
**“EPIDEMIOLOGIC STUDY ON PUBLIC HEALTH AND
ASSOCIATED FACTORS OF COLLEGE STUDENTS IN THE
ANDEAN COUNTRIES”**

Comparative Report



**11/2010 - Proyecto de Apoyo a la Comunidad Andina en el Área de Drogas Sintéticas,
Convenio N° ALA/2005/017-652 (DROSICAN)
SG-CAN – Unión Europea**

**EPIDEMIOLOGIC STUDY ON PUBLIC HEALTH AND ASSOCIATED FACTORS OF COLLEGE STUDENTS
IN THE ANDEAN COUNTRIES
Comparative Report**

Equipo Técnico

Gestión, coordinación y elaboración de informe:

- **Tatiana Dalence Montaña** – Directora Proyecto DROSICAN
- **Juan Carlos Araneda Ferrer** – Jefe ATI Proyecto DROSICAN
- **Eduardo Haro Estabridis** – Coordinador del Observatorio Peruano de Drogas
- **Viviana Maldonado García** – Especialista Observatorio Peruano de Drogas
- **Lourdes Sevilla Carnero** – Coordinadora Nacional del Proyecto DROSICAN

Consultor:

- Isaac Urrutia

Diseño de carátula y diagramación:

Gladys Quispe Vizcarra

Fecha de inicio y conclusión de la investigación:

julio a noviembre de 2009.

“La presente publicación ha sido elaborada con la asistencia de la Unión Europea. El contenido de la misma es responsabilidad exclusiva del Proyecto DROSICAN y en ningún caso debe considerarse que refleja los puntos de vista de la Unión Europea”

ÍNDICE

PRESENTATION	5
INTRODUCTION	7
CAPÍTULO 1	
1. EXECUTIVE SUMMARY	9
CHAPTER 2	
2. OBJECTIVES	15
2.1 General Objective	15
2.2 Specific Objectives	15
CHAPTER 3	
3. METHODOLOGY	17
3.1 Framework	17
3.2 Universe	20
3.3 Sample	20
3.4 Operational Definition of Variables	22
3.5 Expansion factor, and adjustment estimates	25
3.6 Instrument applied	25
3.7 Data Collection	26
3.7.1 Performance of the sample	27
3.7.2 Limitations	27
CHAPTER 4	
4. SAMPLE DESCRIPTION	29
CHAPTER 5	
5. SUMMARY OF RESULTS ON DRUGS	31
5.1 Knowledge and opinions	31
5.2 Use of synthetic drugs in the student's environment and perception of risk	35
5.3 Opportunity of use and supply of synthetic drugs	37
5.4 Indicators of use	39
5.5 Indicators of use of other synthetic drugs	40

CHAPTER 6	
6. RESULTS ON LICIT DRUGS	43
6.1 Tobacco	43
6.1.1 Indicators of use	43
6.1.2 Perceived risk	44
6.2 Alcohol	45
6.2.1 Use indicators	45
6.2.2 Perceived risk	46
6.2.3 Use of risk or harmful use and dependence	47
6.2.4 Context of alcohol use	49
6.2.5 The use of alcohol in the environment	49
CHAPTER 7	
7. RESULTS ON OTHER ILLICIT DRUGS	51
7.1 MARIJUANA	51
7.1.1 Use indicators	51
7.1.2 Perceived risk	53
7.1.3 Abuse and dependence	54
7.1.4 Access and Marijuana Supply	55
CHAPTER 8	
8. REFERENCES	57
CHAPTER 9	
APPENDIX I: GLOSSARY OF TERMS	59
APPENDIX II: QUESTIONNAIRE	67

PRESENTATION

The Andean Community (CAN), with the assistance of the European Commission, has been developing a Project to deepen the knowledge of synthetic drugs in Andean countries. One of the actions of the project is directed to generate information about the use of these drugs in the university population of Andean countries. In order to achieve this, the CAN invited different institutions to submit proposals that could meet the stated objective of generating reliable and comparable information. This knowledge would contribute to a more wholesome vision of the problem in order to support the Member States to and build public policies to confront the problem posed by the phenomenon of drug use in the Andean region.

The Organization of American States, OAS, through the Inter-American Observatory on Drugs (OID) of the Inter-American Commission for Drug Control (CICAD), was the institution selected to carry out the Andean Epidemiological study on consumption of synthetic drugs in the university population. This report summarizes and compares the results obtained in the four countries and is divided into seven chapters that which provide information on the research process and its results.

Chapter 1 provides an executive summary of the main results and scope of the study, which in a few pages gives a general overview, described in more detail in subsequent chapters. Chapters 2 and 3 describe the study objectives and methodological aspects, covering both operational definitions, such as issues associated with sampling, among others. Chapter 4 makes a description of the sample under study, according to its main features in all four countries. Chapter 5 presents indicators related to synthetic drugs, the focus of the study. Chapter 6 presents results on tobacco and alcohol consumption, as well as pharmacological drugs such as tranquilizers, stimulants and analgesics. Finally, Chapter 7 presents the results associated with the main illicit drugs of natural origin such as marijuana and cocaine, and also of other drugs.

INTRODUCTION

The Andean Community is a group of countries integrated by Bolivia, Colombia, Ecuador and Peru, aims to expanded market of goods and services and seeks to develop actions in policy areas of complementary cooperation and economic integration. Among them, it has an Andean Cooperation Plan for Control of Illegal Drugs and Related Offenses, which aims to help strengthen and promote national programs in each of the Andean Countries, through the coordination, cooperation and exchange of experiences among Member Countries and by the joint action against third countries and in international forums.

For the CAN Member States the problem with synthetic drugs, according to the latest studies of the four countries, has not taken the magnitude of other drugs, such as use of marijuana, inhalants, cocaine hydrochloride, cocaine base paste, crack users, and / or heroin. However, it is estimated that this is a new phenomenon of fashion among young people. On 2007 the SG-CAN signed an agreement of cooperation with the European Union (ALA/2005/17 652) of support to the Andean Community in the area of Synthetic drugs (DROSICAN). The Support for the Andean Community in the Area of Synthetic Drugs "Project DROSICAN", aims at supporting CAN in order to get objective, reliable and comparable information that will help Member States to have a wider vision of public policy, and will enable them to confront the problem posed by the phenomenon of drugs and drug addiction and to propose the tools and methodologies to prevent and control the possible effects of supply and demand of synthetic drugs in the Andean Countries.

This information should contribute to the following: (Planning) At the end of the project, objective elements will exist that may create a basic operating structure of a possible Andean Observatory of Drugs in condition to support processes of planning and establishment of joint working methodologies at the regional level. (Coordination) At the end of the Project, networks to improve coordination between the Observatories of Drugs of the Andean Countries will have been established, as well as synergies and strategic alliances with Andean community organizations, and of the civil, public and private sectors. (Training) At the end of the project a number of groups of professionals, including those in the health, education, police, legal and customs area, have received specialized training in relation to the of the synthetic drugs problem and related topics.

The execution of the Project has had an active participation of the representatives of the Member Countries, starting with the formulation of the General Operative Program (POG) through Annual Operational Programs 1 and 2, as well as the implementation of 87 actions. This process reflects two parts of the work: an initial assessment of needs and weaknesses in the countries and secondly, a formulation and implementation of actions aimed to find solutions. It is in this framework that this study has been developed, with the engagement of an institution consistent with the requirements and needs identified in the terms of reference.

Convinced of the importance of the results obtained, it should be highlighted that this effort involved the active participation of professionals of the CAN countries in the whole research process conducted by CICAD/OAS, from the revision of the survey questionnaire, to the adoption measures in response to the report of results.

CAPÍTULO 1

1. EXECUTIVE SUMMARY

The present study aimed to measure the magnitude of drug use and associated factors, focusing on synthetic drugs in college students of Bolivia, Colombia, Ecuador and Peru. This study was coordinated by the Andean Community, through the DROSICAN project and was conducted by the Inter-American Commission for Drug Control of the Organization for American States (OAS/CICAD).

The study was developed in about 10 universities in each country with a representative sample of students that were selected with a two level sampling procedure. At a first sampling level, universities were selected. Within each university students were sampled. A standardized online questionnaire was completed, data was entered and stored at the OAS.

The most salient results were:

Overview

Drug use in the studied countries is quite variable, as Lifetime drug use fluctuates around 14% in Bolivia, Ecuador and Peru, while Colombia has 29.6% lifetime prevalence. The most used substance in all countries is marijuana, either exclusively or in combination with other drugs. Among university students in Bolivia, inhalants are more used than marihuana (also used exclusively).

It is important to note the high percentage of students who show signs of abuse or dependence to illicit drugs such as marihuana, coca paste/base/basuco and cocaine. About one third of drug users in Bolivia and Ecuador present these signs in Bolivia and Ecuador. Drug abuse and dependence prevalence is lower in Peru (20%) and Colombia (27,5%).

Another important fact in this study is that it measured the magnitude of alcohol use and abuse. In Peru 8% of study participants evidenced signs of alcohol dependence. This prevalence rises for students in Bolivia (11%), Colombia (12%) and Ecuador (16%). Last year prevalence for alcohol use was reported in a greater magnitude.

Synthetic drugs

- Recognition of synthetic drugs is very variable between countries and depending on the substances. For example while 70% of students in Colombia identified ecstasy as a synthetic drug, only 41% of students in Bolivia recognized it as such. In all countries studied, ecstasy was the more generally recognized synthetic drug. In countries such as Bolivia, Ecuador and Peru LSD was the second synthetic drug recognized by the students. In contrast, in Colombia, amphetamines and their derivatives was the second synthetic drug more recognized by the students.
- In Colombia 23,4% of students report knowing someone in the university using synthetic drugs. This figure drops to 13.3% in Bolivia, Peru 12% and 10.3% in Ecuador. Ecstasy is the most prevalent drug in all countries. In general the percentages are somewhat higher when students refer to friends who use any synthetic drug.
- With regard to the perception that students have about the risks associated with consumption, experimental use of synthetic drugs is perceived as a risky behaviour for 30% of students in Bolivia and 40% in the other Andean countries. Frequent use of these drugs is perceived as very risky by respondents: 50% in Bolivia, 60% in Ecuador and 70% in Colombia and Peru. In all the Andean countries the highest perception of risk is for ecstasy.
- Perception about how easy it would be to get ecstasy varies between countries. While in Bolivia 11% of students consider that it would be easy to get the drug, this perception is reported by 29% of students in Colombia, 21% in Peru and 15% in Ecuador.
- With regard to the supply of the substance, 11.6% of respondents in Colombia acknowledge having received an offer to try or buy a synthetic drug in the course of last year. This percentage is much lower in the other three countries. Ecstasy is the most offered synthetic drug at all the four countries.
- Consistent with previous results, about 1,6% of students in Bolivia, Ecuador and Peru have use of synthetic drugs used at least once in their lives. This prevalence is 4,6% among university students in Colombia. Ecstasy is the most prevalent synthetic drug for Colombia, Ecuador and Peru. In contrast in Bolivia amphetamines are the most prevalent synthetic drugs. Recent use prevalence estimates varies from 0,2% in Bolivian students 0,3% in Peru, about 0,4% in Ecuador and 1,6% in Colombia.

Alcohol

- Alcohol is the most consumed drug among university students in the four Andean countries. Over 90% of students in Colombia and Peru, and about 75% in Bolivia and Ecuador, reported having drunk alcohol at least once in their lives. Regarding current use (last month) the study found that 32% of

students in Bolivia, 38% in Ecuador, 46% in Peru and 60% in Colombia report using in that period.

- Alcohol use is higher in males than females in all four countries.
- The mean age of alcohol first use is 15 years of age in Colombia, 16 years in Peru and 17 years in Bolivia and Ecuador.
- Frequent use of alcohol is perceived as very risky, it exceeds 73% of respondents in all countries.
- Hazardous drinking, harmful drinking and signs of alcohol dependence were assessed with the AUDIT [1]. Approximately one third of past year alcohol users from Bolivia, Colombia and Ecuador, and about 21% in Peru, qualified as hazardous or harmful alcohol consumption. Prevalence was higher for males than females.
- In addition, when assessing signs of dependence among students that report last year alcohol use, according to this instrument, there were signs of dependence in about 8% of university students of Peru, 10,5% of Bolivia, 12% of Colombia and 16% in Ecuador.

Tobacco

- Tobacco current use has a quite similar prevalence across the countries studied with figures ranging from 20% in Bolivia to 23,3% in Peru. Tobacco use is higher for males than females in all four countries.
- The average age of onset for tobacco use is 15 years of age in Colombia and 16 years of age in all other countries.
- Despite the fairly widespread use of tobacco among university students, frequent tobacco use is perceived as very risky (for example, 78% of students in Bolivia and 84% in Ecuador report this perception). There was a higher perception or risk for females than males in Bolivia, Colombia and Peru. In contrast, in Ecuador there is a greater, albeit slight, perception of risk among men.

Inhalants

- Having used inhalant drugs at least once in their lifetimes is reported by 2,6% of respondents in Ecuador; 5,3% in Bolivia; 6,2% in Colombia, and 3,8% in Peru. Last year inhalant use is reported by university students in the following magnitude: 1,9% in Bolivia, 1,4% in Colombia, 0,8% in Ecuador and 1,7% in Peru.

¹ Given the limited evidence in this area of research, these recommendations should be considered as provisional and subject to a more complete evaluation of the patient, family and antecedents of alcohol use and self report reliability and issues of the AUDIT instrument.

- The mean age of onset is 15 years of age in Bolivia, Ecuador and Peru and 18 years of age in Colombia.

Marijuana

- As for other illicit drugs (beyond synthetic), the study reveals that marijuana has the highest prevalence among college students from the four CAN countries. Nevertheless, the magnitude of use for marijuana varies across countries; while in Colombia, 26.7% of students reported having ever used marijuana at least one in their lifetime, in Bolivia the percentage of respondents reporting this type of use was 7.6%, 9% in Peru and 11.5% in Ecuador. In all countries there is a greater use of marijuana among men than females. As for last year prevalence, 2% of students report marijuana use in Bolivia, 11.5% in Colombia, 4.7% in Ecuador and 3.2% in Peru.
- The average age of first use of marijuana is approximately 18 years of age for the four Andean countries.
- Students report a perception of high risk for marijuana experimental use (consuming one or two times) as expressed by 31.7% of those interviewed in Colombia, and by the rest of the countries where it is approximately reaches 40%. Frequent use of this drug, is perceived as a risky behaviour in the four countries as reported by 71.3% of students in Colombia, and 83% of respondents in Bolivia.
- Among last year marijuana users in Ecuador (35%) qualify for criteria of abuse (22.8%) or dependence (12.9%). These figures are followed in decreasing magnitude by Bolivia with 32.6% and Colombia with 25.5%.
- In Colombia 60% of students reported that they would find it easy to get marijuana, while numbers are reduced by almost half in the other three countries, with rates between 31% and 35%. Moreover, 27.1% of Colombian students report having been offered marijuana during the past year, either to try or buy. Numbers decrease to about half (12%) when referring to having been offered during the last month. In the same way, the percentage of students who report having been offered drugs is much lower than in the other three countries.

Cocaine

- Cocaine use at least once in their Lifetime is reported 6.4% of students in Colombia, 1.4% in Bolivia and 2.3% in Ecuador and Peru. For last year and last month use the situation is the same, but with lower figures. Thus 0.2% of students have used cocaine in the last year in Bolivia, 2.5% in Colombia, 0.6% in Ecuador and 0.5% in Peru.
- The age of onset of cocaine use in college shows that 50% of consumers used for the first time at age 18 or less (median) in Bolivia and Colombia, and two years later in Ecuador and Peru.

- There is a perception of high risk for cocaine experimental for all countries: 60% in Colombia, 53% in Bolivia, 56% in Ecuador and 54% in Peru. Cocaine frequent use is perceived as a very risky behaviour for students in Peru 92%, followed by Colombia 90%, Bolivia 88%, and Ecuador 85%.
- Among students that used cocaine during the last year, the percentage who met criteria for abuse or dependence was 26,8% in Peru, 33% in Bolivia, 37% in Colombia and 66,4% in Ecuador. While in Bolivia, Colombia and Peru the study found more subjects with signs of cocaine dependence than cocaine abuse in Ecuador the prevalence was higher for students presenting signs of cocaine abuse.
- In Colombia, 30% of respondents stated that they would find it easy to get cocaine, a figure that drops to 23.5% in Peru, 18.3% in Bolivia and 14% in Ecuador. Similarly, 11.1% of Colombian university students acknowledged having been offered cocaine in the last year, either to try or to buy. The numbers drop to a third in the other Andean countries with less opportunity to get cocaine: 3.1% in Bolivia, 4% in Ecuador, and 4.3% Peru.

Coca paste/coca base/basuco

- In Bolivia, 0.3% of college students report having used coca paste (also known as basuco) at least once in their lifetime. Lifetime prevalence of this drug is higher among students in Colombia (0.9%), Ecuador (1.5%) and Peru (0.7%). Last year prevalence is 0.03% in Bolivia and Peru and 0.3% in Colombia and Ecuador.
- The perception of risk for coca paste/coca base/basuco experimental use varies from 56.3% in Bolivia to 66.7% in Colombia. The perception of risk for coca paste/basuco frequent use increases significantly with figures close to 81% in Bolivia and Ecuador, to 90% among students in Peru.
- In Peru, 14.1% of college students and 18.3% in Colombia believe that it is easy to get coca paste, while only 8.5% of students in Bolivia and Ecuador think in this way. On the other hand, about 4% of students in Colombia and 0.9% in Bolivia said they have been offered to try or to buy this drug during the past year.

Other drugs

- College students report having used at least once in their lifetime other drugs than those mentioned above, such as hashish with 0.2% in Bolivia, Colombia 0.9% and 0.4% in Ecuador and Peru, or with hallucinogens with lifetime prevalence of 0.5% in Bolivia, 2.4% in Colombia, 0.7% in Ecuador and 0.6% in Peru. Notwithstanding the foregoing, the past year prevalence for these psychoactive substances is very low.

All drugs

- In Bolivia, 4% of college students reported having used any illicit substance in the past year, similar to Ecuador 5.7% and Peru 5%. Last year prevalence for Colombian student is much higher 13.4%. However, it is important to underline that this may be related to the following: use of synthetic drugs is higher for Colombian students where 1.6% report to have used any of these drugs in the past year. This percentage is smaller in Bolivia 0.2%, Peru 0.3% and Ecuador 0.4%. In Bolivia 2% of students have used any drugs other than marijuana in the past year. By contrast, Colombia is the case where the use of a drug other than marijuana is only present in less than 2% of students compared to 11.5% for marijuana.
- In countries such as Bolivia, Colombia and Peru it is worth mentioning the use of inhalants, particularly in the first, where the prevalence of this substance is almost 2%, almost equal to that of marijuana.

CHAPTER 2

2. OBJECTIVES

2.1 General Objective

The overall objective of this study is to estimate the magnitude of use of licit and illicit drugs in the student population in each Andean country and its main risk factors / protective partners, with emphasis on synthetic drugs. This is part of the project's general objective of the Andean Community on synthetic drugs which is "supporting the CAN in terms of getting objective, reliable and comparable information to help its Member States have an overview of public policy and build enabling them to confront the problem posed by the phenomenon of drugs and addiction."

2.2 Specific Objectives

The study identified the following specific objectives for each of the Andean countries:

- To estimate the prevalence of lifetime, last year and last month consumption of licit and illicit drugs (including synthetic drugs), considering variables of sex, age group and year of admission to college;
- To estimate the association between synthetic drugs and illegal drugs use and psychotropic drugs;
- To estimate the association between consumption of synthetic drugs and other illicit drugs;
- To estimate the age of first use for any drug and for synthetic drugs
- To estimate last year incidence and last month incidence for any drug and for synthetic drugs
- Estimate the prevalence of alcohol abuse, according to the AUDIT criteria
- To estimate the prevalence of illicit drug abuse and dependence, including synthetic drugs (according to DSM-IV and ICD-10);
- To estimate the level of supply and access to synthetic drugs and illicit drugs in general;

- To identify the patterns of illegal synthetic drugs use (amount, frequency) and associated risk factors;
- Identify risk and protective factors associated with drug use and synthetic drugs in particular;
- To estimate the perception of the risks associated with drug use;
- To estimate the proportion of youth who have been involved in drug supply;
- To estimate the proportion of young people have been curious about drug use and in particular synthetic drugs
- To estimate the proportion of youth who have ever tried illicit and synthetic drugs in particular.
- To comparing across countries illicit drugs and synthetic drug use patterns of consumption, abuse and dependence, as well as the perception of risk, supply and access to drugs

CHAPTER 3

3. METHODOLOGY

3.1 Framework

According to the 2009 of the United Nations Office on Drugs and Crime, UNODC, report [2], between 172 and 250 million people in the world (15-64 years of age) have consumed any illegal substance (including amphetamines) during the last year, which is equivalent to a prevalence between 4% and 5.8%. Marijuana is the drug most widely used by millions of users ranging between 142.6 and 190.3 million people (prevalence between 3.3% and 4.4%). That is, approximately 80% of illicit drugs recent users use marijuana, either alone or in combination with any other drug. Moreover, it is estimated that between 15.8 and 50.6 millions (0.4% to 1.2%) use amphetamines, and between 12 and 24 million use ecstasy (from 0.3% to 0.5% of the global population 15-64 years of age). The latest reports of UNODC warned of the rampant increase in synthetic drug use. This agency warned about the dangers of perceiving synthetic drugs as "harmless" [3]. In 2006, UNODC and CICAD / OAS, through the Inter-American Observatory on Drugs (OID), in conjunction with the Drug Commissions of nine south American countries, published a comparative study on drug use in high school students from 13 to 17 years of age: A Comparative Study of Drug Consumption in the Secondary School Student Population in Nine South American Countries: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, and Uruguay. [4]. The most important findings were:

- In Colombia, ecstasy is the third most consumed drug after cannabis and inhalants, surpassing cocaine and cocaine base use. In Ecuador ecstasy is the fourth drug of use (after marijuana, inhalants and cocaine) and in Bolivia and Peru is the fifth;
- Ecstasy lifetime prevalence is 3.5% among high school students in Colombia, followed by Ecuador (2%), Bolivia (1.4%) and Peru (1%). Ecstasy use is higher in men than in women in all countries. Comparing rates across countries, there is less variation among male than female rates. That is in 4% in Colombia, 3.1% in Ecuador, 1.8% in Bolivia and 1.3% in Peru;

- Colombia presented a last year prevalence of 3%, followed by Ecuador with 1.1%. As for Bolivia and Peru, students from both countries have last year ecstasy prevalence of about 0.5%. In Colombia last year ecstasy prevalence was 3.4% for males and 2.5% for female students.
- Finally, another interesting fact about students 17 and more year old (the age group closest to the segment of college students of the present study) found a last year prevalence of use in Colombia of 4.9% and followed by Ecuador with 1.4%.

A second report by UNODC and the OID / CICAD was published in 2008. The study measured drug use in the general population aged 15-64 years of age, of six South American countries, including the Andean countries: Bolivia, Ecuador and Peru (the others being Argentina, Chile and Uruguay). [5]. Colombia joined in 2008 as a member of this group and in the same year conducted a study in general population with technical assistance from OID / CICAD, using the same methodology. Colombia published results in June 2009,

The study of the six countries and was conducted between 2006 and 2007, and published in July 2008. It was named "Guidelines for Public Policies on Drugs in the Subregion: First Comparative Study on Drug Consumption and Associated Factors among the General Population (15-64 Years Old)." The following were the main findings:

- For all illicit drugs studied and in all countries, drug use is concentrated in the 15-34 years of age group;
- There is less perception of risk of substance use in the 15-34 years of age group than in the general population;
- On average, 50% of those who reported marijuana use, they tried it for the first time at age 17 or older. In the case of cocaine, this occurred at 19 years or more. This means that a good proportion of those who have used any of these drugs, they do so, once they have graduated from high school.

Unfortunately the report did not included information on synthetic drugs. Colombia's study yielded results similar to those of the countries included in the previous report. Indeed, the use of any illicit substance is greater in the group of 18-24 years of age, followed by the group of 25-34 years of age. This pattern was also observed for marijuana and cocaine use. The median age of onset in Colombia was 17 years old for marijuana, and 18 years old for cocaine, similar to other countries. Colombia's report included results on ecstasy and highlights the fact that consumption is concentrated between 18 and 24 years of age, with a last year prevalence of 0.9%, well above the national average of 0.28%.

In the previous reports results referred to drugs in general, including synthetic drugs but without further analysis as happened in the school survey. The

In general there is a lack of information about synthetic drug use in college students and about protective or risk factors that might be associated to their use. Therefore, it is important to promote a critical view that will allow the development of other personal and social skills as decision making, problem solving, communication and self-esteem, among others.

A study in Canada [6] 2004, with a sample of 6282 college students, found that alcohol is the most widely consumed drug, with a last month prevalence of 77%. The most widely consumed illicit drug was marijuana with a past year prevalence of 32%, followed by hallucinogens (5.6%), opioid (5%) and ecstasy (2.5%).

A survey conducted at the University of Sao Paulo, Brazil [7] also found a high alcohol current use, especially among male students, prevalences ranged from 71% for students in physical sciences, and up to 77% for students in human and biological sciences. As for illicit drugs, marijuana was most used with a year prevalence of 26% among male students of the humanities. The second most consumed illicit drugs were hallucinogens, with prevalences ranging from 2.7% in female students of humanities and exact sciences to 7.7% among male students of humanities. Hallucinogens were use followed by amphetamines with values between 3% (men in sciences) to 6.9% (female in biology). With regard to ecstasy, the last year prevalence ranged from 0.5% (women in sciences) to 3.2% (men in human sciences).

A similar pattern has been reported for U.S. college students [8] where 65% reported current use of alcohol. Marijuana was the most consumed illicit drug, with a last year prevalence of 30% (36% among men and 27% among women). Amphetamine use had a last year prevalence of 6%, including 1.2% methamphetamine. Moreover, hallucinogens recent use was reported by 5.6%, of students which included LSD 1.4%. Ecstasy last year use was reported by 2.6% of students (3.8% among men and 1 9% among women).

As already mentioned, information on illicit drug use and in particular on synthetic drug use is rather limited among the countries of the Andean Community. Information about the university population is even more limited. In the year 2005, DEVIDA in Peru published the results of First Study about Attitudes toward Psychoactive Substance Use in College Students in Metropolitan Lima [9]. The study included a sample of 4495 students from twelve universities, representing a universe of 131,592 students. The lifetime prevalence for marijuana use was 19.1% becoming the most widely consumed illicit drug. Lifetime prevalence for cocaine was 5.2%, for ecstasy 2.4% and for cocaine base 2%. Another study was developed in Lima by CEDRO, using a convenience sample of 600 students of public and private universities [10]. Results from this study also reported marijuana as the most

widely consumed drug, with a lifetime prevalence of 23% followed by cocaine 4.8% and ecstasy 2.3%. In terms of opportunity of use, 70.5% of students considered marijuana, was readily available, followed by ecstasy 45.2%.

A descriptive study in a private university in Cali, Colombia, with a sample of 763 students [11], found that the 4.4% of the students had ever used or currently consume ecstasy, LSD, angel dust, fungi, or peyote. Among those with history of consumption 27.1% continues using it. Most of current users are males (69.2%).

Another recently published study in a sample of 1456 students admitted in 2006 at the Pedagogical University in Bogota, Colombia [12] shows that the percentage who had ever used at least once in their lifetime was 3.9% for ecstasy, 3% for LSD and 3.4% for amphetamines.

In 2008, CELIN [13] conducted a study in Bolivia with 8788 third year university students from five public and private universities in the departmental capitals: Sucre, La Paz, Cochabamba, Oruro, Potosi, Tarija, Santa Cruz, Trinidad and Cobija including the city of El Alto. Using a self-administered questionnaire in a sample the study estimated the use of synthetic drugs, other illicit drugs, in addition to tobacco, alcohol, stimulants and hallucinogens. Ecstasy last year prevalences of use varied by career programs in a range than went from 1.1% to 2.4%. Last year prevalence for other methamphetamines varied, by career program, from 0.5% to 3.4%. The study reported high levels of last year prevalence of Stimulants between 4% and 8.8%, depending on the student's career. Depending on the career, last year prevalences for marihuana ranged between 4.3% and 7.2%, while for cocaine from 1.2% to 1.8%.

This is basically the information currently available in countries where, research has focused on illicit drugs in general. To fill this gap, the CAN developed a study with an epidemiological approach to inquire about the extent of consumption of licit and illicit drugs in university and major risk factors / protective partners, with emphasis on drugs synthetic. This information will be useful for making a diagnosis of the situation of drug use in this population, as will serve as a basis for the development of prevention programs focused on this group of drug users.

3.2 Universe

The target population is comprised of students from public and private universities in the four countries, in cities with population of 300 000 inhabitants, with at least 60% of urban population.

3.3 Sample

In order to meet this objective, the sampling procedure included two basic stages:

- First stage: selection of public and private universities in each country in accordance with the previously defined population conditions;
- Second stage: selection of students in those universities selected in the first stage, considering variables such as gender and length of stay (throughout the year of admission). The number of students in the sample is defined below.

This procedure was carried out in close coordination with focal points of the DROSICAN Project, in addition to the National Drug Observatories of the Andean countries.

Selection of Sampling Units

As already mentioned, the sampling was developed in two stages. First, a sampling frame of public and private universities in the country was defined according to the conditions imposed on cities by the project. Using this frame, in each country ten universities were randomly selected with a probability proportional to their size.

Each of these universities was approached by the team responsible for implementing the study in the CICAD / OAS, providing information and inviting them to be part of the study, if they decided to do so, they were appointed a coordinator. In each country, a day long seminar (of approximately six hours each) was conducted with participation of the coordinator, the country focal point in the DROSICAN Project, and Drugs Observatory staff. The seminar was organized by CICAD and conducted by the principal investigator.

The seminar program included an overview on the problem of drug use in the Americas, and the Andean countries in particular. Emphasis was placed on young people of 18-25 years of age and synthetic drug use. In the same way, the background of the study was presented and the questionnaire reviewed in detail. Emphasis was put on the commitment assumed by each participating university.

The Inter-American Observatory on Drugs of CICAD was already working on a strategy to conduct studies in universities, so this development contributed to the design of the study. In the survey instrument validation phase, the technical team in Colombia suggested an instrument for measuring synthetic drug use which was supplemented with focal points of the other countries and the Project management team. Perhaps most innovative was related to the mode of obtaining the information from students and to address specific questions on synthetic drugs. Indeed, the questionnaire was available on a server in the Organization of American States, so students could respond directly On-Line, instead of using self-administered questionnaires or applied by interviewers.

The main advantages of this procedure were to achieve a better quality of responses due to privacy in the student answered the questionnaire, fewer errors in data entering from a questionnaire to a database, and least time required for data collection. However, this procedure might have been a problem in some cases, mainly due to a lack of access to a computer by students. Two types of antecedents were taken into consideration for this study: first, the experiences in studies in universities in the United States, Canada and Chile, where the response rate was around 50%. Moreover, the OID conducted pilot tests at universities in Argentina and Colombia, with similar results.

Under the terms of reference, the study aimed to generate national estimates and should include a sample of 5000 subjects in each of the four countries, divided into ten universities by country. This meant, on average, to select 500 students at each university per country. However, as a strategy to achieve greater commitment from the selected universities, it was proposed to increase the sample size in each university, so that each could have its own information, considering levels of sampling error within the statistical margins acceptable.

Therefore, OID / CICAD proposed that the sample size of each university should be of 1000 cases, with a goal of 10,000 students by country. The parameters considered for each university, taking as a primary indicator consumption of synthetic drugs at least once in life, were as follows:

- Lifetime prevalence of synthetic drugs=5%;
- Error=1,65%;
- Confidence level =95%;
- Design effect =1,5.

3.4 Operational Definition of Variables

According to the study objective, the analysis focuses on synthetic drugs, with particular emphasis on ecstasy. The following drugs were included:

- Tobacco;
- Alcohol;
- Ecstasy;
- Other synthetic drugs: amphetamines, LSD, methamphetamines, ketamine and GHB,
- tranquilizers, stimulants and painkillers
- Marijuana;
- Coca paste/base or basuco (different Andean country names);

- Cocaine;
- Heroin;
- Inhalants,
- Other drugs: hashish, crack, opium, morphine, and hallucinogens.

Study variables

The variables that were considered in the study were use, abuse and dependence according to the following operational definitions:

Use: means the use of any licit and illicit drugs listed above, one or more times in life. The following categories are considered as the presence or absence of use of any of the drugs included in the study, in a given period:

Last month or current use: the person reports to have used a particular drug one or more times during the past 30 days.

Last year or recent use: the person reports to have used a particular drug one or more times during the past 12 months.

Lifetime use: the person reports that a particular drug has been used one or more times in any period of his life.

Annual Incidence: the person claims to have initiated the use of a particular drug during the past year.

Month Incidence: the person reports to have initiated the use of a drug given during the last month.

Abuse and Dependence: in the case of alcohol, those who reported having consumed any alcohol in the past 12 months completed the AUDIT instrument, developed by the World Health Organization. For every illegal drug consumed during the past year, including marijuana, cocaine and coca paste base / crack users, two instruments were applied, the first one to assess abuse, is calculated from the existence of one or more symptoms, meeting a total list of five, of the Classification of Mental Disorders [14] of the American Psychiatric Association (APA). The second instrument, to measure dependence, considered dependent on a psychoactive substance the person who reported use of a particular drug in the past year and that qualified as such in accordance with specific questions from the International Classification of Diseases (ICD-10) of the World Health Organization. Dependence is associated with self-reported symptoms of abstinence (used a drug to avoid some problems or they appear when you stop using the drug), tolerance (requires using more than before to produce the same effect or the same amount had less effect) and compulsive use (use drugs even though it is intended not to do so, or that it obviously causes problems or disorders that the person would like to avoid). This rate of signs of dependence (and not dependence as such, given that the assessment

did not involved a clinical setting) is calculated from the presence of three criteria for a total of six, assembled in a total list of ten symptoms of ICD-10. In both cases the results are presented as a proportion of consumers for a specific drug used in the past year.

Indicators of Use, Abuse and Dependence

From the above variables was constructed the following indicators:

Lifetime prevalence: the proportion of people who used a particular drug once in their life.

Last year prevalence (recent use): the proportion of people who used a particular drug at some time in the past year.

Last month prevalence (current use): the proportion of people who used a particular drug at some time in the past year.

Annual Incidence: the proportion of people who used a particular drug for the first time in the past year, among those who had not used the drug at that time.

Month Incidence: proportion of people who used a particular drug for the first time in the past month, among those who had not used the drug at that time.

Rate of problematic alcohol use: percentage of people who meet the criteria for hazardous and harmful drinking, and possible alcohol dependence, based on the AUDIT with cut off points of seven for women and eight for men (total of 40 points).

Rate of Abuse of illicit drugs: proportion of people who meet criteria for abuse of a specific illicit drug, among last year users (one or more positive axes of the four axes of the instrument).

Alcohol dependence rate: proportion of people who meet criteria for dependence or the onset of alcohol dependence among last year users. It is based on the following three of the ten questions of AUDIT:

How often in the past year, have you been unable to stop drinking once you had started?

How often, during the last year, you could not do what is expected of you because of drinking?

In the past year, how often do you need to recover from drinking on an empty stomach after drinking?

If for at least for one of them the answer is "monthly" or "weekly" or "daily or almost daily", then the person is classified with an important sign for possible alcohol dependence.

Illicit drug dependence rate: proportion of people who meet criteria for drug dependence, among last year users (three or more positive axes of the six axes of the instrument ICD-10).

3.5 Expansion factor, and adjustment estimates

Since sampling is not self-weighted, expansion factors were determined to offset the lack of equal probability of selection of each unit. Thus, the expansion factor for each element of the sample at a particular university consisted of the ratio between the total number of students enrolled in 2009 at the university, and the total number of students who answered the survey.

If f_{ij} represents the expansion factor of the j th individual ($j = 1, 2 \dots N_i$) of the college sample i ($i = 1, 2 \dots 10$), then, for example, the estimate of last year prevalence for a specific drug is:

$$p = \frac{\sum_{i=1}^{10} \sum_{j=1}^{n_{ij}} a_{ij} * f_{ij}}{\sum_{i=1}^{10} \sum_{j=1}^{n_{ij}} f_{ij}}$$

Where a_{ij} is 1 if the j th student of the i th university responds having used the drug during the past year, and 0 otherwise.

Moreover, since this report focuses on the comparison between countries, and there were some differences in the age and sex structures between them, it was necessary to adjust for these characteristics, so that the indicators were not influenced by these differences. The direct method of adjustment was used with the combined populations of the participating universities of the four countries as the standard population. As a result of this adjustment is very important to note that the results for each country provided by this report may be slightly different from individual country reports.

3.6 Instrument applied

According to the objectives of the study and based on the questionnaire for college students developed by the OID, a new instrument was designed by CICAD, DROSICAN Project professionals and the focal points of the four Andean countries. This instrument was tested at several universities. This allowed to evaluate different components and to make corrections to a final version. The questionnaire includes various modules, one specific for synthetic drugs and, each module has a set of questions. The modules are:

1. Overview;
2. Tobacco and alcohol use. Questions about use, abuse and dependence in the case of alcohol. Perception of risk in relation to use;
3. Sexual behaviour;
4. Synthetic drugs. Questions about use, accessibility, supply, context of use. Perception of risk in relation to use;
5. Other illicit substances: marijuana, cocaine, inhalants, and others. Questions about use, abuse and dependence, ease of accessibility and supply. Perception of risk in relation to use;
6. Prescription Drugs: tranquilizers, stimulants and analgesics. Questions about use, access with and without prescription. Perception of risk in relation to use;
7. Exposure to drug prevention programs;
8. Treatment need.

A copy of the instrument is at the end of this report as an appendix.

3.7 Data Collection

A 2009 enrolment list, with a student ID, sex, age, career, and year of college variables was requested to each university. Based on this information, a random sample was drawn of 2000 students at each university, stratified by sex and year of admission (or just below in two small colleges). In all cases the sample was obtained by an expert using the same procedure in all universities.

Students received a letter from the head of each university, presenting the aims of the study, assurances of confidentiality so they could respond safely. The letter also included the Web address of the questionnaire a unique user name and password. As a way of incentive for students to respond fully to the questionnaire, a raffle was set with a computer as price in each university.

The process at each university had its own dynamics, mainly by the internal procedures in the designation of those in charge of conducting the study, the in some cases it was necessary to motivate them to participate. There was a continuous monitoring from the OID, of those students who responded and especially of those who did not. Different strategies were developed to promote participation such as sending the students periodic reminders via e-mail in those universities where such information was available. In most of universities three to four contacts with students were made either by letter, email or both.

The questionnaire was available online between May 11 and August 16, 2009.

3.7.1 Performance of the sample

The number and type of participating universities in each country were:

Bolivia: of the ten universities selected in the sample, nine participated in the study (four public and five private).

Colombia: the ten universities selected participated in the study (five public and five private).

Ecuador: the ten universities selected participated in the study (five public and five private).

Peru: of the ten universities selected in the sample, eight participated in the study. Of the eight participating universities, five were public and three private:

The following table provides a summary of the situation in the four countries:

Table 1. Summary of participating universities and sample sizes, by country.

Country	Number of Universities	Population#	Original sample	Cases filed	Valid cases
Bolivia	9	164 056	15 521	4566	4245
Colombia	10	119 433	19 427	8092	7803
Ecuador	10	167 107	20 000	5211	4997
Peru	8	111 501	16 000	5160	4812

Number of students of the selected universities.

As shown in the table above, the number of students who entered the study varied by country, from 4566 in Bolivia, to 8092 in Colombia. The last column shows the final sample size with valid cases. These correspond to subjects who completed the questionnaire. As noted, the best performance was achieved in Colombia with 7803 valid cases.

3.7.2 Limitations

As with any epidemiological study of this kind, this study has certain limitations that should be considered when interpreting the results. First is the obvious question with regard to possible biases introduced with a response rate below 50% and the potential impact on the estimation errors. Regarding the latter, this particular report should not be affected, because the sample size is more than enough to have low estimation errors nationwide. However, there is concern regarding the failure to achieve a satisfactory response rate in some universities that limits the capacity to conduct an internal analysis. Regarding the failure to achieve a satisfactory response rate in some universities that limits the capacity to conduct an internal analysis.

CHAPTER 4

4. SAMPLE DESCRIPTION

In Table 2 we can observe the actual samples in each country and their gender distribution. The unexpanded samples show some gender differences between countries, from 46.4% of men in Colombia, to 48.8% in Peru.

Table 2. Samples distribution by sex.

Sex	Bolivia		Colombia		Ecuador		Peru	
	n	%	n	%	n	%	n	%
Men	2006	47,26	3621	46,41	2434	48,71	2349	48,82
Women	2239	52,74	4182	53,59	2563	51,29	2463	51,18
Total	4245	100	7803	100	4997	100	4812	100

As for the age of the participating students, the distribution by country is shown in Table 3. The younger age group 18 years and under, represented 12.4% of students in the sample of Ecuador, 18% in Bolivia and over 29% in Colombia and Peru.

Table 3. Samples distribution by age group (years).

Age	Bolivia		Colombia		Ecuador		Perú	
	n	%	n	%	n	%	n	%
18 and less	758	17,86	2277	29,18	622	12,45	1420	29,51
19-20	1323	31,17	1977	25,34	1613	32,28	1337	27,78
21-22	1031	24,29	1544	19,79	1312	26,26	967	20,10
23-24	534	12,58	889	11,39	693	13,87	532	11,06
25 and over	599	14,11	1116	29,18	757	12,45	556	29,51
Total	4245	100	7803	100	4997	100	4812	100

Given differences in the sex and age distribution across countries, adjustment was used for these features for all indicators in this report, as noted previously.

CHAPTER 5

5. SUMMARY OF RESULTS ON DRUGS

As mentioned above, the main objective of this study was to determine the magnitude of consumption and relevant factors associated with the consumption of synthetic drugs in the Andean countries university students and the comparison between them, results presented in this chapter. First we analysed some characteristics of the students on their knowledge and beliefs compared to synthetic drugs. Later in the chapter presents the results related to the extent of use of these substances, according to students' own statement, by country.

5.1 Knowledge and opinions

One of the first issues that were intended to detect in the survey, is whether or not students recognize synthetic substances, for which a detailed list of them was considered. Responses to the question about which substances were recognized as synthetic drugs are presented in the following table, for the four countries.

Table 4. Distribution of recognized substances as synthetic drugs, by country.

Substance	Country			
	Bolivia	Colombia	Ecuador	Perú
Ecstasy	41,10	70,21	55,87	60,46
Amphetamines or derivatives thereof	22,27	44,64	24,52	27,29
LSD	26,19	42,70	32,20	32,09
Methamphetamine	24,19	40,52	27,44	28,05
Ketamine	15,35	20,50	18,19	17,82
GHB	12,08	14,02	15,00	12,93

As shown, the synthetic drug most widely recognized by students is ecstasy, with significant variations across countries. Indeed, 41% of students in Bolivia recognized Ecstasy as a synthetic drug, while 70% of students in Colombia recognized it. With intermediate rates are Ecuador (55.9%) and Peru (60.5%). GHB and ketamine were the least recognized.

Regarding ketamine only between 15% and 20% of students recognized it as a synthetic drug, a figure that falls between 12% and 15% in the case of GHB. You may also look at these figures in the opposite direction and say, for example, that 30% (in Colombia) to almost 60% (Bolivia) of the students does not recognize as a synthetic drug Ecstasy, and so for the remaining drugs.

Tables 5 and 6 present the same information by sex.

Table 5. Distribution of recognized synthetic drugs, by country for males.

Substance	Country			
	Bolivia	Colombia	Ecuador	Perú
Ecstasy	40,14	72,62	57,12	58,06
Amphetamines or derivatives thereof	21,78	48,44	23,54	26,29
LSD	25,01	46,50	31,68	34,04
Methamphetamine	25,40	45,24	26,50	26,49
Ketamine	14,94	21,42	15,71	15,60
GHB	11,99	13,57	12,81	11,12

Comparing results for males (Table 5) and females (Table 6) we observed some differences. Male students from Bolivia appear to have greater knowledge than females about all drugs. The same occurs in Peru, except for LSD (where men are slightly more knowledgeable) and in Ecuador, except for ecstasy. In contrast, in Colombia for all drugs except GHB, men report greater knowledge than females about synthetic drugs.

Table 6. Distribution of recognized synthetic drugs, by country for females.

Substance	Country			
	Bolivia	Colombia	Ecuador	Perú
Ecstasy	42,12	67,67	54,55	62,99
Amphetamines or derivatives	22,79	40,65	25,55	28,35
LSD	27,44	38,70	32,74	30,03
Methamphetamine	22,92	35,55	28,42	29,69
Ketamine	15,78	19,53	20,79	20,16
GHB	12,17	14,50	17,31	14,83

In addition to these results, students report about the effects of synthetic drugs. In Tables 7 and 8 can see the results.

Contrary to the statement that *synthetic drugs are less harmful than alcohol*, we found that 28% of students (in Peru) and 41% of students (in Bolivia) felt they did not have enough knowledge to comment or provide an opinion about this. The vast majority of students in the four countries disagree or strongly disagree with that statement, and very few are in agreement (less than 5%).

Table 7. Agreement to the statement that *synthetic drugs are less harmful than alcohol*.

Opinion	Country			
	Bolivia	Colombia	Ecuador	Perú
Strongly agree	1,32	1,18	1,47	0,77
Agree	3,20	2,84	2,99	1,61
Disagree	24,09	23,98	20,17	26,44
Strongly disagree	30,21	42,40	36,32	43,35
Do not know / no answer	41,19	29,60	39,05	27,83

As for the assertion of synthetic drugs are less addictive than other drugs, again a high percentage of students in each country gave no opinion on it (between 40% and 50%) as shown in the table below. Nevertheless, between 41% (in Bolivia) and 54% (in Colombia and Peru) students disagree or strongly disagree with that statement.

Table 8. Agreement to the statement that *synthetic drugs are less addictive than other drugs*.

Opinion	Country			
	Bolivia	Colombia	Ecuador	Peru
Strongly agree	2,18	0,78	0,70	0,38
Agree	6,15	4,31	4,57	2,63
Disagree	23,18	22,04	18,12	25,73
Strongly disagree	18,21	32,30	30,13	28,41
Do not know / no answer	50,29	40,58	46,48	42,85

Regarding the statement that synthetic drugs can be purchased at drug stores/pharmacies with a prescription, Table 9 shows that over 50% of students and nearly 60% in Peru, had not formed an opinion about it, while 21% in Colombia and 32% in Bolivia, agreed or strongly agreed with that. In other words, a significant proportion of students feel they can acquire these substances under a medical prescription system.

Table 9. Agreement to the statement that *synthetic drugs can be purchased at drug stores/pharmacies with a prescription.*

Opinion	Country			
	Bolivia	Colombia	Ecuador	Perú
Strongly agree	4,98	2,96	5,09	1,70
Agree	27,26	18,25	24,68	20,15
Disagree	10,41	10,04	7,73	11,72
Strongly disagree	4,88	10,36	8,30	6,96
Do not know / no answer	52,47	58,40	54,20	59,46

Results about the possibility of purchasing *synthetic drugs at drug stores/pharmacies without a prescription* are also very interesting as presented in Table 10. In fact, about 10% of students in Peru and 21% in Bolivia think that this is possible. It should be noted that over 50% of students in all countries, do not express an opinion to this statement.

Table 10. Agreement to the statement that *synthetic drugs can be purchased at drug stores/pharmacies without a prescription.*

Opinion	Country			
	Bolivia	Colombia	Ecuador	Perú
Strongly agree	2,71	2,16	2,69	1,44
Agree	18,04	12,81	15,59	8,40
Disagree	15,67	14,26	12,30	16,29
Strongly disagree	10,48	12,37	14,43	15,57
Do not know / no answer	53,10	58,41	54,99	58,30

With regard to the statement that all synthetic drugs are the same table 11 shows that about 60% of students in all countries, not express an opinion to this statement. On the other hand, 6% of students in Colombia and Bolivia 12.3% agree or strongly agree with this statement.

Table 11. Agreement to the statement that *all synthetic drugs are the same.*

Opinion	Country			
	Bolivia	Colombia	Ecuador	Perú
Strongly agree	2,15	1,84	4,01	1,75
In accordance	10,20	4,20	4,42	7,97
Disagree	18,93	20,18	15,29	21,02
Strongly disagree	7,23	16,73	14,61	8,73
Do not know / no answer	61,48	57,05	61,66	60,53

As to whether ecstasy and methamphetamine are the same drug and produce the same effect, the vast majority of students, over 70% and almost 80% in Peru, do not decide on that and only between 14% and 18 % disagree or strongly disagree.

Table 12. Agreement to the statement that *ecstasy and methamphetamine are the same drug.*

Opinion	Country			
	Bolivia	Colombia	Ecuador	Perú
Strongly agree	0,97	1,13	3,66	0,69
In accordance	8,11	4,54	7,93	4,87
Disagree	13,49	12,02	9,94	10,99
Strongly disagree	3,99	5,68	6,39	3,83
Do not know / no answer	73,45	76,62	72,08	79,62

5.2 Use of synthetic drugs in the student's environment and perception of risk

This section presents the main results regarding use of synthetic drugs in the student's environment and perception of risk toward the use of various synthetic drugs.

In first place, Table 13 presents results on the percentage of students who know someone at their university that uses any synthetic drug. Between 10.3% of students in Ecuador and 23.4% in Colombia declared to know someone who uses any of the drugs included in the following table in their university. Ecstasy is the synthetic drug most used in the universities. Perception of use varies from 8.6% in Ecuador to 20 % in Colombia. This drug is followed by amphetamines in Bolivia, LSD in Colombia and Peru, and LSD and amphetamines in Ecuador.

Table 13. Percentage of students who know someone at their university using synthetic drugs

Drug	Country			
	Bolivia	Colombia	Ecuador	Perú
Ecstasy	8,75	20,12	8,66	10,46
Amphetamines or derivatives	5,21	7,18	2,19	2,82
LSD	3,37	8,90	2,20	4,49
Methamphetamine	3,70	4,90	1,45	1,71
Ketamine	1,46	2,62	2,04	1,33
GHB	0,73	1,86	0,48	0,84

Percentages may not add up. Students may report perception of use for more than one drug.

Results about perception of use of family members, friends or colleagues, who use synthetic drugs, are presented in Table 14. As noted, about 14% of students in Bolivia, Ecuador and Peru report having college friends who use synthetic drugs, a figure that almost doubles (26.7%) among students in Colombia. In Peru, 11.3% of students report having friends who use this type of drugs, and up to 27% in Colombia. The figures are much smaller for synthetic drugs use among family members.

Table 14. Percentage of students that report they have family, friends or colleagues who use synthetic drugs.

Consumer environment	Country			
	Bolivia	Colombia	Ecuador	Perú
Family members that use synthetic drugs	4,05	5,10	3,70	2,02
Friends that use synthetic drugs	16,38	27,13	18,08	11,32
Colleagues that use synthetic drugs	14,07	26,66	14,35	13,56

Moreover, Table 15 shows the results on the risk perceived by students in relation to experimental (try one or two times a particular drug) or frequent use of synthetic drugs. As expected, the perception of risk for frequent use is higher than compared to experimental use of synthetic drugs, in all Andean countries. Students in Bolivia report less perception of risk than students in other countries for all drugs, as shown in the table below.

Table 15. Percentage of students who perceive great risk in using synthetic drugs.

In how much risk is a person that:	Country			
	Bolivia	Colombia	Ecuador	Perú
Uses ecstasy one or two times	23,77	36,42	34,74	37,00
Uses ecstasy frequently	60,67	79,86	67,07	82,79
Uses amphetamines one or two times	24,72	38,86	35,07	37,74
Uses amphetamines frequently	55,75	70,60	60,52	70,88
Uses LSD one or two times	27,01	41,39	38,22	41,25
Uses LSD frequently	52,59	66,95	59,82	70,41
Uses methamphetamines one or two times	27,02	40,28	36,89	39,62
Uses methamphetamines frequently	53,06	67,98	59,69	69,69
Uses ketamine one or two times	23,53	37,57	36,41	38,50
Uses ketamine frequently	48,84	61,18	57,03	66,84
Uses GHB one or two times	25,07	37,88	37,07	39,27
Uses GHB frequently	47,72	60,08	56,26	66,06

According to the above, the lower perception of risk in Bolivia is associated with the fact that students in this country do not have information about the risks associated with the consumption of synthetic drugs, as seen in the table below. It is also important to note that more than one third of university students in Ecuador, and more than a quarter in Peru, also don't know about these risks. In the case of students in Colombia there is a greater variability depending on the synthetic drug in question, with percentages ranging from 15% in the case of frequent use of ecstasy, to about 40% for experimental use of GHB.

Table 16. Percentage of students that do not know about the risks of using synthetic drugs.

In how much risk is a person that:	Country			
	Bolivia	Colombia	Ecuador	Peru
Uses ecstasy one or two times	35,94	17,38	28,29	15,15
Uses ecstasy frequently	33,40	14,67	26,65	12,99
Uses amphetamines one or two times	40,70	26,94	36,47	25,50
Uses amphetamines frequently	38,89	24,23	34,37	22,93
Uses LSD one or two times	44,97	30,05	38,56	27,61
Uses LSD frequently	43,22	27,71	36,08	24,53
Uses methamphetamines one or two times	44,14	30,54	38,20	28,07
Uses methamphetamines frequently	42,43	27,54	35,48	24,94
Uses ketamine one or two times	49,51	37,70	41,96	31,49
Uses ketamine frequently	47,31	35,11	39,14	28,05
Uses GHB one or two times	52,15	39,76	42,95	32,86
Uses GHB frequently	49,75	36,69	40,61	29,33

5.3 Opportunity of use and supply of synthetic drugs

Another variable that was investigated in this study was the perception of students about how easy would be for them to get synthetic drugs, and if they had been offered such drugs either to try or to buy them. We can observe (Table 17) that for all drugs; Colombia has the higher percentage of students who perceive that they would have easy access to synthetic drugs. Thus, while 29% of students in Colombia report that it would be easy to get ecstasy, a smaller percentage of students do so in Bolivia (11%), Ecuador (15%) and Peru (20.5%). In general Ecstasy was perceived as more accessible followed by amphetamines.

Table 17. Percentage of students that perceive that it would be easy to get synthetic drugs.

Drug	Country			
	Bolivia	Colombia	Ecuador	Perú
Ecstasy	11,07	29,34	14,90	20,52
Amphetamines or derivatives	9,92	17,31	7,78	10,92
LSD	4,17	13,82	5,05	5,83
Methamphetamine	6,83	12,17	4,81	5,96
Ketamine	3,64	7,74	3,66	4,75
GHB	2,43	6,03	2,72	3,66

Access through direct supply of synthetic drugs was also explored in the study as presented in Table 18 for last year and last month. Less than 5% of students in Bolivia, Ecuador and Peru reported been offered a synthetic drug, whether to buy or to try it, a figure that doubles among students in Colombia (11.6%). In all countries, and consistent with previous results, students report that ecstasy as the most frequently offered synthetic drug during the past year.

Table 18. Percentage of students that have been offered synthetic drugs during the last year

Drug	Country			
	Bolivia	Colombia	Ecuador	Perú
Ecstasy	3,19	9,27	3,66	3,00
Amphetamines	1,67	4,32	1,71	1,67
LSD	1,06	5,47	1,13	1,08
Methamphetamine	1,25	2,89	1,67	0,96
Ketamine	0,43	2,49	0,54	0,74
GHB	0,41	1,76	1,05	0,61
Any of them*	4,68	11,62	4,35	3,65

The above results are consistent with those of magnitude of use of synthetic drugs that we will see in the following section. While the perception of risk is lowest in Bolivia, the lowest prevalence of use of these drugs could be explained by lower accessibility and supply. That is a high propensity to use, but lower supply. On the other hand, there is high levels of use in Colombia that could be explained by the opportunity to access and high supply of all drugs as compared to other Andean countries. The latter is surprising given the substantial budget that Colombia allocates to drug supply control.

5.4 Indicators of use

This section presents the indicators about drug use of students, such as lifetime, last year, and last month prevalence, according to the definitions described above. Ecstasy use is described in first place. As shown in the following Table, the highest rate of use of this drug was found in Colombia, where 3.5% of students reported having used ecstasy at least once in their lifetime, followed by Ecuador (1.2%), Peru (0.9%) and Bolivia (0.6%). The same order can be observed for last year and last month prevalence. These data are consistent with those observed previously with regard to ecstasy access and supply, where Colombian students reported in greater proportion than students from other countries that it would be easy to get ecstasy as well as to being offered from this drug.

Table 19. Indicators of ecstasy use.

Prevalence	Country			
	Bolivia	Colombia	Ecuador	Perú
Life	0,59	3,45	1,17	0,91
Year	0,03	0,73	0,23	0,14
Month	0,01	0,17	0,10	0,07

In assessing the recent use among countries, there are significant differences between Colombia and the other three countries (Table 20).

Table 20. Lifetime prevalence of ecstasy use and 95% Confidence Intervals by Country.

Country	%	95% Confidence Interval
Bolivia	0,59	0,36 – 0,82
Colombia	3,45	3,05 – 3,86
Ecuador	1,17	0,87 – 1,47
Peru	0,91	0,65 – 1,18

Moreover, the following Table presents the results on the age of first use for ecstasy. As noted, among university students who have used ecstasy from all countries, the average age of onset is about 18 years of age, with a median age of 18. That is, 50% of those who have used ecstasy did it for the first time at age 18 or younger.

Table 21. Age of onset of ecstasy use by country.

Country	Mean	25% Percentile	Median	75% Percentile
Bolivia	18,5	16	18	21
Colombia	18,4	17	18	20
Ecuador	18,0	16	18	20
Peru	17,9	16	18	19

5.5 Indicators of use of other synthetic drugs

This study also included questions about the use of other synthetic drugs beyond ecstasy. Results are presented in this section. Table 22 presents the lifetime prevalence of synthetic drugs for each country, excluding results for ecstasy that were presented earlier. The category for any use of synthetic drugs is presented making with and also without this drug.

Considering all synthetic drugs (including ecstasy), it is noted that 4.6% of students in Colombia report using either a once in a lifetime, a figure that drops to 1.6% in Bolivia and Peru, and 1.5% in Ecuador. When excluding ecstasy, the lifetime prevalence is 2.6% in Colombia, 1.3% in Bolivia, 1% in Peru and 0.6% in Ecuador. Results for Bolivia, may be mainly explained by amphetamines use, as in Peru and Ecuador. We can also observe that LSD is a synthetic drug use of high consumption in Colombia, with a lifetime prevalence of 1.8%.

Table 22. Lifetime prevalence of other synthetic drugs.

Drug	Country			
	Bolivia	Colombia	Ecuador	Perú
Amphetamines	0,89	0,99	0,38	0,71
LSD	0,12	1,82	0,11	0,23
Methamphetamine	0,18	0,35	0,19	0,04
Ketamine	0,02	0,25	0,01	0,11
GHB	0,00	0,02	0,02	0,00
At least one of the above	1,25	2,60	0,59	0,96
At least one including ecstasy	1,60	4,61	1,48	1,60

Tables 23 and 24 present the results of lifetime prevalence for men and women separately. The remarkable thing here is that in Colombia and Ecuador, in all synthetic drugs, there is greater use among men, the same happens in Bolivia, with the exception of amphetamines, where the percentage is higher in women. Finally, taking into consideration the small magnitude of use, in Peru for some drugs, a slightly higher use is reported by women than men.

Table 23. Lifetime prevalence of other synthetic drugs for male students.

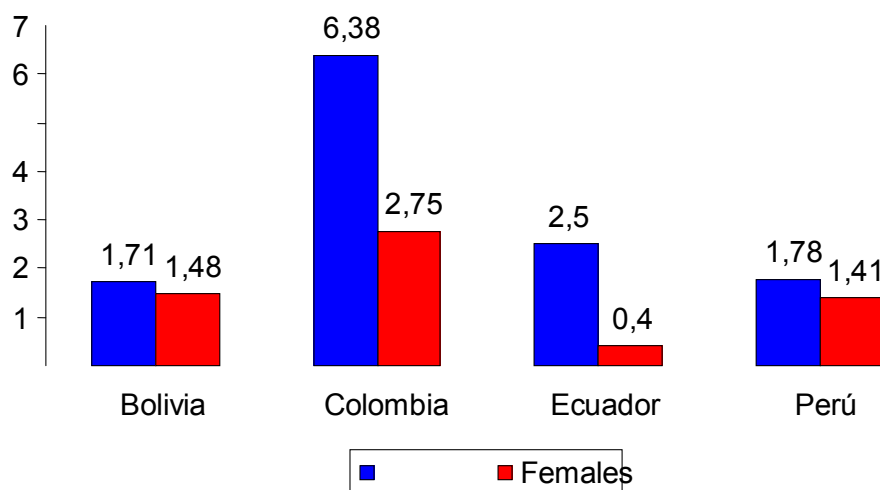
Drug	Country			
	Bolivia	Colombia	Ecuador	Perú
Amphetamines	0,67	1,25	0,65	0,58
LSD	0,21	2,95	0,19	0,28
Methamphetamine	0,20	0,53	0,29	0,04
Ketamine	0,04	0,44	0,01	0,13
GHB	0,00	0,04	0,03	0,00
At least one of the above	1,07	3,81	0,97	0,92
At least one including ecstasy	1,71	6,38	2,50	1,78

Table 24. Lifetime prevalence of other synthetic drugs for female students.

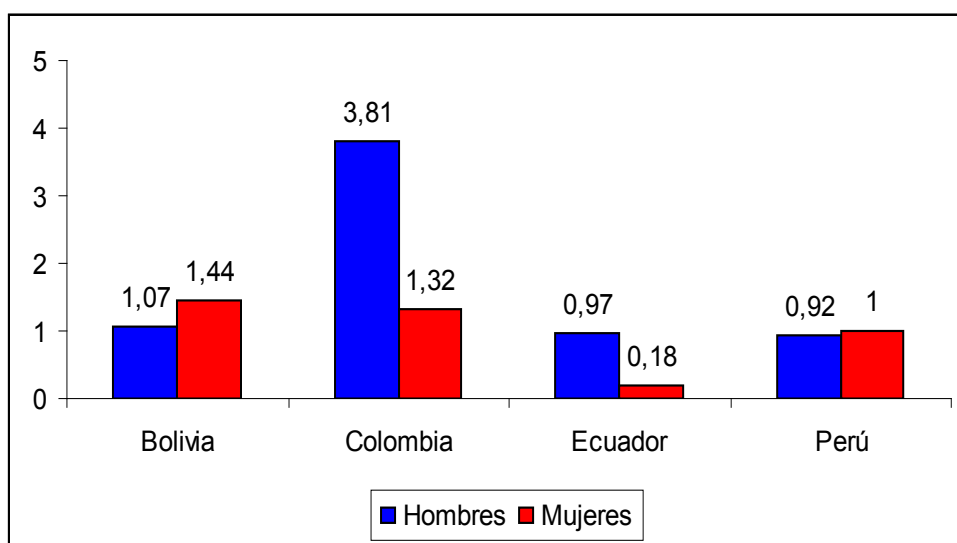
Drug	Country			
	Bolivia	Colombia	Ecuador	Perú
Amphetamines	1,12	0,72	0,09	0,85
LSD	0,02	0,64	0,03	0,18
Methamphetamine	0,16	0,17	0,08	0,05
Ketamine	0,01	0,05	0,00	0,09
GHB	0,00	0,00	0,00	0,00
At least one of the above	1,44	1,32	0,18	1,00
At least one including ecstasy	1,48	2,75	0,40	1,41

Regarding lifetime use of any synthetic drugs, including ecstasy, Figure 1 shows the differences between countries and between men and women within each country. First, we can observe a similar magnitude of use for Bolivia and Peru with similar rates by gender. However, in Colombia the rate of lifetime use in men is more than twice the rate in women. In Ecuador the male/female ratio is even higher. Comparing male rates by countries, male students in Ecuador exceed those of Bolivia and Peru. In contrast, rates of females, in Bolivia and Peru exceed those of Ecuador and are close to female students in Colombia.

Figure 1. Lifetime prevalence of use of any synthetic drug including ecstasy



The situation described tends to change if the analysis excludes ecstasy. In fact, female students in Bolivia and Peru have higher lifetime prevalences of these drugs than male students, as shown in Figure below. This could be explained by the increased use of amphetamine in both countries, a substance that is used both in a legal and illegal way.

Figure 2. Lifetime prevalence of use of any synthetic drug excluding ecstasy

Moreover, last year prevalences of use of synthetic drugs in the past year are presented in Table 25, which shows that 0.22% of students in Bolivia report use of any synthetic drug in this time, mainly amphetamines. In contrast, in Colombia, 1.6% university students reported recent use. This figure drops to 1.1% when excluding ecstasy, with a predominance of LSD use (1%). In Ecuador, about 0.2% of students said they used any synthetic drug (excluding ecstasy), which is mainly explained by the use of amphetamines or methamphetamines. Finally, in Peru, 0.3% report use of any synthetic substance last year. This rate is 0.2% when excluding ecstasy, which is explained mainly by the use of amphetamines and LSD.

Table 25. Prevalence Last year of other synthetic drugs.

Drug	Country			
	Bolivia	Colombia	Ecuador	Perú
Amphetamines	0,14	0,24	0,13	0,09
LSD	0,05	0,95	0,02	0,09
Methamphetamine	0,00	0,02	0,10	0,01
Ketamine	0,01	0,05	0,00	0,02
GHB	0,00	0,02	0,01	0,00
At least one of the above	0,19	1,11	0,17	0,21
At least one including ecstasy	0,22	1,55	0,36	0,30

CHAPTER 6

6. RESULTS ON LICIT DRUGS

As mentioned earlier, this study also explored the magnitude of use and perception of risk associated to use of legal drugs such as tobacco, alcohol, tranquilizers, stimulants and analgesics. The main results for tobacco and alcohol are presented in this chapter. Results about other psychotropic drugs will be presented in subsequent reports.

6.1 Tobacco

6.1.1 Indicators of use

Table 26 shows prevalence rates of use for tobacco use by country. No major differences across the Andean countries university are observed. While in Ecuador 52% of students report having used tobacco sometime in their lives, 59% of students in Peru declared the same. Regarding current use, figures range from 20.1% in Bolivia to 23.3% in Peru.

Table 26. Tobacco use indicators by country.

Prevalence	Country			
	Bolivia	Colombia	Ecuador	Perú
Life	52,05	53,59	51,87	59,18
Last year	31,05	30,12	30,98	37,60
Last month	20,08	21,56	21,47	23,34

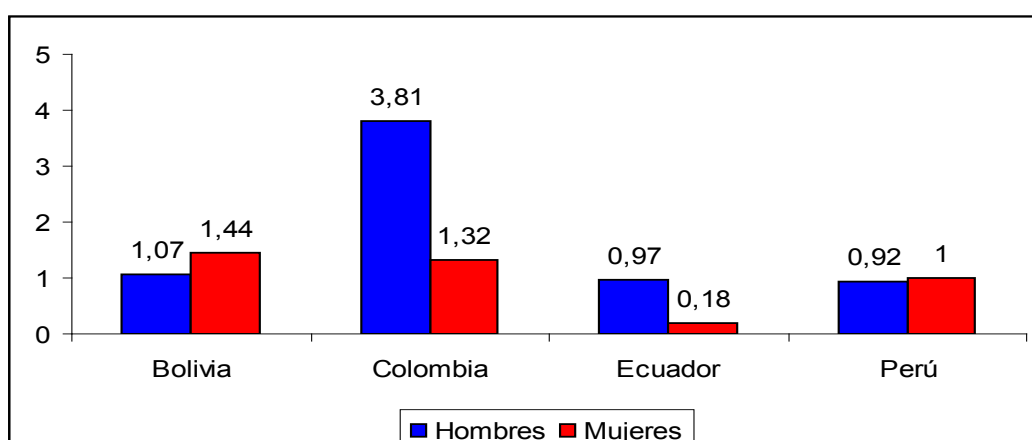
As presented in the following table, according to the confidence intervals, there were statistical significant differences between Bolivia and Peru.

Table 27. Last month prevalence of tobacco use and 95% Confidence Intervals

Country	%	95% Confidence Interval
Bolivia	20,08	18,87 – 21,28
Colombia	21,56	20,65 – 22,47
Ecuador	21,47	20,33 – 22,61
Perú	23,34	22,15 – 24,54

Gender differences within each country and between countries can be seen in the following figure. Peru appears to average the highest rate of current use of tobacco, male students in Ecuador reach the highest rates with almost 31%. Among women, students in Peru clearly present the higher prevalence of current use of tobacco with 20%, followed by students from Colombia with 16%.

Figure 3. Current use (last month prevalence) of tobacco



On the other hand, the study also assessed the age of first use of tobacco. As shown in Table 28, average age of onset is very similar across countries with an earlier start of tobacco use among students in Colombia.

Table 28. Age of first use of tobacco by country

Country	Mean	25% Percentile	Median	75% Percentile
Bolivia	16,9	15	17	18
Colombia	15,6	14	15	17
Ecuador	16,9	15	17	18
Perú	16,4	15	16	18

6.1.2 Perceived risk

As for the perception of risk of using of tobacco, it appears that between 78% and 84% of students perceive great risk for frequent use of tobacco, with a higher risk perception among students of Ecuador (84%) as compared to Bolivia (78%). In Bolivia, Colombia and Peru, women have a greater perception of risk than men. In contrast Ecuador presents the inverse situation as seen in the table below.

Table 29. Percentage of students who perceive great risk in tobacco use.

Country	Sex		Total
	Males	Females	
Bolivia	73,60	82,20	77,78
Colombia	75,94	81,88	78,83
Ecuador	85,19	83,39	84,31
Peru	74,95	82,04	78,42

6.2 Alcohol

This section presents the results for use of alcoholic beverages. The types of beverages included in the assessment instrument were: beer, wine, liquors with high alcohol concentration (rum, brandy, rum, whiskey, vodka, singani, etc.) or combinations of alcoholic beverages.

6.2.1 Use indicators

Table 30 presents alcohol use indicators for each country. Over 90% of students in from Colombia and Peru reported having used alcohol at some time in their lives, and about 75% of students in the other two countries do so. In relation to current use, there are important differences in magnitude of use between countries, with percentages ranging from 32% in Bolivia.

Table 30. Indicators of alcohol consumption.

Prevalence	Country			
	Bolivia	Colombia	Ecuador	Perú
Life	74,39	92,39	77,35	91,08
Last year	55,49	82,45	60,46	70,10
Last month	32,05	59,64	37,82	46,41

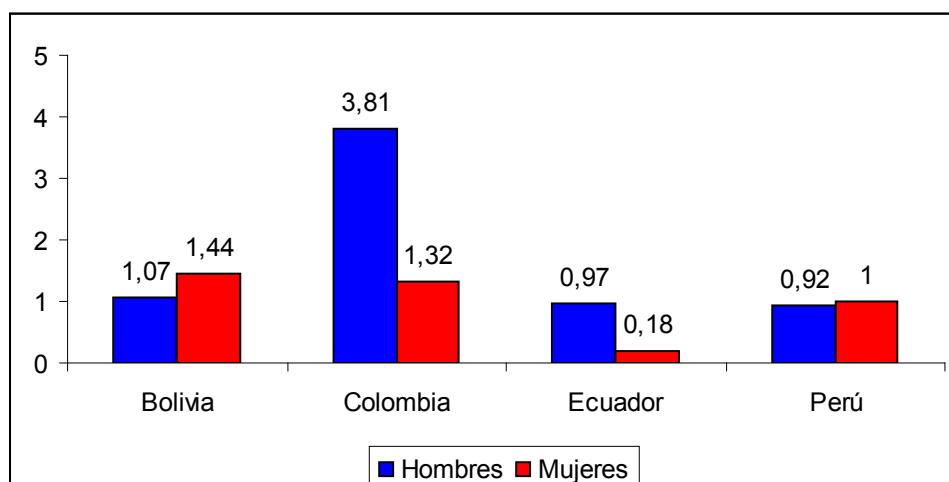
As seen in Table 3, according to the confidence intervals, there are statistically significant differences between Colombia and the other three countries, as well as between Peru, Bolivia and Ecuador.

Table 31. Last month alcohol prevalence use with 95% confidence intervals.

Country	%	95% Confidence Interval
Bolivia	32,05	30,65 – 33,46
Colombia	59,64	58,55 – 60,73
Ecuador	37,82	36,47 – 39,16
Perú	46,41	45,00 – 47,82

Gender differences within countries and between countries, can be seen in Figure 4. First, in all four countries the use of alcohol is higher in men than in women. However, while gender differences in Colombia and Peru are not very large, in Bolivia and Ecuador there is a much higher use among men than women.

Figure 4. Current use (last month prevalence) of alcohol by gender.



Indicators on age at onset of alcohol consumption are presented in the Table below for college students of the four countries. As you can see, age of initiation for alcohol use in Colombia occurs two years earlier than in Bolivia and a year before than Ecuador and Peru.

Table 32. Age of first use for alcohol by country

Country	Average	25% Percentile	Median	75% Percentile
Bolivia	17,4	16	17	19
Colombia	15,2	14	15	17
Ecuador	16,7	15	17	18
Perú	16,2	15	16	18

6.2.2 Perceived risk

Regarding the perception that students have about risks involved in frequent alcohol use, we can observe (Table 33) that almost 73% of students in Colombia and 82% in Ecuador perceive this behaviour as very risky. In all countries perception of risk is significantly higher among women than man. A 15 percentage point difference is observed between Colombia and Peru.

Table 33. Percentage of students who perceive great risk of frequent use of alcohol

Country	Sex		Total
	Men	Women	
Bolivia	77,61	82,67	80,07
Colombia	65,77	80,15	72,77
Ecuador	80,58	83,76	82,13
Peru	70,03	84,52	77,13

6.2.3 Use of risk or harmful use and dependence

As mentioned above, the questionnaire included an instrument to assess harmful or hazardous use of alcohol (AUDIT). It consists of ten questions that were asked to those who reported alcohol use during the past year, using a different cutoff point for men and women (8 and 7 respectively). Table 34 presents two types of percentages for each country. First, among those students who consumed alcohol at some time during the past year, the percentage who qualified as hazardous or harmful drinkers was 21% in Peru, 34% in Ecuador, 31% in Colombia and 32 % in Bolivia. In other words, one in five students from Peru and nearly one in three students in Bolivia, Colombia and Ecuador that consumed alcohol in the past year, meet criteria for hazardous or harmful use.

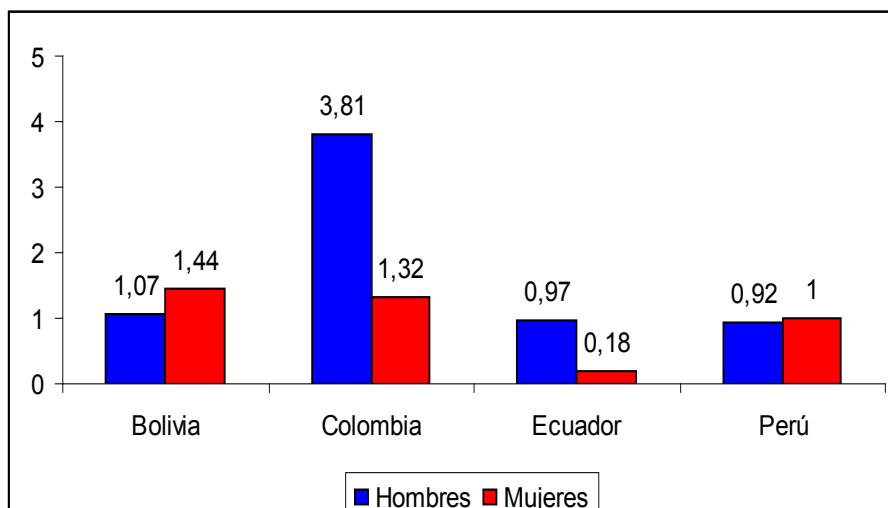
Moreover, considering the total of students, whether or not to have consumed alcohol during the past year, about 14.5% of students in Peru can be considered, with a hazardous or harmful alcohol use using the AUDIT criteria, a percentage that reaches almost 26% among students in Colombia.

Table 34. Percentage of students with hazardous or harmful alcohol use.

Country	% Over Last year consumers	% Over total population
Bolivia	32,06	17,79
Colombia	31,36	25,86
Ecuador	34,50	20,86
Peru	20,73	14,53

When comparing the above figures for men and women, we can see that in all countries the percentage of students with hazardous or harmful use were higher among men than among women. Among men, the highest figures are in Ecuador and Bolivia. Among females, the highest percentages correspond to Colombia and Ecuador.

Figure 5. Percentage of students with hazardous or harmful alcohol use in the past year by gender



The AUDIT is useful to identify persons who may show signs of dependence, that require early detection and appropriate professional intervention. This condition is associated with three of ten questions of the AUDIT and classifies as positive those subjects who report one or more of these three conditions in one month or more often (as was described in the methods section). Table 35 shows that among past year alcohol users, 8% in Peru presented signs of alcohol dependency, 10.5% in Bolivia, 12% in Colombia and 16% in Ecuador. It is important to remember that this classification is based on three questions, one of them might explain approximately 80% these results (how often during the past year you have been unable to stop drinking once you had started?).

Moreover, it is important to note that in Ecuador, for example, one of eight college students presented signs of alcohol dependence, which signals the need for treatment programs in the country. In the other three countries, although the figures are somewhat lower, these results should be of high concern.

Table 35. Percentage of students with signs of Alcohol Dependence by country.

Country	% Over last year consumers
Bolivia	10,53
Colombia	11,94
Ecuador	16,14
Peru	7,89

6.2.4 Context of alcohol use

Table 36 show los results by countries regarding the distribution of students that report having family members who get drunk frequently. About 53% of los students of Bolivia report this situation, about 36% in Peru, 48% in Colombia and 42,5% in Ecuador.

6.2.5 The use of alcohol in the environment

In addition to questions to assess the alcohol use in the college population, questions were included to evaluate the context of alcohol use. The following table shows the results for the four countries with regard to the percentage of students who report having family members who get drunk frequently. As noted, almost 53% of students in Bolivia recognize to have at least one family member with such behaviour, 36% in Peru, 48% in Colombia and 42.5% in Ecuador report in the same way.

Table 36. Percentage of students with family members who get drunk frequently.

Country	Have family members who gent drunk frequently			
	None	One	Two or more	NS/NC
Bolivia	33,63	31,08	21,57	13,73
Colombia	41,57	27,07	21,05	10,31
Ecuador	48,01	25,44	17,03	9,52
Peru	54,57	21,34	14,32	9,77

Regarding the question about having friends who get drunk frequently, about 70% of students in Bolivia, Colombia and Ecuador acknowledges that at least one of their friends does. According to Table 37, the percentage is 60% in Peru. By contrast, 17% of students between Bolivian and Peruvian 28% declared that they do not have friends who get drunk frequently.

Table 37. Percentage of students with friends who get drunk frequently.

Country	He has friends who get drunk frequently			
	None	One	Two or more	NS/NC
Bolivia	16,47	15,30	55,85	12,38
Colombia	21,19	14,88	54,88	9,04
Ecuador	23,02	14,76	51,35	10,88
Peru	28,06	16,39	41,44	14,11

Table 38. Percentage of students according to whether or not have seen students drinking in college.

Country	Times have seen alcohol drinking in college		
	Never	Sporadically	Frequently
Bolivia	29,25	53,21	17,55
Colombia	27,45	40,21	32,34
Ecuador	22,98	43,40	33,62
Peru	39,54	52,57	7,89

CHAPTER 7

7. RESULTS ON OTHER ILLICIT DRUGS

This chapter presents the results for other illicit drug use, beyond synthetic drug use already been discussed in a previous section.

In particular, the following drugs are discussed in detail separately: marijuana, inhalants, coca paste/base or basuco and cocaine use. Finally this chapter presents indicators of use for other illicit drugs such as hashish, crack, heroin, opium and hallucinogens. Finally, we present the results of use of any illicit drug (including in this case substances legal sale, but abuse as inhalants).

7.1 MARIJUANA

7.1.1 Use indicators

We begin with marijuana, the illicit drug that has been traditionally the most popular in the world. Table 39 we shows a great variability among countries, with figures ranging from 7.6% lifetime prevalence of use among students in Bolivia to 26.7% in Colombia, 9% in Peru and 11.5% in Ecuador. Recent marijuana use also shows a wide disparity, with rates ranging from 2% in Bolivia to 11.5% in Colombia.

Table 39. Prevalence of marijuana use by country

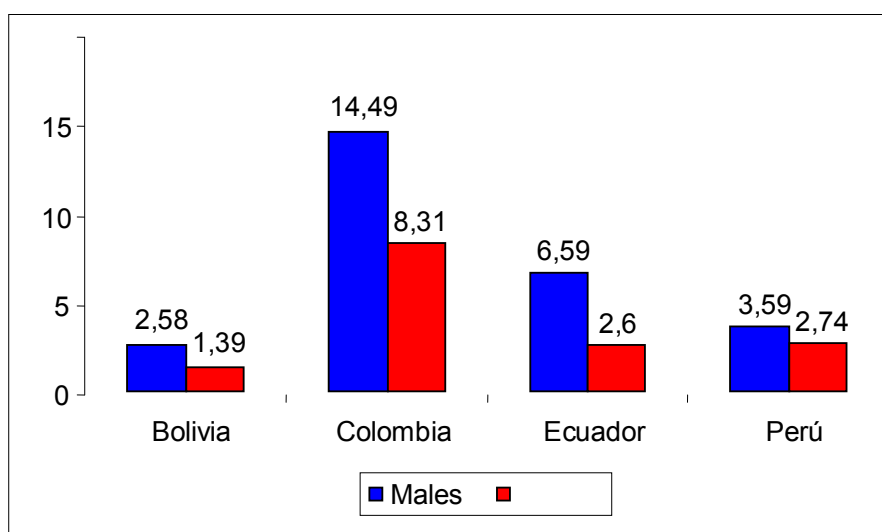
Prevalence	Country			
	Bolivia	Colombia	Ecuador	Perú
Life	7,56	26,67	11,53	8,99
Past year	2,00	11,48	4,65	3,18
Past month	0,74	5,26	1,78	1,08

Considering last year prevalence use, the following table shows that marijuana use among Bolivian students is significantly lower than in other countries. In contrast, Colombia, presents significantly higher rates for las year prevalence.

Table 40. Last year prevalence of marijuana use and 95% Confidence Intervals by country.

Country	%	95% Confidence Interval
Bolivia	2,00	1,57 – 2,43
Colombia	11,48	10,77 – 12,19
Ecuador	4,65	4,06 – 5,24
Peru	3,18	2,68 – 3,68

Chart 6 shows the last year prevalence by sex, for each of the countries. Marijuana last year prevalence is higher among men than women, but there are some differences. Indeed, although Peru has low rates, the male to female ratio is also low. In contrast, in Ecuador the ratio is 2.5 times higher for men compared to women. It also highlights the fact that marijuana use among female students in Colombia exceeds rates for male students of the other three countries.

Figure 6. Last year prevalence of marijuana use by gender.

Furthermore, we assessed the age at onset of marijuana use, results shown in Table 41. The average age is about 18 years in all countries, as well as the median. Among those who have used this drug, there are large differences between countries in terms of age of onset.

Table 41. Age of first marijuana use by country

Country	Mean	25% Percentile	Median	75% Percentile
Bolivia	18,9	17	18	20
Colombia	18,0	16	18	20
Ecuador	18,5	17	18	20
Peru	18,0	16	18	20

7.1.2 Perceived risk

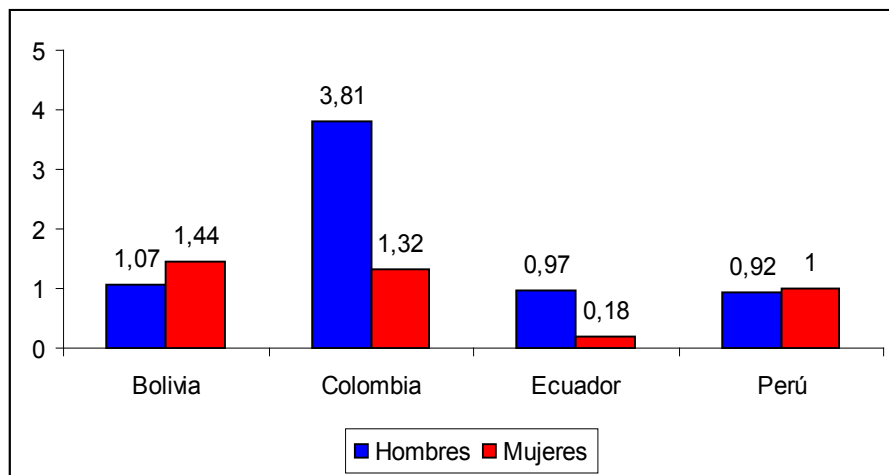
For the various drugs this investigation evaluated the risk perception that students have towards experimental and frequent use. Table 42 shows that in Colombia the perception of risk was about one third of (31.5%) for experimental use, and 71% for frequent use, still the lowest among the four countries. This is somehow consistent with prevalence rates discussed above. Colombia has the highest rate of marijuana use and, in turn, has the lowest risk perception towards use of this substance.

Table 42. Perception of risk for marijuana use by country

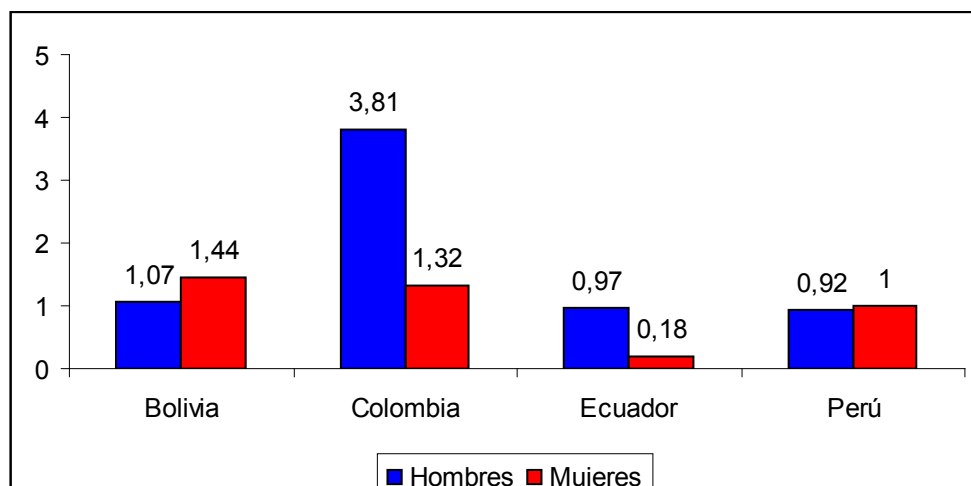
Country	Use one or two times	Frequent use
Bolivia	40,54	82,65
Colombia	31,67	71,34
Ecuador	42,55	77,69
Peru	39,93	80,56

Exploring gender differences for perception of risk for experimental marijuana use, Figure 7 shows that in Colombia and Ecuador females reported higher levels than males. In Peru, males reported a higher perception of risk. No gender differences for perception of risk for marijuana occasional use were observed in Bolivia.

Figure 7. Perception of risk for marijuana occasional use by gender



For frequent marijuana use Figure 8 shows the percent of students who perceive this behaviour involves great risk. In this case, a greater perception of risk is reported by females of all countries. Greater gender differences (about ten percent points) are observed for Bolivia and Peru.

Figure 8. Perception risk of for frequent marijuana use

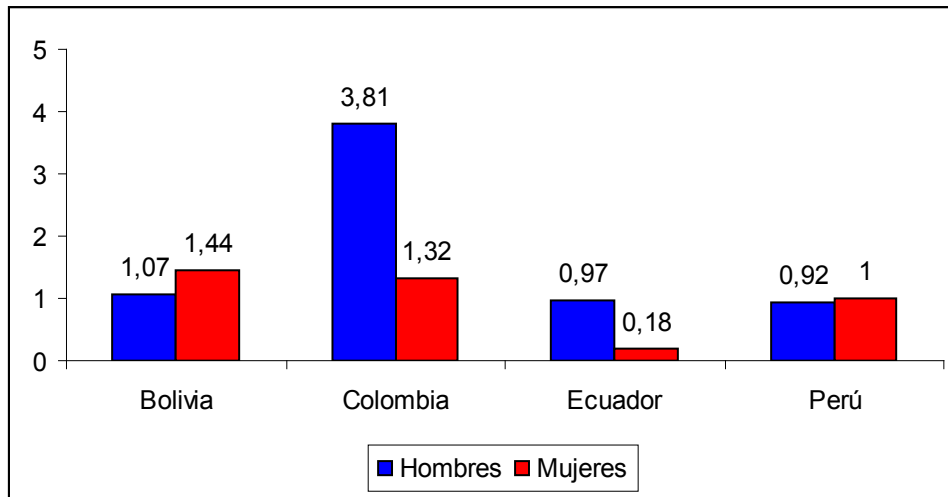
7.1.3 Abuse and dependence

As mentioned earlier, those who reported using marijuana during the last year, were assessed by two instruments, one to measure marijuana abuse (DSM-IV) and one to assess dependence (ICD-10). Respondents that met both criteria, were classified in the dependence category, that is "dependent" includes a large proportion of abusers.

Figure 9 presents information showing that among those who reported having used marijuana at some time in the last year, about one third of students in Bolivia and Ecuador classify for marijuana abuse or presenting signs of marijuana dependence. The proportion of students that classified for these substance related categories was 25.5% in Colombia and 17.3% in Peru.

It is important to underscore that while Ecuador has the highest percentage of students in the described category; most of these are marijuana abusers, situation different from that of the other three countries.

Figure 9. Percentage of abuse¹ and dependence² for marihuana, among last year users



¹ includes abusers, not dependent (only abusers).

² includes those dependents who also qualify as abusers.

7.1.4 Access and Marijuana Supply

Regarding access and opportunity for marijuana use, Table 43 shows that about 60% of students in Colombia report that they would easily get it, figures that are dramatically reduced for the other three countries, with rates between 31% and 35%. Moreover, 27.1% of Colombian students report having been offered marijuana during the past year, either to try or to buy it. In this country the proportion of students reporting this situation was reduced to less than a half (12%) when referring to the last month. In the same way, the percentage of students who report having been offered drugs last year is much lower in the other three countries: 9% in Bolivia, and 11.3% in Ecuador. For being offered during the last month the percentage is 2.5% in Bolivia and 4.7% in Ecuador.

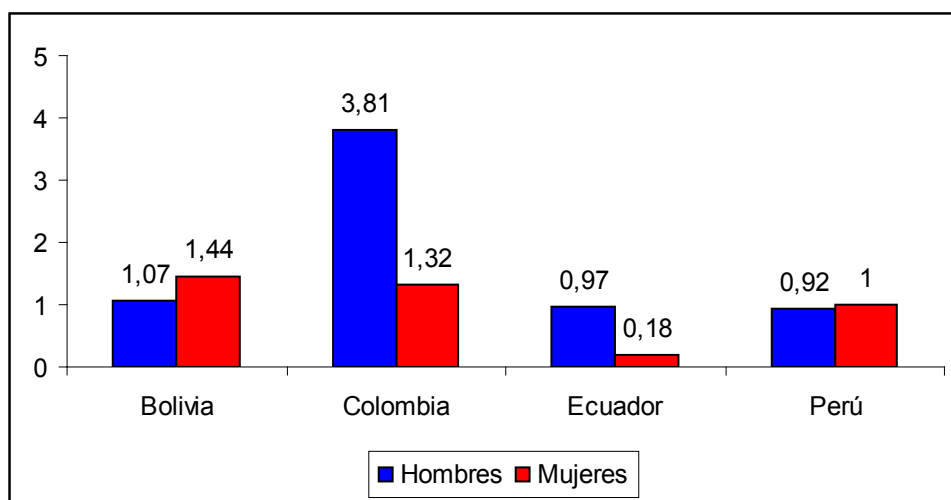
Table 43. Percentage of students that perceive it is easy to get marijuana.

Country	% that report it is easy to get it	% were offered in the last 30 days	% were offered in the last 12 months
Bolivia	32,49	2,52	8,86
Colombia	59,86	11,92	27,08
Ecuador	31,04	4,66	11,30
Peru	35,32	3,30	10,22

Figure 10 shows the results for access to marijuana for men and women in each country. The first thing to note is that in all countries access is higher among male than female students, with greater gender differences observed in Bolivia. Female students in Colombia reported

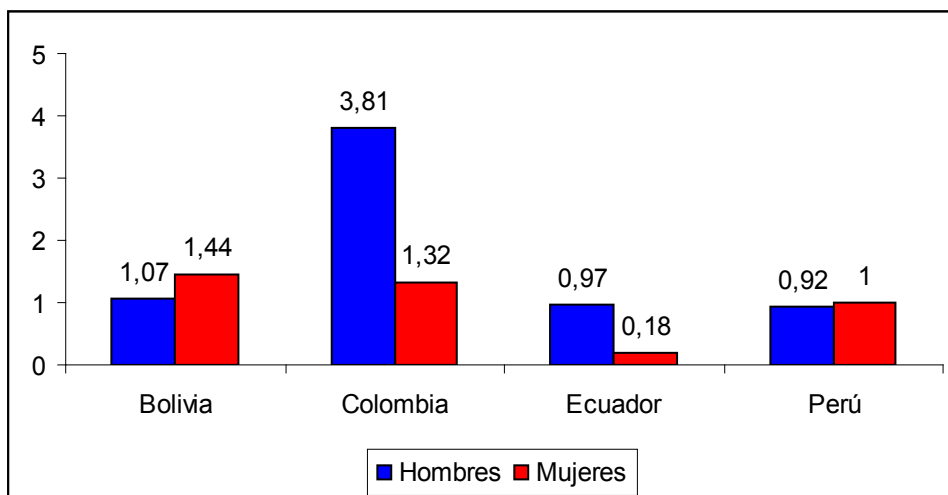
a higher perception of access to marijuana than male students of the other three countries.

Figure 10. Percentage of students that perceive it is easy to get marijuana by gender



Finally, Figure 11 presents the percentages of students who report having received an offer of marijuana, either to buy or try. The picture is very similar to above, in the sense that in all countries the percentage of men who have been offered marijuana is higher than for women. In the same way, female Colombian students report having been offered marijuana in the past year in a greater proportion than males of the other three countries.

Figure 11. Percentage of students that have been offered marijuana during el last year



CHAPTER 8

8. REFERENCES

1. Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT: Cuestionario de Identificación de los Transtornos debidos al Consumo de Alcohol Pautas para su utilización en Atención Primaria. Ginebra: Organización Mundial de la Salud, Generalitat Valenciana; 2001.
2. United Nations Office on Drugs and Crime. World Drug Report 2009. New York: UNITED NATIONS; 2009.
3. United Nations Office on Drugs and Crime. Anohetamines and Ecstasy. 2008 Global ATS Assessment. Vienna: UNODC; Austria: UN; 2008.
4. Oficina de las Naciones Unidas contra la Droga y el Delito (ONUDD), Comisión Interamericana para el Control del Abuso de Drogas (CICAD/OEA), Sistema subregional de información e investigación sobre drogas en Argentina, Bolivia, Chile, Ecuador, Perú y Uruguay. Primer estudio comparativo sobre uso de drogas en población escolar secundaria de Argentina, Bolivia, Brasil, Colombia, Chile, Ecuador, Paraguay, Perú y Uruguay. 1ra. ed. Lima:Tetis Graf; 2006.
5. Oficina de las Naciones Unidas contra la Droga y el Delito (ONUDD), la Comisión Interamericana para el Control del Abuso de Drogas (CICAD/OEA), Sistema Subregional de Información e Investigación en Argentina, Bolivia, Chile, Ecuador, Perú y Uruguay. Elementos Orientadores para las Políticas Públicas sobre Drogas en la Subregión. Primer Estudio Comparativo sobre Consumo de Drogas y Factores Asociados en Población de 15 a 64 años. 1ra. ed. Lima:Tetis Graf; 2008.
6. Adlaf EM, Demers A, Gliksman L. Canadian Campus Survey 2004. Toronto: Centre for Addiction and Mental Health; 2005.
7. Stempliuk VA, Barroso LP, Andrade AG, Nicastri S, Malbergier A. Estudo comparativoentre 1996 e 2001 do uso de drogas por alunos da graduação da Universidade de São Paulo: CampusSão Paulo. Rev Bras Psiquiatr. 2005;27(3):185-93.

8. Johnston LID, O'Malley PM, Bachman JG, Schulenberg JE. *Monitoring the Future National Survey Results on Drug Use, 1975–2006. Volume II. College Students and Adults Ages 19–45*. Bethesda (MD): National Institute on Drug Abuse; 2007.
9. Comisión Nacional para el Desarrollo y Vida sin Drogas (DEVIDA). *I Encuesta sobre información, hábitos y actitudes hacia el consumo de sustancias psicoactivas en universitarios de Lima Metropolitana*. 1ra. ed. Lima:DEVIDA,2005.
10. Centro de Información y Educación para la Prevención del Abuso de Drogas (CEDRO), editor. . *Estudio sobre drogas en universitarios de Lima* [monografía en Internet]. Lima: DEVIDA; 2004. Disponible en: <http://www.cedro.org.pe/ebooks/universitarios.pdf>
11. Cáceres D, Salazar I, Varela M, Tovar J. Consumo de Drogas en Jóvenes Universitarios y su Relación de Riesgo y Protección con los Factores Psicosociales. *Univ. Psychol.* 5(3): 521-34.
12. Grupo de Comunicaciones Corporativas. *Representaciones sociales alrededor del consumo de sustancias psicoactivas en la UPN*. Bogotá: Universidad Pedagógica Nacional; 2009.
13. Alcaraz Del C. F, Zuazo YJ, Martinez MG. *El uso indebido de drogas en estudiantes universitarios de Bolivia*. Serie Investigacion. La Paz: Centro Latinoamericano de Investigacion Científica – CELIN. Ministerio de Salud y Deportes; 2008.
14. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition - Text Revision (DSMIV-TR)*. 4th. ed. Washington DC: APA; 2005.

CHAPTER 9

APPENDIX I: GLOSSARY OF TERMS

FREQUENT USE TERMS

CIE-10: Is one of the current international diagnostic classification systems in the world. It is called, International Statistical Classification of Diseases and Other Problems of Health (tenth revision), and provides codes to classify diseases and a wide range of signs, symptoms, abnormal findings, complaints, social circumstances and external causes of harm or disease. Each condition of health may be assigned to a category and a code of up to six characters of length (in format of X00.00). Such categories may include a set of similar diseases. The ICD is published by the World Health Organization WHO. It is used worldwide for morbidity and mortality statistics. This system is designed to promote international comparability of collection, processing, classification and presentation of health statistics. The ICD is the classification of the WHO central Family of International Classifications (WHO-FIC).

EXPERIMENTAL USE: Describes a pattern of use of one or more substances that can be followed by abandonment of the same or continuity of use. Adolescence is the stage of life where most often occurs this type of use, with a high percentage of youths not continuing. Reasons for experimentation may be: curiosity, peer pressure, attraction towards what is forbidden, risk seeking behavior, and availability of drugs, among others. This of consumption is identified when individuals ignore the effects of the substance and use usually performed as part of a group that invites you to try. Usually the drug is not purchased, and only is used when shared with others.

REGULAR USE: Involves frequent drug use. This practice can lead to other forms of use, depending on the substance, the frequency of use, the characteristics of the person, the surrounding environment, etc. Among the reasons reported for continuing use of drugs are: to intensify the sensations of pleasure, experience of belonging and recognition in the group and need to alleviate loneliness, boredom, anxiety, to reaffirm independence or aversion toward society and to reduce hunger, cold, weakness or tiredness. Some indicators that define this form of use are: the subject extends the situations in which uses drugs, these are used both individually and in groups, and their effects are well known and

sought by the user. Since the person has not lost control over his behavior, thinks he can quit if deciding to do so. The person buys the substance.

OCCASIONAL USE: The intermittent use of substance, with no fixed schedule and with long intervals of abstinence. Motivations for this type of use include: to facilitate communication, to pursuit pleasure, relaxation and to transgress rules, among others. Some general characteristics that define this type of use are: the individual continues to use the substance in the group, although capable of performing the same activities without drugs, knows the effects of drugs the body and that is a reason to use it. Does not buy the substance; it is also shared.

HARMFUL USE: According to the ICD 10, it is a form of psychoactive substance use that damages health. The damage may be physical (hepatitis due to the administration of psychotropic substances by injection) or mental (depressive disorders secondary to alcohol abuse).

PROBLEM DRUG USE: Refers to the recurrent use of drugs that produces harmful effects to the person or their environment that is health problems (including signs and symptoms of dependence), interpersonal relationship problems, and failure to fulfill obligations, among others. Problematic use is considered a sign of drug abuse, and therefore four areas of problems related to drug use have been identified: a lack of fulfillment of obligations (work, academic, family); physical health risks; legal issues and involvement in antisocial behavior and social or interpersonal problems. (See definition of abuse).

In operational terms, in national surveys on drug use, people who qualify, to the respective abuse or dependence diagnostic criteria, are also considered as problematic use. It tends to be associated with personal or family difficulties and adverse social and economic circumstances. These factors are similar to those that are often linked to other social problems such as, for example, mental illness and crime. In this sense, it can also be argued that the more widespread drug use is among the general population, the easier it is for the people with the aforementioned problems to become problem drug users. According to the DSM IV and ICD 10 problem drug use includes abuse, harmful use, and dependence.

Corresponds to a concept suggested by the United Nations Office on Drugs and Crime useful to focus on people in treatment, rehabilitation and reintegration.

DRUGS: The World Health Organization (WHO) defines drugs as any natural or synthetic substance that when introduced into the body is able, through its effects on the central nervous system, to alter and / or modifying the mental activity, emotional and also the body functioning. Illicit drugs include those whose production, possession, transportation and sale are legally prohibited or which are used without a prescription. They are classified according to their origin as natural drugs (from a plant) or synthetic (made from chemicals).

SYNTHETIC DRUGS: These are drugs developed and synthesized, often for illegal use, manufactured in clandestine laboratories by changing the structure of existing drugs [e.g., some methamphetamine]. Of special interest are the MPTP [methyl-phenyl-tetrahydropyridine], MDA [methylenedioxyamphetamine], MDMA. [Methylenedioxymethamphetamine]. Many drugs act on the aminergic system, biogenic amines physiologically active. Most of them have stimulating effects as ecstasy and other amphetamine or methamphetamine, although there are some with depressogenic and mixed effects. The drug name of “design” tends to disappear because of the attractive connotation of the name.

PSYCHEDELIC DRUGS: Name popularized in his 60s, to refer to substances whose consumption produces hallucinations, mainly visual, from the experiences of Psychiatrist Timothy Leary, with acid (LSD).

DSM IV: Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (APA). This is a classification of mental disorders that provides clear descriptions of diagnostic categories, for clinicians and researchers to diagnose, monitor, exchange information, and deal with various mental disorders. The DSM-IV provides diagnostic criteria for determining the existence of drug abuse.

It is an instrument developed from empirical data and a descriptive approach, aiming to improve communication between clinicians of various orientations, and between clinicians and researchers.

INCIDENCE: Epidemiologic indicator that refers to the percentage of the population that has experienced for the first time (new users) with a drug in a given period of time (in the past year, month). It is obtained through the question when was the first time you used (drug)?

RISK PERCEPTION: Risk perception refers to the subjective idea about whether an individual considers or does not considers dangerous to use drugs or not. This is measured through direct questions to people on how bad they consider the use of such substances, either occasionally or frequently.

POLYDRUG USE: Corresponds to a particular pattern of drug use characterized by the alternation in the use of different types of drugs. What is specific is, not having tried a drug at some time other than the usually consumed, but having consumed interchangeably and simultaneously more than one substance as a recurrent behavior.

PREVALENCE: Epidemiologic indicator that describes the occurrence of an event (for example, cases of a disease) in a defined period of time (usually used the period of one month, one year and lifetime) in a given population. In drug use studies refers to the proportion or percentage of the population that has experimented with a drug in a given period of time (life, year, month, day). It is measured with the question when was the last time you consumed (drug)?

Provides a measure of the magnitude of the drug situation in the country including old and new users of drugs. Its expression requires to adequately specifying the event, place, and period of time. Strictly speaking, prevalence is a proportion and not a rate, but has being assimilated as a rate because has a time.

- **Life prevalence:** Refers to the percentage of the population that has used a drug at least once in their lifetimes.
- **Year Prevalence:** The percentage of the population that has used a drug during the past 12 months.
- **Month Prevalence:** The percentage of the population that has used a substance during the past 30 days.

RISK: Refers to the probability of occurrence of an undesired/negative event. In the case of the drug use, risk is understood as the probability that an individual or group has of engaging in drug use. Certain variables can be considered as risk or protective factors. Risk can be defined in terms of other drug use events for example, risk of dependence, where consumption patterns along with other factors, would be a risk factor for developing drug dependence. In this way, risk and vulnerability are related concepts.

NARCOTIC DRUGS: "narcotic" means any of the substances, listed in List I or List II of the 1961 Narcotic Drugs Convention amended by the 1972 Narcotic Drugs Convention Protocol Amendment.

PSYCHOACTIVE SUBSTANCES: The third edition of the Diagnostic Manual of Mental Disorders (DSM III, 1980) brings together all forms of addiction under a single concept: "abuse and dependence of psychoactive substances" and independently points to the complications arising from their use. This diagnostic criterion has been refined to the version of the DSM IV (1994) and ICD 10 (1994). Both allow the early and reliable identification of people with abuse or dependence. The DSM IV identifies 11 groups of psychoactive substances that can produce abuse and dependence:

1. Alcohol
2. Amphetamine (sympathomimetics)
3. Hallucinogens (LSD, mescaline)
4. Caffeine
5. Cannabis
6. Cocaine
7. Fenilciclidina (PCP)
8. Inhalants (hidrocarburs. solvents, ethyl chloride)
9. Nicotine
10. Opiates (natural morphine, semi-synthetic: heroin, synthetic: codeine)
11. Sedatives, hypnotics or anxiolytics (benzodiazepines and barbiturates)
these substances have specific psychoactive effects and a different ability to produce disorders.

DRUG USE: Refers to use of a substance which does not produce negative effects on the individual. This type of consumption is more common when a drug is used sporadically. Abuse occurs when there is continued use despite the negative consequences thereof.

NAMES OF DRUGS

AMPHETAMINES: These are stimulant drugs made from chemicals rather than extracted from plants. Among the numerous derivatives of amphetamines are amphetamine sulphate, dexamphetamine, methamphetamine and other drugs such as MDMA (methylenedioxymethamphetamine), which is the main compound of the drug, called ecstasy.

BDZ: benzodiazepines (BZD) are a class of drugs with hypnotic, ansiolitic, anticonvulsant, amnesic and muscle relaxant effects. The names of these compounds are characterized by the ending lam or lan (triazolam, oxazolam, estazolam) and by the ending pam and pan (diazepam, lorazepam, lormetazepam, flurazepam, flunitrazepam, clonazepam). However, there are exceptions such as dipotassium clorazepate (Tranxilium) or chlordiazepoxide (Librium).

BZD are nervous system depressants more selective than barbiturates. They act, particularly on the limbic system. The BZD share a similar chemical structure and have great affinity for the benzodiazepine receptor complex in the central nervous system. Structurally, BZD have a benzene ring with six elements, held together with a ring of benzodiazepines with seven elements. Each specific BZD emerges by substitution of radicals in different positions.

With regard to specific receptors in the CNS for BZD, they are a part of gamma-aminobutyric acid or GABA. GABA is a neurotransmitter with inhibitory action, and their receptors are part of a bidirectional inhibitory system connected between different areas of the CNS. The BZD enhance the inhibitory action mediated by GABA. BZD receptors are distributed throughout the brain and spinal cord, are also found in the adrenal glands, kidney, pineal gland, and platelets.

COCAINE: Drug stimulant chemically extracted from the leaves of the coca (coca Erythroxyton), a plant grown in the Andean highlands. It is presented in various forms, the most common as the hydrochloride, which looks like a very fine white powder, similar to ground glass. Cocaine has analgesic effects; its medical use is not currently recognized, especially because of side effects, becoming a drug of abuse. It is usually inhaled and can also be dissolved and injected, its effects are similar to those of amphetamines. Chemically mixed with sodium bicarbonate gives crack, and can be smoked.

CRACK: It is the common name of a cocaine derivative, namely the residue after boiling cocaine hydrochloride in a solution of sodium bicarbonate to

evaporate the water. The term crack is an onomatopoeia suggesting the noise that the stones of this drug make when heated. Other common names used by drug users, are rocks, cool, stone, or rock stars, among others, sometimes wrongly confused with el paco or bazuco that is the crust that is left in the pot where cocaine is prepared.

Because crack is smoked, quickly enters the bloodstream, producing a sense of euphoria, panic, insomnia and the need to find residues of crack anywhere, this effect is commonly known as “Bad Chicken” or “Puntosis” and may occur in less than ten seconds after having used the drug. Due to speed of effects, almost immediate, the “crack” became very popular in the eighties. Another reason for its popularity is that it does not cost much, economically speaking, process or purchase. Its side effects are very similar to those of cocaine, only that the risk of side effects are higher because of the mixtures of chemicals and other substances contained in crack.

CRISTAL: This is the way methamphetamine hydrochloride is called, and consists of transparent pieces of glass resembling ice, which can be inhaled smoking. In this way it is known as ice, crystal, and glass in Spanish (ice, crystal, glass in English).

Physiological effects: Although the chemical structure of methamphetamine is similar to that of amphetamine, its effects on the central nervous system are more pronounced. The methamphetamine molecule has the ability to easily cross the barrier that separates the brain from the body, technically known as blood-brain barrier. This ability allows the levels of substance in the brain reach 10 times the levels in blood, achieving their action almost exclusively on the central nervous system.

METHAMPHETAMINE: Is known as an addictive stimulant. Like amphetamine, increases activity, decreases appetite and generates a sense of wellbeing. Excites neuronal receptors linked to reward and gratification: produces euphoria, relieves fatigue, and improves performance of simple tasks. It is manufactured in clandestine laboratories using simple procedures and relatively inexpensive ingredients, usually easily accessible. The effects of methamphetamine can last up to 6 or 8 hours. Methamphetamine abusers can stay awake for several days. This creates a growing physical, psychological, and cognitive fatigue. However, the drug blocks the somatic signals (such as fatigue, sleep, hunger) warning about the progressive functional impairment. In these cases, once the drug leaves the body, these individuals may experience great states of psychomotor agitation, sometimes associated with violent behavior and persecution delusions, leading to mental dissociation events difficult to distinguish from those of paranoid schizophrenia.

ECSTASY (MDMA): Is a drug stimulant of the family of amphetamines (Methamphetamines) containing mainly MDMA (methylenedioxymethamphetamine), and ectonígenos stimulant effects

(social empathy). Ecstasy tablets often contain other methamphetamine and LSD. These substances are synthesized wholly or largely in laboratories. Usually they are taken orally and its appearance varies, they are available as tablets or capsules in various colours. They are very easily adulterated. Its use involves serious health risks, especially when mixed with other substances, such as alcohol.

HEROIN: Is a derivative obtained from morphine. It is a bitter white powder with narcotic and analgesic properties. It is addictive.

HALLUCINOGENIC MUSHROOMS: Plants and hallucinogenic mushrooms are those whose active ingredients have the capacity to distort perception, producing hallucinations. Source: <http://www.d-lamente.org/sustancias/hongos.htm>

INHALANTS, VOLATIL SOLVENTS OR SOLVENTS: These are, in general, household or industrial products such as glue, paints, oil, gas lighters, butane gas lamps, some aerosols, nail varnish solvent, some fire extinguishers, etc., they have in common to be volatile to be inhaled reaching the bloodstream very quickly. They have a depressive effect at the central nervous system causing intoxication similar to that caused by alcohol abuse. Depending on the level of intoxication, it produces a distorting effect (hallucinogen) and in extreme cases may cause death by respiratory or heart attack.

LSD: Lysergide semi-synthetic hallucinogenic compound derived from lysergic acid.

MARIJUANA (CANNABIS): Also called grass, is the dried leaves and blossoms of the plant *Cannabis sativa*, which contains about 400 compounds, and its main active ingredient THC-9 (tetra-hydro-cannabinol), which causes behavioral changes. Currently, the THC content in plants is much higher than in previous decades, transforming it into more toxic. Pressed marijuana contains chemical additives, solvents and other substances that cause damages. It is usually smoked in hand-rolled cigarettes and sometimes through a pipe and also in ingested with food. In high doses can cause serious toxic and "psychedelic" effects.

MORPHINE: Is the principal alkaloid of opium. It is used in medicine as an anesthetic, analgesic and narcotic. It is addictive.

OPIUM: A product of drying the juice extracted from the green capsules of opium poppy (*Papaver somniferous*). Several alkaloids are obtained from it such as morphine, codeine, papaverine, etc.

PASTA BASE of COCAINE: It is obtained from dried and soaked coca leaf, that is subsequently treated with organic solvents such as kerosene or gasoline combined with sulfuric acid. The result is a brown/black paste that is smoked in a pipe or sometimes mixed with tobacco or cannabis.

PEYOTE: Is the name of several kinds of cactus from in Mexico. The infusion of the flower has narcotic or hallucinogenic effects.

ANGEL DUST (PCP): Phencyclidine, or PCP, produces delusions, sensory loss, dissociative anesthesia and blocks pain receptors centers increasing the risk of self-inflicted injuries. It is ingested, sniffed, injected or smoked with various mixtures.



APPENDIX II: QUESTIONNAIRE

Welcome to the Organization of American States (OAS)
and to the Andean Community:

Dear student:

Thank you for participating in the first **“Epidemiologic Study on public health and associated factors of college students in the Andean countries.”** This research is part of a project of the Andean Community, with support from the European Community, which is conducted by OAS, and its purpose is to obtain reliable information to guide future policies for student wellbeing in the participating universities.

The project is developed in different universities in the Andean countries: Bolivia, Colombia, Ecuador and Peru, implemented with a random sample first of universities and then of students. The identity of participants is protected in compliance with the guidelines of Bioethics and statistical confidentiality, and you have been selected through this process.

Your **answers are voluntary, individual, absolutely anonymous and confidential**, we ask your cooperation and precision. In addition, on-line responses for each student automatically create a database located on a server of the OAS, which further guarantees the protection of the information provided. Your responses, together with those of the other selected students, will be used only for statistical **purposes, so it is not possible to identify the participants.**

As a way to thank you for your participation in this study, you will enter a raffle of four personal computers (laptop) in each of the Andean participating countries. The raffle will take place **only** among those who responded fully to the questionnaire.

We want to underline that your opinion is very important for this research, so we thank you once again for your voluntary participation.

I agree to participate voluntarily in this study, answering with the truth in the following questionnaire and understanding that my answers are completely confidential.

Click here to start the questionnaire.

MODULE I: GENERAL INFORMATION

1. Sex		2. How old are you?		
1. Male	2. Female	I am... .. years old		
3. How would you describe your economic situation?		4. What is your current marital status?		
1. Very good		1. Single, living without a partner		
2. Good		2. Single, living with partner		
3. Regular		3. Married, living with partner		
4. Mala		4. Separated, divorced, living without a partner		
5. Very poor		5. Separated, divorced, living with partner		
6. Widowed, living without partner		6. Widowed, living with partner		
7. Widowed, living with partner				
5. How many children do you have?		6. Were your pregnancy/es planned?		
0. I have no children (Go to question 7)		1. Yes, all		
I have children		2. If one (s)		
		3. None		
7. Are you currently working while studying?		8. How many hours a week do you work?		
1. If		I work hours per week.		
2. No (go to question 9)				
9. How is your housing situation while studying?				
1. I live in the University Campus				
2. I live outside the University with colleagues/friends				
3. I live alone and outside the University Campus				
4. I live with my parents				
5. I live in a relative's home				
6. I live with my partner				
6. Other				
10. How do you support your studies and living expenses?				
	My parents pay	The State Pays	I Work	I have a scholarship
Room	1	2	3	4
Food	1	2	3	4
Monthly Payment	1	2	3	4
Books	1	2	3	4
11. Is it easy or difficult to cover your studies and living expenses?	12. What is the average monthly income of your family? (No cents)			
1. Very difficult	Bolivianos (Bolivia)			
2. Difficult	Colombian Peso (Colombia)			
3. Easy	Dollars (Ecuador)			
4. Very easy	Nuevos Soles (Peru)			
12th. ONLY FOR STUDENTS OF COLOMBIA What is your home status? (Stratum from 1-6) Not applicable (for students NOT in Colombia)	13. Do you belong to any of these native or indigenous nations/groups?			
	No			
	Aymara			
	Quechua			
	Other			

MODULE II: TOBACCO AND ALCOHOL CONSUMPTION TOBACCO

14. Have you smoked cigarettes, tobacco or other some time in your life? 1. Yes 2. No (go to question 22)	15. How old were you the first time you smoked cigarettes, tobacco or other? I was.....years old
16. When was the first time you smoked cigarettes or other tobacco? 1. Over the past 30 days 2. More than 1 month but less than 1 year 3. Over 1 year ago	17. Have you ever smoked at least 100 cigarettes in your life? 1. Yes 2. Not
18. Have you ever smoked cigarettes or other type of tobacco in the last 12 months? 1. Yes 2. No (go to question 22)	19. Have you ever smoked cigarettes or other type of tobacco in the last 30 days? 1. Yes 2. No (go to question 22)
19a. How many days did you smoke cigarettes or other type of tobacco in the last 30 days? Number of days : _____	20. About how many cigarettes or other tobacco product have you smoked per day during the last month? Number of cigarettes : _____ 0. DK / DA
21. How many years did you smoke cigarettes or tobacco on a daily basis? Number of years _____ (include 'zero' in response options)	
ALCOHOL (alcoholic beverages such as beer, wine, liquors with high alcohol concentration or combined)	
22. Have you drink alcohol at some time in life? 1. Yes 2. No (go to question 35)	23. How old were you when you drank alcohol for the first time? I was _____ years old 0. DK / DA
24. When was the first time you drank alcohol? 1. Over the past 30 days 2. More than 1 month but less than 1 year 3. Over 1 year ago	25. Have you drink alcohol in the last 12 months? 1. Yes 2. No (go to question 35)
26. Have you drink alcohol in the past 30 days? 1. Yes 2. No (go to question 34)	27. How many days have you drink alcohol in the past 30 days? Number of days : _____
28. On the days you drank alcohol during the past 30 days, how many drinks or glasses did you usually had?(Consider a drink: a can or bottle of beer, a glass of wine or champagne, a shot of liquor or a combination) N° drinks or glasses: _____	29. Over the past 30 days, how many drinks or glasses of alcohol did you had?(Consider as a measure: a can or bottle of beer, a glass of wine or champagne, a shot of liquor or a combination) N° drinks or glasses: _____
30. In the past 30 days, how many times did you have five or more drinks or glasses of alcohol in one day? Number of times _____	31. In the past 30 days, how many times have you been drunk? Number of times _____

32. In the last 30 days, What type of alcoholic beverage did you drink and how often? NOTE: Record the frequency for each alcoholic beverage.					
	Daily	On Weekends	Some weekdays	Only in social events	I don't drink this beverage
32.1 Beer	1	2	3	4	5
32.2 Wine	1	2	3	4	5
32.3 Hard liquor (Rum, Pisco, cane spirit, Whisky, Vodka, Singani, etc.).	1	2	3	4	5
33. Where do you drink alcohol more often? (Check all that apply) 1. In my own house 2. At home with my friends 3. In college 4. In places near the university 5. At work 6. In a shop 7. On a walk 8. In parks or recreation areas 9. At parties, bars or nightclubs 10. At events (concerts, parties, etc.). 11. Another, Where? _____					
34. The following questions refer to alcohol use in the past year, please indicate for each question, the column that best describes your answer. Consider the number of drinks that correspond to following amounts of alcohol:					
1 drink	A single bottle or can of beer (333 cc.). A glass of wine (140 cc.) One shot of liquor (40 cc.) (Pisco, rum, vodka, whiskey) alone or combined.				
A drink and a half	Half liter of beer				
3 drinks	A liter of beer				
6 drinks	A bottle of wine (750 cc.)				
8 drinks	A case of wine (1 liter)				
18 drinks	A bottle of liquor (750 ml.)				
1 drink	A single bottle or can of beer (333 cc.) A glass of wine (140 cc.) A shot of liquor (40 cc.) (Pisco, rum, vodka, whiskey) alone or combined.				
	0	1	2	3	4
34.1 How often do you drink an alcoholic beverage?		1 or less time per month	2-4 times a month	2 or 3 times a week	4 or more times a week
34.2 How many drinks do you usually drink on a typical day?	1 or 2	3 or 4	5 or 6	From 7-9	10 or more
34.3 How often do you take five or more drinks in one day?	Never	Less than once a month	Monthly basis	Weekly basis	Daily or almost daily
34.4 How often during the past year you have been unable to stop drinking once you started?	Never	Less than once a month	Monthly basis	Weekly basis	Daily or almost daily
34.5 How often during the past year you could not do what was expected of you because of drinking?	Never	Less than once a month	Monthly basis	Weekly basis	Daily or almost daily

34.6 How often during the last year did you need to recover from drinking on an empty stomach ?	Never	Less than once a month	Monthly basis	Weekly basis	Daily or almost daily
34.8 How often during the past year you could not remember what happened the night before because of drinking?	Never	Less than once a month	Monthly basis	Weekly basis	Daily or almost daily
34.9 Do you or someone else has been hurt physically because you had been drinking alcohol?	No		Yes, but not in the past year		Yes, the last year
34.10 Does a family member, friend, doctor or other health professional has expressed concern about the way you drink alcohol, or suggested you to stop drinking?	No		Yes, but not in the past year		Yes, the last year
35. Do you have relatives who get drunk often? 1. None 2. One 3. Two or more 0. DK / DA					
36. Do you have friends who get drunk often? 1. None 2. One 3. Two or more 0. DK / DA					
37. Have you seen students drink alcohol at your university? 1. Never 2. Sporadically 3. Frequently					
38. Do you think that been drunk affects the following behaviors?					
	Yes	No	I do not know		
38.1 Having sex	1	2	3		
38.2 Having sex without condoms	1	2	3		
38.3 Using drugs	1	2	3		
38.4 Having an accident	1	2	3		

MODULE III: SEXUAL CONDUCT

To answer these questions please consider: The term “permanent partner” means a person with whom there is any type of stable relationship, whereas “casual,” a person with whom there was a punctual encounter or a time-limited one					
39. During the past year you have had sex: 1. Yes 2. No (go to question 45)	40. How old you were the first time you had sex? I was _____ years old				
41.1 Have you had sex with a stable partner of the opposite sex? 1. Yes (go to question 41a.1) 2. No (go to question 41.2)	41a.1	1	2	3	4
41.2 with and occasional partner of the opposite sex? 1. Yes (go to question 41a.2) 2. No (go to question 41.3)	41a.2	1	2	3	4
41.3 With a sexual worker of the opposite sex? 1. Yes (go to question 41a.3) 2. No (go to question 41.4)	41a.3	1	2	3	4
41.4 With a permanent partner of the same sex? 1. Yes (go to question 41a.4) 2. No (go to question 41.5)	41a.4	1	2	3	4
41.5 With and occasional partner of the same sex? 1. Yes (go to question 41a.5) 2. No (go to question 41.6)	41a.5	1	2	3	4
41.6 With a sexual worker of the same sex? 1. Yes (go to question 41a.6) 2. Not	41a.6	1	2	3	4
42. Have you ever had sex under the influence of alcohol? 1. Never (go to question 44) 2. Just once 3. Sometimes 4. Most of the time	43. On those occasions did you or the couple used condoms (condom)? 1. Always 2. Only sometimes 3. Never 4. Do not know / Do not answer				
44. Have you ever had sex under the influence of other drugs? 1. Never 2. Just once 3. Sometimes 4. Most of the time	45. Have you received information about sexually transmitted infections and HIV / AIDS by the university where your study? 1. Never 2. Once 3. Several times				

MODULE IV: SYNTHETIC DRUGS

46. Which of the following substances do you recognize as “synthetic drugs”?					
1. Ecstasy					
2. Amphetamines or derivatives					
3. LSD					
4. Methamphetamine					
5. Ketamine					
6. GHB					
7. Other (which one): _____					
8. Do not know / Do not answer					
47. Do you consider that the use of synthetic drugs affects the following behaviors?					
	Yes	No	Not sure		
47.1 Having sex	1	2	3		
47.2 Having sex without condoms or condom	1	2	3		
47.3 Have health problems	1	2	3		
48. In your opinion, how much do you agree with the following statements?					
	Strongly agree	Agree	Disagree	Strongly disagree	Do not Know Do not answer
48.1 The use of synthetic drugs helps to have more fun at parties.	1	2	3	4	5
48.2 The use of synthetic drugs is limited to recreation sites (clubs, parties, bars, pubs, concerts, etc.).	1	2	3	4	5
48.3 The use of synthetic drugs makes it easier to make friends.	1	2	3	4	5
48.4 The use of synthetic drugs makes it easier to get a date.	1	2	3	4	5
48.5 The use of synthetic drugs improves sexual performance.	1	2	3	4	5
48.6 The use of synthetic drugs is only for people of high socioeconomic status	1	2	3	4	5
48.7 Synthetic drugs are less harmful than alcohol.	1	2	3	4	5
48.8 Synthetic drugs are less harmful to the body than marijuana.	1	2	3	4	5
48.9 Synthetic drugs are less harmful to the body than cocaine, cocaine base / crack use	1	2	3	4	5
48.10 The use of synthetic drugs can be controlled and do not cause addiction.	1	2	3	4	5
48.11 The use of synthetic drugs is less addictive than other drugs.	1	2	3	4	5
48.12 Synthetic drugs can be purchased at pharmacies / drugstores with prescription	1	2	3	4	5
48.13 Synthetic drugs can be purchased in drug stores / pharmacies / drugstores without a prescription	1	2	3	4	5
48.14 Synthetic drugs are less dangerous because they are manufactured in Europe	1	2	3	4	5

48.15 The quality of all synthetic drugs is always the same.	1	2	3	4	5
48.16 Synthetic drugs should be consumed without alcohol	1	2	3	4	5
48.17 All synthetic drugs are equal.	1	2	3	4	5
48.18 Methamphetamine and ecstasy are the same drug and have the same effects.	1	2	3	4	5
49. How would you rate your knowledge about synthetic drugs on a scale of 1-5, with 1 being no knowledge and 5 a very good knowledge:	1	2	3	4	5
50. Do you know someone in college who uses any of these drugs?					
			Yes	No	Not sure
50.1 Ecstasy 50.2 Amphetamines 50.3 LSD 50.4 Methamphetamine 50.5 Ketamine 50.6 GHB					
51. In your opinion, how much risk has a person who ...?	No risk	Low or moderate risk	High risk	I don't know	
51.1 Tries ecstasy once or twice	1	2	3	4	
51.2 Uses ecstasy often	1	2	3	4	
51.3 Tries amphetamines once or twice	1	2	3	4	
51.4 Uses amphetamines often	1	2	3	4	
51.5 Tries LSD once or twice	1	2	3	4	
51.6 Uses LSD frequently	1	2	3	4	
51.7 Tries meth once or twice	1	2	3	4	
51.8 Uses frequently meth	1	2	33	4	
51.9 Tries Ketamine once or twice	1	2	3	4	
51.10 Uses Ketamine often	1	2	3	4	
51.11 Tries GHB once or twice	1	2	3	4	
51.12 Often uses GHB	1	2	3	4	
52. How easy or difficult would it be to get any of the following drugs?	It would be easy	It would be difficult	I could not get it	I do not know if it is easy or difficult	
52.1 Ecstasy	1	2	3	4	
52.2 Amphetamines	1	2	3	4	
52.3 LSD	1	2	3	4	
52.4 Methamphetamine	1	2	3	4	
52.5 Ketamine	1	2	3	4	
52.6 GHB	1	2	3	4	
53. Have you ever been offered any synthetic drug, either to try or buy, such as:					
		Ecstasy Amphetamines LSD Methamphetamine Ketamine GHB? 1. Yes 2. No (go to question 55)			

54. When was the last time that you were offered any of these drugs, either to buy or try?		During the last 30 days	More than a month but less than a year ago	More than a year ago	I have never been offered
	54.1 Ecstasy	1	2	3	4
	54.2 Amphetamines	1	2	3	4
	54.3 LSD	1	2	3	4
	54.4 Methamphetamine	1	2	3	4
	54.5 Ketamine	1	2	3	4
	54.6 GHB	1	2	3	4
55. Do you have relatives that use synthetic drugs? 1. Yes 2. No		56. Do you have friends who use synthetic drugs? 1. Yes 2. No			
57. Do you have college friends who use synthetic drugs? 1. Yes 2. No		58. Have you ever been curious to try synthetic drugs? 1. Yes 2. No (go to question 60)			
59. Which one (s)? (Check all that apply) Ecstasy Amphetamines LSD Methamphetamine Ketamine GHB Other (What?) _____		60. If you would have the opportunity, would you try synthetic drugs? 1. Yes 2. No			
ECSTASY					
61. Have you ever in your life have used ecstasy? 1. If 2. No (Skip to question 77)		62. How old were you when you first tried ecstasy? I was _____ years old			
63. When did you first use ecstasy? 1. During the past 30 days 2. More than 30 days and less than 12 months 3. More than twelve months ago		64. Have you used ecstasy during the last 12 months? 1. Yes 2. No (go to question 77)			
65. Think about the last 12 months. How often have you used ecstasy? 1. Once 2. Sometimes during the past 12 months 3. Sometimes monthly 4. Some times weekly 5. Daily		66. Have you used ecstasy in the last 30 days? 1. Yes 2. No (go to question 71)			
67. In the past 30 days, how many days did you use ecstasy? If you are not sure, try to give an approximate number. _____ Days		70. During the days you used ecstasy in the past 30 days, what was the maximum number of doses you had in one day? _____ Dose			
71. On average, how many doses of ecstasy have you used in a night or event? _____ Dose		72. The times you used How much did you pay for a dose of ecstasy? (No cents) Bolivianos (Bolivia) Colombian Peso (Colombia) Dollars (Ecuador) Nuevos Soles (Peru)			

73. When used ecstasy how did it feel? (Check all that apply)	
Euphoric	Peaceful
Happy	Aggressive
Very Sensible	With energy, strength
More alert	Self confident
Different	Special
Extroverted	Uninhibited
With Hallucinations	
74. You use ecstasy in order to (Check all that apply)	75. When you use ecstasy did you drink alcohol and other drugs like marijuana and cocaine on the same occasion?
Be more alert and awake	1. Yes
To feel uninhibited	2. No
To avoid feeling tired	
To be able to dance all night (all party)	
To feel and enjoy more the music	
To study	
To relate better	
To improve sex	
To be more sensitive	

OTHER SYNTHETIC DRUGS

	Yes	No
77.1 Amphetamines	1	2
77.2 LSD	1	2
77.3 Methamphetamine	1	2
77.4 Ketamine	1	2
77.5 GHB	1	2
78-89 QUESTIONS WILL APPLY FOR EACH OF THE DRUGS THAT YOU ANSWERED 'Yes'. IF YOU ANSWERED 'NO' TO ALL, SKIP TO THE NEXT MODULE (QUESTION 101). IF YOU REPORTED USE IN THE LAST YEAR AT LEAST FOR ONE OF THEM, PROCEED TO QUESTIONS 90-100.		
78. How old were you when first used [synthetic drug]? I was _____ years old		
79. When did you first try [synthetic drug]? 1. During the past 30 days 2. More than 30 days and less than 12 months 3. More than twelve months ago	80. Have you used [synthetic drug] in the last 12 months? 1. Yes 2. No (skip to the next drug, if this is the last drug, go to question 101)	
81. Think about the last 12 months How often has you used [synthetic drug]? 1. Once 2. Sometimes during the past 12 months 3. Sometimes monthly 4. Some times weekly 5. Daily	82. Have you consumed [synthetic drug] in the last 30 days? 1. Yes 2. No (skip to the next drug, if the latter drug, go to question 90)	
83. In the past 30 days, how many days did you use [synthetic drug]? If you are unsure, try to give an approximate number. Days	86. During those days you used [synthetic drug] in the last 30 days, what was the maximum number of doses you had in one day? Doses	
87. On average, how many doses of a [synthetic drug] did you use in a night or event? _____ Dose	88. And the times he used How much did you pay for a dose of [synthetic drug]? (No cents) Bolivianos (Bolivia) Colombian Peso (Colombia) Dollars (Ecuador) Nuevos Soles (Peru)	

89. When you use [synthetic drug] how did it feel?: (check all that apply)			
Euphoric	Peaceful		
Happy	Aggressive		
Very Sensible	With energy, strength		
More alert	Self confident		
Different	Special		
Extroverted	Uninhibited		
With Hallucinations			
90. Thinking about the times you have used synthetic drugs, did you drink alcohol at the same time?			
1. Yes			
2. No			
91. Where most frequently consumed synthetic drugs?(Check all that apply)		92. In what company do you use synthetic drugs most often?	
1. In my own house		1. Spouse (a), partner (s), partner	
2. At home with my friends		2. Groom (a)	
3. In college		3. Padres	
4. In places near the university		4. Brothers	
5. At work		5. Other relatives	
6. In meetings		6. Friends	
7. On a walk		7. University peers	
8. Holidays in general		8. Coworkers	
9. Electronic parties (Rave Party or Free Party)		9. With the supplier of the synthetic drug	
10. In discos, bars, pubs, karaoke or similar		10. Unknown persons	
11. Events (concerts, parties, etc.).		11. By myself	
12. In parks or recreation areas		12. Other, with whom? _	
13. In other, Which? _____			
93. Have you ever had sex under the influence of synthetic drugs?		94. Thinking about the times you have used synthetic drugs. Have you ever used a sexual stimulant-like substance?	
1. Yes		1. Yes, which one? _____	
2. No		2. No	
95. Do you know the concentration or quality of the drugs you use?		96. Thinking about the times you have used synthetic drugs. Have you consumed energy drink?	
1. Yes		1. Yes, what? _____	
2. No		2. No	
97. Where do you get / buy the synthetic drugs you use? (Check all that apply)			
1. In college		6. Near dance sites	
2. Near the university		7. On the street	
3. Close to home / in your neighborhood		8. By phone and carry it home (delivery)	
4. Events (electronic, raves, free party, etc.)		9. Internet and take it home (delivery)	
5. Dancing In places (bars, discos, pubs, karaoke)			
98. You always acquire synthetic drugs from:			
1. Always the same dealer			
2. Different distributors			
3. The distributor is not important			
99. Think about the last 12 months	Yes	No	Do not know / Do not answer
99.1 During the past 12 months, have you been arrested because of the use of synthetic drugs?	1	2	3
99.2 During the past 12 months, have you been arrested for carrying or trafficking synthetic drugs?	1	2	3

99.3 Have you failed to fulfill your duties because of sickness that might be caused by use of synthetic drugs?	1	2	3
99.4 Have you had to attend an emergency or ambulatory, health service, hospital or clinic due to problems directly or indirectly associated with the use of synthetic drugs?	1	2	3
99.5 Have you had any traffic, work or home accident that may have directly or indirectly related to the use of synthetic drugs?	1	2	3
99.6 Have you had to borrow, pawn or sell something to get synthetic drugs?	1	2	3
99.7 Have you had to leave home, face a breakup, or separate from your loved ones due to use of synthetic drugs?	1	2	3
99.8 Have you had unsafe sex, say with a non-stable and not using condoms, while under the effects of synthetic drugs?	1	2	3
99.9 Have you ever intimidated, coerced or sexually abused someone while under the effects of synthetic drugs?	1	2	3
100. What other names of synthetic drugs do you know? (Open-ended question, 30 characters)			

MODULE V: Other Illicit Substances

101. How would you rate the use of drugs in college? 1. Serious 2. Mild 3. There is no use 4. Do not know 5. Do not answer	102. Do you know if there are places, streets, passages or areas within the university where they sell drugs? 1. Yes 2. Not 3. Do not know 4. Do not answer			
103. Do you know if there are places, streets, passages, or areas near the university where they sell drugs? 1. Yes 2. Not 3. Do not know 4. Do not answer				
104. Do you know someone in college who uses any of these drugs? 1. Marijuana 2. Cocaine 3. Heroin 4. Pasta base / cocaine base / crack users 5. Poppers 6. Inhalants such as glue, paint, gasoline, etc.	Yes	No	Do not answer	
	1	2	3	
	1	2	3	
	1	2	3	
	1	2	3	
	1	2	3	
105. Do you have relatives who use illicit drugs such as marijuana, cocaine or other? 1. None 2. One 3. Two or more	106. Do you have friends who use illicit drugs such as marijuana, cocaine or other? 1. None 2. One 3. Two or more			
107. Have you ever had the chance to try an illicit drug? 1. Never 2. Yes, once 3. Yes, several times	108. Have you ever feel curious to try an illicit drug? 1. Never 2. Yes, once 3. Yes, several times			
109. If you had the chance, would you try "an illicit drug"? 1. No 2. It can be 3. Yes				
110. In your opinion, how much risk has a person who ...?	No risk	Low or moderate risk	High risk	I don't know
110.1 Smoke cigarettes frequently?	1	2	3	4
110.2 Drinks alcohol frequently?	1	2	3	4
110.3 Takes tranquilizers with no prescription frequently?	1	2	3	4
110.4 Taking stimulants with no prescription frequently?	1	2	3	4
110.5 Tries marijuana once or twice?	1	2	3	4
110.6 Smokes marijuana regularly?	1	2	3	4
110.7 Tries cocaine once or twice	1	2	3	4
110.8 Uses cocaine frequently?	1	2	3	4
110.9 Tries coca paste/coca base/crack once or twice?	1	2	3	4
110.10 Uses coca base / frequently?	1	2	3	4
110.11 Tries poppers once or twice?	1	2	3	4
110.12 Use poppers often?	1	2	3	4

111. How easy or difficult it would be to get any of the following drugs?	It would Be easy	It would be difficult	I could not get	I do not know if it would be easy or difficult	
111.1 Marijuana	1	2	3	4	
111.2 Cocaine	1	2	3	4	
111.3 Coca paste/coca base/crack	1	2	3	4	
111.4 Heroin	1	2	3	4	
111.5 Nonprescription drugs	1	2	3	4	
112. Have you ever been offered illicit drugs either to try or buy, such as marijuana, cocaine, coca paste / base / crack users, heroin?					
1. Yes 2. No (go to question 114)					
113. When was the last time you were offered any of these drugs, either to buy or try?	Over the past 30 days	More than a month but less than a year	More than a year ago	I have never been offered	
113.1 Marijuana	1	2	3	4	
113.2 Cocaine	1	2	3	4	
113.3 Coca paste/coca base/crack	1	2	3	4	
113.4 Heroin	1	2	3	4	
114. Do you think that in your country, use of the following drugs is a social problem (related to accidents, crime, family problems, violence, public health etc.)?					
Drug	It is a social problem				
	Very important	Somewhat important	Nothing important	Not necessarily a problem	I have no information to assess
114.1 TOBACCO	1	2	3	4	5
114.2 Alcohol	1	2	3	4	5
114.3 Tranquilizers	1	2	3	4	5
114.4 Stimulants	1	2	3	4	5
114.5 Marijuana	1	2	3	4	5
114.6 Cocaine	1	2	3	4	5
114.5 Coca paste/coca base/crack	1	2	3	4	5
114.8 Heroin	1	2	3	4	5
MARIJUANA					
115. Have you used marijuana sometime in your life? 1. Yes 2. No (go to question 123)	116. How old were you when you first tried marijuana? I was _____ years old				
117. When did you first try marijuana? 1. Over the past 30 days 2. For over a month but less than one year 3. More than a year ago	118. Have you used marijuana in the last 12 months? 1. Yes 2. No (skip question 123)				
119. Think about the last 12 months How often have you used marijuana? 1. Once 2. Sometimes during the past 12 months 3. Sometimes monthly 4. Some times weekly 5. Daily	120. Have you used marijuana in the last 30 days? 1. Yes 2. No				
121. To answer these questions, think about the last 12 months	If		Not		
121.1 Have you felt a big desire to use marijuana and could not think about anything else?					
121.2 Have you used marijuana despite your intention don't use?					
121.3 Have you ended using marijuana in larger amounts than you thought?					

121.4 Have you ever used marijuana to eliminate or prevent problems such as? • Anxious, restless, irritable • Stress or depression • Nausea, vomiting • Poor concentration • Trembling, shivering • Seeing, hearing or feeling things that are not • Tired, sleepy, weak • Tachycardia • Trouble sleeping		
121.5. Have you felt problems as those mentioned above when suspending or decreasing drug use?		
121.6 Have you noticed that to get the same effect with marijuana, you need to use more than before?		
121.7 Have you noticed that the same amount of marijuana has less effect on you than before?		
121.8 Have you stopped doing leisure activities or activities that you like, because of the use of marijuana?		
121.9 Do you spend more time than before to recover from marijuana?		
121.10 Have you continued using marijuana even though it causes health problems, physical, emotional or nervous?		
122. To answer these questions, think about the last 12 months	Yes	No
122.1 Sometimes, people who use marijuana have serious problems at home, work or study, such as child neglect, missing work or classes, less performance at work or in school or lost their work. During the past 12 months, has marijuana use caused you serious problems like these, whether at home, work or study?		
122.2 During the past 12 months, have you regularly used marijuana and consequently endangered your physical integrity?		
122.3 During the past 12 months, have you done something under the influence of marijuana that has caused repeated problems with the public authority or with the law?		
122.4 For the past 12 months, have you had problems with family or friends that were probably caused by marijuana use?		
122.5 During the past 12 months, have you been involved in a fight to death or have attacked someone under the influence of marijuana?		
COCAINE		
123. Have you ever used cocaine in your life? 1. Yes 2. No (go to question 131)	124. How old were you when you first tried cocaine? I was _____ years old	
125. When did you first try cocaine? 1. Over the past 30 days 2. More than a month but less than a year 3. More than a year ago	126. Have you used cocaine in the last 12 months? 1. Yes 2. No (go to question 131)	

<p>I27. Think about the last 12 months How often have you used cocaine? 1. Once 2. Sometimes during the past 12 months 3. Sometimes monthly 4. Some times weekly 5. Daily</p>	<p>I28. Have you used cocaine in the last 30 days? 1. Yes 2. No</p>	
<p>I29. To answer these questions, think about the last 12 months</p>	<p>Yes</p>	<p>No</p>
<p>I29.1 Have you felt a big desire to use cocaine and could not resist or think about anything else?</p>		
<p>I29.2 Have you used cocaine even though you intended not to do so?</p>		
<p>I29.3 Have you ended taking cocaine in larger quantities than you thought?</p>		
<p>I29.4 Have you ever used cocaine to eliminate or prevent problems such as the following? Anxious, restless, irritable stress or depressed Nausea, vomiting, concentration problems Trembling, shivering Seeing, hearing or feeling things that are not Tired, sleepy, weak, tachycardia Trouble sleeping</p>		
<p>I29.5 Have you presented problems such as those mentioned above when suspending or decreasing cocaine use?</p>		
<p>I29.6 Have you ever noticed that in order to get the same effect for cocaine, you need to use more than before?</p>		
<p>I29.7 Have you noticed that the same amount of cocaine has less effect on you than before?</p>		
<p>I29.8 Have you stopped doing leisure activities or activities that you like, because of cocaine use?</p>		
<p>I29.9 Do you spend more time than before to recover from cocaine use?</p>		
<p>I29.10 Have you continued to use cocaine even though it causes health problems, physical, emotional or nervous?</p>		
<p>I30. To answer these questions, think about the last 12 months</p>	<p>Yes</p>	<p>No</p>
<p>I30.1 Sometimes, people who use cocaine have serious problems at home, work or study, such as child neglect, missing work or classes, lower your performance at work or in school or lose their work. During the past 12 months, cocaine use caused you serious problems like these, whether at home, work or study?.</p>		
<p>I30.2 During the past 12 months, have you regularly consumed cocaine and consequently endangered your physical health?</p>		
<p>I30.3 During the past 12 months, have you done something under the influence of cocaine that has caused repeated problems with the public authority or with the law?</p>		
<p>I30.4 For the past 12 months, have you had problems with family or friends that were probably caused by cocaine use?</p>		
<p>I30.5 During the past 12 months, has you been involved in a fight to death or have attacked someone under the influence of cocaine?</p>		

COCA PASTE/COCA BASE/CRACK BASUCO		
<p>I31. Have you used coca paste/coca base/crack once in your life?</p> <p>1. Yes</p> <p>2. No (go to question I39)</p>	<p>I32. How old were you when you first tried coca paste/coca base/crack?</p> <p>I was _____ years old</p>	
<p>I33. When did you first tried coca paste/coca base/crack?</p> <p>1. Over the past 30 days</p> <p>2. More than a month but less than a year</p> <p>3. More than a year ago</p>	<p>I34. Have you used coca paste/coca base/crack in the last 12 months?</p> <p>1. Yes</p> <p>2. No (skip question I39)</p>	
<p>I35. Think about the last 12 months How often have you used coca paste/coca base/crack?</p> <p>1. Once</p> <p>2. Sometimes during the past 12 months</p> <p>3. Sometimes monthly</p> <p>4. Some times weekly</p> <p>5. Daily</p>	<p>I36. Have you used coca paste/coca base/crack in the last 30 days?</p> <p>1. Yes</p> <p>2. No</p>	
<p>I37. To answer these questions, think about the last 12 months</p>	Yes	No
<p>I37.1 Have you felt a big desire to use coca paste/coca base/crack and could not think about anything else</p>		
<p>I37.2 Have you used coca paste/coca base/crack despite your intention to don't do so?</p>		
<p>I37.3 Have you ended using coca paste/coca base/crack in larger quantities than you intended?</p>		
<p>I37.4 Have you ever used coca paste/coca base/crack to eliminate or prevent problems such as?</p> <p>Anxious, restless, irritable stress or depression</p> <p>Nausea, vomiting, concentration problems</p> <p>Trembling, shivering</p> <p>Seeing, hearing or feeling things that are not</p> <p>Tired, sleepy, weak tachycardia</p> <p>Trouble sleeping</p>		
<p>I37.5 Have you had problems such as those mentioned above when suspending or decreasing the consumption of coca paste/coca base/crack?</p>		
<p>I37.6 Have you noticed that to get the same effect with coca paste/coca base/crack you had to consumed more than before?</p>		
<p>I37.7 Have you noticed that the same amount of coca paste/coca base/crack has less effect on you than before?</p>		
<p>I37.8 Have you stopped doing leisure activities or activities that you like, because the use of coca paste/coca base/crack?</p>		
<p>I37.9 Do you spend more time than before to recover from the consumption of coca paste/coca base/crack?</p>		
<p>I37.10 Have you continued using coca paste/coca base/crack even though it causes health physical, emotional or nervous problems,?</p>		
<p>I38. To answer these questions, think about the last 12 months</p>	Yes	No
<p>I38.1 Sometimes people who use coca paste/coca base/crack have serious problems at home, work or study, such as child neglect, missing work or classes, less performance work or in school or lose their job. During the past 12 months, consumption of coca paste/coca base/crack caused serious problems like these, whether at home, work or study?.</p>		
<p>I38.2 During the past 12 months, have you regularly use coca paste/coca base/crack and consequently endangered your physical health?</p>		

138.3 During the past 12 months, have you done something under the influence of coca paste/coca base/crack that has caused you repeated problems with the public authority or with the law?		
138.4 For the past 12 months, have you had problems with family or friends that were probably caused by his use of coca paste/coca base/crack?		
138.5 During the past 12 months, have you been involved in a fight to death or have attacked someone under the influence of coca paste/coca base/crack?		
INHALED SUBSTANCES		
139. Have you ever used inhalants such as Poppers, air fresheners and / or body, rubber glue, petrol, paraffin or similar at some time in your life? 1. Yes 2. No (go to question 146)		
140. How old were you when you first tried inhalants? I was _____ years old	141. When did you first tried inhalants? 1. Over the past 30 days 2. More than a month but less than a year 3. More than a year ago	
142. Have you used inhalants in the last 12 months? 1. Yes 2. No (skip question 145)	143. Have you used inhalants in the last 30 days? 1. Yes 2. Not	
144. In the past 30 days, how many days did you use inhalants? _____ Days	135. How often have you used inhalants? 1. A one-time 2. Some times during the past 12 months 3. Sometimes monthly 4. Some times weekly 5. Daily	
OTHER DRUGS		
146. Have you used any of the following drugs sometime in their life?		
	Yes	No
1. Hash	1	2
2. Crack	1	2
3. Heroin	1	2
4. Relevón	1	2
5. Opium	1	2
6. Morphine (only use not prescribed by doctor)	1	2
7. Hallucinogens natural (such as Peyote, San Pedro, Ayahuasca, Floripondio)	1	2
8. Other drugs: Specify :.....	1	2
THE FOLLOWING QUESTIONS (148-153) APPLY FOR EACH OF THE DRUGS THAT YOU ANSWERED 'YES'. IF YOU ANSWERED TO ALL 'NO', SKIP TO THE NEXT MODULE (question 156)		
148. How old were you when you first used [drug name]? I was _____ years old	149. When did you first used [drug name]? 1. Over the past 30 days 2. More than a month but less than year 3. More than a year ago	
150. Have you used [drug name] in the last 12 months? 1. Yes 2. No (skip to the next drug, if the latest drugs, skip to question 156)	151. How often have you used [drug name]? 1. A one-time 2. Some times during the past 12 months 3. Sometimes monthly 4. Some times weekly 5. Daily	

I52. How does [drug name] is used? 1. Sniffing 2. Digested or ingested 3. Injected		I53. Have you used [drug name] in the last 30 days? 1. Yes 2. No (skip to the next drug, if the latest drugs, skip to question I56)		
DRUG INJECTION				
I54. Have you ever injected any of the following substances?		I55. when was the last time you injected these substances?		
Drug		Over the past 30 days	Over one month but less than 1 year	Over 1 year ago
I54.1 Alcohol 1. Yes (skip to Question I55.1) 2. No (skip to Question I54.2)	I55.1	1	2	3
I54.2 Cocaine 1. Yes (skip to Question I55.2) 2. No (skip to Question I54.3)	I55.2	1	2	3
I54.3 Amphetamine 1. Yes (skip to Question I55.3) 2. No (skip to Question I54.4)	I55.3	1	2	3
I54.4 Heroin 1. Yes (skip to Question I55.4) 2. No (skip to Question I54.5)	I55.4	1	2	3
I54.5 Morphine, Methadone or similar 1. Yes (skip to Question I55.5) 2. No (go to question I56)	I55.5	1	2	3

MODULE VI: PHARMACOLOGIC DRUGS TRANQUILLIZERS

156. Have you used any of these tranquilizers or benzodiazepines at some time in your life?		
	Yes	No
1. Clonazepam, Rivotril or Valpax	1	2
2. Alprazolam, Ativan Zotrán or	1	2
3. Lorazepam or Ampara	1	2
4. Valium or Diazepam	1	2
5. Clorodiazepóxido	1	2
6. Bromazepam	1	2
7. Dormonil or Midazolam	1	2
8. Zopiclone	1	2
9. Zolpidem or Somme	1	2
10. Flunitrazepam or Rohypnol	1	2
11. Other What? _____	1	2
THE FOLLOWING QUESTIONS (157-163) APPLY FOR EACH OF THE DRUGS THAT YOU ANSWERED 'YES'. IF YOU ANSWERED TO ALL 'NO', SKIP TO THE NEXT MODULE (question 164)		
157. How old were you when first tested [name of the tranquilizer]? I I was _____ years old		
158. When did you first used [name of the tranquilizer]? 1. Over the past 30 days 2. More than a month but less than a year 3. More than a year ago	159. Have you used [name of the tranquilizer] in the last 12 months? 1. Yes 2. No (skip to the next drug, if the latest drugs, skip to question 163)	
160. Have you used [name of the tranquilizer] in the last 30 days? 1. Yes 2. No (skip to the next drug, if the last drug, go to question 164)	161. In the past 30 days, how many days did you used [name of the tranquilizer]? _____ Days	
162. How did you get [name of the tranquilizer]?(Check all that apply) 1. Through a prescription from a doctor friend 2. Always formal prescription, in a medical office, clinic or hospital 3. Sometimes counter 4. Never prescription 5. Do not know / Do not answer	163. How often did you used [name of tranquilizer]] in the last year? 1. A one-time 2. Some times during the past 12 months 3. Sometimes monthly 4. Some times weekly 5. Daily	
STIMULANTS		
164. Have you used any of these tranquilizers or benzodiazepines at some time in your life?		
	Yes	No
1. Ritalin, Methylphenidate or Ritrocel	1	2
2. Cylert or Pemoline	1	2
3. Cidrin, or methamphetamine hydrochloride Escancil	1	2
4. Fenproporex	1	2
5. Anfrepramona or Diethylpropion	1	2
6. Other What ? _____	1	2

THE FOLLOWING QUESTIONS (165-171) APPLY FOR EACH OF THE DRUGS THAT YOU ANSWERED 'YES'. IF YOU ANSWERED TO ALL 'NO', SKIP TO THE NEXT MODULE (question 172)		
165. How old were you when first used [name stimulant]? I was _____ years old		
166. When did you first use [name stimulant]? 1. Over the past 30 days 2. More than a month but less than a year 3. More than a year ago	167. Have you used [name stimulant] in the last 12 months? 1. Yes 2. No (skip to the next drug, if the latest drugs, skip to question 163)	
168. Have you used [name stimulant] in the last 30 days? 1. Yes 2. No (skip to the next drug, if the latest drugs, skip to question 156)	169. In the past 30 days, how many days are consumed [name stimulant]? _____ Days	
170. How did you get [name of the stimulant]?(Check all that apply) 1. Through a prescription from a doctor friend 2. Always formal prescription, in a medical office, clinic or hospital 3. Sometimes counter 4. Never prescription 5. Do not know / Do not answer	171. How often did you used [name of the stimulant] in the last year? 1. A one-time 2. Sometimes in the last 12 months 3. Sometimes monthly 4. Some times weekly 5. Daily	
ANALGESICS		
172. Have you used any of the following pain sometime in their life? (Check all that apply)		
	Yes	No
1. Codeine		2
2. Methadone		2
3. Morphine		2
4. Pethidine		2
5. Naloxone		2
6. TRAMAL		2
7. Other What ? _____		2
THE FOLLOWING QUESTIONS (173-179) APPLY FOR EACH OF THE ANALGESICS THAT YOU ANSWERED 'YES'. IF YOU ANSWERED TO ALL 'NO', SKIP TO THE NEXT MODULE (question 180)		
173. How old were you when first used [name of the painkiller]? He completed I was _____ years old	174. When did you first use [name of the painkiller]? 1. Over the past 30 days 2. More than a month but less than a year 3. More than a year ago	
175. Have you used [name of pain reliever] in the last 12 months? 1. Yes 2. No (skip to the next drug, if the latest drugs, skip to question 179)	176. Have you used [name of pain reliever] in the last 30 days? 1. Yes 2. No (skip to the next drug, if the latest drugs, skip to question 179)	
177. In the past 30 days, how many days you used [name of the painkiller]? _____ Days	178. How did you get [name of the painkiller]? (Check all that apply) 1. Through a prescription from a doctor friend 2. Always formal prescription, in a query medical clinic or hospital 3. Sometimes by the counter 4. Always nonprescription 5. Ns / Do not answer	

179. How often did you use [name of pain reliever] in the last year?

1. Very rarely
2. Occasionally
3. Almost every month
4. Each month
5. Several times a week
6. Daily

MODULE VII: EXPOSURE PREVENTION PROGRAMS

<p>180. In the university where you study have you received information about drug use?</p> <p>1. Yes 2. No (Skip to question 186)</p>	<p>181. Did the information included synthetic drugs?</p> <p>1. Yes 2. No (Skip to question 186)</p>																					
<p>182. How often have you received information about drug use in college?</p> <p>0. Not applicable 1. A one-time 2. A few times 3. Several times 4. Often</p>	<p>183. How would you rate the information received on drug use in college?</p> <p>1. Very good 2. Good 3. Regular 4. Bad</p>																					
<p>184. At the university where you are studying, have you participated in a formal program (with materials and scheduled meetings) in drug use prevention?</p> <p>1. Yes 2. No (Skip to question 186) 3. Do not remember (Go to question 186)</p>	<p>185. What institutions developed these drug prevention activities?</p> <table border="1" data-bbox="600 741 1399 1211"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1 Ministry of Education</td> <td>1</td> <td>2</td> </tr> <tr> <td>2 Ministry of Public Health / Social Protection</td> <td>1</td> <td>2</td> </tr> <tr> <td>3 Foundations or NGOs</td> <td>1</td> <td>2</td> </tr> <tr> <td>4 Student Welfare Department university or other</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 Student Association</td> <td>1</td> <td>2</td> </tr> <tr> <td>6 Other</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	1 Ministry of Education	1	2	2 Ministry of Public Health / Social Protection	1	2	3 Foundations or NGOs	1	2	4 Student Welfare Department university or other	1	2	5 Student Association	1	2	6 Other	1	2
	Yes	No																				
1 Ministry of Education	1	2																				
2 Ministry of Public Health / Social Protection	1	2																				
3 Foundations or NGOs	1	2																				
4 Student Welfare Department university or other	1	2																				
5 Student Association	1	2																				
6 Other	1	2																				
<p>186. Do you think the drug problem should be addressed at the university through programs, activities or systematic or permanent?</p> <p>1. If 2. Perhaps 3. Not</p>	<p>187. Do you think there should be a specific university policy to prevent drug use (including alcohol) among college students?</p> <p>1. Yes 2. Perhaps 3. Not</p>																					
<p>188. If you had to spend \$ 100 to address the problem of alcohol in the country, how much would you invest in prevention (education), treatment (or rehabilitation) and control?</p> <p>1 .- Prevention and Education 2 .- Treatment or rehabilitation 3 .- Control of the offer and sale</p> <p>TOTAL be sure that totals 100</p>	<p>189. If you had to spend \$ 100 to confront the drug problem in the country, how much would you invest in prevention (education), treatment (or rehabilitation) and control?</p> <p>1 .- Prevention and Education 2 .- Treatment or rehabilitation 3 .- Control of the offer and sale</p> <p>TOTAL be sure that totals 100</p>																					

MODULE VIII: NEED FOR TREATMENT

<p>190. Have you ever been in some kind of treatment for alcohol or drugs (including no treatment to stop smoking) program? 1. Yes 2. No (go to question 195)</p>	<p>191. During the past 12 months have you received any treatment for alcohol or drugs? 1. Yes 2. No (go to question 195)</p>
<p>192. The treatment you received was only for alcohol, drug only or alcohol and drugs: 1. Only alcohol 2. Only drug 3. By alcohol and drugs</p>	<p>193. Thinking about the last time you were treated to stop using alcohol or drugs: 1. I was confined in a rehabilitation center or TC 2. I went to the nearest health clinic or rehabilitation 3. I went to a private 4. I went a self-help group like Alcoholics Anonymous 5. Another situation</p>
<p>194. How long ago was this drug or alcohol treatment? Years Months</p>	<p>195. During the past 12 months, have you felt the need to receive any help or treatment to slow or stop using drugs? 1. Yes 2. No 3. Do not take drugs</p>

MODULE IX: PRIVACY

<p>196. From where do you generally access the Internet?</p> <p>0. I never reached</p> <p>1. Home</p> <p>2. University</p> <p>3. Café Net, Internet Café, Cyber cafe, etc.</p> <p>4. House of friends</p> <p>5. Work</p> <p>6. Public or commercial spaces with WiFi Signal</p>	<p>197. Do you think there is privacy on the Internet?</p> <p>1. Yes</p> <p>2. No</p>
<p>198. If ever in life had tried marijuana, would you had report it in this document?</p> <p>1. Yes, I have just said</p> <p>2. Definitely yes</p> <p>3. Probably yes</p> <p>4. Probably Not</p> <p>5. Definitely would not say</p>	<p>199. If ever in life you had tried cocaine, would you had report it in this document?</p> <p>1. Yes, I have just said</p> <p>2. Definitely if</p> <p>3. Probably yes</p> <p>4. Probably Not</p> <p>5. Definitely would not say</p>
<p>200. We hereby declare that I give this information voluntarily</p> <p>1. Yes 2. No</p>	
<p>THANK YOU FOR YOUR TIME</p> <p>Please note that all the information you submitted is strictly confidential and will be used only for statistical purposes.</p>	