The Change in Psychoactive Substance Consumption in Relation to Psychological Distress During the Covid-19 Pandemic in Uruguay

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Abstract

Objective: to analyze how the health crisis associated with the Coronavirus disease 2019 (COVID-19) affected psychoactive substance consumption in Uruguay. *Method:* An online survey was answered by 1916 Uruguayan citizens between March 26th and April 5th, 2020. They were surveyed on psychoactive substance use before and after the instauration of a recommended quarantine, and on increases in frequency and volume of use (during the quarantine) of the psychoactive substance they reported as having consumed the most in the year prior to the quarantine, and psychological distress experienced during the last month. *Results:* The main substances consumed during the quarantine were alcohol, tobacco, marihuana, and psychopharmaceuticals. Approximately 29.0% increased the volume (and 17.7% the frequency) of use of the substance they had consumed the most the year before the instauration of the quarantine. Moreover, 5.6% initiated the consumption of a new psychoactive substance during the quarantine, mostly marihuana and psychopharmaceuticals. Psychological distress was significantly higher in women, in participants under 30 years old and in those that increased the volume of their preferred substance or increased the volume of the second preferred psychoactive substance. Membership into the group reporting an increase in the volume of use of the preferred psychoactive substance was associated with greater psychological distress. *Conclusions:* These results indicate an association between the instauration of the recommended

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quarantine in Uruguay and greater psychoactive substance use during the period, as well as an association between increased psychoactive substance use during this period and levels of psychological stress. These results are relevant in terms of public health and public policies.

Advances in Knowledge

- Sanitary measures for COVID-19 can affect substance use.

- The psychoactive substances that show greater increase in consumption during the early phase of the COVID-related quarantine in Uruguay were alcohol, tobacco, marijuana and psychopharmaceuticals.

- There was an association between increase in substance use and the levels of psychological distress.

Application to Patient Care

- Psychological discomfort was greater in women and in those under 30 years of age.

- Women increased tobacco and psychopharmaceuticals use.

- Men increased marijuana and cocaine use.

Introduction

Uruguay has endured several epidemics (i.e., scarlet fever, 1836; yellow fever, 1857; cholera, 1868) and pandemics (flu, 1918); yet research on how those events affected mental health is not available[1-2]. The first positive cases of COVID-19, the disease induced by a novel coronavirus referred to as SARS-CoV-2, were detected by late 2019 in Wuhan, China, although it emerged in Uruguay in March 2020. By March 13th, four cases had been detected and the disease had spread to several Latin-American countries, prompting the Uruguayan government to enforce a country-wide health emergency that day. The government established health and safety measures such as home quarantine -recommended but non-mandatory-, the closing of educational centers and public events, and restricted social gatherings.

Viral outbreaks, such as the one linked to SARS in China in the early 2000's, exert significant consequences on mental health. Wo et al (2008)[3] found that health workers submitted to mandatory quarantine during the SARS outbreak exhibited -three years later- significantly more symptoms of alcohol use disorders than those who had not experienced confinement. Bai et al (2004)[4], in turn, described stress-related symptoms in health workers from Taiwan, who underwent quarantine

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during the outbreak. Similarly, Hawryluck et al (2004)[5] reported symptoms of posttraumatic stress disorder (PTSD) and depression in 28.9% and 31.2% of a sample of Canadians exposed to quarantine measures. Interestingly, there was a positive association between the length of the quarantine and the prevalence of PTSD symptoms.

The assessment of the effects of COVID-19 on mental health is still undergoing[6], although preliminary data indicates heightened stress, anxiety, insomnia, depression, and fear[7]. A study conducted in Russia reported an increase in somatization, phobias, and sleep disorder symptoms since the beginning of the COVID-19 pandemic[8]. Moreover, a survey conducted in Italy on 2291 participants showed an increase in anxiety disorders (37.2%) and PTSD (27.7%)[9], compared to the period before the COVID-19 outbreak. Similarly, a survey applied on 7236 Chinese people revealed a high prevalence of symptoms of generalized anxiety (35.1%), depression (20.1%), and sleep disorder (18.2%), which mainly affected those ≤ 35 years old[10].

Information focused on the use of substances during the pandemic is still scarce, yet research conducted in India shows that 25% of the sampled participants exhibited symptoms of severe depression, anxiety (28.0%) or stress (11.6%), and these scores were associated with problematic alcohol drinking[11]. Australia reported an increase in the frequency of alcohol consumption during the COVID-19 pandemic, which was in turn associated with high levels of psychological distress[12]. In some cases, the abrupt disruption of access to the substances was associated with severe complications. For instance, India reported a significant increase in hospital emergencies for treating alcohol abstinence, which was associated with a peak in suicide reports[13-14]. In the USA, Friedman et al[15] documented an increment of overdose-related cardiac arrests during the COVID-19 pandemic, as registered by emergency medical services. Reinstadler et al[16] showed that, during the initial lockdown in response to the onset of pandemic in Austria, caffeine and cannabis use increased, amphetamine and methamphetamine use decreased, and the use of MDMA showed no significant changes. The Global Drug Survey reported, in turn, that cannabis and alcohol were the most consumed psychoactive substances during the COVID-19 pandemic[17].

Notably, the market of addictive substances has been impacted as well during to the pandemic[18-19]. In Uruguay, where this research takes place, press releases have suggested a significant (i.e., circa 30%) increase in the sale of wines, yet there is a dearth of scientific data on these issues.

In South America, a recent study (Pilatti, Michelini, Pautassi, unpublished) has shown that the quarantine instantiated in Argentina, to mitigate the spread of COVID-19, was associated with temporal displacement of alcohol consumption (i.e., consumption during the weekend shifted to weekdays), as well as an increase in marihuana use among those who already consumed it before the pandemic. Overall, these results are consistent with McKay's (2020)[20] hypothesis, which postulates an increase in psychoactive substance use during the COVID-19 pandemic due to overstimulation of interoceptive awareness and arousal, as well as an increase in anxiety. These changes should promote consumption of psychoactive substances of abuse in general, yet probably more of alcohol and marihuana, due to their rewarding and anti-anxiety effects.

Marihuana and alcohol rank among the most consumed psychoactive substances in Uruguay. Specifically, a recent nation-wide study revealed that -among Uruguayans aged 15 to 65 years– alcohol and tobacco were the substances with the highest level of habitual consumption (i.e., last 30 days, 52% and 33%, respectively), although lifetime prevalence of psychopharmaceuticals (27.2%), marihuana (23.3%), and cocaine (6.8%) was also elevated[21]. The general aim of the present study was to assess the potential impact of the COVID-19 pandemic on the use of psychoactive substances in Uruguay. Specifically, the study investigated changes in frequency and quantity of such use, over the period before and during the recommended quarantine; and assessed factors (e.g., psychological stress) associated with heightened psychoactive substance use during the recommended quarantine vs prior the quarantine. We also analyzed differences in the occurrence of psychological stress as a function of age and sex, factors that -in prior research[22-23]- proved relevant to modulate this variable or to be involved in psychoactive substance self-administration.

Methods

Design and participants

We applied a cross-sectional design, in Uruguayan citizens aged 18 years or more. An online survey was conducted from March 26th (thirteen days after the recommended quarantine started) to April 5th, 2020. The instruments used were compiled in an online questionnaire created using Google Forms. The link to the survey was distributed by email listings, and social and academic networks (Facebook, Instagram, Twitter, and WhatsApp, among others). The sample, thus, was a convenience sample. The invitation emphasized the anonymity and academic nature of the study, and contained a link at the bottom. Clicking on that link redirected to an active consent form that upon completion led to the survey. There was no compensation for participating in the study. The inclusion criteria

were being 18 years old or older, having residence in Uruguay and having consumed a psychoactive substance during the year before the recommended quarantine.

Instruments and variables

- *Socio-Demographic data.* Several questions asked about biological sex, age, place of residence (Uruguay is fractioned in 19 departments), type of isolation during the recommended quarantine (total: leaving the household only for essentials; partial: leaving the household less frequently than usual), number of days spent in quarantine at the time of assessment, usual number of hours spent isolated/quarantined at home each day, employment status and, in those who reported working, weekly worked hours.

- *ad-hoc questionnaire on psychoactive substance use.* Based on Pilatti et al. (2017)[22], we asked about use of psychoactive drugs during the 12-month period prior to the beginning of the recommended quarantine. Participants chose among 9 pre-set options [alcohol, marihuana, tobacco, cocaine, hallucinogens, ectasis, stimulants, "pasta" (a crude form of cocaine somewhat popular in Uruguay) or psychopharmaceutical substances without medical prescription such as benzodiazepines], and an "other" option. They could answer *yes* to several of those options. Then, they were asked which of those substances they had used the most during the last year. With respect to that psychoactive substance (i.e., their individually preferred or "first-choice" drug), they were asked on the frequency of use in the 12 months before the recommended quarantine (ten options, ranging from daily to just once in the year) and during the recommended quarantine. We then asked on perception (yes/no) of heightened quantity of consumption (i.e., during the quarantine with respect to the year prior to the quarantine) of the psychoactive substance each individual had reported to use the most during the last year. In more detail, the specific question was "As regards the drug that you used the most during the last year, did you notice that the volume of consumption increased during the recommended quarantine compared to the previous year (i.e., if it was alcohol, did you drink more glasses or liters; if it was tobacco, did you smoke more cigarettes; if it was marijuana, did you use more joints, etc.)?". The answers to the question on individually preferred or "first-choice" psychoactive substance (during the last year) given by the different participants were obviously dissimilar. Questions assessing the initiation of use of psychoactive substances (never tried before) during the quarantine were also included.

- *Kessler psychological distress scale.* The scale has 10 items, in a Likert-type format of five points. Scores range from 10 to 50 (higher values indicate higher levels of psychological distress) and

provides information on unspecific psychological distress (anxiety or depression symptoms) suffered during the last month[24]. A score under 20 indicates a normal level of psychological distress, those scoring 20-24, 25-29 and 30 or over exhibit mild, moderate or severe levels of psychological distress, respectively[25]. In this study, the reliability (calculated via Cronbach's Alpha) of the scores of the scale was adequate ($\alpha=0.88$), and similar to that reported in another study, in which we applied the scale to a different Uruguayan sample[23].

Data analysis

Descriptive analyses of variables measuring psychoactive substance use (i.e., type of drug), time spent in quarantine and psychological distress were conducted separately for sex (male, female), area of residence (Montevideo, rest of the country), and age (under 30, over 30). An Analysis of Variance (ANOVA), with Age (under or over 30 years old) and Sex as between group factors, was conducted on Kessler scores. A one-way ANOVA analyzed if the levels of psychological distress differed as a function of frequency of drug use (daily drug use, weekly drug use, some days of the week or no drug use) during the quarantine. Separate ANOVAs analyzed if those who reported to begin the use of new drugs or increased the volume of their main or second drug of choice during the quarantine manifested significantly higher levels of psychological distress compared to those who did not report those behaviors. Type I error was set at 0.05.

One of the purposes of the study was to find factors associated with heightened psychoactive substance use during the recommended quarantine vs prior the quarantine. As indicated, each participant identified the substance he/she had used the most during the year before the quarantine (i.e., the "preferred" psychoactive substance) and then answered if he/she had increased the volume of use of that substance during the recommended quarantine. We conducted a binary logistic regression model on this dichotomous outcome (yes/no, as asked concerning increased volume of use during the quarantine of the "preferred" psychoactive substance). Biological sex, age (in years), type of quarantine (partial or total), region of residence (Montevideo or other departments), psychoactive substance of choice (i.e., most used) during the year before the quarantine, and absolute Kessler scores, were the variables –all entered together– used to differentiate participants who had increased the volume of use vs. those who had not reported such increase.

A separate binary regression forecasted membership into the group that had self-reported an increase in the frequency of use of the preferred psychoactive substance, using the predictor variables described above. For this logistic regressions, and due to the low number of subjects

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exhibiting certain categories of response, the psychoactive substances of first choice were recategorized, in both regressions, as follows: tobacco (0, i.e., reference category against which odds ratios for the other substance were computed), alcohol (1), marihuana (2) and others (3).

Ethical requirements.

This study was designed and conducted in adherence to the indications of the Declaration of Helsinki. Privacy and data confidentiality were maintained throughout the process. A specific ethical agreement is not needed in Uruguay for the type of survey employed.

Results

Sample characteristics (Table 1): The survey was completed by 1916 participants. Fifty-three cases were dismissed due to response inconsistencies; thus, the final sample was n = 1863. The sample had 65% of women (mean age = 31.8±0.2 years; 73.2% resided in Montevideo, the country's capital). Uruguay's population (circa 3.5 million) has slightly more women (51.6%) than men, and close to 40% of the population lives in Montevideo. The country median age is 32.8 years[26].

Descriptive analysis of psychoactive substance use, time spent in quarantine and psychological distress scores (Tables 2 and 3). Nearly 40% of the sample was in partial isolation (i.e., leaving the household less frequently than usual) at the time of the survey, whereas the remaining 61.4% was in total isolation (i.e., leaving the household only for buying essential goods or emergencies). At the time of the survey, participants had spent a mean of 13±3.9 days of isolation. Slightly less than half of the sample (i.e., 44%) exhibited normal distress scores, whereas 19.3%, 17.9% and 18.7% exhibited mild, moderate and high levels, respectively (Table 2). These results are presented in Table 2.

About one third (30.3%) reported daily use of the psychoactive substance of choice during the quarantine, whereas 23.9% reported using that psychoactive substance several days a week, and 9.1% once a week. Twenty eight percent of the sample reported having increased the volume of the psychoactive substance of choice during isolation, and 17.7% reported an increase in the frequency of use (Table 2). A minority (5.6%) reported having initiated – during the quarantine – the use of new psychoactive substances; mainly marihuana or psychopharmaceuticals (see Table 2).

Prevalence of psychoactive substance use during the year before the quarantine was 89.7% (Alcohol), 55.8% (Marihuana), 40.9% (Tobacco), 20.8% (Psychopharmaceuticals), 17.4%

(Hallucinogens), 14.1% (Ecstasy), 10.8% (Cocaine), 4.7% (Stimulants), 1.3% (Ketamine) and 0.4% "pasta" (an intermediate substance obtained during the manufacturing of cocaine hydrochloride). When asked about the most consumed psychoactive substance (i.e., the psychoactive substance of choice) during the past year, the majority indicated alcohol (54.6%) followed by tobacco and marihuana (19.1 and 16.7%, respectively), psychopharmaceuticals (6.9%) and cocaine (0.9%). Table 3 presents the latter data as function of sex, geographic area, age group and type of isolation.

Group comparison analyses

The ANOVA on Kessler total scores indicated significantly higher levels of psychological distress in those aged ≤30 ($F_{1,1859}$=52.1, p<0.001), and significantly higher in women compared to men ($F_{1,1861}$=104.1, p<0.001). The interaction between age and sex was not significant. The levels of psychological distress were affected by the frequency of psychoactive substance use during the quarantine [$F_{5, 1397}$=5.2, p<0.001]. LSD *post-hoc* tests indicated that those participants reporting daily psychoactive substance use during the quarantine exhibited levels of psychological distress (22.89±0.33) significantly higher than those that reported using psychoactive substances on a weekly basis (21.02±0.51) or only during some days of the week (21.4±0.34) (p<0.05). Similarly, those who used new psychoactive substances, or increased the volume of their preferred psychoactive substance (i.e., that substance used the most during the year before the quarantine), or increased the volume – but not the frequency - of the second preferred psychoactive substance, manifested significantly higher levels of psychological distress, compared to those who did not report those behaviors [$F_{1,1850}$=38.5, p<0.001, $F_{1, 1872}$=44.2, p<0.001 and $F_{1, 1247}$=9.5, p<0.01, respectively].

Binary logistic regression model

Self-report increase in the volume of use of the preferred psychoactive substance

The logistic regression model was statistically significant ($\chi2$ = 162.05, *p*<0.001). The model explained (R^2 of Nagelkerke) 12% of the variance, and the Hosmer and Lemeshow Test was not significant ($\chi2$ = 4.25, *p*>0.80), corroborating the good fit. The overall correct classification of cases was 72.4%, although the sensitivity of the model was low. Specifically, sensitivity and specificity were 16.1% and 94.7%. In other words, the model's ability to correctly forecast membership into the group that reported increased volume of the preferred psychoactive substance (i.e., that used the most during the year before the quarantine) was rather low. Only two factors achieved statistical significance: psychological distress and the psychoactive substance of choice (i.e., that used the most during the year before the quarantine). In more detail, higher distress scores were associated

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with a significantly higher probability of membership into the group that increased the volume of use of the substance of first choice, OR = 1.05, CI95% 1.03 to 1.06, $p<0.001$. Moreover, those who reported alcohol (OR = 3.28, CI95% 2.15 to 5.00, $p<0.001$) or the "other" category (which included cocaine and psychopharmaceuticals, OR = 2.97, CI95% 1.92 to 4.60, $p<0.001$] as their drug of first choice) were significantly more likely to be included in the group of increased volume of use, when compared to the reference category (tobacco).

Self-report increase in the frequency of use of the preferred psychoactive substance
The model was statistically significant ($\chi2 = 63.56$, $p<0.001$), yet the amount of variance explained was very low (R^2 of Nagelkerke = 0.06), and the Hosmer and Lemeshow Test was also significant ($\chi2 = 37.06$, $p<0.001$). Altogether, this indicates that the model did not exhibit a good fit. This was further corroborated by the positive and negative prediction values, which revealed lack of proper classification (i.e., sensitivity and specificity were 0.0% and 100.0%, respectively).

Discussion

This paper presents relevant information on how the measures instituted to prevent the dissemination of the COVID-19 pandemic affected psychoactive substance use in Uruguay. An objective was to analyze differences in the occurrence of psychological stress in terms of factors (i.e., age, sex) that, in prior research, proved relevant to modulate this variable or to be involved in psychoactive substance self-administration. Traditionally, men exhibit greater psychoactive substance use than women[22], although the latter progress more rapidly to problematic alcohol consumption than the former[26], and psychological distress tends to be greater in women than in men[24]. We also analyzed if involvement in psychoactive substance use during the recommended home quarantine was associated with the levels of psychological stress, among other variables. Previously, we reported that psychological distress was associated with alcohol-related negative consequences in Uruguayans aged 18-60 years[23].

A sizable portion of our sample -18.7%- exhibited a high level of distress during the recommended quarantine. This is troublesome, as prolonged exposure to psychological distress increases the likelihood of suffering anxiety and depression. This finding implies that the health system in Uruguay, and likely across the region, will probably have to face the challenge of a second wave of COVID-19 related disabilities, involving alterations in mental health. Another relevant result was that psychological distress was associated with an increase in the volume of use of the psychoactive substance of choice (i.e., that used the most during the year before the quarantine), and that those

who reported daily use of this psychoactive substance, or began to use a new psychoactive substance during the quarantine, exhibited higher levels of psychological distress, when compared to those who did not exhibit these high levels of stress. These findings are consistent with previous reports from Brazil[27] and Uruguay[28], indicating an association between psychological distress and psychoactive substance consumption. A previous study from our group, conducted years before the COVID-19 outbreak, also linked the level of psychological distress to alcohol-related consequences in Uruguayan youth[23]. In such study, we also found -as in the present study- levels of psychological stress significantly higher in women than in men. It should be noted, however, that the psychological distress scale we used lacks validation in Uruguay, which detracts from the validity of our findings. Another limitation is that we only asked for two types of self-isolation (partial, total). Future studies should further dissect the type of experiences that define isolation in the context or COVID-19 or other quarantines.

A relevant finding was that close to a quarter of the sample reported an increase in the quantity of their preferred psychoactive substance use during the recommended quarantine. Close to 20%, in turn, increased the frequency of use of the drug of first choice, and a sizable 30% exhibited daily psychoactive substance use. As found in other countries, alcohol was the substance most used during the quarantine[29-30]. Alcohol and marihuana use are strongly driven by the need to reduce ongoing, or anticipated, negative affects related to psychological distress[31-32]. Thus, it is likely that the increase in the use of these substances we report obeyed to a self-medicating behavior, aimed at overcoming symptoms of anxiety and stress. Consistent with this hypothesis, we found that Kessler scores in those reporting daily psychoactive substance use during the quarantine were significantly higher than those observed in participants that consumed psychoactive substances either weekly or during some days of the week, or that did not use psychoactive substances during the period.

The results of the binary regression analyses were also consistent with the hypothesis that the increase in substance use during the recommended quarantine was driven by the need to reduce negative affect. Specifically, membership into the target group (i.e., that reporting an increase in the volume of use of the preferred psychoactive substance) was associated with greater psychological distress scores. Notably, the likelihood of exhibiting such increase in volume was approximately 3 times higher in participants whose drug of first choice (during the year before the quarantine) was alcohol or drugs like cocaine, psychopharmaceuticals or analgesics, than in participants whose drug of first choice was tobacco. The separate binary regression analyzing factors associated with an

increase in the frequency of use of the preferred psychoactive substance did not provide meaningful information.

Conclusion

New information provided by this study is that, during the first stage of the COVID-19 pandemic, psychological distress levels were relatively high in the Uruguayan population, particularly in women and in those under 30 years of age. Moreover, 28.3% of the participants increased the volume of consumption of the psychoactive substance they had reported to use the most in the year before the quarantine, and 17.7% increased the frequency of such use. Those who reported such an increase in volume also reported higher levels of psychological distress, when compared to those that did not report such an increase. These results indicate an association between the instauration of the recommended quarantine in Uruguay and greater psychoactive substance use during the period. These results are relevant in terms of public health policies.

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Table 1: Sample characteristics, as a function of. Mean age is expressed in years, all other variables are percentages (with absolute frequencies inside the parentheses).

	Men	**Women**
Age		
Mean	32.7±0.4	31.3±0.3
Under 30	45.6 (290)	56.8 (697)
Over 30	54.3 (345)	43.1 (529)
Geographic Area		
Montevideo	74.2 (472)	72.7 (892)
Rest of the country	25.8 (164)	27.3 (335)
Type of isolation		
Total	54.9 (349)	64.8 (795)
Partial	45.1 (287)	35.2 (432)

Table 2: Sociodemographic variables, psychological distress scores, and self-report of initiation of a new drug during the recommended quarantine, as a function of sex, geographic area, age group, and type of isolation|. Data is expressed as mean ± SD or, when necessary and indicated, as percentage and, between parentheses, absolute frequencies

	Sex		**Geographic area**		**Age groups**		**Type of isolation**	
	Male	**Female**	**Capital**	**Rest of the country**	**<30 years**	**>30 years**	**Total**	**Partial**
Number of days in isolation	12.9±0.2	13±0.1	12.9±0.1	13.2±0.2	12.9±0.1	13.1±0.1	13.2±0.1	12.7±0.1
Number of hours a day in isolation	19±0.2	19±0.2	19.1±0.2	18.7±0.2	19.2±0.2	18.7±0.2	20.4±0.2	16.8±0.2
Number of working hours per week	25.9±0.8	21±0.5	24.3±0.5	18.3±0.8	17.9±0.6	28.1±0.6	20.7±0.6	25.8±0.7

Initiation of a new drug (% of total sample)	5.2 (33)	5.9 (73)	6.1 (84)	4.4 (22)	6.3 (62)	5.0 (44)	4.8 (55)	7.1 (51)
Psychological distress (total score)	19.4±0.2	23±0.2	21.9±0.2	21.5±0.3	22.9±0.2	20.5±0.2	21.8±0.2	21.7±0.2

Table 3: Participants that selected a given drug (i.e., alcohol, cocaine, etc.) as the drug they had used the most (i.e., their individually preferred or "first-choice" drug) during the year prior to the survey. Data is expressed as percentages and, between parentheses, absolute frequencies, and as a function of sex, geographic area of residence, age group and and type of isolation.

Participants that selected a given drug as their main drug (% and absolute frequency)	Sex		Geographic area		Age groups		Type of isolation	
	Male	Female	Capital	Rest of the country	<30 years	>30 years	Total	Partial
Alcohol	54.2% (345)	54.9% (674)	55.2% (753)	53.3% (266)	55.4% (547)	53.7% (470)	55.1% (630)	54.1% (389)
Tobacco	16% (102)	20.7% (255)	18.6% (254)	20.6% (103)	16% (158)	22.7% (199)	18.9% (217)	19.5% (140)
Marihuana	22.9% (146)	13.4% (165)	16.8% (230)	16.2% (81)	20.9% (207)	11.9% (104)	16.3% (187)	17.2% (124)

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Psychopharma-ceuticals	3.6% (23)	8.6% (106)	6.8% (93)	7.2% (36)	5.4% (53)	8.7% (76)	7.4% (85)	6.1% (44)
Cocaine	1.6% (10)	0.6% (7)	0.8% (11)	1.2% (6)	0.6% (6)	1.2% (11)	0.6% (7)	1.4% (10)
Other drugs (LSD, ecstasy, ketamine, others).	1.5% (10)	1.6% (20)	1.7% (23)	1.4% (7)	1.6% (16)	1.6% (14)	1.6% (18)	1.7% (12)