

Problems related to the use of alcohol and other drugs among students of a Municipal School in Uberaba – a pilot study

Problemas relacionados ao uso de álcool e outras drogas entre alunos de uma Escola Municipal de Uberaba – um estudo piloto*

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Abstract: *Context:* The consumption of alcohol by adolescents has increased in the last few years, considered a public health issue, reason for studies and society's involvement in the search of preventive solutions. *Objective:* To evaluate the risks of problems related to the use of alcohol and other drugs among students from 6th to 9th grade of an elementary education public school. *Methods:* The sample was defined by the non-probability sampling criterion, with participation of 55 adolescents. The data were collected through the application of the *Drug Use Screening Inventory - DUSI*, which is composed of 149 questions divided into 10 areas. *Results:* There is no difference between genders in the general intensity of problems. The areas with highest risk of problems refer to familiar system and leisure/recreation. The 10-year-old subjects present the lowest risk of problems, compared to the group's general average in relation to the older subjects. The analysis of the density averages has shown that boys and girls present similar results in most areas. *Conclusion:* There is need of investment in healthy and appropriate leisure/recreation, once this is the area of highest risk of problems associated to the use of alcohol and other drugs.

KEYWORDS: Substance abuse detection; Risk factors; Adolescent.

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RESUMO: *Contexto:* O consumo de álcool e outras drogas por adolescentes têm crescido nos últimos anos, considerado um problema de saúde pública, razão para estudos e envolvimento da sociedade na busca de soluções preventivas. *Objetivo:* Avaliar o risco de problemas relacionados ao uso de álcool e outras drogas entre estudantes do 6º ao 9º ano de uma escola pública do ensino fundamental. *Métodos:* A amostra foi definida pelo critério de amostragem não probabilístico, com participação de 55 adolescentes. Os dados foram obtidos mediante a aplicação do inventário DUSI - *Drug Use Screening Inventory*, que é composto por 149 questões divididas em 10 áreas. *Resultados:* Não há diferença entre sexo na intensidade geral de problemas. As áreas com maior risco de problemas referem-se ao sistema familiar e ao lazer/recreação. Os sujeitos de 10 anos apresentam risco menor de problemas, comparados à média geral do grupo em relação aos sujeitos mais velhos. A análise das médias da densidade mostrou que meninos e meninas apresentam resultados semelhantes na maioria das áreas. *Conclusão:* Há necessidade de investimentos em lazer/recreação saudáveis e adequados, visto essa ser a área de maior risco para problemas associados ao uso de álcool e outras drogas.

DESCRITORES: Detecção do abuso de substâncias; Fatores de risco; Adolescente.

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INTRODUCTION

The adolescence is the phase of human growth and development that is characterized by major physical, psychic, social and emotional changes and, according to some authors, extends from 10 to 20 years of age. It is a phase that, despite the conflicts, becomes important for marking the passage from the protection in childhood to the exposition in adult life¹. It is during this phase, complex under social and psychological point of view, with changes to the individual's several areas besides the physical one, that there is great search for new experiences, allied to behaviors of impulsivity, anxiety, insecurity, dissatisfaction and aggressiveness².

The consumption of alcohol and other drugs by adolescents has increased in the last few years, being considered a public health issue, reason for studies and involvement of various society segments in the search of preventive solutions and care to this population³. Epidemiological surveys on the consumption of alcohol and other drugs among youths around the world and in Brazil have shown that it is during the passage from childhood to adolescence that this use starts³⁻⁴. In general, this use starts by experimenting with illicit drugs, as alcohol and tobacco within their family environment, and a transition to other types of drugs is possible, notably the illicit ones, as a way of increasing their pleasure, searching for other emotions or running away from their problems⁴⁻⁶.

The use of drugs in the adolescence may be understood as a behavior connected with the characteristic of experimentation of this phase of life, with the several physical and emotional changes and with need of belonging to a friendship group, essentially linked to several psychic operations acting on this phase⁷. It implies that, along with all transformer and questioning potency characteristic of this phase of life, in which the adolescent seeks his/her personal affirmation before his/her social and cultural environment, the use of drugs may turn into a more frequent behavior, and it may lead the adolescent to face problems in the performance of his/her activities in several spheres of life, as school, family, leisure, among others, related to the use of such drugs. These problems may also be more frequent when these subjects are more vulnerable to factors that may represent higher risk for the use and abuse of drugs⁷.

In face of the above, the objective of this study was to evaluate the prevalence of the use and of problems related to the use of alcohol and other drugs among students from 6th to 9th grade of an elementary education public school in Uberaba - MG.

METHODS

It is a cross-sectional study of quantitative approach. The quantitative approach is characterized by use of quantification, both in the modalities of information collection and in its treatment via statistical techniques⁸. The cross-sectional study is a direct observation of certain quantity of people on a single opportunity, and this quantity is previously planned⁸.

The data collection was performed within a municipal school in Uberaba, after authorization from the Municipal Secretariat of Education and agreement from the school's principal. This school had, at the time of data collection, the highest number of enrolled students among municipal schools, with around 1600 students, receiving children and adolescents from several boroughs of the city's outskirts, considered in social vulnerability. The collection was performed in May 2013, and started after the signing of the Free Prior Informed Consent (FPIC) by the participants' parents or by the responsible for them.

The sample was defined by the criterion of non-probability sampling of typical cases⁹, submitted to participation of students from a municipal school of the elementary education second cycle, being composed of 55 adolescents. One selected a municipal school with the highest number of enrolled students, allowing greater obtainment of subjects. In this school, one selected the classrooms from 6th to 9th grade with the highest number of students enrolled in the morning and afternoon classes, which receive students between 10 and 15 years of age.

The subjects inclusion criteria for participation in this research were: to be an elementary education municipal school student; be between 10 and 15 years of age; be enrolled in 5th [sic] to 9th grades and have authorization from the people legally responsible for them, via FPIC signing. The exclusion criteria were those which did not applied to the inclusion ones; or if the subject requested his/her exclusion.

The data were obtained via the *Drug Use Screening Inventory* - DUSI application. The DUSI was developed originally in the USA in a quick response to the practical and objective need of a questionnaire that evaluated, in a fast and efficient way, the problems associated to the use of alcohol and/or drugs by the adolescents. In Brazil, it was adjusted and validated by researchers from Universidade Federal de São Paulo [Federal University of São Paulo] for it to be used with the youth population¹⁰.

The DUSI is composed of 149 single application questions divided into 10 areas, providing a problems

intensity profile in relation to (1) use of substance; (2) behavior; (3) health; (4) psychiatric disorders; (5) sociability; (6) familiar system; (7) school; (8) work; (9) relationship with friends and (10) leisure/recreation. The questions are answered with “Yes” or “No”, and the affirmative questions are equivalent to problems presence. Besides the 10 mentioned areas, the DUSI has a “Lie Scale”, composed of 10 questions, one at the end of each area, which were added aiming at verifying the existence of possible invalid questionnaires.

The development of this study followed all ethical rules that guide the works involving human beings, and it was approved by the Ethics in Research Committee of the Universidade Federal do Triângulo Mineiro – UFTM, under the number 2439/2013.

RESULTS

The school pedagogic coordination has invited a total amount of 144 students to participate in the research, and only 59 out of these had the FPIC signed by the responsible for them and were able to answer the questionnaire. Four questionnaires were excluded from the 59 questionnaires answered because they have not met the age inclusion criterion, being the sample composed of 55 adolescents.

The 55 questionnaires were submitted to statistical analysis and to the lie test proposed by the DUSI. To verify the frequency circumstantial differences of the results according to the lie test, one performed the Fisher’s exact test. This procedure is necessary because it may indicate that significant circumstantial differences in the dependent variables derive from real differences between the results. It was a one-tailed test and one followed Hollander and Wolfe’s specifications¹¹.

It was verified that, according to the Lie Test, 19 younger students’ questionnaires (34.55%) were considered invalid. Fisher’s exact test has shown that the older students are more in the truth group; that there is no difference in being male or female in relation to the lie test’s results, being considered invalid 33% of the girls’ questionnaires and 36% of the boys’ questionnaires.

Thus, one analyzed 36 students’ questionnaires (DUSI), being 22 females and 14 males, enrolled in a 6th to 9th grade municipal school of the elementary education in Uberaba - MG.

DSUSI’s analysis shows, in percentage, in which areas the adolescents are more susceptible to have problems related to the use of alcohol and other drugs, distributed in densities. DSUSI’s absolute density reflects the intensity of problems in each area singly; the relative

density reflects the percentage contribution of each area in the total of problems, and the global density characterizes the general intensity of problems, which was of 32.7% in this study. Table 1 presents the results of the absolute and relative densities.

Table 1 – Absolute and Relative Densities Average of each DSUSI’s area by gender

	Absolute density %	Relative density %
Use of substances	34,9	10,5
Behavior	33,1	9,9
Health	35,0	10,5
Psychiatric disorders	30,3	9,0
Sociability	36,7	11,3
Familiar system	43,7	13,1
School	24,9	7,7
Work	3,6	1,0
Relationship with friends	35,7	10,8
Leisure/recreation	52,5	16,2

The areas that present the highest percentage of problems refer to familiar system and leisure/recreation, and the lowest value is observed in the work area. In the same way, one notes the relative density highest percentage in leisure/recreation area and the lowest one in the work area.

Regarding the global density, the analysis demonstrated that being male or female does not influence with the general intensity of the problems, there being 31.8% for girls and 34.0% for boys, in average.

It can be observed that the 10-year-old subjects present a lower risk of problems related to the use of alcohol and other drugs, compared to the group’s general average and in relation to the older subjects, although, among the subjects, the 11-old-year group has presented global density higher than the 12-year-old subjects.

Table 2 presents the results of the global density average by participants’ age group.

Table 2 – Global density average by participants’ age group.

Age	Global density %
10	26,1
11	34,0
12	28,7
13	33,9
14	34,1
15	34,2

The analysis of the absolute density averages of the ten DSUSI’s areas in relation to the subjects’ gender has

shown that boys and girls present similar results in almost all areas. The areas that present the highest difference between the genders were ‘psychiatric disorders’ and ‘sociability’. Mann-Whitney test shows that boys have higher prevalence of psychiatric disorders when using drugs (area 04 $p=0.28$), and girls have higher loss in relation to sociability (area 05 $p=0.038$).

Likewise, the analysis of the relative density averages of the ten DSUSI’s areas in relation to the subjects’ gender has shown similarities in the results of boys and girls, according to Table 3, and one obtains the lowest relative density in the work area and the highest relative density in the leisure/recreation area. Such results evidence that in all areas the use of drugs

contributes similarly to the intensity of problems that these adolescents may have. By comparing these results by the subject’s gender, Mann-Whitney test shows differences in the intensity of the problems in area 5, being higher for girls ($p=0.006$), and higher for the boys ($p=0.40$) in area 08.

In relation to the work area, one hypothesis for this percentage could be that, although this age group is still outside the formal labor market, maybe the boys, in our culture, tend to be more concerned about being productive. Regarding sociability, the use of drugs for this youth group seems to influence girls more, who tend to isolate themselves and stay away from the friends circle.

Table 3 – Percentage average of absolute and relative densities by gender

Densities/ Gender	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10
daF	31,8	33,2	37,3	26,8	39,3	46,1	22,5	1,8	35	48,9
daM	39,8	32,9	31,4	35,7	32,7	39,8	28,6	6,4	35,7	58,3
drF	9,7	10,0	11,3	8,2	12,3	14,2	7,3	0,5	11,1	15,3
drM	11,6	9,9	9,2	10,3	9,6	11,4	8,3	1,8	10,2	17,7

Footnote: daF = Female Absolute Density; daM = Male Absolute Density; drF = Female Relative Density; drM = Male Relative Density.

The results presented in Table 4 evidence that the problems due to the use of alcohol and other drugs (area 1) raise as the age increases; the risk is null at 10 years of age, increases in the adolescence and reaches 57.1% at 15 years of age. We also can verify that, in area 8, the risk of problems at work associated to the use of drugs are low; and that the problems in the familiar system associated

to the use of drugs (area 6) are present in all age groups, raising as the age increases.

It is worth mentioning that the results obtained in the leisure/recreation area, with high values for all ages, reveal high risk of problems associated to the use of alcohol and other drugs in relation to these adolescents’ leisure/recreation.

Table 4 – Absolute Density Average of each DUSI’s area by gender

Age	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10
10	0,0	41,0	32,0	33,0	25,7	30,0	23,0	2,0	24,3	41,7
11	1,8	33,8	55,0	40,0	50,0	46,4	32,5	5,0	33,9	41,7
12	35,7	25,0	25,0	22,5	17,9	53,6	30,0	0,0	28,6	50,0
13	33,3	35,8	41,7	29,2	44,0	47,6	20,8	1,7	39,3	51,4
14	50,4	31,3	31,9	29,7	36,6	42,0	25,9	3,8	38,8	56,8
15	57,1	28,3	23,3	23,3	35,7	57,1	16,7	10,0	38,1	66,7

The analysis of the relative density by DUSI’s area has shown that the areas that contribute the most to the total of problems related to the use of alcohol and other drugs are substance use, familiar system and leisure/recreation, and one emphasizes that the increase of contribution is according to

the age increase in the substances use area, and the highest percentage is in leisure/recreation area, being the contribution of this area higher than the use of drugs itself. The low densities in the school and work areas are highlighted, and the results were expected due to the sample age.

Table 5 – Relative Density Average of each DSUSI’s area by gender

Age	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10
10	0,0	16,2	12,9	13,2	10,3	11,4	9,2	0,7	10,4	15,8
11	0,6	10,4	16,5	11,2	14,5	13,5	9,5	1,3	10,1	12,5
12	10,0	7,0	7,9	8,1	8,1	18,1	13,4	0,0	9,5	18,0
13	10,4	9,6	12,0	7,8	12,9	13,7	5,6	0,6	11,2	16,1
14	15,2	8,7	8,7	8,3	10,8	12,1	7,4	1,0	11,2	16,6
15	16,0	7,9	6,5	6,4	10,1	16,2	4,6	2,8	10,6	18,9

DISCUSSION

In the ten areas explored by the tool applied on the subjects, the ones that drew attention by the highest risk of problems were related to familiar system (43.7%) and leisure/recreation (52.5%).

Considering these results, one can notice there are problems in the relation between the adolescent and the family that participate in the research, what results in risk for use of other drugs.

The family still represents a privileged environment for the education improvement. Even if the adolescent starts spending more time in other environments, like schools, clubs and shopping malls, it is within the family that the moral values and the standards of conduct are acquired. The other environments may influence the adolescence only when these moral values are not properly acquired throughout the childhood¹².

Studies show that children whose parents are more attentive to their activities present lower involvement with alcohol and drugs¹³. The healthy family relationship since the child is born act as protection factor for the whole life and, particularly, for the adolescent. However, problems faced during the adolescence, seeded in the childhood, have a context of occurrence much more amplified.

The area related to leisure/recreation represents the one with highest risk of problems related to the use of alcohol and drugs. The leisure is considered as something relevant for people’s lives, being directly connected to a matter of health. Leisure involves a set of activities which the individual performs with pleasure, aiming at personal satisfaction, rest, amusement, spontaneous social participation, expressing, thus, the culture of a group or society¹⁴.

Offering leisure alternatives to the adolescents is a relevant strategy for the use of drugs prevention, once the physical activities and the participation in extracurricular activities are considered as important resources in this

context. Similarly, attractive ways of occupying the free time may work as protection factors in the adolescence. Besides, the investment in cultural activities and sports may influence the physical and emotional development of adolescents, the school performance improvement and even make these people to stay away from drugs and situations that make them vulnerable to violence¹⁶.

Although there are some studies on risk factors for the use of drugs among adolescents in Brazil, the understanding on these factors is still controversial. Besides sociodemographic factors as gender, age and social class, the studies indicate association of the use of drugs with parental or familiar involvement in the consumption of alcohol or other drugs, with being raised by only one parent, low perception of paternal and maternal support, friends who use drugs, lack of religious practice, as well as sports practice lower frequency¹⁶⁻¹⁹.

The lowest densities were found in “school” (24.95%) and “work” (3.6%) areas. The school may be considered as transformer agent, it is a privileged room of gathering and interactions among youths. Still, the school environment may be a fundamental factor in the strengthening of adolescents’ resiliency for gathering the pairs community in its interior and having powerful tools to promote self-esteem. However, even in the educational scope, there are specific factors that predispose the adolescents to the use of drugs, such as the lack of motivation to study and the poor school performance.

The work is not directly related to this population’s age group, but one observes some concern about the adolescents of 14 and 15 years old. In this age, the adolescents may already access the formal labor market as apprentices.

The Child and Adolescent Statute [(ECA)] establishes guidelines for the protection of the labor activity in the adolescence. Working is forbidden for adolescents younger than 14 years old, except in the condition of apprentice.

On the other hand, the apprentices contracting, regulated by Decree 5598/2005, assures technical-professional formation and performance of activities compatible to the school life and to the apprentice's physical, psychological and moral development²¹. Thus, the Decree establishes limits to the adolescents' labor, aiming at proportionating real conditions of learning and minimizing the impacts of the precocious labor.

It is possible to think that the students who present higher risk of problems related to the use of alcohol and other drugs are not able to attend the school properly or to perform apprentice labor. Therefore, the school that stimulates the social participation and the engagement in productive activities could act as a protection factor for the use of drugs.

In the present study there was no difference in being male or female regarding the general intensity of problems related to the risk for the use of alcohol and other drugs. Although there are a few studies with girls, such result matches what has been demonstrated on the feminine behavior regarding the use of licit and illicit substances, which has become very similar to the boys' in the last years, mainly in adolescence. Still, there is a tendency in adopting the same behavior, seeking acceptance by their own group⁹.

The greatest differences between the results for males were the areas related to the psychiatric disorders and work.

Regarding the psychiatric disorders, the conduct disorder is the one more commonly related to the boys, associated to the use of alcohol and other drugs. It is a frequent disorder in older adolescents as well, regardless of the gender. The conduct disorders comprehend the risk behaviors that may harm the adolescent's physical and mental health. They are repetitive and persistent behaviors, in which the individual impinges the others' basic rights, breaks norms or social rules, starting aggressive behaviors and reacting aggressively to other people.

In the current study the sample presents the consumption of alcohol and other drugs from 13 years of age, the risk rising as the age increases. Such result matches Strauch's research, which observed the prevalence of the consumption of alcohol and other drugs in relation to the increase of the group age, from 13 years of age.

Strauch's research also has shown that 11-year-old children have tried alcoholic beverages already, noticing the increasingly early consumption, different from the findings in this sample, in which the 10 to

12 age group children almost have not presented this behavior.

Other study also points that with the schooling increase, the probability rises in up to three times more for the use of drugs, because, if on the one hand there is the educative formation, on the other hand the adolescents may have been detaching from the family, associating with friends groups, favorable conditions for the involvement with risk factors as trying drugs²⁴.

CONCLUSION

The current study allowed evaluating the risk of use of alcohol and other drugs among 6th to 9th grade municipal school students of a second cycle of the elementary education in Uberaba and, thus, contributes for the understanding on adolescent protection and care regarding the use of drugs. One concludes that the risk of problems related to the use is equal to girls and boys; and that the start of the use and problems related to it begins at the age of 13.

It is worth emphasizing the need of investments in healthy leisure/recreation adjusted to this population's interest, once this is the area for the highest risk for the use of alcohol and other drugs and for the problems related to it.

Other studies regarding elementary education students' leisure and recreation and their relation of risk and protection for the use of drugs should be performed, in order to verify if the same occurs in different populations with the same percentage, one accepting this element as a limit of this study.

It is also highlighted that the use of drugs is a multi-casual phenomenon and, in order to direct efficient actions of prevention and care to the user, it is necessary the involvement of professionals from several areas to elaborate strategies and intervention proposals, including the insertion of these professionals into the school environment, working along with the teachers in the elaboration of activities of education in health, directed to the adolescent and his/her family; and in the planning of policies aimed at construction of protective and healthy environments to improve quality of life of students and community.

In Brazil, the Ministry of Education, via Secretariat of Elementary Education and Secretariat of Continuing Education, Literacy, Diversity and Inclusion, in partnership with the Municipal and State Secretariats of Education, have been establishing programs within schools aiming at qualifying education professionals,

education council members, school councils, besides health and social assistance professionals, members of the child protective service, among other professionals connected with the Education Network, in order to: assure the school population's rights and the confrontation and violence prevention within the school context, as in the case of the project Escola que Protege [School that Protects]; proportionate improvement of the Brazilian population's quality of life, via the Programa Saúde na Escola [School Health Program]; and qualify the school community for the management

of situations related to the use of substances by the students, in a preventive and not restrictive way, through the Prevenção do Uso de Drogas para Educadores da Educação Básica Course [Prevention to the Use of Drugs for Public School Educators Course]. Besides the objectives aforementioned, such Programs and actions may approximate the student and the school environment, forming a school community, in the sense that they receive appropriate attention and strength the bonds with the professionals who have been better prepared for the confrontation with adverse situations.

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