

RISK AND PROTECTIVE FACTORS FOR THE USE OF ALCOHOL AND DRUGS IN CHILDHOOD AND ADOLESCENCE: A PSYCHOLOGICAL STUDY IN PUBLIC EDUCATION

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Abstract: This work aims to bring elements regarding the prevention strategy for experimentation with alcohol and other drugs by children and adolescents. It was a work in partnership with the Public Ministry of Sorocaba and the Education Department of the region, with the aim of researching the prevention of abusive use of alcohol and other drugs by children and adolescents. The Experience Report method was used, through field recording during the work of the psychologist-researcher in a school located in a highly vulnerable neighborhood with a strong presence of drug trafficking. The study took place for 2 years, in which around 500 children/adolescents were attended in conversation circles. Among the results, it was observed that a portion of this group used to have contact with alcohol and tobacco at first within the family environment, followed by marijuana, also within the family environment and close friends, followed by other drugs. Some protective factors for not using them stand out, in which it was observed from the speeches of children/adolescents who did not use them, that parents and their disapproval of their use, as well as possible retaliation and punitive actions if used by parents, ended up being observed as a form of prevention against trying them, signaling the family relationship as a possible factor in preventing use.

Keywords: alcohol and other drugs, psychology, prevention, public policies.

INTRODUCTION

The use of alcohol and other drugs in childhood and adolescence has been increasing worryingly in society, although there is still some fear of this topic being addressed with more emphasis. Alcohol, as it is a legal drug and very present in family and social environments, ends up being one of the gateways for children and adolescents to start using it, even though its sale to minors under

18 years of age is prohibited here in Brazil (Law number: 9,294, of July 15, 1996). Among other words, it is very common for young people, especially, to end up trying alcoholic drinks within the family environment, at parties with friends and relatives or even in open spaces/public environments, therefore being a public health issue that needs a multiple effort, including society, government officials, managers and professionals from S.U.S. (Unified Health System) and SUAS, family, school, child and youth promoters and other sectors.

In relation to Brazil, it can be said that the use of alcohol and other drugs, whether legal or illicit, has increased in recent years (Brazilian Information Center on Psychotropic Drugs [CEBRID], 2006; Valença, Brandão, Germano, Vilar, & Monteiro, 2013). The most worrying fact about this indicator and which must be taken into consideration is that the initial age of use occurs already in childhood, that is, there is a population of children who use alcohol and other drugs and this consumption is significant (Bezerra, 2004; Campos, & Ferriani, 2008; CEBRID, 2006).

A study carried out in the State of Health of Espírito Santo (SESA) showed that, in 2008, there were seven hospitalizations for the use of alcohol and other drugs in the age group of 10 to 14 years (SESA, 2009). Another study on drug consumption among children aged between 10 and 12 years old was carried out in 27 Brazilian capitals in which it was identified, in terms of lifetime use, alcohol, tobacco, marijuana and solvents stood out as most prevalent in this population (CEBRID, 2005, 2006). Alcohol and tobacco were the drugs with the lowest average age at the beginning of use, around 12 years. The others had an average age of 13 years, except for cocaine, with an average age of 14 years (CEBRID, 2005). Alcohol appears to be used frequently among children and adolescents

and is consumed equally among males and females (Sanceverino, & Abreu, 2004).

According to the IV Household Survey on the Use of Psychotropic Drugs in Brazil (2001), the prevalence is 48.3% among young people aged 12 to 17, in 107 large Brazilian cities. Besides, in this study, an analysis of 107 cities was carried out together and for this same age group in which a certain prevalence of alcohol dependence was observed at around 5.2%. Analyzing the data according to the Brazilian region, there was a higher prevalence of lifetime alcohol use in the South region (54.5%) and a higher prevalence of alcohol dependence in the North and Northeast regions (9.2 and 9.3%, respectively).

However, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO) (2002), the city of Porto Alegre, RS, leads the ranking of regular users of alcohol and other drugs, with 14.4% of alcohol users.

Based on this survey and in accordance with the observation of the significant increase in the use of alcohol and other drugs in a territory in the municipality of Sorocaba, more precisely in a neighborhood on the outskirts, with a high rate of violence and psychosocial vulnerability, a series of psychosocial interventions in a state school, with the aim of building bonds with children and adolescents and enabling new development possibilities, with the aim of preventing experimentation and consequent use of any type of drug.

METHODS

Based on the previous survey that children and adolescents who lived in an environment/territory without infrastructure, that is, without basic sanitation, mostly wooden houses and siding, with little access to essential services, such as urban mobility, commerce, jobs, food and vocational education, in which many of the children and adolescents had

parents who were imprisoned for crimes such as drug trafficking, robbery and homicides and their mothers either worked as cleaners, or did not work at all and others had left their children with their grandparents, it was the experience report method that was proposed, through recording by the psychologist-researcher from the holding of conversation circles at the school where this population was located in order to guarantee a space for listening and acceptance in order to propose interdisciplinary actions to guarantee an integral development for these children and adolescents.

The conversation circles took place weekly, in classrooms, at times when students were available, and from these meetings various topics were addressed. One of the relevant topics was the use of alcohol and other drugs. Based on this theme, we sought to understand why some children and adolescents had not tried it, since the majority reported using it at home, with friends, to relax and to become excited and happy, among other reasons. As a result, children and young people who had never tried any type of drug were asked in conversation circles what the reason was for not doing so, thus bringing up some factors that can be listed as a protective factor so that this population can postpone the age at which alcohol and other drugs can be experimented with as much as possible.

Conversation circles took place between 2017 and 2018, covering a total of approximately 500 students, aged between 10 and 17 years old, who attended the school in that neighborhood. The results were explored qualitatively. Of the 500 students who participated, 342 (68%) indicated that they had never tried alcohol or other drugs.

RESULTS AND DISCUSSION

From questioning children and adolescents who had not tried or used alcohol and other drugs, the following phrases emerged: *'My father will kill me if I use it'*, *'My mother kicks me out of the house'*, *'My parents won't let me'*, *'My mother said that if I want to be like my father and go to prison, just use it'*, *'My father beats me'*, *'If I use it I don't even want to think about what my parents would do to me'*.

Although most of the phrases are considered a form of violent education/communication, the meaning of this speech was explored with these students. Some said that in fact, their parents could have some reaction and form of punishment/correction of the attitude of using drugs based on physical violence because they understood that drugs were harmful and did not want their children to use any drugs, thus signaling that although these parents did not have communication based on non-violent discourse, they tried to protect their children of drugs and this attitude was perceived by the children as a form of care.

Others indicated that it was just a form of expression, signaling, for example, that their parents would kill them for using any drug, but that they knew that they would be angry and would never admit that they, their children, used any type of drug, thus signaling a certain fear. of losing the love and trust that their parents had in them and, therefore, they thought it was better to respect their parents. Another group indicated that their parents were very strict and would never accept them using, signaling only fear and not awareness of the bad effects that drugs could have on their lives. Another group indicated that their parents said that the drug killed and that is why they did not let their children use it, signaling a certain awareness aligned with a certain restriction and limit on the part of the parents.

From these elements it can be inferred that the bond that the child/adolescent has in their family environment, but precisely, with their paternal and maternal figures, proved to be a protective factor for this public, which indicated that they had never used any type of drugs. A study by Micheli and Formigoni (2001) with a sample of 213 Brazilians classified into three groups according to the pattern of use, abuse/dependence, family situation, may be a factor that favors drug use. For the authors, the presence of only the mother in the adolescent's home was associated with a 22-fold increase in the chance of being drug dependent, when compared to adolescents who lived with both parents. This fact may signal that the absence of parental figures present, but the overload that some women experience by taking care of their children alone and being providers at the same time, can bring a certain vulnerability to these young people.

The authors also bring family environments marked by family trauma, separation, fights and aggression associated with the group of adolescents with greater intensity of dependence, and it is therefore important to highlight that the role of parents and the family environment proved to be a relevant factor in the relationship that those young people were addicted to alcohol and other drugs.

Regarding parental relationships, Brook JS, Brook DW apud McCoy C et al (1996) indicated that the lack of parental support, the use of drugs by the parents themselves, the parents' permissive attitudes towards drug use, the inability to control of children by parents and indiscipline and drug use by siblings were shown to be predisposing factors to greater initiation or continuation of drug use by adolescents.

Such studies corroborate the observations made in the conversation circles, in which the relevance of parental figures presents in the daily lives of children and adolescents and, in a certain way, with more assertive attitudes and clear and undistorted guidelines regarding the topic of drug use was observed. Although adolescents look to their peers to socialize and seek a social identity outside the family environment, the presence of parents and/or people who provide maternal and paternal care, as a form of reference, care and limit, is configured as a relevant factor so that they do not start using such substances early. Oliveira et al (2008) report the importance of the family environment and the mother figure as a prevention factor for drug use, thus highlighting the importance of bonding and care to assist in the development and awareness of drugs.

FINAL CONSIDERATIONS

From the field record of the Experience Report, it can be observed, among several problems in this population of children and adolescents in a context with high psychosocial vulnerability, that the prevention of experimentation with alcohol and other drugs among children and adolescents occurs in first instance, through the connection of their parents and/or caregivers in which they make clear the limit for non-use, although many do not explain the reason for such a limit, but the parents' authority on the subject and in relation to the children proved to be a relevant aspect for prevention.

Contrary to common sense, the use of alcohol and other drugs by children and adolescents does not only occur in poorer places and/or regions, although they are more prevalent due to several factors that not only socioeconomic status, but also Yes, it is a more common event and present in all segments and/or social classes, changing its form, type and access.

But it can be inferred that the family factor still becomes the best tool for preventing drug use for everyone.

The perception of the need to strengthen family relationships becomes a relevant factor for the entire development process of a person, from birth to adulthood, through forms of total dependence on their caregivers until independence in adult life, being relevant that in any territorial care action, both for prevention and reduction of the use of alcohol and other drugs for this population of children and adolescents, these development conditions and appropriate management of strengthening this child's bonds in the territory must be taken into account. that it is inserted, looking for figures who can perform adequate maternal and paternal functions, as well as guaranteeing a space of care and strengthening of the parents themselves to manage care for their children. The school can become another space for building, strengthening bonds and feeling of belonging for both the child/adolescent and their parents/caregivers who can perceive the school as a partnership in the process of care and development of their children.

Prevention and care must never happen in isolation, that is, only with a single intervention. Integration between S.U.S. (Unified Health System); (SUAS, governments, families, schools and society as a whole can favor the prevention of alcohol and drug use during this period of childhood and adolescence.

In this sense, more studies are necessary to better understand these conditions and consequently to better strengthen integrated public policies, as well as strengthening bonds in the family environment to reduce these indicators of alcohol and drug use by children and adolescents.

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