serve the purposes of international comparison. It is also the case that the knowledge thus obtained tends to be imposed as the only kind available on the problems in question, insofar as these surveys cannot easily be carried out beyond large public institutions, due to the costs involved.

The social sciences are accustomed to managing this type of paradox. We thus come to the second order of reasons—those of a scientific nature—that can motivate the conducting of surveys on the general population.

In another paper (Balsa 2020b) we analysed the ways in which the social sciences and the political and administrative sciences have been involved in the implementation of public policy in the United States over the last century. Indeed, the development of studies on social indicators, as mentioned earlier, was important in driving the development of sociology in the United States, especially its quantitative aspect. The same type of interest is undoubtedly present in the particular case of surveys on the drug use in the general population. Works of this nature are extremely stimulating for researchers, insofar as they see themselves directly involved in the construction of a pressing social problem that involves actors of different natures (in terms of disciplinary area or institutions of origin, or even in terms of different levels of involvement in the problems) and who therefore act in different areas of legitimacy. Then, due to the nature of the subject, the challenge posed to research in accounting for behaviours that tend to be hidden and to define hidden populations sharply challenges the methodology and requires a sharpening of technical ingenuity. These are the challenges that motivate the production of this book. We want to share and at the same time open up a space for debate on the definition of epistemological stances, theorising approaches, strategies and instruments capable of highlighting the possible responses to these challenges.

In the next three chapters we shall try to report on the strategies we adopted to analyse consumption behaviours that, given the normative contexts in which they take place, are hidden. We pay most attention, of

course, to our experience in conducting the survey on the use of psychoactive substances in the resident population in Portugal. For this, we will summarise the distinction we made earlier between opacity and dissimulation. The opacity, we stated, has to do with the contingencies inherent to the researcher and the research instruments. Regardless of the opacity presented by behaviours—and we know that they are always complex—it interests us here to consider, given that this is an effort to reflect on methodology, the modalities through which research produces knowledge, by successive approximations and no doubt always in a partial manner. Dissimulation, on the contrary, is a prerogative that belongs entirely to individuals, when questioned about their practices or the meanings they give to them. In certain circumstances, they may have sufficient reasons to conceal practices or meanings, or to reveal them only partially, or to declare practices or meanings that do not correspond to the experiences they hold to be true.

Finally, when it is a question, as in our case, of studying the evolution of these behaviours over time, it may happen that the instruments we use to validate and control the answers, in an attempt to circumvent opacity and dissimulation, reveal to us that the "truth" of consumption may hide behind an insidious and not immediately perceptible change in the structure of the target population of the study — the resident population of Portugal. We shall detail this analysis in the third chapter. Before that, in the first chapter, we shall discuss opacity and then, in the second, dissimulation.

CHAPTER 1

OPACITY:
METHODOLOGICAL CHALLENGES OF SURVEYS ON DRUG USE IN THE GENERAL POPULATION

The tradition of general population surveys, in the case of drug use in particular, has been studied in the literature, in its different technical and scientific dimensions (EMCDDA 2002; Beck 2006; Abraham et al. 1999). We will leave the discussion of some of these dimensions for later, when we present our questionnaire. For now, we should like to focus on some questions that the use of this information gathering technique may pose from a methodological point of view.

The review of literature that, with this same objective, has been undertaken by Timothy Johnson lists the main dimensions of what are considered "sources of error" of "general population surveys" on the prevalence of substance use, despite the high quality that is recognised in some of its applications (Johnson 2014). Given that this work has already been done, we are here more interested in considering these "sources of error" based on our own experience, which is what we propose to reflect upon here.

Based on Paul J. Lavrakas's (2013) reworking of the "total survey error" model, Johnson develops a systematisation around two categories: 1) "representation errors" and 2) "measurement errors". Representation errors arise from technical problems that prevent the survey from correctly representing the population to which it is applied, and include operations associated with: a) the coverage of the target population; b) the operationalisation of the sample design; c) the exhaustiveness of the collection of information, in terms both of the individuals selected and of the questions in the questionnaire; and d) the weighting of results. Measurement errors, in turn, call into question the survey's ability to adequately measure the objects it aims to apprehend, and may arise from: a)

the operationalisation of concepts in indicators; b) the formulation or organisation of the questions, when they do not allow of a correct approximation to the objects; c) the processing and analysis of the data; and d) the interpretation of or causal inferences made on the basis of the results.

This type of approach raises some questions insofar as, on the one hand, it is inspired by a moral conception of error (presuming that it would be possible, through "good" methodological practice, to know the "truth" of an object represented as being totally transparent) and, on the other hand, is limited to operations directly controlled by the researchers, so neglecting the interventions of other significant actors that are also associated with the construction of the surveys. This limitation cannot be justified by a desire to achieve more precise measurements, since not even the very measurement "errors" attributed to the researchers are differentiated in the calculations, since the whole set of "errors" is represented by a single coefficient.

The idea of error, as it is developed, is based on positivist reasoning according to which reality is transparent and total knowledge of it is possible, dependent only on the quality of the measuring instruments used. By contrast, we think that the process of scientific production cannot be represented based on these assumptions. This is because knowledge about censored behaviours, as probably with any other kind of behaviours, is not transparent; at the same time, as we shall seek to demonstrate below, the behaviours are not only not transparent, but deliberately concealed. For this reason, we cannot expect that the suggested project of arriving at knowledge of a reality depends only on the efforts that the researcher would make in order not to commit errors (which is not to say that the researcher cannot make mistakes and that he should not try to avoid them). In this sense, the most reasonable thing to do is to start from the principle that the research process aims to bring knowledge as close as possible to reality; however, from this approximation will result a remainder that will always remain unknown, because knowledge is dynamic and delimited by a probably irresolvable tension between an observable and what we can actually observe (cf. Ladrière 1976).

It is in this sense that the bid to attain knowledge cannot be achieved only with the competence of the researcher and the excellence of their research instruments; on the contrary, it depends on many other factors, which may be material, human or social. Even limiting ourselves to the logic

of scientific production itself and specifically to the construction of surveys on the general population, the instruments and guidelines adopted always depend, at the very least, on political and normative benchmarks that may constrain their results — as we shall try to show below.

For these reasons, we shall integrate the abovementioned "sources of error" in a schema that is more compatible with the possibility of including the responsibility of the researcher, which can neither be negotiated nor delegated, in a wider set of operations involving a larger number of actors; thus, we shall take into account:

A. Political and normative referentials of survey construction
   a) Disciplines and problematics of the survey as instruments of knowledge and opacity
   b) Survey as instrument of a political referential that imposes on it a way of looking

B. Construction of survey populations
   a) Sample design
   b) Construction of field sample
   c) Weighting operations (correction of the sample taken)

C. Construction of the questionnaire
   a) Operationalisation of the concepts or theoretical frameworks
   b) Questionnaire size
   c) Formulation of questions
   d) Definition of measurement criteria
   e) Definition of filters

D. Technical conditions of fieldwork aimed at increasing the quality of the information gathered
   a) Avoiding the alarm effect
   b) Ensuring credibility of teams involved in conducting the survey
   c) Conditions under which questionnaire is administered
   d) Quality of controls, at different levels

E. Information gathered in both theoretical and realised samples, and what it means
   a) Construction of sample actually realized
   b) Non-response at levels of selected households and individuals
   c) Non-responses to specific questions in questionnaire
   d) Weightings

F. Quality of interpretation and generalisation of results

a) Processing errors
b) Inference errors

This is the grid of difficulties of general population surveys on drugs use that we shall develop below.

Political and normative referentials of the survey

In order to analyse a first dimension of the opacity with which the researcher is presented in his objects of study and the ways in which he can integrate this in his work, we shall first focus on the external conditions, from which we shall focus on the political and normative benchmarks related to consumption that condition the research architecture and strategy. We consider the following aspects:

- Disciplines and problematics of the survey as instruments of knowledge and opacity,
- Management of opacity by political benchmarks and by the definition of the social purposes of the survey.

Disciplines and problematics of the survey as instruments of knowledge and opacity

As previously mentioned, the construction of a sample prior to the application of a questionnaire to evaluate the drug use in the general population does not consider, from the outset, any criterion associated with a particular type of consumption, considering as it does only characteristics that ensure the representativeness of the sample (place of residence, gender and age). This is what defines a "general population" — obviously always subject to the age limits that we wish to impose on it. The drug users known to exist within this population constitute, from this point of view, a hidden population, in the sense that it is dissimulated within the vast and varied set of characteristics that may be attributed to this "general population". Strictly speaking, the consumer population hides behind all the characteristics of the population, that is, behind all the singularities that mark each individual's existence and the whole experiential field associated with human activity.

The opacity is, at this level, complete. In fact, we can only overcome this opacity through observation supported by the series of questions in the questionnaire, and this clarification is therefore achieved—in line with the canonical orientations of the methodology—by defining the problematic (linked to some theoretical framework susceptible of engaging an explanatory narrative) of a process of conceptual unravelling and of the formulation of questions that will then be operationalised in the form of variables.

It is thus clear that the construction of the questionnaire is of great importance from the perspective of knowledge about these populations. This is because it is through the questionnaire, in the areas of visibility that are progressively torn open by the questions, by the instructions imposed on their administration and by the filters that condition them, that the opacity associated with hidden behaviours may be overcome — albeit probably always only partially.

We can imagine a questionnaire applied to the entire population that has only one simple question: to find out, for example, whether in their lifetime the individuals surveyed had ever used psychoactive substances. The information obtained in this questionnaire would divide the population into two parts according to the responses collected. The result would lead to the least possible knowledge of the population, indeed reducing it to a Manichean representation that would assume the exclusion of all its other characteristics. With an additional question that would allow us to know, for example, whether individuals who had consumed at some time in their lives were still consuming, we would update our knowledge about the behaviour of the population and could satisfactorily respond to the concerns of a public health manager, who would make decisions according to the value that the prevalence rate might indicate.

This fictitious questionnaire would obviously not enable us to answer the questions that managers of the problem of consumption may themselves ask from the perspective of prevention, for example. But not many more questions are needed to construct the (admittedly minimalist) battery of questions that the EMCDDA proposes as the basis of the model of the European questionnaire, which is based on an epidemiological concern: to delimit risk groups in relation to consumption, taking into account the most important estimated parameters (such as gender, age, type of habitat and

region of residence) from the perspective of prevention. As sociologists, and in accordance with the fundamental objectives of an epidemiological reading, we have tried, within the narrow limits imposed by the duration of the application of the questionnaire, to increase the number of intervening variables in order to broaden the possibilities of explanation or understanding of consumption. Thus, in the questionnaires we applied in the first phases of the study, we introduced batteries of questions on sociability, on disruptive situations and on socio-professional status, as a basis for social positioning. No doubt a questionnaire designed by psychologists or economists would prioritise other sets of variables[3].

This differentiation in the perspectives adopted to study drug use can also be seen when we consider all national surveys on the subject. In some questionnaires the predominant issue is health (France and Denmark) or mental health (Greece); in others, crime-related issues dominate (United Kingdom); in still others, drug use is one of the topics considered in cross-thematic questionnaires (Sweden and Ireland). According to François Beck (Beck 2006, 69), from the end of the 1990s health and risk management issues tend to predominate.

Portugal's questionnaire began within a framework of the problematic of social networks and sociabilities. However, this orientation was gradually abandoned in order to respond to the extension of public health concerns to other types of non-substance dependence (such as gambling and the internet) and to the need to deepen the knowledge of others (such as alcohol or new substances). In another chapter we shall present our options in more detail, as well as the circumstances that underpinned these changes.

Each questionnaire is thus constructed based on a representation that the researcher makes of the population, taking into account the problem that is being studied. The representation of the target population underlying the model questionnaire suggested by the EMCDDA is an example of a representation of consumption centred on an epidemiological perspective,

[3] We have analysed, in the context of national surveys on the prevention of HIV/AIDS, how different disciplinary areas of the promoters of the studies led to very different problematisations and the choice of variables (Casimiro Balsa, *La Constitution d'une banque d'indicateurs: vers une approche comparative internationale dans le domaine des comportements sexuels et des attitudes face au risque HIV*, Facultés Saint-Louis, Bruxelles, 32 pp.). See also the doctoral thesis of François Beck (Beck 2006).