Frequency of Drug Use in the Adult Population of Therapeutic Communities in Ecuador

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Abstract

Introduction: Drug consumption is a serious and multicausal phenomenon that daily intensifies and modifies the relationship with the reality of the human being because it stimulates the pleasure circuit and makes consumers seek rewards in the increase of the same, which triggers a dependence that affects the individual, family and social level. This reward circuit can be modified to the extent that the consumption of any drug is definitively avoided.

Objective: To determine the frequency of drug use among adults in therapeutic communities in Ecuador.

Methodology: A quantitative, descriptive cross-sectional study with a sample of 480 intentionally selected adult drug users in Ecuador, by non-probabilistic sampling, with a 95% confidence interval.

Results: Concerning the frequency of consumption of drugs such as tobacco, alcohol, coca, inhalants, tranquilizers, hallucinogens and opioids, the level of significance with the sociodemographic variables of the study is less than 0.05, so the variables are dependent, and there is a significant relationship between them.

Conclusions: The study showed that the frequency of drug use is associated with sociodemographic variables with a statistical association and a significance level equal to or less than 0.05.

Keywords: *Illicit Drugs, Frequency, Adult.*

Introduction

The way in which societies use different drugs, the purposes for which they do so, whether curative or religious and the attitudes of their members towards them represent indicators of their evolution, favoring the understanding of their internal dynamics (diachronically and synchronically). In this way, it is probably complex to properly understand the history and cultural conception of substance use and the peculiarity of its use and abuse. This system of patriarchal society and the stereotypes that are becoming generalized nowadays make drug use naturalized for men and women, while at the same time, it increases uncontrollably for society (Abril Valdez, 2022).

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The use of illegal substances is considered a global problem, which promotes the presence of dangerous damage to the individual, the family, the community and society in general. Thus, the political, social, and monetary assets currently consigned by governments and private entities to the attempt to decrease the harmful effects of substance use, and all the economic and political dynamics that it entails, are increasing in figures of large amounts (Becoña Iglesias & Cortés Tomás, 2016). Furthermore, the problem of drug use currently produces irreparable damage to physical, emotional and social health, making health care essential for the population group that consumes drugs (Cruz González, 2022).

Addictive substances are substances causing addictive disorders or diminished control over their consumption and provoking compulsive substance-seeking behavior. This category includes alcohol, tobacco, caffeine, cannabis, hallucinogens, inhalants, opioids, sedative-hypnotics/anxiolytics and stimulants (amphetamines and cocaine). In addition to considering aspects related to the types of drugs when discussing their use, equal attention should be paid to the negative and positive effects they can cause (Rocha, 2021).

In this regard, in 2021, approximately 275 million individuals worldwide consumed some illicit drug at least once, a figure that, given the consumption recorded seven years earlier, grew considerably by 25%. Marijuana was the most widely used psychoactive substance in the world, with 183 million, followed by amphetamines and stimulants marketed and prescribed by a professional in 37 million individuals. Opioid use in that year was 35 million, ecstasy 22 million and cocaine 17 million (United Nations Office on Drugs and Crime [UNODC], 2017 and 2021). Cannabis is the most widely consumed drug. There is much controversy regarding this substance, both globally and in Latin America, whether or not its legalization would be convenient since some people in situations of chronic illness or anxiety and stress disorders may consider that their rights and freedoms are violated when it comes to not being able to consume to relieve their ailments or discomfort (Molina-Fernández & Chapinal, 2022).

Consequently, a study conducted by Urday Concha et al. (2019) corroborates a high incidence of consumption of legal and illegal psychoactive substances in young university students, of which alcohol, tobacco and marijuana are the most consumed, showing a growing problem that presents as one of its indicators the practice of risk behaviors. They also consider that alcohol is the most consumed licit drug, with a lifetime prevalence close to 85% and a higher use among men. It is estimated that each year the harmful consumption of this substance causes more than three million deaths. In 2017, tobacco killed eight million individuals worldwide (World Health Organization [WHO], 2018). The increase in the abusive consumption of toxic substances brings severe consequences, such as traffic accidents that can trigger severe trauma and diseases that affect devices and systems. Therefore, it is essential to develop programs to prevent consumption and promote leisure activities (Schmidt et al.,2019).

In 2019 in Spain, the prevalence of daily consumption of psychoactive substances in the population exceeded 30% in the case of tobacco, followed by alcohol at more than 7% and cannabis at 2%, in addition to the consumption of hypnosedatives with or without a medical prescription (Plan Nacional Sobre Drogas [PNSD], 2019). Furthermore, a complete description of the Spanish Observatory on Drugs and Addictions (OEDA, 2019) revealed the male prevalence in the addict profile, except for using hypnosedatives where women make greater use.

For its part in Ecuador, following the third Andean epidemiological study of the Regional Report, 2016 conducted by the United Nations on drug use in the university population, if all university students are considered, regardless of whether or not they have consumed alcohol during the last year, it is observed that 24.2%, present a level of risk or harmful use of alcohol (Kuri García and Vélez Valarezo, 2021).

In 2014, a study on the population aged 12 to 65 years showed that approximately 23.6% of the subjects were treated for substance use in some medical service during that year. The most commonly used drugs in Ecuador are marijuana, cocaine (hydrochloride and crack), ecstasy, tobacco, alcohol and opioids. The most consumed illicit drugs in the region are marijuana, cocaine base paste and crack, resulting in alcohol and tobacco, followed by marijuana, the most frequent drugs of initiation (CONSEP and National Drug Observatory, 2013; Moreta Herrera et al., 2018; Valarezo Bravo et al., 2021). In addition, 1.9% by overdose or intoxication by illegal drugs and 0.5% by binge drinking or alcohol intoxication (Consejo Nacional de Control de Sustancias Estupefacientes y Psicotrópicas [CONSEP], 2014).

The use of a drug is considered the consumption of a substance that does not cause negative consequences in the subject or is not perceived by him/her. This type of use is the most frequent when a drug is used occasionally. On the other hand, abuse is evidenced when there is repeated use despite the negative consequences (Becoña Iglesias & Cortés Tomás, 2016).

The significance of addressing the consumption of psychoactive substances lies in implementing such behavior implies the appearance of different disorders due to constant drug exposure. Thus, the negative effect of substance use that causes the greatest social impact is addiction, characterized by a systemic alteration of the functioning of the affected individual, focused on the persistent search and use of drugs without paying due attention to the adverse consequences, drugs cause changes that persist in the Central Nervous System (CNS), so that the affected individual manifests a recurrent search and consumption procedure, even though this behavior causes individual and social harm.

METHODOLOGY

Study design and sample selection

This research is based on the positivist paradigm under a quantitative approach since, according to the identified problem and clearly defined objective, hypotheses are developed to verify their veracity or falsity using empirical tests. A validated instrument is used to collect information and measure the variables defined to determine the frequency of consumption (Rivadeneira Rodríguez, 2017). Given the characteristics of the research and according to the means used to obtain the data, descriptive research is developed because it seeks to characterize the behavior of the categories of analysis as reported by the study subjects. Each participating inmate was asked for his consent to participate in the research to be carried out after a thorough explanation, and all adult patients between 18 and 64 years of age must meet the inclusion criteria.

Instrument

Participating patients were administered an ex-profeso questionnaire to inquire about sociodemographic data and the Alcohol, Tobacco and Substance Use Screening Test (ASSIST) developed by the World Health Organization (WHO) (Higgins Biddle and Babor, 2018).

Statistical Analysis

Contingency tables are determined to determine the proportions of some variables over others to analyze the results obtained from applying the ASSIST instrument. For the relationship between the sociodemographic characteristics and the frequency of drug use, the relationship between the variables age, sex, education, origin, marital status, occupation, time in hospital and economic income with the frequency of use of tobacco, alcohol, cannabis, coca, amphetamines, inhalants, tranquilizers, opioid hallucinogens and other drugs was analyzed. The Chi-square technique was used to determine whether or not the proportions of the study variables observed in the sample were significantly

related to each other, i.e., whether or not they were not attributed to chance. The significance level α=0.05, or a significance of 5%, was selected for the study.

Results

Variable Age

Table 1 shows that the variable age for the consumption of tobacco, alcohol, coca, inhalants, tranquilizers, hallucinogens and opioids, the significance level (p) (0.00, 0.00, 0.00, 0.03, 0.00, 0.00, 0.00 and 0.00 respectively) is less than 0.05. Therefore, the null hypothesis is rejected and the alternative hypothesis that the variables are dependent and there is a significant relationship between them is accepted.

Table 1 Chi-square Significance for the Age Variable (early, middle and late adulthood) and Frequency of Consumption.

Variables		Significance value (p)
Age (early, middle and late adulthood)	Frequency of use Tobacco	0.00
Age (early, middle and late adulthood)	Frequency of consumption Alcohol	0.00
Age (early, middle and late adulthood)	Frequency of Cannabis use	0.17
Age (early, middle and late adulthood)	Frequency of Coca	0.00
Age (early, middle and late adulthood)	Frequency of use Amphetamines	0.15
Age (early, middle and late adulthood)	Frequency of use Inhalants	0.03
Age (early, middle and late adulthood)	Frequency of use Tranquilizers	0.00
Age (early, middle and late adulthood)	Frequency of use Hallucinogens	0.00
Age (early, middle and late adulthood)	Frequency of use of opioids	0.00

Table 2 shows that 193 of the participants in the study consumed tobacco, of whom 124 consumed it daily, between 18 and 30 years of age; 304 patients consumed alcohol, 125 between 18 and 30 years of age consumed it daily or almost daily; 181 of all the participants consumed cocaine, the largest number (70) consumed it daily or almost daily, between 31 and 45 years of age in middle adulthood. In general, there was a marked frequency of consumption associated with younger age; for all substances, patients aged between 18 and 30 years (early adulthood) showed a higher frequency of consumption.

Table 2 Contingency Tables for the Variables Age and Frequency of Consumption

		Frequency of tobacco use					Total
		never	every month	every week	on a daily or almost daily basis	0 6	
Early middle and late adulthood	between 18 and 30 years of age early adulthood	74	1	6	124	0	205
	between 31 and 45 years old middle adulthood	131	0	0	36	1	168

	46 and + late adulthood	81	0	0	26	0	107
Total		286	1	6	186	1	480

		Frequency of alcohol consumption				Total
		never	every month	every week	on a daily or almost daily basis	
Early middle and late adulthood	between 18 and 30 years of age early adulthood	47	3	30	125	205
	between 31 and 45 years old middle adulthood	58	1	0	109	168
	46 and + late adulthood	36	0	1	70	107
Total		141	4	31	304	480

		Frequency of coca consumption				Total
		never	every month	every week	on a daily or almost daily basis	
Early middle and late adulthood	between 18 and 30 years of age early adulthood	129	3	10	63	205
	between 31 and 45 years old middle adulthood	97	1	0	70	168
	46 and + late adulthood	59	0	0	48	107
Total		285	4	10	181	480

Note: The table shows the results of the contingency tables for the variable age and frequency of use of tobacco; alcohol; coke; inhalants; tranquilizers; hallucinogens, and opioids.

Variable Sex

Table 3 shows that for the variable sex, concerning the consumption of alcohol, cannabis, tranquilizers and opioids, the significance level (p) (0.01; 0.00, 0.00 and 0.05, respectively) is less than or equal to 0.05. Therefore, the null hypothesis is rejected and the alternative hypothesis that the variables are dependent and there is a significant relationship between them is accepted.

Table 3 Chi-square Significance for the Sex Variable and Frequency of Use

Variables		Significance value(p)
Sex	Frequency of use Tobacco	0.21
Sex	Frequency of consumption Alcohol	0.01

Sex	Frequency of Cannabis use	0.00
Sex	Frequency of Coca	0.09
Sex	Frequency of use Amphetamines	0.31
Sex	Frequency of use Inhalants	0.55
Sex	Frequency of use Tranquilizers	0.00
Sex	Frequency of use Hallucinogens	0.07
Sex	Frequency of use Opioids	0.05

Table 4 shows the frequency of consumption according to sex: 304 patients consumed alcohol, the largest number (236) of male patients consumed alcohol daily or almost daily, 219 cannabis with a daily frequency of male patients (187), of the 72 male patients who consumed tranquilizers, 28 consumed tranquilizers daily or almost daily, 25 consumed them every week, and 19 consumed them every month. Finally, concerning the opioids use, of the 36 male patients who use opioids, 20 do so daily or almost daily, 15 every week and one every month. Again, the frequency is higher in the male sex.

Table 4 Contingency Tables for the Sex and Frequency of Consumption Variables

		Frequency of alcohol consumption				Total
		never	every month	every week	on a daily or almost daily basis	
Sex	Male	104	4	31	236	375
	Female	37	0	0	68	105
Total		141	4	31	304	480

		Frequency of use cannabis					Total
		never	every month	every week	on a daily or almost daily basis		
Sex	Male	179	2	6	187	1	375
	Female	72	0	1	32	0	105
Total		251	2	7	219	1	480

		Frequency of use of tranquilizers					Total
		never	every month	every week	on a daily or almost daily basis		
Sex	Male	302	19	25	28	1	375
	Female	75	1	6	23	0	105
Total		377	20	31	51	1	480

		Frequency of the opioids use					Total
		never	every month	every week	on a daily or almost daily basis		
Sex	Male	337	1	15	20	2	375

Female	104	0	0	1	0	105
Total	441	1	15	21	2	480

Note: The table shows the results of the contingency tables for the variable sex and frequency of alcohol, cannabis, tranquilizers and opioids use.

Education variable (patient's educational level)

Table 5 shows that in the variable education, for the consumption of alcohol, cannabis, tranquilizers and hallucinogens, for all cases, the significance level (p) (0.00) is less than 0.05. Therefore the null hypothesis is rejected, and the alternative hypothesis that the variables are dependent and there is a significant relationship between them is accepted.

Table 5 Chi-square Significance for Education Variable and Frequency of Consumption

Variables		Significance value(p)
Education	Frequency of use Tobacco	0.43
Education	Frequency of consumption Alcohol	0.00
Education	Frequency of Cannabis use	0.00
Education	Frequency of Coca	0.22
Education	Frequency of use Amphetamines	0.82
Education	Frequency of use Inhalants	0.83
Education	Frequency of use Tranquilizers	0.00
Education	Frequency of use Hallucinogens	0.00
Education	Frequency of use of Opioids	0.31

In this regard, Table 6 shows that, of the 304 patients who consume alcohol daily or almost daily, the highest frequency (140) belongs to the secondary level; concerning the consumption of cannabis, of the 219 patients who consume it daily or almost daily, the highest number (131) have a university level; of the 51 patients who consume tranquilizers daily or almost daily, 32 have a primary level; 31 patients consume it every week. Finally, concerning the consumption of hallucinogens, of the 40 patients who consume them, the highest frequency is daily or almost daily, and the largest number (19) belong to a university level.

Table 6 Contingency Tables for the Education and Frequency of Consumption Variables

		Frequency of alcohol consumption				Total
		never	every month	every week	on a daily or almost daily basis	
Education	Primary	19	1	8	100	128
	Secondary	85	2	18	140	245
	University	37	1	4	61	103
	4	0	0	1	3	4
Total		141	4	31	304	480

	Frequency of cannabis use		Total

Education		never	every month	every week	on a daily or almost daily basis		Total
Education	Primary	92	2	0	34	0	128
	Secondary	107	0	6	131	1	245
	University	50	0	1	52	0	103
	4	2	0	0	2	0	4
Total		251	2	7	219	1	480

Frequency of use of tranquilizers							Total
Education		never	every month	every week	on a daily or almost daily basis		Total
Education	Primary	73	10	13	32	0	128
	Secondary	217	7	9	11	1	245
	University	85	3	8	7	0	103
	4	2	0	1	1	0	4
Total		377	20	31	51	1	480

Frequency of hallucinogen use						Total
Education		never	every month	every week	on a daily or almost daily basis	Total
Education	Primary	117	2	2	7	128
	Secondary	210	8	13	14	245
	University	78	5	1	19	103
	4	4	0	0	0	4
Total		409	15	16	40	480

Note: The table shows the results of the contingency tables for the education variable and the frequency of alcohol, cannabis, tranquilizers and hallucinogens use.

Variable Origin

Table 7 shows that the variable origin, for the consumption of alcohol, cannabis, tranquilizers and hallucinogens, for all cases, the significance level (p) (0.00) is less than 0.05. Therefore the null hypothesis is rejected, and the alternative hypothesis that the variables are dependent and that there is a significant relationship between them is accepted.

Table 7 Chi-square Significance for Variable Origin and Frequency of Consumption

Variables		Significance value(p)
Source	Frequency of using Tobacco	0.43
Source	Frequency of consumption of Alcohol	0.00
Source	Frequency of Cannabis use	0.00
Source	Frequency of Coca	0.06
Source	Frequency of use Amphetamines	0.06
Source	Frequency of use Inhalants	0.16
Source	Frequency of use Tranquilizers	0.00
Source	Frequency of use Hallucinogens	0.00
Source	Frequency of use of Opioids	0.44

Table 8 shows that of the 304 patients who consume alcohol on a daily or almost daily basis, 153 come from rural areas and 151 from urban areas; for cannabis consumption, 219 patients consume it daily or almost daily, 65 of them come from rural areas and 154 from urban areas; of the 51 patients who consume tranquilizers daily or almost daily, 38 come from rural areas and 13 from urban areas, the most consumed drugs.

Table 8 Contingency Tables for Source and Frequency of Consumption Variables

		Frequency of alcohol consumption				Total
		never	every month	every week	on a daily or almost daily basis	
Source	Rural	34	1	11	153	199
	Urbana	107	3	20	151	281
Total		141	4	31	304	480

		Frequency of cannabis use					Total
		never	every month	every week	on a daily or almost daily basis		
Source	Rural	130	2	1	65	1	199
	Urbana	121	0	6	154	0	281
Total		251	2	7	219	1	480

		Frequency of use of tranquilizers					Total
		never	every month	every week	on a daily or almost daily basis		
Source	Rural	125	14	21	38	1	199
	Urbana	252	6	10	13	0	281
Total		377	20	31	51	1	480

Note: The table shows the results of the contingency tables for the variable origin and frequency of alcohol, cannabis and tranquilizer use.

Variable Marital Status

Table 9 shows that the variable marital status, for the consumption of alcohol, cannabis, coca, hallucinogenic tranquilizers and opioids, in all cases, the significance level (p) (0.00) is less than 0.05. Therefore, the null hypothesis is rejected and the alternative hypothesis that the variables are dependent and that there is a significant relationship between them is accepted.

Table 9 Chi-square Significance for Marital Status and Frequency of Consumption Variable

Variables		Significance value(p)
Marital status	Frequency of use Tobacco	0.92
Marital status	Frequency of consumption Alcohol	0.00
Marital status	Frequency of Cannabis use	0.00
Marital status	Frequency of Coca	0.00
Marital status	Frequency of use Amphetamines	0.99
Marital status	Frequency of use Inhalants	0.77
Marital status	Frequency of use Tranquilizers	0.00
Marital status	Frequency of use Hallucinogens	0.00
Marital status	Frequency of use Opioids	0.00

Table 10 shows the frequency of substance use in relation to marital status: of the 335 patients who consume alcohol, the highest frequency is found in married patients (135) with a weekly frequency and in single patients (129) with daily or almost daily use; in relation to cannabis, 226 patients consume cannabis, the highest number (140) of whom are single, with a daily or almost daily frequency; concerning cocaine, 191 patients consume it, the highest number are single (83) and (60) are married with a daily or almost daily frequency; these are the drugs with the highest consumption.

Table 10 Contingency Tables for Marital Status and Frequency of Consumption Variables

		Frequency of consumption									
		Every week/ Daily or almost daily Alcohol		Every week/ Daily or almost daily Cannabis		Every week/ Daily or almost daily Coca		Every week/ Daily or almost daily Tranquilizers		Every week/ Daily or almost daily Hallucinogens		Every week/ Daily or almost daily Opioids
Marital status	married	7	135	1	58	1	60	16	33	2	12	0	2
	single	22	109	6	140	6	83	5	7	13	28	13	17
	divorced	2	38	0	9	1	26	8	5	0	0	1	2
	widower	0	11	0	4	0	0	2	6	0	0	1	0
	free union	0	11	0	8	2	12	0	0	1	0	0	0

Total	31	304	7	219	10	181	31	51	16	40	15	21

Note: The table shows the results of the contingency tables for the variable marital status and the frequency of alcohol, cannabis, coca, tranquilizers, hallucinogens and opioid use.

Variable Occupation

Table 11 shows that for the variable occupation, concerning the consumption of tobacco, alcohol, coca, hallucinogenic tranquilizers and opioids, the significance level (p) (0.00 for all except opioids 0.02) is less than 0.05. Therefore the null hypothesis is rejected, and the alternative hypothesis that the variables are dependent and there is a significant relationship between them is accepted.

Table 11 Chi-square Significance for Occupation Variable and Frequency of Consumption

Variables		Significance value(p)
Occupation	Frequency of using Tobacco	0.00
Occupation	Frequency of consumption of Alcohol	0.00
Occupation	Frequency of Cannabis use	0.06
Occupation	Frequency of Coca	0.00
Occupation	Frequency of use Amphetamines	0.48
Occupation	Frequency of use Inhalants	0.08
Occupation	Frequency of use Tranquilizers	0.00
Occupation	Frequency of use Hallucinogens	0.00
Occupation	Frequency of use Opioids	0.02

Table 12 shows, for the frequencies every week and daily or almost daily as the most frequent, 186 use tobacco, the highest number (76) are public employees with the daily or almost daily frequency of use, 335 use alcohol, with a frequency of daily or almost daily (130) are private employees, 191 use cocaine, the highest frequency is daily or almost daily (83) with private employment, the three drugs are the most used.

Table 12 Contingency Tables for Occupancy and Frequency of Consumption Variables

		Frequency of consumption										
		Every week/ Every day or almost every day Tobacco		Every week/ Daily or almost daily Alcohol		Every week/ Daily or almost daily Coca		Every week/ Daily or almost daily Tranquilizers		Every week/ Daily or almost daily Hallucinogens		Every week/ Daily almost daily Opioids
Occupation	public employee	1	21	3	21	3	9	6	2	0	2	2	0
	private employee	2	76	12	130	6	93	17	16	2	18	7	5
	unemployed	3	47	14	46	1	23	7	10	8	5	3	1

	other	0	42	2	107	0	56	1	23	6	15	3	15
	Total	6	186	31	304	10	181	31	51	16	40	15	21

Note: The table shows the results of the contingency tables for the occupation variable and the frequency of tobacco, alcohol, coke, tranquilizers, hallucinogens and opioids use.

Variable Length of stay

Table 13 shows that in the variable hospitalization time for alcohol and amphetamine consumption, the significance level (p) (0.00 and 0.02, respectively) is less than 0.05. Therefore, the null hypothesis is rejected and the alternative hypothesis that the variables are dependent and that there is a significant relationship between them is accepted.

Table 13 Chi-square Significance for the Variable Time of Internment and Frequency of Consumption

Variables		Significance value(p)
Time of internment	Frequency of use Tobacco	0.89
Time of internment	Frequency of consumption Alcohol	0.00
Time of internment	Frequency of Cannabis use	0.67
Time of internment	Frequency of Coca	0.11
Time of internment	Frequency of use Amphetamines	0.02
Time of internment	Frequency of use Inhalants	0.40
Time of internment	Frequency of use Tranquilizers	0.68
Time of internment	Frequency of use Hallucinogens	0.18
Time of internment	Frequency of use Opioids	0.07

Table 14 shows that, of all the patients participating in the study, 304 patients consume alcohol daily or almost daily, the most significant number (166) of patients who have a three-month hospitalization, which is the most prevalent drug. In general, it is noticeable that the highest rate of consumption frequency is associated with patients with a three-month hospitalization.

Table 14 Contingency Tables for the Variables Time of Admission and Frequency of Consumption

		Frequency of alcohol consumption				Total
		never	every month	every week	on a daily or almost daily basis	
Months of internment	1 month	0	0	1	2	3
	2 months	26	1	7	47	81
	3 months	68	2	8	166	244
	4 months	4	1	4	3	12
	5 months	36	0	6	65	107
	6 months	7	0	5	21	33
Total		141	4	31	304	480
		Frequency of amphetamine use				Total

		never	every month	every week	on a daily or almost daily basis		
Months of confinement	1 month	3	0	0	0	0	3
	2 months	78	1	1	0	1	81
	3 months	238	0	1	3	2	244
	4 months	12	0	0	0	0	12
	5 months	105	0	1	1	0	107
	6 months	28	0	2	0	3	33
Total		464	1	5	4	6	480

Note: The table shows the results of the contingency tables for the variable months of hospitalization and the frequency of alcohol and amphetamine use.

Variable Economic Income

Table 15 shows that for the variable economic income concerning the consumption of coca and tranquilizers, the significance level (p) (0.00 and 0.03, respectively) is less than 0.05. Therefore the null hypothesis is rejected, and the alternative hypothesis that the variables are dependent and that there is a significant relationship between them is accepted.

Table 15 Chi-square Significance for the Variable Income and Frequency of Consumption

Variables		Significance value(p)
Financial income	Frequency of use Tobacco	0.08
Financial income	Frequency of consumption Alcohol	0.48
Financial income	Frequency of Cannabis use	0.32
Financial income	Frequency of Coca	0.00
Financial income	Frequency of use Amphetamines	0.44
Financial income	Frequency of use Inhalants	0.35
Financial income	Frequency of use Tranquilizers	0.03
Financial income	Frequency of use Hallucinogens	0.13
Financial income	Frequency of use Opioids	0.32

Table 16 shows that, of all the participants, 195 patients consumed cocaine, of which the largest number (181) consumed it daily or almost daily; of this group (82) had a salary equal to the basic salary and 70 patients had a salary below the basic salary, the most outstanding data. Regarding the consumers of tranquilizers, of the 102 patients who consume them, 51 frequency daily or almost daily and with a salary lower than the basic salary (35). In summary, the table reflects the presence of representative values of higher frequency of consumption both for patients with a salary equal to the basic salary and those with a salary lower than the basic salary. Therefore, it could be said that those in either group consume more than those with a salary higher than the basic salary.

Table 16 Contingency Tables for Economic Income and Consumption Frequency Variables

		Frequency of coca consumption				Total
		never	every month	every week	on a daily or almost daily basis	
Financial income	equal to the basic salary	71	2	5	82	160
	higher than the basic salary	52	2	4	29	87
	less than the basic salary	162	0	1	70	233
Total		285	4	10	181	480

		Frequency of use of tranquilizers					Total
		never	every month	every week	on a daily or almost daily basis		
Financial income	equal to the basic salary	136	7	7	9	1	160
	higher than the basic salary	66	4	10	7	0	87
	less than the basic salary	175	9	14	35	0	233
Total		377	20	31	51	1	480

Note: The table shows the results of the contingency tables for the variable economic income and the frequency of coca and tranquilizer use.

Discussion

According to Moreno Carmona et al. (2017), the beginning of substance use usually involves experimentation with alcohol and tobacco, which are substances consumed by a significant percentage of the population due to their wide availability and acceptance; therefore, the increase in prevalence in youth is facilitated by the relationship between friends, the search for personal identity, the loss of family values and the need for acceptance by the peer group. Therefore, it can be considered that those between 18 and 28 years old are the most vulnerable to the initiation of drug use.

Among the results obtained in the study is the prevalence of patients between 18 and 30 years of age regarding the frequency and intensity of consumption of different drugs. In this sense, the authors agree with studies published by Khodarahimi & Fathi (2016), when they state that younger age groups, such as university populations, constitute one of the most vulnerable social groups because of the emerging adulthood stage they are going through and the academic stress generated by their studies are considered previous stressors. Furthermore, this population frequently presents clinical and subclinical psychological symptomatology (Mayorga Lascano and Moreta Herrera, 2019). In addition to affectation at the level of their physical health, creating an addictive dependence that affects personal, family and social life in their different levels of relationship.

In addition, the sociodemographic variables such as sex, the highest frequency of consumption occurs in men and a significance level (p) (0.01; 0.00, 0.00 and 0.05 respectively) is less than or equal to 0.05 and there is a significant relationship between them, regarding the education variable, the consumption of alcohol, cannabis, tranquilizers and hallucinogens. For all cases, the significance level (p) (0.00) is less than 0.05. Therefore, there is a significant relationship between them. For the occupation variable regarding the consumption of tobacco, alcohol, coke, hallucinogenic tranquilizers and opioids, the significance level (p) (0.00 for all except opioids 0.02) is less than 0.05. The null hypothesis is rejected, and the alternative hypothesis that the variables are dependent and there is a significant relationship between them is accepted. For the variable time of internment concerning alcohol and amphetamines consumption, the significance level (p) (0.00 and 0.02 respectively) is less than 0.05.05; there is a significant relationship between them, the variable economic income concerning the consumption of coca and tranquilizers; the level of significance (p) (0.00 and 0.03 respectively) is less than 0.05; the null hypothesis is rejected and the alternative hypothesis that the variables are dependent and there is a significant relationship between them is accepted. In a study conducted in Brazil in 2020, participants were between 19 and 61 years of age, with an average age of 37.57 years and who declared themselves to be brown (62%). There was a greater distribution of users aged between 19 and 39 years (57%), single (62%), who obtained complete/incomplete fundamental education (67%), unemployed (82%), with no family income (57%) and with religion (86%). The use of psychoactive drugs began between 11 and 18 years of age (84%), with alcohol (48%) being the drug of first choice, followed by tobacco (24%) and marijuana (19%), used under the influence of friends (48%) and curiosity (43%). In a study conducted in Argentina on poly-consumption patterns, the results were alcohol (97.2%), ecstasy (91.6%), marijuana (87.4%) and some stimulant (76.2%) (del Valle Vera, 2022).

Results from a study conducted by the Universia of Monterrey-Mexico report that 165 (66.3%) reported sensible alcohol consumption, 64 (25.7%) reported symptoms of dependence, and 16 (6.4%) had harmful alcohol use (Garza et al., n. d.). Prior to treatment, the most consumed drug, i.e., that contributed to the addiction process from the users' perspective, was crack (48%), followed by alcohol (28%), but all consumption affects healthy lifestyles (Lemes et al., 2020).

Conclusions

The sociodemographic variables of age, sex, level of education, marital status, occupation, economic income and time of hospitalization for the consumption of tobacco, alcohol, coca, inhalants, tranquilizers, hallucinogens and opioids, the level of significance (p) is statistically less than 0.05; therefore, the null hypothesis is rejected and the alternative hypothesis that the variables are dependent and that there is a significant relationship between them is accepted.

The frequency of drug use in all patients participating in the research is statistically significant regardless of age, sex, state, education level, origin, economic income and length of hospitalization, which leads to individual, family and social problems.

It is essential to make the consumption rate transparent; although the majority of the population participating in the research are men, there is also a high percentage of women who consume, paying attention to the current situation where patriarchy reigns and does not allow transparency in the intensity of women's consumption.

The results obtained in the research are expected to serve as a basis for the development of programs implemented by the state to serve this vulnerable group that is exposed. Every day, the number of consumers increases, making it necessary to comply with the provisions of the Constitution of Ecuador.

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