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AWARENESS
AND EDUCATION
PROJECT**

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**NARCOTICS AWARENESS AND
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**SURVEY ON DRUG PREVALENCE
AND ATTITUDES IN URBAN PANAMA**

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EXECUTIVE SUMMARY

SURVEY ON DRUG PREVALENCE AND ATTITUDES IN URBAN PANAMA

Study Design

This report presents findings of a survey conducted by the Narcotics Awareness and Education (NAE) Project of the Agency for International Development's (AID) Research and Development Bureau in conjunction with the Centro de Estudios Latinamericanos (CELA), a research institute located in Panama City, from October through December of 1991. The survey was conducted under the auspices of the Cruz Blanca Panameña and was funded by USAID/Panama under a buy-in to the NAE. This report presents information regarding the survey's methodology, the study's universe, sample, instrument and field work, and findings regarding the extent of drug use (prevalence of drug use in the population surveyed), attitudes toward drug use and some characteristics of that use.

The survey's universe consisted of Panama City, San Miguelito and Colon, urban concentrations which have within their bounds approximately one-third of the total population of the country. To test whether drug use was equally prevalent outside the country's major urban areas, a small urban center, Penomé, was included in the study's universe. Penomé was selected for practical considerations (easy access to Panama City to facilitate field work within a reasonable time frame) and not as a result of an attempt at statistical representation of the towns of the interior. Thus, the study reflects use patterns and attitudes in the major urban centers, but is not representative of the country as a whole nor of all urban areas in the country.

The instrument used was derived from previous prevalence surveys that had been undertaken by Development Associates, including surveys in Peru, Guatemala, and Haiti. The instrument was comparable in terms of its major variables with studies currently in progress under the auspices of the NAE Project in the Dominican Republic and Bolivia, as well as a project recently completed under NAE auspices in Paraguay. The instrument was reviewed by the staffs of CELA and Cruz Blanca Panamena with a view to assuring that the language used and the substances studied corresponded to Panamanian culture and to the current understanding of drug availability in Panama.

The instrument covered the following variables: 1. Perception of health status over the past twelve months; 2. Visits to the doctor and hospitalization of the subject over the past twelve months; 3. Age of initiation of use of all psychoactive substances considered to be available in Panama; 4. Prevalence and frequency of use of all psychoactive substances considered to be available in Panama for the subject's lifetime (ever used); last twelve months; and last 30 days; the substances covered consisted of alcohol, tobacco, analgesics, sedatives, hypnotics, stimulants, marijuana, hallucinogens, inhalants, heroin, opiates, cocaine hydrochloride (cocaine in powdered form), crack (cocaine in crystalline free ion form) and bazuco (cocaine paste); 5. Attempts at trying unsuccessfully to cease use (a

10

measure of the intensity of use); 6. Method of use and/or form of substances used; 7. Use in conjunction with other substances (poly-drug use); 8. A set of attitudinal variables designed to assist in the formulation of appropriate drug prevention interventions; 9. Socio-demographic variables including sex, age, educational level, occupation and employment status; 10. Opinions regarding the extent of the drug problem in Panama; 11. Knowledge of current drug information and education efforts in Panama.

Main Findings

The main findings of the survey were:

1. As has been universally the case throughout Latin America and the Caribbean, the drug with the highest levels of prevalence (use within a given time period) is alcohol;
2. Setting the Panama urban context apart from other Latin American and Caribbean contexts, analgesics (narcotic based pain killers) showed higher levels of prevalence than did tobacco. It should be noted that taking into account the respective confidence intervals, the prevalence levels of both substances can be considered as approximately equal in prevalence, but this also distinguishes Panama from other countries;
3. The use of cocaine and other coca derivatives was fairly high relative to other countries of the region;
4. The major distinction between the principal urban areas and the one interior town studied was that the urban areas, overall, had higher drug prevalence levels, particularly of such substances as marijuana, inhalants, cocaine, bazuco and crack;
5. Males in the sample were more likely to have tried (lifetime prevalence) most of the substances studied, although females had higher lifetime prevalence of analgesics and sedatives. In terms of current use (30 day prevalence), males were more likely to be current users of tobacco, marijuana, alcohol and cocaine, while females were more likely to be current users of analgesics and sedatives;
6. Younger age groups were more likely to use cocaine, crack and bazuco than were older age groups, with use of these substances centering on young adults ages 25-34. Marijuana was more likely to be used by older age groups, and
7. The drug problem in urban Panama, while limited to a small portion of the total population, is a highly significant problem. This is the case because a high percentage of those who have ever used marijuana, cocaine, crack, bazuco and inhalants are current users, and because the frequency of their use of these substances, both in terms of twelve month and current (30 day) use is very high.

Recommendations

Surveys of this nature have implications for the design and development of prevention activities, in particular for primary prevention efforts designed to prevent the onset of drug abuse. This survey points up the nature of the drug problem in terms of the types of drugs that are being used, the sequence of initiation of drug use, and the relationship between use of one and another drug. It also defines the extent of drug use in the universe sampled, the major urban centers of Panama. On the basis of the survey's findings, we would recommend several courses of action:

1. Use of the results of this survey to increase the awareness of the nature and extent of the problem through the a planned effort at disseminating those results to the general public and to special publics such as decision makers;
2. Give priority to primary prevention efforts to integrated programs (school, community and media-based) targeted at youth, particularly children from 10 years of age and older in the large urban areas.
3. The marked tendency for drug users to try a variety of substances suggests that for young adults (20-29 years of age) primary and secondary prevention programs should be developed focussing on curbing drug use behavior in general. However, the magnitude and intensity of use of cocaine and other coca derivatives in urban Panama also recommends significant emphasis of messages on these drugs.
4. Differential targeting and the uses of different awareness and education programs should be considered for men and women. In addition community-based and/or mass media approaches are necessary to reach women who stay at home and do not work. These may be integrated into existing community development programs addressing a wider range of social welfare needs.
5. Specific community-based and mass media programs should be developed for hard-to-reach population groups (not working and not in school) particularly in Colon and Panama City.
6. Secondary prevention efforts through workplace-based programs, complemented by primary prevention messages, should be directed at males and especially male drug users. These programs should also seek to influence women who work, and those women who can be influenced indirectly through the workplace programs for their husbands.
7. Periodic school-based studies should be conducted to determine:
 - the precise grade level at which primary prevention activities should begin,
 - at which ages reinforcement interventions are required and
 - changing substance-specific message needs.

These studies should track such indicators as initial baseline use rates, number of students eligible for initiation of specific substances, new users, changing prevalence and intensity of drug use.

8. Recent changes in the pattern of drug use and the severity of the drug problem in Panama in comparison with other Latin American and Caribbean countries recommend an additional household survey of urban Panama within two-three years to track progress in overall prevention efforts, provide a dynamic assessment of the ages at which initial, casual and problematic drug use are occurring, changing perceptions and norms of target groups. An additional survey within such a time frame will provide required guidelines for redirecting and focussing future prevention efforts.

TABLE OF CONTENTS

CHAPTER I: INTRODUCTION AND SURVEY METHODS

A.	Introduction	1
B.	Methodology	1
	1. Universe and Sample	1
	2. Instrument	2
	3. Fieldwork, Data Processing and Analysis	4

CHAPTER II: DRUG PREVALENCE IN URBAN PANAMA

A.	Overall Prevalence	5
B.	Differences Among Cities	9
	1. Panama City, San Miguelito and Colon	9
	2. A Contrast With Penomé	11
C.	Gender Differences	13
	1. Overall For Urban Panama	13
	2. Broken Out By City	13
D.	Age Differences	17
	1. Overall	17
	2. Broken Out By Gender	21
E.	Age Of First Use	22
F.	Education and Prevalence	25
G.	Drug Use and Work Status	25
	1. Overall	25
	2. Broken Out by Gender	29
H.	Comparison of Drug Use in Panama With Three Other Latin American/Caribbean Countries	31
I.	Summary and Conclusions	34

CHAPTER III. FURTHER PATTERNS OF DRUG PREVALENCE

A.	Introduction	37
B.	Frequency of Use	37
C.	Problems with Drug Use	40
D.	Relationships Between Drugs Used in Panama	40
	1. Concurrent Drug Use	42
	2. Correlations Among Drugs	42
	3. Males Compared with Females	45
E.	The Dynamics of the Initiation of Use	48
F.	Perceptions of the Problem in Panama	56
G.	Summary and Conclusions	57

CHAPTER IV: SUMMARY AND CONCLUSIONS

A.	Introduction	60
B.	Main Findings	60
C.	Aggregate Patterns	61
D.	Recommendations	64
APPENDIX ONE QUESTIONNAIRE		67

LIST OF TABLES AND GRAPHS

CHAPTER I: INTRODUCTION AND SURVEY METHODS

Table 1.1	2
-----------------	---

CHAPTER II: DRUG PREVALENCE IN URBAN PANAMA

Graph 2.1	6
Graph 2.2	7
Table 2.1	8
Table 2.2a	10
Table 2.2b	12
Table 2.3	14
Table 2.4	15
Table 2.5	16
Table 2.6	18
Table 2.7	20
Table 2.8	23
Table 2.9	24
Table 2.10	26
Table 2.11	27
Table 2.12	28
Table 2.13	30
Table 2.14	32
Table 2.15	33

CHAPTER III. FURTHER PATTERNS OF DRUG PREVALENCE

Graph 3.1	38-39
Table 3.1	41
Graph 3.2	43
Table 3.2	44
Table 3.3	46
Table 3.4	47
Graph 3.3	49
Graph 3.4	50
Graph 3.5	51
Graph 3.6	52
Graph 3.7	53
Graph 3.8	54
Graph 3.9	55
Table 3.5	58
Table 3.6	58

CHAPTER IV: SUMMARY AND CONCLUSIONS

Graph 4.1	62
Graph 4.2	62
Graph 4.3	63
Graph 4.4	65

SURVEY ON DRUG PREVALENCE AND ATTITUDES IN URBAN PANAMA

CHAPTER I: INTRODUCTION AND SURVEY METHODS

A. Introduction

This report presents findings of a survey conducted by the Narcotics Awareness and Education (NAE) Project of the Agency for International Development's (AID) Research and Development Bureau in conjunction with the Centro de Estudios Latinamericanos (CELA), a research institute located in Panama City, from October through December of 1991. The survey was conducted under the auspices of the Cruz Blanca Panameña and was funded by USAID/Panama under a buy-in to the NAE Project. This report presents information regarding the survey's methodology, the study's universe, sample, instrument and field work, and findings regarding the extent of drug use (prevalence of drug use in the population surveyed), attitudes toward drug use and some characteristics of that use. This report draws conclusions and recommendations regarding the significance of the data for the design and development of a drug prevention program.

B. Methodology

1. Universe and Sample

Drug abuse in Latin America is largely an urban phenomenon, often most visible in the largest cities of a given country. Thus, it makes sense to focus efforts at measuring drug use on the principal urban centers of Panama. Using this criterion, the survey's universe consisted of all people between the ages of 12 and 45 years of age in households in Panama City, San Miguelito and Colon, urban concentrations which have within their bounds approximately one-third of the total population of the country. The universe of this study defined as all people between the ages of 12 and 45 living in private homes in these urban centers. To test whether drug use was equally prevalent outside the country's major urban areas, a small urban center, Penomé, was included in the study's universe. Penomé is fairly typical of the interior of the country. However, Penomé was selected for practical considerations (easy access to Panama City to facilitate field work within a reasonable time frame) and not as a result of an attempt at statistical representation of the towns of the interior. Thus, the study reflects use patterns and attitudes in the major urban centers, but is not representative of the country as a whole nor of all urban areas in the country.

The original sample called for a minimum of 1,000 completed interviews. In point of fact 1,026 interviews were actually gathered. The sample was divided into two strata: the major urban areas of Panama City, San Miguelito and Colon were in one, and were distributed among Panama City, Colon and San Miguelito proportional to population (see Table 1.1). One hundred and twelve interviews were conducted in Penomé to provide

sufficient cases to analyze the results from that urban center on their own. (Sampling Penomé proportional to population would have meant a sample size for that location of only 17 cases.)

**TABLE 1.1
DISTRIBUTION OF SAMPLE AND UNIVERSE**

City in	Sample Size (Planned)	Population Universe*
Panama City	532(58.4%)	241,489(57.8%)
San Miguelito	308(33.8%)	146,151(35.0%)
Colon	71 (7.8%)	30,179(7.2%)
Total	911	417,819

* Extrapolated for the age range 12-45 only.

2. Instrument

The instrument used was derived from previous prevalence surveys that had been undertaken by Development Associates, including surveys in Peru, Guatemala, and Haiti. The instrument was comparable in terms of its major variables with studies currently in progress under the auspices of the NAE Project in the Dominican Republic and Bolivia, as well as a project recently completed under NAE auspices in Paraguay. The instrument was reviewed by the staffs of CELA and Cruz Blanca Panamena with a view to assuring that the language used and the substances studied corresponded to Panamanian culture and to the current understanding of drug availability in Panama.

The instrument covered the following variables (see Appendix One for Complete Instrument)

1. Perception of health status over the past twelve months.
2. Visits to the doctor and hospitalization of the subject over the past twelve months.
3. Age of initiation of use of all psychoactive substances considered to be available in Panama.
4. Prevalence and frequency of use of all psychoactive substances considered to be available in Panama for the following time periods:

lifetime (ever used);
last twelve months; and last 30 days.

The substances covered consisted of alcohol, tobacco, analgesics, sedatives, hypnotics,

stimulants, marijuana, hallucinogens, inhalants, heroin, opiates, cocaine hydrochloride (cocaine in powdered form), crack (cocaine in crystalline free ion form) and bazuco (cocaine paste).

Each category of psychoactive pharmaceutical (analgesics, sedatives, stimulants and hypnotics) was defined in the instrument in terms of the specific medicines within the respective category that was available in Panama. The use of pharmaceutical products is reported in terms of use without medical prescription. Thus:

analgesics¹ consisted of Lisalgel, Novalgina, Sosegon, Demarol and Meperodol with an open-ended item to define others considered by the interviewee to be included in the category²;

sedatives consist of Diazepam (Valium), Lexotanil, Librium, Lexotan, Tafil and Ativan with an open-ended question to define other substances;

hypnotics consist of Rohypnol, Noctran, Dormicum, Halción, Dormonoct and an open-ended question to define other substances; and

stimulants consist of Anfetaminas, Ritalina, Lipenan, Preludin, and Tenuate, Dospan.

5. Attempts at trying unsuccessfully to cease use (a measure of the intensity of use).
6. Method of use and/or form of substances used.
7. Use in conjunction with other substances (poly-drug use).
8. A set of attitudinal variables designed to assist in the formulation of appropriate drug prevention interventions. These variables covered attitudes within a time frame of the next twelve months toward ceasing smoking of tobacco, diminishing alcohol consumption and initiating use of marijuana, crack (cocaine in a free ion form derived by "cracking" cocaine hydrochloride), bazuco (cocaine in a free ion form derived from processing coca leaves, also known as cocaine paste) and inhalants. These variables also covered the intention to use and norms regarding the valuation of use and the social context of use.
9. Socio-demographic variables including sex, age, educational level, occupation and employment status.

¹ The names of the substances are given in Spanish as they appeared in the questionnaire. In the case of diazepam, both the generic names and the brand name (Valium) were used, because both are widely recognized.

² Responses to others were coded to fit where appropriate. Substances such as aspirin that were not psychoactive were eliminated.

10. Opinions regarding the extent of the drug problem in Panama.
11. Knowledge of current drug information and education efforts in Panama.

3. Fieldwork, Data Processing and Analysis

Fieldwork was conducted by a team selected and trained by CELA. The team undertook the total of 1026 interviews at the four sites in a period of five weeks. The interviewers did not encounter any major problems in undertaking the field work. In some areas of Panama City there was some initial resistance to allowing the survey team entrance to the households selected. Once that resistance was overcome the interviews preceded in a normal manner.

CELA undertook data entry in Panama, using SPSS Data Entry. The data entry program was formatted in advance to facilitate the process. A ten percent sample of the questionnaire was double keyed to insure the accuracy of the data entry process. Data were also checked for consistency by analyzing appropriate correlations (e.g., between use of a substance and polydrug use). Data analysis was undertaken by NAE using the SAS statistical package.

The second chapter of this report describes the principal findings on drug prevalence, the differences in prevalence patterns by sex, age, and educational level. It also discusses the relationship that exists among these social and demographic factors as they affect prevalence. The third chapter explores the intensity of drug use, problems of drug use, the interrelationship of drug use patterns, the shifting patterns of drug use over time, and awareness of the problems. The final chapter presents conclusions and recommendations based on the study's findings.

CHAPTER II. DRUG PREVALENCE IN URBAN PANAMA

A. Overall Prevalence

This chapter presents data on overall drug prevalence patterns for the survey. Because Penomé is not representative of all cities of the country's interior, data for Penomé are presented separately from the other three urban areas (Panama City, San Miguelito, and Colon). Graph 2.1 presents the overall weighted prevalence data for the three primary urban areas of Panama (Panama City, San Miguelito, and Colon) combined. Corresponding data for Penomé are presented in the next section of this chapter. The lifetime prevalence gives the percent of respondents who used each substance at least once in their lifetime. Twelve month prevalence gives the percent of respondents who used each substance within the last year. Thirty day prevalence gives the percent of respondents who used each substance within the last 30 days and is also considered a measure of current use. Finally, two derivative indices are presented in Graph 2.2: (1) 30 day prevalence as a percent of lifetime prevalence and (2) 30 day prevalence as a percent of 12 month prevalence. (The relevant data for these graphs are presented in Table 2.1 located at the end of this section.)

Alcohol showed the highest prevalence rates by far. Seventy nine percent (79%) of all respondents had used alcohol at some time in their lives and 38% were current users. Thirty day prevalence as a percent of lifetime prevalence for alcohol was very high (48%) and an even higher percentage of those who used within the last 12 months were current users (71%).

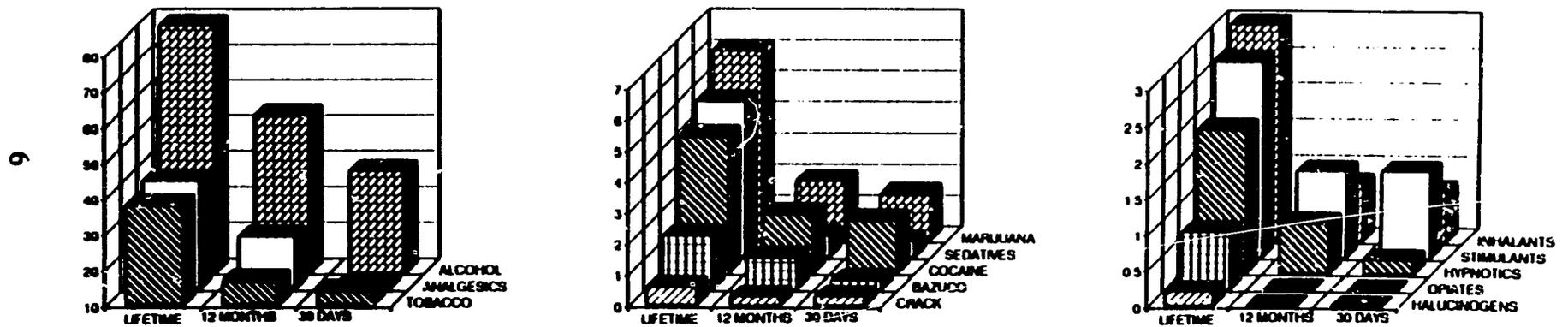
Analgesics used without medical prescription were the next (second) highest in prevalence. Forty percent (40%) had used analgesics at some time in their lives and 10% were current users. Thirty day prevalence as a percent of lifetime prevalence for analgesics was fairly high; 26% of those who ever used and 42% of those who used within the last 12 months were current users.

Tobacco was the third highest in prevalence. Thirty-eight percent (38%) had used tobacco at some time in their lives, 17% had used tobacco within the last year, and 14% were current users. Thirty day prevalence as a percent of lifetime prevalence was fairly high (37%). Measured against 12 month use, the ratio was extremely high (84%). This pattern suggests that while many try tobacco in their lifetime, less than half become regular users while the other half become regular (probably addicted) users; with the highest level of 30 day prevalence as a percent of 12 month prevalence among all the substances.

Marijuana and sedatives were the fourth and fifth most used substances, but at nearly the same levels of lifetime use (6% and 5%, respectively). However, the current rate of marijuana use (1.5%) was three times as high as the current rate of use of sedatives (0.5%). Hence the 30 day prevalence as a percent of lifetime prevalence for marijuana (25%) was more than twice as high as the 30 day prevalence as a percent of lifetime prevalence for sedative use (10%).

GRAPH 2.1

**WEIGHTED PREVALENCES IN PANAMA SAMPLE
(PANAMA CITY, SAN MIGUELITO, AND COLON)
(VALUES IN %)**



WEIGHTED N = 417,988 *

* The sample N is weighted to reflect the overall population it represents (e.g., the estimated population of 12-45 year olds in the urban areas of Panama City, San Miguelito, and Colon)

GRAPH 2.2

30 DAY USE AS A PERCENTAGE OF LIFETIME AND 12 MONTH USE

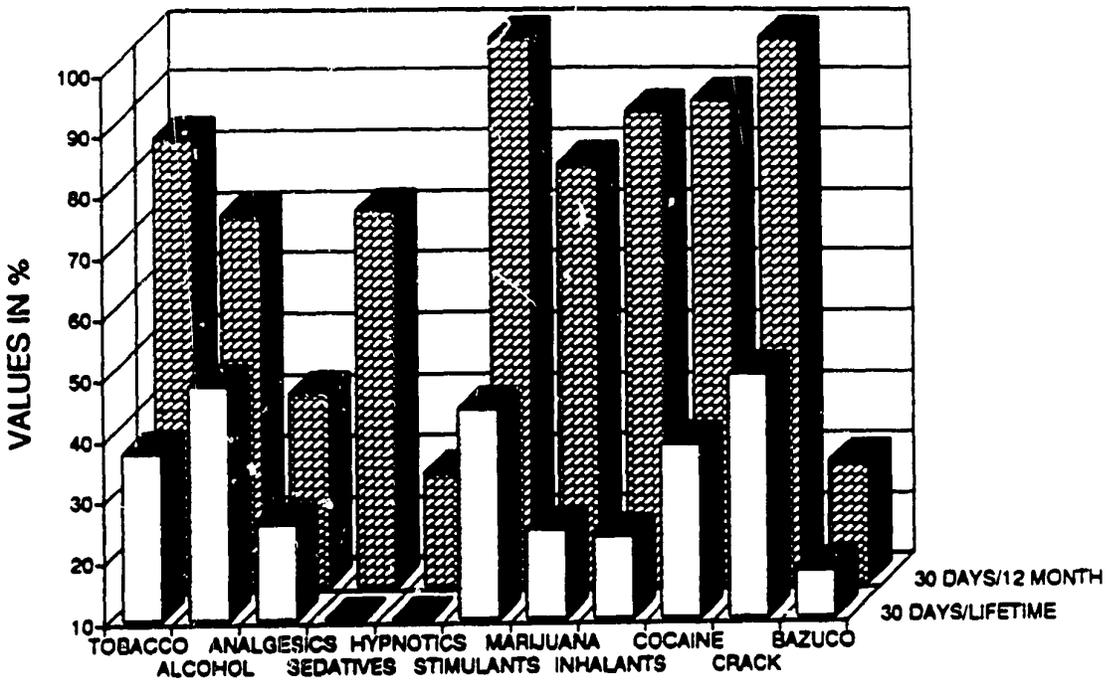


TABLE 2.1

**WEIGHTED PREVALENCES IN PANAMA SAMPLE
(PANAMA CITY, SAN MIGUELITO, AND COLON)
(Values in %)**

	LIFETIME	12 MONTHS	30 DAYS	30 DAYS AS % OF LIFE TIME	30 DAYS AS % OF 12 MONTHS
TOBACCO	38.0	17.0	14.2	37.4	83.5
ALCOHOL	79.4	54.2	38.4	48.4	70.8
ANALGESICS	40.2	24.7	10.3	25.6	41.7
SEDATIVES	5.0	0.7	0.5	10.0	71.4
HYPNOTICS	2.0	0.7	0.2	10.0	28.6
STIMULANTS	2.7	1.2	1.2	44.4	100.0
MARIJUANA	6.1	1.9	1.5	24.6	78.9
INHALANTS	3.0	0.8	0.7	23.3	87.5
COCAINE	4.4	1.9	1.7	38.6	89.5
CRACK	0.6	0.3	0.3	50.0	100.0
BAZUCO	1.7	1.0	0.3	17.6	30.0

WEIGHTED N = 417,988 *

* When weighted Ns were presented, the sample Ns have been weighted to reflect the overall population they represent (e.g., the estimated population of 12-45 year olds in the urban areas of Panama City, San Miguelito, and Colon for this Table).

Cocaine showed the sixth highest level of lifetime prevalence (4%), but the third highest level of current use (1.7%), essentially the same as for marijuana. Hence, the 30 day prevalence as a percent of lifetime prevalence for cocaine was fairly high (39%). In addition, if the two other coca related derivatives, crack (0.6%) and bazuco (1.7%) are also considered, the lifetime use of cocaine and related substances surpasses both sedative and marijuana use.³ The 30 day prevalence as a percent of lifetime prevalence rates for crack (50%) is quite high.

No respondent indicated that he or she had ever used heroin (not shown in the exhibit), but a small percentage (0.8%) indicated that they had used opiates during their lifetime. The percentage of current users of opiates (0.2%) was extremely low.

Hallucinogens showed the lowest level of lifetime prevalence (0.4%), other than heroin (which was zero), the lowest level of 12 month prevalence (0.2%), and no current use. Given the low prevalences, we will not analyze the data on hallucinogens further.

B. Differences Among Cities

1. Panama City, San Miguelito and Colon

Table 2.2a presents data regarding the three prevalence measures in each of the three major urban areas of Panama included in the survey: (1) Panama City, (2) San Miguelito (a low income area of metro Panama City), and (3) Colon.⁴

Lifetime tobacco use was about the same for all three locations, ranging from 35% use in San Miguelito up to 41% in Colon. Twelve month tobacco use showed a little more variability, from 12% in San Miguelito up to 20% in Panama City, but the pattern was about the same as that of lifetime use. The pattern was also about the same for current tobacco use, ranging from 9% in San Miguelito up to 17% in Panama City.

Lifetime alcohol use was also about the same for all three cities, ranging from 78% for San Miguelito up to 86% for Colon. The pattern for current use was a little more variable, ranging from 33% in San Miguelito up to 41% for Panama City.

³ Ten per cent of cocaine users have also tried crack, forty per cent of cocaine users have also tried bazuco and twenty three per cent of bazuco users have also tried crack. In terms of twelve month use, 6% of cocaine users report having used crack, 41% report having tried bazuco and 11% of the bazuco users report having used crack. For the thirty day period, the respective percentages are: 7% cocaine/crack, 49% cocaine/bazuco and 0% for bazuco/crack. While there is a good deal of overlap between cocaine and bazuco, there is very little between the other pairs of substances.

⁴ Although, as noted, San Miguelito is a part of greater Panama City, it is also a well defined area geographically and demographically which could be expected to show some differences from the rest of Panama City; therefore, we have treated it separately here.

TABLE 2.2a

**WEIGHTED PREVALENCES IN PANAMA SAMPLE: COMPARISON OF CITIES
(Values in %)**

	LIFETIME			12 MONTH			30 DAYS		
	PANAMA CITY	SAN MIGUELITO	COLON	PANAMA CITY	SAN MIGUELITO	COLON	PANAMA CITY	SAN MIGUELITO	COLON
TOBACCO	39.4	35.2	40.5	20.0	12.3	16.2	17.4	9.1	13.1
ALCOHOL	79.1	78.4	86.1	57.2	47.8	61.0	41.4	33.3	39.0
ANALGESICS	40.7	38.4	45.6	25.6	22.7	25.5	11.1	9.6	8.1
SEDATIVES	6.2	2.4	8.1	0.8	0.6	0.0	0.4	0.6	0.0
HYPNOTICS	2.5	1.8	0.8	1.0	0.5	0.0	0.2	0.4	0.0
STIMULANTS	2.6	2.0	7.0	1.4	0.4	3.5	0.6	0.0	1.5
MARIJUANA	7.3	4.0	7.3	2.5	1.2	0.0	2.2	0.7	0.0
INHALANTS	3.7	1.9	2.3	0.9	0.6	0.8	0.8	0.6	0.8
OPIATES	0.8	0.9	0.0	0.3	0.0	0.0	0.3	0.0	0.0
COCAINE	4.8	2.8	8.9	2.5	1.1	1.5	2.1	1.1	1.5
CRACK	0.4	0.9	0.0	0.4	0.0	0.0	0.4	0.0	0.0
BAZUCO	2.4	0.8	1.5	1.4	0.5	0.0	1.2	0.5	0.0

All three areas showed about the same low level of lifetime use of hypnotics (1 or 2%) and very low levels of current use of hypnotics.

Colon showed a higher (7%) level of lifetime stimulant use than the other two cities.

The three cities ranged from 4% for San Miguelito up to 7% for Colon and Panama City in terms of lifetime marijuana use. Low levels of current marijuana use were indicated in San Miguelito (0.7%) and Panama City (2.2%), and no current marijuana use was indicated in Colon.

Lifetime inhalant use ranged from about 2% for San Miguelito up to about 4% for Panama City. Current inhalant use showed virtually no variability, ranging from 0.6% for San Miguelito up to 0.8% for Panama City and Colon.

Lifetime opiate use was found only in Panama City (0.8%) and San Miguelito (0.9%), but the levels were quite low.

Colon showed no evidence of lifetime crack use, but had the highest level of lifetime cocaine use (9%) and the second highest level of lifetime bazuco use (1.5%). Panama City showed the second highest level of lifetime cocaine use (5%), the highest level of lifetime bazuco use (2.4%), and second highest level of crack use (0.4%). San Miguelito had the highest level of lifetime crack use (0.9%). Colon showed the second highest level of current cocaine use (1.6%), but no current crack or bazuco use. Panama City was highest on current cocaine use (2.1%), current bazuco use (1.2%), and current crack use (0.4%); while San Miguelito was third highest on current cocaine use (1.1%), second highest on current bazuco use (0.5%), and showed no current crack use.

Overall, with two exceptions (lifetime crack use and 12 month opiate use), use levels were lower in San Miguelito than in either Panama City or Colon.

2. A Contrast With Penomé

As noted previously, Penomé was not selected to be representative of all interior cities in Panama, but to provide a contrast with the three areas that were selected to be representative of the major urban centers in Panama (Panama City, San Miguelito, and Colon). Table 2.2b presents data contrasting prevalence data from Penomé with the data from the three urban areas (Panama City, San Miguelito, and Colon combined).

Penomé showed similar levels of both lifetime and current use of tobacco, alcohol, and hypnotics as did the three major urban areas. Penomé showed no evidence of either lifetime or current use of marijuana, opiates, cocaine, crack or bazuco. Penomé also showed lower lifetime and current use levels of stimulants and inhalants in comparison to the three major urban areas. Penomé showed higher lifetime prevalences of analgesics and

TABLE 2.2b

WEIGHTED PREVALENCES IN PANAMA SAMPLE: COMPARISON WITH Panamá
(Values in %)

	LIFETIME		12 MONTH		30 DAYS	
	Overall Urban*	Panamá	Overall Urban*	Panamá	Overall Urban*	Panamá
TOBACCO	38.0	35.4				
ALCOHOL	79.4	75.8	17.0	12.5		
ANALGESICS	40.2	49.4	54.2	52.8	14.2	11.0
SEDATIVES	5.0	6.4	24.7	25.8	38.4	35.2
HYPNOTICS	2.0	2.1	0.7	1.5	10.3	8.8
STIMULANTS	2.7	0.4	0.7	0.4	0.5	0.8
MARIJUANA	6.1	0.0	1.2	0.4	0.2	0.4
INHALANTS	3.0	1.1	1.9	0.0	1.2	0.4
OPIATES	0.8	0.0	0.8	0.4	1.5	0.0
COCAINE	4.4	0.0	0.0	0.0	0.7	0.0
CRACK	0.6	0.0	1.9	0.0	0.0	0.0
BAZUCO	1.7	0.0	0.3	0.0	1.7	0.0
			1.0	0.0	0.3	0.0

* Panama City, San Miguelito, and Colon combined.

sedatives than the major urban areas sample. While Penomé clearly has much less of an overall drug problem than the major urban areas, there is obviously a need to be concerned about the presence of non-medical use of stimulants, analgesics and sedatives as well as the use of inhalants.

C. Gender Differences

1. Overall For Urban Panama

Table 2.3 presents the weighted prevalence data for males compared with females in Panama City, San Miguelito, and Colon for all the substances studied. Males showed a higher lifetime use for all substances except for analgesics and sedatives, for which females had higher lifetime use rates. The pattern for 12 month prevalence was the same except that females were more likely to have used bazuco. In terms of current use males were only higher on tobacco, alcohol, marijuana, and cocaine; while females were higher on analgesics and sedatives.

Focusing on 30 day use as a percentage of lifetime use, males were clearly higher than females for tobacco (42% versus 29%), sedatives (23% versus 7%), crack (50% versus 40%), and alcohol (62% versus 33%). Compared with males, females were higher on this index in their use of inhalants (18% versus 44%), cocaine (37% versus 53%), and bazuco (33% versus 71%) analgesics (17% versus 31% and stimulants (17% versus 20%).

In summary, males in the urban Panama sample were more likely to have tried (have higher lifetime use of) most of the substances studied; but females were about equally or more likely to be users of a number of the substances studied once they had tried a substance as measured by current use as a percentage of lifetime use.

2. Broken Out By City

Table 2.4 presents the weighted lifetime and 30 day (current) prevalence data for males versus females broken out by the four Panama cities in the study sample. To facilitate interpreting these data, Table 2.5 provides a comparative ranking for the four cities regarding lifetime use and current use.

TABLE 2.3

WEIGHTED PREVALENCES IN PANAMA SAMPLE: MALES VERSUS FEMALES*
(Values in %)

	LIFETIME		12 MONTHS		30 DAY		30 DAYS AS A % OF LIFETIME		30 DAYS AS A % OF 12 MONTHS	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
TOBACCO	51.2	26.0	24.9	9.8	21.7	7.4	42.4	28.5	87.1	75.5
ALCOHOL	88.0	71.5	72.1	37.9	54.8	23.5	62.3	32.9	76.0	62.0
ANALGESICS	31.4	48.3	18.3	30.3	5.3	14.9	16.9	30.8	29.0	49.2
SEDATIVES	2.2	7.5	0.5	0.9	0.5	0.5	22.7	6.7	100.0	55.6
HYPNOTICS	2.8	1.2	0.9	0.6	0.5	0.1	17.9	8.3	55.6	16.7
STIMULANTS	3.5	2.0	1.5	0.9	0.6	0.4	17.1	20.0	40.0	44.4
MARIJUANA	9.8	2.8	2.6	1.2	2.0	1.1	20.4	39.3	76.9	91.7
INHALANTS	4.4	1.6	0.9	0.7	0.8	0.7	18.2	43.7	88.9	100.0
OPIATES	1.4	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
COCAINE	7.1	1.9	3.0	1.0	2.6	1.0	36.6	52.6	86.7	100.0
CRACK	0.6	0.5	0.3	0.2	0.3	0.2	50.0	40.0	100.0	100.0
BAZUCO	2.1	1.4	0.7	1.2	0.7	1.0	33.3	71.4	100.0	83.3

* Panama City, San Miguelito, and Colon combined.

TABLE 2.4
LIFETIME AND CURRENT DRUG USE IN
FOUR PANAMA CITIES: MALES VERSUS FEMALES
 (Values in %)

	COLON				PANAMA CITY				SAN MIGUELITO				Panamá			
	LIFETIME		30 DAY		LIFETIME		30 DAY		LIFETIME		30 DAY		LIFETIME		30 DAY	
	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>
TOBACCO	46.0	35.3	20.6	6.0	53.1	27.2	26.2	9.6	49.4	22.0	14.6	3.9	52.8	15.9	18.3	2.8
ALCOHOL	90.5	82.0	41.3	36.8	89.3	70.1	57.9	26.7	85.5	71.7	52.5	15.2	89.4	60.6	54.2	13.9
ANALGESICS	39.7	51.1	3.2	12.8	30.8	49.5	5.0	16.4	30.7	45.6	6.2	12.7	47.9	51.0	8.5	9.2
SEDATIVES	0.0	15.8	0.0	0.0	3.6	8.5	0.5	0.4	0.5	4.2	0.5	0.7	0.7	12.8	0.0	1.6
HYPNOTICS	0.0	1.5	0.0	0.0	2.8	1.8	0.3	0.1	3.4	0.3	0.8	0.0	2.1	2.0	0.0	0.8
STIMULANTS	4.8	9.0	3.2	0.0	3.7	1.7	0.6	0.6	2.9	1.1	0.0	0.0	0.0	0.8	0.0	0.8
MARIJUANA	11.1	3.8	0.0	0.0	10.9	4.0	2.8	1.7	7.8	0.4	1.0	0.4	0.0	0.0	0.0	0.0
INHALANTS	3.2	1.5	0.0	1.5	5.8	1.9	1.1	0.5	2.6	1.3	0.5	0.7	0.0	2.4	0.0	0.0
OPiates	0.0	0.0	0.0	0.0	1.7	0.0	0.6	0.0	1.3	0.6	0.0	0.7	0.0	0.0	0.0	0.0
COCAINE	14.3	3.8	3.2	0.0	7.0	2.8	2.6	1.7	5.7	0.0	2.3	0.0	0.0	0.0	0.0	0.0
CRACK	0.0	0.0	0.0	0.0	0.5	0.4	0.5	0.4	1.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0
BAZUCO	3.2	0.0	0.0	0.0	2.3	2.4	0.6	1.7	1.6	0.0	1.0	0.0	0.0	0.0	0.0	0.0

**TABLE 2.5
RANK ORDER OF PREVALENCE IN FOUR PANAMA CITIES FOR LIFETIME
AND CURRENT (30 DAY) USE BROKEN OUT BY MALE VERSUS FEMALE
LIFETIME**

	<u>1st</u>		<u>2nd</u>		<u>3rd</u>		<u>4th</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
TOBACCO	Panama City	Colon	Penomé	Panama City	San Miguelito	San Miguelito	Colon	Penomé
ALCOHOL	Colon	Colon	Penomé	San Miguelito	Panama City	Panama City	San Miguelito	Penomé
ANALGESICS	Penomé	Colon	Colon	Penomé	Panama City	Panama City	San Miguelito	San Miguelito
SEDATIVES	Panama City	Colon	Penomé	Penomé	San Miguelito	San Miguelito	Colon	San Miguelito
HYPNOTICS	San Miguelito	Penomé	Panama City	Panama City	Penomé	Colon	Colon	San Miguelito
STIMULANTS	Colon	Colon	Panama City	Panama City	San Miguelito	San Miguelito	Penomé	Penomé
MARIJUANA	Colon	Panama City	Panama City	Colon	San Miguelito	San Miguelito	Penomé	Penomé
INHALANTS	Panama City	Panama City	Colon	Colon	San Miguelito	San Miguelito	Penomé	Penomé
OPIATES	Panama City	San Miguelito	San Miguelito	-	-	-	-	-
COCAINE	Colon	San Miguelito	Panama City	Panama City	San Miguelito	-	Penomé	-
CRACK	San Miguelito	San Miguelito	Panama City	Panama City	-	-	-	-
BAZUCO	Colon	Panama City	Panama City	-	San Miguelito	-	Penomé	-

30 DAY

	<u>1st</u>		<u>2nd</u>		<u>3rd</u>		<u>4th</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
TOBACCO	Panama City	Panama City	Colon	Colon	Penomé	San Miguelito	San Miguelito	Penomé
ALCOHOL	Panama City	Colon	Penomé	Panama City	San Miguelito	San Miguelito	Colon	Penomé
ANALGESICS	Penomé	Panama City	San Miguelito	Colon	Panama	San Miguelito	Colon	Penomé
SEDATIVES	San Miguelito/ Panama City	Penomé	-	San Miguelito	-	Panama	-	-
HYPNOTICS	San Miguelito	Panama City	Panama City	Penomé	-	-	-	-
STIMULANTS	Colon	Penomé	Panama City	Panama	-	-	-	-
MARIJUANA	Panama City	Panama City	San Miguelito	San Miguelito	-	-	-	-
INHALANTS	Panama City	Colon	San Miguelito	San Miguelito	-	Panama City	-	-
OPIATES	Panama City	-	-	-	-	-	-	-
COCAINE	Colon	Panama City	Panama	-	San Miguelito	-	-	-
CRACK	Panama City	Panama City	-	-	-	-	-	-
BAZUCO	San Miguelito	Panama City	Panama City	-	-	-	-	-

For males, Panama City ranked highest on lifetime use for five substances: tobacco, sedatives, hallucinogens, inhalants, and opiates. Colon ranked highest on lifetime use by males for five substances: alcohol, stimulants, marijuana, cocaine, and bazuco. San Miguelito ranked highest on lifetime use by males of only two substances: hypnotics and crack. Penomé was highest only on lifetime use by males of analgesics. In terms of lifetime prevalence, males in Panama City and Colon show the highest rates of use for most of the substances studied.

The data for current drug use shows males in Panama City to be highest on the use of seven substances: tobacco, alcohol, sedatives (equal with San Miguelito), marijuana, inhalants, opiates, and crack. Males in San Miguelito were highest on the current use of three substances: sedatives (equal with Panama City), hypnotics, and bazuco. Males in Colon overall were highest on the current use of cocaine and stimulants. Males in Penomé showed high current use for only one substance: analgesics.

There was a different pattern for females in the four cities. Females in Colon were highest on lifetime use of six substances: tobacco, alcohol, analgesics, sedatives, stimulants, and cocaine. Females in Panama City were highest on the use of three substances: marijuana, inhalants, and bazuco. Females in Penomé were highest on the use of two substances, hallucinogens and hypnotics. Finally, San Miguelito females were highest on the use of two substances, opiates and crack. Although lifetime exposure for females to most of the substances was highest or second highest for either Colon or Panama City, for a few substances the highest or second highest lifetime exposure among females was found in either Penomé or San Miguelito.

The pattern with regard to current drug use among females in the four cities was somewhat different than for lifetime use. Females in Panama City were still among the highest current users. They were highest on the current use of seven substances: tobacco, analgesics, hypnotics, marijuana, cocaine, crack, and bazuco. Females in Colon were highest on the current use of two substances: alcohol, and inhalants. Females in Penomé were highest on the current use of two substances, sedatives and stimulants. Females in San Miguelito were not highest on the current use of any substance studied. Once again the highest use of most substances was in Panama City or Colon and the lowest use was most often in Penomé or San Miguelito.

D. Age Differences

1. Overall

Table 2.6 shows the prevalence of lifetime use by age-group for all the substances studied for the urban sample (Panama City, San Miguelito, and Colon combined). For almost all substances the youngest age-group (12-14) showed the lowest rates of use. Also, this age group showed no indication of using marijuana, hallucinogens, opiates, cocaine, crack nor bazuco. Inhalant use, however, was third highest (about 4%) in this age-group.

TABLE 2.6

LIFETIME USE BY AGE GROUP*
(Values In %)

SUBSTANCE	AGE GROUP						
	12-14	15-19	20-24	25-29	30-34	35-39	40-45
TOBACCO	7.5	17.2	36.1	42.5	43.6	59.8	58.8
ALCOHOL	59.9	79.5	84.4	79.9	82.7	78.9	80.4
ANALGESICS	33.7	43.2	40.4	41.7	34.6	46.6	39.6
SEDATIVES	4.2	2.4	3.2	6.6	5.0	4.7	9.6
HYPNOTICS	0.5	3.1	0.0	3.9	3.8	1.5	0.2
STIMULANTS	1.4	1.7	2.1	5.7	1.8	4.5	1.5
MARIJUANA	0.0	3.5	3.0	9.8	11.3	11.1	3.5
INHALANTS	3.5	4.0	2.0	3.1	7.5	0.0	0.0
OPIATES	0.0	0.0	2.3	0.6	0.0	0.0	1.9
COCAINE	0.0	0.6	3.5	8.7	8.6	7.4	0.6
CRACK	0.0	0.0	1.4	0.7	1.2	0.0	0.0
BAZUCO	0.0	0.0	0.7	4.6	5.2	0.7	0.0

* Panama City, San Miguelito, and Colon combined.

The next older age-group (15-19) showed "high" levels of alcohol (80%) and analgesics (43%) use; but hypnotics (3%), marijuana (4%), and cocaine (0.6%) use were still very low. There was no evidence of using hallucinogens, opiates, crack, or bazuco. However, inhalant use (4%) was second highest in this age-group, reinforcing the need to start primary prevention for this substance at an early age.

The 20-24 age-group showed "relatively high" levels of tobacco use (36%) along with high levels of alcohol (85%) and analgesics (40%) use. This group's use of sedatives (3%), hypnotics (0.0%), stimulants (2.1%), and marijuana (3%) all were about as low or lower than for the 15-19 age-group. However, the use of opiates (2%), cocaine (4%), crack (1.4%), and bazuco (0.7%) was starting to be evident for the first time in this age-group. Inhalant use was somewhat lower (2%) in this age-group than for the next older and next younger age-groups. There still was no evidence of the use of hallucinogens in the 20-24 age-group.

In the 25-29 age-group the use of alcohol (80%), analgesics (42%), sedatives (7%), marijuana (10%), cocaine (9%), crack (0.7%), and bazuco (5%) were all at peak, or near peak levels. This was also the only age group in which any hallucinogens use was found (1%), but the rate was very low. Inhalant use in this age-group (3%) was about the same as for the two youngest age-groups.

The 30-34 age-group showed peak or near peak levels in alcohol (83%), hypnotic (4%), marijuana (11%), inhalants (8%), cocaine (9%), crack (1.2%), and bazuco (5%) use.

The 35-39 age-group showed peak or near peak levels in tobacco (60%), alcohol (80%), analgesic (47%), sedative (5%), stimulant (5%), marijuana (11%), and cocaine (7%) use. However, this age-group showed relatively lower rates of using hypnotics (2%) and bazuco (0.7%), and no use of hallucinogens, inhalants, opiates, nor crack.

Finally, the 40-45 age-group continued to show relatively high levels of tobacco (59%), alcohol (80%), analgesic (40%), sedative (10%), and opiate (2%) use. But this age-group showed low levels of hypnotic (0.2%), stimulant (2%), marijuana (4%), and cocaine (0.6%) use. This age-group showed no indication of using hallucinogens, inhalants, crack, nor bazuco.

Overall, several patterns across age emerge from the data noted above. The apparent onset and peaking of use appears to vary by drug, with analgesics and alcohol showing the earliest use. The use of tobacco, marijuana, cocaine and other coca derivatives seems to emerge in somewhat later age cohorts. The use of some substances also was not found in cohorts after a certain age. For example, inhalants and crack were not used by anyone over age 34, and bazuco was not used by anyone over age 39. Hallucinogen use only showed up in the 25-29

TABLE 2.7
LIFETIME USE BY AGE GROUP FOR
MEN AND WOMEN SEPARATELY*
 (Values in %)

MEN

	<u>12-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-45</u>
TOBACCO	1.8	21.8	52.9	63.1	62.7	83.7	80.4
ALCOHOL	65.4	86.0	97.7	90.2	85.6	92.6	91.5
ANALGESICS	20.4	37.1	36.9	30.4	25.9	27.1	34.8
SEDATIVES	0.0	1.0	0.0	7.9	2.0	0.8	3.1
HYPNOTICS	0.8	2.9	0.0	6.8	7.7	0.0	0.0
STIMULANTS	0.0	0.0	4.3	11.4	2.0	4.7	0.0
MARIJUANA	0.0	4.8	3.4	17.5	17.6	21.1	6.2
INHALANTS	3.1	5.2	1.9	3.7	16.5	0.0	0.0
OPIATES	0.0	0.0	4.8	0.0	0.0	0.0	4.8
COCAINE	0.0	1.3	5.8	15.4	11.6	13.5	1.5
CRACK	0.0	0.0	0.0	1.6	2.8	0.0	0.0
BAZUCO	0.0	0.0	0.0	7.4	6.0	0.8	0.0
WEIGHTED N	20,898	37,127	36,866	33,604	25,999	21,723	22,852

WOMEN

	<u>12-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-45</u>
TOBACCO	15.0	12.4	20.0	24.1	29.1	37.3	44.0
ALCOHOL	52.8	72.9	71.7	70.8	81.8	66.1	72.8
ANALGESICS	51.1	49.5	43.7	51.8	41.3	65.0	42.9
SEDATIVES	9.8	3.8	6.2	5.6	7.3	8.3	14.0
HYPNOTICS	0.0	3.3	0.0	1.2	0.8	2.9	0.4
STIMULANTS	3.3	3.5	0.0	0.7	1.6	4.3	2.5
MARIJUANA	0.0	2.2	2.7	3.0	6.4	1.7	1.6
INHALANTS	4.2	2.7	2.1	2.5	0.6	0.0	0.0
OPIATES	0.0	0.0	0.0	1.1	0.0	0.0	0.0
COCAINE	0.0	0.0	1.4	2.8	6.4	1.7	0.0
CRACK	0.0	0.0	2.7	0.0	0.0	0.0	0.0
BAZUCO	0.0	0.0	1.4	2.1	4.6	0.6	0.0
WEIGHTED N	15,932	36,045	38,760	37,635	34,233	23,005	33,310

* Panama City, San Miguelito, and Colon Combined.

age group and only at a very low level. These patterns suggest a "developmental" process in drug use and/or the influence of "historical" factors (e.g., the phasing in and out of the "popularity" of certain substances over time). These findings also suggest that primary prevention efforts, those aimed at preventing the initiation of use, need to begin as early as the 12-14 year old cohort.

2. Broken Out by Gender

Table 2.7 presents data regarding lifetime drug use by age-group broken out by males and females separately. With regard to tobacco, alcohol, and the coca derivatives (cocaine, crack, and bazuco), although the rates of use were usually substantially higher for males, the patterns of lifetime use across age-groups for males and females were quite similar. Tobacco builds to peak use in the 35-39 age-group followed closely by the 40-45 age-group for both males and females. Lifetime alcohol use was lowest in the 12-14 age-group and was relatively flat across the remaining age-groups for both males and females. Lifetime prevalence of coca derivatives use was highest in the 20-24 through 35-39 age-groups, and particularly pronounced in the 25-29 and 30-34 age-groups. Male lifetime cocaine prevalence was very high in the 25-29, 30-34, and 35-39 age-groups (about 15, 12, and 14 percent respectively).

The pattern of lifetime drug use was somewhat different for males and females with regard to the other substances studied. Females showed a higher rate of analgesics use than males across all age-groups and their rate of use was relatively flat except for a peak in the 35-39 age-group; while males in the 12-14 age-group had a lower use rate before reaching a plateau across the remaining age-groups. With the exception of the 25-29 age-group, females were consistently higher on the use of sedatives across age groups. Males in the three younger age-groups (12-14, 15-19, and 20-24) showed little or no lifetime sedative use, while females showed fairly similar levels across age-groups in the use of sedatives except for a pronounced peak in the 40-45 age-group. Males showed a peak in the 25-29 and 30-34 age-groups for the lifetime use of hypnotic, with lower levels in the 12-14 and 15-19 age-groups and no use in the other age-groups. Females showed higher hypnotic use rates than males in the 15-19 and 35-39 age-groups, and lower or no hypnotic use in the other age-groups. Males showed lifetime stimulant use only among the 20-24 to 35-39 age-groups and showed an exceptionally high peak in the 25-29 age-group, while females showed stimulant use in all age-groups except 20-24. The pattern of marijuana use for males and females was fairly similar, with males always showing a higher rate, but with females showing a slightly earlier age-group peaking. Both males and females showed inhalant use between the 12-14 and 30-34 age groups and none thereafter, but the males showed an extraordinary peak (about 17%) in the 30-34 age-group.

In summary, the peak lifetime use for males was in the 25-29 age-group for four substances: sedatives, stimulants, cocaine, and bazuco. The peak age-group among males for the use of hypnotic, inhalants, and crack was 30-34; the peak age-group for tobacco and marijuana was 35-39. The peak age-group for analgesics was 15-19; the peak age-group for alcohol was 20-24; and the use of opiates showed up in only two age-groups (at the same rate), 20-24 and 40-45.

So for males, while the 25-29 and 30-34 age-groups were the most active for most substances, use of a couple of substances peaked earlier and the use of a couple of other substances peaked later.

For females, the peak lifetime use of four substances was in the 30-34 age-group: alcohol, marijuana, cocaine, and bazuco. The peak lifetime use of three substances was in the 35-39 age-group: tobacco, analgesics, and stimulants. Twelve month sedative use by females peaked in the 40-45 age-group, inhalant use peaked in the 12-14 age-group, hypnotics use peaked in the 15-19 age-group, crack use peaked in the 20-24 age-group, and opiate use occurred only in the 25-29 age-group. So for females, the 30-34 and 35-39 age-groups were the most active, somewhat older than for males.

Table 2.8 presents data regarding current (30 day) drug use across age-group broken out by males and females separately. These data generally echo the picture reported above based on lifetime prevalence data; however, there were a couple of results worth noting. One was the relatively high current use rate of cocaine in the male 25-29 age-group (9%) and a fairly high rate of marijuana use (6%). This was also the only male age-group currently using crack (1.6%). The 30-34 age-group males also showed relatively high current rates of cocaine use (4%), bazuco use (4%) and inhalant use (5%). The 25-29 and 30-34 age-groups also had peak current use of hypnotics, stimulants, and inhalants. Among females the 30-34 age-group showed relatively high current use rates of cocaine (5%), bazuco (5%), and marijuana (5%).

E. Age of First Use

Table 2.9 presents the data for the age of first use of each substance for the three city urban sample (Panama City, San Miguelito, and Colon combined). The first row for each substance shows the percent in each age category of all respondents who first used at each age, the percent who could not remember the age they first used, and the percent who never used the substance. The second row for each substance shows the percent in each age category and those who could not remember as a percentage of the users (only).

Overall the peak age-group for first use of all substances except opiates, cocaine, crack, and bazuco was 15-19. The peak age-groups for the first use of opiates and of cocaine was 20-24 ages. The peak age of initiation for bazuco and crack were between 25-29 years.

A few people initiated the use of tobacco, analgesics, and sedatives between age 40-45. Some people initiated use of alcohol, stimulants, opiates, and cocaine for the first time between age 35-39, but none initiated the use of these substances after that age. All first time users of hypnotics and bazuco had done so by age 34. All first time users of marijuana, inhalants, and crack had done so by age 29. Finally, all first time users of hallucinogens had done so by age 24. The different substances have different life cycles of initiation and/or the

TABLE 2.8
CURRENT BY AGE GROUP FOR
MEN AND WOMEN SEPARATELY*
 (Values in %)

MEN

	<u>12-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-45</u>
TOBACCO	0.0	8.1	16.4	27.6	34.3	38.2	33.2
ALCOHOL	4.4	40.5	70.6	64.1	67.2	59.7	65.8
ANALGESICS	5.3	6.3	0.0	3.7	12.2	1.6	10.3
SEDATIVES	0.0	1.0	0.0	0.0	1.4	0.8	0.0
HYPNOTICS	0.0	1.0	0.0	0.0	2.1	0.0	0.0
STIMULANTS	0.0	0.0	0.0	0.0	2.0	3.0	0.0
MARIJUANA	0.0	3.8	0.0	5.9	1.4	0.8	0.0
INHALANTS	0.0	0.0	0.0	1.1	4.8	0.0	0.0
OPIATES	0.0	0.0	0.0	0.0	0.0	0.0	0.0
COCAINE	0.0	1.3	1.0	9.0	4.2	0.8	0.0
CRACK	0.0	0.0	0.0	1.6	0.0	0.0	0.0
BAZUCO	0.0	0.0	0.0	0.5	4.2	0.8	0.0
WEIGHTED N	20,898	37,127	36,866	33,604	25,999	21,723	22,852

WOMEN

	<u>12-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-45</u>
TOBACCO	0.0	3.7	3.8	8.8	8.3	16.5	10.5
ALCOHOL	9.1	20.5	23.5	20.0	34.9	24.8	24.7
ANALGESICS	19.1	16.1	15.3	12.7	16.8	30.5	11.6
SEDATIVES	0.0	1.3	0.0	0.0	0.6	1.7	0.0
HYPNOTICS	3.3	0.0	0.0	0.0	0.0	0.0	0.0
STIMULANTS	0.0	0.0	0.0	0.7	0.0	0.0	0.0
MARIJUANA	0.0	0.0	0.0	2.3	4.6	0.0	0.0
INHALANTS	0.0	2.1	0.0	1.8	0.0	0.0	0.0
OPIATES	0.0	0.0	0.0	0.0	0.0	0.0	0.0
COCAINE	0.0	0.0	0.0	1.4	4.6	0.0	0.0
CRACK	0.0	0.0	1.1	0.0	0.0	0.0	0.0
BAZUCO	0.0	0.0	0.0	1.4	4.6	0.0	0.0
WEIGHTED N	15,932	36,045	38,760	37,635	34,233	23,005	33,310

* Panama City, San Miguelito, and Colon Combined.

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**TABLE 2.9
AGE OF FIRST USE OF SUBSTANCES***

		Under 12	12-14	15-19	20-24	25-29	30-34	35-39	40-45	Does not Remember	Never	% Users
TOBACCO	% of all	2.3	6.4	21.2	5.8	1.2	0.8	0.1	0.2	-	62.0	38.0
	% of users	6.1	16.8	55.9	15.1	3.1	2.1	0.3	0.5	-	-	100.0
ALCOHOL	% of all	7.5	15.9	39.1	12.0	3.2	1.2	0.1	-	0.3	20.6	79.4
	% of users	9.5	20.0	49.3	15.1	4.0	1.6	0.2	-	0.4	-	100.0
ANALGESICS	% of all	5.1	6.8	12.6	6.1	3.6	2.7	1.3	0.5	1.5	59.9	40.1
	% of users	12.6	16.8	31.3	15.3	8.9	6.7	3.2	1.3	3.8	-	100.0
SEDATIVES	% of all	0.1	0.5	1.6	0.5	0.9	0.5	0.7	0.0	0.1	95.0	5.0
	% of users	1.7	10.6	32.1	10.6	18.3	10.9	14.0	0.6	1.1	-	100.0
HYPNOTICS	% of all	-	0.2	0.7	0.4	0.5	0.2	-	-	-	98.0	2.0
	% of users	-	11.0	36.2	19.9	24.5	8.3	-	-	-	-	100.0
STIMULANTS	% of all	-	0.5	0.9	0.7	0.2	0.3	0.2	-	-	97.3	2.7
	% of users	-	17.3	33.1	25.0	8.0	9.4	7.2	-	-	-	100.0
MARIJUANA	% of all	0.3	1.4	3.5	0.8	0.2	-	-	-	-	93.9	6.1
	% of users	4.3	22.1	57.4	12.3	4.0	-	-	-	-	-	100.0
INHALANTS	% of all	0.5	0.6	1.3	0.5	-	-	-	-	-	97.0	3.0
	% of users	16.8	20.0	45.1	18.1	-	-	-	-	-	-	100.0
OPIATES	% of all	0.2	-	0.1	0.5	-	-	0.0	-	-	99.2	0.8
	% of users	21.5	-	12.9	60.2	-	-	5.4	-	-	-	100.0
COCAINE	% of all	0.1	0.3	1.5	1.7	0.7	-	0.1	-	-	95.6	4.4
	% of users	1.9	5.8	35.1	38.1	17.1	-	1.9	-	-	-	100.0
CRACK	% of all	-	-	0.1	0.1	0.3	-	-	-	-	99.4	0.6
	% of users	-	-	22.8	22.8	54.4	-	-	-	-	-	100.0
BAZUCO	% of all	-	-	0.2	0.6	0.9	0.0	-	-	-	98.3	1.7
	% of users	-	-	12.1	32.8	53.2	1.8	-	-	-	-	100.0

* Panama City, San Miguelito, and Colon combined.

data reflect historical factors such as their availability or popularity in Panama.

F. Education and Prevalence

Table 2.10 shows the lifetime prevalence for each substance for the three city sample according to the level of education of the respondent. Table 2.11 shows the lifetime prevalence for each substance according to the level of education of the head of the household in which the respondent lives. The first measure depends directly on the respondent's educational advancement, but it must be remembered that younger respondents will not be old enough to have advanced to the university (and possibly secondary) level yet. The second measure is an indicator of the social economic status (SES) of the respondent.

First looking at Table 2.10, overall the lifetime use of alcohol, analgesics, sedatives, hypnotics, stimulants, and opiates, increased with educational level. Overall, the lifetime use of marijuana, inhalants, cocaine, crack, and bazuco decreased with educational level. Tobacco lifetime use was lowest for those respondents who had at least some secondary schooling, higher for those with only a primary education or less, and highest for those with at least some university education.

Looking at Table 2.11 prevalence as a function of head of household education, the patterns of lifetime use are different. The differences include: (1) lifetime alcohol use was basically about the same across SES, as measured by the head-of household's level of education; (2) lifetime tobacco use increased with SES level; (3) lifetime analgesics use was lowest for middle SES subjects (head of households with at least some secondary education), and about the same for the upper SES subjects (head of household with at least some university education) and for the lower SES subjects (head of household with a primary education or less); (4) the use of sedatives was essentially flat across SES; (5) lifetime use of stimulants was lowest for upper SES respondents, and about the same for lower and middle SES respondents; and (6) use of inhalants was highest for middle SES subjects, next highest for lower SES subjects, and lowest for upper SES subjects. The patterns for marijuana, cocaine and crack also showed lower use among higher SES groups. The patterns across SES for the other three substances (hypnotics, opiates, and bazuco) remained the same in Table 2.11 as they were in Table 2.10.

G. Drug Use and Work Status

1. Overall

Table 2.12 presents lifetime and current (30 day) prevalence data for the three primary urban areas of Panama (Panama City, San Miguelito, and Colon) broken out for three statuses related to employment: (1) working, (2) not working, but not in school, and (3) not working, but in school. It must be recognized that these data are confounded by gender and age: females are more likely than males not to be working, and students are generally younger than non-students. Nevertheless, these data are suggestive regarding the advancement of a drug prevention strategy.

TABLE 2.10**LIFETIME PREVALENCE BY EDUCATION OF RESPONDENT***
(Values in %)

SUBSTANCE	LEVEL OF EDUCATION		
	PRIMARY	SECONDARY	UNIVERSITY
TOBACCO	40.8	34.5	44.6
ALCOHOL	72.5	77.5	86.0
ANALGESICS	37.1	40.1	41.7
SEDATIVES	4.7	4.9	5.4
HYPNOTICS	1.6	2.0	2.0
STIMULANTS	1.2	2.6	3.5
MARIJUANA	10.0	6.3	4.3
INHALANTS	5.9	3.4	0.9
OPIATES	0.0	0.1	2.6
COCAINE	6.4	5.0	2.3
CRACK	1.2	0.5	0.5
BAZUCO	4.8	2.0	0.1
WEIGHTED N	44,264	255,383	118,341

* Panama City, San Miguelito, and Colon combined.

TABLE 2.11

LIFETIME PREVALENCE BY EDUCATION OF HEAD OF HOUSEHOLD (SES)*
 (Values in %)

LEVEL OF EDUCATION			
SUBSTANCE	(LOWER) PRIMARY	(MIDDLE) SECONDARY	(UPPER) UNIVERSITY
TOBACCO	33.3	36.9	43.0
ALCOHOL	81.3	78.0	80.4
ANALGESICS	43.2	37.3	43.4
SEDATIVES	5.3	4.8	5.2
HYPNOTICS	0.7	2.8	1.4
STIMULANTS	2.8	5.0	2.2
MARIJUANA	7.6	6.5	4.4
INHALANTS	2.6	3.9	1.6
OPIATES	0.5	0.4	1.6
COCAINE	6.1	5.0	2.1
CRACK	0.7	0.6	0.4
BAZUCO	4.2	1.8	0.1
WEIGHTED N	80,404	214,154	123,430

* Panama City, San Miguelito, and Colon combined.

TABLE 2.12

WEIGHTED PREVALENCES IN URBAN PANAMA SAMPLE: WORKING, NOT WORKING AND NOT IN SCHOOL, AND NOT WORKING AND IN SCHOOL*
(Values in %)

LEVEL OF EDUCATION						
SUBSTANCE	WORKING		NOT WORKING/ NOT IN SCHOOL		NOT WORKING/ IN SCHOOL	
	LIFETIME	30 DAY	LIFETIME	30 DAY	LIFETIME	30 DAY
TOBACCO	53.5	23.7	36.7	10.6	16.0	3.9
ALCOHOL	85.9	52.2	74.1	34.4	75.6	21.9
ANALGESICS	39.6	8.5	43.0	14.4	37.9	8.2
SEDATIVES	6.3	0.2	5.0	0.9	3.0	0.4
HYPNOTICS	3.5	0.4	0.6	0.3	1.2	0.0
STIMULANTS	3.4	0.6	3.7	0.7	0.4	0.0
MARIJUANA	9.0	1.4	7.0	3.0	0.6	0.0
INHALANTS	3.6	1.0	2.2	0.3	2.9	0.8
OPIATES	1.1	0.0	0.5	0.0	0.6	0.0
COCAINE	6.0	2.1	5.4	2.7	0.6	0.0
CRACK	0.7	0.3	0.4	0.4	0.5	0.0
BAZUCO	2.2	0.6	2.6	1.9	0.0	0.0
WEIGHTED N	172,047		133,592		112,349	

* Panama City, San Miguelito, and Colon combined.

In terms of lifetime use, working persons showed the highest prevalences for nine substances: tobacco, alcohol, sedatives, hypnotics, marijuana, hallucinogens (equal with not working/not in school), inhalants, opiates, cocaine, and crack. Person who were not working and not in school were highest on the lifetime use of three substances: analgesics, stimulants, and bazuco. The persons not working but in school were lowest in lifetime prevalence for seven substances: tobacco, analgesics, sedatives, stimulants, marijuana, cocaine, and bazuco.

In terms of current (30 day) use, working persons were highest for four substances: tobacco, alcohol, inhalants and hypnotics. Persons not working and not in school were highest on current use of seven substances: analgesics, sedatives, stimulants, marijuana, cocaine, crack, and bazuco. Persons not working and in school were lowest overall for current drug use.

2. Broken Out by Gender

Table 2.13 presents lifetime and current drug use by employment status broken out by gender. Males not working and not in school had the highest lifetime prevalence rates for eight substances; tobacco, alcohol, sedatives, stimulants, marijuana, inhalants, cocaine, and bazuco. Those males who were working had the highest lifetime prevalence rates for the remaining four substances studied: analgesics, hypnotics, opiates, and crack. Not working and in school males were lowest in lifetime prevalence rate for most substances.

Among females, the lifetime prevalence rates related to work status were somewhat different. Females not working and not in school had the highest lifetime prevalence rates among women for five substances: stimulants, marijuana, opiates, cocaine, and crack. Working women had the highest lifetime prevalence rates for three substances: tobacco, alcohol, and sedatives. But females not working and in school had the highest lifetime prevalence rates for five substances: analgesics, hypnotics, inhalants, bazuco and crack. Contrary to males in school who were not working, females in school but not working had the highest lifetime use rates compared with other females for at least some substances.

In terms of use the last 30 days (current use), males not working and not in school had the highest prevalence rates among males for seven substances: alcohol, sedatives, hypnotics, marijuana, inhalants, cocaine and bazuco. Males who were working had the highest current use rates among males for four other substances: tobacco, analgesics, stimulants, and crack. Males not working but in school showed the highest current use rate among males for only one substance, opiates.

The current use pattern for females contains differences from the lifetime prevalence patterns. Females who were not working and not in school had the highest current use rates for eight substances: alcohol, analgesics, sedatives, stimulants, marijuana, cocaine, crack and bazuco. Alcohol and sedative levels are tied with those of working women. Females not working but in school had the highest current use rates on inhalants, while working women

TABLE 2.13

PREVALENCES FOR WORKING, NOT WORKING AND NOT IN SCHOOL, AND
 NOT WORKING AND IN SCHOOL: MALES VERSUS FEMALES*
 (Values in %)**

SUBSTANCES	WORKING				NOT WORKING/NOT IN SCHOOL				NOT WORKING/IN SCHOOL			
	LIFETIME		30 DAY		LIFETIME		30 DAY		LIFETIME		30 DAY	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
TOBACCO	63.4	33.6	30.2	10.7	70.1	29.3	19.9	8.6	20.6	10.6	6.1	1.3
ALCOHOL	90.4	77.0	65.2	26.3	93.9	69.8	70.9	26.3	81.1	69.1	28.4	14.4
ANALGESICS	35.5	47.8	7.1	11.4	21.6	47.8	2.9	16.9	27.5	50.0	2.7	14.5
SEDATIVES	2.5	14.0	0.0	0.6	5.1	5.0	2.2	0.6	0.6	5.8	0.6	0.3
HYPNOTICS	4.4	1.8	0.5	0.2	1.5	0.4	1.5	0.0	0.3	2.3	0.0	0.0
STIMULANTS	4.6	0.9	0.9	0.0	5.3	3.4	0.7	0.7	0.6	0.3	0.0	0.0
MARIJUANA	12.0	3.0	1.6	1.0	20.7	3.9	8.8	1.7	1.2	0.0	0.0	0.0
INHALANTS	4.5	1.8	1.1	0.9	9.0	0.7	1.5	0.0	2.5	3.4	0.0	1.7
OPIATES	1.7	0.0	0.0	0.0	0.7	0.4	0.0	0.0	1.2	0.0	1.2	0.0
COCAINE	8.2	1.6	2.9	0.5	16.3	3.0	7.4	1.7	1.2	0.0	0.0	0
CRACK	1.1	0.0	0.5	0.0	0.0	0.5	0.0	0.5	0.0	1.0	0.0	0
BAZUCO	2.7	1.2	0.6	0.5	4.5	2.2	2.9	1.7	0.0	0.0	0.0	0
WEIGHTED N	114,656	57,391	114,656	57,391	24,094	109,498	24,094	109,498	60,318	52,031	60,318	52,031

* Panama City, San Miguelito, and Colon combined.

** Percent of all respondents in the category.

had the highest current use rates for tobacco and hypnotics in addition to the levels already noted for alcohol and sedatives.

These data suggest that processes of drug exposure and use are at least in part different for men and women. They also suggest that differential targeting and/or the uses of different awareness and education approaches for each gender may be required.

Table 2.14 presents current use data for males and females by work status as a percentage of users for each substance. These data provide some further insight into what types of approaches may be most efficient or productive for men versus women.

For men, more than half of all current users of nine substances were found in work settings. These substances are: tobacco, alcohol, analgesics, hypnotics, stimulants, inhalants, cocaine, crack, and bazuco. Also, almost half of all male current marijuana users (46%) were found in work settings. This indicates the potential of workplace-based programs as a way to reach males in particular and especially male drug users.

The picture for females is the opposite. For women more than half of all current users of nine substances were not working and not in school. These substances are: tobacco, alcohol, analgesics, stimulants, sedatives, marijuana, cocaine, crack, and bazuco. In part this difference can be attributed to the much higher percentage of women who stay home and do not work. Community-based and/or mass media approaches are necessary to reach these women. These approaches may be complemented via workplace programs that influence those women who work, and those women who can be influenced indirectly through workplace programs for their husbands.

H. Comparison of Drug Use in Panama With Three Other Latin American/Caribbean Countries

Table 2.15 presents data from three other Latin American/Caribbean countries to help provide a comparative perspective regarding drug use in Panama. The three other countries are Peru, Guatemala, and Haiti. Although the methodology across these countries was not identical, it was sufficiently similar to provide reasonable comparisons. Lifetime tobacco and current tobacco use in Panama were in the middle range among these countries. The 30 day prevalence as a percent of lifetime use for tobacco in Panama was essentially the same as for Haiti.

Lifetime alcohol use in Panama was second highest among the four countries and current alcohol use was the highest. All the countries have about the same rate of lifetime inhalant use. Panama was in the middle on current inhalant use.

Panama had the highest lifetime prevalence for cocaine use and by far the highest rate of current cocaine use. Panama was also highest on the 30 day prevalence as a percent of lifetime prevalence ratio for cocaine use.

TABLE 2.14

**CURRENT DRUG USE AS A PERCENT --ALL USERS OF THE SAME SEX
FOR EACH DRUG BY EMPLOYMENT STATUS***
(Values in %)

	WORKING		NOT WORKING/ NOT IN SCHOOL		NOT WORKING/ IN SCHOOL	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
TOBACCO	80.3	38.0	11.1	57.9	8.6	4.1
ALCOHOL	68.6	29.3	15.7	56.1	15.7	14.5
ANALGESICS	77.6	20.1	6.7	56.9	15.7	23.1
SEDATIVES	0.0	30.1	59.0	57.5	41.0	12.5
HYPNOTICS	61.0	100.0	39.0	0.0	0.0	0.0
STIMULANTS	85.0	0.0	15.0	100.0	0.0	0.0
MARIJUANA	45.5	24.0	54.5	76.0	0.0	0.0
INHALANTS	77.1	37.2	22.9	0.0	0.0	62.8
OPIATES	0.0	--	0.0	--	100.0	--
COCAINE	65.3	12.5	34.7	87.5	0.0	0.0
CRACK	100.0	0.0	0.0	100.0	0.0	0.0
BAZUCO	51.0	12.5	49.0	87.5	0.0	0.0

* Panama City, San Miguelito, and Colon.

TABLE 2.15

COMPARISON OF PREVALENCE DATA AMONG FOUR LATIN AMERICAN/CARIBBEAN COUNTRIES

	Panama			Peru			Guatemala			Haiti		
	Ever	30 Day	% Ever	Ever	30 Day	% Ever	Ever	30 Day	% Ever	Ever	30 Day	% Ever
Tobacco	38.0	14.2	37.4	67.4	35.5	52.7	33.9	NA	NA	25.1	9.5	37.9
Alcohol	79.4	38.4	48.4	87.1	45.8	52.6	56.7	27.0	47.6	57.8	6.0	10.4
Inhalants	3.0	0.7	23.3	3.6	0.4	11.1	3.4	1.2	35.3	3.1	--	--
Marijuana	6.1	1.5	24.6	8.3	0.6	7.0	7.3	2.9	39.7	2.9	1.0	34.5
Cocaine	4.4	1.7	38.6	2.6	0.1	3.8	1.4*	0.3*	21.4	0.3	0.1	33.3
Crack	0.6	0.3	50.0	NA	NA	NA**	*	*	*	0.8	0.1	12.5
Bazuco (Cocaine Paste)	1.7	1.0	58.8	2.8	0.3	10.7						

* Cocaine and Crack combined.

** Pasta Basica de Cocaina as it is known in Peru or Bazuco as it is known in Panama is the same intermediate product between coca leaf and cocaine hydrochloride [noted here as cocaine]. The substance is smoked in the same way and with similar effects as crack.

Data are only available from Haiti and Panama regarding crack use. In Peru, bazuco or as it is known in Peru, pasta basica de cocaína, is smoked to achieve the same sort of effect as crack. (Like crack its active ingredient is the free ion of the cocaine alkaloid.) Haiti was slightly higher on lifetime crack use than Panama, but Panama was three times as high (although the rates were very low) on current crack use and four times as high in terms of 30 day prevalence as a percent of lifetime prevalence. Comparing lifetime and current prevalences for Bazuco as well as cocaine, between Panama and Peru, Panama has larger use levels. We can say that Panama currently has the most serious cocaine/crack use problem among these four Latin American/Caribbean countries.

I. Summary and Conclusions

As expected, overall alcohol was the most frequently used substance in the urban Panama sample, but analgesics rather than tobacco was the second most used category of psychoactive substance. Marijuana, sedatives, and coca-products showed more modest use overall, but the use of these substances was pronounced in certain subgroups within the urban Panama sample. Also, the use of cocaine and other coca-derivatives was fairly high relative to other Latin American countries. The use of other substances such as hypnotics, stimulants, inhalants, was relatively low overall, but enough to be of some concern, particularly within certain subgroups. The lack of evidence for the use of heroin, and the quite low rates of opiate and hallucinogen use, in this Panama sample is encouraging.

Overall, Penomé generally showed the lowest levels of lifetime and current drug use but did show as high or higher levels of alcohol, tobacco, analgesic, and sedative use as the three primary urban areas studied and showed evidence of at least some problem with hypnotic, inhalant, and stimulant use. With regard to coca-products, the three primary urban areas all showed evidence of potential problems, as they also did with tobacco, alcohol, analgesic, sedatives, hypnotic, stimulant, marijuana, and inhalant use. Opiate use seemed to be at least a small problem for Panama City and San Miguelito, while Panama City was the only place where evidence for hallucinogen use was found.

Males in the Panama sample were more likely to have tried most of the substances studied; but females were more likely to have tried analgesics and sedatives. Females had tried hallucinogens, crack, and bazuco at about the same rate as males. In terms of current use, males were only higher on tobacco, alcohol, marijuana and cocaine use; while females were higher on current analgesic and sedative use.

The apparent onset and peaking of drug use appears to vary by substance, with analgesics and alcohol showing the earliest use as shown by the age-group data. The use of tobacco, marijuana, cocaine and other coca derivatives seems to emerge in somewhat later age cohorts. Also, the use of inhalants and crack was not found after age 34, and hallucinogen use only showed up in the 25-29 age group and only at a

very low level. These patterns suggest a "developmental" process in drug use and/or the influence of "historical" factors (e.g., the phasing in and out of "popularity" of certain substances over time).

Overall, the peak age-group for first use of all substances except opiates, cocaine, crack, and bazuco was 15-19. The peak age groups for the first use of opiates (20-24) and of cocaine (20-24) and the other coca derivatives, bazuco (25-29) and crack (25-29), was somewhat older. Again this indicates that the different drugs have different life cycles of initiation and peak use and/or the data reflect historical factors such as their availability or popularity in Panama. The 12-14 and 15-19 age-groups appear to be particularly good targets for primary prevention efforts; but primary prevention for inhalants, and perhaps some other substances, may need to start even before age 12.

Further information was provided by comparing male and female lifetime use patterns across age-groups. With regard to tobacco, alcohol, and coca derivatives (cocaine, crack, and bazuco), although the rates of use are usually substantially higher for males, the patterns of lifetime use across age-groups are quite similar for males and females. The pattern of lifetime drug use is somewhat different for males and females with regard to the other substances however. The peak age-groups for males for the most substances were 25-29 and 30-34, while the peak age-groups for females for the most substances were 30-34 and 35-39. For most substances males were more active at an earlier age. The current (30 days) drug use patterns for males and females across age-groups generally echoed the lifetime patterns, but there were a couple of results of note. One was the relatively high current rate of cocaine use in the male 25-29 age-group (9%) -- which was most pronounced with the Colon sample -- and a fairly high rate of marijuana use. Similar high levels, among females, were found in the 30-34 age-group, and 30-34 males were also fairly high on a number of substances.

Overall, the lifetime use of alcohol, analgesics, sedatives, hypnotics, stimulants, and opiates increased with respondents' educational levels. The lifetime use of marijuana, inhalants, cocaine, crack, and bazuco decreased with educational level. Lifetime tobacco use was highest for the most educated, but lowest for those respondents who had at least some secondary schooling, and in-between for the least educated. Patterns of use were more complex and somewhat different when the head of household's education level (reflecting SES) was used instead.

In terms of lifetime use, working persons showed the highest prevalences for all the substances except analgesics, stimulants, and bazuco; while persons not working and not in school were highest on these three substances and equal on lifetime bazuco use. Persons not working but in school were not highest for lifetime prevalence of any substance and lowest in lifetime prevalence for eight substances. These data suggest that primary prevention efforts could be quite fruitful via school-based programs because many students have not yet tried most of the substances studied. On the other

hand, secondary prevention efforts, and perhaps primary prevention efforts to some degree also, may be quite fruitful via workplace-based programs. In order to reach the not working and not in school population with primary or secondary prevention efforts, mass media and/or community-based programs may be the most fruitful approaches. Also, somewhat different emphases based on particular substances may be appropriate depending on the work-status target group.

The data indicate that contrary to the perception that male users are predominantly those who are out of work, more than half of all male current users of most substances are working. The picture for females was the opposite. For women, more than half of all current users of eight substances were not working and not in school, which in part can be attributed to the much higher percentage of women who stay home and do not work.

All of the factors presented here, including the variations in prevalence patterns, the relationships between current use and use in the past twelve months, differences among age-groups, difference in ages of initiation for different drugs, differences between the sexes, differences in educational level and SES in drug prevalence patterns, and differences in work status have implications for the design of prevention strategies. The next chapter and the last chapter of this report further draw out some of these implications and suggest potential approaches to be taken.

CHAPTER III. FURTHER PATTERNS OF DRUG PREVALENCE

A. Introduction

The previous chapter laid out broad patterns of prevalence for the overall sample and the contrasting case of Penomé in relationship with factors such as sex, age and socio-economic status. All of these factors influence the quality and type of drug use among the subject population. In this chapter, we will explore in greater detail the intensity of drug use among the population studied, patterns of relationships of use between the various drugs and look at the initiation of use in greater detail. These additional factors contribute to a better understanding of the nature and extent of the drug problem in Panama and, as a consequence, to the design of more effective drug prevention strategies.

B. Frequency of Use

A major concern of drug prevention specialists and policy makers is the intensity of drug use. Data on intensity was provided in Chapter 2 in terms of the percentage of individuals who have used a given substance in recent time periods, last twelve months and last thirty days. An alternative measure of that intensity is the frequency (the number of times in a given time period) that individuals have used a substance. Focusing on illicit substances (marijuana, cocaine, crack and bazuco) as well as inhalants, all of which constitute major areas of concern for drug prevention, we can see in Graph 3.1. that there is a clear division between those who have tried the different substances and those who report a more frequent level of use.

In the case of marijuana, 27% of those who have ever used the substance have used it more than forty times in their lives. A total of around 8 % of those who have ever used have used it forty or more times in the last year, while around 4% have used it forty or more times in the last month. Use of inhalants is more intense in the last twelve months than is the case for marijuana, with 13% reporting forty or more uses in the last twelve months.

Looking at the three coca derivatives, all display large percentages of high frequency lifetime users, 36% for cocaine, 46% for crack and 26 per cent for bazuco. There are high frequency users of cocaine for the twelve month and thirty day periods as well, while with bazuco and crack this is only the case for the last twelve months. However, both bazuco and crack users report more moderate levels of frequent use (10-39 times) for the last thirty days.

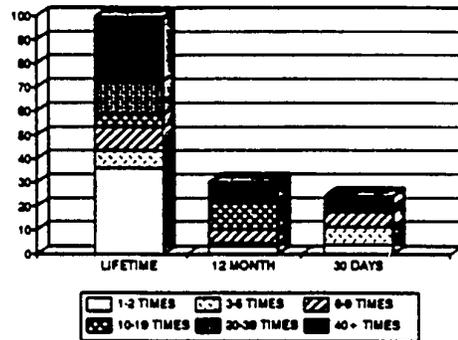
For all of these substances, the overall prevalence levels suggest that there is an important use problem. This analysis of frequency of use underscores the need for concern.

GRAPH 3.1

FREQUENCY OF USE OF CERTAIN SUBSTANCES AS A PERCENTAGE OF USERS OF THOSE SUBSTANCES

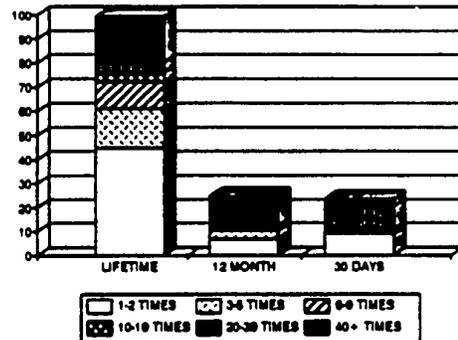
MARIJUANA

	LIFETIME	12 MONTH	30 DAYS
NO USE	*	69.2	75.2
1-2 TIMES	36.0	3.3	3.7
3-5 TIMES	7.6	1.4	7.6
6-9 TIMES	9.8	5.7	6.2
10-19 TIMES	5.8	11.4	1.7
20-39 TIMES	13.9	1.4	1.4
40+ TIMES	27.0	7.6	4.1



INHALANTS

	LIFETIME	12 MONTH	30 DAYS
NO USE	*	74.2	75.6
1-2 TIMES	45.0	6.8	9.6
3-5 TIMES	16.2	4.3	0.0
6-9 TIMES	11.2	0.0	0.0
10-19 TIMES	4.3	0.0	1.9
20-39 TIMES	4.3	1.9	10.0
40+ TIMES	19.1	12.9	3.0

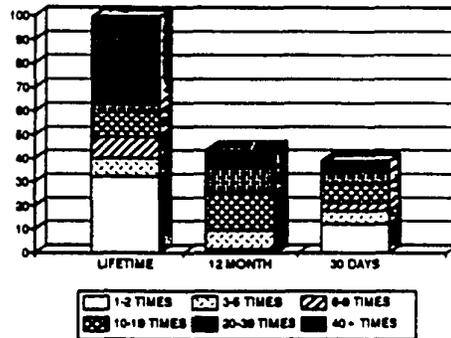


* PERCENTAGES ARE OF USERS ONLY

GRAPH 3.1 (cont.)

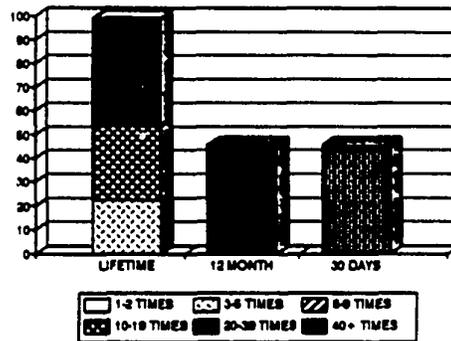
COCAINE

	LIFETIME	12 MONTH	30 DAYS
NO USE	*	55.5	60.3
1-2 TIMES	32.5	1.5	12.2
3-5 TIMES	7.8	8.8	6.0
6-9 TIMES	9.2	0.0	3.4
10-19 TIMES	10.5	16.3	8.4
20-39 TIMES	3.9	10.6	4.8
40+ TIMES	36.1	7.3	4.9



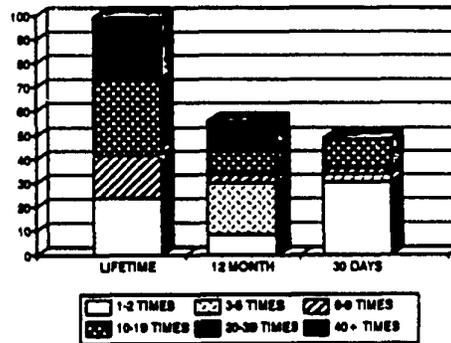
CRACK

	LIFETIME	12 MONTH	30 DAYS
NO USE	*	54.5	54.5
1-2 TIMES	0.0	0.0	0.0
3-5 TIMES	22.8	0.0	0.0
6-9 TIMES	0.0	0.0	0.0
10-19 TIMES	31.6	0.0	0.0
20-39 TIMES	0.0	0.0	45.5
40+ TIMES	45.5	45.5	0.0



BAZUCO

	LIFETIME	12 MONTH	30 DAYS
NO USE	*	43.7	51.0
1-2 TIMES	24.1	8.5	30.4
3-5 TIMES	0.0	21.9	3.6
6-9 TIMES	18.2	3.6	2.4
10-19 TIMES	32.0	10.1	12.6
20-39 TIMES	0.0	2.4	0.0
40+ TIMES	25.7	9.7	0.0



* PERCENTAGES ARE OF USERS ONLY

C. Problems with Drug Use

An additional measure of the intensity of a drug problem is the degree to which drug use creates problems for those who are using. All those interviewed were asked two sets of questions, one regarding alcohol and tobacco and another regarding other drugs. Table 3.1 reports on the individuals who indicated that they had problems with the various substances, describing the types of problems they had and the specific substances that had caused those problems.

Within the urban Panama sample (Panama City, San Miguelito and Colon), 11% of those interviewed indicated they had a problem with alcohol and tobacco, while 3% had a problem with all other drugs. It need be noted that those indicating a problem were only a small fraction of those who had indicated having ever used the substances in question (only 14% of those who had used alcohol or tobacco and only 24% of those who had used the range of illicit substances). (Only 4% of the Penomé sample had problems with alcohol, and less than 0.5% had a problem with other drugs.)

Among those having problems, as indicated in Table 3.1., in the case of alcohol and tobacco, the highest level of problems were with the family and health, but in the case of marijuana and cocaine, the highest level was with the authorities. Marijuana and cocaine users also reported high levels of problems with family and friends, but far lower levels of problems with their health than those reported for alcohol and tobacco.

Several implications should be drawn from these data:

- the types of problems reflect the degree of social and legal acceptability of the drugs in question;
- major areas of concerns for users of illicit drugs are the full range of relevant others including family, friends and "the authorities", while in the case of licit drugs the concern is focussed on health and the family and
- prevention strategies need to refer to such data in formulating appropriate messages.

D. Relationships Between Drugs Used in Panama

Use of one psychoactive substance does not take place in isolation from the use of other psychoactive substances. In some cases, two or more substances are commonly combined or used in conjunction with the use of other substances. It is, of course common to see tobacco and alcohol taken together. Experts in the field have cited the close relationship that has been observed between use of coca derivatives like cocaine,

TABLE 3.1

PERCENTAGE OF PEOPLE WHO REPORTED HAVING PROBLEMS WITH THE INDICATED SUBSTANCES BY PROBLEMS THAT THEY REPORTED

	MARIJUANA	COCAINE *	TOBACCO	ALCOHOL
FAMILY	54%	60%	54%	69%
HEALTH	37%	35%	59%	46%
FRIENDS	56%	53%	17%	26%
WORK OR SCHOOL	22%	22%	16%	13%
AUTHORITIES	64%	73%	18%	16%

*** COCAINE INCLUDES BAZUCO AND CRACK**

bazuco and crack and alcohol⁵ as well as the use (particularly in the case of Colombia) of marijuana and bazuco.

1. Concurrent Drug Use

Looking at concurrent use (or as it is referred to in the literature, polydrug abuse), Graph 3.2 provides a vision of the pattern among users in the urban Panama sample. Close to two-thirds of the bazuco users and close to three fifths of the cocaine users, combine that use with alcohol. Close to three fifths of the bazuco users combine that use with marijuana. Only around a third of the marijuana users combine alcohol and marijuana and only a small fraction combine that substance with other substances. Stated in other terms a bazuco users is highly likely to use marijuana, but not all marijuana users are also bazuco users.

These patterns of concurrent use or polydrug abuse indicate again the intensity of the use problem for that segment of the population that is involved in cocaine and bazuco use. They underscore the importance of prevention of use of these substances which display a high potential for destruction of the health and well-being of those who are using them.

2. Correlations Among Drugs

Another way to look at the patterns of relationships among the various drugs is to explore the correlations between use of one substance and another. Table 3.2 presents correlations of lifetime use among the substances studied for all respondents. Only statistically significant data are presented.

Looking at these patterns of correlations for lifetime prevalence, tobacco use was highly significantly correlated with the use of alcohol (.34), and marijuana (.25). Lifetime analgesics use was not correlated with the lifetime use of any other substance, the only substance category that showed no such correlation with another substance. The use of analgesics appears to be quite independent of the use of other substances, suggesting different socio-psychological dynamics may be involved. In that connection, this was one of the few categories of drugs where use among women was generally higher than for men.

Lifetime marijuana use was highly significantly correlated with the lifetime use of four other substances: tobacco (.25), inhalants (.26), cocaine (.52), and bazuco (.50). The correlations between lifetime marijuana use and lifetime cocaine and lifetime bazuco use were striking. It seems quite clear that marijuana use, lifetime, is tied with the lifetime use of coca derivatives, especially cocaine and bazuco, in urban Panama.

⁵ The coca derivatives stimulant the central nervous system, while alcohol serves to depress it. This leads to a process of highs and lows that permit extended use.

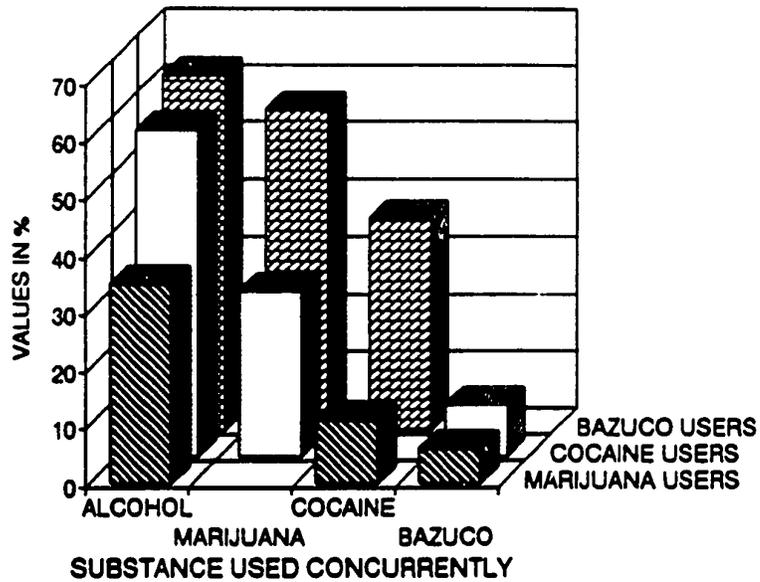
GRAPH 3.2

CONCURRENT USE

(VALUES IN PERCENTAGES OF USERS)*

SUBSTANCE USED CONCURRENTLY

	ALCOHOL	MARIJUANA	COCAINE	BAZUCO
MARIJUANA USERS	35		11	6
COCAINE USERS	57	29		9
BAZUCO USERS	62	56	37	



* PANAMA CITY, SAN MIGUELITO, AND COLON COMBINED

TABLE 3.2

CORRELATIONS AMONG DRUGS FOR ALL RESPONDENTS: LIFETIME USE

	TOBACCO	ALCOHOL	ANALGESICS	SEDATIVES	HYPNOTICS	STIMULANTS	MARIJUANA	INHALANTS	OPIATES	COCAINE	CRACK	BAZUCO
TOBACCO	-	.34	*	*	*	*	.25	.09	*	.18	.10	(.08)
ALCOHOL		-	*	*	*	*	.09	*	*	.10	*	*
ANALGESICS			-	*	*	*	*	*	*	*	*	*
SEDATIVES				-	*	.10	*	*	*	*	*	.16
HYPNOTICS					-	*	.13	*	*	.19	.11	.11
STIMULANTS						-	*	*	*	*	.09	*
MARIJUANA							-	.26	*	.52	.22	.50
INHALANTS								-	*	.14	.33	.21
OPIATES									-	.12	*	*
COCAINE										-	.27	.42
CRACK											-	.43
BAZUCO												-

44

Notes:

- (1) Data from Panama City, San Miguelito, and Colon combined.
- (2) Correlations only shown where $p < .01$ (uncorrected for effective N).
- (3) Correlations in bold when $p < .0001$ (uncorrected).
- (4) Correlations in parentheses when borderline (close to $p < .01$, uncorrected).

The lifetime use of inhalants was significantly or highly significantly correlated with the lifetime use of crack (.33), and bazuco (.21). A plausible scenario to account for these data was that inhalant users for the most part were in the stream that leads to marijuana and coca derivatives later, using inhalants as an inexpensive and readily available substance to try and use until marijuana and coca derivatives were available to them and/or they had the funds to procure these more "advanced" substances.

Cocaine, crack, and bazuco, with only a few exceptions, showed quite similar patterns of lifetime use correlations with other substances. All three were correlated with marijuana (.52, .22, and .50, respectively) use and inhalant (.14, .33, and .21, respectively) use. Lifetime cocaine use was correlated with lifetime crack (.27) and bazuco (.62) use, and lifetime crack use was correlated with lifetime bazuco (.43) use.

3. Males Compared With Females

Table 3.3 shows the correlations among substances for males only. Table 3.4 shows the correlations among substances for females only. Overall the correlations are more numerous for males than for females.

In terms of lifetime use among males, tobacco use only correlated with alcohol (.33), marijuana (.29), and cocaine (.20) use. Lifetime tobacco use by females was correlated with lifetime alcohol use (.30).

For males, lifetime use of alcohol was only correlated with lifetime tobacco use (.33). For males lifetime analgesic use was not correlated with lifetime use of any other substance studied. Lifetime use of analgesics by females was also not correlated with the lifetime use of any other substances.

Sedative use among males showed more correlations and often stronger correlations with other substances than found in the overall sample. Lifetime sedative use by males was correlated with marijuana (.27), cocaine (.24), crack (.22), and bazuco (.49) use. Males appear to use sedatives differently than females relative to their use of other substances.

The lifetime use of inhalants by males was correlated with the lifetime use of four other substances: marijuana (.31), cocaine (.24), crack (.50), and bazuco (.45). Females showed correlations of lifetime inhalant use with lifetime crack use (.26).

Lifetime marijuana use by males was correlated with the lifetime use of six other substances: tobacco (.29), sedatives (.27), inhalants (.31), cocaine (.44), crack (.24), and bazuco (.45). For both males and females, active users of marijuana in urban Panama tended to be active users of cocaine and/or bazuco.

Among males, lifetime cocaine use was correlated with the lifetime use of all other substances except alcohol, analgesics, and stimulants. Among females, lifetime cocaine use was only

TABLE 3.3

CORRELATIONS AMONG DRUGS FOR MEN: LIFETIME USE

	TOBACCO	ALCOHOL	ANALGESICS	SEDATIVES	HYPNOTICS	STIMULANTS	MARIJUANA	INHALANTS	OPIATES	COCAINE	CRACK	BAZUCO
TOBACCO	-	.33	•	•	•	•	.29	•	•	.20	•	•
ALCOHOL		-	•	•	•	•	•	•	•	•	•	•
ANALGESICS			-	•	•	•	•	•	•	•	•	•
SEDATIVES				-	•	•	.27	•	•	.24	.22	.49
HYPNOTICS					-	•	.14	•	•	.25	.19	.16
STIMULANTS						-	•	•	•	•	.17	•
MARIJUANA							-	.31	•	.44	.24	.45
INHALANTS								-	•	.13	.37	.24
OPIATES									-	.14	•	•
COCAINE										-	.29	.53
CRACK											-	.54
BAZUCO												-

46

- Notes: (1) Data from Panama City, San Miguelito, and Colon combined.
 (2) Correlations only shown where $p < .01$ (uncorrected for effective N).
 (3) Correlations in bold when $p < .0001$ (uncorrected).table 3.3

CORRELATIONS AMONG DRUGS FOR WOMEN: LIFETIME USE

	TOBACCO	ALCOHOL	ANALGESICS	SEDATIVES	HYPNOTICS	STIMULANTS	MARIJUANA	INHALANTS	OPIATES	COCAINE	CRACK	BAZUCO
TOBACCO	-	.30	*	(.10)	*	*	.11	*	*	*	.12	*
ALCOHOL		-	*	*	*	*	*	*	*	*	*	*
ANALGESICS			-	*	*	*	*	*	*	*	*	*
SEDATIVES				-	*	.13	*	*	*	*	*	*
HYPNOTICS					-	*	*	*	*	*	*	*
STIMULANTS						-	*	*	*	*	*	*
MARIJUANA							-	*	*	.72	.20	.44
INHALANTS								-	*	.12	.26	.15
OPIATES									-	*	*	*
COCAINE										-	.25	.45
CRACK											-	.29
BAZUCO												-

47

Notes:

- (1) Data from Panama City, San Miguelito, and Colon combined.
- (2) Correlations only shown where $p < .01$ (uncorrected for effective N).
- (3) Correlations in bold when $p < .0001$ (uncorrected)
- (4) Correlations in parentheses when borderline (close to $p < .01$ uncorrected).

correlated with the lifetime use of three other substances: marijuana (.72), crack (.25), and bazuco (.85), two of which were very high correlations.

Lifetime crack use by males was correlated with the lifetime use of five substances: sedatives (.22), marijuana (.24), inhalants (.37), cocaine (.29), and bazuco (.50). Lifetime crack use by females was associated with the lifetime use of four other substances: marijuana (.20), inhalants (.26), cocaine (.25), and bazuco (.29).

Among males lifetime use of bazuco was correlated with the lifetime use of six other substances, four of which correlations were fairly sizeable: sedatives (.49), marijuana (.45), inhalants (.24), cocaine (.53), and crack (.54). Lifetime bazuco use among females was correlated with the lifetime use of three other substances, two of which were very sizeable correlations: marijuana (.64), cocaine (.85), and crack (.29).

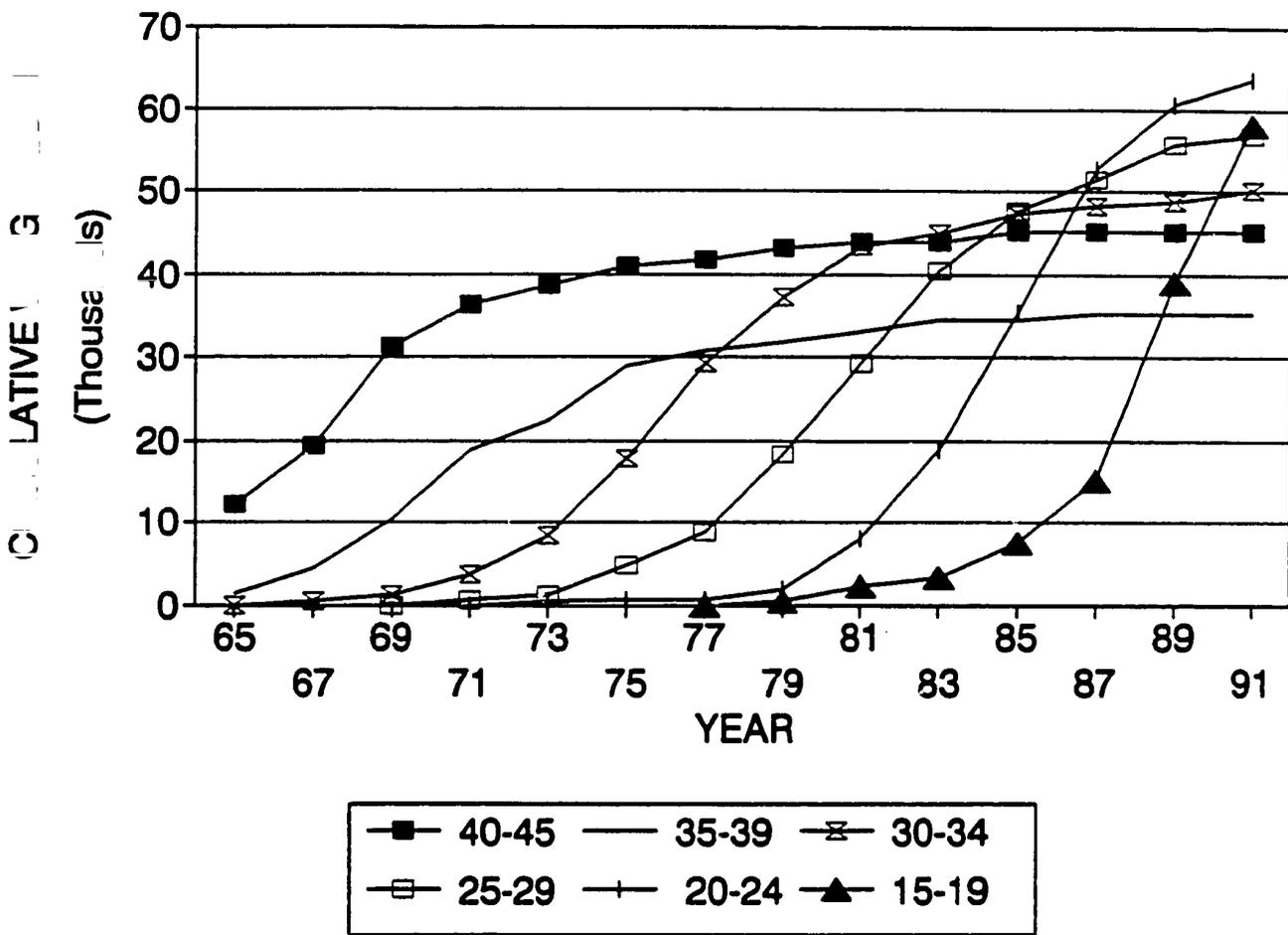
The pattern of correlations among substances points out the degree to which users of certain drugs such as cocaine, marijuana, crack and bazuco are likely to be involved in use of more than one substance, either taken together as we noted above, or taken over time. In effect, this data points up the tendency for drug users to try a variety of substances depending on availability and "fashion". This tendency argues for the importance of primary prevention efforts directed at curbing drug using behavior rather than efforts which only focus on eliminating the availability or the use of a particular substance.

E. The Dynamics of the Initiation of Use

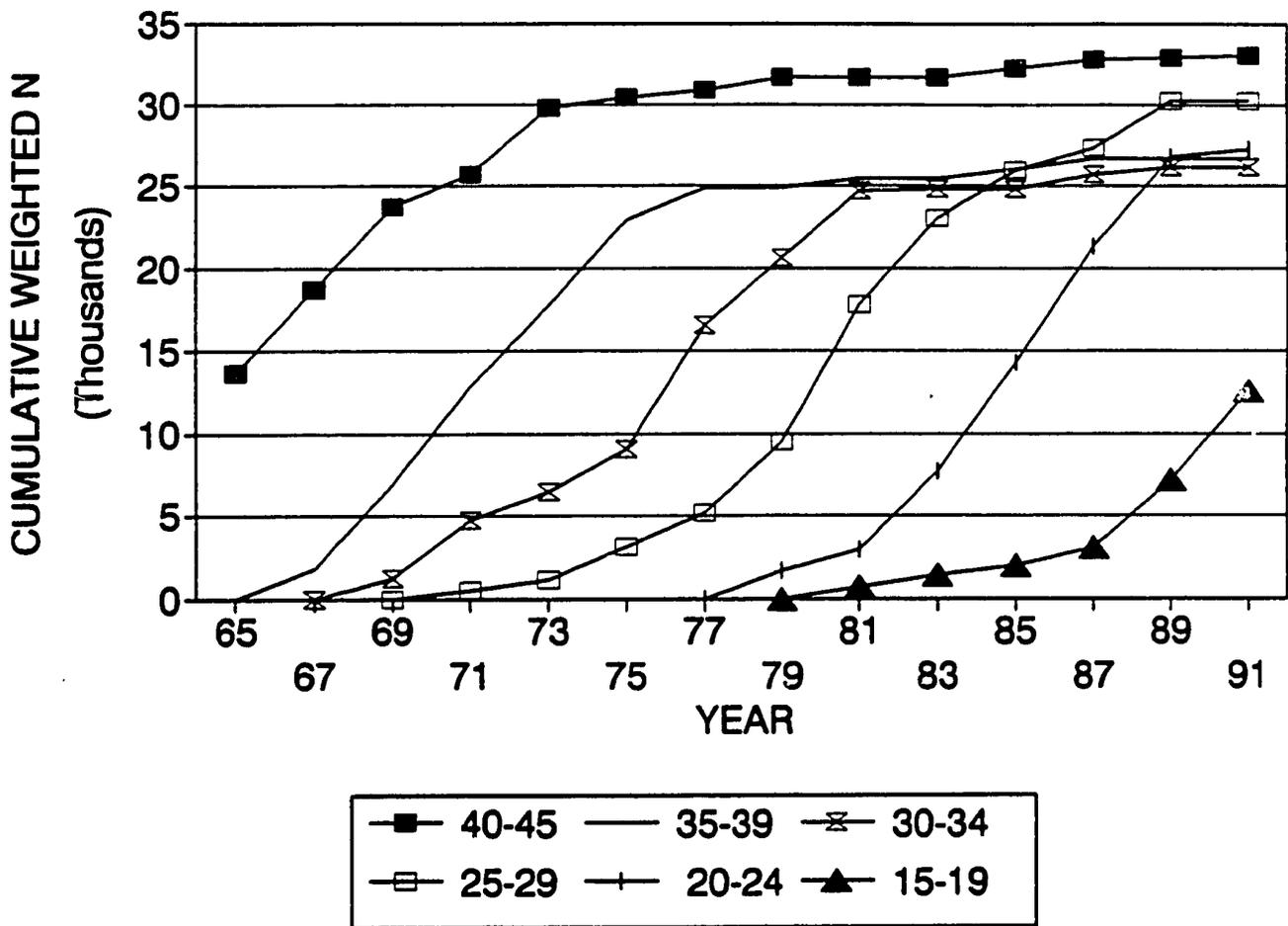
Looking at the relationship between drug use patterns from another angle, we can trace the sequence of the initiation of use, age cohort by age cohort, among those sampled. This permits us to observe differences in the developmental patterns of use as well as the appearance in a given time period of new or "newly fashionable" drugs. Use in Panama, it might be noted, is likely to be influenced by shifts in the availability of certain drugs such as cocaine or the creation of new versions of those drugs such as the case of crack. In this discussion, we will focus on tobacco, alcohol, inhalants, marijuana, cocaine, bazuco and crack, the first two drugs that are widespread in their use across generations and the latter five that are of great concern in terms of their impact on the population.

First of all, examining the oldest age cohort (see Graphs 3.3-3.9) which was between the ages of 40-45 at the time of the survey (1991), we can see that the majority of this cohort who had ever used marijuana had done so by 1964, when those in the cohort ranged from 13-18 years of age. The majority of that cohort that had ever used tobacco initiated that use by 1965-1966, when the group ranged from 14-20 years old. The majority initiated alcohol use by 1968.(at an age ranging from 17-23). Finally the only cocaine use is reported in 1983, when the group ranged in age from 32-37 years old.

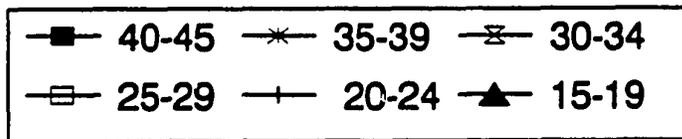
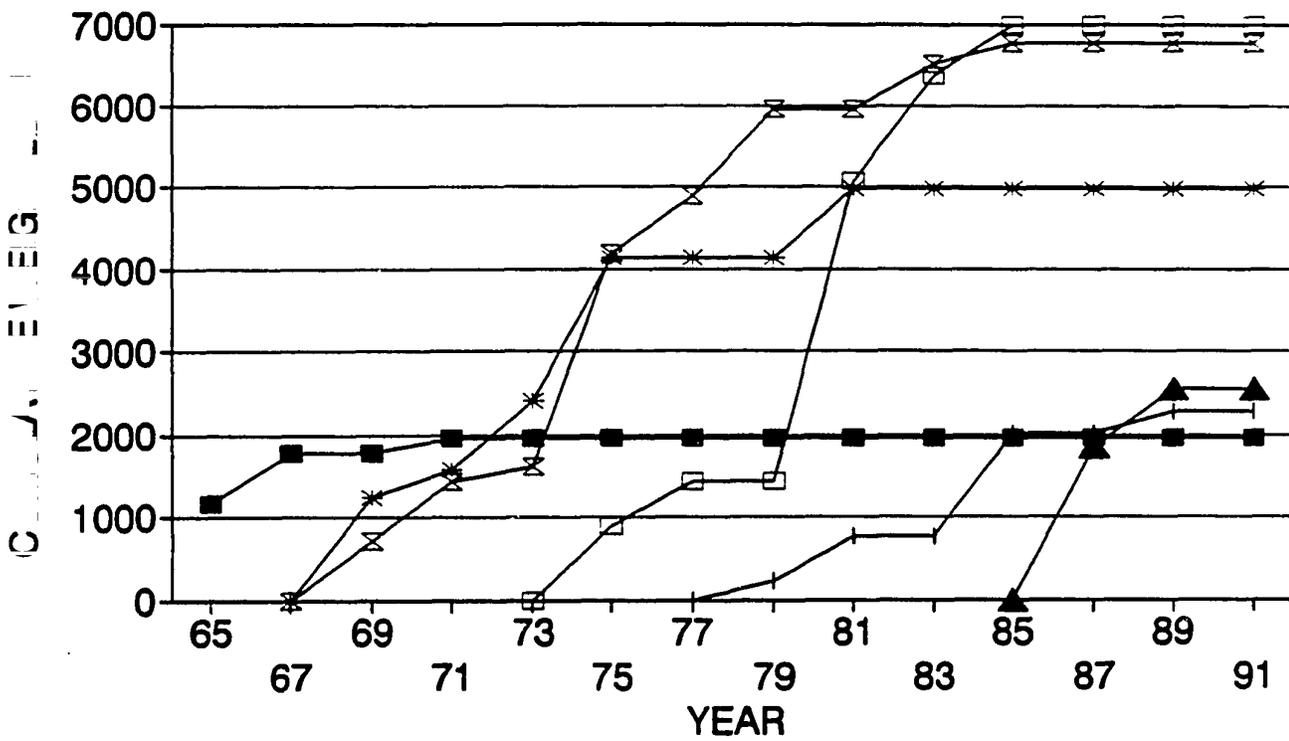
GRAPH 3.3
ALCOHOL USE BY AGE GROUP AND YEAR



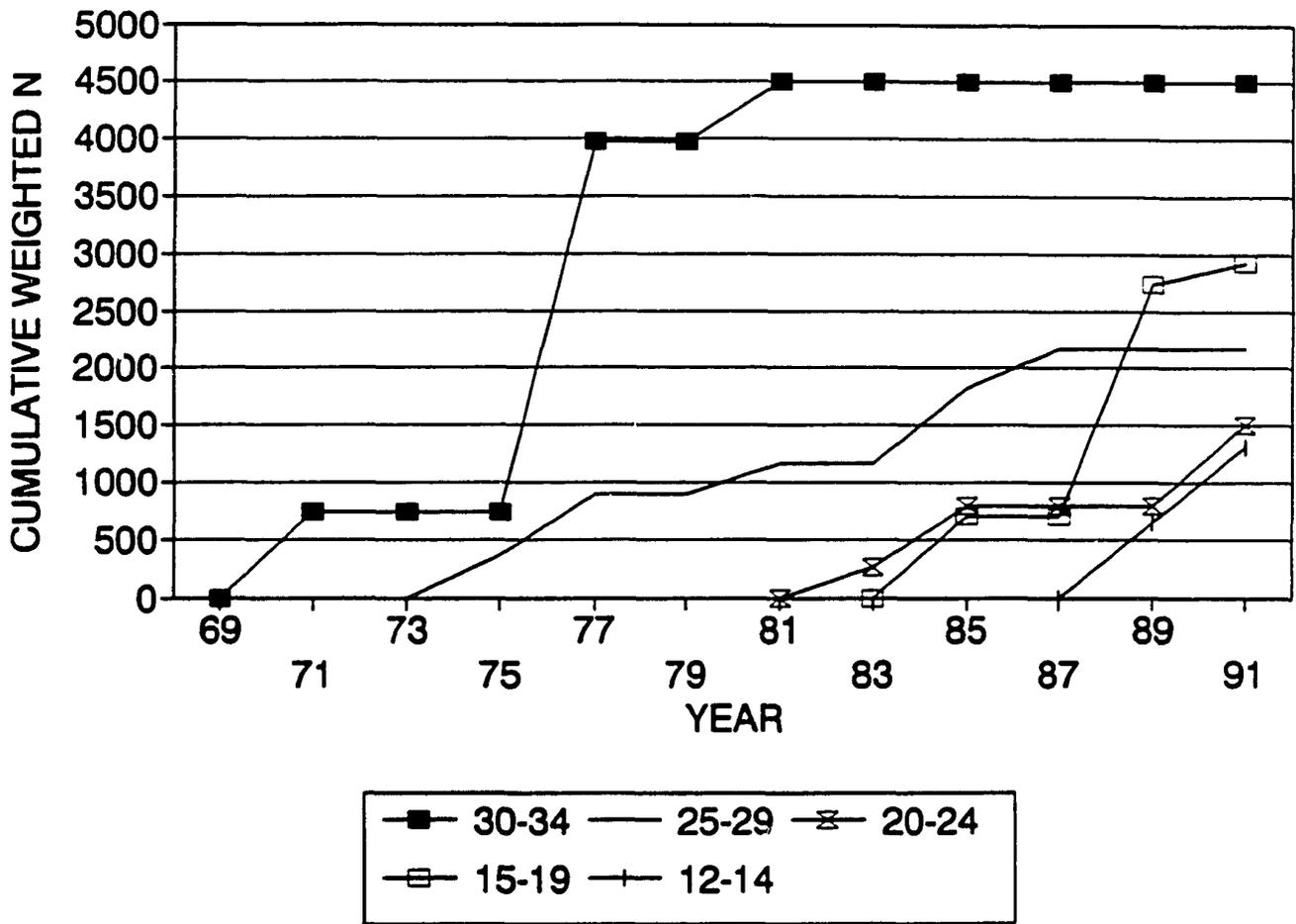
**GRAPH 3.4
TOBACCO USE BY AGE GROUP AND YEAR**



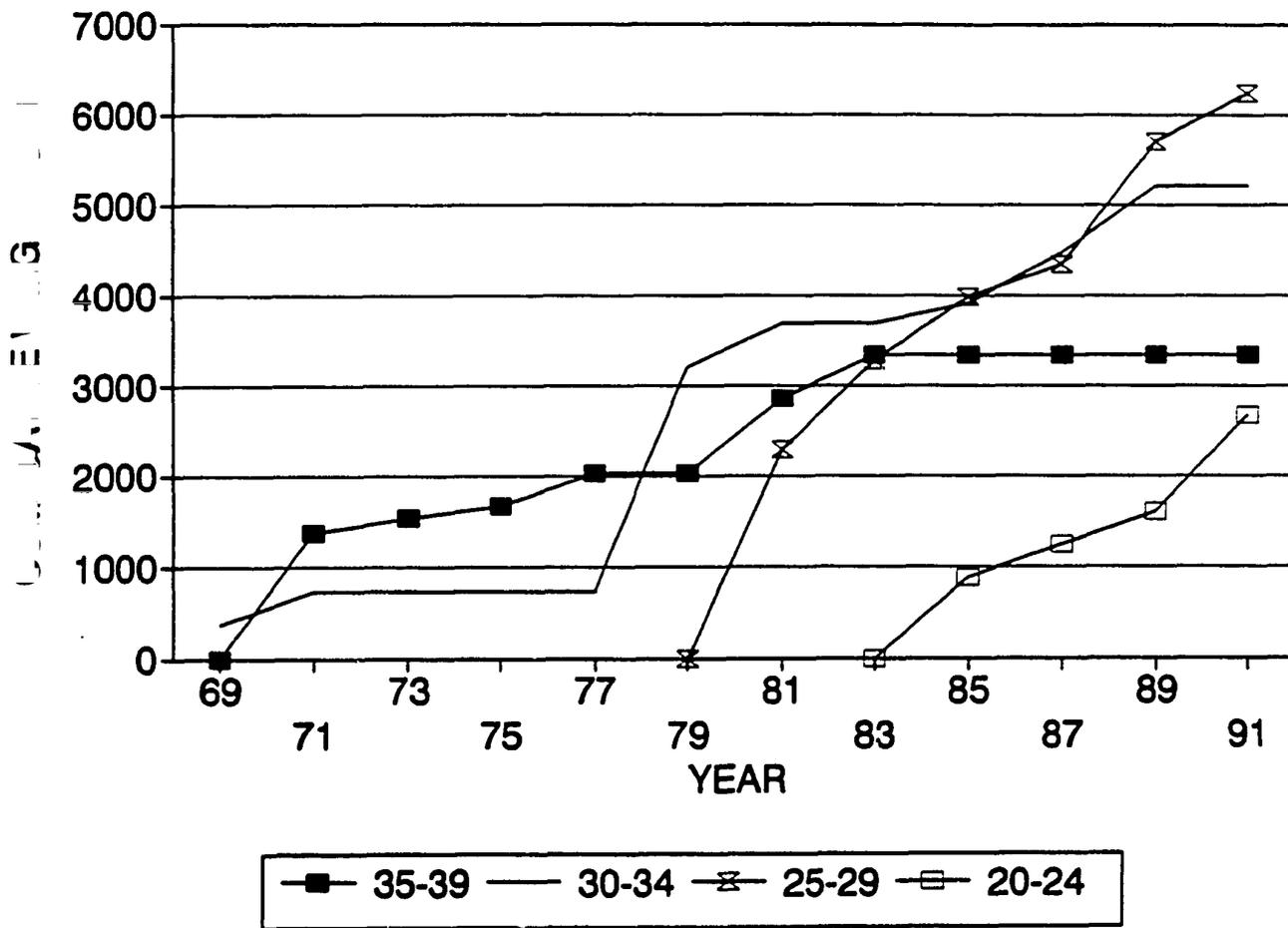
**GRAPH 3.5
MARIJUANA USE BY AGE GROUP AND YEAR**



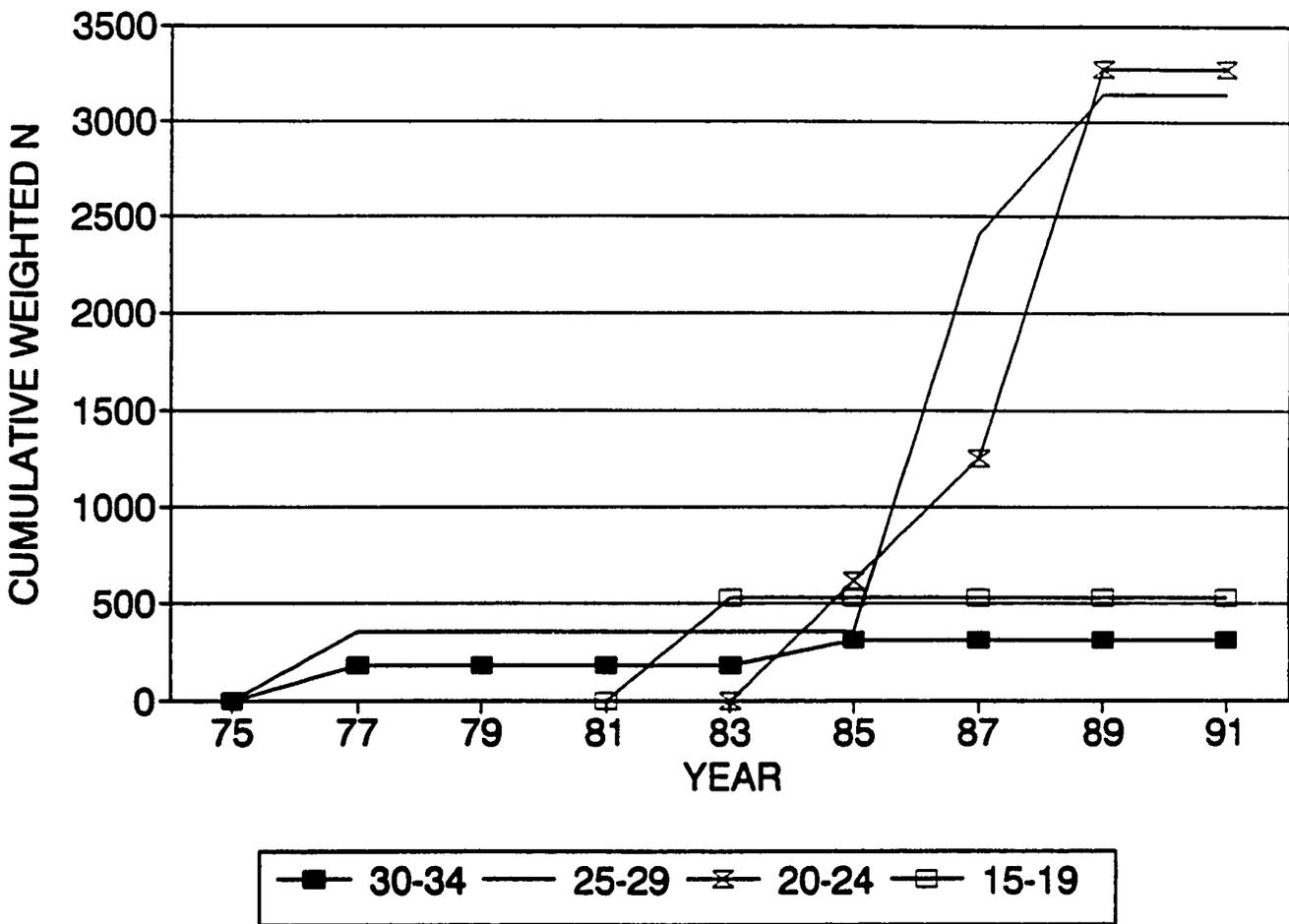
GRAPH 3.6
 INHALANT USE BY AGE GROUP AND YEAR



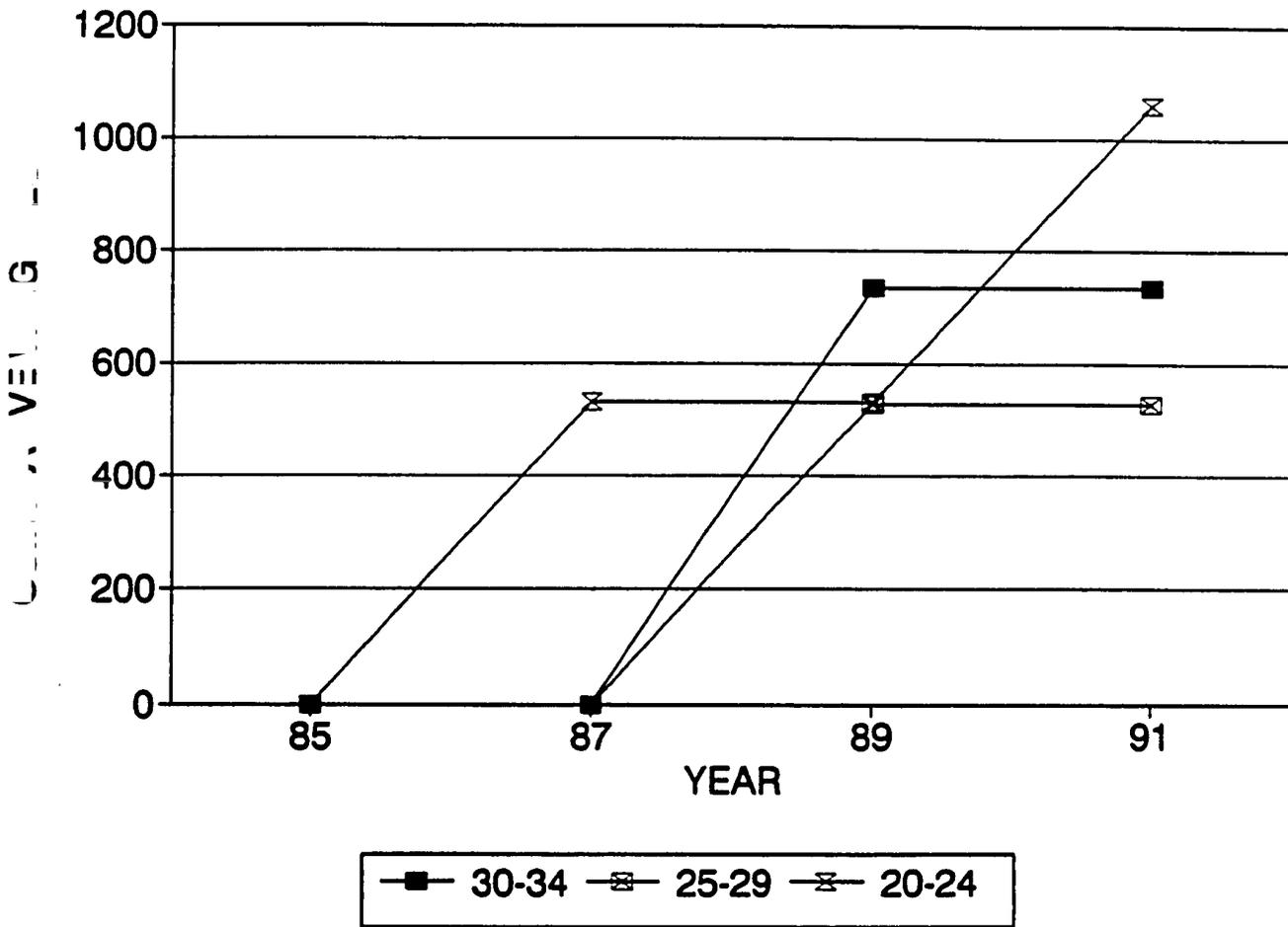
GRAPH 3.7
COCAINE USE BY AGE GROUP AND YEAR



GRAPH 3.8
BAZUCO USE BY AGE GROUP AND YEAR



GRAPH 3.9
CRACK USE BY AGE GROUP AND YEAR



The majority of the next youngest age cohort, those who were 35-39 in 1991, initiated alcohol use by 1970-1971, three years later than the oldest cohort. The majority initiated tobacco use by 1971-1972 (6 years later than the previous cohort). The majority of those who had ever used marijuana in this cohort had initiated use after both the initiation of tobacco and alcohol use (by 1973-1974). Cocaine use initiation by the majority of users was reached a year later, 1975, earlier in actual time than those of the previous cohort.

The third oldest cohort (25-29 years in 1991) was in roughly the same age range as the previous cohort when the majority of its users initiated both tobacco and alcohol use. However, that age group showed additional elements of drug use. Most importantly, it exhibited a sharper rise in use relative to age of initiation for cocaine (see Graph 3.7) with initiation of use starting when the cohort was between 14-18 years of age. It also exhibits a more rapid rise in the use of marijuana relative to age (Graph 3.5).

The next oldest age cohort (20 to 24 year olds) also exhibits a fairly rapid increase in the rate of initiation of cocaine use as well as an early initiation of crack use. The median age for the initiation of cocaine use is between 16 and 20 years of age. The median age for the initiation of tobacco, alcohol, marijuana and inhalants is between 14-18 years of age.

The 15 to 19 age cohort has initiated use of alcohol, tobacco, marijuana, cocaine and inhalants. Its initiation of cocaine use took place when the cohort was between 13 and 17 years of age, as young or younger than the previous cohort. It is clear from this that cocaine initiation is likely to continue with this younger generation unless action is taken.

The last cohort (12 to 14 year olds) has initiated use of alcohol and tobacco in an age range from 8 to 14 years. It has not initiated use of the other drugs being considered in this section except inhalants. Inhalant use began when the group ranged from 10 to 12 years of age. Here obviously is a prime target for primary prevention. Judging as well by the rapid rise in early use of cocaine and other drugs of concern, here as well is an important group at risk for initiation of use if no prevention efforts are made.

F. Perceptions of the Problem in Panama

In the design and development of a drug prevention effort, the most immediate concern is to promote awareness in the population of the gravity of the drug problem. Two questions were asked that sought to measure public consciousness of the drug problem: the first referred to attitudes towards drug consumption and the second referred to attitudes toward drug trafficking. The vast majority of those interviewed in urban Panama (Panama City, San Miguelito and Colon) believe that both consumption in Panama and trafficking through Panama constitute serious problems. (96% considered

drug use a very serious or serious problem, while 97% considered trafficking a very serious or serious problem.) In other words, there is a clear awareness among those surveyed about the seriousness of the drug problem.⁶

The survey sought to examine the sources of that awareness by asking the respondents the media they had seen or heard which dealt with the drug question. As Table 3.5 indicates, the majority of those surveyed reported having heard anti-drug messages through posters, on the television, on radio, through publications. Somewhat less than a majority indicated having received information through a community based organization.⁷

Finally the survey sought to explore the types of solutions to the drug consumption problem favored by the populace sampled. In response to the question "which of the following elements most restricts drug use?" the majority of the urban Panama sample favored the family (50%), followed by the police (18%) and publicity (14%)(see Table 3.6).⁸

The data suggest that those surveyed were concerned about the drug problem, have received information from a variety of channels and saw their most intimate circle, the family, as the main bulwark against drug use.

G. Summary and Conclusions

In this chapter, we have explored the frequency of use of drugs of concern such as marijuana, cocaine, crack and bazuco. All of these drugs exhibit relatively high frequency of use, particularly in the more immediate time periods, last twelve months and last thirty days, where the interviewees' power of recall is more accurate. This confirms the sense that the problem of use of these drugs in the universe studied is a very serious one.

We have explored as well the relationship between the use of one drug and another

⁶ Similar percentages were found in the case of Penome (98% believed consumption was a serious problem, 97% believed trafficking was). This suggests that the awareness found in the urban centers of Panama may stretch as well into the interior of the country.

⁷ Again similar results were found in the Penome sample.

⁸ In Penome, 53% felt the most important institution was the family, 22% the police and 17% publicity.

TABLE 3.5

**Where An Anti-Drug Message Was Heard in the Last 30 Days ?
(% of Those Hearing a Message)
(Panama City, San Miguelito and Colon Combined)
(Multiple Answers Permitted)**

Television	98.9
Posters	86.1
Radio	82.3
Newspapers	74.7
Community Organizations	49.3
Others	22.8

TABLE 3.6

**Factors That Inhibit Drug Use (in Percentages)
(for Panama City, San Miguelito and Colon combined)**

Police	17.6
Family	50.1
Publicity	8.8
Friends	3.0
Religion	13.6
Cost	4.5
Others	2.5

and have noted two phenomena. There is a great deal of combined or concurrent use of substances such as alcohol and cocaine or bazuco as well as bazuco and marijuana. We also saw that users of cocaine, marijuana, crack and bazuco are likely to be involved in the use of more than one substance, either taken together as was just noted or taken at different times. This indicates a pattern of drug use that is likely to persist even if a given substance is not readily available.

We have noted as well that different age cohorts display different drug use patterns. More importantly, younger cohorts are entering into the use of cocaine and its derivatives at a faster rate than previous cohorts, foreshadowing a potential for increased use of these drugs.

Finally, we have been able to note that there is a great deal of awareness of the drug problem among the population sampled. This provides an important base for future prevention efforts.

CHAPTER IV: SUMMARY AND CONCLUSIONS

A. Introduction

The survey has measured the patterns of drug use and related matters for a sample representative of the major urban areas of Panama (Panama City, San Miguelito and Colon). It also reported on patterns of use and related matters for Penomé, a small town. That town, while not representative of all towns of the interior, permits certain observations that suggest the highly urban character of most drug use in Panama. The data from Penomé would appear to justify the study's focus on the country's major urban areas.

B. Main Findings

To review the main findings of the survey regarding the prevalence of use of drugs in urban Panama:

1. As has been universally the case throughout Latin America and the Caribbean, the drug with the highest levels of prevalence (use within a given time period) is alcohol;
2. Setting the Panama urban context apart from other Latin American and Caribbean contexts, analgesics (narcotic-based painkillers) showed higher levels of prevalence than did tobacco. It should be noted that taking into account the respective confidence intervals, the prevalence levels of both substances can be considered as approximately equal in prevalence, but this also distinguishes Panama from other countries;
3. The use of cocaine and other coca derivatives was fairly high relative to other countries of the region;
4. The major distinction between the principal urban areas and the one interior town studied was that the urban areas, overall, had higher drug prevalence levels, particularly of such substances as marijuana, inhalants, cocaine, bazuco and crack;
5. Males in the sample were more likely to have tried (lifetime prevalence) most of the substances studied, although females had higher lifetime prevalence of analgesics and sedatives. In terms of current use (30 day prevalence), males were more likely to be current users of tobacco, marijuana, alcohol and cocaine, while females were more likely to be current users of analgesics and sedatives;
6. Younger age groups were more likely to use cocaine, crack and bazuco than were older age groups, with use of these substances centering on young adults ages 25-34. Marijuana was more likely to be used by older age groups; and

7. The drug problem in urban Panama, while limited to a small portion of the total population, is a highly significant problem. This is the case because a high percentage of those who have ever used marijuana, cocaine, crack, bazuco and inhalants are current users, and because the frequency of their use of these substances, both in terms of twelve month and current (30 day) use is very high.

C. Aggregate Patterns

Comparisons of drug use patterns in Panama with other Latin American and Caribbean countries suggest that Panama has a more acute drug problem than elsewhere in the region. We can look at Panama's drug problem from the additional perspective that is provided by aggregating the prevalence data we have described throughout the report. Dividing the drugs we have been examining into three categories, we can see different dimensions of the problem. In Graph 4.1 prevalence levels for lifetime, twelve month and thirty days are reported by these three categories: alcohol and tobacco; pharmaceuticals (including here analgesics, sedatives, stimulants, hypnotics and opiates), and "drugs" including here marijuana, inhalants, hallucinogens, cocaine, bazuco and crack.⁹

The vast majority of Panamanians in the sample have used alcohol or tobacco in the last thirty days as well as in the last twelve months and of course at least once in their lifetime. Similarly, close to a majority of Panamanians have used a pharmaceutical product without a medical prescription at least once in their lifetimes and over ten per cent have done so in the last thirty days. With respect to the category "drugs", around ten per cent of those sampled have ever used one or another drug in their lifetime and better than three per cent have done so in the last twelve months and the last thirty days. Given the underlying population of the universe studied, there are around 43,000 individuals who have ever used a "drug" in the major urban areas of Panama.

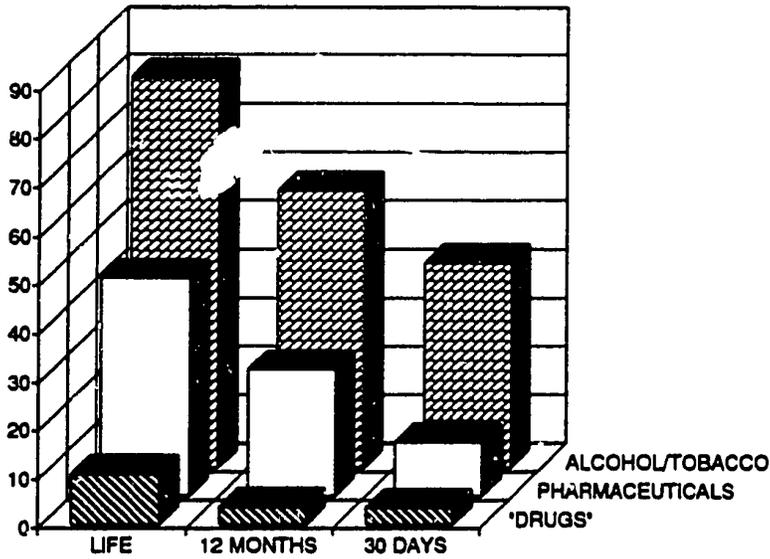
Reaffirming one of our main findings, it is clear from Graph 4.2 that males are more likely to be users of both the category alcohol/tobacco and the category "drugs" than females. On the other hand, females clearly predominate in the use of pharmaceuticals, with analgesics largely responsible for that difference.

Looking at the relationship between the current age of users and the pattern of prevalence (Graph 4.3) it is clear that alcohol/tobacco use and pharmaceutical use have a distinct profile from that of "drug" use. In the Panama sample, current "drug" use is more clearly associated with a younger group than is the case with either alcohol/tobacco or pharmaceuticals. Moreover, there is, with respect to current use, a

⁹ An individual was included in a category if he or she had ever used a particular substance. Thus, a person who had used tobacco and marijuana would be included in both the category alcohol/tobacco and "drugs".

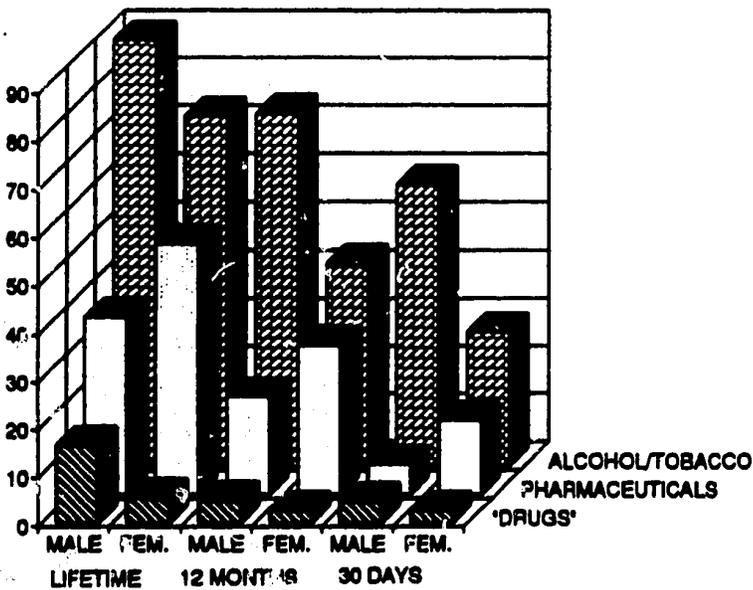
GRAPH 4.1

PREVALENCE LEVELS BY CATEGORY OF PSYCHOACTIVE SUBSTANCE; LIFETIME, 12 MONTHS, 30 DAYS



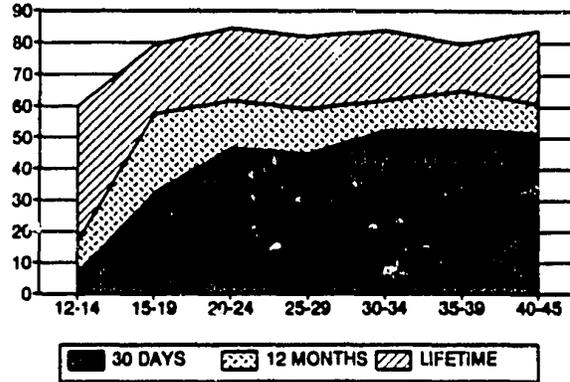
GRAPH 4.2

PREVALENCE LEVELS BY CATEGORY OF PSYCHOACTIVE SUBSTANCE BY SEX

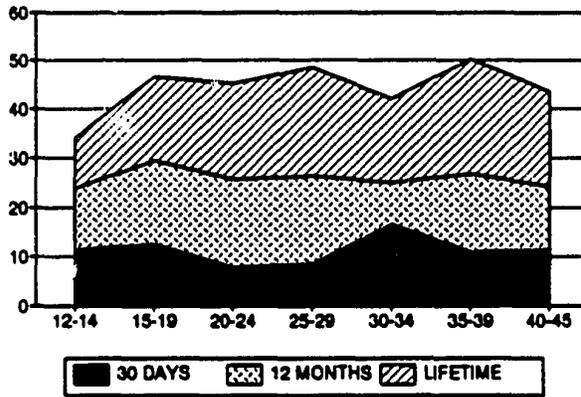


GRAPH 4.3

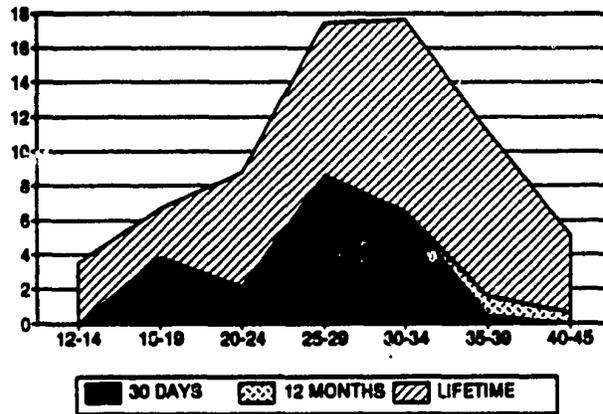
ALCOHOL & TOBACCO USE X CURRENT AGE
LIFETIME, 12 MONTHS, 30 DAYS



PHARMACEUTICAL USE X CURRENT AGE
LIFETIME, 12 MONTHS, 30 DAYS



"DRUG" USE X CURRENT AGE
LIFETIME, 12 MONTHS, 30 DAYS



far younger peak age as well for drugs than for the other two categories. As was indicated earlier, most use in the "drug" category is a more recent phenomenon in terms of the history of psychoactive substances in Panama than use in either of the other two categories. This suggests an immediate concern in the design and implementation of primary prevention activities that focus on youth.

The importance of a focus on youth in primary prevention is borne out by our final presentation of aggregate data. Graph 4.4 describes the pattern of use in terms of the age of initiation of use. As that graph indicates there is a very similar pattern of initiation of use for all three sets of substances. Starting at approximately the same point in age in each category, there is a sharp climb up to a plateau, to the point at which no more new users are added. The consequences in terms of the design of prevention programs is obvious. No matter the substance, it is critical to begin prevention programs early and to try, in effect, to beat the curve: to keep youth and young adults from initiating use of psychoactive substances.

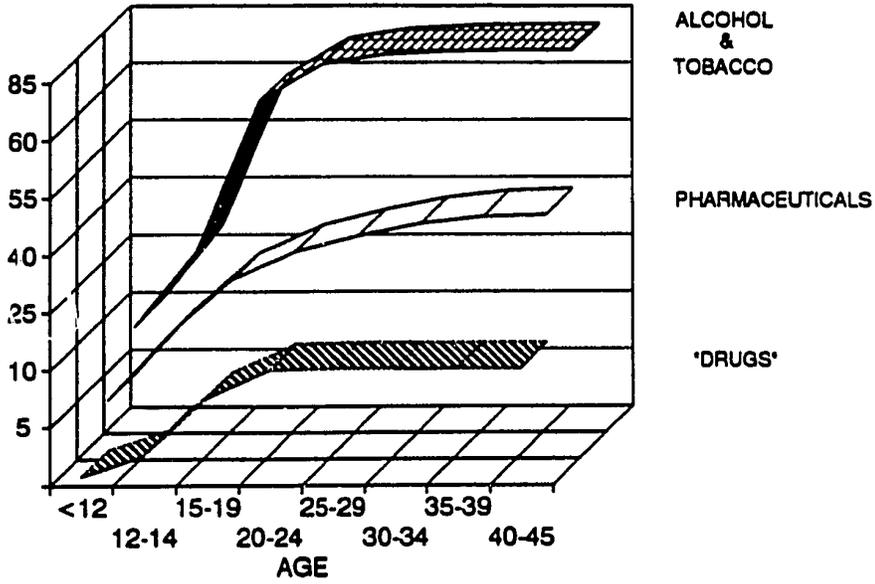
D. Recommendations

As had been mentioned at various points in the text, surveys of this nature have implications for the design and development of prevention activities, in particular primary prevention efforts designed to prevent the onset of drug abuse. This survey points up the nature of the drug problem in terms of the types of drugs that are being used, the sequence of initiation of drug use, and the relationship between use of one and another drug. It also defines the extent of drug use in the universe sampled, the major urban centers of Panama. On the basis of the survey's findings, we would recommend several courses of action:

1. Use of the results of this survey to increase the awareness of the nature and extent of the problem through the a planned effort at disseminating those results to the general public and to special publics such as decision makers;
2. Give priority to primary prevention efforts to integrated programs (school, community and media-based) targeted at youth, particularly children from 10 years of age and older in the large urban areas.
3. The marked tendency for drug users to try a variety of substances suggests that for young adults (20-29 years of age) primary and secondary prevention programs should be developed focussing on curbing drug use behavior in general. However, the magnitude and intensity of use of cocaine and other coca derivatives in urban Panama also recommends significant emphasis of messages on these drugs.
4. Differential targeting and the uses of different awareness and education programs should be considered for men and women. In addition community-based and/or mass media approaches are necessary to reach women who stay at home and do not work.

GRAPH 4.4

PREVALENCE BY AGE OF INITIATION (VALUES REPRESENT CUMULATIVE PERCENT)



These may be integrated into existing community development programs addressing a wider range of social welfare needs.

5. Specific community-based and mass media programs should be developed for hard-to-reach population groups (not working and not in school) particularly in Colon and Panama City.

6. Secondary prevention efforts through workplace-based programs, complemented by primary prevention messages, should be directed at males and especially male drug users. These programs should also seek to influence women who work, and those women who can be influenced indirectly through the workplace programs for their husbands.

7. Periodic school-based studies should be conducted to determine:

- the precise grade level at which primary prevention activities should begin,
- at which ages reinforcement interventions are required and
- changing substance-specific message needs.

These studies should track such indicators as initial baseline use rates, number of students eligible for initiation of specific substances, new users, changing prevalence and intensity of drug use.

8. Recent changes in the pattern of drug use and the severity of the drug problem in Panama in comparison with other Latin American and Caribbean countries recommend an additional household survey of urban Panama within two-three years to track progress in overall prevention efforts, provide a dynamic assessment of the ages at which initial, casual and problematic drug use are occurring, changing perceptions and norms of target groups. An additional survey within such a time frame will provide required guidelines for redirecting and focussing future prevention efforts.

Appendix One

Questionnaire

21 de octubre de 1991 VER P6

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
<p>Buenos días(tardes). Bajo el patrocinio de la Cruz Blanca Panameña estamos haciendo una encuesta para conocer la situación sanitaria del país y el consumo de diferentes sustancias en la población. Los resultados de este estudio van a servir para desarrollar un programa educativo que permita prevenir la aparición de enfermedades y problemas diversos en grupos jóvenes y adultos. Su hogar fue seleccionado para participar de esta importante tarea. Necesitamos unos minutos de su tiempo, los que serán muy útiles para conocer mejor la situación en esta localidad.</p> <p>Su nombre no es tomado en cuenta por este estudio y las respuestas son totalmente anónimas. Los resultados no son considerados en forma individual, sino lo que sirve es el resultado para toda la población en su conjunto.</p> <p>Si Ud. está de acuerdo, necesitamos ahora elegir al azar a la persona que va a ser encuestada y para eso vamos a proceder de esta forma...</p>				
PARTE I DEL CUESTIONARIO (con respeto a la entrada de datos)				
A1	VARIABLE ABIERTA			
A2	VARIABLE ABIERTA			
A3	VARIABLE ABIERTA			
PREGUNTAS PRELIMINARES				
P1	No. de cuestionario			
P2	Es la primera entrevista o la reentrevista	primera entrevista . reentrevista	1 0	→P3
P2a	Si es la reentrevista ¿Cuál es el No. del cuestionario original?			
P3	No. de visita en que se logró la entrevista	1-3	1 2 3	
P4	No. Ciudad			
P5	Corregimiento			
P6	Segmento			
P7	No. de Entrevistador			
P8	No. del supervisor			
P9	Las personas elegibles en la casa:	No. Personas		

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
SALUD				
1	Durante los últimos 12 meses, Ud. diría que su salud fue:	Excelente Muy buena Buena Regular Mala	1 2 3 4 5	
2	¿Ha tenido que ir a una consulta médica o ha visitado un médico en los últimos 12 meses?	SI NO	1 0	
3	¿Ha estado hospitalizado en los últimos 12 meses?	SI NO	1 0	
TABACO				
101	¿Qué edad tenía Ud. la primera vez que fumó, o masticó tabaco?	EDAD NUNCA	— 99	-201
102	¿Qué cantidad diario fumó durante los últimos 12 meses?	No fumó Menos de un cigarrillo +o- 5 Media cajetilla Una cajetilla Una y media cajetilla Dos cajetillas o más	1 2 3 4 5 6 7	-201
103	¿Qué cantidad diario fumó durante los últimos 30 días?	No fumó Menos de un cigarrillo +o- 5 por día Media cajetilla Una cajetilla Uno y medio cajetilla Dos cajetilla o más	1 2 3 4 5 6 7	
104	¿Alguna vez trató de dejar de fumar pero se dio cuenta que no podía?	SI NO	1 0	
NOTA	La parte que sigue ahora, trata de conocer las ideas y actitudes que tiene ud. respecto a una serie de conductas. A continuación le voy a leer algunas afirmaciones y quisiera que me diga, en cada caso, si aplica o no a usted. Las respuestas no son ni verdaderas ni falsas, son solo opiniones que se tiene respecto a estas conductas.			
105	Yo voy a dejar de fumar en los próximos 12 meses:	SI NO NO SE	1 0 2	
106	Es una buena idea que deje de fumar en los próximos 12 meses:	SI NO NO SE	1 0 2	
107	Es dañino o beneficioso para mí, dejar de fumar en los próximos 12 meses?:	BENEFICIOSO DANINO NO SE	1 0 2	
108	Es agradable o desagradable para mí, dejar de fumar en los	AGRADABLE DESAGRADABLE	1 0	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
109	La mayoría de las personas que son importantes para mí piensan que debería dejar de fumar en los próximos 12 meses:	SI NO NO SE	1 0 2	
110	Mis amigos y familia piensan que yo debería dejar de fumar en los próximos 12 meses:	SI NO NO SE	1 0 2	
111	La mayoría de mis amigos han dejado de fumar:	SI NO NO SE	1 0 2	
112	Si usted quisiera podría dejar de fumar:	SI NO NO SE	1 0 2	
113	Sería fácil para mí dejar de fumar:	SI NO NO SE	1 0 2	
BEBIDAS ALCOHÓLICAS				
201	¿Qué edad tenía la primera vez que tomó alguna bebida alcohólica?	EDAD NUNCA	— — 99	-301
201A	¿Cuál fue?	Ron Cerveza Otro	1 2 3	
202	¿De las siguientes bebidas que cantidad acostumbra tomar en una sola sentada?	Cerveza (botellas)	— —	
202a		Guarapo(dados)	— —	
202b		Seco(dados)	— —	
202c		Ginebra(dados)	— —	
202d		Ron(dados)	— —	
202e	¿Otro?			
203	En los últimos 12 meses, en cuántas ocasiones tomó esas cantidades en una sola sentada?	Ninguna Menos de una vez por mes 1 vez por mes 2 veces o más por mes	0 1 2 3	-301
204	En los últimos 30 días, en cuántas ocasiones tomó esas cantidades en una sola sentada?	Ninguna una vez 2 veces 3-5 veces 6 veces o más	0 1 2 3 4	
205	¿Alguna vez ha querido dejar de beber pero no ha podido?	SI NO	1 0	
206	¿Consumió algún tipo de pastilla o alguna de las siguientes sustancias al mismo	NINGUNA UNO O MAS	0 1	-207

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
206B	pastillas	SI NO	1 0	-206E
206C	¿Cuáles?			
206D				
206E	marihuana	SI NO	1 0	
206F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
206G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
206H	cocaína	SI NO	1 0	
206I	crack/piedra	SI NO	1 0	
206J	bazuco	SI NO	1 0	
206K	heroína	SI NO	1 0	
206L	morfina, codeína	SI NO	1 0	
206M	otras sustancias	SI NO	1 0	-207
206N	¿cuáles?			
NOTA	La parte que sigue, trata de conocer las ideas y actitudes que tiene ud. respecto a una serie de conductas. A continuación le voy a leer algunas afirmaciones y quisiera que me diga, en cada caso, si aplica o no a usted. Las respuestas no son ni verdaderas ni falsas, son solo opiniones que se tiene respecto a estas conductas.			
207	¿Alguna vez consultó a un médico u otro profesional por su consumo de bebidas alcohólicas?	SI NO	1 0	
208	Yo voy a disminuir mi consumo de bebidas alcohólicas en los próximos 12 meses	SI NO NO SE	1 0 2	
209	Es una buena idea que yo disminuye mi consumo de bebidas alcohólicas en los próximos 12 meses	SI NO NO SE	1 0 2	
210	Es dañino o beneficioso para mí, disminuir mi consumo de bebidas alcohólicas en los próximos 12 meses:	BENEFICIOSO DANINO NO SE	1 0 2	
211	Es agradable o desagradable, disminuir mi consumo de bebidas alcohólicas en los próximos 12 meses:	AGRADABLE DESAGRADABLE NO SE	1 0 2	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
212	La mayoría de las personas que son importantes para mí piensan que debería disminuir mi consumo de bebidas alcohólicas en los próximos 12 meses:	SI NO NO SE	1 0 2	
213	Mis amigos y familia piensan que debería disminuir mi consumo de bebidas alcohólicas en los próximos 12 meses:	SI NO NO SE	1 0 2	
214	La mayoría de mis amigos han disminuido su consumo de bebidas alcohólicas	SI NO NO SE	1 0 2	
215	Yo podría disminuir mi consumo de bebidas alcohólicas	SI NO NO SE	1 0 2	
216	Sería fácil para mí disminuir mi consumo de bebidas alcohólicas	SI NO NO SE	1 0 2	
ANALGÉSICOS				
301	¿En esta lista aparecen algunas pastillas para calmar el dolor, que los farmacéuticos llaman analgésicos (entregar tarjeta B). ¿Cuál de ellas ha tomado Ud.:	NINGUNA UNA O MAS	0 1	-401
301 - CLAVE	NO CON RECETA MÉDICA SIN RECETA MÉDICA A VECES CON RECETA Y OTRAS SIN RECETA	0 1 2 3		
301A	Lisalqil	0 a 3 SEGUN LA CLAVE	0 1 2 3	
301B	Novalqil	0 a 3 SEGUN LA CLAVE	0 1 2 3	
301C	Sosegón	0 a 3 SEGUN LA CLAVE	0 1 2 3	
301D	Demerol	0 a 3 SEGUN LA CLAVE	0 1 2 3	
301E	Meperdol	0 a 3 SEGUN LA CLAVE	0 1 2 3	
301F	Otros similares	0 a 3 SEGUN LA CLAVE	0 1 2 3	-302
301G	¿cuáles?			
302	¿Qué edad tenía la primera vez que tomó uno de estos productos sin receta médica?	EDAD NUNCA	— — — 99	-304
303	Aproximadamente ¿con qué frecuencia consumió esos medicamentos sin tener receta médica en			
303 - CLAVE	NUNCA 1-2 VECES 3-5 VECES 6-9 VECES	0 1 2 3 4		

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
303A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
303B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	-304
303C	los últimos 30 días?	J A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
304	¿Alguna vez trató de interrumpir su consumo de estos medicamentos pero se dio cuenta que no podía?	SI NO	1 0	
305	¿Alguna vez consultó al médico por su consumo de estos medicamentos?	SI NO	1 0	
306	¿Cuáles son las formas como acostumbra a usar esos medicamentos?			
306A	inyectable	SI NO	1 0	
306B	fumado	SI NO	1 0	
306C	tomado	SI NO	1 0	
306D	otras	SI NO	1 0	-307
306E	¿Cuáles?			
307	Al usar algunos de estos medicamentos, ¿consumió también al mismo tiempo o poco después, alguno de los productos en esta lista?(Tarjeta A)	NINGUNO UNO O MAS	0 1	-401
307A	bebidas alcohólicas	SI NO	1 0	
307B	pastillas	SI NO	1 0	-307E
307C	¿Cuáles?			
307D				
307E	marihuana	SI NO	1 0	
307F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
307G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
307H	cocaína	SI NO	1 0	
307I	crack/piedra	SI NO	1 0	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
307K	heroína	SI NO	1 0	
307L	morfina, codeína	SI NO	1 0	
307M	otras sustancias	SI NO	1 0	-401
307N	¿cuáles?			
SEDANTES				
401	¿En esta lista aparecen algunos medicamentos para tranquilizar los nervios que los farmaceuticos llaman sedantes o relajantes. Cuáles de estas pastillas, ha consumido Ud.?:	NINGUNO UNO O MAS	0 1	-501
<i>Tarjeta C</i>				
401 - CLAVE	NO 0 CON RECETA MÉDICA 1 SIN RECETA MÉDICA 2 A VECES CON RECETA Y OTRAS SIN RECETA 3			
401A	Diazepan, Valium	0 A 3 SEGUN LA CLAVE	0 1 2 3	
401B	Lexotanil	0 A 3 SEGUN LA CLAVE	0 1 2 3	
401C	Librium	0 A 3 SEGUN LA CLAVE	0 1 2 3	
401D	Lexotan	0 A 3 SEGUN LA CLAVE	0 1 2 3	
401E	Tafil	0 A 3 SEGUN LA CLAVE	0 1 2 3	
401F	Ativan	0 A 3 SEGUN LA CLAVE	0 1 2 3	
401G	Otros similares	0 A 3 SEGUN LA CLAVE	0 1 2 3	-402
401H	¿cuáles?			
402	¿Qué edad tenía la primera vez que tomó uno de estos productos sin receta médica?	EDAD NUNCA	— 99	-404
Aproximadamente ¿con qué frecuencia consumió esos medicamentos sin tener receta médica en...				
403 - CLAVE	NUNCA 0 1-2 VECES 1 3-5 VECES 2 6-9 VECES 3 10-19 VECES 4 20-39 VECES 5 40 Y MAS VECES 6			
403A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
403B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	-404
403C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4	1

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
404	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
405	¿Cuáles son las formas como acostumbra usar esos medicamentos?			
405A	inyectable	SI NO	1 0	
405B	fumado	SI NO	1 0	
405C	tomado	SI NO	1 0	
405D	otras	SI NO	1 0	-406
405E	¿Cuáles?			
406	¿Alguna vez consultó al médico por su consumo de estos medicamentos?	SI NO	1 0	
407	Al usar algunos de estos medicamentos, ¿consumió también al mismo tiempo o poco después, alguno de los productos en esta lista? (Tarjeta A)	NINGUNO UNO O MAS	0 1	-501
407A	bebidas alcohólicas	SI NO	1 0	
407B	pastillas	SI NO	1 0	-407E
407C	¿Cuáles?			
407D				
407E	marihuana	SI NO	1 0	
407F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
407G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
407H	cocaína	SI NO	1 0	
407I	crack/piedra	SI NO	1 0	
407J	bazuco	SI NO	1 0	
407K	heroína	SI NO	1 0	
407L	morfina, codeína	SI NO	1 0	
407M	otras sustancias	SI NO	1 0	-501

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
HIPNOTICOS				
501 <i>Tarjeta</i> D	En esta lista aparecen algunas pastillas para dormir que los farmaceuticos llaman hipnoticos. ¿Cuáles de estas pastillas ha tomado Ud.?:	NINGUNO UNO O MAS	0 1	-601
501 - CLAVE	NO 0 CON RECETA MÉDICA 1 SIN RECETA MÉDICA 2 A VECES CON RECETA Y OTRAS SIN RECETA 3			
501A	Rohypnol	O A 3 SEGUN LA CLAVE	0 1 2 3	
501B	Noctran	O A 3 SEGUN LA CLAVE	0 1 2 3	
501C	Dormicum	O A 3 SEGUN LA CLAVE	0 1 2 3	
501D	Halción	O A 3 SEGUN LA CLAVE	0 1 2 3	
501E	Dormonoct	O A 3 SEGUN LA CLAVE	0 1 2 3	
501F	Otros similares	O A 3 SEGUN LA CLAVE	0 1 2 3	-502
501G	¿Cuáles?			
502	¿Qué edad tenía la primera vez que tomó uno de estos productos sin receta médica?	EDAD NUNCA	— — 99	-504
503	Aproximadamente ¿con qué frecuencia consumió esos medicamentos sin tener receta médica en...			
503 - CLAVE	NUNCA 0 1-2 VECES 1 3-5 VECES 2 6-9 VECES 3 10-19 VECES 4 20-39 VECES 5 40 Y MAS VECES 6			
503A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
503B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	-504
503C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
504	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
505	¿Cuáles son las formas como acostumbra a usar los medicamentos?			
505A	inyectable	SI NO	1 0	
505B	fumado	SI NO	1 0	
			1	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
505D	otras	SI NO	1 0	-505
505E	¿Cuáles?			
506	¿Alguna vez consultó al médico por su consumo de estos medicamentos?	SI NO	1 0	
507	Al usar algunos de estos medicamentos, ¿consumió también al mismo tiempo o poco después, alguno de los productos en esta lista? (Tarjeta A)	NINGUNO UNO O MAS	0 1	-601
507A	bebidas alcohólicas	SI NO	1 0	
507B	pastillas	SI NO	1 0	-507E
507C	¿Cuáles?			
507D				
507E	marihuana	SI NO	1 0	
507F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
507G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
507H	cocaína	SI NO	1 0	
507I	crack/piedra	SI NO	1 0	
507J	bazuco	SI NO	1 0	
507K	heroína	SI NO	1 0	
507L	morfina, codeína	SI NO	1 0	
507M	otras sustancias	SI NO	1 0	-601
507N	¿cuáles?			
ESTIMULANTES				
601	¿En esta lista (Mostrar tarjeta E) hay varias pastillas utilizadas para controlar el apetito o para mantenerse despierto que los farmaceuticos llaman estimulantes. ¿Cuál de ellas ha tomado Ud.?	NINGUNO UNA O MAS	0 1	-701
601	NO			

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
601A	Anfetaminas	0 A 3 SEGUN LA CLAVE	0 1 2 3	
601B	Ritalina	0 A 3 SEGUN LA CLAVE	0 1 2 3	
601C	Lipenan	0 A 3 SEGUN LA CLAVE	0 1 2 3	
601D	Preludin	0 A 3 SEGUN LA CLAVE	0 1 2 3	
601E	Tenuate/Dospan	0 A 3 SEGUN LA CLAVE	0 1 2 3	
601F	Otros similares	0 A 3 SEGUN LA CLAVE	0 1 2 3	-602
601G	¿cuáles?			
602	¿Qué edad tenía la primera vez que tomó uno de estos productos sin receta médica?	EDAD NUNCA	— — 99	-604
	Aproximadamente ¿con qué frecuencia consumió esos medicamentos sin tener receta médica en...			
603 CLAVE	NUNCA 1-2 VECES 3-5 VECES 6-9 VECES 10-19 VECES 20-39 VECES 40 Y MAS VECES	0 1 2 3 4 5 6		
603A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
603B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	-604
603C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
604	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
605	¿Cuáles son las formas como acostumbra a usar esos medicamentos?			
605A	inyectable	SI NO	1 0	
605B	fumado	SI NO	1 0	
605C	tomado	SI NO	1 0	
605D	otras	SI NO	1 0	-606
605E	¿Cuáles?			
606	¿Alguna vez consultó al médico por su consumo de estos medicamentos?	SI NO	1 0	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
607	Al usar algunos de estos medicamentos, ¿consumió también al mismo tiempo o poco después, alguno de los productos en esta lista?	NINGUNO UNO O MAS	0 1	-701
607A	bebidas alcohólicas	SI NO	1 0	
607B	pastillas	SI NO	1 0	-607E
607C	¿Cuáles?			
607D				
607E	marihuana	SI NO	1 0	
607F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
607G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
607H	cocaína	SI NO	1 0	
607I	crack/piedra	SI NO	1 0	
607J	bazuco	SI NO	1 0	
607K	heroína	SI NO	1 0	
607L	morfina, codeína	SI NO	1 0	
607M	otras sustancias	SI NO	1 0	-701
607N	¿cuáles?			
MARIHUANA				
701	¿Qué edad tenía la primera vez que le ofrecieron marihuana?	EDAD NUNCA	— 99	
702	¿Qué edad tenía la primera vez que usó marihuana?	EDAD NUNCA	— 99	-801
	Aproximadamente ¿con qué frecuencia ha usado la marihuana en...			
703 - CLAVE	NUNCA 1-2 VECES 3-5 VECES 6-9 VECES 10-19 VECES 20-39 VECES 40 Y MAS VECES		0 1 2 3 4 5 6	
703A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
703C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
704	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
705	Al usar marihuana, ¿consumió también al mismo tiempo o poco después, alguno de los productos en esta lista? (Mostrar Tarjeta A)	NINGUNO UNC O MAS	0 1	-706
705A	bebidas alcohólicas	SI NO	1 0	
705B	pastillas	SI NO	1 0	-705F
705C	¿Cuáles?			
705D				
705F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
705G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
705H	cocaína	SI NO	1 0	
705I	crack/piedra	SI NO	1 0	
705J	bazuco	SI NO	1 0	
705K	heroína	SI NO	1 0	
705L	morfina, codeína	SI NO	1 0	
705M	otras sustancias	SI NO	1 0	-706
705N	¿cuáles?			
706	¿Qué cantidad de cigarrillos de marihuana ha fumado diariamente en promedio en las épocas cuando fumaba más?	# de cigarrillos	-- --	
ALUCINOGENOS				
801	¿Qué edad tenía la primera vez que le ofrecieron LSD, PCP, HONGO, FLORIPON, PARAGUITA O SOMBRILLITA, FLOR DE CAMPANA	EDAD NUNCA	-- 99	
802	¿Qué edad tenía la primera vez que usó una de éstas sustancias? (Cualquiera de ellas).	EDAD NUNCA	-- 99	-901

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
803 - CLAVE	NUNCA	0		
	1-2 VECES	1		
	3-5 VECES	2		
	6-9 VECES	3		
	10-19 VECES	4		
	20-39 VECES	5		
	40 Y MAS VECES	6		
803A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
803B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	-804
803C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
804	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
805	¿Ha tenido alucinaciones sin haber consumido estas sustancias?	SI NO	1 0	
806	Al usar algunas de estas sustancias, ¿consumió también al mismo tiempo o poco después, alguno de los productos de esta lista? (Mostrar Tarjeta A)	NINGUNO UNO O MAS	0 1	-901
806A	bebidas alcohólicas	SI NO	1 0	
806B	pastillas	SI NO	1 0	-806E
806C	¿Cuáles?			
806D				
806E	marihuana	SI NO	1 0	
806G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
806H	cocaína	SI NO	1 0	
806I	crack/piedra	SI NO	1 0	
806J	bazuco	SI NO	1 0	
806K	heroína	SI NO	1 0	
806L	morfina, codeína	SI NO	1 0	
806M	otras sustancias	SI NO	1 0	-901
806N	¿cuáles?			

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
PARTE II DEL CUESTIONARIO (con respeto a la entrada de datos)				
INHALANTES				
900	No. del cuestionario			
901	¿Cuál de las siguientes sustancias ha aspirado o inhalado con el propósito de sentir sus efectos? (MOSTRAR TARJETA D)	NINGUNA UNO O MAS	0 1	-1001
	<i>Tarjeta F</i>			
901A	Pegamento (Cemento Petrónico)	SI NO	1 0	
901B	Thinner.	SI NO	1 0	
901C	Lacas, pinturas, y otros disolventes de pinturas.	SI NO	1 0	
901D	Gasolina	SI NO	1 0	
901E	Líquido corrector para máquinas de escribir.	SI NO	1 0	
901F	Acetona y otros líquidos de limpieza.	SI NO	1 0	
901G	Nafta o fluido para encendedor.	SI NO	1 0	
901H	Otros similares	SI NO	1 0	-902
901I	¿Cuáles?			
902	¿Qué edad tenía la primera vez que aspiró con ese propósito?	EDAD		
	Aproximadamente ¿con qué frecuencia ha aspirado/inhalado una de estas sustancias en...			
903 - CLAVE	NUNCA 1-2 VECES 3-5 VECES 6-9 VECES 10-19 VECES 20-39 VECES 40 Y MAS VECES		0 1 2 3 4 5 6	
903A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
903B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	-904
903C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
904	¿Alguna vez trató de	SI	1 0	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
905	Al usar algunas de estas sustancias, ¿consumió también al mismo tiempo o poco después, alguno de los productos de esta lista? (Mostrar Tarjeta A)	NINGUNO UNO O MAS	0 1	-1001
905A	bebidas alcohólicas	SI NO	1 0	
905B	pastillas	SI NO	1 0	-905E
905C	¿Cuáles?			
905D				
905E	marihuana	SI NO	1 0	
905F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
905H	cocaína	SI NO	1 0	
905I	crack/piedra	SI NO	1 0	
905J	bazuco	SI NO	1 0	
905K	heroína	SI NO	1 0	
905L	morfina, codeína	SI NO	1 0	
905M	otras sustancias	SI NO	1 0	-1001
905N	¿cuáles?			
HEROÍNA				
1001	¿Qué edad tenía la primera vez que le ofrecieron heroína?	EDAD NUNCA	— 99	
1002	¿Que edad tenía la primera vez que usó heroína?	EDAD NUNCA	— 99	-1101
1003	¿Cómo la ha usado?			
1003A	Fumándola	SI NO	1 0	
1003B	Inhalándola	SI NO	1 0	
1003C	Inyectándola	SI NO	1 0	
1003D	Tomándola	SI NO	1 0	
1003E	Otra forma	SI NO	1 0	-1004

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
	Aproximadamente ¿con qué frecuencia consumió heroína en...			
1004 - CLAVE	NUNCA 0 1-3 VECES 1 3-5 VECES 2 6-9 VECES 3 10-19 VECES 4 20-39 VECES 5 40 Y MAS VECES 6			
1004A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
1004B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	-1005
1004C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
1005	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
1006	Al usar heroína, ¿consumió también, al mismo tiempo o poco después, alguno de los productos en esta lista? (Mostrar Tarjeta A)	NINGUNO UNO O MAS	0 1	-1101
1006A	bebidas alcohólicas	SI NO	1 0	
1006B	pastillas	SI NO	1 0	-1006E
1006C	¿Cuáles?			
1006D				
1006E	marihuana	SI NO	1 0	
1006F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
1006G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
1006H	cocaína	SI NO	1 0	
1006I	crack/piedra	SI NO	1 0	
1006J	bazuco	SI NO	1 0	
1006L	morfina, codeína	SI NO	1 0	
1006M	otras sustancias	SI NO	1 0	-1101
1006N	¿cuáles?			

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1101	¿Qué edad tenía la primera vez que le ofrecieron alguna de las siguientes sustancias: codeína, codeína clorhidrato, morfina clorhidrato, morfina sulfato, opio elixir benzoico?	EDAD NUNCA	— — 99	
1102	¿Qué edad tenía la primera vez que usó una de éstas sustancias?	EDAD NUNCA	— — 99	-1201
1103	¿Cómo ha usado los opiáceos?			
1103A	Fumándolos	SI NO	: 0	
1103B	Inhalándolos	SI NO	1 0	
1103C	Inyectándolos	SI NO	1 0	
1103D	Tomándolos	SI NO	1 0	
1103E	Otra forma	SI NO	1 0	-1104
1103F	¿Cuál?			
1104	Aproximadamente ¿con qué frecuencia ha usado estas sustancias en...			
1104 - CLAVE	NUNCA 0 1-2 VECES 1 3-5 VECES 2 6-9 VECES 3 10-19 VECES 4 20-39 VECES 5 40 Y MAS VECES 6			
1104A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
1104B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	-1105
1104C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
1105	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
1106	Al usar algunas de estas sustancias, ¿consumió también al mismo tiempo o poco después, alguno de los productos de esta lista?	NINGUNO UNO O MAS	0 1	-1201
1106A	bebidas alcohólicas	SI NO	1 0	
1106B	pastillas	SI	1	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1106D				
1106E	marihuana	SI NO	1 0	
1106F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
1106G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
1106H	cocaína	SI NO	1 0	
1106I	crack/piedra	SI NO	1 0	
1106J	bazuco	SI NO	1 0	
1106K	heroína	SI NO	1 0	
1106M	otras sustancias	SI NO	1 0	-1201
1106N	¿cuáles?			
CLORHIDRATO DE COCAÍNA				
1201	¿Qué edad tenía la primera vez que le ofrecieron cocaína?	EDAD NUNCA	— 99	
1202	¿Qué edad tenía la primera vez que probó cocaína?	EDAD NUNCA	— 99	-1301
1203	¿Cómo la ha consumido?			
1203A	Aspirándola/Inhalándola	SI NO	1 0	
1203B	Inyectándola	SI NO	1 0	
1203C	Otra	SI NO	1 0	-1204
1203D	¿Cuál?			
1204	Aproximadamente ¿con qué frecuencia ha usado cocaína en su vida?			
1204 - CLAVE	NUNCA 1-2 VECES 3-5 VECES 6-9 VECES 10-19 VECES 20-39 VECES 40 Y MAS VECES		0 1 2 3 4 5 6	
1204A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
1204B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	0	-1205

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1204C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
1205	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
1206	Al usar algunas de estas sustancias, ¿consumió también al mismo tiempo o poco después, alguno de los productos de esta lista?	NINGUNO UNO O MAS	0 1	-1301
1206A	bebidas alcohólicas	SI NO	1 0	
1206B	pastillas	SI NO	1 0	-1206E
1206C	¿Cuáles?			
1206D				
1206E	marihuana	SI NO	1 0	
1206F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
1206G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
1206I	crack/piedra	SI NO	1 0	
1206J	bazuco	SI NO	1 0	
1206K	heroína	SI NO	1 0	
1206L	morfina, codeína	SI NO	1 0	
1206M	otras sustancias	SI NO	1 0	-1301
1206N	¿cuáles?			
CRACK / PIEDRA				
1301	¿Qué edad tenía la primera vez que le ofrecieron crack/piedra?	EDAD NUNCA	— 99	
1302	¿Que edad tenía la primera vez que probó crack/piedra?	EDAD NUNCA	— 99	-1307
1303	¿En qué maneras ha utilizado la crack/piedra?			
1303A	Fumada pura	SI NO	1 0	
1303B	Fumada con tabaco	SI NO	1 0	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1303D	Fumada con otra sustancia	SI NO	1 0	-1304
1303E	¿Cuál?			
1304	Aproximadamente ¿con qué frecuencia ha usado crack/piedra en			
1304 - CLAVE	NUNCA 1-2 VECES 3-5 VECES 6-9 VECES 10-19 VECES 20-39 VECES 40 Y MAS VECES 0 1 2 3 4 5 6		
1304A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
1304B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	-1305
1304C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
1305	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
1306	Al usar crack/piedra, ¿consumió también al mismo tiempo o poco después, alguno de los productos en esta lista?	NINGUNO UNO O MAS	0 1	-1307
1306A	bebidas alcohólicas	SI NO	1 0	
1306B	pastillas	SI NO	1 0	-1306E
1306C	¿Cuáles?			
1306D				
1306E	marihuana	SI NO	1 0	
1306F	alucinógenos (LSD, PCP, ongo, paraquita etc...)	SI NO	1 0	
1306G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
1306H	cocaína	SI NO	1 0	
1306J	bazuco	SI NO	1 0	
1306K	heroína	SI NO	1 0	
1306L	morfina, codeína	SI NO	1 0	
1306M	otras sustancias	SI	1	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1306N	¿cuáles?			
BAZUCO				
1307	¿Qué edad tenía la primera vez que le ofrecieron bazuco?	EDAD NUNCA	— 99	
1308	¿Que edad tenía la primera vez que probó bazuco?	EDAD NUNCA	— 99	-1401
1309	¿En qué formas ha utilizado el bazuco?			
1309A	Fumado pura	SI NO	1 0	
1309B	Fumado con tabaco	SI NO	1 0	
1309C	Fumado con marihuana	SI NO	1 0	
1309D	Fumado con otra sustancia	SI NO	1 0	-1310
1309E	¿Cuál?			
1310	Aproximadamente ¿con qué frecuencia ha usado bazuco en			
1310 - CLAVE	NUNCA 1-2 VECES 3-5 VECES 6-9 VECES 10-19 VECES 20-39 VECES 40 Y MAS VECES	0 1 2 3 4 5 6	
1310A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
1310B	los últimos 12 meses?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	-1311
1310C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
1311	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
1312	Al usar bazuco, ¿consumió también al mismo tiempo o poco después, alguno de los productos de esta lista?	NINGUNO UNO O MAS	0 1	-1401
1312A	bebidas alcohólicas	SI NO	1 0	
1312B	pastillas	SI NO	1 0	-1312E
1312C	¿Cuáles?			

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1312E	marihuana	SI NO	1 0	
1312F	alucinógenos (LSD,PCP,hongo, paraquita etc...)	SI NO	1 0	
1312G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
1312H	cocaína	SI NO	1 0	
1312I	crack/piedra	SI NO	1 0	
1312K	heroína	SI NO	1 0	
1312L	morfina, codeína	SI NO	1 0	
1312M	otras sustancias	SI NO	1 0	-1401
1312N	¿cuáles?			
OTRAS SUSTANCIAS				
1401	¿Alguna vez consumió otra sustancia con la intención de verse o sentirse diferente, o para actuar de manera distinta a la habitual, y que no apareció dentro de lo que hemos visto?	SI NO	1 0	-1501
1402	¿Qué edad tenía la primera vez que la usó?	EDAD		
1403	¿Cuál es el o los nombres que habitualmente la gente le da (Si es un remedio, dar su nombre comercial).	_____	_____	
1404	¿Qué efectos obtiene de ese producto?	_____	_____	
	Aproximadamente ¿con qué frecuencia consumió esos productos en			
1405 - CLAVE	NUNCA 1-2 VECES 3-5 VECES 6-9 VECES 10-19 VECES 20-39 VECES 40 Y MAS VECES	0 1 2 3 4 5 6	
1405A	su vida?	1 A 6 SEGUN LA CLAVE	1 2 3 4 5 6	
		0 A 6 SEGUN LA CLAVE	0	-1406

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1405C	los últimos 30 días?	0 A 6 SEGUN LA CLAVE	0 1 2 3 4 5 6	
1406	¿Alguna vez trató de interrumpir su consumo pero se dio cuenta que no podía?	SI NO	1 0	
1407	¿Cuáles son las formas como acostumbra a usar esas sustancias?			
1407A	inyectable	SI NO	1 0	
1407B	tomado	SI NO	1 0	
1407C	fumado	SI NO	1 0	
1407D	otras	SI NO	1 0	-1408
1407E	¿Cuáles?			
1408	¿En qué circunstancia se acostumbra a usarlas?			
1409	Al usar alguna de estas sustancias, ¿consumió también al mismo tiempo o poco después, alguno de los productos de esta lista?	NINGUNO UNO O MAS	0 1	-1501
1409A	bebidas alcohólicas	SI NO	1 0	
1409B	pastillas	SI NO	1 0	-1409E
1409C	¿Cuáles?			
1409D				
1409E	marihuana	SI NO	1 0	
1409F	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	
1409G	sustancias inhalantes (cemento, thinner, gasolina)	SI NO	1 0	
1409H	cocaína	SI NO	1 0	
1409I	crack/piedra	SI NO	1 0	
1409J	bazuco	SI NO	1 0	
1409K	heroína	SI NO	1 0	
1409L	morfina, codeína	SI NO	1 0	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1501	A consecuencia de su uso del alcohol o tabaco, tuvo ud. algun problema...	NINGUNO UNO O MAS	0 1	-1503
1501A	de salud?	SI NO	1 0	
1501B	con su familia?	SI NO	1 0	
1501C	con sus amigos?	SI NO	1 0	
1501D	en el trabajo o en la escuela?	SI NO	1 0	
1501E	con las autoridades?	SI NO	1 0	
1501F	otros?	SI NO	1 0	
1501G	cuáles?			
1502	¿Con cual sustancia?	Alcohol Tabaco Ambas	1 2 3	
1503	A consecuencia de su consumo de pastillas y/o drogas tuvo ud. algun problema...	NINGUNO UNO O MAS	0 1	-1501
1503A	de salud?	SI NO	1 0	
1503B	con su familia?	SI NO	1 0	
1503C	con sus amigos?	SI NO	1 0	
1503D	en el trabajo o en la escuela?	SI NO	1 0	
1503E	con las autoridades?	SI NO	1 0	
1503F	otros?	SI NO	1 0	-1504
1503G	cuáles?			
1504	¿Con cuales sustancias?			
1504A	pastillas	SI NO	1 0	
1504B	¿cuáles?			
1504C	¿cuáles?			
1504D	marihuana	SI NO	1 0	
1504E	alucinógenos (LSD, PCP, hongo, paraquita etc...)	SI NO	1 0	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1504G	cocaína	SI NO	1 0	
1504H	crack/piedra	SI NO	1 0	
1504I	hazuco	SI NO	1 0	
1504J	heroína	SI NO	1 0	
1504K	morfina, codeína	SI NO	1 0	
1504L	Otras sustancias	SI NO	1 0	-1601
1504M	¿Cuales?			
ACTITUDES				
NOTA	La parte que sigue, trata de conocer las ideas y actitudes que tiene ud. respecto a una serie de conductas. A continuación le voy a leer algunas afirmaciones y quisiera que me diga, en cada caso, si aplica o no a usted. Las respuestas no son ni verdaderas ni falsas, son solo opiniones que se tiene respecto a estas conductas.			
NOTA	Primero le voy a leer afirmaciones sobre el uso de marihuana.			
1601	Yo voy a probar marihuana en los próximos 12 meses:	SI NO NO SE	1 0 2	
1602	Yo estoy dispuesto a probar marihuana en los próximos 12 meses:	SI NO NO SE	1 0 2	
1603	Es una buena idea que yo pruebe marihuana en los próximos 12 meses:	SI NO NO SE	1 0 2	
1604	Es dañino o beneficioso para mí, probar marihuana durante los próximos 12 meses:	BENEFICIOSO DANINO NO SE	1 0 2	
1605	Es agradable o desagradable para mí, probar marihuana durante los próximos 12 meses:	AGRADABLE DESAGRADABLE NO SE	1 0 2	
1606	Es excitante o aburrido para mí, probar marihuana durante los próximos 12 meses:	EXCITANTE ABURRIDO NO SE	1 0 2	
1607	La mayoría de las personas que son importantes para mí piensan que yo debería probar marihuana durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1608	Mis amigos piensan que yo debería probar marihuana durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1609	Mi familia piensa que yo	SI	1	

NO.	PREGUNTA	RESPUESTA	CCODIGO	PASE A PGTA.
1610	La mayoría de mis amigos han probado marihuana:	SI NO NO SE	1 0 2	
1611	Conozco a alguien que ha probado marihuana:	SI NO NO SE	1 0 2	
1612	Mi novio(a), esposo(a) piensa que yo debería probar marihuana en los próximos 12 meses:	SI NO NO SE	1 0 2	
NOTA	Ahora le voy a leer afirmaciones sobre el uso de cocaína			
1613	Yo voy a probar cocaína en los próximos 12 meses:	SI NO NO SE	1 0 2	
1614	Yo estoy dispuesto a probar cocaína en los próximos 12 meses:	SI NO NO SE	1 0 2	
1615	Es una buena idea que yo pruebe cocaína en los próximos 12 meses:	SI NO NO SE	1 0 2	
1616	Es dañino o beneficioso para mí, probar cocaína durante los próximos 12 meses:	BENEFICIOSO DANINO NO SE	1 0 2	
1617	Es agradable o desagradable para mí, probar cocaína durante los próximos 12 meses:	AGRADABLE DESAGRADABLE NO SE	1 0 2	
1618	Es excitante o aburrido para mí, probar cocaína durante los próximos 12 meses:	EXCITANTE ABURRIDO NO SE	1 0 2	
1619	La mayoría de las personas que son importantes para mí piensan que yo debería probar cocaína durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1620	Mis amigos piensan que yo debería probar cocaína durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1621	Mi familia piensa que yo debería probar cocaína durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1622	La mayoría de mis amigos han probado cocaína:	SI NO NO SE	1 0 2	
1623	Conozco a alguien que ha probado cocaína:	SI NO NO SE	1 0 2	
1624	Mi novio(a), esposo(a) piensa que yo debería probar cocaína en los próximos 12 meses:	SI NO NO SE	1 0 2	
NOTA	Ahora le voy a leer afirmaciones sobre el uso de crack/piedra.			
			1	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1626	Yo estoy dispuesto a probar crack/piedra en los próximos 12 meses:	SI NO NO SE	1 0 2	
1627	Es una buena idea que yo pruebe crack/piedra en los próximos 12 meses:	SI NO NO SE	1 0 2	
1628	Es dañino o beneficioso para mí, probar crack/piedra durante los próximos 12 meses:	BENEFICIOSO DANINO NO SE	1 0 2	
1629	Es agradable o desagradable para mí, probar crack/piedra durante los próximos 12 meses:	AGRADABLE DESAGRADABLE NO SE	1 0 2	
1630	Es excitante o aburrido para mí, probar crack/piedra durante los próximos 12 meses:	EXCITANTE ABURRIDO NO SE	1 0 2	
1631	La mayoría de las personas que son importantes para mí piensan que yo debería probar crack/piedra durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1632	Mis amigos piensan que yo debería probar crack/piedra durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1633	Mi familia piensa que yo debería probar crack/piedra durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1634	La mayoría de mis amigos han probado crack/piedra:	SI NO NO SE	1 0 2	
1635	Conozco a alguien que ha probado crack/piedra:	SI NO NO SE	1 0 2	
1636	Mi novio(a), esposo(a) piensa que yo debería probar crack/piedra en los próximos 12 meses:	SI NO NO SE	1 0 2	
NOTA	Ahora le voy a leer afirmaciones sobre inhalantes.			
1637	Yo voy a probar inhalantes en los próximos 12 meses:	SI NO NO SE	1 0 2	
1638	Yo estoy dispuesto a probar inhalantes en los próximos 12 meses:	SI NO NO SE	1 0 2	
1639	Es una buena idea que yo pruebe inhalantes en los próximos 12 meses:	SI NO NO SE	1 0 2	
1640	Es dañino o beneficioso para mí, probar inhalantes durante los próximos 12 meses:	BENEFICIOSO DANINO NO SE	1 0 2	
1641	Es agradable o desagradable	AGRADABLE	1 0 2	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1642	Es excitante o aburrido para mí, probar inhalantes durante los próximos 12 meses:	EXCITANTE ABURRIDO NO SE	1 0 2	
1643	La mayoría de las personas que son importantes para mí piensan que yo debería probar inhalantes durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1644	Mis amigos piensan que yo debería probar inhalantes durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1645	Mi familia piensa que yo debería probar inhalantes durante los próximos 12 meses:	SI NO NO SE	1 0 2	
1646	La mayoría de mis amigos han probado inhalantes:	SI NO NO SE	1 0 2	
1647	Conozco a alguien que ha probado inhalantes:	SI NO NO SE	1 0 2	
1648	Mi novio(a), esposo(a) piensa que yo debería probar inhalantes en los próximos 12 meses:	SI NO NO SE	1 0 2	
DATOS SOCIO-DEMOGRAFICOS				
1701	Indique el sexo del entrevistado.	HOMBRE MUJER	1 2	
1702	¿Cuántos años tiene?	EDAD		
1703	¿Cuál es el lugar de nacimiento?	Panamá Colon Otra Ciudad Zona Rural Otro País	1 2 3 4 5	
1704	¿Cuál es su estado civil?	casado unión libre viudo separado/divorciado soltero	1 2 3 4 5	
N.E.S.				
1801	En los últimos 6 meses, ¿trabajó en alguna actividad remunerada?	SI NO	1 0	-1801B
1801A	¿Qué hace?	Ama de casa Estudiante Jubilado Rentista Desempleado	1 2 3 4 5	1802

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
1801B	Profesionales, Tecnicos y Ocupaciones Afines Gerentes, Administradores y Funcionarios de Categoria Directiva Empleados de Oficina y personas de ocupaciones afines Comerciantes, vendedores y ocupaciones afines Agricultores, ganaderos, pescadores, cazadores, trabajadores forestales y afines Conductores de medios de transporte y afines Artesanos y operarios de hilanderias, vestuarias y calzados, carpinteria, industria de la construccion y mecanica Otros Artesanos y Operarios Obreros y Jornaleros Trabajadores en Servicios Personales afines Trabajadores en ocupaciones no identificables o no declarables y otros trabajadores Miembros de la Fuerza Pública o policia		01 02 03 04 05 06 07 08 09 10 11 12	
1802	¿Cuál es el último grado o curso aprobado, en la enseñanza regular?	ninguno o hasta 2o grado primaria incompleta primaria completa secundaria incompleta secundaria completa universitaria incompleta universitaria completa	1 2 3 4 5 6 7	
1803	¿Es usted jefe de familia?	SI NO	1 0	-1901
1804	¿El jefe de familia trabajo en alguna actividad remunerada?	SI NO	1 0	-1804B
1804A	¿Qué hace el jefe de familia?	Ama de casa Estudiante Jubilado Rentista Desempleado	1 2 3 4 5	1805
1804B	Profesionales, Tecnicos y Ocupaciones Afines Gerentes, Administradores y Funcionarios de Categoria Directiva Empleados de Oficina y personas de ocupaciones afines Comerciantes, vendedores y ocupaciones afines Agricultores, ganaderos, pescadores, cazadores, trabajadores forestales y afines Conductores de medios de transporte y afines Artesanos y operarios de hilanderias, vestuarias y calzados, carpinteria, industria de la construccion y mecanica Otros Artesanos y Operarios Obreros y Jornaleros Trabajadores en Servicios Personales y afines Trabajadores en ocupaciones no identificables o no declarables y otros trabajadores Miembros de la Fuerza Pública o la policia		01 02 03 04 05 06 07 08 09 10 11 12	
1805	¿Cuál es el último grado o curso aprobado por el jefe de la familia, en la enseñanza regular?	ninguno o hasta 2o grado primaria incompleta primaria completa secundaria incompleta secundaria completa universitaria incompleta	1 2 3 4 5 6	

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
GENERAL				
1901	Se dice que el consumo de drogas es un problema en Panamá. Diría Ud. que es un problema muy grave, grave, algo grave, o no es un problema.	Muy grave Grave Algo grave No es un problema . .	1 2 3 4	
1902	Se dice que el tráfico de drogas es un problema en Panamá. Diría Ud. que es un problema muy grave, grave, algo grave, o no es un problema.	Muy grave Grave Algo grave No es un problema . .	1 2 3 4	
1903	¿Ha visto u oído un mensaje contra las drogas en los últimos 30 días?	SI NO	1 0	-1904
1903A	¿Dónde? En la television.	SI NO	1 0	
1903B	En letreros o afiches.	SI NO	1 0	
1903C	En la radio.	SI NO	1 0	
1903D	En los periódicos o revistas.	SI NO	1 0	
1903E	Organizaciones comunitarias	SI NO	1 0	
1903F	Otro	SI NO	1 0	
1903G	¿Cuál?			
1904	¿Ha hablado con alguien en los últimos 30 días sobre el asunto de las drogas?	SI NO	1 0	
1905	¿Cuál de los siguientes elementos restringe más al uso de las drogas? (leer lista)	La Policía La familia La publicidad en contra las drogas . . Los amigos La religion El costo de las drogas Otro	1 2 3 4 5 6 7	2001
1905A	¿Cuál?			
ABIERTA				
2001	¿Cuál sería la principal acción que habría que realizar para evitar que se extienda el consumo de drogas en nuestro país?			

NO.	PREGUNTA	RESPUESTA	CODIGO	PASE A PGTA.
ANOTACION DEL ENCUESTADOR				
2101	¿Su impresión final es que el entrevistado ha sido sincero?	SI NO NO ESTA SEGURO . . .	1 0 2	
2102	¿Según usted, podría pensarse que el entrevistado es un usuario de drogas ilícitas que no respondió sinceramente a la encuesta?	SI NO NO ESTA SEGURO . . .	1 0 2	
2103	Si sus respuestas fueron afirmativas o de duda, explique brevemente sus razones.			

-A-

BEBIDAS ALCOHOLICAS
PASTILLAS
MARIHUANA
ALUCINOGENOS
SUSTANCIAS INHALANTES
CLORHIDRATO DE COCAINA
CRACK/PIEDRA
BAZUCO
MORFINA, CODEINA
OTRAS SUSTANCIAS

-B-
ANALGESICOS

LISALGIL
NOVALGIL
SOSEGON
DEMEROL
MEPERDOL
OTROS SIMILARES

-C-
SEDANTES

DIAZEPAN, VALIUM
LEXOTANIL
LIBRIUM
LEXOTAN
TAFIL
ATIVAN
OTROS SIMILARES

-D-
HINOTICOS

ROHYPNOL
NOCTRAN
DORMICUM
HALCION
DORMONOCT
OTROS SIMILARES

-E-
ESTIMULANTES

ANFETAMINAS
RITALINA
LIPENAN
PRELUDIN
TENUATE/DOSPAN
OTROS SIMILARES

-F-
INHALANTES

PEGAMENTO
THINNER
LACAS, PINTURAS Y OTROS DISOLVENTES
PINTURAS
GASOLINA
LIQUIDO CORRECTOR PARA MAQUINAS DE
ESCRIBIR
ACETONA Y OTROS LIQUIDOS DE LIMPIE
NAFTA O FLUIDO PARA ENCENDEDOR
OTROS SIMILARES

CLAVE 0 á 6

NUNCA 0
1-2 VECES 1
3-5 VECES 2
6-9 VECES 3
10-19 VECES 4
20-39 VECES 5
40 Y MAS VECES 6

CLAVE 0 á 3

NO
CON RECETA MEDICA
SIN RECETA MEDICA
A VECES CON RECETA Y OTRAS NO