

## **Audit of epidemiological data from Latin America and the Caribbean**

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### **1. Introduction**

In September 2005 UNODC asked for an audit of the epidemiological Information on illegal substances available in the Americas, excepting the USA and Canada. This report includes such information, organized in Excel tables, as well as some comments on the main trends observed in the four regions proposed by the author: Mexico and Central America; Andean countries; South Cone; and the Caribbean. The report also includes a copy of all the reports (including one provided by UNODC itself), a set of files with the quantitative information in SPSS format, a list of all consulted sources, a set of graphs made to illustrate the most relevant aspects, and a general conclusion.

It must be said that organizing the information was a difficult task; as it can be observed in the tables, there are many differences in the way each country decides to carry out its studies, in the way the results are presented, in the way the information was gathered and the variables organized. Nevertheless, the initiative taken by UNODC may contribute to the unification of methodologies and strategies, and may help decision makers in the four regions of the hemisphere to consider the adoption of common models for presenting and comparing data.

it must be taken into account when reading the tables and their interpretation that:

- a. Most countries have no information on incidence in they surveys and it may be very difficult to calculate it
- b. Only countries with studies on a particular period of time will appear in the graphs; otherwise any comparison would be impossible
- c. The countries chosen for the graphs were those with published studies in the age ranks agreed for the audit
- d. Not all substances were included in the graphs: only the three (or four) of highest use

- e. SPSS tables and all the research documents analyzed for this project were organized on a separate data base, and will be sent to UNOCD on a CD.
- f. Some of the reports (particularly those provided by UNODC) are of a very different nature; strictly speaking they are not epidemiological studies, but qualitative and ethnographic works capable to offer some ideas regarding what happens with particular groups, but such information cannot be considered representative of a country.
- g. Some country studies (they will be highlighted in the analysis) have very prominent sampling or other methodological errors; this may produce a distorted idea of drug abuse in those countries.

## 2. Information available

### AVAILABLE INFORMATION BY REGION/COUNTRY\*

#### COUNTRIES

	1998-2001		2002-2005	
	Age 15-16	Age 12-24	Age 15-16	Age 12-24
<b>ANDEAN REGION</b>				
Bolivia	No	Yes	No	No
Colombia	Yes	Yes	Yes***	Yes***
Ecuador	No	Yes	No	Yes
Peru	Yes	Yes	Yes	Yes
Venezuela	No	No	No	Yes

#### MEXICO AND CENTRAL AMERICA

Mexico	No	Yes	No	Yes
Belize	No	No	Yes	Yes
Costa Rica	Yes	Yes	No	No
El Salvador	No	No	Yes	Yes
Guatemala	No	No	Yes	Yes
Honduras	No	No	No	No
Nicaragua	No	Yes	Yes	Yes
Panamá	Yes	Yes	Yes	Yes

#### SOUTH CONE

Argentina	Yes	Yes	No	No
Brasil	Yes	Yes	No	No
Chile	Yes	Yes	Yes	Yes
Paraguay	No	No	Yes	Yes
Uruguay	No	No	Yes	Yes

#### CARIBBEAN

Antigua & Barbuda	No	No	No	No
Bahamas	No	No	No	Yes**
Barbados	No	No	Yes	Yes
Dominica	No	No	Yes	Yes
Grenada	No	No	Yes	Yes
Guyana	No	No	Yes	Yes
Haiti	No	No	No	No
Jamaica	No	No	No	No
Rep. Dominicana	No	No	No	No
Santa Lucia	No	No	No	Yes**
Saint Vincent & Gr.	No	No	No	Yes**
St. Kitts & Nevis	No	No	No	Yes**
Suriname	No	No	No	Yes**
Trinidad & Tobago	No	No	No	Yes**

\* The information displayed in this table is approximated: there are many variations from one country to another regarding the organization of age groups; and there is no information on all the required substances

\*\* The information available is only on marihuana

\*\*\* In October 2005 the Colombian government released a press note indicating that a new study had been finished. The author tried to obtain a copy of the study, with no success.

### **3. Excel summary of all the available information**

In the following pages all the epidemiological information on illegal substances produced in the Hemisphere (excepting the United States, Canada and the territories under some European authorities like France, the Netherlands and the United Kingdom) is presented. The data were organized in eight tables grouping two sets of years (1998 to 2001 and 2002 to 2005) and four large groups of countries, as shown in the above table presenting the available information.

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Table 1, Lifetime prevalence (%), Andean region, 1998-2001

Country	Study title and year	Marihuana		Heroin		Cocaine		Crack		Amphet/Metanphet		Ecstasy	
		15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24
<b>Bolivia</b>	There is a study from 2000, unavailable so far	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Colombia</b>	National poll:youths and drugs, 1999-2000 <sup>1</sup>	11,4	9,2	0,9	0,8	4,4	3,6	xxxx	xxxx	0,8	0,7	2,3	1,8
	National survey: youths and drugs, 2001 <sup>2</sup>	7,6	8,9	xxxxx	1,1	4,2	4,5	xxxx	xxxx	xxxx	1,1	xxxx	2,2
<b>Ecuador</b>	National survey: youths and drugs, 1998 <sup>3</sup>	xxxxx	3,9	xxxxx	1,6	xxxxx	2,4	xxxxx	xxxxx	xxxxx	3,6	xxxxx	xxxxx
<b>Peru</b>	National survey: general population <sup>4</sup>	1,8	2,2	xxx	xxx	0,2	1	xxx	xxx	xxx	xxx	xxx	xxx
<b>Venezuela</b>	There is no information available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Incidence</b>													
<b>Colombia</b>	National survey: youths and drugs, 2001 <sup>**</sup>	3,4	3,3	xxxxx	xxxxx		1,9	1,8	xxx	xxxx	xxxx	xxxx	xxxx
<b>Peru</b> <sup>****</sup>			0,2				0						

<sup>1</sup> In this study the ranks of age are 15-19 instead of 15-16

<sup>2</sup> In this study the ranks of age are 10-24 instead of 12-24

<sup>3</sup> In this study the rank of ages is 13-19 instead of 12-24

<sup>4</sup> In this study the ranks of age is 12-19 instead of 12-24

xxx No information

There is no information available for this period from Bolivia and Venezuela; in the first case, nobody seems to be in possession of the study produced in 2000<sup>1</sup>; in the second case, no studies were carried out between 1998 and 2001.

Colombia presents in this period the highest rates of marihuana and cocaine use, followed by Ecuador; the opposite situation is valid regarding heroin and amphetamines, which is a little surprising considering that Ecuador is not a producing country and has no tradition of heroin use. Conclusions are difficult considering that information from other countries is scarce.

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**Table 2, Lifetime prevalence, Andean region, 2002-2005**

Country	Study title and year	Marihuana		Heroin		Cocaine		Crack		Anfet/Metanfet		Ecstasy	
		15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24
<b>Bolivia</b>	No studies since 2000;one in 2005, not yet published	xxx	xxxx	xxxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Colombia</b>	National school survey: youth and drugs 2005 <sup>4</sup>	xxx	xxxx	xxx	1,3 xxx	xxx	1,8	xxx	xxx	xxx	xxx	xxx	xxx
<b>Ecuador</b>	Comparative study by SIDUC, 2001-2002 <sup>1</sup>	2,7	8,4	0,3	0,8	0,4	1,2	0,1	0,6	1,2	3,5	0,7	1,9
<b>Peru</b>	2d. Epidemiological study in Peru,2002 <sup>2</sup>	2,9	4,1	xxx	xxx	0,37	2	xxx	xxx	xxx	xxx	xxxx	xxxx
	Drug abuse in urban populations un Peru, 2003 <sup>3</sup>	4,7	11	xxx	xxx	1,1	4,2	xxx	xxx	xxx	xxx	0,1	0,1

<sup>1</sup> The author of this report called and sent e-mails to some officials in Bolivia, who promised to send back a copy of the study. Unfortunately this never happened.

<b>Venezuela</b>	Comparative study by SIDUC, 2001-2002 <sup>1</sup>	0,3	0,7	0,5	1,2	0,1	0,4	0,3	0,9	2,7	6,4	0,5	1,5
<b>Incidence</b>													
<b>Peru</b>	2d. Epidemiological study in Peru,2002 <sup>2</sup>	2	1,3	xxx	xxx	0,4	0,2	xxx	xxx	xxx	xxx	xxx	xxx

<sup>1</sup> In this study the available rank of ages is 13-17 instead 12-24  
<sup>2</sup> In this study the available rank of ages are 14-16 instead 15-16 and 14-19 instead of 12-24  
<sup>3</sup> In this study the available rank of age is 12-18 instead 15-16  
<sup>4</sup> In this study the available rank of ages is 12-18 instead 12-24  
xxxx No information

Prevalences are quite similar in all countries, excepting amphetamines in Venezuela, which are particularly high; compared with previous studies, marihuana use presents a remarkable increase. The life prevalence of marihuana in Venezuela seems to be one of the lowest in the world, but in the absence of other information it's not possible to offer a reasonable conclusion; in any case, it would be expected that prevalence to be similar to those observed in other Andean countries. In the case of heroin in Ecuador, there is a significant change: in the previous study it was higher than in Colombia (only country with information on heroin in this period), but now it appears reduced to half the previous percentage.

It's not illogical to consider that some of these results were due to methodological problems, probably related to sampling.

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Table 3, Lifetime prevalence, Mexico and Central America , 1998-2001

Country	Study title and year	Marihuana		Heroin		Cocaine		Crack		Anfet/Metanfet		Ecstasy	
		15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24
<b>Mexico</b>	National survey on addictions, 1998 <sup>1</sup>	xxxx	1,5	xxx	0,04	xxx	0,6	xxxx	xxxx	xxxx	0,25	xxx	xxx
<b>Belize</b>	There are no studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Costa Rica</b>	National survey on general population 2000-2001	2,7	4,7	xxxx	xxxx	0,3	1,5	0,3	0,3	xxxx	xxxxx	xxxx	xxxxx
<b>EI Salvador</b>	There are no studies available	xxx	xxx	xxx		xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Guatemala</b>	There are no studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	Xxx	xxx
<b>Honduras</b>	There are no studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	Xxx	xxx
<b>Nicaragua</b>	PACARDO study on school students 1999 <sup>2</sup>	xxx	5,8	xxx	0,7	xxx	4,1	xxx	xxx	xxx	4,25	Xxx	0,25
<b>Panamá</b>	PACARDO study on general population 1999 <sup>3</sup>	4	6	0,4	0,4	0,2	0,4	0,2	0,4	1,7	0,8	0,2	0,4

<sup>1</sup> In this study the rank of ages is 12-17 instead of 12-24  
xxxxx No information

<sup>2</sup>In this study the rank of ages is 13-17 instead of 12-24

<sup>3</sup>n this study the rank of ages is 14-18 instead of 12-24

The information for this period is very scarce: most countries in this group have no data; what can be concluded is that in this group Nicaragua shows the highest prevalences for most of the reported substances; on the contrary, Mexico presents very low levels of drugs consumption, less than any other country in the region.

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**Table 4, Lifetime prevalence, Mexico and Central America , 2002-2005**

Country	Study title and year	Marihuana		Heroin		Cocaine		Crack		Anfet/Metanfet		Ecstasy	
		15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24
<b>Mexico</b>	National survey on addictions, 2002 <sup>1</sup>	xxx	1,22	xxx	0	xxx	0,22	xxx	xxx	xxx	0,13	xxx	xxx
<b>Belize</b>	SIDUC 2003: 3 Caribbean countries <sup>2</sup>	18,6	20,8	xxx	xxx	xxx	xxxx	xxx	xxx	xxx	xxx	xxx	xxx
	SIDUC 2002**	7,7	20,5	0,4	1,2	0,4	1,4	0,7	1,9	2	4,6	0,4	1,2
<b>Costa Rica</b>	There are no studies available since 2000	xxx	xxx	xxx	xxx	xxx	xxxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>El Salvador</b>	National KAP study on drugs consumption, 2004	3	xxx	1	xxx	2	xxxx	1	xxx	xxx	xxx	1	xxx
	SIDUC 2003 <sup>2</sup>	1,6	4,5	0,1	0,4	0,6	1,6	0,3	1,1	2,3	6,9	0,2	0,5
<b>Guatemala</b>	Comparative study SIDUC 2002 <sup>2</sup>	5,8	5,7	xxx	xxx	3,7	3,2	3,7	3,2	4,4	5,3	1,8	1,6
<b>Honduras</b>	There are no studies available	xxx	xxx	xxx	xxx	xxx	xxxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Nicaragua</b>	Comparative study SIDUC 2002 <sup>2</sup>	6,1	6,9	xxx	xxx	2,3	2,7	2,3	2,7	9,8	10,4	1,1	1,1

	Comparative study SIDUC 2002 <sup>2</sup>	8,3	6,9	xxx	xxx	xxx	1,1	0,8	0,8	6,3	5,9	2,1	1,4
	National survey on students 2003 <sup>4</sup>	xxx	8,1		0,2	xxx	1,8	xxx	0,6	xxx	5,2	xxx	1,4
	Students Survey on drug abuse 2002 <sup>3</sup>	xxx	6,8	xxx	xxx	xxx	0,5	xxx	xxx	xxx	4,5	xxx	xxx
<b>Panamá</b>	Students Survey on drug abuse 2003 <sup>3</sup>	xxx	10,7	xxx	xxx	xxx	2	xxx	xxx	xxx	5,5	xxx	xxx

<sup>1</sup>In this study the rank of ages is 12-17 instead of 12-24

<sup>2</sup>In this study the rank of ages is 13-17 instead of 12-24

<sup>3</sup>This study was carried out only in Panama City; ages: 14-18 instead of 12-24

<sup>4</sup>In this study the rank of ages was 14-18 instead of 12-24

Mexico again shows the lowest rates of drug use, even lowest than in the previous survey. In Belize's case, there is something difficult to explain: this country carried out two studies with only one-year difference, but the prevalences of marihuana use among youth between 15-16 years of age are 7.7% in 2002 and 18.6% in 2003; this makes more than a 100% difference in just one year. Amphetamines are the substances with higher prevalences in the region; only Nicaragua has a previous study, but the increase in this country was of more than 100% (4.25% vs. 10.4%). In all countries (excepting Mexico) amphetamines present higher prevalences than in the Andean region.

The data regarding marihuana use are very different when countries are compared: Belize (18.6%), El Salvador (3%), Guatemala (5.0%), Nicaragua (6.1%) and (8.3%); but due to lack of information from previous years it's impossible to identify a trend.

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**Table 5, Lifetime prevalence, 'South Cone', 1998-2001**

Country	Study title and year	Marihuana		Heroin		Cocaine		Crack		Anfet/Metanfet		Ecstasy	
		15-16	12:-24	15-16	12:-24	15-16	12:-24	15-16	12:-24	15-16	12-24	15-16	12:-24
<b>Argentina</b>	National School Survey, 2001 <sup>1</sup>	5,8	5	xxx	xxx	xxx	xxx	xxx	xxx	4	3,5	xxx	xxx
<b>Brasil</b>	1st National Household Survey on drug abuse 2001 <sup>3</sup>	3,5	6,7	0,1	0,1	0,5	1,8	0,3	0,45	0,2	0,7	xxx	
<b>Chile</b>	National Survey on general population 1998 <sup>2</sup>	11,5	21,7	xxx	xxx	1,5	5,4	xxx	xxx	xxx	xxx	xxx	xxx
	National School Survey, 1999 <sup>4</sup>	30	21,7	xxx	xxx	6,1	4,5	xxx	xxx	4,7	xxx	xxx	xxx
	National School Survey, 2001 <sup>4</sup>	33	23,6	xxx	xxx	7,3	5,3	xxx	xxx	xxx	xxx	xxx	xxx
<b>Paraguay</b>		xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Uruguay</b>	There are not studies available	3,9	6,5	0	0	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxxx	xxxx

<sup>1</sup> In this study the age rank is 12-19 instead of 12-24

<sup>2</sup> In this study the age rank is 12-18 instead of 15-16 and 12-25 instead of 12-24

<sup>3</sup> In this study the age rank are: 12-17 instead of 15-16

<sup>4</sup> In this study the age rank is 13-17 instead of 15-16

Chile reports the highest prevalence of marihuana not only in the South Cone Region, but in the hemisphere, and with differences that are not negligible: whilst in other regions the maximum percentage of use is less than 20%, in Chile is more than 30% .

As in Colombia, in Chile and Argentina the age group 15- 16 reports higher prevalences of marihuana and cocaine than the group 12 -24.

Amphetamines use is reported only in Chile, and the prevalence is moderate compared to some Central America countries.

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**Table 6, Lifetime prevalence, 'South Cone', 2002-2005**

Country	Study title and year	Marihuana		Heroin		Cocaine		Crack		Anfet/Metanfet		Ecstasy	
		15-16	12--24	15-16	12--:24	15-16	12:-24	15-16	12-:24	15-16	12:-24	15-16	12-:24
<b>Argentina</b>	2d.National Survey on general population 2004 <sup>1</sup>	xxx	0,6	xxx	xxx	xxx	0,1	xxx	xxx	xxx	0,1	xxx	xxx
<b>Brasil</b>	No studies available since 2000	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Chile</b>	4th National Survey on general population 2002 <sup>6</sup>	12,6	26	xxx	xxx	1,6	6,1	xxx	xxx	xxx	xxx	xxx	xxx
	5th National School Survey 2003 <sup>4</sup>	27,5	21,7	1,4	1,3	6,5	5,7	1,5	1,4	6	6	3,4	3,2
	6th.National Survey on general population 2004 <sup>6</sup>	12,6	26	xxx	xxx	1,5	5,3	xxx	xxx	xxx	xxx	xxx	xxx
<b>Paraguay</b>	Comparative study SIDUC 2002 <sup>2</sup>	1,4	4,3	0	0	0,3	1	0,1	0,2	2,8	6,7	0,1	0,3
	National School Survey 2003-2004 <sup>5</sup>	3,8	3,6	xxx	0,1	1	1		0,3	7,7	6,7	xxx	0,34
	Comparative study SIDUC 2002 <sup>2</sup>	15	12,5	xxx	xxx	3,5	2,7	3,5	2,7	6,7	6,2	0,4	0,5
<b>Uruguay</b>	National School Survey 2002 <sup>3</sup>	20,4	12	xxx	0,5	4	2,4	xxx	0,3	9,1	6	xxx	0,4
	National School Survey SIDUC 2003 <sup>4</sup>	16,3	12	xxx	0,5	xxx	xxx	3,1	xxx	0,8	xxx	xxx	0,9
	National School Survey SIDUC 2004 <sup>4</sup>	xxx	12	xxx	0,5	xxx	3,1	xxx	0,8	xxx	7	xxx	0,9

<sup>1</sup> In this study the age rank is 12-15 instead of 12-24

<sup>2</sup>In this study the age rank is 13-17 instead of 12-24

<sup>3</sup>In this study the age rank is 12-16 instead of 12-24

<sup>4</sup>In this study the age rank is 13-17 instead of 12-24

<sup>5</sup>In this study the age rank is 12-18 instead of 12-24

<sup>6</sup>In this study the age rank is 12-18 instead of 15-16

Evidentemente los estudios epidemiológicos realizados entre el 2002 y el 2005 en estos países son muchos más que los hechos entre 1998 y 2001.

In Chile, Paraguay and Uruguay, the relationship between the ages group 15-16 and 12-24 is similar to the one described for Colombia: in the first group of age prevalences are higher than those reported for the second group, particularly in the case of marihuana, heroin, cocaine, crack and amphetamines/metanphetamines. Regarding the previous set of years, it's surprising the radical decrease of prevalences in Argentina.

Excepting Belize (Central América), the South Cone countries present the higher rates of marihuana use, particularly Chile (2003), even if it can be observed a significant decrease in the last survey (2004).

The lifetime prevalence of amphetamines is quite high (compared with most other countries in Latin America): between 6.2% and 7%; the only exception is Argentina, reporting a 0,1% prevalence.

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**Table 7, Lifetime prevalence, Caribbean Countries, 1998-2001**

Country	Study title and year	Marihuana		Heroin		Cocaine		Crack		Anfet/Metanfet		Ecstasy	
		15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24	15-16	12:24
<b>Antigua &amp; Barbuda</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Bahamas</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Barbados</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Dominica</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Grenada</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Guyana</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Haiti</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Jamaica</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Rep. Dominicana</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Santa Lucia</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Saint Vincent &amp; Gr.</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>St. Kitts &amp; Nevis</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Suriname</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Trinidad &amp; Tobago</b>	No studies available	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

None of the 14 countries have epidemiological information for this period.

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Table 8, Lifetime prevalence, Caribbean  
Countries, 2002-2005

Country	Study title and year	Marihuana		Heroin		Cocaine		Crack		Anfet/Metanfet		Ecstasy
		15-16	12-:24	15-16	12-:24	15-16	12:- 24	15-16	12:- 24	15-16	12:-24	15-16
<b>Antigua &amp; Barbuda</b>	No studies available											
<b>Bahamas</b>	Youth and drug use in the Caribbean (2001/03) <sup>1</sup>	xxx	14	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Barbados</b>	SIDUC 2003 <sup>1</sup>	15	23,5	0,6	1,4	1	2	0,7	1,6	1,2	3,1	0,5
	Youth and drug use in the Caribbean (2001/03) *	xxx	22,4	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Dominica</b>	SIDUC 2002 <sup>2</sup>	7,2	17,2	0	0	0	0,1	0	0	3,2	9,5	0,5
	Youth and drug use in the Caribbean (2001/03) *	xxx	18,2	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Grenada</b>	SIDUC 2002 <sup>2</sup>	10,4	21,5	1	2,2	1	2,5	1,1	2,6	2	4,6	0,7
	Youth and drug use in the Caribbean (2001/03) *	xxx	21,5	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Guyana</b>	SIDUC 2002 <sup>1</sup>	3,6	7,1	0,2	0,8	0,2	0,7	0,2	0,5	0,7	2,2	0,4
	Youth and drug use in the Caribbean (2001/03) *	xxx	6,8	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

<b>Haiti</b>	No studies available	xxx	xxx	Xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Jamaica</b>	No studies available	xxx	xxx	Xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Rep. Dominicana</b>	No studies available	xxx	xxx	Xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Santa Lucia</b>	Youth and drug use in the Caribbean (2001/03) <sup>2</sup>	xxx	27,4	Xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Saint Vincent &amp; Gr.</b>	Youth and drug use in the Caribbean (2001/03) <sup>2</sup>	xxx	20,6	Xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>St. Kitts &amp; Nevis</b>	Youth and drug use in the Caribbean (2001/03) <sup>1</sup>	xxx	17	Xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Suriname</b>	Youth and drug use in the Caribbean (2001/03) <sup>2</sup>	xxx	5,7	Xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>Trinidad &amp; Tobago</b>	Youth and drug use in the Caribbean (2001/03) <sup>2</sup>	xxx	13,7	Xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	Xxx

\*In this study the age rank is 13-17 instead of 12-24

<sup>1</sup> In this study the age rank is 13-18 instead of 12-24

<sup>2</sup> In this study the age rank is 13-20 instead of 12-24

UNODC Report on The Caribbean  
Secondary School Drug Survey

Studies in Caribbean countries (qualitative)  
1. Substance abuse and criminal behaviour among juvenile offenders in Barbados

2. Fishing for Cocaine: The Impact of the Cocaine trade on selected Fishing Villages in Jamaica
3. Focus assessment study on drugs within six selected high risk communities in the Federation of St Kitts and Nevis
4. Perception of drug use among youth aged 16-25 years in five high risk communities in Dominica
5. Assessing marijuana use and related behavioural patterns among young people in selected
6. Drug use and related problems among youth in Paramaribo, Suriname
7. The perception of drug use and related problems among adolescents in Guyana

Between 2002 and 2005 there were several studies in the region, but their quality and their accuracy is highly uneven. The four SIDUC studies follow the standard procedures of that OAS' organization, including a regular sampling process and the employment of a unique questionnaire<sup>2</sup>. There are ten short studies carried out by UNODC, of which four were implemented in the same countries investigated with SIDUC strategies; in these studies the only percentages on illegal substances reported by UNODC refer to marihuana, and they are almost identical to those reported by SIDUC.

Excepting Guyana and Suriname, all other countries in the region show high levels of marihuana use amongst the youth (the highest: St. Lucia, Barbados and Grenada). Nevertheless consumption of other substances is relatively low, excepting amphetamines. Only four countries have no national information regarding drugs and alcohol abuse: Antigua and Barbuda, Haiti, Jamaica and Trinidad and Tobago.

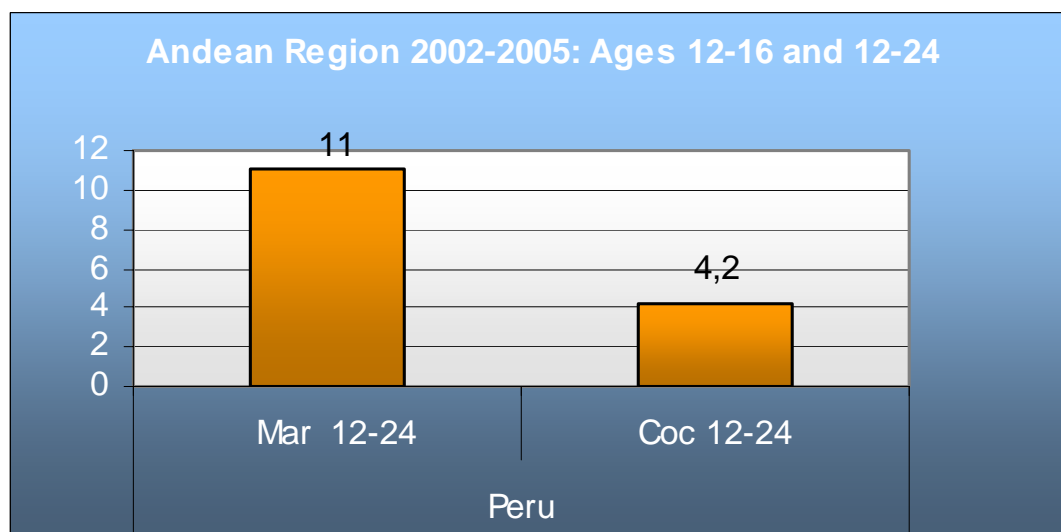
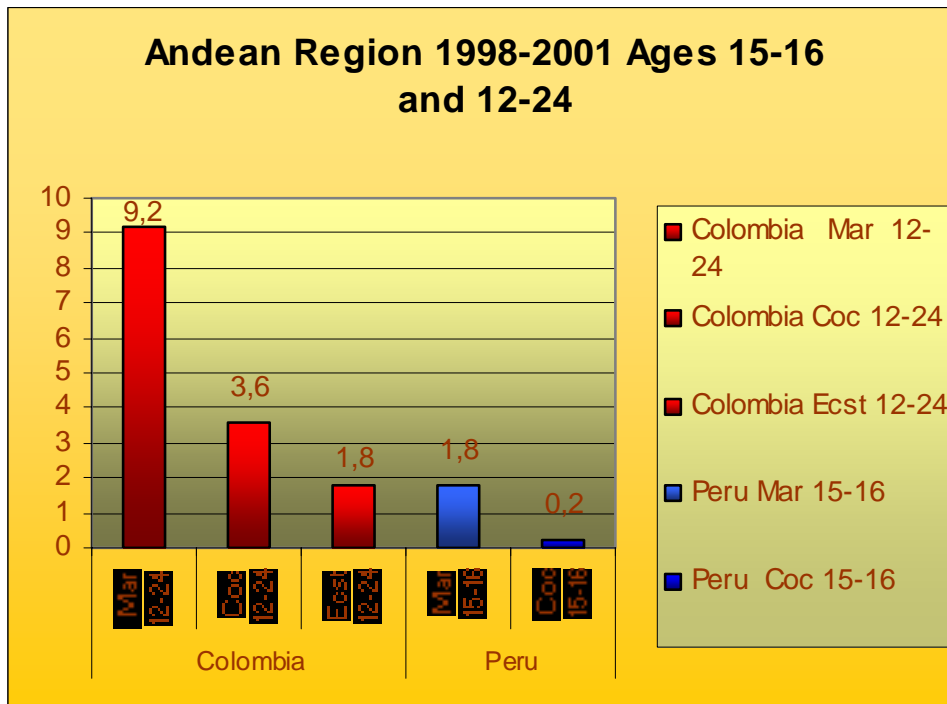
The six qualitative studies undertaken with high-risk populations offer useful information on beliefs, preferences and social representations of some substances; but for their own nature they provide no knowledge about the magnitude of drug abuse in those countries. Marihuana appears as the most popular substance, whilst cocaine and crack have a very bad reputation.

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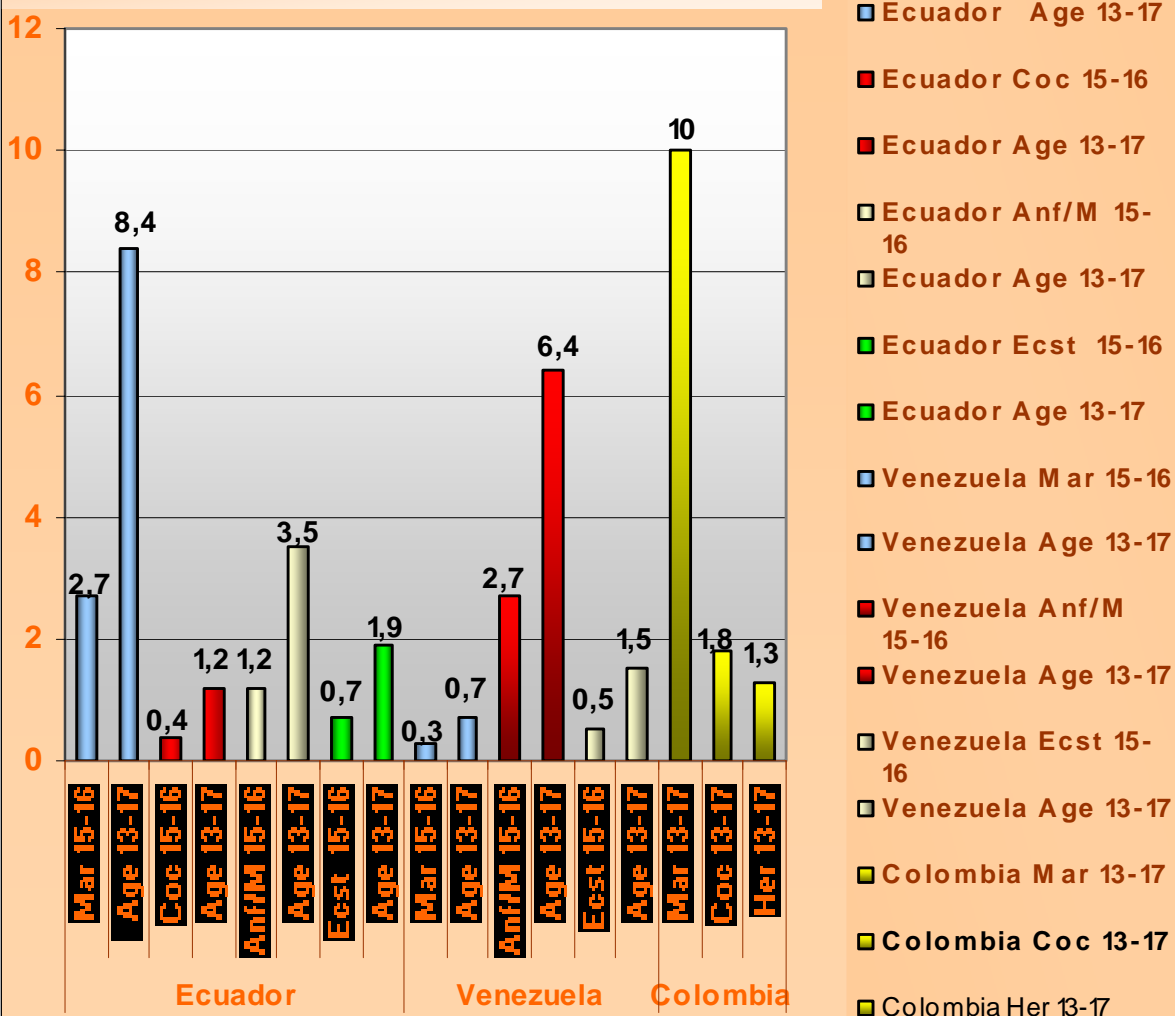
<sup>2</sup> The SIDUC questionnaire wasn't without problems: it was deeply revised in March 2005.

#### 4. Graphs by regions: lifetime prevalence of illegal substances

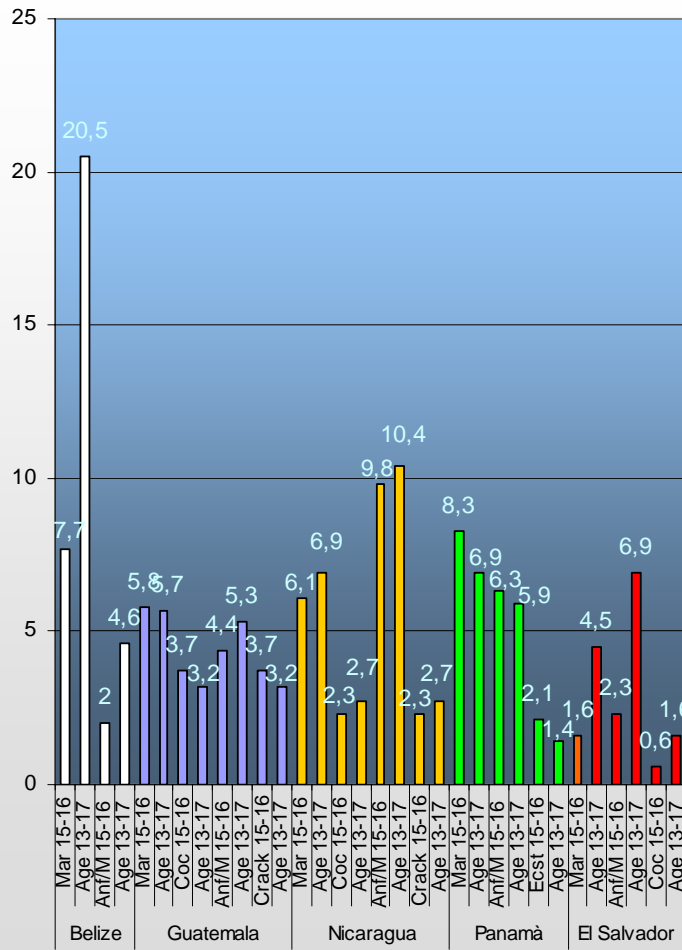
Mar= Marihuana; Coc= Cocaine; Her= Heroine; Ecs= Ecstasy; Anf= Amphetamines



## ANDEAN REGION: SIDUC 2002-2005

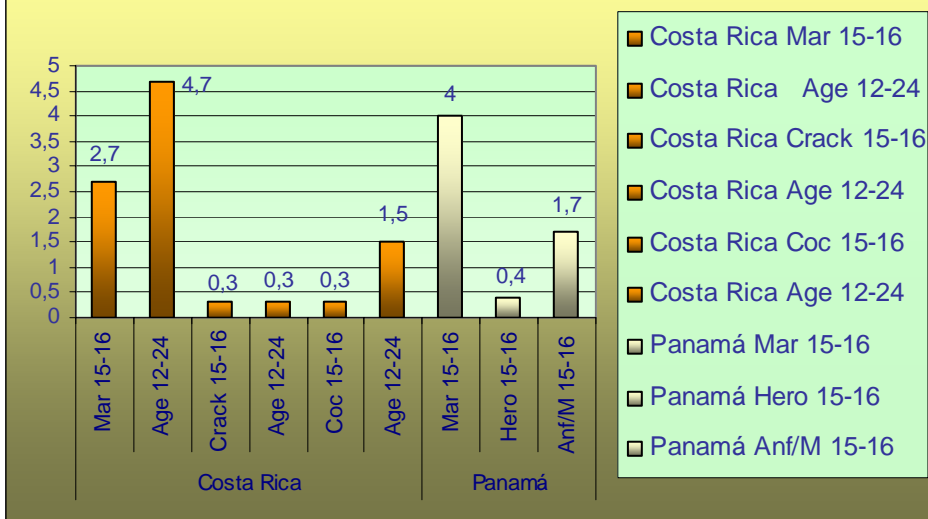


### Mexico and Central America 2002-2005 SIDUC

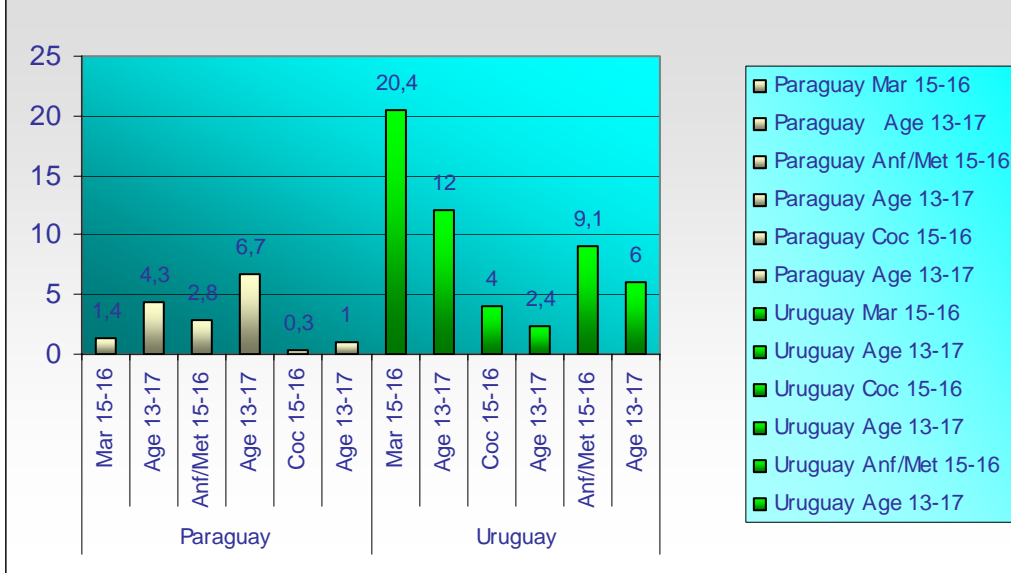


- Belize Mar 15-16
- Belize Age 13-17
- Belize Anf/M 15-16
- Belize Age 13-17
- Guatemala Mar 15-16
- Guatemala Age 13-17
- Guatemala Coc 15-16
- Guatemala Age 13-17
- Guatemala Anf/M 15-16
- Guatemala Age 13-17
- Guatemala Crack 15-16
- Guatemala Age 13-17
- Nicaragua Mar 15-16
- Nicaragua Age 13-17
- Nicaragua Coc 15-16
- Nicaragua Age 13-17
- Nicaragua Anf/M 15-16
- Nicaragua Age 13-17
- Nicaragua Crack 15-16
- Nicaragua Age 13-17
- Panamá Mar 15-16
- Panamá Age 13-17
- Panamá Anf/M 15-16
- Panamá Age 13-17
- Panamá Ecst 15-16
- Panamá Age 13-17
- El Salvador Mar 15-16
- El Salvador Age 13-17
- El Salvador Anf/M 15-16
- El Salvador Age 13-17
- El Salvador Coc 15-16
- El Salvador Age 13-17

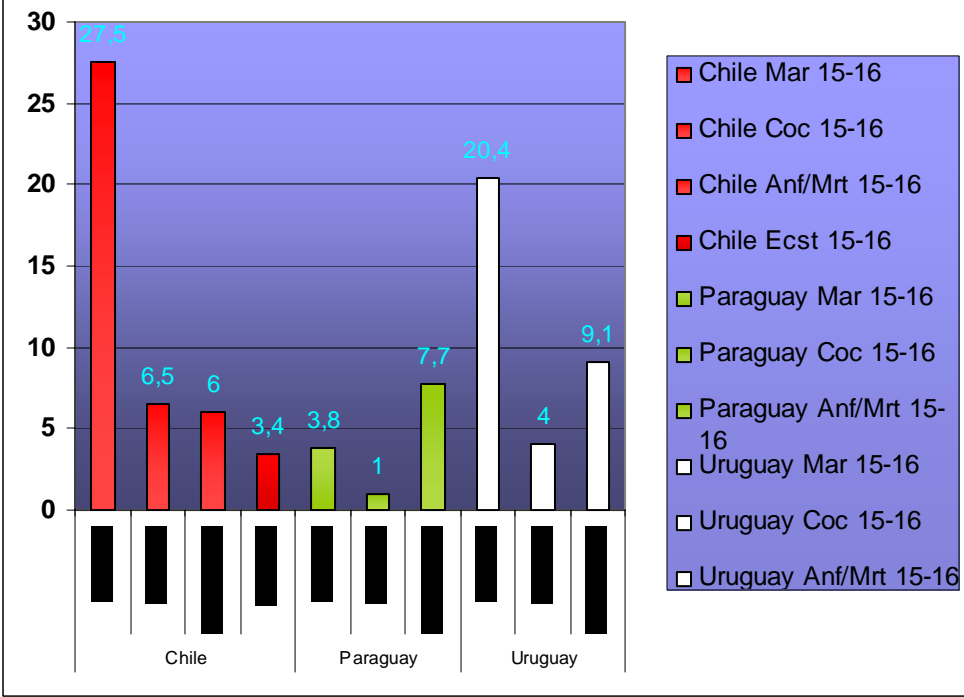
### Mexico and Central America 1998-2001: Ages 15-16 and 12-24



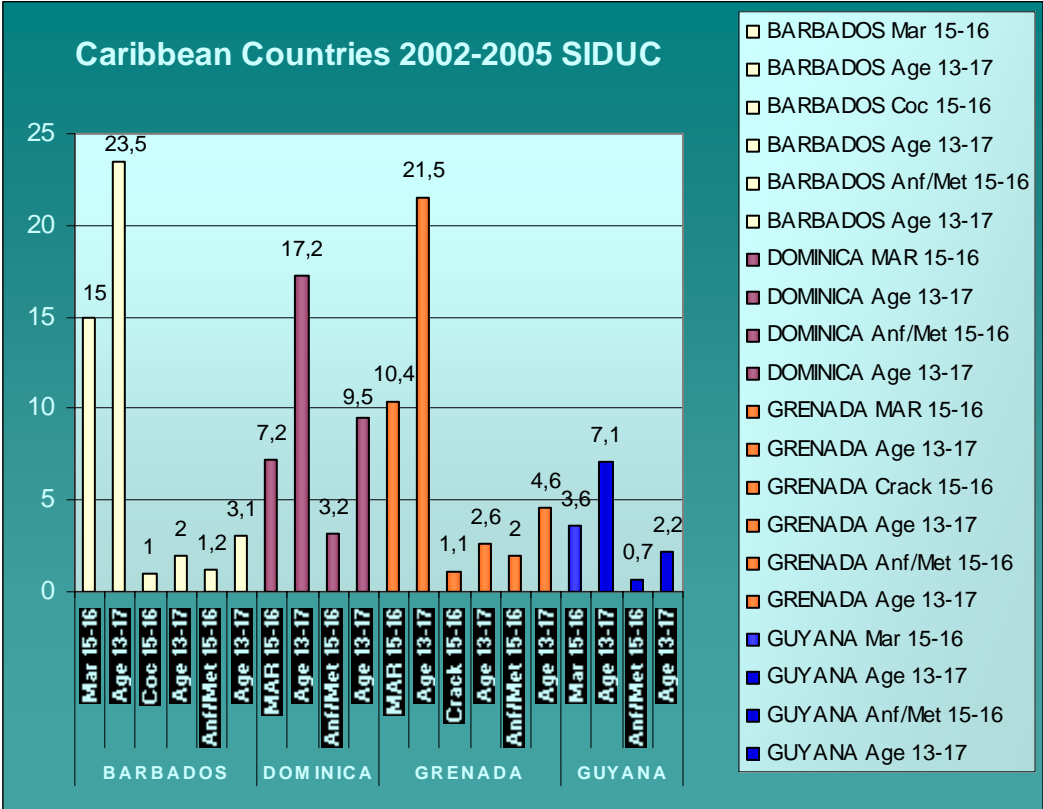
### South Cone 2002-2005 SIDUC



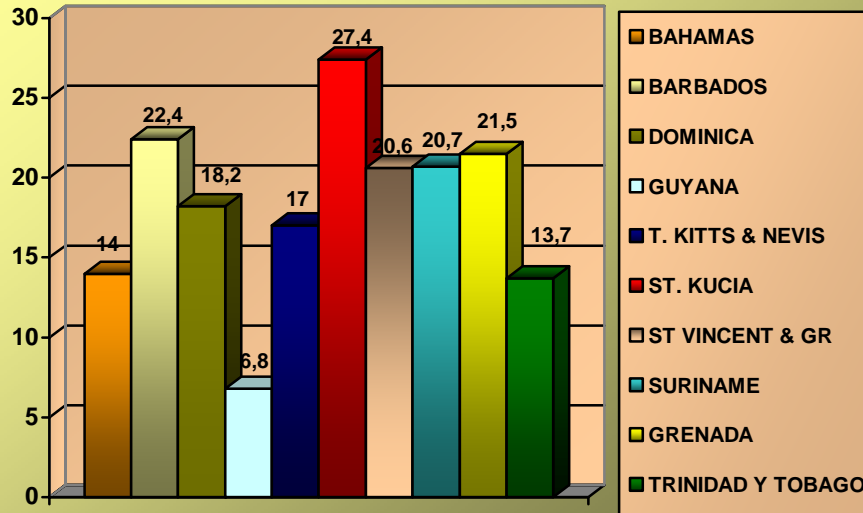
### South Cone 2002-2005: Ages 15-16 and 12-24



### Caribbean Countries 2002-2005 SIDUC



### Caribbean Countries Marihuana 2002-2003 UNODC



## 5. CONCLUSIONS

- Collecting all the available information on life prevalence of use of illegal substances in Latin America and the Caribbean allows a global vision both on the extent of the problem and the quality of epidemiological information in the Hemisphere. This report was organized around four proposed regions: the Andean countries; Mexico and Central America countries; the South Cone; and the Caribbean countries.

The audit was carried out on the basis of the analysis of information gathered from five different sources:

1. Official information published by each country in different forms (books, papers, electronic references), and made accessible through different strategies or channels, including their own Observatories on drugs;
2. Reports published by or in the files of CICAD/OAS;
3. Reports published by or in the files of UNODC;
4. Information published in Internet;
5. Personal contacts in different countries.

It must be highlighted that it was the last source which, in many cases, allowed to obtain information otherwise impossible to reach.

- Only five countries (out of 32) have no epidemiological information on the two periods considered for this audit<sup>3</sup>: Dominican Republic, Honduras, Antigua and Barbuda, Jamaica and Haiti.

- Many countries have information on only one of the two periods considered, making comparisons impossible. In some cases there were two reports on the same period, but very often the information was inconsistent, revealing methodological flaws.

- In some of the countries there were information on the two periods, but not on the two groups of age considered of interest by UNODC.

- Countries organize their data in very different ways, and even their data bases are usually so different that tables and graphs do not correspond exactly to what UNODC was looking for. Notes were made in each case to explain such differences.

- There are several cases where the information looks unlikely; for instance, an Andean country with no tradition of poppy crops or opiates use displaying a high rate of heroin use; another Andean country with the lowest rate of marihuana use in the world; a South Cone country with a very large number of treatment centers but with surprisingly low rates of drug consumption; a Central America country with a long tradition of drug smuggling and drug production, plus a privileged geographical situation, plus a large set of very well identified risk factors, plus a high number of treatment

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<sup>3</sup> Or the research team was unable to find it.

centers, displays one of the lowest rates of drug consumption in the Hemisphere.

- Marihuana is the illegal substance of higher use in the hemisphere; the countries where this substance is more popular are Chile and the Caribbean countries, but in Chile the prevalences have been slowly decreasing in the last few years. On the other hand, there is a global trend to the increase in many countries of the region.
- There seems to be a trend to the increase of amphetamines and ecstasy in many countries, particularly in Central America and the South Cone.
- In spite of its large availability and (relatively) moderate price in the Region, cocaine use remains stable and cannot be considered particularly high, excepting countries like Chile, Peru and Colombia.

Only three countries report so far ecstasy prevalences over 2%: Nicaragua (2.1%), Colombia (2.3%) and Chile (3.4%).

- Globally speaking, the lifetime prevalences of use of illegal substances in the Hemisphere are lower than in most developed countries.

It is strongly recommended to UNODC and CICAD to promote a standardization of the basic models for gathering information and presenting the final results. This implies asking for *very basic elements to be always included*: life, annual and last month prevalences; incidence; data bases including not group ages, but just ages; basic substances of abuse (crack, for instance, is not a common substance in most countries in the world).

## **6. AUDIT SOURCES**

### **UNITED NATIONS**

UN website . World report on drugs. Drug abuse prevalences, chapter 8:  
[http://www.unodc.org/pdf/WDR\\_2005/volume\\_2\\_chap8\\_drugabuse.pdf](http://www.unodc.org/pdf/WDR_2005/volume_2_chap8_drugabuse.pdf)

Youth and drug abuse in the Caribbean (2001/2003). Report on the Caribbean Secondary School Drug Survey and Focus Assessment Studies on High Risk Populations

### **Argentina**

Sedronar: Paper on emergencies provoked by drug abuse; and summary on drug abuse in 1999  
<http://www.sedronar.gov.ar/OAD/encuestas/encuesta1999/encuesta1999.pdf>

National Survey on Drug Abuse among Secondary School Students, 2001 SEDRONAR.

[http://www.sedronar.gov.ar/OAD/encuestas/archivos/d\\_Nacionales.pdf](http://www.sedronar.gov.ar/OAD/encuestas/archivos/d_Nacionales.pdf)

Second National Study on Drug Abuse in General Population (12-64 years of age). 2004

<http://www.sedronar.gov.ar/OAD/encuestas/INDEC-SEDRONAR/PrimerInforme.pdf>

**Barbados 1997:** Treatment centers study: drugs of first second and third use. Estudio (not included in this report)

**Barbados, Belice, Guyana:** Drug Prevalence Survey with Secondary School Students. <http://www.cicad.oas.org/oid/Estadisticas/siduc/3caribe-siduc/default.htm>

This study began in 2001 and was published in 2003.

### **Chile**

National surveys of students populations: **Chile 1995, Colombia 1996 and Venezuela 1996:** In the 1997 SIDUC's report

<http://www.cicad.oas.org/OID/Estadisticas/siduc/cbamerica.pdf> (not considered for this report)

### **Chile (1997), Colombia (1997), Panamá (1997), Venezuela (1996)**

Preliminary summary, SIDUC 1998

[http://www.cicad.oas.org/oid/Estadisticas/siduc/siduc98/siduc\\_informe\\_preliminar\\_98.pdf](http://www.cicad.oas.org/oid/Estadisticas/siduc/siduc98/siduc_informe_preliminar_98.pdf) (not considered for this report)

Sixth National Study on Drugs in General Population, 2004. (includes a group of adolescents 12 to 18 years. CONACE

Observatorio Nacional de Drogas CONACE: Three studies on Secondary School population: 1999, 2001 y 2003

[http://www.conacedrogas.cl/inicio/obs\\_naci\\_encu\\_tema2.php](http://www.conacedrogas.cl/inicio/obs_naci_encu_tema2.php)

### **Costa Rica**

In the web site of the ICD, Instituto Costarricense sobre Drogas, Ministerio de la Presidencia, <http://www.icd.go.cr/home.html> there is a summary of the last epidemiological survey available: 2000-2001

Comparative study among 7 countries: School population surveys in **Ecuador, Paraguay, Uruguay, Venezuela, Panamá, Guatemala, Nicaragua.** 2001

<http://www.cicad.oas.org/oid/Estadisticas/resumen2002/indicesp.htm>

Comparative study among 7 countries: School population surveys in **El Salvador, Guatemala, Nicaragua, Panamá, Paraguay, República Dominicana y Uruguay.** Interamerican Observatory on Drugs, 2004, SIDUC

<http://www.cicad.oas.org/oid/Estadisticas/resumen2004/SIDUC/INFORME%20COMPARATIVO%207%20PAISES%20ESP%20r1.pdf>

**Jamaica: 1997:** Treatment centers study: drugs of first second and third use. (not included in this report)

**Trinidad y Tobago: 1997.** Treatment centers study: drugs of first second and third use. (not included in this report)

**Republica Dominicana, Panamá, Nicaragua, Guatemala, El Salvador, Costa Rica 1997.** Treatment centers study: drugs of first second and third use. Estudio (not included in this report)

**El Salvador:** Two surveys: one on school populations (2003) by SIDUC; the second is a KAP national study on drug abuse (2004).

**Ecuador:**

The following document is not accessible, the file is damaged. Several contacts with local authorities were of no use.

<http://www.consep.gov.ec/OBSERVATORIO.htm>

National Survey on Drug Abuse among Secondary School Students, 2002

<http://www.consep.gov.ec/OBSERVATORIO.htm>

Emergency rooms and drug abuse, 2000

**Colombia**

1999: National poll on drug abuse among youth 10 to 24 years of age. Presidential Program on Drug Abuse 'RUMBOS'.

2001: National survey on drug abuse among student population. Presidential Program on Drug Abuse 'RUMBOS'

**México**

<http://www.salud.gob.mx/unidades/conadic/epidem.htm>

National survey on addictions 1993

Drug abuse among adolescents 1998

<http://www.salud.gob.mx/unidades/cdi/documentos/CDM1-2.htm>

Book: The addictions phenomenon in Mexico, 2001

National Survey on addictions 2002

[http://www.inegi.gob.mx/est/contenidos/espanol/proyectos/coesme/programas/el\\_biblio.asp](http://www.inegi.gob.mx/est/contenidos/espanol/proyectos/coesme/programas/el_biblio.asp)

**Perú**

DEVIDA (2002). Epidemiological study on drug abuse among school students

<http://www.devida.gob.pe/documentacion/documentosdisponibles/estudiosecundaria.pdf>

National survey on drug abuse ,2003  
(<http://www.cedro.org.pe/publicacones/impacto2.htm>)

### **República Dominicana**

There seems to be a study on risk behaviours and protective factors, done in 2000. It was imposible to retrieve it.

### **Uruguay**

Second survey on drug abuse 1998 [www.infodrogas.gub.uy](http://www.infodrogas.gub.uy)

Third National Survey on Drug Abuse 2001  
<http://www.infodrogas.gub.uy/>

Drug abuse among secondary school students 2002  
<http://www.infodrogas.gub.uy/>

First National (and second in Montevideo) survey on drug abuse among secondary school students (SIDUC - CICAD) 2003  
<http://www.infodrogas.gub.uy/>

Drug abuse in secondary school, 2004  
<http://www.infodrogas.gub.uy/>

### **Brasil**

Comparison of drug abuse among students: 1987,1989,1993 and 1997 (not included in this report)

First National Household Survey on Drug Abuse, 2001