

DRUG CONSUMPTION AND VIOLENCE IN FEMALE WORK ZAPALLAL – LIMA/PERU¹

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The study design was descriptive, correlational, cross-sectional, and qualitative. The objective was to identify sociodemographic and labor risk factors for drug consumption and types of violence in the workplace related to drug consumption, as well as to understand the perception of female workers regarding the relationship between drug consumption and workplace violence. We surveyed 125 women workers of four slums in the area of Zapallal, Lima, Peru, interviewing 16 women who experienced workplace violence. Among the participants, 52.8% consumed alcohol and 6.4% illegal drugs. Catholic women were at risk for consuming alcohol, while participants under 20 years of age were at risk for consuming illicit drugs. In this group, 17.6% of the women experienced verbal violence, 9.6% physical violence and 1.6% were sexually harassed in the workplace. Women victims of verbal violence have a risk for consuming illicit drugs. These women perceived themselves as a vulnerable group for violence in the workplace and weak for defending themselves. They expressed fear or shame in reporting cases of violence.

DESCRIPTORS: substance-related disorders; battered women

CONSUMO DE DROGAS Y VIOLENCIA EN EL TRABAJO FEMENINO ZAPALLAL – LIMA/PERÚ

Este estudio descriptivo, correlacional, transversal y cualitativo tuvo como objetivos identificar factores de riesgo sociodemográficos y laborales del consumo de drogas y tipos de violencia en el trabajo relacionados al consumo de drogas, y también comprender la percepción de la mujer trabajadora sobre este fenómeno. Se encuestó a 125 mujeres trabajadoras de 4 AAHH de Zapallal-Lima, y se entrevistó a 16 que sufrieron violencia en ambientes laborales. El 52,8% de estas mujeres consumen alcohol y el 6,4% drogas ilegales. Las católicas están en riesgo de consumir alcohol y las menores de 20 años en riesgo de consumir drogas ilícitas. El 17,6% de mujeres sufrió violencia verbal, el 9,6% violencia física y el 1,6% hostigamiento sexual en el trabajo. Las víctimas de violencia verbal tienen riesgo de consumir drogas ilícitas. La mujer se percibe como: grupo vulnerable para violencia en el ambiente laboral y débil para poder defenderse y, aunque siente temor o vergüenza, reporta su caso.

DESCRIPTORES: trastornos relacionados con sustancias; mujeres maltratadas

CONSUMO DE DROGAS E VIOLÊNCIA NO TRABALHO FEMENINO ZAPALLAL – LIMA/PERÚ

Este é um estudo descritivo, correlacional, transversal, e qualitativo. Seus objetivos foram identificar os fatores de risco sociodemográficos e de trabalho para o consumo de drogas e tipos de violência no ambiente de trabalho relacionados ao uso de drogas, e também compreender a percepção da mulher trabalhadora sobre o fenômeno. Foram entrevistadas 125 mulheres trabalhadoras da área de Zapallal, Lima, com entrevistas aprofundadas de 16 mulheres que haviam sofrido violência no seu ambiente de trabalho. Entre as participantes, 52,8% faziam consumo de álcool e 6,4% consumiam alguma droga ilícita. As católicas apresentaram risco maior para o consumo de álcool, assim como as com idade inferior a 20 anos apresentaram risco maior para o consumo de drogas ilícitas. Nesta amostra, 17,6% haviam sofrido violência verbal no trabalho, 9,6% algum tipo de violência física e 1,6% assédio sexual no trabalho. A mulher trabalhadora se percebe como grupo vulnerável para a ocorrência de violência no trabalho, sente-se fraca para defender-se, e, em alguns casos, apesar de sentir medo e vergonha, notifica a violência.

DESCRIPTORES: transtornos relacionados ao uso de substâncias; mulheres maltratadas

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INTRODUCTION

For decades drug use and particularly alcohol use has been associated with violent conduct. Some investigators have documented the possibility that violent conduct has multivariate causation⁽¹⁾. The connection between substance use and violent conduct is complex and suggestive, more than conclusive⁽²⁾. There are many investigations about the specific role that the abuse of each substance has in the generation of violence. However, there is an increase in the prevalence of violence associated with the drug abuse in Latin America. This is heightened by the process of globalization which facilitates the marketing, diversification and production of drugs and increases drug demand throughout different population groups, including women. Changes in family structure, the role of the woman and in values and lifestyle may have aggravated the problem of drug use and violence⁽³⁾. In Peru, drug use is significantly affecting women.

The WHO (World Health Organization) reported violence as a public health issue as deaths due to violence reached 1.6 million people every year⁽⁴⁾. Many factors play an important role in violence, such as the conduct of the parents, age, gender, and abuse of substances as it happens before and during some violent acts. There is also a temporary association between specific cases of alcohol and stimulating substances like amphetamines and cocaine⁽⁵⁾.

Violence is extending to the workplace: The Center for Disease Control and Prevention (CDC) declares violence in the workplace as a national epidemic as it has increased 300% in the last decade. Estimates of the incidence and the evaluation of associated factors of risk with nonfatal injuries sustained through occupational aggression have been rarely documented in the population context. However, a few studies have reported evidence on how alcohol abuse, occupation and gender are likely associated with aggression in the workplace⁽⁶⁾.

Research studies consistently find that alcohol use is associated with verbal and physical violence in the workplace⁽⁷⁾. Many of these investigations take place in North America. Other studies report that drug use between workers can affect the productivity and performance and can increase the number of lost work days. Investigators show results about the relationship between drug use by employers, gender

and ethnicity; however, they do not mention labor violence.

This investigation responds to the following research questions: What sociodemographic and labor risk factors are related to drug consumption in women workers of popular classes?, What is the relationship between drug consumption and the violence in the workplace? and What is the perception women regarding the drug consumption and violence in the work environment?. These questions acknowledge a proportion of drug consumption in women workers and permit identifying possible sociodemographic and labor risk factors for this consumption. These questions also permit the identification of types of violence in the workplace related to drug consumption and to understand the perception of the woman about drug consumption and the labor violence.

This study is expected to contribute to the future development of prevention programs for drug demand reduction in women.

METHODOLOGY

Type of study

The study was quantitative with a brief qualitative component consisting of a content analysis. The quantitative portion of the study was a correlational descriptive design that was structured to identify the risk factors and the proportion of drug consumption. The qualitative component was exploratory, using semistructured in-depth interviews.

Population and sample

The population was comprised of all women workers in four slums of Lima between January and February of 2004 who fulfilled the following inclusion criteria: To be of legal age but less than 60 years old, to be willing to participate in the study and to sign the informed consent and not to have any physical or mental disability. 125 women were surveyed, representing 90% of the population of women workers between 18 to 60 years. This was accomplished by constructing a map of the zone and then visiting house after house. For the development of the qualitative investigation a total of 16 women were interviewed who had declared themselves to have been victims of violence and who agreed to the in-depth interview and to signing a second informed consent.

Techniques and instruments of data collection

For the data collection the instrument TWEAK was used to identify the the level of alcohol consumption in the respondeants. A table was adapted to this instrument to obtain data on the consumption of diverse types of illegal drugs. Also an instrument was used to identify the sociodemographic and labor factors that could be associated with drug consumption. A test of violence in the workplace was also administered.

Data analysis

Statistical inferences were made about the association between sociodemographic and labor risk factors with the drug consumption. Initially this was done through a bivaried analysis to identify the existence of association utilizing chi-square with each one of the identified risk factors. Later the force of association was identified through calculating the odds ratio with its respective intervals of confidence. Finally a multivaried analysis was made by applying a model of logistic regression.

The qualitative data were analyzed, codified and categorized to identify the similarities and differences in concepts.

RESULTS

The results show that 52.8% (66/125) of women workers consume some alcoholic drink and 6.4% (8/125) consume illicit drugs. Occupation is an associate factor of illicit drug consumption in the sample (p=0.000) in that women who have a professional or technical occupation have 34.50 times more the probability of consuming illicit drugs in comparison with those who have a retail or service occupation. Profession is also an associated factor of illicit drug consumption; those women with a profession have 9 times more risk of consuming substances in comparison with those who do not have a profession. The type of labor bond of women workers is also associated with illicit drug consumption (p=0.03). Other factors associated with illicit drug consumption (p<0.05) included receiving complementary support and social benefits, the number of fellow workers and the form of work are factors associated with the illicit drug consumption (see Table 1). Indeed, the woman who has labor companions has 8,32 times greater probability of consuming drugs than the woman who does not have fellow workers.

Table 1 - Labor factors associated with illicit drug consumption in women workers in four slums Zapalla - Lima/ Peru. February 2004

Risk Factor	Illicit Drugs		x2	P	OR	IC 95%	
	Si	No					
Occupation	professional/technician	3	2	24.97	0.000*	34.50	3.50 < OR < 409.91
	retailer/service	5	115				
Profession	Has	3	7	6.28	0.01*	9.43	1.42 < OR < 61.70
	Hasn't	5	110				
Type of work	formal	5	27	3.68	0.03*	5.12	0.98 < OR < 29.37
	informal	3	83				
Labor Bond	Contracted/named	3	13	4.63	0.03*	4.80	0.79 < OR < 27.40
	Hasn't/provisional	5	104				
	Public	1	9				
Type of institution where she works	Private	2	4	6.78	0.03*		
	particular	5	90				
Complementary support	Receive	3	9	6.28	0.01*	7.33	0.98 < OR < 56.82
	Doesn't receive	3	66				
Number of fellow workers	Has	2	86	8.39	0.003*	8.32	1.40 < OR < 63.36
	Hasn't	6	31				
Form of work	manual	6	70	21.16	0.0000*		
	intellectual	2	1				
	of relation	0	44				

* Significant

According to the multivaried statistical analysis, there was no variable with a significant association to illicit drug consumption.

It was found that 9.6% of women had been victims of physical violence in the workplace. 17.6% experienced verbal abuse and 1.6% experienced

sexual abuse. For the physical violence the confidence interval oscillates between 9.1% and 10.1%; the verbal abuse between 17% and 18.2%; and the sexual harassment oscillates between 1.4% and 1.8%.

In the following table an association may be

observed between verbal abuse and illicit drug consumption; that is, women who have been victims of verbal abuse have 7.80 times more probability of consuming illicit drugs than women who have not been victims of such violence.

Table 2 - The relationship between violence and drug consumption in women workers in four slums Zapalla - Lima/Peru. February 2004

Violence		Alcohol consumption		x2	p	OR	IC
		Yes	No				
Physical Violence	yes	5	7	0.26	0.61	0.61	0.16 < OR < 2.31
	no	61	52				
Verbal Abuse	yes	12	10	0.00.	0.95	1.09	0.39 < OR < 3.02
	no	54	49				
Sexual Harrasment	yes	2	0	0.4	0.27	1.92	1.62 < OR < 2.28
	no	64	59				
Violence		Illicit drug consumption		x2	p	OR	IC
Physical Violence	yes	1	11	0.11	0.73	1.38	0.18 < OR < 10.03
	no	7	106				
Verbal Abuse	yes	5	17	8.80	0.003*	7.80	2.01 < OR < 30.26
	no	3	100				
Sexual Harrasment	yes	0	2	1.17	0.27	0.00.	0.00 < OR < 70.53
	no	8	115				

* Significant

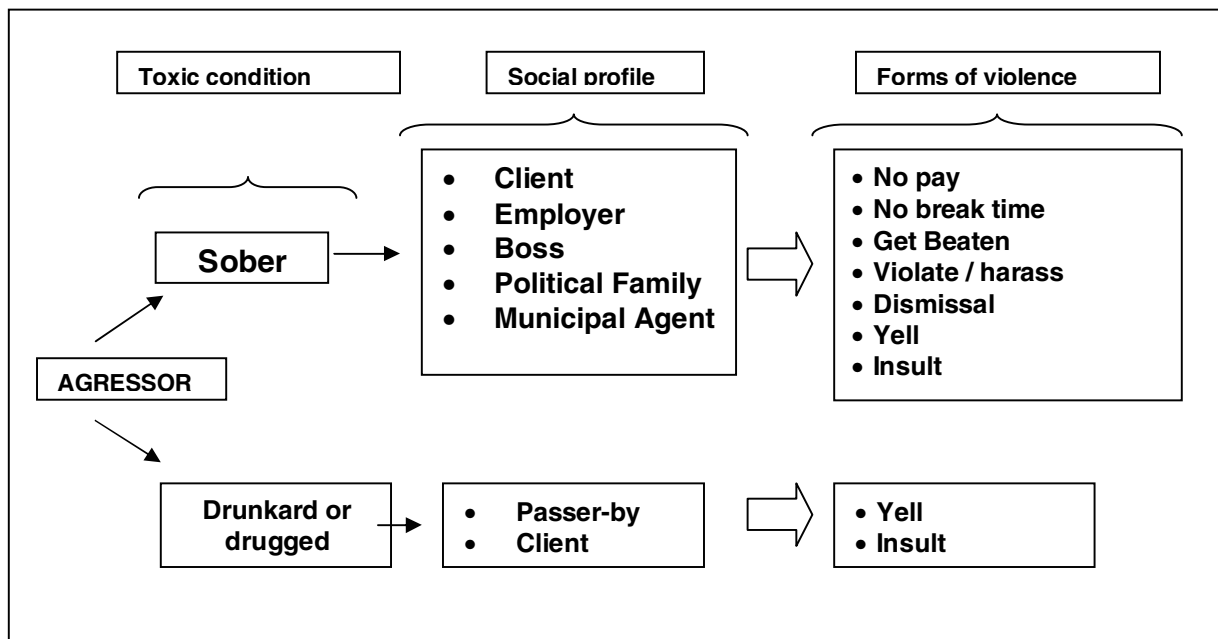


Figure 1 - Toxic condition of the aggressor, social profile and forms of violence exerted against the women workers in four slums. Zapalla - Lima/Peru. February 2004

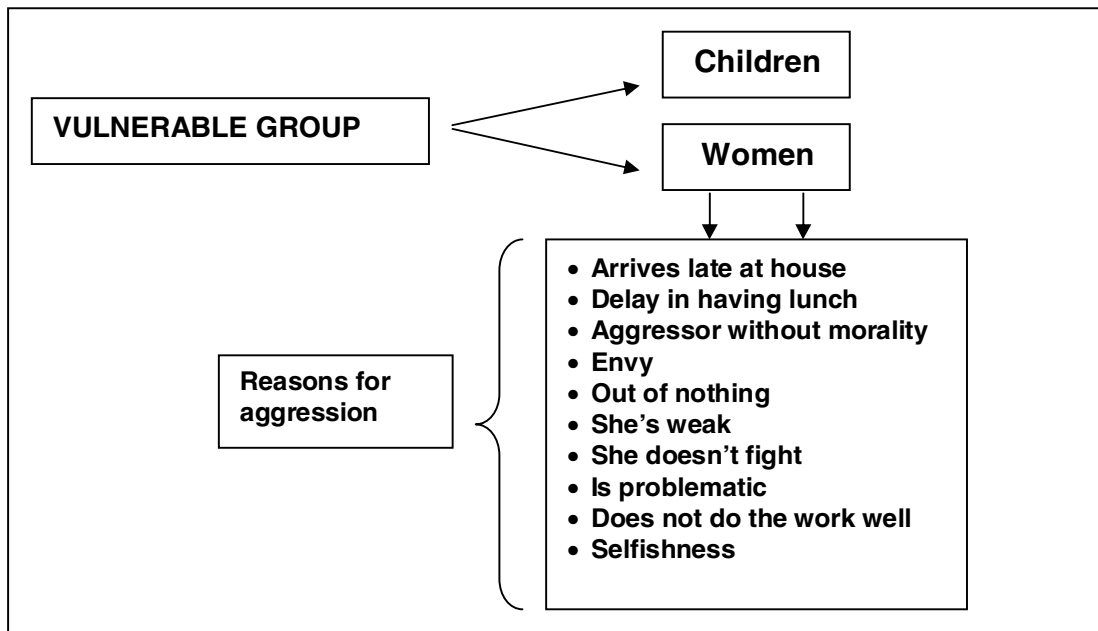


Figure 2 - Reason for violence according to vulnerable group in four slums. Zapallal - Lima/Peru. February 2004

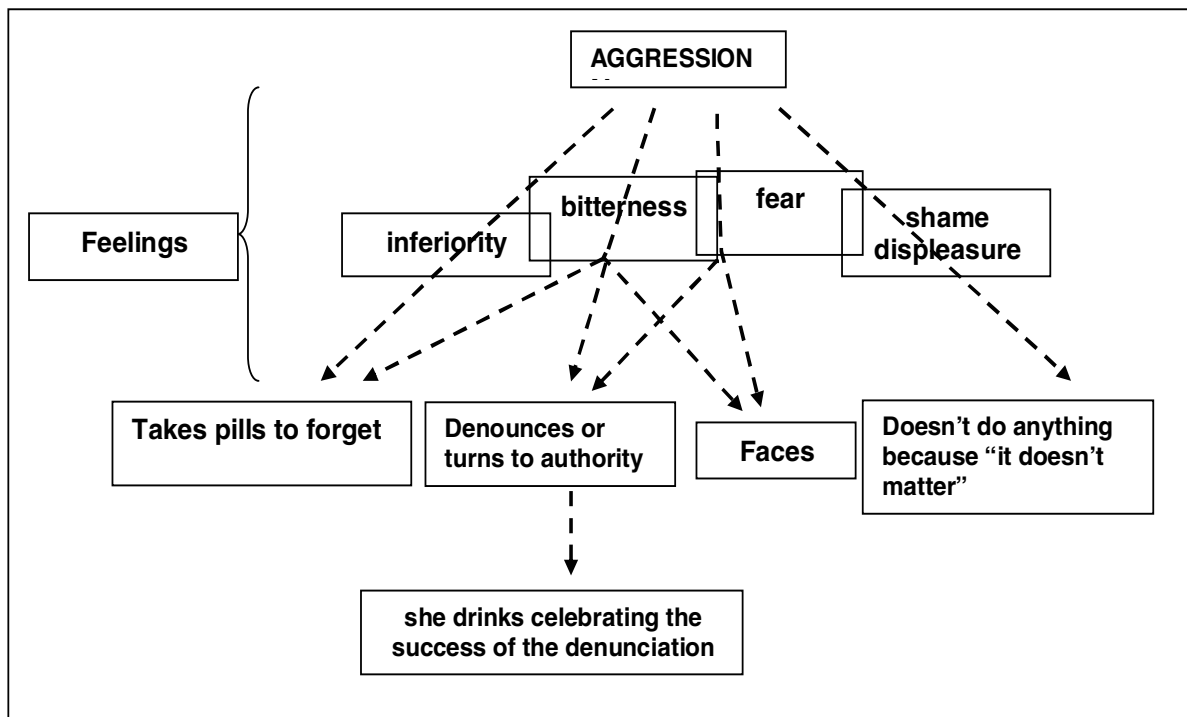


Figure 3 - Reaction and feelings to the violence of the women workers in four slums Zapallal - Lima/Peru. February 2004

DISCUSSION

Women constitute one of the most vulnerable groups in the consumption of substances because they suffer in greater way the adverse consequences of its consumption⁽⁶⁾.

The hypothesis of this research exposes the relationship of sociodemographic and labor factors to

drug consumption in women. These factors, in addition to their relationship to consumption, could also be associated with violence in the workplace. Given: violence and drugs are a phenomenon that every time cause greater preoccupation in the social and political scenes of the world.

Even more, the poor countries are the ones that experience this problem to a great extent. In

Peru, Zapallal is a geographic zone located in the District of Puente Piedra in the North Zone of Lima and represents one of the greatest belts of poverty.

The abuse of alcohol and other substances seems to be a growing problem among women of poor countries⁽⁹⁾. In Peru, more than 70% of women between the 17 to 59 years old consume alcohol and more than 20% consume tobacco; this report supports previous findings that the greater proportion of alcohol consumers are between 20 and 30 years old⁽¹⁰⁾ —the age range during which most women enter the labor market. The present research found that 52.8% of women workers consume alcohol. It is likely that this consumption is related to entering new social spheres in which the use of alcohol for the “toast of honor” is commonplace.

The present research study found that 6.4% of the women in the sample consume illegal drugs (sedatives without medical prescription and marijuana). Counting on high level of precision, the confidence limits of 95% oscillate between 6% and 6.8%. On the matter of the eight women who declared to consume illegal drugs, 4 of them stated that they consumed sedatives without medical prescription, 6 consumed marijuana, and 2 of them consumed both substances.

According to the statistics of the country, the consumption of sedatives is of 2,2% and marijuana of 0.60%⁽¹⁰⁾. In the present research sedatives represented 3,2% (4/125) and marijuana 4.8% (6/125).

Many factors could influence women to consume drugs, such as personal, family, social and labor relationships. In relation to the two last factors, the present research found that there is an association between religion and alcohol consumption in women. Women belonging to the Catholic religion have three times greater risk of consuming alcohol than women who are not Catholic (protestant, adventist, mormon, etc). It is likely that this is related to little or no sanction in the Catholic religion against the consumption of alcohol. For example, in the rite of the holy mass wine is drunk. In non-Catholic religions there is sanction not only against the consumption of alcohol or cigarettes because they damage health but also because they have a strict interpretation of Biblical writings and the use of these substances is prohibited by the Bible⁽¹¹⁾.

The present research found that other sociodemographic variables such as civil status,

number of children, and living with a partner, are not risk factors for the consumption of alcohol in the woman worker; probably the risk factors are in other dimensions of her life.

No statistically significant relationship was found between alcohol consumption and the type of occupation or profession, or the labor relation or labor bond. Therefore it is necessary to explore other aspects of the workplace like permissivity messages and alcohol consumption in co-workers, etc.

In relation to the consumption of illicit drugs or the consumption of drugs without a medical prescription, the present research observed that among the sociodemographic factors age is the only factor that influences in the illicit drug consumption; that is, people less than 20 years old have 12 times more the probability of consuming illicit drugs than those more than 21 years old. It is necessary to mention that in this stage the person may be more inclined to agree to the consumption while she tries to leave adolescence and enter adult life with all its risk and responsibilities. Many women achieve this but others will find refuge in the “deep dream” or the “rest” through the pills.

In relation to labor factors, the present research found a statistically significant association ($p=0.01$) between occupation and illicit drug consumption ($p=0.000$): This suggests that if a woman has a professional or technical occupation she has 34.5 times more probability of consuming illicit drugs than a woman who has a retail or service occupation. It was found that a woman who has a profession is 9 times more likely to consume drugs than than a woman who does not have a profession. It is probable that women who have occupations related to professional or technical careers have more labor responsibility and probably greater stress that causes the search for an “escape door”: the drug. The amount of money that she earns is likely greater and she can afford to buy the pill or substance. Also, the professional or technical woman may have the knowledge or access to information on what pill can make her sleep or allow her to relax.

There is an association between illicit drug consumption and whether the work is formal or informal ($p=0.03$). If the woman is named and contracted or she doesn't have any labor bond it is associated to the illicit drug consumption ($p=0.01$). Both variables are related to the formality and stability of the woman's labor position. The formal workplaces

demand a rigid regime of permanence and the woman must to organize herself well in order to not fail in her responsibilities within the home.

This study also showed an association between the type of institution where women work and illicit drug consumption ($p=0.03$). This variable was divided into jobs in which the woman had independent work and jobs in which the woman worked for a third person who did not have a constituted company (eg. tmaid in a private home). It was found that the more rigid the labor conditions, the greater the risk of drug consumption. However, the woman who created her own job or directly negotiated the labor conditions with her boss was less likely to consume illicit drugs. This could be because women who had independent work were under less stress or pressure and her income could be smaller, so she could not afford to buy the drug. Another variable associated with the illicit drug consumption was that when women obtain complementary support such as food or clothes as complement to her remuneration - ? she was more or less likely to consume illicit drugs?.

Finally, the number of fellow workers and the form of work were also factors associated with illicit drug consumption. In relation to the first, if the woman has co-workers she had 8.32 times greater probability of consuming substances in comparison to women who did not have labor companions. Apparently this would make sense as friends are the ones who frequently support or induce to the consumption.

If women have intellectual or relational work they could be at greater risk for drug consumption than women who only perform manual activities. Women who perform manual activities usually do their work and go home, while in the other two forms of work women relate with other people and interchange positive or negative ideas.

The multivaried analysis, any of the analyzed variables that were significant were considered risk factors for illegal drug consumption in the woman worker. It is probable that some variables annul or control other variables and therefore they reduce the force of association and risk. Violence against women is a phenomenon of great preoccupation for society; nevertheless, there are few studies regarding whether this violence exists in the workplace, what kind of violence it might be and what the magnitude of it might be. When violence is mentioned includes all the forms of violence that could exist from the easily recognized ones of physical or sexual violence to those where

the woman is exposed to a hostile environment such as in prisons or while doing isolated work as identified by the World Health Organization (WHO)⁽¹²⁾. Women constitute themselves as a vulnerable group: *The woman is more exposed to violence, mainly when the boss is a man, when she is young he harasses her (E 3-35 years old woman, fruit seller).*

This research found that the 9.6% of women workers had been victims of physical violence in the last twelve months, 17.6% had been victims of verbal violence and 1.6% had been victims of sexual harassment. The verbal violence is the one that affects the most women and it consists of shouts and insults. Research on labor violence in the health sector found that verbal violence is most frequent and is directed against the woman worker⁽¹³⁾.

The present research corroborates this and confirms that the people who harm women workers are in greatest number the patients, clients or the relatives, followed by managers, bosses or fellow workers. The woman doesn't take any action if the aggression is mainly verbal. Some women even declare in their testimony that: *it wasn't a problem, it was just a common incident. I simply didn't pay attention to it. (E 15-38 years old woman, seller).*

These incidents are perceived by women as typical labor incidents: In the 12 women who had experienced physical violence 9 agreed that it was simply a typical incident, as did 19 of the 22 who experienced verbal violence and both of the 2 people who had experienced sexual harassment.

Culturally, often the woman is the one who is convinced of her weakness as a person by the fact of being woman, even more, some women feel that they don't have enough capacity to defend themselves and that the man is the only one who can and must defend her: *I felt bitterness, because the father of my son didn't know to protect me, with authority that helped me (E 6-49 years old woman, fruit seller).*

Only two or three of the women who had experienced violence faced their aggressor telling to him to stop and others reported this to their superior or boss. The number of women who look for help when violence happens is small, however, women are gradually assuming their own defense even though this often causes fear or shame to them (Figure 3): *I was working in a house as a maid and a relative of the mistress tried to touch me which I didn't accept and, although I was scared, I faced him (E 4-34 years old woman, house maid); I was ashamed, I was in the middle of the street, but I told him to stop insulting me (E 16-39 years old woman, seller of salchipapa).*

Psychosocial problems have been recognized as ensuing from the experience of violence, such as stress from the violent behavior against the women who work alone or present stress when they feel unable to help their clients⁽⁴⁾. According to WHO, women who have suffered violence may present psychological problems such as sleep disturbances, stress and depression syndromes. In the research, a considerable proportion stated some problems resulting from the violence suffered such as memory disturbances. Others preferred not to speak or even think about the subject because of the feelings that the subject aroused. Some began to be "super alert" or they felt depressed: *The person cut my face with a knife and because of that I felt bad, inferior because my face was marked, I wasn't happy anymore, nor would return to be like before (E 6-49 years old woman, fruit seller).*

There are very few employers who, despite knowing these facts, offer aid to their workers such as counselling or just a place to speak about the event, or any other support. In regards to consequences for the abuser, only 5 of the 12 aggressors received some type of sanction for their physical aggression. In the case of verbal abuse, 14 of the 22 cases of verbal abuse received no punishment.

Consequently, there are few women who are satisfied with the resolution of their cases. Only 2 of the 12 women who experienced physical violence and 10 of the 22 women who experienced verbal violence were satisfied with the way the situation was handled. In the case of sexual harassment the two women were satisfied inasmuch they considered that their aggressors had received an exemplary sanction as they had been thrown of work. Apparently, even though the women consider some events typical, they wait for an exemplary sanction.

There is little research in Latin America about the relationship between the phenomenon of drugs and violence⁽³⁾. According to the "Report on Global Violence and Health", the use of alcohol and drugs is one of the factors related to the sexual violence and self aggression⁽⁴⁾.

The present research did not find a statistically significant relationship between drug consumption in woman workers and physical violence and sexual harassment suffered in the last year; however, it found a statistically significant association between the illicit drug consumption and the verbal violence ($p=0.021$) identifying, in addition, that women who suffered verbal violence have 9.80 times greater probability

of consuming illicit drugs in comparison with women who have not experienced verbal violence. What is more, some testimonies indicated that the violence not only puts the woman at greater risk for consuming drugs and being a victim of further violence, but also that people under the effects of the alcohol exert violence on them: *A passer-by was drunk or drugged, who knows?... and out of nothing he started to yell at me, that is being violent (E 1-28 years old woman, seller of tamales).*

In the first trimester of 2005, 221,900 women were unemployed. It is of note that because this many of them have generated their own jobs, which in most cases are informal and expose the woman to many risks. One of these risks is violence, which is clearly noticeable in the testimonies collected for this research. However, much of this violence is in the sub-registry of consciousness because it is part of the common day. So these events are not reported; the person harms and goes away, the aggressor is often not known nor recognized by the offended woman. And too, denouncing the aggressor would mean spending a lot of time and money, neither of which she has.

Some aggressions are not directly carried out at the workplace but rather derive from the workplace and in the consumption of substances: *In order to calm myself down - because my mother-in-law used to beat me, she spoke bad because my style of work - I bought small things for myself, it was more by envies..., then I locked up in my room and drank a beer, then diazepam 4 or 5 tablets, or 1 in the morning and 1 at night (E 6-49 years old woman, fruit seller).* However, there is also the case where the woman not only takes refuge in the drug, but also celebrates with it: *When they told me that they had fired him... you can't imagine, young lady... I arrived at my house and then I went away to celebrate, because of the joy... (laugh). I drank to celebrate ((E 8-32 years old woman, public employee).*

Violence against women in the workplace must be studied scientifically as these cases could be just the tip of the iceberg of a really complex problem. Violence against women is an important social and public subject because of the repercussions on health and on the quality of life in particular social milieus⁽¹⁴⁾.

Further research into this complex phenomenon is necessary in order to be able to control and reduce the demand for drugs. According to the Alternative Theoretical Model for the study of Drugs and the Violence proposed by Wright, the Critical-Holistic model, it is necessary to include macrodeterminants such as globalization, state policies, new enterprise markets and the information-

based society, into the analysis⁽³⁾. At the level of microdeterminants, citizen insecurity increases, homicides, blackmails and kidnappings are common not only for VIP's, but for traders or members of their families. As the informality of the drug trade is growing, strategies for citizen security should be created through the local government where, independently of the amount of money robbed or the level of the aggression, the person who infringes basic norms of respect and coexistence would be punished.

Peru is in the category of "average" in relation to the development of healthy work environments⁽¹⁵⁾. This status could improve to "good" if better labor conditions, well-being and security were ensured, including to those people who generate their own work. Even though the present research found that formal work or labor bonds can lead to drug consumption, it is necessary that the work is formal as this assigns greater value to the work for the country. However, the government should ensure that the formal work and labour bonds come with preventive programs for the prevention of workplace violence and the consumption of drugs. These program must be directed to all the members of a labor organization, including strategies for counselling intervention and

direction for people who, because of the work, present family or conjugal conflicts. If possible, it would be beneficial to involve family members so that they become familiar with the workplace and can get more involved with the woman worker.

If becomes necessary to consume sedatives to control stress, the workplace should offer the services of a licensed medical practioner and permanent counselling. The support of social attendance, in some cases, can be supportive. And finally, encourage awareness in women about their own care and as the main respect generator of their rights as a person, woman and worker.

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