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PROFILE OF ADOLESCENTS AND VULNERABILITY FOR THE USE OF ALCOHOL AND OTHER DRUGS

PERFIL DE ADOLESCENTES E VULNERABILIDADE PARA O USO DE ÁLCOOL E OUTRAS DROGAS

PERFIL DE ADOLESCENTES Y VULNERABILIDAD PARA EL USO DE ALCOHOL Y OTRAS DROGAS

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ABSTRACT

Objective: to characterize the profile of adolescents and vulnerability to the use of alcohol and other drugs. ***Method:*** descriptive, exploratory, cross - sectional study with a probabilistic sample of 240 adolescents from municipal schools. The collection took place through a questionnaire for the sociodemographic characterization, life habits and situations of vulnerability. The analysis took place through descriptive statistics. ***Results:*** median age of 13 years and predominance of males (52.9%). In this sample, 29.2% reported drug use in life, with alcohol being the most consumed (28.3%), followed by marijuana (8.7%) and tobacco (7.1%). ***Conclusion:*** knowing the factors that can influence the use of alcohol and other drugs in specific populations contribute to realistic projects with the potential to, positively, impact the school environment. ***Descriptors***: Street Drugs; Bebidas Alcohólicas; Adolescent; Health Education; School Health.

RESUMO

***Objetivo*:** caracterizar o perfil de adolescentes e vulnerabilidade para o uso de álcool e outras drogas. ***Método*:** estudo descritivo, exploratório, transversal, realizado com uma amostra probabilística de 240 adolescentes de escolas municipais. A coleta ocorreu por meio de um questionário para a caracterização sociodemográfica, hábitos de vida e situações de vulnerabilidade. A análise ocorreu por meio de estatísticas descritivas. ***Resultados*:** idade mediana de 13 anos e predominância do sexo masculino (52,9%). Nessa amostra, 29,2% referiram o uso de droga na vida, sendo o álcool o de maior consumo (28,3%), seguido pela maconha (8,7%) e tabaco (7,1%). ***Conclusão*:** conhecer os fatores que podem influenciar o uso de álcool e outras drogas em populações específicas contribui para projetos realísticos e com potencial para impactar, de forma positiva, o ambiente escolar. ***Descritores*:** Drogas Ilícitas; Bebidas Alcooólicas; Adolescente; Educação em Saúde; Saúde Escolar.

RESUMEN

Objetivo: caracterizar el perfil de adolescentes y vulnerabilidad para el uso de alcohol y otras drogas. ***Método:*** estudio descriptivo, exploratorio, transversal, realizado con una muestra probabilística de 240 adolescentes de escuelas municipales. La recolección ocurrió por medio de un cuestionario para la caracterización sociodemográfica, hábitos de vida y situaciones de vulnerabilidad. El análisis se llevó a cabo mediante estadísticas descriptivas. ***Resultados:*** edad mediana de 13 años y predominio del sexo masculino (52,9%). En esa muestra, 29,2% refirió el uso de droga en la vida, siendo el alcohol la de mayor consumo (28,3%), seguido por la marihuana (8,7%) y tabaco (7,1%). ***Conclusión:*** conocer los factores que pueden influenciar el uso de alcohol y otras drogas en poblaciones específicas contribuy para proyectos realistas y con potencial para impactar, de forma positiva, en el ambiente escolar. ***Descriptores***: Drogas Ilícitas; Alcoholic Beverages; Adolescente; Educación en Salud; Salud Escolar.

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INTRODUCTION

Adolescence is characterized by a period of transition in which the individual is surprised by discoveries about himself and the world.[1] In this period, considered one of the most complex phases of human life, the individual seeks to adapt to the impulses caused by puberty, a biological event Responsible for morphological and physiological transformations. In the midst of this change, the adolescent is often pressured to take behaviors and make decisions imposed by his social environment, but, in such situations, faced with difficulties in responding to what is imposed, he assumes attitudes and risks towards To oppose social conventions.[2]

The World Health Organization delimits adolescence between the period of ten and 19 years chronologically, but, this age group may vary, depending on the country. In Brazil, through Law 8.069 of 1990, the Child and Adolescent Statute (CHS) defines adolescence as the age group of 12 to 18 years of age.[3]

The phenomenon of the use and abuse of alcohol and other drugs is considered a global public health problem, as it affects different dimensions of the user's life, generating impacts on his family and society. Global drug abuse costs are estimated to total US$ 200 to US$ 250 billion, or 0.3% to 0.4% of global GDP.[4]

Accidental and intentional deaths, associated with the use of alcohol and other drugs, represent one of the leading avoidable causes of death for the population aged 15-24 years. School dropout and failure, delinquency, teenage pregnancy, and depression all point to other consequences related to drug use. There is already a consensus that there is a significant impact on the morbidity and mortality of adolescents worldwide.5

Substance use, during adolescence, has been associated with changes in brain structure, function and neurocognition, as well as numerous negative repercussions in the social field. Negative health outcomes can be prevented through interventions that reduce risk factors and increase protective factors.[5-6]

The National Institute of Drug Abuse (NIDA), an American institute that conducts research on alcohol and other drugs in its 2010 report, pointed to several factors that may improve or reduce a teen's risk of starting or maintaining drug use. These factors include exposure, socioeconomic factors, family relationships, and group influence. In this way, the NIDA recommends directing strategies that increase protection factors, through family, school and community prevention programs.[7]

The school is considered one of the main places for the practice of prevention interventions, since it is one of the places where the adolescent remains bound for considerable time and lives in society. In a study carried out with educators by Moreira, Vvio, and Micheli (2015), these point out some factors that make it difficult to practice drug prevention actions. Among them, that focus on individual and collective issues associated with professionals and students. One point to be considered is the lack of capacity for action development, the understanding that the human being coexists with the use of drugs as a component of the culture between different peoples and regions, the clear notion that the adolescent is a vulnerable being, and Understanding of the political and social dimension of the harm reduction policy.[8]

These factors show the importance of (re-) knowing situations of vulnerability, but, this can only be achieved by studying the profile of the individuals to be addressed. Given the above, we consider that, for the development of educational actions to confront the use and abuse of alcohol and other drugs, a previous study on the profile of adolescents is necessary. In this way, it is possible to direct the actions to the real demands to be addressed.

OBJECTIVE

- To characterize the profile of adolescents and vulnerability to the use of alcohol and other drugs.

MÉTHOD

Cross-sectional, exploratory, descriptive study carried out in the city of Belo Horizonte, Minas Gerais, Brazil. The municipality is subdivided in nine administrative units, being: Barreiro; South Center; East; Northeast; Northwest; North; West; New sale. The study was carried out with adolescents enrolled in nine schools of the municipal education network, one belonging to each subdistrict. The choice of these schools was made by members of the group of studies on alcohol and other drugs of the Belo Horizonte Municipal Education Department (MED - BH), that used, as criteria, the schools with professionals who were mostly tenured employees whose time remaining for retirement was higher and had a lower percentage of absenteeism, as this would favor the stage of implementation of the future project to be developed.

The population eligible for the survey was formed by adolescents from ten to 19 years of age, enrolled in the 7th and 8th year of regular education and in the Youth and Adult Education (YAE) program of the selected schools, who consented to participate in the research and, in the case Of those under 18 years of age, who also obtained the authorization of the legal guardian.

Sampling was probabilistic, stratified and proportional. For sample calculation, we considered an expected frequency of 60% for alcohol use (event of highest occurrence) .9 The minimum sample calculated was 239 students, a Confidence Interval of 90% and a Sample Error of 5%. At this amount, we added 20%, considering losses and/or refusals, totalizing a sample of 287 students.

The data collection instrument consisted of a self-administered structured questionnaire, containing variables grouped into three blocks, according to socioeconomic and demographic characteristics, behavioral data and referring to vulnerability and health situation.

Block 1, with variables related to socioeconomic and demographic characteristics: age; sex; color (white / black / brown); with whom they reside (father and mother / only with father / only with mother / only with grandparents / others); living in the house; if they have children; if they work and if the family covered by the Family Welfare program.

Block 2 comprised the variables related to emotional and behavioral data: emotional situation (happy / anxious / nervous / sad / worried / lonely / other); frequently practiced activities (cell phone or smartphone / television / sports practice / friends / reading / studying / computer use / play / travel); sports practice; if those responsible have already been notified by the school due to bad behavior. In the variables related to the emotional situation and to the activities they do most frequently, they were asked to mark, at most, three options.

The variables of Block 3 were related to the health situation and vulnerabilities to alcohol and other drugs: existence of illness or other health problem; smoker at home; illicit drug user at home; point of sale of illicit drug near the (Alcohol / marijuana / tobacco / poppers / LSD / ecstasy / cola / crack/thinner). It is also important to know that the drug is a drug that has been used for a long time.

Data was collected; from September to November of 2016. at the school premises. In order to reduce potential information biases, the application of the instruments was previously scheduled and carried out with all the students concomitantly. Thus preventing them from feeling coerced into answering a question and being identified, even though anonymity was guaranteed.

For the elaboration of the database and later analysis, the statistical programs EpiInfo ™ 7.2 and Data Analysis Statistical Software (STATA 12.0) were used. Data analysis was performed using descriptive statistics with mean, median and standard deviations for continuous variables and absolute and relative frequency for categorical variables.

The project was approved by the Research Ethics Committee of the Federal University of Minas Gerais under Opinion No. 37574914.3.0000.5149.

RESULTS

240 adolescents participated in the study, with a loss of 16%. The participants' ages comprised 12 and 19 years (mean of 13.2 years, median of 13 and standard deviation of ± 2.1 years). The number of residents in the residence ranged from two to 13 (mean of 4.75, median of 4 and standard deviation of ± 1.9 residents). As for the categorical data, there was a predominance of males (52.9%), mailnly self-reported brown (53.3%), father and mother (47.9%), no children (99.2%), (94.2%) and not covered by the Bolsa Família program (79.2%). In table 1, we present the complete description of the variables, with absolute and relative frequencies:

Table 1. Distribution of the frequency of suspended surgeries for reasons related to the patient. Recife (PE), Brazil, 2016. (n = 240).

Variables		n	%
Sex	Female	113	47.1
	Male	127	52.9
Color	White	55	22.9
	Brown	128	53.3
	Black	57	23.8
Who do you live with	Father and mother	115	47.9
	Only with mother	96	40
	Only with dad	10	4.2
	Only with grandparents	10	4.2
	Other (uncles, cousins)	9	3.7
Children	No	238	99.2
	Yes	2	0.8
works	No	226	94.2
	Yes	14	5.8
Family Welfare	No	190	79.2
	Yes	50	20.8

As to the emotional characteristics, life habits and school behavior of adolescents, table 2 shows that most people consider themselves to be happy (82.1%), who practice some form of sports (63.7%), having (63.7%), and that those responsible were not notified by the school due to bad behavior (61.7%).

Table 2. Emotional characterization, behavioral and behavioral habits of 7th, 8th grade and EJA school adolescents from nine municipal schools. Belo Horizonte, MG, Brazil, 2016. (n = 240).

Variables		n	%
Do you consider yourself a person?	Happy	197	82.1
	Anxious	37	15.4
	Nervous	26	11.7
	Sad	14	5.8
	Worried	10	4.2
	Lonely	8	3.3
	Other	8	3.3
Sport suit	No	87	36.3
	Yes	153	63.7
Frequent Activitiesa	Cell Phone / Smartphone	153	63.7
	Watch television	145	60.4
	Play sports	82	32.4
	Going out with friends	76	31.7
	Read	59	24.6
	To study	61	25.4
	Computer	55	22.9
	Play	49	20.4
	Travel	7	2.9
Notification of bad behavior	No	148	61.7
	Yes	92	38.3

[a] Each participant could mark up to three options.

Table 3, shows the variables related to vulnerability to substance use and other health related issues. It is noticed that alcohol (28.3%) was referred to as the substance of greater use.

Table 3. Characterization of health situations and vulnerabilities for the use of alcohol and other drugs of school adolescents of the 7th, 8th grade and EJA of nine municipal schools. Belo Horizonte, MG, Brazil, 2017. (n = 240).

Variables		n	%
Illness or health problem	No	194	80.8
	Yes	46	19.2
Smoker at home	No	155	64.6
	Yes	85	35.4
Illicit drug user at home	No	224	93.3
	Yes	16	6.7
Point of sale of illicit drug close to home	No	142	59.2
	Yes	98	40.8
Drug use at least once in life	No	170	70.8
	Yes	70	29.2
Drug they used[a]	Alcohol	68	28.3
	Marijuana	51	8.7
	Tobacco	17	7.1
	Loló	7	2.9
	Cocaine	6	2.5
	LSD	6	2.5
	Ecstasy	3	1.2
	Paste	1	0.4
	Other	2	0.8

[a] No student refered to use of crack, thinner and heroin.

DISCUSSION

Adolescence marks a period of rapid development between childhood and adulthood, involving complex social, biological and psychological changes.[6] During this period, this group is exposed to numerous situations of vulnerability to the use of psychoactive substances, either to soften Conflict situations or to feel accepted in the groups with which they identified.[10]

The family is considered a protective and risk factor for the use of alcohol and other drugs. The first one, when relationships are established in a healthy way, the dialogue and affection permeate the family environment, and the second, when the family exposes the adolescent to situations Violence or drug use.[10]

Nowadays people live a moment of plurality in the family settings, in which children are raised by single parents, grandparents, uncles, homoaffective couples, among others. This study revealed the traditional configuration of adolescents raised with father and mother (47.9%), however, when elaborating educational actions, we should turn our eyes to those who are raised in families with other configurations, which corresponds to little more than half of the study sample. Regardless of the family configuration, respect and affection among adolescents and family, should be promoted so that the family plays its protective role.

During adolescence, oscillations in the emotional state, feelings of sadness, revolt, and depression are common. Such feelings make adolescents vulnerable because they may find in the drug effects that 'mask' conflicting situations, internal or social.[11] In this sample, 82,1% consider themselves happy people, such feeling is considered a protective factor, but, 11.7% identify themselves as nervous people, which can be a decisive factor for drug use, along with sadness and other negative feelings. Interventions that promote psychosocial well-being are necessary to reduce the effects of these feelings, with the positive ones predominating.

The practice of sports is conveyed, in several national and international campaigns, as a protective factor for the use of drugs. During these activities, the adolescent has the opportunity to develop his skills and feel belonging to a group. In this sample, 63.7% reported practicing some kind of sport, making it necessary, whenever possible, to stimulate sports during interventions on drug use.[12]

With the rapid and intense technological evolution, the use of cell phones / smartphones became a widely accessible activity, this translates into the sample, when we realized that 63.7% indicated the use of these devices as a more frequent activity in daily life . Such a result leads us to (re) think about the role of technology in adolescents' lives and to devise strategies that include these devices in prevention programs.

Problems, such as low performance and behavior at school, are often associated with adversities that the adolescent experiences within the family.[13] In this sample, 38.3% reported having knowledge that the person responsible was already called to school due to a problem of behavior considered inappropriate in the school environment. Adolescents, in this situation, may be more vulnerable to drug use, making it necessary to investigate their family situation so that potential causes of behavior are worked out to prevent these adolescents from seeking 'refuge' in drugs.[14]

In table 3, where the variables related to vulnerability situations are listed, it was found that over a quarter of the sample live with smokers (35.4%) and live near illicit drug sales outlets (40.8%) an, still, 6.7% live with illicit drug users at home. These results point to an important situation of vulnerability, since access, use in the family environment and inherent vulnerability to adolescence are already factors that facilitate the involvement with alcohol and drugs.[15]

In the sample of this study, 29.2% referred to the use of some type of drug throughout the life, among them, alcohol first appears, with 28.3%. This result corroborates with surveys in which alcohol was pointed out as the drug of greatest consumption among schoolchildren[6], since it is a licit and easily accessible drug. The prevention of the use and abuse of licit drugs is a challenge in Brazil. The public policies for the area are not clear to the population. There are laws on restrictions on the use of alcohol associated with the direction of vehicles and minimum age limit for the purchase of alcoholic beverages, but at the same time, the advertising of these products allows its Exposure in different media vehicles, supervision of the sale of alcoholic beverages to adolescents is inefficient and product taxation is questionable.[14]

It is important to highlight that, after alcohol, the drug with the highest consumption was marijuana, with 8.7%. It is an illicit drug whose legalization is frequently discussed in several countries, including,

Brazil. For some authors, marijuana is the main first-use drug among adolescents. The results of this study highlight the immediate need for interventions that educate children and adolescents about the risks of use.[11]

Tobacco was used, at least once in life, for 7.1% of the sample, remaining behind marijuana and diverging from previous studies, showing tobacco as the second most commonly used drug.[9] This result can be seen as a result of policies and programs that restrict advertising and use in public places. The use of other drugs had a percentage below 4%, but, can not be considered less important, and should be part of the scope of an intervention program, since there is a risk that these drugs will be presented to adolescents in situations of vulnerability.

CONCLUSION

Strategies that promote the prevention of the use and abuse of alcohol and other drugs are necessary to make the population aware of the harm caused by this practice. In the case of adolescents, whose vulnerabilities are often inherent to this transition phase, it is necessary to intervene in a focal way, with a view to the real demands they present and using language and media that are attractive to young people, elaborated and validated by Groups with experience in the area.

It was possible to identify protective factors that can be explored in the design of intervention projects and prevention of problematic drug use. Knowing the factors that can favor the use in specific populations also contribute to realistic projects with the potential, to positively impact, the school environment. It is the responsibility of health professionals, educators and family members to analyze and elaborate strategies according to the profile of adolescents, considering their context and ways of life.

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