# CHAPTER FOUR

## Social Inequality and Consumption of Psychoactive Substances in Colombia

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Not all people are equally vulnerable to the consequences of drug use. Since the beginning of the 1990s, research in Latin America on psychoactive substances has showed that consumption varies according to the characteristics of the consumer environment. Among these characteristics, factors related to social inequality (e.g., poverty) affect the probability of consumption and harm caused by the use of substances (Eguía Careaga Foundation, 2014). Social inequality refers to the inequitable distribution of resources and power, education and work, as well as access to social goods and services (Henkel & Zemlin, 2016). The Latin American and Caribbean region has eight of the ten most unequal countries on the planet, with Colombia ranked fourth—and while globally the growth of inequality has slowed, it continues to grow rapidly in Colombia (World Bank Group, 2016; Alvaredo et al., 2018).

Inequality is primarily the result of differences in income Some people enjoy better incomes than others for various reasons, however the study of this matter shows inequality to be a significant one, as a structural factor that limits human liberties (Nussbaum, 2007) and is maintained throughout generations. This implies a connection to the development of essential human capacities, such as the possibility of making right decisions about the future (Mani et al., 2013). Inequality (and its most visible manifestation, poverty) thus constitute a multidimensional and structural phenomenon beyond mere monetary income (ECLAC, 2016) that underlies various

social problems, which in turn worsen the inequality. Analysis of problems such as drug use, teenage pregnancies and mental disorders shows that they vary both between and within countries according to conditions of inequality (Wilkinson & Pickett, 2009). From a population perspective, drug use is largely a result of social problems while simultaneously a factor that worsens inequality conditions (Wilkinson & Marmot, 2003). Likewise, social inequality, substance use and mental problems feed into each other, mutually aggravating their consequences, and this has implications for quality of life and access to services (Choi et al., 2019; Nagelhout et al., 2017).

In addition to being one of the most unequal countries in the world, Colombia saw its unemployment rate crack double digits in 2018, reaching 10.2% overall, and 13.7% for women (DANE, 2019a). Likewise, multidimensional poverty grew from 17.8% in 2016 to 19.6% in 2018, including 39.9% in rural areas, and 21.7% among women (DANE, 2019c). Monetary poverty on the other hand remained stable at 27%, and 36.1% in rural areas. Regarding the characteristics of the head of the household, e monetary poverty was higher if the head of the household was a woman (29.6%), had only elementary level education or none at all (37%), were unemployed (49%), were self-employed (35.4%), or not affiliated with the social security system (37.3%; DANE, 2019b). About half the population of Colombia is affiliated with the subsidized healthcare regime provided for those who cannot afford it— a strong indicator of the country's poverty levels, and that is before considering the unaffiliated poor population who do not appear in government records (Ministry of Health and Social Protection, 2019).

These statistics reflect part of the reality of social inequality in Colombia. But other recurring factors relating to the ongoing Colombian conflict are also at play, including inequality between urban and rural areas, difficulties accessing education, public services, employment, and healthcare, as well as the acute concentration of land, and so far have been insurmountable in the

country (National Commission of Reparation and Reconciliation [Colombia], 2013). The relationship between inequality and the consumption of psychoactive substances has been studied from different perspectives. Globally, there is some evidence that drug consumption is greater in countries with more inequality, and in regions within countries with more inequality than other regions (Wilkinson & Pickett, 2009).

There has been a trend of increasing drug use in Colombia in recent years. Government data shows that drug use among the general population increased from 2.57% in 2008 to 3.57% in 2013; from 8.58% in 2011 to 9.67% in 2016 among middle schoolchildren, and from 16.4% in 2012 to 22.4% in 2016 among university students. On the other hand, alcohol and tobacco consumption has shown a downward trend, with the prevalence of people having used tobacco in the past month decreasing from 17.06% to 12.95% in the general population, and alcohol consumption remaining stable at 35% in both studies (2008 and 2013). In the middle school population, use of tobacco in the past month decreased from 9.78% to 8.06%, and of alcohol went from 39.81% to 37.02% (2011 and 2016), while university students' tobacco use went from 18.98% to 16.84% and alcohol consumption dropped from 61.05% to 55.37%, between 2012 and 2016 (Colombian Government, 2018, Ministry of Justice and Law et al., 2013, UNODC, 2017). Although there have been national studies on the consumption of psychoactive substances in Colombia, there are no known analyses specifically on the relationship between social inequality and drug use. For this reason, this article presents an exploration of the relationships between variables indicative of social inequality and the consumption of psychoactive substances

# Method

This is a secondary analysis of two national studies (2008 and 2013) on psychoactive substance use in the general population of Colombia. The studies were based on a master sample with a probabilistic design, another of conglomerates and a tetra-stage for a population between 12 and 65 years of age in population centers with more than 30,000 inhabitants. The effective size of the samples was 29,164 in 2008 (representing 19,764,799 people) and 32,605 in 2013 (representing 23,317,460 people), with national reach across all 27 regions of the country.

## Measurements

The consumption reports were used as a measure of past-year substance use and applied separately for tobacco, alcohol and all illicit drugs as a whole. These measures are in accordance with the Protocol of the Household Drug Survey of the Inter-American Uniform Drug Use Data System (SIDUC; Inter-American Observatory on Drugs, 2011). As a measure of harm or problematic substance use, the following criteria were included:

- Abuse or dependence on any illicit drug according to (1) the ICD-10 dependency criteria for abuse and (2) the DSM-IV criteria for abuse incorporated in studies in the general population, according to the SIDUC protocol mentioned above.
- Risky or harmful consumption of alcohol, according to The Alcohol Use Disorders Identification Test AUDIT incorporated in household studies. A cut-off point of 7 on the AUDIT was used to indicate risky or harmful consumption in the questionnaire.

The following variables were used as measures of inequality:

- Socioeconomic level, according to the standard socioeconomic classification of households used in Colombia ranging from one to six (one being the lowest and six the highest). This

classification is used for the differential collection of public services and is assigned according to the housing sector, given the presumption that people live in certain areas of the city according to their income. Levels four through six were combined into one category in the current study due to small sample sizes.

- Educational level reached, including up to primary, secondary, technical school or the university level.
- Occupational status, with categories as defined in the two studies: employed, unemployed, student and employed, and student.

### Data Analysis

Bivariate analysis of the proportions of consumption were done using a database with adjusted expansion factors for comparisons between the studies, crossing the indicators of past-year consumption prevalence with those of harm (abuse or dependence, AUDIT positive).

## Results

The data showed that there was generally a decrease in tobacco use between 2008 and 2013 of about 25%, including 35.5% in the highest socioeconomic level (see Table 1). The combined difference within the first two levels was about 24.1%. On the other hand, while there was also a reduction in alcohol consumption between the two studies, it was much smaller. Level 1 did not have a significant change in alcohol use (in fact it increased slightly), though consumption did decrease by about 7% in the highest level. Conversely, consumption of illicit drugs increased in all levels, especially the second and third, with less growth in the upper level.

**Table 1**

*Prevalence o Past-Year Use of Tobacco, Alcohol and Illicit Drugs, with Changes Between 2008 and 2013, According to Socioeconomic Status*

| Socio-economic level | Tobacco prevalence | | | Alcohol prevalence | | | Illicit drugs prevalence | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2008 | 2013 | Change (%) | 2008 | 2013 | Change (%) | 2008 | 2013 | Change (%) |
| 1 | 18.64 | 13.52 | –27.50 | 54.56 | 55.09 | +0.96 | 2.43 | 3.34 | +37.56 |
| 2 | 21.72 | 17.13 | –21.14 | 60.35 | 58.11 | –3.71 | 2.40 | 3.54 | +47.69 |
| 3 | 23.47 | 18.02 | –23.21 | 62.33 | 61.70 | –1.02 | 2.73 | 3.92 | +43.69 |
| 4, 5, and 6 | 24.00 | 15.49 | –35.48 | 67.55 | 62.93 | –6.84 | 3.10 | 3.68 | +18.84 |
| Total | 21.62 | 16.21 | –25.06 | 60.23 | 58.78 | –2.40 | 2.57 | 3.60 | +39.91 |

Figure 1 shows that while alcohol consumption rate overall tended to be higher for people of higher socioeconomic class, *problematic* use showed the opposite relationship. It is also apparent that the decrease in alcohol consumption between 2008 and 2013 occurred across all levels except the lowest.

**Figure 1**

*Prevalence of Past-Year Alcohol Consumption, and of Past-Year Risky/Harmful Consumption in 2008 and 2013, According to Socioeconomic Level*

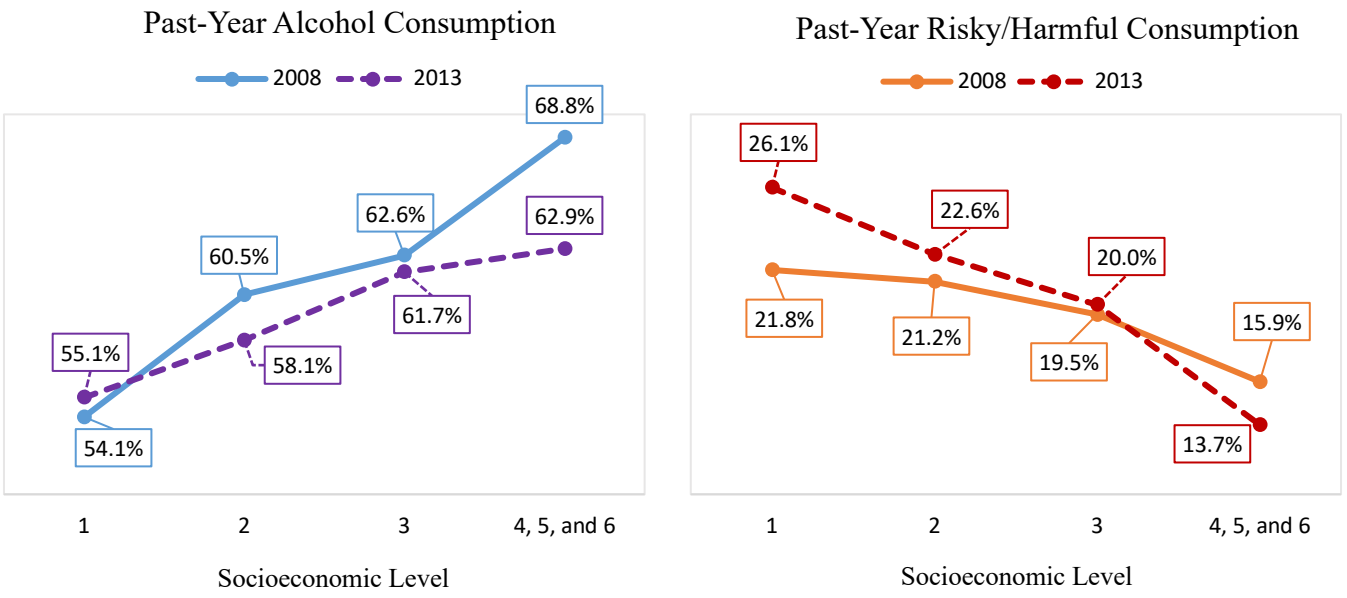
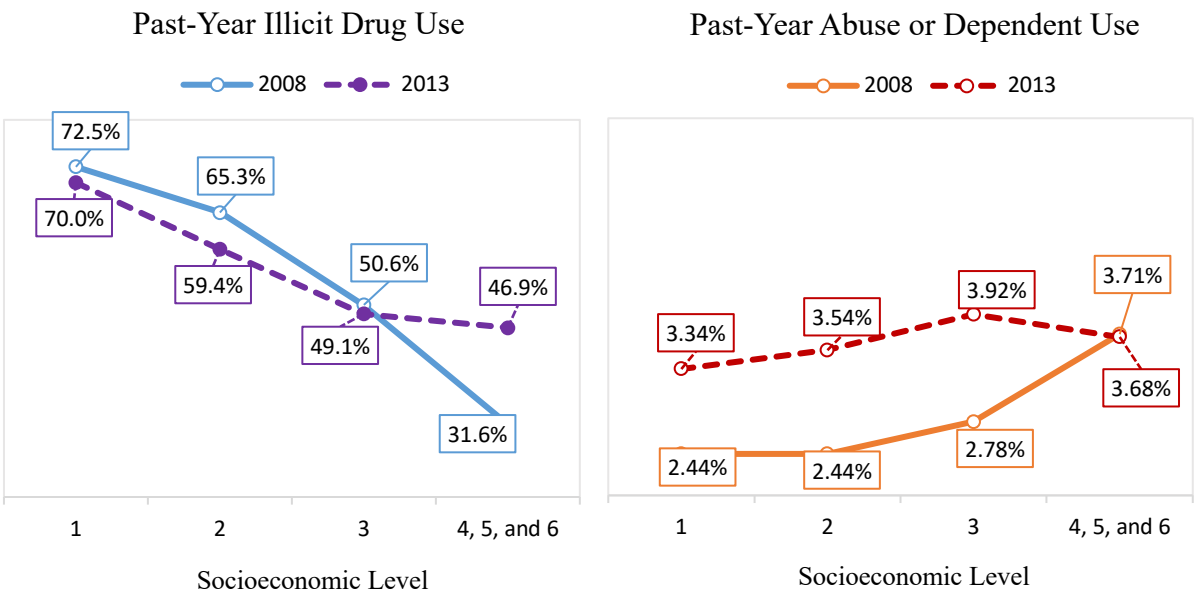


Figure 2 represents the distribution of illicit drug use and its harmful use according to socioeconomic status. Notably, consumption tends to increase with socioeconomic level, but the proportion of users with harmful consumption tends to be higher in the lower levels.

**Figure 2**

*Prevalence of Past-Year Illicit Drug Use, and of Past-Year Abuse or Dependent Use, in 2008 and 2013, According to Socioeconomic Level*




The analysis of the relationship between substance use rates and occupational status shows that there was a decrease in use of tobacco and alcohol in all employment categories (Table 2).

**Table 2**

*Prevalence of Past-Year Use of Tobacco, Alcohol and Illicit Drugs, with Changes Between 2008 and 2013, According to Occupational Status*

| Occupational status | Tobacco prevalence | | | Alcohol prevalence | | | Illicit drugs prevalence | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2008 | 2013 | Change (%) | 2008 | 2013 | Change (%) | 2008 | 2013 | Change (%) |
| Unemployed | 30.2 | 22.5 | –25.5 | 69.4 | 65.4 | –5.8 | 5.2 | 7.9 | +51.9 |
| Employed | 26.6 | 19.5 | –26.7 | 71.7 | 67.3 | –6.1 | 2.4 | 3.0 | +25.0 |
| Study and work | 31.0 | 17.9 | –42.3 | 82.8 | 76.7 | –7.4 | 5.1 | 7.3 | +43.1 |
| Only study | 25.2 | 17.9 | –29.0 | 77.9 | 74.8 | –4.0 | 6.3 | 6.8 | +7.90 |

Working students had notably high prevalence of consumption of all substances in both periods relative to other employment categories. These people are mostly between the ages of 18 and 24 (43.4%) or between 25 and 34 (35.1%), and mostly belong to socioeconomic level two (35.1%) or three (29.4%). The vast majority contribute financially to their home (83%) and work a standard 48-hour week (85.9%), comprising 65.5% employees or workers and 20.3% independent workers. Consequently, 64.3% are in the contributory health system and 29.2% are in the subsidized system. They work in the so-called activities of social, community and personal services (41.4%) and to a lesser extent to commerce and repairs (21.2%). They have no children (64.9%), are usually single (68.5%, 11.6% married) and not the head of the household (66.1%). Regarding education, 32.3% of them reached the university level while 23.9% only achieved high school graduation.

The analysis of problematic alcohol and drug use shows that those with the highest risk of harm were the unemployed (Figures 3 and 4).

**Figure 3**

*Prevalence of Past-Year Alcohol Consumption, and of Past-Year Risky/Harmful Consumption, in 2008 and 2013, According to Occupational Status*

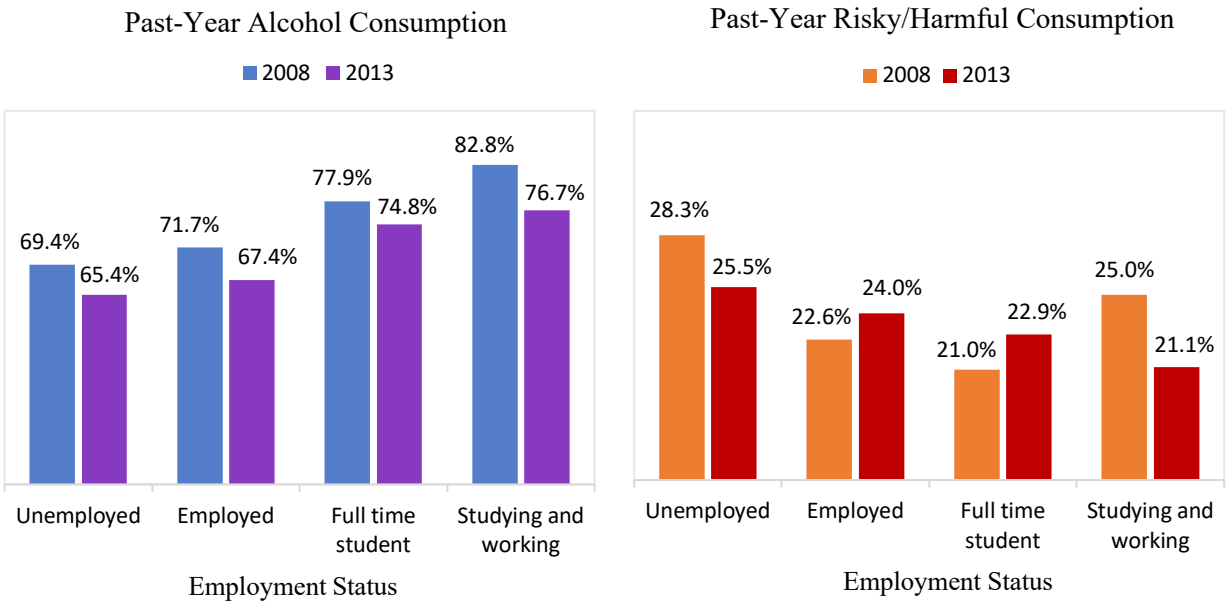
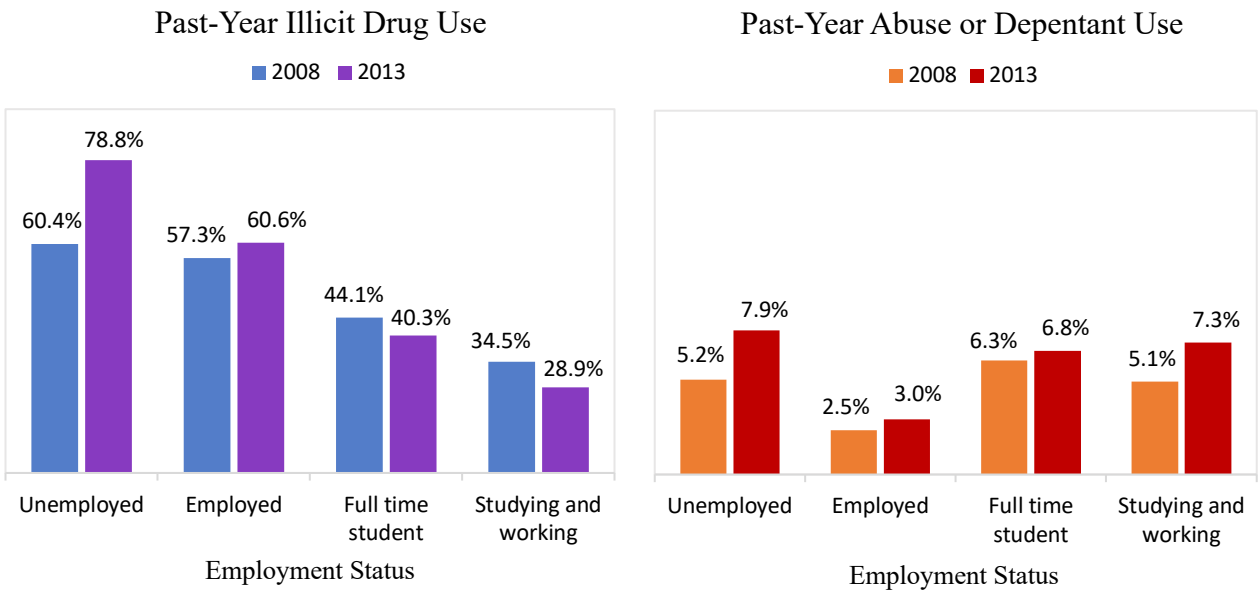


**Figure 4**

*Prevalence of Past-Year Illicit Drug Use, and of Past-Year Abuse or Dependent Use, in 2008 and 2013, According to Occupational Status*



Regarding educational level attained, Table 3 shows that the consumption rate of each substance was highest among those who reached university.

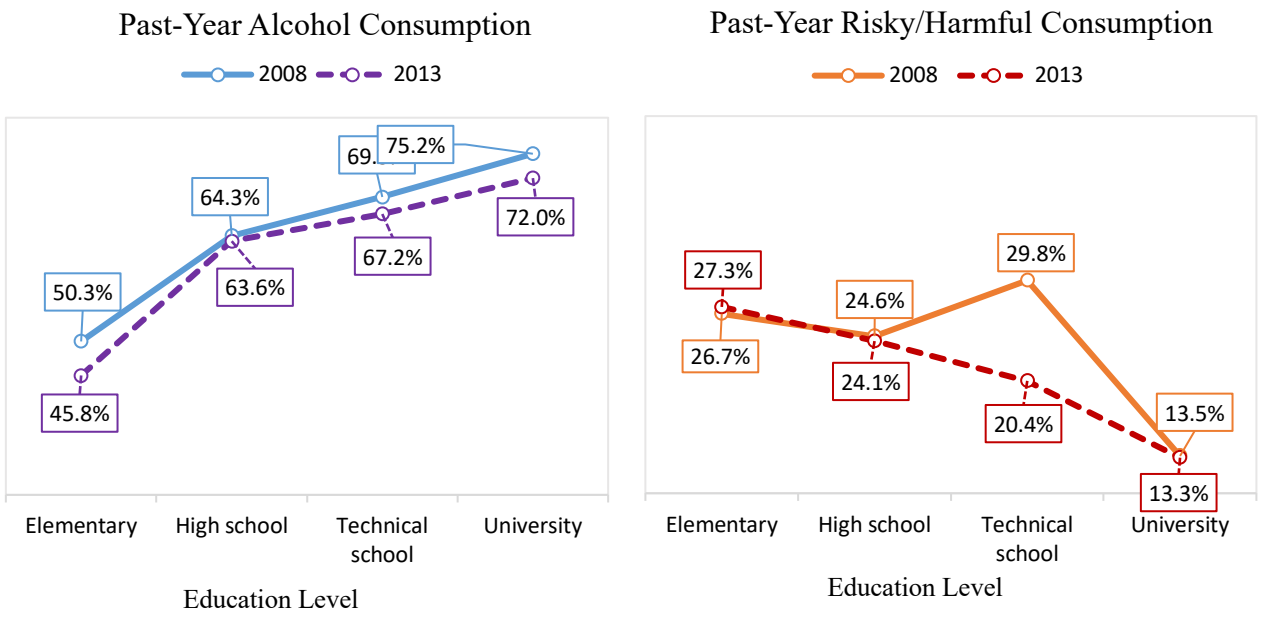
**Table 3**

*Prevalence of Past-Year Tobacco, Alcohol and Illicit Drug Use, with Changes Between 2008 and 2013, According to Education Level*

| Education level | Tobacco prevalence | | | Alcohol prevalence | | | Illicit drugs prevalence | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2008 | 2013 | Change (%) | 2008 | 2013 | Change (%) | 2008 | 2013 | Change (%) |
| Elementary | 22.67 | 16.23 | –28.42 | 50.34 | 45.83 | –8.95 | 1.64 | 2.05 | +25.26 |
| High school | 23.56 | 17.22 | –26.92 | 64.34 | 63.63 | –1.10 | 2.64 | 3.95 | +49.61 |
| Technical school | 20.21 | 14.49 | –28.28 | 69.49 | 67.23 | –3.26 | 1.99 | 2.93 | +47.15 |
| University | 25.67 | 14.59 | –43.16 | 75.22 | 71.99 | –4.29 | 3.76 | 2.97 | –21.09 |
| Total | 23.41 | 16.08 | –31.31 | 64.49 | 62.56 | –2.99 | 2.60 | 3.22 | +24.03 |

*Prevalence of Past-Year Alcohol Consumption, and of Risky/Harmful Consumption, in 2008 and 2013, According to Educational Level,* while the overall prevalence of alcohol consumption was among university students, the highest levels of harmful or risky use were among those with only an elementary level education (Figure 5).

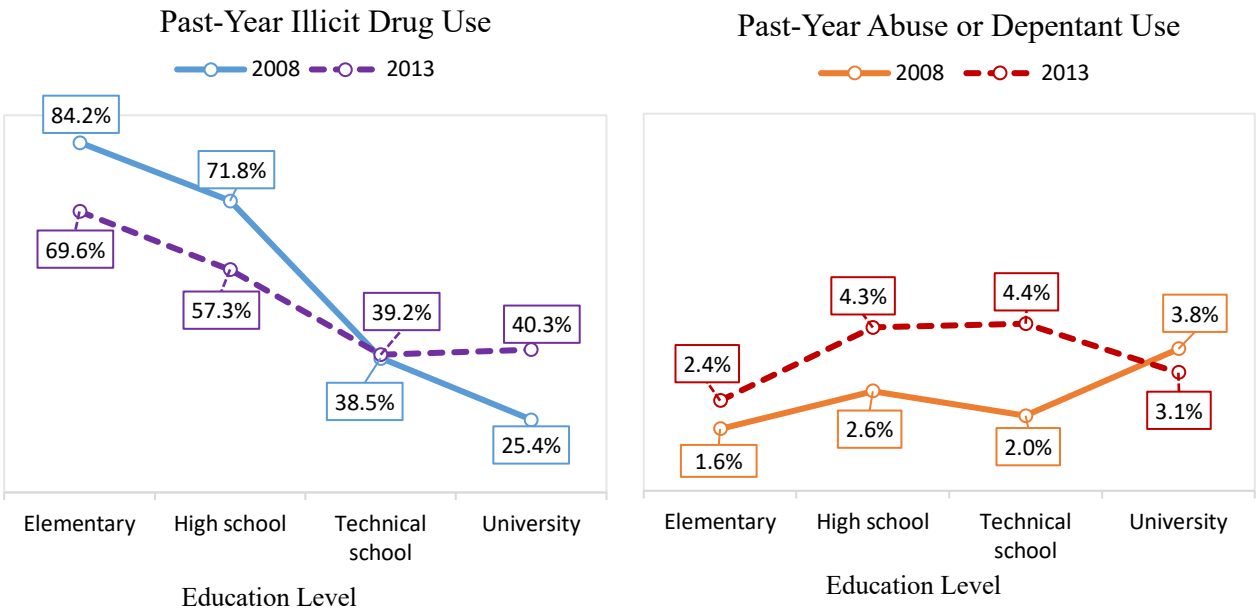
**Figure 5**



Conversely, those in this lowest education level tended to have the highest rates of illicit drug use overall, but the lowest rate of harmful or risky drug use (Figure 6).

**Figure 6**

*Prevalence of Past-Year Illicit Drug Use and of Abuse or Dependent Use in 2008 and 2013, According to Educational Level*




Some variables that could be used to analyze the relationship between social inequality and drug use were only included in the 2013 study. On this occasion, we will refer only to the category of the social security system in health was included in the survey (Table 4).

**Table 4**

*Prevalence of Past-Year Illicit Drug, Alcohol and Tobacco Use, with Confidence Intervals, According to Membership in the Health Insurance Regime*

| Type of consumption | Health Insurance Regime | | |
|---|---|---|---|
| | Contributory | Subsidized | Uninsured |
| *Illicit drug use in the last year* | | | |
| Percentage | 1.83 | 3.23 | 6.06 |
| 95% CI | [1.62, 2.04] | [2.91, 3.56] | [4.79, 7.33] |
| *Illicit drug abuse or dependence* | | | |
| Percentage | 48.15 | 66.19 | 70.47 |
| 95% CI | [47.97, 48.33] | [66.02, 66.36] | [70.13, 70.80] |
| *Alcohol consumption in the last year* | | | |
| Percentage | 64.34 | 57.43 | 65.46 |
| 95% CI | [64.31, 64.36] | [57.39, 57.46] | [65.37, 65.56] |
| *Positive AUDIT* | | | |
| Percentage | 18.61 | 27.89 | 33.11 |
| 95% CI | [18.58, 18.63] | [27.84, 27.93] | [32.99, 33.22] |
| *Tobacco use in the last year* | | | |
| Percentage | 16.78 | 17.77 | 25.93 |
| 95% CI | [16.76, 16.80] | [17.74, 17.80] | [25.85, 26.02] |

# Discussion

Any relationship between social inequality and drug use must be identifiable from patterns that refer to systematic variation at a population level. In this case, variations in use and problematic use of tobacco, alcohol, and illicit drugs were explored with respect to socioeconomic level, occupational status, educational level, and type of health insurance, with two studies five years apart.

The results showed a consistent pattern across each analysis. Although consumption was higher in groups with better socioeconomic conditions, the damage was greater in lower socioeconomic groups with worse conditions. This manifests itself in the observation that problematic consumption of alcohol and tobacco tended to decrease in the upper level but increase in level 1. This suggests that the conditions that produce the decrease or increase differentially affect the population according to socioeconomic level. In any case, despite consumption of each substance being lower in level 1, the proportion of problematic use in this class was considerably higher.

Regarding occupational status, the analysis showed that the unemployed population had higher levels of alcohol and tobacco consumption and about the same for illicit drugs. In any case, the employed population appears to have been more protected from harmful substance use than the unemployed population.

An interesting finding has to do with the high prevalence of psychoactive substance use among people who study and work. The profile of this group corresponds to young people belonging to middle-class households, who continue to live in the family home. People in this group showed lower percentages of abuse and dependency than the other groups, although higher proportions with regards to alcohol use.

The analysis regarding educational level indicates that consumption was higher among those with a university credential. Conversely, the indicators of harmful alcohol and illicit drug use was lower in this upper group, but higher for those with only a primary school education. The data also shows an apparent decrease in consumption among university students, though upon closer inspection this was not statistically significant. Specific national studies targeting this

population have indicated that the consumption of illicit drugs has increased in university students (UNODC, 2017).

Finally, a recognizable trend was found regarding the type of health insurance. Both substance use and the level of harm was higher as among those uninsured within the health social security system. This corresponds to the poorest people in the country who have not been registered in the subsidized regime due to problems with identification, residence or other issues.

The data from this study coincides with ecological research indicating a higher concentration of harm from drug use in poorer communities (Cerdá et al., 2013; Marshall et al., 2018). Of course, to the extent that a drug policy based on public health and human rights principles broadens the scope of health promotion, drug prevention, treatment and harm reduction services, people with unfavorable social conditions could benefit more. However, this is not enough if the improvement of people's living conditions is not included. This implies the need to attend to the social determinants of health in a comprehensive way, and consider the effect of measures related to subsidies, social assistance, employment, access to education and others. In this sense, various organizations have drawn attention to the relationship between development policies and drug consumption, and within this framework they have pointed out the importance of addressing social inequalities (OAS, 2013). However, the economic difficulties that the Colombian states are experiencing translate into cuts to welfare and social assistance policies, which have repercussions for the worsening conditions of substance users and particularly those who suffer from substance use disorders (O'Gorman et al., 2016).

The greater rates of harm in people affected by conditions of social inequality requires explanation. One relevant factor is the lack of access to treatment services (Degenhardt et al., 2017). Another may be the so-called “drug economy” in which children and adolescents often

become entangled in the most socially vulnerable communities (O'Gorman et al., 2016), which creates more exposure to substances in childhood. This is observed in Colombia, for example, in communities where there are gangs linked to the drug trade (Drummond et al., 2016). In these circumstances, groups with the ability to exercise violence coexist, but on the other hand, there is high exposure to repressive policies, which exacerbates the damage to these communities (Friedman et al., 2016).

There are also certain hypotheses that have less support but could potentially help to explain this situation. One relates to the idea that economic shocks produce increases in psychosocial stress, and in turn the use of psychoactive substances (Nagelhout et al., 2017). Another is that the use of drugs is also part of the constraints of human capacities, via the limitation in decision-making processes (Mani et al., 2013). These ideas require further testing, and this opens doors to psychological research on these topics.

A potential objection to the analysis presented here is that the same people are being selected through the different variables used as indicators of social inequality— i.e., people who live in the lowest socioeconomic level are the same as those unemployed and with low educational levels. In reality, the percentage of unemployed people in strata one in the sample was 53.7%, while 53.2% were in socioeconomic levels 4, 5 or 6 . Socioeconomic stratification is not the best indicator of wealth or poverty, since this device was created as a mechanism to subsidize the payment of public services from higher-income households to lower-income households, but do not reflect the (current) reality of people's income. It is a proxy for economic condition, understanding that those with more wealth are more likely to live in a sector with higher living expenses (Alzate, 2006). Therefore, in population terms, analysing drug consumption by

accounting for socioeconomic stratification into account is a reasonable approach in the absence of a better one.

On the other hand, there is a greater coincidence between the socioeconomic level and educational level variables, since 32.6% of adults in level 1 had only graduated primary school, whereas this percentage was just 4.7% in the highest socioeconomic level.

It is debatable whether the association found in this analysis between drug consumption and the damages produced by consumption with social disadvantages like unemployment indicates a causal relationship or not. But this may be difficult to ascertain, because the hypothesis is that inequality conditions and substance use likely feed into each other without one clearly causing the other. In her review on unemployment and substance use, Henkel (2011) found that problem substance use is more common among the unemployed, while at it is simultaneously more difficult for someone with substance use problems to find and keep a job.

It is important to point out that although the consumption of illicit drugs seemed to decrease among university graduates between 2008 and 2013 in this analysis, this is a different group than those *currently in* university. Specific studies in this population show that there is an increase in drug use among university students (UNODC, 2017).

Although systematic evidence has been found in this study to suggest patterns in which drug use and especially the associated harm vary according to factors of social inequality, it is necessary to apply more robust statistical procedures to study these findings in depth or to dispute them. For example, analytical models could be built to test these hypothetical relationships.

Studies on social inequality and drug use in Latin America are few, limiting systematic approaches to this data. However, considering the conditions of inequality that have maintained

over time in this region, this research could help explain and treat this problem in a more comprehensive way (Jiménez & Guzmán, 2012; Rodríguez et al., 2003)

Finally, it is worth noting that this analysis was oriented to population characteristics and the identification of factors at levels beyond the individual sphere. This ecological perspective is not intended to identify personal characteristics that predispose to drug use, but to establish the influence of social forces on drug use (Friedman et al., 2016). An evidence-based policy based on public health should aim for the integral improvement of the well-being of the communities affected, placing the development of people at its main axis (Scoppetta & Castaño Pérez, 2018).

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