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## ORIGINAL ARTICLE

### HOSPITALIZATION OF CHILDREN AND ADOLESCENTS FOR DRUG USE

#### INTERNAÇÃO DE CRIANÇAS E ADOLESCENTES POR USO DE DROGAS

#### HOSPITALIZACIÓN DE NIÑOS Y ADOLESCENTES DEBIDO AL USO DE DROGAS

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#### ABSTRACT

**Objective:** describing the toxicological occurrences by drug use that resulted in hospitalization of children and adolescents, from records of a center of information and toxicological assistance of Northwest Paraná.

**Method:** a quantitative, cross-sectional and retrospective study, with data from 43 Toxicological Occurrence chips in the period 2007-2011. The research project was approved by the Research Ethics Committee, opinion nº 67265/2012. **Results:** predominated children and adolescent boys (27 - 62,8%) aged between 15 and 18 years old (38 - 88,3%). The hospitalizations were caused by use of alcohol, crack, marijuana and cocaine, but alcohol was responsible for more hospitalizations - 25 (58,1%), with high rates of diagnoses resulting from violence (22 - 51,2%). **Conclusion:** the data of the sentinel unit point the precocity of use (05) and the clinical and social gravity resulting from the abuse. **Descriptors:** Illicit Drugs; Child; Adolescent; Nursing Care.

#### RESUMO

**Objetivo:** descrever as ocorrências toxicológicas por uso de drogas que resultaram em internação de crianças e adolescentes, a partir de registros de um centro de informação e assistência toxicológica do Noroeste do Paraná. **Método:** estudo quantitativo, transversal e retrospectivo, com dados de 43 fichas de Ocorrência Toxicológica, no período de 2007-2011. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, parecer nº 67265/2012. **Resultados:** predominaram crianças e adolescentes do sexo masculino (27 - 62,8%), faixa etária entre 15 e 18 anos (38 - 88,3 %). As internações foram decorrentes do uso de álcool, crack, maconha e cocaína, porém o álcool foi responsável pelo maior número de internações - 25 (58,1%), com altos índices de diagnósticos decorrentes de violências (22 - 51,2 %). **Conclusão:** os dados da unidade sentinela apontam a precocidade do uso (05) e a gravidade clínica e social decorrente do abuso. **Descritores:** Drogas Ilícitas; Criança; Adolescente; Cuidados de Enfermagem.

#### RESUMEN

**Objetivo:** describir los ocurriencias toxicológicas por el uso de drogas que dieron lugar a la hospitalización de los niños y adolescentes, de los registros de un centro de información y asistencia toxicológica de Noroeste de Paraná. **Método:** un estudio cuantitativo, transversal y retrospectivo, con datos de 43 hojas de Ocurriencia Toxicológica en el período 2007-2011. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, opinión nº 67265/2012. **Resultados:** predominaron los niños y los adolescentes hombres (27 - 62,8%), con edades comprendidas entre 15 y 18 años (38 - 88,3%). Las admisiones fueron causadas por el uso de alcohol, crack, marihuana y cocaína, pero el alcohol fue responsable de más hospitalizaciones - 25 (58,1%), con altas tasas de diagnósticos resultantes de la violencia (22 - 51,2%). **Conclusión:** los datos de la unidad centinela señalan la precocidad de su uso (05) y la gravedad clínica y social resultante del abuso. **Descriptores:** Drogas Ilícitas; Niño; Adolescente; Cuidado de Enfermería.

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## INTRODUCTION

Drug use, considered a social and public health problem, usually translates into undesirable events, such as family interpersonal crises, problems at work, violence (accidents, homicides, suicides, physical assault), and comorbidities, contributing to the increase the occupancy rate of hospital beds and the overhead of the National Health System in our country.<sup>1,2</sup>

Data on alcohol consumption in the population revealed that 52% of individuals can be classified as drinkers and 25% of these make use of alcohol at least once a week. Most people start addiction to tobacco and alcohol, extending to other types of drug abuse.<sup>3,4</sup> Drug abuse is involved in 41% of murders and 47% of traffic accidents; alcohol is responsible for 7,2% of youth deaths in the country, one of the world rates.<sup>5,6</sup>

Use of drug abuse by children and adolescents is a contemporary and emerging public health phenomenon, provoking intense debate in the international arena. Today's consumption rates has caused the constant concern of governments, the scientific community and health and education professionals.<sup>7</sup>

Risk factors for initiation on drug abuse in children and young people are primarily related to the family environment - use of drugs by parents and family disorders and addictive behavior, domestic violence and lack of family intra-affective bond and the social sphere, represented by tolerated drug use in the environment that surrounds and lack of clear rules on the use, by the difficulty to resist the supply of drugs, peer pressure and the need for social integration, not integration in school activities, and social vulnerability.<sup>8</sup>

In Brazil, although poisonings are of epidemiological control in the Notifiable Diseases Information System - SINAN since 2004, recently including drug abuse, it is estimated high underreporting of cases and that the records produced by toxicological information centers - CIAT represent only 20% of cases occurred. However, while disabled, data from CIAT are considered sentinels, pickups social problems such as the consequences of the use of drugs of abuse in society.<sup>9</sup>

The CIAT are specialized units with information providing function and telephone guidance on diagnosis, prognosis, treatment and prevention of poisoning, and on the toxicity and hazards of chemicals; the presence service to intoxicated at any level of

complexity; the viability of toxicological analyzes of emergency and routine for the diagnosis and monitoring of poisoning; development and training activities and education in toxicology; and the record of the care and the availability of data, such as surveillance strategy of poisoning or toxicological surveillance.<sup>10</sup>

In this context, this study aims to describing the toxicological events by use of drugs that resulted in hospitalization of children and adolescents, from records of a center of toxicological information of Northwest Paraná.

## METHOD

This is a quantitative, descriptive and cross-sectional study with retrospective analysis of data originating from the Poison Control Center of the Regional University Hospital of Maringá - CCI/ HUM, which works on permanent shifts, attending health professionals information requests and the population in general to aid diagnosis and conduct toxicological accidents, exercising toxic-surveillance in the Northwest of Paraná since 1990.<sup>11</sup>

Data were collected in May and June 2013. There were found 43 records of children and adolescents aged 10 to 18 years old, enrolled in the CCI/HUM from January 2007 to December 2011, diagnosed with poisoning by drug abuse, according to clinical and laboratory criteria, and hospitalized for direct or side effects associated with intoxication, ie by clinical intercurrents and primary or secondary surgical complications due to drug use.

As data sources there were used to Monthly List of Inpatient, a form of CCI/HUM used to record all cases in which the patient remained under clinical observation in the health service for a period over 12 hours, and the notification form and service the CCI/HUM, called Toxicological Occurrence form (OT), a record instrument of cases of poisoning, with data on the patient and toxicological accident, aiming to facilitate the monitoring of notified cases and epidemiological surveillance of events. The information collected in OT records was transcribed to an instrument developed by the researcher.

There was conducted consultation to Monthly ratio of Inpatients and selected intentionally cases of children and adolescents hospitalized for effects of drug abuse, and further analyzed the OT records of these cases. The variables were: sociodemographic data of patients - gender, age (10-14 and 15-18) as criteria set by the data collection

institution, which considers child under 14 years of age, education and occupation; Toxicological occurrence data - causal agent, direct or secondary medical diagnosis, and treatment; data from hospital - industry and length of stay; and clinical outcome of the case - High improved or death. The variables were defined according to the Fill Manual Notification Form and Service of Toxicological Assistance Centers.<sup>12</sup>

Data were tabulated in a spreadsheet Microsoft Office Excel 7.0 program and submitted to simple descriptive analysis (absolute frequency, percentage, and calculating the average).

Obeying ethical principles disciplined by Resolution 466/2012 of the National Health Council study was approved by the Standing Committee on Ethics and Human Research of the State University of Maringa in Opinion 67265/2012.

RESULTS

Regarding the sociodemographic characteristics, prevailed children and adolescent boys (27 - 62,8%) and the age group between 15 and 18 years old (38 - 88,4%). However, they found five children aged between 10 and 14 (11,6%). (Table 1).

Table 1- Age and gender of children and adolescents admitted due drug abuse. CCI/HUM, 2007 - 2011.

Gender	Male		Female		Total	
	Nº	%	Nº	%	Nº	%
Age (in years)						
10 - 14	04	9.3	01	2.3	05	11,6
15 - 18	23	53,5	15	34.9	38	88.4
Total	27	62,8	16	37,2	43	100,0

Although this phase of the life cycle is not important in the composition of the working population, the analysis of occupational status showed that most children and adolescents were students (21 - 48,9%), but a significant number do not study or work (13 - 30,2%). Nine exercised economic activity remunerated, reported as "bag holder" general assistant and bricklayer.

Admissions have been found from the use of alcohol, crack, marijuana and cocaine, alone or combined. Alcohol was the drug responsible for the largest number of hospital admissions: 25 cases (58,1%) - and associated with marijuana for 30 cases (69,7%), but drew attention the use of cocaine/crack in this population - nine cases (20,9%). (Table 2)

Table 2. Causal agent and age group (years) of hospitalized children and adolescents due to drug abuse. CCI/HUM, 2007 - 2011.

Age	10 - 14		15 - 18		Total	
	nº	%	nº	%	nº	%
Causal agent						
Alcohol	01	2,3	24	55,9	25	58,2
Crack	02	4,7	04	9,3	06	14,0
Alcohol + Marijuana	01	2,3	04	9,3	05	11,6
Marijuana	01	2,3	03	6,9	04	9,3
Cocaine (powder)	-	-	03	6,9	03	6,9
Total	05	11,6	38	88,4	43	100,0

Concerning the relationship causal agent and age, alcohol use was mainly responsible for the hospitalization of adolescents aged 15-18 (24 - 96%), and the use of illicit drugs was proportionally higher in young age groups: five total admissions for the age group 10-14 years old (11,6%), two cases of use of cocaine/crack. (Table 2)

The hospital stay, set up as the need for assistance in health service for a period exceeding 12 hours, ranged from one (12 - 28%) and 40 days (2 - 4,6%), averaging 20 days hospitalization; calculating the fashion

indicated that 18 patients (44,2%) remained hospitalized between two and five days.

For the period of hospitalization and the assistance of complexity required, 26 (60,5%) were admitted to emergency units/emergency, 12 of them (28,0%) for a period of one day and 11 (25,6 %) for a period of two to five days; in wards were admitted 16 patients (37,2%), and nine of them (20,7%) remained in hospital for 11 to 40 days; and a teenager was admitted to the intensive care unit (2,3%). (Table 3)

Table 3. Unit and length of hospitalization of children and adolescents admitted due to drug abuse. CCI/HUM, 2007 - 2011.

Sector	Nursery		Urgency/ Emergency		ICU		Total	
	nº	%	nº	%	nº	%	nº	%
Hospitalization (days)								
01	-	-	12	28,0	-	-	12	28,0
02 - 05	07	16,3	11	25,6	01	2,3	18	44,2
06 - 10	01	2,3	03	6,9	-	-	04	9,3
11 - 15	03	6,9	-	-	-	-	03	6,9
16 - 20	03	6,9	-	-	-	-	03	6,9
36 - 40	02	4,6	-	-	-	-	02	4,6
Total	16	37,2	26	60,5	1	2,3	43	100,0

Regarding the clinical outcome, there was one death, in which occurred drug overdose in a female adolescent aged 16, hospitalized in intensive care unit for a period of three days.

Table 4. Direct or secondary medical diagnosis of drug abuse of children and adolescents admitted. CCI/HUM, 2007 - 2011.

Gender	Male		Female		Total	
	nº	%	nº	%	nº	%
Diagnosis						
Trauma	20	46,6	02	4,6	17	51,2
Overdose	06	14,0	08	18,6	14	32,6
Epigastralgia	01	2,3	01	2,3	02	4,6
Obstetric Complication	-	-	04	9,3	04	9,3
Sexual Violence	-	-	01	2,3	01	2,3
Total	27	62,9	16	37,1	43	100

The analysis of medical diagnostics resulting from direct effects or secondary to the use of drug indicated high trauma index for various etiologies (22 - 51,2%), including four cases of injuries by firearms, followed by acute intoxication or overdose (14 - 32,6%). Five teenage women were involved in obstetric complications, one case of sexual violence (Table 4).

DISCUSSION

The consumption of drug causes a set of behavioral, cognitive and physiological changes that may occur after repeated use of alcohol, tobacco and drugs. Typically, this phenomenon includes a strong desire to use drugs and persistent use despite harmful consequences to carry out other activities and obligations, increased tolerance to the use of these substances and a withdrawal reaction when use is discontinued.<sup>2</sup>

According to exert the activities in the central nervous system (CNS) drug abuse are divided into three groups: drugs that lower brain activity called the CNS depressant activity; drugs that work by increasing brain activity, called stimulating the activity of the CNS and drugs that act qualitatively modifying brain activity, with disturbing denomination of activity CNS.<sup>3</sup> Regarding the legality of the use and sale are classified as lawful, whose production, marketing and use are not criminalized (alcohol, tobacco, drugs) and illicit, which are prohibited from being marketed under the legislation of a given

society and its production and use are subject to criminalization and (marijuana, cocaine, and crack).<sup>4</sup>

In the present study, the data of gender and age of hospitalized point the predominance of males in all age groups, corroborating the literature for drug use data in the general population. Social and cultural determinants related to gender-determined higher risk of drug use in males and strong association between consumption and violence.<sup>13-5</sup>

The younger of hospitalization, considered unfavorable and serious event in the life of drug users, were children of 10 years old, indicating that the starting age of drug consumption took place in the age.<sup>16</sup> Regarding the use of drugs by an extremely young population, as pointed out in this study, it is clear that the sooner you start using more drugs vulnerability to the occurrence of serious events and decreased survival of users. Also, the early use of alcohol and other drugs is a risk factor for addiction in adulthood.<sup>2,6,17</sup>

Other early use of indicators of drug abuse are truancy, found in 13 hospitalized (30,2%), and occupational activities paid low-skill - as "bag holder" and general assistant - found in this study. The relationship between low income, failure or truancy and drug use is a recurring debate in the literature; the exclusion of formal education can eliminate school as a gateway to prevention policies on drugs and the consequences for young people who drop out of school is the lack of



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preparation for the labor market, which excludes the employee has less than eight years of schooling.<sup>1,12,18</sup>

As the responsible substance abuse directly or as a triggering factor for hospitalization, alcohol appears to be the most used drug, confirming studies pointing its early use and harmful.<sup>1,5,12,15</sup> Alcohol consumption is largely responsible by family, social, physical and psychological problems, when analyzing the effects triggered by drugs, it is important to implement preventive actions to avoid the consequences of harmful use.<sup>19</sup>

It drew attention the use of cocaine/crack at early ages. Research that evaluated the drug in the Brazilian capital, said the use of crack or the like in 35% of illicit drug users. In the South, 52% of illicit drug users use crack, and 14% are children and adolescents, who make regular use of the drug.<sup>20</sup>

Crack users are poliusers also consumers of legal drugs, which can further aggravate the health problems caused by the drug: about 90% of users use tobacco and almost 80% alcohol. Cannabis remains the most widely used illicit substance in the world. There was a small increase in the prevalence of users - 180 million, or 3.9% of the population between 15 and 64 years - compared with previous estimates in 2009.<sup>21</sup>

The literature suggests that the severity of poisoning depends on the severity indicators, which are presented by nature, the dose, the composition, the route of exposure and simultaneous exposure to other toxic, the nutritional status of the intoxicated, age and health conditions pre-existing.<sup>22</sup>

According to the classification of clinical severity of intoxication, hospitalization occurs in mild cases with pronounced or prolonged symptoms, and in critical cases, with pronounced symptoms and risk of death or fatal prognosis.<sup>21</sup> In our study group, so children and adolescents to be submitted to hospital care, they are considered cases of greater clinical severity, evidenced in a significant percentage of long-term hospitalization in intensive care units and one death in female patient overdose of drug of abuse, and this an indicator of more severe poisoning, by direct effects to the drug.

For these patients and their families, hospitalization means separation from family, friends, school and everyday life of children and adolescents. In discussing the effects of consumption of drugs of abuse, addict behavior is expressed in a circuit that feeds back constant and that is present both in the use of drugs socially accepted as the illegal. When this circuit is established, directly

affects interpersonal relationships and the family is the first and main system in which the consequences are observed, is the health of the individual who makes use of the substance, either on the extreme fragility of family relationships.<sup>20</sup>

Regarding diagnosis of exposure to drug abuse, it was the occurrence of high index trauma resulting from violent acts. Hospitalizations due to trauma resulted from traffic accidents, suicide attempts, and injuries caused by attempts to murder - assault and firearm.

Violence is a universal phenomenon that affects indistinctly all social classes, ethnic groups, religions and cultures, and its true incidence is unknown; however it is known that drug use is an important facilitator of situations of violence, do lack evidence of the involvement of drugs in homicides, suicides, domestic violence, sexual offenses, pedestrians and traffic accidents. It is estimated that 39% of police reports each year are related to alcohol use and 50% of admissions for psychiatric problems are arising from alcohol and other drug abuse.<sup>21</sup>

Social and cultural determinants related to gender expose males at greater risk for drug use, due to the association between drug use and excessive speed, automobile risky maneuvers, and violence.<sup>15, 5,16</sup> In this group this indicator is confirmed, even at early ages.

## CONCLUSION

Although this study was performed from data of a specialized service toxicological assistance, their findings point to a disturbing reality. Five cases of children admitted with major medical diagnosis or secondary to the use of drugs of abuse were identified, and the alcohol was the drug of abuse associated with more hospitalizations, predominantly male and aged 15-18 years old; however among those with aged 10-14, crack and marijuana were the most consumed drugs; one death occurred in a female patient, acute drug overdose type. The hospital stay with greater number of cases was between one and five days, especially in emergency units/emergency. The medical diagnosis indicated high rates of hospitalization for trauma.

The results indicate that drugs, whether legal or illegal, are often experienced in very early ages, and cause hospitalization or need for care in emergency units also at that age. Whereas the relocation occurs at moderate intoxication and critical cases, this is a critical finding because this population subgroup demands a different approach from that of

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adult users and requires an integrated management of the different situations of abuse and eventual dependence.

They emphasize, then, the importance of data to parents, educators, health professionals and, in particular, to Nursing, because information can provide subsidies for prevention and social reintegration. When you are already configured addiction framework, some losses have already occurred on a personal level, family and social, and the recovery will depend on numerous variables, considering that the accumulated losses usually feed the difficulty initiative to motivate changes in lifestyle.

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