

Alcohol use among adolescents and relationship with social and personal factors*

Uso de álcool entre adolescentes e relações com fatores sociais e pessoais

Consumo de alcohol entre los adolescentes y relaciones con factores sociales y personales

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This is a quantitative research and aims to investigate alcohol use by adolescents, and the relations between social and personal factors. 314 students, from 14 to 18 years, of public schools in Vitória/ES, Brazil, participated in the year 2013. We used the Brazilian Youth Questionnaire that relate to the use of alcohol and that assessed personal factors like religiosity, self-efficacy and self-esteem and social factors such as relationships with family, friends and school. We performed descriptive analyses, correlation, t test and Chi square. It was found that factors associated with family and friends are related with alcohol use, in addition to personal factors, such as sex and self-efficacy. The results suggest that the family environment and the self-efficacy can be protective factors in relation to the use of alcohol in teenagers, dimensions that can be worked in prevention programs.

Descriptors: Adolescent; Ethanol; Protective factors.

Esta é uma pesquisa quantitativa e tem como objetivo investigar o consumo de bebidas alcoólicas por adolescentes, e as relações entre fatores sociais e pessoais. Participaram 314 estudantes, de 14 a 18 anos, de escolas públicas da Grande Vitória/ES, no ano de 2013. Foram utilizadas as questões do Questionário da Juventude Brasileira que diziam respeito ao uso de álcool e as que avaliavam fatores pessoais como religiosidade, autoeficácia e autoestima e fatores sociais, como relações com a família, amigos e escola. Foram realizadas análises descritivas, de correlação, teste t e qui-quadrado. Verificouse que fatores associados à família e aos amigos têm relação com o consumo de álcool, além de fatores pessoais, como sexo e a autoeficácia. Os resultados sugerem que o ambiente familiar e a autoeficácia podem ser fatores protetores em relação ao uso de álcool para adolescentes, sendo dimensões que podem ser trabalhadas nos programas de prevenção.

Descritores: Adolescente; Etanol; Fatores de proteção.

Esta es una investigación cuantitativa y tiene como objetivo investigar el consumo de bebidas alcohólicas por adolescentes, y las relaciones entre factores sociales y personales. Participaron 314 estudiantes, de 14 a 18 años, de escuelas públicas de la Grande Vitória/ES, Brasil, en el año de 2013. Fueron utilizadas las preguntas del Cuestionario de la Juventud Brasilera que hablaban respecto al uso del alcohol y las que evaluaban factores personales como religiosidad., autoeficacia, y autoestima y factores sociales, como relaciones con la familia, amigos y escuela. Fueron realizados análisis descriptivos, de correlación, test t y qui cuadrado. Se verificó que factores asociados a la familia y a los amigos tienen relación con el consumo de alcohol, además de factores personales, como sexo y la autoeficacia. Los resultados sugieren que el ambiente familiar y la autoeficacia pueden ser factores protectores en relación al uso del alcohol para adolescentes, siendo dimensiones que pueden ser trabajadas en los programas de prevención.

Descriptores: Adolescente; Etanol; Factores protectores.

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INTRODUCTION

In epidemiological studies performed in Brazil and in the world, alcohol appears as the most consumed drug by the population, experienced for the first time in adolescence^{1,2}. The great acceptance and legal "authorization" for its consumption and the fact that it is associated with leisure, social coexistence and pleasure not only for adults but also for young people, collaborate with this reality.

The Statute of the Child and the Adolescent, understands that children and adolescents are in the process of physical and psychological development and prohibits selling alcoholic beverages to that grupos³. However, despite all the population knows this restriction, it is little respected. The lack of supervision and the little importance given to the matter has guaranteed the access of young Brazilians, under 18 years old, to alcoholic beverages without major difficulties^{1,4}.

One of the concerns about the use of alcohol by teenagers is the possibility alcohol use facilitates the use of other psychoactive substances. A study to verify this relationship in France⁵ used data from a National Health Bank to describe the trends of substance use over time.

Filling out the questionnaire updates this database is mandatory for all French teenagers who turn 17 years old. Researchers analyzed the data obtained in 2005 from a sample of 29,393 young people and noted that the use of marijuana can be closely linked to the initial use of legal drugs, such as tobacco and alcohol. In general, it was found that the group of friends has major influence in the use of drugs and the use of psychoactive substances, mainly legal drugs, and that occurs for the first time when they go out at night in festive environments among friends. The study suggests that the use of legal drugs can lead to the use of marijuana and, then, can lead the person to the use of other illegal drugs⁵.

Other concerns, besides the use of illegal drugs, are associated with the early and abusive use of alcohol in several areas of life, such as health^{1,6}, school life⁷ and violence^{4,8}.

The adolescents themselves, in a study on social representations of alcoholic beverages for this public⁹, highlighted negative aspects of their use, such as violence and loss of consciousness. They considered exagerated use of alcohol as something bad, especially because of the hangover it causes described as a set of symptoms, such as nausea, vomiting, headache, dehydration and alcoholic amnesia.

Although the use of alcohol among adolescents is a public health problem that should mobilize programs and services addressed to this public, it is also important to consider that there are both risk and protection mechanisms involved in relationships established bv the adolescents¹⁰. The construction experiences for overcoming adversities that found throughout life is closely related to those mechanisms¹¹. Thus, not all adolescents who consume alcohol will be dependent on other substances.

A study conducted with 335 students between 18-24 years in Jamaica, showed that alcohol was the most used legal drug by young people in the last 24 months, although the use of this drug was not correlated with family dysfunctions, unlike the use of illegal drugs. The study also indicated a negative and significant correlation between the use of legal and illegal drugs with the influence of pairs¹². Therefore. positive although considered a risk factor, the use of licit drugs as a 'bridge' to consume other drugs does not have a causal but a probability relationship, because consumption is related to the individual and the context in which they are inserted, and may or not lead to the involvement with illegal drugs¹⁰.

The exposure to developmental risk factors is mediated by protective factors – which are associated with the presence of social and affective support networks – because in the presence of these factors, the individual is less vulnerable to the risks and the positive aspects of their development are potentialized¹³. These elements can be both personal (individual characteristics) and social (support of the groups and institutions) and act mediating the responses of individuals, provided that they acknowledge

and interact with the protection found in their environment, using the existing personal resources in an attempt to reduce the impacts of risks¹¹.

In the case of drug use, personal and social factors (family and environments) may favor the development of behaviors that reduce the chances of consuming psychotropic substances by the adolescents^{10,14}, religiosity, an empathic with family environment good communication, information and knowledge about the effects of drugs^{10,14,15}.

Other factors involving personal competences such as self-efficacy, expressed in the judgment that the subject issues about their own abilities, and self-esteem, analyzed by the set of feelings and thoughts that the person has about themselves, are also considered in relation to the protection factors for development and consumption of substances^{10,15,16}. Considering, therefore, the multiple factors involved in the use of alcohol adolescence, the research investigate the consumption of alcoholic beverages bv adolescents, and relationships between social and personal factors.

METHOD

This is a quantitative research conducted in July 2013 with adolescents. We randomly selected the sample by drawing the high school institutions listed on the page of the State Secretariat of Education of Espírito Santo. When a selected institution did not agree to participate, another was drawn. Then, we randomly selected the classes of young people who participated from each school.

The instrument used for data collection was the Brazilian Youth Questionnaire elaborated for the second stage of the National Study on Risk and Protection Factors in the Brazilian Youth, linked to the Working Group "Youth, Resilience and Vulnerability" of the National Association of Research and Postgraduation in Psychology (ANPEPP)¹⁷.

The questionnaire consists of 77 questions with different formats, such as multiple-choice questions, dichotomous

(yes/no) and five-point Likert scales. It addresses different topics related to the experience of young people, such as education, health, family relationships, and others. In the present study, we used data related to the participants' characterization, survey on the use of alcoholic beverages, besides the scales of social factors evaluation, such as family environment and perception about the community and the school, as well as the evaluation of personal factors, such as self-esteem, self-efficacy and religiosity.

We assessed the family environment, the perception about the community and the school from three scales included in the instrument. The first one contains 15 statements, the second 6, and the third 7 statements, all evaluated with answers in five-point Likert format. For the scales on family and school, the answers ranged between 1 (I totally disagree) and 5 (I totally agree), while for community evaluation they ranged from 1 (never) to 5 (always)¹⁷.

To evaluate self-esteem and self-efficacy, we used the Rosenberg¹⁸ self-esteem scale, adapted by Reppold and Hutz¹⁹, and the General Self-efficacy Perceived Scale²⁰ adapted by Teixeira and Dias²¹. Each contain 10 affirmatives to point out. The self-esteem scale consisted of answers from 1 (never) to 5 (always) and the self-efficacy by answers varying from 1 (not true about me) to 4 (it is totally true about me). The religiosity scale consisted of nine questions with answers from 1 (never) to 5 (always).

The adolescents were informed about the objectives and procedures used. After the necessary clarifications, we requested a formal agreement of the school, parents and adolescents through signing the Free and Clarified Consent Form (for the school and the parents) and the Free and Clarified Assent Term (for the adolescents). We applied the instrument collectively and the adolescents answered the questionnaire individually within the school hours.

To analyze the data, we used the program SPSS (Statistical Package for the Social Sciences), version 22, which allows to perform a statistical treatment of the data. Initially, we performed descriptive analyses

using means, standard deviation, frequencies and percentages with the purpose of organizing the data and knowing aspects related to the participants' characterization, evaluation of the relationship in their family, the experience of adolescents and the consumption of licit drugs.

Next, in relation to the main variables, we performed chi-square and Student's t tests for independent samples, in addition to correlation analysis (Pearson's R). For the analysis we used the significance level of P < 0.05

The study was approved by the Research Ethics Committee of Universidade Federal do Espirito Santo, under the No. 115.269/2012.

RESULTS

Participants' characterization

The participants were 314 adolescents between 14 and 18 years old (M=16; SD=1.16); 53.5% female and 46.2% male, 98% single, from public schools students in Grande Vitória. The students had a mean monthly family income of R \$757.80 (SD=1214,26).

Regarding the distribution in relation to the municipalities of Grande Vitória, we observed that Serra had the highest number of participants (56%), followed by Vitória (35%) and Cariacica (6%) (Table 1).

In relation to family composition, 48% of the participants lived with parents, mothers and siblings; 28.5% lived with a family where only one parent was present. In addition, in this form of organization it was possible to identify, regularly, the presence of other relatives as grandparents or uncles. We found found that 16% lived in reconstituted families, formed from a second marriage or new relationships (Table 1).

About ethnicity/color, 47.8% of the adolescents self-declared brown followed by 24.5% of whites and 22.9% of blacks. As for religion, 45% of the participants considered themselves evangelical and 31.5%, Catholics (Table 1).

Regarding work, 59.5% were inserted in the labor market, formally or informally, but the activities were developed in the counter school shift. By separating the

description of the work according to sex, we observe that: a) more girls never worked (N=76) when compared with boys (N=47), $\chi 2(1) = 6.00$, p = 0.01; b) more boys are working (N=58) when compared to girls (N=45), $\chi 2$ (1) 5.63, p=0.02; and c) the frequency of girls who are looking for work is higher (N=69) than boys in the same situation (N=47), but this difference was not significant, $\chi 2$ (1) = 2.91, p=0.06.

Regarding schooling, the results show that the percentage of parents who had completed high school (fathers 28.3% and mothers was 27.4%) slightly higher than proportion with incomplete elementary education (19.1% and 24.2%). According to the adolescents' information, 8.9% of the fathers and 8.9% of the mothers had incomplete secondary education; 6.1% of the fathers and 4.8% of the mothers had completed higher education; 2.9% of mothers and 3.2% of the fathers knew how to read, but did not go to school; 1.6% of the fathers and 2.5% of the mothers were illiterate (Table 1).

We verified that 65% of the participants had a family income of up to a minimum wage, while only 5% had income above five minimum wages. Analyzing the level of education of the adolescents' parents and salary income, we observed that men had higher guarantees of wage ascension as their degree of education increased, χ^2 (27)=41,16; p=0.04, but this did not happen with women (Table 1).

Consumption of alcoholic beverages among adolescents

We could observe that 69.1% of the adolescents said they experienced alcoholic beverages at least once in their lives. When asked if they have drunk in the last year, 43.3% answered yes. Among the 158 adolescents who consumed some type of drug (50.3%) in the last year, alcohol was the most consumed substance (43.3%) (Table 2).

Table 1. Sociodemographic information of adolescents. Vitória, July, 2013.

Variable	Answers = F			
City	Cariacica = 19	Vila Velha = 8		
	Serra = 175	Vitória = 111		
	Viana = 1			
Skin color	Brown = 150	Yellow = 6		
	White = 77	Indian = 9		
	Black = 71			
Who holds the house?	Other people = 310	Student = 2		
Do you receive any help from	No = 250	Yes = 63		
the Governement?		Types:		
If yes, which one?		Bolsa família = 55		
		Scholarship = 3		
		Pró-jovem = 2		
		PETI / Other = 1		
Grade / school year	1st grade = 85	6 th grade = 7		
and former your	2 nd grade = 123	7 th grade = 11		
	3^{rd} grade = 50	8th grade = 21		
	4 th grade = 16	0 81440 21		
Religion	Evangelical = 140	Other = 12		
Kengion	Catholic = 99	Atheist = 4		
	None = 57	Spiritist = 3		
	Protestant = 16	Spiritist = 3		
Religiosity	Mean = 3,70	SD = 0,90		
Religiosity	Never worked = 123	3D - 0,90		
	Working = 103			
	Worked = 62			
		Yes = 116		
	Looking for a job?	No = 25		
Occupation				
Occupation	IATh and the arrangely.	Administrative area = 37		
	Where they work:	Other places = 28		
		Trade industry = 17		
		Family homes = 4		
		In the street = 2		
YAYI 1' '.1 .1	M .1 070	Industry = 1		
Who live with them	Mother = 278	Other person = 19		
	Siblings = 210	Grandfather = 15		
	Father = 162	Stepmother = 5		
	Stepfather = 44	Adoptive Parents = 2		
	Grandmother = 29	Companion = 2		
	Uncles or aunts = 25	Kids = 1		
Family schooling	Father	Mother		
	Illiterate/Reads = 15 Illiterate/Reads = 17			
	Incomplete Elementary = 60	Incomplete Elementary = 76		
	Complete Elementary = 26	Complete Elementary = 24		
	Incomplete High School = 28	Incomplete High School = 28		
	Complete High School = 89	Complete High School = 86		
	Incomplete Superior = 9	Incomplete Superior = 16		
	Complete Superior = 19	Complete Superior = 15		
	Post-graduation = 7	Post-graduation = 17		

Among the participants who reported having experienced some type of drug, 42.4% used alcoholic beverages as the first substance in comparison with other drugs, including cigarettes and marijuana. There was no significant difference in the comparison between sexes, considering that 42.8% of the boys and 41.7% of the girls stated that the

alcoholic beverage was the first drug used (Table 2).

When asked about the frequency of alcohol use in the last month, 23.9% of the adolescents responded that they did not drink, 10.5% responded that they consumed drink less than once a week, 2.9% reported

their consumption from 1 to 4 times a week, and 2.2% drank 5 or more times a week.

By Student's T-test for independent samples, we observed that there was no statistically significant difference between the ages mean in which boys (M=13,40; SD=2.7) and girls (M=13,50; SD=1.8) started to drink alcoholic beverages (t=0.309; p=0.76) (Table 2).

Regarding the company for drug use, we found that, of those who used some kind of psychotropic substance, 77.5% used it in the company of friends and 26.4% with some family member. The values presented to this question exceed 100%, since the question admitted more than one answer (Table 2).

We did not observe gender differences in relation to the use of alcohol when the adolescent is alone, $\chi 2$ (1)=.73, p=0.99; with

the family, $\chi 2(1)$ =0,058, p=0.81; or with friends, $\chi 2(1)$ =2,59, p=0.11. However, adolescents who drank alcohol in the last month confirmed having more close friends who use drugs (N=138) than those who have not used alcohol in the last month (n = 63), $\chi 2(1)$ =15,79, p=0.001. This difference was not observed for the question regarding relatives, $\chi 2(1)$ =0.42, p=0.51 (Table 2).

Of all the adolescents who reported having consumed some type of drug (50.3%), 53% answered that they never tried to stop, since they never used any substance regularly. However, in previous answers that involved the use of alcoholic beverages, these participants indicated that they drink alcoholic beverages, with a consumption pattern of once a month (Table 2).

Table 2. Information on the consumption of licit and illicit drugs. Vitória, July, 2013.

Variable	Answers = F			
Have a close friend who uses	No = 103	Yes = 201		
drugs?		If yes, which typ	If yes, which type?	
		Licit drugs = 153		
		Illicit drugs = 80	1	
Have a relative who uses	No = 112	Yes = 191 If yes, which type? Licit drugs = 153		
drugs?				
J				
		Illicit drugs = 51		
You already tried	Alcohol = 217	Anabolic = 7		
	Cigarrette = 72	Cocaine = 6	Cocaine = 6	
	Marijuana = 21	Tea / medicine t	Tea / medicine to get crazy= 4	
	Glue, solvent, lança-perfume,	Ecstassy = 3		
	other = 8	•		
	Pills for weight loss without			
	prescription = 7			
Which was the first drug you	Alcohol = 133	Marijuana = 3		
used?	Cigarrette = 13	Lança-perfume = 2		
	Alcohol and cigarrette = 6	Alcohol and cocaine = 1		
Age of licit drugs use	Alcohol	Cigarrette		
	M = 13,50 (DP = 2,30)	M = 14,00 (DP = 2,21) Before 12 years old = 13		
	Before 12 years old = 50			
	From 13 years old = 139	From 13 years old = 54		
Use in the last month	Drug	Alcohol	Cigarrette	
	Never used	75	24	
	Less than once a week	33	11	
	From 1 to 4 times a week	9	2	
	5 or more times a week	7	4	
Consumes drugs when is	With friends = 100	With boy/girlfriend = 12 With other people = 1		
	With a relative = 34			
	Alone = 17			
Did you think to stop?	Yes = 74	No = 34		
Did you try stop drinking?	Yes = 45	No = 20		
Could you stop drinking?	Yes = 35	No = 5		
_	For a while = 6			
Who helped?	Alone = 39	Family = 4		
-	Friends/group = 8	Others = 4		
	Church = 6	School = 2		

Factors associated with alcohol consumption Regarding the scores of the scales, we observed a difference between the sexes only in the religiosity scale, with the girls being more religious than boys (t=2,79, p=0.01). The other variables did not present significant differences between genders (Table 3).

The self-efficacy mean varied according to the use or not of alcohol in the last month. Adolescents who did not use alcohol (N=75) had higher averages (M=3,51, SD=0.57) of self-efficacy when compared to adolescents who used alcohol (N=49; M=3,21, SD=0.66), t=2.68, p=0.008 (Table 3).

In the analysis of the participants according to sex, we observed only one significant association, an inverse correlation between the consumption of alcohol in the last month and the level of satisfaction with the family, only for the female sex. This result indicates that the higher the level of satisfaction with the family, the lower the consumption of the alcohol among the girls (Table 3).

Table 3. Correlation between alcohol consumption in the month and social and personal variables. Vitória, July, 2013.

	Boys		Girls	
Variables	M (DP)	Correlation consumption month	M (SD)	Correlation consumption month
Consumption month	1,61 (0,89)		1,56 (0,83)	
School	3,48 (0,83)	-0,08	3,52 (0,79)	-0,11
Community	2,88 (1,00)	0,09	2,68 (0,96)	0,10
Religiosity	3,57 (1,04)	-0,09	3,82 (0,73)	-0,03
Family	3,87 (0,78)	-0,12	3,93 (0,81)	-0,30*
Self-esteem	3,31 (0,40)	0,07	3,29 (0,50)	0,15
Self-efficacy	3,37 (0,67)	-0,22	3,27 (0,58)	-0,08

Note: *p<0,05; **p<0,01

DISCUSSION

The characterization of the study participants indicates that there are aspects of the environment in which most participants are involved, which relate to risk factors for the biopsychosocial development of adolescents. Among these factors, we can consider low family income, which in many cases did not earn one minimum wage; schooling below high school for fathers and mothers (46% and 41%); besides the higher incidence of alcohol experimentation among adolescents.

These can be considered risk factors, since we undesrstand that in association they can produce a negative outcome for the adolescent's development ²². It is important to consider that, although income and schooling in the family cannot be considered an a priori risk factor, they are factors that may be associated with the "negative result of the relationship between the availability of material and symbolic resources and access to social, economic and cultural opportunities"²³.

The low family income means, among other things, by the difficulty of wage ascension of family members, especially of the mothers of young people, since they have more difficulties in improving their financial conditions when compared to men, considering schooling increase.

This may indicate that these women are occupying jobs that do not value formal knowledge for the execution of labor activities. In addition, there is a low appreciation of the female workforce in the labour market and a differentiated treatment

given to the sexes in relation to the evolution of the professional career. This scenario corresponds to what we observe in the country. In comparison with the formal work, we found that the woman receives the equivalent of 75% of the salary received by the man and that the salary is even lower when compared with the income in informal employment, in this case the woman receives around 65% of the man wage²⁴.

We can consider that this expectation of salary difference and the family values that still attribute to man the role of provider and woman the function of domestic care²⁵, encourages and favors the boys to exercise paid work explaining the differences in relation to exercise and job search among adolescents in the study according to the sex.

Regarding the family configuration of adolescents, we can evaluate that the distribution found (48% of families are couples with children and 16% reconstituted) corresponds to other surveys. In the 2010 census, families constituted of couples with children corresponded to 49.4% of the families studied, while the reconstituted families corresponded to 16.3%²⁶. In the National Health Survey of the Student²⁷, we observed that 30.6% of the research participants lived only with their mother and 4.4% only with their father. The results reported in this study are also approaching them, since 28% of the participants reported that they lived with only one of the parents.

About the consumption of alcoholic beverages, most teenagers have experienced at least once in their lives. The proportion of

adolescents who gave this answer (69.1%) was higher than that observed among public school students in a national research (56,2%)²⁷, which is worrying. Alcohol was also indicated as the first drug consumed, and they first drank from 13 years old, both boys and girls, information that meets another national research¹.

The perception about alcoholic beverages does not correspond to other types of drugs that have pejorative valuation, placing their user as someone who is not similar to those who use illegal drugs²⁸. In the perception of adolescents regarding the consumption of alcoholic beverages, they considered that the use of alcohol presents little risk, which predisposes the adolescent to experimentation. Added to this aspect, the tolerance of the context in relation to the use of substances, in addition to exposure and opportunity, compose risk factors for the use of both licit and illicit substances²⁹.

The tolerance in relation to the use of alcoholic beverages exposes young people to other risks, since it is considered a period of formation of some neuronal transmission systems, which predispose the vulnerability to dependence and abusive use when they start to drink early³⁰. In addition, studies show that abusive alcohol use may be associated with other behavioral and health problems,^{1,6,7,8,,27,31,32}, and can make the individual more vulnerable to other risk situations for healthy development.

We observed that friends were the main company for alcoholic beverage ingestion, showing the importance of the group of peers. Another result that reinforces the influence of friends is what showed that adolescents who consumed alcoholic beverages in the last month had more friends who used drugs (legal or illegal) than adolescents who did not use alcoholic beverages. This result corroborates other studies^{7,33-35}.

In a study conducted with 919 students from two municipalities in the countryside of São Paulo, with an average age of 13.5, they found that adolescents who reported having friends who regularly used alcohol and/or drugs had 3.4 times more

chances of using alcohol than those who had no friends who used drugs regularly⁷. In another study conducted with 1563 students from Los Angeles County, the authors evaluate whether, even in the online media, friends exercised an influence on the alcohol consumption of adolescents. The study found that adolescents who had more friends, who posted their photos at parties and drinking, in the social media, consumed more alcohol³⁵.

They also verified that this effect was present even when the adolescents reported not having real friends who used alcohol, suggesting the importance of investigating the different forms of interactions between friends that may influence the use of alcohol and other substances³⁵.

We consider that the narrow bond of friendship between peers in adolescence is part of the search for belonging, the development of autonomy in interactions and the formation of identity. Friendship favors the development of competencies and provides social support, on the other hand can also increase confidence to circumvent rules and assume behaviors that put health at risk^{28,29,36}.

The obvious access that young people have to alcoholic beverages should be considered. In national research, the students answered that they had access to beverages mainly at parties, then with friends and third in commercial establishments, such as bars and supermarkets²⁷. Another study³⁷ found that adolescents were able to buy alcoholic beverages in most of the establishments they studied in the investigation.

Although Brazilian laws release the sale of alcoholic beverages only for people over 18 years old³, the lack of supervision by the competent organs and the unconcern of most of the society in relation to the consumption of alcohol by adolescents – together with the thought that alcohol is a harmless substance – favors unrestricted access^{29,37}.

The majority of the adolescents (60.8%) affirmed that they have relatives who use some type of drug; from these, 80% said the relatives use licit drugs, and the alcohol and cigarette are among them. We also found

that among adolescents who used some type of drug, 26.4% reported they use it with their families. On the other hand, we observed that among girls, the better the adolescent's assessment of the smaller family environment, the lesser tendency to drink alcohol, which indicates the satisfaction with the relationship in the family as a fundamental element in the prevention of alcohol consumption by adolescents^{12,38}.

Other studies show that the consumption of alcoholic beverages among adolescents is influenced by the family environment^{31,38} as also occurs in this context^{39,27}. These researches also indicate the importance of the family in the follow-up of education and orientation related to drinking habits^{39,40}.

Thus, in relation to the use of alcohol and other substances, we verified that the family could be both a risk factor, as a protective factor, as we also found in this study. Both the communication that parents establish about the use of alcocool⁴², as the use that parents make of alcoholic beverages can have an impact on the behavior of adolescents for alcohol consumption^{41,42}. The motivation for the adolescents to drink alcohol, as well as for other behaviors, can be stimulated by the perception that children have of the use and values of parents about alcohol^{15,42}. Friends their own values regarding what is acceptable to do also influences the use or non-use of alcoholic beverages⁴².

About the values that parents have regarding alcoholic beverages, they are considered to be transmitted both by verbal and non-verbal messages⁴². Thus, when there is frequent use of alcoholic beverages in the family, especially by parents, even when they do not encourage adolescent children to drink, this practice can mediate the way will perceive children parents' communication about non-consumption by their children. It is argued that if the two forms of parental communication coherent, their effect on the behavior of children can be more effective, especially considering that adolescents may be more critical in relation to parents. Studies also

point out that the use that parents make of alcoholic beverages may be related to the permissiveness in communication for the use of alcohol with children, which also influences the adolescents' intention of consuming⁴².

In addition to communication about the use of alcohol, other factors should also be taken into consideration to strengthen family relations as a protective factor, namely: affective investment in the bond between parents and children; supervision of the activities exercised by them and disciplinary practices consistent with the context and relations^{14,34,38}.

Regarding personal factors, it was found that adolescents who did not used alcohol in the last month had a higher mean in relation to self-efficacy assessment, which probably constitutes the self-assessment that the individual makes of their ability to solve problems and perform lifelong tasks or a specific situation. Self-efficacy perception contributes to the establishment of goals and decision-making¹⁶.

Thus, we can infer that the adolescent who feels more confident about their performance and their ability to face the challenges that life can present, can also be more confident to refuse drinking alcohol.

Although the measure of self-efficacy in the present study is of general self-efficacy, we observed in another investigation about the communication in the family and the use of alcohol, that adolescents with better results in self-efficacy specifically directed to refuse alcoholic beverage also drink less alcohol, which shows an association between the two variables. The study also found a strong relationship between the existence of parental rules regarding alcohol use and self-efficacy to refuse alcoholic beverages, reinforcing the role of the family in this matter ¹⁵.

However, in the study described here, we did not observe a significant correlation between the use of alcohol in the last month and self-efficacy. This may indicate that self-efficacy acts as a protective factor for young people who do not consume alcohol, but it does not have an influence on the amount of alcohol consumed among those who already

drink. In this sense, it is important that future research investigate in which aspects the self-efficacy may be related to the consumption of alcohol in young people.

Additionally, we did not perceive a significant correlation between the variables importance of the school, religiosity, self-esteem with alcohol consumption, which suggests as a focus for future research the relationship with the peers/friends and family.

CONCLUSION

In this study, we verified the importance of the insertion contexts of the young people of Grande Vitória in relation to the consumption of alcoholic beverages, particularly the groups of friends and the family.

It verified that the family environment and self-efficacy might be protective factors in relation to the adolescents' use of alcohol, suggesting that it is important to support families in the exercise of their care and protection functions and to promote the development of personal competences as a means of preventing the abusive use of alcohol among adolescents.

It think that future investigations with other methods of data collection, such as the use of interviews with young people, for example, and researches in other contexts may broaden the understanding about the phenomenon. In addition, studies that seek to deepen the understanding family relationship aspects can contribute to prevent the use of alcohol, paying attention to gender differences, may indicate new ways of family orientation and public policy proposals.

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CONTRIBUTIONS

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