

**FINAL REPORT  
TECHNICAL ASSISTANCE CONTRACT  
PERU DRUG EDUCATION  
AND  
PUBLIC AWARENESS PROGRAM**

**Prepared for:  
U.S. Agency for International Development  
Mission to Peru**

**By:  
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U.S.A.  
703/979-0100**

**Contract N° 527-0288-C-00-5140-00**

**MARCH 31, 1989**

# **PERU**

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## EXECUTIVE SUMMARY

For many years Peru had viewed drug abuse and drug trafficking as a problem affecting only the United States and other consumer countries, not Peru. The conventional wisdom had been that coca leaf had always been used in Peru with no real problems and there was little use/abuse of other drugs. While sympathetic to the problem caused by the flow of Peruvian coca products to the U.S., it was felt that Peru had many other higher priority problems to deal with, and thus it was up to the U.S. to stop the flow of drugs at its borders.

Unfortunately, in recent years the use/abuse of drugs in Peru has been increasing dramatically. Drug users and addicts are in evidence and have been treated in Peruvian clinics (public and private) for many years; however, the treatment was not always identified as such. Social stigma (for the upper classes) and fear of reprisal by the authorities in some cases resulted in alteration of clinical records. Clinical research on coca paste addicts did not receive wide distribution and the results were limited to researchers interested in the field. Although some of this research knowledge had reached the U.S. professional community, it was not widely known in Peru.

The USAID Mission and the American Embassy, concerned over this serious lack of awareness of the growing extent of Peruvian drug problems, contracted with Development Associates, Inc., to carry out a study of the perceptions of Peruvian society on drugs and to formulate strategies and approaches to assist Peruvian institutions to deal better with the problem. Development Associates, Inc., in conjunction with the Pontificia Universidad Católica del Perú and the Escuela de Administración de Negocios Para Graduados (ESAN), conducted a national public perceptions survey among approximately 1600 respondents representing the major population sectors in Peru in all regions of the country. The team members also met with media representatives, medical personnel, politicians and government representatives, directors of private and voluntary organizations, and other relevant leaders to obtain a full picture of the narcotics and public education situation in Peru. Information collection techniques included case studies, literature review, focus groups, and in-depth interviews, in addition to the national survey.

As a result of the above studies, Development Associates, Inc., recommended to USAID that it support and fund the creation of a new private voluntary organization that would assume the task of establishing and operating a drug information and education center. This institution would need to have the support of all sectors of Peruvian society as a signal to the country that drug abuse is a problem common to all and create in the society a sense of ownership and responsibility for the success of the institution. Other recommendations related to the conduct of an epidemiological study to determine the extent of drug abuse in Peru; release and publication of the results of the survey; and

the establishment of lines of communication between the center and international agencies and groups concerned with drugs; and that USAID contract for technical assistance for the center and itself during the early years and use this as the primary vehicle for U.S. input, thus keeping U.S. visibility to a minimum.

On September 15, 1985, Development Associates, Inc., was awarded a contract by the USAID to provide technical assistance in the implementation of USAID's drug education and public awareness program for Peru. Specifically, the company was required to perform the following three major tasks:

- 1) Assist Peruvians in Establishing a Drug Education and Information Center;
- 2) Conduct a National Study on the Prevalence and Incidence of Drug Use in Peru; and
- 3) Provide Technical Assistance to the Ministries of Health and Education on Drug Abuse Prevention.

To accomplish these tasks, Development Associates put together a four-person team, utilizing a combination of permanent staff and Peruvian local hires, and established an office in Lima. Backing up this team was the Home Office staff and a cadre of management, information, education, and survey research specialists. The project team identified and helped a select group of interested Peruvians in establishing a drug education and information center, conducted a national epidemiological survey of drug use in Peru, and worked with the ministries of health and education in identifying and developing appropriate drug education and prevention programs. Additionally, the project team worked with and provided technical assistance to the National Institute for Family Welfare and selected community drug abuse prevention organizations. The contractor's activities are detailed fully in this report and its accompanying Appendices. The following pages contain a brief summary of the project's activities.

### **Establishment of a Drug Education and Information Center.**

The project design was based on the Narcotics Awareness Study completed by Development Associates in 1985 and described above. That study indicated there was a growing awareness and concern in the country about drug abuse. Moreover, it showed there was very substantial interest across a broad spectrum of Peruvian society about the problem of drug production and trafficking. Since this concern with both supply and demand for drugs was consistent with the concerns of the U. S., this project

was developed to assist the people of Peru in developing institutions and approaches for dealing with the growing problem.

Institution building, is at best, a difficult process, requiring dedication and involvement of the individuals that will make up and operate that institution. It is important that the people establishing a new organization feel a sense of ownership and responsibility for its success. This success can be further assured by ensuring that it has the broad-based support of the population. During the first year of the contract the Development Associates project team identified, worked with, and provided technical assistance to a group of interested and dedicated Peruvians in the formation of a private non-profit voluntary organization that would take upon itself the task of establishing and operating a drug education and information center. Working together, additional potential founding members representing all the sectors of Peruvian society were recruited to form the General Assembly of the organization.

During this organizational process the project team was careful to avoid any actions or attitudes that would convey the feeling to Peruvian citizens that the resultant organization would be anything other than their own. Although the project team had previously identified potential founding members and had a preconceived idea of what the organization should look like, this information was never directly conveyed to the work group. The original work group and the resultant Organizing Committee worked through the organizing process themselves, discussing pros and cons, developing the organization's objectives, statutes and by-laws, and selecting the final list of founding members.

The resultant organization, known as CEDRO (Centro de Información y Educación Para la Prevención del Abuso de Drogas) was founded on May 20, 1986 at a General Assembly meeting of 82 founders/members representing all sectors of Peruvian society. The Assembly approved the organization's constitution and by-laws and elected a nine-member board of directors. On September 1, 1986, the Center began operations with interim funding through the Development Associates USAID contract. (This funding was subsequently replaced by direct USAID funding through a Cooperative Agreement.) The Center started out with a core staff of three professionals and two administrative personnel. This has subsequently been increased to a total of nine permanent staff supplemented by a cadre of community promoters. The Center focuses its activities in three areas, information and education, research, and training and technical assistance.

CEDRO has gained national and international recognition as a source for factual information and technical assistance on drug abuse issues. It has established a reputable resource library containing over 2800 reference documents; develops and dis-

tributes prevention materials; publishes and distributes a periodic information bulletin, a technical journal, and a research monograph series; designs, develops, and conducts training programs for community and public sector organizations, schools, military groups, private industry, and political leaders. Its apolitical status and independence from outside influences provides the organization with entree to and acceptance by all political parties. CEDRO reaches out to all sectors of society in Lima and the provinces through its network of over 1200 community organization, providing training, technical assistance and materials to create a multiplier effect in disseminating the message on drugs and drug-related problems. The organization designs and conducts mass media campaigns using spot announcements, interviews, and special programs; sponsors seminars, workshops, and conferences; and develops special prevention programs for private industry. Its research activities include the conduct of a second national epidemiological study of drug use; two public opinion surveys on drugs and drug-related issues; and a special study of drug use among children in the Upper Huallaga Valley. CEDRO also sponsors and funds third party research in continuing efforts to promote and improve the quality of drug-related research in Peru.

### **Conduct of a National Study on the Prevalence and Incidence of Drug Use in Peru.**

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The Epidemiological Study on the Prevalence and Incidence of Drug Use in Peru was the first national research study of its kind in Latin America. Previously, several epidemiological studies had been conducted, but except for one household survey, the rest had been among high school students. However, most of these had serious limitations or weaknesses. The one household survey (Carbajal et al) conducted in 1979 was limited to 2561 households in the Greater Lima Metropolitan Area, and the high school surveys were similarly limited in scope, size, and type of sample.

The Development Associates project team directed the design and conduct of the national study on drug use following established methodologies and techniques that had been proven in other countries. Since this was the first investigation of its type in Latin America, care was taken to form a study team that was knowledgeable in survey research techniques and at the same time sensitive to the local culture and conditions which would enable the team to obtain reliable data from the respondents. The study team consisted of two survey specialists from the U. S. and representatives from a local university and a Peruvian business school. The field data collection effort was carried out by a local market research firm. To avoid problems with the Government of Peru (G.O.P), which was initially unaware of the study, and to gain access to the community, the study team obtained the cooperation of Cayetano Heredia University in sponsoring the study.

The survey covered a universe consisting of all individuals within the ages of 12 to 45 years located in households in the 40 largest cities (over 25,000 population) in Peru with the exception of the city of Tingo Maria and all cities in Ayacucho, Apurimac and Huancaveiica. The universe of the study consisted of approximately 50% of the total population of Peru and 75% of its total urban population. The sample drawn was based on a random selection of households in each city and a random selection of individuals within each household. The fieldwork secured a response rate of 85% of interviews attempted and 88% of the original sample size of 5000 households. Field data collection started in February 1986 and was completed by the first week in May of that year. Preliminary data analysis was completed by the end of June and a final report submitted to USAID in September 1986. The final report was subsequently translated to Spanish and published by CEDRO as the first of its research monograph series.

The survey found that the lifetime prevalence (percentage having ever used a substance, i.e., once or more often) of alcohol was the highest of all substances examined (87.2%). This was followed by tobacco with 67.4% and coca leaf (20.7%); marijuana (8.3%) and coca paste (4.0%); and cocaine (2.6%). The overwhelming majority of marijuana, coca paste and cocaine users are located in Lima, as are the majority of those who use alcohol and tobacco. The majority of those who use coca leaf and hallucinogens are located in the provinces. In comparison with the results of the Carbajal study (Lima only), the increase in drug use has been dramatic in the last few years.

It was originally intended that the future epidemiological research of drug use would be undertaken by the Ministry of Health, utilizing the resources of the Cayetano Heredia University. As it turned out the university was not able to make available the people to be trained in conducting this type of research and the Ministry of Health was more concerned with higher priority health problems affecting the general population. On the other hand, CEDRO felt that this type of research was well within the scope of the institution and would provide the institutional credibility so essential to future success. CEDRO has demonstrated its capability to carry out these studies. They have recently completed the field data collection on the second national study. The report is expected shortly. CEDRO plans to repeat it every two years which will provide longitudinal data on use and abuse in Peru.

### **Provide Technical Assistance to the Ministries of Health and Education.**

The main purpose of this task was to enhance the capability of both ministries to carry out their legally-mandated drug education and information responsibilities. Based on a review of the ministries information and education programs, the project team would work with ministry staff to identify those programs requiring technical and financial assistance, and develop an appropriate technical assistance strategy to help the mini-

stries. Several factors hindered this effort. First, the new GOP administration had not yet formally developed its policy on the drug problem beyond feeling that the responsibility lay with the consuming countries. A coherent national drug abuse plan was lacking and once it was developed, turned out to be very general. The ministries themselves were unsure of what they wanted to do. Plans and activities started by the previous administration were discarded. Other factors impacting on the Development Associates effort were the frequent personnel changes within the ministries. These changes resulted in the coordination and work accomplished having to be started all over several times. Nonetheless, after considerable effort and coordination, the project team was able to help ministry staff identify areas of interest. With the team's assistance each ministry developed and submitted to USAID a project proposal for approval and funding. A bilateral agreement was signed in August 1987 for the following projects:

- Ministry of Education (MOE): Design, develop and implement a pilot epidemiological study of drug use among students followed by the development and evaluation of a pilot drug abuse prevention curricula for use in the school system. The research study has been completed and a report prepared. As the contract ended, the MOE staff was starting work on developing the prevention curricula. The project is about six months behind schedule which will reduce the amount of time available for evaluation of the curricula before the scheduled end of the bilateral agreement.

- Ministry of Health (MOH): Design and install, on a pilot basis, a system to record the incidence of drug-related health problems treated in the nation's hospital emergency rooms; and conduct two small epidemiological studies (one in schools and one in the home) to determine the reasons for initiation of drug use. The MOH's initial action plan was submitted to and approved by USAID, however personnel changes resulted in a change in policy within the implementing institution. Approval was granted by USAID to change the action plan, provided it was resubmitted for review and subsequent approval. Despite repeated urgings and offers of assistance by the Development Associates project team the revised plan was not submitted until recently. A cursory review of the plan indicates that it is unlikely that it will be approved.

### **Additional Activities.**

In general, and despite the failings of the Ministry of Health project, interest in drug education and information activities has increased dramatically. The Development Associates project team provided technical assistance to the National Institute on Family Welfare (INABIF) and to several private voluntary community organizations. Training support was given to INABIF staff; a six-week drug abuse training course was offered to 72 participants (educators, health professionals, and social workers); and technical and financial support provided to four community-based organizations in various parts of the country. These four organizations have a broad base of support within their own com-

munities and will continue their drug information and prevention efforts in coordination with CEDRO.

# **PERU DRUG EDUCATION AND PUBLIC AWARENESS PROGRAM**

## **TECHNICAL ASSISTANCE CONTRACT**

### **FINAL REPORT**

This report describes and analyzes the approach and processes used in the implementation of what is widely considered a highly successful USAID project. It covers the activities carried out by the Contractors' technical assistance team in accomplishing the specific project tasks as well as a description of the activities and accomplishments of the Centro de Información y Educación Para la Prevención del Abuso de Drogas (CEDRO) and other related organizational entities involved in the overall USAID drug education and public awareness program.

This report consists of the following sections:

- Introduction
- Background
- Summary and Analysis of Accomplishments
- Lessons Learned
- Future Recommendations
- Summary
- Appendices

## I. INTRODUCTION

On September 15, 1985, Development Associates, Inc., was awarded a contract by the Agency for International Development to provide technical assistance in the implementation of USAID's drug education and public awareness program for Peru. Specifically, the company was required to perform the following three major tasks: 1) Assist Peruvians in Establishing a Drug Education and Information Center; 2) Conduct a National Study on the Prevalence and Incidence of Drug Use in Peru; and 3) Provide Technical Assistance to the Ministries of Health and Education on Drug Abuse Prevention.

The project design was based on a Narcotics Awareness<sup>1</sup> study completed by Development Associates in 1985 for USAID/Peru. That study indicated that there was growing awareness and concern in the country about drug abuse. Moreover, it showed there was very substantial interest across a broad spectrum of Peruvian society about the problem of drug production and trafficking. Since this concern with both supply and demand for drugs was consistent with the concerns of the U.S., this project was developed to assist the people of Peru in developing institutions and approaches for dealing with the growing problem.

Utilizing a combination of permanent staff members and Peruvian local hires, Development Associates put together a four person team and established an office in Lima to carry out this project. Backing up this team was the Home Office staff and a cadre of management, information, education, and survey research specialists. Upon arrival in Lima, Peru on October 8, 1985, the Chief of Party brought on board the remainder of the project team and set up an office at Andres Reyes 518 in San Isidro, Lima 27, Peru. Concurrent with the administrative and logistical tasks necessary to establish an office in a foreign country, the team developed and submitted a project workplan for the first year; identified and provided to USAID an initial list of potential founding members for the proposed Center; and initiated preliminary contacts with Cayetano Heredia University officials relative to their involvement in the Study on the Prevalence and Incidence of Drug Use in Peru.

1 Final Report, Peru Narcotics Awareness Study, prepared for USAID/Peru by Development Associates, Inc., March 1985 - See App. 1 for an Executive Summary of Report.

## II. BACKGROUND

The drug-related situation in Peru is a complex one, with multiple variables affecting it. On the one hand, coca leaves have been cultivated and chewed by Indians in the Andean region for centuries. As one of the few naturally occurring anesthetic compounds, coca derivatives have been a boon to medical preparations. Furthermore, the cultivation of coca, both legal and illegal, provides an income for farmers unable to earn as much from other traditional crops. On the other side of the equation are the legal and economic problems associated with the cultivation of the coca bush, such as terrorism, corruption, and crime; substitution of coca crops for food crops which decreases Peru's food supply and necessitates food imports; the costs of law enforcement; loss of foreign exchange; political problems between Peru and the U. S. over regulation of production and enforcement of coca eradication and trafficking laws; and finally, a growing domestic abuse problem of cocaine paste, and cocaine, as well as marijuana, various inhalants, alcohol, and other drugs. In sum, there are political, economic, and cultural overtones to the entire narcotics question in Peru.

Against this backdrop, Development Associates, Inc., was contracted in September 1984, by the USAID in Lima to conduct a study on public perceptions of narcotics issues and alternatives for action which could have an impact on Peru's narcotics situation. The specific objectives of the study were to :

- define and analyze public awareness of issues related to drug problems;
- examine alternative public information, education and consciousness-raising measures for increasing the public's perception of growing drug-related problems;
- examine the feasibility of establishing a private, non-profit Peruvian agency dedicated to increasing public awareness of the threats drugs pose for Peru; and
- provide guidelines for how such an agency might best be organized and staffed.

To achieve these objectives a Development Associates study team, in conjunction with the Pontificia Universidad Católica del Perú and the Escuela de Administración de Negocios Para Graduados (ESAN), conducted a national public perceptions survey among approximately 1,600 respondents representing the major population sectors in Perú in all regions of the country. The sample included seven cities representing key geographic areas and 16 major subgroups. The team members also met with media representatives, medical personnel, politicians and government representatives, directors of private and voluntary organizations, and other relevant leaders to obtain a full picture of the narcotics and public education situation in Perú. Information collection techniques included case studies, literature review, focus groups, and in-depth interviews, in addition to the national survey.

The study was based on two hypotheses: first, that there was a lack of awareness of the seriousness of narcotics problems in Perú among all segments of the society. The second hypothesis was that this lack of awareness had limited the commitment to, and the enforcement of Perú's narcotics-related laws and agreements. The public perceptions survey indicated that while respondents identified drug abuse and, to a lesser extent, drug trafficking as national problems, they were considered secondary problems in relation to inflation, unemployment, terrorism and related economic and social problems. The production of coca was not identified as a national problem nor was the available supply of coca-derived substances linked with the identified use problem. Clearly, the violence in Perú related to narcotics trafficking was considered a major national concern; however, many Peruvians, particularly in the public sector, felt that the drug problem was more of a concern to the consuming countries like the U. S. rather than Perú.

However, an important finding uncovered by the survey related to the levels of knowledge and availability of information on drug issues. Almost two-thirds of the respondents felt that they had incomplete or useless information about drug issues; the vast majority (90-95%) indicated a desire for information on drug abuse prevention and treatment approaches.

The means identified for combating domestic consumption of drugs pointed overwhelmingly to education; the survey respondents expressed both a demand for and receptivity to receiving educational messages. This was true among opinion leaders, teachers, and even more so among university students. Other suggested means included seminars/meetings with parents, conferences, and mass media efforts. Respondents also suggested information activities through the formal education system, youth clubs, medical clinics, parishes, sports clubs, and the like. Finally, 98% of the survey respondents believed an information and education agency should exist to respond to the identified needs.

Obviously, Peruvian society had not yet reached the level of understanding of the drug problem that would move Peru to take broad-based action to deal with both demand and supply. Moreover, it was clear that a well-constructed information campaign was needed and could bring about action on the abuse or demand issue and incorporate the availability or supply issue.

The study team's review of the activities of private voluntary organizations (PVO's), community and religious groups, youth organizations, universities and others, identified serious, but limited, efforts in dealing with the drug abuse issue, all secondary to each organization's institutional goal and mission. The major conclusion of this review was that no existing organization was capable of leading and developing a national program of public education on drug issues. It was the study team's belief that adding such a goal to any existing organization's operations would dilute the organization's effort, and most likely subordinate the drug education activities to all others. This was true in both the public and the private sector. Efforts at drug information and education in the public sector have been characterized by bureaucratic barriers, implementation problems, and a lack of financial and manpower resources. An important finding of the study team's review was that there existed a high level of interest in participating in drug information activities among the many organizations contacted.

In conjunction with its review of community and other organizations, the study team assessed the availability and applicability of media sources to participate in a national drug information project. Both television and radio have broad national audiences and would be valuable as components of a public education effort. Newspapers and other print sources reach a limited audience because of literacy levels but are useful means in reaching leaders and opinion molders. Sources for the production of media messages exist in Peru; indeed, the study team received numerous expressions of interest and offers of support from media representatives contacted. As one element of a coordinated effort, the media have proven useful in stimulating public dialogue and promoting legislative change.

Given the foregoing, the study team concluded that an information and education program was needed in Peru. Furthermore, it was the study team's contention that the best means for carrying out such a program would be a free-standing, private, non-profit drug information and education center. As envisioned by the study team, this center would be charged with:

- a leadership role to inform and lobby leaders of all segments of Peruvian society to elicit a recognition that drug use, production and trafficking are critical national problems, requiring immediate action;

- a unifying role to coordinate, guide and assist the drug education efforts of diverse groups of community and other organizations; and
- an educating role to inform the general public, through various media and organizational channels, of the dangers of drug abuse, illegal production, and drug trafficking.

Further, there was a substantial foundation of interest and potential support among organizations and individuals in Peru which would enable such a center to become effective quickly and economically. With this base of support in place, the center could become fully rooted within Peruvian society. The team envisioned a highly group-intensive approach with efforts targeted at three major segments of the population most able to affect the situation:

- national leaders (political, business, civic and religious leaders, etc.);
- media leaders (of all forms, especially television, radio, newspapers, magazines and publications); and
- a network of community, civic, religious, educational and private voluntary organizations, and through them, the general public.

The study team recommended that the U.S. sponsor and initially fund a private, non-profit drug information and education center to increase consciousness and raise awareness in Peruvian society to Peru's narcotics-related problems. This recommendation was based on several factors: the then current situation in Peru; the history and experience of other countries in coping with the drug problems; and the stages individuals and societies go through in coming to grips with a difficult problem.

When dealing with a problem or issue such as drugs, people and societies have a very real difficulty coming to a full understanding so they can take appropriate action. The role of the proposed center would be to speed up and facilitate the process so the Government of Peru and its people would take more effective action sooner rather than later

In this situation, both the government and the public generally know there is a growing drug use problem in the country. They have become concerned with the inter-

nal demand for drugs. The problem is that use or demand is in part a function of supply, and until the public realizes that they must deal with drug availability (supply) as well, they can only achieve limited success.

The proposed center would seek to quickly move Peru's present general level of awareness to a broader level of understanding which would in turn move them to take more forceful action against supply. The figure on the following page represents the evolutionary process which would lead to more effective enforcement, eradication, and crop substitution actions. It is this process which the center is designed to accelerate.

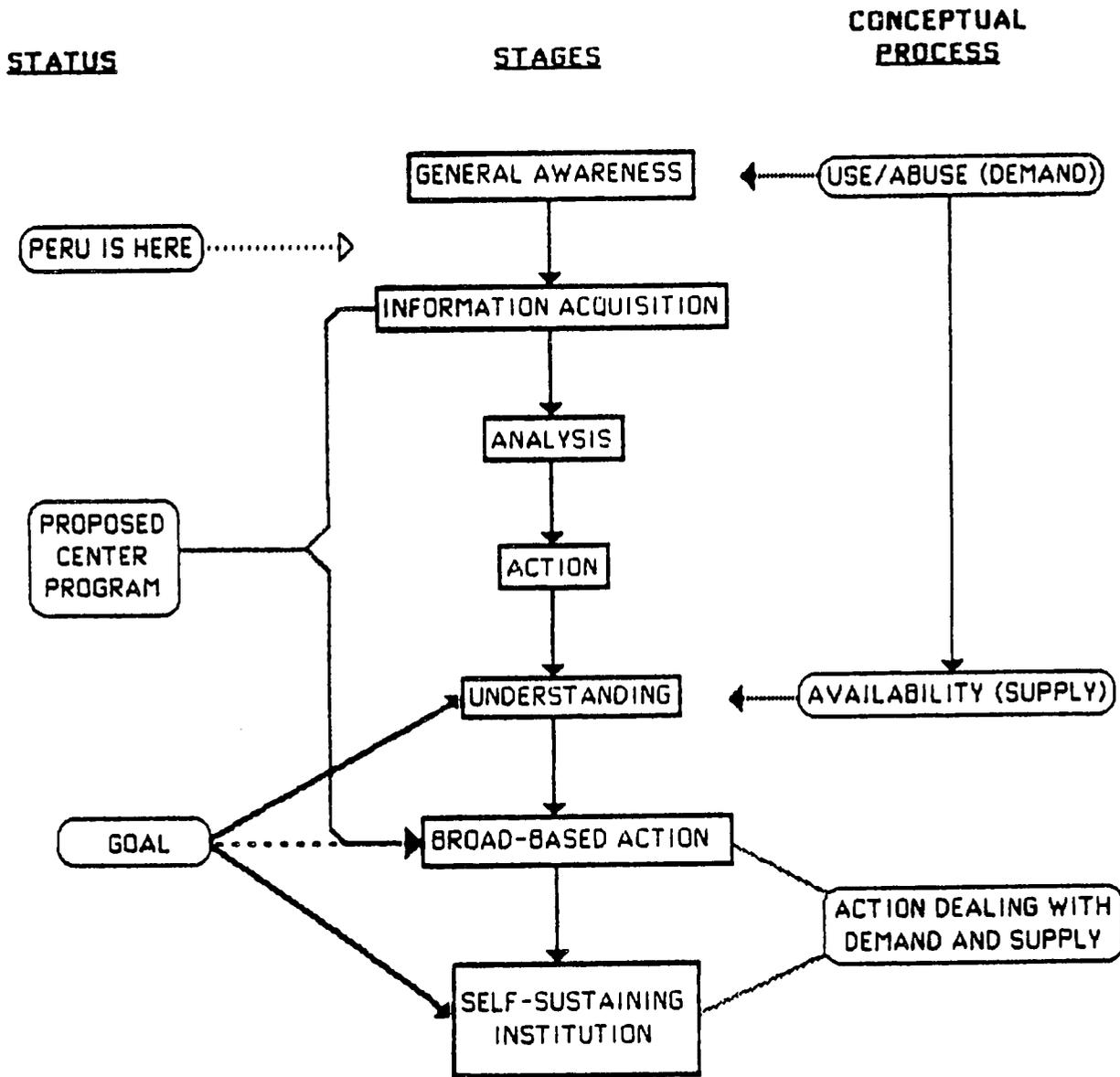
It should be noted that because of its present status as a major drug-producing country and because of a long history of coca leaf chewing, this educational/social change process will take time and will involve some controversy. However, it was deemed critical to begin the process now before Peru's own producers flood the streets with cheap coca-based substances which would only make the effort all the more difficult.

Based on the study team's experience, two major principles were identified to guide the design and establishment of a national drug information and education program. The first principle was that the center should be based thoroughly as a Peruvian institution so that it is perceived, first and foremost, to be operating in Peru's best interest, taking the society through an awareness process. A common perception held by many of the individuals was that narcotics trafficking and cocaine problems are in the province of U.S. problems and interests and are not really crucial Peruvian problems. Further, it is held that an end to U.S. consumption and demand for cocaine would virtually eliminate Peru's problems with coca. Therefore, a visibly U.S.-controlled project would be seen as responding to U.S. needs and would not gain the broad-based support that a center operated for Peru's best interests would receive.

The second major principle built upon the first. While the U.S. financial and technical support would be required initially to establish and operate the center, it was deemed essential that the center's founders work to identify alternative sources of support (both cash and in-kind contributions) so U.S. support could be reduced. The sense of ownership and self-interest attained by such actions would be of utmost importance to rooting the center firmly in Peruvian society.

The goal of the center was proposed as follows:

### SOCIETAL STAGES ON DRUG ABUSE ISSUES



**To inform and educate the Peruvian public about narcotics, other drugs, and national drug-related problems through the establishment of a viable information and education program which leads to positive action to prevent drug abuse and control illicit production.**

Conceptually, the study team envisioned the center carrying out the following activities:

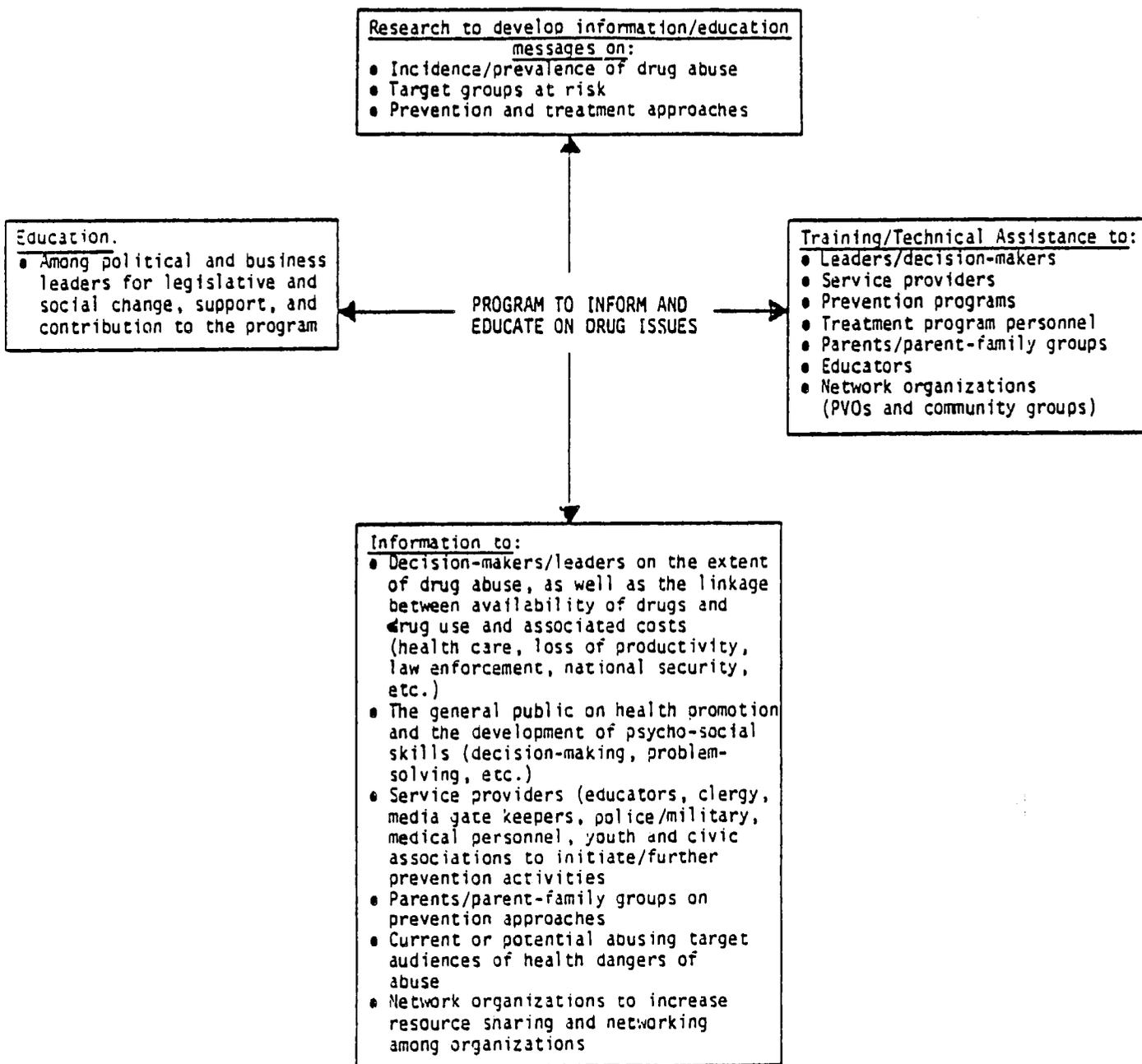
- promotion of public policy dialogue, lobbying and legislative change, especially among business leaders, politicians, community leaders, journalists and other media representatives, and religious officials;
- information provision, both on a request basis and on a proactive basis, to identified groups that could affect or participate in public awareness/education activities (opinion leaders, schools, church groups, youth groups, the media, medical agencies, police, etc.);
- development (or coordination of the development) of informational materials, media messages and campaigns, etc.;
- collection and review of materials, curricula, research studies, audiovisual materials, and training materials to establish a clearinghouse;
- informational service to increase networking among other service and information providers;
- networking, exchange of information and resources development among network organizations and expansion of the network;
- provision of training and technical assistance to organizations and individuals through the development of conferences, training workshops, discussion groups, debates, etc.; and
- sponsorship/leadership of research and data collection efforts, media campaigns, and related activities.

The figure on the following page displays a conceptual structure of the different components of a drug information and education program. These components in turn define the basic functions a national center would perform.

The feasibility of several options was analyzed to determine the most effective siting and sponsorship of the center. The study team concluded that the most appropriate option for establishing the center would have the following elements: sponsorship by a group of prominent and influential leaders representing all segments of Peruvian society (religious, educational, business, political, military, medical, government, media, etc.); autonomy from all sources of support; and location as a free-standing entity in the private sector. Further, the study team concluded that some outside technical assistance would be required to establish the center firmly, provide assistance in such areas as board and staff training and provide general organizational development support.

As a result of the above studies, Development Associates, Inc., recommended to USAID that it support and fund the creation of a new private voluntary organization that would take on the task of establishing and operating a drug information and education center. This institution would have to have the support of all sectors of Peruvian society as a signal to the country that drug abuse is a problem common to all and create in the society a sense of ownership and responsibility for the success of the institution. Other recommendations related to the conduct of an epidemiological study to determine the extent of drug abuse in Perú; release and publication of the results of the survey; and the establishment of open lines of communication between the center and international agencies and groups concerned with drugs; and that USAID contract for technical assistance for the center and itself during the early years and use this as the primary vehicle for U.S. input, thus keeping U.S. visibility to a minimum.

DRUG INFORMATION AND EDUCATION PROGRAM STRUCTURE



### III. SUMMARY AND ANALYSIS OF ACCOMPLISHMENTS

This section provides a summary description of the activities involved in accomplishing the three major tasks of the contract and the outcomes followed by an analysis of the accomplishments attained.

#### A. Establishment of a Drug Education and Information Center

The national elections of April 1985 brought a new government into power in July 1985. At the time of the Chief of Party's arrival in Peru in October 1985, the political situation was tense. The new government was trying to consolidate its control over the bureaucracy and the country. Relations between the U.S. and Peru appeared to be strained and the USAID mission was unsure of the new administration's reaction to a U.S.-sponsored project that had not previously been discussed with, or approved by the Government of Perú.

##### 1. Summary

Pronouncements by the new government and its perceptions and attitudes on the drug issue required that the project team proceed cautiously in its efforts to recruit and organize a group of individuals to start a new center. Accordingly, most of the team's initial effort was directed toward the design of a recruitment strategy that would avoid calling undue attention to project activities. The workplan submitted to USAID defined the criteria for the selection, initially, of members of a small organizing committee and then a wider group of additional founders, dedicated individuals interested in addressing Peru's drug problems and committed to the success of the project. A list of potential organizers and founders was prepared and submitted to USAID for review. While this list was under consideration the project team carefully selected several individuals known to be concerned about the drug problem. Preliminary discussions were held with this select group to solicit their interest in participating in this effort and to elicit recommendations for additional potential members. The group agreed to participate in working sessions to further refine the team's recruitment and organizational strategy. Appendix 2 contains the composition of the original work group.

The work group met for the first time on January 6, 1986. The project team briefed them on the background and history of the project, to include the results of the Narcotics Awareness Study (summarized in the previous section) that had been the basis for the current effort. The basic purpose of the first meeting was to secure acceptance of the concept of a private non-profit voluntary organization that would operate a drug education and information center. Emphasis was placed on the importance of

recruiting key individuals whose influence could assist the Center in achieving its goals and at the same time help to mold public opinion in countering Peru's drug problems. Meeting weekly for two-three hours at night, the group further developed and refined the Center concept; developed goals and objectives; developed an information bulletin to recruit and orient new members; identified and selected potential members for the basic Organizing Committee; drafted the statutes and by-laws for the new private voluntary organization (PVO), and selected a name and logo for the organization.

The basic information bulletin (a document entitled "Proyecto de Organización") described the rationale for establishing the center, defined purpose and objectives, outlined the center's philosophy and operating scheme, and outlined the tasks necessary to have an operational organization by October 1986. Twenty prominent Peruvians, including senators and members of the House of Deputies, municipal leaders, media and arts personalities, members of the judiciary, businessmen, members of the Church, and others, were invited to join as members of the Organizing Committee. The Organizing Committee met in formal session during a working lunch on April 3, 1986. Attendees received an orientation on drug abuse prevention and the effects of drugs. Additional presentations included a detailed description of the proposed Center, its objectives and concept of operation, and the role of the members of the Organizing Committee. Copies of the draft statutes were provided for review and comment. Appendix 3 contains the draft statutes and by-laws.

With the assistance of this new Organizing Committee, efforts continued to recruit additional founding members to complete the total societal representation desired. Concurrently, the statutes were finalized, and on May 20, 1986, the project team and the Organizing Committee sponsored and held the first General Assembly meeting to approve the statutes and to elect a Board of Directors to head the new organization. The founders or members of the General Assembly, which included representatives from the judicial system, the chamber of deputies, senate, church (Catholic and Protestant), news media, police and military, business, health and educational systems, community groups, civic groups, arts, and sports from Lima and the provinces, reviewed and approved the statutes and by-laws, and elected a nine-person board of directors. The Assembly charged the Board with the responsibility of moving ahead with the necessary actions to obtain legal recognition for the organization. Appendices 4 and 5 list the names of the members of the General Assembly (founders) and the initial Board of Directors.

The entire legalization process required that the organization obtain the review and approval of the National Planning Institute, official sponsorship from at least one ministry involved in the area in which the PVO would be working, and recognition by the Ministry of Economy and Finance as a tax-exempt and tax deductible organization. Through intensive follow-up and lobbying by both the project team and key founding

members, final approval was obtained in late September 1986. CEDRO, the Centro de Información y Educación para la Prevención del Abuso de Drogas, was now a legal private voluntary organization.

Concurrent with the above activities, the Board and the Development Associates, Inc., project team developed an organizational structure; defined criteria for selection of staff; developed job descriptions; and initiated a recruitment effort to identify and select an Executive Director to head CEDRO. After reviewing over 100 applications and interviewing fifteen promising candidates, the Board turned to three of its own members and selected an Executive Director and two Deputy Directors to form a core staff. CEDRO started out with a total of five staff members plus three university graduate interns. The core staff subsequently increased to a total of nine permanent staff members, a number which is still maintained. The current organizational structure is shown on the following page.

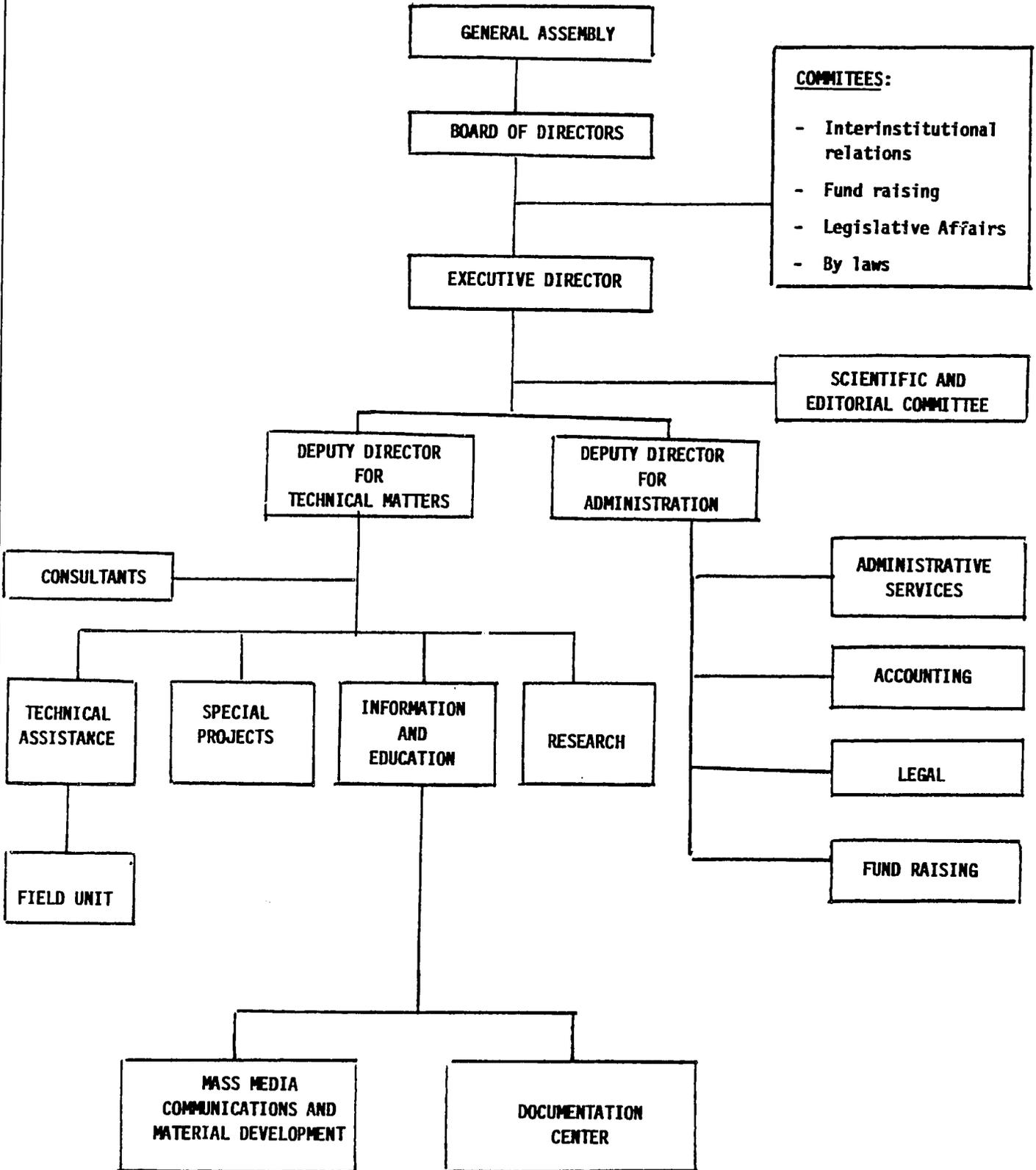
### Center Activities

An organized and well-defined program to inform and educate the Peruvian public about drug issues should be built within a conceptual framework which specifies the program's orientation and direction. This framework defines the program as a coordinated effort of information, education, referral, training, technical assistance, research and advocacy/lobbying activities. Moreover, it should also serve as a catalyst for these types of activities on the part of other organizations and individuals. As envisioned, this program would evolve as the leader of a coordinated effort of education and information, setting the precedents, standards, and policies to guide drug abuse prevention activities.

During its first year of operations the Center established a reputable resource library containing over 1100 reference documents; developed and distributed prevention materials; published and distributed a periodic information bulletin, and a technical journal; formed a national network of over 260 organizations interested in collaborating with the Center on drug information and education activities; designed, developed, and conducted training programs for community and public sector organizations, schools, and military groups; designed and conducted a national mass media campaign; and conducted a public opinion survey of attitudes on drugs and drug-related issues. CEDRO also organized and or participated in several national and international conferences on drugs. Initially funded through a subcontract with Development Associates, Inc., the organization was subsequently registered as a non-U.S. Private Voluntary Organization (PVO) and became eligible for AID financing under a cooperative agreement.

**CENTER FOR INFORMATION AND EDUCATION  
FOR THE PREVENTION OF DRUG ABUSE**

**C E D R O**



In its two and a half years of existence, the organization has expanded its influence throughout Perú and has gained national recognition as the source for factual information and first-rate technical assistance on drug abuse issues. The following table provides a summary of major outputs since the center was started.

### SUMMARY STATUS OF CEDRO MAJOR OUTPUTS

..... CUMULATIVE OUTPUT THROUGH 02/28/89	
Drug prevention trainers trained .....	1,066
Community residents educated about prevention .....	202,524
Reference documents obtained .....	2,876
Requests to use reference documents .....	4,746
Technical publications produced .....	20
Technical publications circulated .....	34,103
Educational manuals and pamphlets produced .....	101
Education manuals and pamphlets distributed .....	369,275
Research grants approved .....	11
Info articles published in local press .....	710
Radio and TV info and ed presentations .....	298
Drug prevention TV & radio spots developed .....	9
Seminars and conferences sponsored .....	71
Seminars and conferences attended by CEDRO staff .....	66
Organizations in anti-drug network .....	1,247

Following are brief summaries of activities of the various components of the Center.

*Information and Education.* A key finding of the 1985 Peru Narcotics Awareness Study was the lack of coordinated public information and education programs on drugs and drug-related problems. Basic knowledge such as the extent and type of drug use was lacking, as well as uncertainty over the danger of all of the substances in use. Organizations engaged in providing drug information relied on information and materials provided by international resources, materials that frequently were not relevant to local needs. CEDRO's information and education activities are designed to fill that void. They include establishment and operation of a resource library or Documentation Center available to the general public; development and distribution of technical journals, information booklets, posters, pamphlets, etc.; and mass media com-

munications. The Documentation Center has reference documents on drug related topics from all over the world plus access to drug information internationally through MEDLINE, a computerized information service of the U.S. National Library of Medicine. Additionally, it has information exchange agreements with libraries in Mexico, Brazil, and Sweden. In addition to development of user materials (pamphlets, flyers, posters, etc) CEDRO publishes and distributes a research monograph (annual publication); a technical journal (PSICOACTIVA) containing drug articles of professional interest (published twice a year); INFORMATIVO, a drug information publication for general distribution (published every two months); and Hoja Informativa, a special bulletin that is published as needed to provide up-to-date information to the news media and other interested individuals.

Mass media communications consist of newspaper articles (op-ed page, effects of drugs, prevention activities) in all newspapers in Lima and in the major provincial cities outside Lima; radio programs daily in over 50 radio stations; television spots, documentaries, and interviews carried by all the television stations. All mass media services are donated to CEDRO.

*Research.* A major goal of CEDRO is to improve the present state of research on drugs and drug abuse in Perú. It is accomplishing that goal by conducting relevant research studies and promoting research by third parties. CEDRO's research is designed to increase knowledge specific to Peru and its people that will enable the organization to develop appropriate drug abuse prevention activities to address the needs of the target population. As a followup to the opinion survey conducted in 1984 by Development Associates, CEDRO conducted an opinion survey on a national urban sample in 1987 and a second opinion survey on a similar sample in 1988. The two epidemiological surveys (studies of drug prevalence) and the three opinion surveys serve as a basis for the design and monitoring of CEDRO's prevention efforts. The prevalence surveys provide data on the types of substances that are used and abused in Peru and on the groups at risk. At the same time they legitimate CEDRO's efforts at drug prevention. In effect, these studies are the authoritative factual basis for the messages provided by CEDRO to the public at large through the mass media and through the community organizations associated with its network. The opinion surveys help to provide guidelines for the development of drug abuse prevention messages, assist in targeting audiences, and indicate the degree to which the institution (i.e. CEDRO) is reaching its intended publics. The surveys represent, therefore, both planning and evaluation tools as well as an important ingredient for use in a program. CEDRO also supports third-party research by providing funding for drug-related thesis research and research by senior established professionals. By sponsoring other individuals, CEDRO is encouraging their entree into a new field and increasing the level of knowledge in this area. At the same time, by providing technical assistance to these researchers the quality of research is improved.

*Training and Technical Assistance.* Training and technical assistance activities have been the driving force that has expanded CEDRO's influence throughout the country. In order to reach the maximum number of people, CEDRO promoted and recruited existing organizations interested in collaborating in drug abuse prevention activities. These organizations (currently over 1200) form a network that receives information and materials on a routine basis and training and technical assistance as needed or on request through a cadre of health promoters who have attended a 30-hour basic course plus periodic refresher training courses. These organizations provide a point of contact and support for CEDRO activities in Lima and in the provinces.

CEDRO also provides training and gives drug abuse prevention talks to doctors, psychiatrists, psychologists, students, teachers, parish groups, civic and community groups, government agencies, and parent associations. A pilot program is underway to identify and train natural leaders in schools that will provide a basis for the establishment of positive peer groups. CEDRO is developing training packages for private industry to address their particular drug and alcohol problems. A pilot university graduate level course on drug abuse at a major university was recently completed and is now being evaluated in preparation for next year.

*Mobilization of Public Opinion Leaders.* The overall strategy of the Drug Education and Public Awareness Program is to influence public opinion to motivate positive actions against drug consumption, trafficking, and production. A key element of that strategy is the education and mobilization of opinion leaders in the fight against the drug problem. Toward this end CEDRO has established and continues to maintain an ongoing dialogue with key opinion leaders and decision makers designed to establish a comprehensive, cooperative public and private effort against drug production and consumption. Special meetings are held with key personnel from radio, television, and newspapers to orient them on the drug problem and expand their involvement in dissemination of anti-drug messages. Special courses on drugs are given to key civil, criminal, and juvenile court judges and to leaders of all political parties, as well as to Church leaders. Periodic discussions are held with members of the diplomatic community, representatives of the United Nations and the European Common Market, senators and deputies of the Peruvian Congress, leaders of national civic groups, and heads of private industry.

*Self-sufficiency.* A basic requirement for financial support by USAID is that CEDRO strive to become self sufficient, either through local donations or funding from other sources. To date CEDRO has generated a total of \$353,602.00 in cash, in-kind contributions, and sales of its services to local and international organizations. Examples of donor organizations are TROCAIRE, an Irish religious organization and CONCYTEC, the Peruvian National Council on Science and Technology. Although local cash donations are small, there is an increasing willingness by local organizations to

pay for drug abuse prevention services either in cash or in-kind such as providing air fares, lodging and meals, or printing of materials. Additionally, CEDRO has prepared specific training modules for private industry for training of supervisors and employees. A major source of in-kind contributions has been the provision of free air time for television campaigns and newspaper space for publication of drug abuse articles. Following is a breakdown of donations and payments received since its inception:

## DONATIONS

CASH CONTRIBUTIONS	DONATED TV AIRTIME	EQUIPMENT MATERIALS	AIRFARES PER DIEM	SERVICES	TOTAL
\$39,503	\$273,887	\$29,270	\$29,337	\$1,605	\$353,602

### 2. Analysis

The Drug Education and Information Center (CEDRO), has been a resounding success due to several factors. Contributing to this success (aside from USAID's funding support) are CEDRO's independence from outside influences and its broad-based support by all sectors of Peruvian society. The public's perception of CEDRO as a wholly organized and operated Peruvian organization whose founders represent all levels of society, to include some of the most important individuals in and out of the government, has enabled the organization to address an extremely sensitive subject in a major drug producing country. Its non-governmental status has saved it from the debilitating effects suffered by the two ministry sub-projects that have been affected by the frequent changes of key public sector officials. CEDRO's stability has served to enhance its stature and credibility within the government, making it a valuable resource to public sector agencies, such as the Ministries of Health, Education, Interior, and Justice. This ability to function independently and its apolitical status has enabled the organization to enjoy the support needed to address the drug education and information needs of the country. The quality (technical expertise, drive, and enthusiasm) of its small staff has served to attract interested individuals and organizations throughout the country to help CEDRO reach a larger number of the population not only in Lima but the rural and urban areas of the provinces as well.

The organizational process in founding the organization was key to its development and acceptance. Although the Narcotics Awareness Study and the Project Paper clearly stipulated the criteria for establishing a private voluntary organization that would take upon itself the task of operating a drug education and public awareness center, it was necessary for the original work group and the subsequent Organizing Com-

mittee to go through the development process themselves. Thus, even though the technical assistance team had a pre-established concept in mind, and a list of potential founders, at no time was any of this forced on the organizing members. The initial work group discussed and debated among themselves the pros and cons of the project; developed and decided on institutional objectives; developed the organization's statutes and by-laws; identified and discussed the merits of potential founders and agreed on their selection; and finally in a General Assembly meeting of founders approved the statutes and elected a Board of Directors. Throughout this process, the technical assistance team provided assistance and administrative support as necessary. It is important to note that the individuals involved worked at night on a voluntary basis, with the knowledge that upon achieving their goal of forming a PVO, they still faced the task of obtaining the necessary funding support.

Recruitment of a suitable core staff posed a problem for the Board and the technical assistance team. The tendency was to select a drug abuse professional to head the organization. However, the Board felt that the organization needed an individual with known administrative and fund raising skills, an entrepreneur of sorts, to head the organization. The technical expertise would be provided by the individual office or division chiefs with drug abuse prevention and community outreach skills. The technical assistance team concentrated on identifying an appropriate executive director through want-ads and interviews with key private and public sector officials. Over 100 applications were reviewed, approximately 20 were interviewed by the technical assistance team of which three went before the Board. None were deemed suitable. Eventually, the Board looked within its own ranks and there found three individuals to form the core staff. The staff recruiting process revealed the existence of a shortage of qualified drug education and information specialists in Perú, a factor that the new Center would be faced with in its future operations and activities.

The Project Paper, and the Technical Assistance Contract envisioned that the new organization and staff would require considerable outside technical assistance in various areas, such as management and administration, fund raising, drug education and materials development, training, and survey research. Except for survey research, the Board and Center staff have been able to rely on their own resources and capabilities and those of the permanent technical assistance team. Support on USAID administrative and accounting procedures and income generation techniques was provided by outside consultants. The core staff itself brought with it talents and expertise that were extremely useful to the new organization. For example, the Executive Director is skilled in organizational and personnel matters and has considerable experience in fundraising. The Deputy Director for Technical Matters, a child psychologist by profession, attended a short course in the United States on drug abuse prevention; the Director for Technical Assistance is an expert trainer with extensive experience in community outreach and organization; and the President of the Board is a pharmacologist and Vice-Rector of the renowned Peruvian University with whom initial ties

had been made. With this core expertise in place, the staff reached out to the local community for expertise in mass media communications, materials development, and training. Promising university graduates were recruited and trained as health and drug abuse prevention promoters to be used in working with schools and community groups.

In summary, the decision to place the center in the private sector rather than the public sector was wise and efficacious. The political situation in Peru could have seriously impaired its effectiveness, if not killed it entirely. The relationship between CEDRO and the various government agencies turned out to be different from what had been expected. There has been no hostility or jealousy on their part, except for one or two individual instances. Rather, the government ministries rely on CEDRO for training of public sector officials and the conduct of drug abuse prevention activities. This is not necessarily good since it relieves the government of the burden of carrying out its legally mandated responsibilities in this field and could have a negative impact in the future. However, for the time being, an effective drug education and information program is in place and moving forward with considerable momentum.

## **B. Epidemiological Study on the Prevalence and Incidence of Drug Use in Peru**

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### 1. Summary

The conduct of the national epidemiological study of drug use in Peru took place under less than ideal conditions. The tense relations between the U.S. and Peru in the fall of 1985 impacted on the team's ability to coordinate directly with the appropriate government agencies, particularly the Ministry of Health. To minimize the fact that this was a U.S. sponsored study of the Peruvian drug problem, the contractor's team obtained the assistance of Cayetano Heredia University, whose Vice-Rector had participated in the 1985 Narcotics Awareness Study. This gave the impression that the study would be conducted under the sponsorship of a Peruvian university with the technical and financial assistance of an outside firm.

With the arrival of two survey specialists at the end of October 1985, work started in earnest on the design of the survey methodology and the appropriate survey instrument. After considering several options, the survey team settled on a study sample that would cover non-institutionalized individuals between the ages of 12 to 45 years of age located in households in the 40 largest cities (over 25,000 population) in Peru. The target sample frame of 5000 households was provided by the National Statistics Institute from an existing file containing 18,000 households representative of Peru's general population. A draft questionnaire was developed and subjected to a preliminary test with known drug users and youngsters from the various Pueblos Jóvenes (low economic communities). After several revisions, the questionnaire was submitted to a

formal pre-test in January 1986. Concurrently, the team sent out invitations to bid for the field data collection effort as well as for the data analysis. Contracts were signed with Latinoamericana de Investigaciones for the data collection and with the Escuela de Administración de Negocios para Graduados for the data analysis. The data collection started in February and was completed by the first week in May 1986. Preliminary data analysis was completed by the end of June 1986.

As a further check on the validity of responses to the questions during the survey, the survey team designed and carried out an in-depth survey of a subsample of respondents that had indicated some drug use and those that had indicated no drug use at all. This mini-survey was completed (to include data collection and preliminary analysis) by the end of July 1986. Final analysis of data for both surveys was completed during August, a report of the results drafted and submitted to USAID on September 23, 1986. The final report was then submitted to the Ministry of Health for use by the country in planning its efforts. Concurrently, it was turned over to CEDRO for their review and subsequent publication in Spanish. Appendix 6 is a summary of the epidemiological study report.

## 2. Analysis

The Epidemiological Study on the Prevalence and Incidence of Drug Use in Peru was the first national research study of its kind in Latin America. Previously, several epidemiological studies had been conducted in Peru, notably among high school students, but there had been only one household survey. However, all had serious limitations or weaknesses.

The one household survey (Carbajal et al) conducted in 1979 was limited to 2561 households in the Greater Lima Metropolitan Area. The high school surveys were similarly limited in the size of the study universe, size and type of sample, and city. Only one high school survey had been conducted outside of Lima.

Since this was the first national survey of drug use to be conducted in Latin America, care was taken to form a survey study team that was knowledgeable of proven survey research techniques and at the same time sensitive to the local culture and conditions which would enable it to obtain reliable data from the respondents. An intended by-product of this effort was to provide technical assistance to the University Cayetano Heredia so that the University could assume responsibility for similar studies in the future in coordination with the Ministry of Health. Accordingly, the study team formed for this effort consisted of two U.S. survey specialists and two Peruvian university representatives, one of them being the Vice Rector of Cayetano Heredia University. An unsuccessful attempt to integrate another survey research professional from

Cayetano Heredia did not materialize. Subsequently, two individuals from the Escuela de Administración de Negocios para Graduados (ESAN) were incorporated to assist with the data processing and analysis. The field data collection effort was sub-contracted to a local market research firm, Latinoamericana de Investigaciones, S.A.

As indicated earlier, at the beginning of this study effort, the political situation in Peru was somewhat tense, seemingly with the new administration trying to consolidate its control along with what appeared to be strained relations between the U.S. and Peru. Since the project underway was not being conducted under a bilateral agreement the government had no official knowledge of the study. The Ministry of Health (MOH) was not advised by either USAID or the Contractor for fear that the it would either stop the effort or attempt to take it over. To avoid either of these eventualities it was decided to conduct the survey as a research effort by Cayetano Heredia University with outside financial and technical assistance. Field data collectors were provided letters of authorization on University letterhead signed by the Vice Rector to facilitate their access to households in the survey sample.

These fears were proved unfounded. The Ministry of Health was too preoccupied with its own startup problems to be concerned over this study. Except for the expected problems of some non-responses, transportation strikes, and bad weather in the mountains, the survey study was carried out in a fairly routine manner. The final report was submitted first to USAID, then presented to the Ministry of Health by the Vice Rector of Cayetano Heredia University. Subsequently, the report was translated into Spanish and published by CEDRO as the first volume in their monograph series.

Attempts to interest and train additional personnel from Cayetano Heredia University were unsuccessful. Lack of personnel, interest and time precluded any serious participation. The Ministry of Health was equally unprepared and seemed uninterested in getting involved in drug related studies, preferring to concentrate on more immediate health problems which were currently affecting a larger percentage of the population. On the other hand, CEDRO was interested and the staff felt that responsibility for such studies, by its very nature, fell within the organization's scope of work. The Contractor Technical Assistance Team concentrated their efforts on helping CEDRO research staff take over this function. CEDRO has now completed field data collection and the data analysis for the second national epidemiological study on drug use. The report, which should be released shortly, should closely parallel the first one thus enabling realistic comparison between the two studies. Contacts with internationally renowned research professionals have been established so that CEDRO staff may continue to have access to outside assistance as required.

## **C. Provide Technical Assistance to the Ministry of Health and to the Ministry of Education**

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### 1. Summary

The main purpose of this task was to enhance the capability of both ministries to carry out their drug education and information activities within the public sector. Based on a review of the ministries' information and education programs, the project team would work with the ministry staff to identify those programs most in need of technical and financial assistance, and develop an appropriate technical assistance strategy to help the ministries. Initial contacts with both ministries revealed that they were still in the process of developing their national drug abuse prevention plans. When these were finally completed the project team met with appropriate staff and began a review of these plans to determine where and how the team's assistance could be put to use. This review revealed that the plans were very general and did not address any specific activities. As a result of the uncertainty within the ministries vis a vis drug abuse prevention, as well as frequent changes in key ministry staff, the team was not able to accomplish much in this area until January 1987, at which time the team was finally able to meet with ministry staff to begin to address specific objectives. Following is a summary of the work accomplished with each one of the ministries.

#### a. Ministry of Education (MOE).

Working with the Development Associates, Inc., project team, the MOE staff prepared and submitted to USAID a proposal for the design, development and conduct of an epidemiological study of drug use within the nation's school system, development and test of a pilot drug abuse prevention curricula, and training of regional specialists in implementing the drug curricula. The proposal was accepted by USAID and a bilateral agreement for \$200,000 signed on August 31, 1987. Due to subsequent changes in key personnel in the MOE division responsible for the project, the conditions precedent (development of an Action Plan) contained in the bilateral agreement were not met until early 1988 when responsibility for the project was transferred to yet another division. Once these problems were resolved, the MOE project team developed the epidemiology study design, developed and pre-tested the questionnaire, and started the field data collection. The study surveyed a random sample of 9,200 students in the five secondary grades in 53 schools (private and public) throughout the country. Data collection was completed in late November 1988, shortly before the end of the school year, just about the time that yet another personnel change (resignation of the project director) delayed the project. Data analysis was delayed pending the selection and confirmation of a new project director. To minimize the delay, Development Associates contracted with the Computer Center of the Pontificia Universidad Católica del Perú for

the data processing with the technical assistance team assuming responsibility for data analysis and drafting the study report. As of the end of the contract period, Development Associates, Inc., had submitted a draft of the study report to the MOE for their review and use in the development of the pilot curricula.

b. Ministry of Health (MOH).

Ministry of Health responsibility for development of an appropriate project was assigned by the Vice-Minister to the National Institute for Mental Health (INSM). The INSM staff developed and submitted to USAID a proposal for the design and installation, on a pilot basis, of a system to record the incidence of drug-related health problems treated in the public hospitals. Two additional components to the INSM proposal involved the conduct of two small epidemiological studies (one in schools and one in the home) to determine the reason for initiation of drug use. The proposal was approved by USAID and a bilateral agreement for \$114,000 signed on August 31, 1987. As with the MOE, a condition precedent to disbursement of funds was the development, submission, and approval of a suitable Action Plan. The Action Plan was submitted in October 1987 and quickly approved by USAID. However, before the initial disbursement of funds could occur, the Minister of Health and the Director of the INSM were replaced, placing a hold on project implementation. The original project staff was also replaced; new staff took time to review and become familiar with the Action Plan. The staff had problems with the Action Plan, finding it too comprehensive and beyond their capability to carry out. Several meetings with the USAID Project Officer resulted in an agreement to scale down the project. INSM staff agreed to submit a revised Action Plan and budget for USAID review and approval. Despite repeated meetings between the Development Associates project team, the USAID Project Officer, and the INSM staff, a revised Action Plan has yet to be submitted. INSM staff have been unable to devote the necessary time and effort to work on the Action Plan. Additionally, because of economic considerations potential project staff members must divide their work day between duty at INSM and attending to their private practice. Attempts to include the staff on the project payroll (to compensate for time lost in their practice) were disapproved by USAID. As the Technical Assistance Contract comes to a close, the INSM advises that their revised Action Plan is ready for submittal to USAID.

2. Analysis

The Narcotics Awareness Study of 1985 indicated that, by law, the Ministries of Health and Education had specific assigned responsibilities in the area of drug education, information, and abuse prevention. Each ministry had formed a special committee to coordinate such activities within the ministry and to serve as its representative within the larger government of Peru Multisectorial Committee for Drug Control which is chaired by the Minister of Interior. For all intents and purposes, the Ministry of Health

was not involved in the area of drug education and information. The Ministry of Education had a National Plan for the Prevention of Drug Abuse, but because of financial constraints, the Plan was not being implemented.

Against this backdrop and in view of the fact that USAID was embarking on a major drug education and public awareness program utilizing a private sector entity, USAID decided to include public sector participation in its overall program. The intent was two-fold: one, to defuse any possible criticism by the government, and two, to attempt to augment the capacity and capability of the public sector to carry out its responsibilities. Accordingly, Development Associates, Inc., was tasked with:

- assisting the MOE to implement selected portions of its National Drug Abuse Prevention Plan; and
  
- assisting the MOH in 1) developing a drug surveillance system, and standardizing drug abuse terminology and reporting techniques through MOH affiliation with the University Cayetano Heredia, and 2) Conducting mass media campaigns in drug abuse education and prevention through MOH facilities.

A principal objective of these public sector activities was to promote active information exchange and program support between the Center (CEDRO) and the public sector.

As indicated, this task has been partially accomplished. Due to political considerations, initial contacts with both ministries were delayed by almost a year. Once contact was made, frequent changes in key staff and a reluctance by Ministry personnel to devote the time necessary to develop and implement appropriate projects had serious impact on task accomplishment. Once the projects were defined and approved by USAID, the Ministries did not assign the necessary personnel resources to implement the projects. This resulted in having to contract outside specialists to do the work. For example, in the MOE all the project personnel except the Project Director are contract employees. This type of project implementation does not contribute to the technical knowledge and expertise of Ministry staff. In the case of the MOH which has yet to apply for its first disbursement of funds, the inability to devote internal ministry resources to the revision of its previously approved Action Plan has seriously affected the entire project.

On the other hand, CEDRO's activities and relationships with the public sector have succeeded in achieving the principal objective stipulated for the public sector activities. There is an active information exchange and program support between CEDRO and the public sector. CEDRO provides materials and training to MOH and MOE personnel, to include teachers, social workers, nurses, psychologists, and medical personnel. In effect, CEDRO is doing the Ministries' drug education job thus relieving the Ministries of that function.

On the positive side, the MOE's high school drug survey has been completed and has yielded valuable data which should be useful in developing a drug abuse prevention curricula. The curriculum development team is in place and proceeding with the task at hand. Although behind in their schedule, it appears hopeful that a pilot curricula will be developed before the project completion date of September 1990.

Similar hope for the MOH is not forthcoming. Their lack of resources and inability to focus on the project at hand has had a severe impact on project implementation.

## **D. Additional Activities**

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### 1. Summary

Prior to the establishment of CEDRO, the U. S. Embassy was the target of numerous requests for funding drug-related projects. Requests requiring small amounts of funds were referred to local voluntary organizations such as the U. S. Government Women's Association, while those requiring larger amounts, and of an informational nature, were referred to the United States Information Service (USIS) for possible funding. With the establishment of the USAID Peru Drug Education and Public Awareness Program and the award of the Technical Assistance contract all such requests were channeled to the Development Associates Inc., Project Office for review and determination of action to be taken. Since the Technical Assistance Contract did not contain funds for this type of support, USAID modified the contract and added an additional \$50,000 in Small Project Funds that could be used to provide seed money for local community projects. The purpose of this effort was to keep the momentum going in drug education and information activities pending the establishment and operation of the proposed drug education and information center, CEDRO. This fund was subsequently used to supplement some public sector activities, particularly within the National Institute for Family Welfare (INABIF); to help establish certain local community PVO's in Trujillo, Taapoto, and Arequipa; and to fund specific drug information campaigns. Following are some examples of these small project grants.

a. Public Sector.

Early in 1985, the wife of the Minister of Justice became very interested in trying to help young children (both in Lima and in the outlying coca leaf producing areas) involved in drug use and asked the assistance of USAID. Although not expressly covered in Development Associates' contract, USAID asked the project team to provide some assistance. As a first step, Development Associates sponsored the wife of the Minister of Justice, who had a major interest in these children, on a training and observation trip to several drug rehabilitation programs in the U.S. This was followed by the project team's assistance in providing advice on the development of a television spot announcement on drug abuse prevention. The team also participated and provided advice in the development of a training course for teachers and translated an elementary school curricula on drug abuse prevention. Additionally at the request of the wife of the Minister of Justice, USAID requested that the project team contract the University of Miami for the presentation of a six-week course on Chemical Dependency for selected Peruvian doctors, psychologists, psychiatrists and social workers. By the time the course was presented the Minister had been replaced, and MUNDO LIBRE, a private voluntary organization dedicated to drug treatment and rehabilitation, assumed responsibility for sponsorship of this course. This is covered in more detail in the section on private sector activities.

The National Institute for Family Welfare requested funding and technical assistance in the design and conduct of local training courses for key staff and social workers. Initially, five training courses were conducted for 250 people in Lima and selected provincial cities. Subsequently, funding was provided to evaluate the training program and develop prevention programs. With the initiation of operations by CEDRO, that function was assumed by that institution.

b. Private Sector.

At the request of MUNDO LIBRE, a drug rehabilitation PVO, USAID requested that Development Associates, Inc., coordinate and contract with the University of Miami for the conduct of a six-week drug abuse rehabilitation and prevention course. The course trained 72 participants in drug abuse identification, diagnosis, rehabilitation, prevention, and counseling for medical personnel, psychiatrists, and social workers from the public and private sector. This core group of trained individuals was subsequently used by MUNDO LIBRE to provide drug abuse information courses to community groups and health professionals.

Seed money and technical assistance were provided to the Centro de Prevención de Drogas--Trujillo (CPD-T), a local community prevention program operating in the northern city of Trujillo. Working closely with the local Teachers' Training Institute and the Lions' Club, the organization has conducted training programs for community leaders and students and is currently sponsoring drug prevention programs through a local radio station. Although the organization has been able to obtain some local funds and its staff consists primarily of volunteers, the organization will continue to require outside financial support.

CEPCO, the Centro de Estudios y Promoción Comunal del Oriente, in Tarapoto, a city at the northern extremity of the coca-producing Upper Huallaga Valley, also received a small grant to implement a refresher workshop on drug abuse prevention and to develop an Action Plan for the production, evaluation, and distribution of prevention materials. Although the organization is locally supported and receives technical assistance and materials from CEDRO, the organization required additional assistance, particularly in the development of specific materials unique to the upper jungle area.

The Colegio San Jose in Arequipa, run by a group of Jesuits, conducts outreach activities in the small mountain town of Mejia where it has a retreat center for surrounding communities. The school requested financial assistance for the production and dissemination of drug abuse materials for a drug abuse prevention program for members of the Teachers' Association of San Jose, the Boy Scouts from Arequipa, and selected youth and parents' groups. This organization which has become the focal point for drug education and information activities in the southern highlands is also working closely with CEDRO.

The Asociacion Cultural Integracion, which provides drug abuse information to some of the poorest settlements in Lima has held several public anti-drug mass media campaigns, including an allegorical play entitled "El Angel Enterrado, (The Buried Angel)", with the attendance of over 50,000 persons, including workers, high school students, and parents. This theatrical work had a run of 4 months in Teatro Segura, with additional showings at the Universidad de Lima and the Peruvian-American Cultural Institute in Lima. A small grant was provided to the organization to take the play to over 12,000 students in one of the barrios, or Pueblos Jovenes, outside Lima. A total of 10 individual showings were presented, preceded by a 30-minute drug abuse prevention discussion.

## 2. Analysis.

The idea behind the Small Projects Fund was an excellent one. At the time it was felt that CEDRO would require at least a year to become fully effective and in the meantime there would be a need to keep the momentum going on drug information. As it turned out, CEDRO was operational almost immediately; community organizations that would normally have been seeking funding for drug information activities turned to CEDRO for help instead. It would be at least a year before some community organizations, after having received training and technical assistance from CEDRO would find themselves in a position to seek and use the seed money available. The private sector organizations described above are well-established in their community and have access to volunteers to work in the community. However, they do not have access to financial resources to pay for rental space, utilities, travel, etc., and the communities themselves are unable to help. Leaders of these groups tend to be members of the community (usually from lower economic levels) that require some income to support their families, so that these organizations normally need to be able to pay a minimal salary for a director or coordinator and a secretary. As CEDRO's influence spreads to other communities, additional requirements will surface for funding similar organizations. Providing some kind of financial support in the future for these organizations would be a worthwhile investment.

The training provided by the University of Miami served to increase the technical expertise of the participants representing the various ministries, juvenile police, social workers, educators and health professionals. MUNDO LIBRE and CEDRO from time to time avail themselves of the services of these individuals in various drug prevention activities. In the case of INABIF, the National Institute for Family Welfare, the participants that received training work in orphanages and child detention centers, effectively putting their training to good use. Unfortunately, as an institution, INABIF has been unable to establish an effective drug prevention unit. Lack of government resources, coupled with a need to address more pressing problems, has resulted in the drug prevention unit being practically abandoned.

#### IV. LESSONS LEARNED

The implementation of the Peru Drug Education and Public Awareness Program has proceeded according to the original plan and is currently on schedule, with the exception of certain activities in the public sector. The original plan was based on an extensive feasibility study that produced specific recommendations based on certain assumptions, which in the main have been confirmed, achieving the major portion of its objectives. In carrying out the implementation of this program we have learned a few operational lessons:

- Home Office backup support plays a key role in the implementation of a large project outside the United States. The home office staff, at minimal project cost, contributed significantly to the project implementation by identifying personnel with special expertise, coordinating travel and other logistical arrangements for consultant specialists, conducting literature searches, obtaining critical documents and materials, and providing technical knowhow in special areas such as survey sampling techniques, etc.

- It is essential that the community be involved in the institution building process for the resulting organization to enjoy the whole hearted support of the people it is designed to help. Representation of all sectors of society in the General Assembly that founded CEDRO has facilitated CEDRO's entree and acceptance in the Peruvian community.

- Involvement of community and business leaders in the development process and their participation on the Board of Directors is a corollary to the above. Their influence and access to resources can be of great benefit to the institution, both politically and economically.

- Identifying and addressing the more immediate concerns of the population is essential in obtaining their cooperation in dealing with issues that are of importance to the institution. For example, more people are affected by, and concerned with, alcohol problems than with other drugs. Prevention education programs must include alcohol and tobacco along with other drugs to convince the target population of the efficacy of those programs.

- It is important to find a small cadre to work from and on which to begin building a network of interaction. It is clear that concerned individuals and groups do exist and will form a solid foundation for long-term institution-building and education efforts.

- Resource leveraging is an important component and it does work. Indeed, it appears to be easier in drug abuse than in other areas. For example, donations of broadcast time on radio and television, creative time, private sector donations, obtaining the assistance of opinion leaders who can mobilize the population in the prevention of drug abuse and the ready availability of drugs.

- A narcotics awareness/drug abuse prevention education effort must be primarily a host country effort, not a U.S.-based program.

- Careful, information-based, detailed knowledge of host country politics and individual party politics is critical. The major problem with the ministry projects is the fact that under the current administration, any changes at a specific level have repercussions further down the chain than we in the U.S. are normally accustomed. In the case of the Ministry of Education we were able to put in place an individual contracted by the MOE project to serve as a coordinator/administrator to keep the project alive during various changes in the MOE administration. We were not able to do this in the case of the Ministry of Health, which has been seriously affected by a key change in personnel.

- Political parties assuming power in Peru tend to ignore or criticize, and at worst, terminate the activities or projects begun or sponsored by members of the previous administration. In this respect, the decision to place CEDRO within the public sector was a good one. For example, MUNDO LIBRE was initially created as an adjunct of the Ministry of Justice as it was a special project of the wife of the Minister at that time. Upon his departure, the institution had to be transferred to the private sector. Otherwise, it would have died quietly under the new Minister, who had other interests.

## V. FUTURE RECOMMENDATIONS

The Peru Drug Education and Public Awareness Program has had a wide impact on a broad spectrum of Peruvian society with positive national and international consequences. CEDRO, as an institution, has grown extensively and rapidly and has made a positive impact on national, regional, and international organizations. At the same time, international interests in stopping drug use, production and trafficking are beginning to recognize the need for mutual cooperation (with less blaming) in increased public awareness to the dangers of drugs. The Peru Drug Education and Public Awareness Program has generated a multi-faceted and multi-focused movement that has affected a large segment of Peru's population. CEDRO and the drug awareness movement in Peru have experienced an explosive growth in the past two to three years. It is essential that the momentum be maintained, albeit at a slower but more profound pace. The recommendations listed below are the result of observations by the Contractor's technical assistance team on what has occurred and what the team believes should occur in the future to maintain momentum and achieve a more rational and logical growth in drug education and public awareness activities in Peru: a growth that will contribute to an increased regional and international interest in addressing the drug problem in Peru. Some of the recommendations are general in scope while others are directed at specific entities. It is recognized that there may be an overlapping between institutions, but that has been also the case in the activities of the past few years.

### A. GENERAL

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#### **Recommendation 1**

That an assessment be conducted of the accomplishments of the drug education and public awareness program with a view toward determining future directions and developing a long-term strategy.

#### **Rationale**

The program has expanded rapidly in the past two years reaching all sectors of Peruvian society although some more than others: A determination needs to be made whether to continue with this broad-based approach (which would require more trained personnel and money), or whether to begin to be more selective about target audience, approach, and methodology.

## **B. AID/USG**

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### **Recommendation 2**

That USAID continue to fully finance CEDRO for at least two years past the current PACD (September 30, 1990), followed by partial financing for an additional five years.

#### **Rationale**

CEDRO has not only met its objectives as a private sector organization, it has also filled a void that existed and continues to exist in the public sector. Similar organizations in other countries receive considerable government assistance, which is not possible in Peru at this time. Although CEDRO is making progress in attracting non-USAID funding, it is unlikely that it will be fully self-sufficient in the foreseeable future.

### **Recommendation 3**

That USAID coordinate with CEDRO to set aside a prescribed amount in CEDRO's budget that would be made available to selected community organizations outside Lima for drug information and education activities. The programs should meet certain pre-established criteria to qualify.

#### **Rationale**

A small number of competent community-based drug education and information organizations in provincial cities are doing an excellent job in getting the prevention message across to parents, teachers, and children. They receive training, technical assistance, and materials from CEDRO. However, their survival depends on having access to a minimal amount of financing for salaries for a director and secretary and for operating expenses such as telephone, electricity, and development of locally-appropriate materials.

### **Recommendation 4**

That USAID support the Ministry of Education in institutionalizing the conduct of periodic (bi-annual) epidemiological studies of drug use in the nation's schools.

## **Rationale**

The first national study of drug use, knowledge, attitudes, and values among students in the secondary grades has just been completed. Future studies (which should be limited to the last year of secondary school) will be useful in establishing an appropriate knowledge base on drug use for future evaluations of the adequacy of drug abuse prevention curricula.

## **C. CEDRO**

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### **Recommendation 5**

That the Board of Directors review the extent and adequacy of its present staffing pattern with a view towards providing more depth through the addition of highly qualified staff to its permanent payroll.

## **Rationale**

The original concept envisioned a lean staff of high quality professionals that would work with and through local organizations to deliver the prevention message. Its rapid growth and extent of coverage was totally unexpected. Although the organization is accomplishing its objectives through the use of promoters, the highly qualified senior staff is spread very thinly, making it difficult to adequately plan, program, implement, and supervise the wide range of activities underway every day. An example is in the research area where CEDRO has found it necessary to conduct more of its own research than originally expected. The lack of qualified organizations in drug-related research precludes contracting out the work necessary.

### **Recommendation 6**

That CEDRO continue to encourage and support the pilot graduate drug information and prevention course at Cayetano Heredia University and further that it promote and support the establishment of a drug abuse prevention course in the nation's teacher training colleges.

## **Rationale**

Both CEDRO and the MOE are currently working with, and training teachers in the nation's school system. This stop-gap approach should be replaced by an institutionalized program that reaches all future teachers in the formative stages of their training.

## **Recommendation 7**

That CEDRO review its current public opinion study approach with a view towards simplifying it so that useful results can be made available more quickly.

## **Rationale**

The current public opinion study takes too long to administer and process the data. Results, while not entirely obsolete by the time they are published, are out-of-date and are not available to for planning the subsequent year's activities. Consideration should be given to using stratified sampling techniques to obtain information from strategically important segments of the population. Other considerations might be to retain the current methodology and techniques but reduce the size of the sample.

## **Recommendation 8**

That CEDRO coordinate with the Instituto Nacional de Salud Mental, an entity of the MOH, to explore the feasibility of CEDRO (as a contractor) taking on the task of developing a standardized terminology and reporting format and the establishment of a drug-related incident reporting system in the nation's hospital emergency rooms.

## **Rationale**

Staff and policy changes in the public sector institutions coupled with a system where public sector doctors work only half days impact on the MOH's ability to develop and institute such an information collection system. CEDRO's knowledge and credibility makes it a natural choice to lead this effort.

## VI. SUMMARY

The Development Associates project team completed the first year's contractual requirements ahead of schedule. A series of problems and obstacles that at times threatened the continuation of the project were overcome. USAID and select members of CEDRO, particularly the president of the Board and the Executive Director, were helpful in addressing these issues. A new private non-profit organization supported by 82 influential members was formed to begin the task of raising the public's level of awareness and knowledge on drugs and drug related problems in Peru. The staff of CEDRO hit the ground running, responding to the drug information needs of the community even before they were completely established and operational in their location. Over 260 community organizations were incorporated into a national network, oriented and trained to spread the drug abuse prevention message across the country. A resource library containing over 1100 reference works was established and made available to the public at large. Training programs were developed to address the needs of schools, parents, and community leaders. A national mass media campaign was organized and conducted at no cost to CEDRO. Although the new organization's primary source of funding is USAID, it received substantial contributions during that first year from Peruvian sources and began to actively work from the onset towards the goal of self-sustainability. A national epidemiological study of drug use in Peru was completed in record time. This study has advanced the state of knowledge about the problem of drug use in Peru and will serve as the basis for future studies as well as the basis for the new organization's drug information and education programs. The public sector, i.e. the government, quickly recognized the existence and potential value of CEDRO and began to work with the CEDRO staff in drug abuse information activities.

During the second and third year Development Associates worked with CEDRO to increase its capability to expand its influence throughout the country and to establish and improve its credibility as an efficient and ample information, education, and technical assistance resource. The number of organizations that comprise the CEDRO network increased six-fold, creating the desired multiplier effect in dealing with drugs and drug-related problems in Peru. CEDRO's research capabilities have been amply demonstrated and its efforts have contributed to the level of knowledge in this country on drug-related issues. A second national epidemiological study of drug use has been completed, as have two public opinion surveys and a specifically targeted study on drug use in the Upper Huallaga valley. The development and distribution of over 369,000 locally sensitive and relevant publications, along with the annual mass media campaigns have increased the public's awareness of drugs and drug-related problems. Parents, teachers, and society in general are in a much better position to deal with a problem that affects their daily lives. Throughout the period of this contract the Development As-

sociates Inc., technical assistance team has provided the necessary guidance and support to enhance the organization's ability to carry out its stated objectives.

In spite of the many problems encountered in working with the public sector, significant progress has been made. The first national high school survey of drug use has been completed and work has started on the development of an innovative drug abuse prevention curricula. Numerous government employees have received drug abuse prevention training that will assist in providing the appropriate services to the groups with whom they work. Several community action groups specifically dedicated to working on drug issues have been started and the prognosis for the future is excellent. On the negative side, the implementation of a drug information collection system in the nation's hospitals has not occurred, but there remains a possibility (though remote) that this can still be accomplished, particularly if CEDRO's assistance is obtained.

The future is not free of problems but all of the initial hurdles have been overcome. While many political and logistical problems will surely occur, the quality of the staff and organization which are in place and the credibility already developed bode well for accomplishment of the objectives of the Peru Drug Education and Public Awareness Program.

## VII. APPENDICES

- 1.Executive Summary, Peru Narcotics Awareness Study Report, March 1985.
- 2.Work Group Composition.
- 3.Proyecto de Organización/Draft statutes
- 4.List of Founders
- 5.Board of Directors
- 6.Summary of Epidemiological Survey of Drug Use in Urban Peru.

**EXECUTIVE SUMMARY****PERU NARCOTICS AWARENESS STUDY**

The drug-related situation in Peru is a complex one, with multiple variables affecting it. On the one hand, coca leaves have been cultivated and chewed by Indians in the Andean region for centuries. As one of the few naturally occurring anesthetic compounds, coca derivatives have been a boon to medical preparations. Furthermore, the cultivation of coca, both legal and illegal, provides an income for farmers unable to earn as much from other traditional crops. On the other side of the equation are the legal and economic problems associated with the cultivation of the coca bush, such as terrorism, corruption, and crime; substitution of coca crops for food crops which decreases Peru's food supply and necessitates food imports; the costs of law enforcement; lost foreign exchange; political problems between Peru and the U. S. over regulation of production and enforcement of coca eradication and trafficking laws; and finally, a growing domestic abuse problem of cocaine paste, and cocaine, as well as marijuana, various inhalants, alcohol, and other drugs. In sum, there are political, economic, and cultural overtones to the entire narcotics question in Peru.

Against this backdrop, Development Associates, Inc., was contracted in September 1984, by the USAID in Lima to conduct a study on public perceptions of narcotics issues and alternatives for action which could have an impact on Peru's narcotics situation. The specific objectives of the study were to :

- define and analyze public awareness of issues related to drug problems;
- examine alternative public information, education and consciousness-raising measures for increasing the public's perception of growing drug-related problems;
- examine the feasibility of establishing a private, non-profit Peruvian agency dedicated to increasing public awareness of the threats drugs pose for Peru; and

- provide guidelines for how such an agency might best be organized and staffed.

To achieve these objectives a Development Associates study team, in conjunction with the Pontificia Universidad Católica del Peru and the Escuela de Administración de Negocios Para Graduados (ESAN), conducted a national public perceptions survey among approximately 1,600 respondents representing the major population sectors in Perú in all regions of the country. The sample included seven cities representing key geographic areas and 16 major subgroups. The team members met also with media representatives, medical personnel, politicians and government representatives, directors of private and voluntary organizations, and other relevant leaders to obtain a full picture of the narcotics and public education situation in Perú. Information collection techniques included case studies, literature review, focus groups, and in-depth interviews, in addition to the national survey. The results of the study are detailed fully in the full report and in Volume II: Appendices. In the following pages, the study is summarized.

Using secondary sources available in the U.S. which were confirmed and updated on site, the study team identified the current status of coca production, trafficking, use and related law enforcement activities in Peru. Illegal production has increased significantly in the last 20 years and narcotics trafficking has become a major criminal enterprise operating quite freely in many of the larger growing and processing zones. The drug traffickers have amassed fortunes with which they have outfitted virtual armies and organizations to get the product to the market. Law enforcement (of Decree Law 22095 and the Single Convention, among others) has been hampered by lack of political will, corruption, scarce manpower and financial resources, bureaucratic inertia, terrorism and many other constraints. As in other drug producing countries, the domestic use of drugs is on the increase in Peru, due in large part to the easy availability of coca products. Given these findings, the study team undertook a national survey of public perceptions of various drug issues.

The study was based on two hypotheses: first, that there was a lack of awareness of the seriousness of narcotics problems in Peru among all segments of the society. The second hypothesis was that this lack of awareness had limited the commitment to and the enforcement of Perú's narcotics-related laws and agreements. The public perceptions survey indicated that while respondents identified drug abuse and, to a lesser extent, drug trafficking as national problems, they were considered secondary problems in relation to inflation, unemployment, terrorism and related economic and social problems. The production of coca was not identified as a national problem nor was the available supply of coca-derived substances linked with the identified use problem. Clearly, the violence in Perú related to narcotics trafficking was considered a major national concern; however, many Peruvians, particularly in the public sector, felt that the

drug problem was more of a concern of consuming countries like the U. S. rather than Peru.

An important finding uncovered by the survey relates to the levels of knowledge and availability of information on drug issues. Almost two-thirds of the respondents felt that they had incomplete or useless information about drug issues; the vast majority (90-95%) indicated a desire for information on drug abuse prevention and treatment approaches. Respondents identified causes of drug abuse as the breakdown of the family, peer pressure and the general social environment. Results of meetings with journalists expanded on this theme; the social environment provides the pressure to consume drugs. Moreover, the journalists indicated that illegal trafficking is a result of the high demand for cocaine in the U. S. and to a lesser degree in Western Europe.

The means identified for combatting domestic consumption of drugs pointed overwhelmingly to education; the survey expressed both a demand for and receptivity to receiving educational messages. This was true among opinion leaders, teachers, and even more so among university students. Other suggested means included seminars/meetings with parents, conferences, and mass media efforts. Respondents also suggested information activities through the formal education system, youth clubs, medical clinics, parishes, sports clubs, and the like. Finally, 98% of the survey respondents believed an information and education agency should exist to respond to the identified needs.

Obviously, Peruvian society has not yet reached the level of understanding of the drug problem that would move Peru to take broad-based action to deal with both demand and supply. Moreover, it is clear that a well-constructed information campaign is needed and could bring about action on the abuse or demand issue and incorporate the availability or supply issue.

Given these survey findings, the study team set out to identify the experiences in drug education of other narcotics-producing countries and the U.S. and to determine if the means for establishing a drug education center exist in Peru. The team conducted a brief review of drug education and information activities in Mexico, Colombia, Bolivia and the U.S. Most of these activities in Latin America are government-sponsored, while those currently in the forefront of U.S. efforts have been spearheaded by grassroots, privately-sponsored associations of parents' organizations. The Church is involved also in some of the activities to a limited degree, as are the First Ladies of the U.S. and Colombia, who have lent their name and support to the cause. Two examples seem particularly relevant for Peru: the Centros de Integración Juvenil (CIJ) in Mexico and the Campaña Educativa Sobre Estupefacientes (CESE) in Bolivia. CIJ, primarily a government-supported but autonomous civic association located within the Secretariat of

Health, is the major source of drug information in Mexico. CIJ's 32 centers are located in communities throughout the country, mostly in densely populated cities. It has produced some very high quality pamphlets, brochures, newsletters and bibliographies, and maintains an extensive library of materials on drugs and related issues. The CIJ stands as an excellent resource for Spanish materials.

CESE in Bolivia is a joint US-Bolivia-sponsored project, initiated approximately one year ago. In this short period of time, the center has sponsored national seminars, conducted an attitudes survey, held conferences for journalists, conducted educational sessions for children, held meetings with parents, trained young people in information dissemination and sponsored a national poster contest. CESE's operations are jointly coordinated by USIS and NAU, and administered by the Ministry of the Interior. CESE has stimulated other organizations to act as well. For example, the Catholic Bishops are joining forces with CESE to build upon their 1982 pastoral letter warning of the dangers of coca production and trafficking.

Recent drug information efforts in Peru have been accomplished by the Scouts, the Catholic Diocese of Callao, Fé y Alegría (a religious organization working in pueblos jóvenes), Rotary and Lions Clubs and by individual physicians or clinics offering drug treatment services. Public sector efforts have been limited to the formation of committees and the development of national plans; notably by the Ministry of Education and the Ministry of Health. The Peruvian Investigative Police (PIP), has been involved on a volunteer basis in providing information on drug issues to teachers, parents, and students.

USIS in Lima has initiated drug information activities through the establishment of a permanent committee on prevention and the sponsorship of a national conference attended by some 300 leaders of civic organizations; medical, educational, religious and community groups; and representatives of the government and military, among others. USIS is also coordinating with the media and publishing materials on drugs through a bi-monthly publication, AHORA, and has planned additional conferences, to include a regional conference in the spring of 1985.

The study team's review of the activities of PVO's, community and religious groups, youth organizations, universities and others identified limited efforts in dealing with the drug abuse issue, all secondary to each organization's institutional goal and mission. The major conclusion of this review was that no existing organization was capable of leading and developing a national program of public education on drug issues. It was the study team's belief that adding such a goal to any existing organization's operations would dilute the organization's effort, and most likely subordinate the drug education activities to all others. This is true in both the public and the

private sector. Efforts at drug information and education in the public sector have been characterized by bureaucratic barriers, implementation problems, and a lack of financial and manpower resources. An important finding of the study team's review is that there is a high level of interest to participate in drug information activities among the many organizations contacted. The foundation for a network of participating organizations exists; an organization to lead, guide and assist that network is needed. A substantial resource base exists but it needs to be tapped systematically.

In conjunction with its review of community and other organizations, the study team assessed the availability and applicability of media sources to participate in a national drug information project. Both television and radio have broad national audiences and would be valuable as components of a public education effort. Newspapers and other print sources reach a limited audience because of literacy levels but are useful means in reaching leaders and opinion molders. Sources for the production of media messages exist in Peru; indeed, the study team received numerous expressions of interest and offers of support from media representatives contacted. As one element of a coordinated effort, the media have proven useful in stimulating public dialogue and promoting legislative change.

Given the foregoing, it is the study team's conclusion that an information and education program was needed in Peru. Furthermore, it was the study team's contention that the best means for carrying out such a program would be a free-standing, private, non-profit drug information and education center. As envisioned by the study team, this center would be charged with:

- a leadership role to inform and lobby leaders of all segments of Peruvian society to elicit a recognition that drug use, production and trafficking are critical national problems, requiring immediate action;
- a unifying role to coordinate, guide and assist the drug education efforts of diverse groups of community and other organizations; and
- an educating role to inform the general public, through various media and organizational channels, of the dangers of drug abuse, illegal production, and drug trafficking.

Further, there is a substantial foundation of interest and potential support among organizations and individuals in Peru which would enable such a center to become effective quickly and economically. With this base of support in place, the center can be-

come fully rooted within Peruvian society. The team envisions a highly group-intensive approach with efforts targeted at three major segments of the population most able to affect the situation:

- national leaders (political, business, civic and religious leaders, etc.);
- media leaders (of all forms, especially television, radio, newspapers, magazines and publications); and
- a network of community, civic, religious, educational and private voluntary organizations, and through them, the general public.

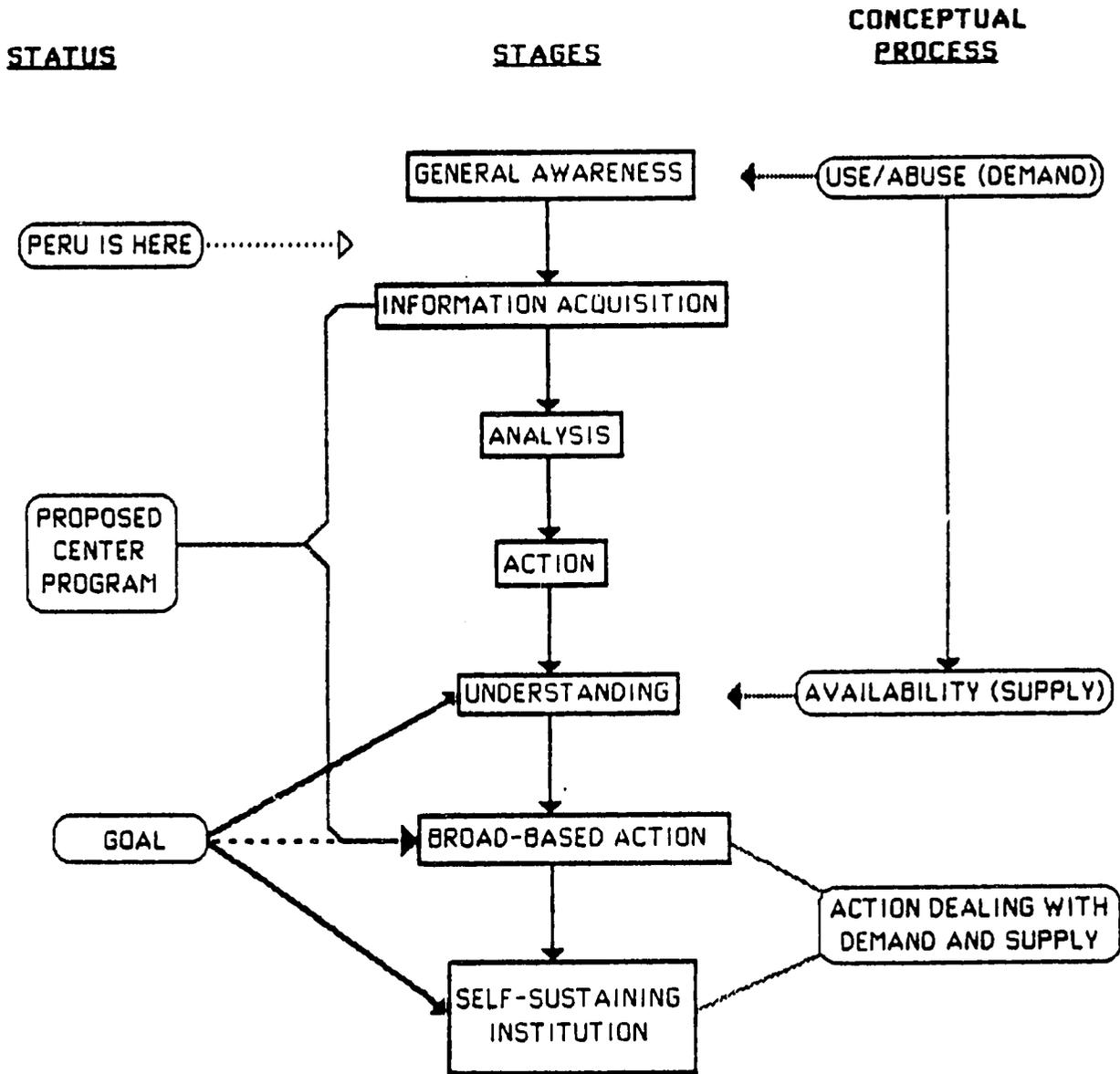
The study team recommends that the U.S. sponsor and initially fund a private, non-profit drug information and education center to increase consciousness and raise awareness in Peruvian society to Peru's narcotics-related problems. This recommendation is based on several factors: the present situation in Peru; the history and experience of other countries in coping with the drug problems; and the stages individuals and societies go through in coming to grips with a difficult problem.

When dealing with a problem or issue such as drugs, people and societies have a very real difficulty coming to a full understanding so they can take appropriate action. The role of the proposed center is to speed up and facilitate the process so the Government of Peru and its people take more effective action sooner rather than later.

In this situation, both the government and the public generally know there is a growing drug use problem in the country. They have become concerned with the internal demand for drugs. The problem is that use or demand is in part a function of supply and until the public realizes that they must deal with drug availability (supply) as well, they can only achieve limited success.

The proposed center would seek to quickly move Peru's present general level of awareness to a broader level of understanding which will in turn move them to take more forceful action against supply. This process is graphically illustrated on the following page. This figure represents the evolutionary process which would lead to more effective enforcement, eradication, and crop substitution actions. It is this process which the center is designed to accelerate.

## SOCIETAL STAGES ON DRUG ABUSE ISSUES



It should be noted that because of its present status as a major drug-producing country and because of a long history of coca leaf chewing, this educational/social change process will take time and will involve some controversy. However, it is critical to begin the process now before Peru's own producers flood the streets with cheap coca-based substances which would only make the effort all the more difficult.

Based on the study team's experience, two major principles were identified to guide the design and establishments of a national drug information and education program. The first principle suggests that the center be based thoroughly as a Peruvian institution so that it is perceived, first and foremost, to be operating in Peru's best interest, taking the society through the awareness process outlined. A common perception held by many of the individuals contacted in the course of this study is that narcotics trafficking and cocaine problems are in the province of U.S. problems and interests and are not really crucial Peruvian problems. Further, it is held that an end to U.S. consumption and demand for cocaine would virtually eliminate Peru's problems with coca. Therefore, a visibly U.S.-controlled project would be seen as responding to U.S. needs and would not gain the broad-based support a center operated for Peru's best interests would receive.

The second major principle builds upon the first. While the U.S. financial and technical support will be required initially to establish and operate the center, it is essential that the center's founders work to identify alternative sources of support (both cash and in-kind contributions) so U.S. support can be reduced. The sense of ownership and self-interest attained by such actions will be of utmost importance to rooting the center firmly in Peruvian society.

The goal of the center is proposed as follows:

**To inform and educated the Peruvian public about narcotics, other drugs, and national drug-related problems through the establishment of a viable information and education program which leads to positive action to prevent drug abuse and control illicit production.**

Conceptually, the study team envisions the center carrying out the following activities:

- promotion of public policy dialogue, lobbying and legislative change, especially among business leaders, politicians, community leaders, journalists and other media representatives, and religious officials;

- information provision, both on a request basis and on a proactive basis, to identified groups that could affect or participate in public awareness/education activities (opinion leaders, schools, church groups, youth groups, the media, medical agencies, police, etc.);
- development (or coordination of the development) of informational materials, media messages and campaigns, etc.;
- collection and review of materials, curricula, research studies, audio-visual materials, and training materials to establish a clearinghouse;
- informational service to increase networking among other service and information providers;
- networking, exchange of information and resources development among network organizations and expansion of network;
- provision of training and technical assistance to organizations and individuals through the development of conferences, training workshops, discussion groups, debates, etc.; and
- sponsorship/leadership of research and data collection efforts, media campaigns, and related activities.

The feasibility of several options was analyzed to determine the most effective siting and sponsorship of the center. The study team concluded that the most appropriate option for establishing the center would have the following elements: sponsorship by a group of prominent and influential leaders representing all segments of Peruvian society (religious, educational, business, political, military, medical, government, media, etc.); autonomy from all sources of support; and location as a free-standing entity in the private sector. Further, the study team has concluded that two year of outside technical assistance will be required to establish the center firmly, provide assistance in such areas as board and staff training and provide general organizational development support. Additional short-term technical assistance may be required also on occasion as the need arises. The staffing pattern envisioned for the center is identified as the following:

Board of Directors with an Executive Committee

USG Project Officer  
Executive Director  
Technical Advisory Committee  
Training and Technical Assistance Director  
Information and Education Director  
Research Director  
Cadre of Consultants  
Administrative Staff (accounting, clerical, etc.)

The center would have a three-pronged target audience: the first would be national leaders from which Board members would be recruited, who would be expected to inform and influence their peers, particularly among government officials. The second audience is the media, who would become informed through the center's specialized media efforts and would in turn influence major social groups and the public at large. The third target audience would be the existing and yet to be identified network of PVOs and other community organizations. As leaders of these groups become educated and informed, they spread the awareness to their individual organizations and the greater public becomes involved and educated. This group-intensive approach relies on extensive lobbying efforts, both formal and informal, and represents a coordinated approach to reach the maximum number of people, given limited financing.

In addition to working with and through other private voluntary organizations and community/civic organizations, the center would also work closely with the public sector. Since the Government of Peru has a number of relevant complementary activities which, while presently lagging, are still of potential importance, it will be important for the center to coordinate with the various ministries involved. The center should also be able to assist directly many of these public sector efforts through training, technical assistance and provision of materials.

As discussed earlier, it is the study team's contention that it is crucially important that Peruvian support (fees for services, cash and in-kind contributions, technical assistance, etc.) be enlisted from the very beginning of the center. Further, it is suggested that U.S. funding decrease over time as other forms of support are identified. Coordination with the GOP on this issue, as well as all of the center's activities, will be a key element to achieving both success in its operations and a financially sound effort.

To summarize the study team proposes the following key recommendations:

- USAID sponsor the implementation of a national public information and education program designed to increase the awareness of the Peruvian public on drugs and drug-related matters, particularly focusing on the topics of production and trafficking, drug abuse and treatment, as well as relevant prevention techniques.
- USAID sponsor and fund an information and education center, which uses a group-intensive approach focused on leaders, the media and a network of community organizations.
- The center should be a private, free-standing institution with a broadly representative and influential Peruvian Board of Directors.
- The center work to become self-sustaining from its inception.
- USAID contract for technical assistance for the center and itself during the early years and use this as the primary vehicle for U.S. input, thus keeping U.S. visibility to a minimum.
- USAID and the center coordinate closely with the Government of Peru and relevant agencies in all center operations.

Other recommendations relate to the conduct of an epidemiological study to determine the extent of drug abuse in Peru; release and publication of the results of the survey; and the establishment of open lines of communication between the center and international agencies and groups concerned with drugs. A final study team recommendation (of which implementation is already in evidence) is that the establishment of the center be coordinated fully with efforts of all U.S. agencies concerned with the substance abuse problem in Peru. This especially relates to relevant AID, USIS and Embassy projects. USAID's coordination with the USIS permanent committee and the proposed incorporation of some or all of the committee members into the center's technical advisory committee is one example of useful coordination among the country team.

As a final note, Development Associates believes the approach outlined in this report can accomplish two important U.S. Government objectives. First, it will help Peruvians establish an institution to deal better with their drug problem themselves and prevent it from becoming an uncontrollable problem of epidemic proportions. Second, it

will help move society and the Government of Peru to act against production and trafficking not because the U.S. wants them to but because they will see they must act in their own best interests.

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CENTRO DE INFORMACION Y EDUCACION PARA LA  
PREVENCION DEL ABUSO DE DROGAS

P R O Y E C T O  
D E  
O R G A N I Z A C I O N

Febrero de 1986

## ORGANIZACION

El proceso de establecimiento de CEDRO comprenderá varias fases, que van desde la definición de su finalidad y objetivos hasta la incorporación del personal capaz de desarrollar programas.

Grupo de Trabajo: Las tareas iniciales de conceptualización de la institución, definición de su finalidad y objetivos, y diseño del proceso de establecimiento han estado a cargo de un Grupo de Trabajo que contó con la colaboración de un equipo de consultoría. La relación de los miembros del Grupo de Trabajo y el equipo de asesores aparece al final de este documento.

Comité Organizador: El Grupo de Trabajo se convertirá en Comité Organizador con la inclusión de nuevos miembros. Este Comité se reunirá el 03 de Abril en un almuerzo de trabajo y nombrará comisiones encargadas de: elaboración de estatutos, incorporación de nuevos miembros y otras tareas.

Fundación del Centro: La Asamblea Constitutiva del Centro se reunirá a fines de Abril. En esta ocasión se aprobará el Acta de Fundación así como los Estatutos, eligiéndose al primer Consejo Directivo.

Consejo Directivo: El Consejo Directivo se dedicará a la formulación de políticas y al planteamiento de una estrategia de desarrollo que, en un plazo de seis meses, asegure que el Centro esté en funcionamiento y dispone de recursos suficientes.

Recursos: El proyecto cuenta con el asesoramiento de Development Associates, Inc., y la Agencia para el Desarrollo Internacional (AID) de los Estados Unidos estaría dispuesta a estudiar una propuesta de financiamiento para los 2 o 3 primeros años de operación del Centro. Otras fuentes de recursos serán buscadas paralelamente de modo sistemático. La meta es que el Centro eventualmente funcione a base de recursos propios y financiamiento nacional e internacional de diversas fuentes.

Personal: Se espera contratar en Mayo o Junio al personal básico: Director-Ejecutivo y dos o tres empleados que operarán el Centro hasta que mayores recursos permitan completar el staff.

## FINALIDAD

PROMOVER LA INFORMACION Y LA EDUCACION SOBRE LA PROBLEMATICA DE LAS DROGAS DESTACANDO SUS CAUSAS Y CONSECUENCIAS CON EL FIN DE CONTRIBUIR A LA PREVENCION TANTO DE SU ABUSO COMO DE SU DISPONIBILIDAD.

## OBJETIVOS

1. ESTABLECER UNA OFICINA DE DOCUMENTACION SOBRE ASUNTOS RELACIONADOS CON DROGAS SUSCEPTIBLES DE ABUSO Y/O CAPACES DE PRODUCIR DEPENDENCIA.
2. ESTABLECER UNA RED DE INSTITUCIONES, GRUPOS E INDIVIDUOS INTERESADOS EN LA PREVENCION DEL ABUSO DE DROGAS.
3. PROPORCIONAR ENTRENAMIENTO Y ASISTENCIA TECNICA SOBRE DROGAS A ORGANIZACIONES, GRUPOS E INDIVIDUOS INTERESADOS.
4. CONDUCIR, APOYAR Y ASESORAR INVESTIGACIONES SOBRE TEMAS RELACIONADOS CON DROGAS Y AYUDAR A DIFUNDIR LOS RESULTADOS.
5. CONTRIBUIR AL DESARROLLO Y REALIZACION DE CAMPANAS Y PROGRAMAS EDUCATIVOS SOBRE EL PROBLEMA DE LAS DROGAS.
6. LOGRAR EL CONCURSO DE LIDERES DE OPINION PARA LA MOVILIZACION DE LA COMUNIDAD HACIA LA PREVENCION DEL ABUSO Y DISPONIBILIDAD DE DROGAS.

## ANTECEDENTES

El abuso de sustancias psicoactivas constituye un grave problema que afecta a muchas familias peruanas y tiene repercusiones en aspectos importantes de la vida nacional. Ya no se trata sólo de sustancias de uso tradicional y consumo estabilizado como el alcohol. Ahora, el abuso de drogas como la pasta básica de cocaína (PBC) y otras, tiene una incidencia alarmante en la población. Según un estudio epidemiológico publicado en 1980, el porcentaje de los usuarios de PBC crece año tras año en Lima y la iniciación en su consumo se da en grupos de edad cada vez más jóvenes.\*

Sectores responsables de la colectividad tienen conciencia de la situación y se refieren al abuso de drogas como uno de los 10 problemas más graves del país, pero carecen de información. En una encuesta realizada por la Universidad Católica y ESAN a fines de 1984 en siete ciudades peruanas, se descubrió que tanto líderes de opinión como profesores, estudiantes y padres de familia, no sabrían como actuar en caso de encontrarse con un problema de drogas en su propia familia. Tampoco sabrían qué hacer para prevenirlo, y se mostraron ávidos de información relevante a estas situaciones.

Los esfuerzos locales de prevención han sido débiles y fragmentarios. Los recursos del sector público se han orientado hacia la solución de problemas vistos como más apremiantes. Por otra parte, diversas instituciones privadas de bienestar social y otras han llevado adelante programas educativos; aún así, hace falta mayor coordinación, base técnica y recursos materiales para que estos esfuerzos lleguen a producir resultados amplios y efectivos.

Ante esta crítica situación un grupo de personas preocupadas por el problema del abuso de drogas en el Perú, ha decidido establecer un centro de información y educación que contribuya a los esfuerzos de prevención aportando liderazgo, capacidad técnica y recursos.

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\* C. Carbajal, F.R.Jerí, C. Sánchez, C. Bravo y L.Valdivia. Estudio epidemiológico sobre uso de drogas en Lima (1979). RSEF, 1980, 41, 1-38.

## FILOSOFIA Y ESQUEMA OPERATIVO

La idea básica es la de constituir un centro que, operando con poco personal, proporcione información rigurosa, ofrezca asistencia técnica de índole preventiva y coordine esfuerzos institucionales y comunitarios de prevención. La prevención del abuso y la adicción a las drogas exige un enfrentamiento integral que tome en cuenta la diversidad de agentes psicológicos y sociales involucrados (por ejemplo, la curiosidad de los jóvenes, la disponibilidad de drogas) así como las fuerzas de la comunidad que pueden mobilizarse para contrarrestarlos (por ejemplo, modelos positivos, alternativas saludables). El Centro debe ir más allá del rol tradicional de las oficinas de documentación y operar como un activo promotor de la salud en la comunidad desarrollando tareas de educación en los diversos aspectos del problema y coordinando esfuerzos preventivos.

Los servicios se proporcionarán a través de una red de instituciones privadas y públicas que debe incluir a todas las organizaciones para las cuales el tema de las drogas sea relevante. La información provendrá del recurso fundamental del Centro: su Oficina de Documentación; y la asistencia técnica consistirá en seminarios de actualización, guía para el desarrollo de acciones preventivas, asesoramiento en la organización de esfuerzos comunitarios, etc. El Centro promoverá la generación de nueva información mediante investigaciones sobre distintas facetas de la problemática de las drogas en el Perú y ayudará a divulgar los resultados.

Además de servir a la comunidad a través de la asistencia informativa y técnica, el Centro coordinará y/o promoverá programas educativos dirigidos al público en general mediante los medios masivos de comunicación. Asimismo, obtendrá el apoyo de quienes puedan movilizar recursos en favor de los esfuerzos educativos del Centro y sean capaces de influir sobre otras instituciones privadas y públicas, movilizándolas hacia acciones efectivas de prevención. De esta manera, el Centro estará cumpliendo con su rol de activo promotor de la salud en la comunidad.

El Centro colaborará con el sector público y tendrá cuidado en asegurar que sus propios esfuerzos constituyan aportes sumativos a los de éste, evitando cualquier redundancia.

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## SUMMARY

### DRUG USE AND ABUSE IN PERU

#### An Epidemiological Investigation of Drugs in Urban Peru

##### A. Purpose of the Study

There has been an increasing concern in Peru regarding the problem of drug abuse. Medical authorities and opinion leaders believe the problem is growing. They, however, have not had adequate data to support their perceptions. This study provides a description of the prevalence of drug use at the national level as a first step toward a systematic approach to dealing with drug abuse. The study covers the full range of psychoactive substances from alcohol, tobacco and coca leaf through prescription drugs, inhalants, hallucinogens, marijuana, coca paste and cocaine. It utilizes a survey based on a probabilistic sample of the country's urban population.

##### B. Study Methods

The survey covers a universe which consists of all individuals within the ages of 12-45 years located within private residences in all cities of 25,000 or more inhabitants with the exception of the city of Tingo Maria and all cities in Ayacucho, Apurimac and Huancavelica. The universe of the study consists of approximately 50% of the total population of Peru and 75% of its total urban population.

The survey used an instrument that covered lifetime prevalence of drugs (ever used), last use, frequency of use, age of first use, age of first opportunity for use, poly-drug use, cost and quantity used as well as the socio-demographic characteristics of the respondents, their perceptions of their own health, of the health consequences of drug use, of the risks associated with drug use (i.e. degree of addiction of the substances), and treatment received for drug abuse.

The sample drawn was based on a random selection of households in each city and a random selection of individuals within each household. The sample was stratified into two segments (Lima/Provinces) and was designed to overrepresent the provinces in order to provide a sufficient number of cases for analysis of the various regions of the country. It was weighted to combine the two strata. The fieldwork secured a response rate of 85% of interviews attempted and 88% of the original sample size of 5,000.

To permit the establishment of a criterion for validity, an in-depth survey of a sub-sample of respondents to the National Survey was carried out. That survey, utilizing a more intensive form of questioning, indicated that the values reported in the National Survey represented a small degree of underestimation of the levels of lifetime prevalence of tobacco, alcohol, inhalants, coca leaves, marijuana and coca paste.

### **C. Overall Results**

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The survey found that the lifetime prevalence (percentage having ever used a substance, i.e. once or more often) of alcohol was the highest of all substances examined (87.2%) followed by tobacco with 67.4% and coca leaf (20.7%). Two of the four sets of prescription drugs -- sedatives (18.5%) and analgesics (9.9%) -- ranked fourth and fifth. Marijuana (8.3%) and coca paste (4.0%) are in the middle, ranking sixth and seventh in order of lifetime prevalence followed by stimulants (3.7%), inhalants (3.6%) and hallucinogens (3.0%). Cocaine was eleventh (2.6%) and hypnotics last (0.9%). The overwhelming majority of marijuana, coca paste and cocaine users are located in Lima, as well as the majority of those who use alcohol and tobacco. The majority of those who use coca leaf and hallucinogens are located in the provinces. The geographical regions of Sierra Centro and Sierra Sur have the highest proportion of coca leaf users. Comparing the figures in Lima with those reported in the 1979 study by Carbajal *et al*, there have been dramatic increases in marijuana, coca leaf, coca paste and cocaine use in the relatively short space of seven years.

Current use (use in the last 30 days) of all substances is less than lifetime prevalence. The highest ratio is for alcohol and tobacco at 53%. Analgesics and sedatives register around 13% and inhalants 12%. Marijuana, coca paste and coca leaf each register around 7%, while cocaine is at 6%. Current use of coca leaf is greatest among those in the Sierra Centro and Sierra Sur. Current use of coca paste occurs only in Lima, the Costa Norte and the Selva (jungle). The region with the lowest proportion of current users overall is the Sierra Norte.

Lifetime frequency of use, the number of times a substance has been used in one's lifetime, serves to divide users into experimenters and heavy users. An absolute majority of users report having tried hallucinogens, coca leaf, inhalants and cocaine only one or two times in their life, i.e. they appear to have only experimented with these substances. A third of those who utilized prescription drugs (analgesics, sedatives, hypnotics, stimulants) are experimenters, a larger percent than those who report heavy use. At the other end of the scale, users of marijuana, coca paste and cocaine show higher levels of frequencies than do users of other substances. Marijuana users, with 11% categorized as heavy users (i.e., those using the drug 50 or more times), include the largest proportion of heavy users of all illicit substances, although cocaine with 7% and

coca paste with 9% also show higher levels of lifetime frequency than do users of other substances.

Most substances are viewed by the sample as addictive, including coca leaf, tobacco, and alcohol. Those substances not viewed as addictive (e.g., heroin and LSD) are generally substances not widely available or used in Peru. Patterns of use, therefore, do not appear to be influenced by a negative view of a drug; the majority of users of all substances examined believe that the substances they have used produce addiction. The majority of users of substances such as tobacco, alcohol, marijuana, coca leaf, coca paste and cocaine were uncomfortable with their use habits and at one time or another had sought to stop using them.

Age of initiation to drug use varied according to the substance. Those tried at the earliest age (11 years or younger) were sedatives, coca leaf and inhalants. At the next level (12-14 years) alcohol and tobacco were initiated by a considerable portion of the sample (around 20%). Advancing to the next age bracket (15-18 years), one-half of the marijuana and tobacco smokers and alcohol users along with around one-third of the coca paste, inhalant and cocaine users began at this age. Adding the next bracket (19-24 years) accounts for an additional 45% of those who have used coca paste and approximately one-third of those who used hallucinogens and marijuana. In effect, the majority of those who initiate use of a psychoactive substance do so by age 24.

Relating opportunity to use to having ever used, coca leaf was used by virtually everyone who had the opportunity to use. Approximately half of those who had the opportunity used cocaine and hallucinogens, while better than one-third of those who had the opportunity used coca paste and marijuana.

Among current users of alcohol, tobacco, marijuana, coca leaf, coca paste and cocaine, the majority have tried to stop use. This is specifically the case with coca paste (95%) and cocaine (89%). Given that they are current users (i.e. having used the substance within the last 30 days), the respondents have been unsuccessful at breaking the habit of use. This suggests that particularly with respect to coca paste and cocaine, the negative consequences of use are being recognized, and individual action, however ineffective, to combat use is occurring.

With the exception of most of the prescription medicines (analgesics, sedatives and hypnotics), males are more likely to have ever used psychoactive substances than females. Upper status groups are more likely to have ever used all substances except for sedatives, hypnotics and coca leaf. Coca leaf is most likely to have been ever used

by lower status individuals, while middle status individuals are most likely to use the two groups of prescription drugs.

#### **D. Conclusions**

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In terms of their legal status and the cultural context of their use, the psychoactive substances studied in this survey can be grouped into four categories: 1) alcohol and tobacco, which constitute substances that are socially as well as legally acceptable; 2) sedatives, analgesics, stimulants and hypnotics, which are legitimate medicines that can be turned to non-medical use; 3) coca leaf and the hallucinogens used by those studied (San Pedro, Ayahuasca, Floripondio), which are linked to Peruvian cultural traditions and folkways; and 4) marijuana, coca paste, cocaine and inhalants, all drugs conceived as dangerous, whose use involves legal and/or social sanctions and which represent "modern" drugs of choice not only in Peru but internationally.

These four groups of substances can be distinguished by their patterns of lifetime prevalence and current use, displayed in Table 5.2. The socially acceptable substances, alcohol and tobacco, hereafter referred to as "social drugs", have as can be expected the greatest level of lifetime prevalence, with 89.5% indicating having ever used the substances, and 54.4% indicating current use (60.8% of those indicating having ever used). Projecting these figures on the study's universe, from 4,583,236 to 4,677,343 approximately have used these substances at some point in their lives while between around 2,686,859 and 2,900,225 are current users. Lifetime users are somewhat more likely to be male, 15 or older and higher up the socio-economic status scale than those who do have never used these substances. Current users of "social drugs" are much more likely to be male, are likely to be somewhat older and are also likely to be from the upper status group, with once again use going up the class ladder.

Lifetime users of the "folkloric" substances, coca leaf and hallucinogens, display a prevalence rate of 22.7% and a current use rate of 1.6% of the study population (7.1% of those who have ever used). Projecting on the study universe, between around 1,110,000 to 1,238,000 have ever used these "folklorics" and between approximately 64,000 and 102,000 are current users. Among those who have ever used, the majority are males, in older age brackets (19-45) and either of middle or lower status. Current users, however, are more likely to be females, proportionately younger and more than likely from the lower status group.

The category "medicines", encompassing analgesics, sedatives, stimulants and hypnotics, shows a range of lifetime prevalence similar to the "folklorics", 26.7%, which projected on the population covers a range of between around 1,313,000 and 1,449,000. Current users amount to 12.5% of the study universe and 47% of those who

have ever used "medicines". Projecting this figure, current users range from 596,000 to 697,000.

As was noted on a substance to substance basis, those who have ever used medicines are more likely to be female than male. The highest proportions are in the age bracket from 25 to 35. Roughly equal proportions of uppers and middles are lifetime users, with lowers showing a smaller rate of prevalence than the other socio-economic status groups.

Current user are more likely to be female than male, they are about equally likely to be drawn from all age groups, and they are most likely to come from the lower stratum. In fact current use decreases as socio-economic status increases.

The modern drugs of choice, hereafter referred to as "drugs", marijuana, inhalants, coca paste and cocaine, have a lifetime prevalence of 12.2% and a current use of 1.1%, 8.9% of those having ever used the substances. Projecting the lifetime prevalence on the study's universe, between approximately 580,000 and 682,000 individuals indicate having ever used these substances. Lifetime users are overwhelmingly male, between 19 and 34 years old and drawn in the greatest proportion from the upper status group. In fact, as was generally the case with the individual substances, there is a direct correlation between status and use: the higher the status the greater the probability of use.

Looking at current use, i.e. those indicating have used a substance in the 30 days prior to the interview, males are more likely to be current users, but far less so than would be anticipated from lifetime prevalence figures (9.4% of males versus 7.6% of females). The age group 19-29 represents the core of current users (over half), but the relationship between socio-economic status is reversed. The greatest proportion of current users come from the lower status group, followed by middles with uppers having the least proportion. In effect, as was noted earlier with respect to marijuana, and in part a product of that substance's contribution, uppers may experiment at one or another time, but the current problem focuses on lowers. Moreover, the wide gap between males and females is, as just noted above, not a significant one when referring to current use. Assuming that current use represents an immediate problem and lifetime prevalence a longer term potential for problems, different, short and long term strategies of dealing with the problem are suggested by this data.

As the data in this study has indicated, the prevalence patterns of each of the four categories of substances varies in terms of its extent and intensity of current use, but in all categories has grown significantly in recent years. These data serve, therefore,

as a starting point for a fuller understanding of the proper approach to dealing with the different patterns of use and the social significance of the use of these various categories of drugs in urban Peru.

TABLE 1.1

## DISTRIBUTION OF THE SAMPLE IN CITIES OF 25,000 OR MORE INHABITANTS

<u>Cities</u>	<u>Population</u>	<u>Households</u>	<u>Conglomerates</u>
<u>TOTAL</u>	9,967,772	5,000	250
<u>METROPOLITAN LIMA</u>	5,523,600	1,240	62
<u>REST OF THE COUNTRY</u>	4,444,122	3,760	188
AREQUIPA	546,547	480	24
TRUJILLO	443,161	400	20
CHICLAYO	280,234	320	16
PIURA	270,348	240	12
CHIMBOTE	264,399	240	12
IQUITOS	257,662	200	10
CUZCO	238,935	200	11
HUANCAYO	214,351	180	9
ICA	139,680	120	6
PUCALLPA	131,442	100	5
JULIACA	111,275	100	5
TACNA	104,442	100	5
PUNO	92,303	60	3
CAJAMARCA	90,123	60	3
HUANUCO	88,446	60	3
HUARAZ	79,444	40	2
TALARA	72,550	80	4
CHULUCANAS	72,211	40	2
PASCO	64,829	60	3
PISCO	63,213	60	3
TUMBES	59,043	40	2
HUARAL	58,998	40	2
JAEN	58,064	20	1
HUACHO	53,920	60	3
TARMA	53,900	40	2
BARRANCA	49,749	40	2
CHINCHA	46,523	40	2
CATACAOS	45,658	20	1
TARAPOTO	44,696	40	2
YURIMAGUAS	43,412	20	1
LA OROYA	41,539	40	2
CHEPEN	38,927	40	2
LAMBAYEQUE	37,284	20	1
ILO	36,741	40	2
PARAMONGA	34,928	20	1
PAITA	32,018	20	1
FERRENAFE	29,856	20	1
SANTA	27,930	20	1
MOLLENDO	25,341	20	1

TABLE 3.3  
SAMPLE POPULATION BY AGE AND SEX (After Corrections)

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
12-14	13.4 (499)	12.2 (449)	12.8 (948)
15-18	19.6 (731)	18.9 (696)	19.2 (1426)
19-24	21.6 (806)	19.8 (730)	20.7 (1536)
25-29	14.5 (542)	17.0 (628)	15.8 (1170)
30-34	11.7 (437)	13.6 (503)	12.7 (941)
35-39	10.4 (390)	9.7 (356)	10.0 (746)
40-45	8.9 (331)	8.8 (326)	8.9 (657)
	50.3 (3737)	49.7 (3689)	100.1* (7425)

\*Total percentages in this and other tables may differ from 100% due to rounding.

TABLE 3.9

(LIFETIME PREVALENCE) HAVE YOU EVER USED BY SUSTANCE  
 (Percentage of Total Sample responding having ever used)

<u>Substance/Sample</u>	<u>Perú</u> (weighted) (N=7425)	<u>Lima</u> (weighted) (N=4146)	<u>Provinces</u> (weighted) (N=3279)
Alcohol	87.2%	90.3%	83.2%
Tobacco	67.4%	73.2%	60.1%
Analgesics	9.9%	10.5%	9.1%
Sedatives	18.5%	20.0%	16.7%
Stimulants	3.7%	4.7%	2.3%
Hypnotics	0.9%	1.2%	0.6%
Marijuana	8.3%	11.2%	4.7%
Inhalants	3.6%	4.0%	3.2%
Hallucinogens	3.0%	2.2%	3.9%
Coca Leaf	21.7%	18.2%	26.1%
Coca Paste	4.0%	5.2%	2.4%
Cocaine	2.6%	4.0%	0.9%

TABLE 3.11  
 LIFETIME PREVALENCE (EVER USED) BY REGION OF RESIDENCE  
 percentage responding ever used  
 Weighted N = 7425

Substance/Region	Costa Norte	Costa Centro	Costa Sur	Sierra Norte	Sierra Centro	Sierra Sur	Selva	Lima Metro	TOTAL
Alcohol	80.3	82.9	83.9	87.6	83.5	90.3	76.2	90.3	87.1
Tobacco	54.3	62.5	65.1	47.0	72.4	70.1	49.8	73.2	67.4
Analgesics	5.7	8.1	14.9	7.5	11.4	15.5	5.3	10.5	9.9
Sedatives	18.8	10.6	11.6	22.1	19.8	18.2	8.7	20.0	18.6
Stimulants	2.3	1.6	2.1	2.9	1.8	2.5	1.7	4.0	3.2
Hypnotics	1.0	0.5	0	0.8	0	0.6	0.6	1.2	0.9
Marijuana	5.2	2.7	3.6	1.9	3.2	4.3	4.4	10.9	8.0
Hallucinogens	4.7	1.8	0.9	0	0.7	0.4	11.3	2.2	2.7
Inhalants	2.3	0.4	2.1	0	4.1	6.1	1.1	3.7	3.4
Coca Leaf	10.0	14.4	26.7	18.2	57.2	50.5	7.3	17.4	20.7
Cocaine Paste	2.3	1.3	1.7	2.2	2.8	1.0	4.4	5.2	3.9
Cocaine	0.8	0.3	1.6	0	2.0	1.0	0.3	3.8	2.5

TABLE 3.25

DOES       (SUBSTANCE)       PRODUCE ADDICTION?  
 (percentage responding affirmatively)

Weighted N = 7425

Substance	Yes	No	Don't Know	Total
Alcohol	74.4	20.9	4.7	100.0
Marijuana	76.6	10.9	12.5	100.0
Sedatives	55.4	16.7	28.0	100.0
Hypnotics	44.7	17.8	40.5	100.0
Stimulants	46.4	19.5	34.1	100.0
Coca Leaf	56.1	21.9	22.1	100.0
Cocaine Paste	81.1	4.6	14.3	100.0
LSD	44.2	5.0	50.9	100.0
San Pedro-Ayahuasca	20.9	11.1	68.0	100.0
Floripondio	20.5	8.6	70.9	100.0
Heroin	47.4	5.0	47.6	100.0
Cigarettes	73.4	20.7	5.9	100.0

TABLE 3.26

DO SUBSTANCES PRODUCE ADDICTION IN TERMS OF SUBSTANCES USED  
(percentage using the substance)

Weighted N = 7425

Produces addiction

Substance Used	Yes	No	Don't Know	Total
Alcohol	75.2	20.9	3.9	100.0
Marijuana	67.8	25.9	6.3	100.0
Sedatives	58.1	20.5	21.4	100.0
Hypnotics	44.1	31.3	24.6	100.0
Stimulants	63.7	24.7	11.6	100.0
Coca Leaf	59.9	29.0	11.1	100.0
Coca Paste	94.1	3.5	2.4	100.0
Cigarettes	76.1	20.2	3.9	100.2

TABLE 3.30  
 PERCENTAGE INDICATING HAVING TRIED TO STOP SUBSTANCE USE  
 (From among those responding "yes"  
 to use of each substance)

	Percent
Cigarettes	59.3
Alcohol	52.0
Analgesics	40.9
Sedatives	49.9
Stimulants	40.2
Marijuana	55.5
Inhalants	45.7
Coca Leaves	53.5
Coca Paste	94.6
Cocaine	89.4
Hypnotics	15.0

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TABLE 4.110  
AGE OF INITIATION (FIRST USE)  
(PERCENTAGE OF THOSE USING A SUBSTANCE)

Age	S U B S T A N C E										
	Tobacco	Alcohol	Analges.	Sedativ.	Hypnotics	Marijuana	Hallucinog.	Inhalants	C.Leaf	C.Paste	Cocaine
11 or younger	6.1	7.1	7.4	20.3	2.9	1.0	3.0	18.2	18.9	0.3	0.5
12 - 14 years	20.1	18.7	10.3	16.4	13.2	6.6	5.5	32.0	17.9	1.4	2.7
15 - 18 years	51.0	50.6	21.4	19.7	10.3	55.0	25.1	36.4	27.1	37.8	34.1
19 - 24 years	16.8	19.1	29.5	18.4	26.5	31.3	32.2	11.2	20.4	45.5	36.2
25 - 29 years	3.8	3.6	3.8	11.0	16.2	3.0	13.6	0.4	7.9	9.8	10.8
30 - 34 years	1.6	0.6	10.0	7.2	16.2	1.9	13.1	2.2	4.2	4.5	10.8
35 - 39 years	0.4	0.3	2.9	4.1	8.8	1.2	6.5	0	2.7	1.0	0.5
40 - 45 years	0.1	0.1	4.5	2.9	5.9	0.2	1.5	0	1.0	0	4.3
TOTAL	99.9	100.0	99.8	100.0	100.0	100.0	100.5	100.4	100.1	100.3	99.9
(N)	(5002)	(6449)	(730)	(1459)	(68)	(591)	(199)	(269)	(1536)	(286)	(185)

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TABLE 4.111  
AGE OF FIRST OPPORTUNITY TO USE  
(AS A PERCENTAGE OF TIME HAVING OPPORTUNITY)

Age	S U B S T A N C E					
	Marijuana	Hallucinogens	Coca Leaf	Coca Paste	Cocaine	
11 or younger	0.7	2.9	19.9	1.2	1.4	
12 - 14 years	13.2	10.8	17.4	3.9	4.9	
15 - 18 years	54.4	31.7	26.6	43.5	36.1	
19 - 24 years	24.9	31.2	20.3	35.3	34.2	
25 - 29 years	3.1	10.3	8.2	9.4	11.1	
30 - 34 years	1.7	7.6	4.1	4.2	8.6	
35 - 39 years	1.5	3.7	2.6	1.7	2.2	
40 - 45 years	0.4	1.7	1.0	0.6	2.0	
TOTAL	% N	99.9 (1633)	99.9 (407)	100.0 (1670)	99.8 (811)	100.5 (407)

TABLE 5.1

PROJECTION OF LIFETIME PREVALENCE FOR STUDY UNIVERSE\*  
(percentage for study universe)

<u>Substance/Sample</u> (by order of prevalence)	<u>Peru</u>	<u>Lima</u>	<u>Provinces</u>
Alcohol	4,511,070 (87.2)	2,608,457 (90.3)	1,900,777 (83.2)
Tobacco	3,486,767 (67.4)	2,114,496 (73.2)	1,373,037 (60.1)
Coca leaf	1,122,594 (20.7)	525,735 (18.2)	596,277 (26.1)
Sedatives	957,050 (18.5)	577,731 (20.0)	381,526 (16.7)
Analgesics	512,151 (9.9)	303,309 (10.5)	207,898 (9.1)
Marihuana	429,379 (8.3)	323,529 (11.2)	107,376 (4.7)
Coca paste	206,930 (4.0)	150,210 (5.2)	54,830 (2.4)
Stimulants	191,410 (3.7)	135,767 (4.7)	52,546 (2.3)
Inhalants	186,237 (3.6)	115,546 (4.0)	73,107 (3.2)
Hallucinogens	155,197 (3.0)	63,550 (2.2)	89,099 (3.9)
Cocaine	134,504 (2.6)	115,546 (4.0)	20,561 (0.9)
Hypnotics	46,559 (0.9)	34,664 (1.2)	13,708 (0.6)

\* Cities of 25,000 or more except for those in Ayacucho, Apurimac, Huancavelica and the city of Tingo Maria.

TABLE 5.2

PATTERNS OF LIFETIME PREVALENCE AND CURRENT USE  
OF SUBSTANCES BY CATEGORIES  
(Percentages)

<u>Lifetime Prevalence</u> (Ever used any of the substances)	<u>Projected on Study Universe</u>	<u>Current Use a Percentage of Study Population</u> (Used any of the substances in the 30 days prior to interview)	<u>Current Use Projected on Study Universe*</u>
"DRUGS" (Marihuana, Inhalants Coca Paste, Cocaine)	12.2% 580,893 - 681,384 Weighted N = 906	1.1%      8.9% Weighted N = 81	40,895 - 72,917
"FOLKLORICS" (Coca Leaf and Hallucinogens)	22.7% 1,110,039 - 1,238,661 Weighted N = 1684	1.6%      7.1% Weighted N = 119	63,507 - 102,037
"SOCIAL DRUGS" (Alcohol and Tobacco)	89.5% 4,583,236 - 4,677,343 Weighted N = 6640	54.4%      60.8% Weighted N = 2634	2'686,859 - 2,900,225
"MEDICINES" (Analgesics, Seda- tives, Stimulants, Hypnotics)	26.7% 1,313,373 - 1,449,212 Weighted N = 1979	12.5%      47.0% Weighted N = 930	595,885 - 697,431

\* All cities over 25,000 or more inhabitants with the exception of those in Ayacucho, Apurimac and Huancavelica and the city of Tingo María.