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DRUG USE AND ABUSE IN PERU

AN EPIDEMIOLOGICAL INVESTIGATION OF DRUGS IN URBAN PERU

by

Joel M. Jutkowitz

and

Rolando Arellano

Ramiro Castro de la Mata

Peter B. Davis

Jack Elinson

F. Raúl Jerí

Marion Shaycoft

Juan Timana

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DEVELOPMENT ASSOCIATES, INC.
2924 Columbia Pike
Arlington, Virginia 22204-4399
U.S.A.
(703)979-0100

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SUMMARY**DRUG USE AND ABUSE IN PERU****An Epidemiological Investigation of Drugs in Urban Peru****A. Purpose of the Study**

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

B. Study Methods

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

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

The sample drawn was based on a random selection of households in each city and a random selection of individuals within each household. The sample was stratified into two segments (Lima/Provinces) and was designed to overrepresent the provinces in order to provide a sufficient number of cases for analysis of the various regions of the country. It was weighted to combine the two strata. The fieldwork secured a response rate of 85% of interviews attempted and 98% of the original sample size of 5,000.

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

C. Overall Results

The survey found that the lifetime prevalence (percentage having ever used a substance, i.e. once or more often) of alcohol was the highest of all substances examined (87.2%) followed by tobacco with 67.4% and coca leaf (21.7%). Two of the four sets of prescription drugs — sedatives (18.5%) and analgesics (9.9%) — ranked fourth and fifth. Marijuana (8.3%) and coca paste (4.0%) are in the middle, ranking sixth and seventh in order of lifetime prevalence followed by stimulants (3.7%), inhalants (3.6%) and hallucinogens (3.0%). Cocaine was eleventh (2.6%) and hypnotics last (0.9%). The overwhelming majority of marijuana, coca paste and cocaine users are located in Lima, as well as the majority of those who use alcohol and tobacco. The majority of those who use coca leaf and hallucinogens are located in the provinces. The geographical regions of Sierra Centro and Sierra Sur have the highest proportion of coca leaf users. Comparing the figures in Lima with those reported in the 1979 study by Carbajal et al, there have been dramatic increases in marijuana, coca leaf, coca paste and cocaine use in the relatively short space of seven years.

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

Lifetime frequency of use, the number of times a substance has been used in one's lifetime, serves to divide users into experimenters and heavy users. An absolute majority of users report having tried hallucinogens, coca leaf, inhalants and cocaine only one or two times in their life, i.e. they appear to have only experimented with these substances. A third of those who utilized prescription drugs (analgesics, sedatives, hypnotics, stimulants) are experimenters, a larger percent than those who report heavy use. At the other end of the scale, users of marijuana, coca paste and cocaine show higher levels of frequencies than do users of other substances. Marijuana users, with 11% categorized as heavy users (i.e., those using the drug 50 or more times), include the largest proportion of heavy users of all illicit substances, although cocaine with 7% and coca paste with 9% also show higher levels of lifetime frequency than do users of other substances.

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

Age of initiation to drug use varied according to the substance. Those tried at the earliest age (11 years or younger) were sedatives, coca leaf

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

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

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

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

D. Conclusions

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

These four groups of substances can be distinguished by their patterns of lifetime prevalence and current use, displayed in Table 5.2. The socially acceptable substances, alcohol and tobacco, hereafter referred to as "social drugs", have as can be expected the greatest level of lifetime prevalence, with 89.5% indicating having ever used the substances, and 35.5% indicating current use (39.7% of those indicating having ever used). Projecting these figures on the study's universe, from 4,583,236 to 4,677,343 approximately have used these substances at some point in their lives while between around 1,763,000 and 1,910,000 are current users. Lifetime users are somewhat more likely to be male, 15 or older and higher up the socio-economic status scale than those who do have never used these substances. Current users of "social drugs" are much more likely to be male, are likely to be somewhat older and are also likely to be from the upper status group, with once again use going up the class ladder.

Lifetime users of the "folkloric" substances, coca leaf and hallucinogens, display a prevalence rate of 22.7% and a current use rate of 1.6% of the study population (7.1% of those who have ever used). Projecting on the study universe, between around 1,110,000 to 1,238,000 have ever used these "folklorics" and between approximately 64,000 and 102,000 are current users. Among those who have ever used, the majority are males, in older

age brackets (19-45) and either of middle or lower status. Current users, however, are more likely to be females, proportionately younger and more than likely from the lower status group.

The category "medicines", encompassing analgesics, sedatives, stimulants and hypnotics, shows a range of lifetime prevalence similar to the "folklorics" , 26.7%, which projected on the population covers a range of between around 1,313,000 and 1,449,000. Current users amount to 12.5% of the study universe and 47% of those who have ever used "medicines". Projecting this figure, current users range from 596,000 to 697,000.

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

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

The modern drugs of choice, hereafter referred to as "drugs", marijuana, inhalants, coca paste and cocaine, have a lifetime prevalence of 12.2% and a current use of 1.1%, 8.9% of those having ever used the substances. Projecting the lifetime prevalence on the study's universe, between approximately 590,000 and 682,000 individuals indicate having ever used these substances. Lifetime users are overwhelmingly male, between 19 and 34 years old and drawn in the greatest proportion from the upper status group. In fact, as was generally the case with the individual substances, there is a direct correlation between status and use: the higher the status the greater the probability of use.

Looking at current use, i.e. those indicating have used a substance in the 30 days prior to the interview, males are more likely to be current users, but far less so than would be anticipated from lifetime prevalence figures

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

As the data in this study has indicated, the prevalence patterns of each of the four categories of substances varies in terms of its extent and intensity of current use, but in all categories has grown significantly in recent years. These data serve, therefore, as a starting point for a fuller understanding of the proper approach to dealing with the different patterns of use and the social significance of the use of these various categories of drugs in urban Peru.

I. THE SCOPE OF THE STUDY

A. Introduction

There has been a growing concern in Peru over the past year regarding the problem of drug abuse, particularly among the youth. Medical authorities and opinion leaders in the society foresee the problem worsening. But, their perceptions rest on a very weak data base. The only probabilistic survey of the prevalence of drug use took place in 1979 [Carbajal et al, 1979] and was limited in its coverage to metropolitan Lima. There are no baseline data to be able to measure the problem at a national level. The study described in this report provides a description and analysis of the prevalence of drug use and abuse at the national level as a first step in a systematic approach to dealing with drug abuse. Because it is an initial view of the situation, it is as comprehensive as possible within the scope of available resources and information regarding the context of the problem. It covers the full range of psychoactive substances from alcohol and tobacco through prescription drugs to the derivatives of the coca plant — coca leaf, coca paste and cocaine hydrochloride. To provide that description, this study utilizes a survey, based on a probabilistic sample of the country's urban population, (cities over 25,000 with three departments and one city excluded for reasons of security). The survey draws on the over 20 years of international experience in the design of epidemiological studies of the phenomena of drug use and abuse. The details of the design of the survey and the methods employed to carry it out are explained in Section II. The balance of this section explores the context of drug abuse in Peru.

B. Historical Background

While increased awareness of drug abuse has occurred only within the last several decades, Peru has a long history of the production and consumption of psychoactive substances. In particular, use of coca in Peru goes back to ancient times as is evident from archeological findings. Other substances, notably alcohol, tobacco and hallucinogens (these latter, extracted from

the cactus of the genus *trichocereus* and identified as mescaline) also were present in the pre-Colombian period. Use of the coca leaf was not, however, uniform throughout the pre-Colombian period.

The archeological evidence indicates a more or less widely diffused use pattern during the so-called cultural horizon periods, mixed with eras of isolation in which the major part of the population did not have access to the zones of production. During the period of Inca rule, use was formally restricted to the dominant class.¹ Use expanded without limits after the arrival of the Spanish, coinciding with the disruption of the control that had been exercised by the Inca state. Spanish ordinances regarding coca were aimed at preventing the expansion of cultivation and regulating trade in coca leaves.

In the mid-nineteenth century, the alkaloid cocaine was isolated from the coca leaf and later its medicinal properties discovered and developed. This was the basis of the alteration of the traditional character of coca leaf production and consumption patterns. In the latter half of the nineteenth century, coca derivatives found use in patent medicines as well as prescription remedies not to mention teas, wines, gum and soft drinks. By the 1890's, cocaine production had become a significant Peruvian industry, with some ten factories engaged in extracting the alkaloid for sale on the world market, two of which were extensive in scale [Mortimer, 1978, p.317].

In the early 1900's, the status of Peru's coca industry was changed through the development of international controls over the trade and manufacture of coca leaf and coca products. The Hague Convention was the first international agreement to seek to control drug production and trade. In Chapter III of the convention, a chapter based on British resolutions, the signators pledged to: 1) enact laws to regulate the manufacture, sale and use of morphine and cocaine; 2) to "use their best efforts to control or

¹ Some historians and archeologists indicate that the ban was only effective in the Cuzco region. [cf. Parkerson in Carter et. al. 1980, p. 92.]

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cause to be controlled" those individuals or properties engaged in production and distribution of morphine and cocaine; 3) to use their best efforts to limit trade of morphine and cocaine from their territories; and 4) include in the definition of controlled substances, preparations containing more than a certain percentage of morphine, cocaine or heroin. [Taylor, 1969, p. 101-102]. This convention and others that were to follow were the result of a changing climate regarding the utilization of psychoactive substances, particularly in the United States and the United Kingdom. In the United States, the Pure Food and Drug Act of 1906 required labelling of ingredients in foods and patent medicines. This meant that the cocaine content of many products was now revealed to the public, heightening awareness of the presence of cocaine as well as various other psychoactive components such as opium, morphine and alcohol. The Harrison Act of 1914, coupled with the action of federal enforcement agencies, prohibited the dispensing of cocaine without a prescription as well as classifying it as a narcotic.² As a consequence of these laws and of the 1914 Narcotic Drug Import and Export Act, which regulated international trade in cocaine (among other substances), the legal U.S. market for coca and cocaine decreased enormously, although this did not stem all of the demand for the substance, resulting in the creation of an illegal market.

This alteration in the international climate had its effect in Peru. In the period after the First World War, the legitimate international market for coca and its derivatives was sharply reduced. But over the years, the production of coca leaf continued to increase. For example, in the period between 1949 and 1955, production went from 7,561 to 9,955 metric tons and in the period 1951 to 1955 the area under cultivation expanded from 7,920 hectares to 13,509 hectares. In that same period, exportation, according to official records, went from 156,000 Kgs. to 602,027 Kgs., an almost fourfold increase in exports with a more than fourfold increase in income to the state. [Prado Saldarriaga, 1985, p.140.]

² The original act was made more restrictive by both Treasury Department regulations limiting a doctor's ability to prescribe controlled substances and by judicial decisions which upheld the government's stringent regulations and interpretations of the act.

. . .²

Where reasonable records exist, it appears that the consumption of coca leaf (either the leaf itself or derivatives) has expanded throughout this century. In the period of the First World War up until the 1950's, the consumption by indigenous people appeared to expand. As an indication, according to official records, in 1926, the consumption of coca leaves amounted to 4,800,000 Kgs. while in 1955 that consumption was 9,349,289 Kgs. [Prado Saldarriaga, 1985, p.141].

Peru has sought to control the use of psychoactive substances through legal means. Coca chewing as a legal practice is restricted to what are considered to be traditional areas of use. Other coca derivatives -- coca paste, cocaine, as well as the gamut of psychoactive substances such as marijuana, LSD, heroin, and opium -- are illegal with stiff penalties for trafficking and related crimes. Consumption of these substances has been decriminalized for addicts. [Prado Saldarriaga, 1985, pp. 155-156].

The 1960's brought a shift in the character of drug use and abuse in Peru, a shift reflected in a variety of observations made by those concerned with the question. Jeri reported [See Jeri, 1985, p.36] that, starting with the decade of the 1960's, researchers began to note the use of various drugs by students at both the secondary and university levels. The drugs reported as being of widest use were: marijuana, amphetamines, methaqualudes, LSD, codeine, barbiturates, and, to a lesser degree, other psychoactive substances. Mariategui [Mariategui, 1978, p.36] cited a study undertaken by the Ministry of Health in 1965 which indicated that 13% of the population habitually utilized coca leaves. He also cited a study by O. de Leon involving university students that indicated that 18.8% consumed amphetamines but only 1.1% were considered heavy users ("suspected addicts"). Other studies suggested the existence of problems with other substances. Ponce, for example, in a survey of university students in 1973 reported that of a total of 648 students, 72% had the opportunity to use marijuana and that 55% had used it at least once with a total of 37% self-reporting occasional use and 15% frequent use. Ponce's sample included individuals who also had used barbiturates, LSD and cocaine among other substances. Another study in 1973 among secondary students in Lima by M.A. Boggiano, reported 16.4% who had used marijuana (11.5% occasional users and 4.8%

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habitual users) [Mariategui, 1978, p.38]. Other substances reported were methaqualudes (2.0%), LSD, ether, amphetamines, cocaine and San Pedro, all with lower percentages.

Other indications of the growth of this problem were studies undertaken of patients in hospitals as well as an examination of the results of the efforts of the police to control drug traffic. A study by Caravedo and Almeida in 1972 indicated that of a sample of patients with problems of drug dependence, in both state hospitals and private clinics in the city of Lima, 36% utilized barbituates, 27% marijuana and hallucinogens, 21% psychostimulants and 16% other psychoactive substances (analgesics, inhalants, ethyl chloride) [Caravedo and Almeida, 1972, p.16]. Sanchez Tejada reported [Sanchez Tejada, 1983, p.20] an increase from 6 cases of pharmaco-dependent in-patients in the Hospital Hermilio Valdizan in 1972 to 172 in 1981 (Table 1.1). Looking at the growth in drug traffic, Sanchez Tejada presented the data included in Table 1.2 of drugs seized by the DINTID, Accion Nacional Contra el Trafico Illicito de Drogas, (National Bureau Against Illicit Drug Traffic, a section of the PIP, Peruvian Investigative Police), indicating an increase in cocaine from 80 to 301 Kg., coca paste from 185 to over 5,300 Kgs. and marijuana from 88 to 553 Kgs. in the period of 1972 to 1981.

Recent figures on the production of coca leaves also indicate the advance of the problem. For example, in the period 1960-1982 the total area utilized for the cultivation of coca leaf expanded over 250% (see Table 1.3). Another recent measure is the level of drugs seized by the Guardia Civil (Peruvian National Uniformed Police) in the last eight-and-a-half years (see Table 1.4). Those figures indicate a tenfold increase in seizures of coca paste between 1979 and 1985 with a further doubling of the seizures in the first half of 1986. It also shows dramatic increases in seizures of coca leaf. With respect to marijuana, the figures show increases in seizures in the early 1980's, but a decline in 1985. This dramatic increase in the seizure of coca paste is related as well to the perception by experts in the field that the problem of coca paste use in Peru is increasing.

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TABLE 1.1

DRUG DEPENDENT PATIENTS HOSPITALIZED AT THE HERMILIO VALDIZAN HOSPITAL

Year	Global No. of Patients	Drug Dependent Patients			
		No. Cases	Percent	Male	Female
1972	789	06	0.8	04	02
1973	933	05	0.5	05	—
1974	910	17	1.9	11	06
1975	900	16	1.8	14	02
1976	875	36	4.0	32	04
1977	847	42	4.9	38	04
1978	870	65	7.5	60	05
1979	1,047	84	8.0	82	02
1980	1,076	239	22.1	238	01
1981	1,112	172	15.5	172	—

TABLE 1.2

AMOUNT OF DRUGS SEIZED BY DINTID

Year	Cocaine Kgs.	Coca Paste Kgs.	Marijuana Kgs.
1972	80	185	88
1973	24	305	623
1974	75	244	168
1975	53	400	515
1976	75	1,244	644
1977	84	1,344	1,274
1978	Not available		
1979	Not Available		
		*	
		PBC (G)	PBC (W)
1980	152	3,345	1,409
1981	301	4,040	1,340

*

PBC: Coca Paste; (G): Gross; (W): Washed.

Coca paste use began to be reported by physicians in the early 1970's. Cases were reported at first by doctors treating out-patients, followed by cases of patients hospitalized for severe complications, both physiological and psychological. Deaths were reported as well from acute intoxication. [Jeri, 1984, p.15.] As Jeri stated, summing up the history of the drug's appearance, "Eight years ago (1976), the author and his colleagues reported on coca paste smoking by seven young people who also used other drugs. Two years later, this form of drug taking had become more widespread in Lima and it was possible to describe the physical and mental changes in 158 patients who were undergoing treatment in several psychiatric hospitals and clinics. Towards the end of 1978, a clinical study was presented in Toronto of 188 coca paste smokers from psychiatric hospitals (in Lima). Soon, several other medical groups reported cases of coca paste smoking in Bolivia, Colombia and Peru. In Peru, the coca paste epidemic spread rapidly to the main cities and cases were found in all regions of the country." [Jeri, 1984, p.1.]

A total of 348 coca paste smokers were reported on in Jeri's 1984 article, all of whom had been admitted to general medical and/or psychiatric care. Concomitant with problems of coca paste intoxication (euphoria, dysphoria, hallucinosis and psychoses), the study reported associated psychological and physiological problems that ranged from affective disorder, anxiety and schizophrenia to malnutrition, respiratory disorder, and a variety of infections. The study also reported serious social disorders as a consequence of use. This new form of use constituted, as the article concluded, "a severe disorder, with grave consequences for the individual, the family and the community." [Jeri, 1984, p.28.]

Although the problem of drug abuse appeared to be increasing, an epidemiological study conducted in 1979 only reflected a very low level of lifetime prevalence (defined as an individual having ever used a substance in his lifetime). That study directed by Carbajal, Jeri, Sanchez, Bravo and Valdivia, indicated that only 3.4% of the population of metropolitan Lima had ever used marijuana, 1.3% coca paste and 0.7% cocaine. Given that that study was the first of its kind, it did not provide trend data.

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This report shall look at that study in greater detail as this survey's comparable data is presented in Section III.

The Carbajal study was an attempt to indicate the character of the drug abuse problem utilizing a probabilistic survey of the general population, but other recent studies, utilizing different methodologies, have suggested other figures regarding the extent of the drug problem in Peru. For example, Oliver, based on studies in Lima, without a clear definition of concepts or explanation of the significance of the figures reports that from 26.5% to 60% of the youths in Lima have experimented with drugs, 14.5% to 30% are habitual users and 4.1% to 7% are drug addicts. [Oliver and Llerena, 1979, pp.3-4]. Journalistic efforts have expanded on these figures suggesting that over 2,000,000 individuals had experimented with drugs [approximately 11% of the total population of the country]. ["El Comercio," June 4, 1986, p.D-1.].

The search for a more precise understanding of the extent of drug use and abuse in Peru is, in effect, the search for more rigorous and effective means of studying the problem. We believe that among the most effective means is to conduct a survey based on a random sample, controlling as well as possible to assure the probabilistic character of the survey and thereby its capacity to represent the underlying universe. As Ira Cisin has pointed out: "Only a random sample can provide unbiased estimates for the population; and only a random sample can provide the researcher with the power to make probabilistic statements about the relationship between sample estimates and population values. We do not pretend that any one random sample will accurately reflect a population value, we do assert that only a random procedure can arm us with knowledge of the probability of being wrong and by how much." [Cisin, 1977, p.34.]

C. This Study

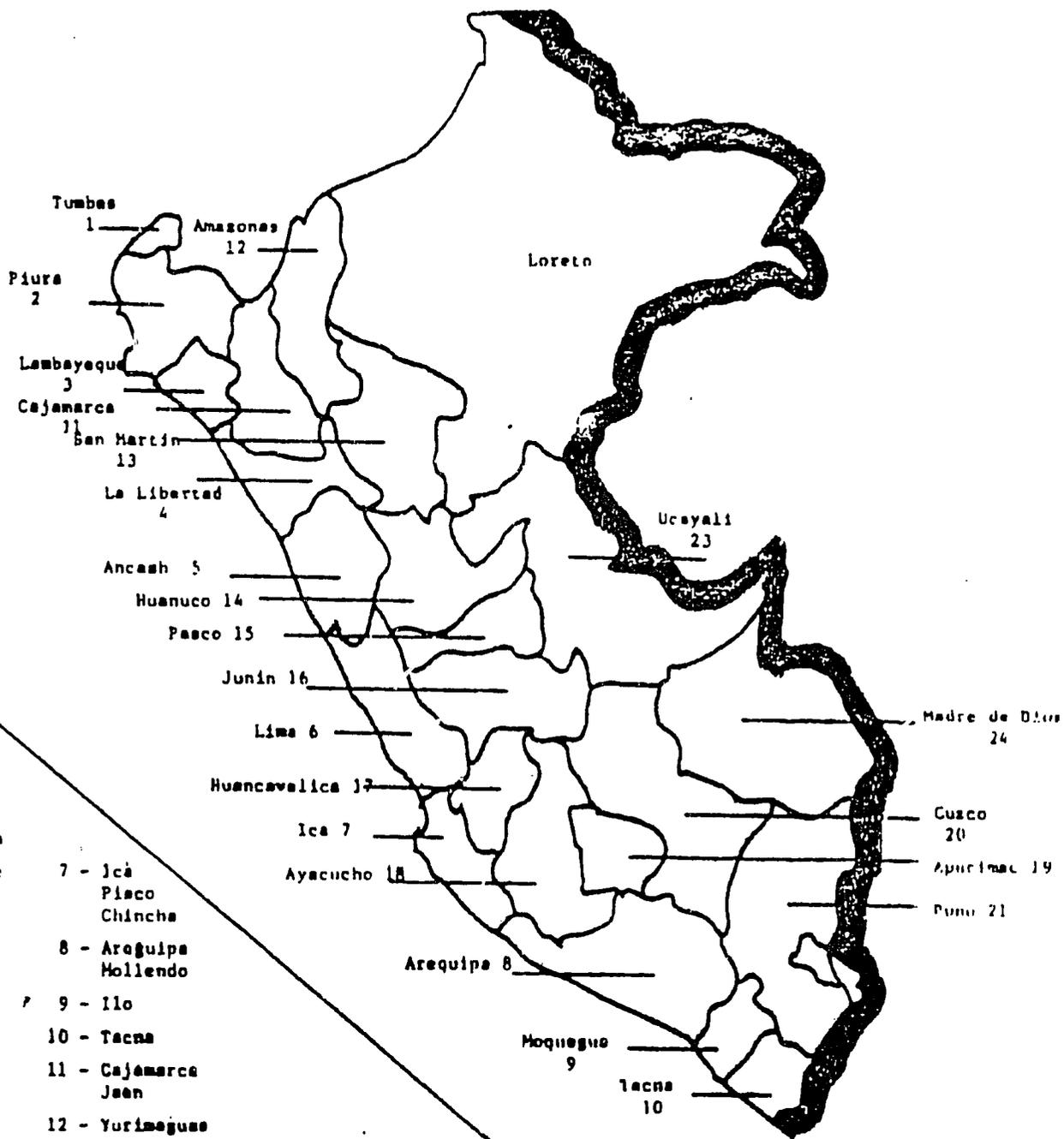
The study described in the balance of this volume was designed to provide the best available estimate of the extent of the prevalence of drug use

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in Peru. More specifically, this study examines the patterns of use of a variety of substances within the cities of Peru with a population of over 25,000 (See Map 1.1). This assumes that drug use and abuse primarily are manifested within urban settings. Given the limited resources available, this first national approximation of the problems of drug abuse concentrates on the areas of the highest potential use. As was indicated at the start of this section, Section II explores the methods employed to carry out the survey and the following Sections (III through V) detail the findings and their implications.

Map 1.1

PERU: PROVINCES AND CITIES AS INCLUDED IN THE EPIDEMIOLOGICAL STUDY OF DRUG ABUSE



- 1 - Tumbes
- 2 - Piura
Talara
Catacaos
Paíta
Chulucanas
- 3 - Lambayeque
Chiclayo
Ferrenafe
- 4 - Trujillo
Chepen
- 5 - Huáraz
Santa
Chimbote
- 6 - Lima
Parícuti
Barranca
Huatal
Huacho

- 7 - Ica
Pisco
Chincha
- 8 - Arequipa
Mollendo
- 9 - Ilo
- 10 - Tacna
- 11 - Cajamarca
Jaen
- 12 - Yurimagues
- 13 - Tarapoto
- 14 - Huanuco
- 15 - Paeco
- 16 - Huancayo
La Oroya
Tarma
- 17 - Not included
- 18 - Not included

- 19 - Not included
- 20 - Cusco
- 21 - Puno
Juliaca
- 22 - Iquitos
- 23 - Pucallpa
- 24 - Not included

II. METHODOLOGY

The survey which forms the basis of this study was undertaken in the period between October 1985 and June 1986 in all major urban centers in Peru over 25,000 in population (with certain exceptions, because of security considerations).

The work was carried out in four stages: 1) development of a preliminary questionnaire; 2) pre-testing the questionnaire; 3) carrying out the national survey and 4) carrying out a validity study based on the sample utilized in the national survey. As was indicated in Section I, this study seeks to provide the first national estimate of drug use in Peru based on a probabilistic sample, which would provide the baseline for future estimates of the increase (or decrease) of drug use. It seeks the widest possible coverage of psychoactive substances in the widest possible area of the country within the limits of the resources available. This section explores the design of the questionnaire, the design of the sample, the methods used to gather the data, the problems of reliability and validity of the data, and the general research climate in which the data was gathered.

A. Questionnaire Development

In the period October through November 1985, a questionnaire was constructed reflecting certain broad objectives:

1. To represent the level of prevalence of drug abuse in Peru. Prevalence is understood in this study as the percent of the population within the universe studied using drugs over a specified time frame. This serves to indicate the magnitude of the problem within that time frame.¹

¹ The terms prevalence and incidence are used inconsistently in the literature. Incidence should refer to the number of new cases within a particular time period, e.g., a single year, while prevalence should refer to the number of cases (old and new) in existence at a specified time. [Nelson et al, 1982, p.38.] As there are no national baseline data for Peru, an incidence study in Peru could not be feasible.

2. To provide as broad a coverage of the problem of drug use as possible, both in terms of the substances covered and the information generated regarding those substances and related variables.

Two questionnaires used in other population studies served as reference documents for the design of the instrument: (1) the questionnaire employed by Carbajal, Jeri et al in the 1979 epidemiological survey of drug use in Lima; and (2) the questionnaire used by Temple University under contract with the U.S. National Institute on Drug Abuse (NIDA) in its current (1985) National Survey of the U.S. population. The latter instrument, of course, drew on the lessons learned from the series of national surveys sponsored by NIDA over the past decade.

The guiding principles used in developing the questionnaire were:

- o The substances inquired about were to be all those known to be available in Peru. This meant deleting some substances included in the Temple/NIDA survey; and adding some other substances which were not mentioned in the Temple/NIDA survey, but which were known in Peru.
- o Some substances named in the Temple/NIDA survey were to be regrouped according to their pharmacological action. In accordance with recommendations of the survey's medical consultants, substances grouped under "tranquilizers" in the Temple/NIDA survey were more appropriately referred to as "sedantes," or sedatives, in Peru. Also, a category of "hipnoticos" was added -- a category not used in the Temple/NIDA survey. This category subsumed the heavy sedatives mentioned in the Temple/NIDA survey, including medication used for inducing or maintaining sleep.
- o Since some coca products are of greater importance in Peru than in the U.S., batteries of questions were constructed for the use of "hojas de coca" (coca leaf) and for "pasta basica de cocaine" (coca paste) in addition to parallel questions for "polvo de cocaine" (cocaine hydrochloride), as used in the Temple/NIDA survey.

- o Wherever possible questions and response categories were constructed to parallel the 1979 Lima survey to maximize the possibility of inferences about change or trends in Lima. Similar categories were used for some demographic variables and comparable substance were examined.
- o A large scale national survey of health and nutrition had just been conducted in Peru by the Instituto Nacional de Estadística (INE) in 1984 and 1985. It included 18,000 households covering 100,000 people. That survey is known by the designation ENNSA (Encuesta Nacional de Nutrición y Salud, which, in English, is termed National Survey of Nutrition and Health). (See page II-6 below.) The questionnaire used in that survey was helpful in developing phrasing for questions covering socio-economic backgrounds and demographic characteristics of respondents. These questions may also be used to provide a check on the representativeness of the sample to be used in the national drug survey. The national drug survey employs a smaller sample size than the health and nutrition survey.
- o The Temple/NIDA survey inquired about a series of consequences of drug use, both mild and serious. Only the more serious potential consequences of drug use were inquired about in Peru, omitting the more extensive series and milder consequences of drug use covered in the Temple/NIDA survey.

The substances covered in the questionnaire were (see Appendix A for the full text of the questionnaire):

1. Alcohol
2. Tobacco
3. Analgesics (e.g., Darvon, Demerol, Codeine, Morphine)
4. Sedatives (e.g., Librium, Valium, Mandrax, Ativan)
5. Hypnotics (e.g., Phenobarbital, Seconal, Nembutal, Mogadon).
6. Stimulants (e.g., Preludin, Ritalin, Tenuate Dospan).
7. Marijuana

8. Hallucinogens (e.g., San Pedro, Ayahuasca, LSD)
9. Inhalants (e.g., gasoline, glue, paint, ether)
10. Heroin
11. Opium
12. Coca leaves
13. Coca paste
14. Cocaine (cocaine hydrochloride).

For each of these substances, (with the exception noted) eleven standard variables were covered. These were:

1. Age at first opportunity for use (for illicit substances).
2. Age of first use.
3. Establishing current use, understood as the most recent use of a substance which was defined as from the day of the interview back for 30 days.
4. Lifetime frequency of use.
5. Quantity used.
6. Both frequency and quantity -- to serve as well as an internal check on consistency of response.
7. Cost to the user.
8. Use of the substance in connection with other drugs (poly-drug use).
9. Annual use, to serve as a possible check on recent use.
10. Historical patterns of habitual use, i.e., regular use at some time in the past (again to serve as a check on current use).

11. Attempts at ceasing use.

For certain substances (tobacco and alcohol), an additional question or set of questions sought to provide a replicable definition of a user by looking at 12 month or lifetime frequency of use and consequences of use (e.g., times drunk).

Five other categories of questions were also covered:

1. The socio-demographic characteristics of the respondents (age, sex, civil status, educational level, occupation, place of birth, income of respondent and respondent's family).
2. Self perception of health status and utilization of health services.
3. Consequences of the use of the substance for the respondent;
4. Risks associated with the use of substances, i.e., the degree of addiction perceived to be associated with each substance.
5. Treatment received for substance use by the respondent.

B. Universe Studied

The universe studied was defined in terms of two variables: size of place of residence and age range. Specifically, the universe included individuals within the ages of 12-45 years located within private residences in all cities of 25,000 or more inhabitants.

The exceptions to this sample frame were the city of Tingo Maria in the department of Huanuco and all cities located within the departments of Ayacucho, Apurimac and Huancavelica. These latter three departments were in a state of emergency when the study took place and still are. Tingo Maria, a center of drug trafficking, presented an extremely difficult and dangerous field situation for the survey team.

Based on projections from the 1981 census to the year 1985, a total of 9,967,722 individuals live in the 40 urban centers within the universe as defined. Of that universe 5,523,600 are located within Metropolitan Lima (55.4%) and 4,444,122 (44.6%) are located within the other 39 cities, ranging from 546,547 in Arequipa to 25,341 in Mollendo (see Table 2.1). Further description of the survey parameters of the universe and the sample are contained in Section III.

C. Sample

Out of this universe, a weighted representative sample of households was drawn to underrepresent metropolitan Lima and overrepresent the other 39 population centers. As is indicated in Table 2.1, 1,240 households were selected in Lima (24.8% of the total) and 3,760 households were selected from the remainder of the universe (75.2%). In the analysis of the data, results are weighted to provide the proper proportional representation of the total universe. The weighting factor for this purpose was 3.83 for Lima against 1 for provinces, a weight based on the ratio of actual interviews completed to the population (see page II-23).

In order to select the households to be included in the survey, use was made of a sample frame developed by the Instituto Nacional de Estadística, INE, (The National Institute of Statistics). Basic information for the sample frame was drawn from the National Survey of Nutrition and Health (ENNSA)² updated to 1985/86. The first level of the sample frame, defined as the totality of sample units from which the sample was selected, is made up of a listing of conglomerates of one or more square blocks which have on the average 100 households, laid out on the plans of the cities included in the study. At its second stage, the sample consists of a list of households within each conglomerate selected.

²For a discussion of the ENNSA sample see Instituto Nacional de Estadística y Ministerio de Salud, Encuesta Nacional de Nutrición y Salud 1984, Informe General, Lima: 1986, Dirección General de Encuestas, INE, p.58-66.

TABLE 2.1

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

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

In order to bring the sample frame utilized for the ENNSA up to date, a field survey was conducted by INE of the households in some of the conglomerates selected. This task consisted of going street by street through each of the blocks included in the conglomerates selected in order to register all private households located within the conglomerate. This survey took place in January and February of 1986, just prior to the initiation of fieldwork. The final maps and addresses used were based in part on this field survey.

The sample is probabilistic, with a two stage systematic random selection of conglomerates and a random selection of households within each conglomerate.

The sample is independent in each city included in the study and the sampling ratio is approximately 1/760. The sample in its first stage is a sub-sample of the conglomerates selected in the ENNSA, and in its second stage, a new sub-sample of households of those conglomerates.

Taking into consideration cost and operational factors, a sample size of 5,000 households was fixed, a size which permits estimations of the universe within the limits of precision desired. The sample size in the last stage of sampling is 20 households per conglomerate.

Assignment of the sample in each city is proportional to the number of private households. Table 2.1 on a preceding page presents a description of the sample distribution.

D. Sample Selection

1. In Metropolitan Lima

The unit of selection in the first stage is the conglomerate (primary sampling unit or PSU). The districts which make up metropolitan Lima were arranged in accordance with their geographic contiguity taking as a starting point the districts which are located in the northernmost point of the city and terminating with those in the southern most point

(see Map 2.1). [This ordering of districts is referred to as serpentine.] Then, 62 PSU's were selected in a systematic fashion, from a random starting point with a probability of selection proportional to the number of private households.

This selection can be represented symbolically as follows:

n_1 = Number of PSU's in metropolitan Lima sample.

$n_1 = 62$

M_1 = Total of households in the PSU's selected in the ENNSA in metropolitan Lima

$M_1 = 44,379$

K_1 = Selection interval of the PSU's

$$K_1 = \frac{M_1}{n_1} = \frac{44,379}{62} = 715.79$$

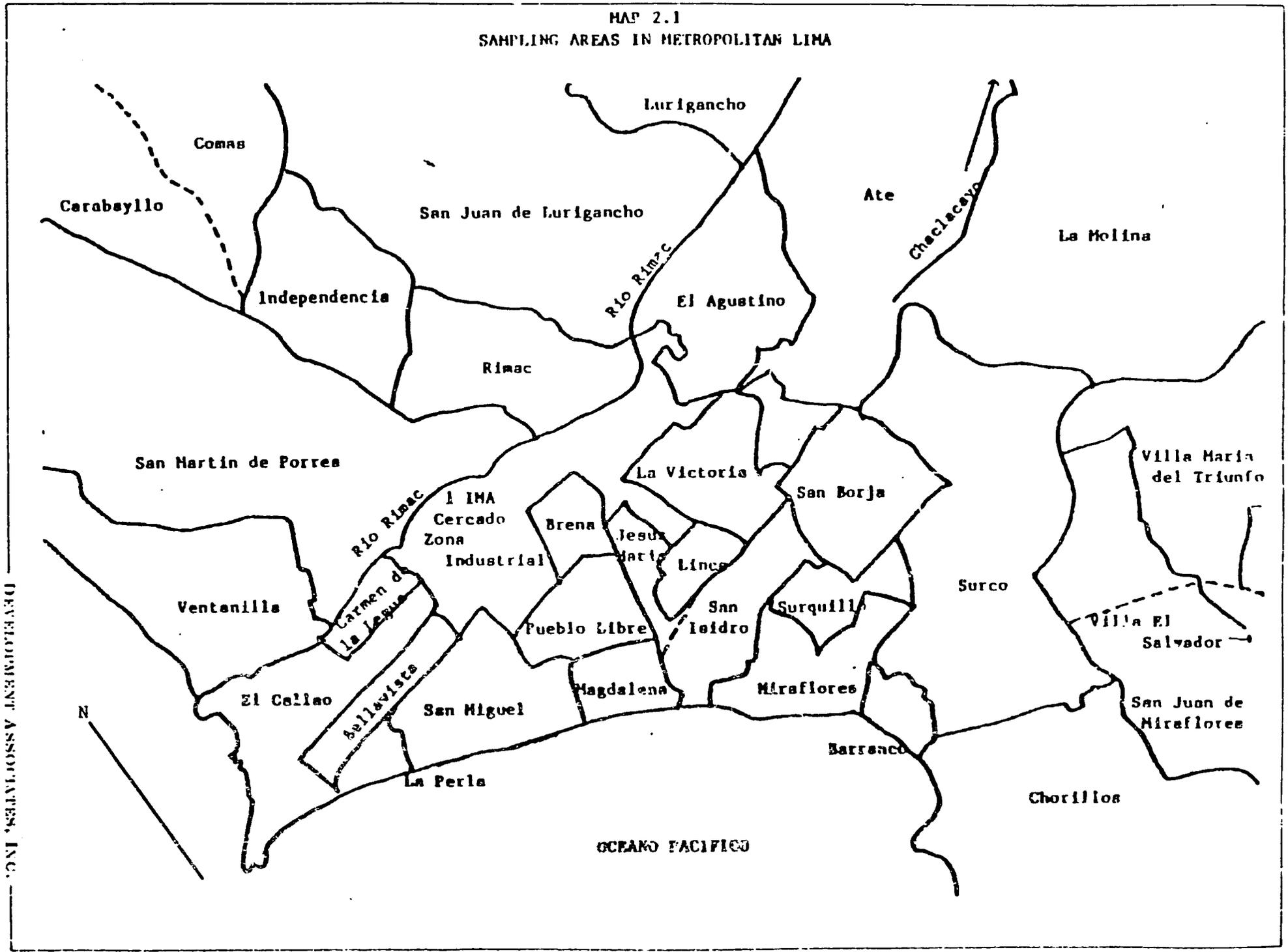
The unit of selection in the second stage is the private household (Secondary Sampling Unit or SSU). In each PSU selected, 20 households were chosen utilizing a random starting point in a simple systematic random fashion. This selection can be represented symbolically as follows:

M_{1_i} = Number of households in i^{th} PSU in Metropolitan Lima.

K_{2_i} = Selection interval of PSU's

$$K_{2_i} = \frac{M_{1_i}}{20}$$

MAP 2.1
SAMPLING AREAS IN METROPOLITAN LIMA



DEVELOPMENT ASSOCIATES, INC.

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2. Selection in the Rest of the Country

a. Selection of PSU's

Based on the listing of conglomerates in the population centers selected in the ENNSA, a selection was made of PSU's. The selection was systematic, proportional to the number of private households, utilizing a random starting point.

That selection can be represented symbolically as:

g_h = Number of PSU's in the h^{th} city.

M_h = Total of the households in the population centers selected in the ENNSA in the h^{th} city.

K_{h_1} = Selection interval of PSU's in the h^{th} city.

$$K_{h_1} = \frac{M_{h_1}}{g_h}$$

b. Selection of Secondary Sampling Units (SSU's)

The selection of the sample of SSU's in the PSU's chosen was done in a systematic random fashion.

This process can be represented symbolically as:

$$K_{2h} = \frac{M_{hi}}{20} \quad \text{where}$$

M_{hi} = The total of households in the i^{th} PSU according to the sample frame of the h^{th} city.

To ensure that sufficient cases selected at random would be available, a second sample of five thousand cases was selected utilizing the same methods. Instructions to the survey team were to substitute the second sample (the "B" sample) for the first sample (the "A" sample) on a conglomerate by conglomerate basis if the A sample was not 80% completed. In addition, substitution was permitted of corresponding houses in the "B" sample for those houses in the "A" sample which did not exist or those instances where the address in question was not in fact a private household.

Within each household a random selection was made of all individuals between the ages of 12 and 45 years residing in the house who were members of the households at the time of the survey, excluding domestic help. This selection was made through the utilization of a modified version of a Kish table. That table permits the random selection of an individual who is a member of a small group such as a household.³ As utilized in this study, the table consisted of a 10x10 matrix with the vertical axis representing the number of persons in the household falling within the study universe, i.e., between the ages of 12 and 45 listed by age from oldest to youngest and the horizontal axis representing the last digit of the number assigned in advance to each questionnaire. (The Kish table utilized appears on page 1 of the questionnaire. See Appendix A.) [Those numbers were assigned in blocks of twenty to each conglomerate in sequence from conglomerate 1 in Lima through the last conglomerate in the provinces.] The numbers within the table were generated utilizing a table of random numbers.

³ For a discussion of the logic of constructing this table see Leslie Kish, 1965, pp.396-404.

The individual to be interviewed was chosen by locating the intersection of the line representing the number of eligible persons in the household with the number representing the ultimate digit of the particular questionnaire. The resulting number selected was therefore a random one.

E. Instrument Development

The instrument described earlier in this section was subject to several stages of development before it was finalized and applied to the sample. The initial instrument was subject to a preliminary field test in November 1985 and utilized a purposive quota sample of youths, known users and adults drawn from the general public. A total of 23 interviews were completed and evaluated. That process led to the reformulation of certain questions, particularly those concerned with legitimate medicines (stimulants, sedatives, hypnotics and analgesics) as well as adjustments in the wordings of various items. After revisions were made in the instrument, a formal pretest was undertaken in two stages: the first stage consisted of 40 subjects, drawn from a random sample, stratified by social class, under regular field conditions (including utilization of the Kish table) and 11 subjects who were known users who identified themselves as such. Analysis of this pretest and debriefing of the interviewers led to a further revision of the questionnaire to improve the flow of questions across substances and to provide a clearer definition of infrequent or lapsed users, both as an internal check and following up research ideas that were sparked by this initial analysis.

The revised questionnaire was then subjected to a pretest of cases divided into four groups:

- 1) A random sample of the general population;
- 2) A sample of known users (self-acknowledged);

- 3) A sample of native speakers of Quechua⁴; and
- 4) A sample of native speakers of Aymara.⁴

The results of this pretest were evaluated and adjustments made in the instrument.

The experience of the pretest also served to identify the difficulties that could arise in the field. In particular, the pretest suggested the problems that might exist in securing access to homes in upper and upper middle class neighborhoods, given the political and social climate (see below page II-). As a consequence of this experience, additional letters of introduction and credentials from the survey's sponsor, the Universidad Peruana Cayetano Heredia, were provided. In general those letters and credentials facilitated access.

This second pretest led to further minor changes in language and in the flow of questions, resulting in the final questionnaire used for the survey (see Appendix A).

⁴ In the actual survey, as well as in the pretest, the instrument used was in Spanish. Because those interviewed were located in cities, they were all conversant in Spanish. It was not necessary to use either a Quechua or Aymara interview schedule or interviewer who spoke either language although such personnel were available.

F. Confidentiality and Cooperation

A survey of this nature, involving information regarding the use of illicit substances, can only be carried out effectively if the interviewer can establish rapport with the interviewee and if the interviewee can be assured that the responses given will be treated with a respect for the anonymity of the source.

To secure rapport and ensure confidentiality, certain techniques were employed. Each household was visited in advance and a letter from the Universidad Peruana Cayetano Heredia (the study sponsor) delivered. That letter explained the purpose of the study, asked for the cooperation of the members of the household, and assured that the information received would be confidential, and the anonymity of the individual respected. At the start of the interview, the interviewer made a similar presentation.

G. Fieldwork

The field team utilized to carry out the study was drawn from a market research firm (Latinoamericana de Investigaciones S.A.) and its work in turn was supervised by ESAN (Escuela de Administracion de Negocios para Graduados) and the principal investigator. The survey was initiated in Lima and, then as work progressed in the capital, teams were sent out to other cities, where additional interviewers were hired and trained as needed. The training utilized as its basis the interviewer's manual developed by the study team for the survey (see Appendix B).

Training focused on:

1. Introducing the interviewers to the study's objectives and to appropriate field techniques.
2. Management of the selection techniques employed to choose individual interviewees.

3. Understanding of the questionnaire, and other materials utilized in the interview (response cards, etc.).
4. General instructions in proper fieldwork procedures as well as in possible difficulties that might occur.

The core of the interviewers had experience in other studies and had acquired experience with the instrument as a result of the pretest. Supervision by ESAN included follow up contacts with interviewees to check for the accuracy of both the selection process and the interview. In addition an in-depth survey was conducted on a sub-sample of those interviewed which served both as a validity check and as a further control on interview quality. The results of that in-depth survey are discussed below.

H. Level of Rejection/Basis for Rejection

The total number of interviews completed was 4,384 out of a total of 5,143 houses contacted for an overall success rate of 85.2% of all interviews attempted and 87.8% of the original sample size (5,000). The additional 143 houses contacted above the original sample size represent the nine conglomerates where it was necessary to contact the "B" sample as well as the "A" sample. As indicated above, in those conglomerates where the success rate was less than 80%, the field team was required to complete the second random sample, i.e., the "B" sample.

Of those conglomerates where the "B" sample was used, six were in Lima and one each in Tacna, Puno and Tarma. In the three conglomerates outside Lima, the houses selected in the "A" sample either no longer existed or were abandoned. In the case of the conglomerates in Lima, there was a high level of rejection by those included in the "A" sample. In the case of one conglomerate in Pasco, it was not possible to interview either those in the "A" or "B" samples, because the area in question had been declared an emergency zone at the time the survey was taking place in the city. In fact, that section was surrounded by the military impeding access.

The 759 contacts that did not result in completed interviews were divided as follows:

- 261 rejections (5.1% of the total number of households contacted)
- 103 rejected after supervision (2.0%)
- 59 all household members "outside of the universe" (1.1%)
- 95 address not a house or house uninhabited (1.8%)
- 241 individual selected absent from home (at work or travelling) (4.7%)

I. Editing, Coding and Processing

All completed interviews were reviewed before data processing, and any case that represented problems was eliminated. (A total of 22 such cases were eliminated.)

The coding process was simplified by the structure of the questionnaire which in the main consisted of closed questions. Coding was carried out by individuals who previously had supervised field work, allowing them to bring to bear their knowledge of the interview schedule as it had been utilized in the field, thus facilitating the final process of revision.

To enter data into the computer, a special program was created. This program, written in Fortran 77, permitted the operator to process the data rapidly, while, at the same time, the Fortran format employed created a data archive equivalent in format to that utilized by SPSS, the package selected for data processing. The program permitted the operator to review visually on the terminal screen the content of the archive before it was recorded. This assisted in assuring the fidelity of the process. The data archive has a fixed length register of 649 characters plus a delimiting indicator.

Once data was entered, it was reviewed and verified by checking against the original questionnaires, utilizing programs created to detect errors in value ranges in the registers. These programs, written in Fortran 77 and Basic, permitted the location of the question within a register with

an error, allowing for correction. To correct the register, a program also written in Fortran 77 was used which both inserted the proper value, generated a correct register and eliminated the incorrect register. Once the entire file has been corrected, data analysis proceeded utilizing SPSS (Statistical Package for the Social Sciences).

J. Climate of the Research

As was indicated in Section I, there has been a growing concern in Peru over the past several years regarding the problem of drug abuse, particularly a concern for the perceived increase in drug use and abuse among Peruvians and above all Peruvian youth. In the period of the fieldwork (January through April 1986) there were articles at least twice a week in the major newspapers of Lima regarding the drug traffic, drug use and abuse in Peru as well as drug use elsewhere. In addition to this growing concern regarding the subject matter of the survey, there were also significant areas of concern regarding the social and political climate that had a bearing on the field work. Over the past several years, there had been a continual problem with terrorism which had been initiated in the sierra (Ayacucho, Apurimac and Huancavelica), but which over the past year had become a visible and therefore significant problem in Lima. The terrorist activity of Sendero Luminoso (Shining Path) and other related groups was largely manifest in bombings, directed at such visible targets as power lines, banks, embassies and expensive restaurants. In addition, there was a wave of kidnappings, tied to economic rather than political motivations. These activities made people, particularly those living in upper and upper middle class neighborhoods, frightened about whom they let into their homes. As indicated earlier, this meant that a greater than usual effort had to be made to gain access to households in such neighborhoods in metropolitan Lima. A similar situation, it should be noted, did not exist in the cities outside Lima.

K. Confidence Intervals

The data presented in this study, as is always the case with data drawn from a probabilistic sample survey of a given universe, can only be interpreted

in terms of the appropriate confidence intervals. These intervals represent the degree of the probable variation of a value obtained on a given variable in the sample from the value of that variable in the universe from which the sample was drawn. Usually, a 95% confidence interval for the proportion of individuals in a given population who possess a given characteristic is expressed as an estimation of this proportion plus or minus a multiple (1.96) of its standard error. Mathematically, this is stated as follows:

$$p - 1.96 \sqrt{\frac{p(1-p)}{n-1}} \leq \hat{P} \leq p + 1.96 \sqrt{\frac{p(1-p)}{n-1}}$$

where: P = Proportion of the population.

p = Sample estimate of the proportion.

n = Size of the sample.

This relationship assumes that a normal distribution is a good approximation. Actually the exact relationship is a binomial distribution, but it is common practice to use a normal distribution to approximate the binomial distribution. However, this substitution can only properly take place under certain conditions. Statisticians recommend that in order to utilize the normal distribution, the size of the sample n has to be greater than 30 and the products np and n(1-p) would each have to be at least 5. When these conditions are not fulfilled, the normal approximation ceases to be an adequate one. If it can be determined that n is large and the p is small enough that np is less than 5, the Poisson distribution constitutes an excellent approximation of the binomial distribution.

The Poisson distribution can be expressed by the following equation:

$$P(x) = \frac{e^{-m} m^x}{x!}$$

where the only parameter of the distribution m is the average number of successes which can occur and which is equal to np. The Poisson distribution is skewed for small value of m, becoming more symmetric as m increases.

To utilize it in the determination of a 95% confidence interval one only has to calculate the 0.025 and the 0.975 percentile. That is, knowing the number of occurrences of an experiment which can be determined as $x = np$, it is necessary to calculate the parameters of the distribution m such that they take into account the following relationships.

$$p(x) = 0.025 \text{ (0.975 percentile)}$$

$$p(x) = 0.975 \text{ (0.025 percentile)}$$

The result is the obtaining of two values for the parameter m , which permits the determination of the minimum and maximum values of the confidence interval through the relationship:

$$p = \frac{m}{n}$$

A confidence limit determined in this fashion has a probability of 95% of inclusion of the parameter in the population. Given that this distribution is substantially skewed when m is less than 5, the intervals calculated through this procedure are asymmetric.

For the purpose of this study, the confidence intervals were determined for a sample of 4361 individuals and 166 individuals, the latter being the size of the sample of the in-depth survey mentioned later. In the first case ($n = 4361$), the normal approximation has been satisfactory in all cases, given that even for small percentages the product of np is greater than 5.

For the smaller sample ($n = 166$), it has been necessary to use the Poisson approximation to determine confidence intervals, but only for the lower percentages where np would not equal 5.⁵

⁵This can be illustrated with an example:

In the case of a sample percentage of 3%, through a Poisson type calculation, one could suppose that there existed $x = nP = (166) (0.03) = 4.98$ occurrences.

Given that one is dealing with whole numbers, this rounds off to 2. Utilizing the relationship:

$$\sum_x^{\infty} p(x) = 0.025 \quad \text{and} \quad \sum_x^{\infty} p(x) = 0.975$$

one can demonstrate through the use of tables and interpolation that these relationships are fulfilled by

$$x = 9.34$$

$$x = 0.529$$

Thus,

$$P_U = \frac{9.34}{166} = 0.0563$$

(U = upper limit)

$$P_L = \frac{0.529}{166} = 0.00319$$

(L = lower limit)

Multiplying these limits by 100 to convert from proportion to percentage, we find that if the percentage value for the population is 3%, there is a 95% probability that the sample value for the percentage will be between .319% and 5.63%.

The complete listings of calculated values for the two samples are contained in Table 2.2 and Table 2.3. These confidence levels will be used in reporting extrapolations from the data and in reporting certain of the findings. However, where they are not specifically mentioned, the reader should refer to these tables to note the range of the values presented. Without exception, all the data reported are subject to these confidence intervals.

L. Validity of the Results: The In-Depth Survey

A central concern in any study based on self-reporting is the validity of the data. Validity is understood here to refer to "whether the data recorded by the researcher accurately reflect the phenomenon under investigation" [Harrell, 1985, p.12]. Such validity is not a single simple concept, but a set of concepts referring to the degree to which information "makes sense" as an indicator of a given phenomenon (face validity), predicts subsequent outcomes (predictive validity) or can be checked against other criteria considered to be more reliable (criterion validity).

Face validity is often equated with the internal consistency of the data, or, to use another term, the data's reliability. Checks were included in the course of this study on the internal consistency of response. Several of those are reported together with the overall data. In general, such internal consistency was at a fairly high level. However, a more important concern than such reliability is the validity of the responses both in terms of indicating the size of the problem of drug abuse, i.e. the predictive value of the responses, and in terms of assuring to the extent possible that the responses received are "truthful," i.e., verifiable against some other, presumably more reliable, criterion. As was indicated in Section I, there are many visions in Peru of the problem of drug abuse, but no set of comparable data exists such as a continual monitoring of hospitals and clinics which provide an appropriate criterion on which to measure the validity of the data.

TABLE 2.2

LISTING OF CALCULATED VALUES FOR CONFIDENCE INTERVALS FOR SAMPLE n=166

<u>Percentage (%)</u>	<u>Lower Limit</u>	<u>Upper Limit</u>
1	0	2.47*
2	0	4.13*
3	0.317*	5.63*
4	1.019	6.98
5	1.684	8.31
6	2.387	9.61
7	3.118	10.88
8	3.873	12.13
9	4.646	13.35
10	5.436	14.56
11	6.620	15.75
12	7.056	16.94
13	7.884	18.12
14	8.721	19.27
15	9.57	20.43
16	10.423	21.57
17	11.286	22.71
18	12.155	23.84
19	13.032	24.97
20	13.915	26.085
21	14.804	27.196
22	15.698	28.302
23	16.598	29.401
24	17.503	30.497
25	18.413	31.587
26	19.327	32.672
27	20.246	33.754
28	21.169	34.830
29	22.097	35.903
30	23.029	36.971
31	23.964	38.036
32	24.904	39.096
33	25.847	40.153
34	26.794	41.206
35	27.7441	42.2559
36	28.6980	43.3020
37	29.6553	45.345
38	30.6160	45.384
39	31.580	46.420
40	32.5474	47.452
41	33.5180	48.482
42	34.491	49.508
43	35.4686	50.531
44	36.449	51.551
45	37.432	52.568
46	38.418	53.582
47	39.407	54.592
48	40.399	55.600
49	41.395	56.605
50	42.397	57.606

* Linear interpolation

TABLE 2.3
 CONFIDENCE INTERVALS FOR SAMPLE n = 4362

<u>Percentage (%)</u>	<u>Lower Limit</u>	<u>Upper Limit</u>
1	0.7052	1.2948
2	1.5852	2.4146
3	2.4946	3.5054
4	3.4194	4.5806
5	4.3542	5.6458
6	5.2963	6.7037
7	6.2440	7.7560
8	7.1962	8.8038
9	8.1521	9.8479
10	9.1111	10.8889
11	10.0729	11.9271
12	11.0372	12.9628
13	12.0036	13.9964
14	12.9719	15.0281
15	13.9420	16.0580
16	14.9138	17.0862
17	15.8870	18.1130
18	16.8617	19.1383
19	17.8376	20.1624
20	18.8148	21.1852
21	19.7932	22.2068
22	20.7726	23.2274
23	21.7531	24.2469
24	22.7346	25.2654
25	23.7170	26.2830
26	24.7004	27.2996
27	25.6846	28.3154
28	26.6697	29.3303
29	27.6555	30.3445
30	28.6422	31.3578
31	29.6297	32.3703
32	30.6179	33.3821
33	31.6068	34.3932
34	32.5965	35.4035
35	33.5868	36.4132
36	34.5778	37.4222
37	35.5695	38.4305
38	36.5618	39.4382
39	37.5548	40.4452
40	38.5485	41.4515
41	39.5427	42.4573
42	40.5376	43.4624
43	41.5331	44.4669
44	42.5293	45.4707
45	43.5260	46.4740
46	44.5233	47.4767
47	45.5212	48.4788
48	46.5197	49.4803
49	47.5188	50.4812
50	48.5186	51.4814

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Therefore, a second survey was carried out within the context of the first, utilizing a different technique for data gathering as a means of establishing an alternative estimate of key population values, an estimate that would provide a basis in turn for estimating the validity of responses in the first survey. This section presents a discussion of the methodology of that second survey, leaving a discussion of the results to the next section.

M. Sample of the In-Depth Study

The universe of this in-depth study was the totality of all individuals included in the corresponding sample of the main survey regarding drug prevalence in Peru who had been successfully interviewed. To select the particular cases to be interviewed, a multilevel sample was utilized. The universe was stratified as a first step into four geographic areas: Costa Norte (cities of the coastal region north of Lima), Sierra Sur (cities of the southern sierra), Selva (jungle) and metropolitan Lima. The reason for this stratification was to obtain representative samples of the most characteristic population groups of the country: Lima as a city has more than 30% of the total population of Peru; the Costa Norte is representative of the mestizo Spanish-speaking sector; the Sierra Sur is the area with the highest concentration of Quechua and Aymara cultural groups, and the Selva has a small number of inhabitants but a distinctive and well defined cultural orientation.

In determining the size of the sample, consideration was given to the relative weight of Lima versus the cities of the provinces. Thus, 96 cases were chosen in Lima and 72 in the provinces. For the strata of the provinces, due to the small size of the sample, the decision was made to over represent the population size, assigning 24 cases to each of the provincial strata.

Next, each stratum was divided into two groups, designated "users" and "non-users". "Users" were defined as those people who had either indicated having had the opportunity at some time to use but did not use or having used at some time (ever used) marijuana, coca paste and cocaine. ("Non-users"

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were those interviewers who did not have the qualities just mentioned.) The reason for this division is that the research team began with the premise that the responses of users would be substantially different from those of non-users. Inclusion under the rubric of "users" of those persons who indicated having had the opportunity to use without declaring having ever used was based on the hypothesis that this declaration of exposure could be a form of hiding the fact of having used the substances in question. Thus, the sample chosen was to be of the composition described in Table 2.4 below:

TABLE 2.4
GEOGRAPHICAL DISTRIBUTION OF SAMPLE

<u>Geographic Area</u>	<u>Users</u>	<u>Non-Users</u>	<u>Total</u>
Lima	48	48	96
Costa Norte	12	12	24
Sierra Centro	12	12	24
Selva	12	12	24

N. Selection of the Sample

To choose the cases to be included in the sample in Lima, a division was made of respondents to the main survey into users and non-users within Lima. Then the sample was stratified a second time into three social class groups, upper, middle and lower. (Subsequent discussions will generally refer to members of these groups simply as "uppers," "middles," and "lowers.") The distribution of the sample in Lima, therefore, was as follows:

SOCIO-ECONOMIC DISTRIBUTION OF LIMA SAMPLE

	<u>Users</u>	<u>Non-Users</u>
Upper Class	8	8
Middle Class	16	16
Lower Class	24	24
Total	48	48

The sample inside each sub-stratum was selected by a simple random sampling routine without replacement contained in the Minitab statistical package. Class was determined on a conglomerate by conglomerate basis, utilizing the designations of conglomerate class level provided by the Instituto Nacional de Estadística (INE).

For the samples in provinces, 9 conglomerates were selected utilizing a table of random numbers. The selection was carried out in groups of three for each geographic stratum (Costa Norte, Sierra Sur, Selva). In this manner three conglomerates were chosen in the city of Iquitos (Selva), one conglomerate in Juliaca, one in Puno and one in Cuzco (Sierra Sur) and two conglomerates in Trujillo and one in Barranca (Costa Norte). Given that the conglomerates were chosen at random among all the conglomerates of the zone, it was likely that one could expect a concentration in certain cities, such as was the case in Iquitos and Trujillo, because in those cities there was a greater quantity of conglomerates than in the smaller cities (see Table 2.1).

Initially the users and non-users inside each one of the conglomerates chosen were slated for selection. However, it was discovered that the number of users was too low to obtain reliable results (only 19 users in total, instead of the desired 36). Additionally, in some cities no users were found. For this reason, a selection was carried out in the same manner as was done in Lima. That is to say, in each one of the cities selected all interviewees were divided into users and non-users and then selected at random by group as was the case in Lima. Thus, the resulting sample design ended up as described in Table 2.5. At the same time in both Lima and the provinces, supplementary samples of users and non-users were selected to serve as replacements of not being able to carry out interviews with those initially chosen. It was not always possible to complete the supplementary samples of users because in certain cases, the initial sample had included all existing users in the area. In those situations, the sample was completed by drawing from non-users.

The principal characteristics of the sample selected are contained in Table 2.6.

TABLE 2.5

DISTRIBUTION OF INTERVIEWEES BY CITY IN PROVINCES

<u>City</u>	<u>Users</u>	<u>Non-Users</u>	<u>Total</u>
Iquitos	12	12	24
Trujillo	8	8	16
Barranca	4	4	8
Cuzco	4	4	8
Juliaca	4	4	8
Puno	<u>4</u>	<u>4</u>	<u>8</u>
Totals	36	36	72

TABLE 2.6

PRINCIPAL CHARACTERISTICS OF IN-DEPTH SURVEY SAMPLE

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
12-14	16	9.6
15-18	26	15.7
19-24	45	27.1
25-25	25	15.1
30-34	25	15.1
35-39	17	10.1
40-45	<u>12*</u>	<u>7.2</u>
	166	100.0

<u>Sex</u>	<u>Number</u>	<u>Percentage</u>
Male	94	56.6
Female	<u>72</u>	<u>43.4</u>
	166	100.0

<u>Monthly Income**</u>	<u>Number</u>	<u>Percentage</u>
Up to 540	5	3.0
541 to 1800	47	28.3
1801 to 2160	37	22.3
2161 to 3240	32	19.3
3241 to 5400	20	12.0
more than 5,400	24	14.5
No information	<u>1</u>	<u>0.6</u>
	166	100.0

*As is noted below, two interviews were eliminated leaving n = 166 rather than 168.

**Intis = Peru's unit of currency.
\$1 equalled 17.3 Intis when the survey took place.

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O. Interview: Personnel and Training

The interviewers used were all psychologists with experience in psychological diagnosis and clinical treatment. They were all female. All were given five days of training at ESAN aimed at:

1. Developing in-depth knowledge of the structure and methods used in the first survey.
2. Acquiring an understanding of the methods to be utilized in the second survey.
3. Preparing the interviewers to avoid the possible problems derived from the range of possible reactions of the interviewees.

P. Interview Format

To provide a setting which was distinct from the original setting (the household) and which demonstrated the health related nature of the study, the interviews took place in private offices within the Universidad Peruana Cayetano Heredia, the Faculty of Psychology of the Pontificia Universidad Catolica del Peru or the clinics of the IPSS (Peruvian Institute of Social Security) in Lima or the clinics and regional hospitals of the IPSS in provinces. Interviewers used white coats to further strengthen their identification as health professionals.

At the interview site every attempt was made to make sure that the interviewee was comfortable, including either providing an escort for the individual to the interview site or having the interviewer (who had previously gone to the interviewee's house personally to invite him or her to the site) meet the interviewee at the site's entrance. Each interview began with a question regarding the interviewee's impression of the first survey. The interviewer then utilized an interview guide (see Appendix D) to cover essentially the same information contained in the original interview. For each substance,

the basic themes covered were age of first use, frequency of use, quantities used, expenses incurred in use, time of last use (regular use), poly-drug use.

The interviewer was also asked to observe the interviewee's physical appearance, attitudes and conduct during the interview and to note the problems and difficulties faced in carrying out the interview. Interviewees were offered cash incentives at the end of their interview to reward their participation. After each session, the interviewer prepared a detailed report regarding that interview which was subsequently coded into the variables contained in the original survey for purposes of comparison. This coding was carried out by the two principal supervisors of the fieldwork who had also supervised the fieldwork in the main survey. The results were entered into the computer utilizing the system already described above for the main survey.

Q. The Actual Sample

Table 2.7 presents the distribution of the actual sample. That sample had approximately 50% of the cases drawn from alternative lists B and C. The reason for this was the unavailability of subjects selected in list A to be interviewed within the strict time constraints of the second interview. (These constraints were a function of the need to complete the overall study within the space of a year from its initiation.) Thus, for example, a considerable number of those selected on List A were out of town, or with unresolvable time conflicts with their work given that the clinics where the interviews occurred were only available from around 7 a.m. to 8 p.m.

The only loss of direct significance to the design was that there were not sufficient users in Juliaca and Puno to provide the required number, leaving the sample three users short in Puno and two in Juliaca. This does not effectively alter the results of the survey.

In the final analysis of the data, two cases were eliminated, one in Trujillo and the other in Lima. The first was eliminated when it was discovered that the age of the interviewee as stated in the second interview fell outside the limits of the study's age range, while the latter was eliminated

TABLE 2.7
DISTRIBUTION OF ACTUAL SAMPLE FOR THE IN-DEPTH SURVEY

	Sample Type			Type of User			Sex	
	A	B	C	U	Op.	NU	F	M
Trujillo	5	5	5	2	8	5	6	9
Barranca	4	4		1	3	4	3	5
Iquitos	13	9	2	3	9	12	12	12
Cuzco	5	3		3	1	4		8
Puno	3	5		1		7	6	2
Juliaca	5	3		1	1	6	2	6
Total Provinces	35	29	7	11	22	38	29	42
Lima	48	34	13	26	24	45	35	60
National Total	83	63	20	37	46	83	64	102

A = Primary list
B = First alternative list
C = Second alternative list

U = Users
Op = Have had opportunity to use
NU = Not user, nor opportunity

because the socio-demographic data on the second interview in no way matched up with that of the first interview. It should also be noted that, given the fact that the majority of users are male, the sample was skewed in that respect with 61.5% of the sample male and 38.5% female.

In the next section, the results of this in-depth survey are compared with the results obtained in the main survey with a view toward estimating the validity of the data in the main survey. The next section covers as well the principal results of the main survey.

III. OVERALL DIMENSIONS OF DRUG PREVALENCE

A. Population Studied

As was indicated in Section II, the study covered 40 cities, all with populations of over 25,000 individuals according to projections based on the 1981 census. Assuming that the total population of the country as projected to 1985 is 19,697,500, then this study represented 50.6% of the total population and 75.4% of the total urban population.¹

B. Demographic Characteristics of the Universe

While detailed distributions regarding such variables as sex and age were not available for the universe included in the study, it was possible to generate such distributions from the information provided by the Instituto Nacional de Estadística. In terms of the breakdown by sex, the projected values for 1985 for the populations covered by the study were 50.3% male and 49.7% female. As for the age breakdown for the range covered in the study (12-45 years), the distribution is contained in Table 3.1.

C. Demographic Characteristics of the Sample

As can be seen in Table 3.2, the sample's original distribution by sex and age deviated from that of the total population. That deviation is a function of both sampling error and the probability that the missing

¹ Of the urban population excluded from the study, 13.7% or approximately 445,000 were located in the areas under state of emergency (Ayacucho, Apurimac and Huancavelica) and the city of Tingo Maria. Thus, adjusting for the areas where it was possible to carry out the study, the survey included 78% of the total urban population. Under the same criteria, it included 54.3% of the total population available for inclusion.

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TABLE 3.1

DISTRIBUTION OF THE STUDY UNIVERSE BY AGE
(Projection of the 1981 Census)

<u>Age Brackets</u>	<u>Lima Percent</u>	<u>Provinces Percent</u>	<u>Total Percent</u>
12-14 Years	11.9	13.8	12.8
15-18 Years	21.6	16.1	19.1
19-24 Years	19.1	22.6	20.7
25-29 Years	16.2	15.1	15.8
30-34 Years	12.4	13.3	12.7
35-39 Years	10.1	9.9	10.0
40-45 Years	8.7	9.2	8.9
	-----	-----	-----
	100.0	100.0	100.0
	=====	=====	=====

Source: Based on Direccion General De Demografia, Instituto Nacional de Estadistica, Boletin Especial No.7, Peru: Estimaciones y Proyecciones de la Poblacion por Años Calendarios u Edades Simples del Periodo 1970-2000, pp.20-21

TABLE 3.2

DISTRIBUTION OF ORIGINAL NATIONAL SAMPLE BY SEX AND AGE
(As weighted to combine Lima and Provinces)

<u>SEX</u>	<u>Number</u>	<u>Percent</u>
Male	3409	46.0
Female	4006	54.0
	-----	-----
	7415	100.0
	=====	=====

<u>AGE</u>	<u>Number</u>	<u>Percent</u>
12-14	864	11.6
15-18	1142	15.4
19-24	1525	20.6
25-29	1127	15.2
30-34	1086	14.6
35-39	882	11.9
40-45	790	10.7
	-----	-----
	7416	100.0
	=====	=====

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

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

cases, that is those individuals that should have been interviewed according to the sample design and were not interviewed, were more likely to be males. This is the case because the locus of sampling was the household and given both work and social habits, females are more likely to be encountered in the home than males. To correct for this source of error, the sample was weighted to take into account both differences in the distribution by sex and by age. The resulting distribution is contained in Table 3.3 and displayed in Graph 3.1. To provide as accurate a correction as possible, adjustments were made separately in the subsamples of metropolitan Lima and Provinces.

The process of reweighting the sample to compensate for the undersampling of Lima increased the n from 4362 to 7416. The additional corrections for age and sex increased the n to 7425 due to rounding errors. This n is the number of cases on which all data analysis is based, taking into account the effect of the corrections required both because of the sample design (underrepresentation of Lima) and the estimated sampling error.

D. Distribution of the Sample by Occupation and Work Situation

Those sampled reported a variety of occupations ranging from business executives to street vendors (see Table 3.4). When asked whether they had been employed in the last 12 months, 54.1% responded they had, but of those who said they had not 96.9% identified themselves as either housewives or students. Thus, only 1.4% reported they were unemployed. However, when asked to indicate the number of months they had been employed, 34.6% of those who had jobs indicated they had been employed for only a part of the year, suggesting the possibility that many were employed only on a temporary basis or were in fact under-employed.

TABLE 3.3

SAMPLE POPULATION BY AGE AND SEX (After Corrections)

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

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

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TABLE 3.4

DISTRIBUTION OF SAMPLE BY INTERVIEWEE'S DECLARATION OF OCCUPATION

<u>Occupation</u>	<u>Number</u>	<u>Percent</u>
Entrepreneur	41	0.5
Executive	19	0.3
Businessman	455	6.1
Public Official	88	1.2
Liberal Professional	252	3.4
Commissioned Officer, Armed Forces	25	0.3
Non-Commissioned Officer, Armed Forces	59	0.8
Student	2902	39.1
White Collar Worker	999	13.4
Blue Collar Worker	570	7.7
Farmer (peasant)	35	0.5
Housemaid	84	1.1
Peddler	159	2.1
Housewife	1225	16.5
Miscellaneous	495	6.7
No Response	17	0.3
	----	-----
TOTAL	7425	100.0
	====	=====

E. Living Arrangements

The vast majority of those sampled lived with their parents if they were in the age brackets ranging from 12-24.² The majority of those in the age brackets 30-45 lived with their spouses.³ The age range of 20-25 was one of transition with 44.3% still in their parents' houses and 41.6% living with spouses. The slack in every age bracket was taken up with those who had "other forms" of living arrangements, because only a minute number lived alone (2% of the total sample with a minimum of zero among those aged 12-14 and a maximum number of 4.1% in the 40-45 age group).

F. Education and Other Demographic Characteristics

The sample's educational profile is one that shows a majority with at least minimum skills. Only 8% have had either no education or failed to complete primary school (1.7% could neither read nor write), while one-quarter have completed secondary school and over 27% have attended or completed university or other post secondary education⁴ (Table 3.5). The sample is drawn in the majority from large cities, with 65.4% having been born in either capitals of provinces, departments or metropolitan Lima, while only 8.7% came from rural areas or small villages. The group is, however,

² 93.5% of those 12-14, 86.2% of those 15-18, and 70.5% of those 19-24.

³ 71.8% of those 30-34, 80.6% of those 35-39, and 82.4% of those 40-45.

⁴ According to the census of 1981, 40% of the population has completed primary school, 33% secondary school and 27% university or post secondary education. The level of illiteracy in urban areas is 3%. ENNSA, p.15.

TABLE 3.5
OTHER DEMOGRAPHIC CHARACTERISTICS

<u>Marital Status</u>	<u>Number</u>	<u>Percent</u>
Single	4386	59.1
Married	2348	31.6
Living Together	531	7.2
Widowed	62	0.8
Divorced	23	0.3
Separated	75	1.0
	----	----
TOTAL	7425	100.0
	====	====
 <u>Birthplace</u>		
Rural Areas	491	6.6
Small Town	156	2.1
Small City	1896	25.5
Capital, National, Departmental or Provincial	4854	65.4
Outside Peru	18	0.2
No Response	10	0.1
	----	----
TOTAL	7425	99.9
	====	====
 <u>Education (Highest Level Reached)</u>		
None (No Education)	93	1.3
Primary, incomplete	497	6.7
Primary, complete	825	11.1
Secondary, incomplete	2137	28.8
Secondary, complete	1862	25.1
University, incomplete	540	7.3
University, complete	805	10.8
Post Secondary Technical	667	9.0
	----	----
TOTAL	7425	100.1
	====	====

TABLE 3.6
 SAMPLE BY HEALTH STATUS
 (weighted N = 7425)

Category	STATE OF HEALTH
	Percent
Excellent	3.2
Very Good	4.7
Good	41.3
Average	45.2
Poor	5.5
No Response	0.1
TOTAL	100.0

Response	HAVE VISITED PHYSICIAN IN THE LAST 12 MONTHS
	Percent
Yes	42.9
No	57.1
TOTAL	100.0

Response	HAVE BEEN HOSPITALIZED IN THE LAST 12 MONTHS
	Percent
Yes	6.9
No	93.1
TOTAL	100.0

fairly mobile. Forty-one and one-fifth percent are emigrants from their place of birth, with 45.3% of those in the Lima sample having that status as compared with 39% of those living in provincial cities. Finally, and this is related to the fact that the sample is one that is weighted toward youth, 59.1% of those in the sample are single, as opposed to 38.8% who are either married or living together⁵ (Table 3.5).

The sample was asked three questions regarding their health status in order to compare their perception of their health with their use of substances. In terms of their overall responses, the group was fairly satisfied with its health status (Table 3.6). Virtually half those sampled (49.2%) felt their health was excellent, very good or good while only 5.5% felt their health was bad. A considerable portion had visited a doctor in the last 12 months, (42.9%), but only 6.9% had been hospitalized in that same time period.⁶

G. Socio-Economic Status

Socially acceptable patterns of drug use have historically differed according to class. Therefore, it is important in studying drug abuse to explore the relationship between class and drug use.

⁵ According to the 1981 census, the percentage married is 38%, those single amount to 43%, and those who are living together account for 12%. Widows and widowers amount to 5%, with the balance of 2% divorced or separated. ENNSA, p.16.

⁶ The ENNSA found that on its national sample 9.73% of those interviewed had consulted a medical doctor in the past 15 days, with the level of visits higher in urban areas (12.32% for all urban areas, 15.14% for Lima). ENNSA, op.cit. p.94.

However, class is a concept that is easier to define than to operationalize. Within the scope of the data generated, a combination of elements was utilized to approximate class. Because those elements do not include all of the components of a full definition of class, it is preferable to refer to the measure developed, as has often been done in the literature, as socio-economic status (SES).

To determine the socio-economic status of the individuals in the study, the self-reported family income of all individuals interviewed within a given conglomerate, controlling for family size, was averaged. This adjusted average was then used to characterize the socio-economic level of the conglomerate. The result was compared with two separate judgments of socio-economic status in Lima, that of INE and that of the field supervisors. In the case of provinces, such estimates were not available for all conglomerates and comparisons were therefore made between conglomerates known to have particular socio-economic characteristics on the basis of field supervisor observation, and the income levels previously defined with respect to Lima's conglomerates. The end result was compared with an overall estimate of the distribution of classes throughout the country. (Table 3.7). It should be noted that the nature of the conglomerates (groups of approximately 100 contiguous households) made it more likely that the households would be essentially of the same class. The combination of neighborhood location and income level reinforced the measure of socio-economic status at the same time that it reduced dependence on self-reported income levels. The variation of the survey indicator from the overall population distribution (also on estimate) is a function of the point at which one draws the line between the upper, middle and lower status groups in terms of the income variable.

Table 3.8 displays the relationship between this indicator of socio-economic level and the educational attainment of the sample. The higher level of education (university graduates and those with incomplete university educations) are far more likely to come from the upper group than either the middle or lower group. Those with the lowest levels (no education, primary incomplete, primary complete) are more likely to come from the

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TABLE 3.7
 DISTRIBUTION OF GLOBAL POPULATION AND SAMPLE
 BY SOCIO-ECONOMIC STATUS

<u>SES</u>	<u>Global Population</u>	<u>Sample Weighted N=7425</u>
Upper	4.8%	13.1%
Middle	26.1%	21.8%
Lower	69.1%	65.1%
Total :	----- 100.0% =====	----- 100.0% =====

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TABLE 3.8

HIGHEST LEVEL OF STUDIES REACHED BY SOCIO-ECONOMIC STATUS
(Percentages of Total Sample)

Highest Educational Level		Upper	Middle	Lower	Total
None	%	0	0.5	1.7	1.3
Primary Incomplete	%	1.6	4.1	8.6	6.7
Primary Complete	%	4.2	8.1	13.5	11.1
Secondary Incomplete	%	18.2	23.3	32.8	29.8
Secondary Complete	%	19.7	29.0	24.9	25.1
University Incomplete	%	18.2	7.4	5.0	7.3
University Complete	%	26.9	15.4	6.1	10.8
Non-university Post Secondary*	%	11.2	12.1	7.5	9.0
Total :	%	100.0	100.0	100.0	100.0
Weighted	N =	971	1621	4830	7422

* Refers to various forms of technical education.

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lowest socio-economic group. This suggests the validity, or at least the internal consistency, of the measure being used.

Within context, the study now turns to an examination of the information contained in the survey on a substance by substance basis. It explores for each substance lifetime prevalence, current and recent use and where appropriate, frequency, mode and quantity of use.

H. Lifetime Prevalence

Prevalence of use of a substance over the lifetime of an individual respondent (lifetime prevalence) was measured by either a single question or a set of questions for each substance which asked if the respondent "had ever used" the substance in question. The pattern of lifetime prevalence for the sample is contained in Table 3.9, which compares the overall results with those of the two main sub-samples, metropolitan Lima and the cities outside Lima (referred to throughout the text as provinces). The substance with the highest prevalence is alcohol, utilized by 87.2% of the total sample. Tobacco is the next most widely used substance with over two-thirds of the population having ever tried it. The third substance, coca leaf, has been tried by more than one-fifth of the population. Two of the four sets of prescription drugs, sedatives and analgesics, rank fourth and fifth. Marijuana and coca paste are in the middle of the list, ranking sixth and seventh, followed by stimulants, inhalants and hallucinogens. Cocaine is eleventh on the list and has been used by 2.6% of the sample, while the twelfth substance in rank, hypnotics, has only been used by 0.9% of the total sample. It should be noted that questions were asked regarding both heroin and opium, but only one individual in Lima (equivalent to 0.05% of the total sample) indicated having ever used opium and no one indicated having used heroin. Therefore, both these substances were dropped from the balance of the analyses.

Comparing Lima and the provinces, it is clear that there are two distinct patterns of drug prevalence. The overwhelming majority of the users of marijuana, coca paste and cocaine are located in Lima as are the majority of those who use alcohol and tobacco. On the other hand, use of coca leaf

TABLE 3.9

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

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

and of hallucinogens is in the main associated with location in the provinces. With respect to marijuana, cocaine and coca paste, taken together, use in Lima represents 76% of the total prevalence. In comparison, use in the provinces of coca leaf represents 53% of the total, use of coca leaf and hallucinogens combined represents 54%. To begin to understand the nature of these figures, a process which is not equivalent to suggesting a direct causal relationship, a suggestion that would go beyond the scope of the data, reference can be made to several factors. Coca leaf use in the form of coqueo and use of such hallucinogens such as San Pedro and Ayahuasca are traditional drugs of choice outside of Lima, albeit with certain regional differences. (Ninety percent of all users of hallucinogens had utilized either one of these two substances or Floripondio.) On the other hand, marijuana, coca paste and cocaine are substances that are more closely tied to a modern lifestyle, represent on the average a higher monetary cost to the user, as well as having a social stigma attached to their use. These issues will be explored further in connection with the other factors associated with these patterns of use in Section IV.

I. Regional Patterns of Use

To further understand the differences in substance use brought out by comparing Lima and the provinces, the individuals included in the sample were divided according to their region of residence. The regional distribution is contained in Table 3.10. [For a detailed listing of the cities included in each region see Appendix C.] The relationships of this variable to the lifetime prevalence of the substances under study are contained in Table 3.11. For all substances, there are some regional differences; however, certain differences stand out. Coca leaf has been used by a greater percentage of those in the Sierra Centro and Sierra Sur than anywhere else in the country, 57.2% in the Sierra Centro and 50.5% in the Sierra Sur, as compared to 10% in the Costa Norte and 7.3% in the Selva. Coca paste use is more prevalent in Lima, as was already noted, and in the Selva (despite the fact that Tingo Maria was excluded from the sample). Proportionately, cocaine use is highest outside Lima in the Sierra Centro.

TABLE 3.10
DISTRIBUTION OF THE SAMPLE BY REGIONS

<u>Region</u>	<u>Weighted Number</u>	<u>Percent</u>
Costa Norte	1329	17.9
Costa Centro	325	4.4
Costa Sur	137	1.8
Sierra Norte	107	1.4
Sierra Centro	319	4.3
Sierra Sur	738	9.9
Selva	320	4.3
Metropolitan Lima	4148	55.9
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TOTAL	7423	99.9
	====	=====

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

Substance/Region	Costa Norte	Costa Centro	Costa Sur	Sierra Norte	Sierra Centro	Sierra Sur	Selva	Lima Metro	Total
Alcohol	80.3	82.9	83.9	87.6	83.5	90.3	76.2	90.3	87.1
Tobacco	54.3	62.5	65.1	47.0	72.4	70.1	49.8	73.2	67.4
Analgesics	5.7	8.1	14.9	7.5	11.4	15.5	5.3	10.5	9.9
Sedatives	18.8	10.6	11.6	22.1	19.8	18.2	8.7	20.0	18.6
Stimulants	2.3	1.6	2.1	2.9	1.8	2.5	1.7	4.0	3.2
Hypnotics	1.0	0.5	0	0.8	0	0.6	0.6	1.2	0.9
Marijuana	5.2	2.7	3.6	1.9	3.2	4.3	4.4	10.9	8.0
Hallucinogens	4.7	1.8	0.9	0	0.7	0.4	11.3	2.2	2.7
Inhalants	2.3	0.4	2.1	0	4.1	6.0	1.1	3.7	3.4
Coca Leaf	10.0	14.4	26.7	18.2	57.2	50.5	7.3	17.4	20.7
Cocaine Paste	2.3	1.3	1.7	2.2	2.8	1.0	4.4	5.2	3.9
Cocaine	0.8	0.3	1.6	0	2.0	1.0	0.3	3.8	2.5

Marijuana use is highest in the Costa Norte although Lima's rate of prevalence is roughly twice that of the Costa Norte. Hallucinogen use is highest in the Selva region (five times that of Lima) followed by the Costa Norte (twice that of Lima). Inhalants have a higher rate of prevalence in the Sierra Sur, followed by the Sierra Centro and then Lima. With respect to medicines, Lima has the highest rate of use of stimulants, but the Sierra Norte has slightly higher rates for sedatives while the Sierra Sur has higher rates for analgesic use. Finally, with respect to alcohol, the lowest rate of regional use is in the Selva (76.2%) and the highest in the Sierra Sur and in Lima (both 90.3%).

To place this study's data on lifetime prevalence within context, the responses of the subsample of metropolitan Lima can be related to the figures published by Carbajal et al based on a survey of households in Lima carried out in 1979 (Table 3.12). One caveat needs to be made regarding this comparison. First of all, the 1979 sample was slightly older on the average. The oldest age bracket (40-45) accounted for 11% of that sample as compared to the 8.9% in this study's Lima sample. There are also more individuals in the 25-29 year old bracket (16.2% versus 14.8%) and the 19-24 year old bracket (19.1 versus 18.1) in the present sample than in the 1979 one.

Comparing the two surveys regarding three substances, marijuana, coca paste and cocaine, it can be seen that there have been considerable increases in the reported levels of use. Lifetime prevalence of marijuana was reported among 3.2% of the population in the 1979 study as compared with the 11.2% reported in this survey. Coca paste use went from a prevalence of 1.3% to 5.2%, while cocaine went from 0.7% to 4.0%. Controlling for age, there have been increases in marijuana use for every age bracket between the 1979 and the present sample. With respect to cocaine, the same is also true (with the exception of those in the 12-14 year old bracket as there are no cases of use in either sample). Coca paste is

TABLE 3.12

LIFETIME PREVALENCE (EVER USED A SUBSTANCE) IN LIMA
 ACCORDING TO CARBAJAL STUDY OF 1979

Substance	EVER USED - in Lima
	Percent
Tobacco	47.9
Alcohol	40.2
Tranquilizers	14.6
Coca Leaf	5.5
Amphetamines	4.0
Marihuana	3.2
Hipnotics	2.3
P.B.C.	1.3
Codeine	1.0
Barbituates	1.0
Cocaine	0.7
Hashish	0.3
Heroin/Morphine	0.1
N = 2167	

SOURCE: Carbajal et al., 1980, p. 19.

somewhat different. The 15-19 year old group shows a decline in use, but all other age brackets show sharp increases.⁷

These figures are suggestive of the growth in the problem of use of these substances, a suggestion that corresponds, as indicated in Section I, with the indications one can draw from other sources of data such as seizures and hospital admissions.

J. Current Use and Recent Use

Looking at the patterns of use within specific time periods contained in Table 3.13, provides further insight into drug use. The question asked for all substances was the same, "When was the last time you used _____ (NAME OF SUBSTANCE) _____." Considerably fewer individuals declared that they were current users of all substances, particularly illicit substances such as marijuana, coca paste and cocaine. Current use in this context, it should be noted, is defined as use within the 30 days prior to the interview. Looking at those who declare themselves to currently be using alcohol and tobacco, again there are fewer current users than those who admit to ever having used the substance. But, in both cases over half (52% respectively) admit to current use as compared for example to 7% of marijuana, coca paste and coca leaf users. In looking at regional differences, 48% of the users of alcohol in provinces are current users, as compared to 55% in Lima. For tobacco, the figures are much closer, 53% for Lima, 52% for the provinces. In terms of marijuana, 6% of those who ever used in provinces are current users as opposed to 7% in Lima. With regard to coca leaf, 3% are current users in Lima as contrasted to 11% in provinces.

⁷ Since the 1979 raw data were not available in a viable form, it was not possible to extend this comparison by comparing age cohorts through time from one sample to the other.

TABLE 3.13

CURRENT USE (Past 30 Days) AND RECENT USE (2-12 Months)
 BY SUBSTANCE AND SAMPLE
 (Percentage of Total Sample)
 Weighted N = 7425

Substance/ Sample	CURRENT USE			RECENT USE			MORE THAN A YEAR		
	Peru	Lima	Provinces	Peru	Lima	Provinces	Peru	Lima	Provinces
Alcohol	45.8 %	50.2%	40.2 %	34.8 %	34.0 %	35.9 %	6.5 %	6.1 %	7.1%
Tobacco	35.5 %	38.8%	31.3 %	19.9 %	21.6 %	17.6 %	12.0 %	12.8 %	11.2%
Analgesics	1.2 %	1.0 %	1.5 %	4.4 %	4.6 %	4.1 %	6.1 %	5.4 %	7.0%
Sedatives	2.4 %	2.0 %	2.9 %	9.3 %	9.8 %	8.5 %	8.1 %	9.0 %	7.0%
Stimulants	0.2	0.2%	0.2%	0.6%	0.6%	0.6%	2.3%	3.0%	1.4%
Hypnotics	0.1 %	0.1 %	0.03 %	0.5 %	0.6 %	0.3 %	0.4 %	0.5 %	0.3%
Marihuana	0.6 %	0.8 %	0.3 %	1.3 %	1.6 %	0.8 %	6.0 %	8.3 %	3.2%
Inhalants	0.4 %	0.3 %	0.6 %	1.2 %	1.7 %	0.5 %	2.0 %	2.0 %	2.0%
Hallucinogens	0.1 %	0.0 %	0.2 %	0.4 %	0.3 %	0.4 %	2.2 %	1.9 %	2.6%
Coca Leaf	1.5 %	0.6 %	2.8 %	4.0 %	1.5 %	7.1 %	15.1 %	15.3 %	14.9%
Coca Paste	0.3 %	0.4 %	0.2 %	0.6 %	0.7 %	0.4 %	2.9 %	4.0 %	1.4%
Cocaine	0.1 %	0.2 %	0.1 %	0.6 %	0.8 %	0.2 %	1.8 %	2.7 %	0.6%

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Looking at recent use, defined as use more than one month ago, and no more than 12 months ago, there is further evidence of use of marijuana, coca paste and cocaine. Those who report using marijuana between one month and 12 months ago account for 15% of the total who have ever used marijuana. Taking into account both current use and recent use, a total of 22% have used marijuana over the year prior to the survey. Regarding coca paste, 14% had last used the substance in the period between 2-12 months ago while a total of 21% had used it over the last year. Use between 2-12 months ago is considerably less than use over the past month for alcohol and tobacco, because so many individuals indicated they were current users. For both substances, use over the past 12 months amounts to 93% for alcohol and 82% for tobacco; the majority of that, as indicated above, is use in the past month, i.e. current use.

For prescription medicines, 13% of those who have ever used analgesics and sedatives are current users, 10% of those who have used hypnotics and 4% of those who have used stimulants. Recent users account for 50% of sedative and hypnotic users, 44% of analgesic users and 16% of stimulant users. Use over the past year, therefore, amounts to 57% for analgesics, 63% for sedatives, 60% for hypnotics and 63% for stimulants.

Current use of hallucinogens follows the general pattern of illicit substances with only a very small proportion, 2%, reporting current use. Inhalants, on the other hand, show a higher percent of current users than other illicit substances, 12%, albeit not close to the figures reported for alcohol and tobacco. Recent use for both substances follow these patterns for current use. Those who report use of hallucinogens in the period of 2-12 months prior to the survey amount to 12% of those who have ever used as compared to the 33% for inhalant users. Those reporting use in the first year, therefore, amount to 14% for hallucinogens and 45% for inhalants. Looking at the distinctions between Lima and the cities of the provinces, 7% of those in Lima who ever used inhalants report current use as compared to 17% in provinces, while 43% in Lima report recent use as opposed to 16% in provinces. Clearly the immediate problem seems more pressing in provincial cities, although the overall pattern of use in the past year weighs toward Lima, 50% having used inhalants in the last year in the capital as opposed

to 33% in provinces. In the case of hallucinogens, current use is entirely in the provinces where 4% of those who ever have used indicate current use and 11% indicate recent use. The figure for recent use in Lima as a percentage of lifetime prevalence is 15%. Therefore, last year use for both Lima and the provinces is 15%, although clearly, as is the case with prevalence, hallucinogens predominantly are employed in provinces when one looks at the time frame of use.

Looking at current use in terms of the specific regions where the interviewees are located (Table 3.14), some of the patterns evident in the examination of this variable with regard to lifetime prevalence appear again. Current use of coca leaf is greatest among those in the Sierra Centro and Sierra Sur. Coca paste current use is limited to three regions: Costa Norte, Selva and Lima. Marijuana use also appears in a limited number of regions; Costa Norte, Sierra Sur, Selva and Lima. The region with the lowest proportion of current use of all substances is the Sierra Norte which has the lowest levels for all substances except coca leaf.

Turning to the data on use over the past year by region, Table 3.15, the general pattern alters somewhat. Coca leaf use is highest in the Sierra Centro and Sierra Sur, lowest in Lima. Cocaine paste use is concentrated in the Costa Norte and Lima, with some cases in the Selva, and single cases in the Sierra Norte and Sierra Sur. Marijuana use is largely located in the Costa Norte and, of course, Lima. In terms of overall levels of use, the Sierra Norte no longer is clearly the area with the lowest levels. In general, regional differences are of importance for certain substances, above all the one substance (coca leaf) with certain traditional regional ties, but regional differences are not important for all at the level of current and recent use patterns.

TABLE 3.14

CURRENT USE (USED WITHIN LAST 30 DAYS) BY REGION OF RESIDENCE
as a percentage of lifetime prevalence
Weighted N = 7425

Substance/Region	Costa Norte	Costa Centro	Costa Sur	Sierra Norte	Sierra Centro	Sierra Sur	Selva	Lima Metro	Total
Alcohol	52.7	49.0	36.3	24.7	47.2	46.4	49.6	55.6	52.5
Tobacco	53.8	57.3	55.0	37.3	50.4	46.7	61.0	53.1	52.7
Analgesics	25.0	7.1	0	12.4	19.2	16.4	14.3	9.8	12.7
Sedatives	16.7	13.4	5.4	3.4	14.7	15.6	25.1	9.6	12.1
Stimulants	10.5	0	0	0	0	5.5	15.0	4.7	5.5
Hypnotics	0	0	0	0	0	23.2	0	12.1	9.6
Marijuana	9.5	0	0	0	0	3.7	17.0	7.3	7.3
Hallucinogens	3.6	0	0	0	0	0	9.2	0	2.7
Inhalants	20.3	0	0	0	7.5	22.1	0	7.4	11.4
Coca Leaf	3.8	1.7	8.7	4.9	11.5	16.0	0	3.4	7.5
Coca Paste	16.2	0	0	0	0	0	8.6	7.7	8.0
Cocaine	34.1	0	0	0	0	0	0	5.1	6.2

TABLE 3.15
 USED OVER PAST YEAR BY REGION OF RESIDENCE
 percentage indicating use over past year
 Weighted N = 7425

Substance/Region	Costa Norte	Costa Centro	Costa Sur	Sierra Norte	Sierra Centro	Sierra Sur	Selva	Lima Metro	Total
Alcohol	91.6	93.3	90.4	87.2	91.0	92.2	89.8	93.2	92.5
Tobacco	81.0	82.8	83.0	85.1	86.1	78.3	82.5	82.6	82.1
Analgesics	56.5	62.8	53.8	87.0	75.5	61.5	61.5	57.5	54.0
Sedatives	65.4	71.1	44.4	50.0	56.9	58.6	62.1	56.9	59.0
Hypnotics	46.2	100.0	0	0	0	66.7	50.0	62.5	60.3
Stimulants	33.3	25.0	33.3	33.3	33.3	27.8	83.3	20.3	25.0
Marijuana	29.0	11.1	40.0	50.0	20.0	19.4	14.3	22.6	23.3
Hallucinogens	15.3	0	0	0	50.0	0	27.3	15.5	16.5
Inhalants	37.5	0	33.3	0	7.1	41.2	0	12.3	44.0
Coca Leaf	20.5	17.0	18.9	27.3	47.5	48.9	34.8	12.3	27.0
Coca Paste	48.3	0	0	50.0	0	12.5	23.1	21.0	22.9
Cocaine	50.0	0	0	0	33.3	28.6	100.0	26.8	28.2

K. Lifetime Frequency of Use

Lifetime frequency of use (number of times used in one's lifetime) can serve to indicate the intensity of use, particularly at the extremes of the indicator. It can permit distinguishing, for example, those who have only experimented with a drug on one or two occasions from those who have been repeated users of a drug.

Examining the reported frequencies of use of the substances, with the exception of alcohol and tobacco, which will be discussed in Section IV, covered in the survey (see Tables 3.16 to 3.24), certain further characteristics of the patterns of use can be noted. In all cases, the overwhelming majority of those who have responded to the question "How many times in your life have you used _____ (NAME OF SUBSTANCE) _____?", have indicated either from one to five times. An absolute majority of users report only having tried hallucinogens, coca leaf, inhalants and cocaine only one or two times in their life. Lower level of experimentation, as opposed to more frequent use, are reported by those who have utilized prescription medicines (analgesics, sedatives, hypnotics and stimulants) with use one or two times ranging from 32% to 36% for those substances.

At the other end of the scale, users of marijuana, coca paste and cocaine show higher levels of frequencies than do users of other substances. Around 7% of cocaine users have done so 50 or more times in their lives, while the comparable figures for coca paste users is 9%. In that regard, just as there are more lifetime users of marijuana, their frequency is also the heaviest among illicit substances, with 11% having used the drug 50 or more times, more than half of whom have done so 100 or more times.

Contrasting Lima and provinces, the heaviest users of inhalants are located in the capital, while the heaviest users of coca leaf are in the provinces. With respect to cocaine, the heaviest users (those using the substance 100 or more times) appear in similar percentages in Lima and the provinces, but in the next category (50-99) Lima clearly predominates. With regard

TABLE 3.16

LIFETIME FREQUENCY OF ANALGESIC USED
 (NUMBER OF TIMES USED)
 (percentages)

Times used:	PERU	LIMA	PROVINCES
1-2 Times	32.1	30.5	34.9
3-5 Times	28.8	31.5	25.2
6-10 Times	20.5	19.5	21.4
11-49 Times	13.5	12.9	14.7
50-99 Times	2.0	1.4	3.0
100 or more Times	2.5	2.3	2.1

TABLE 3.17

LIFETIME FREQUENCY OF SEDATIVES USED
 (NUMBER OF TIMES USED)
 (percentages)

Times used:	PERU	LIMA	PROVINCES
1-2 Times	36.4	35.2	38.0
3-5 Times	27.4	28.0	26.5
6-10 Times	18.5	18.4	18.4
11-49 Times	12.9	13.6	11.9
50-99 Times	2.2	1.9	2.8
100 or more Times	2.7	2.9	2.3
TOTAL	100.1	100.0	99.9

TABLE 3.18

LIFETIME FREQUENCY OF HYPNOTICS USED
 (NUMBER OF TIMES USED)
 (percentages)

Times used:	PERU	LIMA	PROVINCES
1-2 Time	36.2	29.7	50.0
3-5 Time	36.2	43.8	20.0
6-10 Time	18.8	20.8	15.0
11-49 Time	7.2	6.3	10.0
50-99 Time	1.4	0.0	5.0
TOTAL :	100.0	100.6	100.0

.01

TABLE 3.19
LIFETIME FREQUENCY OF MARIJUANA USED
(NUMBER OF TIMES USED)
(percentages)

Times used:	PERU	LIMA	PROVINCES
1-2 Times	49.3	47.9	53.9
3-5 Times	19.6	18.3	24.1
6-10 Times	8.8	10.6	3.2
11-49 Times	11.2	12.9	5.4
50-99 Times	5.0	4.7	5.4
100 or more Times	6.2	5.6	8.1
TOTAL :	100.1	100.0	100.1

TABLE 3.20

LIFETIME FREQUENCY OF HALLUCINOGENS USED
 (NUMBER OF TIMES USED)
 (percentages)

Times used:	PERU	LIMA	PROVINCES
1-2 Times	70.5	78.0	64.2
3-5 Times	21.5	13.2	28.4
6-10 Times	1.0	0.0	1.8
11-49 Times	6.5	8.8	4.6
50-99 Times	1.0	0.0	1.8
TOTAL :	100.5	100.0	100.8

TABLE 3.21

LIFETIME FREQUENCY OF INHALANTS USED
 (NUMBER OF TIMES USED)
 (percentages)

Times used:	PERU	LIMA	PROVINCES
1-2 Times	59.1	56.0	64.0
3-5 Times	25.9	29.5	19.4
6-10 Times	10.4	9.6	11.7
11-49 Times	1.1	0.0	2.9
50-99 Times	1.5	2.4	0.0
100 or more Times	2.2	3.0	1.0
TOTAL :	100.2	100.5	99.0

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TABLE 3.22

LIFETIME FREQUENCY OF COCA LEAVES CHEWED
 (NUMBER OF TIMES CHEWED)
 (percentages)

Times used:	PERU	LIMA	PROVINCES
1-2 Times	56.7	64.4	49.9
3-5 Times	23.8	22.5	24.9
6-10 Times	8.2	5.7	10.3
11-49 Times	7.3	6.2	8.2
50-99 Times	1.7	0.6	2.6
100 or more Times	2.4	0.6	3.9
TOTAL :	100.1	100.0	99.8

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TABLE 3.23

LIFETIME FREQUENCY OF PBC USED
 (NUMBER OF TIMES USED)
 (percentages)

Times used:	PERU	LIMA	PROVINCES
1-2 Times	47.6	46.5	51.4
3-5 Times	21.7	22.1	20.6
6-10 Times	6.6	6.9	4.4
11-49 Times	15.0	15.2	14.7
50-99 Times	2.8	1.8	7.4
100 or more Times	6.3	7.4	1.5
TOTAL:	100.0	99.9	100.0

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TABLE 3.24

LIFETIME FREQUENCY OF COCAINE USED
 (NUMBER OF TIMES USED)
 (percentages)

Times used:	PERU	LIMA	PROVINCES
1-2 Times	59.7	60.1	57.1
3-5 Times	16.0	13.1	32.1
6-10 Times	6.6	7.2	3.6
11-49 Times	11.0	12.4	3.6
50-99 Times	2.2	2.6	0.0
100 or more Times	4.4	3.9	3.6
TOTAL :	99.9	99.3	100.0

to marijuana, Lima has a smaller percentage of the heaviest users in both the category 100 or more and 50-99 times, but again its overall distribution displays a higher percentage of users in the categories 11-49 and 6-10 than is the case in provinces. As far as coca paste is concerned, Lima shows the highest percentage of heavy users (100 or more times) and has a slightly higher percentage of cases among those who report usage of 11 or more times.

L. Images of Drugs/Drug Problems

All interviewees were asked to categorize various substances in the study according to whether or not they believed these substances "produced addiction." Assuming that addiction is viewed in a negative context, however it may be defined by the respondent, this constitutes an indication of the negative image that may be associated with a given substance. Table 3.25 displays the pattern of the replies. As can be noted, the responses differ in some aspects from conventional medical wisdom. The majority consider that alcohol, marijuana, sedatives, coca leaf, coca paste and cigarettes are addictive, but not heroin or LSD. Part of the explanation lies in examining the percentage of those indicating they do not know. In the case of both heroin and LSD, substances not usually found in Peru according to the prevalence data in this study, approximately half the interviewees indicated they did not know about their potential for addiction, 47.6% for heroin and 50.9% for LSD. Most of the subjects of the survey also indicated little knowledge of the addictive properties of San Pedro and Ayahuasca (68%) and Floripondio (70.9%), substances available in Peru, albeit used by only a small percentage of those sampled. The four substances with the greatest reputations for their addictive potential are alcohol (74.4%), cigarettes (73.4%), marijuana (76.6%), and coca paste (81.1%). The first two are the most widely used and the last two have had considerable publicity regarding their negative properties.

Taking this discussion one step further by correlating use of a substance (lifetime prevalence) with the question regarding that substance's negative image, the suggestion can be made that the image does not appear to deter an individual from using the substance. As is indicated in Table 3.26,

TABLE 3.25

DOES (SUBSTANCE) PRODUCE ADDICTION?
 (percentage responding affirmatively)
 Weighted N = 7425

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

909

TABLE 3.26

DO SUBSTANCES PRODUCE ADDICTION IN TERMS OF SUBSTANCES USED
 (percentage using the substance)
 Weighted N = 7425

Produces Addiction

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

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with the exception of hypnotics (which has the highest percentage of don't knows), the majority of the users of all substances covered believe those substances cause addiction. Again, the highest percentage are those who use tobacco and alcohol (76.1 and 75.2 respectively), but 94.1% of those who use coca paste, 67.8% of those who use marijuana and 59.9% of those who use coca leaves believe these substances produce addiction. They may construe addiction as something they need not fear or they may take the attitude that addiction will not affect them or they may feel content living with the dissonance that their beliefs and behaviors may pose to an outside observer. Whatever the situation, which this study cannot determine, it is clear that despite their own negative image of the substance, they are willing to use it or, at the very least, were once willing to use it.⁸

Going a step further in exploring negative aspects of substance use and abuse, the interviewees were asked to indicate whether they had ever had a problem as a result of their use of any of the substances in the survey in the 12 months prior to the interview. They were also asked to indicate which substance had caused them the most problems. The large majority of

⁸ The sample was divided into various groups on the basis of use patterns: those who had never used any substance, those who had ever used some substance and those who had ever used marijuana, coca paste or cocaine. Comparing the responses of these three groups on the question of coca paste addiction, 74.4% of those who had never used anything thought it was addictive, 81.6% of those who had used any psychoactive substance and 94.1% of those who had used marijuana, coca paste or cocaine. In effect for the sample, familiarity did breed contempt, or at least an awareness of the substance's negative potential.

the respondents (77.5%, 5,756 cases) indicated they had had no problems because of substance use. Of those who indicated they had had problems (Table 3.27) (22.5%, 1,669 cases)⁹, the most common response was "health problems" (23.2%) followed by "arguments with family" (20.2%). At a second level, substance use had resulted in "arguments with friends" (14.2%) and a feeling of being very nervous or anxious (13.9%). Only a very small proportion indicated they had either trouble with the police (2.5%) or had had required medical assistance (3.0%). In that latter connection, the question was asked of all respondents if they had ever been in treatment because of drugs. Only 0.2%, 14 cases, indicated they had, only five of whom had been treated in an emergency room, hospital or drug treatment center. As far as the substances that caused problems, essentially the only substance that was mentioned with any real frequency was alcohol, 20.7% (Table 3.28). Cigarettes added 3.3% and the remaining 1.5% was spread among six other substances ranging from marijuana to stimulants. Crossing types of problems with substances causing problems (Table 3.29), again it is clear that the major part of all substance related difficulties reported are due to either alcohol or tobacco use. Alcohol and tobacco account for around 96% of the discussions with family and friends and over 90% of the aggressive behavior derived from substance abuse. The two areas where coca paste is reported to cause its highest level of difficulty are in terms of problems at work or school and in requiring medical assistance. With regard to both problems at work and those requiring medical assistance alcohol is far more likely to be considered the cause of the problem than coca paste (around seven times more). Those responding consider alcohol or tobacco use a far greater source of difficulties in most every category of problems about which they were questioned.

⁹ The n reported in the table is higher because multiple responses were allowed.

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TABLE 3.27

PROBLEMS DUE TO SUBSTANCE ABUSE: PAST TWELVE MONTHS
 (percentage of those indicating having had problems)
 (Multiple responses permitted)
 Weighted N = 3169

<u>Problem</u>	<u>Percent</u>
Arguments with family	20.2
Arguments with friends	14.2
Problems in work/school	5.7
Feeling nervous	13.9
Health problems	23.2
Problems with police	2.5
Requested medical assistance	3.0
Suffered an accident	4.5
Was the victim of an attack	7.8
Attacked others	5.0

TOTAL	100.0
	=====

TABLE 3.28

SUBSTANCES WHICH HAVE CAUSED PROBLEMS
 Weighted N = 7392

<u>Substance</u>	<u>Percent</u>
Alcohol	20.7
Marijuana	0.6
Sedatives	0.1
Stimulants	0
Coca leaf	0.1
Coca paste	0.5
Hallucinogens	0.1
Cigarettes	3.3
None	74.5

TOTAL	100.0
	=====

TABLE 3.29

SPECIFIC PROBLEMS/SUBSTANCE WHICH CAUSED PROBLEMS
(Percentage of Problems Caused by Substance)
(Multiple responses allowed)

Problems		SUBSTANCES				Total Weighted N=3169
		Alcoholic Beverages	P.B.C.	Cigarettes	Other Sustances	
ARGUMENTS WITH FAMILY	%	89.2	2.3	6.7	1.9	100.1
ARGUMENTS WITH FRIENDS	%	91.8	2.4	4.0	1.8	100.0
PROBLEMS IN WORK/SCHOOL	%	77.3	12.2	7.7	2.8	100.0
NERVOUS FEELING	%	72.4	5.2	20.0	2.7	100.3
HEALTH PROBLEMS	%	81.0	2.9	13.7	2.3	99.9
PROBLEMS WITH POLICE	%	83.5	12.7	3.8	0.0	100.0
REQUESTED MEDI- CAL ASSISTANCE	%	70.8	10.4	15.6	3.1	99.9
SUFFERED AN ACCIDENT	%	87.4	6.3	6.3	0.0	100.0
WAS VICTIM OF ATTACK	%	90.7	3.2	4.5	2.0	100.4
HAS ATTACKED OTHERS	%	88.7	6.3	3.1	2.5	100.6
		84.0	4.3	9.7	2.1	100.1 (3169)

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M. Breaking the Habit

Current users were asked the question if they had ever tried to stop using the substance they were using. The results of that question are presented in Table 3.30. As can be seen, for most substances, the majority of the interviewees who were current users of these substances responded that they had in fact tried to stop taking alcohol, tobacco, marijuana, coca leaf, coca paste and cocaine. It was overwhelmingly the case for coca paste and cocaine users (95% of the former and 89% of the latter). This was not the case for any of the prescription medicines (analgesics, hypnotics, sedatives or stimulants) nor was it the case for inhalant users. One can attribute an interest in stopping the use of a substance to a variety of motivations, but it is suggestive that the substances with a highest degree of illicitness (cocaine and coca paste) as well as with a negative medical and journalistic reputation (the case with coca paste) are the substances which current users seem to be most interested in ceasing to use.

The weight of reputation also may be at work in the case of the next substance in ranking, cigarettes, where 59% of current users have sought to break their habit. A cultural factor, the question of establishing a new identity, may also play a role in the case of the coca leaf users, given that around half have emigrated from their place of birth.

N. Patterns of Use

Relating patterns of literature prevalence of various substances, there are several relationships that merit consideration. Marijuana use is closely tied to use of coca paste, 77% of those who have ever used marijuana have used coca paste. Marijuana and cocaine use are also tied together, but at a lower level, with 62% of those using the former also using the latter. Cocaine and coca paste use are tied together, but at a lower level than the ties of these substances to marijuana. Forty nine percent of those who ever used cocaine have used coca paste. In contrast, only 11% of those who have ever used coca leaf have used marijuana, only 4%

TABLE 3.30

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

	Percent
Cigarettes	59.3
Alcohol	52.0
Analgesics	40.9
Sedatives	49.9
Stimulants	40.2
Marijuana	55.5
Inhalants	45.7
Coca Leaves	53.5
Coca Paste	94.6
Cocaine	89.4
Hypnotics	46.0

have ever used cocaine and only 5% have used coca paste. In short, marijuana, coca paste and cocaine paste constitute a use pattern part from coca leaf use.

O. Global Results and Validity: The In-depth Survey

As Section II indicated, the in-depth survey serves as a means of evaluating the validity of the overall survey. The results of the in-depth survey will be explored both by examining the distribution of responses within each stratum and by looking at the appropriate statistical tests of the relationships between responses on the first interview and responses on the second (in-depth) interview. It is necessary to examine the results either on a stratum-by-stratum basis or through a weighting of the responses, given that the in-depth survey used a stratified sample of respondents on the main survey that overrepresented the proportion of users.

Table 3.31 shows the results found among the sample of users in Survey 2 (the in-depth survey) as compared with their responses to Survey 1 (the national survey). First of all, it should be pointed out that just as had been anticipated, the majority of the respondents for the majority of the substances reported higher levels of lifetime prevalence levels in the second interview. Nevertheless, this is not the case for prescription medicines (analgesics, sedatives, hypnotics and stimulants). In effect, for those substances one can observe a diminishing of self-reported use. This result, it would seem, is a product of the fact that the in-depth interview asked questions regarding the improper (uso indebido) or non-medical use of these substances as opposed to the question in the first interview which inquired regarding the use "because of curiosity or without medical prescription." Given that the interviewees responded to different questions, no conclusions can be drawn regarding the differences in replies.

In the table, an additional variable can be observed, "drugs." This was created by summing together the results from the questions regarding lifetime prevalence of marijuana, coca paste and cocaine. Thus, this variable represents anyone who has ever tried any one of these three

substances. Opportunity to use, following the main interview schedule, only appears with respect to hallucinogens, coca leaf, marijuana, coca paste and cocaine. Looking at the differences between the responses to Survey 1 and Survey 2, in terms of percentages, one can observe the following patterns (Table 3.32), discussing only increases rather than decreases in the pattern use. This concern with increases goes along with the hypothesis that was the basis for the design of the in-depth survey, namely that the most likely deviation from the truth would be in the direction of understating rather than overstating use. For the Lima sample, the percentage of users of tobacco, alcohol, hallucinogens and cocaine were approximately equal in both interviews. In the case of the provinces, results were approximately equal for alcohol, hallucinogens, coca leaf and cocaine. For Lima, the substances that show increases of 10% or more are inhalants, coca leaf, marijuana and coca paste. In the provinces, substances with differences of this magnitude are tobacco, inhalants, marijuana and coca paste. For the total of all users, without weighting for the differences in the relation of sample to universe in both Lima and provinces, the substances whose proportions remain virtually unchanged are tobacco, alcohol, hallucinogens and cocaine, while those with the widest differences are inhalants, coca leaf, marijuana and coca paste.

Table 3.33 shows the results obtained by comparing non-users' responses on the two surveys. Non-users, as mentioned earlier, were those individuals who indicated in the first survey that they never had had the opportunity to use marijuana, coca paste or cocaine. Looking at the results, with the exception of alcohol and inhalants in Lima and tobacco in provinces, the first survey corresponds to the reported use in the second survey.

In order to represent statistically the comparison between the results on the first and second survey, a McNemar test on the stratified sample of those in both surveys was used, reweighting that sample in accordance with its proper weight in the national sample. In other words, the deviations that resulted from having chosen a sample that overrepresented the percentage of users in the national survey have been compensated for in carrying out this test. The results of the test are contained in Table 3.34.

TABLE 3.32

USERS: PERCENTAGE OF CONSISTENCY BETWEEN STUDIES ONE AND TWO*

Substance	LIMA			PROVINCES			TOTAL		
	1	2	%	1	2	%	1	2	%
Tobacco	47	47	100	30	33	90.9	77	80	96.4
Alcohol	49	50	98	33	33	100	82	83	98.8
Hallucinogens	5	6	98	4	5	96.9	9	11	97.6
Inhalants	7	12	90	1	5	87.9	8	17	91.6
Coca leaves	10	16	88	12	13	97.0	22	29	91.6
Marijuana	21	27	88	10	14	87.8	31	41	88.0
Coca paste	14	20	80	3	8	84.8	17	28	86.7
Cocaine	8	8	100	2	1	96.9	10	9	98.8

* The figures contained here correspond to the % of persons who did not change their initial response of either use or non-use (of a total sample of N = 166)

TABLE 3.33

NON-USERS: PERCENTAGE OF CONSISTENCY BETWEEN STUDIES ONE AND TWO*

Substance	LIMA			PROVINCES			TOTAL		
	Study 1	Study 2	%	Study 1	Study 2	%	1	2	%
Tobacco	33	34	97.8	22	28	84.2	55	62	91.6
Alcohol	37	42	88.9	31	33	94.7	68	75	91.6
Hallucinogens			100	1	3	94.7	1	3	97.6
Inhalants	3	7	91.1	1	3	94.7	4	10	92.8
Coca leaves	1	3	95.5	13	14	97.4	14	17	96.4
Marijuana		2	95.5			100		2	97.6
Cocaine Paste		1	97.8			100		1	98.8
Cocaine						100			100

* The figures contained here correspond to the % of persons who did not change their initial responses of either use or non-use (of a total sample of N = 166)

TABLE 3.34

TEST OF SIGNIFICANCE: WEIGHTED IN-DEPTH SAMPLE
(McNemar's test)

	χ^2	Significance Level	Accept (A) or Reject (R)
Tobacco	7.840	.005	A
Alcohol	7.579	.006	A
Hallucinogens	Binomial	.250	R
Inhalants	8.450	.004	A
Coca leaves	Binomial	.004	A
Marijuana	10.083	.001	A
Coca Paste	Binomial	.039	A
Cocaine	Binomial	1.000	R

As that table indicates, there are statistically significant differences (0.05 level) between the two samples for lifetime prevalence of tobacco, inhalants, coca leaf, marijuana and coca paste. There are no statistically significant differences for the lifetime prevalence patterns of hallucinogens or cocaine.

Utilizing the results of the two samples, one can attempt to estimate the proportion of users in the population. The most important differences between the two samples, for the purposes of such an estimation, are the respective size of each and the sample design used. In the case of Sample 1 (the national sample), users are estimated in the following manner:

$$p_i = \frac{x_i}{n}$$

where: p_i = the proportion of users of a substance i

x_i = number of users of a substance i

n = size of the sample

and where, as was indicated in Section II, confidence intervals of 95% are calculated on the basis of

$$p_i \pm 1.96 \sqrt{\frac{p_i(1-p_i)}{n-1}}$$

Table 3.35 shows the results of this calculation.

In the case of Sample 2 (the in-depth survey), the procedure is different given that there is a non-proportional distribution of cases, in effect an equal proportion of interviews for each stratum of users and non-users. For that reason, the estimation has to be made taking into account the differences in participation of each stratum in the total population.

$$p_i = \frac{\sum_h N_h P_{ih}}{n}$$

TABLE 3.35
 CONFIDENCE INTERVALS FOR THE PROPORTION OF USERS BY SUBSTANCE (%)

Substance	Proportion	95% Confidence Interval	
		Lower Limit	Upper Limit
Inhalants	3.4	2.862	3.938
Sedatives	18.6	17.445	19.755
"Drugs"*	9.6	8.726	10.474
Marijuana	8.0	7.195	8.805
Coca Paste	3.9	3.325	4.475
Cocaine	2.5	2.037	2.963
Coca leaves	20.7	19.497	21.903
Hallucinogens	2.7	2.219	3.181
Cigarettes	67.4	66.009	68.791
Alcohol	87.1	86.105	88.095
Analgesics	9.9	9.014	10.786
Stimulants	3.2	2.678	3.722
Hypnotics**	0.9	0.620	1.180

*Refers to those having ever used (lifetime prevalence) of marijuana, coca paste or cocaine.

**Poisson

where p_i = proportion of the users of substance j

N_h = number of persons who belong to the stratum h

p_{ih} = proportion of users of the substance i belonging to the stratum h

n = size of the population

and the 95% confidence level is calculated as follows:

$$p_i \pm 1.96 \sqrt{\frac{1}{N^2} \sum_h N_h (N_h - n_h) \frac{p_{ih}(1-p_{ih})}{n_h - 1}}$$

where: n_h = size of the sample within the stratum h

The calculations for the second sample were carried out both for the results of the first survey (Table 3.36) and the results of the second survey (Table 3.37). The results shown in those two tables indicate that there is a basis for assuming an underestimation on the part of the national survey of lifetime prevalence of all substances, with the exception of sedatives. The overestimation of the use of sedatives may be related to the overly broad interpretation given by the interviewees in the national survey to the term "sedative."

Those interviewed in the in-depth survey were asked to evaluate the first interview. That evaluation offers insights into the possible source of the underestimation in the first interview. Interviewees indicated that some of the questions were compromising or even dangerous, given that use of certain substances was either penalized by the law or rejected socially. Some also considered that information requested was confidential, only to be shared with intimate friends or family, while others complained that the situation of the first interview (in the household) did not offer sufficient privacy (from other family members) to speak of the subject matter. The second interview, in a private office and done in an informal manner, in effect counter some of these objections, although not those with respect to the content of the interview.

TABLE 3.36

CONFIDENCE INTERVALS FOR THE PROPORTION OF USERS BY SUBSTANCE (%)
(Study 1, Sample 2)

Substance	Proportion	95% Confidence Interval	
		Lower Limit	Upper Limit
Inhalants	6.2	2.53	9.86
Sedatives	15.4	9.91	20.89
"Drugs"	12.4	7.38	17.41
Marijuana	9.5	5.03	13.96
Coca Paste	5.5	2.03	8.96
Cocaine	3.2	0.52	5.87
Coca leaves	19.6	13.56	25.64
Hallucinogens	3.6	0.76	6.43
Cigarettes	72.6	65.81	79.38
Alcohol	86.4	81.18	91.61
Analgesics	4.8	1.54	8.05
Stimulants	8.3	4.10	12.49
Hypnotics	1.2	0.30	3.32*

*Determined by the use of the Poisson Distribution.

TABLE 3.37
 CONFIDENCE INTERVALS FOR THE PROPORTION OF USERS BY SUBSTANCE (%)
 (Study 2)

Substance	Proportion	95% Confidence Interval	
		Lower Limit	Upper Limit
Inhalants	14.2	8.571	19.824
Sedatives	8.08	3.971	12.189
"Drugs"	16.94	13.152	20.419
Marijuana	14.19	10.639	17.749
Coca Paste	9.55	6.482	12.616
Cocaine	2.97	1.173	4.767
Coca leaves	24.52	17.747	31.298
Hallucinogens	6.10	2.485	9.715
Cigarettes	79.92	72.779	87.067
Alcohol	92.59	87.747	97.435
Analgesics	13.44	7.487	19.4
Stimulants	5.38	1.71	9.049
Hypnotics	1.29	0.377	3.37*

*Determined by the use of the Poisson Distribution.

Observing the results in Tables 3.36 and 3.37 which display information obtained during the first survey, one can note that the magnitude of the underestimation is not very great. That can be better seen if the confidence interval of Sample 2 is limited to that of Sample 1. The difference between both estimates is the result of the difference in precision due to the size of the samples utilized in each case. The stratification used in the second case provides a better means of developing an estimate, but requires a prior knowledge of the population, knowledge that is only possible when studies of the general population have been carried out as was the case with the sequence of studies that has just been discussed.

Taking into consideration the changes that occurred on the questions regarding last time of use (not only those involving having ever used) between the two interviews, for "users" in Lima there are significant differences in the reporting of frequency of use above all with respect to coca leaf and coca paste (a significant covering up of information in both these rubrics) (Table 3.38). In the case of non-users in Lima, the last time of use indicated in the National Survey substantially increased in the in-depth survey, above all for coca leaf. (Table 3.39).

In the case of users in provinces, there is a cover up of the last time of use above all for coca paste, hallucinogens, inhalants and cocaine (Table 3.40). Non-users in the provinces minimize their use of tobacco and hallucinogens (Table 3.41).

If the total sample is analyzed, the most significant differences are in the reporting of the last time of use of tobacco, coca paste, inhalants, coca leaf and marijuana. (Table 3.42). Relating these results to those presented in Table 3.31 regarding the changes in lifetime prevalence, it can be observed that both lifetime prevalence and last time of use increase when comparing the first survey and the second. In the case of alcohol, although there is a certain amount of cover up with respect to having ever used, there is no significant difference with respect to time of last use (i.e. the majority of those indicating a given time frame of consumption were consistent when comparing the two samples). This conclusion deserves

TABLE 3.38

COMPARISON OF LAST TIME OF USE. USERS/LIMA
(Wilcoxon's Test)

	Z	P	*
	-----	-----	---
Tobacco	-0.497	0.3095	R
Alcohol	-0.629	0.2645	R
Marijuana	-0.769	0.221	R
Hallucinogens	-0.524	0.300	R
Inhalants	-1.274	0.1015	R
Coca Leaf	-1.820	0.0345	A
Coca Paste	-1.726	0.042	A
Cocaine	-0.405	0.343	R

TABLE 3.39

COMPARISON OF LAST TIME OF USE. NON-USERS/LIMA
(Wilcoxon's Test)

	Z	P	*
	-----	-----	---
Tobacco	-0.601	0.274	R
Alcohol	-1.268	0.1025	R
Marijuana	-1.000	0.1585	R
Hallucinogens	0.000	--	R
Inhalants	-1.214	0.1125	R
Coca Leaf	-1.342	0.09	A
Coca Paste	-1.000	0.1585	R
Cocaine	0.000	--	R

* R = Reject (null hypothesis)

A = Accept (null hypothesis)

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TABLE 3.40

COMPARISON OF LAST TIME OF USE. USERS/PROVINCES
(Wilcoxon's Test)

	Z	P	*
	-----	-----	---
Tobacco	-1.344	0.0895	A
Alcohol	-0.756	0.225	R
Marijuana	-0.866	0.193	R
Hallucinogens	-1.826	0.034	A
Inhalants	-1.604	0.054	A
Coca Leaf	-0.629	0.2645	R
Coca Paste	-2.201	0.014	A
Cocaine	-1.342	0.09	A

TABLE 3.41

COMPARISON OF LAST TIME OF USE. NON-USERS/PROVINCES
(Wilcoxon's Test)

	Z	P	*
	-----	-----	---
Tobacco	-2.133	0.0165	A
Alcohol	-0.052	0.479	R
Marijuana	0.000	--	R
Hallucinogens	-1.342	0.09	A
Inhalants	-1.278	0.1005	R
Coca Leaf	-0.419	0.3375	R
Coca Paste	0.000	--	R
Cocaine	0.000	--	R

* R = Reject (null hypothesis)

A = Accept (null hypothesis)

TABLE 3.42
 COMPARISON OF LAST TIME OF USE. TOTAL SAMPLE
 (Wilcoxon's Test)

	Z -----	P -----	* ---
Tobacco	-3.012	0.0015	A
Alcohol	-0.924	0.178	R
Marijuana	-1.412	0.078	A
Hallucinogens	-1.244	0.107	R
Inhalants	-2.109	0.0175	A
Coca Leaf	-1.429	0.0765	A
Coca Paste	-2.310	0.0105	A
Cocaine	-0.447	0.3275	R

* R = Reject (null hypothesis)
 A = Accept (null hypothesis)

to be highlighted given that it helps to point out that the values of the global national survey are not only very conservative with respect to the frequency of use of certain types of drugs, but also with respect to the frequency of use of those substances.

The aim of this second survey was to examine the validity of the national survey. Overall, the results indicate that the error in this regard in the first study is one of underestimation rather than overestimation. The results presented in this section and the next section indicate the lower limits of the actual population values for half the substances studied are likely to be slightly higher in the actual population than indicated. The national survey, therefore, has criterion validity as that term was defined earlier. The results are valid when measured against a presumably more reliable criterion -- in this case an exhaustive in-depth interview regarding the same material. As a practical matter this indicates that the results of the national survey can be accepted on their face value, taking into account the appropriate confidence levels, with a probability that for the substances mentioned above, the range from the actual sample value to the upper limit of the confidence level, may be closer to the actual population value, both with respect to lifetime prevalence and current use.

The next chapter will provide a detailed look at the patterns of use of each substance as well as some of the demographic and socioeconomic factors associated with their use.

IV. PATTERNS OF SUBSTANCE ABUSE

As was noted in the previous section, the pattern of use for each substance is different. This section focuses on the distinctions among these use patterns and explores them in greater detail than was done in the previous section. Finally, for certain substances, the initiation into use is examined and related to the variables of age discussed under each specific substance.

A. Alcohol

As indicated in Section Three, the psychoactive substance with the highest level of prevalence of use is alcohol. Only 12.8% of the entire population sampled indicated they never had had a drink. The majority of those, who indicated having ever used alcohol, drink beer (Table 4.1). The next largest group are those who prefer wine, (11.4%). Pisco, brandy, rum and other strong liquors are drunk by only 4.1%. Users in Lima are a little more likely to drink beer (55.1% versus 52.6%) than those in provinces (Table 4.2 and 4.3) as well as far more likely to drink wine (14.4% versus 7.7%). Limenos are less likely to drink chicha than those users in the provinces. Use of pisco, brandy and rum are again more likely among Limenos (4.5% versus 3.5%). Males are more likely to drink beer than females (Table 4.4), while females are more likely to drink wine. Consumption of pisco, brandy and rum is more likely among females, while both sexes have approximately equal levels of utilization of chicha. Table 4.5 shows the relationship between socio-economic status and the choice of drinks. As that table indicates, beer is more likely to be used by the middle and lower status groups than the upper one, but the use of wine, pisco, rum and other hard liquors are also clearly related to socio-economic status. The higher one's status, the more likely one will use wine, pisco, rum or other hard liquors. The lower one's status, the more likely one is to drink chicha.

Relating lifetime prevalence data for alcohol to gender (Table 4.6) indicates there is a greater probability that a male drinks than a female. With respect to age (Table 4.7), there is a clear relationship between age and

TABLE 4.1

WHAT TYPE OF ALCOHOLIC BEVERAGE DO YOU CONSUME?
TOTAL SAMPLE
(WEIGHTED N = 7425)

Alcoholic Beverage	Percent
Beer	54.0
Wine	11.4
Chicha	3.1
Pisco-Brandy-Rum	4.1
Other	10.1
Varied	4.4
No Response	12.9
TOTAL	100.0

1-2/3

TABLE 4.2

WHAT TYPE OF ALCOHOLIC BEVERAGE DO YOU CONSUME?
LIMA SUB-SAMPLE
(Weighted N = 4146)

Alcoholic Beverage:	Percent
Beer	55.1
Wine	14.4
Chicha	1.2
Pisco-Brandy-Rum	4.5
Other	10.1
Varied	5.0
No Response	9.7
TOTAL	100.0

10/14

TABLE 4.3

WHAT TYPE OF ALCOHOLIC BEVERAGE DO YOU CONSUME?
PROVINCES SUBSAMPLE
(Weighted N = 3279)

Alcoholic Beverage:	Percent
Beer	52.6
Wine	7.7
Chicha	5.4
Pisco-Brandy-Rum	3.5
Other	10.2
Varied	3.6
No Response	16.9
TOTAL	100.0

- 12/15

TABLE 4.4
 TYPE OF ALCOHOLIC BEVERAGE USED
 ACCORDING TO SEX
 (Percentages)

Alcoholic Beverage	Sex		Total
	Male	Female	
Beer	73.2	49.9	62.0
Wine	7.3	19.4	13.1
Chicha	3.6	3.5	3.5
Pisco, Rum Brandy	5.4	3.9	4.7
Other	6.6	17.1	11.7
Varied	3.9	6.3	5.0
Total: (Weighted N)	52.1 (3369)	47.9 (3099)	100.0 (6469)

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TABLE 4.5

TYPE OF ALCOHOLIC BEVERAGE USED
BY SOCIO-ECONOMIC STATUS
(Percentages)

Type of Alcoholic Beverage	Socio-Economic Status			Total
	Upper	Middle	Lower	
Beer	54.3	63.6	63.1	62.0
Wine	20.6	12.3	11.7	13.1
Chicha	0.4	1.5	4.9	3.5
Pisco, Rum Brandy	8.5	6.2	3.3	4.7
Other	9.6	11.4	66.6	11.7
Varied	6.5	4.9	4.8	5.0
Total: (Weighted N)	14.1 (910)	22.3 (1442)	63.6 (4117)	100.0 (6469)

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TABLE 4.6

HAVE YOU EVER USED (LIFETIME PREVALENCE) ALCOHOLIC BEVERAGES?
(ACCORDING TO SEX)
(Percentages)

Ever Used:	Male	Female	Total
Yes	90.3	84.0	87.2
No	9.7	16.0	12.8
	50.3	49.7	100.0

Weighted N = 7425

TABLE 4.7

HAVE YOU EVER USED (LIFETIME PREVALENCE) ALCOHOLIC BEVERAGES?
(ACCORDING TO AGE):
(Percentages)

Age

Ever Used:	12-14	15-18	19-24	25-29	30-34	35-39	40-45	Total
Yes	54.6	81.3	93.3	94.9	95.5	95.4	97.4	87.2
No	45.4	18.7	6.7	5.1	4.5	4.6	2.6	12.8
	12.8	19.2	20.7	15.8	12.7	10.0	8.9	100.0

Weighted N = 7425

drinking. The youngest group (12-14 year olds) have the lowest lifetime prevalence of use in the sample, 54.6%, followed by those in the next oldest group (15-18 years), 81.3%, reaching a virtual plateau of 93.3% or slightly higher for all age groups thereafter. In terms of the relationship between socio-economic status and drinking, the study finds (Table 4.8) that, as class level decreases, so does alcohol use. Of the upper stratum, 93.6% have ever used alcohol as compared with 85.2% of lower grouping. Looking at the data for drinking and education (Table E.1), one finds that those who have a minimum of education are less likely to drink than those who have no education. Thereafter that point on the educational scale, increased levels of schooling are associated with higher levels of lifetime prevalence of alcohol use.

The pattern of current use of alcohol emphasizes the distinction between males and females. As is seen in Table 4.9, males have almost a 50% higher probability of being current users than do females. With respect to the past year, the sharp distinction between males and females is blurred since 93.9% of males as compared with 92.4% of females indicate use in that time period. Comparing age groups (Table 4.10), the youngest groups are the least likely to be current users. Again there is a climb from the 12-14 year old group to the 15-18 year old group and then on to the plateau occupied by the young adult and adult groups in the sample. Looking at the relationship between current use and socio-economic status (Table 4.11), one finds that again there is a direct connection between class level and drinking habits. The higher one is on the social ladder, the more likely one is to be a current user. With the exception of the 12-18 year olds and those in the lower status group (49.4% of whom are current users), the majority of all age groups and socio-economic groups are current drinkers.

Using frequency of taking a drink in the last twelve months as an indicator of frequency overall, 15.6% of males versus 3.7% of females drink at least one day a week. At the other end of the scale, 30.8% of the males versus 59% of the females indicate taking a drink only from 1 to 5 times over the past year. In terms of age, the heavier drinkers (those who drink at least once a week) represent 18% or more of the age brackets 19 and upward

TABLE 4.8

HAVE YOU EVER USED (LIFETIME PREVALENCE) ALCOHOLIC BEVERAGES?
(ACCORDING TO SOCIO-ECONOMIC STATUS)

	Socio-Economic Status			
	Upper	Middle	Lower	Total
Yes	93.6	89.1	85.2	87.2
No	6.4	10.9	14.8	12.8
	13.1	21.8	65.1	100.0

Weighted N = 7425

TABLE E.1
 HAVE YOU TRIED ALCOHOLIC BEVERAGES?
 (EDUCATIONAL LEVEL)

	Educational Level								Total
	None	Primary	Some Primary	Some Secondary	Secondary	Some Uni.	Higher Ed. Uni.	Higher Ed. Non-Univ.	
Yes	84.6	73.8	78.9	80.7	89.8	96.3	98.4	96.2	87.2
No	15.4	21.2	21.1	19.3	10.2	3.7	1.6	3.8	12.8
	1.3	6.7	11.1	28.8	25.1	7.3	10.8	9.0	100.0

Weighted N = 7425

TABLE 4.9

LAST TIME YOU CONSUMED ALCOHOL?
 (According to Sex)
 Weighted N = 6471

Response	SEX		Total
	Male	Female	
0-30 Days	63.0	41.2	52.5
1-6 Months	28.1	46.2	36.7
6-12 Months	2.8	3.6	3.2
1-3 Years	4.5	5.7	5.1
More than 3 Years	1.6	3.4	2.5
Total:	52.1	47.9	100.0

TABLE 4.10

LAST TIME YOU CONSUMED ALCOHOL? (ACCORDING TO AGE)
Weighted N = 6471

When:	Age							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
0-30 Days	22.4	38.7	57.1	61.2	59.3	60.0	59.0	52.5
1-6 Months	55.9	49.8	35.0	29.2	32.3	30.6	27.3	36.7
6-12 Months	7.3	4.3	3.3	2.1	2.1	2.5	2.0	3.2
1-3 Years	11.5	6.7	3.2	4.7	3.6	4.9	4.0	5.1
More than 3 Years	2.9	0.5	1.4	2.9	2.7	2.0	7.6	2.5
Total:	8.0	17.9	22.1	17.1	13.9	11.0	9.9	100.0

TABLE 4.11

LAST TIME YOU CONSUMED ALCOHOL?
(ACCORDING TO SOCIO-ECONOMIC STATUS)
Weighted N = 6471

When:	Socio-Economic Status			
	Upper	Middle	Lower	Total
0-30 Days	63.6	54.4	49.4	52.5
1-6 Months	28.8	34.7	39.2	36.7
6-12 Months	3.2	3.5	3.1	3.2
1-3 Years	3.5	4.8	5.5	5.1
+ 3 Years	0.8	2.7	2.7	2.5
Total	14.1	22.3	63.6	100.0

TABLE 4.12

SUBSTANCES USED IN CONJUNCTION WITH ALCOHOL
Weighted N = 7451

<u>Substance</u>	<u>Percent</u>
Hypnotics	0.2
Stimulants	0.2
Analgesics	0.9
Sedatives	0.3
Marijuana	0.8
Inhalants	0.0
Coca Paste	0.8
Hallucinogens	0.0
Nothing	77.8
No Response	19.5
Total	<u>100.5*</u>

* Total percentages in tables may differ from 100% due to rounding.

among men and 4% or more among women 19 and upward. The percentage of heavier drinkers between the ages of 12-18 are around 7% for men and 1% for women. Among those in the upper status level, 19% drink at least once a week, while for middles only 10% do and for lowers only 8%. Males, above the age of 18 and with a higher socio-economic status are most likely to be the heaviest drinkers among all those sampled.

Looking at another indicator of frequency of use, the number of times an individual was drunk in the past year, 68.9% of the males have been drunk at least once during the year, 4.4% at least once a week as compared to 50.5% of the females who were drunk at least once during the last year and 0.5% of females who were drunk at least once a week in the same time period. The older one is the more likely one is to get drunk at least once a week, but with respect to SES, there is no real difference on this variable.

The majority of those who use alcohol are not poly-drug users. Of those interviewed, 77.8% indicated that they used alcohol alone (Table 4.12). The highest proportion of combined use is with analgesics followed by marijuana and coca paste. Other substances that are used in conjunction with alcohol are hypnotics, stimulants, sedatives, inhalants and hallucinogens. No one reports combined use of cocaine and alcohol when asked the question: "Have you used alcohol in conjunction with the following substances..." However, when cocaine users were asked the question: "Have you used cocaine in combination with the following substances...", 58.9% responded affirmatively to alcohol.

B. Tobacco

Tobacco is the second most widely used substance after alcohol with a lifetime prevalence of 67.4%. Smokers are more likely to be male than female (Table 4.13). Younger groups show lower levels of use than older groups. There is a clear progression from the youngest (12-14 year olds) up through 19-24 year olds to a relatively uniform level of use throughout the remaining age brackets (Table 4.13). Smoking increases with the class level of the sample (Table 4.14). Those in the upper class have approximately a 30% greater lifetime prevalence than do those in the lower. Those of the middle level are nearly midway on the scale between the other two. Education is a factor associated with higher levels of lifetime prevalence (Table E.2). The higher the educational level is; the greater is the proportion of smokers.

Those in the upper stratum tend to have higher levels of lifetime use at an earlier age than those in the other two groupings. Of the upper level individuals aged 15-18, 90.3% have ever used tobacco, compared with 58.5% for those in the middle class and 54.6% for the lower stratum. Thus, it would appear that those in the highest of the three class groupings initiate tobacco use earlier. It can be noted that university graduates are most likely to be smokers.

Current users are again more likely to be males than females (Table 4.15). Eighty-five per cent of the males have smoked in the past year as compared with seventy-seven percent of the females. Current use, just as lifetime prevalence, increases with age (Table 4.16). However, the highest level of current use is reported by those in the 19-24 year old bracket, 61.8%, descending from there to the level of 44.6% for those in the oldest bracket surveyed, 40-45 year olds. In terms of the study's indicator of socio-economic status, the upper group remains the largest group in proportion of current users, with current use declining as the socio-economic status of the sample lowers (Table 4.17). Use over the past year evens out somewhat with 83.4% of the upper group, 81.7% of the middle group and 82% of the lower group reporting use in that period.

TABLE 4.13

HAVE YOU EVER SMOKED CIGARETTES? (LIFETIME PREVALENCE)
 (DISTRIBUTION BY AGE)
 Weighted N = 7425

Response	AGE						
	12-14	15-19	19-24	25-29	30-34	35-39	40-45
No	79.5	40.5	20.4	19.8	21.2	24.9	25.7
Yes	21.5	59.5	79.6	80.2	78.8	75.1	74.3
Total	12.8	19.2	20.7	15.8	12.7	10.0	8.9

HAVE YOU EVER SMOKED CIGARETTES?
 (LIFETIME PREVALENCE) (BY SEX)
 Weighted N = 7425

Response	SEX		Total
	Male	Female	
No	20.1	45.3	32.6
Yes	79.9	54.7	67.4
Total	50.3	49.7	100.0

TABLE 4.14

HAVE YOU EVER SMOKED CIGARETTES? (LIFETIME PREVALENCE)
(ACCORDING TO SOCIO-ECONOMIC STATUS)
Weighted N = 7425

Socio-Economic Status				
	Upper	Middle	Lower	Total
No	18.1	28.5	36.9	32.6
Yes	81.9	71.5	63.1	67.4
	13.1	21.8	65.1	100.0

TABLE E.2

HAVE YOU EVER SMOKED CIGARETTES? (LIFETIME PREVALENCE)
 (DISTRIBUTION BY EDUCATIONAL LEVEL)
 Weighted N = 7425

Response	EDUCATIONAL LEVEL								Total
	None	Some Primary	Primary	Some Second.	Second.	Some Uni.	Higher Ed. Uni.	Higher Ed. Non-Uni.	
No	68.0	57.4	51.4	46.1	21.5	12.1	11.6	15.7	32.6
Yes	32.0	42.6	48.6	53.9	78.5	87.9	88.4	84.3	67.4
	1.3	6.7	11.1	28.8	25.1	7.3	10.9	9.0	100.0

TABLE 4.15

LAST TIME YOU SMOKED A CIGARETTE? (ACCORDING TO SEX)
 Weighted N = 5005

Response	SEX		Total
	Male	Female	
0-30 Days	60.1	41.7	52.7
1-6 Months	22.1	29.1	24.9
6-12 Months	3.2	6.5	4.5
1-3 Years	6.6	8.6	7.4
More Than 3 Years	8.0	14.1	10.4
Total	100.0	100.0	99.9
Rcw %	59.7	40.3	100.0

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TABLE 4.16

LAST TIME YOU SMOKED A CIGARETTE? (ACCORDING TO AGE)
Weighted N = 5005

When:	Age							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
0-30 Days	25.1	50.6	61.8	53.0	53.9	50.8	44.6	52.7
1-6 Months	33.0	35.9	22.5	20.2	18.6	24.9	27.4	24.9
6-12 Months	10.3	3.7	3.8	5.9	3.1	5.6	3.6	4.5
1-3 Years	20.1	7.2	6.4	8.2	7.9	5.4	5.2	7.4
More than 3 Years	11.5	2.7	5.5	12.7	15.5	13.2	19.1	10.4
Total: .	4.1	17.0	24.4	18.7	14.8	11.2	9.8	100.0

TABLE 4.17

LAST TIME YOU SMOKED A CIGARETTE?
 (ACCORDING TO SOCIO-ECONOMIC STATUS)
 Weighted N = 5005

Socio-Economic Status				
Response:	Upper	Middle	Lower	Total
Last 30 days (Current use)	62.1	56.9	48.6	52.7
1-6 Days	19.2	21.2	28.1	24.9
6-12 Days	3.0	3.7	5.2	4.5
1-3 Years	7.4	7.3	7.5	7.4
More than 3 Years	9.2	11.0	10.5	10.4
	15.9	23.2	60.9	100.0

Looking at two measures of the intensity of smoking -- whether or not an individual has smoked 100 or more cigarettes in their lifetime and whether an individual has smoked daily -- a somewhat different image of the extent of use emerges in each case. As Table 4.18 indicates, only 27.8% of the respondents report having smoked 100 or more cigarettes. Fifty-one percent of males and twenty-six percent of females have smoked more than 100 cigarettes. Beyond the age of 24, the majority have smoked 100 or more cigarettes. Those in the 19-24 year old bracket have achieved that level of consumption, but only 10% of those 12-14 and 16% of those 15-18. More of the lower status group have smoked 100 or more cigarettes (65%) than the middle (52%) or upper (44%) groups. Over seventy-five percent of those who have smoked 100 or more cigarettes are current smokers, having smoked in the last 30 days, and in fact 50% smoked the same day or the day before the interview.

Even fewer individuals (12.4%) report smoking daily (Table 4.19). Again, those who do so are predominantly male and in older age brackets (Table 4.20). In fact, none of the interviewees in the 12-14 year old bracket smoke on a daily basis and only 3.8% of those in the 15-18 year old bracket do, as opposed to between 12.4% and 17.7% in the older age groups. Daily smokers are far more likely to be in the upper status groups than in any other (Table 4.21). Those in the upper class are 261% more likely to be smokers than those in the lower stratum and 170% more likely to be so than mid-level individuals. Looking at frequency of use from the point of view of the days that individuals smoked in the last 30 days, an even smaller percentage admit to daily smoking, 6.3%, with 11.7% smoking almost every day or at least 2-3 times a week. The majority admit to have smoked at this level anywhere from 2-6 months (61.2%).

TABLE 4.18

Have You Ever Smoked 100 Cigarettes? Weighted N = 7425	
Response	Percent
Yes	27.8
No	39.6
No Response	32.6
Total	100.0

TABLE 4.19

HAVE YOU SMOKED DAILY? (ACCORDING TO SEX)

Weighted N = 2487

	SEX		
	Male	Female	Total
Yes	15.7	9.0	12.4
No	83.6	91.0	87.2
	50.8	49.2	100.0

TABLE 4.20

HAVE YOU SMOKED DAILY (ACCORDING TO AGE)
 Weighted N = 2488

	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
YES	0.0	3.8	12.4	17.3	17.7	13.2	17.3	12.4
NO	100.0	94.9	87.6	82.7	92.3	85.5	82.7	87.2
	6.1	18.0	20.2	18.5	14.3	11.6	11.4	100.0

TABLE 4.21

HAVE YOU SMOKED DAILY?
 (ACCORDING TO SOCIO-ECONOMIC STATUS)
 Weighted N = 2488

	Socio-Economic Status			Total
	Upper	Middle	Lower	
Yes	24.6	14.5	9.4	12.5
No	75.5	85.5	90.6	87.5
	12.7	21.7	65.6	100.0

TABLE 4.22

No. of Days Smoked in Last 30 Days
Weighted N = 7425

How Many:	Percent
Every Day	6.3
4-6 a Week	4.4
2-3 a Week	7.3
1 Day a Week	6.9
Less than 1 Per Week	10.7
No Response	64.5
TOTAL	100.0

TABLE 4.22A

HOW LONG HAS SMOKING BEEN AT THAT LEVEL?
Weighted N = 7425

Days/Months	Percent
0-1 Month	2.8
2-6 Months	21.6
7-12 Months	2.2
1-3 Years	3.0
More than 3 Years	5.7
No Response	64.7
TOTAL	100.0

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C. Analgesics

Analgesics had a lifetime prevalence of 9.9% for the total sample. When respondents were questioned regarding their use of analgesics for non-medical reasons, they were asked to specify the substances they used, from a list provided them of analgesics available in Peru. This list consisted in effect of substances that can be classified as narcotic analgesics. Of those who indicated having ever used an analgesic for non-medical purposes, 90.7% indicated they had used Darvon. The substance with the next highest frequency of lifetime prevalence was Demerol which accounted for 3.2%, followed by codeine (2.4%). The remaining substances mentioned, Percodan, Sosegon, morphine and laudanum totalled 3.7%.

Of the total of all users, (see Table 4.23), 57.8% were female, although their use pattern with regard to specific substances did not differ markedly from that of male users. With regard to age (4.24), the groups with the highest level of lifetime prevalence were those in the 30-34 year old age bracket, followed by those in the two surrounding brackets (25-29 and 35-39). The youngest groups included in the study (12-14 and 15-18) showed the lowest frequency of lifetime use.

Relating age to sex, the greatest differences between the sexes appear in three age groups, 15-18 year olds (3% of the males versus 5.3% of the females) 35-39 year olds (10.2% of the males versus 18.7% of the females) and 40-45 year olds (8% of the males versus 15.6% of the females). (Table 4.25).

Looking at the relationship between use and socio-economic status (Table 4.26), the pattern of use runs directly up the socio-economic ladder. Higher levels of lifetime prevalence are associated with higher status. Regarding the use of specific substances, it can be noted that while use of Darvon and Demerol is roughly equivalent across socio-economic groupings, use of the generic opiates, morphine and laudanum, are limited to the lower class.

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TABLE 4.23
 SPECIFIC ANALGESICS EVER USED - BY SEX
 Weighted N = 757

Analgesic	SEX		Total
	Male	Female	
DARVON (Propoxyphene)	91.1	90.4	90.7
DEMEROL (Meperidine)	2.5	3.8	3.2
PERCODAN (Oxycodone)	0.4	1.9	1.3
SOSEGON (Pentazocine)	1.8	1.6	1.7
CODEINE (Methylmorphine)	3.5	1.6	2.4
MORPHINE (Morphine)	0.8	0.5	0.6
LAUDANUM (Opium tincture)	0	0.2	0.1
TOTAL :	42.2	57.8	100.0

NAMES IN CAPITALS are the proprietary names, (NAMES IN PARENTHESIS) are the generic names

TABLE 4.24

HAVE YOU EVER USED ANALGESICS? (LIFETIME PREVALENCE)
 (ACCORDING TO AGE)
 Weighted N = 7425

	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
NO	96.4	95.9	90.7	86.7	82.9	85.7	88.3	90.1
YES	3.6	4.1	9.3	13.3	17.1	14.3	11.7	9.9
	12.8	19.2	20.7	15.8	12.7	10.0	8.9	100.0

HAVE YOU EVER USED ANALGESICS? (LIFETIME PREVALENCE)
 (ACCORDING TO SEX)
 Weighted N = 7425

	SEX		Total
	Male	Female	
NO	91.6	88.6	90.1
YES	8.4	11.4	9.9
	50.3	49.7	100.0

TABLE 4.25

LIFETIME PREVALANCE USE OF ANALGESICS
BY AGE CONTROLLING FOR SEX
(percentage having ever used)

SEX	AGE							Total Weighted N
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
Male	3.8	3.0	8.2	12.0	17.1	10.2	8.0	8.4 (312)
Female	3.3	5.3	10.3	14.5	17.0	18.7	15.6	11.4 (421)

TABLE 4.26

HAVE YOU EVER USED ANALGESICS? (LIFETIME PREVALENCE)
(ACCORDING TO SOCIO-ECONOMIC STATUS)
Weighted N = 7425

	SOCIO-ECONOMIC STATUS			Total
	Upper	Middle	Lower	
NO	85.7	88.8	91.4	90.1
YES	14.3	11.2	8.6	9.9
	13.1	21.8	65.1	100.0

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There are similarities in the patterns with regard to sex (Table 4.27), but certain differences in the pattern with regard to age when current use is compared to lifetime use. As Table 4.28 indicates, the age bracket with the high percentage of current users is between 15 and 18 years old (21%). The oldest group in the sample, 40-45 years, displays the second highest rate of current use (16.5%) followed by the group with the highest lifetime prevalence (30-34 years, 14.8%). The pattern of use over the past year is that the two youngest groups, covering the ages from 12-18, have the highest level of use. These are followed by the oldest group. In effect, the lower levels of lifetime use of the substances by the youngest respondents represent their recent initiation into such use. As far as differences associated with gender, females are more likely to be current users, but males exhibit roughly the same level of use in the 2-12 month period.

The highest level of current use (Table 4.29) is exhibited by the lowest socio-economic group (14.4%), almost twice that of the upper and 2.7% higher than the middle status group. In the past year, 58.5% of lower report having used analgesics compared with a roughly equivalent percentage of middle (58%) and a majority of upper stratum. (Table 4.30). The distinction in terms of current use does not hold up for this time period to any real extent.

There is, virtually no difference between males and females in terms of those who are experimenters (1-2 times), and only a small difference among heavy users (50 or more) (males, 3.8% and females, 5.0%). Those in the age brackets from 25-29 are most likely to be heavy users. The upper stratum are more likely to be heavy users than any other status group with over 10% using analgesics 50 or more times in their lifetime as compared with 5% for middle and 2% for lower stratum. (Table 4.30.)

Finally, examining the relationship between analgesic use and the concurrent use of other substances (poly-drug use), one finds that the only substance used in conjunction with analgesics to any appreciable extent was alcohol (70.4% of those responding, 50 cases). Other substances mentioned were sedatives (12.7%), marijuana (9.9%), hypnotics (5.6%), and stimulants and inhalants (both at 1.4%). Those answering this question positively constituted only 9.7% of those who had indicated ever using analgesics.

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TABLE 4.27
 LAST USE OF ANALGESICS -- BY SEX
 Weighted N = 727

Last Use:	SEX		Total
	Male	Female	
Current Use (0-30 days)	10.6	14.2	12.6
Recent Use (2-12 months)	44.9	44.8	44.8
Use Last Year (months 1-12)	55.5	59.0	57.4
Use Between 1 and 3 Years Ago	18.9	17.9	18.3
Use More Than 3 Years Ago	25.6	23.2	24.2

TABLE 4.28
 LAST USE OF ANALGESICS - BY AGE
 Weighted N = 727

Last Use	Current Use (0-30 days)	Recent Use (2-12 mos.)	Total Last Year	More than (1-3 years)	More than (3 years)
12-14	13.2%	68.6%	81.8%	10.7%	7.5%
15-18	21.0%	43.9%	64.9%	19.1%	15.9%
19-24	7.7%	50.7%	58.4%	27.2%	14.4%
25-29	11.8%	39.8%	51.6%	16.2%	32.3%
30-34	14.8%	42.1%	56.9%	21.7%	21.7%
35-39	9.5%	42.2%	51.7%	10.4%	37.9%
40-45	16.5%	44.1%	60.6%	13.3%	26.0%

TABLE 4.29

LAST USE OF ANALGESICS - BY SOCIO-ECONOMIC STATUS
Weighted N = 726

Last Time Used	Socio-Economic Status			Total
	Upper	Middle	Lower	
Last 30 days	8.9	11.7	14.4	12.7
One to Six Months Ago	27.4	33.3	33.6	32.4
More than Six Months to a One Year	17.4	13.0	10.5	12.4
More Than One Year to Three Years	18.7	18.3	18.2	18.3
More than Three Years Ago	27.5	23.7	23.4	24.3
Total	Col %	99.9	100.0	100.1
	Row %	18.8	25.0	56.3

TABLE 4.30
 LIFETIME FREQUENCY OF ANALGESIC USE
 BY SOCIO-ECONOMIC STATUS
 (TIMES USED)
 Weighted N = 729

Times Used	Socio-Economic Status			Total	
	Upper	Middle	Lower		
1-2 times	24.5	32.3	34.9	32.3	
3-5 times	30.2	25.3	30.1	28.9	
6-10 times	20.6	22.2	19.9	20.6	
11-49 times	13.9	15.3	12.8	13.6	
50-99 times	5.1	2.0	1.0	2.0	
100-199 times	2.5	0.5	0.7	1.0	
200 or more times	3.1	2.3	0.6	1.5	
Total	Col %	99.9	99.9	100.0	99.9
	Row %	18.7	24.9	56.4	100.0

D. Sedatives

Sedatives cover a wide spectrum of medicines ranging from tranquilizers such as Valium (diazepam) and Librium to the variety of cough medicine that contain psychoactive substances. The fourth largest portion of the sample, 18.5%, reported having ever used sedatives. Those who use sedatives for non-medical purposes admit to using most of those substances (Table 4.31), although their principal choices are cough medicine (12.6%) and Valium (3.2%). Looking at life prevalence data, sedatives proportionally have been used by females rather than males (Table 4.32) and those in the age groups 15-18 years and 25-29 years, although there are considerable proportions of users in every age category. Looking at socio-economic status in relation to sedative use (Table 4.33), it can be observed that the middle status group has the highest proportion of users (22.7%) followed by upper group with 19%. Controlling for sex, one finds that females are more likely than males to use sedatives in the age brackets 15-18, 19-24, 30-34, 35-39 and 40-45. Males predominate only in the 12-14 and 25-29 year old brackets. The middle group predominates over the lower group in all age brackets except that of 35-39 years, while the middle class has a higher proportion than the upper class in four out of the seven age brackets (12-14, 15-18, 30-34 and 40-45).

The sedatives with the lifetime highest use rate, cough syrups, are used by a greater proportion of the males using sedatives (68%) than females (63.0%). Females are more likely to use Valium/diazepam than males (21.7% versus 17.3% of those using sedatives). Younger groups record higher percentages of having ever used ranging from 98.5% for those 12-14 to 47.8% of those 35-39. This runs against the logical direction of lifetime prevalence, i.e., the greater the age, the more likely to have ever used. It indicates the possibility that there is increasing use of this substance by younger groups. With respect to Valium/diazepam, use rises from the 15-18 year old group (12.7%) to the 25-29 year old bracket (29.3%). The lifetime prevalence is lower for the next two brackets (30-34 years is 19.3%; 35-39 years, 18.8%) but is higher than the previous two age brackets (26.2%) although not quite as high as those in the 25-29 year group.

TABLE 4.31

SEDATIVES UTILIZED
(AS A PERCENTAGE OF THE TOTAL SAMPLE)
Weighted N = 7425

<u>Proprietary Name</u>	<u>Generic Name</u>	<u>Percent</u>
ATIVAN	Orazepan	0.8
ANATENSOL	Phluphenazine	0.0*
LIBRIUM	Chlordiazepoxide	0.3
FRISIUM	Chlobazam	0.2
AVENTYL	Nortriptyline hydrochloride ⁺	0.1
SEREPAX	Oxazepam	0.1
LEVANXOL	Temacepam	0.0**
MANDRAX	Metaqualone	0.2
VALIUM/DIAZEPAN	Diazepam	3.2
QUIETARAX	Meprobamate ⁺⁺	0.0***
REPOSAL	Chlordiazepoxide	0.3
XANAX	Alprazolam	0.0***
VAZEN	Diazepam	0.0***
URBADAN	Chlobazam	0.7
COUGH SYRUPS	Codeine ⁺⁺⁺	12.6
NONE, NO RESPONSE		81.5
	TOTAL :	100.0*

* Actual percentage before rounding 0.03%

** Actual percentage before rounding 0.04%

*** Actual percentage before rounding 0.01%

⁺ Tricyclic antidepressant sometimes used by drug abusers.

⁺⁺ It also contains amobarbital (30 mg) per tablet.

⁺⁺⁺ Most cough syrups sold in Peru contain codeine and are ingested in considerable quantities by some persons dependent on sedatives.

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TABLE 4.32

HAVE YOU EVER USED SEDATIVES (LIFETIME PREVALENCE)
 ACCORDING TO AGE
 Weighted N = 7425

	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
NO	83.4	79.9	81.2	79.0	84.4	80.9	83.3	81.4
YES	16.6	20.1	18.8	21.0	15.6	19.1	16.7	18.6
	12.8	19.2	20.7	15.8	12.7	10.0	8.0	100.0

HAVE YOU EVER USED SEDATIVES? (LIFETIME PREVALENCE)
 ACCORDING TO SEX
 Weighted N = 7425

	SEX		Total
	Male	Female	
NO	83.8	79.1	81.4
YES	16.2	20.9	18.6
	50.3	49.7	100.0

TABLE 4.33

HAVE YOU EVER USED SEDATIVES (LIFETIME PREVALENCE)
 ACCORDING TO SOCIO-ECONOMIC STATUS
 Weighted N = 7425

Socio-Economic Status				
	Upper	Middle	Lower	Total
No	81.0	77.3	82.9	81.4
Yes	19.0	22.7	17.1	18.6
	13.1	21.8	65.1	100.0

TABLE 4.34

COUGH SYRUP AND VALIUM LIFETIME USE (EVER USED) CONTROLLING FOR
 SOCIO-ECONOMIC STATUS (SES)
 (percent using substance)

SES	Substance:	Cough Syrup Weighted N=935	Valium/Diazepam Weighted N=241
Upper		37.0	32.0
Middle		61.8	24.0
Lower		74.0	13.7

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Again the suggestion here is that there may have been different times when use was more fashionable or the product more readily available.

In terms of socio-economic status, the trends for the two groups of substances ran in opposite directions. (Table 4.34) The lowest socio-economic status group is the most likely to have ever used cough syrup and the least likely to have used Valium/diazepam, while the reverse is true with regard to the uppermost status group, which is most likely to use Valium/diazepam and least likely to use cough syrup.

Females are more likely to be current users than males (15.4% vs. 9.1%) (Table 4.35). Over the previous year as well, females were more likely to have used sedatives than males (64.4% vs. 54.2%). Current users were found in the highest proportions in the age groups 35-39 years (24.9%) and 40-45 years (19.5%) and at the lowest level among those 12-14. Over the previous year, more than half of the lifetime users in age group have used a sedative, with almost two-thirds of the youngest group having done so (65.9%) and 62.9% of the 35-39 year old group. In terms of socio-economic groupings, current users are most heavily represented in the upper and middle groups (15.4 and 14% respectively) with 54.1% of the upper level indicating use over the past year as compared with 52.2% of the middle and 62.9% of the lower grouping. (Table 4.36).

The heaviest users of sedatives in proportion are males rather than females (Table 4.37). Of the males, 4.4% used sedatives 100 or more times as compared with 1.2% of the females. At the lowest frequencies of use (1-5 times), males and females are almost exactly equal. In terms of age, (Table 4.38) the heaviest users in proportion are those in the higher age brackets, especially those 30-34 years, 4.7% of whom have used sedatives 100 or more times as compared with the 3.9% of those in the 40-45 year old bracket. The majority in all brackets report having only used sedatives from one to five times in their lives. In terms of the relationship between socio-economic status and lifetime frequency (Table 4.39), the heaviest users are located in the middle status group (4.0% having used sedatives 100 or more times), followed by those in the upper status group (3.0%). Again, the majority of all classes have used sedatives 1-5 times,

TABLE 4.35

LAST TIME SEDATIVE TAKEN BY SEX
Weighted N = 1365

Time	SEX		Total
	Male	Female	
Last 30 days (Current Use)	9.1	15.4	12.7
1-6 Months Ago	32.3	34.1	33.3
6-12 Months Ago	12.8	14.9	14.0
1-3 Years Ago	21.7	19.1	20.2
More that 3 years	24.0	16.5	19.8
Total	99.9	100.0	100.0

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TABLE 4.36

LAST TIME YOU TOOK SEDATIVES BY SOCIO-ECONOMIC STATUS
Weighted N = 1466

When	Socio-Economic Status			Total
	Upper	Middle	Lower	
0-30 Days (Current Use)	15.4	14.0	10.5	12.1
1-6 Months	29.9	25.4	35.9	32.4
6-12 Months	8.8	12.8	16.5	14.6
1-3 Years	27.0	24.0	18.3	20.9
+ 3 Years	18.9	23.8	18.8	20.1
	12.4	26.4	61.2	100.0

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TABLE 4.37
 LIFETIME FREQUENCY OF SEDATIVE USE BY SEX
 Weighted N = 1465

Frequency	SEX		Total
	Male	Female	
1-2 times	36.2	36.4	36.3
3-5 times	27.9	27.1	27.4
6-10 times	18.0	18.8	18.5
11-49 times	12.0	13.6	12.9
50-99 times	1.5	2.8	2.2
100-199 times	3.0	0.4	1.5
200 or more times	1.4	0.8	1.1
Total	100.0	99.9	99.9

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TABLE 4.38

LIFETIME FREQUENCY OF SEDATIVE USE BY AGE
 Weighted N = 1457

Frequency	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
1-2 times	38.2	42.4	36.2	37.5	34.7	29.6	27.1	36.3
3-5 times	30.0	27.2	23.4	25.6	24.0	36.1	31.8	27.4
6-10 times	19.3	11.0	24.7	16.1	18.9	16.4	26.9	18.5
11-49 times	9.6	15.0	10.7	14.6	16.9	12.7	10.0	12.9
50-99 times	0.6	2.1	2.9	3.6	0.7	2.9	1.4	2.2
100-199 times	2.4	2.3	0.4	2.2	1.9	0	1.4	1.5
200 or more	0	0	1.7	0.4	2.8	2.4	1.5	1.1
Total	100.1	100.0	100.0	100.0	100.1	100.1	100.1	99.9

TABLE 4.39

LIFETIME FREQUENCY OF SEDATIVE USE
 BY SOCIO-ECONOMIC STATUS
 Weighted N = 1466

Frequency/SES	Upper	Middle	Lower	Total
1-2 times	26.5	36.7	38.2	36.3
3-5 times	25.7	27.7	27.7	27.4
6-10 times	30.7	17.8	16.3	18.5
11-49 times	13.7	11.3	13.4	12.9
50-99 times	0.6	2.4	2.5	2.2
100-199 times	0.7	2.9	1.1	1.5
200 or more times	2.3	1.1	0.8	1.1
Total	100.0	100.0	100.0	100.0

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although the greatest proportion of this category are in the lower status group.

Poly-drug use involves only a small portion of those declaring having ever used sedatives (5.3%). The most common substance used in combination with sedatives is alcohol (3.9% of the total users, 74% of those indicating any combined use). The four other substances named are hypnotics and analgesics (each with 11.7% of those indicating combined use), and stimulants and marijuana (each with 1.3%). The other 94.7% indicated never having combined sedatives with other substances.

E. Stimulants

Stimulants like other categories of prescription drugs cover a variety of substances. The lifetime prevalence rate for them is 3.7%. In the case of stimulants, at least four drugs have large numbers of users, Amphetamine (27%), Lipenan (18%), Tenuate Dospan (21%) and Preludin (13%). (Table 4.40). Other substances in this category that are used are Alipid, Ionamina, Obedrin, Pondinil and Ritalin, with use ranging from 2.8 to 5% of those respondents indicating any use of stimulants. Of users, 24% of all age groups report use of stimulants in the past year. (Table 4.41). There are differences in use patterns between males and females, with males using Amphetamine, Alipid, Preludin and Oberdin at a higher rates than females who have higher rates of use of Ionamina, Lipenan, Pondinil, Tenuate Dospan and Ritalin. Looking at the use of these substances by age, one finds that the youngest group, 12-14 years, does not use any substance except ritalin, while the oldest group (40-45) concentrates its use to a great extent in amphetamine (72.1%). (Table 4.42). Certain other substances as well have been used primarily by certain age brackets. For example, Oberdin is a drug only used by those in the 30-35 year bracket and Ionamina by those in the brackets covering ages 30-45. With regard to the relationships between these substances and socio-economic status, certain patterns can be noted. (Table 4.43). The upper status group, does not use Alipid, Ionamina or Ritalin, but has a fairly high level of use of Tenuate Dospan (a level shared with the middle group). In contrast, the lower status group has a relatively low rate of use of Tenuate Dospan, but the highest rate of use of Amphetamine.

Looking at the overall pattern of lifetime prevalence of stimulants, one can see no difference between men and women (Table 4.44). With respect to age, there is a curve from a low point in the 12-14 year old bracket (0.4%) to a high point in the 25-29 and 30-35 year old brackets (5.1) going down again as age increases to a low of 3.4%. (Table 4.45). The table on the relationship between socio-economic status and stimulant use (Table 4.46) indicates that the highest proportion of users is among those in the upper class and that lifetime prevalence of use declines as the class level descends. Only with respect to two age groups (30-34 and

TABLE 4.40
 STIMULANTS EVER USED (LIFETIME PREVALENCE) BY SEX
 Weighted N = 272

Stimulant	SEX		Total
	Male	Female	
AMPHETAMINE (Amphetaminic)	38.8	14.9	27.0
ALIPID (Diethyl propionehydrochloride)	6.2	2.8	4.5
IONAMINA (Phentermine)	0	7.1	3.5
LIPENAN (Phenproporex)	11.3	24.8	18.0
PRELUDIN (Phenyl-methyl-tetrahydro-oxazine-hydrochloride)	20.1	6.2	132
OBERDIN (Phentermine)*	5.0	0.6	2.8
PONDINIL (Chloro-propyl-methyl-phenyl-ethylamine-hydrochloride)	2.5	7.6	5.0
TENUATE DOSPAN (Diethyl-propione-hydrochloride)	13.3	28.6	20.9
RITALIN (Methylphenidate hydrochloride)	2.7	7.3	5.0
Total	100.0	100.0	100.0

* It also contains ascorbic acid, niacin and thiamine

NAMES IN CAPITALS are proprietary names and (NAMES IN PARENTHESIS) are the generic names.

TABLE 4.41
 LAST TIME USED STIMULANTS BY AGE
 Weighted N = 226

Last Time	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
Last 30 days (Current Use)	0	0	8.2	7.5	0	8.2	7.9	5.5
One to 6 months ago	50.0	55.0	13.8	18.8	8.4	4.1	3.6	15.9
6-12 months ago	0	0	11.0	0	3.9	2.4	3.6	3.4
More than 1 to 3 years ago	0	22.5	46.3	3.2	16.0	8.2	14.8	16.9
More than 3 years ago	50.0	22.5	17.2	70.5	71.6	77.0	70.1	58.3
Total Col %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Row %	1.0	9.9	17.2	26.2	19.6	16.2	9.9	100.0

TABLE 4.44

LAST TIME USED STIMULANTS BY SEX
Weighted N = 228

Last Time	SEX		Total
	Male	Female	
Last 30 days	5.8	5.1	5.5
One to 6 months ago	9.0	22.8	15.9
6-12 months ago	0.8	6.0	3.4
More than 1 to 3 years ago	18.1	15.8	16.9
More than 3 Years ago	66.3	50.2	58.3
Total	Col %	100.0	100.0
	Row %	50.0	100.0

TABLE 4.45

HAVE YOU EVER USED STIMULANTS? (LIFETIME PREVALENCE)
 (ACCORDING TO AGE)
 Weighted N = 7425

	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
NO	99.6	98.1	97.5	94.9	94.9	95.1	96.6	96.8
YES	0.4	1.9	2.5	5.1	5.1	4.9	3.4	3.2
	12.8	19.2	20.7	15.8	12.7	10.0	8.9	100.0

HAVE YOU EVER USED STIMULANTS? (LIFETIME PREVALENCE)
 (ACCORDING TO SEX)
 Weighted N = 7425

	SEX		
	Male	Female	Total
NO	96.8	96.8	96.8
YES	3.2	3.2	3.2
	50.3	49.7	100.0

TABLE 4.46

HAVE YOU EVER USED STIMULANTS (LIFETIME PREVALENCE)
 (ACCORDING TO SOCIO-ECONOMIC STATUS)
 Weighted N = 7425

	SOCIO-ECONOMIC STATUS			Total
	Upper	Middle	Lower	
NO	92.0	95.2	98.3	96.8
YES	8.0	4.8	1.7	3.2
	13.1	21.8	65.1	100.0

35-39) are there differences in this overall pattern. In the age bracket 35-39, the middle status group has a lower proportional level of use (3.0%) than does the lower status group (4.5%). In the age bracket 30-34, the highest proportional level of use is in the middle group (12.3%), followed by the upper (6.6%) and then the lower (2.3%) strata. Educational experience goes with higher levels of stimulant use. While 2% of those who have completed secondary education have used stimulants, 99% of those who completed university education have done so.

Current use patterns (Tables 4.44 and 4.45) indicate that males are to a slight extent more likely to be current users than females (5.9% to 5.1%), while over the past year 15.6% of males indicated use as opposed to 33.9% of females, suggesting, as is to be seen below, a probability that the actual current use patterns of females either are or may have been at some point higher than that of males. Current users are located in two broad age brackets, 19-29 and 35-45. Users over the past year cover all age brackets, but are most concentrated in the younger age levels, ranging down from 26.3% of those 25-29 to 55% of those 15-18 years old.

Examination of the pattern of current use in terms of socio-economic status (Table 4.47) indicates that the largest proportion of current users are found in the middle status group (9.9%), more than twice as many as in the upper group (4.4%), more than four times as many in the lowest group (2.2%). Over the past year, the disparity between the middle and lower classes evens out (29.4% for the former, 28.9% for the latter). This is not the case with the upper grouping. The middle classes are twice as likely to have used stimulants in the past year as are those in the upper.

Females are more likely to experiment with stimulants than males (43.5% of females having used stimulants one or two times as opposed to 35.4% of males), while at the other end of the scale, females are also more likely to be heavy users (50 or more times) (10.8% versus 9%). Age as a variable adds little in the way of a coherent pattern. Heavy users are found in relatively high proportion among those 15-18 (22.0%) and those 30-34 (24.3%).

TABLE 4.47

LAST TIME USED STIMULANTS BY SOCIO-ECONOMIC STATUS
Weighted N = 227

Last Time Used	Socio-Economic Status			Total
	Upper	Middle	Lower	
Last 30 days	4.4	9.8	2.2	5.5
More than one month to six months	4.1	17.7	24.3	15.9
More than six months to one year	5.9	2.3	2.4	3.4
More than one to three years	27.6	7.7	16.7	16.9
More than 3 years	58.0	62.5	54.4	58.3
Total				
Col %	100.0	100.0	100.0	100.0
Row %	30.6	34.3	35.1	100.0

The heaviest users of stimulants are in the lower class where 9.6% have used these substances at 200 or more times as compared with 6.5% of middle and none in the upper stratum (Table 4.48). At the other end of the scale, lowers are also most heavily represented among those who have used those drugs one or two times, 50% versus 36.5% for middle and 29.4% for upper level.

Poly-drug use is reported by a small percentage of those indicating lifetime prevalence (16.9%) and again is primarily the use of stimulants and alcohol (78.9% of those reporting combined use). In descending order, the other substances reported are marijuana (8.8%), coca paste (7.0%) and hypnotics (5.3%).

TABLE 4.48

LIFETIME FREQUENCY OF STIMULANT USE BY SOCIO-ECONOMIC STATUS
Weighted N = 227

Times Used:	Socio-Economic Status			Total
	Upper	Middle	Lower	
1-2 times	29.4	37.5	50.0	39.4
3-5 times	23.7	22.0	17.9	21.1
6-10 times	11.2	14.3	7.4	10.9
11-49 times	25.3	18.5	13.1	18.7
50-99 times	6.1	1.2	2.0	3.0
100-199 times	4.4	0	0	1.3
200 or more times	0	6.5	9.6	5.6
Col %	100.1	100.0	100.0	99.9
Total Row %	30.6	34.3	35.1	100.0

F. Hypnotics

There are only a very small number of individuals that indicated they had used hypnotics (0.9% of the total sample). The substances they use vary considerably (Table 4.49). A quarter report the use of Somese, followed by around 17% that indicate the use of Mogadon and Neurinase, but the balance of the replies is spread over nine different drugs.

Those who use hypnotics are primarily women. (Table 4.50). While there are cases in all the age brackets surveyed, the age brackets 25-29 and 35-39 have the highest proportion of users (1.7% and 1.8% respectively). The two youngest groups (12-18 years old) have the lowest ratio of use. As Table 4.51 indicates, the highest proportion of users are in the middle status group, with the other two groups showing proportionally equal numbers. Looking at age controlling for sex, male users only appear in certain age brackets (15-18, 25-45), while females are in all age brackets. The highest proportion of female users are in the brackets covering 35-45 years of age. Looking at the relationship between socio-economic status, age and hypnotic use, lower status users cover the full range of ages, with upper status users concentrating in the 15-18 year and the 35-45 year brackets, while middle status users are concentrated in the range from 19-45 years.

All the current users (Table 4.52 and Table 4.53) are between the ages of 35-45 and are female. Thirty-nine percent of the males who have ever used hypnotics, have done so over the past year, as compared with 66.3% of the females. In terms of age, the 40-45% bracket has 81.9% of its users utilizing hypnotics. At the other extreme of the age range all the 12-14 and around two thirds of those 15-18 who have ever used have done so over the past year, even though they are not current users. The greatest proportion of current users in terms of socio-economic status are those in the upper group (38.8%). Of the lowest group, 10.1% are current users. However, although middle status users are the highest proportionally in terms of lifetime prevalence, there are no current users in this group. (Table 4.54). Looking at use over the past year, it is seen that 87.5% of

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TABLE 4.49

HYFNOTICS USED (PERCENT OF THOSE USING)

<u>Proprietary Name</u>	<u>Generic Name</u>	<u>Percent</u>
LUMINAL	Phenobarbital	4.4
PHENOBARBITAL	Phenobarbital	7.4
SECONAL	Secobarbital sodium	4.4
MOGADON	Dihydro-xytropheryl benzodiazepine	17.6
SOMNATROL	Estazolam	5.9
SOMESE	Triazolam	25.0
ROHYPNOL	Flumitrazepam	5.9
DALMADORM	Flurazepam	11.8
NEURINASE		17.6

		100.0

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TABLE 4.50

HAVE YOU EVER USED HYPNOTICS? (LIFETIME PREVALENCE)
 (ACCORDING TO AGE)
 Weighted N = 7425

	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
NO	99.6	99.6	99.2	98.3	99.4	98.2	98.6	99.1
YES	0.4	0.4	0.8	1.7	0.6	1.8	1.4	0.9
	12.8	19.2	20.7	15.8	12.7	10.0	8.9	100.0

HAVE YOU EVER USED HYPNOTICS? (LIFETIME PREVALENCE)
 (ACCORDING TO SEX)
 Weighted N = 7425

	SEX		
	Male	Female	Total
NO	99.4	98.7	99.1
YES	0.6	1.3	0.9
	50.3	49.7	100.0

TABLE 4.51

HAVE YOU EVER USED HYPNOTICS? (LIFETIME PREVALENCE)
 (ACCORDING TO SOCIO-ECONOMIC STATUS)
 Weighted N = 7425

SOCIO-ECONOMIC STATUS				
	Upper	Middle	Lower	Total
NO	99.2	98.4	99.2	99.1
YES	0.8	1.6	0.8	0.9
	13.1	21.8	65.1	100.0

TABLE 4.52
 LAST TIME USED HYPNOTICS BY AGE
 Weighted N = 69

Last Used	AGE							Total	
	12-14	15-18	19-24	25-29	30-34	35-39	40-45		
Last 30 days	0	0	0	0	0	27.6	31.1	9.6	
1-6 months	0	50.0	27.7	11.1	50.0	27.6	40.1	27.2	
7-12 months	100.0	16.7	8.5	44.4	0	0	10.7	21.6	
More than 1 up to 3 years	0	16.7	36.2	0	0	6.5	9.0	10.4	
More than 3 years	0	16.7	27.7	44.4	50.0	38.3	9.0	31.2	
Total	Col %	100.0	100.1	100.1	99.9	100.0	100.0	99.9	100.0
	Row %	5.4	8.8	17.3	27.0	8.3	20.1	13.2	100.1

TABLE 4.53
 LAST TIME USED HYPNOTICS BY SEX
 Weighted N = 67

Time	SEX		Total
	Male	Female	
Last 30 days (Current Use)	0	13.5	9.6
More than 1 to 6 months	10.0	33.6	27.2
7-12 months	25.0	19.2	21.6
More than 1 to 3 years	10.0	10.5	10.4
More than 3 years	50.0	23.2	31.2
Total	100.0	100.0	100.0

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TABLE 4.54

THE LAST TIME YOU TOOK HYPNOTICS?
 BY SOCIO-ECONOMIC STATUS
 Weighted N = 68

When	Socio-Economic Status			Total
	Upper	Middle	Lower	
0-30 Days	37.5	0.0	11.4	10.3
1-6 Months	50.0	22.8	31.4	27.2
6-12 Months	0.0	32.0	20.0	22.1
1-3 Years	12.5	16.0	5.7	10.3
More than 3 Years	0.0	36.0	54.3	30.9
	11.8	36.8	51.5	100.0

the upper group reports such use, as compared with 54.8% of the middle group and 60.3% of the lower status group.

Examining the pattern of lifetime frequency of use. (Tables 4.55, 4.56 and 4.57) one finds that both the majority of males and females report having used hypnotics from 1-5 times in their lifetime (95.6% of males and 68.4% of females). Only 9.1% of females and 4.6% of males report use in the range of 11-99 times and none report any greater level of use. With regard to age, the heaviest users are concentrated in the age range from 35-45 years old, while 12-14 year olds are only experimenters (1-2 times) and 15-18 years have gone only slightly beyond (3-5 times). In fact, level of use of this substance clearly increases with age. The heaviest users, it should be noted, are either in the lower or upper status groups, with maximum reported usage among middles at the level of 6-10 times.

Poly-drug use is of little consequence, because with the totality of users responding, only 5.5% indicate any combined use. Approximately 4% have taken hypnotics and analgesics together; approximately 1% indicate having combined hypnotics with alcohol.

TABLE 4.55
LIFETIME FREQUENCY OF HYPNOTICS USE BY SEX
Weighted N = 69

Time	SEX		Total
	Male	Female	
1-2 times	44.6	32.8	36.2
3-5 times	41.0	35.6	37.1
6-10 times	9.9	22.6	18.9
11-49 times	4.6	7.4	6.6
50-99 times	0	1.7	1.2
Total	100.1	100.1	100.0

TABLE 4.56
 LIFETIME FREQUENCY OF HYPNOTICS USE BY AGE
 Weighted N = 70

Time	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
1-2 times	100.0	50.0	44.6	30.2	66.0	11.0	19.7	737.1
3-5 times	0	50.0	27.7	44.4	15.5	53.9	31.1	135.7
6-10 times	0	0	27.7	25.4	18.5	28.6	0	18.6
11-49 times	0	0	0	0	0	6.5	40.1	7.1
50-99 times	0	0	0	0	0	0	9.0	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.1

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TABLE 4.57
 LIFETIME FREQUENCY OF HYPNOTICS USE BY SOCIO-ECONOMIC STATUS
 Weighted N = 70

Times Used	Socio-Economic Status			Total	
	Upper	Middle	Lower		
1-2 times	0	33.6	42.5	35.7	
3-5 times	50.0	43.1	29.8	37.1	
6-10 times	37.5	18.4	14.9	18.6	
11-49 times	0	0	14.9	7.1	
50-99 times	12.5	0	0	1.4	
Total	Col %	100.0	100.1	100.1	99.9
	Row %	11.4	37.1	51.4	99.9

G. Marijuana

As was indicated in Section III, marijuana which has an overall lifetime prevalence rate of 8.3% is more likely to have been used in Lima (11.2%) than in the provinces (4.79), although use in the provinces may be more intense, i.e. at a higher frequency. Three variables -- age, sex and socio-economic status -- will be explored for the global sample and then discussed in terms of the differences between Lima and the provinces.

Looking first at lifetime prevalence (Table 4.58) the overwhelming majority of users are males. While only 1.8% of the females have used marijuana, 14.1% of the males have tried the drug. With regard to the distribution by age, the age bracket that shows the highest prevalence is between 25-29 years, followed by the 30-34 year bracket and the 19-24 year bracket. Only a small portion of the 12-14 (1%) and the 15-18 year old bracket (3.9%) have ever used the substance. Finally, looking at marijuana use in terms of socio-economic status, the curve climbs with social levels. The higher ones socio-economic status, the more likely one is to have used marijuana. (Table 4.59). Also, there is a relationship between whether one is employed or not and lifetime use of marijuana. Those who are unemployed are less likely to use marijuana. Such a finding can be understood in terms the large portion of those who do not work who are either females (housewives) or students, both groups with a lower than average likelihood of utilizing marijuana. The same relationship holds for coca paste and cocaine, again apparently for similar reasons. There are no current users among the upper status group despite the fact that this group displayed the highest lifetime prevalence. Uppers may have experimented more with marijuana, but middles and lowers show a greater tendency (9.6% of middles and 11.1% of lowers) to have used the substance in the month prior to the interview. Even looking at the figures for the past year, lowers still show the highest level of use with 28.4% indicating have done so as compared to 18.6% for middles and 20.5% for uppers.

The relationship between current use and these factors, (Table 4.60) indicates that current use is more likely among males than females, while recent use (2-12 months) is more likely for females than males. Looking

TABLE 4.58

HAVE YOU EVER USED MARIJUANA? (LIFETIME PREVALENCE)
 (ACCORDING TO AGE)
 Weighted N = 7425

Response	Age							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
No	99.0	96.1	89.0	86.5	87.6	90.7	97.8	92.0
Yes	1.0	3.9	11.0	13.5	12.4	9.3	2.2	8.0
	12.8	19.2	20.7	15.8	12.7	10.0	8.9	100.0

HAVE YOU EVER USED MARIJUANA (LIFETIME PREVALENCE)
 (ACCORDING TO SEX)
 Weighted N = 7425

Response	SEX		Total
	Male	Female	
No	85.9	98.2	92.0
Yes	14.1	1.9	8.0
Total	50.3	49.7	100.0

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TABLE 4.59

HAVE YOU EVER USED MARIJUANA (LIFETIME PREVALENCE)
 ACCORDING TO SOCIO-ECONOMIC STATUS
 Weighted N = 7425

Socio-Economic Status				
	Upper	Middle	Lower	Total
Yes	17.6	10.3	5.2	8.0
No	82.4	89.7	94.8	92.0
	13.1	21.8	65.1	100.0

TABLE 4.60

LAST TIME YOU USED MARIJUANA?
 (ACCORDING TO SEX)
 Weighted N = 583

Last Time:	SEX		Total
	Male	Female	
0-30 Days (Current Use)	8.1	1.5	7.4
1-6 Months	8.5	12.1	8.9
6-12 Months	7.2	6.0	7.0
1-3 Years	20.4	10.7	19.4
More than 3 Years	55.8	69.7	57.3
Total	Col%	100.0	100.0
	Row%	88.7	100.0

at last use, more females have had their last use over 3 years ago while males predominate in the bracket 1-3 years. Table 4.61 indicates that the majority of the youngest users are current users (indicating the point of initiation) and that the balance of them are recent users. The group with highest lifetime prevalence, those between 25-29, is the group with the highest current use. This group also shows a considerable number of recent users (14.4%) with a total of 25% having used the substance in the past year.

While males and females who use marijuana have approximately the same ratio of heavy users, those using the substance 100 or more times (6.2% for males and 6.3% for females), females are more likely to have just experimented with the drug one or two times (67.9% for females versus 46.9% for males). (Table 4.62). All of the heaviest users (100 or more) are between the ages of 19 and 39. The highest ratio of experimenters is in the 40-45 year old bracket (94.5%) followed by the 12-14 year old bracket (86.4%). (Table 4.63) the former apparently not really users, the latter only first having the opportunity to use. The heaviest users are in the lower status group (8.8% having used 100 or more times) while the upper stratum ranks second (5.3%). The middle level individuals are most likely to be experimenters (55.2%, one or two times). (Table 4.64).

Looking at the question regarding use of marijuana in combination with other substances, 46.6% (81) indicated they had used marijuana with alcohol, 39.1% (68) indicated they had used it alone. Small percentages indicated they had used marijuana with stimulants (5%), coca paste (6.3%), hallucinogens (2.2%) and sedatives (0.6%). As a total of those who had ever used marijuana, only 29.4% were poly-drug users.

TABLE 4.61

LAST TIME YOU USED MARIJUANA? (ACCORDING TO AGE)
Weighted N = 583

When:	Age							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
0-30 Days	60.6	4.1	6.1	10.2	4.7	5.2	0.0	7.3
1-6 Months	39.4	17.3	8.5	12.4	3.0	0.0	12.1	8.9
6-12 Months	0.0	30.5	8.1	2.2	2.5	0.0	0.0	7.1
1-3 Years	0.0	37.1	39.0	13.8	3.5	2.6	0.0	10.4
More than 3 Years	0.0	2.1	38.3	61.4	86.2	92.2	87.9	57.4
	1.6	9.3	28.9	26.3	19.5	11.9	2.5	100.0

TABLE 4.62

LIFETIME FREQUENCY OF MARIJUANA USE BY SEX
 (percentage by sex and total)
 Weighted N = 582

Times Used	Sex		Total
	Male	Female	
1-2 times	46.9	67.9	49.3
3-5 times	20.3	14.3	19.7
6-10 times	9.3	4.4	8.8
11-49 times	11.8	5.9	11.1
50-99 times	5.4	1.2	5.0
100-199 times	2.9	5.0	3.1
200 or more times	3.3	1.3	3.1
Total	Col %	99.9	100.0
	Row %	38.7	11.3
			100.1
			100.0

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TABLE 4.63
 LIFETIME FREQUENCY OF MARIJUANA USE BY AGE
 (percentage of use by age)
 Weighted N = 583

Times Used	AGE							Total	
	12-14	15-18	19-24	25-29	30-34	35-39	40-45		
1-2 times	86.4	49.5	59.9	30.5	61.9	27.8	94.5	49.3	
3-5 times	13.6	46.4	13.3	17.7	11.7	37.7	0	19.7	
6-10 times	0	0	14.6	9.5	7.2	5.5	0	8.8	
11-49 times	0	4.1	5.9	24.0	3.3	17.9	0	11.1	
50-99 times	0	0	1.4	12.4	2.7	5.5	5.5	5.0	
100-199 times	0	0	3.4	0.7	6.7	5.5	0	3.1	
200 or more	0	0	1.4	5.1	6.7	0	0	3.1	
Total	Col %	100.0	100.0	99.9	99.9	100.2	99.9	100.0	100.1
	Row %	1.6	9.3	28.9	26.3	20.1	11.2	2.5	99.9

TABLE 4.64

LIFETIME FREQUENCY OF MARIJUANA USE BY SOCIO-ECONOMIC STATUS
Weighted N = 582

Times Used	Socio-Economic Status			Total	
	Upper	Middle	Lower		
1-2 times	49.0	55.2	45.4	49.3	
3-5 times	17.0	17.0	23.3	19.7	
6-10 times	11.3	8.1	7.5	8.8	
11-49 times	8.5	12.9	11.7	11.1	
50-99 times	9.0	3.5	3.2	5.0	
100-199 times	3.3	2.2	3.7	3.3	
200 or more times	2.0	1.2	5.1	2.9	
Total	Col %	100.1	100.1	99.9	100.1
	Row %	29.4	28.7	42.0	100.1

H. Hallucinogens

As was indicated in Section III, the hallucinogens utilized by the majority of those who indicated having used them were San Pedro and Ayahuasca (60.3% for the former and 26.8% for the latter of those indicating having ever used). (Table 4.65). Only a few had used LSD (6.7%) and fewer still indicated having used Floripondio. (The total using hallucinogens was 3% of the sample.)

LSD or lysergic acid diethylamide is one of the amine alkaloids of ergot. Ergot is the product of a fungus (*claviceps purpurea*) that grows on rye and other grains. San Pedro is a cactus (*trichocereus pachanoi*) which, like peyote, contains mescaline. Ayahuasca generally means several combinations of jungle lianas (genera *Banisteria*) whose main active principle is harmine. Floripondio signifies usually a combination of hallucinogenic plants of the genera *Brugmasia* (*B. arborea*, *B. aurea*, *B. atrophica*, *B. sanguinea*, *B. suaveolens*, *B. versicolor*). They may contain scopolamine, atropine and other psychochotomimetic properties.

In terms of the pattern of lifetime prevalence, males show twice as high a proportion of use as females (3.6% versus 1.8%). The age group with the highest level of lifetime prevalence is between 40-45 years, followed by those in the 30-34 year old bracket. The youngest group (12-18) has the lowest level of lifetime use. (Table 4.66). Looking at the use pattern by socio-economic grouping, the greatest proportion of prevalence is among the middle status groups, (4.0%). (Table 4.67).

The response to the question regarding the last time hallucinogens were used indicates a somewhat different pattern (Table 4.68). Males and females are about equal in the level of current use, and there is higher level of use over the past year for females than for males (29.3% versus 10.2%). In terms of the use pattern by age (Table 4.69) current users are found among the groups from age 15-29 and the group, age 35-39. No other age brackets have current users. One case in the 12-14 year bracket and the overwhelming majority (85%) of those in the 15-18 year age group report their last use during the past year, as do 22% of those in the

TABLE 4.65

TYPES OF HALLUCINOGENS USED BY USERS
Weighted N = 199

	<u>Percent</u>
LSD	6.7
San Pedro	60.3
Ayahuasca	26.8
Floripondio	3.3
Others	2.9

	100.0%

TABLE 4.66

HAVE YOU EVER USED HALLUCINOGENS? (LIFETIME PREVALENCE)
 (ACCORDING TO AGE)
 Weighted N = 7425

Response	Age							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
No	99.9	98.8	97.2	97.5	95.2	96.2	94.3	97.3
Yes	0.1	1.2	2.8	2.5	4.8	3.8	5.7	2.7
	12.8	19.2	20.7	15.8	12.7	10.0	8.9	100.0

HAVE YOU EVER USED HALLUCINOGENS? (LIFETIME PREVALENCE)
 (ACCORDING TO SEX)
 Weighted N = 7425

Response	SEX		Total
	Male	Female	
No	96.4	98.2	97.3
Yes	3.6	1.8	2.7
Total	50.3	49.7	100.0

TABLE 4.67

HAVE YOU EVER USED HALLUCINOGENS? (LIFETIME PREVALENCE)
 ACCORDING TO SOCIO-ECONOMIC STATUS
 Weighted N = 7425

	Socio-Economic Status			
	Upper	Middle	Lower	Total
No	97.9	96.0	97.6	97.3
Yes	2.1	4.0	2.4	2.7
	13.1	21.8	65.1	100.0

TABLE 4.68

LAST TIME YOU USED HALLUCINOGENS? (ACCORDING SEX)
 Weighted N = 194

When	SEX		Total
	Male	Female	
0-30 Days	2.6	2.7	2.7
1-6 Months	6.8	7.1	6.9
6-12 Months	0.8	19.5	7.1
1-3 Years	16.1	16.4	16.2
More than 3 Years	73.7	54.3	67.1
	66.2	33.8	100.0

TABLE 4.69

THE LAST TIME YOU USED HALLUCINOGENS (ACCORDING TO AGE)
Weighted N = 194

When	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
Last 30 Days	0	7.7	5.3	3.9	0	2.7	0	2.1
1-6 Months	100.0	7.7	14.1	0.0	2.4	9.8	4.4	6.9
6-12 Months	0.0	69.3	2.4	3.2	0.0	0.0	4.8	7.1
1-3 Years	0.0	7.7	28.7	26.4	8.5	8.8	12.3	16.2
More than 3 Years	0.0	7.7	49.5	66.5	89.1	78.7	78.4	67.1
Total:	0.5	7.5	21.5	14.9	22.5	14.2	18.8	100.0

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19-24 year old bracket. Other age groups show much smaller proportions ranging from 2.4% for those 30-34 years old to 12.5% of this 35-39 years.

Current users of hallucinogens are found either in the middle or lowest status groups (Table 4.70). Only one individual in the upper status group reported using hallucinogens any time in the past three years. Around 27% of those in the middle group have used hallucinogens in the last year and around 46% in the past three years. Lowers report 13% of use in the past year and 31% over the past three years.

Frequency of use patterns indicate that the majority of both males and females interviewed had used hallucinogens only once or twice in their lives, with slightly more females in proportion in this category (Table 4.71). Among the heavier users, those who indicated use 11 or more times, there are approximately equal proportional numbers of males and females. With regard to age (Table 4.72), the heavier user (11 or more) are concentrated in the age brackets between 25-34. With regard to socio economic level (Table 4.73) the highest proportion of heavier users are in the upper group, followed by the middle group (which has the two cases of users with frequencies of 50-99 times).

Reporting of poly-drug use is nominal with only 8.5% of those who have ever used responding. In roughly equal proportions (one quarter of those responding), interviewees indicated combined use with alcohol, stimulants and coca paste with a somewhat higher proportion indicated combined use with marijuana (around 35%).

TABLE 4.70

LAST TIME USED HALLUCINOGENS BY
SOCIAL ECONOMIC STATUS
Weighted N = 194

When Used	Socio-Economic Status			Total
	Upper	Middle	Lower	
0-30 Days	0.0	6.5	1.0	2.7
1-6 Months	4.4	11.2	5.0	6.9
6-12 Months	0.0	9.6	7.0	7.1
1-3 Years	0.0	18.3	18.0	16.2
More than 3 Years	95.6	26.1	58.8	67.1
Col %	100.0	100.0	100.1	100.0
Row %	10.6	32.2	57.2	100.0

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TABLE 4.71
 LIFETIME FREQUENCY OF HALLUCINOGEN USE BY SEX
 Weighted N = 200

Times Used	SEX		Total
	Male	Female	
1-2 times	69.4	72.8	70.5
3-5 times	22.0	20.0	21.3
6-10 times	1.4	0	0.9
11-49 times	6.6	5.7	6.3
50-99 times	0.7	1.5	1.0
Totals	Col % 100.1	100.0	100.0
	Row % 67.0	33.0	100.0

100

TABLE 4.72
LIFETIME FREQUENCY OF HALLUCINOGEN USE BY AGE
Weighted N = 200

Time Used	AGE							Total	
	12-14	15-18	19-24	25-29	30-34	35-39	40-45		
1-2 times	0	92.9	65.9	58.1	74.6	75.7	69.1	70.5	
3-5 times	0	7.1	29.5	26.4	15.8	18.0	23.6	21.3	
6-10 times	0	0	0	0	0	3.2	2.6	0.9	
11-49 times	100.0	0	2.3	15.4	9.6	3.2	2.2	6.3	
50-99 times	0	0	2.3	0	0	0	2.6	1.0	
Total	Col %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Row %	0.5	7.9	21.6	14.5	22.5	14.2	18.8	100.0

TABLE 4.73

LIFETIME FREQUENCY OF HALLUCINOGEN USE BY SOCIO-ECONOMIC STATUS
Weighted N = 199

Last Time Used	Socio-Economic Status			Total
	Upper	Middle	Lower	
1-2 times	69.1	72.6	69.6	70.5
3-5 times	10.0	14.5	27.2	21.3
6-10 times	0	0	1.6	0.9
11-49 times	20.9	9.8	1.6	6.3
50-99 times	0	3.1	0	1.0
Total				
Col %	100.0	100.0	100.0	100.0
Row %	10.3	32.3	57.4	100.0

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I. Inhalants

The number of users of inhalants was relatively small, 3.6% of the total sample had ever used substances such as terokal, kerosene, gasoline and other. Given that the sample represents (within the limits of confidence we have indicated) the actual population values, the problem of inhalant use does not appear to be as extensive as, for example, marijuana use. Two caveats should be added regarding the relationship of this study's findings and the problem: (1) that there appears to be a relationship between age and inhalant use, with younger individuals showing higher levels of use; (2) there is, at least in accordance with clinical reports, a relationship between homelessness and inhalant use.

Therefore, these figures may underestimate the problem, because the study covered the age brackets starting at 12 years old and because the sample was based on individuals located through their residences. Whether or not this is the case can only be determined by a study specifically designed to include lower age brackets and homeless children.

The inhalants used by those interviewed fall principally in three categories: gasoline/kerosene (27.3%), terokal and other glues (41.0%) and enamel paints (17%). (Table 4.74). Other substances used include ether and other anesthetics (4.4%) as well as lacquers and paint thinners (2.6%). All are fairly common substances, widely available. There are some differences in use patterns between Lima and the provinces, with users in provinces more likely to use gasoline and glue and less likely to use ether or paint.

Use levels are higher for upper and middle status groups than for the lower status group, the two former groups having more than twice as high a rate as the latter group. (Table 4.75). Males have a higher rate of lifetime prevalence than females (3.7% vs. 3.0%) although the difference is minimal taking into account the appropriate confidence intervals (Table 4.76). There is also a clear relationship between age and lifetime prevalence. Higher rates are associated with lower age brackets, suggesting that use is more likely to be associated with the youthful element in the

TABLE 4.74

INHALANTS ASPIRED (NATIONAL SAMPLE) (EVER USED)
Weighted N = 271

	<u>Percent</u>	
Gasoline/Kerosene		27.3
Paint (enamels)		17.0
Terokal and other glues		41.0
Lacquers, paint thinner		2.6
Ether and other anesthetics		4.4
Other substances		7.7

		100.0
	<u>Lima Sub-Sample</u>	<u>Provinces Sub-sample</u>
	Weighted N=165	Weighted N=105
Gasoline/Kerosene	24.2	32.4
Paint	20.5	11.4
Terokal & other glues	39.4	43.8
Lacquers, paint thinner	2.4	2.9
Ether and other anesthetics	6.7	1.0
Other substances	6.7	8.6
	-----	-----
	99.9	100.1

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TABLE 4.75

EVER USED INHALANTS BY SOCIO-ECONOMIC STATUS
 (LIFETIME PREVALENCE)
 Weighted N = 7423

Used	Socio-Economic Status			Total
	Upper	Middle	Lower	
Never Used	94.5%	94.9%	97.6%	96.6%
Ever Used	5.5%	5.1%	2.4%	3.4%
Total	Col %	100.0	100.0	100.0
	Row %	13.1	21.8	65.1

sample. Again, we refer to a stable youthful population rather than a floating one. One may note that there is a higher degree of lifetime prevalence in the 12-14 age group among the middle stratum than in any other age group (13.4%). In the case of upper stratum, the highest proportion of use is recorded among those in the 15-18 year old bracket (14.9%). Among 40-44 year olds in both upper and middle groups there is no reported use of inhalants, while there is among lowers in the same age bracket. Again, this suggests that such use may have a more recent origin among those of the upper and middle status groups.

Current users of inhalants, with the exception of a single case located in the 40 to 45 year old bracket, are between the ages of 12 and 24 years. There are more female current users (12.5%) than males (10.1%). Current users are most likely to come from the lower status group. In fact there is an inverse relationship between current use and socio-economic level. The higher the socio-economic status the less likely one is to have used inhalants in the 30 days prior to the interview. (Uppers have 1.7% of current users as a function of those who have ever used as compared with 10.3% for middles and 16.2% for lowers).

The pattern of frequency of use suggests that females have a heavier level of use than males (Table 4.77). Over 7% of the females indicate having used inhalants 50 or more times in their lives as opposed to 0.8% of the males. At the other end of the scale, most users are essentially experimenters. Here again, males are more so than females, 98.4% of the males vs. 80.2% of the females have used the substances 1-5 times. In terms of age, the female heavy users are located in the 25-29 year old bracket (those having used inhalants 100-199 times), while the male heavy user is located in the 19-24 year old bracket (Table 4.78). Examining the SES variable and inhalant use, the female heavy inhalant users are either in the lower status group (those using 50-99 times) or in the middle status group (those using 100-199 times) while the male heavy user is in the upper status group (using 200 or more times). (Table 4.79). It should be noted, as well, that almost all the age brackets except the 40-45 year olds have 70 or more percent of their cases in the 1-5 times categories, with the 40-45 year olds concentrated entirely in the 3-10

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TABLE 4.77
 LIFETIME FREQUENCY OF INHALANT USE BY SEX
 (percentage by sex and total)
 Weighted N = 271

Times Used	Sex		Total
	Male	Female	
1-2 times	60.1	57.7	59.0
3-5 times	28.3	22.5	25.6
6-10 times	9.3	11.9	10.4
11-49 times	1.6	0.8	1.2
50-99 times	0	3.1	1.4
100-199 times	0	4.1	1.9
200 or more times	0.8	0	0.4
Total	Col %	100.1	99.9
	Row %	54.2	100.0

TABLE 4.78

LIFETIME FREQUENCY OF INHALANT USE BY AGE
 (percentage of use by age)
 Weighted N = 269

Times Used	AGE							Total	
	12-14	15-18	19-24	25-29	30-34	35-39	40-45		
1-2 times	77.1	44.4	66.5	62.1	45.7	82.4	0	59.0	
3-5 times	10.3	41.1	18.7	23.3	26.3	17.6	31.3	25.6	
6-10 times	12.6	7.8	7.2	2.9	28.0	0	68.7	10.4	
11-49 times	0	1.2	4.9	0	0	0	0	1.2	
50-99 times	0	0	0	11.7	0	0	0	1.4	
100-199 times	0	5.5	0	0	0	0	0	1.9	
200 or more	0	0	2.7	0	0	0	0	0.4	
Total	Col %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9
	Row %	23.5	33.8	16.5	11.9	9.5	3.8	1.0	100.0

TABLE 4.79

LIFETIME FREQUENCY OF INHALANT USE BY SOCIO-ECONOMIC STATUS
(percentage by SES)
Weighted N = 269

Times Used	Socio-Economic Status			Total
	Upper	Middle	Lower	
1-2 times	63.8	61.4	55.0	59.0
3-5 times	28.3	16.3	30.8	25.6
6-10 times	5.9	15.1	9.4	10.4
11-49 times	0	1.3	1.8	1.2
50-99 times	0	0	3.0	1.4
100-199 times	0	5.9	0	1.9
200 or more times	2.0	0	0	0.4
Total	Col % 100.0	100.0	100.0	99.9
	Row % 21.6	31.9	46.5	100.0

times categories. With respect to socio-economic status, over 35% of the upper and lower strata are in the 1-5 times categories while the middles have 77.7% in those two categories, catching up in the next level (6-10 times).

There was virtually no poly-drug abuse reported by those responding to the question on this subject, even though 46% of those who had ever used answered. Only 5.2% of those responding indicated combined use, and only with one substance, alcohol. This combined use constituted only 2.4% of those who had ever used inhalants and less than one-tenth of one percent of the sample.

J. Coca Leaf

As indicated in Section III, coca leaf has a fairly high level of lifetime prevalence, with over one-fifth of the entire population sampled (21.7%) reporting having ever used the substance and one quarter of those in provinces. Examining the relationship between lifetime prevalence and sex, one can see (Table 4.80) that as with most other substances, males exhibit higher level of use than do females (25.6% versus 15.8%). With regard to age (Table 4.81), the older the respondent (up until the 35-39 age bracket), the greater the likelihood of having ever used coca leaf. The difference between the 40-45 and 35-39 brackets is small enough to discount, it can be noted. Stated simply, the older the respondent, the more likely the respondent has used coca leaf. Reversing the case with respect to most other psychoactive substances, use increases as socio-economic status decreases (Table 4.82). The lowest SES group has almost a 50% higher prevalence rate than does the uppermost group. In terms of social acceptability and cultural identification, such an outcome is a likely one. However, going a step further, one can examine the relationship between age and coca leaf lifetime prevalence, controlling for socio-economic status (Table 4.83). For example, the relative frequency of use for the 15-18 year old groups is approximately the same across SES levels, while the middle stratum shows higher lifetime use than any other group in the 19-24 year old bracket and the upper stratum higher use in the 25-29 year old bracket. This again may be suggestive of different generational class based attitudes toward use, following perhaps fashions of use as well as cultural impulses toward use.

If one looks at the patterns of current and recent use, one sees differences from the patterns of lifetime prevalence. (Tables 4.84 and 4.85). More females than males in proportion are current users (9.2% versus 6.5%) and the youngest group indicating use (12-14 years) has the highest rate of use among all age groups, followed by those in the oldest bracket. Looking at use over the past year, over half (54.2%) of those in the 12-14 year old bracket have used coca leaf, as compared with over a third (36.3%) of those in the 15-18 year old bracket and around 22% of those in the full

TABLE 4.80

HAVE YOU EVER USED COCA LEAVES? (LIFETIME PREVALENCE)
 (ACCORDING TO SEX)
 Weighted N = 7425

	SEX		
	Male	Female	Total
Yes	25.6	15.8	20.7
No	74.4	84.2	79.3
	50.3	49.7	100.0

TABLE 4.81

HAVE YOU EVER USED COCA LEAVES? (LIFETIME PREVALENCE)
 (ACCORDING TO THE AGE OF THE INTERVIEWEE):
 Weighted N = 7425

	Age							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
Yes	13.0	13.3	18.5	24.4	26.0	29.5	28.8	20.7
No	87.0	86.7	81.5	75.6	74.0	70.5	71.2	79.2
Total:	12.8	19.2	20.7	15.8	12.7	10.0	8.9	99.9

TABLE 4.82

HAVE YOU EVER USED COCA LEAVES? (LIFETIME PREVALENCE)
 (ACCORDING TO SOCIO-ECONOMIC STATUS)
 Weighted N = 7425

Socio-Economic Status				
	Upper	Middle	Lower	Total
Yes	14.6	20.4	22.0	20.7
No	85.4	79.6	78.0	79.3
	13.1	21.8	65.1	100.0

TABLE 4.84

THE LAST TIME YOU CHEWED COCA LEAVES? (ACCORDING TO SEX)
Weighted N = 1535

When:	SEX		Total
	Male	Female	
0-30 Days (Current Use)	6.5	9.2	7.5
1-6 Months	11.1	16.7	13.2
6-12 Months	6.2	6.3	6.2
1-3 Years	21.5	18.6	20.4
More than 3 Years .	54.7	49.2	52.6
Total	62.2	37.8	100.0

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TABLE 4.85
 THE LAST TIME YOU CHEWED COCA LEAVES? (ACCORDING TO AGE)
 Weighted N = 1535

When	AGE							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
0-30 Days	15.2	4.5	3.5	7.2	9.3	6.3	11.3	7.5
1-6 Months	25.5	19.1	12.8	12.1	9.7	10.9	9.5	13.2
6-12 Months	13.5	12.7	6.5	1.8	3.2	5.5	6.3	6.2
1-3 Years	31.0	38.2	27.1	14.3	13.9	14.1	11.4	20.4
More than 3 Years	14.7	25.6	50.1	64.6	63.8	63.2	61.4	52.6
	7.7	12.0	19.8	18.6	16.1	14.3	12.4	100.0

range from 19-39. Those in the 40-45 year old bracket only report use over the last twelve months among 27% of the respondents.

Thus, there appears to be considerable recent interest among urban youth in coca leaf (two-thirds have initiated use in the past year), suggesting a growth in the non-traditional use of the substance in cities among those with the most tenuous connections with traditional use patterns.

The lower status group displays far more current use than those of the middle or upper groups. More also have used the substance over the past year (40%), as compared with 14% of the middle group and 12% of the upper one.

Table 4.86 relates lifetime frequency of use with sex. Again, a difference appears with respect to lifetime prevalence patterns. In proportion, the heaviest users are most likely to be females rather than males, that is those who have used coca leaf over one hundred times in their lives (3.2% of the females versus 2.0% of the males). Females are more likely as well to be at the other end of the scale, those who have used the substance only one or two times in their lives (61.6% for females versus 53.7% for males). Males are proportionately more highly or equally represented in all other categories, except the 50-99 time category where again females predominate. Stated in other terms, females are more likely to have tried coca leaf as an experiment (i.e., trying once or twice and no further), and they are more likely, if they do use the substance, to be heavier users than males.

The data on age and frequency of use indicate that the heaviest users are between 35-45, followed by those in the age bracket 25-29, defining heavy use as those who have used coca leaf 100 or more times. At the other end of the scale, the highest proportion of experimenters are in the youngest age group 12-29. (Table 4.87).

Looking at the relationship between frequency of use and class, proportionally the highest percentage of heavy users (100 or more times) are among the lower class (3.0% as compared to 1.2% of the middle class and 0.8% of the

TABLE 4.86

LIFETIME FREQUENCY OF COCA LEAF USE BY SEX

Weighted N = 1534

Times Used	SEX		Total
	Male	Female	
1-2 times	53.7	61.6	56.7
3-5 times	26.5	19.3	23.8
6-10 times	9.2	6.6	8.2
11-49 times	7.3	7.3	7.3
50-99 times	1.5	2.0	1.7
100-199 times	1.1	0.8	1.0
200 or more times	0.9	2.4	1.5
Total			
Col %	100.2	100.0	100.0
Row %	62.1	37.9	100.0

TABLE 4.87
 LIFETIME FREQUENCY OF COCA LEAF USE BY AGE
 Weighted N = 1536

Times Used	AGE							Total	
	12-14	15-18	19-24	25-29	30-34	35-39	40-45		
1-2 times	76.9	65.1	63.4	60.5	48.3	44.2	45.2	56.7	
3-5 times	12.7	19.9	23.8	20.7	28.5	28.1	27.6	23.8	
6-10 times	5.7	7.8	8.1	5.8	8.5	10.9	10.1	8.2	
11-49 times	3.9	5.5	3.2	8.8	9.3	9.1	10.3	7.3	
50-99 times	0.9	0	0	1.6	3.4	3.6	2.1	1.7	
100-199 times	0	0.5	0.4	2.2	0.4	1.2	1.5	1.0	
200 or more, times	0	1.2	1.1	0.3	1.6	3.0	3.0	1.5	
Totals	Col %	100.1	100.0	100.0	99.0	100.0	100.1	100.0	100.2
	Row %	7.8	12.0	18.8	18.6	16.2	14.3	12.4	100.0

22.2

upper class). Only a quarter of the current users are heavy lifetime users of coca leaf (100 or more times in their lives), but they account for around 91% of those who are heavy users.

There are higher proportions of experimenters among the upper and middle groups, but the lower class clearly has higher proportions of users at higher levels of use such as 11-49 and 50-99 times. (Table 4.88). Of those chewing coca leaves within the past year, the usage increased from nearly 12% for upper stratum, to about 20% for the middle level to more than 30% for the lower group. (Table 4.89).

Examining the questions asked regarding poly-drug use, the study found that only a small portion of the individuals (6.1% of those having ever used and 23.4% of those responding to the question) have used coca leaf together with another psychoactive substance, particularly alcohol (Table 4.90). Asking the question in another form, certain differences of response were noted. A higher absolute number indicate use with alcohol and with hallucinogens (Ayahuasca). But more importantly, the vast majority indicate they use coca leaf by itself (83.2%) and only a minuscule number (1.3%) indicate use combined with those substances traditionally combined with coca leaf (tocra*, llipta*, lime). Again the data indicate that this use of coca leaf is not in the terms that have been conceived as traditional forms of use.

* Alkaline ash

TABLE 4.88

LIFETIME FREQUENCY OF COCA LEAF USE BY SOCIO-ECONOMIC STATUS
Weighted N = 1536

Times Used	Socio-Economic Status			Total
	Upper	Middle	Lower	
1-2 times	62.2	60.6	54.7	56.7
3-5 times	25.1	25.8	22.9	23.8
6-10 times	11.1	7.0	8.2	8.2
11-49 times	0.7	4.2	9.1	7.3
50-99 times	0	1.3	2.0	1.7
100-199 times	0	0.6	1.2	1.0
200 or more times	0.8	0.6	1.8	1.5
Total Col %	99.9	100.1	99.9	100.2
Row %	9.2	21.5	69.3	100.0

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TABLE 4.89

THE LAST TIME YOU CHEWED COCA LEAVES BY SOCIO-ECONOMIC STATUS
Weighted N = 1535

When	Socio-Economic Status			Total
	Upper	Middle	Lower	
0-30 Days	2.7	2.3	9.7	7.5
1-6 Months	4.9	11.7	14.8	13.2
6-12 Months	4.3	6.6	6.4	6.2
1-3 Years	23.0	22.2	19.5	20.4
More than 3 Years	65.1	57.3	49.5	52.6
	9.2	21.5	69.3	100.0

TABLE 4.90

SUBSTANCES USED WITH COCA LEAF

Used in Conjunction with Coca Leaf
Weighted N = 415

	<u>Percent</u>
Alcohol	22.2
Hypnotics	0.2
Hallucinogens	0.8
Opiates	0.2
Nothing	76.6

	100.2

Manners of Using Coca Leaf
Weighted N = 1592

	<u>Percent</u>
Alone	83.2
With Tobacco	7.2
With Marijuana	0.1
With Ayahuasca	0.8
With Alcohol	7.5
With Tocra	0.8
With Llipta	0.2
With Cal	0.3

	100.1

K. Coca Paste (Pasta Basica de Cocaina)¹

Coca paste, as was noted earlier, is a substance whose use apparently represents a recent innovation in Peru as well as elsewhere. Thus, little historically has been noted regarding use patterns. The lifetime prevalence rate for this substance is 4.0%. This study's data indicate that as with marijuana and alcohol, those who have ever used coca paste are predominantly male, 7.3% of the population as opposed to the 0.4% who are female, i.e., around 95% of this category of users are male. (Table 4.91). With regard to age, the group with the highest lifetime prevalence is that between 25-29 years old, followed by those in the 19-24 year bracket. Although the literature, both scientific and journalistic, implies that the problem of coca paste use is one that reaches into the teenage population. This study's sample indicates that for the age brackets from 12-19 years, prevalence is marginal (0.1% of our national urban sample). As for the measure of socio-economic level (Table 4.92), the problem appears greatest among upper and middle class individuals, with these two groups accounting for 44% of the users, although they represent but 35% of the population. Of the lower class, 31.7% used the substance within the year compared to 11.8% of the upper grouping and 16.1% of the lower (Table 4.93).

The relationships between current use (last 30 days) and sex indicates (Table 4.94) that all current users and all recent users (2-12 months ago) are males. The few females who indicate use have done so at least one to three years ago. Current users (Table 4.95) come from the age brackets between 19-34 years. There are no current users in either younger (12-18) or older (35-45) brackets. Looking at those who have used the substance over the past year, the bulk of the users (44.4%) are in the 19-24 age bracket, followed by those 25-29 (40.0%). The current users in the 30-34 year bracket represent only a small (6.3%) proportion of those who have used coca paste in the past year.

¹ While the proper translation of pasta basica de cocaina would be "cocaine paste" or "basic cocaine paste," the literature English has used the term "coca paste" and, for the sake of consistency, it is also used here.

TABLE 4.91

HAVE YOU EVER USED COCA PASTE? (LIFETIME PREVALENCE)
 (ACCORDING TO AGE)
 Weighted N = 7425

Response	Age							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
No	100.0	99.9	93.6	91.1	94.9	96.5	98.9	96.1
Yes	0.0	0.1	6.4	8.9	5.1	3.5	1.1	3.9
	12.8	19.2	20.7	15.8	12.7	10.0	8.9	100.0

HAVE YOU EVER USED COCA PASTE? (LIFETIME PREVALENCE)
 (ACCORDING TO SEX)
 Weighted N = 7425

Response	SEX		Total
	Male	Female	
No	92.7	99.6	96.1
Yes	7.3	0.4	3.9
Total	50.3	49.7	100.0

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TABLE 4.92

HAVE YOU EVER USED COCA PASTE? - BY SOCIO-ECONOMIC STATUS
Weighted N = 7425

	Socio-Economic Status			
	Upper	Middle	Lower	Total
Yes	5.5	5.4	3.0	3.9
No	94.5	94.6	97.0	96.1
	13.1	21.8	65.1	100.0

TABLE 4.93

THE LAST TIME YOU SMOKED COCA PASTE BY SOCIO-ECONOMIC STATUS
Weighted N = 275

When	Socio-Economic Status			
	Upper	Middle	Lower	Total
0-30 Days	2.3	3.1	13.8	8.0
1-6 Months	2.1	5.7	14.7	9.7
6-12 Months	7.4	7.3	3.2	5.2
1-3 Years	22.1	20.2	21.3	21.4
More than 3 Years	66.1	63.8	47.5	55.7
	19.2	28.3	52.4	100.0

TABLE 4.94

THE LAST TIME YOU SMOKED COCA PASTE?
 (ACCORDING TO SEX)
 Weighted N = 275

		SEX		
When		Male	Female	Total
0-30 Days		8.5	0.0	8.0
1-6 Months		10.3	0.0	9.7
6-12 Months		5.5	0.0	5.2
1-3 Years		20.2	41.5	21.4
More than 3 Years		55.5	58.5	55.7
Total	Col.%	100.0	100.0	100.0
	Row%	95.0	5.0	

TABLE 4.95
 THE LAST TIME YOU SMOKED COCA PASTE? (ACCORDING TO AGE)
 Weighted N = 275

When:	AGE						Total
	15-18	19-24	25-29	30-34	35-39	40-45	
0-30 Days	0.0	8.0	9.7	9.9	0.0	0.0	8.0
1-6 Months	54.4	15.1	7.5	0.0	14.8	0.0	9.7
6-12 Months	0.0	8.0	6.4	0.0	0.0	0.0	5.2
1-3 Years	45.6	37.1	18.2	7.0	3.7	0.0	21.4
More than 3 Years	0.0	31.7	58.2	83.1	81.5	100.0	55.7
Total Row %	0.7	34.1	38.0	16.4	8.9	1.9	100.0

Current users are more likely to come from the lower status group (13.8%) than the middle (3.1%) or upper (2.3%) level. This is also true of those who have used the substance for the last time in the past year, with lower stratum individuals at 31.7%, middle level ones 16.1% and upper 11.8%.

Looking at the poly-drug use, 53% of those responding indicate that they have used coca paste with alcohol, 17.3% with marijuana and 5% with inhalants. A quarter indicated no combined use at all. (Table 4.96). This set of responses, it should be noted, is distinct from that pattern observed regarding inhalants, where no interviewee indicated mixing inhalants and coca paste. However, the pattern is related to the responses on alcohol and marijuana. The inconsistencies that do arise suggest a tendency to categorize drugs and to consider that primary substances are taken with secondary ones and not the reverse.

Coca paste cannot be used by itself, but has to be smoked with some other substance. The two substances, according to clinical reports and field observations, that are most commonly used are tobacco and marijuana. The second half of Table 4.96, tabulates the responses to the question: "Tell me all the ways you have utilized coca paste?" The overwhelming majority have used it together with tobacco (73.8%), with only 5.1% utilizing only marijuana and 19.6% combining coca paste with both substances. The numbers for marijuana are commensurate with the numbers indicated in the question previously discussed. These again indicate a certain level of internal consistency of response.

Heavy lifetime users (Table 4.97), those having used the coca paste 50 or more times, are all males (9.4% of all males). Females are overwhelmingly experimenters, 87.5% of whom have used the drug only one or two times. The heavy users range in age from 19-39. (Table 4.98). The heavy users are most likely to be located in the lower SES group (16.4% of that group are heavy users). (Table 4.99). None in the upper stratum and only 2.4% of the middle are heavy users. At the other end of the scale, 72.2% of

TABLE 4.96

USE OF COCA PASTE IN ASSOCIATION WITH OTHER SUBSTANCES

Which substances have you used at the same time or
within a few hours of using coca paste?

Weighted N = 81

<u>Substance</u>	<u>Percent of Respondents</u>
Alcohol	53.1
Marijuana	17.3
Inhalants	5.0
Nothing	<u>25.0</u>
TOTAL	100.4

Manner of Use of Coca Paste

Weighted N = 282

With Tobacco	73.8
With Marijuana	5.1
With Both	19.6
With Other Substances	<u>1.6</u>
TOTAL	100.1

TABLE 4.97

LIFETIME FREQUENCY OF COCA PASTE USE BY SEX
 (percentage by sex and total)
 Weighted N = 286

Times Used	Sex		Total
	Male	Female	
1-2 times	45.5	87.5	47.7
3-5 times	22.5	5.8	21.7
6-10 times	6.9	0	6.5
11-49 times	15.7	6.7	15.2
50-99 times	3.1	0	3.0
100-199 times	4.6	0	4.4
200 or more times	1.7	0	1.6
Total			
Col %	100.0	100.0	100.1
Row %	94.7	5.3	100.0

TABLE 4.98

LIFETIME FREQUENCY OF COCA PASTE USE BY AGE
 (percentage of use by age)
 Weighted N = 285

Times Used	AGE							Total	
	12-14	15-18	19-24	25-29	30-34	35-39	40-45		
1-2 times	0	50.0	57.4	40.0	50.0	31.0	73.2	247.7	
3-5 times	0	50.0	22.2	20.4	18.1	27.6	26.8	21.7	
6-10 times	0	0	5.2	5.4	16.2	0	0	6.5	
11-49 times	0	0	8.7	23.6	6.5	27.6	0	15.2	
50-99 times	0	0	6.5	1.1	2.2	0	0	3.0	
100-199 times	0	0	0	8.6	0	13.8	0	4.4	
200 or more times	0	0	0	1.1	7.0	0	0	1.6	
Total	Col %	0	100.0	100.0	100.2	100.0	100.0	100.0	100.1
	Row %	0	0.7	34.1	36.5	16.9	9.2	2.5	99.9

TABLE 4.99

LIFETIME FREQUENCY OF COCA PASTE USE BY SOCIO-ECONOMIC STATUS
(percentage by SES)
Weighted N = 285

Times Used	Socio-Economic Status			Total	
	Upper	Middle	Lower		
1-2 times	72.2	51.8	36.3	47.7	
3-5 times	16.6	20.0	24.0	21.4	
6-10 times	0	9.4	6.8	6.3	
11-49 times	11.1	16.5	16.4	15.4	
50-99 times	0	2.4	4.1	2.8	
100-199 times	0	0	8.9	4.6	
200 or more times	0	0	3.4	1.8	
Total	Col %	99.9	100.1	99.9	100.0
	Row %	18.9	29.8	51.2	99.9

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the uppers are experimenters (one to two times in their lifetime), as compared to 36.3% of the lowers and 51.8% of the upper class.

With respect to coca paste, the study asked an additional set of questions regarding the manner of use. Those three questions asked users to indicate their state of mind, social circumstances and location immediately before they last used coca paste. The questions were open-ended and were coded into a variety of categories. These were then reduced to those contained in Table 4.100. As that table indicates, the majority of users felt either normal or had a positive state of mind when using coca paste. They were generally with friends and were in some public or relatively public place (in the street, at a party, or at a restaurant or bar). They were, in general, not hiding away when they used it. This set of responses suggests that use is not viewed in a negative sense nor is there an addict (i.e. outcast) mentality or behavior associated with use. This is a suggestion, obviously, because these questions only scratch the surface. More research in this area is certainly needed, focussing on users rather than on the general population as is the aim of this study.

TABLE 4.100

FACTORS AFFECTING THE USE OF COCA PASTE

STATE OF MIND	Weighted N = 283
	%
Normal	44.2
Positive	19.1
Negative	35.3
Don't Remember	1.4
Total:	100.0

CIRCUMSTANCES	Weighted N = 281
	%
Alone/At Home	2.8
At Work/Classroom	5.0
With Friends	91.1
With Casual Acquaintances	1.1
Total:	100.0

PLACE	Weighted N = 283
	%
Party	12.4
Place of Study/Work	4.6
Street (Car, Park, etc.)	52.7
Restaurant/Bar/Etc.	7.8
Backyard/Dark Place	8.1
Home	14.5
Total:	100.1

L. Cocaine

The rate of lifetime prevalence of cocaine was 2.6%. High lifetime prevalence of cocaine is exhibited by males far more than females, and young adults and adults more than youths. Table 4.101 shows that 4.2% of the males have ever used cocaine as opposed to only 0.8% of the females and that the youngest age group to report having ever used is the group 15-18 years old (1.3%) as compared with the range of from 3.0% to 4.0% for the age brackets between 19 and 39 years. Looking at the data regarding the relationship between socio-economic status and lifetime prevalence, (Table 4.102) there is a much higher proportion of users among the upper group than the middle group and an ever higher degree of differential between the highest and lowest levels (6.8% for upper, 3.7% for middle and 1.2% for lower stratum).

TABLE 4.101

HAVE YOU EVER USED COCAINE? (LIFETIME PREVALENCE)
 (ACCORDING TO AGE)
 Weighted N = 7425

Response	Age							Total
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
No	100.0	98.7	97.0	96.0	96.2	97.5	97.0	97.5
Yes	0.0	1.3	3.0	4.0	3.8	2.5	3.0	2.5
	12.8	19.2	20.7	15.8	12.7	10.0	8.9	100.0

HAVE YOU EVER USED COCAINE? (LIFETIME PREVALENCE)
 (ACCORDING TO SEX)
 Weighted N = 7425

Response	SEX		Total
	Male	Female	
No	95.8	99.2	97.5
Yes	4.2	0.8	2.5
Total	50.3	49.7	100.0

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TABLE 4.102

HAVE YOU EVER USED COCAINE? (LIFETIME PREVALENCE)
 (ACCORDING TO SOCIO-ECONOMIC STATUS)
 Weighted N = 7425

	Socio-Economic Status			Total
	Upper	Middle	Lower	
Yes	6.8	3.7	1.2	2.5
No	93.2	96.3	98.8	97.5
	13.1	21.8	65.1	100.0

TABLE 4.103

THE LAST TIME YOU USED COCAINE? (ACCORDING TO SEX)
 (By Percentages)
 Weighted N = 191

When:	SEX		Total
	Male	Female	
0-30 Days	7.5	0.0	6.2
1-6 Months	13.8	15.4	14.0
6-12 Months	10.3	0.0	8.6
1-3 Years	14.8	42.5	19.3
More than 3 Years	53.7	42.1	51.8
Total:	83.6	16.4	100.0

Table 4.103 displays the relationships between sex and current use. All current users are males. Males proportionately have used the drug far more in the past year (31.6% of males versus 15.4% of females). With regard to age (Table 4.104), current users concentrate in the 25-34 year range. Over the past year, the 25-34 year range also shows the highest level of use (25-29 years with 47.8% and 30-34 with 38.1%). The highest percentage proportionately of users have completed the university (8%) as compared with 3% of those who graduated from secondary school or who have some university training.

An examination of lifetime frequency of use (Table 4.105) indicates that all of the heavier users in the sample, including those who have used the substance 50 or more times, are males. Females are divided among three categories, 1-2 times, 3-5 times and 11-49 times; in effect, they are either experimenters or have had moderate levels of use. With regard to frequency of use by age (Table 4.106), those males who are heavier users are located between the ages of 19 and 34 years old, with the heaviest users located in the 30-34 year old bracket. The relationship between frequency and socio-economic status (Table 4.107), indicates that although upper and middle class users predominate in terms of lifetime prevalence, the heaviest users are found in the lowest status group (5.7% of that group recording use of 200 or more times, as compared to none of those in the other status levels). At the other end of the scale, fewer experimenters are found in the upper group than the other two. Also, in the middle ranges of use (11-99 times in a lifetime), upper status respondents outdistance middles and lowers.

Of the cocaine users, 40.2% of the lower class grouping, 29.1% of the middle group, and 17.6% of the upper stratum reported current use, i.e. within the past year. (Table 4.109).

Cocaine users often combine cocaine with alcohol (68.9% of those who responded) and a few combine it with marijuana (5%), while 26.2% indicate that they use it alone. However, given that only 33% of the lifetime users responded, it can be assumed that a higher proportion would tend to use the substance by itself, interpreting a lack of response to mean a lack of combined use.

TABLE 4.104

THE LAST TIME YOU USED COCAINE? (ACCORDING TO AGE)
 (By Percentages)
 Weighted N = 181

When	AGE						Total
	15-18	19-24	25-29	30-34	35-39	40-45	
0-30 Days	6.1	2.6	13.0	9.5	0.0	0.0	6.2
1-6 Months	0.0	8.5	14.0	19.1	19.1	26.3	14.0
6-12 Months	6.1	2.6	20.8	9.5	4.7	0.0	8.6
1-3 Years	50.3	49.8	2.6	0.0	0.0	0.0	19.3
More than 3 Years	27.5	36.5	49.5	61.8	76.2	73.7	51.8
Total:	10.1	25.3	23.6	19.7	10.5	10.7	100

TABLE 4.105
 LIFETIME FREQUENCY OF COCAINE USE BY SEX.
 (By Percentages)
 Weighted N = 181

Times Used	SEX		Total
	Male	Female	
1-2 times	54.2	86.2	59.4
3-5 times	18.5	2.7	16.0
6-10 times	7.9	0	6.6
11-49 times	11.1	11.1	11.1
50-99 times	2.9	0	2.5
100-199 times	3.0	0	2.5
200 or more times	2.2	0	1.9
Total	Col %	99.8	100.0
	Row %	83.6	16.4

TABLE 4.106
 LIFETIME FREQUENCY OF COCAINE USE BY AGE
 (By Percentages)
 Weighted N = 190

Times Used	AGE							Total	
	12-14	15-18	19-24	25-29	30-34	35-39	40-45		
1-2 times	0	93.9	59.5	37.4	49.4	61.9	90.9	59.4	
3-5 times	0	6.1	22.2	26.1	2.9	19.1	9.1	116.0	
6-10 times	0	0	8.5	2.6	9.5	19.1	0	6.6	
11-49 times	0	0	7.1	23.5	19.1	0	0	11.1	
50-99 times	0	0	0	10.4	0	0	0	2.5	
100-199 times	0	0	2.6	0	9.5	0	0	2.5	
200 or more times	0	0	0	0	9.5	0	0	1.9	
Total	Col %	0	100.0	99.9	100.0	99.9	100.1	100.0	100.0
	Row %	0	10.1	25.3	23.6	19.7	10.5	10.5	100.0

TABLE 4.107

LIFETIME FREQUENCY OF COCAINE USE BY SOCIO-ECONOMIC STATUS
 (By Percentages)
 Weighted N = 179

Last Time Used	Socio-Economic Status			Total
	Upper	Middle	Lower	
1-2 times	54.8	62.4	61.2	59.4
3-5 times	21.5	20.6	5.7	16.0
6-10 times	0	1.9	18.2	6.6
11-49 times	18.2	5.7	9.3	11.1
50-99 times	0	7.5	0	2.5
100-199 times	5.5	2.0	0	2.5
200 or more times	0	0	5.7	1.9
Total Col %	100.0	100.1	100.1	100.0
Total Row %	33.9	32.9	33.2	100.0

TABLE 4.108

MANNER OF USING COCAINE
Weighted N = 186

	<u>Percent</u>
Inhaling through the nose	65.4
Eating or Drinking	13.7
Smoking	17.3
Other forms	<u>3.6</u>
Total	100.0

TABLE 4.109

THE LAST TIME YOU USED COCAINE BY SOCIO-ECONOMIC STATUS
Weighted N = 181

When	Socio-Economic Status			Total
	Upper	Middle	Lower	
0-30 Days	0.0	9.5	9.4	6.2
1-6 Months	10.3	11.9	20.0	14.0
6-12 Months	7.3	7.7	10.8	8.6
1-3 Years	23.3	16.0	18.5	19.3
More than 3 Years	59.2	54.9	41.2	51.8
Total :	33.9	32.9	33.2	100.0

M. Age of Initiation

The study posed a question (or for certain substances a series of questions) that sought to elicit the age at which an individual first used a substance. The responses to that inquiry are displayed in Table 4.110. As can be seen from that table the substances tried at the earliest age (11 years or younger) were sedatives (20.3% of those ever using the substance), followed by coca leaf (18.9%) and inhalants (18.2%). In that same age group, analgesics (7.4%), alcohol (7.0%) and tobacco (6.1%) also show relatively higher percentages than other substances. On the other hand, only token percentages have tried either coca paste (0.3%) or cocaine (0.5%) at this early age.

In the next age level, 12-14 years, there is an even larger percentage of inhalant users (32.0) who began that use within this age bracket, followed by users of tobacco (20.1%), alcohol (18.7%) and coca leaf (17.9%). Cumulatively, half (50.2%) of the inhalant users, more than one-third of the sedative (36.9%) and coca leaf users (36.8%) and around a quarter of the tobacco (26.2%) and alcohol (25.7%) users indicated such use. Advancing to the next bracket (15-18 years), one finds that around half the marijuana (55.0%) and tobacco smokers (51.0%), alcohol users (50.6%) along with around a third of the users of coca paste (37.8%), inhalants (36.4%) and cocaine (34.1%) began at this age. Again in cumulative terms, 86.6% of the inhalant users began by age 18 along with approximately three-quarters of those who have ever used tobacco (77.2%), alcohol (76.3%) and coca leaf (73.2%). Adding the next bracket (19-24), one can now account for an additional 45.5% of those who have used coca paste, 36.2% of those who have used cocaine as well as 32.2% and 31.3% respectively of those who have used hallucinogens and marijuana. Cumulatively, the majority of those who have initiated use of any and all of the substances have done so by the age of 24. Only approximately a quarter of those who have used cocaine initiated that use after age 24. Initiation after age 24 occurred for around 15% of those using coca paste and around 6% of those having ever used marijuana.

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

Age	Substance										
	Tobacco	Alcohol	Analgesics	Sedatives	Hypnotics	Marijuana	Hallucinogens	Inhalants	Coca Leaf	Coca Paste	Cocaine
11 or younger	6.1	7.1	7.4	20.3	2.9	1.0	3.0	18.2	18.9	0.3	0.5
12 - 14 years	20.1	18.7	10.3	16.4	13.2	6.6	5.5	32.0	17.9	1.4	2.7
15 - 18 years	51.0	50.6	21.4	19.7	10.3	55.0	25.1	36.4	27.1	37.8	34.1
19 - 24 years	16.8	19.1	29.5	18.4	26.5	31.3	32.2	11.2	20.4	45.5	36.2
25 - 29 years	3.8	3.6	3.8	11.0	16.2	3.0	13.6	0.4	7.9	9.8	10.6
30 - 34 years	1.6	0.6	10.0	7.2	16.2	1.9	13.1	2.2	4.2	4.5	10.8
35 - 39 years	0.4	0.3	2.9	4.1	6.6	1.2	6.5	0	2.7	1.0	0.5
40 - 45 years	0.1	0.1	4.5	2.9	5.9	0.2	1.5	0	1.0	0	4.3
Total	99.9	100.0	99.8	100.0	100.0	100.0	100.5	100.4	100.1	100.3	99.9
(N)	(5002)	(6449)	(730)	(1459)	(68)	(591)	(199)	(269)	(1536)	(286)	(185)

The study respondents were asked at what age they had the first opportunity to use certain substances, specifically: marijuana, hallucinogens, coca leaf, coca paste and cocaine. Excluded from this question were all the readily available substances, i.e. alcohol, tobacco, medicines and the various commercial substances used as inhalants. The results of these questions are displayed in Table 4.111. As is to be expected, the pattern of opportunity to use is similar to the pattern of actual first use. Coca leaf was available at an earlier age to our respondents than, for instance, coca paste and cocaine. Going a step further, a more interesting set of relationships develops as is seen below.

As indicated in Table 4.112, a far higher percentage of interviewees utilized coca leaf on their first opportunity than any of the other substances (90.3% for coca leaf versus 49.2% for hallucinogens). In effect it appears that there is far less resistance to the use of coca leaf given the opportunity, than the other substances, particularly marijuana and coca paste. Looking further at the relationship between opportunity and use (Table 4.113), it is seen that coca leaf and marijuana were available to a roughly similar percentage of the population, with cocaine and hallucinogens available to the smallest percentage of the population (5.5%). Looking at the relationships between opportunity and use from this perspective, several things can be noted. Coca leaf was used by virtually everyone who had the opportunity, if not in the first instance, then at some later time. Approximately half those who actually had the opportunity used hallucinogens or cocaine at some point thereafter, even if they did not do so at first opportunity.

To further examine the relationship between age of initiation and use, the number of individuals who had begun to use certain substances in a given calendar year was calculated for certain substances. Those substances were: alcohol, because it is the most widely used and is legally and socially acceptable; coca leaf, also because its use is relatively widespread and because, in many parts of the country, it is culturally, if not legally, acceptable; and the three illicit substances of marijuana, coca paste and cocaine.

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

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

TABLE 4.112

PERCENTAGE USING SUBSTANCES AT FIRST OPPORTUNITY
(Of Those Indicating Opportunity)

<u>Substances</u>	<u>Percentage</u>	<u>Weighted Number</u>
Marijuana	29.9	435
Hallucinogens	49.2	199
Coca Leaf	90.3	1512
Coca Paste	33.1	267
Cocaine	42.0	169

TABLE 4.113

OPPORTUNITY TO USE AND USE OF MARIJUANA, HALLUCINOGENS,
COCA LEAF, COCA PASTE AND COCAINE

<u>Substance</u>	<u>Opportunity to Use</u>		<u>Ever Used</u>	
	<u>Percent</u>	<u>Weighted Number</u>	<u>Percent</u>	<u>Weighted Number</u>
Marijuana	22.0%	(1633)	37.8%	(617)
Hallucinogens	5.5%	(407)	54.5%	(222)
Coca Leaf	22.5%	(1670)	96.4%	(1610)
Coca Paste	10.9%	(811)	36.6%	(297)
Cocaine	5.5%	(407)	47.9%	(195)

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As can be observed in Table 4.114, 45.4% of those in the 12-14 year age bracket who had ever used alcohol did so for the first time over the previous year. During the period 1980-84, 49.4% began drinking, while the balance began earlier (5% in the period 1975-79). Comparing the same age group with respect to initiation of coca leaf use (Table 4.115), only 37.5% began last year, given that 54.7% had begun in the period 1980-84 and 7.1% prior to 1980. In terms of the illicit substances, the few cases (four in total as seen in Table 4.116) that initiated use of marijuana did so in the past year. No members of this age group initiated use of either coca paste or cocaine (Table 4.117, and Table 4.118). Looking at the 15-18 year olds, 30.8% indicated they began to use alcohol in the previous year and 64.0% initiated use in the period 1980-84, a total of 94.8%. The balance of the individuals in this age category had begun using alcohol in the prior decade (1970-79) with most doing so in the period 1975-79. Their profile with respect to alcohol is roughly the same as the younger age bracket. With regard to coca leaf, the pattern is again similar. More of the individuals in the 15-18 year old bracket began using coca leaf earlier than they did using alcohol, 19.6% in the period 1970-1979. The majority (64.9%) of those initiating use of marijuana in this bracket did so in the past year and the balance in the previous five years. The single individual beginning coca paste use did so in the 1980-84 period, while, of the sixteen cases that initiated cocaine use, six did so last year and ten in the previous five years.

Turning to the young adults between the age of 19 and 24, as can be expected from the previous age groups, the majority in this age bracket initiated alcohol use in the period 1975-1984 (91.1%) or earlier. Again, the pattern of earlier initiation of use of coca leaf than alcohol holds for this age bracket. With respect to marijuana, use initiated earlier than in the previous age bracket for a few cases, but proportionately fewer began it when they were from 9-16 years old than is the case for those now 15-18 years old. For coca paste, the 19-24 year old bracket has more cases who initiated use earlier than the prior age bracket. For cocaine, this age bracket began use in roughly the same timespan as the younger bracket, either last year (16.3% versus 37.3% for the 15-18 year olds) or in the period 1980-84 (83.7% versus 62.7% for the younger group).

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TABLE 4.114
YEAR OF INITIATION OF ALCOHOL USE BY AGE OF INTERVIEWEE

YEAR OF INITIATION	AGE												TOTAL			
	12-14		15-18		19-24		25-29		30-34		35-39		40-45		Z	N
	%	N	%	N	%	N	%	N	%	N	%	N	%	N		
Last year (1985)	45.4	173	30.8	307	5.8	81	1.0	11	1.1	9	0.3	2	0.1	1	9.6	585
1980 - 1984	49.4	189	64.0	637	61.0	852	15.8	174	4.3	39	1.1	8	1.1	7	31.1	1906
1975 - 1979	5.0	19	4.1	40	30.1	421	56.6	625	17.0	151	6.2	44	1.2	7	21.4	1307
1970 - 1974	0.3	1	1.1	11	2.7	38	23.9	264	54.5	486	24.4	173	9.8	63	16.9	1036
1965 - 1969	0	0	0	0	0.4	5	2.1	23	20.2	181	52.8	376	22.8	146	11.9	731
1960 - 1964	0	0	0	0	0	0	0.5	5	2.7	24	14.3	102	42.4	271	6.6	402
1955 - 1959	0	0	0	0	0	0	0.2	2	0.2	2	0.9	6	18.4	118	2.1	128
1950 - 1954	0	0	0	0	0	0	0	0	0	0	0.1	1	2.3	15	0.3	16
1953 or before	0	0	0	0	0	0	0	0	0	0	0	0	2.0	13	0.2	113
TOTAL	6.2	382	16.3	996	22.8	1398	18.0	1103	14.6	892	11.6	712	10.4	639	100.0	6122

2.0

TABLE 4.115
YEAR OF INITIATION OF COCAINE USE BY AGE OF INTERVIEWEE

YEAR OF INITIATION	AGE												TOTAL Σ , N			
	12-14		15-18		19-24		25-29		30-34		35-39				40-45	
	Σ	N	Σ	N	Σ	N	Σ	N	Σ	N	Σ	N	Σ	N		
Last year (1985)	37.5	41	21.8	37	13.7	38	2.3	6	2.2	5	4.1	9	1.0	2	139.0	9.4
1980 - 1984	54.7	60	58.7	98	45.9	128	28.8	77	14.3	35	12.2	26	11.2	21	30.3	446
1975 - 1979	6.8	8	15.9	27	24.1	67	41.4	111	15.7	38	11.8	26	11.0	20	20.2	297
1970 - 1974	1.0	1	3.7	6	15.9	44	12.1	33	37.2	90	20.1	44	9.5	18	16.0	236
1965 - 1969	0	0	0	0	0.4	1	15.1	41	20.7	50	25.9	56	14.9	28	12.0	176
1960 - 1964	0	0	0	0	0	0	0.3	1	10.0	24	16.9	37	19.0	35	6.6	97
1955 - 1959	0	0	0	0	0	0	0	0	0	0	8.8	19	25.0	47	4.5	66
1950 - 1954	0	0	0	0	0	0	0	0	0	0	0	0	7.7	14	1.0	14
1953 or before	0	0	0	0	0	0	0	0	0	0	0	0	0.5	1	0.1	1
TOTAL	7.5	110	11.4	168	18.9	279	18.3	269	16.5	243	14.8	216	12.6	186	100.0	1472

1980

TABLE 4.115
YEAR OF INITIATION OF MARIJUANA USE BY AGE OF INTERVIEWEE

YEAR OF INITIATION	AGE								TOTAL	
	% 12-14 N	% 15-18 N	% 19-24 N	% 25-29 N	% 30-34 N	% 35-39 N	% 40-45 N	%	N	
Last year (1985)	100.0 4	64.8 26	10.2 17	0 0	0 0	0 0	0 0	8.2	46	
1980 - 1984	0 0	35.2 14	67.1 111	16.3 26	7.5 9	0 0	19.7 3	28.8	162	
1975 - 1979	0 0	0 0	20.4 34	66.5 105	21.3 25	16.5 11	38.8 6	31.9	180	
1970 - 1974	0 0	0 0	2.4 4	17.3 27	58.7 69	53.4 35	22.8 3	24.5	138	
1965 - 1969	0 0	0 0	0 0	0 0	12.6 15	24.6 16	13.2 2	5.8	33	
1960 - 1964	0 0	0 0	0 0	0 0	0 0	5.5 4	5.5 1	0.8	4	
1955 - 1959	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	0	
1950 - 1954	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	0	
1953 or before	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	0	
TOTAL	0.7 4	8/; 4-	20/3 ;65	29/- ;59	2-/8 ;;8	;;/6 66	2.6 15	100.0	564	

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TABLE 4.117
YEAR OF INITIATION OF COCA PASTE USE BY AGE OF INTERVIEWEE

YEAR OF INITIATION	AGE								TOTAL	
	12-14	15-18	19-24	25-29	30-34	35-39	40-45			
Last year (1985)	0 0	0 0	21.6 20	4.3 4	0 0	0 0	0 0	0 0	8.8 25	
1980 - 1984	0 0	100.0 1	67.9 64	45.0 47	17.5 8	20.7 5	13.4 1	45.1 127		
1975 - 1979	0 0	0 0	10.6 10	48.6 51	62.8 30	20.7 5	40.2 3	35.3 99		
1970 - 1974	0 0	0 0	0 0	2.1 2	19.7 10	58.7 15	0 0	9.6 27		
1965 - 1969	0 0	0 0	0 0	0 0	0 0	0 0	46.4 3	1.2 3		
1960 - 1964	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0		
1955 - 1959	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0		
1950 - 1954	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0		
1953 or before	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0		
TOTAL	0 0	0.3 1	33.6 95	37.0 104	17.2 48	9.3 26	2.6 7	100.0 282		

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TABLE 4.118
YEAR OF INITIATION OF COCAINE USE BY AGE OF INTERVIEWEE

YEAR OF INITIATION	AGE								TOTAL							
	Z 12-14 N	Z 15-19 N	Z 20-24 N	Z 25-29 N	Z 30-34 N	Z 35-39 N	Z 40-45 N									
Last year (1985)	0	0	37.3	6	15.3	7	2.6	1	0	0	0	18.1	3	10.0	18	
1980 - 1984	0	0	62.7	10	83.7	38	59.0	26	36.9	13	4.7	1	18.1	3	51.3	92
1975 - 1979	0	0	0	0	0	0	35.9	16	22.0	8	38.1	7	36.2	7	20.9	37
1970 - 1974	0	0	0	0	0	0	2.6	1	38.2	14	57.2	11	9.6	2	15.3	27
1965 - 1969	0	0	0	0	0	0	0	0	2.9	1	0	0	18.1	3	2.5	4
1960 - 1964	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1955 - 1959	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1950 - 1954	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1953 or before	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	9.0	16	25.7	46	24.4	44	20.0	36	10.6	19	10.6	19	100.0	179

The pattern of commencing alcohol use at a relatively early age holds true for the remainder of the age groups studied. A majority of each age group began drinking by the time they were around twenty. The same pattern holds true for coca leaf use. A majority of each age group above twenty-five began use by around the time they were twenty.

Initiation to marijuana use offers a different pattern (Table 4.116). While the majority of those in the age brackets 25-29 and 30-34 began use in the range between 14 and 22 years, a majority of those in the 35-39 year age bracket began five years later (in the 19-27 year range). A majority of those in the 40-45 year bracket began when they were between 24 and 38 years old. In effect, the age of initiation to marijuana declines going down the age range of those interviewed. Younger individuals are initiating marijuana use at an earlier age.

With exception of a single individual in the 15-18 year old bracket, the youngest group using coca paste is the 19-24 year olds. The majority initiated use in the years 1980-84, when they ranged from 13 to 22 years old. The same general pattern holds for the next age group, those now 25-29, for whom a majority were 14 to 22 or in a few cases younger when they first used coca paste. The diminishing numbers in the higher age brackets (from 30 to 39) who have ever used coca paste began such use in the majority of cases when they were between 19 and 27. The few cases in the 40-45 year bracket did so either when they were between 19 and 28 or between 29 and 38. Stated in other terms, there has been a steady decline in the age of initiation across age groups up until the youngest groups, 12-14 and 15-18 years which do not exhibit the same level of initiation that their predecessor age groups have displayed. While a single cross-sectional study cannot, in effect, produce trend data, these findings are suggestive that, at least with respect to coca paste use the initiation of use by ever younger segments of the population appears to have halted.

V. CONCLUSIONS, PROJECTIONS AND IMPLICATIONS

A. Patterns of Use

This study has examined the drug use pattern of a representative sample of Peruvians between the ages of 12 and 45 years, located in all of Peru's cities of 25,000 inhabitants or greater with the exception of the city of Tingo Maria and the cities in three departments of the sierra that are in a state of emergency -- Ayacucho, Apurimac and Huancavelica. The survey demonstrates a wide range of patterns of use for the psychoactive substances studied. Alcohol and tobacco products have been used at one time or another by an overwhelming majority of those studied (87% for alcohol and 67% for tobacco). A significant minority (around 20%) have ever used coca leaf -- a traditional drug of choice in Peru that is now also used in a non-traditional way. A similar percentage are using sedatives, which are relatively recently developed products of modern medical science. Two other substances, analgesics and marijuana, have been used at least once by a small but still substantial portion of the population (close to 10%). Finally, various substances are used by a small minority, less than 5% of the population, including coca paste and cocaine. The former, in particular, has attracted a great deal of public attention and concern in Peru. Outside Peru, cocaine represents the most rapidly expanded drug of choice.

The question can be raised, what do these patterns signify? Do they indicate that Peru has a drug problem or problems? If so, what are the dimensions of that problem? In response to such questions, this section utilizes the data gathered in this study to form projections on the population from which the study was drawn and to weigh those projections against the patterns seen in other countries. In addition to projections directly from the data, implications are drawn regarding attitudes toward drug use. Additionally, some of the data imply certain trends over time.

B. The Basis for Projections

Before examining the projections of lifetime prevalence rates, it is important to recall that these projections are based on percentages that must be understood in terms of the confidence intervals described in Section II. For each figure that appears as a projection, there is a lower and upper limit to the range of possible values that the figure can have, a range that represents the extent of error that may arise in measuring that value in the population through the survey. These confidence intervals are included in this discussion where appropriate.

To obtain the projections contained in Table 5.1, the percentage of the sample responding affirmatively with regard to having ever used a substance was multiplied by a figure that represented the total number of individuals in the study's universe divided by 100, i.e., the number of individuals in 1% of the population contained within the cities studied and within the age groups included in the survey (5,173,245). As can be seen from those projections, even small percentages can represent large numbers of individuals in absolute terms. For example, the 2.6% that had ever used cocaine, according to the sampling, would number more than 134,000 in the total population sampled.

C. Projections of Drug Use

Examining these projections in order to respond to the question as to whether a drug problem exists, requires defining not one, but a series of possible problem areas. First of all, these projections show, taking into account the degree to which alcohol consumption rises with age, a near universal use at some point in life of alcohol among the adult population under study. Given the difference in rates of prevalence, universality is more nearly the case in Lima than in the provinces. That near universality suggests the potential for a problem, the dimensions of which will be explored further below. While lifetime prevalence of tobacco use is not as great as alcohol, it also affects considerable numbers. In view of the range of ill effects associated with tobacco use, particularly cigarette use, there

TABLE 5.1

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

<u>Substance/Sample</u> <u>(by order of prevalence)</u>	<u>Peru</u>	<u>Lima</u>	<u>Province</u>
Alcohol	4,511,070 (87.2)	2,608,457 (90.3)	1,900,777 (83.2)
Tobacco	3,486,767 (67.4)	2,114,496 (73.2)	1,373,037 (60.1)
Coca leaf	1,122,594 (21.7)	525,735 (18.2)	596,277 (26.1)
Sedatives	957,050 (18.5)	577,731 (20.0)	381,526 (16.7)
Analgesics	512,151 (9.9)	303,309 (10.5)	207,898 (9.1)
Marijuana	429,379 (8.3)	323,529 (11.2)	107,376 (4.7)
Coca paste	206,930 (4.0)	150,210 (5.2)	54,830 (2.4)
Stimulants	191,410 (3.7)	135,767 (4.7)	52,546 (2.3)
Inhalants	186,237 (3.6)	115,546 (4.0)	73,107 (3.2)
Hallucinogens	155,197 (3.0)	63,550 (2.2)	89,099 (3.9)
Cocaine	134,504 (2.6)	115,546 (4.0)	20,561 (0.9)
Hypnotics	46,559 (0.9)	34,664 (1.2)	13,708 (0.6)

*

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

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is again the basis for considering these high levels of lifetime prevalence a potential problem.

Leaving aside for the moment coca leaf use, the next two substances in order of lifetime prevalence suggest a somewhat different problem than that which is associated with alcohol, tobacco or the range of illicit substances such as marijuana, coca paste and cocaine. Sedatives and analgesics, as well as stimulants and hypnotics, are legitimate medicines with legitimate uses, but, as the survey indicates, with an obvious potential for abuse. Included among the sedatives, and in fact accounting for a significant portion of prevalence, is the use of tranquilizers such as Valium as well as the use of cough syrups, the latter universally available. The problem constituted by these medicines is that they do exist for a legitimate purpose and ought to continue to exist for that purpose. At the same time, their abuse may cause significant damage.

The coca leaf users reported on in this study (those who have ever used) are not traditional users because they are located in a non-traditional setting -- in large cities, where in approximately half the cases they are native to that city. Nor are they engaged in traditional agricultural occupations or in mining and fishing, occupations associated with high levels of coca use. Nor in general do they report using it in a traditional manner. In short, their coca leaf use appears to be non-traditional albeit not highly correlated with use of other substances such as marijuana, coca paste and cocaine. Taking into account the appropriate confidence interval, from 1,058,082 to 1,187,106 individuals have ever used coca leaf.

Marijuana lifetime prevalence, which is 8.3%, does not involve as large a number of persons as does coca leaf use. The projected range of those having ever used marijuana is between 387,026 and 471,738, but there are several aspects to consider. First of all, the absolute numbers are relatively high. Secondly, the absolute numbers in Lima, more so than those in the provinces, represent a special problem for those in the capital, where 75% of those who have ever used marijuana reside.

These figures are low when compared with levels of lifetime prevalence in the United States, where according to the last published national household survey, 27% of youth of the ages 12-17, 64% of the youth 18 to 25 years old, and 23% of those 26 or older have ever used marijuana [Miller et al., 1983, pp. 16-18].

However, as noted in Section IV, the age of initiation to marijuana use is younger for younger groups, suggesting the future possibility of increased use. Marijuana, it should be noted, shows increased initiation to use among younger groups despite the fact that the level of seizures of marijuana have declined in recent years.

With regard to coca paste, the relative number of those who have ever used it is small (4.0%), but in absolute terms that number ranges from 176,894 to 236,966, a large portion of whom are concentrated in Lima, which is home to three-quarters of those Peruvians who have ever used the substance. Again, with regard to cocaine, the percentage is small (2.6%) but the absolute numbers are not insignificant, ranging from 134,504 to 158,938, 86% of whom are located in Lima. The concentration of use in Lima helps to make such use far more visible. The association of coca paste use with youth, an association frequently mentioned in the press and by the public generally, also enhances its prominence. This is, however, not a conclusion validated by the data in this survey. As was noted earlier, the group with the highest lifetime prevalence is between 25 and 29 years of age rather than a more youthful population segment.

One further element to consider with respect to both marijuana and coca paste is lifetime frequency of use. Both substances have the largest percentage of individuals using any substance except alcohol and tobacco who indicate having ever used the substance 100 or more times. This suggests the existence of a group of hard core heavy users. It should be noted that the indications from the in-depth study described in Sections II and III are that there is a high probability that the prevalence rates found in this study for marijuana and coca paste are likely to be conservative ones, understating actual levels in the population.

Comparisons between the 1979 prevalence study conducted by Carbajal et al and this study suggest certain trends regarding marijuana, coca leaf, coca paste and cocaine that are worthy of note. In the earlier study, lifetime prevalence of marijuana use in Lima was reported among 3.2% of the population as compared with the 11.2% reported in this study. This amounts to an increase of between 4.8% and 8.8%, taking into account the confidence interval. In effect, there has been an increase of three and a half times in seven years taking the sample estimate as the basis for calculation. Coca paste use rose more rapidly, from a prevalence of 1.3% to 5.2%, an increase of around four times occurring over the same time span. Coca leaf use rose from 5.5% to 18.2%, an increase of more than three times using the sample value as the basis of calculation. Cocaine prevalence rose at the most rapid rate of the four substances, from 0.7% to 4.0%, an increase of around six times. Stating these figures in other terms, in the seven year period from 1979 to the present, approximately 8% of the population of Lima were new marijuana users (around 230,000), approximately 12.7% were new coca leaf users (around 367,000) approximately 3.9% were new coca paste users (around 115,000) and approximately 3.3% were new cocaine users (around 98,000). Seen in these terms, the small percentage of users of coca paste and cocaine in Lima registered in this study take on additional importance since approximately 75% of the coca paste users and 85% of the cocaine users are new users. Again, some of that apparent change may be due to the demographic shifts in the population. At the very least, however, the figures are indicative of a rising trend between the two points in time.

Two other substances, hallucinogens and inhalants, present other questions. Inhalants, including materials such as glue, gasoline, kerosene and ether, are sniffed to achieve a high. These substances are readily available because they are common products in an industrialized society. They are also extremely noxious. They constitute a problem because of their toxicity, but also because, once again, there is evidence of a concentration of use in the capital. Of the total of between 157,639 and 214,840 individuals who have ever used inhalants, 62% are located in Lima. Higher lifetime prevalence rates are associated with the lower age brackets, suggesting an

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increase in use by younger groups, which is certainly an unfavorable trend given the health dangers associated with use.

The hallucinogens used in Peru (San Pedro, Ayahuasca and Floripondio) are different from those most used in the United States (LSD and PCP). They are also, in the case of San Pedro and Ayahuasca, associated with traditional use, at times in connection with the work of curanderos. Use of these substances in the provinces is greater than use in Lima, particularly in the Costa Norte and the Selva. Thus, hallucinogen use does not constitute a large problem, given their relatively low prevalence and their association with traditional patterns that seem to limit use. Furthermore, these substances have a low lifetime frequency of use. With 71% of the users of the substances doing so only one or two times in their lifetimes, problems are minimized compared to what they might be if use was more frequent.

Another measure of the intensity of the drug problem is the relationship between lifetime prevalence and current use, defined as the number of individuals that indicate having used a substance in the thirty days prior to the interview. As a rule in studies in the United States, the majority of those who have ever used a substance report that they are not current users. For example, in the 1982 U.S. household survey, 12% of all youths (12-17 years old) indicated that they were current users of marijuana as compared with 27% that indicated they had ever used it. Even fewer young adults (18-25 years) reported they were current users, with 27% as compared with 64% indicating lifetime prevalence. [Miller et al., 1983, pp. 22-24]. The figures for Peru show even greater distance between current and lifetime use. However, as the in-depth survey indicated, some portion of the difference between ever having used and current use represents a desire to minimize association with drugs by placing as the last time a substance was used further back in time than actually is the case. Thus, this study's current use figures are a very conservative estimation of the actual situation. The highest ratio is for alcohol and tobacco at 53%. Analgesics and sedatives register around 13%, and inhalants 12%. Marijuana, coca paste and coca leaf each register around 7%, while cocaine is at 6%. Stated in other terms, half of those who have ever used alcohol and tobacco report currently using those substance, while around one-eighth

of those who have ever used analgesics, sedatives and inhalants report presently using them. This again suggests the likelihood that alcohol as well as tobacco constitute problems for the health of urban Peruvians.

Thus, only small numbers of those who have ever used the substances report they are currently users. With respect to marijuana, coca paste and cocaine, this suggests that, while the problem is growing rapidly, it may not yet be at an acute stage. Many of those who have ever used these substances are apparently experimenters. Half of those who have ever used coca paste and marijuana and 60% of those have ever used cocaine have done so one or two times in their lives. They have tried the drugs, but have not at any time become regular users.

From the point of view of current use, there is only a limited problem with regard to most substances. There is, however, another aspect that ought to be considered. For a number of substances, as was indicated in Section III, the study asked whether these substances were addictive. Comparing the results of those questions with the results of the question on lifetime prevalence, it was apparent that for all but one substance, hypnotics, the majority of users felt that the substances they used were addictive. Of those who had ever used coca paste, 94% felt that substance to be addictive. Similarly, 68% of those who had ever used marijuana thought it to be addictive as did approximately three-quarters of those who had ever used alcohol and tobacco, as well as 60% of those who had ever used coca leaf (again contrasting with a traditional attitude). In short, those using these substances were aware of the potential negative consequences. Nonetheless, this did not deter them from use of those substances at some time in their lives.

To this finding regarding the conception of the danger of various substances should be added the fact that for several substances, there is a low level of resistance to use given the opportunity to use.

By way of confirming the perception of the problems associated with use of certain substances, specifically alcohol, tobacco, marijuana, coca leaf, coca paste and cocaine, the majority of those who were current users of

these substances indicated that they had tried to stop using the substances. This was almost universally the case with coca paste (95%) and cocaine (89%). Obviously, given that they were current users, they had been unsuccessful. But, it suggests that particularly with respect to coca paste and cocaine, the negative consequences of use of the substance are being recognized and individual action, however ineffective, to combat that use is occurring.

To the findings regarding the conception of the danger associated with various substances should be added the fact that for several substances, there is a relatively low level of resistance to use given the opportunity to use. In particular 90% of those who have had the opportunity to try coca leaf, have done so when first offered the substance. For cocaine that ratio is 42%, for coca paste 33% and marijuana 30%. Again this relative lack of resistance exists despite the high level of characterization of these substances as addictive by the respondents.

D. The Categories of Drug Use

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

These four groups of substances can be distinguished by their patterns of lifetime prevalence and current use, displayed in Table 5.2. The socially acceptable substances, alcohol and tobacco, hereafter referred to as "social drugs", have as can be expected the greatest level of lifetime

TABLE 5.2
 PATTERNS OF LIFETIME PREVALENCE AND CURRENT USE
 OF SUBSTANCES BY CATEGORIES
 (Percentages)

<u>Lifetime Prevalence</u> (Ever used any of the substances)	<u>Projected on Study Universe*</u>	<u>Current Use as a Percentage of</u> <u>Study Population</u> <u>Lifetime Prevalence</u> (Used any of the substances in the 30 days prior to interview)		<u>Current Use</u> <u>Projected on Study Universe*</u>
"DRUGS" (Marijuana, Inhalants, Coca Paste, Cocaine)				
12.2 % Weighted N = 906	580,893 - 681,384	1.1 %	8.9 % Weighted N = 81	40,895 - 72,917
"FOLKLORICS" (Coca leaf and Hallucinogens)				
22.7 % Weighted N = 684	1,110,039 - 1,238,661	1.6 %	7.1 % Weighted N = 119	63,507 - 102,037
"SOCIAL DRUGS" (Alcohol and Tobacco)				
89.5 % Weighted N = 6640	4,583,236 - 4,677,343	35.5 %	39.7 % Weighted N = 2634	1,763,104 - 1,910,029
"MEDICINES" (Analgesics, Sedatives, Stimulants, Hypnotics)				
26.7 % Weighted N = 1979	1,313,373 - 1,449,212	12.5 %	47.0 % Weighted N = 930	595,885 - 697,431

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

prevalence, with 89.5% indicating having ever used the substances, and 35.5% indicating current use (39.7% of those indicating having ever used). Projecting these figures on the study's universe, from 4,583,236 to 4,677,343 approximately have used these substances at some point in their lives while between around 1,763,000 and 1,910,000 are current users. Lifetime users are somewhat more likely to be male, 15 or older and higher up the socio-economic status scale than those who do have never used these substances. Current users of "social drugs" are much more likely to be male, are likely to be somewhat older and are also likely to be from the upper status group, with once again use going up the class ladder.

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

The category "medicines", encompassing analgesics, sedatives, stimulants and hypnotics, shows a range of lifetime prevalence similar to the "folklorics" , 26.7%, which projected on the population covers a range of between around 1,313,000 and 1,449,000. Current users amount to 12.5% of the study universe and 47% of those who have ever used "medicines". Projecting this figure, current users range from about 596,000 to 697,000.

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

Current users are more likely to be female than male, they are about equally likely to be drawn from all age groups, and they are most likely

to come from the lower stratum. In fact current use decreases as socio-economic status increases.

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

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

As the data in this study has indicated, the prevalence patterns of each of the four categories of substances varies in terms of its extent and intensity of current use, but in all categories has grown significantly in recent years. These data serve, therefore, as a starting point for a fuller understanding of the proper approach to dealing with the different patterns of use and the social significance of the use of these various categories of drugs in urban Peru.

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GLOSSARY

The following terms and definitions of terms were used in the course of the study, both in generating and analyzing the data.

Age of First Opportunity - the age at which an individual was offered or had the opportunity to use a substance for the first time.

Age of Initiation - the age at which an individual used a substance for the first time.

Confidence Intervals - the interval within which one can be 95% certain that the population value lies; i.e., if the procedure was followed in all possible samples, the statement that the population value lies in the confidence interval would be correct 95 times out of 100.

Current Use - use of a substance in the 30 days prior to the interview.

"Drugs" - in the analysis of the National Survey referring to the grouping of marijuana, coca paste, cocaine and inhalants. In the analysis of the in-depth survey, referring to the grouping of marijuana, coca paste and cocaine.

Ever Used - see lifetime prevalence.

Folklorics - the grouping of coca leaf and hallucinogens.

Lifetime Frequency of Use - the number of times during the lifetime of an individual that the individual has used a given substance.

Lifetime Prevalence - number or percentage who have ever used a substance, i.e., have used a substance one or more times in their lifetime.

Medicines - the grouping of the four categories of psychoactive legitimate medicines, analgesics, sedatives, stimulants and hypnotics that have a potential for non-medical use and abuse.

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Recent Use - having used a substance more than one month but no more than twelve months prior to being interviewed.

Social Drugs - the grouping of alcohol and tobacco.

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APPENDICES

APPENDIX A: Questionnaire Utilized A-1

APPENDIX B: Training Manual. B-1

APPENDIX C: Cities in the Study by Region. C-1

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APPENDIX A
QUESTIONNAIRE UTILIZED

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Encuesta N°:

Muestra N°:

ESTUDIO SOBRE SALUD

Buenos días (tardas), por encargo de la Universidad Cayetano Heredia, estamos haciendo una encuesta sobre problemas de salud y el uso de ciertas sustancias en la población, el estudio tiene por objeto ayudar en la planificación para proteger la salud de todos los peruanos, y - su hogar ha sido seleccionado por la Universidad, para participar en esta importante tarea. Necesitamos sólo algunos minutos de su tiempo, que serán muy útiles para conocer mejor la situación en esta localidad. Sus respuestas no serán consideradas en forma individual, sino solamente formando parte de la población total, todas ellas serán utilizadas en la más estricta reserva y confidencialidad y serán solamente para fines de análisis científico.

- ¿Cuántas personas entre 12 y 45 años de edad viven en su casa, sin incluir el servicio doméstico?

Dirección: _____

Provincia: _____

Distrito: _____

Av.Calle: _____

- ¿Cuántos años tiene el mayor?, ¿y, el siguiente.....?

Número: _____

Teléfono: _____

Edad del entrevistado:

EIDADES	Nº DE PERSONAS	ULTIMO DIGITO DEL Nº DE CUESTIONARIO									
		1	2	3	4	5	6	7	8	9	0
1. _____	1	1	1	1	1	1	1	1	1	1	1
2. _____	2	1	1	1	2	2	1	2	2	1	1
3. _____	3	3	2	3	3	3	2	1	1	1	2
4. _____	4	4	2	3	1	1	2	3	2	4	3
5. _____	5	4	2	5	1	1	3	4	2	3	1
6. _____	6	5	4	2	1	6	3	2	1	4	5
7. _____	7	2	6	1	3	5	7	3	2	4	1
8. _____	8	8	6	7	2	1	3	1	5	2	1
9. _____	9	8	4	9	8	3	5	5	5	4	6
10. _____	10	3	10	6	8	3	10	5	9	8	6

ENTREVISTADOR	:	
SUPERVISOR	:	
REVISION TECNICA	:	
CODIFICACION	:	
DIGITADOR	:	

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<p>1. ¿Durante los últimos doce meses ud. diría que su salud fue: excelente, muy buena, buena, regular o mala?</p> <p>-Excelente 1</p> <p>-Muy buena 2</p> <p>-Buena 3</p> <p>-Regular 4</p> <p>-Mala 5</p> <p>-No responde 6</p>		<p>A-2</p> <p>Ahora vamos a conversar sobre los últimos treinta días</p> <p>7. Más o menos, ¿cuántos días fumó en los últimos 30 días?</p> <p>- Todos los días 1</p> <p>- 4 a 6 días por semana 2</p> <p>- 2 a 3 días por semana 3</p> <p>- 1 día por semana 4</p> <p>- Menos de 1 día por semana 5</p>	
<p>2. ¿Ha tenido que ver al médico o ir al consultorio externo de un hospital en los últimos doce meses?</p> <p>-Si 1</p> <p>-No 2</p>		<p>8. ¿Desde hace cuánto tiempo fuma esa cantidad?</p> <p>Años () <u> </u></p> <p>Meses () <u> </u></p> <p>Semanas () <u> </u></p>	
<p>3. ¿Ha estado hospitalizado en los últimos doce meses?</p> <p>-Si 1</p> <p>-No 2</p>		<p>9. El último día que fumó ¿cuántos cigarrillos fumó?</p> <p>-De 1 a 5 cigarrillos al día 1</p> <p>-De 6 a 15 cigarrillos al día (Aprox. 1/2 cajetilla) 2</p> <p>-De 16 a 25 cigarrillos al día (Aprox. 1 cajetilla) 3</p> <p>-De 26 a 35 cigarrillos al día (Aprox. 1 1/2 cajetilla) 4</p> <p>-Más de 35 cigarrillos al día (2 cajetillas o más) 5</p>	
<p>1. CIGARRILLOS</p>		<p>10. ¿Cuánto gasta ud. en cigarrillos diariamente?, ¿cuánto gasta en cigarrillos al mes? (E:GASTOS EN INTIS)</p> <p>-Diariamente () <u> </u></p> <p>-Mensualmente () <u> </u></p>	
<p>4. ¿Qué edad tenía ud. la primera vez que fumó un cigarrillo?</p> <p>Edad () <u> </u></p> <p>(E: PASAR A P.17) ← Nunca probó un cigarrillo ()</p>		<p>11. ¿Alguna vez ha tratado de dejar de fumar?</p> <p>-Si 1</p> <p>-No 2</p>	
<p>5. ¿Ha fumado unas cinco cajetillas de cigarrillos; es decir por lo menos 100 cigarrillos en su vida?</p> <p>-Si 1</p> <p>-No 2</p>			
<p>6. ¿Cuándo fue la última vez que fumó un cigarrillo?</p> <p>-Hoy o ayer 1</p> <p>-De 0 a 30 días 2</p> <p>-Más de 1 a 6 meses 3</p> <p>-Más de 6 a 12 meses 4</p> <p>-Más de 1 a 3 años 5</p> <p>-Más de 3 años 6</p> <p>(E: PASAR A P.13) ←</p>			

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II. ALCOHOL: CERVEZA, VINO, LICOR, COCTELES

12. Comparando la cantidad de cigarrillos que ha fumado en los últimos 30 días, con los que fumó en los últimos doce meses anteriores, ¿ud. diría que ultimamente fuma: mucho más, algo más, igual, algo menos, mucho menos que antes?

- 1 -Mucho más
- 2 -Algo más
- 3 -Igual
- 4 -Algo menos
- 5 -Mucho menos

(E:PASAR A P.17)

13. ¿Ha fumado ud. diariamente alguna vez en su vida?

-Si 1

(E:PASAR A P.17) ← -No 2

14. ¿Hace cuánto tiempo?

Años ()
 Meses ()
 Semanas ()

15. ¿Qué cantidad fumaba?

- 1 -Menos de un cigarrillo diario
- 2 -De 1 a 5 cigarrillos al día
- 3 -De 6 a 15 cigarrillos al día (1/2 cajetilla)
- 4 -De 16 a 25 cigarrillos al día (1 cajetilla)
- 5 -De 26 a 35 cigarrillos al día (1 1/2 cajetilla)
- 6 -Más de 35 cigarrillos al día
- 7 -No estoy seguro

16. ¿Durante cuánto tiempo fumó esa cantidad?

Años ()
 Meses ()
 Semanas ()

17. ¿Ha tomado bebidas alcohólicas alguna vez?

-Si 1

(E:PASAR A P.35) ← -No 2

18. ¿Qué edad tenía la primera vez que tomó un trago? (completo)

Edad ()

19. ¿Qué licor toma o tomaba con mayor frecuencia?

-Cerveza 1

-Vino 2

-Chicha 3

-Pisco, aguardiente, ron, whisky 4

-Otros: _____ 5
 (Especificar)

-Variado 6

20. ¿Hace cuánto tiempo fue la última vez que tomó un trago?

-De 0 a 30 días 1

(E:PASAR A P.26) ← -De 1 a 6 meses 2

└ -De 6 a 12 meses 3

(E:PASAR A P.29) ← -De 1 a 3 años 4

└ -Más de 3 años 5

Ahora vamos a conversar sobre los últimos treinta días.

21. En los últimos treinta días, ¿cuántos días tomó 1 o más tragos?

Número de días ()

22. ¿Y, en promedio, cuánto licor tomó ud. individualmente cada una de esas veces o días?

-Botellas ()

-Vasos ()

-Copas ()

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<p>25. ¿Alguna vez ha tratado de dejar de tomar alcohol?</p> <p style="text-align: right;">-Si 1 -No 2</p> <p>(E: PASAR A P.27)</p>	<p>A- 4</p>	<p>-Nunca → (E: PASAR A P.34)</p>	<p>8</p>
<p>23. ¿Qué cantidad tomó las últimas veces que lo hizo?</p> <p>-Botellas () <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>-Vasos () <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>-Copas () <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>		<p>29. ¿Alguna vez en su vida ud. consumió alcohol regularmente una o más veces al mes?</p> <p style="text-align: right;">-Si 1 (E: PASAR A P.35) ← -No 2</p>	
<p>27. ¿Con qué frecuencia ha tomado ud. un trago en los últimos doce meses?</p> <p>-Diariamente 1</p> <p>-De 6 a 3 días por semana 2</p> <p>-De 2 a 1 día por semana 3</p> <p>-Varias veces al mes (25 a 51 veces al año) 4</p> <p>-1 ó 2 veces al mes (12 a 24 veces al año) 5</p> <p>-1 mes si otro no, o algo así (6 a 11 veces al año) 6</p> <p>-De 3 a 5 veces en los últimos doce meses 7</p> <p>-De 1 a 2 veces en los últimos doce meses 8</p> <p>-Ninguno 9</p>		<p>30. ¿Hace cuánto tiempo?</p> <p>Años () <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Meses () <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Semanas () <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	
		<p>31. ¿Qué cantidad tomaba?</p> <p>-Botellas () <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>-Vasos () <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>-Copas () <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	
		<p>32. ¿Con qué frecuencia tomaba ud.?</p> <p>-Diariamente 1</p> <p>-De 6 a 3 días por semana 2</p> <p>-De 2 a 1 día por semana 3</p> <p>-Varias veces al mes (25 a 51 veces al año) 4</p> <p>-1 ó 2 veces al mes (12 a 24 veces al año) 5</p> <p>-1 mes si otro no, o algo así (6 a 11 veces al año) 6</p> <p>-De 3 a 5 veces en los últimos doce meses 7</p> <p>-De 1 ó 2 veces en los últimos doce meses 8</p> <p>-Ninguno 9</p>	

33. ¿Durante cuánto tiempo tomó esa cantidad?

Años ()

Meses ()

Semanas ()

-Otros 8

(Especificar)

(E: PASAR ← -Ninguno 9
A P.42)

34. (ENTREGAR TARJETA 1)
En esta tarjeta figuran algunos productos entre fármacos y otros, dígame si consumió alguno de ellos conjuntamente o luego de tomarse un trago?

-Hipnóticos, barbitúricos: pastillas para dormir 02

-Estimulantes, amfetaminas: Lipenar u otros 03

-Analgésicos o píldoras para el dolor: Darvon, Demerol, Percocan. 04

-Sedantes contra la ansiedad como: Librium, Valium u otros 05

-Marihuana 06

-Inhalantes: gasolina, thinner, terokal u otros 07

-Pasta básica de cocaína, cocaína u hojas de coca 08

-Alucinógenos: LSD, San Pedro, ayahuasca u otros 09

-Opiáceos: Heroína, morfina, codeína 10

-Ninguno 99

36. ¿Qué edad tenía la primera vez que tomó alguno de esos productos sin indicación médica?

Edad ()

37. ¿Y, cuántas veces en su vida ha tomado esos productos sin indicación médica?

-1 ó 2 veces 1

-De 3 a 5 veces 2

-De 6 a 10 veces 3

-De 11 a 49 veces 4

-De 50 a 99 veces 5

-De 100 a 199 veces 6

-De 200 a más veces 7

38. ¿Cuánto tiempo hace desde que tomó por última vez uno de estos productos sin indicación médica?

-De 0 a 30 días 1

-Más de 1 a 6 meses 2

-Más de 6 a 12 meses 3

(E: PASAR ← -Más de 1 a 3 años 4
A P.41) [-Más de 3 años 5

III. ANALGESICOS

35. En esta lista (E: ENTREGAR TARJETA 2), aparecen algunos medicamentos para calmar el dolor, ¿Cuál o cuáles de ellos ha tomado ud. sin indicación médica o por curiosidad?

-Darvon 1

-Demerol 2

-Percodan 3

-Sosegon 4

-Codeína 5

-Morfina 6

-Laudano 7

39. ¿Cuánto gasta ud. en analgésicos diariamente?, ¿cuánto gastó en los últimos 30 días? (E: GASTOS EN INTIS)

Diariamente ()

Mensualmente ()

40. ¿Alguna vez ha tratado de dejar de usar analgésicos?

-Si 1

-No 2

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41. ¿Al usar alguno de los analgésicos que me acaba de mencionar, consumió también al mismo tiempo o pocas horas después algunos de los productos que aparecen en esta lista? (E:MOSTRAR TARJETA 1)

- Alcohol:cerveza, vino, licores fuertes 01
- Hipnóticos, barbitúricos;pastillas para dormir 02
- Estimulantes, anfetaminas: Lipenan u otros 03
- Sedantes contra la ansiedad como:Librium, Valium u otros 05
- Marihuana 06
- Inhalantes:Gasolina, thinner, terokal, u otros pegamentos 07
- Pasta básica de cocaína, cocaína u hojas de coca 08
- Alucinógenos: LSD, San Pedro, ayahuasca u otros 09
- Opiáceos: Heroína, morfina codeína 10
- Ninguno 99

- Mandrax 08
- Diazepan 09
- Quietarax 10
- Reposal 11
- Valium 12
- Xanax 13
- Vazen 14
- Urbadan 15

-Jarabes para la tos

(Especificar)

- No estoy seguro 20
 - Ninguno 99
- (E:PASAR ← A P.49)

43. ¿Qué edad tenía la primera vez que lo hizo?

Edad ()

□□□

44. En general, ¿cuántas veces en su vida ha tomado un sedante sin indicación médica?

- 1 ó 2 veces 1
- De 3 a 5 veces 2
- De 6 a 10 veces 3
- De 11 a 49 veces 4
- De 50 a 99 veces 5
- De 100 a 199 veces 6
- De 200 a más veces 7

IV. SEDANTES

42. ¿Cuáles de los medicamentos o sedantes que aparecen en esta lista, que sirven para tranquilizar los nervios, ha consumido ud. sin indicación médica o por curiosidad? (E:MOSTRAR TARJETA 3)

- Ativan 01
- Anatensol 02
- Librium 03
- Frislum 04
- Aventyl 05
- Seropax 06
- Levanxol 07

45. ¿Cuánto tiempo hace desde que tomó por última vez un sedante sin indicación médica?

- 0 a 30 días 1
 - Más de 1 a 6 meses 2
 - Más de 6 a 12 meses 3
 - Más de 1 a 3 años 4
 - Más de 3 años 5
- (E:PASAR ← A P.48)

46. ¿Cuánto gasta ud. aproximadamente en sedantes diariamente?, ¿cuánto gastó durante los últimos 30 días?
(E:GASTOS EN INTIS)

Diariamente ()

Mensualmente ()

47. ¿Alguna vez ha tratado de dejar de usar sedantes?

-Si 1

-No 2

48. ¿Al usar alguno de los sedantes que me acaba de mencionar, ¿consumió también al mismo tiempo o pocas horas después, algunos de los productos que aparecen en esta lista? (E:MOSTRAR TARJETA 1)

-Alcohol: cerveza, vino, licores fuertes 01

-Hipnóticos, barbitúricos: pastillas para dormir 02

-Estimulantes, anfetaminas: Liponan u otros 03

-Analgésicos o píldoras para calmar el dolor: Darvon, Demerol, Percodan 04

-Marihuana 06

-Inhalantes: gasolina, thinner, terokal u otros pegamentos 07

-Pasta básica de cocaína, cocaína, u hojas de coca 08

-Alucinógenos: LSD, San Pedro, ayahuasca u otros 09

-Opiáceos: Heroína, morfina, codeína 10

-Ninguno 99

-Luminal 01

-Fenobarbital 02

-Seconal 03

-Mogadon 04

-Nembutal 05

-Somnatrol 06

-Somese 07

-Rohypnol 08

-Euhypnos 09

-Dalmadron 10

-Neurinase 11

(E:PASAR ← -Ninguno 99
A P.56)

50. ¿Qué edad tenía ud. la primera vez que lo hizo?

Edad ()

51. En general, ¿cuántas veces en su vida ha tomado este tipo de pastillas sin indicación médica?

-1 ó 2 veces 1

-De 3 a 5 veces 2

-De 6 a 10 veces 3

-De 11 a 49 veces 4

-De 50 a 99 veces 5

-De 100 a 199 veces 6

-De 200 a más veces 7

52. ¿Cuánto tiempo hace desde que tomó por última vez este tipo de pastilla sin indicación médica?

-De 0 a 30 días 1

-Más de 1 a 6 meses 2

-Más de 6 a 12 meses 3

-Más de 1 a 3 años 4

-Más de 3 años 5

(E:PASAR ← A P.56)

V. HIPNOTICOS

49. ¿Cuáles de las pastillas para dormir o hipnóticos que aparecen en esta lista ha tomado ud. sin indicación médica o por curiosidad?
(E:MOSTRAR TARJETA 4)

53. ¿Cuánto gasta ud. en hipnóticos diariamente?, ¿cuánto gastó durante los últimos 30 días? (E:GASTOS EN INTIS)

Diariamente ()

Mensualmente ()

54. ¿Alguna vez ha tratado de dejar de usar hipnóticos?

-Si 1

-No 2

55. ¿Al usar algunos de los hipnóticos que me acaba de mencionar, consumió también al mismo tiempo o pocas horas después algunos de los productos que aparecen en esta lista? ¿cuál o cuáles de ellos? (E:MOSTRAR TARJETA 1)

-Alcohol:cervaza, vino, licores fuertes 01

-Estimulantes, anfetaminas: pastillas para dormir 03

-Analgésicos o píldora para el dolor:Darvon, Demerol, Percodan 04

-Sedantes contra la ansiedad como:Librium, Valium u otros 05

-Marihuana 06

-Inhalantes:gasolina, thinner, terokal u otros pegamentos 07

-Pasta básica de cocaína, cocaína u hojas de coca 08

-Alucinógenos:LSD, San Pedro ayahuasca u otros 09

-Opiáceos: Heroína, morfina codeína 10

-Ninguno 99

VI. ESTIMULANTES

56. En esta lista figuran varios medicamentos utilizados para mantenerse despierto o para controlar el apetito, conocidos como estimulantes, ¿cuál o cuáles de ellos ha consumido alguna vez sin indicación médica o por curio-

sidad? (E:MOSTRAR TARJETA 5)

- Anfetamina 01
- Alipid 02
- Ionamina 03
- Lipenan 04
- Preludin 05
- Obedrin 06
- Pondinil 07
- Tenuate Dospan 08
- Ritalin 09
- Otros: _____ 10
(Especificar)

(E:PASAR ← -Ninguno A P.63) 99

57. ¿Qué edad tenía ud. la primera vez que las tomó?

Edad ()

--	--	--

58. ¿Cuántas veces en su vida ha consumido este tipo de medicamento sin indicación médica?

- 1 ó 2 veces 1
- De 3 a 5 veces 2
- De 6 a 10 veces 3
- De 11 a 49 veces 4
- De 50 a 99 veces 5
- De 100 a 199 veces 6
- De 200 a más veces 7

59. ¿Hace cuánto tiempo que tomó por última vez un estimulante sin indicación del médico?

- De 0 a 30 día 1
- Más de 1 a 6 meses 2
- Más de 6 a 12 meses 3
- Más de 1 a 3 años 4
- Más de 3 años 5

(E:PASAR ← A P.62)

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<p>60. ¿Cuánto gasta ud. en estimulantes diariamente?, ¿cuánto gastó durante los últimos 30 días? (E:GASTOS EN INTIS)</p> <p>Diariamente () <input type="text"/></p> <p>Mensualmente () <input type="text"/></p>	<p>A-9</p>	<p>64. ¿La usó?</p> <p>(E:PASAR A P.66) ← -Si 1</p> <p>-No 2</p>	
<p>61. ¿Alguna vez ha tratado de dejar de usar estimulantes?</p> <p>-Si 1</p> <p>-No 2</p>		<p>65. ¿Qué edad tenía la primera vez que usó marihuana?</p> <p>Edad () <input type="text"/></p> <p>(E:PASAR A ← Nunca usó() P.80)</p>	
<p>62. ¿Al usar alguno de los estimulantes que me acaba de mencionar, consumió también al mismo tiempo o pocas horas después, algunos de los productos que aparecen en la lista? (E.MOSTRAR TARJETA 1)</p> <p>-Alcohol:cerveza, vino, licores fuertes 01</p> <p>-Hipnóticos, barbitúricos:pastillas para dormir 02</p> <p>-Analgésicos o píldoras para el dolor:Darvon, Demerol, Percodan 04</p> <p>-Sedantes contra la ansiedad como:Librium, Valium u otros 05</p> <p>-Marihuana 06</p> <p>-Inhalantes:gasolina, thinner, terokal u otros pegamentos 07</p> <p>-Pasta básica de cocaína, cocaína u hojas de coca 08</p> <p>-Alucinógenos: LSD, San Pedro, ayahuasca u otros 09</p> <p>-Opiáceos:Heroína, morfina, codeína 10</p> <p>-Ninguno 99</p>		<p>66. ¿Cuántas veces en su vida ha usado marihuana?</p> <p>-1 ó 2 veces 1</p> <p>-De 3 a 5 veces 2</p> <p>-De 6 a 10 veces 3</p> <p>-De 11 a 49 veces 4</p> <p>-De 50 a 99 veces 5</p> <p>-De 100 a 199 veces 6</p> <p>-De 200 a más veces 7</p>	
<p>VII. MARIHUANA</p>		<p>67. ¿Cuánto tiempo hace desde que usó por última vez marihuana?</p> <p>-Hoy o ayer 1</p> <p>-En los últimos 30 días 2</p> <p>-Más de 1 a 6 meses 3</p> <p>(E:PASAR ← -Más de 6 a 12 meses 4 A P.73)</p> <p>(E:PASAR ← -Más de 1 a 3 años 5 A P.75)</p> <p>-Más de 3 años 6</p>	
<p>63. ¿Qué edad tenía la primera vez que le ofrecieron o pudo probar marihuana, aunque no la consumiera?</p> <p>Edad () <input type="text"/></p> <p>(E:PASAR ← Nunca tuvo () A P.80) la oportunidad</p>		<p>Ahora vamos hablar de los últimos treinta días</p> <p>68. ¿En los últimos 30 días, cuántos días fumó marihuana?</p> <p>Número de días () <input type="text"/></p>	
		<p>69. ¿Qué cantidad de cigarrillos de marihuana, pitos o tronchos ha fumado en promedio los días que ha fumado en los últimos 30 días?</p> <p>Promedio diario () <input type="text"/></p>	

70. ¿Desde hace cuánto tiempo - fuma esa cantidad?

Años ()

Meses ()

Semanas ()

71. ¿Cuánto gasta ud. en marihuana diariamente?, ¿cuánto gastó en los últimos 30 días? (E:GASTOS EN INTIS)

Diariamente ()

Mensualmente ()

72. ¿Alguna vez ha tratado de dejar de fumar marihuana?

-Si 1

-No 2

(E:PASAR A P.74)

73. ¿Qué cantidad de cigarrillos de marihuana, pitos o tronchos ha fumado en promedio los días que ha fumado en los últimos doce meses?

Promedio diario ()

74. ¿Con qué frecuencia ha usado marihuana en los últimos doce meses?

- Diariamente 1
- 6 a 3 días por semana (casi diariamente) 2
- 2 a 1 día por semana 3
- Varias veces al mes (5 a 25 días al año) 4
- De 2 a 1 vez por mes (24 a 12 días al año) 5
- Un mes si otro no, o algo así (11 a 6 veces al año) 6
- 5 a 3 días en los últimos doce meses 7
- 2 a 1 día en los últimos doce meses 8
- No usó 9

(E:PASAR A P.79)

75. ¿Alguna vez en su vida ha usado regularmente la marihuana?

-Si 1

(E:PASAR A P.80) ← -No 2

76. ¿Hace cuánto tiempo?

Años ()

Meses ()

Semanas ()

77. ¿Qué cantidad de cigarrillos consumía por mes?

78. ¿Durante cuánto tiempo consumió esa cantidad?

Años ()

Meses ()

Semanas ()

79. ¿Cuál o cuáles de los productos que figuran en esta lista usó ud. al mismo tiempo o pocas horas después de haber fumado marihuana? (E:MOstrar TARJETA 1)

- Alcohol:cerveza, vino, licores fuertes 01
- Hipnóticos, barbitúricos:pastillas para dormir 02
- Estimulantes: anfetaminas, Lipenan u otros 03
- Analgésicos o píldoras para el dolor: Darvon, Demerol, Percodan 04
- Sedantes contra la ansiedad Librium, Valium u otros 05
- Inhalantes:gasolina, thinner, terokal u otros pegamentos 07
- Pasta básica de cocaína, cocaína u hojas de coca 08
- Alucinógenos: LSD, San Pedro, ayahuasca u otros 09
- Opiáceos: Heroína, morfina, codeína 10
- Ninguna 99

VIII. ALUCINÓGENOS

<p>80. ¿Qué edad tenía la primera vez que le ofrecieron o pudo probar San Pedro, ayahuasca, hongos, floripondio o LSD, - aunque no las usara?</p> <p>Edad () <input type="text"/></p> <p>(E:PASAR ← Nunca tu- () A P.94) vo la oportu- nidad</p>	<p><input type="text"/></p>	<p>85. ¿Cuánto tiempo hace desde - que usó por última vez un - alucinógeno?</p> <p>-Hoy o ayer 1</p> <p>-En los últimos 30 días 2</p> <p>(E:PASAR ← -Más de 1 a 6 me 3 A P.88) ses</p> <p>-Más de 6 a 12 me 4 ses</p> <p>(E:PASAR ← -Más de 1 a 3 años 5 A P.89) -Más de 3 años 6</p>	
<p>81. ¿La usó?</p> <p>(E:PASAR A P.83) ← -Si 1 -No 2</p>		<p>Ahora vamos hablar de los últimos treinta días</p> <p>86. ¿En los últimos 30 días, cuántos días usó alucinógenos?</p> <p>Número de días () <input type="text"/></p>	
<p>82. ¿Más o menos que edad tenía la primera vez que probó San Pedro, LSD, Ayahuasca, o alguna sustancia parecida?</p> <p>Edad () <input type="text"/></p> <p>(E:PASAR ← Nunca () A P.94) probó</p>	<p><input type="text"/></p>	<p>87. ¿Cuánto gasta ud. diariamente en alucinógenos?, ¿cuánto gastó durante los últimos 30 días? (E:GASTOS EN INTIS)</p> <p>Diariamente () <input type="text"/></p> <p>Mensualmente () <input type="text"/></p>	
<p>83. ¿Cuántas veces en su vida ha usado un alucinógeno, es decir alguna de las sustancias que acabo de mencionarle?</p> <p>-1 ó 2 veces 1</p> <p>-De 3 a 5 veces 2</p> <p>-De 6 a 10 veces 3</p> <p>-De 11 a 49 veces 4</p> <p>-De 50 a 99 veces 5</p> <p>-De 100 a 199 veces 6</p> <p>-De 200 a más veces 7</p>		<p>88. ¿Con qué frecuencia utilizaba alucinógenos en los últimos doce meses?</p> <p>-Diariamente 1</p> <p>-6 a 3 días por semana (casi diariamente) 2</p> <p>-2 a 1 día por semana 3</p> <p>-Varias veces al mes (51 a 25 días al año) 4</p> <p>-2 a 1 vez por mes (24 a 12 días al año) 5</p> <p>-Un mes si otro no, o algo así (11 a 6 veces al año) 6</p> <p>-De 5 a 3 días en los últimos doce meses 7</p> <p>-De 2 a 1 día en los últimos doce meses 8</p> <p>-No usó 9</p> <p>(E:PASAR A P.93)</p>	
<p>84. ¿Cuál o cuáles de estas sustancias que figuran en esta tarjeta o parecidas ha probado ud. alguna vez? (E:MOSTRAR TARJETA 6)</p> <p>-LSD 1</p> <p>-San Pedro 2</p> <p>-Ayahuasca 3</p> <p>-Floripondio 4</p> <p>-Otros: 5</p> <p>(Especificar)</p>			

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97. ¿Hace cuánto tiempo - desde que usó por última vez un inhalante para volar o para vacilarse?

- De 0 a 7 días 1
- De 8 a 30 días 2
(Más de 1 semana a 1 mes)
- De 31 a 180 días 3
- De 181 a 360 días 4
(De 6 a 12 meses)
- Más de 1 a 3 años 5
- Más de 3 años 6

(E:PASAR A P.102)

(E:PASAR A P.105)

Ahora vamos hablar de los últimos treinta días

98. ¿Cuál o cuáles de las sustancias que le ha mostrado, ha inhalado, aspirado o jalado en los últimos 30 días?

(E:MOSTRAR TARJETA 7)

- Gasolina o bencina para encendedores 1
- Esmaltos, pintura al ducó 2
- Atomizadores de aerosol 3
- Terokal, líquido para limpiar zapatos u otros pegamentos. 4
- Lacas, disolventes de pintura, thinner 5
- Nitrato de amilo "poppers" desodorantes ambientales 6
- Eter y otros anestésicos 7
- Líquidos correctores, desgrasadores, líquidos de limpieza 8
- Otras sustancias: 9

(Especificar)

99. En los últimos 30 días, ¿cuántos días usó un inhalante para volar o vacilarse?

Número de días ()

Ninguno ()

U

100. En las oportunidades en que usa cualquiera de los inhalantes mencionados ¿qué cantidad acostumbra a usar? (E:MOSTRAR TARJETA 8)

- Un poquito, como para sentirlo 1
- Bastante 2
- Suficiente como para volar 3
- Tanto como para tambalearse y botar las cosas 4
- Hasta sentir que iba a desmayarse o algo así 5
- Algo diferente 6

(Especificar)

101. ¿Alguna vez ha tratado de dejar de usar inhalantes?

- Si 1
 - No 2
- (E:PASAR A P.103)

102. En las oportunidades en que ha usado cualquiera de los inhalantes mencionados ¿qué cantidad acostumbraba usar? (E:MOSTRAR TARJETA 8)

- Un poquito, como para sentirlo 1
- Bastante 2
- Suficiente como para volar 3
- Tanto como para tambalearse y botar las cosas 4
- Hasta sentir que iba a desmayarse o algo así 5
- Algo diferente 6

(Especificar)

103. ¿En alguna oportunidad ha llegado a perder el conocimiento luego de usar un inhalante para vacilarse o volar?

- Si 1
- No 2

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<p>104. ¿Con qué frecuencia ha utilizado Inhalantes en los últimos doce meses?</p> <ul style="list-style-type: none"> -1 ó 2 veces -De 3 a 5 veces -De 6 a 10 veces -De 11 a 49 veces -De 50 a 99 veces -De 100 a 199 veces -De 200 a más veces <p>(E: PASAR A P.109)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>-Sedantes contra la ansiedad como: Librium, Vallium u otros 05</p> <p>-Marihuana 06</p> <p>-Pasta básica de cocaína, cocaína, u hojas de coca 08</p> <p>-Alucinógenos: LSD, San Pedro, ayahuasca u otras 09</p> <p>-Opiáceos: Heroína, morfina codeína 10</p> <p>-Ninguna 99</p>
<p>X. HEROINA</p>		
<p>105. ¿Alguna vez en su vida ha usado continuamente Inhalantes?</p> <p style="text-align: right;">-Si</p> <p>(E: PASAR A P.110) ← -No</p>	<p>1</p> <p>2</p>	<p>110. ¿Tuvo alguna vez la oportunidad de probar heroína, es decir que se la hayan ofrecido o haya podido usar - aunque no lo haya hecho? ¿qué edad tenía?</p> <p style="text-align: right;">Edad ()</p> <p>(E: PASAR A P.124) ← Nunca tuvo la oportunidad ()</p>
<p>106. ¿Hace cuánto tiempo atrás?</p> <p>Años ()</p> <p>Meses ()</p> <p>Semanas ()</p>	<p>□ □ □</p> <p>□ □ □</p> <p>□ □ □</p>	<p>111. ¿La usó?</p> <p>(E: PASAR A P.113) ← -Si 1</p> <p style="text-align: right;">-No 2</p>
<p>107. ¿Cuántas veces al mes usaba Inhalantes en esa época?</p> <p>Número ()</p>	<p>□ □ □</p>	<p>112. ¿Probó alguna vez heroína? ¿a qué edad?</p> <p style="text-align: right;">Edad ()</p> <p>(E: PASAR A P.124) ← Nunca probó ()</p>
<p>108. ¿Durante cuánto tiempo consumió esa cantidad?</p> <p>Años ()</p> <p>Meses ()</p> <p>Semanas ()</p>	<p>□ □ □ □</p> <p>□ □ □ □</p> <p>□ □ □ □</p>	<p>113. ¿Cuántas veces en su vida ha usado heroína?</p> <ul style="list-style-type: none"> -1 ó 2 veces 1 -De 3 a 5 veces 2 -De 6 a 10 veces 3 -De 11 a 49 veces 4 -De 50 a 99 veces 5 -De 100 a 199 veces 6 -De 200 a más veces 7
<p>109. ¿Cuál o cuáles de los productos que figuran en esta lista usó ud. el mismo tiempo o pocas horas después de haber usado un Inhalante? (E: MOSTRAR TARJETA 1)</p> <ul style="list-style-type: none"> -Alcohol: cerveza, vino, licorres fuertes 01 -Hipnóticos, barbitúricos: pastillas para dormir 02 -Estimulantes: anfetaminas, Lipenan 03 -Analgésicos o píldoras para el dolor: Darvon, Demerol, Percodan. 04 	<p>01</p> <p>02</p> <p>03</p> <p>04</p>	<p style="text-align: right;">292</p>

114. ¿Cuánto tiempo hace desde que usó por última vez heroína?

-Hoy o ayer 1

-En los últimos 30 días 2

(E:PASAR ← P.118) -Más de 1 a 6 meses 3

-Mas de 6 a 12 meses 4

(E:PASAR ← P.119) -Más de 1 a 3 años 5

-Más de 3 años 6

Ahora vamos hablar de los últimos treinta días

115. En los últimos 30 días, ¿cuántos días usó heroína?

Número de días ()

116. ¿Cuánto gasta ud. aproximadamente en heroína diariamente?, ¿cuánto gastó en los últimos 30 días? (E:GASTOS EN INTIS)

Diariamente ()

Mensualmente ()

117. ¿Alguna vez ha tratado de dejar de usar heroína?

-Si 1

-No 2

118. ¿Con qué frecuencia ha utilizado heroína en los últimos doce meses?

-1 ó 2 veces 1

-De 3 a 5 veces 2

-De 6 a 10 veces 3

-De 11 a 49 veces 4

-De 50 a 99 veces 5

-De 100 a 199 veces 6

-De 200 a más veces 7

(E:PASAR A P.123)

119. ¿En alguna vez en su vida ha utilizado frecuentemente la heroína?

-Si 1

(E:PASAR A P.124) ← -No 2

120. ¿Hace cuánto tiempo atrás?

Años ()

Meses ()

Semanas ()

121. ¿Cuántos días al mes?

Número de días ()

122. ¿Durante cuánto tiempo tenía esa frecuencia de uso?

Años ()

Meses ()

Semanas ()

123. ¿Cuál o cuáles de los productos que figuran en esta lista usó ud. al mismo tiempo o pocas horas después de haber usado heroína?

(E:MOSTRAR TARJETA 1)

-Alcohol:cerveza, vino, licores fuertes 01

-Hipnóticos, barbitúricos: pastillas para dormir 02

-Estimulantes: anfetaminas, Lipenan u otras 03

-Analgésicos o pildoras para el dolor: Darvon, Demarol, Percodan 04

-Sedantes contra la ansiedad como: Librium, Vallium u otros 05

-Marihuana 06

-Inhalantes:gasolina, thinner, terokal u otros pegamentos 07

-Pasta básica de cocaína, cocaína, u hojas de coca 08

-Alucinógenos: LSD, San Pedro, ayahuasca u otros 09

-Ninguno 00

XI. OPIO

124. ¿Qué edad tenía la primera vez que tuvo la oportunidad de probar opio?

Edad ()
 (E: PASAR ← Nunca tuvo ()
 A P.137) la oportuni-
 dad

125. ¿Lo usó?

(E: PASAR A P.127) ← -Si 1
 -No 2

126. ¿Qué edad tenía la primera vez que probó opio?

Edad ()
 (E: PASAR A ← Nunca pro ()
 P.137). bó

127. ¿Cuántas veces en su vida ha usado opio?

- 1 ó 2 veces 1
- De 3 a 5 veces 2
- De 6 a 10 veces 3
- De 11 a 49 veces 4
- De 50 a 99 veces 5
- De 100 a 199 veces 6
- De 200 a más veces 7

128. ¿Cuánto tiempo hace desde que usó por última vez opio?

- Hoy o ayer 1
- En los últimos 30 días 2
- (E: PASAR ← -Más de 1 a 6 me 3
 A P.132) ses
- Más de 6 a 12 4
 meses.
- (E: PASAR ← -Más de 1 a 3 5
 A P.133) años
- Más de 3 años 6

129. En los últimos 30 días, -
 ¿Cuántos días usó opio?

Número de días ()

130. ¿Cuánto gasta ud. aproxima-
 damente en opio diariamen-
 te?, ¿cuánto gastó durante
 los últimos 30 días?
 (E: GASTOS EN INTIS)

Diariamente ()
 Mensualmente ()

131. ¿Alguna vez ha tratado de
 dejar de usar opio?

-Si 1
 -No 2

132. ¿Con qué frecuencia ha u-
 tilizado opio en los últimos
 doce meses?

- 1 ó 2 veces 1
 - De 3 a 5 veces 2
 - De 6 a 10 veces 3
 - De 11 a 49 veces 4
 - De 50 a 99 veces 5
 - De 100 a 199 veces 6
 - De 200 a más veces 7
- (E: PASAR A P.137)

133. ¿Alguna vez en su vida ha
 utilizado opio regularmente?

-Si 1
 (E: PASAR A P.137) ← -No 2

134. ¿Hace cuánto tiempo atras?

Años ()
 Meses ()
 Semanas ()

135. ¿Cuántos días al mes?

Número de días ()

136. ¿Durante cuánto tiempo -
 tuvo esa frecuencia?

Años ()
 Meses ()
 Semanas ()

XII. HOJAS DE COCA

A-17

Ahora vamos hablar de los últimos treinta días

137. ¿Qué edad tenía la primera vez que tuvo la oportunidad de masticar o chacchar coca?

Edad ()

(E: PASAR ← A P.154) Nunca tuvo () la oportunidad

142. ¿Qué cantidad de hojas de coca ha consumido en los últimos 30 días?

- De 1 a 2 bolsas 1
- De 3 a 5 bolsas 2
- De 6 a 15 bolsas 3
- De 16 a más bolsas 4
- No consumió 5

138. ¿Masticó o chacchó esa vez?

(E: PASAR A P.140) ← -Si 1
-No 2

143. ¿Qué cantidad de hojas de coca o cuántas cocadas consume diariamente?

- 1 cocada 1
- 2 cocadas 2
- 3 cocadas 3
- 4 cocadas 4
- 5 cocadas 5
- 6 cocadas 6
- 7 cocadas 7
- 8 ó más cocadas 8

139. ¿Qué edad tenía la primera vez que masticó o chacchó hojas de coca?

Edad ()

(E: PASAR A ← P.154) Nunca () masticó

144. ¿Cuánto gastó aproximadamente ud. en hojas de coca diariamente?, ¿cuánto gastó en los últimos 30 días? (E: GASTOS EN INTIS)

Diariamente ()

Mensualmente ()

140. ¿Cuántas veces en su vida ha masticado hojas de coca?

- 1 ó 2 veces 1
- De 3 a 5 veces 2
- De 6 a 10 veces 3
- De 11 a 49 veces 4
- De 50 a 99 veces 5
- De 100 a 199 veces 6
- De 200 a más veces 7

145. ¿Alguna vez ha tratado de dejar de usar hojas de coca?

Si 1
No 2

(E: PASAR A P.147)

141. ¿Cuándo fue la última vez que masticó hojas de coca?

- Hoy o ayer 1
- En los últimos 30 días 2
- (E: PASAR ← A P.146) -Más de 1 a 6 meses 3
- Más de 6 a 12 Meses 4
- (E: PASAR ← A P.148) -Más de 1 a 3 años 5
- Más de 3 años 6

146. ¿Qué cantidad de hojas de coca o cuántas cocadas consumió diariamente en los últimos doce meses?

- 1 cocada 1
- 2 cocadas 2
- 3 cocadas 3
- 4 cocadas 4

-7 cocadas

7

-8 o más cocadas

8

147. ¿Con qué frecuencia ha usado hojas de coca en los últimos doce meses?

- Diariamente 1
- 6 a 3 días por semana (casi diariamente) 2
- 2 a 1 día por semana 3
- Varias veces a mes (51 a 25 días al año) 4
- 2 a 1 vez por mes (24 a 12 días al año) 5
- Un mes si otro no, o algo así (11 a 0 veces al año) 6
- De 5 a 3 días en los últimos doce meses 7
- De 2 a 1 día en los últimos doce meses 8
- No usó 9

(E: PASAR A P. 152)

148. ¿Alguna vez en su vida la utilizó regularmente?

- Si 1
- No 2

149. ¿Hace cuánto tiempo atrás?

Años ()

Meses ()

Semanas ()

150. ¿Qué cantidad consumía por mes?

- De 1 a 2 bolsas 1
- De 3 a 5 bolsas 2
- De 6 a 15 bolsas 3
- De 16 a más bolsas 4
- No consumió 5

151. ¿Durante cuánto tiempo consumió esa cantidad?

Años ()

Meses ()

Semanas ()

152. ¿Cuál o cuáles de los productos que figuran en esta lista usó ud. al mismo tiempo o pocas horas después de haber masticado o chachado hojas de coca?

(E: ENTREGAR TARJETA 1)

- Alcohol: cerveza, vino, licores fuertes 01
- Hipnóticos, barbitúricos: pastillas para dormir 02
- Estimulantes: anfetaminas, Liponan u otros 03
- Analgésicos o píldoras para el dolor: Darvon, Demerol, Percodan. 04
- Sedentes contra la ansiedad: Librium, Valium u otros 05
- Marihuana 06
- Inhalantes: gasolina, thinner, terokal u otros pegamentos 07
- Alucinógenos: LSD, San Pedro, ayahuasca u otros 09
- Opiáceos: Heroína, morfina, codeína 10
- Ninguna 99

153. ¿En cuál o cuáles de las formas o maneras que aparecen en esta tarjeta ha utilizado ud. las hojas de coca?

(E: MOSTRAR TARJETA 9)

- Masticándolas solas 1
- Masticándolas al fumar tabaco 2
- Masticándolas al fumar marihuana 3
- Aspirándolas al fumar marihuana 4
- Masticándolas al beber ayahuasca u otros preparados 5
- Masticándolas al beber alcohol. 6

KIII. PASTA BASICA DE COCAINA

154. Según lo que ud. ha escuchado, ¿con qué otros nombres se conoce la pasta básica de cocaína?

155. ¿Alguna vez le han ofrecido o ha tenido la oportunidad de probar PBC; aunque no lo haya hecho?, ¿qué edad tenía?

Edad ()

(E:PASAR A ← Nunca tu ()
P.176) vo la oportu-
nidad

156. ¿La usó?

(E:PASAR A P.158) ← -Si 1
-No 2

157. ¿Probó alguna vez PBC? ¿a qué edad?

Edad ()

(E:PASAR A ← Nunca pro()
P.175) bó

158. ¿Cuántas veces en su vida ha usado PBC?

- 1 ó 2 veces 1
- De 3 a 5 veces 2
- De 6 a 10 veces 3
- De 11 a 49 veces 4
- De 50 a 99 veces 5
- De 100 a 199 veces 6
- De 200 a más veces 7

159. Más o menos, ¿cuántos quetes ha fumado como máximo en un día?

- 0 a 10 quetes 1
- 11 a 20 quetes 2
- 21 a 30 quetes 3
- 31 a 40 quetes 4
- 41 a 50 quetes 5
- 51 a 60 quetes 6
- 61 a 80 quetes 7
- 81 a más quetes 8

(E:Anotar)

160. Para precisar un poco más ¿qué es un quete?

161. ¿Cuándo fue la última vez que fumó PBC?

- Hoy o ayer 1
- En los últimos 30 días 2

(E:PASAR ← -Más de 1 a 6 me 3
A P.165) ses

-Más de 6 a 12 4
meses

(E:PASAR ← -Más de 1 a 3 años 5
A P.167) -Más de 3 años 6

Ahora vamos hablar de los últimos treinta días.

162. En los últimos 30 días, ¿cuántos días uso PBC?

Número de días ()

163. ¿Cuánto gasta ud. en PBC diariamente? ¿cuánto gastó en los últimos 30 días? (E:GASTOS EN INTIS)

Diariamente ()

Mensualmente ()

<p>164. ¿Alguna vez ha tratado de dejar de fumar PBC?</p> <p>— Si</p> <p>— No</p> <p>(E: PASAR A P.166)</p>	<p>1</p> <p>2</p>	<p>A-20</p> <p>168. ¿Hace cuánto tiempo atrás?</p> <p>Años ()</p> <p>Meses ()</p> <p>Semanas ()</p>	<p> </p>
<p>165. ¿Qué cantidad consumía por mes durante los últimos doce meses?</p> <p>-0 a 10 quetes</p> <p>-11 a 20 quetes</p> <p>-21 a 30 quetes</p> <p>-31 a 40 quetes</p> <p>-41 a 50 quetes</p> <p>-51 a 60 quetes</p> <p>-61 a 80 quetes</p> <p>-81 o más quetes</p> <p>(E: Anotar)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>3</p>	<p>169. ¿Qué cantidad consumía por mes?</p> <p>-0 a 10 quetes</p> <p>-11 a 20 quetes</p> <p>-21 a 30 quetes</p> <p>-31 a 40 quetes</p> <p>-41 a 50 quetes</p> <p>-51 a 60 quetes</p> <p>-61 a 80 quetes</p> <p>-81 a más quetes</p> <p>(E: Anotar)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p>
<p>166. ¿Con qué frecuencia ha fumado PBC en los últimos doce meses?</p> <p>-Diariamente</p> <p>-6 a 3 días por semana (casi diariamente)</p> <p>-2 a 1 día por semana</p> <p>-Varias veces al mes (51 a 25 días al año)</p> <p>-2 a 1 vez por mes (24 a 12 días al año)</p> <p>-Un mes si otro no, o algo así (11 a 6 veces al año)</p> <p>-5 a 3 días en los últimos doce meses</p> <p>-2 a 1 día en los últimos doce meses</p> <p>(E: PASAR A P.171)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p>	<p>170. ¿Durante cuánto tiempo tenía esa frecuencia de uso?</p> <p>Años ()</p> <p>Meses ()</p> <p>Semanas ()</p>	<p> </p>
<p>167. ¿Alguna vez en su vida ha utilizado frecuentemente PBC?</p> <p>— Si</p> <p>— No</p> <p>(E: PASAR A P.172)</p>	<p>1</p> <p>2</p>	<p>171. ¿Cuál o cuáles de los productos que figuran en esta lista usó ud. al mismo tiempo o pocas horas después de haber usado PBC?</p> <p>(E: MOSTRAR TARJETA 1)</p> <p>-Alcohol: cerveza, vino, licores fuertes</p> <p>-Hipnóticos, barbitúricos, pastillas para dormir</p> <p>-Estimulantes: anfetaminas, Lipenan</p> <p>-Analgésicos o píldoras para el dolor: Darvon, Demerol, Percodan</p> <p>-Sedantes contra la ansiedad como: Librium, Valium u otros</p> <p>-Marihuana</p> <p>-Inhalantes: gasolina, thinner, terokal u otros pegamentos</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p>

- Alucinógenos:LSD, San Pedro, ayahuasca u otros
- Opiáceos:Heroína, morfina, codeína,
- Ninguno

09
10
99

XIV. COCAINA

172. ¿Dígame todas las maneras en que ha utilizado la PBC? (E:LEER ALTERNATIVAS)

- Fumada con tabaco (tabacazo) 1
- Fumada con marihuana (mixta) 2
- De las dos formas 3
- Fumada con otras sustancias: (Especificar) 4

176. ¿Alguna vez ha tenido la posibilidad de probar cocaína, llamada también cocaína en polvo o clorhidrato de cocaína, aunque no lo haya usado? ¿qué edad tenía?

Edad ()

(E:PASAR A ← Nunca tu()
P.194) vo la o-
portunidad

177. ¿La usó?

(E:PASAR A P.179) ← -Si 1
-No 2

173. ¿Cómo se sentía antes de usar PBC la última vez que la consumió?. Es decir - ¿cuál era su estado de ánimo?

178. ¿Probó alguna vez cocaína, cocaína en polvo o clorhidrato de cocaína? ¿a qué edad?

Edad ()

(E:PASAR A ← Nunca ()
P.194) probó

174. ¿En qué circunstancias sociales (ocasiones) se encontraba?

179. ¿Cuántas veces en su vida ha usado cocaína?

- 1 ó 2 veces 1
- De 3 a 5 veces 2
- De 6 a 10 veces 3
- De 11 a 49 veces 4
- De 50 a 99 veces 5
- De 100 a 199 veces 6
- De 200 a más veces 7

175. ¿Y, en qué lugar se hallaba? (¿dónde se encontraba?)

180. ¿Cuánto tiempo hace desde que usó por última vez cocaína?

- Hoy o ayer 1
- en los últimos 30 días 2

(E:PASAR ← -Más de 1 a 6 3
A P.186) meses
-Más de 6 a 12 4
meses

(E:PASAR ← -Más de 1 a 3 5
A P.188) años
-Más de 3 años 6

219

Ahora vamos hablar de los últimos treinta días

181. En los últimos 30 días, -
¿cuántos días usó cocaína?

Número de días ()

182. ¿Qué cantidad de cocaína ha usado en los últimos 30 días?

- Menos de 1/4 de gr. aproximadamente, 4 buenos tiros 1
- De más de 1/4 a 1/2 gr 2
- Más de 1/2 a 1 gr 3
- Más de 1 gr. 4

(Especificar)

183. ¿Cuántos tiros da un gramo de cocaína?

184. ¿Cuánto gasta en cocaína -
diariamente?, ¿cuánto gasté en los últimos 30 días?
(E:GASTOS EN INTIS)

Diariamente ()

Mensualmente ()

185. ¿Alguna vez ha tratado de dejar de usar cocaína?

- Si 1
- No 2

(E:PASAR A P.187)

186. ¿Qué cantidad de cocaína solía usar por mes?

- Menos de 1/4 de gr. aprox. 4 buenos tiros 1
- De más de 1/4 a 1/2 gr. 2
- Más de 1/2 a 1 gr. 3
- Más de 1 gr. 4

(Especificar)

-No consumió 5

187. ¿Con qué frecuencia ha usado cocaína en los últimos doce meses?

- Diariamente 1
- 6 a 3 días por semana (casi diariamente) 2
- 2 a 1 día por semana 3
- Varias veces al mes (5 a 25 días al año) 4
- 2 a 1 vez por mes (2 a 12 días al año) 5
- Un mes si otro no, o algo así (1 a 6 días al año) 6
- De 5 a 3 días en los últimos doce meses 7
- De 2 a 1 día en los últimos doce meses 8

→ (E:PASAR A P.192)

188. ¿Alguna vez en su vida ha utilizado regularmente cocaína?

- Si 1
- (E:PASAR A P.193) ← -No 2

189. ¿Hace cuánto tiempo atrás?

Años ()

Meses ()

Semanas ()

190. ¿Qué cantidad consumía por mes?

- Menos de 1/4 de gr. aprox. 4 buenos tiros 1
- De más de 1/4 a 1/2 gr 2
- Más de 1/2 a 1 gr. 3
- Más de 1 gr. 4

(Especificar cuánto)

191. ¿Durante cuánto tiempo -
consumía esa cantidad?

Años ()

Meses ()

Semanas ()

192. ¿Cuál o cuáles de los productos que aparecen en esta lista usó ud. al mismo tiempo o pocas horas después de haber usado cocaína?

(E: MOSTRAR TARJETA 1)

- Alcohol: cerveza, vino, licores fuertes 01
- Hipnóticos, barbitúricos, pastillas para dormir 02
- Estimulantes: anfetaminas, Lipenan 03
- Analgésicos o píldoras para el dolor: Darvon, Demerol, Percodan 04
- Sedantes contra la ansiedad como: Librium, Valium u otros 05
- Marihuana 06
- Inhalantes: gasolina, thinner, terokal u otros pegamentos. 07
- Alucinógenos: LSD, San Pedro, ayahuasca u otros 09
- Opiáceos: Heroína, morfina, codeína 10
- Ninguno 99

193. ¿Dígame todas las formas en que ha utilizado la cocaína?

(E: LEER ALTERNATIVAS)

- Inhalándola o jalándola por la nariz 1
- Comiéndola o bebiéndola 2
- Inyectándosela 3
- Fumándola 4
- Otras: _____ 5

ADICCION DE DROGAS

194. De las siguientes sustancias que le voy a mencionar, por favor, indíqueme las sustancias que considera que producen adicción, es decir, que quien las usara

se volvería física o psicológicamente dependiente de estas y no podría pasársela sin ellas.

(E: LEER UNA POR UNA Y ANOTAR RESPUESTAS)

- | | SI | NO | NS |
|-----------------------------|----|----|----|
| -Bebida alcohólica (tragos) | 1 | 2 | 3 |
| -Marihuana | 1 | 2 | 3 |
| -Sedantes | 1 | 2 | 3 |
| -Hipnóticos | 1 | 2 | 3 |
| -Estimulantes | 1 | 2 | 3 |
| -Hojas de coca | 1 | 2 | 3 |
| -Pasta básica de cocaína | 1 | 2 | 3 |
| -LSD | 1 | 2 | 3 |
| -San Pedro, ayahuasca | 1 | 2 | 3 |
| -Floripondio | 1 | 2 | 3 |
| -Heroína | 1 | 2 | 3 |
| -Cigarrillos | 1 | 2 | 3 |

PROBLEMAS DE DROGAS

195. ¿Ha tenido alguno de los siguientes problemas en los últimos doce meses como consecuencia de consumir alguna de las sustancias mencionadas?

(LEER UNA POR UNA LAS ALTERNATIVAS)

- Tuvo discusiones o peleas con su familia 01
- Tuvo discusiones o peleas con sus amigos 02
- Tuvo problemas en el colegio, universidad, o en el trabajo 03
- Se sintió muy nervioso o ansioso 04
- Tuvo problemas de salud 05
- Tuvo problemas con la policía 06
- Solicitó ayuda médica 07
- Ha sufrido accidentes 08
- Ha sido víctima de agresiones 09
- Ha agredido a otros 10

193. ¿Cuál de estas sustancias le ha causado más problemas? (E:LEER LISTA DE SUSTANCIAS)	
-Bebidas alcohólicas (tragos)	01
-Marihuana	02
-Sedantes	03
-Hipnóticos	04
-Estimulantes	05
-Hojas de coca	06
-Pasta básica de cocaína	07
-Polvo de cocaína	08
-LSD	09
-Alucinógenos: San Pedro ayahuasca, floripondio	10
-Heroína	11
-Cigarrillos	12

SOBRE EL TRATAMIENTO	
197. ¿Alguna vez ha estado en tratamiento por usar drogas?	
-Si	1
(E:PASAR A P.200) ← -No	2

198. Sírvase indicar en cuál de los siguientes lugares recibió tratamiento por usar drogas	
-Servicio de emergencia	1
-Consultorio externo de un hospital	2
-Hospital (internado)	3
-Centro de tratamiento o rehabilitación	4
-Hospital psiquiátrico	5
-Consultorio particular	6
-Otros: _____ (Especificar)	7
-Nunca recibió tratamiento por uso de drogas	8

Δ-24	
199. En los últimos doce meses, ¿ha recibido tratamiento médico por alguna enfermedad, accidente o algún otro problema que considera ud. que fue ocasionado por el uso de drogas?	
-Si	1
-No	2

DEMOGRAFICOS	
200. Sexo (Anotar)	
-Masculino	1
-Femenino	2
201. ¿Cuál es su estado civil o conyugal?	
-Conviviente	1
-Casado	2
-Viudo	3
-Divorciado	4
-Separado	5
-Soltero	6

202. ¿Cuál es el último año o nivel de estudios que aprobó?	
(E:PASAR A P.203) ← -Ningún nivel (no fue a la escuela)	1
-Algo de primaria (sin terminar)	2
-Primaria	3
-Algo de secundaria	4
(E:PASAR A P.204) ← -Secundaria	5
-Algo de universidad	6
-Superior universitaria	7
-Superior no universitaria:	8
_____ (Especificar)	-

203. ¿Sabe leer y escribir?	
- Si	1
- No	2

204. ¿Cuál es su principal ocupación?

- Empresario 01
- Ejecutivo 02
- Comerciante 03
- Funcionario público 04
- Profesional liberal 05
- Oficial de FFAA o Policiales 06
- Sub-oficial de FFAA o Policiales 07
- Estudiante 08
- Empleado 09
- Obrero 10
- Campesino 11
- Trabajador del hogar 12
- Vendedor ambulante 13
- Ama de casa 14
- Otros: _____ 15
(Especificar)

208. ¿Cuántas personas dependen de este ingreso?

- No sabe, no contesta ()

209. ¿Dónde nació ud? (En qué lugar)

Distrito: _____

Provincia: _____

Departamento: _____

País: _____

□ □

□ □

□

210. ¿El lugar donde nació es...? (E: MOSTRAR TARJETA 11)

- El campo 1
- Una aldea 2
- Una ciudad pequeña 3
- Una ciudad capital de provincia o departamento 4
- El extranjero 5

205. ¿Ha trabajado ud. en los últimos doce meses?

-Si 1

-No 2

↓
¿Cuántos meses? () □ □

211. ¿Hace cuánto tiempo que vive en esta localidad?

Años () □ □

206. Usted vive:

- Solo 1
- En casa de sus padres 2
- Con su esposa y/o hijos 3
- Otros: _____ 4
(Especificar)

212. ¿Cuánto gana ud. mensualmente? (E: MOSTRAR TARJETA 10)

- Hasta 540.00 1
- 541.00 a 1,800.00 2
- 1,801.00 a 2,160.00 3
- 2,161.00 a 3,240.00 4
- 3,241.00 a 5,400.00 5
- Más de 5,400.00 6

207. ¿Más o menos cuál es el ingreso mensual de su familia? (E: MOSTRAR TARJETA 10)

- Hasta 540.00 1
- 541.00 a 1,800.00 2
- 1,801.00 a 2,160.00 3
- 2,161.00 a 3,240.00 4
- 3,241.00 a 5,400.00 5
- Más de 5,400.00 6

213. ¿Cuántas personas dependen de ud.?

_____ □ □

- No sabe, no responde ()

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APPENDIX B
TRAINING MANUAL

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MANUAL DEL ENCUESTADOR

Estudio sobre Prevalencia de Uso de Drogas

I. Objetivo del Estudio

Conocer los patrones de uso de sustancias psicoactivas tales como alcohol, tabaco, marihuana, cocaína, pasta básica de cocaína, en el ámbito urbano del país.

II. Muestra

Se utiliza una muestra de individuos ubicados en viviendas particulares seleccionadas al azar, en centros urbanos mayores de 25,000 habitantes. Como se trata de una muestra representativa de la población entre 12 y 45 años de edad, tanto de hombres como de mujeres, se utiliza un sistema aleatorio (sistema de Kish) para la selección de las personas dentro de cada vivienda. Es un requisito indispensable para el éxito del estudio que se respeten las normas de selección tanto de viviendas como de individuos en la muestra.

Dentro de cada vivienda se incluyen como miembros del hogar a todas aquellas personas que residan habitualmente en la vivienda. No se consideran miembros a aquellas personas en tránsito - huéspedes, allegados, etc. Se aplica la selección únicamente a miembros del hogar cuyas edades oscilan entre los 12 y 45 años.

III. Funciones del Encuestador

1. Cumplir con las instrucciones tanto de este Manual como de sus jefes de campo.
2. Desempeñar personalmente su trabajo y no hacerse acompañar de personas ajenas a la Encuesta.
3. Realizar las entrevistas mediante visita personal a cada vivienda de la muestra.
4. Solicitar cortésmente los datos de los informantes.

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5. Cuidar la integridad del material de trabajo que ha recibido, devolviendo todo el material, incluidas las cédulas de encuesta no completadas.

IV. Tareas del Encuestador

1. Identificación del Centro Poblado o Conglomerado

La identificación de los Centros Poblados seleccionados para la encuesta se hará con la ayuda de los planos y croquis distritales.

2. Ubicación de manzanas seleccionadas

Antes de ir a hacer las entrevistas, el Encuestador debe estudiar en el plano correspondiente, la ubicación de las manzanas seleccionadas, así como los medios de transporte que utilizará para llegar a éstas.

3. Reconocimiento de las viviendas seleccionadas

El día anterior a la realización de la encuesta, el Encuestador visitará cada una de las viviendas que le toque trabajar al día siguiente. Hará entrega de la carta de presentación, confirmará con el jefe del hogar o el ama de casa la aplicación de las encuestas y/o concertará una cita para el momento más oportuno para realizar la encuesta.

4. Elaboración de Informes

El encuestador llevará diariamente un registro sistemático de las ocurrencias, dificultades, problemas habidos y soluciones dadas, durante el desempeño de sus funciones, desde la ubicación de cada vivienda hasta la culminación de las entrevistas diarias.

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Tal registro servirá de base para la elaboración de un informe acerca de la operación de campo que deberá ser entregado al Jefe de Campo.

V. LA ENTREVISTA

La entrevista es un modo de obtener información a través de preguntas que se efectúan a las personas idóneas para contestarlas. Completar una entrevista con éxito es un arte y como tal no debe tratarse como un proceso mecánico. Debe ser ejecutada como una conversación normal entre dos personas; sin embargo, es necesario observar varias reglas básicas para su buen éxito.

1. La Técnica de la Entrevista

Algunos aspectos importantes que se deben tener en cuenta durante una entrevista son los siguientes:

- Ganar acceso a la persona entrevistada. El Encuestador y la persona entrevistada no se conocen. Por esta razón el encuestador debe ganar la confianza y la cooperación del entrevistado en muy poco tiempo.
- El entrevistador debe vestirse en forma apropiada, siempre cuidando de dar una buena impresión al entrevistado.
- La primera impresión de la apariencia del encuestador y las primeras acciones que realice y palabras que diga son de vital importancia para ganar la cooperación del entrevistado. Una vez que se encuentra en presencia del entrevistado, lo primero que debe hacer el encuestador es presentarse amablemente, indicando el nombre de la institución para la cual trabaja y lo que desea de la entrevista.
- Es importante conseguir un contacto inicial positivo.

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- No es conveniente usar palabras como: "¿Está Ud. muy ocupado?". "¿Puede concederme unos minutos?" o "¿Podría contestarme algunas preguntas?" Preguntas como éstas invitan al rechazo.
- Es mejor utilizar una fórmula que invite a la aceptación "Me gustaría hacerle unas preguntas...".

2. Carácter privado de la entrevista

Es muy importante que la entrevista se realice en privado y que todas las respuestas sean dadas por el mismo entrevistado. La presencia de otras personas puede interferir y en consecuencia se corre el riesgo de obtener respuestas poco sinceras.

Es conveniente explicar al entrevistado que las preguntas son de carácter privado y preguntarle cuál es el mejor lugar para estar en privado. Si alguna otra persona no entiende la necesidad de la privacidad en la entrevista y no deja solo al entrevistado, el entrevistador debe usar su tacto e ingenio para tratar de quedarse a solas con el entrevistado.

Hay varias maneras de buscar la privacidad requerida para la entrevista. Una de ellas es pedirle al entrevistado que convenza a las otras personas que le dejen a solas con el encuestador. Otra es explicar la necesidad de que el entrevistado esté en privado y pedirle luego a la otra persona que los deje a solas de la manera más cortés posible.

3. Confidencialidad de las respuestas

Antes de hacer la primera pregunta, el entrevistador debe explicar que la información que se proporciona es secreta y que no se publicarán nombres de personas en ningún caso, y que toda la información recopilada se utilizará para preparar un estudio en base a los datos estadísticos. Se hace esa explicación a través de la lectura del párrafo introductorio del Cuestionario.

Por ningún motivo se debe mostrar cuestionarios llenos a otros encuestadores o supervisores, en presencia del entrevistado u otra persona.

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Neutralidad

El cuestionario ha sido diseñado cuidadosamente para evitar la posibilidad de sugerir respuestas al entrevistado. Por lo tanto, resulta sumamente importante que el encuestador se mantenga NEUTRAL respecto al contenido de la entrevista.

Si el encuestador no tiene cuidado en leer la pregunta completa, tal como aparece escrita, puede destruir esa neutralidad.

- Cuando el entrevistado responda de una manera vaga o ambigua, jamás se asumirá lo que quiere dar a entender, diciendo por ejemplo: "Supongo que usted quiere decir....", en cambio debe tratar de indagar de una manera neutral, preguntando por ejemplo: "¿ Puede explicar un poco más?", "No pude oír bien lo que dijo", "¿Podría repetir de nuevo?", "No hay prisa, tómese todo el tiempo para pensar".

Nunca se debe dar a entender, ya sea con la expresión del rostro o por el tono de la voz, que el entrevistado ha dado una respuesta incorrecta o errónea.

- Muchas veces el entrevistado puede preguntar al encuestador su opinión o puntos de vista. El encuestador debe sugerirle que "su opinión es la que tiene valor para la Encuesta"; pero que después de la entrevista puede dedicarle algunos minutos para conversar si así lo desea.
- Si el entrevistado vacila en responder alguna pregunta o se niega a hacerlo, debe tratar de vencer esa resistencia, explicando una vez más la naturaleza confidencial o secreta de la información y que en la Encuesta están participando personas de todas partes del país.

Si a pesar de ello, se niega a contestar, colocará la nota rechazo junto a la pregunta que no desea contestar y continuará normalmente. Una vez que se ha completado la entrevista con éxito, debe tratar de obtenerse la información que falta, cortésmente.

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Control de la situación de la entrevista

- El encuestador es quien dirige la entrevista y por lo tanto, él debe controlar la situación.

En algunos casos, especialmente de personas educadas o de mayor edad, es posible que se ponga en duda la autoridad del encuestador para hacer ciertas preguntas. Es conveniente explicar al entrevistado que el encuestador ha sido entrenado para esa tarea y que su labor consiste en hacer preguntas de esa naturaleza.

- Si el entrevistado da respuesta de temas ajenos o habla de asuntos que no tienen que ver con la entrevista, no es necesario que se le interrumpa; pero en la primera oportunidad, con mucho tacto, haga de nuevo la pregunta.
- Es necesario mantener un buen ambiente durante la entrevista. Cuando el entrevistado encuentra en el encuestador una persona amable, simpática e interesada en el tema y que no se intimida, estará más inclinado a responder sin reparos.

Tratamiento con las personas indecisas

En muchas ocasiones, el entrevistado simplemente responderá "No sé", dará una respuesta irrelevante, contradecirá lo que ha dicho anteriormente, o rehusará contestar preguntas. En estos casos, el encuestador se mostrará atento a los motivos o razones de tal comportamiento y luego le dará confianza y lo hará sentirse más cómodo antes de continuar con la siguiente pregunta.

Entrevista: Arte de hacer Preguntas

Naturalmente, este arte sólo puede adquirirse con la práctica, pero existen ciertos aspectos básicos que se deben tomar en cuenta además de los ya señalados.

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a) No cambiar palabras y el orden de las preguntas.

Es importante que el encuestador haga las preguntas exactamente como están redactadas en la cédula, con las mismas palabras y en el orden en que aparecen en el cuestionario.

Si se altera el lenguaje, se puede también alterar el significado de la pregunta. Si el entrevistado no ha comprendido la pregunta, debe repetirla despacio y claramente. Si todavía el entrevistado no parece comprender, debe expresar la pregunta en otra manera, teniendo cuidado de no alterar el sentido de la pregunta original. En todo momento se debe procurar no afectar la neutralidad de la entrevista.

b) Indagar sobre respuestas incompletas o no satisfactorias

Puede suceder que ciertas respuestas dadas por el entrevistado no sean satisfactorias desde el punto de vista de la Encuesta. Puede que sea incompleta o fuera de propósito, o pueda que el entrevistado sea incapaz de responder una pregunta.

En tales casos, con el fin de obtener una respuesta adecuada, debe hacer algunas preguntas adicionales. Este procedimiento se denomina "indagar" o "sondear". Para ello deberá usarse palabras que sean neutrales y no aquellas que invitan a dar respuestas determinadas.

c) Error de asumir cosas por adelantado

Los entrevistados tienen diferentes antecedentes de origen socio-económico y educacional; de personalidad, actitudes, etc. Es posible que vivan en ambientes y situaciones muy diferentes del lugar de donde procede el encuestador. Esto no lo debe llevar a asumir respuestas o a formarse expectativas.

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No debe asumir ó sugerir respuestas en razón del aparente nivel cultural del entrevistado. Si la situación lo requiere, deben hacerse preguntas de "sondeo". Por otro lado, es posible que el entrevistado espere que el encuestador se conduzca de determinada manera, crea que su punto de vista no va a ser comprendido, o que el encuestador no aprobará sus respuestas. El encuestador no sólo debe evitar hacer conocer sus propias expectativas, sino que además debe ser sensible a las expectativas del entrevistado. Debe hablar y comportarse de manera tal que el entrevistado se sienta cómodo y no provoque desánimo en las respuestas.

d) No apresurar la entrevista

Las preguntas debe ser hechas despacio para asegurarse que el entrevistado ha comprendido lo que se le está preguntando. Una vez hecha la pregunta debe dársele el tiempo necesario para pensar. Si se le apura o no se le da el tiempo suficiente para formular su propia opinión, es posible que él responda evasivamente. Si el encuestador considera que la persona encuestada está contestando las preguntas sin pensar para terminar pronto, resulta conveniente que le explique que no hay prisa, dado que su respuesta es muy importante para el país.

e) Fin de la entrevista

Una vez finalizada la entrevista, se repasará el cuestionario por si se haya omitido alguna pregunta o quedó incompleta alguna respuesta.

Luego agradecerá la colaboración prestada, hará entrega del regalo y se despedirá.

SELECCION ALEATORIA POR EL METODO DE KISH

EDADES	N° DE ORDEN DE PERSONAS DEL HOGAR	ULTIMO DIGITO DEL CUESTIONARIO NUMERADO									
		1	2	3	4	5	6	7	8	9	10
1.	1	1	1	1	1	1	1	1	1	1	1
2.	2	1	1	1	2	2	1	2	2	1	1
3.	3	3	2	3	3	3	2	1	1	1	2
4.	4	4	8	3	1	1	2	3	2	4	5
5.	5	4	2	5	1	1	3	4	2	3	1
6.	6	5	4	2	1	6	3	2	1	4	5
7.	7	2	6	1	3	5	7	3	2	4	1
8.	8	8	6	7	2	1	3	1	5	2	1
9.	9	8	4	9	8	3	5	5	5	4	6
10.	10.	3	10	6	8	3	10	5	9	8	6

- Para la selección aleatoria (al azar) del miembro del hogar que debe ser entrevistado, según el método de Kish, se emplea una tabla de números aleatorios de doble entrada (vertical y horizontal), que permite la asociación de las variables independientes.
- Para los fines del presente estudio se considerarán como variables el número total de personas, miembros del hogar cuyas edades oscilen entre 12 y 45 años, que en la actualidad residan en el hogar.
- El último dígito del cuestionario determina la "columna" (vertical). El número total de personas del hogar aptas para ser entrevistadas determina la "fila" (horizontal).

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- Las personas del hogar deben ser ordenados según sus edades, de mayor a menor edad, correspondiendo el primer lugar (1) a la mayor edad.
- La intersección de la "columna" con la "fila" determina, en cada caso, la persona del hogar que debe ser entrevistada.
- A modo de ejemplo: Si el cuestionario es el número "254" y el total de personas aptas (entre 12 y 45 años) es "7", entonces el entrevistador buscará la intersección de la columna cuatro (4) con la fila siete (7), esa intersección muestra el número tres (3), en consecuencia, deberá entrevistarse a la tercera persona.

La aplicación incorrecta del método de selección de persona determina la anulación de la entrevista.

APPENDIX C
CITIES IN THE STUDY BY REGION

APPENDIX C

CITIES IN THE STUDY BY REGION

1. Costa Norte

Tumbes	Pariños
Piura	Castilla
Paita	Catacaos
Chulucanas	Chiclayo
Lambayeque	Ferreñafe
Trujillo	Chepén
Chimbote	Santa

2. Costa Central

Huaral	Huacho
Barranca	Paramonga
Ica	Chincha
Pisco	

3. Costa Sur

Arequipa	Mollendo
Ilo	Tacna

4. Sierra Norte

Jaen	Cajamarca
Huaraz	

5. Sierra Central

Huancayo	Cerro de Pasco
Yauli	Tarma

Appendix C (Cont'd.)

6. Sierra Sur

Cuzco

Puno

Juliaca (San Ramón)

7. Selva

Yurimaguas

Iquitos

Tarapoto

Ucayali

APPENDIX D

In Depth Interview Guide

ANEXO Nº 4G U I A D E E N T R E V I S T A**I. INTRODUCCIÓN**

- . Presentación
- . Razones del estudio y de la entrevista
- . Establecer un ambiente adecuado para iniciar la entrevista (Raport)
- . Comentarios sobre la 1ª encuesta

II. DATOS DEMOGRAFICOS

- . Edad, sexo
- . Instrucción
- . Ocupación
- . Dirección
- . Lugar de nacimiento
- . Ingreso familiar (depende)
- . Ingreso personal (depende)

III. TEMAS A TRATAR EN LA ENTREVISTA

Salud en los últimos 12 meses

1. TABACO :
 - A) Edad
 - B) Desde cuándo?
 - C) Cantidad usada última vez
 - D) Gasto
 - E) Consumo regular

2. ALCOHOL :
 - A) Edad
 - B) Tipo
 - C) Desde cuándo?
 - D) Cantidad usada última vez
 - E) Gasto
 - F) Consumo regular
 - G) Mezcla
 - H) Cuándo últimamente?

3. ANALGESICOS : A) Cuál ha consumido (lista)
4. SEDANTES : B) Edad
5. HIPNOTICOS : C) Cuándo lo consumió últimamente
6. ESTIMULANTES : E) Mezcla
7. MARIHUANA : A) Edad
B) Cuántas veces
C) Cuándo usó últimamente
D) Cantidad
E) Gasto
F) Mezcla
G) Uso regular, hace cuanto
8. ALUCINOGENOS : A) Cuál usó (lista)
9. INHALANTES : B) Edad
C) Cuántas veces uso?
D) Cuándo usó últimamente?
E) Gasto
F) Usó regularmente, hace cuánto?
G) Gasto
H) Mezcla
10. HEROINA : A) Edad
11. OPIO : B) Cuántas veces usó (30 días-12 meses)
C) Cuándo usó últimamente (12 meses)
D) Cantidad
E) Uso regular, hace cuánto?
F) Mezcla
12. HOJAS DE COCA : A) Edad
B) Cuántas veces (30 días-12 meses)
C) Cuándo usó últimamente
D) Cantidad que usó o usaba
E) Gasto
F) Uso regular, hace cuánto?
G) Mezcla
13. PASTA BASICA : A) Nombre que la conocen
B) Edad

- C) Cuántas veces usó (30 días-12 meses)
- D) Cantidad (quetos) uso 1 día
- E) Qué es queto?
- F) Cuándo usó último (30 días-12 meses)
- G) Gasto
- H) Uso regular, hace cuánto?
- I) Mezcla
- J) Formas de uso
- K) En qué estado anímico estaba al hacer lo?
- L) En qué ocasión?
- M) Lugar que lo hizo

14. COCAINA :

- A) Edad
- B) Cuántas veces usó (30 días-12 meses)
- C) Cantidad que usó
- D) Cuántos tiros dá 1 q.
- E) Gasto
- F) Uso regular, hace cuánto?
- G) Mezcla
- H) Formas de uso

15. Adicción de Drogas : - ¿Cuáles considera que pueden producir costumbre o hábito?

16. Problemas de Drogas : - ¿Fuvo alguno al hacer uso de uno de ellos? ¿cuál?

17. Tratamiento, donde, hace cuánto tiempo, cuánto dinero.

18. ¿Cuáles de las sustancias consideran drogas? ¿Por qué?

19. ¿Cuáles son las más peligrosas? ¿por qué?

20. ¿Por qué usan drogas?

IV. INFORME PSICOLOGICO

- . Aspecto físico
- . Actitud frente a la entrevista
- . Descripción de conducta durante la entrevista

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V. COMENTARIOS ADICIONALES

- . Temas tratados durante la entrevista a modo de complementación.
- . Dificultades para la realización de la entrevista
- . Otros

* * * * *

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APPENDIX E

OTHER TABLES

TABLE E.1

HAVE YOU TRIED ALCOHOLIC BEVERAGES?
(EDUCATIONAL LEVEL)

	Educational Level								Total
	None	Primary	Some Primary	Some Secondary	Secondary	Some Uni.	Higher Ed. Uni.	Higher Ed. Non-Univ.	
Yes	84.6	78.8	78.9	80.7	89.8	96.3	98.4	96.2	87.2
No	15.4	21.2	21.1	19.3	10.2	3.7	1.6	3.8	12.8
	1.3	6.7	11.1	28.8	25.1	7.3	10.8	9.0	100.0

Weighted N = 7425

TABLE E.2

HAVE YOU EVER SMOKED CIGARETTES? (LIFETIME PREVALENCE)
 (DISTRIBUTION BY EDUCATIONAL LEVEL)

Weighted N = 7425

=====									
EDUCATIONAL LEVEL									
Response	None	Some Primary	Primary	Some Second.	Second.	Some Uni.	Higher Ed. Uni.	Higher Ed. Non-Uni.	Total
No	68.0	57.4	51.4	46.1	21.5	12.1	11.6	15.7	32.6
Yes	32.0	42.6	48.6	53.9	78.5	87.9	88.4	84.3	67.4
	1.3	6.7	11.1	28.8	25.1	7.3	10.8	9.0	100.0
=====									

7425

TABLE E.3
EVER USED SEDATIVES BY AGE
CONTROLLING FOR SEX

	AGE (MALES)							TOTAL
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
Never used % (N)	83.5 (417)	84.2 (616)	85.6 (690)	77.9 (423)	88.0 (385)	81.9 (319)	84.9 (281)	83.8 3130
Ever Used % (N)	16.5 (82)	15.8 (116)	14.4 (116)	22.1 (120)	12.0 (52)	18.1 (70)	15.1 (70)	16.2 606
TOTAL N %	100% (499)	100% (731)	100% (806)	100% (542)	100% (437)	100% (390)	100% (331)	100% 3737

	AGE (FEMALES)							TOTAL
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
Never used % (N)	83.3 (374)	75.4 (525)	76.2 (554)	79.8 (501)	81.3 (409)	79.8 (284)	81.7 (266)	79.1 (2914)
Ever Used % (N)	16.7 (75)	24.6 (171)	23.8 (173)	20.2 (127)	18.7 (94)	20.2 (72)	18.3 (60)	20.9 (771)
TOTAL N %	100 (449)	100 (696)	100 (727)	100 (628)	100 (503)	100 (356)	100 (326)	100 (3686)

TABLE E.4

EVER USED SEDATIVES BY AGE CONTROLLING FOR SOCIO-ECONOMIC LEVEL								
UPPERS	AGE							TOTAL
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
Never Used % N	96.2 (93)	86.8 (145)	69.2 (139)	70.4 (100)	88.9 (130)	73.5 (82)	91.7 (97)	81.0 (787)
Ever Used % N	3.8 (4)	13.2 (22)	30.8 (62)	29.6 (42)	11.1 (16)	26.5 (30)	8.3 (9)	19.0 (184)
Totals	100.0 (96)	100.0 (167)	100.0 (200)	100.0 (143)	100.0 (147)	100.0 (112)	100.0 (106)	100.0 (971)

MIDDLES	AGE							TOTAL
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
Never Used % N	80.0 (142)	68.7 (190)	80.1 (280)	74.9 (209)	77.2 (156)	84.7 (143)	79.1 (133)	77.3 (1253)
Ever Used % N	20.0 (36)	31.3 (87)	19.9 (69)	25.1 (70)	22.8 (46)	15.3 (26)	20.9 (35)	22.7 (368)
Totals	100.0 (178)	100.0 (277)	100.0 (349)	100.0 (279)	100.0 (202)	100.0 (169)	100.0 (168)	100.0 (1621)

LOWERS	AGE							TOTAL
	12-14	15-18	19-24	25-29	30-34	35-39	40-45	
Never Used % N	82.5 (556)	81.9 (805)	83.9 (826)	82.1 (615)	83.8 (508)	81.4 (378)	82.8 (318)	82.9 (4005)
Ever Used % N	17.5 (118)	18.1 (178)	16.1 (158)	17.9 (134)	14.2 (84)	18.6 (87)	17.2 (66)	17.1 (825)
Totals	100.0 (674)	100.0 (983)	100.0 (984)	100.0 (749)	100.0 (592)	100.0 (465)	100.0 (384)	100.0 (4380)