









# Adolescents in a wide-circulation territory of psychoactive substances: use and losses

*Adolescentes em território de grande circulação de substâncias psicoativas: uso e prejuízos*

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## ABSTRACT

It aimed to describe the profile of problems associated with substance use among adolescents, elementary school students from a school located in a territory with a high circulation of drugs, and to verify the relationships between use and sociodemographic characteristics. Cross-sectional and predictive correlational study, with 109 ninth-year students, who answered the questionnaire containing sociodemographic information and the Drug Use Screening Inventory (DUSI). The data were analyzed by descriptive statistics, association tests, and calculation of problem densities investigated by the DUSI. There was a greater density of problems for all areas of life investigated among students who had already used psychoactive substances. “Practice religion” was identified as a protective factor for the use of psychoactive substances and “work” as a risk factor for the use of alcohol. The need for preventive strategies directed to the use of substances and directed to this public was evidenced.

**Descriptors:** Students; Adolescent; Underage Drinking; Illicit Drugs.

## RESUMO

Objetivou descrever o perfil de problemas associados ao uso de substâncias entre adolescentes, estudantes de ensino fundamental de uma escola situada em território de intensa circulação de drogas, e verificar as relações com uso e características sociodemográficas. Estudo transversal e correlacional preditivo, com 109 estudantes do nono ano, que responderam ao questionário contendo informações sociodemográficas e o *Drug Use Screening Inventory* (DUSI). Os dados foram analisados por estatísticas descritivas, testes de associação e cálculo de densidades de problemas investigadas pelo DUSI. Houve maior densidade de problemas para todas as áreas de vida investigadas dentre os escolares que já haviam feito uso de substâncias psicoativas. “Praticar a religião” foi identificado como fator de proteção para o uso de substâncias psicoativas e “trabalhar” como fator de risco para o uso de álcool. Evidenciou-se a necessidade de estratégias preventivas direcionadas ao uso de substâncias e orientadas a esse público.

**Descritores:** Estudantes; Adolescente; Consumo de Álcool por Menores; Drogas Ilícitas.

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## INTRODUCTION

In the world population, about 1.2 billion people are between 10 and 19 years old and are of school age. The World Health Organization (WHO) estimates that half of all mental disorders prevalent in adulthood start at around 14 years of age and the use of psychoactive substances is reported as one of the factors that contribute to illness and, consequently, limits the adolescents' growth and development capacity<sup>(1)</sup>.

The age of 10 to 12 years is taken as a reference for the beginning of the use of these substances, which is worrying, because the earlier the consumption starts, the greater the risk of developing addiction<sup>(2)</sup>. In Brazil, research with ninth-year students showed a significant increase in alcohol consumption in the last month, that is, from 27.3% (in 2009) to 55.3% (in 2015)<sup>(3)</sup>.

Regarding illicit substances, 9% of students said they had already used it in their lives. In addition, an important indicator refers to the higher prevalence, both of alcohol and other drug use, among students from public institutions when compared to private institutions (24.3% and 22.5% for alcohol and 9.3% and 6.8% for other drugs, respectively)<sup>(3)</sup>.

Risk factors associated with the overuse of these substances have been studied. For alcohol, age of early-onset, disorganized family context, influence of peers, easy access to the substance, influence of the media, and use of alcohol to obtain pleasure or associated with fun are identified<sup>(4)</sup>. In relation to other drugs, recreational use is associated with age at onset, antisocial conduct and behaviors shared by peers<sup>(5)</sup>.

Still in relation to risks, multiple factors, such as lifestyle and family behavior, can, in fact, determine the use or not use of alcohol and other drugs<sup>(6)</sup>. It is known, however, that in more socially vulnerable territories, that is, those characterized by the precarious supply of health, safety, education, culture and leisure services by the public authorities, there is greater susceptibility to circulation and access to such substances. As a result, the perception of substance use in these territories is quite significant on the part of their residents. A study carried out in a place with such characteristics showed that only 2.8% of the interviewees reported that they were unaware of the presence of drugs in the territory where they live; 22.1% reported that the presence of drugs in the community caused interference in family life and 24.9% in family behavior. In addition, high levels of violence are observed, which normally coexist with drug trafficking<sup>(6-7)</sup>.

The coexistence of adolescents in a territory that incorporates the use of psychoactive substances as a cultural pattern, associated with a predisposition to the influence of close people and the tendency to adopt imitative behaviors, which are attitudes inherent to adolescence<sup>(6-7)</sup>, warns of the important impacts on life that this phenomenon can have, especially in specific groups.

In this sense, interventions aimed at the risk of developing the numerous consequences of the use of psychoactive substances among adolescents must target multiple microsystems, adapted to different groups and environments<sup>(5)</sup>. It is worth clarifying, however, that methodologies for analyzing associations between aspects of the urban environment and the health of its residents are incipient due to their complex social nature<sup>(8)</sup>.

In line with the above, although several studies have investigated substance use among adolescents in different aspects<sup>(2,7)</sup>, there is still a lack of research that deepens the understanding of how the profile of problems associated with substance use in the education segment behaves in a place of recurrent drug trafficking. That is, under specific conditions of vulnerability, knowing this factor is essential to support specific health prevention actions, such as the application of Brief Interventions in the school environment<sup>(9)</sup>.

It is known that the presence and high circulation of substances in certain places negatively affect the lives of adjacent people<sup>(7)</sup>. Thus, considering the need to strengthen contributions for a better understanding of aspects related to school life, which may result in articulated actions between health and education<sup>(10)</sup>, the research question aimed to investigate the profile of problems associated with the use of substances of adolescents who study in a territory with a high circulation of drugs. Our hypothesis is that this condition makes them more exposed to the use of alcohol and other drugs and, consequently, more vulnerable to the development of several problems.

In view of the above, the objective of this study was to describe the profile of problems associated with substance use among adolescent elementary school students at a school located in a territory with a high circulation of drugs and to verify the relationships between use and sociodemographic characteristics.

## METHOD

### Ethical aspects

The Human Research Ethics Committee of the signatory institution, under opinion No. 1,088,935, approved this study. All guarantees provided for in Resolution 466/2012 of the National Health Council were preserved. As this is a study developed with people under the age of 18, participation took place by signing an Informed Consent Form (ICF) and those responsible or guardians signed a Free and Informed Consent Form (FICF), expressing consent.

### Design, location, period and sample

Cross-sectional and predictive correlational study, with a non-probabilistic sample of 109 (78.4%) students from

the morning and afternoon periods who met the established inclusion criteria, linked to a state school located in the territory with high circulation and drug trafficking in a municipality from the interior of São Paulo, Brazil.

The age range of 13 to 17 years was used as a reference for research with students, as a parameter of the Brazilian Institute of Geography and Statistics<sup>(3)</sup>. At our recruitment site, the highest concentration of this age group was identified in the ninth year of elementary school. Data were collected in August 2015. The inclusion criteria were: Elementary school students of the ninth year, aged 17 years or less; and the exclusion criterion was not having fully answered the research instrument (30 participants - 21.6% were excluded for that reason).

### Study protocol

Data collection took place in the classroom, through a self-administered structured questionnaire consisting of two parts: Sociodemographic information, which was designed to assess the profile of age, gender, religion, with whom the respondent resides, whether he/she has a good family relationship, occupation and income; and the DUSI (Drug Use Screening Inventory), a standardized instrument originally developed in the USA, adapted and validated for application in Brazil by researchers from the Federal University of São Paulo<sup>(11)</sup>. It was chosen because it allows the tracking of the use of alcohol and other drugs in adolescents, as well as establishing the profile of problems associated with substance use in this age group in 10 different areas, being: "Substance use", "Behavior", "Health", "Psychiatric disorders", "Social competence", "Family system", "School", "Work", "Relationship with friends" and "Leisure/recreation"<sup>(11)</sup>.

### Analysis of results and statistics

The data were compiled with the aid of the SPSS 22 software for analysis. Descriptive statistics were calculated by frequency distribution, average and standard deviation. Association tests (Fisher's exact test and Chi-square test) were used to verify the relationship between sociodemographic variables and the use of alcohol and other drugs<sup>(12)</sup>. The DUSI expresses densities to identify which areas of life are most affected. We calculated the absolute density of problems (ADP), which refers to the intensity of problems in each area of life investigated in isolation; the relative density of problems (RDP), which is a percentage that indicates the contribution of each area to the total of problems; and the global density of problems (GDP), which indicates the general intensity of the problems<sup>(13)</sup>. To compare ADP and RDP between the use and non-use of alcohol and drugs, the independent T-test was used. Logistic regression models were used to describe the effect of alcohol and drug use on life areas<sup>(12)</sup>.

## RESULTS

The interviewees were aged between 13 and 16 years (average of  $14.1 \pm .89$ ). Of these, 62 (56.9%) were female, 56 (51.4%) professed the evangelical religion and 63 (57.8%) professed some religion; 89 (81.7%) lived with the family (parents and siblings), 96 (88.1%) just studied and 63 (61.8%) reported family income between two and four minimum wages (Table 1).

When comparing sociodemographic characteristics and alcohol use in the sample, there was a predominance of students who did not practice religion (67.4%) and who worked (81.8%), with statistically significant differences ( $p < .005$ ). The use of other drugs stood out among the group of adolescents who were aged 15-16 years (38.2%) and did not practice a religion, with statistically significant differences ( $p < .005$ ).

Regarding the use of psychoactive substances (excluding alcohol), 26 (24.7%) had tried some type of drug and 83 (75.3%) had never tried it. Of the students, 55 (52.4%) had already consumed alcoholic beverages and 54 (47.6%) never used it.

Concerning the densities of the problems, all ADP were significantly associated with students who used alcohol and other drugs.

The average GDP values were higher among the group of adolescents who had already tried some type of drugs ( $37.6 \pm 16.4$ ;  $t = -4.724$ ), when compared to those who had never tried ( $22.9 \pm 12.7$ ;  $t = 4.161$ ), with statistically significant differences ( $p < .005$ ).

The average GDP values were also higher among the group of adolescents who consumed alcoholic beverages ( $33.0 \pm 15$ ;  $t = 5.144$ ), when compared to the group of those who never drank ( $19.4 \pm 11.6$ ;  $t = 5.2$ ), with statistically significant differences ( $p < .005$ ).

The area of the DUSI most affected (according to RDP values) among adolescents who used alcohol was "Use of psychoactive substances", and among those who did not use, "School" and "Leisure and Recreation", with statistically significant differences ( $p < .005$ ).

In the logistic regression model, the variable "practice religion" was identified as a protective factor for the use of alcohol and other drugs, and "work" as a risk factor for the use of alcohol. Students who practiced a religion had a low risk of 71.3% for not using drugs (OR = .287, CI .111 - .745;  $p = .010$ ). Likewise, they had a low risk of 67% for not consuming alcoholic beverages (OR = .332 CI = .138 - .798;  $p = .014$ ). However, those who, in addition to studying also worked, had a high risk of 10 times more likely to be involved with alcohol use (OR=10, CI = 1.185 - 85.4;  $p = .034$ ) (Tables 4 and 5).

**Table 1.** Sociodemographic information of students, according to the use of alcohol and drugs (n=109). Brazil, 2015.

Variables		Alcohol		Other Drugs	
		Yes	No	Yes	No
		n (%)	n (%)	n (%)	n (%)
Gendera	Female	33 (55.0)	27 (45.0)	13 (21.7)	47 (78.2)
	Male	22 (50.0)	22 (50.0)	12 (27.3)	32 (72.7)
Age rangea	13 - 14 years	35 (62.5)	37 (74.0)	13 (18.1)	59 (81.9)
	15 - 16 years	21 (37.5)	13 (26.0)	13 (38.2)*	21 (61.8)
Religion	Catholic	16 (59.3)	11 (40.7)	4 (14.8)	23 (85.2)
	Evangelical	26 (47.3)	29 (52.7)	15 (27.3)	40 (72.7)
	Others	14 (58.3)	10 (41.7)	7 (29.2)	17 (70.8)
Practice religiona	Yes	26 (41.9)	36 (58.1)	10 (16.1)	16 (37.2)
	No	29 (67.4)*	14 (32.6)	52 (83.9)*	27 (62.8)
With who he/she lives	Parents/siblings	45 (52.3)	41 (47.7)	66 (76.7)	20 (23.3)
	Other family members	5 (83.3)	1 (16.7)	2 (33.3)	4 (66.7)
	Other	6 (42.9)	8 (57.1)	4 (28.6)	10 (71.4)
Good family relationshipsa	Yes	49 (52.7)	44 (47.3)	23 (24.7)	70 (75.3)
	No	7 (53.8)	6 (46.2)	3 (23.1)	10 (76.9)
Worksa	Yes	9 (81.8)*	2 (18.2)	5 (45.5)	6 (54.5)
	No	46 (48.9)	48 (51.1)	20 (21.3)	74 (78.7)
Family incomea	≤ 1 wage**	15 (57.7)	11 (42.3)	6 (23.1)	20 (76.9)
	≥ 2 wages	37 (50.7)	36 (49.3)	20 (27.4)	53 (72.6)

\*( $p \leq 0,05$ ). aFisher's exact test, chi-square test. \*\*Minimum wage considered at the time of collection: R\$ 937,00.

## DISCUSSION

In this study, the characteristics of the interviewees followed the general profile of Brazilian students concerning the variables gender, age, work<sup>(3)</sup> and monthly family income<sup>(14)</sup>. The indicator of alcohol use in this study was 52.4%, higher than that found in a Brazilian survey (which presents stratifications by age groups), both for the 13 to 15 age group, which is 24.0%, and for the age group of 16 to 17 years, which is 38%<sup>(3)</sup>. In relation to other drugs, our experimentation indicator, which was 24%, also exceeded the national indicator, which is 9% for students aged 13 to 15 years and 17% for those aged 16 to 17 years. These findings, greater than data from the Brazilian survey, may be related to the fact that the research was developed in a more socially vulnerable territory and with a high circulation of psychoactive substances. These vulnerabilities are configured insofar as there is an offer of these substances and the absence of policing and public policies to combat drug trafficking, including in the school environment in these places<sup>(7)</sup>. These results clearly point to a problem that requires interventions in the field of public health and education.

Religion also diverged from the profile of the general population, considering that the majority of Brazilians are Catholic<sup>(15)</sup>. We identified religious practice as a protective factor for both the use of alcohol and other drugs, especially

for the age group between 15 and 16 years, in which there is a higher prevalence of substance use among adolescents<sup>(3)</sup>. It is known that this is one of the most stable protective factors over time<sup>(16)</sup> because it acts as a conditioner of behavior, through the promotion of traditions, precepts and rules of conduct that guide human conscience and judgment. In addition, it enables the development of skills that are related to well-being and involves individuals in a social network that promotes values and norms that are prescribed to be reproduced outside the religious environment<sup>(6,15)</sup>.

Regarding the fact of working, in addition to studying, the data showed a 10-fold high chance of the student being involved with alcohol use. This risk is in line with previous findings, including heavy alcohol use and addiction. Among the possible justifications for this relationship are economic independence<sup>(16-17)</sup>, the need to be accepted by the group of adult work colleagues who use alcohol, the stress resulting from work activities and the loss of parental control<sup>(16)</sup>. In the case of the sample of the present study, a portion referred to a gain of a minimum wage or less, lower than the Brazilian parameter<sup>(14)</sup>, which may be related to the early insertion in the labor market, in activities that require a low level of qualification and schooling. If, on the one hand, this justifies the need for collaboration to cover basic family expenses, on the other, it reformulates the adolescent's social network,

**Table 2.** Comparison of ADP - DUSI values between the use and non-use of alcohol and drugs among students (n=109). Brazil, 2015.

	Alcohol	X±Dp	Drugs	X±Dp
1. Substance use	No	1.87±5.2	No	6.7±12.6
	Yes*	19.0±21.6	Yes*	23.8±25.7
2. Behavior	No	23.5±17.3	No	29.8±19.7
	Yes*	41.2±18.5	Yes*	42.1±18.1
3. Health	No	21.6±19.5	No	24.1±20.2
	Yes*	31.9±23.5	Yes*	36.1±25.7
4. Psychiatric disorders	No	22.6±17.5	No	26.0±16.8
	Yes*	35.3±19.6	Yes*	39.4±24.1
5. Social competence	No	23.3±16.5	No	28.8±19.6
	Yes*	38.8±23.3	Yes*	39.2±25.8
6. Family system	No	20.1±20.0	No	24.1±21.3
	Yes*	35.7±23.4	Yes*	41.4±24.0
7. School	No	20.7±13.8	No	21.9±14.1
	Yes*	29.9±16.7	Yes*	36.7±16.7
8. Work	No	5.0±15.1	No	6.1±13.8
	Yes*	12.8±20.1	Yes*	18.4±26.1
9. Relationship with friends	No	22.5±19.9	No	25.0±20.0
	Yes*	36.3±22.7	Yes*	44.5±23.5
10. Leisure/recreation	No	28.3±21.6	No	29.4±21.5
	Yes*	39.3±25.5	Yes*	48.3±27.0

Independent T-test. \*(p ≤ 0,05).

resulting in a premature transition to the world of adults<sup>(18)</sup>, in which alcohol is present, it is lawful and its consumption is encouraged. The early financial independence achieved by access to paid work can influence the adolescent's autonomy in decision-making for drug use<sup>(17)</sup>, as it is a phase of the life cycle marked by an intense search for personal and social identity.

Our main results confirmed the hypothesis that the intense exposure to the use of psychoactive substances is related to a range of problems in different areas of the student's life. All areas investigated in isolation were affected by the use of alcohol and other drugs, and the overall intensity of the problems was significantly greater among adolescents who had previously been involved with any substances.

In this case, we found evidence of the association between the use of alcohol and other drugs and concomitant problems in the areas of behavior, physical and mental health, social competence, family, work and relationships with friends. The most affected areas among adolescents who did not use alcohol were "school" and "leisure", which can be explained by the inequalities found within the same city, where regions that live with scarce access to cultural goods, low income and residential segregation, are also affected in the school context<sup>(18)</sup>. Despite

**Table 3.** Comparison between the DUSI areas (RDP values) and the use and non-use of alcohol and drugs, among students (n =109). Brazil, 2015.

	Alcohol	X±Dp	Drugs	X±Dp
1. Substance use	No	.705±1.8	No	2.4±4.2
	Yes*	5.5±5.9	Yes*	6.0±6.3
2. Behavior	No	12.7±8.9	No	14.1±9.0
	Yes	14.6±7.8	Yes	12.6±5.6
3. Health	No	10.0±7.5	No	9.9±7.5
	Yes	9.7±6.5	Yes	9.4±5.1
4. Psychiatric disorders	No	11.6±9.3	No	11.9±8.8
	Yes	11.7±7.2	Yes	10.9±6.1
5. Social competence	No	12.6±7.6	No	13.7±9.5
	Yes	12.8±9.8	Yes	9.8±5.3
6. Family system	No	9.7±8.1	No	9.7±7.6
	Yes	10.5±7.3	Yes	11.2±8.0
7. School	No*	13.2±13.7	No	11.3±11.3
	Yes	9.2±4.4	Yes	10.7±4.9
8. Work	No	2.0±5.5	No	2.3±4.9
	Yes	3.2±4.2	Yes	3.8±4.8
9. Relationship with friends	No	11.7±9.4	No	11.1±8.4
	Yes	11.1±6.1	Yes	12.3±5.4
10. Leisure/recreation	No*	15.5±11.6	No*	13.3±10.0
	Yes	11.1±5.7	Yes	13.0±6.5

Independent T-test. \*(p ≤ 0,05)..

this, the lack of options for leisure and losses in school life are events associated with the use of psychoactive substances. The first for facilitating fun and interaction with friends and the second for worsening performance, due to effects such as impaired sleep and inattention<sup>(19-20)</sup>.

The results of this study were similar to those obtained by others carried out for different purposes, which found negative repercussions associated with the use of alcohol and other drugs in the adolescent's life, such as involvement in criminal actions<sup>(21)</sup> and in situations of physical conflict, institutionalization, unprotected sexual practice, family and friends problems<sup>(20,22)</sup> and disease involvement<sup>(22)</sup>. Damage to physical condition (such as a hangover and nausea) at work and sports activities has been associated with alcohol use in adolescence. Other identified burdens are depression and suicidal ideation<sup>(20)</sup>.

Obviously, the consequences listed are not exclusive to adolescents who live in territories with a high circulation of drugs; however, these places are characterized by living together in conditions that can aggravate such problems. Trafficking, which is routine and usually accepted or tolerated by the local population, coexists with problems such as low social status, risky behavior, drug permeability in the family, precarious

**Table 4.** Final model of logistic regression, considering alcohol use and DUSI variables (n=109). Brazil, 2015.

		Coefficient	S.E.	P value	Odds ratio	95% C.I.	
						Lower	Upper
1. Substance use	Fissure or strong desire	2.787	1.095	.011	16.2	1.897	179
	Abstinence-alcohol	2.231	1.140	.050	9.3	.997	10.861
2. Behavior	Thinks that he/she is better than the others	-3.620	1.885	.055	.027	.001	1.078
	Screams a lot	3.855	1.265	.002	6.2	3.959	7.793
	Suspicious	-3.271	1.443	.023	.038	.002	.642
	Insults/many swear words	4.560	1.314	.001	5.5	2.2	6.941
	Puts himself/herself at risk	5.339	1.528	.000	8.4	1.422	9.270
	Feels angry or pissed	2.793	1.192	.019	16.3	1.580	18.721
3. Health	Yellow eyes	2.556	1.063	.016	12.8	1.603	14.483
4. Psychiatric disorders	More fights than others	2.018	.822	.014	7.5	1.503	3.612
	Nervous	1.192	.453	.008	3.3	1.356	4.006
5. Social Competence	Unhappy with performance in activities	1.275	.574	.026	3.6	1.162	6.028
	Easily influenced	1.751	.810	.031	5.7	1.177	8.175
6. Family system	Family member used alcohol to the point of causing problems	1.380	.545	.011	3.9	1.365	6.573
	His/her guardians fight a lot	1.811	.685	.008	6.1	1.597	8.414
7. School	Dropping out of school	1.540	.542	.004	4.6	1.613	7.487
	Annoys or gets upset at school	1.403	.533	.009	4.0	1.430	6.566
	Gets bored at school	-1.322	.581	.023	.267	.085	.833
8. Work	Job search help	1.237	.559	.027	3.4	1.153	5.298
9. Relationship with friends	Friend uses substances	1.642	.469	.000	5.1	2.059	6.968
	Offender friens	1.317	.634	.038	3.7	1.078	5.929
10. Leisure/recreation	Uses substances for fun	2.385	1.243	.008	19.1	0.546	199

collective living conditions and high rates of violence and death<sup>(6)</sup>. It is known that the characteristics of the physical and social environment experienced by adolescents tend to reproduce in the future<sup>(23)</sup>.

### Contributions to the field of nursing, health or public policy

The reality found points to the need for intervention in the territory, based on actions that have an interface between health and education, especially those capable of promoting protective behaviors and preventing the use of psychoactive substances. In this perspective, it is worth emphasizing the importance of the Health at School Program, which articulates health and education, aiming at contributing to the integral education of students in the public school system, through actions of promotion, prevention and health care, with a view to coping vulnerabilities that compromise the full

development of these students<sup>(24)</sup>. Professionals in these areas can implement, for example, diagnostic strategies and brief interventions<sup>(9)</sup>, home visits and longitudinal community activities, such as discussion groups on the topic and even playful activities that can be developed in schools<sup>(25)</sup>.

### Limitations of the study

The strength of this study lies in the approach and analysis used to examine predictors of common problems among students in a territory with specific characteristics. These strengths awaken insights and ideas for the construction of integrated actions between the areas of Nursing in Public Health and Mental Health in the fight against substance use. However, the limits of the results are inherent to the cross-sectional design, which does not allow the identification of cause and effect relationships and to the fact that a probabilistic sample was not used.

**Table 5.** Final model of logistic regression, considering drug use and DUSI variables (n=109). Brazil, 2015.

		Coefficient	S.E.	P value	Odds ratio	95% C.I.	
						Lower	Upper
1. Substance use	Broke rules	2.422	.743	.001	11.2	2.628	12.337
	Relationship problems due to substance use	1.618	.832	.042	5.0	.988	8.733
2. Behavior	He/she is stubborn	1.273	.643	.048	3.5	1.014	6.589
	Threatens to hurt people	1.763	.793	.026	5.8	1.231	7.594
	Take risks/do dangerous things	1.134	.574	.048	3.1	1.009	9.579
3. Health	Abdominal pain or nausea	-1.182	.554	.033	.307	.104	.909
	Yellow eyes	-1.484	.639	.020	.227	.065	.794
4. Psychiatric disorders	More fights than others	1.764	.668	.008	5.8	1.577	21.592
	Gets frustrated easily	1.181	.544	.030	3.2	1.121	9.461
	Excessive energy	1.394	.661	.035	4.0	1.102	14.729
5. Social competence	Easily influenced	1.744	.639	.006	5.7	1.635	20.029
	Avoids looking/eye contact	1.239	.557	.026	3.4	1.157	10.291
6. Family system	Relative arrested in the last year	1.367	.560	.015	3.9	1.308	11.763
	Guardians are unaware of what he/she likes and what he/she doesn't like	1.732	.537	.001	5.6	1.971	6.197
7. School	His/her grades are below average	2.552	.627	.000	12.8	3.754	13.834
	Missed or arrived late at school due to alcohol or drug use	2.444	.990	.014	11.5	1.656	12.089
	Alcohol or drugs interfered with his/her work homework or schoolwork	2.506	1.325	.059	12.2	.913	14.492
8. Work	He/she stopped working because he/she didn't care	2.251	.901	.013	9.4	1.623	10.523
	Missing or late at work	2.673	1.174	.023	14.4	1.450	14.621
9. Relationship with friends	His/her friends took drugs or alcohol at parties in the last 12 months	1.833	.600	.002	6.2	1.928	8.292
	His/her friends stole something or damage school property on purpose in the past 12 months	1.215	.601	.043	3.4	1.037	6.938
10. Leisure/recreation	During the week, goes out at night to have fun, without permission	2.123	.688	.002	8.4	2.172	9.170
	In his/her free time he/she spends most of his/her time with friends	1.209	.534	.024	3.3	1.176	6.551

## CONCLUSION

We found that all the investigated areas of the life of students who live in a territory with a high circulation of drugs were intensely affected by the use of psychoactive substances, which is related to the complex web of economic, social, cultural and drug access factors that culminate in a life situation, which in itself already has the potential to be problematic. Although these determinants are not always defining, one cannot neglect their capacity to aggravate the damage to adolescents when there is a propensity to use alcohol and other drugs.

In this study, an aspect that portrays the reality of this group of vulnerable adolescents was diagnosed, clearly showing the need for collective preventive strategies aimed at the school audience of this age group, which, to be done more effectively, must be intersectoral and involve health and education professionals. Our results open perspectives for future studies to investigate how and what actions would be more effective in preventing substance use in schools located in territories dominated by drug trafficking.

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