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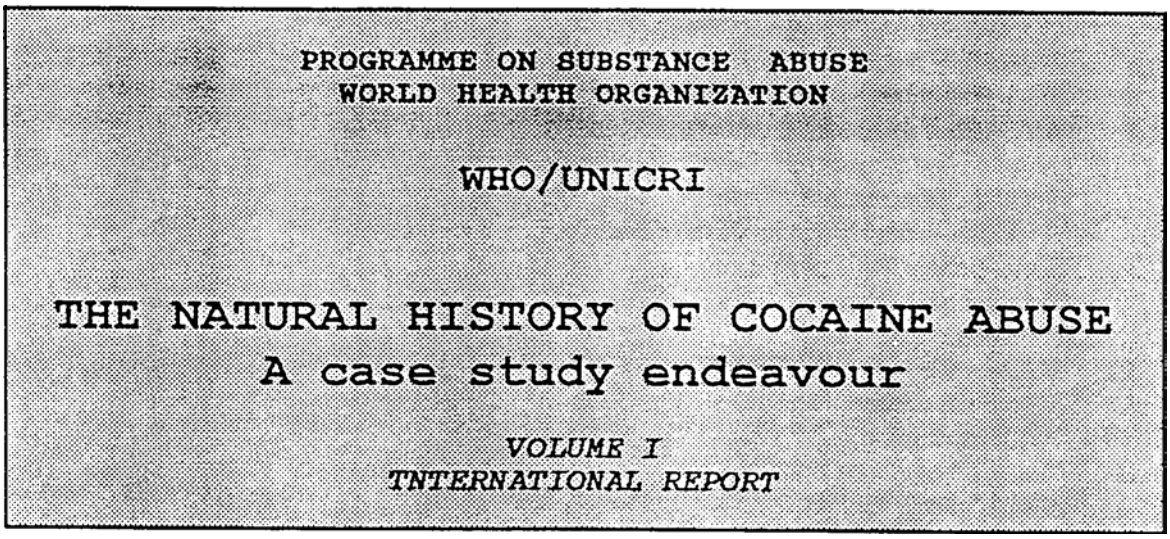

Aurelio Díaz Head researcher

Mila Barruti

(Barcelona, Spain)

Hernán Olivera Head researcher

Kathia Butrón, Silvia Jemio

(Cochabamba, Bolivia)

Michael O. Olatawura Head researcher

(Ibadan, Nigeria)

Elson Lima Head researcher

Júlio Adiala

(Rio de Janeiro, Brazil)

Solange A. Nappo Head Researcher

José Carlos F. Galduróz, Rita Mattei, Ana Regina Noto

(Sao Paulo, Brazil)

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VOLUME I

0 Presentation

The project "The Natural History of Cocaine Abuse: a case study endeavour" is one more component in a set of projects designed to study the characteristics and consequences of using the various coca leaf side products. This set of projects has been designed and developed by the Programme on Substance Abuse (PSA) of the World Health Organisation (WHO) and is funded by the United Nations Interregional Crime and Research Institute (UNICRI) with headquarters in Rome, Italy.

The PSA appointed Dr Aurelio Diaz (Barcelona, Institute Genus and Autonomous University of Barcelona) as head researcher and Ms Mila Barruti (Barcelona, Institute Genus) as deputy researcher. The project has had 4 centres in 3 countries: Cochabamba, (Bolivia), Ibadan (Nigeria), Rio de Janeiro and Sao Paulo (Brazil). The researchers in charge at every centre have been: Dr. Hernan Olivera (Cochabamba, Instituto Psiquiatrico San Juan de Dios and Universidad Mayor de San Simon), Prof. Michael Olatawura (Ibadan, University College Hospital), Dr. Elson Lima (Rio de Janeiro, Nucleo de Estudos e Pesquisas em Atencao a o uso de Drogas, NEPAD), Dr. Solange Nappo (Sao Paulo, Centre Brasileiro de Informacoes sobre Drogas Psicotropicas, CEBRID).

The project has been under the supervision of the Programme on Substance Abuse (PSA) of the World Health Organisation (WHO). The personnel involved have been Dr. Mario Argandoña, Head, Treatment and Care (PSA), Dr Andrew Ball, Medical Officer (PSA), and Has Embalm, Director, Programme on Substance Abuse.

The Project Natural History has carried out a retrospective study of the characteristics and socio-sanitary consequences of the use of various coca side-products and the ways it is used.

The main objectives of the project are as follows:

To increase current knowledge of the use of various coca side-products and the methods of use to contribute to the development of suitable and effective strategies aimed at reducing the harmful effects.

To gather information from users in the three countries chosen (Bolivia, Brazil and Nigeria) about patterns of use and the socio-sanitary problems related to the use.

To add further,. complementary information to that gathered through the projects "Key Informant" and "Country Profile" forming part of the Initiative on Cocaine Abuse of the WHO/UNICRI.

To compare the conditions prevailing in the participating centres (a comparison of de various side-products and the ways of use). In addition, the results obtained must serve as a database for further comparisons with the information now available in some European cities (about cocaine

hydrochloride), in the United States (about cocaine hydrochloride and crack) and in various other countries, including especially the countries forming part of the project, about the other coca side-products

To furnish pertinent and up-dated information on the use of coca side-products to enable authorities in the area of substance abuse and program administrators and planners to design suitable policies for the prevention and intervention in each one of the participating countries.

To furnish elements for the Programme on Substance Abuse of the World Health Organisation to elaborate and publish a report for the international community on the use of the coca side-products and the problems this causes.

To develop standardised strategies and research instruments that enable inter-cultural comparison and monitoring over time of the users' behaviour and use patterns for the various coca side-products and the ways these are taken. These strategies and research instruments could, additionally, be adapted for the study of other drugs.

This international report has been elaborated by Dr Aurelio Diaz and Mila Barruti using the preliminary international report (Diaz et al., 1994b) and the final local reports elaborated by Dr Heman Olivera, Dr Kathia Butrón, Silvia Jemio (Cochabamba, Bolivia), (Olivera, Butrón, Jemio, 1994); Prof. Michael Olatawura (Ibadan, Nigeria), (Olatawura, 1994); Dr. Elson Lima, Julio Adiala (Rio de Janeiro, Brazil), (Lima, Adiala, 1994); Dr. Solange A. Nappo, Dr Careless F. Galduróz, Rita Mattei, Ana Regina Noto (Sao Paulo, Brazil), (Kappo et al., 1994).

The following persons have helped in the writing of the international report: Conceit Diaz, Marie Reclines and Antonio Ruin, Elaine Midland and Marie Eugene de Lopes in the writing of the Cochabamba report and Luis Careless Moiré, Antonio ad Silver Morass and Elena Term Wad in the report from Sao Paulo.

The materials resulting from this project and the results obtained can be found in two volumes: the first includes the international report as such (methodology, results and conclusions), and, the second contains the appendices (instruments, manuals and instructions).

The translation into English of the international report has been carried out by Robert Hoepfner (Cochabamba); the translation of the appendix materials was carried out by Adrian Harris, Gary Huxley, Richard Harris (Duual SL, Barcelona), Peter Clemons (Cochabamba).

This research work would have never been carried out were it not for the selfless and invaluable co-operation of all the interviewees, those who made it possible for the interview to take place and all those people who helped in various ways. To them all our deeply felt sense of gratitude.

The articulated application of qualitative techniques has been developed in the field of anthropology and is referred to as ethnographic field work Briefly described the latter involves the continuous presence, over long periods of time, of the researchers who are thus in direct contact with the reality under study.

The task of the researcher is to meticulously gather the vision the social actors have of themselves and contrast it, as objectively as possible, from his position as an external observer. The goal is to achieve an understanding of reality using the categories, definitions and values of the social actors (Barruti, Doncel, 1992). Whyte (1943) has defined it succinctly "what people told me helped me to account for what happened and what I observed helped me to explain what people told me". Interesting reflections on the nature of field work in terms of personal and intellectual experience can be found in Barley, 1983; Malinowski, 1967; Whyte, 1943).

Urban ethnography is the approach of choice when one seeks to have a direct, contrasted and multifaceted access to a knowledge of reality. This approach is usually applied in micro-social units; therefore, from a theoretical-methodological point of view, ethnographic search must be seen as the study at a local (micro-social) level that links up in various manners with other, more general levels that could be called "socio-cultural integrative frameworks" (Diaz, Barruti, Doncel, 1992).

Among these socio-cultural frameworks one must single out those that springing from family traditions or from primary groups from networks with those that belong to certain professional traditions; cultural elaborations aimed at universality: a great number of them being related to health, to the use of particular products, to types of institutional action, etc_ These elaborations are primarily transmitted through educational institutions or the media, among others.

To take into account basic variables such as the social context or the historical period of the social actors involves integrating into the analysis, though not always explicitly, all those socio-cultural frameworks inhabited and, at the same time, configured, by the individuals.

Thus, the socio-political and economic context of countries, taking into account the international balance of power, the predominant perception model for drugs, accompanied or not by specific counter-models of sub-cultural types; the extent of development of social intervention in this field or, of the archetypes themselves that have progressively configured it, are examples of a series of macro-social frameworks which alongside others such as the effect of unemployment on the social environment inhabited by the individual or those provided by predominant models or possible counter-models for drugs, the existence or not of institutions related to drugs, etc., must be taken into account when the researcher proposes an issue, even if considered only at an implicit level, given the fact that it impinges on the micro-social reality. Indeed this micro-social reality is the dynamic synthesis, systematically and permanently updated and re-elaborated by the individuals and small groups that constitute the so-called local level (or micro-social level) of reality (Diaz, Barruti, Doncel, 1992).

In this context, it is interesting to point out two important aspects:

(i) Day to day experiences, starting with material living conditions and the ensemble of social relationships, screened, however, by a series of values, norms, rites, expectations, perceptions - mostly inherited from the cultural context inhabited by the social actors - are the experiences that direct the participation of the actors in a given social construction of reality (Berger, Luckman 1984)

(ii) The relationship between drugs and individuals is to be considered in a complex and dynamic manner. This relationship is not a single act but rather a stage in a career of use (Goffman, 1961), made up of a series of different acts and structural relationships that modify and re-define each other, as the relationship develops (Comas, 1985)

Empirical data constitute the foundation that will enable us to build certain variables. Nevertheless, it is more important to study the logic of the links among the different variables that configure the whole of a phenomenon, even if such links have not been established as a result of direct, empirical data that could be observed in the field but are rather constituents of the levels or more general frameworks already referred to above.

The urban ethnographer is bound by the limitations inherent to the analysis units s/he has chosen. And so, whereas in some other contexts, the ethnographer can introduce himself/herself in what would be his/her unit of analysis to have a vision of the whole (or, at least, it seems, s/he could get quite close), this becomes impossible in the urban context. This researcher VAN have access to partial realities both from the spatial and temporal points of view and, therefore, fragmentation will be a characteristic of this type of ethnography. TI-is fragmentation can be alleviated combining several "triangulation" techniques (Denzin, 1970; Hannerz, 1980).

Yet another characteristic that must be taken into account is the complexity of the urban realities. In fact. from a holistic point of view, reality can be considered as a kind of multi-stratified fabric, woven by the various interrelations and inter-dependencies among the physical, biological, psychological, social and cultural factors making it intrinsically dynamic, plastic and flexible and, therefore, in permanent transformation. In addition, when talking about complexity in reference to urban societies and, in general, to the whole of contemporary societies, one can point out the high degree of complexity and, moreover, an element that has a particular effect: the awareness one has of such complexity.

To the concepts already advanced on the scope and limitations of urban ethnography in general, one must add the particular problems that arise in the study of an underground, secret issue such as illicit drugs. It is, in fact, an issue privileged at a symbolic level, if only through a cultural complexity that has set up some strong negative and stigmatising myths arising from many of its constituent elements.

As Diaz, Barruti and Doncel (1992) indicate, ethnographic studies have been carried out in several countries but they have been of a different nature dealing with a specific drug, when in fact, the real task was to study the field of illicit drugs (this statement must be interpreted carefully to avoid incorrect generalisations). This is not strange since no matter what drug is studied e.g. heroin, cocaine

hydrochloride, crack, etc., depending on the socio-cultural context or the historic movement, this drug constitutes the symbolic element around which a set of processes can crystallise involving both certain uses of illicit drugs and processes of social marginalization. Thus, the drug chosen is identified with the stereotyped label "The Drug" and its main protagonists are likewise identified and stigmatised as "the drug addicts".

Consequently, be it on account of its role as a main dependence-generating drug in the contemporary context of non-institutionalised drugs; be it because of the presence of the drug addicts in the private and public socio-sanitary services; be it due to the greater social transparency of the sectors that become peripheral and marginalized in social terms; or be it for whatever other reasons, the fact is tha it las been possible to investigate the world of such drug through its various users and, in addition, by various means. Occasionally, in a paradoxical way, stigmatisation can make it easier to have access to this population and to the process of research itself.

In the specific instance of the coca side-products and, putting aside the leaf on account of its specificity, the issue is also formulated in another way. Since they are non-institutionalised drugs, it is obvious that they are affected by the connotations of criminality that encompass the field of illicit drugs, but neither in the same fashion nor in all the socio-cultural contexts that were analysed.

One must also take into account that among these uses there are two kinds of user populations: marginalized and/or criminal and normalised, depending on the side-product and even on the way it is used.

On the one hand, the marginalized and/or criminal population has little to lose or it can better evaluate the real risks inherent to the police and judiciary world laving experienced them many tunes or it may expect to receive help. All these elements, as a whole or one by one, can lead this population to collaborate in an ethnographic study.

On the other hand, and in contrast with the previous population, the normalised, user population of illicit drugs, tends to have jobs and certain social links, a way of life which, in short, will protect it from external intromission and thus make it more difficult to identify it and to obtain its help. In this case, the combination of normalised drug user and normalised drug has the capacity of setting up strong protective barriers given that this type of user has much to lose by being labelled as a "drug abuser" regardless of illegal use. His collaboration en this type of investigation forces him/her to reveal himself/herself, to show one of his/her "double lives" (this constitutes a characteristic behaviour of urban life according to Hannerz, 1980)

1.2 Design of the research

In this section we submit the methodological strategy applied in the project. The general framework for this strategy has been submitted in the previous section.

The persons responsible for the international co-ordination of the project developed the basic materials for its execution in a phase prior to the beginning of the research (Diaz, Barruti, 1993) These materials" are the following:

A Design of the research: the key elements of this design have not been modified and the last version constitutes the contents of this chapter.

B Research instruments: the questionnaire for the interview and the proposed codification for the information to be gathered. These instruments had to be tuned for each coca leaf side-product and/or method of use and also for the various socio-cultural contexts where the project has been carried out. Once tuned, they were translated into English for their application in Ibadan, to Portuguese (Sao Paolo and Rio de Janeiro) and Quechua (questionnaire for the coca leaf, Cochabamba). All the local linguistic characteristics were taken into account, even for the Spanish version so as to ensure that the questions were formulated in the best way possible. Once checked, the generic versions for both instruments were included as appendix 1 and 2 of this report.

C Field and interview manuals: support and reference materials that were produced for the training phase of the field teams. The final versions of both manuals appear as appendices 3 and 4 of this report.

1.2.1 Preparation of field work and fine tuning of the research instruments.

The organisation and development of the preparatory phase were undertaken by the head researcher of the project and the people in charge and main collaborators at each participating centre.

This phase took place in the following periods: August 23 to October 1, 1993 (Cochabamba, Bolivia); October 18 to November 1, 1993 (Rio de Janeiro, Brazil); November 3 - 19, 1993 (Sao Paolo, Brazil); January 11 - 21, 1994 (Ibadan, Nigeria)

The initial experience of the work carried out in Bolivia and the materials that were produced there served to organise the activities in the remaining centres. This fact considerably contributed to optimising the work.

Essentially, the activities that took place in this phase were similar in the four participating centres:

* Preparatory meetings for the work and setting up of the base team responsible of the project. In Cochabamba, this team was initially composed of Dr Hernan Olivera (psychiatric, head researcher) and Kathia Butron G. (chief psychiatric consultant); Teresa Peñaloza (sociologist) who collaborated in the guidance of the field team in the initial phase of the research. Later on, Silvia Jemio (clinical psvchologist) joined the team for the stages of codification, analysis and write-up.

The team in Rio de Janeiro was made up of Dr. Elson Lima (epidemiologist) head researcher and Julio Adiala (sociologist) in charge of field work and chief collaborator.

The Sao Paolo team was made up by Dr Solange Nappo (pharmacist, head researcher) and the chief collaborators : Ana Regina Noto (pharmacist), Dr. Jose Carlos F. Galduroz (psychiatrist) and Rita Mattei (biologist).

In Ibadan, by Professor Michael O. Olatawura (psychiatrist, head researcher) and, Dr William Bamidele and Dr Akin Peluola both psychiatry interns, as chief collaborators.

* Discussion, revision and fine tuning of the questionnaires together with the basic teams in charge of the project.

* Carrying out interviews with key participants in order to fine tune the questionnaire: 6 people in Cochabamba and 1 in each of the other man participant centres.

* Revision and analysis of existing literature on various coca side-products, on epidemiological studies for the use of drugs and on the socio-cultural context so as to improve the fine tuning of the information-gathering instruments.

* Evaluation sessions of the interviews with the key participants with the people in charge of the projects : ad the field work.

* Sessions aimed at finishing the revision of the questionnaire, writing up of the definitive instruments and preparatory workshops for the seminar to train the project leaders.

* Sessions with the members of the basic team to organise the observation units (map of the places for distribution and use) and to define the preliminary categories of the users.

* Selection of the interviewers and setting up of the field teams.

The Cochabamba team of interviewers was originally composed of 31 members, most of whom were social science students, street educators and rural school teachers: Catalina Arteaga, Gabriela Canedo, Alex Chipana, Carlos Claure, Raul Copa, Liz Cossio, Carla Esposito, Fernando Femandez, Rolando Garcia, Andres Gutierrez, Martin Gutierrez, Cristobal Huayta, Mima Inturias, Humberto Lopez, Jose Martinez, Carmen Munoz, Jaime Mwillo, Veromca Navia, Mario Orellana, Mana Luisa Pino, Carola Poquechoque, Abraham Reinaga, Magda Roca, Sonia Saucedo, Alejandro Somoza, Adriana Soto, Gina Taboada, Monica Tellez, Jaime Terceros, Franz Torres and Jose Manuel Tomco. Five doctors doing their internship in psychiatry joined the team later: Jose Coba, Ruth lporre, Ines Nogales, Blanca Revollo and Jaime Velasquez.

The Rio de Janeiro team was composed of 7 interviewers: Julio Cesar Adiala (chief co-researcher), Eduardo C. de Oliveira, Estelio Gomberg, Carlos Joao Melo, Luiz F.Mileto, Katia Maria Monteiro,

Marcela F. Nunes and Juliano W. Vianna (all of them sociology or anthropology graduate students or second or themd cycle students in these areas).

In Sao Paolo, it was made up of 7 professionals in various disciplines: pharmacology, 2; psychiatry, 1; psychology, 1; biology, 1; sociology, 1) with training and experience in the field of drugs and, especiallv, in epidemiological studies: Dr Solange Nappo (Chief Researcher), Dr. Jose Carlos F. Galduroz, Rita Matten, Ana Regina Noto, Elizabeth S. G. Quintino, Damela P. Rotondaro.

In Ibadan, it was made up by the chief researcher, Professor Michael 0. Olatawura, and by the following psychiatric interas Dr. Bamidele, chief interviewer, Peluola and Famram.

* Seminar to train the field work team. This seminar was attended by all the research team members at every centre. Most of the workshops were taught and directed by the head researcher, Dr Aurelio Diaz, and certain aspects of their contents were adapted or excluded depending on the profile of the members of the various teams. 'Me seminar lasted 21 hours in Cochabamba, 33 hours in Rio de Janeiro and Sao Paolo and, 24 hours in Ibadan. The structure and contents of the seminar were as follows:

1. Presentation of the "Project on Cocaine WHO/UNICRI". Presentation of the various projects, characteristics and objectives and, particularly, that of the "Natural History".

2. The phenomenological perspective. Qualitative research: methodology and research techniques. Presentation and discussion of the mail contributions of the phenomenological tradition in the social sciences. Introduction to qualitative methodology and presentation of the mail research techniques used.

3. Epidemiology of the use of alcohol and drugs. General information on the use of drugs stressing epidemiological data related to the use of coca side-products, In Cochabamba, this particular component was taught by Dr. Rolando Camacho (COPRE); by Dr. Elson Lima in Rio de Janeiro; by Professor Elisaldo L.A. Carlinili in Sao Paolo (CEBRID).

4. The study of drugs from a socio-cultural perspective. Introduction to the study of drugs from a socio-anthropological perspective, presentation of key concepts and case analysis.

5. Classification of the pharmacodynamics and clinical aspects of the drugs. Definition of an operational classification of drugs, basic description of the effects of the main drugs in the CNS and basic contributions from clinical experience with users of coca side-products. In Cochabamba, this component was taught by Dr Kathia Butron and Dr Heman Olivera; in Rio by Dr Elson Lima; in Sao Paolo by Professor Elisaldo L. A. Carlini (CEBRID).

6. Methodology and construction of the sample. Detailed explanation of the methods; "snow ball" and "targeted sampling". Definition of the characteristics of the sample and presentation and discussion of the strategies required to obtain a cross-section of the population.

7. The interview questionnaire (two sessions). Presentation of the structure and characteristics of the questionnaire: explanation of the objectives sought by the various topics. Detailed discussion of all the questions: meaning, logical sequence, anticipated answers, etc. (sec Appendix 1).

8. The interview as a technique (two sessions). Detailed explanation on interview techniques. Presentation of the contents that appear in the field and interview manuals (sec appendices 3 and 4).

The field and interview manuals are, above all, basic guidelines for the training of the teams of interviewers. Both documents were written up using specific literature related to the issues under consideration and, in some cases, the proposals and suggestions made by several authors were quoted. Following this approach and, given the cohesion between both projects, it was decided to

include part of the proposals and recommendations given in the training manual for the "Key informant" project (Hando, Flaherty, 1993). ,

9. Codification. Explanation of its objectives and its role in research; detailed description of the document on codification (sec appendix 2)

* Work sessions with the team in charge of the project to discus methodological issues (characteristics and control of the quality of the sample), organisation of the field work, evaluation criteria for the interviews, preparation of the information for analysis and qualitative analysis techniques.

* Discussion on the criteria for selecting interviewees for the first stage in the interviewing process.

* Preparation of the first interviews with the teams of interviewers. Last directions and detailed explanation of the criteria to be followed in writing down answers and writing up the reports for the interviews that were carried out.

* Work sessions with the team in charge of the project to specify organisational issues.

* Evaluation sessions for the first interviews carried out. Furnishing solutions to the problems that arose and mailing the final amendments. The head researcher participated directly in these activities only in Cochabamba.

These has been permanent communication among the various centres after the initial phase and also among the co-ordinators so as to make known any relevant event that happened locally, any problem that emerged as the project advanced and the solutions that were found to solve them.

1.2.2 Characteristics and design of the sample.

Inclusion criterion. The characteristics of the project require that interviewees have undergone a "good level of experience as users. The problem lies in establishing a minimal level of experience that ensures their suitability as potential interviewees. This task is not easy given the great variability of situations and possible careers of use. It is more so in this project given that various coca side-products are under study. One must add to all these difficulties, one that arises from the lack of generally agreed consensus or, at least a predominant minimum determined in previous investigations (this could be important to establish a comparison between these results and those obtained in other studies). As a point of reference, the project "Key Informant" - forming part of the Initiative on Cocaine, WHO/UNICRI - uses as a criterion for inclusion a minimum of 3 times of use in the previous year (Hando, Flaherty, 1993); Cohen (1989) indicates a minimum of 25 times in the users life; Bieleman et al. (1993) use as their criterion a minimal consumption of 5 timer in the recent six months or 25 tunes in the user's life; Siegel (1985) establishes as a maximum of experimental consumption of 10 times during a lifetime.

In our determination of the criterion for inclusion, the following have been taken into account: minimal consumption must avoid including in the study experimental users (these have been defined adopting Siegel's (1985) proposal; if the inclusion criterion requires high levels of consumption, one risks unbalancing the sample (this could lead to an effect similar to the one resulting from the exclusive inclusion of users under treatment); yet again, if the inclusion criterion takes into account only frequency of use in the last 6 months or in the last year, one could be excluding former users from the sample and thus lose key information. Bearing in mind these considerations, the criterion adopted has been that of a minimum of 25 sessions of use along a person's life. This criterion excludes experimental users, ensures the inclusion of former users and, in addition, it is one that has been applied in other studies. In Rio de Janeiro, given the problems encountered in finding users of crack, the number of sessions required as a minimum was lowered to 10 to allow for their inclusion in the sample, should it be necessary to do so.

Characteristics of the sample

The proposed sample is a cross-section of the population. This decision has been adopted taking into account the objectives of the project and its parameters as well as the problems that might arise in the application of customary sampling procedures to the study of marginalized, furtive populations. These procedures provide a very reduced number of individuals, simply because of their low proportion relative to the whole of the population. To this problem, one must add bias. The problems of location and furtiveness associated to models of secrecy mean that the proportion of individuals in the sample is inferior to their proportion in the make up of society and that estimates be inexact and biased. In order to improve the degree of accuracy very large samples are necessary and, therefore, high expenses. (Bieleman et al.,1993; Diaz, Barruti, Doncel, 1992; Hartnoll et al. 1985). This decision makes it impossible to make any inferences applicable to the whole of the population given that this can only be done with representative samples. Nevertheless, with other sampling procedures, such as the ones

employed in the project, it is possible to achieve a good cross-section of the population ensuring a good qualitative study, the main objective of this project.

Size of the Sample

The size of the pre-established sample in the project is as follows: 350 interviews: 200 in Cochabamba (coca-leg 50; coca paste, 50; cocaine hydrochloride - intra-nasal -, 50; various other coca side-products, 50); 25 in Sao Paulo and 25 in Rio (cocaine hydrochloride, intravenous method), 25 in Sao Paolo and 25 in Rio (crack); and 50 in Ibadan (25 for cocaine hydrochloride, intra-nasal method, 25 for crack). The expected size for the sub-samples and their composition could vary and, in fact, it did vary depending on the variability of use profiles and other findings resulting from field work (sec section 1.3 in this chapter).

This structure of the global sample already includes the first fine tuning made to the initial sample in the project on account of the results obtained in the preparatory phase of the field work (described above). Besides, and resulting from the changes made to the questionnaires used in Brazil and Nigeria, the questionnaires included questions dealing with secondary side-product and the secondary method of use of the main side-product. This decision was taken because an important number of users had had experiences with more than one side-product and/or method of use and after having evaluated the valuable information furnished to the project by the analysis of this fact. Initially this situation was to be analysed in Cochabamba only (sub-sample, various side-products). It was also seen to be advantageous to include the intra-nasal method of use of cocaine hydrochloride (as a secondary method of the main side-product), characteristic in Brazil, and whose study had not been contemplated in the original design of the project.

As a result of these preliminary adjustments, in the sub-sample of various side-products in Cochabamba, it was decided to include crack as main or secondary side-product and intravenous method of use of cocaine hydrochloride as a secondary method. Both situations were revealed during field work and, given their relevance and in spite of the relatively low number. it was decided to establish an inclusion criterion of a minimum of 10 sessions throughout the user s life to enable theta inclusion in the sample.

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The composition for the samples expected in Rio and Sao Paulo is as follows:

A. Crack or intravenous cocaine hydrochloride:

A.1 Crack users.

A.2 Intravenous cocaine hydrochloride users.

A.3 Crack users and intra-nasal cocaine hydrochloride users.

A.4 Intravenous cocaine users and intra-nasal cocaine hydrochloride users.

B. Crack and intravenous cocaine hydrochloride:

B.1 Users of crack as main side-product and users of intravenous cocaine hydrochloride as secondary side-product.

B.2 Users of intravenous cocaine hydrochloride as main side-product and users of crack as secondary side-product.

B.3 Users of crack as main side-product and users of intravenous cocaine hydrochloride as secondary side-product Additionally, intra-nasal consumption of cocaine hydrochloride as secondary method.

B.4 Uses of intravenous cocaine hydrochloride as a main side-product and users of crack as secondary side-product. Additionally, intra-nasal use of cocaine hydrochloride as a secondary method.

In each one of these two cities, it was planned to undertake a sub-sample of 25 users of crack (A.1+A.3+B.1+B.3) and another of 25 users of intravenous cocaine hydrochloride (A.2+A.4+B.2+B.4). Users of intra-nasal cocaine hydrochloride only were not included in the sample.

The structure of the sample planned for Ibadan meets the same criteria but its composition is different because of changes in the characteristics of use. Here the main method of consumption of cocaine hydrochloride is the intra-nasal (intravenous for Brazil) and smoking as the secondary method (intra-nasal in Brazil).

In the phase of design and amendments to the project for the particular situation in Ibadan, it was . ascertained that the use of crack was rather widespread and that it was more important than the use of cocaine hydrochloride. Initially it was envisaged to study intra-nasal consumption of cocaine hydrochloride but because of this finding the sample was modified to include two sub-samples. Each one of these sub-samples was composed of 25 interviews to users of crack and 25 interviews to users of cocaine hydrochloride, intra-nasal method. In both sub-samples the possibility of a second side-product was contemplated (respectively, intra-nasal cocaine hydrochloride and crack) and a secondary method of consumption (inhaled/smoked cocaine hydrochloride)

These modifications to the initial planned sample resulted in the following:

A. Crack or intra-nasal cocaine hydrochloride.

A.1 Users of crack.

A.2 Intra-nasal users of cocaine hydrochloride.

A.3 Users of crack and smoked/inhaled cocaine hydrochloride.

A.4 Users of intra-nasal and smoked/inhaled cocaine hydrochloride.

B. Crack and intra-nasal cocaine hydrochloride.

B.1 Users of crack as main side-product and of intra-nasal cocaine, hydrochloride as secondary method

B.2 Users of intra-nasal cocaine hydrochloride as man side-product and crack as secondary method B.3 Crack users as main side-product and intra-nasal cocaine hydrochloride as secondary method. Additionally, inhaled/smoked consumption of cocaine hydrochloride as secondary method. B.4 Users of intra-nasal cocaine hydrochloride as main side-product and crack as secondary. Additionally, inhaled /smoked consumption of cocaine hydrochloride as secondary method.

The profile used to classify the interviewees for their inclusion in a sub-sample, in all the participating centres is defined by the questions: What side-product have you used? How did you use it? (section 0 of the questionnaire, see appendix 1) and Which is the most important coca leaf side-product? Which is the most important method of use? see sub-topic 3 (section 3 in the questionnaire).

In relation to the two questions in sub-topic 3.4, the interviewee's point of view about the side-product is respected and the product is considered to be main or secondary depending on the interviewee's own

definition; on the other hand, and in line with the objectives of the program, whereas the intravenous method lias been considered as a main method in Brazil, in Ibadan he intra-nasal method is considered to be the main method, independently of the point of view expressed by the interviewee.

This interviewer must be familiarised with this basic profile when s/he makes the preparatory and informal encounters with potential interviewers because it determines the questionnaire that will be applied in each case.

Obtaining the sample

Various methods will be applied in combination to ensure that a good cross-section of the population is obtained. There are: "target zones" (Medina-Mora, et al., 1980), "snow ball" (Biemacki, Waldorf, 1981) and "targeted sampling" (Watters, Biernacki, 1989). Essentially all these methods and similar other methods (generically called referential chain methods) are part of ethnographic field work even though they may not be deployed with the same level of systematicity. The basic problem lies in the location and selection of potential interviewees. In order to solve this problem in the best possible way and to obtain in addition the best possible sample, one must apply various techniques; strategies that, in general terms, require a good, previous knowledge of the phenomenon under study.

A familiarity with the meeting place of the users ("target zones") enables the placing of observers of the field team so that, once their role as researchers is identified and accepted, they can initiate informal contacts with users, observe systematically, carry out interviews, etc.

"Targeted sampling" works with a similar kind of logic but with a greater degree of sistematicity. Here and starting from a familiarity with the terrain, and as the research advances, the information obtained is constantly analysed and used to fine tune the sampling frame. In this dynamic process, the detection of new use environments or new user profiles forces one to establish new forms of contact. This method bears great resemblance with "theoretical sampling" (Glasser, Strauss, 1967).

"Snow ball" is a type of sampling that makes use of reference chains. Basically, this involves selecting new interviewees belonging to the same social networks of others who were in an initial sampling. Interviewers initiate the search of participants activating their social networks, starting with key participants, directly in use environments, through posters, etc. Each first interview to be carried out is identified as the 0 level of a chain. The "snow ball" method is then applied starting from each one of these 0 levels. The interviewee must mention, respecting their anonymity, the people who, meeting the inclusion criteria, belong to his/her personal network. The interviewers then randomly choose one, two or more of these persons and ask the interviewee to mediate the contact with the person(s) chosen at random. Should the first contact fail, one tries the next link in the chain with the previously chosen persons. This procedure is repeated at each level until the chain is interrupted. The successive random selections progressively improve the representativeness of the sample and contribute to eliminate any possible bias in the initial sample. This process of improvement is also achieved by starting the largest number possible of chains and ensuring independence among the various starting links. (Diaz, Barruti, Doncel, 1992).

In this , the quality of the sample has been constantly monitored. Every effort has been made to ensure, as far as it was possible, the independence among interviewees; the maximum variability of profiles included; internal balance among the existing profiles, avoiding over-rating of former users and users under treatment (the guiding criterion adopted in the project is that these two situations do not exceed 10% of each sub-sample).

With the objective of achieving the best sample possible; that is, a good cross-section of the population, operative definitions of the various existing use profiles are made as the interviews are carried out. These definitions result from a global reading of the use characteristics of the interviewees and not only from some variables without knowing their discriminatory capacity (e.g. gender, age, occupation, social class, etc.)

The interviews must be studied and compared constantly in order to re-define or reformulate current definitions or to identify and define newly encountered profiles (Glasser, Strauss, 1967).

Special attention should be paid to the following characteristics in the construction of the profiles during the interview phase,: use context: place, environment, activities and the significance of use in relation to these, reasons and motives for use in their context (sec section 6) ; significance of use in lifestyle (see section 6);issues related to the user groups or relationship groups (nee section 11).

In addition, it was decided that a detailed account be done of how each interviewee was contacted and what was gathered in relation to negative cases and the reasons why they turned to be so in order to have a complete knowledge of the sample and the problems in sampling,

1.2.3 Research and analysis techniques

The interview and questionnaire used.

This project has undertaken interviews in depth, both open and structured (those aspects that are intrinsic to interviewing as a technique are set out in appendix 3). Given the problems (in fact, the impossibility on occasions) of recording interviews, the questions in the questionnaire were designed so as to facilitate the gathering of information. Most of the questions can be answered with straightforward answers; a few, on the other hand, require certain amount of elaboration. This choice, although it places constraints on the richness of the discourse that might be obtained in less structured, open interviews, facilitates the interviewers' talk by reducing the amount of information that must be taken down and it also considerably simplifies the preparation of information for analysis. Likewise, it was anticipated that interviews could be carried out in various languages in one country locations (for instance, in Bolivia and in Nigeria). This added further complexity to the task.

To facilitate even more the realisation of the interviews and, at the same time, ensure that the gathering of information be as faithful as possible - literal transcription of key aspects in the interviewee's discourse - and as wide as possible - it was suggested that if interviews could not be recorded, then they should be carried out by two persons: the interviewer and a helper (the latter, to write down the information s/he observes.

Regarding observation, even if done at a rather general level, it must be stated that in this project there has been no attempt at undertaking an ethnographic field work in the strict sense of the discipline (nee definition in section 1.1 in this chapter). In fact, interviews have been the main technique used to gather information. Nevertheless, in the phase of preparation leading to field work, in the process of locating and selecting interviewees and during the interviews themselves, researchers have written down on a field diary any information that might be relevant for the project applying various other techniques., especially direct observation: contents of informal conversations, location and description of distribution and use scenarios, behaviour of social actors, etc. (the issues relative to these complementary' , techniques have been included in appendix S).

The questionnaire for the interview, as it had been already stated, has been designed for the gathering of retrospective information on the socio-sanitary characteristics and consequences of various coca side-products and/or methods of use. Issues related to criminal activities, police and judicial interventions do

not appear explicitly in its contents and those aspects related to drug trafficking hold a secondary place. This exclusion or secondary place arises from the fact that such issues are essentially conflictive (sensitive) and, in addition, learning about them is outside the scope of the maina objectives of this project. Nevertheless, any aspect that might have a more direct potential effect on the domain of public health (e.g. small scale market characteristics) has been give due attention.

The original questionnaire that had been elaborated for the project was adapted, as it has already been indicated in this section, for each socio-cultural context, each side-product, Bach method (or methods) and context of use of the various side-products.. It was translated into English, Portuguese and Quechua making every effort to respect local linguistic characteristics. All the questionnaires that were elaborated have a homogeneous thematic nucleus and specific topics. In the case of the coca leaf, for example, these has been a widening of aspects related to the socio-cultural context and, particularly, to the traditional Andean ideology (cosmic vision, rituals, etc.). The objective of this structure is to facilitate, as far as possible, the comparability of results. The generic version of the questionnaire has been included in this report (see appendix 1).

The sequence for the presentation of the various themes making up the questionnaire - which in addition determines the thematic sequence for the interview - has been determined following a way of thinking that aims at facilitating the discourse of the interviewees.

The questionnaire for the interview (see appendix 1) is divided in 17 sections. The first 15 constitute the interview itself and the last one includes rounding up questions (section 15), further remarks and a farewell. These questions must be answered in each interview in order to achieve its optimal completion and the relaxation of the interviewee and interviewers (this aspect is detailed in appendix 4). The remaining two sections, 16 and 17 contain various technical details of the interview and the interviewers' remarks and observations.

Each one of the sections in the questionnaire is a thematic unit divided, in turn, in sub-themes. The questions to be made on each sub-theme appear in italics, in the document. In addition, some of the sub-themes include complementary, or support, questions (these are in italics and in a smaller font size). These complementary questions can be widened if the interview process requires it.

These follows a summary, section by section, of the contents of the first 14 sections.

Section 0 (coca leaf side-product) aims at building up part of the basic classifying profile of the interviewee (the side-products used and the methods of use). In addition, its purpose is to make it clear from the outlet of the interview what substances are held as drugs and to determine whether they are known or not by the interviewers.

Section 1 (the socio-demographic profile) includes all the characteristics that define the socio-demographic profile of the interviewee (age, gender, level of instruction, profession, etc.). This section must be filled in

by means of the code and separately from the rest of the information taken down in the interview. rhe purpose of this measure is to make more difficult (or impossible) the hypothetical identification of the interviewees. Similar measures have been taken to ensure the confidentiality of all the information supplied and the anonymity of the interviewees

(see appendix 3).

Section 2 (personal background) collects the interviewees' biographic data and, particularly, a characterisation of his/her relationship with the these basic institutions of society (family, school and work) and their possible influence on the use of drugs. These aspects are enquired into diachronically in the interviewee's life.

Section 3 (history of use) aims at understanding and characterising the relationship between the interviewees and the various drugs throughout their lives. In addition, it determines the role of the coca side-products relative to other drugs and which drug and/or method of use are prevalent (this completes the basic classifying profile).

All the questions in section 4 (beginning of use) enquire into the aspects related to the first experience of use. The purpose of this section is to understand such experience thoroughly and to determine its purpose and significance for the interviewees.

The questions in section 5 (evolution of use) serve to gather specific data about the evolution and pattern of consumption throughout time. A key objective of this section is to prompt the interviewees to identify relevant periods of use and, at the same time, to facilitate an introspection into their experience so that they order it in a chronological sequence.

Section 6 (physical characteristics of use in its various stages) inquires into the aspects related to context (location, environment, activities, etc.) and the characteristics of use (frequency, quantity and method of use) in relevant periods: initial, from the first day of consumption until it exhibits certain regularity; intensive: period of maximal consumption. its temporary situation in the career of use is variable; current or most recent: last month of use; habitual use; depending on the characteristics of the users' careers of use, it encompasses periods of consumption or it constitutes the characteristic, typical consumption throughout life. In reference to habitual consumption, the interviewee is also asked about the occurrence and characteristics of abstinence periods.

The questions in section 7 (immediate effects and strategies) reveal the immediate physical, psychic and sensorial effects and whether these are perceived by the interviewee when using the drug, as being positive or negative. It also includes the strategies applied to offset or heighten them.

Section 8 (multiuse) servers to gather information on simultaneous or successive use of coca side-products as well as other drugs in the same session. In addition, it includes questions on the drug mixtures and their effects.

With the questions in section 9 (consequences of use) serves to enquire into the positive and negative consequences of use on the basic aspects of life (study, work, livelihood, health, social intercourse, etc.) and how such aspects are ranked. This section includes, in addition, the perceptions of risk and risk behaviours associated to the intravenous method of use.

Section 10 (life style and associated socio-cultural features) enquires into the existence of lifestyles associated to the use of the coca side-products and into the importance of these side-products in the interviewees lifestyles. It also gathers data about key aspects of the culture of use

Section 11(sociability, social control and conflicts) includes all the aspects related to non-institutionalised help when problems start, the activation of informal mechanisms of social control and the conflicts related to use and distribution.

Section 12 (awareness and use of treatment services) supplies information about the interviewees' awareness of socio-sanitary support services for problems related to drugs and their description and assessment of personal experiences in such services.

Section 13 (accessibility and distribution) includes all the issues related to the market: characteristics, workings, factors that affect supply, relationship with dealers, pace and quality of side-products, etc.

Section 14 (traditional uses of the coca leaf) will only be found in the questionnaires applied in Cochabamba to interview users whose main side-product is not the coca leaf its contents seeks to gather cultural aspects of the coca leaf in the Andean tradition and it coincides with the aspects that were included in section 10 of the questionnaire that was prepared for interviewees whose main side-product is the coca leaf

Analysis

As it has already been pointed above in this type of research, information is analysed as it is gathered. The purpose of this is two fold: analysts become fully familiarised with the information, elaborate hypothesis and concepts with a heuristic objective, explore and identify inter-relations, etc. (Taylor, Bogdan, 1984) and quality is ensured. In this on-going process, information is compared and contrasted continuously, the propositions and categories elaborated are successively refined, testing their internal consistency and plausibility using, among other strategies, analytical induction (Katz, 1983); that is to say, directing their attention towards negative cases.

It is, in short, a continuous process of elaboration and interpretation whose objective is to achieve a deep understanding of what is analysed. It stops only when it reaches what Glasser and Strauss (1967) call "theoretical saturation": when additional observations do not add any further understanding.

The following authors are suggested for further reading on this synthetic introduction to general aspects of qualitative analysis: Denzin, Lincoln, 1994; Erlandson et al., 1993; Kohler, 1993; Miles, Huberman, 1994; Silverman, 1993; Strauss, Corbin, 1993.

At a more specific level, other aspects of the strategy of analysis used in this project are submitted in the following paragraphs.

The main source of information for the analysis is the reports resulting from the interviews that were carried out. These reports include a literal transcription or a very close reproduction (- the answers obtained (the speech of the interviewers), the observations of the interviewers and the comments and remarks made by analysts in successive stages of preparation for the final analysis. In addition, research generates a set of additional information which is very useful to contextualize, interpret and contrast the information obtained by means of the interviews. This complementary information is obtained during field work using other research techniques (especially direct observation) or it comes from other sources (specialised literature, documents, etc.)

The information must first be prepared and sorted for the final stages of the analysis. When this takes place, one must take into account all the information obtained.

Starting from the finished interview reports, a series of complementary documents are produced is to facilitate the handling of information and the process of understanding:

The first set of documents includes the summary of the interview, a file identifying the interviewee, a socio-demographic profile, (see section 1 in the questionnaire), an "x-ray" of the interview that springs from the codified data and other materials generated from the data base (lists, tables, etc.)

The second set of documents contains thematic documents obtained by breaking down the sections and/or themes of the questionnaire and, particularly, questions that have many answers or, questions that are closely related and requiring defining classifying criteria beforehand.

Some remarks are needed here. The detailed explanation of the preparation of the materials for analysis and the documents just mentioned above can be found in appendix 5 (sections 5.1 and 5.2). Codification, as a process and as a by-product of the interviews, has already been mentioned in this chapter and its role will be detailed later (see also, appendix 4, section 4.5) The classifying criteria mentioned above arise from an analysis of the data and its embodiment as elaborated in a typology. This last aspect is analysed in this section.

The decisions on the preparation of materials for this project for analysis and the various stages in this project were taken in the "Data Analysis Workshop" of the Project on Cocaine WHO/UNICRI that was held at the UNICRI headquarters (Rome, 22-25/February/1994). Dr Aurelio Diaz, Head Researcher of the project, helped by Bert Bieleman (Intraval, Groningen/Rotterdam, the Netherlands) and Dr Robert Trotter (Northem Arizona University, Flagstaff, USA) prepared a first version of the directives for the analysis,

starting from the "Revised Guidelines of the Key Informant Study Report", that had been elaborated by Dr. Ruthbeth Finerman (Finerman, 1994). This first version was submitted at the Second Gathering of the Participating Centres on the Project on Cocaine, WHO/UNICRI (Rome, 28 February - 2, March 1994) and were commented upon by Professor Michael O. Olatawura (chief researcher, "Natural History Project 1" in Ibadan, Nigeria).

These directives were then revised and enlarged in Barcelona with the help of Mila Barruti and were then submitted at the Second Meeting of Participating Centres on the Project on Cocaine, WHO/ UNICRI that was held in Cochabamba (March 21-22, 1994). The directives were analysed by the main members of the Cochabamba team (Dr Hernan Olivera, chief researcher, Dr Kathia Butron and Silvia Jemio) and the chief researchers in Rio and Sao Paolo, Drs Elson Lima and Solange Nappo. Once a final text was agreed upon

(Diaz et al, 1944a), a copy was sent to Ibadan for its application.

Two aspects in these directives need to be remarked upon: (i) the sequencing and organisation of the information for its analysis (which, in addition, determines the index for the reports (see appendix 5, section 5.1) and (ii) the decisions on the formalization of analysis into two stages with various levels.

In the first stage, the analysis focused solely on the summary and description of the information (incomplete in some cases) so far obtained, and only on the side-products and main methods of use; each one was, in addition, analysed separately without comparing the results obtained in the various aspects that had been analysed. The result of the first stage, of this first level in the analysis, constitutes the contents of the preliminary international report (Diaz et al., 1994b).

It was proposed to make, in the first place, a summary of all the information, according to the criteria submitted below and then to continue with each one of the sub-samples (by side-product and/or method of use). In the summary itself, the focus on global data or on the sub-samples is determined by the results themselves: the existence or not of relevant differences among the sub-samples in a given theme. This decision can only be arrived at after reading and re-reading the qualitative material (the discourse of the interviewees). The complementary documents referred to above are very useful for this process, an essential component of the qualitative analysis.

Before analysing (or summarising) the results obtained, question by question (or questions closely related), one must take into account the documents that bring together all the answers of a section to avoid their decontextualization. Along the same lines, the summary of the interviews can help to provide the required context for an adequate understanding of the results obtained for each specific question.

In the summary of the qualitative information, four types of descriptions are provided for each one of the answers (or closely related answers).

1. Frequent answer or answers (taking into account all the data). Each one of the them must be described using the words of the interviewees, as the central (normative) pattern given by them all.

2. Identification of the variations that emerge in the answers. The description of the range of answers complements the description of the normative pattern and it also includes information on the interviewees who provided such variations and whether this is substantially different from the information given by the remaining interviewees (on the same coca side-product and/or method of use).

3. Description of any unusual situation even if mentioned by only one or two interviewees. Sometimes, this information may lead to detecting new trends or key differences.

4. Comparison and contrast of the answers between side-products and/or methods of use. The description of the existence or not of relevant differences or similarities and the extent of these, constitute an important component of the analysis of each question (this level of description was not carried out in the preliminary international report).

In addition, and as part of this process, some literal quotations of the interviewees are selected. This selection includes those quotations that best reflect a consensus among the interviewees as well as those that best reflect the discrepancies.

The process for the description and selection just described is a preparatory and necessary stage for the next phase of the analysis. Therefore, its results and the contents of the preliminary international report (Diaz et al., 1994b) in addition to becoming the starting point for the final report, configure the descriptive nucleus.

The difference lies in that in the following phase the materials need to be sorted, in addition, according to the use typology constructed as a result of the analysis itself. This new arrangement, or any other that may emerge from the data, provides a new dimension of the information obtained in the research. This does not necessarily mean that the arrangement used for the preliminary analysis is no longer relevant; whether it is relevant at this level in the analysis wi11 depend on the importance of the side-products and/or methods of use in the determination of relevant differences in the sample.

Having as reference point the results emerging from the descriptions mentioned above, the analysis is carried out at a deeper level in the last phase. Although this process is carried out with thematic units that bring together closely related questions (see appendix 5, section 5.1), the resulting analysis is in no way separate from the rest of the information to ensure that they do not lose their real meaning and dimensions.

The focus is no longer on the summary but on a deep understanding of the information, a process already described in relation to the preparation of the general aspects of qualitative analysis. The essential point here is the comparison and inter-relation, the search for regularity and for differences. The objective is to understand and to interpret the explicit and underlying contents of the discourse of the interviewees so as to elaborate a coherent and plausible model. Specific directives for the execution of the final phase were prepared (Diaz, 1944; see appendix 6).

At this point, all that is left is to submit two aspects that have already been mentioned: the proposal for the construction of a typology and the role of codification. The theoretical-methodological model for the construction of the typology that inspires this proposal is that of the "built type", a model that was conceptually set up by Becker (1945) and defined by McKinney (1957). The "built type" is associated with the "ideal type" (Weber, 1947) but it is different from the latter in the way it mak[e]s adjustments to empirical data (McKinney, 1966).

The “ideal type" does not exist in empirical terms. It is an artifice constructed solely for sorting phenomena, pointing out their links and their meanings. It serves to synthesise and make evident the characteristic features of a given phenomenon in order to make it intelligible. The "built type," on the other hand, the one that inspires the proposal made here, results from the selection, abstraction, combination and intentional stressing of characteristics that have empirical referents.

The central idea in this process is to seek one or more key characteristics that enable one to clearly define the types. To achieve this it is necessary to analyse the characteristics one by one so as to determine their importance and to select those that are more relevant. With the aim of reducing the complexity of all the possible combinations, one. must stress the most important characteristics as part of the analytical process.

Having defined these characteristics, one can then define a basic type and initiate tentative classifications. All those individuals that do not fit the defined type are separated and, later grouped together depending on their common characteristics to set up a new type. This selection and concentration process is repeated again and again, testing the provisionally determined types and, simultaneously, making adjustments to the inclusion criteria and to the type parameters (categorisation analysis)

The purpose of this process of progressive fine-tuning seeks to obtain maximum internal homogeneity and maximum heterogeneity among types (maximum-minimum comparison method). In the construction of the typology, it is very important to identify any negative case, before the definitive setting up of any type. Negative cases are those that can fit any of the types so far built or that could fit more than one of the types. The inclusion of cases in a given type only requires that they exhibit the relevant type-defining characteristics; hence, it is quite likely that if cases are compared, one will identify marked differences among them in other aspects. Find in appendix 5 (section 5.3) two examples of the construction typology for cocaine hydrochloride use.

For the construction of the typology, it was suggested that the following interviewee characteristics were taken into account: coca side-product, method of use, context, location, environment, activities and importance of use, reasons and motives (see section 6 in the questionnaire); lifestyle and the importance of use in this. (section 10, sub-themes 10.1 and 10.2); whether there exist user groups (section 11, sub-section 11.1). The typology of use defined for this project can be found in section 3.4, chapter 3.

It has been stated that the strategy applied in this analysis is essentially qualitative. Nevertheless, part of the information that has been generated has also been analysed quantitatively. This information is a direct result of interviews obtained by codifying a substantive part of the answers: the categories of the codified characteristics bring together precise data to synthesise the contents of the interviewees' discourse. (see preliminary codification in appendix 2).

The inclusion of this type of analysis in the project, admittedly at a clearly secondary level, is necessary because an exclusive use of qualitative techniques poses problems for the generalisation of results as well as for their validation. It is on this account that various writers have suggested the necessary linking of qualitative and quantitative techniques. Quantitative techniques can be used in qualitative studies, for example, in fine-tuning the categories and propositions elaborated, in the checking of many of the hypothesis generated in the field work and in avoiding improper generalisations (Cock, Reichart, 1982; Mitchell, 1980; San Roman, 1984).

In short, the objectives and benefits aimed at through codification are as follows:

(i) Systematic collection of objective data. It furnishes recounts (frequency distributions) and enables a basic statistic-descriptive analysis.

(ii) It facilitates standardisation of discourses and it helps to fine-tune the categories (descriptive and opinion/preference issues). In this case, the codified characteristics are a direct or deduced result of the qualitative material and their definition demands an intensive prior reading of what was said by the interviewees (this process forms part of the qualitative analysis and it is here where the analyst's interpretation comes into play).

(iii) It facilitates unity of criteria among team members during the field work phases and in the preparation leading to the analysis and it can furnish nuances for the interpretation of what the interviewees have said (codification by the interviewers and revision-discussion by the team responsible for analysis)

(iv) It can facilitate the testing of some suppositions, hypothesis, propositions and categories, including the types elaborated on the basis of the gathered information.

(v) It facilitates certain levels of comparison, both in the analysis of the data obtained in each centre and also in the analysis of the global data (international report).

1.3 General characteristics of the sample obtained

This section covers aspects related to field work: obtaining the sample, the problems encountered, the . changes that were done on the initial design, and the definitive composition of each one of the sub-samples.

Cochabamba (Bolivia)

In Cochabamba, no particular problem was met in the application of the snow ball and targeted sampling methods, other than those that are intrinsic to such methods. The chain for the former started with the key participants and the networks of the interviewers themselves. The sample was, therefore, obtained with relative ease (nevertheless, almost half of the interviews required more than a prior contact with the interviewee). Most of the interviewees (60%) was located through the interviewers' and the key participants' networks. One fifth of the interviews were done with people with whom there had been a previous contact during the field work. The remaining fifth was carried out using the chains that resulted from the application of the snow ball method.

The work started in October 1993 and ended in March 1994. We carried out 182 interviews and their distribution according to side-product is as follows: coca leaf, 44 (25% of the sample); coca paste, 48 (26%); cocaine hydrochloride (intra-nasal method) 46 (25%); various other side-products, 44 (24%). The composition of the sub-sample of various side-products depending on the main side-product is: coca paste. 34 (77% of the sub-sample); cocaine hydrochloride (intra-nasal method) 6 (14%); other cases, 4 (9%).

For analytical purposes, the interviewers of the sub-sample for the various side-products have been incorporated, according to the main side-product, to the sub-samples of coca paste and have hydrochloride. The information on the secondary side-product (respectively cocaine hydrochloride and coca paste) has been considered in the analysis. The four interviews, classified as "other cases" were excluded from the analysis (users of crack, as main side-product).

These modifications have led to the definitive sample for Cochabamba (178 interviews) as follows: coca leaf, 44 (25%); coca paste, 82 (46%); cocaine hydrochloride (intra-nasal method) 52,29%).

Almost half of the interviews took place in the dwellings, most of which belonged to the interviewees. Roughly 21% of the interviews was carried out in public places (restaurants, bars) and roughly 10% took place in other locations (at the work place). 10% took place in treatment centres for addicts, 5% in other closed environments and a final 5% in the open with homeless populations.

In view of the data obtained, it must be stated that the interviews in Cochabamba were carried out with

relative ease, in comparison with what happened in the other centres, as it is explained below. In general terms, during the field work in Cochabamba, we detected a very low level of mistrust in regard to the project. This enabled u:, to easily overcome the secrecy barriers. This is particularly true among the users of coca leaf, in this case, there are practically no secrecy barriers due to the social normalisation of the users and this use.

Interviews lasted about 2 hours on average. Most interviews were completed in one session; those that were not, that is, about one-fifth, were completed in two or more sessions due to the tiredness exhibited by the interviewee.

Most interviews were not recorded (82%). Half the remaining interviews was only partially recorded. Two field team members (interviewer and assistant) participated in most of the interviews (75%). Only 8 interviews were held in the Quechua language (the interviewees were coca leaf users).

There was no observer present in 75% of the interviews. In the remaining 25% of the cases, the interviewee agreed to the presence of friends or family members. Not a single interview was carried out in the presence of institutional control agents.

The questionnaire was positively assessed, even by those who found it very long and repetitive (a minority). Most of the interviews were positively evaluated by interviewers and the answers of only a few cases were held to be untrue (3%). There were, generally speaking, no factors that might have negatively influenced on the quality of the answers.

Ibadan (Nigeria)

The application of the planned sampling techniques in the project met with especial problems in Ibadan. These problems are directly related to contextual factors: the existence of strict secrecy barriers (concealment of use) driven by the harshness of measures of legal punishment against use, possession or trafficking or by the social rejection and stigmatisation of use. This rejection of users is particularly intense within the families of the users. This situation implies a clear attitude of mistrust on the part of users towards the project both from those who refused to participate and those who did participate, making it difficult to locate and select them and spoiling the quality of many a good interview.

This situation led to adopting the following strategy. The contacts with likely interviewers was made under a bridge in one of the suburbs of Ibadan. The interviewers were located by a user, hired for this function, and who acted as a link between the users he recruited as potential interviewees and the people in charge of field work Each meeting took place with two or three users who agreed to participate, having been paid an amount agreed upon with the recruiter. Those candidates who met the inclusion criteria were invited to go to a nearby clinic where the interviews took place. All the interviewees received a small amount of money as payment for their participation. This amount had been previously agreed upon with the recruiter and it was, in fact, demanded by all the interviewees.

It was evident from the beginning of field work that the users selected consumed one side-product or another (crack or cocaine hydrochloride) and one method or another of use in the case of cocaine hydrochloride (inhalation or, less frequently, aspiration) depending on the availability of the side-product, the location, situation or context of use. The fact that the interviewers used crack or cocaine hydrochloride regardless; and that they inhaled or aspirated cocaine indistinctly (and even, though rarely, used the intravenous method) complicated the application of the questionnaire considerably and made evident the disparity between what had been anticipated and the results being obtained. Such was the difference that he first interviews were discarded believing that they were biased, furnishing an erroneous picture of the situation in Ibadan. A pilot test was carried out, therefore, in two hospitals in two other cities (Aro

Hospital, Abeokuta and Yaba Psychiatric Hospital, Lagos) but the data obtained was the same. This result was taken to be conclusive and that the characteristics that were being encountered in Ibadan represented the type of prevalent use, in relation to the stage of evolution of the phenomenon in Nigeria. This appraisal of the situation was confirmed by the data gathered throughout the work.

One of the consequences of this fact was that it showed the impossibility of obtaining two separate sub-samples according to main side-product (crack or cocaine hydrochloride). When questioned, interviewers could not tell the difference; rather, they became confused, and the issue had to be dropped. Thus, on the face of the data obtained, it must be said that a characteristic of the use in Ibadan is that there is no difference between crack and cocaine hydrochloride. Nevertheless, the data obtained enables us to claim crack is the prevalent side-product and that smoking cocaine hydrochloride is more common than inhaling it (this is related to the fact that this method of use can be better concealed when carried out in public places).

Field work started in March and concluded in June, 1994. Fifty interviews were carried out (the sample size originally planned). As pointed out above, all the interviews took police in a clinic; none of them was recorded. The problems already alluded to, especially the mistrust shown by the interviewers and generalised lack of precision in some key themes, limited the richness of the answers and obtaining relevant information in some issues, particularly in relation to use patterns and evolution. All the interviews took police in English and they lasted 1.5 hours on average. There were no observers at any of the interviews. The answers have been held to be truthful, in spite of the mistrust shown (this affected the degree of accuracy of the answers and led to a high level of no response in some of the themes of the questionnaire).

Rio de Janeiro (Brazil)

The problems to locate potential interviewers in Rio were significant. In the first phase of the field word, a map of the distribution and use locations was drawn up ("target zones") using secondary source (socio-sanitary and police registers) to observe users and attempt to set up a contact with them. This strategy furnished complementary interesting information, but it proved of little operational help to locate users due to the following reasons: the sale points were dangerous (armed encounters among drug dealers fighting to have control of the market); danger resulting from the presence of armed police assigned to fight curb trafficking and use (it would seem that the police extorts the jailed users; also, according to some of the interviewees, some police officers take part in the trafficking); danger resulting from the very fact that Rio is a megalopolis.

The interviewers were located in two different stages:

(i) In the first. from November, 1993 to March, 1994, we utilised the snow ball method by putting into play the interviewers' personal networks starting from the contacts that were made in the treatment centres. There were problems in the follow-up of both since the chains kept getting

interrupted at the first level; in addition, their application implied an excessive presence of former users and people receiving treatment. There were 18 interviews in this first stage.

(ii) In the second stage, from April to August, 1994, we made use of the contacts made in another project that was taking place simultaneously (die PROVIVA project). The focus of this project is prevention to stop the spread of AIDS among drug users (intravenous method).

This fact meant making some adjustments that must be pointed out for they might have influenced the way some questions were answered, to an extent that is unknown and that perhaps introduced a bias in the sample: location of interviewees in a restricted quarter of the city; the interviewees charged for their participation and, in addition, were given help and advice on safe methods of use and on the risks of catching the HIV. Twenty-there interviews took place in this stage.

Use of crack in Rio is not widespread and current users constitute a rather secret population. This has meant that, in spite of all the efforts made, their presence in the sample is very reduced. Crack is not widespread because of the workings of the market; based on the information obtained during the field work, there seems to be no street market for crack The available crack is prepared by the users themselves. Besides, according to some interviewees and key participants, the traffickers reject the users of crack because their violent behaviour could put their activity in jeopardy (among other possible problems, it could draw the attention of the law enforcement agencies). Again, for similar reasons, they do not allow intravenous use in the so-called "smoke mouths" (points of sale).

The fact that the use of crack was not widespread and the problem of locating users of this side-product made it necessary to modify the initial composition of the sample, such as it has been described in the previous section (1.2). A total number of 41 interviews was carries out but 5 were excluded. One because it had little value in terms of content and 4 because the interviewees were intra-nasal users of cocaine hydrochloride. It must be remembered that this method of use had not been contemplated as one of the objectives for the study in Rio; nevertheless, some of the information collected - the information of the use context - was taken into account in the analysis). The 36 interviews that constitute the final sample correspond to the following groups, depending on the side-product: intravenous use, 27 (75%); intravenous use and crack, 5 (14%); crack, 4 (11%). The 4 interviews with users of crack only have not been analysed together with those in Rio, but they have been used to compare the results obtained in Sao Paolo. In fact, the data analysis for Rio focuses exclusively on intravenous use.

Over half of the interviews took place at the offices of NEPAD, 28% in public places (bars and the like) and the remaining 17% in private dwellings. More than half of the interviews were recorded; there were

two members of the fieldwork team present in most of the remaining interviews: one carried out the interview and the second member collaborated observing and taking down what was said.

The average duration of the interviews was 2 hours and very few required more than one session for completion. Two interviews had to be interrupted because of the high emotional involvement of the participants when they remembered friends who had died with AIDS. Most interviewers have referred to emotional stress in their interviews.

Some interviewees considered as negative aspects the excessive duration of the interview, the amount of detail and the repetitiveness of some questions in the questionnaire (see section 6: use evolution), a fact that is made worse by the inclusion of the secondary side-product. Again, these aspects complicated the process of the interview and affected the quality of the answers, in some cases.

Sao Paulo (Brazil)

The situation in Sao Paulo is the opposite of that in Rio de Janeiro. Based on the data collected, one can notice a widespread and recent use of crack and, therefore, a greater ease to locate potential interviewees. This also leads to a correlative decrease in the intravenous use of cocaine hydrochloride since this is being substituted by the use of crack or it is being dropped (this phenomenon can also be linked to the widespread of AIDS). In addition, many of the user population have died because of AIDS or are in hospitals for the terminally ill.

Once again, the information obtained as a result of field work, led to modifications in the original composition of the sample, such as it had been planned in the research strategy.

In the preparatory phase of the field work, we identified and selected the social interaction scenarios as "target zones" to locate potential interviewees: schools, centres for sex industry, drop-in centres for street children, centres for self-help, treatment centres (private and public) and night life. Access to the target population was carried out making contact with key persons (professionals in intervention and other mediators), people who formed part of the various scenarios or contexts or who were closely related to users. Interviewees were located and selected from among the users that belonged to the personal networks of the key persons applying the snow ball method. Target sampling was then applied: the target zones were modified and re-adjusted throughout the field work on account of the new profiles that were detected.

In this context, one must single out the following initiatives: (i) Contacts were made with an association of female prostitutes to secure the inclusion of users in the sample. Unfortunately, it was not possible to meet all their demands and so it was not possible to include them. (ii) We interviewed a user who played an active part in the so-called "crack street." On this street, there is an outlet where crack is openly sold and used. Users, traffickers and law-enforcement agents "co-exist peacefully":

users pretend they are not using, dealers pretend they are not selling and the law-enforcement agents pretend they are not on duty. (iii) The contact made with a leader of the street children enabled their inclusion in the sample.

It became difficult to carry out the work with the chains of the snow ball method because there were serious problems and some chains never went beyond the first level. Thanks to the great effort of the field work team and the key role played by mediators, it was possible to reach a fourth and even fifth level in some chains. So, in spite of the problems encountered in putting it into practice, this strategy enabled contacts and interviews with users who would have been otherwise inaccessible. Due to the reasons indicated above, the greatest difficulty was encountered in locating intravenous method active users; likewise, due to strong secrecy barriers, it was difficult to identify middle and upper class users (their presence in the sample is very limited).

The final sample totalling 43 interviews is made up as follows depending of the main side-product: crack, 26 (60%); cocaine hydrochloride (intravenous method) 17 (40%). Among the crack users, 6 use or have also used cocaine hydrochloride via the intravenous method and, among the cocaine hydrochloride users, 8 use or have used crack as a secondary side-product. Almost all have used cocaine hydrochloride via the intra-nasal method and most of them have done it so in a regular fashion.

Field work started in January and finished in September, 1944. At first, interviews were carried out in the places chosen by the interviewees themselves. This choice, however, proved to be inconvenient (noise, interruptions, etc.) In addition, it meant wasting time travelling from one place to another (bear in mind the implications of Sao Paolo being a megalopolis). Later interviewees agreed to have the interviews in CEBRID. As a result, the quality of the interviews improved (interviewees were reimbursed their transport and food expenses).

The average duration of the interviews was 3 hours and all of them were recorded; in some cases, this led to a loss in spontaneity in the answers given. There were no observers in the interviews. It must be stated that there were observers in some interviews, but these had to be excluded because these observers, known to the interviewees, clearly led to a distortion of the answers.

Most interviewees viewed the questionnaire positively; only a fourth of them viewed it negatively, largely, on account of its length and repetitiveness. Both features have been singled out in all the participating centres (they also mentioned the difficulty encountered in putting across the meaning of certain themes in an understandable way - particularly section 10 in the questionnaire and the one designed to re-construct the evolution of the history of use, section 6, See appendix 1).

In general terms, the answers have been held to be trustworthy thanks, above all, to the quality of the relationship that was set up between interviewees and interviewers (this is a key issue in this type of research: see appendix 4). Again, we must point out that emotional stress frequently generated between interviewees and interviewers, especially when recalling painful situations. In addition, it should be borne in mind, as the Sao Paolo team points out, that the interview constitutes one of the few opportunities most of the interviewees have to narrate their life experience and be attentively listened to by someone who respects them without making any value judgements.

Before concluding this section, it is necessary to include some remarks on some aspects of its contents and some considerations in relation to formal aspects of this report:

As it has been already pointed out, answers have been trustworthy in general. However, this does not preclude, necessarily, that these answers are in many cases insufficient or vague. In fact, the complexity of the objectives set for this project translated into a very demanding questionnaire that interviewees were not always able to answer with the accuracy expected nor, particularly, as deeply as it was initially anticipated.

The type of analysis that had been foreseen has been curtailed on account of the complexity of the project itself and the shortcomings of the information collected. The purpose in making this remark is solely to signal the real reach of the work, highly valued, in terms of what is indicated in other sections of this chapter, sections that mention more ambitious proposals.

If a similar research work is undertaken[1], with similar means and, notwithstanding the problems encountered, we suggest that the objectives be kept, revising, in any case, the demands of the project to improve its adequacy. To be more precise and, without excluding other possible ways of simplifying some themes, the questionnaire should only include questions related to the main side-product and method of use.

The inclusion of secondary side-products and methods of use caused confusion, lengthened excessively the duration of interviews, adding complexity to their execution and unnecessary repetitiveness. This last aspect was singled out by a good number of the interviewees in the various participating centres. In addition, the information collected for the secondary side-products and methods of use has been, in general terms, insufficient. This has meant, in turn, that its inclusion in the report is rather limited.

The following remarks bear on formal aspects of this report:

1. The global data for each sample or sub-sample, depending on the side-product and /or method of use are submitted in each one of the sections and subsection following the same sequence in every case. This information is primarily descriptive and it gathers the main data collected at each one of the , participating centres. Whenever it is relevant and, the data allow it, an analysis of the regularities and differences found is included. Such analysis is based on the types of use that were identified and on the

specific observations arising from the comparison of the global data (all the samples). The most relevant results of this global and comparative analysis constitute the contents of the final chapter: Final remarks, conclusions and recommendations.

2. Most of the chapters of this report contain interviewees' quotations, primarily for illustration. The quotations selected are extracts that have been literally transcribed. Where deemed appropriate to help understanding, the quotations have been annotated. When a side-product is alluded to in the quotation, this information has been completed (in the text of the quotation) or added carefully (additions are always enclosed in parenthesis). Any quotation that occupies more than two lines has been placed on a separate paragraph and in italics; otherwise, the quotation will be embedded in the text, enclosed in quotation marks.

Each quotation, except for those included to illustrate generic contents, includes an identification code enclosed in parenthesis. This code number is made up of letters and digits; the letter identifies the main side-product and/or method of use: H, coca leaf; P, coca paste; C, cocaine hydrochloride (intra-nasal method); I, cocaine hydrochloride (intravenous method); K, crack); two numbers (number of the interview - three in the case of Bolivia); two letters (identification code for the city: CB, Cochabamba; IN, Ibadan; RJ, Rio de Janeiro; SP, Sao Paulo. As it has already been explained in this section, the information gathered in Ibadan does not enable one to precisely determine the main side-product and/or method of use; therefore, the main side-product and/or method of use have been identified by two letters (CH: cocaine hydrochloride and/or crack).

3. A kind of shorthand has been used in the report to avoid an unnecessary and excessive presence of percentages, using a detailed equivalent scale. This is as follows: almost everyone (over 90%), most (75% to 90%), a majority (55% to 74%); a minority (15% of less).

1.4 Background information on the participating centres

Cochabamba (Bolivia)

The population of Bolivia is 7.3 million inhabitants (1991 census). It is made up of some 30 ethnic groups, organised in 100 cultural groups with their own language, territory and customs. The most numerous ethnic groups are the Quechua and the Aymara (54% of the population) and the half caste (30%). The Quechua and Aymara ethnic groups have grown the various strands of the coca bush for thousands of years, having cultivated it in the sub-tropical regions of the western slopes of the Andean mountain range.

The Department of Cochabamba lies in the centre of Bolivia. Its capital city is at an attitude of 2.553 meters above sea level and it has a population of some 300.000 inhabitants. Cochabamba City exhibits marked contrasts on account not only of a growing socio-economic stratification (common to the main

[1] This proposal is one of the recommendations of this report (section 10.3, chapter 10). It is prompted by a concern in deepening and improving the current knowledge on issues as complex as the one we have deaIt with and also by the

cities in Bolivia), but also of excessive growth of its population, driven by migration from former mining districts and from the country side, lending it a multi-ethnic, multi-lingual and multi-cultural air.

Main economic activities are commerce, services and crafts. There is as yet little industry to speak of The apex of the social pyramid is made up of a social class that has middle to high incomes whose values are similar to those of highly developed populations: consumer society, fashion, competitiveness. The bottom, of this pyramid is growing wider and it is made up of workers, civil servants, professional people, school and university students. The latter is a population that exhibits marked differences in its income, is multiethnic and undergoing a process of acculturation.

In the outlying districts one also finds social groups made up of migrants from other regions, people who are unemployed or sub-employed and street children, variously engaged in minor economic activities. Many of the latter have ran away from the violence and poverty of their homes and made a living through temporary jobs or stealing, finding shelter in unoccupied houses or sleeping under the badges spanning the river that crosses the city.

Only two hours by road, on the other side of the Andean range that encircles the city, towards the north-east lies Chapare. This region has been settled by some 300.000 people (some 40.000 families) whose sole source of income is the growing of the coca bush, since no other agricultural activity is economically viable.

Chapare is ideally suited for the growth of the coca bush since it does not require contour farming (typical of other regions), it requires less attention and the levels can be harvested from three to four times a year. Although the Chapare settlers have a higher per capita income than the farmers in the AItiplane-or valley regions, they are still in the poverty range (Argandoña, 1988). Up-rooted, lacking adequate medical and sanitary infra-structure, suffering from high levels of illiteracy, malnutrition, parasites and child mortality, they still manage to preserve cultural cohesion and have strong unions. They have maintained the traditional use of the coca leaf in the cultural context of their native communities and they strongly reject coca paste and cocaine hydrochloride and their producers and traffickers and the 1aw enforcement agencies that fight them for being responsible for constant violations to their human righis.

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positive evaluation of the research strategy that had been designed and the instruments used.

Legal situation

The Law on the Management of the Coca bush and Controlled Substances that was enacted in 1988 indicates that the coca bush should be grown only in the traditional areas and that its production must be controlled so as to avoid "surplus production". In fact, this means that the growth of the coca bush is forbidden in most of the territories now settled and that it must be eradicated and replaced by agricultural produce that does not have a market. The growth of the coca bush outside the areas authorised by the law is penalised. (Articles 9, 10,11, Law 1008)

The use and possession of other coca side-products is illegal and heavily penalised. The possession of an amount higher than that considered "minimal for immediate consumption" is seen as trafficking (punished by 10 to 25 years in prison). The possession of minimal amounts for "immediate" use determines the hospitalisation of the bearer in some institution for drug dependence until "one is sure that the patient has been rehabilitated".

Ibadan (Nigeria)

Nigeria has a population of 88.5 million inhabitants (1991 census) and is made up of 25 large ethnic groups which together with other minor groups total some 300 ethnic groups (the official language is English and there exist some 200 1anguages and dialects). Ibadan is the capital city of the State of Oyo with a population of some 3.5 million. It lies in the south of the country and relatively near Lagos, the ancient federal capital city and still the most important in the country.

Even though most of the population still makes a living from agriculture, the growth of the petrol industry in the last 25 years has led to the building of an economic infrastructure and communication systems in addition to other industrial sectors. This in turn has led to an unbalanced growth of the cities and associated problems: high rates of unemployment and social up-rooting.

Legal situation

The use, possession, production and traffic of coca side-produces is punished by law in Nigeria. The 1984 Special Tribunal (Miscellaneous) Decree determined capital punishment for "criminal offences related to the traffic of cocaine, heroine and similar substances". This decree was later scraped as a result of the protests that took place when three people were executed on account of drug trafficking. Today the culprit may be sentenced from 2 to 20 years. Use is punished by jail for a minimal period of 2 years and a maximum of 10 years. International drug trafffcking with a maximum of 20 years and local trafficking with a maximum of 14. In addition to being jailed, the culprit is bound to have his property confiscated. Judges are free to determine aggravating or lessening circumstances.

Rio de Janeiro and Sao Paulo (Brazil)

The population of Brazil is 153 million inhabitants (1991 census). The Sao Paulo metropolitan area includes 8 cities with a population of some 16.5 million. The state of Sao Paulo produces 60% of the Gross National Product. It attracts therefore massive migration from the interior of the country. Sao Paulo, in spite of being the richest and most industrialised city in Brazil, is ill prepared to absorb the migrant flood. Most of the immigrants constitute the lowest socio-economic straturn and live in marginal neighbourhoods called "favelas". These characteristics, together with the current political and economic crisis (high unemployment rates, low salaries, a national minimum salary of US$80, etc.) have worsened social differences and contributed to, among other problems, to the spread of trafficking and use of various coca side-produces among these marginalized sectors of the population.

Rio de Janeiro has a population of some 6 million inhabitants (11 millions if the surrounding urban districts that make up the so-called Greater Rio are included). Approximately a third of the population live in "favelas". The city is an important industrial, commercial and tourism centre with a large service industry. In recent years, its industrial activity has decreased as a result of a move to Sao Paulo or Minas Gerais. This has worsened the precarious conditions of public services in a context of generalised impoverishment that affects the most the weakest socio-economic strata. Recently, the increase in violence in the "favelas" arising from the fight for the control of drug trafficking has had a strong negative effect on tourism, its main economic activity.

Legal situation

The use of cocaine hydrochloride or any other illicit drug is not penalised but possessing it is. This has become a mere rhetorical distinction. Distribution, sale, presentation or possession of illicit drugs is considered trafficking unless drug dependence can be proven. The maximum punishment for trafficking is 25 years in jail (Decree 6368, Articles 12 and 18). If drug dependence is demonstrated and the possession was related to personal use, the person may be jailed from 6 to 2 years or hospitalised in a centre for treatment (Decree 6368, Articles 15, 19 and 37).

2. General characteristics of users

2.1 Coca side-products and methods of use

Coca leaf (Cochabamba)

The 44 interviewees making up this sub-sample[2] are 'chewers ("acullicadores[3]) of coca leaves. Most of them are aware that cocaine hydrochloride is a drug extracted from the leaves of the coca bush by means of a chemical process, but only a few have actually seen it. Approximately half of the interviewees know or have seen cocaine hydrochloride or coca paste users: "I've seen half-drugged people in the streets, out of their minds" (Hl03 CB).

Coca paste (Cochabamba)

This sub-sample is made up of 82 coca paste users; 32 of them also use or have used cocaine hydrochloride (intra-nasal method) as a secondary side-product. Coca paste is the first product resulting from the production of cocaine hydrochloride. The coca leaves are left to soak in gasoline, kerosene or fuel-oil. Sulphuric acid or acetone is then added to precipitate the substance. The paste thus obtained contains cocaine sulphate in a concentration that ranges from 30 to 90%; it includes, in addition, residues of the chemicals used in its elaboration.

The coca paste that has the lowest concentration of cocaine sulphate is called "sulphate" and that containing the largest concentration, base. The "sulphate" has a penetrating smell and an ochre or whitish colour. It is used in cigarettes rolled with tobacco or marijuana, known locally as "pitillo" or "chuto". It is also smoked in a pipe. The coca paste known as base has a white colour and its smell is less intense. It is usually smoked in a pipe, or "toco", with less tobacco or marijuana. Some users make their pipes with tin-foil paper.

"Washed base" is obtained by adding hydrochloric acid to coca paste. This causes a further precipitate; the impurities of which stay in the surface. "Washed base" is white "like snow" and it is estimated that it has the highest content of cocaine sulphate (nearly 90%). It is preferably smoked.

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[2] In this report, the term sample refers to the total number of inten-iewees at one of the participating centres whereas the term sub-sample refers to the number of users of a specific sideproduct and/or method of use. Thus, in Cochabamba, the sample is made up of three sub-samples: coca leaf, coca paste and cocaine hydrochloride (intra-nasal method). In Sao Paulo, it is made up of two: crack and cocaine hydrochloride - intravenous method. No sub-samples were identified in Ibadan or Rio.

[3] Acullicar" ('pijchar' in Quecha) is to hold the leaves in the bucal cavity. This is the traditional method of use in the Andean commuunities. It is not exact to refer to it as "mascado" (chewing), because the leaves are not in fact chewed; rather, they are sucked. The ball of coca leaves thoroughly soaked in saliva that is kept in the mouth is called "aculli" ('pijcho', in quechua). Therefore, the coca leaf users who use this traditional method are called "acullicadores" and will be referred to as such in this report (the words 'chew' and 'chewer' that have been used throughout to translate these concepts are just approximations).

Another form of coca paste, known as "chicleada", on account of its likeness to chewing gum, is obtained from the oil that is left over after burning "sulphate" or base. This oil is mixed with water while still hot and then allowed to cool and solidify. It has high concentrations of cocaine sulphate.

Sulphate and base are commercialised by dealers and both are referred to as coca paste indistinctly. The "washed base" and the "chicleada" are elaborated and used by the people involved in the elaboration of paste because they have access to large amounts of coca paste and the chemical substances and also because its very elaboration is part of the quality control phase in the making of cocaine hydrochloride. The "chicleada" is also obtained from the residues left over from coca paste seized and burnt by the law enforcement agencies.

The interviewees also mention another product called "base retrocedida". This is obtained by heating a solution of ammonia and sodium bicarbonate and cocaine hydrochloride. The product obtained is, in fact, crack and it is smoked in "water pipes" (free basing or purpose-built mouth-pieces that make it possible to smoke it without tobacco. Users also smoke "base retrocedida" (crack) with tobacco rolling them together to make cigarettes called "pitillos" or "chutos". They may also smoke it in pipes made from tin-foil paper called "toco" or "pipe".

Cocaine Hydrochloride (Cochabamba)

This sub-sample is made up of 52 users: 46 who have used this side-product exclusively and 6 who have also used coca paste (as a secondary side-product). The main method of use of practically all the users was intra-nasal aspiration; only one of the interviewees used it intravenously. Two users also consume crack.

Crack/Cocaine hydrochloride, smoked/inhaled (Ibadan)

It has already been mentioned (Introductory Chapter) that it was not possible to clearly determine a difference between main and secondary side-product. According to the data obtained, the 50 interviewees making up the sample use crack and cocaine hydrochloride indistinctly. Nevertheless, it can be claimed that crack is predominant and that the method of use both is inhaling or smoking. The main method of use can be likened to chasing the dragon; a secondary method of use is free basing and, less frequently, smoking in a cigarette.

Cocaine hydrochloride is used predominantly in tobacco or marihuana cigarettes. The intra-nasal method for cocaine hydrochloride seems to be done by a minority of the users, in private, as a way of keeping safe. Some users have experimented with the intravenous method.

Crack and cocaine hydrochloride - intravenous (Sao Paulo)

All the individuals in the sample (43) use or have used cocaine hydrochloride through intra-nasal aspiration. Initiation takes place using this method. Although only recently introduced, the use of crack is particularly widespread. The intravenous method for cocaine hydrochloride, although older seems to be used by a minority and it is decreasing. Out of the 43 interviewees, 26 used crack exclusively or it was their use of choice; they mostly smoke it in home-made pipes. 17 use cocaine hydrochloride intravenously. In the analysis that was made on part of the information, the main and secondary side-products have been considered together. As a result, two sub-samples were identified: 34 users of crack and 23 users of cocaine hydrochloride (intravenous method).

Cocaine hydrochloride, intravenous and crack (Rio de Janeiro)

Like Sao Paulo, the totality of the sample (36 interviewees) use or have used cocaine hydrochloride (intranasal aspiration). But, unlike Sao Paolo, the use of crack is a lot less common in this city: the sample includes only 4 users of crack as main side-product and 5 users of cocaine hydrochloride (intravenous method) plus crack The analysis took into account only the intravenous method (a total of 32 interviewees) and the information related to crack was incorporated as complementary reference when appropriate to the information obtained in Sao Paolo.

2.2 Socio-demographic profile

Coca leaf (Cochabamba)

The prevalent age range is 41 to 45 years (30%). In fact, the age group that goes from 40 to 50 constitutes half the sample. The interviewees' ages range from 19 to 73. There were 33 men and 11 women.

Under half of them are illiterate and a few have learnt to read and write without any formal schooling. About a fifth of them have gone to elementary school, another fifth has had some 7 years of school and yet another fifth has finished the twelve years of school. As a group they represent first over a quarter of the sample.

A third of the interviewees are uriskilled workers. 17% of them are professionals or managers. The remainder, that is, half of the sub-sample, is made up of people with a vide variety of activities: junior managers, skilled workers, businessmen and, to a lesser extent, students or housewives.

Over half of the sample belong to a low social class[4] and a few belong to a low-to-middle social class (altogether they represent 3 out of every 4 cases). The remaining 25% has been classified, in three equal groups of individuals belonging to the middle class, middle-to-upper and upper classes.

[4] The criteria used to determine the social strata for each one of the participating centres varies for each one of them. Therefore, the only direct comparison possible is between sub-samples at each participant centre.

Most of them were born in Cochabamba City and the rest come from rural communities.

Almost a third of the interviewees live in the areas surrounding the open-air market, known as "La Cancha". A fourth live in a residential central area and about 10% of them live along the river bed, streets and marginal outlying districts.

The rest of the interviewees live in semi-rural and rural areas (including Chapare - the zone where the coca bush is grown) Most of the interviewees live with their own families. A third live with parents, friends or alone.

Under half of them speak Quechua as a mother tongue. A third of them learnt to speak Spanish in their childhood. Just under a quarter of them learnt both languages, Quechua and Spanish and, only a few speak Aymara as a mother tongue.

Most say they are Roman Catholic and only a few say they belong to the Andean religion or to other religious groups. There is, however, a high level of syncretism with the ancestral Andean religions.

Whereas most fathers can be classified as manual workers, the mothers who work out are even less qualified- Less common are retail trade and intermediate status activities (clerks, technicians). Only 5% of the sample work as managers or professionals

The interviewees' social background of 15% of the sample is low class; a similar percentage has as social background a low-to-middle class. The remainder's social background is middle or middle-to-upper social classes. None of them could trace their background to marginal social classes

Coca paste (Cochabamba)

The age range of the interviewees lies between 15 and 44 with an average of 24. The most common age ranges are 26 a 30 (29%); from 31 to 35 (22%) and from 21 to 25 (21%). This shows that most of the users are young adults. There is a sizeable group of adolescents (13% of the sample are younger than 18). People over 40 are a very small minority.

Ninety per cent of the interviewees are men.

Over a third have attended school for up to 12 years; approximately a fourth have attended school for about 9 years and a fourth undertook university studies. Very few attended grade school only.

About a third of the interviewees do not have any formal economic activity and a similar percentage work as drivers, service station hands, helpers in crafts workshops, washing cars, selling newspapers, etc. One in five undertakes criminal activities: petty thieving and drug trafficking. Only a minority are middle level managers and executives.

Most of the interviewees belong to the low or low-to-middle social class. One in five lives in the underworld.

Approximately a third of the interviewees live in residential areas of the city of Cochabamba; a fourth in outlying, deprived areas. The remainder, in equal percentages, in the centre of the city and out in the streets and under river bridges, in shelters or rehabilitation centres.

About a third live with their parents and most have large family groups- another third live with their own families. One fourth live with friends, in rehabilitation centres, streets or river bank-s. A few live alone.

Almost all were born in villages or small towns. Half come from the Department of Cochabamba and a 45% from the other departments in Bolivia. The remainder come from other countries.

Spanish is the mother tongue of the great majority of the interviewees. Quechua is the mother tongue of a minority.

Most of the them are Roman Catholic; a few are Protestant.

Regarding the mothers' occupation, housework is predominant (41%). About a third of them undertake unqualified work outside the home or are retailers in the market. Regarding the fathers' occupation, there are more or less equal groups: labourers, skilled labour, middle managers, executives and professional. About a third of the parents have been classified in various.

Spanish is the mother tongue of most parents; in a smaller proportion, Spanish and Quechua (18% mothers; 16% fathers). Quechua or Aymara as sole mother tongue is not common.

A third of the parents are from the Department of Cochabamba and most come from other departments in Bolivia. Cochabamba receives an influx of migrants on account of being near Chapare - where the coca bush is grown. The migrants hope to improve their income by participating in the multiple activities generated by the growth of coca and the production of cocaine hydrochloride. Very few intend to actively participate in the production and trafficking of the drug.

The social background of the interviewees - low-to-middle or middle clans in most cases - does not match that of the interviewees'. This would indicate that there is a fall in the social class of the users that were interviewed.

Cocaine hydrochloride, intra-nasal, (Cochabamba)

The age group of the interviewees ranges from 15 to 65. Almost half the interviewees were between 21 and 30. Those over 45 represent a minority. 16% of them are under 21. Women constitute a third of this subsample.

Their cultural background is certainly higher than that of coca leaf or coca paste users. In fact, most have finished school or university studies. All of them could read and write and had attended school.

Their working situation is more stable (over a third have steady jobs). A fourth are executives or professionals. A fourth are students.

Most of them belong to the middle and middle-to-upper classes. A few belong to the upper class. A few others, in the same proportion, belong to the low-to-middle or low classes. 39% live in residential districts, 21% live in the centre of the city and the rest in the area surrounding the open-air market "La Cancha"

Most live with their families. Half live with their parents and the other half with their own families. A few live alone or with friends.

Most were born in cities, especially in Cochabamba. A few are from Santa Cruz.

Most of them are Roman Catholic. A few say they are agnostic or just Christian.

About half of their fathers are professionals or company executives; a fourth are in middle management. A minority are retailers. The following activities are the most common among he mothers: housework (approximately half of them), middle management (about a fourth) and a few are company executives and professionals.

The mother tongue of most of the parents is Spanish- Most of them were born in the main cities in Bolivia. In fact most were born in Cochabamba. Over a third of the interviewees' families are from the middle-to-upper or upper classes.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

The ages of the interviewees range between 19 and 43 and the average age is around 30. 40% of the interviewees are between 25 and 30 years old.

The sample is made up of 47 men and 3 women. There are very few women perhaps because it was hard to locate them (the use of drugs among women is particularly stigmatised). Nevertheless it is quite likely that the relative proportion of women users equals that of men

Regarding education, 28% have attended grade school. over a third finished high school and the rest have had technical or pedagogical training or a university education.

Most of the interviewees are out of work and a good many engage in delinquency – theft, burglary and extortion.

Almost half of them live at their parents' and one in five has his own family. Almost a fourth does not have a permanent address. A minority live alone or with friends.

Most of the people in the sample were born in the Yoruba region and the rest were born in neighbouring states. Most were taught to read and write in the various dialects of the Yoruba language.

Most of them are Christians, few are Muslims and a very small minority described themselves as "free thinkers".

The socio-economic status, depending on occupation, of approximately half the interviewees' fathers is high (company executives and free professionals); over a third of them are labourers - skilled or not. The remainder can be classified as follows: technicians and middle managers. Most of the interviewees' mothers go out to work: middle management and office work and a fourth are company executives or professionals

Most of the interviewees' parents were born in the Yoruba region or neighbouring states. This reflects on low migrant patterns and low level of inter-ethnic marriages.

The interviewees' families belong, in equal proportion, to the upper, middle and low classes. A comparison of this data with the social class of the interviewees reveals that use implies a descent in the social scale. This descent may be temporary, while the drug is used; but it tends to become permanent as time goes, especially if, as a result of consumption, one is excluded from the job market.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most of the crack users are under 25 (approximately a third are between 15 and 20). The users of cocaine hydrochloride - intravenous method - are generally older; most are over 25 (a third of this sub-sample are between 25 to 30).

This fact shows the widespread use of crack among younger users. Indeed, very few are being initiated into the use of cocaine hydrochloride through the intravenous method in Sao Paolo.

Most of the interviewees in the sample are men (women represent only 20%). This distribution was not intended: it resulted from the chain method of locating interviewees. Although the inclusion of some social types, such as prostitutes, might have increased the proportion of women in the sample, it must be pointed out that the data obtained agrees with other research studies on illicit drugs in Brazil.

There seems to be a correlation between low level of schooling and addiction. In fact, the intravenous method of use of cocaine hydrochloride and crack seem to be incompatible with attending school (a high drop out rate was observed). 44% of them did not finish the first cycle[5]. A fourth have managed to finish the second cycle, half of these having managed to start university studies (16% of the sample) but none managed to finish them.

[5] The education system in Brazil is as follows: First cycle: 8 years and second cycle: 3 years. These are followed by a third cycle, the university, also called superior. In general terms, school begins at 7

All the interviewees mention manual activities undertaken before starting to use cocaine hydrochloride or crack. It seems that their exclusion from the job market results from their use. Most of them are unemployed; a third carry out uriskilled work and very few are technicians.

The characteristics of some of the jobs undertaken seem to enable them to continue the use: work on the street, flexible hours, and no rigid arrangements. They perform sporadic jobs or work for a relative (usually, a parent).

Former users who are now employed belong, as a rule, to older age groups and already had an occupation before they started use.

Most of the sample is made up by the middle-to-low and low classes. A minority belong to the middle and middle-to-upper classes.

The nature of this composition may be due to the difficulty in obtaining data from users in the upper classes. They are particularly secretive and place barriers to make access to them almost impossible. It may also be due to a descent to lower classes resulting from use. Many users stated that in order to continue using they had to engage in illicit or delinquent activities: theft, prostitution, drug trafficking, etc.. A final hypothesis, perhaps the most relevant, is that the methods of use are characteristic of lower social classes.

Most of the sample live in the districts that correspond to their social status: upper, 16% (in districts inhabited by middle-to-upper and upper social classes); 55% (middle and middle-to-low social classes); low, 30% (low class districts). The rest of the cases inhabit 'favelas".

Over half of the interviewees live with their parents (to be expected, given that young people predominate in this sample). Under a quarter live with a partner and a minority live alone or with friends. The last two situations are more frequent among the users, usually older, of cocaine hydrochloride (intravenous method). Some users, unable to afford living by themselves, return to their parents' home.

Most were born in the city of Sao Paolo and, except a few who come from other states in Brazil, they come from various cities in the State of Sao Paolo.

Religion seems to play an important role when it comes to quitting use. It is not necessarily organised religion, but a belief in a God who can give them the necessary help to quit drugs. On the other hand, among those who still use drugs, one notices the complete absence of any religious practice right from start.

Half of the interviewees' mothers carry out housework and approximately a third undertake non-skilled manual jobs. In a lower proportion, they are clerks or technicians. These results point to the role played by woman in Brazilian society.

Most of the interviewees' fathers are manual workers: 35%, skilled and 28%, uriskilled); the rest, in similar proportions, are technicians, businessmen or various.

Unlike most of the interviewees, their parents come from other cities in the State of Sao Paolo or from other states in Brazil.

The socio-economic status of the their families is as follows: most of the them: middle-to-low and middle classes. The rest belong in similar proportions to the upper, middle-to-upper and low classes. If a comparison is made with this distribution and the distribution of the interviewees, it can be stated that there has been a descent to a lower social class.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most of the interviewees are between 26 and 35. The most frequent age range is 30 to 34 and it corresponds to a third of the sample. The average age is 32. The women in the sample are younger than men.

Seventy-eight per cent of the interviewees are men.

Concerning schooling, a third of the interviewees have finished the second cycle and almost a third have gone up to university.

Approximately a third have completed the first cycle. There is a clear difference between men and women as far as education is concerned: women show higher academic attainment. The sample exhibits a level of schooling higher than the average among people of the same age range.

A fourth of the interviewees are unemployed, but those who work tend to have steady jobs (40% of the sample). The interviewees work, in more or less equal proportions (around 20%) as company executives, professionals, middle level managers and manual workers.

Approximately half of the interviewees live in upper and middle class districts. A third in middle and middle-to-upper class districts. One in five lives in 'favelas" or municipal districts near the city.

Half of the interviewees belong to the middle class, a third to the low class and a minority to the middle-to-upper class.

Most live with their parents or have a family of their own, in similar proportions. A minority live alone or with friends.

Half of the interviewees say they are Roman Catholic and a third say they do not practise any religion. The rest belong to various religious groups.

Most of the interviewees were born in Rio de Janeiro and the rest in other places in the state.

The majority of the interviewees' families come from other states in Brazil. A minority of the parents were born in the State of Rio de Janeiro.

Most interviewees declare that their parents do not live in "favelas" (about a third of the population of Rio live in these districts).

More than half of the interviewees' families belong to the middle class and almost a third to the low class. A minority has been classified as belonging to the middle-to-upper social class. In general, the interviewees' social class and that of their parents is the same.

At this point it is worth remarking on the differences that exist between the results obtained in Rio and those of Sao Paolo. In Rio the interviewees have a higher academic level of training and belong to higher social classes. These differences are related, probably, more to the way the sample was organised than to any real differences between the user populations in both cities

Another outstanding aspect is the greater degree of social normalisation, at the time the interviews took place, among the Rio users. The more so when one considers the kind of work carried out by the interviewees. These claims must, however, be tempered by considering that perhaps some of the data obtained in Rio might have been misinterpreted. The percentages obtained for steady employment and the status of such jobs do not match other data related to the use and the social normalisation of this use. The fact that over a third of the interviewees were former users at the time of the interview can account for some of the higher level of social normalisation, but not for all of it. (This is analysed in Chapter 9 and a comment is made that may help to shed light on this fact, from a different perspective).

2.3 Personal background

2.3.1 Family backgrounds

Coca leaf (Cochabamba)

Most interviewees stated that they got along well with family members, in a harmonious and normal way. A minority stated that there were family conflicts, especially those caused by the father's abuse of alcohol.

Alcohol consumption is evident in the family context but, in most cases, it is an intermittent problem. Interviewees blame alcohol for problems and fighis between couples. In a reduced number of cases, reference is made to alcohol abuse among other close family members. The use of coca leaves is not regarded as being related to this negative context.

Coca paste (Cochabamba)

Most of the interviewees describe the parents' family context as conflictive. Only a few characterised it as harmonious or normal. There is a predominance of conflictive situations and deeds.

Constant family problems are related to the father's constant and violent aggressiveness towards children and spouse. This aggressiveness is produced usually while drunk and it involves rough handling, sexual abuse and extreme violence. The almost marginal position of the father in many of these families is recognised as one of the causes for conflict, especially if this situation changes sporadically and the father assumes attitudes of intolerance and excessive demands towards the children.

The mother is singled out with much less frequency as responsible for family conflicts; in these cases, the interviewees relate such conflicts to evident changes in the mother s personality and behaviour. The relationship among brothers is usually less conflictive. They are identified as being responsible for some problems but only when they take on a parental role due to the absence of either parent, and assume a demanding and controlling attitude towards the younger siblings.

There are also situations which, though not directly identified as being conflictive, have been seen as affecting the interviewees; for example, one of the parents going away in infancy.

Some of the interviewees fled from extremely conflictive family situations and ill treatment and joined a group of youths who live in the street. These are exposed to drugs from an early age. ;

The abuse of alcohol by the father is a factor that appears in most of the interviewees' families; a factor that is usually associated to violence and ill treatment to the children. Brothers cause this kind of situation less frequently. The high incidence of alcohol abuse both by fathers and/or older brothers do not, however, influence on the use or not of paste, being but a source of family conflict. Only a few openly indicate that it had an influence on their use of coca paste.

The interviewees' families seldom use illicit substances. The occasional case of use is related to brothers who are also paste users and who, sometimes, participate with the interviewees in sessions of use. In some cases, it is a brother who has initiated the interviewee in the use.

A minority of non-compulsive coca paste users (12 cases) describe a normal and harmonious family context. These are, in general, cases where there are no family antecedents of any conflictive drug use, including alcohol.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Almost a third of the interviewees' families exhibit normal family life patterns. The relationship among family members was described as friendly or good. In a similar proportion of cases, there have been repeated family conflicts or rows between the parents and children running away from home. The latter are interpreted by the interviewees themselves as being an answer to habitual family problems. In addition, this separation seems to be a way of solving the problem. These separations have usually been traumatic for the children.

A minority mention excessive alcohol abuse by the father as background to their addiction. Such excessive drinking leads first to instability in the relationship between the parents and then it affects family life in general. Some interviewees went on to say: "if I use drugs, it is because of my dad".

Another minority group refers to use of drugs among brothers. There are also cases where the interviewees were initiated into drug use by brothers; others where drug use by older brothers gives rise to economic and family problems.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Approximately a third of our interviewees did not furnish any information about relationships in his/her family. Of the remaining 2/3, almost half indicated that family atmosphere was harmonious. The other half described a situation where family relationships were conflictive.

Approximately half of the interviewees had a family background of drug and alcohol abuse; notwithstanding, only a minority of them mentioned that this background contributed to their own use.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most of the interviewees describe their families as having a conflictive atmosphere where the father is to be blamed as the main source of conflict In this family situation, the mother is described as the victim. Only in a few cases is the mother described as the source of conflict. conflictive family situations are more frequent among the middle-to-low and low social classes.

Most of the interviewees refer to the existence of family problems in connection to the use of drugs. Alcohol is the drug most mentioned; among the others, the most common is cocaine hydrochloride. The negative impact of drugs in the family context is greater when the user is one of the parents. When the source of the problems are brothers or other relatives, the emotional impact is not as strong. One of the most serious problems interviewees describe is family disintegration. In spite of not pointing to an explicit, direct relationship between these problems and their own use of drugs, many of their statements seem to indicate the opposite.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

A third of our interviewees describe a harmonious family atmosphere. Almost half of the sample describe conflictive or very conflictive family relationships. One in five describes them as normal. Their perception varies a lot depending on their gender: most females consider their family background as conflictive. This perception may be related to the inherent conflictive nature, explicit or not, resulting from the control most parents exert on their daughters, even if the family atmosphere is normal.

Most of the interviewees describe cases of drug abuse at home; the users could be the father, brothers, or near relatives: uncles and cousins. Most times, this use is seen as the cause of family problems, generating conflicts and separations. In general, the main problem is alcohol or other drug abuse on the part of the father. In spite of this, only a third of the interviewees declared that it was this family background that led them into their own use of drugs.

2.3.2 The interviewees' current family

Coca leaf (Cochabamba)

Most of the interviewees indicate that they get on well with the people they live. The family atmosphere is described in most cases as harmonious, friendly or normal. There are practically no descriptions of serious family problems among the members or family situations beyond the usual problems.

Most interviewees declare that none of the members in their families uses illicit drugs at present. In some cases, the interviewee was not able to tell us about drugs simply because s/he did not know anything about them. Although most of the them drink alcohol regularly ("we drink chicha[6] and "chicha" does not harm us", H 107CB); this habit does not usually generate serious family conflicts. Nevertheless, it has had a negative effect on the family situation in a minority of cases.

Coca paste (Cochabamba)

In general, the relationship between the interviewees and the members of their own families is conflictive. The interviewees have been rejected and excluded from the family because of drug abuse. Some are trying to recover family trust and family affection after having quit

Those who have a family only as a reference point and live in fact with addicts and former addicts share an atmosphere they describe as difficult but where there is loyalty among the members of the group.

Alcohol abuse is very frequent in the current family or in the most immediate social nucleus of the interviewees. This is characteristic of more than half of them. Aggressiveness, violence and abandonment are the problems that seem to be related to alcohol abuse. ,

Only a few of those interviewees who have set up their own families mention the existence of other users of illicit drugs in the family. In those few instances, the spouse is identified as the user of coca paste and marijuana.. These cases are mentioned by women who report that it was their spouse who initiated them into drug use. The opposite happened in only one case. On the other hand, according to the male interviewees, the wife or partner frequently rejects the use of drugs of her partner; indeed, the sub-sample includes cases where the couple split as a result of use.

Only non-compulsive users, a minority, maintain normal family relationships and links.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Friendly, good relationships are predominant. A minority have defined them as cool and conflictive. Usually close family members, especially parents, are unaware of use.

A minority of the male interviewees who live with a partner define relationships at home as harmonious and good.

[6] Chicha" is a traditional alcoholic beverage resulting from fermenting maize. It is usually made, sold and drunk in bars called "chichenas".

A minority live alone after divorce following on the discovery of use. Separation looms in the horizon in other cases. The partners influence either way (use or quitting use) is not decisive.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most state that the relationship with the people they live with at present is harmonious or normal. Only a few mention a conflictive relationship. Where there is conflict, this is due to the effect the drug abuse has on the household finances (sale of family belongings, getting into debt or economic ruin).

A minority of the interviewees indicate that the people they live with, mainly parents and friends, also use drugs: alcohol in the case of parents; cocaine hydrochloride and heroin in the parents' case.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Although over a third of our interviewees set up their own families or left their parents' most have returned to their parents' home following the break up of their own families due to use. The interviewees who tried to start a new life with a male/female partner point out to the significance of this partner in their own use of drugs: they are either partners in use or very much against fit. In both cases, conflicts in their relationship are described as mainly due to drug abuse.

Half of the interviewees who set up a new family nucleus. joined other users. In these cases, the linking element seems to be the drug and its influence in the evolution of drug use is evident on both partners.

Almost half the interviewees state that their present set-up does not foster use. Most have a non-user partner.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees regard their family set-up as positive or normal; among the remaining, a third of the sample, see fit as conflictive.

On the other hand, most regard their use of drugs as the main case of conflicts with the people they live. In addition, a third of the sample declare that the people they live with influence their use of drugs.

2.3.3 School experience

Coca leaf (Cochabamba)

Most interviewees regard their school experience as positive, above all on account of the friendship links that were forged there. Some have bad souvenirs, however, on account of punishment inflicted by teachers when they failed to do homework. No interviewee related his/her school experience to the use

of coca leaves: "we were the children of farmers who 'chewed'. We were taught to 'chew' not at school, but at home, by our grandparents" (H 109CB).

Only a minority never attended school. One of them said: "our masters did not allow the children of their farm hands to attend school" (HO 13CB).

It must be pointed out that in Bolivia school children do not 'chew' ("acullicar".) This takes place later on in their lives when they start to work.

Coca paste (Cochabamba)

Whereas our interviewees regarded the relationship with their families as negative, most of them regarded their school days as positive and over a quarter of them as normal. Pleasant memories are associated with friends, teachers and sporting and leisure activities.

Only a few do not have good souvenirs of this period. In these cases, the most common cause is their learning handicaps that made attending school a disagreeable experience on account of pressure and punishment on the part of parents and teachers. Only a few indicate that they did not enjoy school due to their misbehaviour: (restlessness, rebelliousness, absenteeism) and their use of alcohol, tobacco and marijuana that gave rise to problems with teachers and classmates to such an extent that they ended being expelled from school.

Most indicate that their school experience did not bear on their use of drugs. A minority, however, admit that friends, especially in adolescence, did influence their initiation in the use of psychoactive drugs which, depending on frequency of use are: alcohol, tobacco, marijuana, inhalants and cocaine hydrochloride. Among those who mention the influence of school friends, we can single out those who everitually ended up in a compulsive use of coca pasta and cocaine hydrochloride.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees regard their schooldays as positive, and a minority as normal. In general, this is associated to the good times spent with teachers and classmates. For a few, school brings back memories of boredom, loneliness and dissatisfaction.

A good many of the interviewees changed schools frequently. In many cases, this was due to their family having to move to another town on account of the father’s work. These changes were pleasant and positive for some of them; for others, they aggravated division and lack of family cohesion. In other cases, changing school has to do with problems in settling down, boredom or dissatisfaction with teachers and classmates.

Academic performance is generally good or acceptable. Very few dropped out of school or were expelled. There were no conflictive relationships with teachers and classmates. A minority expresses criticism of the school system.

A minority of the interviewees started using marijuana while at school together with classmates with whom they also drank alcohol.

Crack/cocaine hydrochloride, smokedlinhaled (Ibadan)

Most of our interviewees have positive remembrances of school. It was a negative experience only for a few. Most believe that school contributed to their use of drugs, though not to the use of cocaine hydrochloride in particular. They started with alcohol, tobacco and marijuana as a result of peer pressure.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most refer to school as a place that brings back good souvenirs. Nevertheless, for some, the initiation into drug abuse transforms this situation radically. This happens when they stop studying or school becomes primarily a meeting place for users (peer groups).

Many quit school on account of drug abuse. A little under half of the sample was initiated into use or heard about drugs at school. Among them, some identified school as a supportive environment; that is, once initiated into drug abuse, they made friends with other users who reinforced use. Marijuana is singled out as the first one they meet in this environment, followed by "medicines" (psychoactive drugs), inhalants and cocaine hydrochloride.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees have positive souvenirs of school and do not think it influenced their drug use. Conversely, a fourth of our interviewees regard their schooldays as negative. Just over a third of the interviewees think that school contributed to their use of drugs (as an initiation environment; usually due to peer pressure).

2.3.4 Work experience

Coca leaf (Cochabamba)

Almost half the interviewees regard their work experience as positive and a similar proportion see it as normal. Only a few regard it negatively.

Most interviewees. being fanners, show a high level of job stability. The use of coca leaf is part of their work context:

For us, farmers, agriculture is the only way to earn our living; and when you are a farmer, your are not influenced by anybody and 'the chew' ("acullico') is part of the work we carry out.(H086CB)

The rest exhibit a high level of labour mobility motivated by a search for better economic conditions.

A sizeable number of the interviewees single out unequivocally the relationship between work conditions and the chew' ("acullico"). There are work conditions, such as working as miners or as fishermen that imply enduring cold temperatures or harsh physical work that lead to an earlier and heavier and more frequent use. Coca leaf will be found wherever more effort and endurance is required, where you sleep less and suffer more from hunger and cold (H054CB): "work has influenced my use"; "I was a miner and this meant 'chewed' more" (H 183CB).

Bolivian miners believe that just as alcohol is necessary to "warm up one's lungs", the 'chew' protects them against the so-called "mine decease" (silicosis) because, in addition to supplying them more energy, as they 'chew' they keep their mouths shut and so are forced to breath through their nose.

Coca paste Cochabamba)

Most interviewees have undertaken temporary jobs that came their way. They changed them in order to improve their income. A few have never worked because, among other reasons, their drug use started when they were very young, as children.

Those who are still studying in our sample, except for a woman, carry out extra activities to pay for their studies.

The so-called "street children" start to work in childhood selling newspapers, shoe-shining, market hands, ambulatory sales, etc. On average, they join the family work set-up when they are between 8 to 10 so as to improve the income of the family. Later, whey they break family ties, they join the children who live in the street, surviving through begging, theft and, doing odd jobs, especially when they require money for some specific purpose.

A minority of compulsive coca paste users who, in addition, use cocaine hydrochloride, carry out tasks below what could be expected given their training. They work as clerks, craftsmen, drivers, salesmen, etc. Most have changed jobs frequently due to drug use and problems associated to drug use - absenteeism, lack of punctuality, irresponsibility, etc. This type of jobs are also carried out by young adults who migrated to Cochabamba to study in the local university and then quit their studies. A very small minority help with family enterprises, such as cattle farming and retail trade.

Almost half of them regard their work experience in a neutral way; a somewhat lower proportion regard it as positive. Those who regard their work positively do so because they find it makes them feel useful

and able to earn an income. The jobs they carry out. however, do not meet their expectations and, being unable to achieve any improvement in their social status, they have dropped them to seek out better perspectives in the underground or illegal world. Very few have steady, well-paid jobs.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees have carried out various jobs so as to finance their drug abuse. A few (3 cases) got involved in the traffic of cocaine hydrochloride.

Changing jobs seems to be linked to the need to find jobs that enable them to have more time and freedom for use as well as to economic problems. Some well-established free professionals have worked in areas associated to their training. A controlled use of drugs contributes to professional success in some cases.

For a fourth of our interviewees, their work experience has been an influence that has fostered use, although in varying extents. The influence of the type of work performed is significant in three cases who worked as drug dealers or places where the drug was sold; as one of them says, "being surrounded by users, it was not difficult to help myself and use." Other interviewees, usually young people, have been initiated into drug use by their boss or by older colleagues who had some influence on them.

Work experience is seen as positive by the majority. A fourth of our interviewees regarded it as normal. Only a few regard their work experience as negative

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most of our interviewees regarded their work experience and relationships at work as positive. None of them thought that work had an influence in their use. There are, instead, many references to problems at work due to the use of drugs (absenteeism, low performance levels or job loss).

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

All the drug users had several jobs. It is evident that the use of drugs was the main factor that affected negatively their professional life. Those few who managed to hang on to their jobs did so because of string pulling by relatives (we are talking here about cocaine hydrochloride users - intravenous method). In most cases, the need to finance use meant carrying out illicit or delinquent activities. Almost all refer to legal work as pleasant and state that they were forced to quit because they could not satisfy timetable regulations or fulfil their duties. In general terms, work did not have an influence on their initiation or continued use. Nevertheless, a third of the sample think that work contributed to drug use; a minority think that it has played a significant role in maintaining use.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees regard work experience as positive. Almost half of them think work contributed to their use of drugs. They identified as one of the main reasons the use by colleagues (peer pressure); other interviewees stated that the work environment had an influence (production of handicrafts, setting up equipment for parties, etc.) and, especially, the fact that use was widespread in such contexts.

3. Socio-cultural context

3.1 Description of lifestyles[7]

Coca leaf (Cochabamba)

Most interviewees declare that there is a lifestyle characteristic of 'chewers' native to rural communities and mining centres. This lifestyle is associated to intense work and a way of belonging to the community and to the land. This corresponds to the Andean cosmic and religious vision. The "Pachamama" (i.e. Mother Earth) is the Earth and it is a goddess that lives with men in a very close relationship. She owns all natural resources and demands demonstrations of respect and affection; upsetting her, breaking her rules, can lead to disease, misfortune and even death.

Although 'chewers' come from various Andean regions, from cities and from rural communities and may even belong to different social classes, they all preserve the features of the traditional Andean culture. They all practise, to a greater or lesser extent, worship for "Pachamama" and acknowledge the sacred nature of the coca leaf[8].

It's (coca leaf) everywhere in the family, rituals, etc., because we, those of us who work in the fields, "chew". We farmers are poor and we eat what we have and grow. And in order to produce, we consume coca since it is part of our life. Without the coca leaves we would not be able to work the fields (772e interviewee was native to an agrarian community) (H086CB).

Those interviewees who chew but who come from urban contexts are not as forceful about the cultural features associated to the use of coca leaves. They value 'chewing' from an instrumental point of view. City dwellers consider that the lifestyle of 'chewers' cannot be perceived as clearly in a city context. A professional who belongs to the urban middle class - contributes an extreme point of view: "no, there is no lifestyle whatever; anybody can do it ('chew') without distinction of class or race. Everybody should do it (H057CB)."

Coca paste (Cochabamba)

The contents of this section has been elaborated from the information obtained elsewhere in the questionnaire and, in addition, using other research techniques as part of the field work. This is so because most interviewees failed to see the meaning of the respective question, not having a clear perception that their own use might be associated to a particular lifestyle.

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[7] The operational definition for lifestyle adopted for this project is as follows: behaviour patterns and activities, in a vide sense, as exhibited by people and, the various meanings and symbolic representations associated to them.

[8] Ignoring for the time being the concept of "sacred", we simply want to signify as sacred all those objects and entities related to mystical beings and forces that humans hold in awe, respect and even, on occasions, fear. Forces and beings with with one can or, less strictly speaking, one usually comes in contact through rituals or ritualized contexts.

A particular lifestyle can easily be identified among street children. These minors, often known as "polillas", run away from their homes at ages 10 to 13, fleeing often from violence and 11 treatment. They survive washing cars, voicing goods, shining shoes, as market hands, etc. They gradually adopt a survival lifestyle characteristic of the group they join. They live together in mixed groups, sleep in market places, buy their food and clothes with what they earn and/or steal. They inhale various chemical substances (inhalants, like glue) as psychoactive substances because their effects help them remove cold, hunger and fear and, in addition, because they experience intense and strange sensations (they describe hallucinations as a result of being intoxicated). As they get older, they are initiated into the use of pasta as part of becoming part of groups of adolescents and young adults known as "pitilleros". They call themselves "pitufos".

The typical group has some kind of hierarchical structure. They share various rules and rituals (leadership and initiation rituals, protection strategies, etc.) They carry out various roles and functions.

I was in a group of some 15 persons, men and women ranging from 15 to 20 and lived in La Cancha and San Antonio (open air market places). Each group has a leader who is respected. When one of us is taken to jail, he gets the money to pay for the fine, he takes food for us, fighis for us,... We challenge each other for the leadership. The winner is the leader. If someone wants to join the group, s/he is first asked his/her nickname, whether s/he can steal, we see ifs/he is able or not. To find out s/he is put to the test. The new member is "baptised ". He first fighis, then drinks a bottle of beer from a glass cup and when he finishes, he has to chew the glass after breaking it. If its a woman, 10 boys are chosen and they must have sex with her one after the other. If she can do it, she is accepted. She can choose "her man "; she "insures" herself (she picks one). If the man chosen accepts her, he must support her. The leader gives (money) for food; we always get the cheapest food, the worst, keeping most of our money for drugs (coca paste) (P 116CB).

Among compulsive users, we identified characteristics common to all users. Most of them agree that drug use implies social isolation. The user seeks places where external stimuli can be reduced to the minimum, with the objective of lessening the anguish associated to paranoia.

You lock yourself with the "base" (coca paste). It does not lead to socialising, as does inhaled cocaine hydrochloride. You close yourself in a dark place, candle lit, where there in no one, where there are no noises, you are with someone you can trust absolutely and you can be thus 3 or 4 days without seen daylight, closed in and with the curtains drawnn. (Pl08CB)

Coca paste occupies a central place in their lives and users lose interest for other types of behaviour that had once been more important.

It is a way of life where you avoid all responsibility. You do not face problems. You do not even care whether you are an outcast or not. (P082CB)

They are also aware that they are being deeply harmed in nearly every aspect of their lives and experience a feeling of impotence to change the situation.

With the drug (coca paste) one lives with borrowed wings. the normal course of life is interrupted. (P091CB)

"Base" (coca paste) has made me fall to the very bottom in a short time, with "base" one cannot stop. (P045CB)

Occasional users, be it on account of merry-making or work, do not exhibit a lifestyle that can be related to use. Their lifestyle is, in any case, that of enjoyment and a very specific way of amusing oneself. In this particular context, alcohol abuse is more relevant than that of cocaine hydrochloride or coca paste.

It is like adding a good spice to your meal; it could be said that drinking (alcohol) as well as 'paste' (coca paste) are the essential ingredients to have a super-good time. (P070CB)

Cocaine hydrochloride, intra-nasal (Cochabamba)

A good many of our interviewees link their lifestyle to the use of cocaine hydrochloride (intra-nasal method). This includes the use of cocaine hydrochloride as an essential factor in "amusing oneself, having fun and working". For many, there are other factors associated to use such as money and sharing in common interests. A good many of them single out the recreational factor and the role cocaine hydrochloride plays in this lifestyle.

When it is a question of having fun, money is an important factor.

I am just like anybody else, but my way of having fun is different from theirs, this is so because of the use of "crystal" (cocaine hydrochloride) (C031CB).

Other interviewees associate the inhaled use of cocaine to a competitive and intense lifestyle in professional and social contexts, characteristic of certain social strata, groups of intellectuals, artists, etc. They relate it to being "modern" and "avant-guard". Some of the interviewees put it thus:

(We have) *faster life rhythms and stimulants such as cocaine (cocaine hydrochloride) help to make better work* (COOOCB).

We are people seeking out new lifestyles, new ways of feeling and thinking. It is up to people who con afford it and who want to be competitive in the labour market. We are seeking out new mechanisms for self-gratification; one of them is drugs (cocaine hydrochloride), be it in a controlled fashion (COOOCB).

Using cocaine (cocaine hydrochloride) was very important in my life because I belonged to a social group of intellectuals and it make me feel their equal. They were people with a high level of culture, very capable (C050CB).

Their lifestyles were like mine, bohemian, day-dreaming... 1 know other people who use crack and who are also different, just like marijuana or 'base paste users' (C113CB). .

There are no goals. One believes he has a more contemporary lifestyle or one believes he is better than others on account of his consumption (cocaine hydrochloride) (C 11 SCB).

This type of use also takes place in smaller circles of professionals who, in most cases, come from other cities. These circles are very restricted and, in general terms, there is no use outside the circle: it is kept secret, especially from family members. One interviewee , who belongs to one such circle of friends states "the ideal situation is to remain anonymous; for example, at home, my parents do not know (that I use cocaine hydrochloride)".

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Almost half the interviewees associate smoked/inhaled use of crack or cocaine hydrochloride With a particular lifestyle, associated, in turn, to the social and economic elite; as one of our interviewees defines it: "with the feeling of belonging to an upper class or, jet-set", There are those, a third of the sample, who describe the opposite situation; that is, they associate use to a lifestyle of low-clans people, of outcasts.

Crack (Sao Paulo)

Although not everyone of our interviewees understood this question very well, the information collected singles out social isolation as the main characteristic of the users' lifestyle. Most declare that crack is an anti-social, selfish drug that drives the individual to isolate himself more and more from others, even from other users.

In the initial phase of use, users find themselves in the same environment. In fact, use of crack cannot be conceived outside such a user environment and it is never used in open or public places. The paranoia resulting from use (fear, mistrust towards other people) reinforces the need for isolation and hidden places.

Later, users undergo a sudden change in their character. Lying becomes part of their speech and, associated to mistrust, it can generate arguments, aggressiveness and violence among them. The need to obtain means for buying crack quickly leads to delinquency, which in turn, isolates them socially even more.

Unlike the intra-nasal use of cocaine hydrochloride which, according to users, fosters "social interaction", there is little communication while using crack. Conversation is about crack and about ways of obtaining it.

Physical deterioration is another feature of crack users lifestyle. There is a fast weight loss and neglect of one's personal hygiene and aspect. An interviewee describes this thus: .

His 'friends' are only those who consume. You don't think about anything else. There is no concern for the future or anything. Personal looks or aspect is no longer important, everything rotates around crack (K31 SP)

Among this type of user, the exclusive use of intra-nasal cocaine hydrochloride is out of the question because this type of use stimulates the user into conversation, something that a crack user will not accept. Inhaled use of cocaine hydrochloride does not require secret places and the name could be said of marijuana. The user of crack will not conceive of having as partner a user of marijuana because the latter would not behave adequately in the paranoia phase generated by crack. It is not compatible with the intravenous users of cocaine hydrochloride because crack users normally express aversion to that method of use.

Cocaine hydrochloride, intravenous (Sao Paulo)

Like crack users, intravenous users of cocaine hydrochloride also describe their own kind of world

associated to a compulsive use of illicit drugs, although some distinguishing characteristics can be singled out. The intravenous user of cocaine hydrochloride seems to prefer the company of other users, no because s/he wants to share sensations but because this makes him/her feel protected. S/he imagines that in case of problems (overdone), if accompanied, s/he will be helped by a companion. Another fact that leads them to use in company is the help they may give each other in injecting the drug. This may be because s/he has not yet mastered the technique or, as many interviewees declare, because after several shots in the same session, one loses control and cannot carry out the delicate process of injecting himself/herself

I do not have friends, only use companions because 1 am afraid of applying it on my own (intravenous use of cocaine hydrochloride). (112SP)

They also describe the preference for closed places (secret, isolated) where to inject but, unlike users of crack, they do not indicate this need or preference for isolation to paranoia but to the "disgusting scenes". associated to injected use (a vision of blood and aggression to one's own body). They also state that society, even other drug users, regard them as outcasts and blame on them all types of aggressive conducts.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

In almost all cases, the perception of a lifestyle associated to intravenous use of cocaine hydrochloride is confused with a certain type of intra-nasal use of cocaine hydrochloride; a type of use that is associated to night life, to having fun (discotheques, bars). Nevertheless, most interviewees think that the users who stick to this method end up consuming alone and that use becomes a central component in their lives. In

this case, in addition, they usually become involved into delinquency in order to finance their use. When it comes to specifically defining the lifestyle characteristic of intravenous cocaine hydrochloride use, the following are mentioned: isolation, depression, paranoia and auto-destructive tendencies.

3.2 Significante of coca side-products in the interviewees' lifestyle.

Coca leaf (Cochabamba)

The use of the coca leaf has a central place in the farmers' culture. The same can be said of miners. A good many of the interviewees indicate that the coca leaf plays a central role in their work life and in their relationship with others; some others value its contribution in some specific aspect of their lives: "because it heals me" (H102CB); "it is valuable when I have to study" (H054CB). its primordial place in the traditional cosmic vision: "because (the coca leaf) is sacred" (H103CB); "I 'chew' because I believe" (H103CB); "because the coca leaf is part of my engagement with the 'Pachamama` (H109CB); because if 1 don't'chew Pachamama gets angry and I won't have a good harvest (Hl 04CB); "evervthing goes well if I 'chew'" (H078CB).

Only a few, all of them urban 'chewers' said, "no, it's not important"; and one of them said, "it's not important to 'chew' because I can stop doing it any time" (H001 CB).

Coca paste (Cochabamba)

For the street children who use coca paste, it is essential since it helps them to survive. Its use lessens or cancels out the sensations of hunger, cold and tiredness. It also helps them by removing fear and thus enabling them to better face the violent situations that surround them. In addition, they make some money distributing it to other users: "in this life everybody must use the drug (coca paste); if not, their being here cannot be justified". For other compulsive users, coca paste is a primary element of the lifestyles from the moment they become addicted to th drug. Its use is nonessential only for a few.

Cocaine hydrochloride, intra-nasal (Cochabamba)

For half of our interviewees, the intra-nasal use of cocaine hydrochloride is not significant in their lifestyles because it is associated only with recreation and enjoyment; a secondary component that forms part of their social life. For a third, the role of use is primary (most of their activities are related to using or obtaining it). For a very few, 15%, intra-nasal use of cocaine hydrochloride is nonessential.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most of the interviewees in the sample, in similar proportion, view crack and cocaine hydrochloride and their use as holding a primary or quite significant place in their lifestyles. Only a few consider it plays a peripheral role.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

The lifestyle prior to the compulsive use of crack or intravenous cocaine hydrochloride is wholly replaced by one that rotates exclusively around using and getting the drug. In this lifestyle, the only thing that matters is the substance and its use. In addition, this lifestyle seems to be incompatible with any other normalised type of activity or lifestyle (work, study, love relationships, etc.) Without being aware, at least initially, the user quickly adopts a new lifestyle; if s/he rejects it, s/he may also reject use.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

For most of our interviewees, use holds the main place in their lifestyle and all of them relate this fact to drug dependence. A minority, though regarding use as significant for their lifestyles, tend to associate it to personal, intimate and hedonist experiences, considering that holding on to a job and social networks is more important. This is an important factor in regulating and monitoring use.

3.3 Culture of use / consumption

Coca leaf (Cochabamba)

In agrarian communities, the general custom before starting the day's work is for the farmers to get together to 'chew'. One of them chooses the best leaves and offers them to 'Pachamama' as he says a few words, implore some benefit from Mother Earth. Some also mention the inclusion of the hills and some Christian saints. Once chosen, the leaves, together with some LEJIA[9], are placed under a stone or buried. The same person next offers a fistful to each one of the participants, stretching his arm. Each person must receive the coca leaves in a fold of his clothes or holding out both hands, palms up, to receive them (it is rude or sign of contempt to hold out one hand only) Everyone receives his share and then each person begins the careful process of "setting up" the 'chew' by placing the leaves, one by one, in their mouth, cutting off The tips. There follow some descriptions:

[9] LEJIA, called llipt'a" or "lluit'a" in Quechua, is used to improve the extraction the alkaloid while 'chewing'. Most of the interviewees declare that its purpose is to "give flavour and consistency to the 'chew'. It is made mixing the cinders of 'quinoa' (CHENOPODIUM quinoa W) and adding natural flavours such as cinnamon and clove. All these elements are further mixed with cooked potato or sweet potato (IPOMEA batatas L). There are various types of 'lejia' depending on where they were made or their flavour. The 'chewer' wi11 choose one or The other degending on personal taste; he may choose from the 'Orureña,' the 'pillagua,' etc. All chewers are familiar with the composition of the 'lejia' and its preparation. Sodium bicarbonate or tobacco ashes are used when 'lejia' is not available.

You first have Mother Nature, or Bombon, Mallcu Tunari and Mallcu Illimani 'chew' because we hold them to be 'achachilas (powerful Andean gods). Holding the leaf on your hand, you blow on it saying. "For you, Mallcu Illimani. For you, Pachamama, my Mother. For you Mallcu Tunari. That you may help me, that everything goes well ". Now leaves are received in a nylon (a plastic bag), but this is not the traditional ritual, because they should be received with a fold in the corner of one's coat or shirt if you do not have a chuspa[10] *because it is rude to receive them in your hands* (H109CB).

It is customary, when practising the "ch'alla" (blessing of someone's main belongings or the start of an important undertaking) to burn incense in honour of Pachamama or of the Tio (the Uncle) - the god that looks after the minerals in mines - you also offer (coca leaves) together with q'owa (LEPIDOPHYLLUM Terenusculm H) Jor they are a must in all rituals (H006CB).

There are customs, such as ceremonies in honour of Pachamama, to see the future, to call back spirits who are causing harm to their relatives, in witchcraft,... 1 saw this in our ancestors (H008CB).

To heal spells or "cast evils" (denomination of a culturally defined sickness) (H102CB).

We always 'chew' on behalf of a being (a supernatural being) and we speak in Quechua (H024CB).

As we start to 'chew', three coca leaves, the best, are given to Earth in offering; all those participating cross themselves. We kiss the soil that covers (the coca leaves), the intervention of the Virgin Earth or Pachamama is implored (H054CB).

Before 'chewing', before throwing the first leaf we cross ourselves (we make the sign of the cross) and we ask the Pachamama to be good to us. to giant us a good harvest, a good produce. Because the Pachamama is the owner of everything and we live and have food thanks to her (H129CB).

Without exception, everyone regards the 'chew' as positive, as an activity that is closely related to work. This aspect is emphasised by these who work in the fields or in mining:

If you don't use the coca (leaf), you can't work. (H023CB)

We farmers do it ('chew) usually in a given work context, this is very different from what is done by city dwellers. (H075CB)

[10] It is a woven, small bag, square in shape and small. It is decorated with traditional Andean patterns. It hangs across the chest and it is used to keep the coca leaves.

Knowledge of the various uses of the coca leaf is widespread among these workers. This knowledge does not refer only to the energizer use at work but it also includes the various uses in rituals, medicinal applications, as a means for communication and as change money.

When people 'chew` at work seeking primarily its energizer properties, there is a clear relationship between the 'chew' and the amount of effort required: the harder the work, the more necessary the 'chew' becomes. Therefore, in general, men 'chew' more than women, especially among miners.

Almost all 'chewers' use the coca leaf as medicine for many, varied applications. Most have teas 'for stomach ache"; women for menstrual pain and they know how to brew the teas themselves. It is also used for toothaches and headaches. The coca leaf is an ingredient in lotions and mixtures for "rubbing" for articulation ailments. It is also used to prepare cough syrups together with orange juice and onion extract. It is also used for sore throats, hypertension and mellitus diabetes. The Andean healers[11] use the coca leaf to heal culturally defined diseases called "aire", ' japekha" and the like. The external use of coca leaves in plasters is widespread in the rural context and is used in broken bones, contusions and treatment of wounds.

The "yatiris" or soothsayers use the coca leaf for the diagnosis of disease and to identify the person who will heal them: the physician or the "jampiri" (healer). Again, through divining, they help to find lost objects, advise on trips, business and sentimental decisions, etc.

The coca leaf teas are used to help digestion and are an alternative to tea or coffee after meals, especially in the urban context. Some have them daily at breakfast. Most 'chewers' drink coca leaf tea and use the leaves for medicinal purposes.

Although in Bolivia one can buy medicinal mixtures prepared according to traditional formulas and for various ailments, many of our interviewees healed themselves with mixtures they prepare themselves. Most 'chewers' in fact know how to prepare such mixtures and for what they serve. There follow some illustrations of this:

For coughing, you soak the coca leaves overnight and the following day you mix them with orange juice. You boil this for a short while. You drink this everyday together with juice made from onions and your cough goes away. That's how our grandmother healed us and I learnt it from her, so 1 do it and it works well (H 129CB).

The 'picjcho" (the ball of coca leaves soaked in saliva) is wrapped up, salt is added and then it is applied to suck away the smelling (H022CB).

A healer who was included in the sub-sample names some diseases and how the coca leaves are used:

[11] They know traditional or popular medicine. In this report, when a reference is made to them or they are quoted, we use the names they are referred to by, both in Spanish and Quechua. The Spanish word, "curandero" (healer) is, as far as we are concerned, a neutral term, lacking any negative connotation.

For, 'limphu', abortion induced by accident, for 'chullpa' , a psychologica! disease that goes into your heart on a full moon night; for 'japeq'a' a disease that toddlers suffer from: the toddler falls and cries and cries, pushes its head backwards; for chullpa tullu' or osteomyelitis, when bones come out; for sentimental contact between persons, when 'munachis' amulets are used; for evil air'. the person's face becomes crooked or is paralysed. The coca (leaf) is used to treat all of them It is surrounded by 'q'owa' leaves (to fill a place with sweet smelling smoke) or a tea is made, depending on the problem (Hl 09CB).

The interviewees know many places where you can find a good healer: "they live in Arque", "they are in Oruro, the ones in the mines are good"; 'From La Paz, Potosi and Oruro"; "the best ones come from Charazani: the Kallawayas"; "the best are in Chuquisaca, in Bombona, to be precise"; "those from Puca Pampa", etc. Most chewers' have sought the services of these healers. Some interviewees in the other subsamples have also sought healers (a fourth among cocaine hydrochloride users and a few among pasta users) therapeutic treatments.

Most of the 'chewers' we interviewed said that they didn't know how healers came to have the knowledge they possess; they said, "I don't know" or, more frequently, "they were taught by their ancestors". " I was taught by my grandfather. Besides, you study the properties of all plants - it doesn't happen first like that (i.e. your becoming a healer)". A minority answered referring to Andean myths.

It is an inherited gift (H057CB).

Healers are predestined by nature itself They say, although I haven't seen it myself that when a strike of lightening kills them, another brings them back to life and the third makes them stand up and go. This the 'yatiri' (soothsayer), predestined by James. Others have their fate read in coca (leaves) to see whether they will be "yariris" or healers (H083CB).

Most coca 'chewers' do not know how to "read coca leaves" (i.e. divining but know who does it: the`yatiris'. A third of them know some sort of primitive procedure to "read one's luck", that is, to foretell how they will fare during the day or as they start a trip or business deal.

I pick some ten (coca) leaves and 1 throw them all on a table. If they fall with the dark side up, it means sorrow, if they end with the shining side up, it means joy (H 122CB).

1 know how to read some things in coca leaves. If something gets lost in a house and the leaves fall with the green side up, it means the object is in the house, if it falls white up, it is elsewhere. Good is green (the top side of the leaf) and evil is white. If a woman is deceitful, it falls white; if she doesn't, green. To read, you need the beat leaves, they must be of a medium size, only four. Before throwing them, you must pra. 1 had my fortune told in coca leaves when I was cheated by a friend, I was told he cast a spell on me at the cemetery. This showed in coca. The healer took me to the pace and we found a can of Nido milk (Nestle's registered name), my photograph was there, full of pins, with grey socks, a pair of underpants; everything was wrapped up in black paper. He told that that's why I was having

problems, I bled a lot from my nose. Next to what we found, there was a notice that said I would die drinking 'chicha'. Seeing this, my mother, she almost died! After, I cast off the spell, I had a lot of work Many people offered me work. That healer tells your fortune for 1 Bolivian (US$ 0.20) and he sees weIl into the coca leaves (Hl 17CB).

Most 'chewers' have had their fortune told, had it "read in coca leaves" to find out about lost objects, to make sure a partner was faithful; to clear doubts about travelling. In the city of Cochabamba, the yatiris' that tell your fortune operate in public places and people from all social classes demand their services. If they don{t speak Quechua, they are accompanied by an interpreter. Yatiris sit on the floor, the Quechua way, with their legs. There is a cloth spread on the floor and the coca leaves picked for the divination, leaves of different sizes, a little bronze bell and a cross. The client must put on the "aguayo" (the name for the multicoloured cloth on the floor) an amount of money known as the "silla" and only then does the fortune telling start. First there are prayers. The specialist, (yatiri) drops the coca leaves onto the 'aguayo' from certain height and goes on to read them as he talks and explains what his findings. If there are doubts or the client wants to have a more detailed information about something, the {yatiri' repeats the process from the beginning. Only a minority of our interviewees who did not 'chew' have made consultations with soothsayers.

Most people make an offering before 'chewing'. Pachamama is mentioned and she is asked for the fulfilment of some immediate goal.

You make offerings to Pachamama, be it to bring good spirits (as protection) or evil spirits (for witchcraft) (H008CB).

Whenever you 'chew', remember Pachamama (H 129CB).

Offerings take place of Tuesdays and Fridays and on yearly festivals specially dedicated to that end. The following is a description of the 'ch'alla', or blessing. ;

The 'ch'alla is celebrated with your family. On the table for offering, you put the 'q'owa': incense, a little statue of llama made out of a]lama's fat, `mysteries'- small square pieces of white candy with a picture on the centre - the latter depending on the activity we require the Pachamama to help us with. There is a different type of mystery for every type of activity. You can find pictures for every type of activity:: for business, for love, to have a car, for the various free professions. the q'owa also includes other types of candy - sweet coloured baits and tasting of coca. A11 of it is put on top of embers until it burns out. Pachamama is the Earth, God (H 117CB).

Most coca leaf 'chewers', especially so those who have a rural background and belong to a low social class, believe that coca leaf is a foodstuff and that it can substitute traditional foodstuffs. A minority makes a clear difference between its effect in lessening a sensation of hunger and its being a foodstuff people believe it is indispensable. The confusion is worsened by media articles and publications that show

the contents of proteins, vitamins and minerals the coca leaf has. Some of this information is published by the authorities as a way of countering the eradication of the coca bush. We quote the following regarding this point:

I have not tasted (it), but 1 believe that (the coca leaf can replace foodstuff (H043CB).

There are regions where there is a shortage of fond, but the inhabitants make up with the coca (leaf; they are well and healthy (H054CB).

On occasions we haven{t got money to have lunch and so we buy coca (leaves) because it is cheaper (Hl 17CB).

(Coca leaves) are food. My father has told me that their juice is like meat (Hl 14CB).

There are those who pijcha' ('chew) without eating (H109CB).

(Coca leaves) have a lot of vitamins, calcium, iron (H103CB).

We had it scientifically explained that the coca (leaf) doesn't just serve to make drug (cocaine hydrochloride), but that it has many derivatives (components) that can serve as food and as vitamins. Unfortunately, we are not making use of this in our country. It is likely that in countries that are already developed, they are takng advantage of this (as a nutrient) and that they are "pulling our leg" (H083CB).

Other interviewees furnished opposing or better argued points of view

No. (The coca leaf) is not a foodstuff since it makes you sleepy and removes the sensation of hunger. When you work a lot, you don't get tired, it's true, but you cannot use it instead of food because your stomach will make noises at night all the same - unless you 'chew' from dawn to dusk But you would waste away from weakness, from lack of food (H095 CB).

(The coca leaf) is food, but not very much; because a little later you still feel hungry (H061 CB).

(The coca leaf) makes hunger go, just like food (H078CB).

All the interviewees, without exception, indicate that the 'chew' improves their performance and productivity at work. When work is hard, as it is in certain farming or mining tasks, its use is viewed is indispensable "without coca ('chew') we wouldn't be able to work" (H006CB).

The coca leaf is also used in other situations: as a token or present to one's future in-laws when asking for permission to many their daughter. The acceptance of the token or gift is taken to mean that the request has been granted. To indicate solidarity and membership of a group, as a symbol of identity, in meetings, funeral gatherings, and various other community rituals.

Most interviewees see no reasons for not 'chewing' or situations in which it should not be done,

Most think there are no differences in the amounts men and women 'chew' while working. A third of the interviewees state that men 'chew' more because they carry out the most tiring jobs; only a few state the opposite. There follow some illustrative quotations:

> *Women 'chew' just like men since they work twice as much taking care of the children* (H008CB).
>
> *A women is happy with her spinning wheel and loom and she 'chews' less* (H083CB).

Women? on occasions more, sometimes less; it all depends on the type of work done (H103CB).

> *Out in the country, we women 'chew' more, not in the city* (H078CB).
>
> *Some 'chew' more, for example the women who sweep the streets who use it as filter not to breathe in the dust* (H022CB).

Most interviewees say that 'chewing' continues in old age although heavy work is no longer carried out. . Most do not make a difference between consumption levels of adults and old people.

A fourth of our interviewees state that consumption increases in old age; a somewhat smaller proportion consider that consumption is dropped.

Except for infancy ("because they do not work nor do they know the traditions"), there is no set age for 'chewing'. Most start when they are 16 or 18 or when they start working hard. In rural communities, this happens when the young men return from compulsory military service at 19. Women 'chew' when they marry and the use is widespread in the fields and in the mines, 'he who doesn't 'chew' gets a nickname and is isolated from the community." (H083CB)

Just under half of our interviewees taught their children, close relatives or friends to 'chew'. It must be remarked that learning to 'chew' is part of the process of socialisation and therefore, it is not necessarily taught in a formal manner, nor is the learning done in a purposeful way: "the 'chew' is not taught, it is learnt (observing the elder and reproducing their behaviour)". (H083CB)

In an urban context, in general, the various features associated to the traditional culture of the coca leaf are modified due to processes of acculturation and adaptation. As a result of these processes, some traditional uses become redundant or have been forgotten; others have changed their original true purpose and scope. The main differences are:

People 'chew' less in cities.

> *Out in the fields, it is a need, in the city, it is mainly for amusement*. (H061 CB)

There is a ritualistic use and also a casual use associated to alcohol abuse, in various social strata. Here the level of consumption seems to equal that for hard work.

There is no perception of a specific lifestyle associated to 'chewing.'

Although a few follow certain rules when 'chewing', rules they associate to the sacred nature of the coca leaf, these tend to be different from the traditional rules (for example, to make the sign of the cross before 'chewing').

Most don't know where to locate good healers because, in general, because they don't usually require their traditional services nor do they use traditional medicine in fighting against certain ailments (except for the coca leaf tea - whose use is, as we indicated above, quite widespread). None knows how to 'read in coca leaves' and, in general, when they do make use of ‘yatiris’, or traditional soothsayers, they do so for the same reasons and with the same expectations as the ones that drive them to look at playing cards or studying a horoscope.

Urban 'chewers', or those who are from non-Andean cultural regions, do not observe rituals in a strict manner, but they do assimilate some of them or, on occasions, re-elaborate them completely. There are, again, in the urban context, 'chewers' who do not know any of the rituals and Andean customs; or, if they know them, they no longer observe them.

There are 'chewers' in cities who only use coca leaves at parties and in social gatherings where alcohol is drunk, presumably to stay awake and diminish the depressor effects of alcohol. Students and teachers 'chew' in order to stay awake and improve their concentration (according to the data obtained, this practice is not detrimental to the quality of work performed.

Urban 'chewers' who have been uprooted from their original communities or who were born in the city, 'chew' less frequently and if they still hold on to ritual practices, they carry them out less periodically and systematically. Nevertheless, the yearly practice of making offerings to (the gods) in carnival time, is quite widespread and is carried out by people from all social strata.

Finally, and as an example of the dynamism and plasticity characteristic of all cultural processes, we furnish the following practice mentioned by an interviewee, a middle class, urban university student: "you make an offer to the piglet with coca leaves, each night at the bar. The purpose of the piglet is to attract patrons; on occasions, I do the offering myself' (H081CB). This piglet is, in fact, a piggy bank that some retail merchants use in their premises.

Coca paste (Cochabamba)

Over a third of users explicitly admit to the existence of a set of shared, use-related rules. Street children use coca paste when they are together, forming a group. Each one has his/her dosage and follows a personal use rhythm. The rules indicate one is to stay as still as possible. Whoever gets out of control and starts to bother is excluded because any noise or movement becomes a source of great anguish for the rest. In general, the essential rule among compulsive users is not to give away your partners and even less so the suppliers.

Cocaine hydrochloride, intra-nasal (Cochabamba)

If you take into account the opinion of most of our interviewees, intra-nasal users of cocaine hydrochloride, the use in this group is characterised by the absence of shared rules. Nevertheless, just over a third think there are some rules, although they indicate clearly only the one about not giving away the supplier. Another is that if they use the drug in a group, they must respect the quantities assigned to each.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most interviewees think there are neither rules nor a use culture. Only a minority state that there are some rules; for example, to remain absolutely quiet when preparing the pipe for smoking.

Crack (Sao Paulo)

Most declare that there are rules for use. The "ritual" preceding use seems to be part of the pleasure given by the drug, in this sense, the preparation of the pipe is an important phase. Some mention the preparation of crack as another part of this ritual, but this happens less often because crack is usually bought ready for use.

Another basic rule is to remain silent and to move slowly so as not to make noise, This behaviour seems to be linked to the paranoia produced by use. In this phase, users believe that by being silent they will be able to detect with greater ease the arrival of people who want to punish them for drug abuse and thus have time to run away.

Another fact that contributes to this behaviour is mutual mistrust among the members of the group. They believe they will be robbed or cheated by the companions; therefore, any suspicious movement can generate a violent reaction. Another important rule, in consonance with the previous one, is not to use the other person's drug when that person is undergoing paranoia. This is an important precaution given the high level of latent aggressiveness. A control strategy designed to lower the high levels of anxiety and fear following use is to appoint someone as a look-out outside or near the premises.

There is also a hierarchy of use: the first users are those who offer the substance; in second place, the person who gave the money to buy the substance; in third place, the person who bought it and then the other users in the group.

Cocaine hydrochloride, intravenous (Sao Paulo)

Just as for crack, the preliminary steps preceding the intravenous use of cocaine hydrochloride are important in the process of obtaining pleasure

(The "ritual") begins within the person. 1 become more spiritual, in contact with the universe. I concentrate.1 dissolve the powder' (cocaine hydrochloride) in a little water. Sometimes 1 use a cigarette filter to ensure that no 'dust' goes through and blocks my blood vessel (when 1 inject myself). (I09SP)

The 'ritual' of intravenous cocaine (hydrochloride) is 'heavy' (disagreeable). You need a spoon, a syringe, a needle,... and, in addition, you hurt yourself (117SP)'.

Some interviewees commented that when they inject themselves they usually push and pull the piston of the syringe needle, filling and emptying its contents with blood. This practice adds to the sensation of pleasure (they call it "parachute").

Cocaine hydrochloride, intravenous (Rio de Janeiro)

A good many of our interviewees state that there is no culture nor any rigid rule for use. Some of the rules they mentioned are: the person injecting injects himself last; you must avoid the uncontrolled craving for use; you must not upset the person preparing the cocaine hydrochloride.

3.4 Typology of use/users

As it was described in the introductory chapter, one of the objectives of the analysis of the results obtained was to propose a typology of use. This typology should enable, on the one hand, to sort the interviewees in clearly defined groups according to types of use and, on the other, to analyse and compare the information gathered regarding the various topics dealt with in this project, whenever relevant, according to the types defined. In addition, it was expected we would be able to carry out this comparison among the various types defined for each one of the sub-samples that were identified at each of the participating centres and among the samples of the four centres.

The elaboration of this typology requires a laborious and complex analytical effort (see section 1.2.3, in chapter l). As the project was executed, we met all kinds of problems and so the results obtained have not been what had been anticipated. The typology that has been defined still requires some fine-tuning and contrast - but this work exceeds the parameters of this project. The result is therefore not fully satisfactory. Nevertheless, and in spite of the constraints mentioned, the types that have been defined (it would be more, appropriate to refer to them as categories; but the term 'types' has been used for practical reasons) constitute a valuable instrument for the characterisation of use and users.

Regarding the contents of this section, some prior considerations are necessary:

A. It has not been possible to achieve as clean a user-type definition as was needed in Ibadan. The data obtained in this participating centre only enables us to state that casual use, in its strict sense, as will be defined below, is not part of the sample nor, probably of the population that uses coca side-products.

B. Coca leaf as a side-product must be considered separately on account of the very special characteristics of its use, characteristics that have been amply considered in this chapter and will still be analysed in later chapters. Hence, the types defined are exclusive for this side-product. No attempt must be made to match the characteristics of this side-product with the characteristics for the other side-products in spite of the similarities that may be noticed.

C. It should be recalled that there is a drug career in the history of drug abuse. Therefore, this drug career may be one of the key elements used in type definition for some cases. In other cases, it may well be that interviewees have changed 'types' in their drug career. When this is so, the criterion applied is the following: the user is assigned the type that best defines his/her own particular case history, even if such type corresponds to a past situation.

D. The distribution for the types defined in each one of the sub-samples and samples arises from the application of the sampling techniques already described. This distribution cannot be directly extrapolated to the set of respective user populations, since it implies a given proportion of the presence of these types. In addition, the absence of a given type in a sample or sub-sample does not necessarily rule out the existence of that type among the user population

Having completed this introduction, we now submit the specific contents of this section: the definition of the types that were determined

3.4.1 Definition of types

Casual

Use takes place in festive or social contexts associated to enjoyment. Use is not primary in the lifestyles of the individuals involved although it may be so in certain conceptions of how to spend leisure time, (predominance of night life entertainment). The aim of use here is mainly to achieve greater enjoyment, but it is not a must In fact, alcohol plays a more important role in the achievement of this goal. The party itself and the social intercourse that takes places are more important than use. The latter can take place in public contexts (bars, discotheques, etc.) or private (at home)

The characteristic pattern of use for this type shows low levels of use (small amounts; tends to be weekly) and relatively stable over time. It is a controlled form of use that usually does not lead to significant problems. Use is frequently interrupted (intermittence) quite easily, applying self-regulatory mechanisms.

This type of use has been determined only in Cochabamba among coca paste and intra-nasal cocaine . hydrochloride users. It represents 9% of the coca paste sub-sample and 33% of the cocaine hydrochloride sub-sample.

Instrumental

Use plays a significant role in the users' lifestyles. Although use is, in many cases, associated primarily to leisure activities - in a manner similar to that for the casual type - there are also other use contexts not associated to leisure. These activities are frequently more important than leisure in the strict sense: increase in one's productivity at work; a means for solving personal problems or boredom; as a way of earning a living (traffic); strictly hedonistic use, etc.

The level of use is higher and it can become daily and intense in certain periods. It is more frequent in the private context, in the work place - in connection to work-load demands and, in isolation. The substance is more easily available and accessible for various reasons: high income levels, activities related to production and distribution. It is frequently difficult to maintain a controlled use or to reduce it. Use may lead to the occurrence of significant problems whose solution requires, sometimes, external help, both formal and informal.

This type, like the previous one, has only been determined in Cochabamba among coca paste and intra-nasal cocaine hydrochloride users. It represents 6% and 34% of the coca paste and cocaine hydrochloride sub'samples, respectively. .

Dysfunctional

Use plays a primary role in the lifestyles of users and it is a priority for them. It is characterised by repeated use of the substance, in high amounts, so as to maintain the initial effects of stimulation and euphoria and to increase one's own self-confidence. Craving is intense and the need to use is attributed more to internal sensations rather than to external influences (compulsive use). Use is associated to one's subjective awareness of the incapacity to control it. Users do not quit use in spite of its being evidently harmful, both in the biological as well as in the psycho-social domains.

This type of use is characteristic of a minority among the intra-nasal cocaine hydrochloride user population. It is more frequent when fast access methods are used, e.g. smoked/inhaled, intravenous. In fact when the substance, e.g. crack or paste, is smoked/inhaled, the dysfunctional type is predominant in this type of use.

References in the literature about these side-products indicate that this type is the only existing type for these methods of use.

The substance is used daily and in very high amounts. Use sessions last until the person is physically and psychologically exhausted; the users fall into deep sleep phases at the end and later experience very

intense sensations of fatigue and depression. Permanent social links become very weak or break altogether. This gradual process of broken links and ruptures isolates the users and deepens and consolidates the marginality existing before use. Use leads to significant problems (work, legal, social relationships and health). These problems are worse when fast access methods are used and a good many users end up in unbearable situations that they cannot solve by themselves.

This type represents 33% of the intra-nasal cocaine hydrochloride users in Cochabamba (in addition, most of these users are alcohol abusers) and 85% of coca paste users.

The intra-nasal cocaine hydrochloride users, though sharing the defining features of this type, exhibit, in general, more normalised profiles and less serious consequences resulting from the use of other side-products and methods of use.

In the compulsive type of the coca paste sub-sample, one can identify the following situations (sub-types):

A. "Street children" (19% of the type; 16% of the sub-sample): children and adolescents who live in the street in organised and hierarchical groups constituting a sub-culture.

B. Exclusive coca paste users: they represent 48% of the type and 41 % of the sub-sample.

C. Compulsive users of coca paste who use or have also used cocaine hydrochloride (intra-nasal method) with certain regularity (they represent 24% of the type and 21% of the sub-sample).

D. Compulsive users of coca paste and cocaine hydrochloride (intra-nasal method) 9% of the type; 7% of the sub-sample.

All the interviewees in the crack sub-sample in Sao Paolo and in the cocaine hydrochloride (intravenous method) sub-samples in both Sao Paolo and Rio are compulsive users. Among the intravenous users, two sub-types can be distinguished: those who manage to preserve some social and family links, however precarious and conflictive they may be and, those who fail to do so. In the Sao Paolo sub-sample, both subtypes are represented in like proportions; in Rio, those who manage to preserve social links constitute 25% of the sample. In this last case, even though intravenous method is still primary, there is also a simultaneous, very intense or compulsive use of cocaine hydrochloride (intra-nasal) method.

Finally, the interviewees of the coca leaf sub-sample in Cochabamba have been classified in two types: traditional and instrumental.

Traditional

The use of coca leaves is primary to their lifestyles and, in general, it maintains its sacred character (see the definition in the footnote 8 in this chapter). It has multiple functions and its use and various applications are fully integrated in the traditional culture and in the Andean cosmic vision; instrumental and energizer, intimately associated to the work the users carry out (so as to increase their performance and to fight off fatigue, sleep and cold); medicinal: to heel and to diagnose culturally-defined ailments; magical-religious: to communicate with the super-natural world and thus obtain its protection; social: to maintain social

cohesion and co-operation among the community members and as catalyst for relationships. In this type, these uses are maintained, although to a varying extent.

Use starts at the end of adolescence with the incorporation into working life and the characteristic use pattern (low quantities and daily use) is maintained relatively steady over time. All the users value the beneficial aspects of the coca leaf and its ritual and symbolic significance; none of the mentions problems, side-effects or negative consequences.

This type represents 66% of the sub-sample for the coca leaf Three sub-types can be distinguished, depending on the extent to which they fit the traditional use model: a first sub-type which preserves with slight alterations the characteristic features of the traditional model (it represents 55% of the type, 36% of the sub-sample); two other sub-types in which one of the magic uses is given predominance: magical-religious (21% of the type and 14 of the sub-sample) and social (24% of the type and 16% of the sub-sample).

Instrumental

A model of use that exhibits modifications due to processes of acculturation and adaptation to the ways of life of contemporary society. It is more frequent in the urban context where the coca leaf and its uses do not have a primary importance in the users' lifestyles. As a result of acculturation and adaptation some traditional uses have become irrelevant or have become lost; others have changed their original meaning and scope. These users do not adhere strictly to traditional rituals, although they assimilate some of them and, sometimes, may even re-elaborate them completely. The basic characteristic feature is a decontextualised use, though to a varying extent and, emphasis on a given use, with a strictly instrumental function (energizer, socio-casual, medicinal), and relative exclusion of the others.

Although the pattern of use is like the one described for the traditional type, it exhibits significant differences in addition to these already pointed out in the definition: low or non-existent link with work activities; regularity in use but lower frequency of use; use of higher amounts in given situations. The link between the coca leaf and the traditional Andean cosmic vision is still there even if somewhat diffuse. In spite of these differences, all the users classified in this type value the beneficial effects of the coca leaf and none of them mentioned any negative consequences.

This type represents 44% of the sub-sample and three sub-types can also be identified depending on the predominance or exclusivity of coca leaf use: energizer (60% of the type; 20% of the sub-sample); socio-casual (27% of the type, 9% of the sub-sample); and, medicinal (13% and 5%, respectively).

4. Drug use history

4.1 Drug careers

Coca leaf (Cochabamba)

Over half of the interviewees do not know any type of illicit drug. Only a few have ever seen cocaine hydrochloride and some others, coca paste. Except one of them, the interviewees who had seen the side-products just mentioned, added, "but 1 have not tried them".

In the Quechua language, mother tongue of almost half the interviewees, there is no term for drug. Among those interviewees whose mother tongue is Quechua or Aymara and who are bilingual, and among people from low social classes, the word 'drug' is associated almost exclusively with cocaine hydrochloride. This association is likely to be very common given that it is frequently made in the mass media. The same persons are surprised to learn that alcohol, certain pharmaceutical products and other substances they are more or less familiarised with fall in the category of psychoactive drugs.

Alcohol abuse appears implicitly as the most important use for most of the interviewees. This is so because alcohol drinking is maintained, one way or another, throughout a person's life. The use of tobacco, on the other hand, seems to be less significant. A 'chewer' who is a miner says, "I no longer smoke because I only did it when 1 was in the pit" (H128CB). Only one of our interviewees, a university student said he had tried various drugs, including coca paste and cocaine hydrochloride, before the 'chew'.

In spite of what has been said about the use of alcohol, interviewees indicate they prefer to 'chew' the coca leaf (recall that this is not regarded anywhere as drug abuse).

Coca paste (Cochabamba)

Most of our interviewees know about various psychoactive substances; nearly all of them have used other drugs before being initiated into the use of coca paste. Alcohol is the drug that has been used most frequently before coca paste; tobacco is the second most common. Children street have used marijuana and inhalants. In fact, marijuana holds an important place in the initiation into illicit drugs, by itself or together with alcohol. It is the illicit drug of initiation for most dysfunctional users. Coca paste has been the initiation drug for a very small number of interviewees.

The main drugs used after being initiated into coca paste are: alcohol, cocaine hydrochloride and, marijuana. They have used inhalants, tranquillisers, hallucinogenic cactus and LSD less frequently. Nearly a fourth of them have not tried any substance after coca paste: "once you have had "base" (coca paste), the rest loses its attractiveness."

Although over a third (39%) of our interviewees have used cocaine (intra-nasal method) during their life, as a secondary side-product, most had quit using it by the time they were interviewed. In contrast, marijuana continued to be smoked whether the use was initiated before or after the use of coca paste. The same can be said of alcohol. The alcoholic beverages most commonly mentioned are: 'chicha' (traditional, local beverage made from fermented maize), beer, spirits and even pure alcohol.

The drugs that are regarded as most important (this usually means, those most frequently used and/or continuously used) by our interviewees are, in decreasing order: coca paste, alcohol, marijuana, cocaine hydrochloride (intra-nasal method) and, for a minority, inhalants (these substances play m important role in the lifestyles of children and youths who live in the street or river beds); in some exceptional cases, hallucinogenic cactus and LSD. Those interviewees who regard hallucinogenic substances as important do so because they value their use context and ritual.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Nearly all intra-nasal cocaine hydrochloride users are familiar with a wide range of drugs.

Prior to cocaine hydrochloride, a third of our interviewees had used alcohol and marijuana; to a lesser extent, psychoactive drugs, coca paste and, hallucinogenic - natural and synthetic. Most interviewees - instrumental and casual types - had used only alcohol and tobacco previously. In contrast, over half of the dysfunctional users had used marijuana and other drugs, such as psychoactive drugs and hallucinogens.

After the first experience of intra-nasal use of cocaine hydrochloride, interviewees were initiated into the use of the following drugs: coca paste (a fourth of them), alcohol, psychoactive drugs; and, a small minority, heroin and marijuana. Some interviewees have used a wide range of drugs and almost a third of them were not initiated into the use of other drugs after their first use of cocaine hydrochloride.

Most interviewees state that cocaine hydrochloride is the most important drug they have used. Alcohol and marijuana are the most significant drugs for a minority. Nearly half the dysfunctional users of cocaine hydrochloride are also compulsive alcohol abusers.

Interviewees who had used coca paste before cocaine hydrochloride usually drop their use of coca paste because in comparison to cocaine hydrochloride it is more addictive and anxiety-breeder. There is, in addition, another factor, frequently pointed out as a reason for dropping coca paste: the smell of coca paste "impregnates" the subject. Also because of the necessity to use it with short intervals.

Crack cocaine hydrochloride, smoked/inhaled (Ibadan)

Most of the interviewees in our sample were familiar with a number of drugs: alcohol, tobacco, marijuana and other side-products of cannabis, stimulants, barbiturates, minor tranquillisers, LSD, heroin and organic solvents (inhalants)

Prior to using coca side-products (smoked/inhaled use of crack or cocaine hydrochloride), most had used marijuana and other cannabis side-products; nearly a fourth, alcohol; a minority had used heroin and barbiturates. Only one of the interviewees had not used any drug prior to cocaine hydrochloride.

Regarding drugs used after initiation into cocaine hydrochloride or crack, nearly half of the sample had started using heroin to counteract the effects; a minority, some of our interviewees, had initiated the use of alcohol and marijuana.

Once they were initiated into the use of cocaine hydrochloride or crack, a minority stopped using alcohol and, in some cases, marijuana and heroin, as well. Most of them continued using other drugs.

Most of the individuals in the sample, in similar proportions, have used as drugs of choice (that is, those they regard as most important): crack, cocaine hydrochloride (smoked or inhaled) or marijuana during their lives. Only a few mention heroin as the most important drug.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

The interviewees, both crack and intravenous cocaine hydrochloride users, know the same type of drugs. Marijuana is mentioned by all the interviewees who then mention psychoactive products in a second place. Among the latter, those most referred to are chloral hydrates and amphetamines.

The drugs least referred to are those that are not part of the Brazilian drug culture: opium, mescaline, ecstasy, heroin and morphine. In general, these drugs mentioned only by people who had been abroad.

Marijuana is the main drug used prior to the initiation into the use of cocaine side-products. Other drugs, are solvents (inhalants) and the psychoactive pharmaceuticals alluded to above. There are no differences between the two sub-samples (crack and intravenous cocaine hydrochloride) in this regard. Intravenous cocaine hydrochloride users show a prior use of other drugs, mainly amphetamines, using the intravenous method. This fact has not been detected in the users of crack only.

The initiation into use of the coca side-products, both for crack and intravenous cocaine hydrochloride users occurs, nearly always through intra-nasal use of cocaine hydrochloride. The change from this method of use to the others seems to be closely linked to the constant quest for new sensations. Curiosity, the expectation for a more intense sensation, is what seems to drive them to change the method of use.

I had already heard about the 'craziness' (i.e. very positive effect) of cocaine - intravenous (method) being better than inhaled (cocaine). If inhaling (cocaine hydrochloride) is so good. just imagine intravenous cocaine. It must be excellent) (119SP)

Those users who have substituted intravenous use of cocaine hydrochloride for crack tend to drop the use of all other drugs. Some elaborate on this by saying that occasionally they use marijuana and/or inhale cocaine hydrochloride and also use alcohol, but the frequency of this use is low. '.

After crack there is no room for any other drug (K16SP)

After crack, nothing is like it. Up to now, crack only. If I had 'flour' (cocaine hydrochloride), 1 would not aspirate it; I would turn in into 'rock' (crack). If I had marijuana, 1'd sell it to buy 'rock'. (K30SP)

Crack users show a great "loyalty" for this drug. This "sweeping" property of crack seems to be manifest in everything related to its use.

Most users who choose intravenous cocaine hydrochloride maintain or initiate alcohol abuse. Some explain that they use marijuana occasionally, but alcohol abuse is a constant.

After cocaine (intravenous cocaine hydrochloride) 1 started to use alcohol a lot. The use of marijuana, little later, started to decrease and it stopped. (113 SP)

Some go on using cocaine hydrochloride (intra-nasal method) but it is usually a sporadic consumption. In general cocaine hydrochloride used this way; an alternative method of use when the intravenous method or smoking crack are not possible.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

All the interviewees had used other drugs before being initiated into the intravenous use of cocaine hydrochloride. The most commonly used drugs are marijuana and alcoholic beverages. In addition, they had all used cocaine hydrochloride (intra-nasal method).

Nearly half of the men have experimented with some type of hallucinogen (LSD and mushrooms). Over half of the women have used some kind of psychoactive drug.

4.2 Drug preferences and consequences of their use

Coca leaf (Cochabamba)

As it already been pointed out, the coca leaf is not regarded as a "drug" by our interviewees, especially by farmers. For them the word "drug" is associated to some harm to health. The 'chew" is regarded as something that is "natural and necessary". Most interviewees think that alcohol is the drug that causes the most damage: "alcohol is harmful and it gets you drunk, not so (the) coca (leaf)" (H083CB).

A fourth of our interviewees have had problems associated to alcohol abuse. These situations occur normally in an urban context: as a way of illustration: "I feel bad, because my ribs hurt from drinking so much alcohol" (H123CB).

It must be pointed out that some of the farmers we interviewed regard 'chicha (a local alcoholic beverage made from fermented maize) as being different from an "alcoholic beverage". These are some of their opinions: "I don't like the 'chicha' around here because it has alcohol" (H 11 OCB), "I like 'chicha', not so alcoholic drinks. (H103CB)"

Coca paste (Cochabamba)

The majority like coca paste the best. In order of preference are marijuana, cocaine hydrochloride and glues (inhalants)

The drugs that a good many of our interviewees liked the least are: marijuana - they have had disagreeable experiences and alterations in their consciousness and sensory perception: "it made me feel a bit crazy"; and cocaine hydrochloride, on account of its less intense effect "I would need to use industrial amounts to feel its effect".

Coca paste is regarded by some as the one they like the least because of its long term consequences. These individuals agree with the interviewees who said that marijuana was the most important drug.

A minority identify inhalants as disagreeable because of their effects on health; LSD, hallucinogenic cactus and mushroom because they cause alterations in sensory perceptions.

Approximately a quarter of our interviewees have had problems as a result of using drugs other that coca paste[12]. Most of them are due to alcohol abuse and, among street children, to the use of inhalants. The problems associated or caused by them have to do with breaking the law (violence, arrest, etc.), delinquent behaviour, marginality and family and social rejection.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Cocaine hydrochloride is the drug of choice for our interviewees. It is so because its positive effects are greater than those of other drugs; also because of its context of use: festive and associated, in general, to users of the casual and instrumental types and to well-to-do and intellectual social contexts. In addition, cocaine hydrochloride is positively valued by our interviewees because it heightens awareness, the euphoria it produces and, loosening up.

In the use context mentioned; i.e., festive, alcohol plays an outstanding role and so it is preferred by the interviewees, above all by the casual and instrumental user types.

The least preferred drug is coca paste because of its addictive power and the fear of "losing control," because of the "impregnation" it causes and, because of anxiety. In a much lower proportion, marijuana; its use causes "paranoia."

About a third have had problems as a result of using drugs, especially alcohol abuse (nearly half of the dysfunctional type are alcohol addicts) and, in a smaller proportion, with coca paste.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

[12] The problems caused by coca side-products and/or main methods of use are not analysed. They will be dealt in depth in chapter 8.

For most interviewees, the effects of cocaine hydrochloride or crack are more positively valued than the effects from other drugs they have used. Only a minority express a preference for the effects of other drugs: marijuana, heroin, alcohol and tobacco. Some individuals indicate they have no special preference for any drug. Half of those who prefer cocaine hydrochloride or crack indicate that this preference is due to the sensations of happiness, superiority, euphoria or relaxation caused by their use, "it gives me a lot of pleasure and energy," (CK12IN); " I get much more euphoria than with other drugs (CK17N; "it makes me feel superior and it sharpens my memory" (CK18IN); "(I feel) happy, on top of the world" (CK201N).

Those who prefer marijuana give special reasons like: "it improves my memory," (CK 13IN); "it creates less addiction than (cocaine hydrochloride or crack) and it is cheap" (CK 141N); "it does not lead to weight loss. I can eat and sleep adequately" (CK301N). Those who prefer heroin furnish the same argument: "I like the effect of euphoria" (CK271N). Regarding alcohol, they single out its sedative and soporific effects: "it calms me down, it cools my head" (CK011IN).

Regarding the drugs they have liked least, over a third of our interviewees mentioned heroin; a fourth of them, marijuana and, a minority, alcohol and cocaine hydrochloride or crack. Very few mention tobacco or LSD. The "destructive" effect of heroin is the reason why it is liked least. Likewise, marijuana was valued negatively because "it causes headaches", "eye irritation", "loss of balance", or "increases your appetite".

Over half of them have had problems due to alcohol abuse. Only a minority refer to problems due to the use of marijuana or heroin. Finally, another minority group have not had any problems with any drugs.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most of the individuals in our sample identify coca side-products as the most important drugs in their lives: crack or intravenous cocaine hydrochloride. In general, when evaluating crack, the opinions reflect a dichotomy: "it is good and evil", "it is good and wicked", "it brings joy and sorrow".

(Crack) is the most important (drug) in every senses: it is tasty, it destroys you, it corrupts your relationships and your work, but you can't live with it; it is a passion. It is good and evil together. (KO8SP)

Other drugs identified as important are marijuana, alcohol and psychoactive drugs, especially chloral . hydrates and amphetamines.

The reasons expressed by interviewees to support their preference for a given drug in their lives is usually linked to positive evaluations of its effects. These are usually described in a figurative manner:

(Crack) is an indescribable euphoria. People fee] so good they forget they are unemployed (K09SP)

I love crack. It transports me to another world. (K02SP)

The drugs that are least preferred are, in the first place, chloral hydrates. Solvents (inhalants) and LSD are also mentioned, but a lot less than the first drugs. The reasons they furnish to explain their rejection to all of them are their hallucinogenic effects, which they describe as disagreeable.

Most interviewees do not refer to the consequences of other drugs. A small percentage mention alcohol and psychoactive drugs as the man cause of problems. Alcohol abuse is blamed more for social than for health problems.

I ended up drinking a bottle of "Velho Barreriro" (distilled alcohol) per day. I lost my family (wife and children). (I13SP)

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The drugs that our interviewees regard most positively or which have been more important in their lives are (in decreasing order): marijuana, intra-nasal cocaine hvdrochloride and hallucinogens. For a minority, they, are alcohol, intravenous cocaine hydrochloride[13] and all the other drugs, without exception.

In addition, the drugs least preferred or the drugs used least liked were: marijuana, heroin/morphine, hallucinogens, cocaine hydrochloride, crack .and inhalants.

4.3 Multiple use of coca side-products and other drugs

Coca leaf (Cochabamba)

Most of our interviewees indicate that a simultaneous use of coca leaf and alcohol is indispensable: "to give flavour to the 'pijchu' (the ball of coca leaves one 'chews') (HOOICB).

Regarding the relationship between the 'chew' and use of alcohol, it is necessary to make a distinction between work and social use contexts. When 'chewing' at work, the use of alcohol is minimal; it is used in the ritual practices before the beginning of the activity. In the social context, alcohol use may be high.

The amounts of alcohol used simultaneously with coca leaf vary considerably: "just a drink" (H057CB), "two bottles of 'singani' (aqua vita) for 8 people" (H128CB). There are preferences for the type of alcohol one drinks while 'chewing'. Most prefer to do it with 'chicha': "chicha turns the 'picjchu' sweeter; can't do without 'lejia'. (H053CB)"

[13] In order to interpret this result correctly, it must be borne in mind that the most important method of use for cocaine hydrochloride, the intravenous method, was not taken into account due to an error in interpretation.

When asked about the beverage that worst complements the 'chew', they indicated a great variety. It would seem that this is a very personal issue.

Only one of the interviewees stated that excessive alcohol abuse led him to 'chewing' more: "I used to sleep in the street when drunk and it is there that I learnt to drink (alcohol) and to 'chew more (H095 CB).

Smoking does not always happen when 'chewing'. Smoking is indispensable only in rituals of offering and in other specific situations that form part of a ceremony. Some of our interviewees never smoke.

A minority of the 'chewers' we interviewed make use of drugs other than alcohol and tobacco.

Coca paste (Cochabamba)

The use of coca paste is linked to that of tobacco and/or marijuana needed for its combustion. Alcohol is also used in most cases. In fact, the there substances: alcohol, tobacco and marijuana are usually 'related to the use of coca paste.

Alcohol is identified as the drug that best complements coca paste because it "serves to regulate getting drunk'; and alcohol, "calms your nerves", "tranquillises" and, above all, "it removes paranoia." Those who mix coca paste with marijuana express similar reasons: "it gets the 'perse' (i.e. the tracker - paranoia of being tracked down) off your back", "it gives you tranquillity," "it improves the taste."

An interviewee says he mixes coca paste with benzodiazepines to achieve the same affect as that achieved by alcohol. Another interviewee, with a Quechua background, identifies the 'chew' as the best complement of coca paste because "the effect becomes more agreeable and lasting."

Most say that they don't know which drugs mix worst with coca paste. Only a minority state that these drugs are marijuana, inhalants, cocaine hydrochloride and hallucinogenic cactus. All of them indicate that the mixture of these drugs causes loss of contact with reality, chaotic conduct and sensory perception alterations.

In order to neutralise the negative effects of the coca paste, such as anxiety verging on paranoia, most use alcohol and, to a lesser extent, marijuana. The mixture of these drugs can cancel out the effects; that is, using first coca paste and then alcohol take away the paranoia and the drunkenness.

Interviewees do not usually specify the amount drunk in each session. Nevertheless, the data collected seem to indicate amounts that range between 100 to 500 cc of pure alcohol. The amount of alcohol is in relation to the quantity of coca paste used. Regarding marijuana, the only data available indicate that 2 to 3 ounces (36 to 48 grams) are used per use session (a session may last various days).

Cocaine hydrochloride, intra-nasal (Cochabamba)

Alcohol is used together or alternating with cocaine hydrochloride by virtually every interviewee. The use of tobacco is also very common. A minority use cocaine hydrochloride together with marijuana because, according to them, it improves the effects and diminishes the paranoia. There are few users who do not mix cocaine hydrochloride in a session.

The alternating or successive use of drugs is carried out in all sessions by a third of the interviewees. Nearly half do this frequently and, the rest, only occasionally.

Some cases can be described as exceptional, not only on account of the mixture itself but also because of the expectation. Marijuana is mixed with a little cocaine hydrochloride and both are smoked together because "you get the same sensation as when you mix heroin and cocaine hydrochloride." According to an interviewee, "marijuana tends to lower a little and then you get a levelling off." For some, the only desirable mixture is that of cocaine hydrochloride and heroin (usually referred to as speed ball).

According to the interviewees, the drugs that mix worst with cocaine hydrochloride are coca paste, coffee and amphetamines. Only one female interviewee mentions marijuana and LSD. ;

Crack/cocaine hydrochloride, smoked - inhaled (Ibadan)

Most interviewees state that mixing other drugs with coca side-products, especially alcohol, is a common practice. Only a few indicate that coca side-products (cocaine hydrochloride and crack) are rarely combined with other drugs.

The arguments given for using mixtures of drugs are experimenting and a desire to increase the effects. The drugs most mentioned as being used together or, successively, in the same use session with crack or cocaine hydrochloride are: alcohol, tobacco, marijuana, minor tranquillisers and heroin.

Cocaine hydrochloride, intravenous (Sao Paulo)

Most interviewees also use alcohol and some other drug to heighten or regulate the effects of cocaine hydrochloride. In addition, they regard this as a frequent practice among most users.

Alcohol relieves and relaxes without interfering in the agreeable effects of cocaine hydrochloride:

I used to mix it with vodka; that way I had a more tranquil 'trip' (experience). (I23SP)

For others, alcohol has the opposite function; that is to say, its use is perceived as a heightener of effects.

Alcohol is the drug that best complements cocaine hydrochloride (intravenous method) because it extends the 'craziness' (the effects). (112SP)

Most think that alcohol is the drug that best mixes with intra-nasal or intravenous use of cocaine hydrochloride. Marijuana and tobacco are also mentioned, although associated to the use of alcohol.

Nearly all users declare that in order to use cocaine hydrochloride intravenously, it is necessary to use alcohol. This is so not only because of the depressor properties of alcohol but, above all, to offset the intense dryness in one's mouth that results from the intravenous method of use.

Most people think that pharmaceutical products are incompatible, especially tranquillisers and barbiturates because they interfere with the pleasurable effects of use. Solvents (inhalants) and marijuana are also mentioned as incompatible with the intravenous use of cocaine hydrochloride.

There seems to be no mixture in the case of intravenous use of cocaine hydrochloride with another drug, using the same method. Most interviewees are not aware of such a possibility. Nevertheless, two interviewees mentioned an unusual way of intravenous use of cocaine hydrochloride together with psycho pharmaceuticals. One mixed a side-product of amphetamines and the other made use of another tranquilliser.

Crack (Sao Paulo)

Nearly all users explain they experience a very intense desire to smoke tobacco when using crack.

In addition to tobacco, just over half of them use other drugs being marijuana and/or alcohol the drugs of choice. Tranquillisers and intra-nasal cocaine hydrochloride are also mentioned as the drugs that are associated to the use of crack, but this does not seem to be common. ;

Alcohol and/or marijuana are used to relax and to heighten or lengthen the positive effects and/or neutralise the negative effects.

Tranquillisers are normally used to sleep. In general, the other drugs are not habitually used in combination since they do not complement each other well. The only exception, for some users, is alcohol and, in a second place, marijuana.

Nevertheless, crack seems to appear with a characteristic of "absolute" in the lives of over half of the users: "use crack, it is crack only".

Crack is complete. You don't to know about any other (drug), only about it. " (K01SP)

For these users, the combined use of crack and other drugs distorts the effects of crack in a negative way.

I believe that mixing it with another drug spoils the purity of the sensations. I experimented with marijuana and it frustrated me. It deprives you of the beauty of crack (K36SP)

This excluding characteristic seems to be due more to the intensity of the compulsion provoked by use than by any "wonderful sensations" of its effects. There is no room to include another drug.

The person who uses crack spends all his/her money on 'rocks'; no money is spent on other things. (K04SP)

The opinions about the drugs that complement each other better or worse, both among crack or intravenous cocaine hydrochloride users do not always refer to their own personal experience but to the experience of the other users belonging to the same use environment as the interviewees'.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The use of other drugs during or immediately prior or after the intravenous use of cocaine hydrochloride is habitual among our interviewees. Most interviewees uses alcoholic beverages during use sessions. Other drugs used quite often are tobacco and marijuana. There is no clear function attributed to the use of tobacco in relation to the effect of cocaine hydrochloride, being its use independent of the use of coca side-products. This is not the case so in relation to alcohol and marijuana, whose use covers an important control function over the effects of cocaine hydrochloride. Marijuana is used to reduce the stimulating effect of cocaine hydrochloride; alcohol is used for the same purpose and, according to a good number of interviewees, it is also used to heighten stimulation. For most, the use of cocaine hydrochloride is concomitant with the use of alcohol and with the same functions as were described by Sao Paolo interviewees.

It is almost certain that whoever uses coca (cocaine hydrochloride) uses alcohol; they go together. (I05RJ)

Beer goes very well with coca (cocaine hydrochloride). This is how you do it: you inject to go and then you drink alcohol, after drinking, you inject yourself and after another shot, you drink and you are off (I09RJ)

In those cases where mention is made about specific alcoholic beverages, interviewees state that aqua vita is the one that mixes worse with cocaine hydrochloride since it increases the sensation of dryness in their mouth and it fosters aggressiveness.

The use of marijuana in the same session is valued negatively by other interviewees because marijuana and cocaine hydrochloride cancel each other out:

Marijuana is the one that combines worst since it inhibits the action of the "bite" (intravenous use). (I29RJ)

An interviewee mentioned LSD as the drug that worst combines with cocaine hydrochloride.

Only a small minority (3 cases) referred to the combined intravenous use of cocaine hydrochloride and other drugs - specifically with LSD and with a side-product of amphetamines (Pervitin)

Pervitin is a liquid and it distils cocaine (hydrochloride). The effect is very similar (it does not change) but its effects last longer. (120J)

1 injected (cocaine hydrochloride) with water containing LSD. It was the worst depression I've ever had). (110RJ)

5. Initiation of use of coca side-products

The various sections in this chapter seek to describe and analyse all the issues related to the first day of use.

5.1 Age and year of initiation

Coca leaf (Cochabamba)

Average initiation age (on the first day of use) is approximately 19. Most interviewees were initiated before their 20th birthday. Over a third of the farmers were initiated before 15.

A third of the interviewees were initiated before the sixties, over half the interviewees in the 60's and 70's. The rest in the 80's

Coca Paste (Cochabamba)

Most are initiated at a very early age, as young adolescents whereas street children do so when they are still children. The approximate average initiation age is 18.

Most interviewees were initiated in the 80's.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most were initiated in the use of intra-nasal cocaine hydrochloride consumption before they were 25. There are exceptional cases of late starters (around 38). The average age of initiation is 22.

The interviewees initiated their use predominantly between 1986 and 1990.

Crack/cocaine hydrochloride, smoke/inhaled (Ibadan)

Most of the individuals in the sample were initiated before they were 26; just under a quarter between 26 and 30 and a minority after 30. The approximate average age of initiation is 23.

Most were initiated in the 80's, in the period when drug traffic saw a marked increase. A fourth started to use in this decade and only a few in the 70's.

Crack and cocaine hydrochloride - intravenous - (Sao Paulo)

Intravenous cocaine hydrochloride users are initiated, as it happens to most crack users, at an early age. The average age of initiation is around 20.

It must be pointed out that crack, often regarded as the final drug in the career of use, comes into their lives very early. This fact shows that for some minors crack can become the illicit drug for their initiation and that, in other cases, it is used very soon after having tried a small selection of other drugs.

Most crack users were initiated before 1989. This data agrees with the information supplied by mass media and the police. They detected its use from that year on.

A small minority of crack users were initiated before 1989. This data indicates that crack was available in Sao Paolo before then, although only in rather small and restricted upper and middle-to-upper class circles and clouded in secrecy. The user belonged to these social classes.

About a third of the intravenous cocaine hydrochloride users indicate they were initiated in the late 70's and early 80's. Just over half between 1985-1990 and only a few between 1990-1994. This data strengthens the hypothesis that the number of new intravenous cocaine hydrochloride users has diminished. The main reasons for this are: (i) the "convenience of crack," that is, it is, apparently "lighter" and more easily available, according to users; (ii) the risk of catching AIDS because of the method of use. Probably these two reasons are being decisive in the decrease cocaine hydrochloride users (intravenous method) in Sao Paolo and, correlatively, in the increase of crack users.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The approximate average initiation age into intravenous cocaine hydrochloride is 18.

Half of the interviewees started using cocaine hydrochloride intravenously in the early 80's and over a third had started earlier in the 70's. Only a minority started use before 1985.

5.2 Context of use

Coca leaf (Cochabamba)

The initiation into the ‘chew’ is usually associated to work, mainly work in the fields and in the mines. Nevertheless, a significant number of the interviewees are initiated through collective religious ceremonies, funeral parties and like rituals.

Most interviewees are initiated by reproducing the behaviour they observe in family members, colleagues at work and, less frequently, friends (it is part of the socialisation process in rural areas). Initiation in the 'chew' in other socialisation contexts affects a minority of users. The latter only takes places in the cities.

Coca Paste (Cochabamba)

Most are initiated into use with more or less close friends and, a minority, with people with whom they share work, with a partner or other family members.

Most are initiated in public places (bars, discotheques, places where 'chicha' is drunk) where the use is always associated to alcohol abuse; likewise, the initiation context in homes and other private places is a festive one. Alcohol abuse takes place in all of them.

Another group of interviewees, especially street children, are initiated in streets and squares; in general in a context of socialisation. Only a minority do so in homes, military garrisons, jail cells or schools.

The most common activities in which the initiation takes place are those of socialising (drinking, in bars and at parties, talking and/or walking around with friends, etc.) Only a minority were initiated in a work context Only one while studying. Among the Street children, a minority were initiated before going out to steal (instrumental use to gather courage).

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most used it for the first time together with friends or acquaintances. A minority with colleagues or mates at work, some of whom were in positions of responsibility, people who might be respected or feared. Some with study mates. Another minority used it for the first time with a partner and some while involved in some kind of drug traffic. In the case of female users, most were initiated by the husband or boy-friend.

Initial consumption took place in a festive context in most cases - both in privates homes or in public places (bars and discotheques). A minority used it first at work or school.

In general, given the same context for initiation for the majority, it can be raid that intra-nasal cocaine hydrochloride use is associated to alcohol abuse. Some were initiated just before an exam, working or to better perform in some sports activity.

Crack/cocaine hydrochloride, smoked/ inhaled (Ibadan)

Nearly all the interviewees smoked or inhaled crack or cocaine hydrochloride for the first time with friends or acquaintances.

Over a third of the interviewees used it for the first time in a private environment (private homes). A fourth in restaurants, bars and the like. The rest, in similar proportions, at school, the work place or in the street.

Most were initiated in festive contexts and a third in other social contexts. Only a minority were initiated outside these contexts.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most interviewees used it for the first time with friends; in general, with people with whom they mixed as a result of using other drugs. In fact, there is a predominant presence of users (their main link being drug abuse).

Given the particular environment and instruments required for the use of crack or intravenous cocaine hydrochloride (syringes, pipes and secret and reserved places, the context for the first use is these places and the other users. Only a few used it alone and/or in an open public place.

Regarding the activities that were taking place on that occasion, a great many of them say it was just a social gathering, described as a convivial place for conversation and listening to music, but whose main purpose was to use drug.

These characteristics of the first day are valid both for crack users and for cocaine hydrochloride users (intravenous method).

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees had already used cocaine hydrochloride through the intra-nasal method when they were initiated into the intravenous method. They knew places and people who used it intravenously and they began using it this way precisely because of these acquaintances. For most of the interviewees, the context where initiation took place was a private place, be it at the interviewees' home or at a friends', in parties or, predominantly, in social gatherings where the atmosphere was friendly and relaxed.

In one or two cases, initiation takes place in a context of drug dealing, where the user is directly involved in drug distribution. In addition, some interviewees used the drug for the first time at work Nearly half our female interviewees were initiated into intravenous use of cocaine hydrochloride when they lived with a user who injected the drug.

5.3 Method of supply

Coca leaf (Cochabamba)

On the first day, the coca leaves were given by someone. This is the usual situation. The individuals who have coca leaves, share them out in the group. Coca leaves are always available in community work and ritual contexts.

Coca Paste (Cochabamba)

Most were given the coca paste by a friend, a partner or an acquaintance. A minority bought it for the first time and very few obtained it in payment for some kind of work.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Nearly all were given the substance. In general, women are given the drug by their respective partners. Only a minority bought the amount used on the first day or tried it while at work. In the latter case, the characteristic context is related to traffic.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Over a third used it first time as a result of having it given to them by friends. A fourth purchased it and a similar proportion by various other means. A minority got it as payment for some job or service rendered.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most of the users we interviewed were given the drug by the person who taught them the new way of using it (intravenous method, in the case of cocaine hydrochloride) or the new side-product (crack) and how to use it. Only a minority bought them.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Over half the interviewees bought the cocaine hydrochloride they used the first time for intravenous consumption. In some cases, the purchase was made together with other users. In the case of female interviewees, most were given the first doses ("as a present").

5.4 Amount and method of use.

Coca leaf (Cochabamba)

The amounts used in the first day of 'chew' vary: from a minimal quantity (0.4 grams) to greater quantities - in some cases over 50 grams. The most common situation is that two balls be 'chewed' the first day[14].

Coca Paste (Cochabamba)

The initial amounts are small, in comparison with the amounts reported for habitual use or, especially, during the intensive period. Most used less than 1 gram on the day of initiation. In general, this means one to three cigarettes ('pitillos') or pipes ('tocos') during the session. Often the 'pitillo' is passed round, shared among friends, it goes from one person to another, when one cigarette is finished, another is lit. Among users whose consumption later becomes of the dysfunctional type, one finds higher initial consumption levels. In comparison to the rest of the sub-sample, street children exhibited the highest levels.

The most frequent way of inititation is to smoke the coca paste in a cigarette ('pitillo') and to a lesser extent in a pipe ('toco').

[14] The normal practice is to 'chew' three times on a working day. A "pijchu" ('ball') weighing approximately 8 grams is used every time.

Cocaine hydrochloride, intra-nasal (Cochabamba)

The average initial amount is approximately three-quarters of a gram. Most interviewees used half a gram, at most, on the first experience. A third used between half and one gram.

The initial way of using for most interviewees is through intra-nasal aspiration. Nevertheless, a minority were initiated smoking it and, exceptionally, in one case, orally.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

The amount used on the first day of use by most interviewees was 1 gram. A fourth of them used 2 grams.

The method of use adopted by the majority was "free basing" (see footnote 2, chapter 2). A minority used crack in a pipe or smoked it in a tobacco cigarette and some interviewees smoked cocaine hydrochloride in cigarettes with marijuana.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

In spite of the generalised lack of precision in the answers given, it can be stated that most crack users consumed between 0.5 to 3 grams on the first time. A minority mention a consumption of over 10 grams. Intravenous cocaine hydrochloride users consumed a smaller amount; only a minority (2 individuals) used more than 1 gram).

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The information obtained regarding the amounts used on the first time is not very precise, mainly because the interviewees referred to measurement units that are no universal. Nevertheless, in general, the amount used on the first day of intravenous use does not usually exceed one gram[15].

5.5 Previous knowledge and reasons to use

Coca leaf (Cochabamba)

All the interviewees had a good prior knowledge about the coca leaf and the reasons why it is 'chewed'. Most used it the first time as part of a context of work or ritual. A minority used it for its medicinal effects.

[15] Here and in remaining chapters, to avoid unnecessary repetition, there will be no mention made of the method of use for cocaine hydrochloride. The reader is referred to the subheading of the subsection. Therefore, if the method of use is mentioned, it will be so in order to be more specific - as in the case of Ibadan, where this might happen. Likewise, no mention is made of the method of use for coca paste (since it is the universal method of use, except rare cases). Nor are references made in the case of crack which is smoked or inhaled When referring to the use of coca leaves, it would be redundant to indicate the method of use but, for better clarity, we refer to 'chew' as the method of use and to 'chewers' as the users. Conversely, explicit mention has always been made and will continue being made of the coca side-product one is referring to. In fact, the name has been added to literal quotations when the interviewees had not in fact named explicitly or completely the side-product. The same policy was adopted in the case of method of use.

Most interviewees, particularly traditional coca leaf 'chewers', state that the predominant reason for the first use was to feel its invigorating effects.

Coca Paste (Cochabamba)

Most had heard about coca paste from friends and parents and/or knew about it through the mass media. This information had to do with the problems caused by the coca paste, especially in connection with delinquency: theft, violence and social marginality. A fourth of the interviewees knew of its effects through having links with consumers and were familiar with the positive and negative aspects: observing intoxicated persons caused fear and curiosity. A minority stated they had no prior knowledge. The remaining few learnt about it through their work (elaboration or distribution of the drug).

Their reasons for using are quite varied For most, however, curiosity and the desire to experiment constituted the main reasons. For some interviewees the initiation had to do with taking advantage of the situation: they were offered it and they accepted it, to have a go. For others, the desire to use and the curiosity are high and they actually sought out an opportunity to be initiated.

Group or partner pressure is another important reason for the initiation, though it only affects a minority. It is linked to the need for projecting a suitable image that meets the expectations of the group or the persons in one's network, so as not "to feel less".

Family problems causing sadness, frustration, anxiety, anger, etc. were the main reason for the first experience for a minority of dysfunctional users.

Among street children, the reasons related to the first experience are not clean. They refer to a desire to lose fear, forget problems, stop feeling hungry and cold. Some interviewees in this sub-type mention the desire to experience intense and different sensations, such as "flying".

Among the casual type users, the reason that stands out is the desire to eliminate the negative effects of alcohol.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees had prior information. Negative information had been furnished by the mass media; positive by friends who used the drug. Some said, "I knew a little, not much was spoken about it." It is remarkable that female users knew nothing or had exceedingly vague ideas about use and its effects. Among women, initiation coincides generally with the beginning of a sexual relationship with a user.

Less than a quarter of the interviewees had seen or made any prior contact with cocaine hydrochloride before the first experience; in some cases, this contact is related to their participation in the elaboration and sale of the substance. For most interviewees, the first day of use was their first contact with cocaine hydrochloride.

In general, initiation occurred out of curiosity or in order not to feel the effects of alcohol abuse. Some did it to improve their performance in their studies or in sports. In some other cases, a minority, "to show their manliness," or "to please" the partner, according to some female users.

A minority used the drug the first time giving in to peer pressure, from friends or colleagues at work. In some cases, the pressure care from friends, in others, from their boss, someone they respected or a teacher. Some married women were pressurised by their husbands; those that were courting, by their fiancées.

Crack/cocaine hydrochloride, smoked / inhaled (Ibadan)

All the interviewees stated they had heard about cocaine hydrochloride or crack through friends or knew of it through the mass media. Most were aware of its effects before their first experience.

Most of the interviewees used the substance the first time out of a desire to try it out. In a minority and, in similar proportions, the rest of the interviewees were initiated because they wanted-to have an •agreeable experience" or "as a result of the influence of their social context" since they didn't want to be "different" or "strange".

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Over a third of the crack users say they knew nothing about the substance before their first experience. b a similar proportion, interviewees said they did know about it or had heard about its harmful effects. In spit of this, they tried it because of art intense desire to experience new sensations; and, in many cases, because of the challenge it implied. One notices an attitude of self-confidence since they imagined they would not be negatively affected:

I already knew that crack would lead to dependence[16] and that it was dangerous. But 1 w, certain this would not happen to me. (K04SP)

In intravenous use, the situation is somewhat different. Under a half of the sub-sample knew nothing or had only heard about its pleasant effects. Among the minority who knew about the negative effects, the attitude was similar to that of those who stated using crack

I knew it was a drug (cocaine hydrochloride) that I should not use ... it entailed diseases as a result of the exchange (shared use) of syringes but, I thought... If 90% of the 'roqueiros' (pop singers) use drugs, why shouldn't I do it?

They all say there were no particular reasons for the first experience. At most, it was out of curiosity or to experience new sensations.

[16] The translation both into Spanish and into English fails to render the neuter connotation of the original word in Portuguese

Although none of them say that they were directly pressurised into using, this is implicit in their comments about the existence of group pressure or a perception of such pressure. Thus the individual feels he cannot but do as the rest in order not to be left out, appear to be a coward, etc.

Some of the interviewees explain that the initiation happened as a result of having run out of other drugs. This is particularly so with crack.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

All the interviewees knew or used cocaine hydrochloride (intra-nasal method) or knew users and places where the substance was used before they used it through the intravenous method.

Most interviewees stated that they were not directly pressurised into using. In some cases, the interviewee had pressurised some people into using the drug for the first time

The people I used the drug with did not put pressure on anyone. On the contrary, when someone wanted to start using it (cocaine hydrochloride) he had to go and get it himself. (I02RJ)

I was not pressurised 1 had been in the 'wheel' (a group of intravenous cocaine hydrochloride users) but I had never tried it myself. It just happened that I felt like doing it that time. (I09RJ)

Among women who were initiated by partners, there is a pressure of a sentimental nature, a search for complicity, as the following quotation indicates:

He bought it (cocaine hydrochloride). I used it just to see what it was like. He had already been injecting in the past.1 did it because I was close to him, to feel even closer. He would say: it is different. Let's try it together. There was no pressure. I could have opted out. (I18RJ)

Most interviewees indicated curiosity as the main reason. There was no especial reason for a minority of them. Other reasons, furnished by another minority. were the search for a more intense effect and the desire to be closer to a person or group of persons. This situation can be regarded as some kind of internal pressure caused by a feeling of admiration and the desire to belong to a group:

The social group was made up of interesting people: there was a plastic artist, a parachutist; they were good looking people, interesting to talk to and they injected (cocaine hydrochloride). I was a rookie (..) I wanted to be like these people who were interesting and who used drugs. (I08RJ)

5.6 Effects and evaluation of the first use

Coca leaf (Cochabamba)

Curiosity for feeling the effects described by experienced 'chewers' (more energy, less sensation of hunger and thirst). On occasions, you experience the surprise of perceiving that your tongue goes

numb: "everybody laughed when looking at me, because my tongue was stiff, numb; and I wanted to shout and I couldn't. (H183CB)"

Most individuals praise and value the taste and sensation of lucidity, on occasions, tranquillity, that overcame you a little after starting the 'chew'.

Those who used it first as part of work, felt that on having done it, they perceived a kind of "positive change" in their social status (passing ritual): "one begins to 'chew' aged 10-12 when one goes into the pit; it is like joining the array: it makes a man of you. You are respected (Hl83CB).

Most state that you cannot turn down the initiation into the 'chew': 'no, since I was a miner, I had to 'chew'. to work" (H128CB); "I could not turn down 'the chew` on that occasion because I know that the person who doesn't share the culture of his ancestors must be very much of a renegade. (H043 CB)"

Most of the interviewees stated that they liked to undergo their first experience: they value the flavour of the coca leaf, the experience of a concrete effect (take away your thirst, tiredness, feeling invigorated, etc.) or, they relate their experience with events that happen later in a magic relationship: "the first experience had good results: things went well for me that month and then I wanted to continue with that kind of luck and so I continued (to 'chew') (H083CB).

Some interviewees describe the fear they experienced when facing the unknown: "I was afraid I would have a diarrhoea because I knew ‘the chew' made some people sick," (H022CB). "I knew I was not supposed to swallow the leaves; that makes you sick" (H095CB). Only a minority of the interviewees describe actual negative experiences such as pain in their lower stomach, numbing of the tips, tongue and palate.

Coca Paste (Cochabamba)

Most of the individuals in the sub-sample did not have clear expectations about the effects of use but were ready to experience any sensation. Those who had some idea of what to expect indicate that they expected to feel effects such as: "flying" hallucinations, joy and strong emotions, forget problems, courage, get over your drunkenness, paranoia and restlessness and, have strength for work.

In general, they expected to experience effects regarded as positive but, nearly half the sub-sample did not obtain the expected results. The physical effects experienced were in fact negative for most of them. The most common were: numbness in their mouth, tongue and extremities; nausea and

vomiting; shaking and muscular contractions; accelerated heart beat; dizziness, insomnia, sweating, intestinal cramps and "burning" eyes.

I felt like a dummy, couldn't say anything, later 1 had nausea and I vomited. My friend told me to have some beer and that it would go away. I smoked again and I vomited over and over until I began to feel better. My drunkenness cleared up. I felt clear-headed and happy. I felt like smoking (coca paste) again (P115 CB).

The psychic effects were valued as positive and pleasant by most. In decreasing order, according to their frequency, these effects were as follows: euphoria, hilarity, loquacity, tranquillity, loss of fear, loss of inhibition, disappearance of fatigue, increase in activity, forgetting problems. Only a minority say they felt restlessness. Sensorial effects were scarce.

The souvenir of this first experience is negative for nearly half the sub-sample. In all these cases, the more experienced friends gave them support and even instructions on how to lessen whatever was negative, offering them alcohol in nearly every case. Nausea and vomiting while consuming are the effects they found the most unpleasant; also the dysphoria when the positive effects wore off; and not feeling well in general and the headache the day after.

The following were identified as what pleased them most in order of importance: well-being and tranquillity, the smell of coca paste, the dissipation of the drunkenness; the disappearance of sensations of hunger and fear.

Most state that this first experience influenced decisively in later use. Those who had a pleasant experience because they liked their effects and wanted to repeat it; those who classified the experience as negative, wanted to have another go to feel the positive effects they had not felt the first time.

Casual type users who expected to dissipate the effects of drunkenness did experience this, but also some negative effects: vomiting, headache, etc.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Regarding the effects of the first use, these were closely linked to those the user expected he would feel (expectation of effects). He felt ("brave") that person who had been called a "coward." The one who wanted to forget, forgot One who did not expect anything felt numbness in his nose and face.

What they liked least were some effects such as: headache, nausea, eye irritation and, in some cases, anxiety.

Half the interviewees made a positive evaluation of their first experience. A fourth of them valued it as negative and a similar proportion as neither positive nor negative.

In general, this first experience influenced future use. Some needed further experiences so as to better "understand" the first experience; some lost their fear seeing that "nothing had happened". For some, as they stated it, it was the beginning of "important changes in their personality and in their relationship with other people."

Crack/cocaine hydrochloride, smoked / inhaled (Ibadan)

Regarding the expectation for the first experience, over half anticipated a pleasant and positive effect. A minority anticipated a negative effect, thinking they would not feel anything or they didn't know what they might feel.

After the first use, over half state that they experienced positive effects such as euphoria and happiness. Over a fourth experimented negative effects such as heat all over, paranoia, stress, nervousness and general discomfort. One interviewee described it thus: "I felt I was losing my hearing. I got very frightened." (CK321N). A minority does not recall the effects of their first experience. Most indicate that this first experience was conducive to continue using crack or cocaine hydrochloride.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most of the sample imagined or anticipated better and stronger sensations than those they actually experienced; or, at least, sensations similar to those experienced when using the drug the intra-nasal method. "it was the same as sniffing (aspirating), only stronger and faster." Less than a quarter had no prior expectation.

Among the crack users, most felt pleasant effects. Few say that they did not experience anything and, about a third described unpleasant effects.

In general, paranoia does not appear as a negative effect in the first session of use. Nevertheless, a minority state that although the did feel it, the pleasant sensations were more important

The short duration of the pleasant effect is what they liked the least:

It gave me a great feeling of well-being and I immediately felt like smoking more (crack). But 1 didn't like it because I became aware that it was a very fast sensation. (K04SP)

Some of the interviewees found it difficult to pinpoint the positive effects and the descriptions they make of them use a figurative language: "it took me up into the clouds ... it was a sensation of beauty and well-being;" "I found myself in another dimension ... "

(The use of crack) caused numbness in my head, all my body ... 1 seemed to be inside a volcano. (K31 SP)

Most declared that first time influenced future use, even in the case of those who did not experience anything. For some, it was a challenge in order to feel again the effects; for others, to get what they were after: "(when using crack) I did not feel anything good or bad,... but since everyone felt it, why shouldn't I?"

Most cocaine hydrochloride users describe positive effects. The most mentioned are: a sensation of weightlessness, well-being and peacefulness. Most indicate that this first experience led to future use: "I seemed to be up in the stars;" "it was like an orgasm,..."

(With the first intravenous use of cocaine hydrochloride) I felt a sensation of weightlessness. I felt myself stronger, a great sense of well-being. (I40SP)

The use of the syringe seems to be the most unpleasant factor in the use.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Half the interviewees anticipated sensations as strong as or stronger than those experienced through the intra-nasal use of cocaine hydrochloride. Over a third had no expectations about the effects of their first intravenous use.

For most, the first experience was positive. Among the positive effects, they mention - in addition to those which met their expectations, effects such as euphoria, well-being and the "stupendous trip" - others that were not really expected such as, "a sensation of dying" and "the vision of blood in the syringe." Two female interviewees mention as the main effect the idea of having overcome a phase, a challenge as represented by the first 'pico' (intravenous use). According to one of them, it was as if after the first injection of cocaine hydrochloride, she were "another person from that moment on."

Approximately a fourth of the interviewees regarded the first experience as negative and described the negative effects as: depression following on use; a sensation of discomfort and paranoia. Those few who did not feel anything or felt almost nothing evaluated the experience as negative on account of the "bad quality" of the cocaine hydrochloride.

The effects they liked best in that first experience were those of the "being spellbound" or, "ecstasy;" the sensation of euphoria; a desire to walk and talk; the sensation produced by the needle entering a vein. They used the following picture language to describe the effect of the first experience: "having thunder and lightning in your head;" "a sensation of having a bell in your head" or, even that of "being connected to a 220-volt mains supply that instead of electrocuting you, puts you in accelerated movement."

The effects they liked least were depression, paranoia, lack of control, the short duration of the pleasant sensation and the end of the effect.

6. Characteristics and evolution of use

6.1 Length of use

Coca leaf (Cochabamba)

According to the data gathered, most interviewees have used it regularly after the first experience. This regular use takes place in most cases before they are 20.

Most of the sub-sample have been using it for over 10 years; over half, more than 20 years. The 'chewers' who have used it longest are the farmers; among these, a 65 year-old Quechua farmer and a 63 year old Quechua woman who still works selling vegetables. Only a few have started to use it recently (less than five years); most of these are instrumental type 'chewers' who are city-dwellers.

During the career of use, over half the sub-sample had periods with higher levels of consumption (intensive periods). These periods, among farmers, coincide with more work in the fields: sowing, harvesting, etc. In other cases, the periods of intensive use coincide with festivals or rituals. It would be better, though, to refer to these periods as occasions when the level of consumption is above the usual, customary level. These characteristics of the career of use are not as common among the instrumental type users.

It can be said that practically all the interviewees had 'chewed' in the last six months and are, therefore, active users (according to the criterion adopted by the project). Nearly half had 'chewed' the day before the interview and practically all of them the month before.

Coca paste (Cochabamba)

Most interviewees started to use regularly soon after their first experience. Approximately a third started a regular pattern of use two or three years after their first experience.

This period, referred to as initial, is more common among casual type users.

Most started habitual consumption before they were 20. Street children begin regular consiimption at an earlier average age (13 years). On the contrary, non dysfunctional users (the casual and instrumental types) start habitual use later (at average ages of 21 and 23, respectively).

The beginning of habitual use took place, for most, in the 80's. A minority of interviewees started consuming habitually in the 60's and the rest in the 90's.

Approximately a third of the interviewees have been consuming between 5 to 10 years. Over a third have consumed for over 10 years and about a fourth have consumed between 1 and 5 years. Nearly all the instrumental and casual type users exhibit careers of use lasting less than 5 years.

Most have undergone periods of intensive use (85%). In most of these cases, this period lasts over a year, being the average duration approximately 3 years. This intensive period occurs, in general, some 3 years after having settled into a regular pattern of use. The user's average age at the onset of this intensive period is 23 years. Among the few who did not undergo a period of intensive consumption, most belong to the casual and instrumental type whose pattern of use tends to be stable over time.

It is the youngest who tend to have short periods of maximum consumption (days or weeks). These short periods happen when the interviewees are aged about 16, shortly after settling down to a regular pattern of use. Most of them tend to reduce both the frequency and quantity of use after these periods.

Approximately a third of the interviewees had not used coca paste in the last 6 months and, therefore, are regarded as former users on account of the criteria for this research. All the instrumental and casual type users were active users at the time of the interview. Over half had used in the last month and, among them, half in the last week (this group represents a fourth of the sub-sample).

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most began to use in a habitual manner (having settled to some kind of pattern of use) less than a year after using cocaine hydrochloride for the first time. This phase of irregular use lasted from 1 to 2 years. A few began a pattern of habitual use right after their first experience.

The approximate average age for the start of a habitual pattern of use is 23. For most interviewees this happened in the middle 80's.

A fourth of the interviewees have been using cocaine hydrochloride for over 10 years; over a third between 5 and 10 years and a fourth between 1 and 5. Recent users constitute a minority.

Most of the sub-sample (58%) exhibit a period of maximum use (intensive period) in their career of use. This occurs for most of the dysfunctional users, among half of the instrumental users and among a minority of casual users.

Most individuals in the sub-sample had used in the last six months; therefore, they were regarded as active users.

Crack/Cocaine hydrochloride, smoked/inhaled (Ibadan)

Most interviewees started their period of habitual use before ten months had passed since their first experience. Among them, over half of them had settled down to this pattern of use before two months had passed.

A fourth of the interviewees started habitual use when they were between 21 and 25 and, in a similar but somewhat lower proportion, between 26 and 30. Only a few started this period when they were over 30. In a few cases, this happens in infancy or adolescence, before being 15. A fourth of the interviewees did not remember when they started using habitually (nevertheless, bearing in mind other data, it can be said they started before they were 25.)

Over half the sample exhibit a stage of intensive use in the career of use. Of the rest, one in five, have used more or less regularly over time (that is, they have not had periods of intensive use) or did not furnish any precise information on this point (about a quarter of them).

Only a minority of the interviewees who informed about a period or, periods of intensive/higher than normal use, also informed about their duration. In the latter cases, these periods tend to last one month at most. All of them state that the duration of this period is directly conditioned by the availability of money to buy cocaine hydrochloride or crack.

Most interviewees are active users; that is, had used in the six months before they were interviewed.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Out of the 26 interviewees who identified crack as the main side-product, less than a quarter say they had no initial period (meaning a regular pattern of use following immediately after the first experience). Among those who had this period, it lasted less than 6 months for over half of them and it lasted under a month for less than a third of them.

Out of the 17 interviewees whose main side-product is cocaine hydrochloride and their main method of use, the intravenous method, most state that their careers of use did not include an initial period of use; they started habitual use the day after their initiation. Approximately a fourth of this sub-sample mention an initial period lasting at least 4 months and the remaining indicate an initial period of over 6 months before settling down to a regular pattern of use.

Since the beginning of use occurs mainly at the end of adolescence (17 to 19 years) and that the initial period, if it takes place, is rather short, the beginning of habitual use happens at very early ages both among intravenous users and, especially, among crack users (the approximate average age is 20 years).

The existence of intensive periods of use is a constant in both sub-samples. What appears to be different is their duration: among crack users no one reported an intensive period lasting over a year. In contrast, most cocaine hydrochloride users underwent an intensive period of over a year. These intensive periods were very long and happen earlier among dysfunctional users who have not achieved a minimal normalisation in their lives.

Most crack users were active; the majority among them mention recent consumption (only a few of the active users had not used in the last 15 days). Conversely, most of our interviewees, cocaine hydrochloride users, were, according to our criterion, former users at the time of the interview, not having used in the last 6 months

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Over half the interviewees, underwent an initial period lasting less than a year. A minority started using habitually over two years after their first experience and the rest, nearly a third of the sample, used regularly from their first experience.

Nearly half the interviewees started habitual intravenous use of cocaine hydrochloride before their 20th birthday; a third between 20 and 25 and less than a fourth after 25.

Most interviewees describe a phase of greater use in their career (intensive period). All women experienced this phase of higher consumption. For over a third of the cases, the phase of intensive use lasted 6 months at most. For another third, this lasted over 2 years. In one case this period stretched 5 years. A minority underwent more than one phase on intensive use.

Nearly a fourth of the interviewees state that they never had a phase of minimal use (non-existence of an intensive period) because their use was always "under control." This high percentage of use without an intensive period is a case of anomalous data. One way of interpreting this is to assume this is wrong partly due to incomprehensible information (interviewees negated the existence of a period of intensive use through forgetfulness or inability to identify it) or to deficiencies in data collection. Although among these cases there are some dysfunctional users who have not managed to preserve any minimally stable social link, most have, albeit precariously:

I always was a controlled and non-specialised user. I used various drugs, not just coke (cocaine hydrochloride - intravenous method). In addition, I had a job and I liked it and still like it. (I12RJ)

Most interviewees had used cocaine hydrochloride intravenously in the six months preceding the interview; the rest, just over a third, were former users.

6.2 Abstinence periods

Coca leaf (Cochabamba)

Approximately a third of the interviewees have stopped 'chewing' on various occasions for short periods - periods that last from a few weeks up to three months. Nevertheless, these interruptions have not been frequent for most cases. Their occurrence was due to various circumstances. Some of these are: "I had no money" (H078CB); "I was in the city" (H129CB), "my brothers who live in Santa Cruz (a Bolivian city) came and they tell me off for 'chewing' (Hl 17CB);" "I could not

'chew' when I was in the USA because my relatives could not send me coca leaves because of the problem of traffic of drugs with the Yankees - they confuse the leaves with cocaine hydrochloride" (H027CB); "because of the raining period, we don't work and so these is no need to 'chew'"(H 184CB). These short periods without use are more frequent among instrumental 'chewers'.

A minority stopped using for periods lasting more than 6 months[17]. The main reason why they stopped 'chewing' was their compulsory military service (the 'chew' is not permitted) and in one or two cases, travelling outside the country.

Coca paste (Cochabamba)

Most interviewees have had periods of no-consumption shorter than 6 months during their drug career. The duration of these periods is shorter among dysfunctional users. The main reason for not using is the attempt at quitting coca paste use. Another reason is not having access to the drug as a result of being in jail, not having money, the absence of ones user group or because they moved elsewhere. Among other reasons they mention diseases, physical fatigue and lack of interest for coca paste as well as the need to project certain image at the new workplace.

One's family can be important as a factor that helps towards quitting use, even when not exerting direct pressure, when the user really wants to quit: visits by family members, return home, the arrival of a relative who is particularly important for the user, etc., are all factors that stop use. However, in general, use is picked up again when these circumstances change.

These short periods of non-consumption happen quite frequently when the reasons for not using are "exhaustion" or, "health".

Among casual type users, these short periods usually coincide with the distancing from the usual context or user group.

Approximately a third of the sub-sample have had periods of non-consumption of over 6 months, periods, in fact of abstinence, in their careers of use. These periods of abstinence are associated, in most cases, with a stay, especially with street children, in institutions (jail, military garrison, rehabilitation centre, hospital) or changes in the circumstances that favoured use: separation from user group and from its activities, economic problems, etc. Very few had the will to quit and remain abstinent without being in an institution. These institutions are more common for those who have long careers of use.

I have had periods without use (coca paste) of 7 months on two occasions. 1 quit out of need.' My body felt drained out and I entered a rehabilitation centre coca paste (PI S2CB)

[17] It has been decided for this research work that a period without use shall be regarded as an abstinence period if it lasts over 6 months. Both cases can occur at any time in the career of use but always after the beginring of a regular period of use.

1 did not use anything because of my pregnancy 1 was afraid of losing the baby or have it born detective. In spite of this, I used paste when I was in the sixth month and that's why I think my son is very aggressive and nervous. (P063 CB)

When the circumstances that contributed to use happen once again, these is a renewal of use after the periods of abstinence or non-use.

Among casual and instrumental type users, there are only two abstinence periods lasting over 6 months: both were women who interrupted use due to pregnancy.

A minority of the sub-sample do not exhibit periods of no-consumption.

For some dysfunctional users, quitting the use of coca paste involves its substitution by another drug (cocaine hydrochloride or marijuana) both during short and long periods.

Cocaine hydrochloride, intra-nasal (Cochabamba)

The information gathered about the duration of periods of non-use (less than 6 months) is not very precise. Very often, the interviewees refer to these periods, characterising them as "various days;" or, "various weeks."

In the career of use of most interviewees one can identify the existence of short periods of non-consumption. It must be remarked that all the casual type users (a third of the sub-sample) tend to stop consumption quite frequently. In fact, intermittence in use is one of the characteristics of this type of user.

Health problems are the main reason for interrupting use among dysfunctional users. Other factors that are mentioned quite frequently are family and economic problems generated by the high levels of use.

Instrumental and casual type users identify, in general, similar kinds of reasons. The _ seriousness or extent of the problems is less among casual type users. Other reasons they identified are trips and an absence of desire ("boredom with cocaine hydrochloride").

Only a few have had proper periods of abstinence (over six months). None of the cases in the sub-sample lasted more than 2 years. In most cases use is dropped due to serious problems resulting from their dysfunctional type of consumption. Only two casual type users abstained for over six months. In both cases, pregnancy was the reason.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most interviewees identified periods of non-consumption shorter than six months. Although the information was not very exact, only a third declare that these periods have been frequent in their career of use. In most cases, according to the interviewees, there were "some" brief periods of non-consumption. Bearing in mind other characteristics of use and the imprecision of the answers here, it is likely that the number of these periods has been under-estimated.

The main reason motivating these brief periods of non-use is lack of money; also, though to a lesser extent, lack of availability of the substance. In a few cases and in similar proportions, other motives are given: lack of interest and entering a treatment centre.

Abstinence periods characterise the career of use of over half the sample. In over a third of them, there has been only one such period. Among the rest, there have been two, these or even more such periods.

The reasons for these periods of abstinence are similar to the ones already identified; that is, lack of money (above all), and attempts at quitting. To avoid relapses the main strategy employed was to avoid encounters with the user group. A minority indicate religious beliefs.

Among those who never interrupted use for long periods (longer than six months) and who are nearly half the sample, stand out those who declare they have not quit use on account of pressure from friends or from their environment A minority declare that they did not stop on account of "personal conflicts." In the latter case, one is to understand that the use of cocaine hydrochloride or crack is perceived by the interviewees as a solution to such conflicts.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

One notices a great difficulty for quitting the use of crack, even for short periods. When the use is interrupted, the resulting uncontrollable anxiety to use crack again, leads to resumption of use.

Since I started to use crack l only stopped when 1 was hospitalised. Once out of it, I managed to be without it for two months. Some days I stayed without it because I had no money. When this happened I was very anxious, I felt very bad I thought (about crack) the whole day long. I didn't use it all this time. But I resumed because I couldn't bear it any longer. (K09SP)

Over half the interviewees have never stopped using crack. The rest have stopped for short periods. Only in few cases there have been longer periods of non-consumption due to especial circumstances: moving to another country - problems with supply lines. In any case there is never a definitive end to use.

During these periods of non-consumption of crack, the use of other drugs or cocaine hydrochloride intra-nasal, less frequently, intravenously, is frequent to control anxiety.

Among the reasons for quitting use, the explicit will to do so is exhibited by a minority. The main reason tends to be some conflict with the law enforcement agencies leading to hospitalisation. lack of money or hospitalisation are reasons for short periods of time. As it has been indicated above, it is common to resume use.

As pointed out before, most cocaine hydrochloride users had not used fit intravenously for over six months when they were interviewed. Hence they were regarded as former users. Nevertheless, this fact does not always imply quitting the use of coca side-products or other drugs definitely. The interview permitted to see that on quitting intravenous use, the interviewees substituted their use with crack or another drug which they used just as compulsively as they used cocaine hydrochloride (intravenously).

In general terms, interviewees who use or used to use cocaine hydrochloride identify short periods and long periods (longer than six months) when they interrupted use. These periods are due, in most cases to being hospitalised in treatment centres or to very serious health problem. Imprisonment, due to problems with the law, frequently leads to interruption in use.

In nearly half the sub-sample, the periods of non-consumption, be short or long, seem to happen more due to the impossibility of consuming cocaine hydrochloride than to personal will-power. That is why, on being let out of any institution, they return to user environments and re-start use.

Among the other half of the sub-sample, made up of those intravenous users who manage to maintain certain normalised social links, one notices a different situation. The interviewees who fit this profile explicitly declare that they would like to quit on account of all the problems use causes, both in their health and social relationships. Nevertheless, if their health problems are not regarded as really serious, abandonment is only temporary. The user tends to return to user contexts, although this is made difficult by the existence of normalised relationships that are some kind of regulation and control factor

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees have stopped using for brief periods (less than six months) during their career of use. Nevertheless, these were not very numerous. And although the data gathered regarding the number of these periods is imprecise, it can be stated that they are more frequent among those users who maintain more or less stable normalised social links (they make up a fourth of the sample).

The main reasons for these brief periods are the appearance of problems, especially health problems and, the difficulty to finance use.

The periods of abstinence longer than six months are less frequent. In fact, these periods do not appear in most careers of use. The interviewees who have quit for such long periods (40% of the sample) have done so, in nearly all cases, in one or two occasions. The main reason for this abstinence is the appearance of serious problems.

6.3 Characteristics of use: quantity, frequency and method.

As it was pointed out in Chapter 1, the relationship between individuals and drugs is not an isolated act but it is part of a career of use. A reconstruction as precise as possible of these careers has been attempted as part of the work of this project. Four significant markers in the career of use of each interviewees were determined for this purpose: the first day of use (analysed in Chapter 5) and the following three:

The *initial period* that lasts from the first day of experience to the establishment of some kind of regular pattern of consumption. The duration of this period is variable and there are individuals who do not fit in this period (they establish a pattern of use from the first experience). The current or *most recent period*. It identifies the characteristics of the preceding month of use. In the case of active

users, these characteristics correspond to their present use; for former users, they correspond to the last stage in their career of use. *Intensive period:* stage characterised by a particularly high level of use in relation to the users' habitual patterns of use. This period varies in its duration and does not take place necessarily . (some interviewees have always had a regular pattern of use). There may also be more than just one intensive period. The intensive period may happen at any time along the career of use. It may, for example, coincide with the current or last period of use.

It is necessary, incidentally, to indicate that it is often difficult, if not impossible, to obtain reliable data regarding the amounts used. The more so when the career of use has been long or when information is sought for specific periods distant in time. In general, the policy adopted has been to keep the information when there seemed to be some kind of minimal guarantee as to its validity. All the references furnished for the quantities used are approximate and, must be regarded as such. They result from contrasting our most reliable data. The purpose of the data is mainly that of serving as a guideline. Nevertheless and, in spite of its deficiency, this data is valuable and interesting.

6.3.1 Initial Period[18]

Coca leaf (Cochabamba)

Over half the interviewees 'chewed' daily during the initial period, although with breaks. A minority 'chewed' on weekly periods (1 to 4 sessions/days of use per week); another 'chewed' monthly (1 to 3 sessions per month) and the rest, sporadically (less than a session per month).

The quantities in this period vary from a few leaves (approximately one gram) up to 920 grams over a week. Most users, especially the traditional type, used an average amount of 24 to 32 grams on use days (3 or 4 8-gram halls" approximately.)

Instrumental type 'chewers' exhibit in this period weekly or monthly frequencies of use. When using, the amounts are, approximately, 3 ‘balls' daily..

Coca paste (Cochabamba)

In the initial period, approximately a third of the interviewees used with a weekly frequency; under a fourth, did it daily and a minority, monthly. Some individuals consumed sporadically. An important proportion (20%) could not indicate their frequency of consumption in this period.

Just over a quarter of the interviewees used weekly quantities under 2.5 grams on average, during the initial period. In the case of a minority, weekly use did not exceed 10 grams (2.5 to 10 grams) and, in a

[18] It is important to point out that when analysing information regarding the initial and intensive periods - which are not necessarily part of the career of use of every interviewee, the total number of cases is not that of the sample or sub-sample that is being studied but rather the number of interviewees whose careers of use did include such periods. This fact implies sometimes a considerable reduction of the number of cases - as it must have been noticed in section 6.1. As a reminder and in order to avoid erroneous interpretations of the remarks made, there follows the proportion of careers of use that include an initial period in each one of the samples or sub-samples. Cochabamba: coca leaf 40%, coca paste , 40%, cocaine hydrochloride, 85%. Ibadan: cocaine hydrochloride and crack, 75%. Sao Paolo, crack, 75%, cocaine hydrochloride 35%. Rio de Janeiro, cocaine hydrochloride, 70%.

similar proportion (about 15%) consumed over 10 grams; some consumed over 50 grams per week (going up to 100 grams). Over a third of the interviewees could not furnish information on this point.

In general, interviewees initiate smoking coca paste in cigarettes ('pitillos') and some of then later smoke in pipe. The following are the advantages of smoking in a pipe: you need less tobacco; you can break up the paste to be used in several doses and thus, according to users, diminish the anguish that they feel when they become aware they are running short and, finally, the user can inhale the smoke in one go, thus avoiding the loss that takes place when smoking in cigarettes. The advantage of 'pitillos' is that they can be used in any public place (bars, discotheques) because they look like ordinary tobacco cigarette.

In this initial period, during certain phases, there is daily consumption and high amounts (an approximate average of some 25 grams/week), mostly among street children. Daily consumption, exhibited by a minority, of over 10 grams/week, also takes place discontinuously during this initial period among a fourth of the remaining dysfunctional users. Nevertheless, most casual type users tend to use almost exclusively at weekends, right from their first experience. Instrumental type users, in their initial stage, use sporadically (less than once a month). In both cases, casual and instrumental, the amounts are low, ranging between 1 and 4 grams/month. -

Cocaine hydrochloride, intra-nasal (Cochabamba)

In the initial period predominant use frequencies are monthly and sporadic, in the same proportion. Weekly or monthly consumption is characteristic of a minority.

Over half of the casual type users used with a monthly frequency and over a third, sporadically. Only a few used daily in some phases during the initial period. Among the interviewees who have been categorised as instrumental users, one notices greater variability where weekly and, to a lesser extent, daily frequencies are characteristic of quite a few. Monthly or sporadic frequencies predominate, however. This situation is mirrored, with a slight increase in daily use, among dysfunctional type users.

Most interviewees used low quantities during their initial period: up to 2.5 grams approximate monthly average. This level of use is more frequent among casual type users and less frequent among the users categorised as dysfunctional type users. A fourth used higher amounts: 2.5 to 10 grams and, a minority,

over 10 grams/month. No casual type user consumed monthly quantities higher that 10 grams during this period.

In addition to the intra-nasal method, nearly a quarter of the cocaine hydrochloride users state they smoked it during this period- It is difficult to be assertive about this data, however, because it is not clean in the text of some of the interviews whether the substance smoked was cocaine hydrochloride or paste.

In addition, some interviewers used crack and a university student injected cocaine hydrochloride on two occasions - as a way of experimenting.

I have used them in different ways. First, as 1 tell you, I tried 'crystal' (cocaine hydrochloride) - intra-nasal, base (coca paste) in pipes or in cigarettes, smoked free base (crack), 'crystal' injected. The latter only twice. That's as far as 1 went. 1 was afraid of injecting. I liked it, but I was afraid.. besides, I also used other drugs that are not extracted or made from coca leaves. (C168CB)

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Over half the interviewers used daily during the various phases of their initial period. A minority (10%) did so with a monthly frequency and, in some cases, in a similar proportion, weekly or sporadically. A third of the interviewers did not furnish information on this point.

It was not possible to determine precise quantities used. In any case, intra-nasal use is not characteristic of this initial period.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

It was difficult for the interviewers to identify this period. In general, they are short, not relevant periods in the career of use and distant in time, specially among intravenous users.

One notices the existence of an initial period in the career of most crack users which does not exist for most intravenous cocaine hydrochloride users. The latten settle to a regular pattern immediately after their first experience.

For both side-products, the use during the initial period happens sporadically or with a maximum frequency ranging between 2 to 3 times a month. The approximate quantities used range from 2 to 8 grams, for each day of use, among crack users and, between 1 to 3 grams for cocaine hydrochloride users.

Most users (crack or intravenous method) indicated that they maintained a low level of use during the initial period because they were also using significant amounts of cocaine hydrochloride (intra-nasal method) as well as other drugs.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

A good many of our interviewers, around 40%, did not go through an initial period; that is, they settled on to a regular pattern of use from their first day. Half of those that did have an initial period in their careers of use, used sporadically in this period. The rest, in similar proportions, used daily or weekly.

The amounts used during this initial period could not be ascertained from the interviews.

6.3.2 Intensive period[19]

[19] Recall that the existence of a stage or, stages, with higher levels of use (the intensive period) does not always form part of the evolution of the users' patterns of use. There follows the proportion of periods of use forming part of the careers of use. Cochabamba: coca leaf, 55%; coca paste, 85%; cocaine hydrochloride, 58%. Ibadan: cocaine hydrochloride and crack, 75%

Coca leaf (Cochabamba)

During the intensive period, the approximate average quantity used is 130 grams/day and frequency is always daily (in fact, several times a day). The amounts used vary significantly: from amounts not exceeding 30 grams/day - an amount that is quite common - to amounts that go beyond 200 grams/day. Some interviewees have used greater amounts, which could be regarded as exceptional. For example, a long-distance driver who used up to 1380 grams/trip (a trip usually lasts more than a day); a former miner who used 230 grams/day when working in the pit; a farmer who used 460 grams daily when he worked 'treading on coca leaves'. This very tiring work is part of the process of macerating the coca leaves in the first phase of the elaboration of cocaine hydrochloride (for a description of the process of elaboration of coca paste see section 2.1)

In general, this period does not last long. Traditional type users, i.e. 'chewers' show a very steady pattern of use that includes, in addition, periodical or seasonal increases, closely related to periods when work demands are higher. When these periods end, the level of use drops and returns to a habitual pattern. Among instrumental type users, users who consume mainly for casual purposes, here again one notices a short period of intensive daily use. In these cases, the increases are usually related to concrete festivals or ritual uses.

Coca paste (Cochabamba)

Nearly all have used daily and only a few (4 cases) weekly. The latter correspond to casual and instrumental type users.

The amounts vary considerably and the data obtained is not accurate due, in part, to the fact that the user tends to lose control once he starts a session: he may go on for several days, even weeks (up to 3 weeks have been reported), smoking continuously. The duration of the sessions of use depends, on one hand, of the availability of the substance and, on the other hand, on the endurance of the user.

I would smoke (coca paste) and then I would sleep a lot. So I don't know how much 1 smoked altogether. I only know that I was not myself. I would vomit too m uch. I shook and had headaches and stomach-aches. (P062CB)

It was without any measurement; it is difficult to indicate the amount (of coca paste). (P079CB)

In addition, there is also a second way of using that is characterised by a daily excessive use which is then stopped for a night or day or for one or two days, to "rest" and recover energies, eating, drinking and sleeping. A dysfunctional type user may exhibit both manners of use.

I used to smoke (coca paste) every night. Then I would sleep a little and go out to sell. But one week, I smoke constantly, day and night. (Pl65CB)

(the total of cases that furnished information). Sao Paolo: crack, 100%; cocaine hydrochloride, 100%. Rio de Janeiro: cocaine

In spite of the diversity and lack of precision, already mentioned regarding quantities furnished by interviewees, it can be stated that an approximate average for the intensive period would be 20 grams/day.

Most interviewees remember, although not very clearly, the existence of days when consumption was particularly intensive. In general, such days are related to greater availability of the substance and with the consequences of some important events in the person's life (a special feeling of frustration, situation of risk that generates self-destructive feelings).

Once I became addicted, I was as good as dead; 1 wanted to use (coca paste) till I died. (P087CB)

Again, the most intense use, both in frequency and quantity, appears among street children where one can identify cases of consumption of over 500 grams/month. They also report the longest intensive periods. The extreme cases are of one interviewee who used daily and continually for 3 weeks and another who used 600 grams in 3 weeks.

The intensive period, with high daily levels, is not characterised of the casual and instrumental type users. Nevertheless, in specific moments and situations, they may use high amounts of coca paste not exceeding 20 grams/month, together with alcohol and other drugs. This situation is typical of a minority.

The three times 1 used that way, in great amounts, it was because my father disappointed me and I wanted to forget he existed. I couldn't talk to my mum; I was angry and sad. Together with five guys and two girls, in those days, we drank four bottles of 'singani' (aqua vita) and two boxes of (coca) paste and a box of marijuana - two nights and two days. (P 154CB)

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees who have undergone intensive periods of use consumed daily. The users who did not exhibit daily consumption usually belong to the casual type and, mainly, to the instrumental type user.

Most interviewees used quantities larger dm 10 grams/month. These quantities are significantly greater among dysfunctional users.

I would use 5 grams (of cocaine hydrochloride) daily,1 seldom ran out of it. Five grams a day was the standard in that stage. The day of greater use happened outside this stage, in 1989. Seven grams in one go: the effect lasted from about 8 am to 4 p.m. I did that because my partner let me down. (C118 CB)

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hydrochloride, 100%. The cases without information have not been taken into account. This decision affects significantly only the Ibadan sample because the proportion of cases who exhibit an intensive period has had to be re-assessed.

Up to 2 grams (of cocaine hydrochloride), inhaling day and night (intra-nasal aspiration), everyday. I don't remember the day; it happened when I heard that she was pregnant. I just don't know how many times. (C090CB)

Most~ and instrumental type users have also used high amounts, but they tend to do so on isolated events caused by specific reasons:

There had to be a change; 1 had to forget everything. Problems with my family and with my girlfriend. Because of these reasons; because the crisis was over. I inhaled every three. nights, 3 to 4 grams (cocaine hydrochloride). (C014CB)

To have more freedom, more parties and meetings with friends. Weekly, 2 grams. At a party in the university (I used) some 7 times, almost 6 grams. (C047CB)

I was working. That day I stayed in the office. 1 wanted to be alone to forget my problems; that night I had two 'jales' (7 aspired cocaine hydrochloride) and I feIt very well. What is interesting is that time passed, I was not aware. When 1 did notice, it was 7:30 am. To avoid my colleagues suspicion, I had these jales' and I rolled a cigarette to smoke it. (C 148CB)

As it has been indicated above, nearly all interviewees use the intra-nasal method; this is the case in the intensive period, too.

Intravenous use is characteristic of a minority (10% of the sub-sample) and it tends to be sporadic, primarily as a way of experimenting (one interviewee used this method regularly in his career of use). This method is used only by some dysfunctional users and it is associated to the search for more intense sensations: "I even see visions and I have hallucinations."

I think that it was not really out of addiction; it was that I had a lot of freedom and I did as I fancied. I didn't think about anything but 'jalar' (i.e. sniffing cocaine hydrochloride). Sometimes I used coca paste with marijuana. I also 'pico' (I inject myself when the 'papa' (cocaine hydrochloride) is 100 percent pure. (C156CB)

Smoking cocaine hydrochloride is also characteristic of a minority. In some cases, the user smokes so as to go unnoticed; others adopt smoking as the method of use for intensive periods (users of crack).

Exceptionally, two users use a water solution of cocaine hydrochloride; they apply it as nose drops. In both cases, this choice is related to the problems in the nasal septum caused by aspiration using the intranasal method.

My nose is bad, so I use it in drops. They sell it in Chile, but it is easy to prepare. You only prepare one gram or more (of cocaine hydrochloride); it's up to you. You use distilled water and you use it like nose drops. You don't feel much pain. (C179CB)

They are the same effects as when you sniff or you use drops because it is the same drug (cocaine hydrochloride). (C147CB)

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most users who have experienced intensive periods have used daily, several times a day, during such periods. Other frequencies other than daily are characteristic of minority groups of users.

Regarding the characteristic quantities used in the intensive period, it can be said that the data obtained are not precise. In fact, all the data gathered serves for is to confirm the existence of an intensive period:

Crack (Sao Paulo)

Most describe a daily use that lasts virtually the whole day. They start in the morning and go on up into the night. Some say they do not sleep and go on all night.

I would use (crack) all day. 1 didn't live to smoke; 1 smoked to live. (Kl1SP)

I use (crack) all day, from morning till night. Sometimes 1 spend day and night without sleeping. (K26SP)

Many describe use that is totally out of control, constrained only by the availability of the substance or the lack of means to obtain it.

The information about the quantities consumed is always approximate and not very precise. Usually, interviewees use the number of 'rocks' of crack as a way of measuring. Converting this to grams is difficult because, among other reasons, the site of these 'rocks' varies.

Bearing in mind these difficulties, it can be tentatively indicated that most interviewees use over 10 grams/day on average during their intensive period; a third from 5 to 10 grams and a few smaller amounts.

Most do not remember whether there were days, during the intensive period, when their use was especially higher. Among those who do remember such event, few know how much. The reasons for such higher levels of use are varied, although they are characterised by depression, a significant disappointment or greater availability of crack.

I used (crack) without stopping for three days after losing my job. It must have been 30 or 40 'stones' in total. (K36SP)

I was suffering from paranoia at that time; I had a very strong depression and had lost a lot of weight. (K02SP)

A friend had made a lot of money and we spent it all on crack. It was so much that 1 lost control. (K17SP)

Cocaine hydrochloride, intravenous (Sao Paulo)

Most interviewees describe daily use during their intensive periods. These users report on the quantities used with greater accuracy because they buy it by grams. Most indicate lower amounts than the users of

crack for the intensive period. Nevertheless, no direct comparison of the amounts used between one group of users and the other can be made since we are dealing with different coca side-products[20]

A point of interest regarding the amounts that might be used is directly related to the method of use. The intravenous method, regardless of the user, presents a physical constraint that appears with time: all users describe the problems the have in finding blood vessels for injecting:

When Tm going to inject (cocaine hydrochloride)1 have to think where to do it... It is not easy to find blood vessels in a skinny body. (I39SP)

I no longer had any blood vessels... 1 injected (cocaine hydrochloride) in the blood vessels in my foot or leg. (I07SP)

Users of crack are not constrained this way and none of the interviewees refers to any similar kind of restraint. This may facilitate even more the increase in use.

40% of the cocaine hydrochloride users use quantities greater than 10 grams/day and a similar proportion use from 5 to 10 grams/day; the rest tend to use smaller amounts.

Just as it happens with users of crack, few cocaine hydrochloride users recall the day or days with higher levels of use during their intensive periods nor the amount used.

The person who injects (cocaine hydrochloride) cannot tell how much he uses. At best he can say he had 10 grams when he started at night and that nothing is left the following morning. But, how much has he wasted? When there is a 1ot I am careless and a lot is wasted. (139SP)

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees use daily, several times a day, during this period. Since the data obtained on the amount used are exceedingly imprecise, they have not been taken into account.

The interviewees who have not consumed daily in the intensive period are a minority. All of them constitute the sub-type that have managed to maintain work and family relationships, even if these are precarious and conflictive. They use cocaine hydrochloride intravenously and manage "certain control"

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[20] As it has already been asserted, the quantities used for each of the various side-products are only approximate amounts. In spite of the Jack of precision of the data obtained, these data are useful, for example, to show significant differences depending on the type of use of each one of the side products. The exception to this are the amounts of coca leaves used , especially by traditional type users. The data here is more reliable and precise because of the regularity in the patterns of use that characterises the 'chew'.

On the other hand, in order to make a rigorous comparison of the amounts of alkaloid actually used and are assimilated by our interviewees (in conditions other than the laboratory), and to obtain reliable data about them, it would be necessary to take into account various other factors, weighing in addition their incidence: the various side-products studied contain different chemical compounds (cocaine sulphate, cocaine hydrochloride,...); other than the coca leaves; they are all sold in small amounts, mixed with other substances; there are differences in absorption and assimilation depending on the method of use; and other possible factors. At a different level, although related to this, it might be interesting to include here, as a guideline, the amounts of coca leaves required to elaborate, according to the literature quoted, 1 gram of the other side-products: cocaine hydrochloride, 500 grams; crack, 400 grams; coca paste, 200 grams.

over their use. (This issue will be analysed in Chapter 9, Section 9.1). In general, these users are intensive users of other drugs and, particularly, of cocaine hydrochloride (intra-nasal method).

6.3.3 Current or last period of use

Coca leaf (Cochabamba)

In the last month of use (current or last period), the prevailing frequency of use is still daily for most interviewees. A fourth use weekly and the rest, a minority sporadically.

The amounts of coca leaves used vary a lot. Nearly all use from 1 to 4 'balls' ('pijchos') per day (8 to 32 grams of coca leaves). A minority use smaller amounts.

Coca paste (Cochabamba)

Most use daily and a minority with a weekly frequency. Very few use monthly or sporadically.

The amounts used are as follows: nearly a third use amounts under 2.5 grams/week. A; similar proportion, about 20%, use amounts from 2.5 to 10 grams and from 11 to 50 grams/week A fourth use greater weekly amounts (between 50 and 150, grams) and a small minority go beyond 150 grams.

Daily use is characteristic of dysfunctional users. Among casual and instrumental type users frequencies of use are mainly monthly and sporadic. This marked difference is also observed in the amounts used. Using an approximate weekly average, half of the dysfunctional users consume amounts greater than 50 grams; in addition, the amounts consumed may be larger than 100 grams; especially among street children. Amounts under 2.5 grams are very rare. The latter, however, would be the characteristic amount consumed by the casual and instrumental type users.

A fourth use daily, in one or several daily sessions. Half use in weekly frequencies and another fourth, monthly or sporadically.

Nearly half use 2.5 grams/week at most (in this group, most use under 1 gram). A third use from 2.5 to 10 grams/week and the rest (20%), higher amounts (over 10 grams).

Daily use is characteristic of dysfunctional users. Instrumental type users tend to use weekly and casual type users have a more sporadic use. Most casual type users and approximately half the instrumental type users use low amounts (up to 2.5 grams/week). Levels of consumption higher than 10 grams/week correspond almost exclusively to dysfunctional type users.

Crack/cocaine hydrochloride, smoked / inhaled (Ibadan)

It has not been possible to gather data from a third of the sample for current/last period of use. Among the rest, most have used daily and the others, in similar proportions, weekly, monthly or sporadically (all together, the non-daily frequencies correspond to just over a fourth of the total).

It has not been possible to obtain reliable data about the amounts used - just as with the analysis of other periods.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

After the period of intensive use, it is quite common to observe that both types of users (crack and cocaine hydrochloride - intravenous) change their patterns of use. The consequences of the intensive period seem to warm them of danger and it is then that they take steps be it to diminish or quit use; this last objective is almost never achieved without external intervention (treatment).

A good many of the interviewees (mainly crack users) exhibited this condition - having come out of their intensive period. So, it was usual to meet users who had been abstinent for some days. In these cases, the last period of use coincided with the intensive period. Other users were trying to consume crack or cocaine hydrochloride intravenously, in a "controlled" fashion reducing the frequency and/or amount.

One can notice a tendency among users to indicate a lower level of use both of crack and cocaine hydrochloride, referring to the intensive period as a thing of the past. In most cases, studying correlative data (date of last use, amounts, markers observed during interviews, etc.) one reaches the conclusion that this information does not match the facts and that the interviewees are in fact still in their intensive periods. This data was verified in the majority of the cocaine hydrochloride users.

Except for the cases in which the current or last period of use coincides with the intensive period, both for crack and cocaine hydrochloride users, the prevailing daily rates are less than 5 grams/week.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

In the current or last period of use, only a third of the sample use daily, nearly half say they have used in two or these occasions (monthly frequency) and the rest, a minority (17%)with a weekly frequency.

The data obtained about the amounts used are exceedingly inaccurate and so have not been taken into account.

6.3.4 Habitual use[21]

Coca leaf (Cochabamba)

[21] Habitual use has been defined as the characteristic, typical use in the career of use of the interviewees. It must be borne in mind that careers of use are characterised by their complexity and variability. When the career of use is very lengthy, the periods that have been chosen as markers may show only a limited temporal fragment. Although this fact does not necessarily imply an excessive simplification of specific careers of use or loss of key information, such problems can happen. The purpose of including the characteristics of habitual use is to avoid, as far as it can be possible, that this happens and, also to complement the information furnished in the periods under consideration and in relation to the first experience. One must also consider, in addition, that the characteristics of habitual use do not always differ from some of the other

Most users maintain rather stable frequencies and amounts during their careers of use. Most of the sub-sample maintain a daily frequency (most of these interviewees belong to the traditional type). Among the rest, most use with a weekly frequency and a minority 2 or 3 times monthly or sporadically.

In all cases, they usually maintain the same level of use that was determined during the initial period, with few changes and with certain regularity. There is more variability among city dwellers. One notices periods of more intense use. Traditional users tend to maintain a stable daily pattern of use from the start. Nearly a third of them show a progressive increase in use, during the initial period, until this levels off: in general at 24 to 32 grams/day (this assumes' chewing' 3 to 4 balls of coca leaves during a working day. Variations usually occur when work becomes more intensive.

Instrumental use, solely for medicinal purposes (2 cases) is daily from the beginning and supposes stable use of a small amount (15 to 20 coca leaves). These consumers do not use 'lejia' nor baking soda.

Coca paste (Cochabamba)

Most interviewees use coca paste daily. They increase the level of use almost from the start when they tend to consume daily; sometimes, after a brief period of weekly or monthly use (initial period). The quantities tend to increase regardless of whether the user started with small amounts (less than 10 grams) or larger amounts. Those who have been using for longer or who already use large amounts, have periods of very intensive use and then lower these, usually due to some kind of problem, mostly serious. Only a minority, which includes casual type users and nearly all instrumental type users; maintain a habitual use with a weekly or monthly frequency, in similar proportions. The careers of use of these two types tend to be shorter than those of the dysfunctional type users. The level of use is established from the beginning and tends to be stable over time and is never daily, not even in the intensive period. They never use amounts larger than 2.5 grams.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Approximately half the sub-sample use weekly or monthly during their careers of use, the monthly use being the most common. A fourth of them use daily and a minority sporadically. The most intense frequencies of use - weekly and, above all, the daily - are characteristic of dysfunctional users. Likewise, the least intense frequencies correspond to the levels of use characteristic of the casual type users; these do not usually exceed weekly frequencies.

The amounts usually consumed are small for over a third of the sub-sample (about 2.5 grams/month). The rest, in similar proportions, use 2.5 to 10 grams (middle range) or over 10 grams (high range

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periods of use that have been determined, or from them all. This is particularly so when patterns of use and other characteristics in the relationship user-substance are stable over a long period of time.

Regarding the amounts, it is the dysfunctional users who exhibit ranges of consumption far higher than those of the other types of users. Most casual type users use low amounts and none of them use over 10 grams/monthly on the average.

Crack / cocaine hydrochloride, smoked/inhaled (Ibadan)

In addition to the generalised variability of the careers of use, a fact which was remarked upon elsewhere, the salient fact here is the irregularity of use. One can talk about a prevalence of daily use although users exhibit periods of shorter frequencies and periods without any consumption, brief periods and other periods longer than 6 months (periods of abstinence, in the strict sense). The same process is noticed in the amounts used (variability and irregularity)

The main reason that accounts for this peculiarity in use in Ibadan is economic, although there are others which may be more significant in given cases. Apparently, according to the data obtained, having or not having money to buy the drug (which follows an irregular pattern of availability) constitutes a decisive factor in the pattern of use, with a degree of incidence that stands out among those analysed

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most interviewees in the sample use daily (several sessions of use daily). Once a regular pattern is established, daily use becomes a constant in the lives of users (mainly among crack users)

Most individuals in the crack sub-sample state that the approximate average amount used in their careers of use exceeds 5 grams/day. In the cocaine hydrochloride sub-sample, most users indicate a use of under 5 grams/day. The only difference in relation to habitual use takes place during intensive periods with an evident increase in the daily amount used

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The prevailing frequency of use during the career is daily. An important number of interviewees (40% of the sample) state that the predominant frequency of use is weekly and, to a lesser extent, monthly. This high proportion of non-daily consumption implies, to be sure, an under-estimation of the actual frequency during their lives.

It has not been possible to gather reliable data relating to the amounts used.

6.4 Evolution of use

6.4.1 Temporary patterns of use[22]

[22] Five temporary patterns of use were defined for the project to enable the gathering, in a simplified manner, of the evolution of use (frequency and amount) and other basic characteristics of the patterns of use (periods and duration of these) over time. The temporary patterns defined are the following descending, the maximum level of consumption (intensive period) lies at the beginning and the level of consumption decreases over time. There is a tendency towards abstaining - temporary or definitive), ascending, consumption increases progressively from the beginning until-reaching a maximum (intensive period) which coincides with the current or last period; stable, consumption is maintained at a stable level, with slight variations, over time; ascending/descending follows the same pattern as the ascending model but, having arrived at a maximum follows the pattern of the descending model; intermittent, the evolution here is characterised by multiple

Coca leaf (Cochabamba)

Most coca leaf users exhibit a stable pattern of use over time. This is particularly so among traditional type users and is not affected by periodic increases in use (equivalent to intensive periods) related to increases in work demands in agriculture, festive periods or rituals. Among the traditional users one must consider some exceptional cases that correspond to the ascending and descending patterns. All of them are due to the undertaking of tasks that demand greater effort over long periods. When these activities . cease, the level of consumption drops and then levels off.

Temporary patterns that exhibit increases and decreases, that is, irregular and intermittent patterns, although a minority, are more frequent among instrumental type users who tend to be city dwellers.

Coca paste (Cochabamba)

In the career of use of most of the sub-sample, there is an evident tendency to a progressive increase in use.

The ascending/descending temporary pattern fits the evolution of use of a significant part of the sub-sample (40%). The decrease in consumption is due to the appearance of problems with varying degrees of seriousness. A fourth of the interviewees use from the start in a compulsive manner and alone (these interviewees do not have an initial period) and the temporary pattern of evolution that best fits them is the descending pattern. The problem for the researcher here, and in other cases, is to match defined patterns with concrete situations. Defined patterns tend to oversimplify the evolution of use. In fact a better fitting pattern in the last case would be one that combined the descending with the ascending/descending patterns. This model also corresponds to the characteristics of dysfunctional users (82% of the sub-sample).

The evolution of use over time of approximately a fourth of the interviewees fits the ascending pattern. All the cases here correspond to interviewees who were in the midst of their intensive periods. Most are dysfunctional users and a few instrumental type users.

The stable temporary pattern fits a minority in the sub-sample, given the high number of dysfunctional users, but it describes the evolution of most casual type users and the remainder of the instrumental type users (recall that these comprise only 5 cases in the sub-sample)

Cocaine hydrochloride, intra-nasal (Cochabamba)

Over a third of the interviewees maintain a stable pattern over their career of use. Some of them have gone through a period of progressive increase (initial period); having reached a plateau there are no periods with higher levels of consumption (intensive periods). This pattern corresponds to half the

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interruptions and re-starts with no definite pattern; irregular, it is characterised by the existence of multiple changes in the

casual and instrumental type users. No dysfunctional user fits stable patterns nor any intensive period over time.

The ascending and descending patterns fit minority groups and correspond to casual and instrumental type users. These patterns must be regarded as very special cases and the "maximum" values that defined them are not equivalent to these observed among dysfunctional users. In fact, the sub-samples did not include any case that fit this pattern.

The ascending/descending pattern is more likely to happen, though it corresponds to a minority (15% of the sub-sample) and nearly all the cases correspond to dysfunctional users (it is the most frequent pattern in this type). One such individual, an instrumental type user, managed to stabilise his consumption after the intensive period at a level lower than other users who tend to abstain (this is associated to the different intensity of the maximum point reached and associated problems).

The remaining patterns of evolution correspond to the intermittent pattern (a fourth of the sample) and to the irregular pattern (a fifth of the sample). The distribution according to types is similar for both patterns and it includes casual, instrumental and dysfunctional type users.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most individuals in the sample correspond to an irregular pattern of use. Nevertheless, it may be that some (but it is not possible to specify how many) of the cases included in this pattern belong to the intermittent pattern. This imprecision arises from possible problems of interpretation. The other patterns correspond to minority groups in our sample: descending and ascending/descending (each with around 5% of the cases); stable and intermittent, around 10% of the cases.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most of the crack sub-sample exhibit an evolution of use that corresponds to the descending and ascending/descending patterns, characteristic of dysfunctional use alongside ascending evolution (the remaining cases, a third of the sub-sample). Both patterns descending and ascending/descending have been considered together here because their respective intensive periods - what in fact distinguishes one from the other - have been indeed brief both cases.

The situation is similar among intravenous users. In fact, the differences between them are only due to the different relative weighing of the phases of evolution of use for each sub-sample: In this case, most users were interviewed when they were in their intensive period of use (temporary ascending pattern).

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levels of consumption and by their irregular distribution over time.

Except for a minority, the evolution of use of the remaining users interviewed, about 40%, follows the descending and ascending/descending patterns. They were studied together for the same reasons furnished above when referring to crack

The small minority referred to are both two individual cases. Their evolution of use follows an irregular pattern, though tending to a relative stability over time. In both cases there is no intensive period and both belong to the sub-type of those individuals who have managed to maintain normalised social relationships, in a conflictive and precarious way.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Half of this sample exhibit an ascending/descending pattern and over a fourth exhibit the descending pattern. Both patterns clearly show, though reflecting different phases of evolution, a tendency to an increase in use which is particularly characteristic of dysfunctional use. The remaining individuals in this sample, a minority, exhibit the ascending pattern.

A minority of the interviewees (around 15%) state that their use has remained relatively stable over time. These cases correspond, as in Sao Paolo, to users who have managed to maintain certain normalised social links. They constitute a larger proportion of the sample. The relative stability in the intravenous use of cocaine hydrochloride does not exclude the existence of very intense periods of use of this substance through the intra-nasal method. There are individuals in this sample whose temporary pattern might have been categorised as stable (they belong to the group of those interviewees who say they have not had an intensive period in their careers). We analysed them and discovered, in spite of the problems encountered in classifying them properly, that there are indications that they would be better classified under the irregular and intermittent patterns.

6.4.2 Evolution of frequencies and amounts

Coca leaf (Cochabamba)

For most interviewees, the level of use in their careers remains relatively stable: Frequency of use is daily and the amounts range from 3 to 4 balls/day (this is equivalent to 24 to 32 grams) The evolution of use, right from the beginning, undergoes only minor changes during periods of greater work demands. As mentioned elsewhere, there is a close relationship between the amount used and the increase in work among the traditional type users.

Among the instrumental type users, the level of use tends to be stable over time. Nevertheless, there is more variability among these users. Frequency of use may vary from daily to weekly or even to sporadic, or vice-versa in particular periods of some persons' careers of use. The amounts may vary from a few leaves to several halls' per day; never more than 4 (this is equivalent to 32 grams of coca leaves). These users may also show higher increases in the amounts used both under very specific circumstances and during very short periods.

Coca paste (Cochabamba)

The evolution of frequencies in their careers exhibits a lot of variability in this sub-sample. This variability is closely related to the various types of use and to the characteristics of the current and last period of use.

Among some of the dysfunctional type users one notices the evolution, sometimes very fast, of monthly or week] „ consumption at first, towards stable, daily use. Among the remaining dysfunctional users, daily frequency is stable from the beginning, especially among street children. Only a minority exhibit a decrease in the frequency of use relative to what the characteristic use in periods prior to the intensive period. Such users fit the ascending/descent pattern and were active users when interviewed

Frequency of use is stable from the beginning among casual type users and also, though not as uniformly, among instrumental type users. Among the latter one notices a tendency towards an increase in use in their careers; nevertheless, unlike dysfunctional users, evolution goes from initial sporadic or monthly use to weekly use.

The evolution in the amounts used over time also exhibits great variability. Some use categories have been established in order to analyse this information.

An important proportion of the interviewees (around 40%) use low amounts (up to 10 grams/week), middle amounts (11 to 50 grams/week) that increase progressively up to a maximum (intensive period) with high or very high amounts (51 to 100 - over 100 grams/week). Later, in the last period of use, this drops to middle or low amounts. A fourth follow the same evolution and, with the same amounts, up to the intensive period - when they happened to be interviewed. All the interviewees who exhibit these patterns of evolution are dysfunctional users.

Just under a fourth maintain a steady low level of use (up to 10 grams/week) throughout their career. This 'stability' does not exclude the existence of significant variations within this range (low levels). This includes casual and instrumental type users and a minority of dysfunctional type users.

Very few interviewees, all of them, dysfunctional type users, manage to maintain high levels of use (51 to 100 grams/week) in a stable manner throughout their careers.

Cocaine hydrochloride, intra-nasal (Cochabamba)

The evolution of frequencies and amounts of use shows wide variability especially among interviewees who undergo an intensive period of use (these are most of the sub-sample).

The evolution of the frequencies of use among interviewees who have not undergone an intensive period of use (42% of the sub-sample) is as follows: half of them maintain their initial frequency (monthly); the other half increase it to weekly use, never daily. All of them are casual or instrumental type users.

In those careers of use where there is an intensive period one usually finds the following situations in similar proportion: sporadic or monthly use patterns of evolution which become daily during the intensive

period and finally become weekly (in a minority, return to the initial frequencies) and, patterns of use evolution similar to the first but with daily consumption in the last period (which coincides with the intensive period). There are also other patterns of evolution (affecting 20% of the sample) among dysfunctional active users: stable daily consumption from the start right through to the last day of consumption; daily consumption at start lowering to weekly frequency in current use.

Regarding the evolution of amounts, when there is no intensive period, most users maintain, relatively stable, low levels of consumption (up to 2.5 grams/month) in their career. The remaining, about a fourth, increase it gradually to reach middle levels of use (2.5 to 10 grams/month). This increase signals a tendency to higher levels of use, quite evident in some cases but it does not strictly define the existence of intensive periods in the career of use.

In those cases that exhibit an intensive period, one notices a similar process to the one undergone by frequencies. Two situations are predominant (as a result of simplification): evolution of initial low to middle levels of consumption up to high levels during the intensive period (over 10 grams/month) which then fall to levels similar to the start. In the second situation, patterns of evolution with a continuous tendency upwards, from low to middle levels which were, at the time of the interview, at their highest point (intensive period). A minority of users have maintained middle and high levels of consumption throughout their career of use.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

It is not possible to reconstruct a reliable picture of the evolution of frequencies and amounts given the constraints of the information gathered. The one thing that can be stated is that there is an apparent tendency towards an increase in frequency and in amounts used in the careers in, at least, a significant part of the sample.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

In spite of the existing variability, the evolution of frequencies and amounts exhibits rather uniform traits that vary only in the stage in the career of use at the time of the interviews. Users tend to exhibit a daily frequency, with several sessions, from the first day or after a very brief period. This pattern does not change while they remain active users and only varies due to problems. In this case, frequency and amount of use tend to fall. The amounts follow a like pattern clearly rising in the intensive periods.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The evolution of frequencies in the careers of use is similar to Sao Paolo's. There is a predominance of daily consumption which happens very soon after the first experience and, periods with lower (weekly) frequency resulting from attempts at quieting or controlling consumption. These non-daily periods of use are more common among users who have managed to maintain certain normalised social links,'

It has not been possible to obtain reliable data for the amounts used.

6.4.3 Evolution of the methods of use

Coca leaf (Cochabamba)

The method of use ('the chew') does not change throughout the career of use.

Coca paste (Cochabamba)

Coca paste is smoked indistinctly in cigarettes or pipe. During the intensive period there seems to be a slight predominance of pipe smoking; nevertheless, the information available regarding this fact does not warrant asserting that there is a relation between this method of use and other more intense methods of use.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees have used exclusively through intra-nasal aspiration throughout their career of use.

Although the data are not always clear (some cases of confusion with coca paste), nearly a quarter of the sub-sample have smoked cocaine hydrochloride on various occasions. In any case, this method of use is clearly a secondary method. It hardly ever substitutes intra-nasal use. It is nearly always associated to use in public places and as a secrecy strategy. Smoked use constitutes the main method of use for only a few interviewees who have used crack in the last period of use. As it was reported earlier, some users have experimented with the intravenous method and one of the interviewees has used it regularly.

In addition, two interviewees have used a water solution of cocaine hydrochloride to make nose drops and a third states that s/he took it orally ("but my throat hurt when I ate it") (C 167CB). These methods as well as the rubbing of cocaine hydrochloride onto the genital zones, eye drops and any other, must br, regarded as minority methods and not very significant. Their interest lies in that they show, in spite of being exceptional, the wealth of possible methods and the multiple aspects that characterise the use of cocaine hydrochloride and, by extension, of coca side-products.

Crack/cocaine hydrochloride, smoked / inhaled (Ibadan)

The inhaled method of using crack seems to predominate in the careers of use in this sample, especially chasing the dragon and in a second place, free basing. (see sections 2.1 and footnotes 3 and 4 in the Chapter 2 for a description). Crack is also smoked in cigarettes but this method is more commonly used to consume cocaine hydrochloride. The intra-nasal method for cocaine hydrochloride seems to be for a minority and tends to happen only in private. Once again, we cannot talk about, strictly speaking, of an evolution in the methods of use in the careers: the application of one method or another seems to obey circumstances of use that are characterised by their variability.

Crack/cocaine hydrochloride, intravenous (Sao Paulo)

Nearly all interviewees started using cocaine hydrochloride through intra-nasal aspiration.

Crack users continue using cocaine hydrochloride intra-nasally during the initial period of the use of crack. Nevertheless, the frequency and amount used of intra-nasal cocaine hydrochloride decreases as the use of crack increases.

Most of this sub-sample quit the intra-nasal use of cocaine hydrochloride when they start using crack regularly. Of those who don't, just under a third, alternate throughout their career between crack and intra-nasal cocaine hydrochloride. There seems to be, however, no regular use pattern for the latter.

Crack users who were once intravenous cocaine hydrochloride users, alternate both uses for a brief period, even adding intra-nasal use before settling down to the exclusive use of crack.

In the end it was only crack I no longer injected and 1 seldom sniffed (cocaine hydrochloride). (K28SP)

Regarding the intravenous method, some interviewees mention that it is common to use cocaine hydrochloride intra-nasally before or after the intravenous application in order to heighten the effects.

The intravenous method is dropped for the intra-nasal when it is not possible in certain places. Only a few have used cocaine hydrochloride intravenously throughout their careers.

Before injecting (cocaine hydrochloride)1 sometimes sniffed it. I also sniffed it when I was in places where 1 couldn't inject

I injected (cocaine hydrochloride), I sniffed...thus I would spend nearly all night.. When I went out to places where there was music, I sniffed, when I could inject, I did so and then I sniffed. (135SP)

When they decide to diminish or quit their use of crack or of intravenous cocaine hydrochloride, the intra-nasal use seems to assume an important role in the lives of some users.

I only sniffed (cocaine hydrochloride) so as not to inject. (120SP)

Cocaine hydrochloride, intravenous (Rio de Janeiro)

All the interviewees started their use of cocaine hydrochloride through intra-nasal aspiration. Although the data is somewhat confusing, an important part of the sample still use cocaine hydrochloride this way. For most, the intravenous method has become the main method of use. In addition, a minority combine the intravenous method with the use of crack.

7. Contents of use and supply

7.1 Context of use

The context of use includes places, surroundings, and the people with whom one uses (user groups, social groups) and the activities that take place during use.

7.1.1 Initial period[23]

Coca leaf (Cochabamba)

Use takes place predominantly at work, especially amongst 'chewers' who are farmers or miners. In the traditional type of use, the context of use is one's relatives: the coca leaf is shared at work, home, in rituals and ceremonies and social gatherings

The 'chew' with one's fellow workers, friends and neighbours both at work and in ceremonial, ritual and social activities is quite common amongst most interviewees. These social relationships with other users are more important than the relationships amongst 'chewers' who are not farmers or amongst city dweller 'chewers'. Only a few' chew' exclusively in entertainment contexts such as bars and the like. They belong to a sub-type of the instrumental type: the socio-casual sub-type.

There is also consumption while being alone - this is characteristic of a minority. It is related to the kind of work performed: long-distance drivers, farmers selling their produce; students and professionals while studying or working alone.

Coca paste (Cochabamba)

In the initial period, over a third of interviewees used to consume in streets (squares, uninhabited places, under bridges, etc.) No casual or instrumental type users consumed in these places. Street children and nearly half the remaining dysfunctional users consume characteristically in such places,

A third of users consume in private contexts (at home). This context is characteristic among casual type users. It is rare among the remaining user types.

Just under a quarter of the interviewees used in bars and public contexts such as bars and other meeting places during this period Only a minority use at the workplace or school; nevertheless, all the instrumental type users consumed in such place. One interviewee consumed while in jail.

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[23] Once again it must be stated that when the information analysed refers to initial or intensive penods of use, together with the current or last period, as markers of significante in the career of use, the total number of cases does not necessarily coincide with the total of users in Bach sample or sub-sample but with the number of interviewees for the said periods (sec footnotes 2 and 3 in Chapter 6)

Most used the drug together with friends who are nearly always users themselves. The existence of such user group relationships is characteristic of street children. The user group provides a supportive environment for any kind of crisis. This is what one of the interviewees said:

I smoked day and night (coca paste) until I had too much. I started vomiting, my eyes were shiny, phosphorescent, ...I saw a fire start next to me and the devil come out of it. I tried to jump off the bridge and my friends got hold of me (P 016CB).

Only a minority used together with work mates; all of them are instrumental type users. Use with one's partner is not at all common and is described by interviewed women belonging to the dysfunctional type, They used while making love.

For over a third of the interviewees, from the beginning, use did not happen while carrying out any activity: the only "activity" was the use itself. In a similar proportion of users, consumption is related to socialization and festive surroundings.

You get happier; you know, you use paste and tobacco. It is like spicing up your meals. You could say that both drinking and paste are the ingredients needed to have a really good time (P070CB).

A minority used while working or when carrying out delinquent acts.

Cocaine hydrochloride, intra-nasal (Cochabamba)

During the initial period of use, consumption happened in equal proportions in a private context (homes) and public (bars, discotheques, etc.). A minority, almost exclusively instrumental type interviewees, used at work.

The social circle of use was made up primarily by friends and acquaintances, especially among casual type users. Just under a quarter used with mates (they are a third of the instrumental type users). Use with a spouse or partner happens among a few. About a quarter of the interviewees used it by themselves in the work context so as to maintain it secret. Almost half the instrumental type users consumed by themselves in the workplace to hide their consumption; so did a third of dysfunctional users. Nevertheless, during this initial period, using by oneself tends not be exclusive.

The use of cocaine hydrochloride is clearly linked to social relationships and festive surroundings, especially when going out on weekend nights. It also happens at the end of a day's work together with work mates in public places such as restaurants and bars. In such places, the use can be done more or less openly and in a shared manner, in a group. It can also be 'privatised" by doing it alone or with someone else in the toilet.

At the workplace, use is linked to intellectual and work performance.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Just over half the interviewees used predominantly in bars during their initial period. Nearly a third used in private contexts (homes) and the rest, a minority, in streets or in other places.

Most used together with friends and acquaintances. The use with relatives and close friends characterise a minority. Only one interviewee used mostly by himself

Use is linked to socialising and festive occasions. Only a minority used while participating in other type of activities; i.e. work or study.

Crack (Sao Paulo)

Most crack users have used together with friends or mates in private dwellings during the initial period. A minority used in isolated places such as abandoned houses or in the dwellings of dealers. Less than a quarter used predominantly by themselves.

I always chose secluded places. I used crack with the friends who were initiated with me. I did not use alone. (K04SP)

The main activity for most of the interviewees became smoking crack right from the start.

The only thing we did was to smoke crack (K36SP)

Nothing was done. We didn't talk, we just used crack (K16SP)

Only a few say they used to improve their performance at work (legal or illegal) or, explicitly to derive pleasure (hedonistic use).

Cocaine hydrochloride, intravenous (Sao Paulo)

Those who experienced an initial period of use of cocaine hydrochloride describe activities such as going to parties, dancing, courting, talking with friends, etc. These interviewees say that using "freed" them, that it improved the performance of such activities.

Nearly all explain that in this period they used in various places and surroundings. Nevertheless, the most common context is parties. The atmosphere in the contexts of use is generally described as "relaxed".

I would use (cocaine hydrochloride, intravenously) to go to the discotheque... (117SP)

Go to a bar, meet friends, have some beers... (I33SP)

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Half the interviewees used it in private contexts (homes) and over a third did so in the street. Only a few used it elsewhere.

The social user group was made up mainly of friends and acquaintances. A minority, around 13%, used together with close friends, spouse or partner. A similar proportion used in user groups (the main link here is the use itself). A few used predominantly alone.

Use took place especially in generic contexts of socialisation (over a third) or in parties (a quarter); the rest, over a third, in various contexts or alone.

7.1.2 Intensive period

Coca leaf (Cochabamba)

In this period, the context of use (places, surroundings, persons and activities) does not change much. In any case, as it has been shown in previous chapters, the workplace gains significance, especially among farmers. So do rituals and ceremonies.

Coca paste (Cochabamba)

Use always happens in private or privatised places (isolated or secret). In similar proportion, interviewees use in the street (uninhabited places or in the river) or in private dwellings. Those who use in the street are interviewees who belong all to the dysfunctional type.

Main use in bars, schools or workplaces is characteristic of a few. A minority consume just about anywhere.

Over half use by themselves and the rest with friends. The use with school or work mates is almost nonexistent.

For most interviewees, whether they use alone or with friends, the main activity is smoking paste.

> *I would use by myself, at home and in the cemetery because nobody goes there. We didn't do anything; we just talked and used (coca paste)* (P151CB). - .

Only a few use in festive or socialisation surroundings during this period. This minority includes all the casual type users interviewed and 3 dysfunctional type users. Only very few use while undertaking delinquent activities (theft), while they worked (instrumental type) or while they made love.

Cocaine hydrochloride, intra-nasal (Cochabamba)

The majority context of use is private. Most use in parties and social gatherings in private houses belonging to friends and acquaintances. Among dysfunctional users stands out the use in socialisation contexts where everybody consumes and where the consumption plays itself a key role. Frequently, it supposes the use of high amounts in sessions that may last several days..

(I would use alone) at home or at my friends'. In other words, I would go missing for weeks, staying at my friends', using drug all day. As I tell you, it would always end up in orgies, always.

Everyone who went had to use (cocaine hydrochloride) for, what was the use of going if he didn't. (C080CB)

The most extreme situations happen among suppliers:

I would use (cocaine hydrochloride) in different places, in the houses of people who worked for me, at parties,... In house where people used. I would stay there. There was a bed for me, Food, free credit. People respected me a lot. There was this old lady, a 'good old lady' now 'bad old lady', I would use in her house, never alone. (C 159CB)

Use alone, at home and at night is also frequent, though not necessarily exclusive in this period (a third of the interviewees)

(I would use cocaine hydrochloride) in my room, about 2 grams per night, until 6 in the morning,...I would have a shower to go the university. Watching TV or videos, I was a user (a 'k'olo'). I did it to while the hours, ...I would get nervous, turn off the 'telly', turn it on again, until I finished the drug. (C 156CB)

Another important insight is that during the intensive period, a minority of users, all of them dysfunctional users, tend to consume anywhere whether alone or in company. The only thing that matters is use.

Less than a quarter have used in bars, discotheques or in other public places; these are mainly casual type users. A similar proportion use preferentially at work; these are instrumental type users and especially those who work in the elaboration and sale of the drug.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Over half the interviewees use predominantly in bars and over a third (41%) in private contexts (homes). Only one interviewee uses mainly in the street.

Most use among friends and acquaintances. A minority use with relatives and close friends (12%). The rest, also 12%, use with work mates or alone.

Use is linked to generic relationships of socialising or takes place mainly in festive surroundings (half the interviewees in each case).

Crack (Sao Paulo)

A clear pattern of use by oneself emerges in this period.

Those who elaborate crack seem to be the only users who use it in company, but always with a reduced number of people. Nevertheless, they state that they also used by themselves during the intensive period.

In addition, one observes an interesting change in the context of use. If at first, in the initial period, a friend's house was the habitual place, now, in the intensive period, it is one's own house. This fact

seems to reveal the isolation the users inflict on themselves in this period. The following are some statements:

I don't share crack with anybody... and when I'm using I don't talk to anybody. (K28SP)

I would go out, look for the drug, return and lock myself. Everybody knew I was using (crack), but I would not open the dour or answer telephone calls, ...I didn't want to have any contact whatever. (K31SP)

Nearly everyone states that they did not carry out any activity other than using crack in appropriate surroundings.

Cocaine hydrochloride, intravenous (Sao Paulo)

This is apparent too among intravenous users of cocaine hydrochloride who tend to prefer using by themselves.

At one time I used at home, alone. Using (cocaine hydrochloride) intravenously in front of others, even other users, was terrible. Too much blood was seen ... (I18SP)

This tendency to isolation is not as strong as that for crack. Users seek out the company of other users in case they need help for 'overdoses' or any other accident. In addition, some find it difficult to inject themselves.

I always use (cocaine hydrochloride intravenously) together with somebody because I don't know how to inject it myself. (101 SP)

I always used alone (cocaine hydrochloride) but watched over by a cousin. I was terribly afraid of being alone and experiencing some unwanted effect (a problem when I injected). (I23SP)

The interviewee's house seems to be the place most mentioned for using the drug by oneself

I didn't do anything. l just wanted to use (cocaine hydrochloride at home). At that time I had no scruples (I18SP)

Some people associate the use of cocaine hydrochloride - intravenous method, to the search of pleasure and to socialising activities or, to be "uninhibited" (to have homosexual relationships).

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees use in private houses (private context) or in the street (39% in each case). Only a quarter use elsewhere, especially in specific places in bars or other premises that facilitate such secret surroundings.

A quarter use with close friends or spouse or partner a minority (15% of all cases) have a social user group made up of friends and acquaintances. The rest, in similar proportion, use with people they are associated to only through use (user group) or alone.

For half the interviewees, use takes place, preferably, in generic socialising surroundings. Nevertheless, and without excluding the significance of social links, use itself becomes the main activity. For the rest, the other half, the only activity is using the drug.

7.1.3 Current or last period of use

Coca leaf (Cochabamba)

The context of use characteristic in the current or last period (last month of use) are the same as in the two periods described earlier. 'Chewing' takes place preferably at work, with relatives and friends. Ceremonial and casual activities are significant in most cases.

Nearly a third of the traditional 'chewers' also use it anywhere (some interviewees came to the interviews with their 'chew balls' in their mouths) and by themselves on occasions, even if not doing any particular job. Some others use mainly as part of ceremonies or rituals. City dweller 'chewers' use in surroundings of social interaction related to leisure activities (bars and the like). It is only in these scenarios that the 'chew' is directly associated to alcohol abuse.

Coca paste (Cochabamba)

Most use in private houses (private context) or in the street - similar proportions. A minority use in bars and 'chicherias' (i.e. bars where 'chicha' is drunk) or at work (instrumental type)

Most dysfunctional users smoke coca paste with friends or use companions (one or two trusted persons). A third use by themselves.

When using, the main activity for most of this sub-sample is the act of using itself. Less than a quarter use in socialisation contexts. Only instrumental type users (a minority) use at work. Use while undertaking delinquent activity is done by very few.

Cocaine hydrochloride, intra-nasal (Cochabamba)

In this period, half the users prefer a private context (private homes). Approximately a third of the cases indicate that they use in public places: discotheques, restaurants, etc. Use elsewhere is very limited.

Half the users use together with friends and acquaintances. A few share it with a partner. In addition, the use by oneself is important, especially, among dysfunctional type users.

(I use cocaine hydrochloride) by myself. You use all day and then go to discotheques at night. (C080CB)

Nearly all use in socialising and festive contexts both in private and in public. The participants in these activities tend to be groups of friends.

In any place... discotheques, gatherings. It turned into a habit. I only used alone with him (my partner). (C031CB)

In bars, discotheques, drinking because I want to use (cocaine hydrochloride) and drink more (alcohol). (C 172CB)

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most of this sample use in bars in the last period of use and nearly a third in a private context private homes). One or two individuals use in the street or elsewhere.

Most use with friends and acquaintances. The use with relatives or close friends is characteristic of only a few.

Use is associated, almost exclusively to spcialisation activities. Itfrequently takes place in festive contexts.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

In the previous chapter (Chapter 6) we mentioned that a good many of our interviewees were in their intensive period of use. Therefore, the characteristics of their context of use in the current or last period , coincide broadly with those indicated when analysing the intensive period.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees prefer to consume in a private context (private homes) and only a minority use in the street or elsewhere (about 20%)

The social circle of use is mainly formed by the interviewees' close friends, spouses or partners. A minority tend to use with friends or acquaintances or even with colleagues at work.

Use seems to be linked to socialising activities, preferably in festive surroundings to be found in private contexts (people's homes) or to various other activities including drug abuse.

7.1.4 Habitual use

Coca leaf, coca paste and cocaine hydrochloride, intra-nasal (Cochabamba)

Throughout the careers of use of our interviewees, the characteristic places of use are: the work place and one's home or the home of one's friends and relatives (coca leaf); one's home or the home of one's friends and lonely places in the street (coca paste); one's house or in the homes of one's friends, bars and the like (cocaine hydrochloride)

The social links that are characteristic throughout the career of use are: relatives, work mates and friends (coca leaf); user group and, to a lesser extent, alone (coca paste); friends and, in a lower proportion, alone (cocaine hydrochloride). In fact, the use by oneself supposes the absence of a social user group.

The predominant activities where use takes place throughout the career are: work, rituals and socialising in the community and in groups (coca leaf); no activity other than use and socialising (coca paste); socialising and festive activities (cocaine hydrochloride).

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Throughout the career of use these is a clear predominance for using in a public context (bars, restaurants) with friends and acquaintances. The user's social circle or closer social links is not very significant. Use seems to be a component of socialising surroundings in most cases.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Throughout the career of use these tends to seclusion, be in one's own house or in isolated, well-protected places. In addition, social links are progressively weakened and users tend to use by themselves; especially crack users. In any case, the user group tends to become smaller to include a few trustworthy persons. Although in the initial period use may be part of the socialising or festive activities, as time (or use) goes, these vanish and use becomes the only activity.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

There is a clear predominance of use in private contexts (one's or a friend's house), be it with friends or acquaintances as well as with people one holds closer, personal relationships (close friends, spouse or partner). Over a third of this sample tend to use alone, seeking out isolated places at specific moments in the career of use. Use, on the one hand, is a functional component of wider socialising (the most 'normalised' pattern); on the other hand, it becomes the users' main activity and the most important link with others, as is shown in the Sao Paolo sample.

7.1.5 Evolution of the context (social environment) of use

Coca leaf (Cochabamba)

Most of this sub-sample do not modify in any substantial way the characteristics of their context of use such as were established in the initial period. This insight is more significant when considering that some users, having quit farming or mining do not, on moving to the city, quit their habitual use of the 'chew', maintaining all the features of the traditional 'chew'

Coca paste (Cochabamba)

Over a third of the interviewees have used in the street, river or other open places throughout their career of use without changes (they are mostly street children and over a third of the dysfunctional users). The remaining dysfunctional users tend to use in uninhabited houses, secret or isolated places. Other users, although a minority, also tend to consume in the street or isolated places during their intensive periods. Casual and instrumental type users maintain their place of use throughout their career: homes, bars and, amongst instrumental users, the work place.

Use with one's friends is maintained throughout the career of use, especially among street children (a dysfunctional user sub-type) and also among casual type users. A minority use with work mates; most are instrumental type users. Use alone is characteristic of dysfunctional type users and especially during some periods. These users seek shelters in relatively secure places where they can do without friends or user group which would be necessary for mutual help in a street context.

Right from the beginning, smoking coca paste is a primary activity for over a third of the sub-sample, whether they do it alone or together with other users. Smoking coca paste is the main activity for most individuals in this sample during the intensive period. Use among casual type users always takes place in socialising and festive environments. Dysfunctional type users also tend to use in socialising environments when the level of consumption descends (in some cases, they constitute user groups where all consume high amounts). Regular use while carrying out other activities throughout one's career of use, in important periods or in especial situations, is characteristic of a minority: instrumental type users use while working and some dysfunctional type users do so when undertaking delinquent activities.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees do not exhibit important changes in the characteristics of their context of use throughout their careers of use. This can be observed especially among casual type users.

Right from start, use is linked to socialising and festive environments and tends to take place in private contexts (people's homes). Casual type users tend to use preferably in a private context and, later, over half . of them use also in bars, discotheques and like places. Use in one's work place, in a regular way, is characteristic of a minority (instrumental type users).

When the level of use increases, use tends to become more secret and the user group becomes smaller. In addition, the links among users change. If social relationships and friendship were the priority at first (socialising groups), later, for over half the sub-sample, the primary motor is using (user groups). This tendency is observed in nearly all the interviewees belonging to the dysfunctional type users and in some instrumental type users. Use in any place, situation or activity happens characteristically in the intensive period; so does use alone (all of these users are dysfunctional type users).

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

In general, one observes a good level of stability in the characteristics of the context of use throughout the career of use. There is a predominance for using in public contexts (bars, restaurants and the like) and, to a lesser extent, in private contexts (people's homes). In the latter context, there is also consumption of cocaine hydrochloride through intra-nasal aspiration, but this is a method applied by a minority. The tendency is for using among friends and acquaintances, without significant variations and in socialising and festive contexts.

Crack/cocaine hydrochloride, intravenous (Sao Paulo)

After a period of variable duration, period when use takes place mostly in private dwellings and with friends, in a festive contexts, users tend to isolate themselves as they increase their consumption, seeking secret places. This is particularly so with users of crack.

Users of cocaine hydrochloride or crack state that there are no friends in the context of use, nor solidarity nor any kind of companionship. The drug transforms all their relationships, becoming the primary objective. Any activity other than using the drug is relegated to a second place.

Only a few claim that their relationship with mates is more important than use itself. In this case, they refer only to a partner or someone who can help them in case problems arise as a result of the administration of cocaine hydrochloride or crack.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

There is a preference for using in a private context (one's house or a friend's) throughout the career of use. In the intensive periods of use, there is an increase in use in the street or secluded and uninhabited places.

The user circle stays relatively stable, in general terms: it is made up of friends and acquaintances. As time goes, and as use becomes more and more significant, this circle becomes smaller, social relationships weaken and there is more consumption alone or with people one is linked only by use. Likewise, the importance of the activities that once surrounded the use, socialising and having fun, decreases and, when use becomes compulsive, the only meaningful activity is use itself.

7.2 Street market

7.2.1 Availability

Coca leaf (Cochabamba)

Since coca leaf is legal in Bolivia, this can be freely obtained in the normalised market just like any other product. Coca leaf is bought and sold in markets in the cities. The dealers tend to be women who sell it by the pound (one pound equals 460 grams), ounces (one ounce is equal to 30 grams) or handfuls (a handful is equal to, approximately, 16 grams). 'Lejia' of various types, origins and quality can also be obtained (see footnote 3, chapter 3) and, house-rolled tobacco cigarettes, known as "k'uyunas" (this Quechua word means crooked It describes the shape of such cigarettes quite well). These cigarettes are smoked when 'chewing'. In some offering rituals, the use of tobacco, especially'k'uyunas' is indispensable.

Coca paste (Cochabamba)

Most individuals in this sub-sample state that it is "easy" or "very easy" to get coca paste if you have suitable contacts and, of course, money. The situation becomes more difficult when law-enforcement bodies intensify control.

Those who are involved in traffic have available, at points of sale, amounts that range between 250 to 1000 grams

Coca paste can be obtained much more easily than cocaine hydrochloride which is more expensive and has a more restricted circulation. Most dealers only sell coca paste; a few may sell cocaine hydrochloride and marijuana.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Obtaining the drug is rather easy for most users. Those who don't have good contacts or are not familiar with the city find it less easy. Other factors that make getting the drug more difficult are, of course, police raids, economic factors and not being known by dealers.

Contacts are essential and the more the better. It is better if they are also part of a network. All this ensures supply in any situation, even in the event of a trip.

Some suppliers sell cocaine hydrochloride, coca paste and marijuana; others sell only cocaine hydrochloride. One interviewee pointed out the existence of a difference between cocaine hydrochloride only dealers and coca paste dealers. The first tend to be "elegant people and from a better social class."

Crack cocaine hydrochloride, smoked/inhaled (Ibadan)

Most users get cocaine hydrochloride or crack easily. The main factor is having money. Being friends with dealers is indicated by only a few.

Most interviewees indicate that marijuana is more easily obtained than cocaine hydrochloride or crack. A few mention that some drugs such as barbiturates and stimulants are more easily obtained.

Half the people interviewed state that coca side-product dealers also sell heroin; a minority mention the joint sale in the same place and by the same people of crack, cocaine hydrochloride and marijuana.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Interviewees have no difficulty in finding crack especially and/or cocaine hydrochloride. Crack users mention that the greater ease in obtaining it is due to the fact that dealers prefer to sell this side-product. Most state that only crack is sold in most points of sale. They also indicate that at present it is easier to obtain crack that any other illegal drug, including marijuana.

Cocaine hydrochloride users state that this side-product can be obtained easily because they know where to find it or because of their contacts with dealers. A good many of them state that it is easier to get crack than cocaine hydrochloride.

They all agree that marijuana is, at present, scarce in the market.

The reasons that can account for the wide availability of crack are, according to interviewees: traffic is more lucrative because the demand is greater and also because crack seems to generate greater dependence turning the user into a more regular customer.

These factors clearly influence the supply and dealers, seeking maximum return, deal exclusively in crack. This tends to exclude other alternatives for the drug user and so the trade is profitable. All the interviewees agree that if someone wants to start using cocaine hydrochloride but lacks contacts, he will find it difficult to find the substance in the market- On the other hand, he will find crack at any point of sale. If this pressure from the suppliers and level of use is maintained, it is probable that in a near future crack become the main illicit drug for initiation. There follow some descriptions that might help to better illustrate this situation:

At this time, you can't find other drugs, only crack, ... I only sniffed (cocaine hydrochloride); all of a sudden, the points of sale, near my house only sold crack. I didn't want to use .... that's how I started; there was nothing else. (K31SP)

It's easier to obtain crack because the supply is good. People are afraid of AIDS (associated to intravenous use) and so have gone over to using crack. Crack is everywhere. (K19SP)

It's easier to find crack because there are many users. It's good business. You make more than by selling 'dust' (cocaine hydrochloride). The dealer knows that the person who buys crack will end up returning very soon. (K32SP)

The sale of cocaine hydrochloride in the same place as crack is not common. Some indicate that on occasions you find dealers who sell both coca side-products, but it is not usual. It is even more difficult to obtain other drugs (marijuana, LSD, etc.) These have to be ordered.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

According to most interviewees, it is very easy to obtain cocaine hydrochloride in Rio de Janeiro. In contrast, it is very difficult to obtain crack because its street market is very restrained.

Apparently this fact, which established a marked difference with Sao Paolo, is part of a supply strategy that aims at avoiding that crack becomes competitive with cocaine hydrochloride, a coca side-product that dealers regard as more profitable. In addition, users of crack are thought to be more violent by some interviewees associated with traffic. They are "more violent and irresponsible" and, therefore, non-desirable for the smooth running of the business, especially if they form part of some distribution chain. This last information is contradicted by an interviewee who had worked as "watch-out" in a point of safe. He states that crack, smoked together with marijuana was used precisely and almost exclusively by people associated to selling and while they carried out their work so as to stay alert.

Most interviewees declare that dealers sell cocaine hydrochloride and marijuana together. Some declare that this last drug and amphetamines are easier to obtain than cocaine hydrochloride.

7.2.2 Methods and occasions of supply; changes in the operation of the market

Coca leaf (Cochabamba)

Most interviewees buy the coca leaf in the open market. In the sub-sample there are some producers who use their own product, logically. A minority receive it as part payment for work.

Interviewees say it is more difficult to buy coca leaves in the rainy season (because of problems in the transport of the goods) when there is a clear diminution in supply. This seems to be the only significant variation in the operation of the market. This reduction in supply increases the price.

Coca paste (Cochabamba)

Most interviewees buy their coca paste but it is also possible to obtain it in exchange for other goods (clothes, jewellery, electrical appliances, etc.) Users who are part of distribution chains obtain it as payment for their services.

The most common places where to get the substance are streets: there are street suppliers in crowded streets. It is also common to get it at the supplier's house (one quarter of the sub-sample). Other points of sale, though less significant are bars and 'chicherias'.

The differences that are pointed out in the operation of the market are related to the effect law-enforcement agencies have in temporarily lowering the supply.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees buy It. Some buy more than what they use in order to re-sell it and finance their consumption with the profits made. Bulk buying is also common, especially among casual type users (friends or acquaintances who pool their money). Getting invited is a relatively common way of obtaining cocaine hydrochloride especially among women (casual type). Other ways of obtaining it, such as in payment for services or in exchange for ether goods is not common.

Virtually half this sub-sample obtain the cocaine hydrochloride in private houses, one's own or friends', that are visited by dealers. Buying it at the dealer's house or in public places or in the street occurs less frequently.

A telephone call is the starting point in the functioning of the distribution network. In general, the user calls a contact person who arranges for the delivery in given places. Quality is sought in all these situations. When contacts fail and cocaine hydrochloride cannot be obtained in the regular way, this can be obtained in sweets/cigarette street stalls, small stores or in the river. The location of points of sale in the latter can be identified because they "light matches"

The only differences indicated in the operation of the market resemble those indicated for coca paste. It can also be added that the street market increases its activity at night.

Crack cocaine hydrochloride, smoked/inhaled (Ibadan)

Nearly all interviewees state that the most common way of obtaining the drugs is to buy them. Only a few say they get it as payment for some work or service, not necessarily related to traffic or, they exchange drugs.

The purchase usually takes place in private homes, preferably at the dealers'. There are also point of sale in the street and in some places where alcoholic beverages are drunk.

According to interviewees there aren't any important variations in the workings of the distribution network resulting from the time of year, weekday or time of day. The only significant factor is to have the money required and to fellow certain rules to avoid having problems with the police.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most of the sample state that they obtain crack or cocaine hydrochloride buying them. Many say that they money needed is earned through illicit or delinquent activities: theft, prostitution or working as intermediaries between users and dealers; they are known as 'planes.'

In general, distribution takes place in crowded places like bars because they camouflage the illicit trade and no suspicions are raised.

According to interviewees, the 'favelas', seem to be suitable places for distribution. There are streets in some of these shanty towns that are totally geared to traffic. Some users even buy the drug out in the open.

The dealers home is seldom indicated as a distribution point. According to interviewees, the dealer uses his own house as point of sale only for "old customers" (presumably trustworthy)

None of the interviewees mentioned the police as an obstacle for obtaining crack or cocaine hydrochloride. There would seem to be a kind of 'arrangement' of pacific co-existence between dealers and the police that facilitates the operation of the market.

No time of the year seems to influence on the operation of the market. A few indicate that buying the coca side-products is more difficult during the day because dealers sleep.

Crack/cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees obtain the cocaine hydrochloride buying it from small scale suppliers, called "asphalt steam boats". These in turn buy the drug at points of sale located almost exclusively in the "favelas" or in the hills of the city. They tend to sell their goods to restricted, more or less habitual customers.

If for some reason the network fails, the interviewees will buy directly from distributors in the' favelas' using specialised intermediaries (brokers) known as "planes". These can be found outside 'favelas', receive the money and go into the 'favela' to make the purchase. This is a safety mechanism, especially for purchasers, who thus avoid going into particularly dangerous territory, especially for people alien to it.

It is easy because when you have good contacts with other people who use and who have their own contacts, then you have a network that rarely fails. And when it does, you still have the 'morro' (the hill). whoever goes there can always find (cocaine hydrochloride). (I11RJ)

7.2.3 Characteristics of suppliers and relationships between users and suppliers

Coca leaf (Cochabamba)

The relation is strictly one of business. Coca leaf retailers buy from producers 50-kilogram bales and then sell the coca leaves in small amounts. The price of the leaves increases as it travels away from the centres of production, generating work for a series of tradesmen.

A minority of interviewees, farmers who grow the coca bush, use their own produce and sell the rest in the coca leaf markets in settlements near the growing area (Chapare). The growers tend to be Quechua or Aymara native farmers or even former miners. Their only real income comes from the sale of the coca leaves which permits them to live in a modest way.

In spite of the fact that the purchase and sale of the coca leaf is legal, there are usually problems in transporting the bales or even smaller amounts away from the growing zones. One of the interviewees says the following: "they (the police) tried to confiscate it from me (at the road control points) for having five or ten pounds of coca leaves (2 to 4 kilograms)" (H083CB).

Coca paste (Cochabamba)

Most maintain a commercial relationship with suppliers. Suppliers are friends or trustworthy persons for a minority.

The dealers are described as "ordinary folks" who run a business. Some interviewees say they are people who "do not care for the well-being of others." Other interviewees describe big traffic dealers as "people with a lot of money".

Cocaine hydrochloride, intra-nasal (Cochabamba)

As it has already been described, the relationship with dealers is essential to ensure the quality of the product and continuity in supply. In general, suppliers are socially integrated people from a higher social class than coca paste dealers.

Approximately half the interviewees buy cocaine hydrochloride from dealers with whom they hold purely business links. The remaining interviewees hold relationships defined as ones of friendship or acquaintance.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Nearly half the interviewees state that their relationship with dealers is one of "friendship"; for the rest, this relationship is defined as strictly one of doing business

According to the descriptions furnished by the interviewees, among the traffic dealers there are oil businessmen, army people and weapons and munitions dealers.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most interviewees indicate that their relationships with dealers are strictly business dealings. A minority say that the relationship is one of "friendship" but it is also defined as "superficial" or "false" since the motivation for the relationship is the desire not to be cheated. Only very few state that they are truly friends of traffic dealers. Others state that the dealer becomes an "acquaintance" when the user becomes a "regular customer" of a single dealer.

I maintain a superficial friendship with traffic dealers (crack) just to ensure they don't cheat me. (K14SP)

I go so often to the same place (to buy crack) that I end up by making acquaintances in that place.

They describe dealers as "ordinary people" who are usually engaged in some legal activity or, as "criminals".

They are everyday people who run their own business. I know some who wanted to set up a candy stall in the centre of the city but were not allowed to. Now they are in this business (drug traffic) (K36SP)

They are outlaws; people without any education or social background. (I28SP)

Street dealers usually belong to the low social class, have a low level of instruction and tend to live in the "favelas."

Some interviewees have become "planes". They receive crack for their own use as payment for their service. They carry out this "profession" temporarily and/or permanently.

For street dealers, this work is their source of personal and, eventually, family income. As mentioned earlier, "planes" only receive drug in return for their services.

Most dealers are men. Given the intrinsic violence that surrounds this activity, it becomes a "characteristically male activity."

Dealing takes places preferably in the favelas', the poorest sectors of the city. This 'business' is governed by very strict rules. People who break them are severely punished or end being killed. The most usual problems are debts, theft from dealers or just an attempt at stealing from them.

A friend was killed by a dealer. He tried to steal (cocaine hydrochloride). They started fighting and he died; he broke his head. (117SP)

My friend (..) was taken to the rail track and they killed him throwing stones. He had tried to steal drug (crack). (K22SP)

According to interviewees, the police is also a component of the chain of drug traffic. Many describe the police as an active participant in this illicit trade. In addition, it is often mentioned as generating violence.

Along the same idea, drug dealers pay the police not to be "bothered" and for "protection." In addition, several interviewees state that use is widespread among the police force.

Many of the friends I consume (crack) with are policemen. (K05 SP)

Some go as far as to identify several points of sale as "belonging" to certain elements in the police force. This corrupt scenario fosters situations of aggressiveness and violence. One knows that if a guilty person is arrested, he will hardly be punished, for the same reasons, victims will rarely make any formal accusation knowing full well that the roles here are the roles of drug trafficking, not the rules of society. The laws of society are not only broken; those who flout them enjoy total impunity.

Some interviewees describe an elite kind of drug dealing. Here the customers are from the upper classes. The purchase is done over the phone and the goods are delivered. This type of traffic is related more to the intra-nasal consumption of cocaine hydrochloride.

Crack/cocaine hydrochloride, intravenous (Rio de Janeiro)

Although the data obtained in Rio is not as detailed as the data obtained in Sao Paolo, the data reflects a situation with more points in common than differences.

It might be interesting to add that some of the aspects that are singled out by the interviewees in Rio complement the information already described for Sao Paolo.

On the one hand, according to some interviewees, when users are arrested by the police these tend to negotiate the payment of some kind of "bail" to avoid going to a trial. In practice, this seems to be a mechanism of extortion used by some police officers. In addition, these officers tend to keep the confiscated drug for themselves or, as it is claimed, to sell it to other users.

On the other hand, the control of the points of sale in the 'favelas' has generated many violent clashes among organised, heavily armed groups leading to a considerable number of deaths. These clashes which some describe as wars have turned areas near points of sale into particularly dangerous zones, as it was mentioned earlier.

7.3 Amounts, price and quality

7.3.1 Amounts and form

Coca leaf (Cochabamba)

Most coca leaf 'chewers' buy it in small amounts (under 460 grams). Only a few buy more (up to 4 pounds, 1840 grams) and do so for family consumption- Only one interviewee buys 4 to 5 kilograms for his personal consumption given that where he lives, in the mining region, its prise is higher. Another exchanges his produce for coca leaf. He says:

I exchange a sack of potatoes weighing I1.5 kilograms for two and a half pounds (1150 grams) of coca leaf or a sack of broad beans (VICIA Fava L.) for a pound of coca leaves (460 grams). But this is not a fixed system; sometimes the coca leaf goes up or my produce goes up, in winter. Then you don't change for the same amounts (H129CB).

Coca paste (Cochabamba)

Coca paste is sold in 1-gram paper sachets in the street marker. Two- or three-gram sachets are less frequent.

Most users buy 10 grams at a time. They are sold in little boxes that contain 10 1-gram sachets. If larger amounts are bought, the box may contain 10 2- or 3-gram sachets weighing 20 or 30 grams. Another presentation is a "bollo" (amounts of ¼, ½ or 1 kilogram) or cigarettes ("pitillos") which can be bought loose or in 20-unit packets.

Cocaine hydrochloride, intra-nasal (Cochabamba)

The amount bought usually ranges from 1 to 3 grams. In general, cocaine hydrochloride is sold in 1-gram sachets, weighing 1 gram approximately. Less frequently, is it sold in match boxes containing from 2 to 5 grams.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

The habitual purchase is 1 gram though 2 grams is also frequent. Both crack and cocaine hydrochloride are sold in paper sachets containing 1 gram.

Crack (Sao Paulo)

Crack is usually sold in a paper affair called "papel" or "papelote" containing 3 to 4 rocks. The processing ('cooking') of 1 gram of cocaine hydrochloride results in 3 to 4 rocks.

Although the most common presentation form is the "papel" (3 to 4 rocks), it is also possible to buy loose rocks in some points of sale. These tend to weigh more (1 to 5 grams). Again, it is also possible to buy "papel" containing 5 grams of crack.

Only a minority of crack users mention the amount bought accurately. It is difficult to be exact about the weight given that the units crack is sold in do not always weigh the same - there is variation from one point of sale to another.

Cocaine hydrochloride, intravenous (Sao Paulo)

Cocaine hydrochloride is also sold in a paper affair referred to as "papel" or "papelote" containing 1 gram approximately. The situation is similar to crack, but the usual thing is to buy the 1-gram "papeles".

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The situation here is similar to Sao Paolo. The "papeles" may contain from 1 to 5 grams of cocaine hydrochloride. Again, it seems that the most frequent thing is for users to buy 1-gram "papeles".

7.3.2 Prise and quality

Coca leaf (Cochabamba)

The smallest amount bought is approximately 16 grams (a handful) for 20 cents of a Boliviano (US$ 0.04). A pound (460 grams) from the Chapare region costs Bolivianos 3 (US$ 0.65). The coca leaf from La Paz - preferred on account of its taste and sweet flavour) costs 7 Bolivianos per pound (US$ 1.7). You get a discount for larger amounts.

Interviewees regard the prise-quality relationship as good. Fresh coca leaves cost more and the prise goes up in the rainy season.

Some interviewees relate prise rises to measures taken to curb drug traffic. One says the following:

The prise goes up when the 'narcos' (traffickers) are buying a lot to elaborate cocaine; it goes down when the 'leopardos' (specialised police body) do not allow them to elaborate and so the prise goes down (H086CB).

By their taste, they recognise spoilt leaves but, seemingly, they cannot detect the presence of weed killers or insecticides. Some think the producers would be able to do so.

I don't know about that ... Now that you ask it might be good to know when (the coca leaf) has weed killers. I think the producer knows this in detail (HO 12CB).

A producer, however, said the following:

It is not easy to tell, but the Yankees have brought white butterflies to feed on the coca leaf and now it is hard work to grow coca (Hl 05CB).

Most interviewees state that the money spent on coca does not affect their economy. A minority answered: . "it is very expensive." A woman who sells vegetable from a stall in the open air market said: "sometimes I only earn enough money to buy my coca leaves" (H078CB).

On average, the monthly expense on coca leave is approximately US$ 5 to 6. In some mining companies, the miners are given coca leaves and this is discounted from the pay.

Coca paste (Cochabamba)

The most frequent prise is US$ 1 per gram. The user will pay varying amounts depending whether he buys a sachet (US$ 0.40 to 4), a box (US$ 2 to 12). A ‘pitillo' (cigarette) costs US$ 1 and the pack of 20 costs US$ 9.

The different prices result from changes in the amount of drug contained in the sachets and/or boxes and also on the quality of the substance.

The user will get a discount if he buys larger amounts - especially if they are "bollos" weighing ¼, ½ and 1 kilogram of coca paste.

Interviewees think that the relation quality prise is good. In general, the product will cost more if purer. The product tends to be adulterated by suppliers in order to make more money. This is done by street children who sell the drug to new comers.

Users say they can tell easily whether the coca paste has been adulterated and mention various ways used to evaluate its purity. The most common is to taste it with the tip of your tongue and evaluate its anaesthetic effect. Another is to warm it up and observe whether it melts without making clots.

Most interviewees do not report accurately on the percentage of their income spent on the purchase of coca paste. Only a few whose level of use is one of dependence (dysfunctional type users, declare that 'they spend all their income on it)

Cocaine hydrochloride, intra-nasal (Cochabamba)

Sachets containing approximately 1 gram cost between US$ 5 to 12 (Bolivianos 25 to 50). The most common prise is US$ 6.

They all state that it is possible to detect whether the cocaine hydrochloride is pure. They study the colour and shine, they rub it between their hands, they dissolve it in a small amount of water, etc. However, some declare that they can only tell their quality by their effects, by the clots that form on absorption on the nasal septum and mucous, by the irritation in the septum of the nose, etc.

According to most interviewees, quality is the main factor in determining the prise. In addition, the amount bought can influence the prise; you pay less if you buy more cocaine hydrochloride.

The amount of money spent varies a lot and there is not sufficient data to determine the proportion of the users' income spent on cocaine hydrochloride.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Prices range between US$ 1 and 25 per gram for both crack and cocaine hydrochloride. This vide range is related to the quality of the substance. Most users declare that the prise goes down if you buy large amounts; a third declare that the prise does not vary.

Most believe that the prise-quality relationship is good. The main factor influencing the quality of the substance bought is the supplier and, implicitly, the type of relationship one bas with the dealer. No data is available on the average quality of crack or cocaine hydrochloride but users tend to associate negative side-effects of use, like vomiting and dizziness to impunity in the substances they use.

Half of this sub-sample have not indicated what proportion of their income is spent on crack or cocaine hydrochloride. Among those who did report, there is great variability. A third of them say they spend most of their income on the purchase of these substances.

Crack/cocaine hydrochloride, intravenous (Sao Paulo)

When crack was launched on the mark¯et, its prise was lover than that of cocaine hydrochloride. This prise differential might have been a marketing strategy. At present, there is no difference. At the point of sale, there is no difference in prise if you buy larger amounts of either cocaine hydrochloride or crack.

Regarding the relation price-quality, the price does not vary even if the quality does. Some interviewees mention points of sale where some substance is added to make up for the bad quality of the product.

The dealer will give you a little more when the cocaine (cocaine hydrochloride) is 'weak' and a little less when it is 'strong, but the prise does not vary. (113SP)

In general, it seems it is difficult to tell whether crack is pure or not. According to interviewees, "the proof of the pudding is in the eating." On the other hand, they believe that it is hard to adulterate it "because its elaboration requires a chemical process."

It can also happen that the users are totally cheated: crack is sold wrapped up in paper and the only way the only indication the user has is feeling it by hand. Some users declare that the container may have grains of rice instead of crack. When they can actually see the merchandise, users prefer "yellow rocks" because, according to them, "they are the best."

Interviewees consider that it is easy to alter the quality of cocaine hydrochloride and mention as the main substances added to it: gypsum, flour, salt and aspirin. It is easier to identify a change through the texture, taste, colour and smell of the substance.

I can tell whether cocaine (cocaine hydrochloride) is not good just by looking at it because the good one shines. When I put it in my mouth I confirm any doubts. (113SP)

Given the possibility of being cheated and the difficulty in controlling, even minimally, the quality of what they buy, all the interviewees, whether they use crack or cocaine hydrochloride indicated that their strategy is to choose the supplier; they avoid dealers who also use because they tend to alter the product to make up for the substance they use.

All the interviewees declare that they spend at least half their income on the purchase of crack or cocaine hydrochloride. The interviewees who have managed to maintain certain normalised social links state that they don't spend more because their mother, wife or another family member hold the purse strings; many say they spend more than what they have so they often have to undertake illicit or delinquent activities to finance their use.

All your money goes (buying cocaine hydrochloride) and when it does people steal. (15SP)

Every cent I have I spend on drug (crack). I get my salary one day and the next it's gone. (K04SP)

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The price for 1 gram is about US$ 15. Most interviewees evaluate the relation quality-prise negatively and nearly all think the cocaine hydrochloride sold is "quite adulterated."

7.3.3 Elaboration of crack

The descriptions of the elaboration of crack obtained in Cochabamba, Ibadan, Rio de Janeiro and Sao Paulo agree all. Crack is made by heating a watery solution of cocaine hydrochloride and sodium bicarbonate until it acquires an oily look; as it cools, it solidifies forming small rough looking little rocks that have various tones of ochre and brown.

As mentioned earlier, the presence of crack in Cochabamba is restricted. Nevertheless the very fact of its presence is significant. The users tend to prepare crack themselves, as it happens in Rio de Janeiro where it is not widely available.

In Ibadan, where there is a street market, only a quarter of interviewees elaborate their own crack.

In Sao Paolo crack is widespread and quite a few interviewees identify differences between the crack sold by dealers and the crack made by the users themselves. These interviewees indicate they prefer to buy it ready made; their craving is so intense that they have no time to elaborate it. Besides, they say, the crack made by dealers is "stronger" and they believe this is so due to the way it is made - they do not know how (some think that coca paste is used in the process). The crack prepared by the users is known as "peel" because in texture and shape it resembles a Brazil nut, thus making it different from the crack sold by dealers, and usually known as rock.

8. Reasons, functions, effects and consequences of use.

8.1 Reasons and functions

The reasons (why) and functions (what for) of use throughout the career of use as well as the reasons for reducing use after intensive periods will be analysed in this section. The reasons for quitting, be it for short periods or for abstinence periods (over six months) have already been analysed in section 6.2 - Abstinence Periods. It was thought that this way of treating this issue was thematically coherent with the contents of chapter 6. This is not included here to avoid unnecessary repetition.

8.1.1 Initial period[24]

Coca leaf (Cochabamba)

The coca leaf is fully integrated in the traditional Andean culture whose main function is to be a source of energies for the execution of work especially among farmers and miners (traditional use). The relation 'chew'- work is inseparable in most of the many narratives made by interviewees: "you don't chew without a reason; the main reason is work" (H129CB), "the 'chew' is important for us farmers; we would die of fatigue if we didn't do it" (H075CB).

Approximately a third of the interviewees also mentioned other reasons for use during the initial period (from the first experience until the establishment of regular pattern of use): socio-cultural, ritualistic or socialising reasons; a signal of belonging to the community "I had to 'chew' until I learnt to be part of the community" (Hl 83CB).

The search for a stimulating effect is predominant among students "I concentrate better" (H051CB), and also among instrumental type users who 'chew' to fight off fatigue and sleepiness (for example, long-distance night driving)

Coca paste (Cochabamba)

The most important reasons for use during this period are: a fondness for the substance and its effects, forgetting conflicts and problems that cause psychic problems, better integration in a circle of friends or with one's partner. Secondary reasons: a search for an improvement in one's performance at school or at work. In all cases, the paste was used for a concrete purpose: to foster socialising or performance, diminish existential boredom and not just for the sake of its effects.

Cocaine hydrochloride, intra-nasal (Cochabamba)

[24] The reader is asked to bear in mind that the total number of cases corresponds to all those interviewees whose careers of use include the initial period (for this sub-section) or the intensive period (next sub-section: (8.1.2). (see also footnotes 2 and 3 in chapter 6)

The predominant reasons are related to enjoyment and alcohol abuse, to reduce the effects of drinking or to perform better at school or at work (instrumental type). Some state that they began to use to maintain or increase their position in a given social environment, to comply with the pressure of the group of friends or out of curiosity. A minority, all of them dysfunctional type users, used it from the beginning to escape conflictive situations.

I would use (cocaine hydrochloride) above all, to forget my problems I suffered a lot because of my children who were sick and I couldn't get out of the problem with my husband (who was) addicted and lazy (a good for nothing), who didn't work (C084CB)

It was due to family problems My relationship with my father was not good; using (cocaine hydrochloride), being out in the street, I felt much better than being at home. (C084CB)

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

The main reason given by nearly half the interviewees is group pressure. For the rest, the main reasons were to heighten enjoyment and improving their relations in socialising environments.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

The reason given by most was the search for pleasure. Some mention a search for "freedom to avoid mediocrity or the little attractive reality" or, to "overcome shyness."

Pleasure, sheer pleasure. A delight for the spirit. (139SP)

The initiation, according to crack and cocaine hydrochloride users, took place "peacefully", without any pressure, anguish or any other negative feeling

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The motives and reasons furnished by interviewees are various. The most important is the explicit wish to be part of social user groups (in this process, group pressure seems to be irrelevant). A third of the interviewees stated that use in the initial period took place for no special reason."

8.1.2 Intensive period

Coca leaf (Cochabamba)

The predominant reasons and functions that motivate use in this period (a period of variable duration, characterised by a particularly high level of use vis-à-vis habitual use) are still related to work: there is more 'chew' in response to more demanding work. In the case of instrumental type users, there is a particular concentration of ritual or festive activities. Once these are over, use descends to habitual levels.

Coca paste (Cochabamba)

The predominant reason is the need to use it, associated in many cases to dependence symptoms "my body asked for it and I wanted to use more and more coca paste;(coca paste) got hold of me real hard."

In a minority of cases, use is associated to situations of personal and family conflicts which interviewees live through in anguish and self-destructive feelings: "I was feeling desperate. I didn't care about life; besides, I got hooked (on paste)."

Some interviewees indicate that their main reason for stepping up their use is related to greater availability of the substance.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Emotional or existential problems constitute the predominant reason for intensifying use. Forty percent of the interviewees identify their main reason or function for use as "to be able to forget," or "to be tranquil", because of sentimental problems, to fight against or, as a result of, situations of anxiety, loneliness or depressive states.

For a quarter of the interviewees the main function is to improve enjoyment (casual type users); for a somewhat smaller proportion, better performance in the execution of professional work (instrumental type users).

> *If I didn't use (cocaine hydrochloride) I felt as if something were missing from my physical and spiritual life; I felt exhausted. That was the main reason I stepped up my use* (C158CB)

A few increase their use because they say they need to: (dependence)

Reasons.. I think it is because I am powerless when faced with the drug (cocaine hydrochloride) and I cannot accept reality, my reality without it. There was a need I increased the amount because I needed it. What I used to have was not sufficient. I was out for more pleasure, new experiences Besides, circumstances made me live by myself and I used more because I had few duties (C 118CB).

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

The main reasons or functions are to heighten enjoyment and improve interpersonal relations in socialisation contexts. The increase in use seems to be related to an increase in these social context activities. Only a minority indicate that they increase their use due to personal, emotional or existential problems or to better carry out some activity not related to enjoyment or, in general, socialising.

Crack (Sao Paulo)

In this period, the search for pleasure is no longer the main reason. The main reason,. according to most interviewees, for maintaining or increasing use is dependence, made manifest especially by an uncontrollable desire (compulsive use). In many cases, the increase in use is also due to a greater availability of the substance or, money, often resulting from delinquent activities.

Some interviewees, who had previously used cocaine hydrochloride intravenously, state that they increased their use progressively because they believed that crack was less addictive than cocaine hydrochloride (intravenous method) and so, did not concern themselves with a control of their use. Other interviewees, a small minority, associate the increase to emotional problem: such as a break-up.

The level of use goes down when the cause for the increase disappears or, more frequently, when the situation can no longer be sustained.

It was absolute dependence on crack I lost control over myself. The craving was strong.I didn't love myself. The incapacity to stop led me to greater use. (a female interviewee) (K05SP)

I just couldn't stop. I had more money and more drug appeared (crack). (Later) I reduced use because I was at the bottom of the pit. I lost everything. I had no past and my present and future were the drug, only the drug. (KI6SP)

Sometimes I didn't want to use any more, but I always ended up using. The drug (crack) dominated me. I took precautions because I was afraid I was on the right track for death. (a female interviewee) (K02SP)

Cocaine hydrochloride, intravenous (Sao Paulo)

The main reason for stepping up use is dependence. Interviewees account for this need to increase is the progressive diminution in the intensity of effect (tolerance). Nevertheless, they also mention emotional type factors, mainly those associated to loss or split-ups as causes of an increase in use.

Among the reasons for decreasing use, after having reached a maximum, the most important is the appearance of physical problems associated to use. These force a reduction in the use.

I loved injecting cocaine. I liked to see blood But other than that effect, I couldn't achieve the initial effect. So I always increased the dosage. (115 SP)

I lost my job. My house turned info a point of sale and so I had the drug (cocaine hydrochloride) all the time. I was very thin. I was hospitalised for 10 days and then I continudl using intensively. (I07SP)

Among the users who manage to maintain certain normalised social links, the intervention of one's relatives or one's own effort to avoid the break up of such links, seem to play an important role in the decision to reduce use when it leads to problems.

I had no specific motive. The drug (cocaine hydrochloride) was the most important and precious thing in my life. I reduced my use because my body couldn't receive any more... I got afraid of dying, I thought about my children. (39SP)

I wanted to be free from everything. It was an increase I didn't notice. I reduced use (of cocaine hydrochloride) because of economic problems; in any case, my wife controlled me. (120SP)

In that phase I couldn't lose anything more; I fought with my family and I lost my job. All I had was despair. I diminished use (of cocaine)hydrochloride) because I had an overdose and my sister suffered a lot. (I19SP)

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The predominant reasons that account for the increase are related to compulsive use and dependence. A minority say that the increase is due to the existence of existential problems resulting from emotional separations. Some mention as a decisive influence the user context: belonging to user circles.

8.1.3 Current or last period

Coca leaf (Cochabamba)

In the current or last period (last month of use), most traditional 'chewers' indicate as their main reason for use, the energy it gives them for the execution of their work. its use is also important in rituals and community festivals since the 'chew' plays a key function in most of the (traditional Andean culture). Most city-dwellers (instrumental type users) use when they participate in ritual activities and community festivals, for the reasons mentioned above and, in socialising surroundings since the coca leaf, its use and mutual exchange are fully integrated in them and regulated by culture.

We 'chew' in the get-togethers we have on Friday nights with some relatives and friends. It is a harmonious environment where we meet. These get-togethers are in devotion of a patron saint, the lord of god fathers we light up candles, we pray, we 'chew' and we have a few drinks. (Hl 27CB)

Coca paste (Cochabamba)

The predominant reason for use is dependence (dysfunctional type users): "I was already used, if I didn't smoke (coca paste), the day was a torture." Only a few dysfunctional users indicate that they use because of other causes: forgetting problems or group pressure.

The predominant reason, nearly the exclusive reason, among casual type users is to heighten enjoyment in social gatherings and parties. This is also an important reason for instrumental type users; nevertheless, their main reason is to improve their performance in the execution of their work activity.

Crack/cocaine hydrochloride, smokedlinhaled (Ibadan)

The reasons for use in the last month and their relative significance in the totality of the sample are the same as those indicated for the intensive period.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

As it has been pointed out in chapters 6 and 7, this period coincides for some interviewees with an intensive period of use; for others, it is a period when they try, through some strategy, to reduce or quit using. Therefore, the reasons here correspond with slight differences to the reasons that were identified for the intensive period.

Most interviewees associate the last period of use with a relapse. In general, they express "a feeling of guilt" for using once more and their discourse reveals that this re-initiation results from a decision

taken more or less consciously. Their narrative describes their surroundings - in which everything rotates around crack or cocaine. hydrochloride - surroundings which they feel as theirs and where they feel somehow protected and the social context they find when they quit and the problems, often impossible to overcome they have to fit again, to normalise their lifestyles. Two female users, one of crack and the other of cocaine hydrochloride define this situation very well:

All of a sudden I felt I belonged to no 'clan'. I had gradually lost contact with those who did not belong to the world of the drug (crack). The way I talked, I perceived I was like a crazy woman, a drug user. Sometimes, I was surrounded by a world where I couldn't talk the way they did I was really worried, without any will power. I didn't know what to talk about. It's terrible to feel that you no longer belong to the world of feeling like a fish out the water. So I went back to use, because among the 'goodies' (normalised and integrated non-user population) I do not feel the best but among the "bad ones" (dysfunctional users), I am the best. (K01SP)

My social life was totally linked to the use of drugs. All my links were with people who used or sold it. There were times when I had nothing to do but to use (intravenous cocaine hydrochloride). I couldn't face the world˙ work was something boring: getting married having children - just the thought was horrible. Nothing was much, n$_o$thing had any attraction.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

It was seen in chapter 6, when analysing the temporary patterns of use, that most of the sub-sample had reduced their level of use or were trying to do so, in the last month of use and after an intensive period of use. This fact is reflected in their reasons for use during this period and most interviewees identify various motives, usually not very clear, that seem to indicate that they are using mainly out of "habit" or "routine" (dependence).

8.1.4 Habitual use

Coca leaf, coca paste and cocaine hydrochloride, intra-nasal (Cochabamba)

The predominant characteristic reasons and functions throughout the interviewees' career of use are the following: energizer (instrumental), linked to work and cultural - when referring to coca lea£ Dependence and existential malaise. for most; and, casual (socialising and enjoyment) and instrumental, as a stimulant for work (coca paste); and casual and instrumental (better performance at work) and to a lesser extent, related to dependence (cocaine hydrochloride)

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

The predominant characteristic reasons and functions are related to improving the quality of their enjoyment and, in second place, though still important, socialising in general. There is also, though its extent is not known, a use for purely hedonistic reasons and, in the case of a few individuals, an instrumental motive; i.e. improving the performance in activities not connected to leisure. It may well be the case that dependence is the main reason in some cases.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Given the composition of the sample and the short time that elapses between their first experience and the emergence of compulsive use, the characteristic reasons for use are directly related to dependence.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

The data obtained in Rio is somewhat confusing and incomplete. Many interviewees identify as characteristic reasons or motives for use throughout their career the integration into user groups, instrumental ends including enjoyment and the search for pleasure and, existential problems. In contrast, only a few mention dependence explicitly[2]. Nevertheless, it is most likely that the real motive be dependence, as can be indirectly gleaned from the interviewees themselves. The would be no differences then, in this aspect, with the Sao Paolo sample.

8.1.5 Evolution use: reasons and functions

Coca leaf (Cochabamba)

The reasons and functions for use remain constant throughout their careers of use in most cases.

Coca paste (Cochabamba)

One notices among the interviewees very different processes of evolution depending on the type of use. In the initial period, reasons and functions vary a lot: a taste for the substance, it helps socialising or performance in one's activities, diminution of existential malaise.

I used (coca paste) because I liked it; I felt a macho-man (virile). (PI41CB)

To forget my mother who is or was the person that most embittered my life.(P143*CB)*

In the next chapter, section 9.1, a remark is made which may help to explain the apparent anomaly in relation to what would be expected for a sample of this type.

Because smoking 'sulphate'(coca paste) made me feel more tranquil; I forgot the conflicts with my girlfriend (P038CB)

As time goes, casual and instrumental type users, forming a minority in the sub-sample, exhibit great stability and tend to hold to the initial reasons and functions; the rest, those that constitute the majority, exhibit a process of evolution in which the initial reasons and functions almost vanish and they use mainly because they feel the need for it and to fight off anxiety (compulsive use).

You only think about the pasta and you forgot everything, even eating. (P 173 CB)

So great is the 'vice' (dependence) that no matter what you do to quit it, you can't. (Pl 19CB)

I would use daily, every moment; I couldn't live without it (coca paste). (P029CB)

Cocaine hydrochloride, intra-nasal (Cochabamba)

In the process of evolution of the reasons and functions for using there is stability depending on the type of use: improving and heightening enjoyment (casual and instrumental types) or increasing ones performance at work (instrumental type). This stability undergoes changes at times, especially among instrumental type users when they have personal, emotional or existential problems. These could become, eventually, the main reason for use (as a cause or as a consequence).

Dysfunctional type users show processes of evolution similar to the ones described for the other types to compulsive use; in these cases, the main reason for use is the need to do it.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Although the data obtained is insufficient, it seems likely that the reasons and functions that characterise regular use for most are more or less the same throughout the users' careers: improvement of enjoyment and socialising in general. This does not preclude changes in the reasons and functions for use during certain phases in their careers. A few may use for hedonistic purposes and others as a result of drug dependence.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

All the interviewees exhibit a clear process of evolution from a purely hedonistic use or one whose function is to heighten enjoyment in socialising contexts to compulsive use (dysfunctional

type).

Cocaine hydrochloride, intravenous (Rio de Janeiro)

As mentioned earlier when habitual use was being described, it is likely that the process of evolution for most interviewees in the reasons and functions for use follow a similar pattern to that of Sao Paolo.

The Rio de Janeiro interviewees identify other reasons which may help to explain why they increase their consumption quite rapidly: offset the effects of alcohol abuse and increase alcohol abuse; fight off fatigue and sleepiness (especially when working at night. In some cases in connection to drug traffic); as a way of reacting to or running from emotional or existential crisis.

8.2 Effects[25]

8.2.1 Positive effects and strategies

Coca leaf (Cochabamba)

The most outstanding immediate positive effects are a diminution in the sensation of fatigue and a greater motivation for work. In addition, users enjoy the taste of the coca leaf and perceive that

[25] The effects mentioned here are the physical, psychic and sensorial effects, both positive and negative such as they are experienced, felt or perceived by the interviewees immediately after using one of the coca side-products. "While it is likely that these effects have changed along the various phases in their careers of use it is difficult to obtain accurate and reliable data for them, and so we chose to ask interviewees about what they identified as characteristic in their lives. Any

while 'chewing' they feel less hunger and thirst. A minority say that feel "a lot of energy" and, at the same time, "peace and tranquillity"; others single out its medicinal properties.

It helps digestion. It heals diabetes. Since I started 'chewing', my health has improved (H102CB)

Most users indicate that the effects are better perceived when the coca leaf is chewed together with 'lejia' which, in addition, increases its pleasant taste. This is particularly so with sweet 'lejia' (see footnote 3, in chapter 3)

Coca paste (Cochabamba)

The immediate positive effects most frequently mentioned belong to the psychic domain: euphoria; diminution of unpleasant sensations: hunger, sleepiness and cold; and, sensations of tranquillity and relaxation.

The following are mentioned less frequently: increase in activity and strength for work; enthusiasm; greater lucidity; a feeling of superiority; improvement in one's interpersonal relations; increase in intellectual capacity; disappearance of worries and increase in sexual arousal.

At the sensorial level, they mention the perception of objects in greater detail and, a sensation of "walking in the clouds." All the interviewees declare that the positive effects remain invariable throughout. In order to heighten them, some interviewees use alcohol and marijuana)[26]

No important differences were detected according to types of use.

Cocaine hydrochloride, intra-nasal (Cochabamba)

The most frequent immediate, positive effects are in decreasing order: an increase in "desire" or interest; euphoria; lucidity; wanting to talk and greater easy in doing it; tranquillity; forgetfulness of problems and diminution of the effects of alcohol abuse. A minority describe these immediate effects as: "reality is experienced in a different manner." According to interviewees, the most common physical effects are greater arousal and potency in sex and a greater resistance to tiredness and pain.

For most interviewees, the positive effects have not changed over time. Those who think otherwise, have strategies to maintain them: mixed use with alcohol, marijuana or other drugs which improve (heighten) the effects. There are virtually no strategies other than mixing with other drugs to lengthen or improving the positive effects.

The following quote from a dysfunctional user furnishes more details about the positive effects locating them in a wider context that also includes the negative effects.

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complementary, detailed data has been included. In addition, the effects for the first experience were described in section 5.5, chapter 5. Section 8.3 deals, in addition, with the long term effects on physical and mental health resulting from use.

[26] The combined use of coca side-products and other drugs to lengthen or heighten the positive effects and to soften or offset the negative effects has already been analysed from another angle and in greater depth in section 4.3 (Multiuse), chapter 4.

Of course, (the use of cocaine hydrochloride) is initially positive (..) but in many occasions the effects do not match expectations. Things like your attitude, people one is with (..) "en you are with good friends you have a super time but when there are other persons, automatically, you become susceptible and on the defensive. Then a time comes when you prefer to use on your own Then, when you use on your own, it is like... you enter a state of anxiety, of anguish, of imagining things... ; in the end, it is root the same, no... (0009CB).

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most describe feelings and sensations of superiority, of happiness, of being "alive and fantastic." A minority also describe a feeling of euphoria. These sentiments and sensations are more intense when you use in complete silence. Most interviewees state that the positive effects change over time and, in addition, most consider that they change depending on the circumstances of use and place; the effects being better when you use in a private context, feeling more secure and tranquil and by yourself. Half the sample said they use another drug, mainly alcohol, to increase or lengthen the positive effects of cocaine hydrochloride or crack.

Crack/cocaine hydrochloride, intravenous (Sao Paulo)

Most crack users think that the positive effects of crack are greater than those of any other drug.

Nearly all users, both of cocaine hydrochloride (intravenous method) or crack report that the sensation of pleasure was so intense at first that it over-rode any negative effect. But, as time went, this effect is masked by the paranoia and anxiety associated to use.

At first, (using crack) everything was a celebration. I felt a lightness, well-being, mental agility. The best was the sensation that life was OK. This changed with time. The pleasure was no longer the same and paranoia began to emerge. (K36SP)

Users of crack comment that when they have been using for a while, they only feel that intense sense of pleasure the first time they smoke; then they continue in the same session to quench the craving they feel. Some state that the only way of feeling the positive effects is to stop smoking for a few minutes. But few apply this strategy in the same session because it is very difficult to stop smoking, even for a few minutes.

Nearly all crack users explain that they do not use other drugs or any other strategy with the purpose of lengthening the positive effects. Only a few mention marijuana and alcohol as drugs that improve these effects. Only one interviewee explained that he inhales cocaine hydrochloride to intensify the pleasure produced by crack. This practice, though only performed by a few, is more usual among cocaine hydrochloride users (intravenous method).

Among cocaine hydrochloride users (intravenous method) alcohol abuse seems to play an important role in improving or regulating the pleasurable effects and the sensations of pleasure. A majority say they abuse alcohol. Some say that they use marijuana with the same objective.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees mention as the main positive effects the sensation of lucidity, euphoria and, above all, a very intense feeling of pleasure. Most state that these effects remain without variation throughout their career of use. In addition, most report on strategies to increase or lengthen the positive effects through use of other drugs, mainly alcohol. The use of strategies other than mixing drugs to achieve the same effect are virtually non-existent.

8.2.2 Negative effects and strategies

Coca leaf (Cochabamba)

Nearly all interviewees declare they have never experienced any negative effect when 'chewing': "nobody feels negative effects. The (coca) leaf is very good for everything, not in vain did the Incas use it" (H057CB).

A few say that on occasions they experience certain disagreeable effects; for example, when the taste of the leaf becomes piquant, they interpret this as a signal of bad luck. So they get rid of the 'ball'. Some interviewees say they don't like the numbness of their tongue and that sometimes

they feel a "burning" of their gums or tongue. Others indicate that they don't like the smell or the residues that linger in their mouth after 'chewing' nor the green colouring of their teeth. Only one indicated that if he has more than the usual amount he feels nausea, restlessness and "mental fatigue", another related diarrhoea to use, a problem he fixed drinking a camomile tea (Maricaria Chamomilla C.)

Coca paste (Cochabamba)

Most of the negative effects reported are physical. These are in decreasing order: headache, nausea and vomiting; stomach problems, numbness of the mouth, throat and extremities; weakness, fatigue and tiredness; shaking, muscular contractions and restlessness, excessive sweating; insomnia and coughing.

At a psychical level, most single out paranoia as the most disagreeable effect; they also indicate depression. At a sensorial level, the increase in perception of sounds and changes in one's bodily image.

In short, the most negative effects are paranoia, nausea and vomiting. These negative effects remain invariable over time. The drugs used to offset them are alcohol and marijuana. Other less frequently used drugs are: minor tranquillisers and, exceptionally, coca leaf

Most interviewees consider that the disagreeable effects are not related to the impurities or residues contained in coca paste.

In relation to the types of use, the differences found are only of intensity.

Cocaine hydrochloride, intra-nasal (Cochabamba)

The negative physical effects are listed in decreasing order based on the frequency they were mentioned: headache, eye irritation, malaise, restlessness, excessive sweating, pain in the septum of the nose, numbness, pain in the throat, trouble in breathing, a sensation of having your head "blocked."

Psychological effects include anxiety, depression, greater aggressiveness, irritability, feelings of guilt, paranoia, etc. A group of dysfunctional type users reports on a negative effect they call "the searcher" (can be equated to craving); this is a very strong anxiety that drives you to "feverishly look for cocaine hydrochloride before the effects disappear."

According to most interviewees, the negative effects change over time, over the career of use and more so than the positive effects. The strategies to offset them are many: more frequently, the use of tranquillisers (Diazepam, Lexotan) or, analgesics (aspirin). A few use anti-epileptic drugs as tranquillisers.

Other strategies that do not employ drugs seek to relax the user's body so that he can rest or sleep. These are: having a shower, drinking milk or eating fresh fruit, etc.

The negative effects are less common and less intense among casual type users; and not all experience them. On the contrary, they tend to appear and are more serious among dysfunctional type users.

Casual type users tend to experience some physical negative effects but none of the psychological effects. Instrumental type users tend to experience similar somatic problems and only a few also experience psychological effects, such as anxiety (no depressive states are reported)

Dysfunctional type users are those who exhibit physical and psychical negative effects more frequently and with greater intensity. The psychological problems predominate; being depression the most serious. They associate it to the anxiety produced by use, the physical run down and irritability. Paranoia has been mentioned by only three individuals who used very high amounts and continuously during several days (for example, 31 grams in 5 days or, using the drug day and night). According to these interviewees, paranoia appears when you use in non-suitable environments or when the high level of cocaine hydrochloride used is combined with excessive alcohol abuse.

When you use a lot and you have mixed (cocaine hydrochloride) with alcohol, paranoia comes - a very ugly effect. Even worse than that produced by sulphate (coca paste). (C090CB)

Crack/cocaine hydrochloride, intravenous (Ibadan)

Most of the individuals in the sample report having experienced several negative effects after using crack or cocaine hydrochloride. A third furnish no information and a minority declare that they never experienced them.

Most of those that reported negative effects declare that they change over time. The effects most frequently mentioned are: vomiting, dizziness and restlessness. To offset the latter, particularly, they use other drugs, preferably, marijuana and minor tranquillisers and, a few, heroin. Half the interviewees indicate that the negative effects, especially vomiting and dizziness are due to impurities in the drugs.

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Crack and cocaine hydrochloride, intravenous (Sao Paulo)

Most interviewees state that the negative effects of crack are worse than those of any other drug.

Crack and cocaine hydrochloride (intravenous method) users declare that their negative effects are very similar. Nevertheless, they appear to be more intense in the case of crack.

The effects most frequently mentioned are of the psychological type: paranoia, anxiety (craving) and depression.

According to interviewees, paranoia is characterised by a fear you cannot overcome, a fear the police or a relative (usually one's mother) will discover them while using. In addition, they report that while in this state they do not trust each other and that they regard any noise as if it where the arrival of unwelcome visitors. Therefore, as was mentioned in section 3.3, chapter 3, they appoint someone to act as a watch-out to warn them about the arrival of strangers.

The craving felt is described as an uncontrollable desire to use crack or cocaine hydrochloride. In this phase they become aggressive – especially the users of crack. The latter report on a atypical behaviour: users stick small particles on the floor or on any other surface and they think they are crack "stones".

Finally, "depression", the other main negative effect mentioned by most interviewees. Some say they do not regard it as a direct consequence of the use of crack or cocaine hydrochloride but consider that it results from "reflecting on themselves, feeling the bitterness of having used". For all of them, it is a state characterised by a very intense anguish and many regard it as the most negative effect of use.

The worst effects of (cocaine hydrochloride) were anxiety and paranoia. Because of paranoia, I kept an eye on the 'barraca' (the place for use). I was afraid of people. I kept looking out through the keyhole of the room (I12SP)

Depression, paranoia, anguish, sadness, fear, terror. The worst (part of using crack) was depression and I drank many times to diminish it. (K29SP)

Interviewees, above all, cocaine hydrochloride users (intravenous method) indicate that they use marijuana and alcohol to diminish these negative effects. Alcohol is used, in addition, to fight off the intense dryness of the mouth resulting from intravenous use (this dryness is a negative effect singled out

by intravenous cocaine hydrochloride users) Users of crack stay quiet and avoid any noise as a strategy to soften paranoia.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

As is Sao Paulo, the negative effects mentioned by interviewees are of a psychological nature. : paranoia, anxiety and depression. Most think that these effects get worse over time.

To offset them, their only strategy is marijuana and alcohol abuse. Alcohol is used, in addition, to fight off mouth dryness.

8.3 Consequences

8.3.1 Craving and strategies to stop using

Coca leaf (Cochabamba)

As it has been explained in section 6.2 (Periods of Abstinence) in Chapter 6, most interviewees have used continuously throughout their career of use.

Among the minority who stopped using for longer than six months (while doing military service or staying abroad only a few reported a need for 'chewing' in certain circumstances. Nevertheless, this "need" did not seem significant nor did it create a state of anxiety that required treatment. In fact, all of them declare that they didn't do anything about it; they just "grinned and bore it". Rather than craving, what they express is nostalgia for everything, not just for the 'chew'.

Coca paste (Cochabamba)

Most indicate that during the short periods when they did not use or periods lasting over six months - abstention, they frequently felt an intense need to smoke coca paste (dysfunctional type). This need (anxiety) tends to get stronger when they are near their context of use (places, people, etc.). Therefore, a strategy often used to maintain abstinence is to avoid any contact[27] with use contexts. Some dysfunctional type users use as a strategy the substitution of coca paste for cocaine hydrochloride which they use intra-nasally or, marijuana. In spite of these strategies, the relapses during the career of use are frequent (a third of the interviewees were former users at the time of the interview).

Casual and instrumental type users do not go through abstinence periods, in the strict sense of the word - there were two exceptions due to pregnancy. Should they feel the need to use during the brief periods when they abstain, they can control it with relative ease

Cocaine hydrochloride, intra-nasal (Cochabamba)

Nearly a quarter of cocaine hydrochloride users have tried to quit use at one time or another. The main reason for wanting do so was to "reform themselves", to quit the "vice". A great many of them have

[27] Hospitalisation in treatment centres is analysed in section 9.3.1, chapter 9.

been forced to quit temporarily on account of health problems (dysfunctional type users and, to a lesser extent, instrumental type users), visits to relatives, changes in the context of use or moving out, etc. These interruptions usually cause them some problems and they experience the desire to use once again.

Among other users, the interruption to use due to relevant changes in their circumstances has not caused any upsets nor have they felt the need to use once again (casual type users -in situations such as holidays and staying with relatives. Casual type users stop using quite frequently as a mechanism of self-regulation and control. Such interruptions do not seem to create them any problem or affect their lifestyles.

In many cases, successful attempts require that users break with the habitual context of use.

Crack/cocaine hydrochloride, intravenous (Ibadan)

Not having obtained sufficient, relevant data regarding these issues, it can just be said that a significant proportion (40%) of users have tried to quit at one time or other because of various problems. Very often, it is the lack of money that forces them to stop using.

The main strategy used to avoid a relapse is move away from the use circle and context.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

When use is interrupted, usually because of serious heath problems, the interruption is nearly always for short periods. According to interviewees, abstinence causes such craving that they end up using again. This is particularly true among crack users; all of them were in an active phase of use when interviewed. In addition, they frequently substitute crack with another drug to fight against anxiety. The drug of choice being cocaine hydrochloride - intra-nasal method.

Intravenous cocaine hydrochloride users exhibit a similar situation when active. A good many of the former users making up the sub-sample substituted intravenous use of cocaine hydrochloride with crack or other drugs which they used compulsively.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Although the information obtained is insufficient, the data here seem to agree with what was described in Sao Paolo. Interviewees report clearly on the craving they feel as a result of quitting. In many cases, they use, intensively, other drugs such as cocaine hydrochloride (intranasal method) to fight against the craving.

8.3.2 Positive consequences in relevant aspects of social life[28]

[28] It is likely that some of the opinions and evaluations analysed in this and the next section include some which are not based on the interviewees' own experience. And though they are but a few cases, they may be significant in some of the issues. Wherever possible we have indicated whether the opinions or evaluations result from personal experiences. On the other hand, some interviewees have limited themselves to narrating their personal experiences without adding any comment or evaluation,

The purpose of this section is to analyse the positive consequences, or advantages, of use for interviewees throughout their careers of use in health and physical and mental functions; in relevant aspects of their personal and social lives: study, work, economy, interpersonal social relationships, sexual relationships, avoiding conflictive or dangerous situations, in their attitude vis-à-vis the demands of living in today's society.

Coca leaf (Cochabamba)

All the interviewees are of the opinion that the use of the coca leaf has positive consequences, in general terms.

Over half the interviewees consider it helps in their study, improving concentration and reducing fatigue. Students see as positive the fact that they can stay up to study. A minority do not find any contribution to study. The remaining interviewees did not comment on this aspect since they are not students.

Most interviewees find the 'chew' positive for work. Work benefits from 'chewing'; the more so the more intense work is because the 'chew' increases productivity and diminishes fatigue. This opinion is widely held among farmers, former miners and long-distance (lorry/bus) drivers. A few do not find the coca leaf advantageous in this context, nor have they used it for that purpose.

Nearly half consider it is indirectly advantageous for their personal income because it increases their productivity. For others whose income results from growing, transporting or selling the coca leaf, it is their livelihood: "it is the source of life. My wife and children eat thanks to it.(Hl14CB). Some declare that its therapeutic properties help them to save money by being a cheaper alternative to formal medicines. A woman who treats her diabetes with coca leaf says, "I save Bolivianos 40 (US$ 8) on a doctor and medicines" (H130CB). A few declare it lacks any advantage in this aspect.

Most think the coca leaf is a positive influence on physical health, invigorating and energising one: "it keeps you healthy" (H109CB), "it protects your teeth against cavities" (Hl14CB), "everyone should use (the coca leaf), that way people would be healthy" (H057CB).

A minority think 'chewing' has no positive consequences. This way of thinking does not necessarily rule out the therapeutic value of other ways of using the coca leaf teas or other uses (mentioned in section 3.3, chapter 3). It is also important to recall the diagnostic and treatment of culturally defined diseases.

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not having used for a specific purpose or because s/he didn't know whether it had affected any of the issues under consideration. The phrase. "has not experienced" is used to indicate such cases.

In addition, it must be pointed out that what interviewees furnish on the consequences of use throughout their careers of use, whether these are positive or not, reflects their current position at the time of the interview; in other words, they are not opinions or evaluations they have held constant over time or that necessarily refer to the career of use.

Most find it helps lucidity and capacity for concentration. Nearly a third indicate it does not affect mental health or intellectual functions.

The second aspect (the first is work) interviewees find the coca leaf has the greatest positive consequences is socialising and, in a wider sense, the survival of the traditional Andean culture. Most indicate that the fact of sharing the 'chew' improves sociability and, according to traditional type users, it also expresses and reinforces community links. 'Chewing' as part of festivities fosters socialising, especially when alcohol is drunk simultaneously. In the ritual and religious contexts, the 'chew' and the other uses of the coca leaf express and reinforce the feelings of belonging and cultural identity. For most traditional type users, not 'chewing' can be identified as a rejection of traditional Andean identity and of the systems of values and beliefs they share; it can even be an offence.

Although some interviewees declare that the 'chew' "tranquillises" and so fosters a diminution in aggressiveness and avoiding conflicts, such effects must be regarded as irrelevant.

Most think that the 'chew' reinforces their courage to face up to problems. The rest, about a quarter, find no positive consequences in this regard.

Just under half the interviewees indicate that the coca leaf influences in avoiding accidents because its use increases the level of alertness and helps to fight against fatigue and sleepiness. This point of view is confirmed by two long-distance drives who always 'chew' while driving: "I believe that if I hadn't used (the coca leaf) in my trips, I would have had many accidents. Because coca takes away sleepiness, you are more alert on the road" (H057CB). Nearly a quarter think the coca leaf has no effect on avoiding accidents; the rest, over a third, do not comment on this respect.

In short, only a few consider that none of the aspects considered has improved as a result of using the coca leaf[29]. The rest, (a minority) when they rank them, mention one or several of the following: health, study, livelihood, and avoiding accidents while the majority identify the advantages gained in the execution of their work and/or in socialising as well as its role as expression and symbol of cultural integration and belonging to a community.

Coca paste (Cochabamba)

Most users think coca paste offers no advantage or positive consequence. A quarter state that it does have some. But the detailed analysis that follows will show that many of the interviewees do in fact identify some positive consequence.

Only a few find it has some positive consequence in study: greater lucidity, increase in the capacity to understand, greater enthusiasm for studying. etc. In all cases, they are low-level users.

[29] The purpose of one of the questions, regarding the opinions and evaluation of the positive consequences of use on the aspects under consideration in this section and the next (8.3.3) is to detect which of these aspects had really been influenced (positively or negatively) as a result of using coca side-products by having interviewees relate them to their own lives and, above all, to learn whether they have been truly relevant for them as they rank them.

At work, over half consider it has no positive advantages. Approximately a third do find positive consequences in the following: enthusiasm, diminution of fatigue, force and energy.

Those who make a living from theft and trafficking say that use improves their performance: loss of fear and an increase in confidence and daring "I could steal better and without fear."

Regarding livelihood and income, the users who find it positive are those who sell coca paste, make a living from traffic or undertake other delinquent activities.

Most do not identify any positive consequence at the physical level. Regarding mental faculties, a fourth indicate that use producer greater lucidity, keeps you awake, gives tranquillity, a feeling of well-being and superiority. The rest declare that it does not have any positive consequence.

Most say that it does not foster interpersonal relationships. But approximately a third think otherwise; the use of coca paste is positive because it facilitates communication with friends and other users and integration in the group. The latter belong all to user groups (especially street children).

A quarter declare it facilitates sexual activity because it lowers inhibition and it increases excitement. The remaining users have not used it for this purpose or do not find it useful.

None of the interviewees thinks it helps to avoid aggressiveness, violence or accidents.

Feeling courage is a positive consequence frequently identified (60%). Interviewees say coca paste helps them face risk situations and the dangers inherent to the illicit nature of use and purchase of the drug: "it gives me courage, I could face anything," "I had courage to steal and fight. You are not afraid, you are more aggressive and look for fights." Those who have not been involved in situations of risk do not indicate use as an advantage.

When ranking positive consequences, most interviewees declare that none of the aspects of their lives has improved as a result of using coca paste. Nevertheless, a few single out the following in decreasing order: capacity to face danger (increase in courage); work; interpersonal social and sexual relationships.

Casual and instrumental type users while recognising the positive consequences recognise the transitory nature of these.

Dysfunctional type users, while not wanting to devalue the other advantages mentioned, mention as the only positive consequence the fact that it gives them courage, a key element to survive in a particularly hostile world.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Over half think it does not give them any advantage. The rest (44%) consider it does or it may do. A third think it may help with study because it fosters the capacity to concentrate and lucidity; over half think it does not help and a minority do not answer.

Over a third indicate cocaine hydrochloride helps at work, increasing efficiency and productivity (mainly instrumental type users). The rest, just under half of the sub-sample, state that cocaine hydrochloride does not help at work.

Most think use is not advantageous in the economic sphere. A few indicate that the advantages here are related to traffic, not to use.

Most think the use of cocaine hydrochloride is not beneficial for one's health. A quarter say it does; they feel stronger. These effects, however, are short lived and when they wear off, users feel weakness and heaviness. A few do not comment.

Most do not find any positive consequence for one's mental health. Approximately a third say it does, but fail to identify them clearly.

Half the interviewees believe it has positive consequences in their social relationships, in general, and especially with one's close friends and relatives. These advantages are that it helps communication, socialising and widening one's circle. The other half find no positive consequences.

Only a minority do not comment on whether it helps in sexual relationships. Most say it does and approximately a third think it does not.

Nearly all state it has no positive consequences in avoiding conflicts or accidents nor in controlling aggressive or dangerous situations.

Half the sub-sample consider use increases courage and a feeling of security to face conflictive situations or the usual tensions in life.

An important proportion (40%) declare that use has not improved any of the aspects considered. The rest, the majority indicate that some aspects benefited from use, but no aspect stands out as benefiting the most. A minority (casual and instrumental type users) mention study, work and social relationships.

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

In general, only a minority think the use of crack or cocaine hydrochloride implies advantages or positive consequences throughout their lives. When viewed individually, some aspects are singled out by more interviewees as positive but, in none of the cases does this amount to over a third of them

Only a few declare that use improves their capacity for concentration or assimilation of contents in study. A similar number think it has no advantages and most do not comment on this aspect or have no experience in this respect.

For just under a third of the sample, use increases capacity for work and productivity. A quarter think it does not and the rest do not make any comment.

Regarding their livelihood, under a quarter say it has advantages (it is their source of income - drug traffic). A similar proportion find no advantages and over half do not answer this question.

A quarter state that it has positive consequences on physical health because the user is filled with energies. Regarding mental health, a quarter say it does because they feel well and happy when they were bored or depressed. The rest think there are no advantages (about 20%) and the majority do not comment on this point.

Under a quarter state that use has had positive effects with the people in their close social circle. Only a minority in their social relationships in general. A majority do not answer.

Only a few think use improves sexual relationships. A fourth say there are no changes resulting from use. The majority furnish no answer.

Only a few find it has a positive effect on avoiding accidents or giving more courage to face problems.

A third, paradoxically, think it fosters avoiding aggressiveness and violence because "it calms you down," "it cools you down when provoked." A half did not answer and a minority believe it has no effects.

Most do not report on the aspects here studied that have improved thanks to use. The few who do identify the following in decreasing order: work, study and, in one or two cases, sexual relationships, mental health and livelihood.

Crack (Sao Paulo)

Nearly all interviewees state that the use of crack does not involve any advantage or positive consequence: "it is not good for anything" (K06SP) The rest mention as primary advantages the improvement of certain mental faculties (lucidity, perception), increase in self-confidence and courage. In fact, as the interviewees themselves mention, crack does not really give them more courage or self-confidence, but makes them oblivious to "danger" and so they can face or expose themselves to any kind of situation, even those that are objectively dangerous.

Only one interviewee states that his sexual life has improved as a result of using crack and another that it has positive consequences in his dealing with other people (improvement in socialising). In short, interviewees do not identify positive consequences nor advantages.

(Crack) does not imply any advantages; just some moments of intense pleasure (K05SP)

Cocaine hydrochloride, intravenous (Sao Paulo)

Like crack users, nearly all interviewees state that use has no advantages. The rest identify as primary advantages: "improvement of your mind" resulting from intense sensation of pleasure and an increase in "self-assurance and courage," as a transitory, virtual reality.

It is not the case that people are not afraid of anything, on the contrary, they are more careless. What happens is they act heedless of consequences.

No user interviewed thinks that any of the aspects under study bas improved permanently as a result of using.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees do not assign any advantages or positive consequences to consumption throughout their careers of use in general terms. Reporting on each aspect separately, the proportion of interviewees who identify the existence of positive consequences go beyond a quarter.

Only one or two interviewees think that use implies or may imply advantages in study (greater concentration and lucidity), income (as a business), physical health (no reasons given) and to "have courage" with the meaning seen earlier.

A quarter state that it implies advantages in work because it increases energies, capacity for work and, in some cases, heightens creativity. This opinion is valid for certain phases in intravenous use when users retain some control over their consumption and more so in relation to intra-nasal use.

(Intravenous use of cocaine hydrochloride) helps me at work; in the combination of colours, in making up slogans, in drawing (the interviewee is a craftsman) (I10RJ)

Cocaine (intravenous method) can help you in the sense of meeting goals at work or study, but it does not ensure that you do your work well or that you study well, as if you were not drugged. 'Madness' it is 'madness' (the effects of using are only effects), nothing is done correctly. (I25RJ)

Only a few say that use has positive consequences in mental health. In fact, they refer to an attitude since it helps them to forget, albeit temporarily, their problems. Most think it has no advantages.

Just under a quarter think intravenous use of cocaine hydrochloride facilitates social intercourse by making the user more open and talkative, facilitating contact with other users. Otherwise, the relationships are difficult and get weak.

A minority state that it increases desire and, to a lesser extent, sexual activity. According to the same interviewees, excessive use leads to incapacity to have sex.

In sex, you go to have sexual relations all night, but (the use of intravenous cocaine hydrochloride) makes it difficult to enjoy sex (11 ORJ)

Only a few indicate some positive consequences resulting from use - social relationships (among users) and sexual relationships. Nearly all fail to identify any advantage or positive effect.

8.3.3 Negative consequences of use.

We report here on the negative consequences or disadvantages of use on physical and mental health and on personal issues such as social life, study, work, livelihood, sexual life as potential sources of conflictive or dangerous situations.

Coca leaf (Cochabamba)

Nearly all 'chewers' say that use does not involve any negative consequence.

A minority state that those who do not chew reject 'chewers'. This rejection arises from being "modern"; the 'chew' then is seen as a sign of backwardness' and 'poverty', something to do with` 'the indigenous population'. This tends to happen to anything associated to traditional Andean culture. Growers of the coca bush point out the repression they suffer from law-enforcement agencies. This is what a grower from the Chapare region says:

They want to associate us to drug traffic. We sometimes have problems with the UMOPAR (drug-enforcement police body) who do what the DEA 'gringos' (from the USA) tell them to do (H103 CB).

A minority state that the coca leaf "brings about problems" only when it is used together with alcohol. The problems here are associated more to alcohol abuse.

Nearly the totality of interviewees consider that the expense made on purchasing the coca leaf is not detrimental to their economy.

Nearly a quarter have witnessed discussions over the price of the leaf, but such events are common in the process of negotiating a pace. They have also witnessed violent scenes produced by law-enforcement agencies.

There are problems every day as a result of their wanting to reduce the coca fields. Members of UMOPAR take us out of our houses, They beat us, They rape our wives and daughters. We have to run away when they do house searches (Hl 14CB).

Nearly all 'chewers' state they have not been pressurised to abandon the 'chew'[30]. However, some stop 'chewing' when they move out of their permanent residence or to avoid rejection from visitors or other people. This would account for a good many of the interruptions in use for short periods.

Coca paste (Cochabamba)

Most interviewees say that the use of coca paste involves many negative consequences.

[30] Users were asked whether use brought about pressure, informal social control, in the context of one's primary social circle (relatives, close friends) to force them to reduce and eventually quit the use of any of the coca side-products. Also, whether such pressures, if they existed, were positive (support mechanisms) or negative (more or less rigid control mechanisms - including hospitalisation or expulsion from a give social circle.

In study, most indicate lack of interest, problems in learning by heart or to recall mnemonic contents. A few say it does not affect in this respect and a quarter have not experienced or do not answer the question.

Most interviewees say that use affects work negatively producing lack of interest and reducing efficiency. A third believe there are no effects and a minority have never used it for work.

Most indicate that they waste and distract money from other needs. A minority, casual type users, whose level of use is low, do not find any negative effects. Nor do those who make a living from traffic.

Nearly all indicate that the aspects worst affected and that worry them most are related to physical health: losing weight, chronic headache, weakness, restlessness, problems with teeth. Use during pregnancy (3 interviewees) brought about one abortion, an underweight baby and a mentally retarded baby. Only a few do not refer to physical problems. The casual type users and a few instrumental type users refer to fewer or less serious health problems.

Regarding mental faculties, most describe a faulty memory, forgetting mainly recent events, diminution in the capacity to concentrate and learning new things. Only a few do not mention any negative aspects or do not contribute.

Most agree in declaring that the relationship with one's family deteriorates due to the anti-social behaviour of the user (theft of household objects to finance use, delinquent activities in general, changes in personality and character (irritability, irresponsibility, not carrying out one's role and duties in the family), quitting study and work, etc. These conflicts usually lead to a separation and an expulsion from the social cell.

Most social relationships are negatively affected. Most users single out rejection and social marginality resulting from use. This is how one describes it:

People look down on me. They do not welcome me anywhere because I am a junkie... I cannot have any kind of relationship. They all despise me (P073CB).

Casual and instrumental type users do not indicate problems at home or friends nor any social rejection. Nevertheless they admit that these could happen if non-user relatives and friends discovered their use: "I have no problems, but I feel I am a failure of a daughter."

Over a third indicate that use implies disadvantages in sexual relationships. These interviewees identify loss of interest and that coca paste fosters promiscuity.

There is a close link between conflict and aggression and use. Most mention having been involved in situations of violence, fights and even clashes with knives and the like, and other weapons like guns, all under the effects of coca paste. An interviewee admits having killed people. A third of the interviewees do not mention this as a negative aspect, though some have witnessed these situations. Some have also been involved in violent deeds related to traffic.

I witnessed a punch-up between two friends. One would not give the other some 'sulphate' (coca paste) (P 149CB).

Yes. A friend had a knifed stabbed in his stomach by somebody who wanted his pitillos' (cigarettes with coca paste) (Pl73CB).

There has been aggressiveness between buyer and seller when the amount sold was not the right amount (P 119CB).

Most have had problems with the law because of violent behaviour, theft, aggressiveness and other anti-social deeds. This has only affected dysfunctional type users.

Over a half declare that use leads to accidents. Most are falls involving fractures, wounds and head traumas.

For nearly a third of the interviewees, every aspect of their lives has been seriously affected by use. Most of the remaining cases have been affected. The following, in decreasing order, are the main aspects: health and family relationships. For a minority of users, studies, work and social relationships.

Most casual and instrumental type users have also experienced negative effects in health, study and work. These problems have not been as serious as those of dysfunctional type users.

Most dysfunctional type users (they constitute most of the sub-sample) indicate that all or nearly every aspect of their lives has been seriously harmed by use. The harm is greater the longer the use. The areas most affected are (in decreasing order): health, family and social relationships, work and safety (because of the violence inherent to the context; violence among users and with the police forces. Most live in social marginality, temporarily (while in periods of intensive use) or for good.

I lost my house and a lot of money. I divorced. My son was hysteric. I was a wretch (physically) and I had a road accident because of use (coca paste). (P063CB)

I had no problems. I used 'crystal (cocaine hydrochloride). I would use from 6 in the morning; I would have a bath, sex with my wife - ever thing was fine -. I would eat, drink with the 'crystal. The 'sulphate' (coca paste) would not let me eat, I had to hide. I became paranoid. (PI 20CB)

Among dysfunctional type users, the sub-type, street children, exhibit characteristics that must be indicated. The problems they have as a result of use are even worse given that they reinforce or add to existing serious problems resulting from being socially marginalized. They try to survive in a hostile environment being subject to all types of abuse, violence and repression (often illegal and) from law enforcement agencies.

They kept me in the farm in Chimore (a correctional-type prison) 6 times, in jail cells, 40 times - all because of theft or just because I smoked 'pitillos'. In the latter case this was illegal. Once you get known, you are always arrested (P137CB)

Health problems precede the use of coca paste given the shortcomings in nutrition; use makes them worse.

I looked terrible: pale, sun-burnt and skinny. I ate, but very little; I would not stop smoking (coca paste) a single day. (P134CB)

Family pressure, especially coming from parents, is strong and continuous for dysfunctional type users to quit. The pressure implies threats of being expelled from their homes or a split up (in case of marriages or couples). In this sense, one must recall that a good many of the dysfunctional type users and not only street children have no contacts with their families and therefore live alone or with other users who constitute, almost exclusively, their only social circle.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees think the use of cocaine hydrochloride brings about negative consequences. A third think it has none.

Over a third think it does not affect study. A similar proportion say it does: missing classes, a loss in interest and energy to study. The rest do not comment.

Nearly half think it does not affect work. Approximately a third think otherwise; they say it brings about a loss in interest and energies. The rest do not comment or have not had work experiences. It must be recalled that only some of the interviewees (all of them instrumental type users) have used at work, more or less regularly, throughout their careers of use.

Most declare that it affects their livelihoods negatively. The few who think otherwise have either high income levels or are involved in traffic.

Most think it affects mental faculties negatively. They single out concentration problems and, to a lesser extent, memory problems. A few describe situations of disorientation.

A third comment on the following negative consequences for family life: distancing among members, increase in mistrust and conflicts. The same proportion also indicate negative effects in one's social circle, reducing it or losing interest for its members. Most declare it has no negative consequences regarding these aspects.

Over a third point out an increase in aggressiveness and violent reactions among users. Nevertheless violence may result more from alcohol abuse than from using cocaine hydrochloride (in any case, one must not forget personal trait.). The same can be said of car accidents, often caused when abusing alcohol and cocaine hydrochloride ("I think the car accident was due more to alcohol abuse"). Most say they do not drive when they are drunk or have used cocaine hydrochloride.

Finally, a fourth have had problems with the law as a consequence of use.

The most affected users have been dysfunctional type users. The most significant problems are psychological in nature: they cannot concentrate, forgetfulness, disorientation, sudden changes in temper, greater irritability and, in some cases, anguish. Other significant areas are: family circle and social circle (isolation, loneliness).

Casual and instrumental type users mention less serious negative consequences than those affecting dysfunctional type users. The aspect most affected has been physical health (they mention a variety of problems characterised as not serious) and personal economy. A few mention temporary problems in concentration and greater irritability. Instrumental type users identify as most serious the problems of concentration, with the family circle and at work (problems in adequately carrying out one's duties).

Most interviewees have not been pressurised to reduce or quit use by either their family or closer social circle. Nearly a quarter say they have been pressurised. In many cases, it is not exactly pressure, but friendly advice and support not excluding moral and affective blame. In the case of couples, there are mechanisms of informal social control: threats of separation, expulsion from the household, having them arrested, take the children away from them. etc. Some say they are not pressurised because their family circle is not aware of the problem. Only a few say they receive this type of pressure from friends or colleagues at work.

Crack / cocaine hydrochloride, smoked/inhaled (Ibadan)

Most interviewees state that the use of crack or cocaine hydrochloride involves negative consequences. .

Half the sample think use brings about a loss in interest for study. In many cases this lack of interest leads to abandoning it. The remaining interviewees do not comment.

Most think that use fosters work absenteeism and is detrimental to the execution of one's duties, often leading to losing the job. A quarter do not comment and a few say there are no negative effects. In any case, it is worth commenting that most of the interviewees in Ibadan are unemployed.

Most declare use implies serious economic problems. A quarter do not answer (some are involved in traffic).

Most report negative consequences for health, though these are not specified. A minority say it is not detrimental and the rest do not answer.

Although the information obtained is not detailed and specifically related to the aspect in question, most interviewees declare that it is detrimental to mental functions and it brings about psychological changes. The rest do not answer.

The family and social circles of most of the cases in the sample were negatively affected by the use of crack or cocaine hydrochloride. Only a few declare that they have not been affected. A quarter of the interviewees do not report on this aspect.

A third declare the use of either drug brings about a diminution in desire and is detrimental in sexual relationships. Half of the sample do no comment on it and the rest say there are no negative consequences.

A significant percentage (40%) believe use increases aggressiveness and fosters conflictive or violent situations. Only a minority think otherwise and half do not answer. Regarding this question, most interviewees indicate they witnessed or know about conflictive situations mostly involving physical aggression, directly related to use. Many of the them have been personally involved in violent situations.

Most interviewees have had violent exchanges with drug dealers on account of the bad quality of the substances (impurities).

As to whether use has involved them into legal problems or with the law-enforcement agencies, most do not answer. A quarter say they have never had any problems and a few say that they have without giving any details.

Most interviewees do not rank the aspects of their life that might have been negatively affected. They simply mention work and study.

Most interviewees have been pressed by members of family and social circles to quit use. In Nigeria, the use of drugs is far from being normalised: there is strong social rejection of users and they tend to be stigmatised. Families frequently exclude users and sever all links with them. Of course, this does not happen in every case; in fact, a good many of our interviewees received help and support from relatives but more often, this help came from friends.

Crack (Sao Paulo)

All the users declare the use of crack brings about negative consequences; in addition, many of these are serious. Remembering that all the users here are of the dysfunctional type, read the following from a female user

It is very depressing. I let go completely. I stopped going to work I had no links with anyone. I loved no one, not even myself. I abandoned my family; I no longer wanted to see my beloved. On the contrary, I felt rage against them. I felt like garbage. Everything around me was garbage. My clothes were dirty; I didn't care about hygiene. There was nothing. I and everything around me was falling to pieces. I lost my job, money, family, friends, dignity. The more I lost, the more (crack) I used (K01SP)

Only two interviewees declare that use has not been detrimental in their study. The rest say that no level of concentration is possible when using crack. School and use are incompatible and there is no motivation to study.

Whoever uses crack won't go to school. (K02SP)

Work and crack seem also to be incompatible. Their capacity to pay attention, to understand and to assume responsibility are seriously affected and so they cannot work. The few who work do so in the street and/or have flexible working hours. Their jobs are temporary or they work for understanding relatives.

All users single out economic problems arising from use. Since this sub-sample is made up mostly of low to low-to-middle classes individuals who are in most cases unemployed, use implies selling possessions or stealing from relatives and ending up in delinquent activities to finance use: theft, small scale traffic or working as 'planes' (messengers for dealers). They declare they spend every penny on crack. Prostitution is another means for financing use (three cases in this sub-sample).

I sold all my things and my mother's (to buy crack). (K10SP)

Being pregnant I prostituted myself just for one 'stone'. This will give you an idea of how far one can go. Nothing is worth anything, there is nothing but crack (K08SP)

Nearly all interviewees identify negative consequences for health. These include a change in one's looks as an indicator of health problems or associated to them. They single out loss of appetite leading to weight loss. In fact getting skinny fast is one of the noticeable signs of the body's deterioration. They also mention respiratory problems.

In addition to my body being run down, I lost 20 kilograms. (K37SP)

I developed a bronchitis and stomach-ache. (K22SP)

Getting thin and being careless (personal hygiene) defines the characteristic crack user.

What distinguishes most is your looks. A crack user lives even worse than a 'gavels' dweller. You sleep on the pavement. A person like me, were you to see me' tomorrow, would be scantily dressed, because I don't have what to put on. A cloth of my back, slippers, sleeping on the pavement because of crack (K08SP)

Only two interviewees say mental faculties benefit from the use of crack, but only temporarily. The rest indicate it only causes serious health problems and mental and intellectual faculties.

At first, (crack) improves the capacity to think, your ideas are sharper, but is just an illusion. (K36SP)

It blots you out. You just think about crack and where to get money to buy it. (K26SP)

I forget many things (because of using crack). I am an anxious, nervous person. (K28SP)

Most describe a worsening in the relations with a social circle due to a lack of interest for people. Those who live with a partner indicate that their relations go from bad to worse; in some cases this leads to a split up.

Use only makes things worse (relationships with other people). The user moves out, loses interest in holding a conversation, of being with other people. Life is but the drug (crack). (K32SP)

The dysfunctional use of crack, characteristic of all the interviewees in the sub-sample, brings about an intense diminution of sexual desire and makes it difficult or impossible to have sex. Sexual relations become unsatisfactory (no orgasms)

I became impotent, as a result. (K37SP)

I couldn't see her as a woman, she was just another user. My feelings towards her changed.. I couldn't manage to touch her, nor to talk to her. Sex was horrible, forced. Only crack was important. (K14SP)

Nearly all declare crack generates violence and aggressiveness. Users distinguish between the period of use and in-between. While using, they are fearful and defenceless. It is during the phase of craving, when the effects of crack wear off, and especially when the user lacks a new doses that they are aggressive and violent. Interviewees can do anything to get crack when they are abstinent as a result of the intense compulsion they feel.

The person who is addicted is defenceless; he is not aggressive. He becomes aggressive when he doesn't have the drug or when he wants to use. (K15SP)

The most common situations of violence witnessed by interviewees happened between drug dealers and users (from being swindled, debts or theft) or between the police and users and/or dealers. In general the conflicts are due more to traffic or to money than to repression from the police.

A friend of mine was murdered by a dealer. It happened in a light... he tried to rob the dealer and he broke his head. (K36SP)

The police is terrible. It invades the shanty town ('the morro'), it beats people and it shoots. (K05SP)

There is a high risk of suffering all types of accidents while using crack.

For the totality of the sub-sample, all the aspects considered here have been negatively affected as a result of using crack.

Cocaine hydrochloride, intravenous (Sao Paulo)

There are no substantive differences between what users said about the negative consequences of crack and cocaine hydrochloride (intravenous method). Only a few interviewees identify less serious consequences in some particular aspects.

A significant number of interviewees declare their family and social circles are not totality affected by use. It must be remembered that half the sub-sample have managed to maintain, though precariously

and in a conflictive manner, a normalised social circle. This fact has been the key factor that determined their categorisation as a sub-type (see section 3.4, chapter 3).

Incompatibility between use and study or work is also identified. Some interviewees say they managed to maintain jobs temporarily while using. This is more frequent among individuals in the sub-type mentioned above; they also manage to hold on to a job for longer. (the jobs are characterised by having flexible timetables, requiring a low level of responsibility and are frequently provided by relatives).

Aggressiveness, conflicts and violence are also mentioned with the same characteristics as for the use of crack but less frequently. Regarding sexual life, there is agreement.

Intravenous use of cocaine hydrochloride seems to be more detrimental to health then the use of crack: hepatitis, AIDS, cirrhosis (due to high levels of alcohol abuse that accompanies the intravenous use of cocaine hydrochloride). Although over half the interviewees are HIV positive, none saw this as the most important negative consequence of use.

Both types of users have been under pressure to (informal social control) to quit. The pressure goes from conversations where support is offered or, more frequently, where the user is threatened, with hospitalisation. Most interviewees reject family intervention

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees consider that the use of cocaine hydrochloride brings about negative consequences in health and in the other aspects analysed here.

Most think it affects study and work negatively: loss of interest, diminution of concentration and greater absenteeism. A minority think that it has no negative consequences for study and a third in work. The rest do not answer.

Most interviewees consider that the use of cocaine hydrochloride affects personal economy and health. In order to pay for their use, they have to undertake delinquent or illicit activities (theft, drug dealing or prostitution)

You spend a lot of money (on cocaine hydrochloride); I spent all I had, including the rent money. Another occasion I sold the blender, the radio, the video,... (I19RJ)

Among health problems, the most mentioned are weight loss and pain in the circulatory system.

Over half think it affects mental health, but they do not identify any specific problem. The rest think it does not.

Most declare it diminished desire and makes it difficult to have sexual activities.

Most think use and, above all, abstinence, lead to an increase in aggressiveness and conflicts. A third do not think use has these consequences. However, most interviewees have observed conflicts or fights related to use (over a third of them have actually taken part in them). Over a third of the fights

are related to traffic (20% of the interviewees have been involved in them). The reasons for these fights are the same as those caused in Sao Paolo. In addition, nearly half the sample have had problems with the law or with the police.

Most interviewees declare that the relations with the family and social circles deteriorate and break. Those who do not find use brings about negative consequences are users who have managed to maintain, though precariously, normalised social relations (they belong to the subtype already mentioned). A consequence mentioned is the loss of credibility.

> *They no longer believe in you. They think you are incoherent, a liar*. (I17RJ)

The main aspects interviewees consider have got worse in their lives as a result of use are personal economy and health.

Most interviewees say they have been pressurised sometimes quite strongly, by their relatives or close friends. Most have also received help and support from the same people to solve the problems related to use.

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9. Health related problems and health care services.

9.1 Perceptions of risk

The aim of this section is to analyse the factors and risks defining a "problematic or dangerous pattern of use" or "controlled used" of the various coca side-products, seeking to identify their characteristics and the circumstances that might give rise to them. Also, whether use necessarily generates dependence or this happens only under given circumstances. All these are analysed based on the perceptions and arguments of the interviewees, making use of their own definitions.

Coca leaf (Cochabamba)

Nearly all interviewees think there are no risks involved in using the coca leaf. It is not an addiction but a habit (belonging to the traditional cultural context) (H013CB). Traditional type users explain in certain detail that the characteristics that define their use are not problematic (in fact, they make a distinction with other types of use that might be): culturally regulated use (by customary use), mainly associated to work and to the amounts and frequency as determined by "tradition."

As indicated throughout this report, use as performed by all traditional users (most individuals in the sub-sample and in the user population as a whole) and most instrumental type users corresponds to these characteristics. The remaining users, though not fitting the traditional pattern of use, also use moderately and none of them reports on "problematic, uncontrolled or risky use."

The following are mentioned as risk indicators: using "outside the work context" (H001CB), "every day, including rest days" (H129CB), not to observe pauses lasting 3 to 4 hours between one 'chew ball' and the next (habitual use frequency). All these indicators are strictly related to work patterns. In general, it is also considered as a risk factor to use "exaggerated amounts" or when there is no justifying motive. Risk factors will only become real if there is excessive length of use or frequency. Should these circumstances exist, something thought to be exceptional, and if they happen together, some interviewees think the 'chew' could become an 'addiction.' If this situation arises (something equivalent to dependence), these users will not be able to stop 'chewing' and if they do, "they will despair" or, according to these interviewees "would strongly feel the lack of the coca leaf"

Rounding up this point and purely as a theoretical exercise, it is worth considering the possible existence of traditional type users who can be regarded as drug abusers. Were they to exist (the data obtained seems to hint at it), they would be aged individuals, no longer capable of performing work or participating in community activities, be they religious of festive, who do not feed well and whose main energy source is their 'chew' of the coca leaf. They 'chew as they have done all their lives; even though the reasons for doing it have long disappeared. It might be that 'chewing' is their only activity. If this is true, it might merit some investigation: this 'dependence' on the coca leaf does not imply a problem from the perspective of public health, nor, probably for the old people themselves. In any case, the number of these cases must be negligible, being fewer than of those that are prescribed benzodiazepines in developed countries.

Further exploring this theoretical aspect, it is also possible that some individuals develop a dysfunctional use of the coca leaf with consequence , similar to those for other coca side-products. This unlikely type of use would effectively require the daily 'chew' of massive amounts of coca leaf - with the inherent technical problems involved (it is worth remembering that in the 'chew' the leaves are sucked - not chewed, in fact). It is more likely for isolated cases of individuals whose level of use is very intense, not related with traditional use; a more or less compulsive use (dependence?), similar to the use that exists for certain stimulant beverages and having similar consequences.

Coca paste (Cochabamba)

Most interviewees consider that if use is maintained at a level (frequency and amount) regarded as suitable by each user, there would be no problems. This self-imposed level of use would vary from individual to individual and would be the risk threshold. A user defines this level: "control means not using in excess. Smoking three times a week is most suitable for me." A "non problematic or controlled" use is defined primarily in terms of the level of use. Other interviewees would define it in terms of the non-existence of compulsivity. The remaining minority, all of them dysfunctional type users, state there is no controlled level of use.

The main problem is to know whether it is possible to maintain that level of use stable and, above all, whether it can be "controlled" throughout the users career. Most interviewees who declare that it is

possible to maintain a "controlled level of use," deny this possibility in the long term. These interviewees, making up the majority of the sub-sample, say that controlled use exists only at the beginning (it is the period when "the level of use is suitable." After, there is an evolution in use and, very soon after, a dysfunctional type use.

There is no use for fun; perhaps, at first (P119CB).

I believe that all those who use (coca paste) control it at first, but they then fall (into dysfunctional type use) (P131CB).

It brings about addiction because you become controlled by the drug; if you don't use, you are short of air, your hand is missing. If you don't get it, you want to die (P115CB).

The remaining interviewees, a minority, who believe that the level of use can be kept under control over time are all casual and instrumental type users. Their points of view and those of dysfunctional type users reflect their personal use experience. As was seen in chapter 6, casual and instrumental type users have managed to maintain a relatively stable level of use for , using low amounts and not using daily. Given that their careers of use have not lasted more than five years, one might comment that the reason they have managed to keep their use under control is that they have been using for "a short time." In answer to this, it can be pointed out that 2 or 3 years of use seems to be "sufficient time" given that in this sub-sample there is a predominance of very fast processes of evolution lasting days or weeks, from controlled to compulsive use.

The reason why the pattern of use of this minority is stressed (even though they are a minority in the sub-sample and in the user population as a whole) is related to other research papers that have identified controlled levels of use of coca paste similar to the ones described above. Research papers that have analysed, like this, intra-nasal use of cocaine hydrochloride.

The detection of casual type users, above all and, of instrumental type users of coca paste is an important finding since it demonstrates that the us ; of this side-product is not always of the dysfunctional type.

It is obvious that controlled use does not exclude problems (it was seen in chapter 8 that it does), but these are minor problems. Also, a controlled and stable pattern of use lasting several years does not rule out an evolution towards compulsive (dysfunctional) use in, let’s say, two months or that this pattern is maintained unchanged for another five years, or longer. This last possibility is the most likely under certain circumstances. This fact is significant because it implies a minimum level of negative consequences for the user, especially for the casual type user.

The circumstances referred to above, though not being an absolute protection, do occur: limited use and only in the context of some activities: enjoyment, socialising, work and for specific reasons related to these. In addition, there are warning mechanisms that lead users to reduce or abandon consumption

where problems appear and, especially, an awareness that if use is not kept under control, it can increase quite rapidly. Besides, they know that it generates dependence.

Of course. I am not an addict. I control my use (of coca paste). A person can keep use under control; that is, amounts that do not being about alterations to the body and lamentable events, such as death from overdose or problems with people or the law... (Controlling or not) depends of the reasons why one uses; each individual has an inner world that is different from that of the rest. (P070CB)

Interviewees identify as "problematic" a level of use that brings about health problems, social rejection and family conflicts.

A level of use becomes dangerous when the user becomes addicted turning into an anti-social being. It is easy to identify a problematic user because he lets go of his person; nothing matters to him, he doesn't change his clothes, wearing them day in day out (P149CB).

Virtually all the interviewees think that coca paste brings about dependence. They define dependence in terms of the need to use more every time (tolerance) and in the difficulty to stop using, in spite of repeated attempts (compulsivity).

Nearly all dysfunctional type users regard themselves as being drug addicted.

I think that now (coca paste) is important; it is like a meal: if you don't eat, you're hungry; if I don't smoke (coca paste), I despair. That moment I would give anything for a 'chuto' (a coca paste cigarette). (P073CB)

I think I am dominated by addiction (dependence), it invites me to join them (street children). Just thinking about a cigarette loaded with coca paste produces an emptiness in my stomach and it hurts and my head too. The only way to stop the pain is to smoke. Being a drug addict reduces you to the least of the least. (P175CB)

I felt I couldn't live without the drug (coca paste); use was the only thing that mattered. (P151CB)

The remaining individuals, a few, do not admit drug addiction and declare they "keep control". As one says:

I keep my use under control. Only when I overdo it, four or five times a week, I try to recover, locked up in my room so that my family don't see me. (P033CB)

Dysfunctional type users who have also used cocaine hydrochloride intra-nasally, in a dysfunctional style or not, claim it is easier to keep control of one's use of cocaine hydrochloride than of coca paste.

With paste, smoking was the most important; it was more addictive and denigrating. I used the 'crystal' (cocaine hydrochloride) just for fun, at the weekend. (P034CB)

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees think it is possible to use cocaine hydrochloride in a controlled fashion. The predominant criterion they use to define "controlled use" is, as in the case of coca paste, a stable amount of use: as long as the habitual frequency and amount of use are not exceeded (they vary for each individual), their "level of control" is held to be out of risk. Thus defined, the “risky or problematic" use would be characteristic of the intensive periods. Other interviewees who partly share this criterion think that the idea of control or non problematic use depends on using exclusively in given socialising and festive contexts and with occasional or monthly frequency - not daily (casual type users); also whether such level of use affects or not their work or, in general, all their various duties (instrumental type users). The rest, a minority, do not define what a "controlled use" is, nor whether it would be possible or not. They just say that they use because "they can't help it" (all of them are dysfunctional type users who regard themselves as drug addicts).

In general, our interviewees think cocaine hydrochloride is addictive and point out the following as defining markers: when their body demands greater amounts (this includes references to craving and tolerance); when they abandon their duties (loss of interest in anything that had previously mattered more than use), when they use more than three times a week (this implies an increase in the amount used and daily consumption) and when they use at any time (this means that the main reasons for use such as greater enjoyment and, to a lesser extent, greater productivity are in second place or annulled).

The remarks made about coca paste also apply here regarding the main issues in this chapter: controlled use, likelihood and consequences: problematic drug abuse and drug dependence. Nevertheless, it is important to synthetically repeat the key aspects already mentioned and discussed elsewhere in this report:

Casual and instrumental type users are most of the users in this sub-sample and do certainly predominate among the user population. Most use takes place in contexts of enjoyment (casual use) that implies low-level use. When problems appear, usually slight problems or when certain limits are broken (for example excesses in relation to habitual use, failing to fulfil one's duties) the warning (threshold for non-controlled use) is activated and the users take measures to regulate and control use. There are usually carried out with relative ease and efficiency (intermittence of use is one of its characteristics).

It may be problematic, I think, if used (cocaine hydrochloride - intra-nasally) daily or without measure. In my own circle, though we have been using for many years, none of us has become 'crooked or lost' through use (dysfunctional use) And this is good (C142CB).

It must also be remembered that this sub-sample, in contrast with coca paste users, is predominantly made up of a normalised, middle-class population who perform professional jobs and who have an academic training.

On the other hand, dysfunctional type users (a third of the sub-sample) agree with the definition of controlled use as one in which use is maintained at certain level or the kind of use that does not negatively interfere in the consumers' lives. They declare that their level of use corresponds to these characteristics;

that is, it is "controlled use;" the rest, admit drug dependence and declare that they cannot keep their level of use under control.

The pertinent question here is to sec whether these dysfunctional type users who characterise their own use as "controlled" are also including other parameters. From the point of view of casual or instrumental type users, their use is "problematic" and "high risk". In fact, the same dysfunctional type users who describe their use as controlled, admit elsewhere their incapacity to recognise and accept what is happening to them (real lack of control of the level of use and the inherent problems).

Crack/cocaine hydrochloride, smoked/inhaled (Ibadan)

Most interviewees think you cannot use crack or cocaine hydrochloride in a controlled fashion and without problems. Most declare the only way of controlling and of avoiding problems is not to initiate use. A minority suggest use of pure cocaine hydrochloride, once a week and under medical supervision. One interviewee thinks that if use is limited to festive contexts and to improve enjoyment, the use could be controlled and without problems for 10 years.

The definitions for "problematic or dangerous use" proposed by users include one or several of the following: daily use of amounts bigger than 3 grams; appearance of negative consequences in physical health (weight loss) or in mental health (hallucinations); deteriorated external aspect (dirtiness and carelessness about one's clothes); neglecting one's duties (work or otherwise); living beyond one's means or undertaking illicit activities to pay for use.

A third of the interviewees think cocaine hydrochloride and crack are addictive. A smaller proportion think they are not. The remainder (40%) do not comment.

Crack (Sao Paulo)

No controlled use of crack has been detected. Dysfunctional use seems to appear very soon (on average, after about a month); neglect and carelessness about one's aspect occur quite quickly.

All the crack users declare they have not managed to use in a controlled fashion and without problems. They think it is impossible to keep it under control.

Every crack user would like to be able to control the use of crack. We don't have the formula to control it: use is progressive and inevitable. (K04SP)

They all agree that crack brings about dependence and this is defined in similar terms by all. (This definition agrees with the definition provided by intravenous users of cocaine hydrochloride).

Dependence is wanting to stop but not managing to. (K36SP)

In general, they indicate that it is difficult to identify the start of problematic use once you start using. Unlike, intravenous use of cocaine hydrochloride, crack gives no physical warning (indicator of risk). As a result, according to users, one becomes aware of a problematic "uncontrolled, dangerous use" once it has seriously affected several aspects of one's life. Among the consequences mentioned are: loss of

dignity, changes in temperament, problems with the family and social circles and, particularly, physical wastage - neglect of one's personal hygiene and looks and weight loss.

The person is not aware of problems. The problems are there and people think they use drugs (crack) because they have problems. In fact, it is the other way round: you have problems because you use drugs. (K27SP)

Cocaine hydrochloride, intravenous (Sao Paulo)

Only three intravenous users of cocaine hydrochloride defined their use as "not problematic" in spite of the problems it has caused them directly or indirectly (among them, two of these users are HIV positive).

I used with no problems because I controlled it. I only used at the weekend and then I didn't even think about it. (I09SP)

Most interviewees think it is not possible to have "a controlled use" of cocaine hydrochloride - intravenously. Nevertheless, they manage to define it and indicate that it is difficult to maintain control (it may be possible to achieve it). They consider that control is possible if use does not exceed 1 or 2 times a week and small amounts - not clearly specified. In addition, neither syringes nor needles should be shared (safety rules leading to safe, non-problematic use).

I don't use cocaine (hydrochloride) intravenous method without problems; and I can't guarantee that anybody manages it. But there are people who say they manage to do so. (107SP)

All the interviewees declare intravenous use of cocaine hydrochloride brings about dependence and that this is in itself the main marker of a "problematic use." It is the warning signal but it comes too late; when quitting is very difficult (on account of dependence). According to the interviewees,

It is when people stop using the drug and when the drug uses us. The drug (intravenous cocaine hydrochloride) decides for us. (107SP)

Cocaine hydrochloride, intravenous (Rio de Janeiro)

You can only talk about "controlled use" if this is compatible with the maintenance of other activities, mainly work, study and family circle. According to the interviewees, the users "responsibility" is basic in achieving control over use. The user must make sure that use does not jeopardise his other activities or concerns. Therefore, interviewees consider the fulfilment of one's duties, observance of schedules and setting of one's priorities over use as indicators of control.

Two other important concepts that make up the predominant characterisation of "controlled use" and that are closely related to the concept of "responsibility" are "the capacity to distinguish one's own limitations" (perceiving a risk threshold) and stopping use when one arrives at this threshold. When this is reached, the user must recognise the need for a break and, above all, not to ignore the risk indicators

(emergence of some problem) and to reduce or stop use. To achieve this, the user who "is responsible" requires, in addition, "a clear head" (i.e. lucidity)

I know people who have used (cocaine hydrochloride) since 1965 and they did net fall (become drug abusers); they have a family and if per chance they are in a bar, drinking a beer, and somebody comes along with cocaine (hydrochloride) they may sniff a little, drink some more and then go home. There may be a kilogram near them but they won't have it. Their priority is different (not use) (I11RI)

Nowadays I can use (cocaine hydrochloride) moderately, intra-nasally and I do it without problems... I never lost my job nor was I irresponsible towards myself (I11RJ)

Not all people can use (cocaine hydrochloride). I can because I have my head in the right place and. I only use to have fun. (122RJ)

According to most interviewees "uncontrolled use" is characterised by being always "problematic". The main indicators they mention are: use becomes top priority affecting one's duties negatively; it implies expenses that cannot be afforded - users end up getting money from delinquent activities to pay for use; use is seen as the cure-it-all for all the problems that afflict them, the only way possible to feel happy. For some interviewees any type of use is "problematic" being the symptom of a problem, the expression of a disease. of existential malaise.

I don't think there is an use of cocaine hydrochloride without problems. To a certain point everything is a problem. The danger is the use in which one person no longer manages to control either the frequency nor the dose (quantity). He will use it whether there is a party or not. (I06RI)

The danger appears when you have to steal in order to use; the user who lacks the means. (110RJ)

It is dangerous when you use everyday; when you spend too much on it; when you neglect your duties; when you don't feed well, sell things from your house or steal to have money and start trafficking to get the drug (cocaine hydrochloride) (129RJ).

Most interviewees think intravenous use of cocaine hydrochloride brings about dependence. This is usually defined as craving produced by use and the subsequent difficulty (or impossibility) in quitting. Dependence is blamed both on the chemical properties of the substance and on certain psychological features of the users ("a weak head").

Using intravenously is different for this reason: some can use and stop; others go straight into addiction (dependence). They use this moment and 10 minutes later want to have another go. If they ran out, they go out to get more and use again... there is no control. The 'dust' can be controlled because cocaine is sniffed now; and later, if you want to sniff again... (you can control it more easily), but if there is drug around the person will use again. (I41RJ)

I injected (cocaine hydrochloride) because I was an idiot. I didn't know what I was doing. I was "tele-directed. "I felt like doing it and I injected; there was no other motive. I diminished use

later because I don't have a body, it won't hold any more... I caught the AIDS. People living in green houses shouldn't throw stones,... (114RJ)

I use it (inject it) alone, at home. I don't do anything especial, I drink, I listen to music, I dance,... The truth is that I have no special link to activities. I do one thing or another lust to avoid being paranoid, feeling anxious and desirous of more jabs. And though I try hard to keep it under control, I feel more need for cocaine. If I don't use, I feel bad. (109RJ)

Having arrived to this point it will be necessary to address a question that has been referred to indirectly in several places in this report. A question related to the characteristics of intravenous use of cocaine hydrochloride of some of the Rio de Janeiro interviewees. But, before doing so it is necessary to frame this question adequately repeating certain information regarding all the coca side-products and the methods of use here analysed. This repetition is, in fact, a synthesis of the issues analysed in this section, issues which are closely linked to a key theme: use typology.

It has been shown in this section that interviewees can define the existence of a "controlled use" or of a "non-problematic use." The exact meaning of "controlled use" will depend on the user's perception. In any case, the user's ability to define the use does not mean that they know of someone whose use meets those characteristics or, indeed, that their own use fits the definition.

In any case, the only types of use that fit what has been defined as "controlled" according to the data obtained are the intra-nasal casual types, above all and, also the instrumental types and a minority of coca paste users. In addition, casual use and (some instrumental type use) fit the definition of "non-problematic" use. This type of use is at the very least the type of use that involves fewer risks and negative consequences for users and for public health, in comparative terms.

The inclusion of the use of coca leaf here would be meaningless given what has already been indicated for this side-product.

Regarding crack, controlled use has not been detected in Sao Paolo nor has any of the interviewees, all of them dysfunctional type users, stated that it is possible to consume in a controlled fashion and without problems. This information is similar to the information furnished by the minority of crack users interviewed in Rio de Janeiro[31]. Although the data obtained in Ibadan does not allow to assert the existence of "controlled use" either of crack or of cocaine hydrochloride, inhaled/smoked, it does furnish sufficient evidence that there are types of users other than the usual dysfunctional type - crack (or cocaine hydrochloride smoked/inhaled) but that they are "problematic". This fact, maybe due exclusively to the socio-cultural characteristics and the stage of development of use in Nigeria -detailed in greater depth elsewhere, should be verified on account of its relevance.

[31] The Rio de Janeiro sample includes 9 crack users: 5 are intravenous cocaine hydrochloride users (main side product and method of use) who use crack as secondary side-product. The 4 others use crack mainly. As it was explained in section 2.1, chapter 2, the report has taken into account only the data related to the intravenous use of cocaine hydrochloride. The data related to the use of crack, rather limited for the cases for whom crack is a secondary side-product, has been considered, where it was relevant and possible, as complementary reference to the information obtained in Sao Paolo.

In the case of intravenous use of cocaine hydrochloride, all the users, both from Rio or from Sao Paolo have been classified as dysfunctional type users (compulsive use/drug dependence). The only difference established between them has the extent to which they manage to maintain certain normalised social links (this was the defining element for the two sub-types (see section 3.4, chapter 3). The existence or not of such links plays, be it as a cause or as a consequence, a role of variable importance as a mechanism for regulation of use and, especially, as a way of reducing its consequences; very negative, in any case, according to the data obtained.

The question addressed here - now it can be done in a concrete way - arises from the information furnished by some of the Rio de Janeiro dysfunctional type users belonging to the sub-type of those who have managed to maintain certain normalised social links. The analysis of their career of use and of the characteristics of use of such interviewees, a minority, seems to suggest that they use cocaine hydrochloride intravenously in a controlled fashion and with fewer problems than the rest. In fact, as a group, this sub-type from Rio exhibits a profile with a lower level of marginality (due perhaps to a bias in the sampling) and less serious consequences resulting from use than the equivalent group in Sao Paolo.

Throughout the report, when analysing the Rio data, remarks have been made on mixed-up information, interpretations furnished to try and understand certain anomalous data, incoherent information and contradictions have been pointed out and, in other cases, some data has not been taken into account due to these causes[32]. To be sure, this does not show exclusively in the remarks made in this sample, not even more frequently than in the others. What pas to be singled out is that some of these remarks can be re-elaborated in the light of the new interpretation attempted here. It is likely that a minority of the interviewees and; perhaps some of those in the subtype are dysfunctional type users of cocaine hydrochloride (intra-nasal method) who have a controlled use of cocaine hydrochloride (intravenous method); even more, it may be that some of them are instrumental type users with a very intense intra-nasal use (pence the question marks placed in the quotations made). The difficulty in solving this question, with the information available, lies in that it pas not always been possible to distinguish to what method of use the interviewee is referring to.

If this supposition is true, supported as it is on a significant amount of evidence[33], it constitutes an important finding because if like casual and instrumental types of use of coca paste, instrumental use

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[32] For example, footnote number 1, chapter 4 that includes an interpretation of the scant relevance of intravenous use (well argued in this case, given that it is the main cause); the, remarks made in relation to the description of the lifestyles (section 3.1, chapter 3) or concerning the reasons for use throughout the career of use (sub-section 8_ 1.4, chapter 8)

33 At the same time as mentioning this evidence, a remark is made on the effect of such evidence if such supposition is considered: it improves on the interpretation of a greater degree of social nornalisation of the interviewees complementing the reasons already proposed (section 2.2, chapter 2); also of the characteristics of use in the intensive and current or last periods of use (sub-sections 6.3.2 and 6.3.3, chapter 6); it reduces the high proportion of non-daily consumption throughout the career of use to a coherent level and it explains temporary patterns of stable use (sub-sections 6.3.4 and 6.4.1, chapter 6); it make sense of the significance of use in socialising contexts when use is not the main activity, if one assumes that both methods of use are applied simultaneously (sub-sections 7.1.2 and 7.1.4, chapter 7); it clarifies, partly, and gives its true value to the scanty number of interviewees that mention explicitly dependence as a main reason for using throughout their careers (sub-section 8.1.4, chapter 8).

is maintained under control, them the negative consequences for the users are clearly reduced, even if they continue using intensively or compulsively intra-nasally.

The following quotation can illustrate these cases well:

When I used (cocaine hydrochloride) intravenously, I would do so at weekends. I would sniff daily. The amounts would vary but they would never exceed S grams in any one session. Usually I injected and sniffed simultaneously (..). In my own personal experience, both with intra-nasal or intravenous cocaine, I haven't experienced any negative effects since my level of use, in spite of being intense at times, was never compulsive. (I41 RJ)

This supposition should be tested and contrasted and it would be important to make a deeper study due to the relevance it has for public health One cannot discard either the existence of casual intra-nasal cocaine hydrochloride users who use intravenously with certain regularity. This type of intravenous use (casual, controlled and a little problematic), has been detected in Sidney, Australia, among casual intra-nasal cocaine hydrochloride users who constitute the homosexual sub-culture (Finnerman, 1995).

9.2 Knowledge about treatment services

The contents of this sub-section brings together the knowledge interviewees have about treatment and/or rehabilitation services for drug-related problems (none of them is specialised on one or several coca side-products). Also whether they know about the programs that are run in such services.[34]

Coca leaf (Cochabamba)

Virtually all interviewees are completely unaware of the existence of treatment services for drug-related problems. A third confuse them with institutions that deal with prevention since their names are often heard/seen in the mass media. Only three interviewees mentioned the name of one of the most important and best-known services in Cochabamba and, only one knew its address (having been hospitalised because of alcoholism). Other than this interviewee, none knew about the existence or characteristics of the treatment or rehabilitation programmes.

Coca paste (Cochabamba)

Most interviewees do not know either the name or the location of any treatment service, but some know that they exist. Some know the names of institutions that deal with prevention through TV campaigns, help over the phone, etc., identifying them erroneously as treatment services. A minority

[34] A description and study of the various services, institutions - private or public - that work on the field of drugs and drug dependence in any of its areas (prevention, treatment and rehabilitation) in the four cities where this research has taken place are not objectives of this project. All that has been done is to enquire into the knowledge interviewees have regarding such services, collecting their own evaluations without any attempt at testing their validity against other sources; that is, whether they know about their existence, whether they know about extent of use and availability; how the interviewees evaluate their services, whether the interviewees have actually used the services and what their experience was like. The work alluded to here is part of the two reports *in Initiative on Cocaine*, WHO/UNICRI, Flaherty, 1995; Finnerman, 1995).

know about various rehabilitation centres and shelter homes for street children but, in general, name them without specifying the nature of their work.

In general, interviewees do not know about existing therapeutic programs. (Unless otherwise indicated in this section, all the treatment programmes referred to deal with drugs in general). If they happen to know something, this knowledge is limited and superficial. In fact, the only interviewees who knew about them had either been hospitalised or told about them by street educators.

Just over half the interviewees think treatment or rehabilitation centres or programmes are only effective if the user seeks their services of his own will. The problems at these centres are mainly economic, i.e. lack of funds. They also think that the user who needs them can use them since most are free; all he needs is the will to go there.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Most interviewees know, if only in a generic fashion, about the existence of help and treatment centres and services for drug-related problems. Half of them are reasonably informed about their characteristics and the type of treatment they offer. Their sources of information are friends and relatives, personal visits to such centres (including individuals who have not received any service from them), from reading/watching about them on the mass media, especially TV.

Crack/cocaine hydrochloride, intravenous (Ibadan)

Most interviewees know about the existence of treatment services and mentions the most important in the region.

Some interviewees also mention the existence of other forms of treatment: religious guidance or traditional ways, but fail to provide more information about them.

Nearly half the sample declare that they know something about the drug dependence treatment programmes. But in general, this knowledge seems to be superficial. Only a few indicate a predominance of psychotherapy in the treatment programmes.

Most interviewees say they cannot evaluate the functioning of such services or the efficacy of the programs since they lack the necessary elements. The rest, just under a quarter value them positively (some of them have actually received treatment).

Most interviewees say that when problems arise in the use of any coca side-product, users seek out help quickly and so go to the treatment services.

Crack and cocaine hydrochloride, intravenous (Sao Paulo)

A third of the interviewees say they do not know any treatment service; the rest know them having used them or having learnt about them through friends, acquaintances or relatives. Informal communication channels seem to play an important role in the awareness of such services.

I learnt about this treatment place through an acquaintance of my mother. She then made me go there. (K36SP)

In general, the evaluations are negative. But nearly all interviewees declare that the success or failure of any treatment depends ultimately on the will of the person who receives the treatment.

The centres and programs they mention most are those of self-help groups; they are evaluated positively and negatively in very similar proportions. Some interviewees criticise programmes based on family therapy: "they create mistrust among the member of a family." The therapeutic interventions they criticise most are those that apply threatening contents and methods, those that instil fear and those that preach.

The reasons why users seek out help or request treatment vary a lot. Most crack users think the request for help does not come from the individual himself

People go to these centres when they are about to die or are taken there by the police. (K08 SP)

I have never met any user who willingly sought out help. (K02SP)

The remaining crack users and also most intravenous users of cocaine hydrochloride think that if they seek to receive help in such centres, in spite of their shortcomings, it is because it is the only way for attempting to quit use.

I assure you that whoever wants to quit (using crack), often wants help because it is difficult to achieve anything without help (K15SP)

A significant number of cocaine hydrochloride users declare that the main reason for seeking out help is not the desire to quit but to get treatment for the associated health problems: diseases resulting from AIDS; bleeding blood vessels, infections, etc.

A minority consider that no specialised help is needed since everyone suffers from some type of dependence. They add that drug dependence and, specifically, cocaine hydrochloride dependence should not be regarded as a problem.

Cocaine hydrochloride, intravenous (Rio de Janeiro)

Most interviewees know about the existence of treatment centres and services. They tend to name the best known, public and private, centres (including self-help groups).

A third do not evaluate the functioning of such services. Among the rest, the majority evaluate them positively. The most positive evaluations are made, interestingly enough, by people who have actually received treatment.

Most of the sample declare that they know something about the contents of the treatment programmes. But, except for those who have been treated, the level of knowledge is superficial.

Regarding the efficacy of the treatments. most think the key to success or failure lies in the individuals themselves. According to half the interviewees, the request for treatment must come from the user himself.

Those who have never been treated are the ones who evaluate the services most negatively. In addition to evaluating them as useless, some say that they "make people mad." Many more individuals base their negative evaluation on the loss of freedom and submission involved.

They 'brain-wash you'. They want to remove one drug to inject another. They inject a bible of any mediocre religion or some lifestyle. The person is no longer himself The only way out for the user is freedom to be oneself These centres are an optical illusion. In (..), for example, the person ends up as a neurotic. (I02RJ)

I'm afraid of treatment. A friend of mine got sick when he came out of the clinic. (I19RJ)

I don't know anyone who quietens as a result of the treatment. Even those who are hospitalised have a relapse. Some turn into morons who never do anything again in life: they don't use any longer, but they don't work study or anything else. A friend put on 20 kilograms at the clinic; what is worse he came back kind of dummy. (120RJ)

In other cases, the "rejection" to treatment results from the users incapacity to recognise he has lost control over use and that he needs help; also, the fear to be discovered and labelled.

It is hard to admit one has problems with something you like (cocaine hydrochloride). You have to get to the rock bottom before recognising that you are sick. (I11RJ)

Most times people would like to follow some sort of treatment, but I think they are afraid of admitting they are addicted. This makes their dependence interesting for the police. It turns their dependence into a public fact. (I06RJ)

9.3 Use of the treatment services and risky behaviours.

9.3.1 Use of the treatment services

The contents of the sub-section complements and further explores section 9.2. An analysis is made of the reasons that prompt users to seek out treatment, the characteristics of these and their assessment.

Coca leaf (Cochabamba)

None of the interviewees has had health problems caused by or related to using the coca leaf, nor has any of them sought out help to quit the 'chew' or gone to a treatment centre or met someone who has.

The one interviewee who has used treatment services did so because of alcoholism.

Coca paste (Cochabamba)

Over half the interviewees have used the services of treatment centres because of problems directly or indirectly associated to the use of coca paste. The treatment they receive seeks to take care of basic

needs: shelter, food and health problems. Only one of the centres in Cochabamba, (Instituto Psiquiatrico, San Juan de Dios) offers professional psychotherapeutic service; the rest address the problem from a humanitarian, religious perspective

Most interviewees who have received some form of treatment have returned to the same place or to another more than once, nearly always in a condition of crisis due to health or social problems. In most cases, it is the police that forces their seeking out help. Nevertheless, all the interviewees who have received some service or have been hospitalised evaluate positively the help received.

Cocaine hydrochloride, intra-nasal (Cochabamba)

Under a quarter of the interviewees have been treated for problems resulting from the use of cocaine hydrochloride and/or alcohol.

The main reasons mentioned for seeking out help are not related to health problems, but mainly to the relations in their family circles. In some cases because of the economic problems resulting from use.

Crack/cocaine hydrochloride, smoked-inhaled (Ibadan)

Nearly half the interviewees have received treatment on account of drug-related problems in the psychiatric hospitals in Ibadan, Lagos or Abeokuta. Half were directly caused by the use of crack or cocaine hydrochloride.

Most have been treated only once for crack or cocaine hydrochloride use-related problems, a minority have been treated more than three times.

In general these interviewees evaluate positively the treatment received. They think that the centres where they were treated are short of equipment and qualified personnel. They have a negative opinion of group therapy and think the treatment is excessively long. A few of the interviewees, those who stress the deficiencies in these centres, consider that "their methods do not really help to quit using cocaine (cocaine hydrochloride or crack),"

The intervention of relatives, friends and, in some cases, their boss, is decisive when it comes to accepting treatment.

In all cases, the treatment has had to be paid (there are no free treatments).

Crack/cocaine hydrochloride, intravenous (Sao Paulo)

Most interviewees declare that they received some kind of forma help or treatment in a specialised centre: in self-help groups, various types of psychotherapy (day centres), hospitalisation in specialised wards or in psychiatric hospitals.

Most interviewees indicate that the treatment was not successful at first; so they tried out institutions. They blame the failure of these attempts mainly on the fact that they were taken there regardless of what they themselves wanted.

The specialised treatment in hospitals involves basically detoxification using pharmaceutical products and psychotherapy. Most of those who received treatment think it was efficacious. Some of them declare that as a result of such treatment they are now tranquilliser abusers

Other interviewees single out the terror they felt at being hospitalised in psychiatric centres, having to be with all kinds of mentally sick people. They are convinced that this traumatic experience has contributed, in a great way, to making them abhor the idea of being hospitalised once more. However, there are some who found these interventions positive.

I thought I was going to some beautiful country house... but it was a psychiatric hospital; and it was terrible. Before that my only circle were addicts and we all shared crack In the place I ended up, there were schizophrenic patients, manic-depressives, alcoholics... It was truly a madhouse. There were rules, bars and no open spaces. At first I despaired but gradually I learnt to understand the place. Normal people do all kinds of things to become crazy. In the place where I was hospitalised, I met crazy people who had been brought to become "normal. " We all ended up in the same place with the sole purpose of becoming "normal. " (K01SP)

Cocaine hydrochloride, intravenous (Rio de Janeiro)

A third of the interviewees have received some type of treatment on account of drug abuse, mainly cocaine hydrochloride.

Relatives influence strongly on their request for treatment. In these cases, interviewees seem to accept treatment as a way of alleviating the family conflict. The decision may frequently be taken as a result of the death of a beloved one (a death that may or may not be related to use) and, above all, because of a perception that one is very sick, that one has come to the edge.

I went because I wanted, I had a physical and mental need. (I37RJ)

I was addicted. I was about to suffer from overdose(I24RJ)

Most interviewees evaluate their treatment positively. Those who had relapses, nearly half of them, justify them as "a personal business".

If I had not been treated. I would be crazy or dead today. (I09RJ)

It is good. I couldn't believe I was so clean (detoxicated) (104RJ)

Every hospitalisation gave me a new life but I didn't make the best of them. In general, they were useful. (I32RJ)

Some people are critical of the red-tape surrounding entrance to such places and, especially, the waiting lists. Others refer to the isolation the patient is subjected to, to the lack of (professional) training in some centres and to the use of pharmaceutical products.

In (..) it is like that If you can't sleep, they give you a pill, one drug for another. And you know the only way to be free from cocaine hydrochloride is to quit all, even tobacco; because one drug calls another. (I40RJ)

The problem in some centres is the isolation of the user from family, city and friends. (I32RJ)

9.3.2 Intravenous use; risky behaviours

There are few cases of intravenous use of cocaine hydrochloride in Cochabamba, as it was explained above. In addition, the information obtained about risky practices (sharing syringes or needles or re-using without proper sterilisation) is limited. Nevertheless, two interviewees describe group sessions where syringes were shared and cleaned with cotton swab and alcohol.

In Ibadan, only 4 interviewees have ever used cocaine hydrochloride intravenously "to have a go." They shared syringes every time.

Sao Paulo

All cocaine hydrochloride users (intravenous method) declare that they know about AIDS and how it is caught. They are also familiar with basic measures to handle syringes and needles so as to avoid the transmission of infectious diseases.

In general terms, the cocaine hydrochloride users (intravenous method) had used other drugs before but with the same method. Some of this use goes back to pre-AIDS when there was not a particular concern for intravenous use as a risky behaviour contributing to the spread of infectious diseases. The interviewees who used in the 70's and 80's, when AIDS was already known indicate that they shared syringes without any restriction and never thought that this behaviour implied any risks. Nor did they take any other safety measure; for example, they washed the syringes in rain puddles in the street.

Only as a result of several informative campaigns did users learn about the risks and how to avoid them; so now they apply them regularly.

Nevertheless, in the sessions of use they do not necessarily adopt the suitable precautions. The interviewees argue that though they know what they are supposed to do; in practice, it is not always feasible to implement it. Use implies injecting several times consecutively. This tends to block the needles with blood or to break the piston. A new syringe should be used "according to rules," but, although buying a new syringe or washing and sterilising it is not difficult, the compulsive nature and intensive anxiety associated to use, "makes them forget the rules" and solve the problem by using a friend's syringe.

There are many people who do understand that they are not supposed to share syringes, but anxiety makes them oblivious to any type of danger. (I20SP)

When you use, there is no time to carry out the various processes (of sterilisation); the most one can do is to wash it with water. After the first shot (of cocaine hydrochloride) people get going and do not think but about injecting. (I19SP)

At the beginning of the session, when about to inject for the first dose, one is still careful with the syringe. One isn't afterwards. The syringe is used by one and another; One doesn't know who the owner is. I always shared the syringes in my group; at least three of them have died with AIDS. After some doses or when craving is intense, there is no care if you don'! have a syringe. All that matters is having one; It doesn't matter if it is yours. We used to wash the syringes with tap water, There was no hygiene. There is no concern to avoid catching any disease; not from lack of information, bet because of the worry caused by anxiety. Right then, the drug is all that exists (I13 SP)

Rio de Janeiro

The situation in Rio is similar to the situation that was described in Sao Paolo. Nevertheless there is greater control. Nearly half the interviewees declare that since AIDS appeared they have not shared syringes nor any other elements they use for intravenous administration. Some go as far as saying they have never shared.

In general. all those users who have shared syringes, before or after they learnt about the risks implied, say that they have only done it with friends and people forming their usual user group. Nevertheless, they admit to having shared syringes with strangers. The main reasons for the shared use of syringes or needles in certain moments are: ignorance in relation to the risks (mainly in reference to the past, before AIDS was known) but mainly lack of concern for the risks after having injected the first dose (for the same reasons as stated above).

I shared with friends and acquaintances because I placed the drug in just one syringe out of naiveté, not knowing about AIDS At that time (AIDS) was something associated to homosexuals. (I03RJ)

I sometimes share, but very little now. Only in extreme cases, when there are no chances of getting another syringe. As to the containers, I don't worry. (I20RJ)

Not at first, but later, when under the effects. Then sharing takes place, without any control. When under the effects, it is difficult to take precautions to avoid catching diseases. (I27RJ)

I used to share the syringe when I was 17, when danger was hepatitis. After AIDS I stopped sharing. (I08RJ)

Most interviewees declare that they take measures to ensure washing and sterilisation of syringes and needles before reusing them. Nevertheless, the method used is not efficacious because all they do is to wash them in tap water. They use boiling water only occasionally.

10. Final remarks, conclusions and recommendations

10.1 Final remarks: regular patterns and specific aspects

This section is structured in the same order as the preceding chapters of this report. Before going into the subject matter of the chapter, it is necessary to introduce some important remarks.

The socio-demographic characteristics of the interviewees cannot be compared, except exceptional situations, with those of the respective user populations because this information just does not exist, and where it exists, it is fragmented and out-dated

Again, to be able to suitably interpret and later compare part of what has been analysed in the preceding chapters and is analysed once more here, it would be necessary to have a deeper knowledge of each one of the referential socio-cultural contexts. One must be aware that some aspects may have a particular significance in a given context - including even, sub-cultural variations - a significance that results from a complex inter-relationship with other characteristics. In other cases, again, understanding it will require a familiarity with the complex system of implicit values that give significance to the actions, attitudes and behaviour of the members of a given social group.

The following are the restrictions that provide the framework for the analysis and comparison of the data obtained: avoiding decontextualization of the problem; comparing only what can be compared without going to extremes; avoiding to consider as equal those aspects and characteristics that may vary between cultures but focusing on the processes and consequences that result from them and can be compared; the information has been compared from categories that were built across cultures (for example and, especially, the use types defined in the project; see section 3.4, chapter 3).

Characteristics of the interviewees

There is a predominance of young people divided in two groups: 18 to 25 and 26 to 39. The interviewees between 40 to 65 are a minority. Only the coca paste sub-sample includes under 18's. The coca leaf sub-sample includes a wider age range; there are individuals aged 65 or over and a general predominance of over 40's. The crack users in Sao Paolo are younger than the intravenous users of cocaine hydrochloride.

There is a general predominance of males across the samples and sub-samples. Nevertheless there are significant variations in the actual compositions. In Ibadan there are very few women, but probably this composition reflects the actual user population (recall that use is particularly stigmatised). They are also a minority in the coca paste sub-sample and they are 20% of all crack and intravenous cocaine hydrochloride users interviewed in Brazil. The proportion of women is higher in the sub-samples of cocaine hydrochloride - intra-nasal method and coca leaf

(Cochabamba - where they are a third). This larger proportion is due, in the first case, to a predominance of use in normalised and integrated contexts, in the second, because use is fully accepted by being culturally integrated.

Even if one accepts a certain bias in the sampling regarding the presence of females and assuming the best possible cross-section of the user population, one can still claim that the presence of female users will be greater where use is more normalised and integrated (in fact, the proportion of men in the coca leaf sub-sample is excessive).

The academic background corresponds to the socio-economic status, type of use and, in the case of the coca leaf, with the interviewees' age group. Interviewees such as the street children in Cochabamba whose social status is low social class or who have developed a dysfunctional type of use while very young have very low levels of academic attainment. In this context, the Rio de Janeiro sample is anomalous because the backgrounds of interviewees here are higher than the rest of the population in the same age bracket.

The correspondence mentioned above is clearly observed in the samples and sub-samples that are more polarised in some of their socio-demographic aspects: sub-sample of the coca leaf in Cochabamba (adult farmer population: a level of illiteracy and limited schooling); urban middle classes: predominance of qualified people: middle to high levels, in Ibadan; interviewees from low social class most of whom have only received an elementary education.

Regarding the professional background, the situation is similar to the levels of academic training. In addition, it is important whether their use is dysfunctional or not: marginality, exclusion from the normalised job market, high levels of unemployment (this implies a correlative increase in delinquent activities as the main source of income).

The above characteristics and consequences are clearly noticed in the Sao Paolo. sample (especially among crack users), in Ibadan and in the coca paste sub-sample in Cochabamba. This can also be noticed, though not as clearly, among dysfunctional type cocaine hydrochloride users (intra-nasal method, Cochabamba) and among most of the intravenous users in Rio de Janeiro.

In contrast, interviewees whose use is culturally and socially integrated (coca leaf, Cochabamba) or whose use is casual or instrumental (intra-nasal use of cocaine hydrochloride and coca paste) exhibit job stability, integration in the normalised job market and in the execution of tasks corresponding to their professional training.

Among the last cases, none of the interviewees belongs to marginal sectors (one does notice situations of poverty among farmers and former miners who 'chew' but not any level of marginality) and their use does not lead to a fall to a lower social level. In contrast, dysfunctional use leads to a temporary or permanent fall to a lower social class and, in most cases, to a marginal lifestyle. In

some cases (especially among the street children in Cochabamba) ending up in a low social class and delinquency happen before use; this just makes their situation whose.

Regarding their background social class, the samples and sub-samples exhibit a complete range. In Cochabamba, there is a predominance of middle class interviewees; among the intra-nasal users of cocaine hydrochloride and, among the coca leaf sub-sample, there is the polarisation mentioned earlier. None of these interviewees comes from marginal social groups; in contrast, among coca paste users, there is a predominance of low class individuals, some of whom belong to marginal sectors.

In Ibadan, though the low classes predominate, there are also representatives of the middle and upper classes. In Sao Paolo, perhaps due to slanted sampling, there are virtually no representatives of the middle and upper levels of society. In contrast, these are well, and even over-represented, in the Rio sample.

While on this aspect and, using as reference the information obtained in Sao Paolo, Rio and Cochabamba, a hypothesis could be put forward: the intra-nasal use of cocaine hydrochloride is more common in the middle classes (and in general the use is not of the dysfunctional type) The name hypothesis, in contexts where various coca side-products or methods of use are available, would indicate as more common methods of use those that lead to fast absorption or the use of such side-products that require it (coca paste and crack) and greater prevalence among the low social clans and marginalised users. If this is so, this supposition acquires particular relevance, especially when one recalls that, for example, it is estimated that nearly there-quarters of the Brazilian population belong to the low social clans.

Biographical background

Before beginning this topic, it is important to remark that it has not been a goal of this project to establish causal relationships between given individual and biographical situations and the use of the various coca side-products (or any other drugs) and, especially with the characteristics of using coca side-products. All that has been done is to furnish the evidence that in certain situations, due to an accumulation of features, such characteristics are more common in one type of use(s) rather than in others (as a cause or as a consequence).

It is particularly complex to attempt to establish a relationship between an individual and a substance because there is an inter-relation among many factors: individual, contextual - social and cultural - the nature and method of use of the substances. It is well known that there are several hypotheses that account, among many things, for the appearance of excessive or problematic drug abuse and addictive behaviours depending on several individual factors and the family context.

In general, the family background of dysfunctional type users is conflictive (coca paste, Cochabamba; crack and intravenous cocaine hydrochloride, Sao Paolo; and, to a lesser extent, intravenous cocaine hydrochloride, Rio de Janeiro and intra-nasal cocaine hydrochloride, Cochabamba). Interviewees

often refer to their parents' abuse of alcohol as the cause for such conflicts. Situations of parents abandoning their children and violence towards the children are particularly common among the street children (coca paste, Cochabamba).

Casual and instrumental type cocaine hydrochloride users - intra-nasal method - or coca paste and all the coca leaf 'chewers' report normalised, non-conflictive, situations; so do a third of the Ibadan interviewees.

The interviewees in Rio de Janeiro (a third of them) and in Sao Paolo (most of them) establish a causal relationship between family conflicts and their drug abuse (specifically for coca side-products and/or their methods of use). Among the remaining samples and sub-samples this relationship only appears among a minority of coca paste and cocaine hydrochloride (intra-nasal method) users, Cochabamba; crack and cocaine hydrochloride smoked/inhaled, Ibadan but it is prevalent among the majority of the street children (coca paste users). The situation is completely different for most coca leaf 'chewers' and cannot even be compared. The use of the coca leaf is certainly determined by the direct influence of the family and other socialising agents but, not as "the cause of a problem"; i.e. use, but in their key role, as an element of reference in the process of socialisation.

There are similarities in the characterisation of the relationships within the family or with the people who live with the interviewees with what has been reported for the family backgrounds. Nevertheless, there are some key differences: an increase in conflictive situations resulting from the interviewees' drug abuse (Ibadan, Sao Paulo, Rio de Janeiro; cocaine hydrochloride and coca paste, Cochabamba), "normalisation" when users cohabit (partner, friends, use partners). The following must be singled out as very special cases: conflictive family situations blamed by the interviewees themselves on their alcohol abuse (coca leaf, Cochabamba), hiding use from the family to avoid conflicts (casual and instrumental intra-nasal cocaine hydrochloride users, Cochabamba); cohabiting with dysfunctional type users (street children, coca paste, Cochabamba).

Among all the samples and sub-samples there is a predominance of positive evaluations for one's school experience. In general, negative evaluations refer to the problems resulting from drug abuse which, frequently, involve dropping out of school (dysfunctional type users). Other than coca leaf users, the school is, for a significant number of interviewees, in all the participating centres in this project, the scenario for the initiation in the use both of legal and illegal drugs (peer groups).

Regular work patterns and permanence in the type of job one is qualified for only occurs among coca leaf users and coca paste and intra-nasal cocaine hydrochloride casual and instrumental type users (Cochabamba). The rest, though evaluating positively their job experience because "it makes them feel useful", fail to maintain their jobs or have temporary, unskilled jobs. Dysfunctional type user seems to be incompatible with a regular and normalised work pattern.

The sub-type made up of the intravenous cocaine hydrochloride dysfunctional type users in Sao Paolo and Rio de Janeiro who have managed to maintain certain normalised family links, in a precarious and conflictive fashion, do so when the jobs they have meet certain conditions: flexible work schedules, light responsibility and working within family concerns. Exclusion from the normalised job market stands out among the dysfunctional type users: crack (Sao Paolo); coca paste (Cochabamba and Ibadan). In the latter city, only part of the interviewees are dysfunctional type users or crack or cocaine hydrochloride, smoked/innhaled. In these cases, the alternative to normalised work is the execution of delinquent activities.

Work has a key role in the initiation, maintenance and, periodically, greater intensity, on the use of coca leaf (given the very close relationship between work and energy requirements). Here it can be said that work fosters use. A minority report this same influence in Rio - intravenous cocaine hydrochloride users who work in activities where cocaine hydrochloride abuse is widespread - especially through the intra-nasal method (more or less artistic work on crafts; setting up of stages for shows and concerts, etc.). For other minority groups work is the context for initiation and maintenance of drug abuse because it is related to the elaboration and traffic of coca side-products (coca paste and intra-nasal cocaine hydrochloride users, Cochabamba). There are also a few users who initiate/maintain use because of the peer group influence at work.

Lifestyles and the role of use.

The lifestyle associated with coca leaf, traditional type users (Cochabamba) is intense work and a relationship between the individual and nature (mother Earth) - the traditional Andean cosmic vision. its characteristics correspond basically to Quechua and Aymara traditional culture. In this lifestyle, the 'chew' and the various other uses of the coca leaf play a central role. Some instrumental type users exhibit some of these features but their lifestyles are not specific and the coca leaf plays a secondary if not negligible role.

The intra-nasal, instrumental type users of cocaine hydrochloride (Cochabamba),' half the interviewees in Ibadan and most Rio de Janeiro (intra-nasal) users report on a lifestyle associated to use, a lifestyle that reproduces the basic features of a mythical model of intra-nasal -cocaine hydrochloride use in the 80's that includes the predominant values at that time: elitism, success justifies the means, individualism and competitiveness, hedonism and materialism etc. Their lifestyle does not necessarily correspond to this type of lifestyle they define as "typical." In any case, in this type of lifestyle, cocaine hydrochloride may have a significant role, though variable, as a marker of prestige.

Intra-nasal, casual type users of cocaine hydrochloride and coca paste (Cochabamba) do not agree on one type of lifestyle but on a specific conception of spending leisure time: a preference for contexts of socialisation in the so-called "night world" (bars, discotheques and the like). In this context, the primary goal is enjoyment and social intercourse. The intra-nasal use of cocaine hydrochloride and, to a lesser extent, coca paste, does not play an important role, being even less significant even than alcohol abuse.

This definition does not exclude the presence of some of the elements of the "mythical model" referred to above, but they are not as widespread nor as explicit.

The lifestyle of dysfunctional type users is characterised by the immersion in "subcultures of social marginality." It supposes the non-existence of normalised social links (if they exist, they are very weak), life outside the system and a particular set of roles. A system that is not necessarily linked to drug abuse that includes small time delinquents, homeless, prostitutes, homeless minors, users and non-users.

Even though it is true that the dysfunctional use of the coca side-products (excluding the coca leaf) is the central element in the lifestyles (less so in the case of intra-nasal use), it is still the central element in the organisation of their lifestyles, playing an essential role in them. It is also true that drug abuse leads to progressive weakening and breaking of the links among them (disintegration of user groups). Because of this, their lifestyle has not been universally defined as a "subculture of use" (the term could be applied in some cases).

A culture of use

Once again, the use of the coca leaf has to be treated separately given its integration in a traditional cultural context where it is a socialising element (traditional use). The move towards migration to the city and the resulting acculturation has somehow modified or re-elaborated some of the features and cultural/traditional contents of its use showing the flexibility that characterises cultural processes. An example of this is the 'chew' as practised by qualified professionals and intellectuals who belong to the white urban middle class, as a symbol of belonging and identity.

Regarding the other side-products and methods of use, the culture of use is very limited: certain preparatory actions before use (crack, intravenous use of cocaine hydrochloride); some roles for use in group - observance of a set order, remaining quiet, not bothering other users, ...); secret codes and criteria shared among them to enable identification as users and/or traffic dealers; observance of rules of secrecy to avoid betrayal and police intervention - usually complying with the roles imposed by dealers; jargon - quite rich in some cases, relating to use (substances, methods of use, users, effects, ...). In addition to all these features, it would be necessary to add the system of values and rules that are part of or origin of the "subcultures of social marginality" when referring to dysfunctional type users.

Careers of use

To begin with, before analysing and comparing the interviewees' careers of use, it is important to introduce two general scope considerations in order to achieve a proper interpretation and scale. This means taking into account the illicit nature of use (except for coca leaf use) and the fact that the very existence of careers of use, the drugs abused and the sequence they are used in do not imply, either among the users interviewed or among the user population in general, a necessary determination nor causality.

All the interviewees - other than the traditional 'chewers' - are familiar with a wide range of legal and illegal drugs. Most identify them as such but they usually don't regard legal drugs, especially, alcohol and tobacco, as "drugs."

For most coca leaf 'chewers' the drug is cocaine hydrochloride because that is how it is portrayed in the mass media. Accordingly, none of them regards the coca leaf as a drug nor does any of them accept its being considered alongside the other coca side-products. In fact, these interviewees have only used alcohol (most of them) in their career of use and tobacco (a few).

Before using coca side-products other than coca leaf, most interviewees had used alcohol, tobacco and marijuana. The latter tends to be the illicit drug of initiation in all the participating centres. Among dysfunctional type users, an initiation with a coca side-product would be exceptional. Yet this situation is prevalent among casual and instrumental type intra-nasal cocaine hydrochloride users (Cochabamba).

Most crack users (Sao Paolo) and intravenous cocaine hydrochloride users (Sao Paolo and Rio de Janeiro) have used cocaine hydrochloride - intra-nasally - beforehand.

The prior use of inhalants (organic solvents) in infancy among more or less socially marginal populations is a constant in some cases (mainly street children in Cochabamba and interviewees from the similar sectors in Sao Paolo). The prior use of other drugs is characteristic of a minority. The main ones are: amphetamines and chloral hydrates in Brazil - especially in the Sao Paolo sample; heroin in Ibadan. The use of hallucinogens, natural and synthetic, and other psychoactive drugs is typical of a few.

Once initiated into a given coca side-product or main method of use (in the case of.cocaine hydrochloride), a good many of the interviewees tend to start using the various drugs that exist in each given context (except solvents); in Cochabamba, they are likely to use the other coca side-products.

In general terms, dysfunctional type users tend to drop or considerably reduce their use of other drugs over time ("all the other drugs stop being interesting"). The exception to this tends to be alcohol abuse which is maintained throughout one's career of use. In the case of crack and intravenous use of cocaine hydrochloride, the Sao Paolo and Rio de Janeiro users also tend to use cocaine hydrochloride - intra-nasally, more or less regularly.

Finally, certain aspects of the career of use must be singled out: Dysfunctional type users tend to use a wider-range of drugs and, in general, more intensively than the other types of users.

Alcohol abuse is quite high among most interviewees, including casual type users of cocaine hydrochloride (intra-nasal method). In contrast, only a minority of 'chewers' exhibit high levels of alcohol abuse.

Most interviewees in Ibadan use or have used heroin.

Although a third of the intra-nasal users of cocaine hydrochloride in Cochabamba have also used coca paste, the latter is usually dropped. Coca paste users, in contrast go on using cocaine hydrochloride

intra-nasally more or less regularly throughout their careers of use (they are also a third of the sub-sample).

Although only a few cases of crack and heroin abuse were identified in Cochabamba this is significant because there was no evidence of such use before the execution of this project. In fact, it may be worthwhile to investigate the spread and use of heroin in Bolivia and neighbouring countries.

The evaluations, both positive and negative, of the various drugs used throughout the careers of use exhibit a good level of regularity for each one of the samples and sub-samples. Virtually all these evaluations are based on the effects produced by the drugs.

Multiple use

Alcohol abuse, simultaneously or consecutively, in the same use session as any of the various coca side-products constitutes a constant in the different samples and sub-samples. Nevertheless the reasons for this combination and the levels of use vary a lot.

Alcohol abuse associated to the 'chew' while working is limited and constitutes an element in the traditional religious rituals (traditional use, Cochabamba). In socialising contexts, private or public, the level of consumption is higher fulfilling a culturally defined function in such contexts: mediator in social intercourse, stimulant or a booster of sociability and enjoyment, means to reach pleasurable levels, etc.

The combination of cocaine hydrochloride and alcohol is a key element: it is used not only for the reasons mentioned above in socialising contexts (Cochabamba) but also because alcohol offsets or heightens the effects of cocaine hydrochloride. In fact, cocaine hydrochloride is used as regulator since alcohol is a depressor and also to lengthen the enjoyment (that is heightened by the cocaine hydrochloride).

In general this is also true for dysfunctional type users but the main objective here is not to use more alcohol and lengthen enjoyment but rather to offset the stimulant effects of cocaine hydrochloride (some interviewees evaluate this combination negatively precisely because it diminishes the stimulant effects of cocaine hydrochloride). Intravenous users in Sao Paolo and Rio de Janeiro drink alcohol to offset the intense mouth dryness produced by use.

The combined use of alcohol and coca paste or crack follows a similar pattern: the casual and instrumental type users of coca paste (Cochabamba) combine them in socialising contexts to lengthen enjoyment and compensate, offset or heighten effects. Dysfunctional type users (crack, Sao Paolo; coca paste, Cochabamba) use it as a control or regulatory mechanism of the use of the coca side-product or to offset its effects. In Ibadan, the same reasons are observed according to levels and use contexts. In all cases, alcohol abuse is very high and a good many of the dysfunctional type users are alcoholic.

The combination with marijuana is less frequent and its objective coincides with that of alcohol abuse. Other than the coca leaf, this combination appears in the remaining samples and sub-samples. The coca side-products are not combined much with other drugs; however, an important exception is the combined use of crack or cocaine hydrochloride, inhaled or smoked, with heroin in Ibadan.

The use of tobacco in the use sessions of the various coca side-products is also a constant. There is no direct link, though with the effects. Traditional coca leaf 'chewers' smoke as part of the ritual, but in small amounts. Crack users exhibit a very intense use of tobacco (Sao Paulo); in other cases, tobacco or, less frequently, marijuana are used as combustible material (crack, Sao Paulo and Ibadan; coca paste, Cochabamba; cocaine hydrochloride, smoked, Ibadan).

Intravenous users of cocaine hydrochloride, except a few cases in Rio de Janeiro, have never mixed this side-product with another drug using the Same method.

Initiation into use (coca side-products)

The average age of initiation of all coca side-products takes place between 18 and 23 years. Few start older than 25. In Ibadan we found the oldest age of initiation and in Cochabamba with coca paste, the youngest. In this last sub-sample, among dysfunctional type users and among coca leaf users (Cochabamba) there are many users who start aged 13 to 17 and, even, in their infancy (younger than 13); these are the Street children who use coca paste.

Whereas the coca leaf has been used for thousands of years, the other coca side-products belong to the last half of this century: Ibadan, cocaine hydrochloride in the 80's and crack in the late 80's; Cochabamba, coca paste in the 80's and cocaine hydrochloride from the middle of the decade; Rio de Janeiro, intravenous cocaine hydrochloride use from the late 70's (any beginnings of use after 1985 are not common. In Sao Paolo, use starts later - it is likely that some of the differences between these cities lie in the age differences between the interviewees from these cities - they are younger in Sao Paolo)

As a general remark for Sao Paolo and Rio de Janeiro, it can be said that there is a tendency for a diminution of new initiations of intravenous use since AIDS became a widespread health risk with the corresponding public health campaigns. This is clearly evident in Sao Paolo where crack is replacing the intravenous use of cocaine hydrochloride, although not necessarily because of AIDS. This change is welcome as it reduces some health risks but crack has other negative effects.

Most interviewees, other than coca leaf users, start using in socialising and festive contexts, with friends and acquaintances (in Sao Paolo, they tend to be members of a user group). Among the. rest, one can single out those who start with colleagues at work (they are a minority: instrumental type users - coca paste and cocaine hydrochloride - (intra-nasal method), Cochabamba; cocaine hydrochloride (intravenous method), Rio de Janeiro). The 'chewers' start while working and,

secondarily through ritual and community activities (traditional use); also, in socialisation and festive contexts (instrumental use).

Initiation takes place in a private context (private homes) and in public paces (bars, discotheques, and the like) in Ibadan and in the cocaine hydrochloride sub-sample in Cochabamba. In the coca paste sub-sample in the same city there is a predominance of the public context and some of the interviewees started in the Street (street children). In Rio de Janeiro there is a tendency for private contexts; in Sao Paolo, use starts in secret and far-out places but also in the private context.

The predominant way to obtain the amount used on the first day is through the invitation of friends or acquaintances who use (the coca leaf). All the'chewers' interviewed were given the leaves by relatives or colleagues or friends who shared in the 'chew'. Almost all pocaine hydrochloride users (intra-nasal method) - and coca paste (Cochabamba) were invited by other users with whom they maintain more or less close relationships; likewise with the interviewees in Sao Paolo (crack and intravenous users of cocaine hydrochloride). The same fact is noticed in Ibadan and Rio, but less so; in Rio, over half the interviewees bought the amount they used on their first day and, in Ibadan,' a quarter did so. Purchase is less common in the other participating centres.

The amounts used on the first day and, in general, those mentioned for any period of use are approximate amounts because the data furnished by interviewees tends to be a little inaccurate. The greater variability in the amount used on the first day is observed in the coca leaf sub-sample (Cochabamba): most interviewees 'chewed' 1 to 2 halls' (8 to 6 grams). Generally speaking, the amount used on the fist day, expect for crack (Sao Paolo), does not exceed one gram of cocaine hydrochloride or coca paste. In the cocaine hydrochloride and coca paste sub-samples (Cochabamba) one notices that dysfunctional type users first day of use meant larger amounts than those used by casual or instrumental type users.

Regarding the coca side-products that are used in cigarettes or inhaling the vapours of their combustion, initiation with coca paste in Cochabamba is indistinctly done smoking in cigarettes or pipes. In Ibadan, free basing is the method of choice both for crack or cocaine hydrochloride; smoking the drug in cigarettes or pipes is done by a minority. In Sao Paolo there is a clear predominance for smoking crack in pipes. A minority of intra-nasal cocaine hydrochloride users in Cochabamba had their first experience smoking the drug in cigarettes.

Most interviewees knew about the various coca side-products they used for the first time and also knew about their effects. The most negative information is usually given by the mass media; and by non-users in second place. The most objective evaluation (includes positive as well as negative aspects) is furnished by other users one knows (this normally means the persons present at the initiation) The Sao Paolo and Rio de Janeiro interviewees had a direct knowledge of cocaine hydrochloride being already intra-nasal users and also knew other people who used the intravenous method. All the coca leaf 'chewers' had a wide knowledge about its use and various effects (this

knowledge is part of the cultural make-up, learnt in the process of socialisation). They were especially aware about its energy-giving properties.

The main reason for the first experience, though in varying degrees, is the desire to experiment (curiosity); of learning by themselves whether what is said about the coca side-products is true or not; for others, it is a challenge or a search for more intense sensations (intravenous cocaine hydrochloride or crack, Sao Paolo).

In addition, the pressure in the context felt more or less explicitly and a will to be part of a peer group (user group) play an important role (Ibadan, Sao Paolo, Rio de Janeiro; coca paste and not as significantly, cocaine hydrochloride, Cochabamba): using is an initiation ritual (it gives a new status). At a different level but in the same direction, the initiation in the coca leaf symbolises for many interviewees, together with other culturally identified features, one's initiation into adulthood (traditional use, Cochabamba).

Casual type users of cocaine hydrochloride - intra-nasal method - and coca paste (Cochabamba) start using as a way of offsetting drunkenness; others, mainly dysfunctional type users of coca paste (mainly street children in Cochabamba), to neutralise or fight against existential malaise.

The evaluations of the first experience vary a lot: disappointment, adjustment to the expected effects, surprise at certain effects, rejection, satisfaction and intense pleasure. In all cases, regardless of the result of the first experience, this influences future use: to repeat the experience - if seen as positive; to obtain the expected results (pleasurable and positive) if those were not obtained the first time (giving it the benefit of the doubt).

'Chewers' appreciate, above all things, the energy-giving and lessening of hunger effects; they are sometimes surprised by its local anaesthetic effects (coca leaf, Cochabamba). Their evaluations are clearly positive.

Most interviewees evaluate the coca side-products and the methods of use as being positive.

There is some disappointment when the effects felt fall short of the user's expectations (crack and intravenous cocaine hydrochloride, Sao Paulo; coca paste, Cochabamba). The Sao Paulo and Rio de Janeiro cocaine hydrochloride users (intravenous method) anticipated more intense effects than those felt through the intra-nasal method.

Negative evaluations spring from disappointment and, primarily, from the undesirable side-effects: nausea and vomiting (coca paste, Cochabamba); headache, nausea and restlessness (cocaine hydrochloride, Cochabamba); restlessness and fear resulting from uncontrollable sensations (crack and cocaine hydrochloride, smoked/inhaled, Ibadan); short-lasting effects and pleasurable sensations, too intense (crack, Sao Paulo); also felt in the intravenous use of cocaine hydrochloride (Sao Paulo and Rio de Janeiro). In addition, in the latter cases, the very act of injecting oneself and the sight of blood.

The support provided by experienced users is paramount to neutralise disagreeable experiences, when these occur. Their knowledge is useful as a reference for the interpretation of the sensations experienced. A key aspect of this first experience for many interviewees is one's own initiation: one goes beyond a threshold and loses fear.

Fear is not always lost; nor are many negative aspects overcome but users nonetheless start a career of use.

Duration and characteristics of the career of use

Most careers of use last over 5 years and there are also frequent examples of careers lasting over 10 years. Those lasting less than 5 years are about a quarter. The longest careers of course correspond to the coca leaf sub-sample (Cochabamba); over half the interviewees have used for over 20 years.

The period between the first experience of use and the start of a regular pattern of use has been called initial period. This does not always appear in every case. Most coca leaf and coca paste (Cochabamba) and intravenous cocaine hydrochloride use (Sao Paulo) lack an initial period. The users in the other centres tend to have an initial period which is usually brief (less than a year) usually lasting a few months.

Intensive periods are those periods when the level of use is higher than the one exhibited during habitual consumption. They may happen at any time during the career of use and there may be more than one. Again, they may not happen at all.

The interviewees in all the samples and sub-samples have undergone intensive periods. They are a constant in the Sao Paolo sample (crack and intravenous cocaine hydrochloride) and less so in the other centres.

The intensive periods for the various coca side-products and methods of use do not always exhibit the same characteristics and so cannot be compared. There is a general tendency for an increase in the amount used, especially when the substance is smoked or inhaled (crack, coca paste, cocaine hydrochloride) or applied intravenously (cocaine hydrochloride). This is then followed by an intensive period of variable duration and then there is a fall in use.

The traditional use of the coca leaf (Cochabamba) exhibits periods of maximum use that are periodic and regular, reflecting seasonal changes in the agricultural/festive cycles. Such periods are usually short (days or weeks). Among instrumental type users there are also intensive periods associated to religious or festive activities; once these are over, use goes back to its usual level.

With the other side-products, the tendency for increase and the existence of intensive periods are closely linked to the compulsive nature of drug abuse. This is particularly so in the case of dysfunctional type users. Intensive periods come to an end usually because the substance becomes inaccessible (it runs out or the user is hospitalised) or it cannot be bought (lack of means - a common situation in Ibadan) or because of serious problems.

Among instrumental type users (coca paste and intra-nasal use of cocaine hydrochloride, Cochabamba) the above also occur but less intensively. Such periods are not common among casual type users. The reasons in both cases are context-based: more work or more festive situations. The level of use returns to normal quite easily, especially among casual users, when the motive for the increase is over or when a problem appears, even if it is slight.

The longest lasting intensive periods occur among the coca paste users (Cochabamba);they last on average 3 years. In Sao Paolo, the intensive periods for crack users last less than 1 year. In contrast, the intensive period of intravenous users lasts over one year in Sao Paolo and also in Rio de Janeiro. These periods are very short in Ibadan (mainly because of economic reasons and 1 month at most).

Throughout the career of use there are many interruptions usually lasting less than 6 months. The use of coca leaf (Cochabamba) and crack (Sao Paolo) exhibit greater continuity but for different reasons. In Sao Paolo the reason is craving - it is difficult to quit. Since the 'chew' is a socially-integrated activity, the only reason for stopping has to do with trips, or periods of inactivity at work.

In the other situations, interruptions in use are due to: attempts at quitting, economic problems (especially in Ibadan), health problems or family and social circle use-related problems. In the case of many dysfunctional type users, interruptions respond to the need to have an opportunity to recover energy, attempts at "controlling use" and their own selves. This is particularly so among intravenous cocaine hydrochloride users who have managed to maintain precarious social links (Sao Paulo, Rio de Janeiro). Casual type user - cocaine hydrochloride (intra-nasal method) and coca paste in Cochabamba, have an intermittent pattern of use; in their own words, they are the only users who stop because they "lost interest."

Abstinence periods (defined as lasting over 6 months) are common especially among dysfunctional type users. They are usually caused by serious health problems or hospitalisation or imprisonment. Among 'chewers' the reasons are institutional: they serve their military service. Among casual and instrumental type users of cocaine hydrochloride (intranasal) or coca paste - Cochabamba - these interruptions are related to pregnancy.

There is a predominance of active users in the various samples and sub-samples (this means they have used in the 6 months prior to the interview). The cases with a greater number of former users are: cocaine hydrochloride (intravenous method), most of the sub-sample in Sao Paolo and over a third in Rio de Janeiro; coca paste in Cochabamba, a third of the sub-sample (all of them are dysfunctional type users.)

Characteristics of use

As has already been mentioned at various points in this report and, especially in chapter 6, the amounts reported here are approximate quantities. Thus, their main purpose is one of giving some kind of indication.

The most characteristic frequency, especially among dysfunctional type users or among traditional type users (coca leaf, Cochabamba) is daily use. Use with weekly, monthly or occasional frequencies is very common among casual and instrumental type users of Cocaine hydrochloride (intra-nasal method), coca paste and instrumental type users of coca leaf in Cochabamba.

During intensive periods of use, except for some casual or instrumental type users of cocaine hydrochloride (intra-nasal method, Cochabamba), use is daily, having several sessions a day. In fact, a characteristic of the pattern of use among dysfunctional type users (coca paste, (Cochabamba), crack (Sao Paulo) and less so of cocaine hydrochloride (intravenous method) Sao Paulo, Rio de Janeiro is that use sessions may last several days, non-stop, until the supply runs or until the users go beyond what their bodies can endure.

There are problems when trying to compare the various coca side-products and even between different methods of use of the same side-product (see footnote 4, in chapter 6). There follow some general points regarding this aspect.

The amount of coca leaf used (Cochabamba) tends to remain stable over time - including its periodic increases. This means 3 or 4 ‘balls' per day (24 or 32 grams of coca leaf) for traditional users. Instrumental type users exhibit more variability and the amount is context-based. The increase in intensive periods is quite marked (an average of 130 grams/day) but it does not last long and the use falls back to habitual levels once the causes disappear. In exceptional cases and only due to work demands does the intensive period last long with high level of use.

The levels of coca paste use (Cochabamba) differ according to the type of user. Among casual and instrumental type users, the amount used does not exceed 2.5 grams, even in intensive periods. In fact it seldom exceeds the usual levels of dysfunctional type users. The latter tend to use several grams daily throughout their career of use and they use even more (up to 20 grams/day - approximate average) in the intensive period. Their use sessions last several days, until the users body cannot endure it any longer and the amounts used are out of control. Truly, the resistance of their bodies is to put to the test.

The same patterns are found among intra-nasal users of cocaine hydrochloride (Cochabamba). Dysfunctional type users use several grams a day in their intensive periods. Casual and instrumental type users seldom use more than 10 grams/month. The data obtained for this report resembles data obtained in similar research efforts. Intravenous cocaine hydrochloride exhibit lower levels of use both among dysfunctional type users and the other two types (Sao Paolo). Users of crack exhibit higher levels than cocaine hydrochloride (intravenous method): most crack users exceed 10 grams/day during their intensive periods.

Regarding methods of use, the coca paste sub-sample (Cochabamba), interviewees use cigarettes or pipes indistinctly throughout. There seems to be a preference for using a pipe during intensive periods but the data obtained is not conclusive. Cocaine hydrochloride is used in many more ways than any of the other side-products but users tend to stick to one after a few tries, adopting that method for good.

A third of the intra-nasal cocaine hydrochloride users (Cochabamba) have also smoked it in cigarettes, especially in the initial phases of use; it is likely that some have smoked coca paste instead of cocaine hydrochloride and failed to report this through ignorance of the difference. Again, there may be an error in the data gathering process. This method is secondary in all cases and, frequently, it is used experimentally. Some users have tried nose drops or have used it intravenously. There are very few mentions of rubbing it on the genitalia.

Cocaine hydrochloride is smoked in Ibadan mixed with tobacco in cigarettes; less frequently with marijuana. Intra-nasal use also occurs in a few cases and as a way of concealment. The use of crack is more widespread, however, mainly via chasing the dragon and, secondarily, free basing. The latter is the main initiation method. In Ibadan there seems to be irregularity in the patterns of use; indistinct use of various methods of use depending on the availability and circumstances of use. Regarding crack, it is likely that because of problems in interpreting the data, the method of use described has been confused with chasing the dragon when it was only use with a pipe (pipes are home made and vary a lot. The use and making of pipes takes place elsewhere. The use of this type of pipe is prevalent for crack in Sao Paolo.

The time patterns for use that have been determined in this project simplify the process of evolution of two characteristics: frequency and amount. The patterns that show increase (the intensive period coincides with the current or last period) or decreases (the intensive period happens right at the beginning of use, continuous or chained (intensive period in an intermediate phase of the career of use) are all characteristic of dysfunctional type users. In general the pattern is one of arriving at a maximum of use and then dropping when serious problems occur leading to abstinence, temporary (treatment or self-regulation) or permanent.

The temporal patterns among casual and instrumental type users are very different from those of dysfunctional type users and tend to show less variability in frequency and amounts. This is so because they exhibit more stability as a result of not being drug-related patterns of use.

The characteristic temporal pattern for casual and most instrumental type users (intra-nasal use of cocaine hydrochloride and coca paste (Cochabamba) shows stability over time - with minor ups and downs in frequency and amounts. This pattern also describes the career of use of traditional and most instrumental type users, coca leaf (Cochabamba).

This pattern also reflects the evolution for a minority of users in Rio; those users who have maintained family ties. In Sao Paolo, there are only two cases. These cases of intravenous use do not exhibit, in addition, intensive periods in their career of use and are particularly interesting and pose

some significant questions: maybe they are not dysfunctional type users of cocaine hydrochloride (intravenous method) but maybe they are dysfunctional type users in terms of intra-nasal method of use - or, at least, they are very intensive users through this last method. If that is so, they would have achieved a relative control of use through the intravenous method, and thus adjust their career of use to a stable temporal pattern.

In the Rio de Janeiro sample there are other processes of evolution, very few, it is true, that have been classified as irregular temporal patterns - characterised by multiple changes in levels of use and spread over the career of use without any clear pattern - or, as intermittent patterns - multiple interruptions and re-starts without any clear pattern. Such irregular patterns are predominant in the Ibadan sample (use here is, in relative terms, the most irregular).

Irregular and intermittent temporal patterns are nearly half the patterns of evolution in the intranasal cocaine hydrochloride sub-sample (Cochabamba). The three types of use exhibit these patterns but are not comparable.

Those dysfunctional type users whose pattern of use pas been classified as irregular exhibit several intensive periods and so it is difficult to isolate a single period as characteristic. Were it so, it might have been possible to characterise their use as one of the more common patterns exhibited by other dysfunctional type users. The difficulty in classifying is closely linked to the complexity of the actual careers of use and the need to simplify according to the temporal patterns defined. In this sense, for example, it must not be interpreted that the ascending/descending pattern reflect rigidly a career with a continuous increase up to a maximum, intensive period, and then, a continuous fall to abstinence or definitive end of use.. What happens frequently is the appearance of short periods of increase and interruption that alternate right to a maximum. times. Thus, these cases include not only processes of evolution chaining ascending/descending patterns and other possible combinations, but also irregular patterns in the strict sense, as they appear in Ibadan, simply because they can not be clearly differentiated.

The interpretation of the irregular patterns among casual and instrumental type users is different. They are interviewees who frequently exhibit changes in their level of use but the increases associated to such changes do not constitute, clearly, intensive periods, strictly speaking. They are, in fact, situations that couldn't be differentiated clearly and which include: really irregular patterns and others that tend to some stability (characteristic evolution of casual type users) but who have not been considered thus because they exhibit a greater relative variability.

The intermittent pattern exhibits the same problems in classification: it includes intermittent periods in the strict sense, dysfunctional types that exhibit interruptions of use for long periods and thus qualify as intermittent; casual types exhibiting frequent interruptions of use that might have been classified as stable patterns (this pattern includes the intermittence that is characteristic of this type) but which still show a differentiated non-comparable "intermittence"

Finally, since the careers of use are rather complex and variable making it difficult to reconstruct them without falling into anomalous and incoherent situations (mirroring reality) it may be that some of the anomalous presented result from shortcomings in the data gathering exercise or in the interpretation of the data gathered. On the other hand, as it was explained at the beginning of this section (10.1) and in the methodological chapter (chapter 1), analysis is limited in its scope and it cannot always furnish a consistent and plausible explanation (which should be put to the test). Since it is not usually possible to further explore a topic (theoretically and empirically) all that can usually be done is to report on certain findings and formulate suitable hypothesis.

Use context

Use at the work place/context is predominant among traditional coca leaf 'chewers' (Cochabamba) and is significant among instrumental type users of cocaine hydrochloride and coca paste. The relative importance of the work place/context for use does not usually change throughout the career of use while the user remains an active worker.

Use in the private context (private house) is also significant in the coca leaf sub-sample (traditional and instrumental type) (Cochabamba), among coca paste users, mainly in the initial periods of use and among intranasal cocaine hydrochloride users (Cochabamba), among intravenous cocaine hydrochloride users in Rio de Janeiro and Sao Paolo and among crack users in this last city. Finally, context plays a secondary role in Ibadan tending to be the use environment for intra-nasal cocaine hydrochloride.

Use in a public context is predominant in Ibadan throughout the career of use (bars, discotheques and the like). It is the usual context mainly for casual type users and instrumental type users of coca paste and cocaine hydrochloride - intra-nasal method and for the sub-type socio-casual/recreational (instrumental use) for the coca leaf sub-sample (Cochabamba). The significance remains stable, in general, becoming more so among casual type users of cocaine hydrochloride - intra-nasal method (Cochabamba).

Use out in the street is predominant among the street children sub-type (coca paste, Cochabamba) and among a good many of the remaining dysfunctional type users of coca paste, especially during intensive periods. In Sao Paolo, and to a lesser extent in Rio de Janeiro and in Cochabamba, dysfunctional type users prefer the private context but will also use in secret and well concealed places (such as abandoned houses or the like). This is especially so during intensive periods.

Except for coca leaf traditional type users (Cochabamba) who tend to 'chew' together with work mates and relatives while working mainly in agriculture, users in the other samples and sub-samples tend to use mainly among friends and acquaintances. This tends to be so throughout the careers of use in Ibadan and among casual and instrumental type users of coca paste and cocaine hydrochloride - intra-nasal method (Cochabamba). Among dysfunctional type users the user group/circle becomes smaller and the only significant people for them become other users; but there is also high level of use alone

(isolation or severing of links with other users). These transformations are more noticeable in the intensive periods. In this regard, the street children sub-type is exceptional: they tend to maintain stable their social circle (peer groups of users and non-users)

Traditional type use (coca leaf) is associated to work and/or ritual/socialising contexts and so remains stable. In fact, a change in the work/socialising/ritual context will mean a change in the pattern of use. In contrast, dysfunctional type users make use their only activity. In relative terms, this is not so clear-cut among intra-nasal cocaine hydrochloride users and intravenous cocaine hydrochloride users in Sao Paolo and Rio de Janeiro who have maintained social links.

Supply context

Except for coca leaf (Cochabamba) which can be bought in the legal, normalised market, the other coca side-products are illegal and their use punishable by law, giving rise to a secretive illicit market and distribution network.

Some interviewees are user/dealers (small scale) or serve as 'mail carriers' between users and dealers (Sao Paolo and Rio de Janeiro) in the respective distribution networks. Others have intervened in the elaboration of the side-products at various stages: in Cochabamba, in the basic chemical treatment to produce cocaine hydrochloride; in Cochabamba and the other centres, 'cooking' crack The Cochabamba sub-sample includes, in addition, coca plant growers and other interviewees whose work involves transporting, legally, the coca leaves from the growing area (Chapare) to city markets or in retail.

The various coca side-products are easily obtained in the various centres. The main problems, as singled out by the interviewees, are unfamiliarity with the distribution network, lack of contacts with members of a network or shortage of money. The more experienced and keen a user is, the better he knows the market because it is essential to ensure supplies and obtaining as good a quality-price relationship as possible.

In Cochabamba, coca paste is more easily obtained than either cocaine hydrochloride or crack (there is no market for crack). In Rio de Janeiro the supply of crack is restricted and in Sao Paolo it is widely available. This difference in availability has been understood in terms of marketing strategies, being the underlying motive one of profitability and maximum returns. In Ibadan, both crack and cocaine hydrochloride are equally available.

In Cochabamba, the distribution networks for coca paste and cocaine hydrochloride are separate; in most points of sale you can get only either side-product. Nonetheless, some points of sale will sell both and also marijuana. The coca leaf is completely separate and independent. The coca leaf retailers also sell 'lejia' and the hand-made tobacco cigarettes used in some of the Andean rituals.

In Ibadan cocaine hydrochloride, crack and heroin are usually sold in one place; some also sell marijuana (the supply of the latter is much higher than any of the other illicit drugs).

Such is the widespread of crack that it has replaced marijuana in many points of sale, displacing it to a second place in others, (Marijuana was once the most common illicit drug). This may lead to turning crack into the illicit drug of initiation in the short term. Cocaine hydrochloride is not as widely available and it is usually found in different points of sale which tend to also supply marijuana and, less frequently, amphetamines.

Other than in Cochabamba, where interviewees say the intervention of the police is effective in temporary reducing the supply of coca side-products, including coca leaf, the market tends to work quite regularly. The supply of coca leaf is reduced, in addition, in the rainy season, when its price goes up. Most trading takes place at night.

The small scale distribution network tends to have points in common and differences in the various centres studied. The Street market is predominant for coca paste (Cochabamba), crack (Sao Paolo) and cocaine hydrochloride (Rio de Janeiro). The small scale dealers are to be found in crowded city areas and in peripheral, marginal areas: in Brazil, in the favelas', in Cochabamba, in the river that runs across the city. In Ibadan the product is bought at the dealer's house. This is also common for coca paste in Cochabamba; less so for cocaine hydrochloride in Cochabamba and in Sao Paolo (in the latter this service is exclusive for well-known, trustworthy clients.

In Cochabamba, cocaine hydrochloride is ordered over the phone and delivered to the user's house. This also takes place in Sao Paolo and Rio de Janeiro but usually only with middle and upper class customers (who tend to be intra-nasal, socially normalised users). The sale / distribution in public places (bars, discotheques, and the like) is less frequent (Cochabamba, Ibadan).

The relationship between dealers and users tends to be strictly commercial. Those interviewees who describe traffickers as their "friends" or "acquaintances" imply that there is mutual trust between them. This helps to ensure safety and, above all, the best quality possible for the product.

In Sao Paolo and, especially in Rio de Janeiro, interviewees say that the police "tolerate" traffic (this implies complicity and corruption) and even participate in an active way in some points of sale under their control. The small scale distribution networks are controlled by mafias, rigidly organised, that act with extreme violence against users who break their rules. They also fight amongst each other for territory control - especially in Rio de Janeiro. As an example of this, the points of sale in the 'favelas' tend to be guarded by armed men. That is why consumers prefer to employ the 'mail' to buy from such points or buy cocaine hydrochloride from the so called 'asphalt steam boats' who buy and then re-sell the drug to a few, more or less regular clients.

Reasons and functions of use

The main reason for using the coca leaf (Cochabamba) is its association with work (energy giving) and its main function that of improving productivity, lessen the sensations of hunger and fatigue as well as sleepiness and cold. Cultural reasons (ritual and symbolic) are also significant and, to a lesser

extent, socialising. These reasons and functions are maintained throughout but their relative importance may vary according to circumstances of use. For example, its energy-giving function losses importance when work demands decrease.

Regarding the other coca side-products, improvement of socialising and increase/lengthening of enjoyment and pleasurable sensations predominate in the initial phases of use. In some cases there is a prevalence of use for purely hedonistic purposes (Sao Paolo, Rio de Janeiro: coca paste, Cochabamba), as energiser to increase productivity (coca paste and intra-nasal cocaine hydrochloride instrumental type users, Cochabamba), to offset the effect of alcohol abuse (casual type users of coca paste and intra-nasal cocaine hydrochloride, Cochabamba), to offset or escape from existential or emotional problems (coca paste dysfunctional type users, Cochabamba), peer group pressure, (crack and cocaine hydrochloride smoked/inhaled, Ibadan) or as a means for cohesion and group integration (coca paste, Cochabamba; intravenous cocaine hydrochloride, Rio de Janeiro)

The reasons and functions just mentioned remain fairly stable throughout the careers of casual and instrumental type users of coca paste and cocaine hydrochloride (Cochabamba); nonetheless, this stability is eventually altered by crisis caused by emotional and other types of problems. In these cases, use tends to increase leading to intensive periods when the main motive for use is not enhancing enjoyment or raising productivity but neutralising a malaise.

The relative stability of reasons and functions throughout the career of use can also be noticed in the Ibadan sample where there is a predominance of use to enhance enjoyment or improving socialising. Nonetheless, there are cases where use results temporarily or throughout the career from purely hedonistic motives, from primarily instrumental goals, as a means to escape from some malaise and, in others, from the sheer need to use (compulsive drug dependence).

In the case of dysfunctional type users, the initial reasons and functions for use during the usually very brief initial phase take a second place after the main reason: compulsive drug abuse; it becomes, in fact, the only reason. Likewise, the sole function of use is to neutralise craving. This characteristic is not as acute, in relative terms, among intra-nasal users of cocaine hydrochloride (Cochabamba)

Positive effects of use

Coca leaf users described as immediate positive effects the diminution in the sensation of fatigue and an increase in their motivation to work. In a second place, they mention the pleasant taste of the coca leaf and its medicinal properties. These effects and their corresponding evaluation remain constant throughout.

For the other side-products and methods of use, the predominant positive effects are of a psychological nature and in the intellectual domain, increasing or generating sensations or feelings of lucidity, euphoria, omnipotence, inhibition, enhanced socialising resulting from ease in inter-personal communication, loquacity, happiness and pleasurable conditions. Crack and intravenous cocaine

hydrochloride users (Rio de Janeiro and Sao Paolo) single out the very intense sensation of pleasure produced by use. Street children (coca paste, Cochabamba) indicate as positive effects the diminution of the sensations of hunger, sleepiness and cold. Other positive effects mentioned are an increase in sexual appetite (intra-nasal users of cocaine hydrochloride and coca paste, (Cochabamba), increase in productivity (instrumental type users of cocaine hydrochloride - intra-nasal method (Cochabamba) and dissipation of worries and emotional or existential malaise.

Most intra-nasal cocaine hydrochloride users (Cochabamba), especially the casual and instrumental type ones declare that such effects remain throughout their careers of use. This stability is a constant in the coca paste (Cochabamba), crack (Sao Paolo) and intravenous cocaine hydrochloride (Rio de Janeiro and Sao Paolo) sub-samples. It must be pointed out, however, that the negative effects (craving and paranoia) experienced as result of dysfunctional use reduces to a minimum the positive effects experienced. This was remarked especially by the interviewees in Sao Paolo: the intense sensation of pleasure associated to the first intake in a session is not reproduced with the same intensity in the following intakes and is rather superseded by negative effects and compulsion.

In Ibadan, most interviewees declare that the immediate positive effects associated to the use of crack or cocaine hydrochloride, smoked/inhaled vary throughout their careers of use and, especially so due to circumstances, being better when the use occurs in tranquil places and situations. The search for such favourable conditions is a strategy aimed at enhancing the positive effects of use; so is the simultaneous use of other drugs (alcohol).

The combined use of coca side-products and other drugs, (mainly alcohol and marijuana, in second place) enhancing or lengthening positive effects of use occurs among the users in all the samples and sub-samples, with the exception of coca leaf (Cochabamba). In the latter case, alcohol abuse has a different reason and function. In the intra-nasal use of cocaine hydrochloride (Cochabamba) and intravenous (Sao Paolo and Rio de Janeiro) its function is predominantly one of regulating the effects and much less so in the coca paste (Cochabamba) and crack (Sao Paolo) sub-samples. Occasionally intravenous use of cocaine hydrochloride is combined with intra-nasal use (Sao Paolo and Rio de Janeiro) to regulate the effects. Some interviewees, mainly dysfunctional type users of coca paste, Cochabamba, consider that the only strategy available to increase or lengthen the positive effects is to increase the amount used.

Negative effects of use

Virtually no user in the coca leaf sub-sample (Cochabamba) mentions any significant negative effect. Only a few indicate that the 'chew' causes an unpleasant taste or smell or regard the local anaesthetic properties as negative.

Nearly all the users of the other coca side-products mention negative effects. Moreover, these negative effects tend to get worse with an increase in use (Ibadan, Rio de Janeiro; intra-nasal use of cocaine hydrochloride, Cochabamba). In some cases the negative effects are strong and felt as such

from the first time, remaining so throughout use (dysfunctional type users, coca paste, Cochabamba and crack, Sao Paolo).

Among the casual and instrumental type users of coca paste and cocaine hydrochloride - intranasal method - (Cochabamba) one notices fewer negative effects. Moreover, these effects are less intense than those experienced by dysfunctional type users. Some casual users claim they have never experienced any negative effects.

The most important negative effects in Cochabamba for coca paste and cocaine hydrochloride are: headaches, nausea, vomiting, excessive perspiration, breathing problems, insomnia, pain in their throats and the nasal septum (intra-nasal use of cocaine hydrochloride) and weakness, tremors and muscular contractions (coca paste). In Ibadan the most important negative effects are vomiting and dizziness (blamed on impurities in the drugs). In Rio de Janeiro and Sao Paolo the most significant negative effect indicated by intravenous users of cocaine hydrochloride is intense dryness in their mouths (they offset it by drinking alcohol). A second negative effect is pain in their blood vessels.

The psychological effects that predominate are anxiety (the only one mentioned in Ibadan), craving, paranoia and depression. These also occur when using crack (Sao Paolo) but with greater intensity, and with less intensity when using cocaine hydrochloride - intravenously (Sao Paolo and Rio de Janeiro). Paranoia is the most outstanding effect among dysfunctional type users of coca paste and depression among dysfunctional type users of cocaine hydrochloride - intra-nasally. In the latter case, interviewees associate this depression to irritability and physical run-down. No instrumental type user of cocaine hydrochloride mentions depression as resulting from use (they do mention anxiety and irritability). Casual users do not mention any negative effects of a psychological nature (Cochabamba). Sensorial perception problems occur only among dysfunctional type users of coca paste (Cochabamba).

These negative effects are frequently offset by alcohol and marijuana abuse and to a lesser extent, by other drugs: minor tranquillisers, analgesics and heroin (only in Ibadan). Crack users seek quiet places and stay still to diminish the sensation of paranoia (Sao Paolo). The use of other strategies to achieve relaxation and sleep, without using drugs, is mentioned only by intra-nasal users of cocaine hydrochloride in Cochabamba. ,

Craving is very intense among dysfunctional type users of crack (Sao Paolo), cocaine hydrochloride - intravenous method (Sao Paolo and Rio de Janeiro) and coca paste (Cochabamba). Craving is indicated as the main reason for relapses and makes quitting the drug by themselves almost impossible, even for a short time. This aspect is also mentioned by intranasal cocaine hydrochloride users in Cochabamba, but its intensity seems to be less. In this sub-sample, some instrumental type users have also experienced it but in a mild manner. In fact, they stop using and avoid future use with relative ease, usually by not mixing with the user group. Casual type users stop using frequently, easily and without problems. None mentions having experienced any craving. There is

no relationship here with coca leaf users. It is not known how much craving affects the Ibadan users.

In Rio de Janeiro and Sao Paolo, crack or intravenous cocaine hydrochloride users tend to use cocaine hydrochloride - intra-nasally as a strategy to offset craving.

Positive consequences or advantages for health and social life.

Here we analyse and compare the data obtained, opinions and assessments, regarding the positive effect of use, throughout the careers of use, on the health and on the physical and mental functions of the interviewees and on significant aspects of their lives: study, work, livelihood, socialising, sexual relations, security and capacity to meet the demands made by society. Also, which of these have improved as a result of use.

When positive consequences are viewed across the various samples and sub-samples and methods of use, one perceives significant differences. Coca leaf users (Cochabamba) claim use has positive consequences or advantages; so do a good many of the intra-nasal users of cocaine hydrochloride (because in this sub-sample most are casual or instrumental type users (Cochabamba). In contrast, very few mention positive consequences among the sub-samples where the majority or all of them are dysfunctional type users (coca paste, Cochabamba; crack, Sao Paolo; intravenous cocaine hydrochloride use, Sao Paolo and Rio de Janeiro and in Ibadan.

Coca leaf users consider that use has positive effects in the following aspects (in decreasing order of importance). At least half of the sub-sample claim socialising (it includes cultural integration and a sense of belonging), work (increase in productivity), health (it makes one stronger and it has medicinal properties), capacity to deal with living in society (it increases one's courage and strengthens your will), study (it improves one's concentration capacity), livelihood (indirectly, by its effect on work and, directly as a source of income: production, transport and retail sale), helps to avoid accidents (it increases a state of alertness and it diminishes fatigue and sleepiness). Only a few claim that none of the above has improved as a result of use. For most, the aspects most benefited are work, socialising and socio-cultural integration.

Only casual and instrumental type users (coca paste and intra-nasal use of cocaine hydrochloride, Cochabamba) and some of the interviewees in Ibadan claim some positive consequences for use: socialising, study, work. Among dysfunctional type users the only positive consequence is that it enables them to face danger, to survive (coca paste, Cochabamba) or, it makes them unaware of danger in situations that are really or potentially dangerous. The only economic advantages result from drug traffic (Sao Paolo). In Ibadan most users neither rank nor furnish any information on aspects of their lives that have benefited from use. Nearly all the dysfunctional type users declare that use has not had any positive consequence.

Negative consequences or disadvantages to health and significant aspects of their lives.

Here we analyse and compare the negative effect of use on the same aspects as in the previous sub-section. Also, whether use has led to problems with the law and law-enforcement agencies.

As it might be expected, the data obtained shows the opposite of what had been found previously. All or nearly all the dysfunctional type users reported negative consequences. These are more common and serious among the crack (Sao Paolo), intravenous cocaine hydrochloride (Sao Paolo and Rio de Janeiro) and coca paste (Cochabamba) sub-samples. While the consequences were certainly negative among intra-nasal cocaine hydrochloride users in Cochabamba, about a third think use has no negative consequences because they are casual or instrumental type users. There is a similar situation in Ibadan. Finally, only a few coca leaf 'chewers' claim negative consequences for their use. In any case, these negative consequences are not directly related to use: rejection or contempt from non-'chewers', problems with the police when they transport coca leaf bales (this is possible even though the transport and retail of coca leaves is a legal activity), arguments about the pace (these situations arise when barter is accepted).

Casual and instrumental type users of coca paste and cocaine hydrochloride - intra-nasal method (Cochabamba) find that use has negative consequences, but these are far less serious than those experienced by dysfunctional type users and do not occur in each one of the aspects under consideration. In fact, none of them are comparable.

Dysfunctional use is incompatible with study or work in any regular pattern. Dysfunctional type users are ruined economically due to use; so are most of the Ibadan users.

Dysfunctional use leads to pour health, loss of weight and malnutrition (in all cases); chronic headache and tooth problems (coca paste); problems with remembering and capacity to concentrate (in most cases); problems in respiratory ways (coca paste and crack); ulcers in blood vessels, hepatitis, AIDS (intravenous use of cocaine hydrochloride, Sao Paolo and Rio de Janeiro). Over half the Sao Paolo sub-sample are HIV positive, but none of them regarded this as a main negative consequence of use. Among casual and instrumental type users, health problems are slight (coca paste and cocaine hydrochloride - intra-nasal method, Cochabamba).

Consequences of use such as family conflicts and breaking up of family ties, weakening and break up of normalised social relationships; i.e. exclusion and marginal social status occur with relative less intensity among dysfunctional type users of cocaine hydrochloride - intra-nasal method (Cochabamba) and, though somehow more intense, among the intravenous user of cocaine hydrochloride of the sub-type (Rio de Janeiro and Sao Paolo) already referred to above. Among the street children (coca paste, Cochabamba) the situation of family disintegration precedes use, making it worse if anything. These consequences do not occur among casual and instrumental type users of coca paste or cocaine hydrochloride, intra-nasal method (Cochabamba).

A third of the dysfunctional type users of coca paste claim that use has a negative effect on their sexual relations. There is a loss in interest. Others mention promiscuity. Nearly all the Sao Paolo

interviewees and most interviewees in Rio de Janeiro say it brings about impossibility to experience orgasms and impotence.

With the exception of casual and instrumental type users of coca paste and cocaine hydrochloride, intra-nasal method (Cochabamba), most interviewees mention an increase in violence, accidents and problems with the law-enforcement agencies as negative consequences. In many cases, these problems do not arise necessarily from use but from the lawless and marginal status of many dysfunctional type users. In Sao Paolo and Rio de Janeiro, nearly all users claim that use turns one into a "passive" person. Hence, any aggressive or violent action directly associated to use, and not to trafficking or the social context, result from losing control because of craving.

Nearly all the crack and cocaine hydrochloride (intravenous method) users (Sao Paolo), most users in Rio de Janeiro (intravenous use) and a third of the coca paste users in Cochabamba claim that all the aspects under consideration have been seriously affected by use The other dysfunctional type users in these sub-samples single out the negative consequences on health. In addition, in Rio de Janeiro, they point out to negative consequences in their livelihoods and in their social networks (a loss of credibility). In Cochabamba they point to problems at home and in the social networks and as a cause for social marginality and violence. Among dysfunctional type users of cocaine hydrochloride - intra-nasal method (Cochabamba) the most significant negative consequence is family problems and, in second place, the deterioration of the social network. Most Ibadan interviewees do not furnish any information regarding the aspects of their lives that have been affected by use. The few who do, indicate work and study.

Perception of risk

The issue here is to find out whether users perceive use as problematic or dangerous and which are its characteristic features; whether there is a controlled use and if so, what are its distinguishing features; whether use always generates dependence or whether it occurs only under certain circumstances. These very important aspects have already been analysed in depth and the relevant conclusions arrived at in section 9.1, chapter 9. Therefore these aspects are not repeated here to

Familiarity with treatment services

There is no specialised treatment service in any of the four centres of the project for coca side products. Therefore the information obtained from interviewees refers to services and institutions that deal with problems associated to drugs in general.

Virtually none of the coca leaf users (Cochabamba) are aware of their existence. A similar lack of knowledge is prevalent among coca paste users. Only the cocaine hydrochloride users show a better though limited knowledge of services.

In Ibadan, Rio de Janeiro, Sao Paolo and Cochabamba most interviewees do mention the main facilities and institutions. However, with the exception of those users who have been treated, the rest can only identify them (there is confusion, usually, between prevention and treatment services).

In all cases, the lack of knowledge is greater when it comes to the therapeutic approach applied or the treatment programmes offered.

When these services and program are evaluated, most interviewees think that their efficacy depends mainly on the will power of the user (admitting s/he needs help and a firm decision to quit use) and on their requesting treatment themselves willingly without any external pressure (coca paste, Cochabamba; Ibadan, Sao Paolo and Rio de Janeiro).

The interviewees in Sao Paolo tend to give negative evaluations, being particularly critical of the coercive or threatening therapeutic interventions and with moralising. Yet, they claim, these services are used because they are the only means to achieve abstinence. In Rio de Janeiro the most negative evaluations are made by users who have never been treated; in general, positive evaluations are prevalent.

In some cases, the rejection of treatment reflects on the difficulty interviewees have to admit they need help (this happens even when the problems are obvious) or is due to the fear of being identified as a drug abuser and be stigmatised as a result (Rio de Janeiro).

Use of the treatment services

None of the interviewees in the coca leaf sub-sample (Cochabamba) has had problems because of this side-product and so no one has sought out help or treatment. Moreover, they do not know anyone who has, not even by hear-say. Only one of the interviewees had received treatment and on account of alcoholism.

Over half the coca paste users (Cochabamba) have received treatment or help because of problems directly or indirectly related to drug abuse. In general, the treatment addressed their basic needs (shelter and food) and health problems (it is in fact the kind of help most services provide). Just under a fourth of the intra-nasal users of cocaine hydrochloride have also received treatment because of this side-product or alcohol abuse. But more often, the treatment is due to associated problems (family conflicts) than to health problems. All the interviewees who have received help willingly or otherwise (coca paste) value it positively.

Half the interviewees in Ibadan have received treatment. Of these, a half because of problems associated to crack or cocaine hydrochloride use. It must be pointed out that in Ibadan treatment is given only to those who can pay for it. These cases, therefore, are not necessarily an indicator that these users have had more problems than other users but, rather, that their families have been able to afford the treatment. In relative terms, the Rio de Janeiro and Sao Paolo interviewees mention a greater range of treatment services and therapeutic ranges than elsewhere (they are professional or otherwise,

including self-help groups). In Sao Paolo, most interviewees have received some type of treatment and in Rio de Janeiro, a third of the sample (including detoxification)

Family pressure plays a decisive role in the interviewees' acceptance of treatment.

Interviewees in the four centres commenced that the various treatment services for drug addicts have insufficient material and human resources.

Intravenous use: risk practices

Before the facts about AIDS and its risks were fully known and advertised, most intravenous users of cocaine hydrochloride shared their gear (syringes, needles, etc.) with no restriction Moreover they were not properly washed or sterilised - in fact no hygienic measures were taken (Rio de Janeiro, Sao Paolo)

At present, all of them are familiar with the risks and have changed their habits accordingly taking the necessary precautions. The problem lies in the loss of control that ensues, making it impossible to follow safety practices. This is the rule among the Sao Paolo sub-sample. In contrast, nearly half the Rio de Janeiro interviewees claim that they have not shared syringes or needles since they were aware of AIDS (yet another indication of their greater level of "normalisation"). Most of the interviewees in this sample who still share, say that they sterilise them before use; nonetheless, this is done with tap water.

10.2 Conclusions

The growth of the coca bush is fundamental in the subsistence economy of many farmers in Bolivia. It is a rather efficient crop since the leaves can be harvested three or four times a year. In addition it satisfies an internal (legal) demand because of its multiple applications in the traditional Andean culture. Moreover, the transport to the market and the retail sale (both legal activities) generate employment and a source of precarious income to the retailers and their families.

The coca leaf still plays many functions and its 'chew' and other applications are fully integrated in the Andean traditional culture and the cosmic vision. Most traditional users fall into this model of use. The coca leaf holds an important place in the various aspects of their lives.

The following are the main uses of the coca leaf.

As a source of energy (the predominant use): it increases performance at work and helps to fight against tiredness, sleepiness and cold. In addition, the 'chew' organises the periods of work and rest. It is not considered a foodstuff although it diminishes the sensation of hunger and it provides some minerals and vitamins. It may be used as a foodstuff when there is a shortage of traditional foodstuffs.

Medicinal. It is used for organic diseases, on account of its chemical properties in herbal teas, syrups and plasters made with the leaves. It is also used to diagnose and treat culturally defined

diseases whose aetiology is supernatural, of psychosomatic nature, expressing interpersonal or social structure conflicts.

Magical-religious. It is used for communicating with the supernatural world and to obtain protection. It is used by soothsayers to avoid or to find out causes of bad luck. It is used also in all the magic-religious rituals, especially in offerings to the 'Pachamama' that personifies the Earth so as to obtain sufficient foodstuffs, protect one's health and the environment.

Social. It is used to maintain social cohesion and co-operation among the members of the community. It also plays an important role in all the communal ceremonies, in the reciprocal inter-changes of work and in socialising.

The instrumental type of use, prevalent in the cities and among the non-ethnic Quechua and Aymara population, exhibits changes away from the traditional uses due to acculturation and adaptation to modern lifestyles. Hence some traditional uses have become irrelevant or meaningless. This type of users value the coca leaf mainly for its energy-giving and medicinal properties and do not know about its ritual, customary uses or, prefer to ignore them. An important issue is the defence of the coca leaf as a symbol of identity and belonging. Users and non-users also reject the view that associates coca leaf use to a backward way of life characteristic of indigenous populations (the expression of a prejudice).

Users value positively, to varying degrees, the beneficial effects of the coca leaf energy-giving, medicinal, ritual and symbolic significance. None mentions problems or negative effects or consequences resulting from or associated to its use. These characteristics distinguish it clearly from the other coca side-products: the use of the coca leaf is not perceived or identified at any time or by anyone as drug use. The culturally established use of this side-product (traditional type use) and the instrumental type use do not lead to problems for public health nor for the users themselves.

Coca side-products (cocaine hydrochloride, coca paste and crack) considered together, including or not coca leaf, exhibit multiple aspects, the existence of a vide variety of careers of use, profiles, situations, types and methods or ways of using. In addition, their use is spread in an irregular pattern among the strata of the social classes, both among normalised population among marginalized population. This diversity is reflected in the socio-sanitary consequences arising from use. These especial characteristics must be taken into account when planning any type of intervention to avoid uniform approaches.

This multiplicity of aspects occurs especially in the use of cocaine hydrochloride: types of use, spread and variable significance among different lifestyles, diversity in the methods of administration: intra-nasal, intravenous, smoked/inhaled and other methods (a minority).

The process of elaboration of cocaine hydrochloride gives rise to several smokable coca side-products that differ essentially in the amount of cocaine sulphate they contain and by the, again, varying

amounts of chemical residues left over from the process. Some of these side-products are used exclusively in networks associated to the elaboration. Those that are sold are know generically as coca paste.

The process of elaboration of crack from cocaine hydrochloride, be it performed by the users themselves or that sold, is the same or very similar in all the situations that were analysed.

The use of cocaine hydrochloride, crack or coca paste tends to increase as time goes (most users either do not perceive it or won't admit it). This increase is more intense and accelerated when using via a fast absorption method: intravenous and inhaled (the effects are much more intense but of a short duration). The use of these methods worsens the immediate and long term negative consequences of use. This fact is particularly relevant for these whose careers of use start early (coca paste and crack).

This trend, although characteristic of dysfunctional type users, can also be exhibited by other types (it implies loss of control over one's level of use, compulsion, tolerance and very intense craving). This type of use is predominant or is the only one among crack, coca paste and intravenous users of cocaine hydrochloride. It is less frequent, among intra-nasal users of cocaine hydrochloride. In addition, in general, dysfunctional intra-nasal use of Cocaine hydrochloride exhibits distinguishing features in relation to the others and with more serious consequences.

Casual use of cocaine hydrochloride - intra-nasal method - and also of coca paste (though this is less common) exhibits low levels of use, non-daily frequency and amounts not exceeding one gram/month. It is associated exclusively to enjoyment and socialising and it is intermittent. It can be interrupted easily if even slight problems appear or when use begins to increase (control mechanisms are activated). It is characteristic of a section of the urban middle class (normalised and integrated population) that share a certain concept of leisure (a preference for enjoyment in the so-called night world). It is the type of use that does not normally bring about serious problems if it maintains its characteristics features (something which most users manage easily over long periods of time).

Instrumental type use (use for a specific purpose not related to enjoyment in socialising contexts, but without excluding it) has also been determined in the use of cocaine hydrochloride - intranasal method - above all, and also in the use of coca paste. This use exhibits similarities with casual type use but it includes risk factors: higher levels)f use resulting from higher levels of use; reasons that may foster an increase (to fight against boredom; as an end in itself and not as a means to improve enjoyment; causal association to performance and success at work or in the professional practice. In fact, the only reason that can ensure a controlled and non-problematic use is the improvement of enjoyment in socialising and festive environments (use plays a secondary role in them).

As it has already been remarked upon, dysfunctional type use is associated to the use of crack, intravenous cocaine hydrochloride and coca paste. In all cases, except for a few coca paste (casual and instrumental type) users, use is the only reason for their lives. Dysfunctional type use is incompatible with the habitual performance of normalised activities. It implies the displacement, temporary or

permanent, to social marginality, weakening and breaking social links, even those that exist among users and leading to a progressive isolation of the user. Moreover it has serious socio-sanitary consequences. The users frequently find themselves in limit situations - situations that become objectively and subjectively impossible to sustain.

In addition to these general characteristics of dysfunctional type use, one must add certain group features.

Intra-nasal dysfunctional type users of cocaine hydrochloride exhibit, in relative terms, less serious situations.

Use makes the marginal status even worse. In these cases, though use is one more problem, it plays a key role to enable them to survive in a hostile environment and to escape from it, if only for a short and illusory while.

Maintenance of certain normalised links even in a precarious and conflictive manner, is an important factor, maybe a decisive factor in the reduction of harm to the users and in avoiding the consolidation of their exclusion from the social group.

It has not been possible to confirm whether there is a more or leas controlled, non-dysfunctional type use of cocaine hydrochloride - intravenous method.

A very important aspect - a constant, in fact, - with the exception of coca leaf use - is the combined use of coca side-products with other drugs in order to heighten or lengthen the effects or to offset them. Attention must be drawn, because of its socio-sanitary consequences, to alcohol abuse. In Ibadan, the mix of drugs may contribute to an increase in heroin. In this sense, the hypothetical spread of this drug in the Andean countries constitutes a risk that deserves to receive special attention (its presence in Cochabamba bas been detected).

Intravenous use of cocaine hydrochloride has diminished quite clearly since the facts about AIDS became well known and has been substituted by crack. Those who still inject themselves are fully aware of the dangers of sharing syringes and needles and not properly sterilising; them if they are to be re-used but, the pressure of use makes it impossible for them to observe the basic rules.

The laws of demand and supply govern the market and influence on the type of drug used. Thus, crack has virtually displaced all other illicit drugs in Sao Paolo and coca paste is widely available in Cochabamba because of its low price.

The fact that use is stigmatised, leads to social rejection and above all to characterising it as a criminal act are counter-productive for users and for society as a whole making it difficult (if not impossible) for an intervention by the public health agencies.

Existing treatment services at the four participating centres are insufficient and/or inaccessible and, in addition, lack suitable the required means. Moreover, the treatment programmes are outdated and not professionally-given (the same can be said of the services). In general terms, forced treatment is not

efficacious and it generates rejection, instead. These aspects are particularly relevant if one considers that dysfunctional type users regard that treatment willingly sought and properly given is the only way out of a situation they cannot solve by themselves.

10.3 Recommendations

General Recommendations

The WHO should encourage its Member States to include in their respective global national strategies on drugs and health plans the various aspects related to the coca side-products.

The WHO should set up a five-year programme as part of a strategic framework with the purpose of reducing the level of harm caused by coca side-products in the world. This programme should be included in the Work Plan of the Programme on Substances of Abuse

This programme should regard South America as priority area, with especial emphasis on the reduction of the negative effects caused by smoked or inhaled and intravenous use of some coca side-products.

The WHO should encourage Member States belonging to the South American region to cooperate in the areas of prevention, treatment and research on health problems related to coca side-products.

The programme of activities proposed should include as a second priority provision of support and help to the West Coast countries in Africa where there is evidence of problems related to coca side-products abuse.

The WHO should set, together with the UN and relevant international organisations a co-ordinated programme of information on patterns of drug traffic as a response to the appearance of new routes and to the correlative increase in the internal problems associated to coca side-products. The objective of this recommendation is to identify in advance the countries where health problems arising from coca side-products abuse may arise or get worse.

The WHO should elaborate reports on the effects of coca side-products abuse on health and ensure their distribution to Member States, professionals and the community in general.

The WHO should encourage its State Members to evaluate the impact of legislation and other control measures on health and the social well being in their countries.

The WHO should encourage State Members and research institutions to take into account the problems arising from stimulants other than those derived from coca leaf and any issue related to these.

Education and prevention

The WHO should encourage its Member States to design and carry out global plans for drug education and prevention involving community-based activities that mesh with other primary attention programmes.

The educational objective on coca side-products should be that of substantially increasing knowledge about the patterns of use that imply a high risk; particularly, intensity, combination of drugs and the greater potential of harm for the smoked/inhaled and intravenous methods of administration.

The main outcome to be evaluated in the prevention of drugs should be a reduction in the harmful effects caused by the coca side-products.

The educational campaigns should be culturally appropriate. They should arise from the outcome of serious research work and on the serious effects of coca side-products on health - not on mythical or stereotyped information.

The WHO should encourage pilot projects that come up with innovating approaches for the prevention of the harmful effects associated to coca side-products; particularly, projects that prioritise the spread of primary health programmes through the participation of professionals and the community. The WHO should encourage the development and execution of strategies directed at the exchange of syringes and safe sex so as to reduce the transmission of infectious diseases

The WHO should encourage Member States and Non Government Organisations (NGO's) to undertake active dialogue with the appropriate target audiences so as to design really effective education and prevention campaigns on drugs. The very low and socially marginalized groups should be given priority given that they are high-risk groups.

The WHO should encourage Member States to organise and execute training programmes for health professionals and other relevant groups. The objective of such programs should be to enlarge and improve existing knowledge about the wide range of sanitary problems associated to the coca side-products.

The WHO should encourage decision-makers to rely less in policy making on the mass media campaigns; especially, on the kind that transmit exaggerated or sensationalist messages or on inappropriate cultural campaigns.

Treatment

The WHO should elaborate directives for better emergency services for coca side-product users suffering from severe adverse reactions and for better long-term treatment of coca side-product dependence.

These directives should lay especial emphasis on the role of:

The pharmacological agents in the control of the abstinence syndrome and coca side-product dependence.

Willing acceptance of treatment in contrast to unwilling/coerced treatment.

Therapeutic communities and the reasons why they are sought out.

Traditional or indigenous healing practices.

The WHO should encourage programmes that facilitate the direct contact with the users' family members and people who care about them. These programmes should encourage the above to seek help for spouses, partners, family members or friends suffering from problems associated to coca side-products and promote, in addition, the support of the family and the community for treatment and rehabilitation.

The WHO should encourage government agencies at national, regional and local levels to establish appropriate regulations to ensure that all the treatment services for drug dependence respect and protect the rights of the individuals who receive such services.

The WHO should encourage the development of innovative treatments. The resulting intervention techniques and programmes should be brief, offering more flexible final goals (not exclusively aimed at abstinence).

The WHO should encourage NGO's and Member States to develop, make available and introduce better methods for evaluating treatment services for drug dependence.

The WHO should encourage Member States to study feasible and effective ways of increasing access to existing drug dependence services for groups with special needs: prison inmates, ethnic minority groups, street children, male/female prostitutes and other socially marginalized groups.

The WHO should encourage Member States to design and implement global treatment plans involving work at community-level that link up with other primary care services.

The WHO should encourage Member States to facilitate direct contact with users of coca side-products through community based activities that involve organised user groups.

Research and data-gathering systems

The PSA/WHO should review the methodological design and execution of this report and consider ways of integrating its most relevant contributions into existing directives on the basic techniques used for epidemiological and qualitative research.

The PSA/WHO should improve on the methodology used in this report and plan a re-enactment within five years. Such repetition should include relevant regions as well as those regions where there have been changes in the patterns of use. It is especially recommended that the study includes other Andean and West Coast African countries.

The PSA/WHO should encourage Member States and research bodies to adopt and apply the methodology used in this research work for the study of coca side-products and other drugs, at local level.

The PSA/WHO should encourage Member States and NGO's to consider adapting the methodology used in this study to obtain similar data on the impact on health caused by the abuse of substances other than coca side-products.

The PSA/WHO should encourage Member States to collaborate each other in the development of reliable data gathering systems since many countries lack such systems. These should enable the measure of trends in use and the problems associated to coca side-products, alcohol abuse, tobacco and other psychoactive substances.

The PSA/WHO should research the impact of various legal systems and control measures on drugs both for individual and collective health.

The PSA/WHO should undertake a study of the nutritional and therapeutic advantages of the coca leaves.

11. Bibliographical References

Argandoña M. (1988) *Los problemas de salud relacionados con el alcohol y drogas en Bolivia*. En: MPSSP, ed., *Historia de la Salud Prublica en Bolivia*. La Paz, Ministerio de Previsión Social y Salud Publica.

Barley N. (1983) *The innocent anthropologist. Notes from a Mud Hut*. London, British Museum Publications Ltd.

Becker HS. (1945*) Interpretative Sociology and Constructive Typology*. En: **Gurvitch G, Moore VWE., eds.,** *Twentieth Century Sociology*. New York, Philosophical Library, 70-95.

Becker HS. (1963) *Outsiders: Studies in the sociology of deviance*. New York, Free Press.

Berger P, Luckmann T. (1984) *The social construction of the reality*. Garden City, New York, Doubleday.

Bieleman B, et al., coords. (1993)*Lines across Europe*. Amsterdam/Lisse, Swets & Zeitlinger.

Biernacki P. (1986*) Pathways from heroin addiction*. Philadelphia, TUP.

Biernacki P, Waldorf D. (1981) *Snowball sampling. Sociological methods and research*, 10, 2:141-163.

Blumer H. (1969) *Symbolic Interactionism*. Englewood Cliffs (N.J.), Prentice Hall.

Carter W, Mamani M. (1986) *Coca en Bolivia*. La Paz, Juventud.

Cohen P. (1989) *Cocaine Use in Amsterdam*. Amsterdam, Universitell van Amsterdam.

Comas D. (1985) *El uso de las drogas en la juventud*. Madrid, Instituto de la Juventud.

Cook TD, Reichardt CHS. (1982) *Qualitative and quantitative methods in evaluation research*. London, SAGE

Denzin NK. (1970) *The research act.* Chicago, Aldine.

Denzin NK, Lincoln YS., eds. (1994) *Handbook of qualitative research*. London, SAGE.

Diaz A. (1993) *Indicaciones generales sobre el proyecto "Historia Natural (OMSIUNICRI) " elaboradas a partir de la experiencia de Bolivia y Brasil.* Barcelona/Ginebra, PSA/OMS (unpublished document).

Diaz A. (1994) *Instrucciones complementarias para el análisis y la preparación de los informes del proyecto "Historia Natural (OMSIUNICRI*) ". Barcelona/Ginebra, PSA/OMS (unpublished document).

Diaz A, Barruti M. (1993) *Materiales preliminares para el proyecto Historia Natural (OMS/UMCRI*). Barcelona/Ginebra, PSA/OMS (unpublished document).

Diaz A, Barruti M, Doncel C. (1992) *The lines of success? A study on the nature and extent of cocaine use in Barcelona.* Barcelona, Ajuntament de Barcelona.

Diaz A, et al. (1994a) *Instructions for the analysis and for the preparation of the WHO/UNICRI Natural History Study reports.* Barcelona/Geneva, PSA/WHO (unpublished document).

Diaz A, et al. (1994b) *The Natural History of Cocaine Abuse: A case study endeavour. Informe internacional preliminar.* Barcelona/Ginebra, PSA/OMS (unpublished report).

Erlandson DA, et al. (1993) *Doing naturalistic inquiry*. London, SAGE.

Evans-Pritchard EE. (1940) *The nuer*. Oxford, Clarendon Press_

Flaherty B. (1995) WHO/UNICRI *Initiative on Cocaine. International Report of Country Profiles on Cocaine*. Geneva, PSA/WHO (in printing)

Finerman R (1994) *Revised Guidelines of the Key Informant Study Report (WHO/UNICRI*). Memphis/Geneva, PSA/WHO (unpublished document).

Finerman R (1995) *WHO/UNICRI Initiative on Cocaine. Key Informant Study International Report*. Geneva, PSA/WHO (in printing)

Funes J, Romani O. (1985) *Dejar la heroina*. Madrid, Cruz Roja Espanola.

Garfinkel H. (1973) *Studies in Ethnomethodo*logy. Englewood Cliffs (N.J.), Prentice Hall.

Glaser BG, Strauss AL. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research.* Chicago, Aldine.

Goffman E. (1961) *Asylums: Essays on the social situation of mental patients and other inmates*. Garden City, New York, Anchor Books.

Hando J, Flaherty B. (1993) *Training manual for Key Informant Study (WHO/UNICRI*). Sydney/Geneva, PSA/WHO (unpublished document).

Hannecz U. (1980) *Exploring the city. Inquiries toward an urban anthropology*. New York,

Columbia University Press.

Hartnoll R, et al. (1985) *Drug Problems: Assessing local needs*. London, Birbeck College.

Hughes PH, et al. (1971) *The social structure of a heroin coping community*. American Journal of Psychiatry, 128, 5.

Husserl E. (1931) *Ideas*. London, George Allen & Unwin

Intraval (1992) *Between the lines. A study of the nature and extent of cocaine use in Rotterdam*. Rotterdam, Intraval.

Katz J. (1983) *A theory of qualitative methodology: The social science system of analytic fieldwork.* In: **Emerson RM**., *Contemporary Field Research*. Boston, Little Brown, 127-148.

Kohler C. (1993) *Narrative Analysis*. London, SAGE.

Lima ES, Adiala J. (1994) *The Natural History of Cocaine Abuse: A case study endeavour. Relatorio de Rio de Janeiro (Brasil)*. Rio de Janeiro/Geneva, NEPAD/UERJ-PSA/OMS (unpublished report).

McKinney JC. (1957) *The polar variables of type Construction.* Social Forces, 35:300-306.

McKinney JC. (1966) *Constructive Typology and Social Theory*. New York, Appleton-Century-Crofts.

Malinowski B. (1967) *A diary in the strict sense of the term.* New York, Harcourt, Brace and World.

Mead GH. (1934) *Mind, Self and Society.* Chicago, University of Chicago Press

Medina-Mora ME, et al. (1980) *Metodologia para la identificación de casos y la vigilancia del uso de drogas en una comunidad mexicana.* Boletin de estupefacientes, XXXII 2:19-29.

Merio G, et al. (1992) *Network of power. Research report on the cocaine use in Turin*. Turin, Ufficio Coordinamento degli Interventi per le Tossicodipendenze.

Miles, MB, Huberman AM. (1994) *Qualitative data analysis.* London, SAGE.

Mitcheli JC. (1966) *Theoretical orientations in African urban studies*. In: **Banton M, ed**., *The social anthropology of complex societies*. London, Tavistock Publications, 37-68.

Nappo SA, et al. (1994) *The Natura] History of Cocaine Abuse: A case study endeavour. Relatorio de Sao Paulo (Brasil).* Sao Paulo/Geneva, CEBRID-PSA/OMS (unpublished report).

Olatawura MO. (1994) *The Natural History of Cocaine Abuse: A case study endeavour. Report from Ibadan (Nigeria*). Ibadan/Geneva, University College Hospital-PSA/WHO (unpublished report).

Olivera H, Butrón KM, Jemio S. (1994) *The Natural History of Cocaine Abuse: A case study endeavour. Report from Cochabamba (Bolivia)*. Cochabamba/Geneva, PSA/WHO (unpublished report).

Romani O, et al. (1991) *Drogodependientes: circuitos informales y procesos de integración social*. Barcelona, IRES.

San Román T. (1984) *Sobre 1'objecte y el metode de 1'antropologia*. Quadems, 5_ 122-133.

Schutz A. (1967) *The phenomenology of the social world* Evanston, Ill., North-western Universitv Press.

Siegel RK. (1985) *New Patterns of Cocaine Use. Changing Doses and Routes*. In: **Kozel NJ, Adams EH., eds**_, *Cocaine Use in America: Epidemiologic and Clinical Perspectives.* Maryland, NIDA, monograph 61, 204-222.

Silverman D. (1993) *Interpreting qualitative data.* London, SAGE.

Strauss A, Corbin J. (1990) *Basics of qualitative research*. London, SAGE.

Sutherland EH. (1937) *The professional thief.* Chicago, University of Chicago Press.

Taylor SJ, Bogdan R. (1984) *Introduction to Qualitative Research Methods. The Search for Meaning.* New York, John Wiley & Sons.

Watters JK, Biernacki P. (1989) *Targeted Sampling: Options for the Study of Hidden Populations.* Social Problems, 36, 4:416-430.

Weber M. (1968) *Economy and Society*. New Jersey, Bedminster Press.

Whyte WF. (1943) *Street corner society*. Chicago, University of Chicago Press. Wirth L. (1937) The Ghetto. Chicago, University of Chicago Press.

Zinberg NE. (1984) *Drug, Set and Setting: The Basis for Controlled Intoxicant Use.* New Haven/London, Yale University Press.