



PROFILE OF HOMELESS CHILDREN AND TEENS DRUG USERS

PERFIL DAS CRIANÇAS E ADOLESCENTES EM SITUAÇÃO DE RUA USUÁRIOS DE DROGAS

PERFIL DE LOS NIÑOS Y ADOLESCENTES DE LA CALLE USUARIOS DE DROGAS

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ABSTRACT

Objective: describing the sociodemographic profile of children and adolescents living on the streets users of drugs attended by the teams of the Family Health Strategy (FHS). **Method:** a quantitative, descriptive and cross-cutting approach study held in the central region of Sao Paulo with a sample of 310 children and adolescents of both sexes, aged 0-18 years old who worked on the Project Legal Center for the period from 2009 to 2010. The data were analyzed descriptively from the chips, filled by teams from the Family Health Strategy between 2009 and 2010. **Results:** we identified high use of drugs with a significant increase in the use of tobacco and crack, for teens of both sexes. **Conclusion:** there are necessary intervention projects and public treatment policies, as well as back-office services to reduce damage and prevent relapse. **Descriptors:** Nursing; Drug Abuse; Homeless Youth; Child Health; Adolescent Health.

RESUMO

Objetivo: descrever o perfil sociodemográfico de crianças e adolescentes em situação de rua e usuárias de drogas, atendidas pelas equipes da Estratégia Saúde da Família (ESF). **Método:** estudo de abordagem quantitativa, descritiva e transversal, realizado na região central da cidade de São Paulo, com uma amostra de 310 crianças e adolescentes, de ambos os sexos, com idade entre 0-18 anos que atuaram no Projeto Centro Legal pelo período de 2009 a 2010. Os dados foram analisados descritivamente a partir das fichas, preenchidas pelas equipes da Estratégia Saúde da Família entre 2009 e 2010. **Resultados:** identificou-se elevado uso de drogas com aumento significativo no uso de tabaco e crack, por adolescentes de ambos os sexos. **Conclusão:** são necessários projetos de intervenção e políticas públicas de tratamento, além de serviços de retaguarda para reduzir danos e prevenir recaídas. **Descritores:** Enfermagem; Drogas de Abuso; Menores de Rua; Saúde de Criança; Saúde de Adolescente.

RESUMEN

Objetivo: describir el perfil sociodemográfico de los niños y adolescentes que viven en las calles y que son usuarios de drogas, a la que asistieron los equipos de la Estrategia de Salud de la Familia (ESF). **Método:** estudio cuantitativo, descriptivo y de enfoque transversal, que tuvo lugar en la región central de São Paulo, con una muestra de 310 niños y adolescentes de ambos sexos, con edades entre 0-18 años que actuaron en el Proyecto Centro Legal para el período entre 2009 y 2010. Los datos fueron analizados descriptivamente de los chips, ocupados por los equipos de la Estrategia Salud de la Familia entre 2009 y 2010. **Resultados:** se identificaron alto uso de drogas con un aumento significativo en el consumo de tabaco y se agrietan, para los adolescentes de ambos los sexos. **Conclusión:** son necesarios proyectos de intervención y las políticas públicas de tratamiento, así como los servicios de back-office para reducir los daños y prevenir las recaídas. **Descriptores:** Enfermería; El Abuso de Drogas; Jóvenes sin Hogar; La Salud del Niño; Salud de los Adolescentes.

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INTRODUCTION

The abuse of psychoactive substances, characterized as a mental disorder, has become worldwide concern due to its high impact, frequency and health risks to users.¹ These substances are used by many different people, at different times and are great social problem.² Some populations are more vulnerable to substance use, such as children and adolescents living on the streets.

It is understood that they are the homeless people who stay for a while on the street, regardless of having some family ties. Children and adolescents in this situation are also without the supervision of responsible adults.³

Studies until the early 1980s did not report alarming drug use among children and adolescents; however, surveys carried out in 1987 by the Brazilian Center for Information on Psychotropic Drugs (CEBRID) documented the growing trend of consumption of various classes of drugs by this population.⁴

The CEBRID the surveys were conducted in first and second grade students in 10 Brazilian cities, in hospitalized adolescents' samples and among street children. In 1997, one of the studies showed a tendency to increased consumption of inhalants, marijuana, cocaine and crack in certain capitals of Brazil.⁴

Among the drugs most consumed in the world, alcohol continues to occupy the top of the list. Their abuse has serious consequences for the individual, the sooner they come in contact with the drug (before age of 14) the greater the risk of developing future diseases to health as well as the dependence.⁵ This fact must be taken into consideration because according to data from the II LENAD, between the years 2006 and 2012, there was a 9% increase in the population who experienced alcohol before the age of 15, and 6% in those who maintained a regular consumption from this age group.⁶

In a study of the population of children and adolescents, which were investigated 21 individuals aged between 11 and 17 years old, who started drug use around the age of 11, it was found that the gateway to drug use it is alcohol. Alcohol use was walking quickly to tobacco, marijuana, solvents,

opioids, inhaled cocaine and finally the crack around the age of 14.⁷

Studies show that after the trial of legal drugs, especially alcohol, people make use of illicit drugs, coming finally to crack consumption. Marijuana is usually the first illicit drug which they make use. Most of these people have made, too, previous use of injectable and intranasal cocaine.⁸⁻¹⁰

The terminology illegal drugs usually refer to substances deemed illegal or improper, such as marijuana, cocaine, crack, merla and solvents (glue, launches fragrance and thinner). The Statute of Children and Adolescents, in Article 81, provides that the sale of alcohol and tobacco to anyone under 18 is illegal. However, these were the two drugs most used by children and adolescents living on the streets two decades ago.³

Considered popular in the United States, since the 1980s in Brazil, crack emerged in 1988 in the suburbs of Sao Paulo. In 1991, there was increased demand for the drug also in central municipality. Between 1995 and 1997, the prevalence of use, by 1989, was 5,2%, came to 65,1%, being considered that crack and cocaine were the main drugs in the city.¹¹ The consumption of crack, a phenomenon on the rise in recent years, causes severe repercussions for children and adolescents and ends up becoming as insurance market among populations of low-income suburbs of large cities. The phenomenon is most marked among boys and girls on the streets, for being part of an excluded group in society, with little or no assistance and high risk to harm to overall health.⁸

The largest number of users, increased social visibility and demand on health services point to the need for expansion in the drug field of study. The planning of actions in this field of study depends on the greater suitability data on the population that makes abuse of these substances and those seeking care in public services.¹²

There is greater complexity and additional limitations to various segments, directly or indirectly, they are hampered by the widespread use of drugs. For urban planning, public security, care programs, research and policies towards drug users, the particularities of contexts, meanings and forms of use are challenges waiting for answers that provide effective information, rather than actions to repression.⁸

Data about drug use and the profile of children and adolescents living on the streets, for example, are scarce in Brazilian literature. More information on this subject can support coping actions to the problems.

In São Paulo, in 2009, there was investment of the Municipality, in partnership with the State Government, to create the project "Integrated Action-Center Legal (PAICL)". The project was developed by a network of primary care and mental health in the central region of Sao Paulo, one of the areas that suffered most from the increasing number of children and adolescents living on the streets and using drugs.

OBJECTIVE

◆ Describing the socio-demographic profile of children and adolescents living on the streets and users of drugs, attended by the teams of the Family Health Strategy (FHS).

METHOD

This is a quantitative, descriptive and cross-cutting approach study¹³ held in the central city of Sao Paulo, with a sample of 310 children and adolescents of both sexes, aged 0-18 years old, who worked on Project Legal Center for a period of 2009-2010.

The Municipal Department of Health of São Paulo (SMS-SP) in 2004 deployed in central municipality in primary care, the Special Family Health Teams to population in street situation (street population) in 2008 increased the number of teams and the Community Health Agent Program (ACS) for specific action with people on the streets and in July 2009, the PAICL project, guided the registration and referral of people on the streets and consuming alcohol and other drugs.

At the time they were registered, 7332 people on the streets in the region, of both sexes, aged between 0 and 90 years old. In the present study, we selected 310 children and adolescents living on the streets, of both sexes, aged 0-18 years old.

To continue the PAICL was held data collection with a specific instrument developed by SMS-SP and called "plug E". This form was filled by CHWs, between 2009 and 2010, with information provided by the people on the streets present in the central region of Sao Paulo. The analysis of these records was conducted from March to June 2013 in order to identify the

sociodemographic and drug use by children and adolescents in this region.

Sociodemographic variables presented the plug and were: gender, age, color, national origin, family contact, social contact, drug use (alcohol, tobacco, solvents, marijuana, cocaine, crack, drugs, etc.) and vulnerability indicators: gestation, toothache, respiratory symptoms, skin disease, malnutrition, epilepsy, Sexually Transmitted Diseases, disability, psychiatric illness, reported physical assault, leprosy, tuberculosis and other diseases.

A database was prepared, where the data were processed in Microsoft Excel® 2010 software, and descriptive analysis using the Statistical Package Program for Social Sciences (SPSS) version 20.0 for Windows. Categorical variables were analyzed using absolute frequencies (n) and relative (%) and, in relation to age there were calculated the average and standard deviation.

This study was approved by the Research Ethics Committee of the University of Sao Paulo Nursing School and the SMS - SP, protocol number 264135/2013 following the provisions of Resolution no. 196/96 of the National Council for Research Ethics. The Informed Consent was not used, whereas the secondary data were obtained from the records of entries from the Legal Center Project.

RESULTS

There were registered 7332 people on the streets of both sexes and aged between 0-90 years old, at Legal Center Project in Sao Paulo between 2009 and 2010. Of these, 310 (4,2%) were children and adolescents aged between 0 and 18, which were included in the study.

Table 1 shows the sample distribution by sex and age, of the 310 study participants.

Table 1. Frequencies and percentages of the gender and age of children and adolescents living on the streets (N=310), jun. 2009 - dec. 2010.

Sociodemographic data	n	%
Gender		
Male	214	69,0
Female	96	31,0
Age (in years)		
0 - 5	23	7,40
6 - 10	9	2,90
11 - 14	93	30,0
15 - 18	185	59,7

Source: Data of the Chip E.

Most children and adolescents were male (69,0%) and were 15 years old or over (59,7%) with average age of 14,0 years old and standard deviation of 4,1 years.

Table 2 presents data on drug use among children on the streets, compared to gender and age group.

Table 2. Frequencies and percentages related to the use of drugs by children and adolescents in street situation between genders and ages, jun. 2009 - dec. 2010.

Sociodemographic data	Type of the drug (%) (1)							
	Alc (2)	Tob (3)	Solv (4)	Mar (5)	Coc (6)	Cra (7)	Drg ili (8)	Drg non spec. (9)
Use								
Yes	37,8	75,3	21,2	24,3	9,3	44,4	79,5	10,8
No	62,2	24,7	78,8	75,7	90,7	55,6	20,5	89,2
Gender								
Male	68,5	68,9	65,5	81,0	72,7	72,7	74,3	78,6
Female	31,5	31,1	34,5	19,0	27,3	27,3	25,7	21,4
Age (in years)								
0 - 5	1,4	0,6	--	--	--	0,9	0,5	--
6 - 10	1,4	--	--	--	--	1,7	1,0	--
11 - 14	39,7	27,2	62,0	41,3	20,8	40,9	45,5	35,7
15 - 18	57,5	72,2	38,0	58,7	79,2	56,5	53,0	64,3

Source: Data of the Chip E.

Notes - Conventional signs used:

- Numeric data equal to zero not resulting from rounding.
- (1) Percentage considering the number of respondents per variable.
- (2) "Alc" corresponds to "alcohol", being 193 respondents for the variable "use" and 73 respondents for the variables "gender" and "age".
- (3) "Tob" corresponds to "tobacco", being 239 respondents for the variable "use" and 180 respondents for the variables "gender" and "age".
- (4) "Solv" is "solvent", with 259 respondents to the variable "use" and 55 respondents for the variables "gender" and "age".
- (5) "Mar" is the "marijuana", with 259 respondents to the variable "use" and 63 respondents for the variables "gender" and "age".
- (6) "Coc" corresponds to "cocaine", with 259 respondents to the variable "use" and 24 respondents for the variables "gender" and "age".
- (7) "Cra" corresponds to "crack", with 259 respondents to the variable "use"; 115 respondents for the variables "gender" and "age".
- (8) "Drg ili" means "other illicit drugs", with 259 respondents to the variable "use" and 206 respondents for the variables "gender" and "age".
- (9) "Drg non espec." corresponds to "other unspecified drugs", with 259 respondents to the variable "use"; 28 respondents to the variables "gender" and "age".

The legal drugs were the most commonly used, with the tobacco in the first place, using 180 subjects (75,3%), followed by alcohol with 73 (37,8%) between 2009 and 2010. A significant part of the sample, 206 subjects (79,5%) reported having used illicit drug. Illicit drugs were categorized into solvent use (thinner, glue, launches fragrance), marijuana, cocaine, crack and unspecified illegal drugs.

Socio-demographic data (gender and age) of children and adolescents living on the

streets were compared between the types of drugs used (Table 2).

Among illicit drugs, crack use had the highest ratio, with 115 (44,4%), followed by cannabis and solvents, with 63 (24,3%) and 55 (21,2%), respectively, both sexes (Table 2). It should be noted that in the register of chips and drugs there were not mentioned used by 28 (10,8%) children and adolescents, of whom 22 (78,6%) were male, 6 (21,4%) females and 100% teenagers between 11 and 18 years old.

Among age groups, the largest share of children and adolescents in use of legal drugs (tobacco and alcohol) was the age group 15 to 18 years old, with 130 (72,2%) and 42 (57,5%) for tobacco and alcohol, respectively. The same age group was representative of all illicit drugs, with 109 (53,0%) and the crack 65 (56,5%).

Table 3 shows the distribution of the sample by vulnerability indicators of the study participants and found a small number

of children and adolescents living on the streets, drug users and risk conditions mostly: 36 wounds (21,6%), skin disease 19 (11,4%), toothache 16 (10,1%), respiratory symptoms 14 (8,6%), pregnancy 10 (13,7%), physical aggression report 9 (5,9%) and other diseases that have not been set 149 (68,3%).

Table 3. Indicators of vulnerabilities of children and adolescents in street situation, jun. 2009 - dec. 2010. (continues)

Vulnerability Indicators		n	%
Gestation (n=73)	Não	63	86,3%
	Sim	10	13,7%
Toothpain (n=159)	Não	143	89,9%
	Sim	16	10,1%
Respiratory symptoms (n=162)	Não	148	91,4%
	Sim	14	8,6%
Skin Disease (n=166)	Não	147	88,6%
	Sim	19	11,4%
Wound (n=167)	Não	131	78,4%
	Sim	36	21,6%
Malnourishment (n=13)	Não	11	84,6%
	Sim	2	15,4%
Epilepsy (n=154)	Não	152	98,7%
	Sim	2	1,3%
Psychiatric Disease (n=152)	Não	151	99,3%
	Sim	1	0,7%
Physical disability (n=158)	Não	155	98,1%
	Sim	3	1,9%
STD (n=158)	Não	153	96,8%
	Sim	5	3,2%
Reporto f physical aggression (n=153)	Não	144	94,1%
	Sim	9	5,9%
Tuberculosis (n=153)	Não	151	98,7%
	Sim	2	1,3%
Other diseases (n=218)	Não	69	31,7%
	Sim	149	68,3%

Source: Data of the Chip E.

DISCUSSION

By analyzing the results of this study, it is important to point out the complexity that surrounds the profile of children and adolescents living on the streets, of licit and illicit drug users.

It was found that the proportion of male participants, on the streets, in the center of the city of Sao Paulo was higher than the female. What corroborates other studies.^{3,12,14} The distribution of users by gender, similar to studies already available in the literature, to the discussion of the difference could relate to multiple factors, historical and social, involving the issue of gender.

In a study about the family situation of children in the streets observed that girls more negatively describe the family contexts than boys when there are problems, conflicts or abuse in the family

environment. Many families tend to be more protective towards girls and it is up to them the care of younger siblings. With that, they start to take up more time to housework, instead of being allowed to take to the streets with the boys, either for fun or business.³

In terms of age, the results from this study are similar to those described in the scientific literature,^{3,12,14} and 30% of participants were children between 11-14 years old, and about half was between 15 and 18 years age (Table 1). However, it is worth mentioning that a portion of children under 10 years of age was also found living on the streets, being vulnerable to the use of licit and illicit drugs among both sexes (Table 2).

Regarding the obtained data, it was found that most children and adolescents living on the street, between 11 and 18 years old, has made use of licit and some

illicit drug in life. Some studies show the close relationship between the variable age and use of illicit drugs in the last year, noting that illicit drug use is prevalent in the population of children and adolescents.^{3, 15-6}

According to the Statute of Children and Adolescents, Article 81^{17:48}, “the sale to children or adolescents of alcohol products is prohibited containing ingredients that can cause physical or psychic dependence even when used improperly.” In this sense, from legal principles, no child or adolescent should be exposed to drugs, whether legal or illegal, a fact contrary to the reality presented here.³

In this study, the licit drug most used in children and adolescents living on the street, between the years 2009 and 2010, was tobacco. Among the illegal drugs, the crack had the highest percentage of use index; marijuana ranked second, followed by solvents, similar data for both sexes and ages between 11 and 18 years old. The high prevalence of illicit drug use can be explained with the support of other studies reporting that the use of these types of drugs is higher among children and adolescents living on the streets.^{3,14}

For tobacco, the high prevalence found here points recognized risk to the health of adolescents and should be considered in the development of preventive strategies. Tobacco-related strategies have shown effectiveness in previous studies. We can cite the cohort study of 11.930 young adults (average age of 20), published in 2013, in which it showed the health consequences in the long term, such as lung cancer or cirrhosis, which seem far from happen to younger and has no impact on the immediate decisions of users. Therefore, focused campaigns in the attitudes of users toward their health could be better planned.¹⁸

Study conducted with adolescents in vulnerable homeless prostitution, drugs and HIV/AIDS in the city of Santo Andre, published in 2009, found that adolescents reported using multiple drugs daily (alcohol, tobacco, marijuana and crack), there at least two years, leaving the crack as the drug of choice and compulsive use (four or more stones per day), and the employee's sex trade money was used almost exclusively in crack use.¹⁹

In Brazil, children and adolescents on the streets started using crack in the late 1980s, especially in the South and Southeast regions of the country. There was an increase in consumption, as evidenced in surveys conducted in 1987, 1989, 1993, 1997 and 2003. The increase in crack use is found in various texts of national literature.⁸⁻¹⁰

By owning a low price, the crack has become accessible to low-income populations. The rise of drug use and trafficking has been occurring for a long time, but the use of crack has become the biggest problem, both for consumption, as for trafficking. The municipality of São Paulo, for being the first where he registered the crack presence and possess a region already known for the sale and use of the drug, with a whole informal network services and people articulated in activities, have the problem of crack cocaine use expanded.⁸ Many children, adolescents and adults began to hit the streets of downtown São Paulo to consume and market the drug, causing social upheaval and media repression.

Crack users mostly make use of multiple drugs with early onset use of illegal drugs. People with a family history of addiction or drug abuse (particularly alcohol) are more likely to consume crack. However, a study that used statistical methods to associate variables to crack consumption, interestingly, found that people who had family members with problems associated with crack cocaine use, were less likely to use the substance, since experienced severe consequences of use.²⁰

In another study, referring to the National Survey conducted in 27 cities of Brazil, at 2004,¹⁴ was identified that, in the case of children and adolescents living on the streets, alcohol and solvents were first among legal and illegal drugs more used, both for experimentation and for use in the last year and the month use; marijuana ranked second. This study may suggest a change in this framework, since the prevalence found here were different.

In Latin America, studies have shown that alcohol is the substance most commonly used by adolescents, and the highest rates in males. In addition to alcohol and tobacco, other drugs were prevalent, as the use of solvents and drugs, drugs used in some developed countries.^{1-2,21}

A drug that reached the second highest

percentage of illicit drug use among survey participants was marijuana, as explained above. Research conducted by the United Nations on Drugs and Crime (UNODC), with launch in Vienna at the World Drug Report 2013 points out that cannabis continues to be the illegal substance most commonly used by the general population. While the use of cannabis has clearly decreased among young people in Europe during the last decade there has been a small increase in the prevalence of cannabis users (180 million, or 3,9% of the population between 15 and 64 years old), compared with the previous estimates in 2009.²²

Studies conducted in the US find evidence of a strong association between crack use and sex for drugs or money transactions. This type of trading has meant that the demand for treatment by crack users, increased in recent years. Despite the growing consumption of crack indications, few studies have been developed to understand the potentially compromising use.²³

In a recent survey, it seems clear the increased use of the substance in Brazil, especially Sao Paulo and Rio de Janeiro. The growth of crack use is more evident in São Paulo than in other cities, with important differences in the prevalence of use of this drug and its administration forms in different.²³

Regarding the pattern usage, most people use the drug on a daily basis and in an amount sufficient to consider users 'hard' crack. Furthermore, the use of crack pattern in individuals outside of any type of treatment is greater than on treatment (independent of the methodology employed care).⁹

As an aggravating factor when came crack and cocaine use, studies show how frequent psychiatric comorbidities diagnosed in crack users subjects, and multiple drugs, especially the reporting of suicide attempts, particularly among female crack users. There have also been episodes of overdose, disease association of the circulatory and respiratory tract resulting from the use of substances.^{3, 24-6}

The health status of individuals is exacerbated, particularly as a result of unprotected sexual intercourse and resulting in a high number of contaminations by sexually transmitted diseases and teenage pregnancies. One study shows the

data that 70% of the studied crack users have experienced sexual abuse at some point in life. Another study conducted in Sao Paulo highlighted cases of children and adolescents living on the street and suffer sexual violence every day, including no reports of violence by police officers, as well as individuals who end up relating and working for people who run clients for prostitution.^{23,27-8}

Regarding the vulnerability of children and adolescents living on the streets, little is discussed in the literature today. Studies with the focus about the use of illicit drugs by children and adolescents are relevant, since it is widely spread that adolescence is a period of transition, both physical and emotional, making these vulnerable stages in relation to drugs, due the adverse conditions presented, such as the influence of the group of friends, search for the unknown, curiosity, escape from the difficulties contradiction of the values established by the family, among others.²⁹

This reality reinforces the importance of new educational practices that are capable of making teenagers protagonists of social change and who can alone detect and resolve biopsychosocial problems related to alcohol and other drugs.³⁰

Studies have concluded that the sociodemographic profile of crack users suffered slight changes over the last 30 years, and the use is still compulsive, with significant physical impairment, moral and social user.¹⁰

CONCLUSION

Through the data from this study, as well as studies found in the literature, we conclude that the use of drugs, especially tobacco and crack is common in adolescents (aged 11-18 years old) on the streets of both sexes. Most associations do drugs, exposing them to further risks.

Because the crack was found to illicit drug of greatest consumption among individuals of the research, it is necessary to consider together, the implications associated with their use, which is an important public health problem due to the severity of the problems associated with abuse, necessitating the development of intervention projects and public treatment policies, as well as back-office services for harm reduction and relapse prevention.

In the case of teenagers on the streets it is vital to have a set of people and services to welcome and support the changes compared to typical development of this population. It's a big challenge, especially, the absence of the family, but the obstacles to be overcome are even greater.

It is suggested that future epidemiological studies with a larger, longitudinal character sample are made, in order to evaluate the possible causal associations between the data reported here and those expressed in the scientific literature regarding the socio-demographic profile of children and adolescents in situations of street crack and other substances, since the use of cross-sectional data do not allow conclusions about causality and temporal relations.

Finally, it is of paramount importance to union sectors such as education, social welfare, public safety and health, as well as the third sector initiatives so that interventions are indeed effective.

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