

RESEARCH ARTICLE

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## ALCOHOLISM AMONG HIGH SCHOOL STUDENTS: PROFILE AND EDUCATIONAL INTERVENTION

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### ABSTRACT

The misuse of alcoholic beverages is considered to be of high prevalence in adults and adolescents alike, which affects their physical and mental health and their social and family context. Alcoholism is present in several social strata, including in the student milieu, making it a public health problem, which requires a quality of care. Based on these premises the objective of this study was to outline the profile of alcohol consumption in adolescents and young adults who attend high school. A descriptive study was carried out with 200 students from a public school in the city of Cajazeiras, Pb. A standardized questionnaire was used to collect data on alcohol consumption in adolescents. Analysis of the results showed that 62% reported being male, 52% were between 16-18 years old, 92.5% were single, 88.5% were catholic, 46.5% were brown, and 89.5% lived with their parents, 83.5% had used some type of drug, 55% had experimented with alcohol between 11 and 15 years, 29% had tried in bars / nightclubs / discos, 46.5% had used it for fun, 53% adolescents were alcohol users, 51% did not have family members who drank too much, 58.5% did not drink in the month prior to the survey, 67.5% did not get drunk on alcohol, 41% drank more frequently in bars / nightclubs / nightclubs. In view of the foregoing, it is necessary to have public policies of an educational nature in schools that are mainly aimed at the teenage age group, since it is at this stage that the personality and personal identity are forming and because it is not yet matured, it suffers great influence from the environment external.

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### INTRODUCTION

In Brazil, alcoholism is a public and cultural health problem. The culture of rampant alcohol consumption on weekends is mainly rooted in samba, forró and soccer.

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This consumption has been taking on overwhelming proportions, since it is facilitated by low cost and easy access to all social strata, generating damages both to the consumer of the substance and to the society in which it is inserted. Alcohol abuse nowadays leads to a high rate of homicides, traffic accidents, sexual abuse, assaults, child abuse and domestic violence. According to Gigliotti (2006), alcohol is related to

30% of admissions and outpatient visits in general hospitals, 50% of emergency care, 70% of traffic accidents and 30% of health licenses. Alcohol causes a sensation of disinhibition and favors conversation and interaction with friends, especially if consumed in greater quantity at the same time, which increases the sensibility to the stimulating phase and the tolerance to the depressant phase (LIMA *et al.*, 2017). Although this pattern of use does not bring about the same organic losses as chronic use, impulsivity and loss of reflexes can lead to social impairments such as involvement in risky sexual behavior and traffic accidents (AMATO, 2010; LIMA *et al.* 2017). The ingestion of ethyl alcohol (ethanol) can trigger metabolic changes of a pathological nature in the different systems of the human organism. In this sense, the functions of the nervous system, the metabolism of glucose, lipids and proteins are altered and, in particular, the nutritional aspects of organs such as liver, pancreas, stomach and intestine are altered (LIMONI *et al.*, 2013 MONTEIRO, 2007). Drunkenness is a problem not only for alcoholics but also a risk for users who are just experimenting, that is, those who are at the beginning of the evolutionary scale of use, because in this state there is a great change in the physiology of the human body, such as depression in the body. central nervous system and inhibition of hepatic gluconeogenesis, largely responsible for alcoholic hypoglycemia (CERQUEIRA *et al.*, 2011). Ethanol acts as an NMDA (N-Methyl-D-Aspartate) receptor antagonist, an excitatory receptor of the nervous system, the abusive and chronic consumption of ethanol causes an increase in the density of these receptors causing the onset of seizures, a related neurotoxic phenomenon to the glutamatergic hyperactivity (MATSUMOTO, 1998, ROSSETTI *et al.*, 1995, LARANJEIRA *et al.*, 2004). In Brazil it is very common in emergencies by alcoholism to administer vitamins with B complex associated with glucose to prevent the onset of seizures. The most worrying issue is alcohol consumption by young high school students. It is very common, in the city of Cajazeiras, PB, to find drunk adolescents in the street during the weekends (CERQUEIRA *et al.*, 2011). In studies in the state of São Paulo, 24% of the students reported having drunk until they became drunk at some point in their lives, and 19.5% reported drunkenness in the last 12 months (VIEIRA *et al.*, 2007).

Many teenagers consume alcohol without their parents knowing, or often the problem is at home when a relative is the stimulant of consumption. In recent years, there has been a significant increase in the use of drugs, especially alcohol in school adolescents. According to Kessler (2003), the first household survey on drug use in Brazil shows a prevalence of alcohol dependence in adolescents between 12 and 17 years of age of 5.2%, and this number tends to increase in people of this range with behavioral and mental disorders. There are several factors that lead to substance use such as smoking, being male, inability to deal with anger or depression, substance availability, extreme economic deprivation, family with alcoholism, physical abuse, family and sexual conflicts, associated with friends, users, and others. The problem of alcohol has been addressed by several authors, being a social problem that requires attention of professionals both social and health. In this sense, this study becomes of great importance, because what we see today are adolescents experiencing alcohol early, before the legal age, and making their use a habit of life. In the year 2010, Cerqueira and collaborators carried out a study about the profile of alcohol consumption per student in the city of Cajazeiras. So this work is a

continuation of our group carried out a year later to verify if the profile of consumption improved or not and to carry out an educational intervention to verify if there is awareness on the part of the students. In view of the above, the objective is to describe the profile of alcohol consumption in adolescents and young people who attend high school in a public institution in the Sertão Paraíba, as well as to carry out an educational intervention.

## MATERIALS AND METHODS

In order to investigate the profile of alcoholism in adolescents in the city of Cajazeiras, we chose a descriptive, transversal study with a quantitative approach. Oliveira (1998) clarifies that the quantitative research consists in quantifying opinions, data, in the forms of information collection; but the author emphasizes that there is no distinction between quantitative and qualitative methods, since what is measured remains a quality. Quantitative research tends to emphasize deductive reasoning, the rules of logic, and the measurable attributes of human experience. On the other hand, qualitative research tends to emphasize the dynamic and individual aspects of human experience, trying to apprehend these aspects in their totality (Polit and Hargler, 1995). We emphasize that in this study there was a concern on the part of the researchers to work only the quantifiable aspects of the results. The study population consisted of 332 adolescents and young adults who were enrolled in the High School of the State School of Elementary and Middle School Cartaxo in the city of Cajazeiras, Pb. This study was composed of a sample of 200 adolescents and young adults who were enrolled in a high school in the municipality of Cajazeiras in the state of Paraíba. The study was developed in a State School of Primary and Secondary Education of the municipality of Cajazeiras, Paraíba, Brazil. The mentioned municipality is located in the sertão paraibano, and it is to 6 hours of the capital João Pessoa about 480 km of the same, possessing about 60,000 inhabitants including the rural zone. The data collection was carried out in October by the researcher in the municipality of Cajazeiras in the state of Paraíba. Prior to application, individuals were instructed on the voluntary nature of the study and were granted confidentiality by anonymity. For that purpose, a free and informed consent term was presented to each participant in accordance with Resolution 466/12 of CONEP of the Ministry of Health (BRAZIL, 2012).

To collect data, a questionnaire was applied based on the model of the Brazilian Center for Information on Psychotropic Drugs (Cebrid) (10-11), and Cerqueira (2011) adapted. The basic team for data collection was composed by a student and a researcher, previously trained for the application of the questionnaire. The obtained data were compiled and analyzed based on a focus on the quantitative method, from the primary data that were collected through information contained in the instrument and discussed in the light of relevant literature. bThe data collected were processed in the statistical program EXCEL for the construction of databases referring to the quantitative variables and expressed in figures and tables with the help of the Excel for Windows version 2000 worksheet. In order to carry out this research, the practice recommended in Brazil in 2012 was taken into account through resolution 466/12 and 196, which deals with research involving human beings, which meets the ethical principle of autonomy. All participants signed the Informed Consent Term (BRASIL, 2012). This study is part of the umbrella project that was

approved by the HULW Research Ethics Committee of the Federal University of Paraíba (Protocol no. 67/2008). In accordance with the aforementioned resolution, it was stressed that in no case was the name of the persons involved disclosed in this study. This study does not have any conflict of interests following the norms of the national health council, which regulates the research involving human beings and all pregnant women signed the informed consent form (BRASIL, 2012; SILVA *et al.*, 2018).

**Educational intervention:** The strategy used for the educational intervention was after the interview with presentation of a pamphlet and orientation of the malefics caused by alcoholism. The method of Freitas *et al.* 2018 was used. The researcher made interventions and asked questions, so that they reflected on what was said and added information to clarify knowledge and doubts, after the interview were shown ways to reduce alcohol consumption. In addition, in cases of heavy alcohol consumption the student was instructed to seek a doctor (FREITAS *et al.*, 2018)

## RESULT AND DISCUSSION

Next, the results analyzed and discussed will be presented from the information obtained from adolescents and young adults, through the application of the data collection instrument developed for the research.

**Table 1. Socio-demographic data of adolescents**

Socio-demographic data	n	%
Sex	124	62
Women	76	38
Man	25	12,50
Age	105	52,50
13 a 15 years	38	19
16 a 18 years	30	15
19 a 20 years	2	1
21 a 30 years		
Outthers		
Marital Status	6	3
Married	185	92,5
Unmarried	2	1
Divorced	3	1,50
Concubinage	4	2
Outthers		
Color		
White	76	38
Brown	93	46,5
Black	11	5,5
Indian	4	2
Outthers	16	8
Religion		88,5
Catholic	177	4
Protestant	8	0,50
Spiritist	1	3,50
Whitout Religion	7	3,5
Outthers	7	
Who do you live with		
Parentes	179	89,50
Friends	2	1
Boarding Shcool	0	0
Alone	1	0,5
Outthers	18	9
Situation of their parentes	151	75,50
Parentes	19	9,50
Divorced	27	13,50
Father passed away	3	1,50
Mother passed away		

In the table we can observe that 62% (124) of the respondents said to be female while 38% (76) were male. Lemos *et al.* (2007) in studies of the use of psychoactive substances among medical students from Salvador, BA found that in 404 questionnaires analyzed, the male gender corresponded to 52% (210) of the interviewees and the overall average age was approximately 22 years. While in a research carried out with medical students of the Unesp regarding the use of alcohol and drugs. Kerr-Correa *et al.* (1999) found that 47% of the interviewees belonged to the female gender, while 53% belonged to the male sex. As can be observed, our results differ from those of the author cited (SILVA *et al.*, 2018). With this we can observe that gender is a variable variable that fluctuates between researches and according to Texeira (1998), alcoholism affects men and women indistinctly, where competition in the struggle for survival has made the modern woman occupy all sectors and levels in the society, also occupying prominent value in bars, clubs and restaurants, equaling men in the consumption of alcoholic beverages. Observing the age range verified a variation of 13 to 30 years. Of the participants, 52.5% (105) are between 16 and 18 years, 19% (38) between 19 and 20 years, 15% (30) between 21 and 30 years, 12.5% (25) 15 years and also 1.0% (2) left the affirmative blank. Tavares *et al.* (2004) in their research with factors associated with drug use among school adolescents concluded that the distribution of the sample in terms of socio-demographic variables to the age group from 14 to 16 years old concentrated the highest proportion of adolescents (44.6%), followed for the range of 17 to 19 years (32.8%).

For Castro (2004), the use of alcoholic beverages starts earlier, between the beginning and the middle of adolescence, whether with groups of friends, classmates or even at home with parental permission, all this makes alcohol the most consumed and accessible drug for adolescents and young people. As for civil status Primo; Stein (2004), in a study of the prevalence of alcohol abuse in Rio Grande do Sul, found that there was a higher prevalence among participants who lived with their partners. However, the results of the table show the predominance of single participants with 92.5% (185), followed by 3% (6) married, 1% (2) separated / divorced, 1.5% (3) concubines and This is corroborated by Tavares' (2001) survey, prevalence of drug use and school performance among adolescents, where the vast majority of participants were 98% (2,313) single and 2% (4) (48) were in the category of others (married / living with partner / widower / separated / divorced). Concerning religions, it was observed that catholicism appears more frequently with 88.5% (177) of the cases, followed by the evangelical religion with 4% (8), candomblé appeared with 0.5% (1), 3 , 5% (7) of the participants did not have religion, 1% (2) indicated the other option and 2.5% (5) stopped responding. According to Silva *et al.* (2006), it can be assumed that religion can act in a protective way to the use of drugs in the population. Belonging to a religion where there is a more explicit and clear condemnation of drug use, such as Protestantism, is associated with less use of substance such as alcohol. For Dalgarrondo *et al.* (2004) in many studies, carried out in different socio-cultural contexts, show that in the populations of adolescent and young students the association between not having religion (or belonging to more liberal denominations), having little religious belief, not attending church and cults and increased use of alcohol and drugs. What we see today is that alcohol consumers are more likely to attend liberal religions than to religions that condemn the use of that substance or at least

have a policy of fighting hallucinogenic substances. In the present study, 46.5% of the participants were considered to be brown, 38% (76) white, 5.5% (11) black, 2% (4) 6% (12) indicated others and 2% (4) left blank. Costa *et al.* (2004) concludes in his research, abusive alcohol consumption and associated factors: a population-based study, that most (83%) of the individuals were defined as white. As for the results, 89.5% (179) live with their parents, 1% (2) share with colleagues, 0.5% (1) live alone and 9% (18) score others. Kerr-Correa (1999) reported that in relation to housing, while 77% of students in the capital live with their families, only 41% of the students in the interior, and 42% live in republics. According to Souza (2005), in a study carried out with adolescents of the state education network in Cuiabá, Brazil in the state of Mato Grosso, found that 62.2% of the participants lived with their parents.

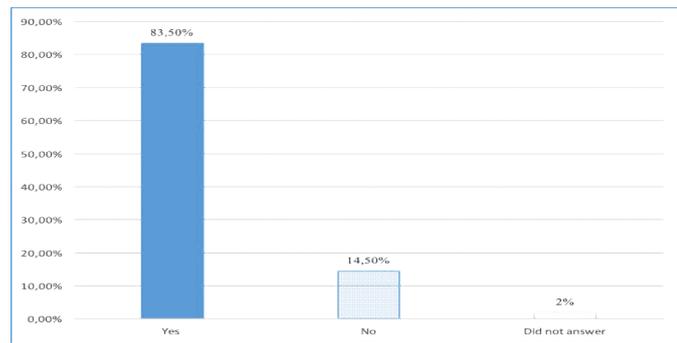


Figure 1. Relationship between alcohol and drug use

Observing Figure 1, it can be verified that most of the participants 83.5% had used some type of drug, 14.5% did not use it and 2% left blank. In the study by Kessler (2003), tobacco consumption by school-aged adolescents has doubled in the last 15 years. The use of marijuana quadrupled and the use of cocaine multiplied by ten in Porto Alegre. Similarly, the first household survey on drug use in Brazil shows a prevalence of alcohol dependence in adolescents between 12 and 17 years of age, of 5.2%. Para Ferigolo (2004) estudando a prevalência do consumo de drogas na FEBEM em Porto Alegre as substâncias mais experimentadas foram: álcool (81,3%), tabaco (76,8%), marijuana (69.2%), cocaine (54.6%), solvents (49.2%), anxiolytics (13.4%), hallucinogens (8.4%), anorectics (6.5%) and barbiturates 2.4%). About 80% reported using an illicit drug experimentally. The girls mainly used drugs and the boys illicit drugs, alcohol and tobacco.

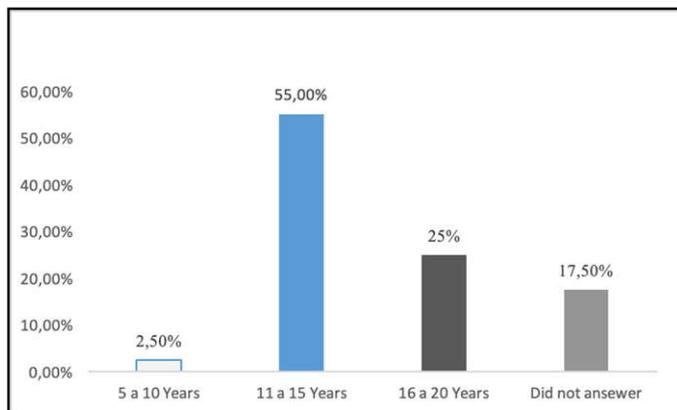


Figure 2. Age of first consumption of alcohol

Figure 2 shows the consumption of alcohol for the first time according to the age group, showing that 55% reported

experiencing between 11 and 15 years, 25% between 16 and 20 years, 2.5% between 5 and 10 years and 17.5% left the statement blank. Tavares *et al.* (2001) studying the prevalence of drug use and school performance among adolescents found the prevalence of alcohol, tobacco, and other drugs in general, by age group, with the following relationship between 10 and 12 years old, 3.1%; 13 to 15 years 5.2%; 16 to 18 years old 5.5%; 19 years 4.0%. Scivoletto *et al.* (1999) infer that the frequency of alcohol use is not related to age differences, but the same found in his studies with a high school student an average age of 17.6 years for alcohol consumption and drugs. We agree with Scivoletto *et al.* (1999) because the onset of alcohol consumption depends on several factors such as alcohol use in the family, friendship, religion and culture of each individual.

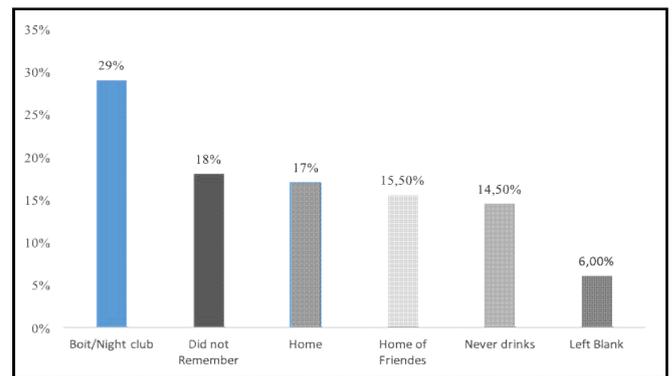


Figure 3. Location where alcohol was first tested

We corroborate with Alves *et al.* (2005), the highest frequency of places where there is the first contact with alcoholic beverages are in bars, and the other localities have a lower incidence. According to the aforementioned authors, the survey shows that a good part of the participants 29% tried alcohol in bars / nightclubs, 17% at home, 15.5% home of friends / acquaintances' homes, 18% did not remember where they first drunk alcohol, 14.5% reported never having drunk, and 6% of the participants left blank.

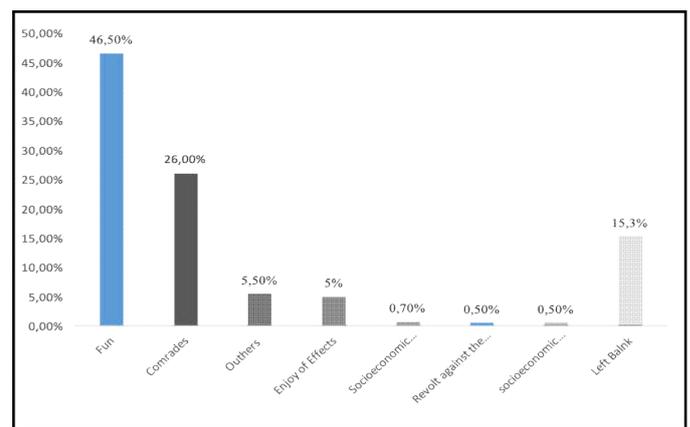
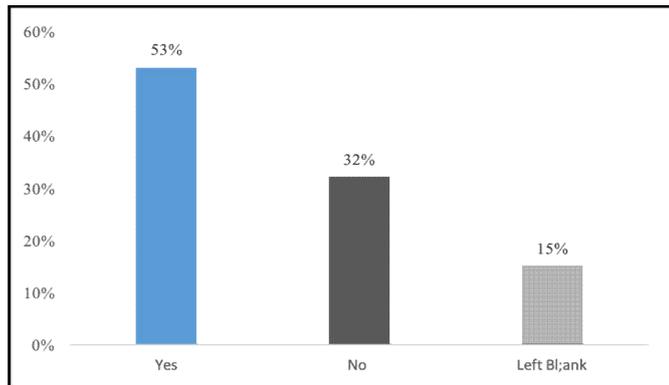


Figure 4. Motives for which they used alcohol

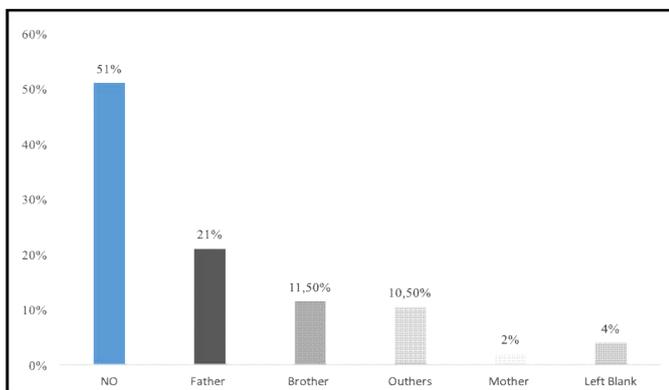
Regarding the motive that led to the use of alcohol, 46.5% of the participants used it for fun, 26% said to be comrades, 0.5% revolt against the family, 5% enjoy the effects of drinking, 0.5% demand for solutions to socioeconomic problems, demand for solutions to socioeconomic and social problems 0.5% others pointed out and 15.3% left blank. Pinsky; Pavarino Filho (2007) state that there is evidence that marketing can have an impact on young people. The

cumulative influence of alcohol advertising can shape young people's perceptions about drinking and drinking standards, predisposing them to drink well before the legal age of purchase.



**Figure 5. Parents' knowledge about alcohol use**

According to figure 5, 53% answered that yes, their parents knew they were consuming alcohol, 32% said that their parents were not aware and 15% (30) left blank. De Micheli (2004), studying the effectiveness of the brief intervention for the use of alcohol and other drugs in adolescents attending a primary health care service, when the participants were questioned about the relationship with those who live, obtained that 35.5% mentioned having a good relationship and 46.5% mentioned having a regular relationship.

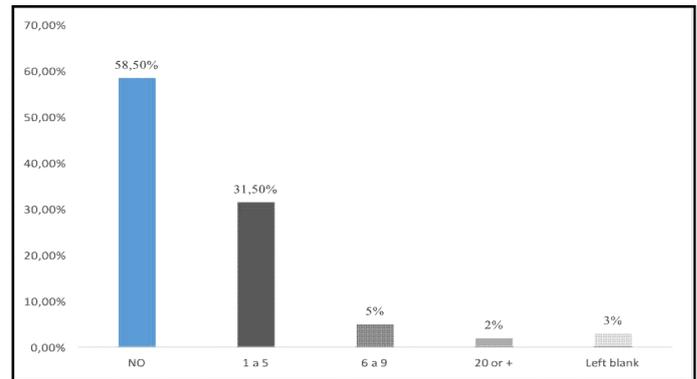


**Figure 6. Family members who drink too much**

We observed in Figure 6 that 51% of the participants said that no one in their family drank too much, 21% answered the father option, 2% mother, 11.5% Brothers, 10.5% said others, where within this category 2% were mothers, were cousins, ending with 4% of the participants left blank.

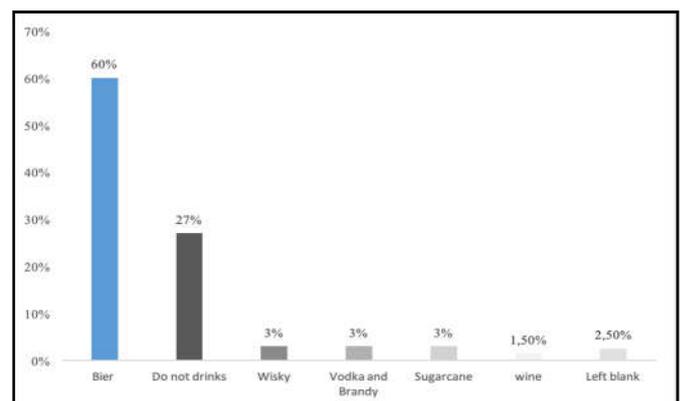
According to Sebastião (2005), when it comes to the family environment there are two practices that lead to the same end. If the family drinks too much - when the uncles give children in a children's party for example - young people come to understand that this is a standard. On the other hand, cases where family members do not drink the young people follow the standards of the one who drinks in the bar too much. According to Ruiz (2005), in his study of the family and the risk factors associated with alcohol and tobacco use among children and adolescents, 52% of the families interviewed reported alcohol and tobacco consumption and this percentage indicates that alcohol consumption in the family is a high risk factor because the boy learns what to see and assimilates then

when he grows up he will do the same. The family is the basis for the formation of the personality of each individual and if she does not give good examples in her social life, her followers tend to do what they see in their family everyday.



**Figure 7. Consumption of the alcoholic beverage in the last month**

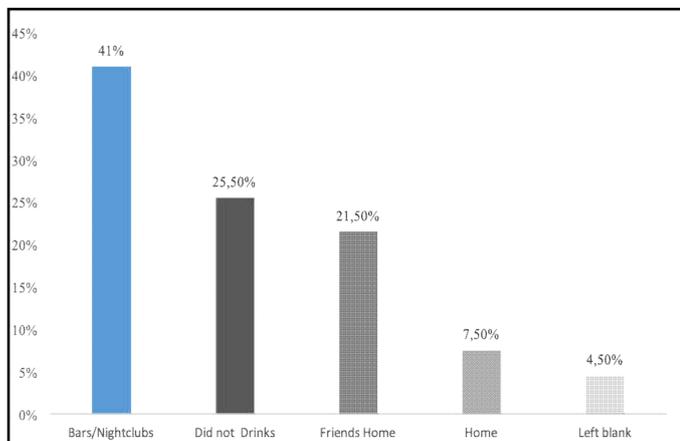
The results of the figure above show that more than half of the adolescents surveyed 58.5% (117) answered that they did not drink in the previous month, 31.5% (63) said yes, they took from 1 to 5 days, 5% (10) Yes, they took 6 to 19 days, 2% (4) Yes, they took 20 days or more and 3% (6) left them blank. It is observed, therefore, that most of the participants did not drink in the last month. Previously disaggregated data diverge from Sebastião's (2005) survey which states that surveys conducted in the United States more than half of 17-year-olds reported having used alcohol in the month prior to the interview, whereas 30% of these youths used five or more doses of alcohol on one occasion. In the findings of Peucker (2006) investigating expectations and problematic drinking among university students, 45.5% of college students reported drinking two to four times a month, 17% of them drank two to three times per drink. and 6% of them consumed alcohol almost every day.



**Figure 8. Alcoholic beverage consumed more frequently**

According to the data above, the most consumed alcoholic drink was beer with 60% (120) of the answers, followed by 3% Sugarcane (6), 3% (6), vodka and brandy 3% (6), wine 1.5% (3), 27% (54) of the adolescents indicated that they did not usually drink and 2.5% (5) left blank. The results of this figure corroborate with the results of the research done by CEBRID in São Paulo with students of primary and secondary education, according to Galduroz; Caetano (2007) concluded that beer was the most consumed drink, with about 70% of students reporting its use, followed by wine with 27% and distillates around 3%. When the participants were asked if they

had gotten drunk most of the time 67.5% (75) answered that no, the others with 30% (60) indicated that yes and 2.5% (5) stopped marking the question. Concerning drunkenness or acute intoxication, Cunha (2007) reports that it occurs when a large amount of alcohol is ingested in a short period of time, and the manifestations of intoxication depend on the amount of drink ingested and the tolerance of the individual.



**Figure 9. Place where most alcoholic beverages were consumed**

According to figure 10, 41% of the participants drank most frequently in bars / nightclubs, 25.5% do not drinks, 21.5% friends' homes, 7.5% home, did not drink and 4.5% left the answer blank. For Pechansky, Szobot; Scivoletto (2007), the use of alcohol is a controversial issue in Brazilian social and academic circles. At the same time as Brazilian law prohibits the sale of alcoholic beverages to minors under 18 years of age (Law no. 9294, of July 15, 1996), it is common practice for young people to drink alcohol in their home environment, in festivities or even in public environments. Society as a whole adopts paradoxical attitudes towards the theme: on the one hand it condemns the abuse of alcohol by young people, but it is typically permissive to stimulate consumption through advertising. Our studies corroborate with the studies carried out in Ceará, Brazil, where the authors verified that there was a high prevalence of alcohol consumption in the Taquari site, one of the reasons that led to this high rate is unemployment since many of the inhabitants of this region had low professional qualification currently required by the market (GUEDES *et al.*, 2010). The use of alcohol in the life of these subjects seems to start in childhood stimulated by the family environment, mainly by the influence of the father. The importance of the friends wheel also appears as one of the factors that prevails in the beginning of the consumption of alcoholic beverages, perhaps associated to the need of the subject to impose his masculinity in front of the group in which he lives (GUEDES *et al.*, 2010). The educational intervention through pamphlets and conversations served as a moment to lead the young student to reflect on the dangers of alcohol consumption in adolescence. After these conversations many were sensitized and drop the habit to consume alcoholic drinks. It is now the task of carrying out a long-term study to verify the effectiveness of this intervention.

## Conclusion

The discussion about alcoholism and alcohol consumption has been addressed in several areas of study. It is a problem that has taken on great proportions, because as we know in alcoholism there is no distinction of age, color, marital status, sex, religion or social level. It reaches several layers and one

of its main focus are the adolescent. And it is for this reason and also for being in adolescence that initiates the consumption of alcohol that arises the interest of doing this study. It should be emphasized that the data obtained here outline the alcohol profile only of adolescents and young adults of a school and not of adolescents in general. At the end of the results the participants stated that they had not drunk in the previous month the research indicating that they do not have the habit of drinking and the drink most consumed was beer. Perhaps for the reason of the city is located in the sertão, hot region what induces to cold drinks, but also by the strong number of advertisements of the drink that reach to all the community including adolescents. Although the evidence of adolescents not having the habit of drinking nor signs of alcoholism, it is necessary to see that they are only initiating the consumption of alcohol, being necessary that they are informed of all the factors that guide the problematic of the alcoholism with also of the abusive use and risk. This study contributed to identify the risk factors that lead adolescents to use alcohol, such as being accepted in a consumer group, frequent celebrations with alcohol use, being single, catholic, early drug experimentation including alcohol, easy access to purchase of alcoholic beverages. In view of the above results, it is suggested that in school, where adolescents spend a good part of their time having permanent activities in their educational plans talking about alcohol, drugs and other problems that reach this age group, as well as putting into practice the public policies in the which concerns the sale of alcohol only for those over 18 years of age, punishment for the seller who passes on the drink, and stimulate the consumption of low-alcohol beverages in advertisements. The results obtained in this work also provide an important contribution to the construction of future strategies for the prevention and treatment of alcoholism in schools, especially the educational intervention in order to make aware that alcoholism causes organic disorders and health problems such as cirrhosis, liver cancer and domestic violence. It was found that the educational intervention was an important tool for decreasing alcohol consumption among students.

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