

Profile of teenage drug users treated at a psychosocial care center

Perfil de adolescentes usuários de drogas atendidos em um centro de atenção psicossocial

Perfil de adolescentes usuarios de drogas atendidos en un centro de atención psicossocial

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Objective: to investigate sociodemographic, clinical and behavioral characteristics of adolescents treated at a Psychosocial Care Center for Alcohol and Drugs. **Methods:** a retrospective documentary study, of a basic and descriptive nature, with data from the medical records of adolescents, cared for between 2013 and 2018, in a city in the interior of the state of São Paulo, Brazil. Descriptive statistics were performed with absolute frequencies and calculation of relative frequencies, which were crossed by sex. Regarding age, analysis of variance was performed, using a significance level of 0.05. **Results:** among 1,852 medical records found at the service, 93 of them were adolescents, 73 (78.5%) were male, aged between 14 and 16 (54.8%), self-reported white (52.2%) and black and mixed race (47.6%), incomplete elementary education (68.9%). Initiation of consumption took place between 11 and 12 years old, with age of entry into the mental health service from 12 to 19 years old ($M=15.83$; $SD=1.86$), with no significant difference between the sexes. The most used substances were marijuana (51.6%), tobacco (20.4%) and alcohol (19.3%), with polyconsumption (84.9%) and family users (83.1%), with greater representation of use by the father (32.8%). In terms of motivations for drug consumption, the following stood out: curiosity (58.3%) and influence of friends (27.4%). **Conclusion:** school difficulties can be intertwined in a complex way with drug use in adolescence. The findings of this investigation point to the need to expand and qualify the offer of assistance to young people with disorders resulting from the use of psychoactive substances, as well as more studies, especially those in a psychosocial care network in different regions of the country to support articulated preventive actions, involving the family, education, health and judicial systems.

Descriptors: Adolescent; Drug-seeking behavior; Mental health services.

Objetivo: investigar características sociodemográficas, clínicas e comportamentais de adolescentes atendidos em um Centro de Atenção Psicossocial Álcool e Drogas. **Método:** estudo documental retrospectivo, de natureza básica e descritiva com dados de prontuários de adolescentes, atendidos entre 2013 a 2018, numa cidade do interior de São Paulo. Realizou-se estatística descritiva com frequências absolutas e cálculo das relativas, que foram cruzadas por sexo. Em relação à idade, foi realizada análise de variância, utilizando-se nível de significância de 0,05. **Resultados:** dentre 1.852 prontuários encontrados no serviço, 93 deles eram adolescentes, sendo 73 (78,5%) do sexo masculino, com 14 a 16 anos (54,8%), cor referida branca (52,2%) e preta e parda juntas (47,6%), ensino fundamental incompleto (68,9%). A iniciação do consumo se deu entre 11 e 12 anos, com idade de ingresso no serviço de saúde mental de 12 a 19 anos ($M=15,83$; $DP=1,86$), sem diferença significativa entre os sexos. As substâncias mais utilizadas foram maconha (51,6%), tabaco (20,4%) e álcool (19,3%), com policonsumo (84,9%) e usuários familiares (83,1%) com maior representação de uso pelo pai (32,8%). Nas motivações para o consumo de drogas, destacou-se: curiosidade (58,3%) e influência de amigos (27,4%). **Conclusão:** dificuldades escolares podem ser entrelaçadas de forma complexa ao consumo de drogas na adolescência. Os achados desta investigação apontam a necessidade de ampliação e qualificação da oferta assistencial aos jovens com transtornos decorrentes do uso de substâncias psicoativas, bem como mais estudos, sobretudo aqueles em rede de atenção psicossocial em diferentes regiões do país para embasamento de ações preventivas articuladas, envolvendo os sistemas familiar, educacional, de saúde e judiciário.

Descritores: Adolescente; Comportamento de procura de droga; Serviços de saúde mental.

Objetivo: investigar características sociodemográficas, clínicas y conductuales de adolescentes atendidos en un Centro de Atención Psicossocial Alcohol y Drogas. **Método:** estudio documental retrospectivo, de carácter básico y descriptivo con datos de historias clínicas de adolescentes, atendidos entre 2013 y 2018, en una ciudad del interior de São Paulo. Se realizaron estadísticas descriptivas con frecuencias absolutas y cálculo de frecuencias relativas, que se cruzaron por sexo. En cuanto a la edad, se realizó un análisis de varianza, utilizando un nivel de significación de 0,05. **Resultados:** De las 1.852 historias clínicas encontradas en el servicio, 93 eran adolescentes, 73 (78,5%) eran de sexo masculino, de 14 a 16 años (54,8%), blancos (52,2%) y negros y pardos juntos (47,6%), con educación primaria incompleta (68,9%). El inicio del consumo se produjo entre los 11 y los 12 años, con una edad de ingreso en el servicio de salud mental de 12 a 19 años ($M=15,83$; $SD=1,86$), sin diferencias significativas entre sexos. Las sustancias más consumidas fueron marihuana (51,6%), tabaco (20,4%) y alcohol (19,3%), con policonsumo (84,9%) y usuarios familiares (83,1%) con mayor representación del uso por parte del padre (32,8%). En las motivaciones para el consumo de drogas, destacan: la curiosidad (58,3%) y la influencia de amigos (27,4%). **Conclusión:** las dificultades escolares pueden entrelazarse de forma compleja con el consumo de drogas en la adolescencia. Los resultados de esta investigación apuntan a la necesidad de ampliar y cualificar la oferta de asistencia a los jóvenes con trastornos decurrentes del uso de sustancias psicoactivas, así como de realizar más estudios, sobre todo aquellos en red de atención psicossocial en diferentes regiones del país, para la realización de acciones preventivas articuladas, abarcando los sistemas familiar, educativo, de salud y judicial.

Descritores: Adolescente; Comportamiento de búsqueda de drogas; Servicios de salud mental.

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INTRODUCTION

Psychosocial Care Centers (CAPS) are strategic attention points of the Psychosocial Care Network (RAPS), made up of multidisciplinary teams. They work from an interdisciplinary perspective and provide care to people suffering from mental disorder or distress, including those with needs caused by the use of alcohol and other drugs, in states of crisis or in psychosocial rehabilitation processes, and are a substitute for the asylum model¹.

Brazil has five models of CAPS, classified according to size and patients². CAPS I are units intended for municipalities with up to 80 thousand inhabitants. CAPS II is exclusive for cities with up to 200 thousand inhabitants and CAPS III, for cities with more than 200 thousand inhabitants, caring for people over 18 years old. CAPS II provides daily care, and III operates day and night, every day of the week. CAPS II comprises the modalities CAPS i II, which offer daily care to children and adolescents, and CAPS ad II and III, to users of alcohol and other drugs¹.

The proposals of this health care model are: psychosocial rehabilitation, strengthening family and social bonds and encouraging users' autonomy. They organize care from the age of twelve, with individual care of continuous evolution, offering individual and group activities²⁻³. They aim to reduce harm or minimize individual and social losses resulting from drug consumption, and consider the user as the protagonist of their treatment⁴⁻⁵.

The consumption of alcohol and drugs usually begins in adolescence⁶⁻⁷, a period in which the brain structures responsible for the perception of time and impulse control are still immature⁸. The interaction between a set of variables favors the initiation and/or progression of drug use in adolescents. Aspects such as the identity in formation and the psychosocial adjustment in development, combined with the fluctuation in moods and the search for new sensations, can make adolescents more susceptible to recreational drug use⁹. Lack of family and social support, economic precariousness, educational delay, among other aspects, can increase vulnerability to the consumption of psychoactive substances in general^{3,5}.

Considering the peculiarities of this phase of the evolutionary cycle, knowing the main characteristics that give vulnerability to the problem is essential to support preventive and/or therapeutic actions and to improve or adapt the health services that assist this clientele in the country^{2-3,8,10}. There is a consensus on the importance of knowing the profile of adolescents treated at CAPS in different regions of the country, in order to plan interventions appropriate to the reality of each population group and cultural environment³.

In Brazil, there is a relative scarcity of studies in this regard. Thus, this work aims to investigate sociodemographic, clinical and behavioral characteristics of adolescents treated at a Psychosocial Care Center for Alcohol and Drugs.

METHODS

This is a retrospective documentary study, of a basic and descriptive nature. Data were collected from the medical records of a 24-hour Psychosocial Care Center for Alcohol and Drugs (CAPSad 24 hours), in São José do Rio Preto, São Paulo, Brazil, from October to December 2019.

Three requirements were considered when choosing the medical record: age between 12 and 19 years old at the time of care, which took place between 2013 and 2018; contain notes of reports that the adolescent suffered losses in some area of his life (health, social, family, professional, financial) as a result of the use of alcohol or other drugs; and adolescents evaluated by a multidisciplinary team (Psychology, Social Work, Nursing and Psychiatry).

Information regarding the sociodemographic characteristics of the adolescents was selected, such as: pattern of physical activity, consumption of psychoactive substances and diagnostic hypothesis of mental disorders.

Data were entered into an electronic spreadsheet, and descriptive statistics were performed with absolute frequencies and relative calculations, which were crossed by sex of the participants. Regarding age, analysis of variance was performed, using a significance level of 0.05.

This research project was approved by the Research Ethics Committee of the Institute of Biosciences, Letters and Exact Sciences of Universidade Estadual Paulista, São José do Rio Preto campus, opinion No. 2,970,835.

RESULTS

Among 1,852 medical records found at the service, 93 were considered, of which 73 (78.5%) were male adolescents and 20 (21.5%) were female adolescents. The age of admission to the mental health service ranged from 12 to 19 years ($M=15.83$; $SD=1.86$), with no significant difference between the sexes. Numerical variations occurred according to the characteristic, since information was lacking in some medical records.

As for ethnicity, 52.2% were white and 47.6% were black and mixed raced. 88.4% considered themselves heterosexual, with 21.8% being female. It was found that 97.7% were single, and 75.9% were male. There was interruption of studies in 68.8% in Elementary School

I, 15.5% female and 53.3% male. Only 25.6% of the adolescents had paid job, and 58.5% did not practice any sport (Table 1).

Table 1. Adolescents using psychosocial care between 2013 and 2018, according to sociodemographic characteristics. São José do Rio Preto - SP, 2019.

	Female		Male		Total	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Age						
12 to 13	3	3.2	5	5.3	8	8.6
14 to 16	11	11.8	40	43.0	51	54.8
17 to 19	6	6.4	28	30.1	34	36.6
Total	20	21.0	73	78.0	93	100.0
Color						
White	8	9.0	38	43.1	46	52.3
Black	8	9.0	10	11.3	18	20.5
Mixed raced	3	3.4	21	23.8	24	27.2
Total	19	21.5	69	78.4	88	100.0
Sexual orientation						
Heterosexual	13	15.1	63	73.3	76	88.3
Homosexual	3	3.5	0	0.0	3	3.5
Bisexual	2	2.3	1	1.2	3	3.5
Transgender	0	-	4	4.7	4	4.7
Total	18	20.9	68	79.1	86	100.0
Marital status						
Single	19	21.8	66	75.9	85	97.7
Married	1	1.1	1	1.1	2	2.3
Total	20	23.0	67	77.0	87	100.0
Practices any religion						
Yes	10	11.2	39	43.8	49	55.1
No	10	11.2	30	33.7	40	44.9
Total	20	22.4	69	77.5	89	100.0
Religious affiliation						
Evangelical	8	16.3	23	46.9	31	63.32
Catholic	2	4.0	10	20.4	12	24.54
African-Brazilian	-	-	5	10.2	5	10.2
Spiritist	-	-	1	2.0	1	2.0
Total	10	20.4	39	79.5	49	100.0
Educational level						
Illiterate	1	1.1	2	2.2	3	3.3
Elementary school	14	15.5	48	53.3	62	68.9
Middle school	5	5.5	18	20.0	23	25.6
High school	-	-	2	2.2	2	2.2
Total	20	22.2	70	77.7	90	100.0

Most of them (33.7%) lived in homes owned by their families, followed by rented homes (25.8%), and 16.9% of male adolescents did not have a fixed residence. Among males, 11.2% of adolescents have already been through long-term care institutions. Most live in households with 3 to 4 people (52.9%). The most present degree of kinship in the residence was the mother. The percentage of homes with a father's presence was low, representing only 26.4%. 18.1% of the adolescents are already parents, 7.2% are female and 0.8% are male (Table 2).

Table 2. Adolescents using psychosocial care between 2013 and 2018, according to residence profile and family composition. São José do Rio Preto - SP, 2019.

Type of residency	Female		Male		Total	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Own	8	9.0	22	24.7	30	33.7
Leased	6	6.7	17	19.1	23	25.8
Granted	3	3.4	7	7.9	10	11.2
No fixed residency	-	-	15	16.9	15	16.9
Institutionalized	1	1.1	10	11.2	11	12.4
Total	18	20.2	71	79.8	89	100.0
Number of people in residency						
1 to 2 people	2	2.9	9	13.2	11	16.2
3 to 4 people	11	16.2	25	36.8	36	52.9
5 or more people	6	8.8	15	22.1	21	30.9
Total	19	27.9	49	72.1	68	100.0
Kinship						
Grandparents and other relatives	2	11.8	5	11.6	7	11.7
Mother and other relatives	5	29.4	15	34.9	20	33.3
Mother and stepfather	3	17.6	6	14.0	9	15.0
Mother and father	3	17.6	10	23.3	12	21.7
Father and other relatives	1	5.9	2	4.7	3	5.0
Other family compositions	3	5.0	5	8.3	8	13.3
Total	17	28.3	43	71.7	60	100.0
Has children						
Yes	6	7.2	9	10.8	15	18.1
No	14	16.9	54	65.1	68	81.9
Total	20	24.1	63	75.9	83	100.0

As for the age of initiation of consumption, most experienced some type of psychoactive substance for the first time at 11 or 12 years of age. The highest percentage refers to marijuana (51.6%), followed by tobacco (20.4%) and, in third place, alcohol (19.3%). There were records of consumption of drugs such as cocaine and crack in lower percentages. Proportionally, female adolescents consume more crack and solvents. In males, the consumption of marijuana predominated, followed by tobacco. Both sexes reported consuming or having tried a wide variety of substances early. 84.9% of adolescents also reported consuming three or more drugs simultaneously (Table 3).

Table 3. Adolescents using psychosocial care between 2013 and 2018, according to Indication of polyconsumption of psychoactive substances. São José do Rio Preto - SP, 2019.

Number of drugs	<i>f</i>	%
1 drug	1	1.1
2 drugs	13	14.0
3 or more drugs	79	84.9
Total	93	100.00

Among the 77 medical records, a prevalence of 83.1% of adolescents was found who reported living with family members who used substances, with a higher incidence in males (59.7%) (Table 4).

Table 4. Adolescents using psychosocial care between 2013 and 2018, considering family members using psychoactive substances. São José do Rio Preto - SP, 2019.

	Female		Male		Total	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Yes	18	23.4	46	59.7	64	83.1
No	1	1.3	12	15.6	13	16.9
Total	19	24.7	58	75.3	77	100.0

Among 64 medical records, the most cited user family member was “*only the father*” (32.8%), followed by “*siblings*” (20.3%). Among the sexes, there is a higher percentage of those who indicated “*only the father*” among boys (26.6%) compared to girls (6.3%) (Table 5).

In terms of motivations for drug consumption, the factors most cited by adolescents were curiosity (58.3%) and the influence of friends (27.4%).

Table 5. Adolescents using psychosocial care between 2013 and 2018 according to the degree of kinship of family members using psychoactive substances. São José do Rio Preto - SP, 2019.

	Female		Male		Total	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Mother and father	1	1.6	10	15.6	11	17.2
Just the mother	5	7.8	4	6.3	9	14.1
Just the father	4	6.3	17	26.6	21	32.8
Siblings	5	7.8	8	12.5	13	20.3
Other relatives	3	4.7	7	10.9	10	15.6
Total	18	28.1	46	71.9	64	100.0

DISCUSSION

There was a predominance of male adolescents aged between 12 and 19 years in the study, which confirms similar studies carried out in different regions of Brazil^{2,4,8,10-13}. The greater number of visits to male adolescents reflects a global trend. It is estimated that, in 2015, one in three people who consumed psychoactive substances were female; however, only one in five treated in treatment services were women¹⁰.

The stigma related to substance abuse among women is considered one of the main barriers to accessing treatment, making it difficult to recognize the problem and the consequent search for help^{4,10,14}. On the other hand, it is also possible that this is due to the difference observed between the sexes regarding the type of drug most used. Apparently, the consumption of substances related to social losses is less frequent among female adolescents compared to male adolescents. This fact may favor their exclusion from the psychosocial care model, which tends to be focused on patients that suffers more consumption-related losses, such as legal penalties, family and social conflicts, among others⁸.

The level of education is low, as in 68.8% of the cases there was an interruption of studies in Elementary School. This panorama is compatible with similar studies^{2-3,5,8,12-13}. A survey⁸ that also analyzed the records of adolescents found school dropout in 62.9% of cases. A study² carried out in the state of Paraná reported that, in 60.03% of the cases, the child or adolescent was studying or had stopped studying in the period from the fifth to the ninth year of elementary school with a high failure rate.

A survey¹¹ carried out in the city of Brasília found that 76% of adolescents were enrolled in school, although 18% did not attend it, and 24% were not even enrolled at all. Most were in elementary school (77%), and already had failed school more than once (90.5%). A study¹² carried out with 30 adolescent drug users showed that 80% had not completed elementary school, and 43.3% had dropped out of school, with 83.3% having repeated a year.

It is assumed that the consumption of psychoactive substances interferes with school performance. Possibly, in many cases, school dropout is a consequence of drug abuse, which leads us to believe that this issue is an indicator of the need for preventive actions^{2-3,8}. However, there are other angles of interpretation.

It is necessary to take into account the inadequacy of the school in welcoming, assisting and assisting these adolescents in overcoming conflicts⁸. Factors such as the stigma attributed to drug users can exacerbate the problem, leading to rejection by others. Substance users in general tend to develop strategies such as social isolation and confrontation or avoidance of situations perceived as threatening. School dropout apparently also reduces the possibilities for adolescents to develop healthy coping strategies and end up opting for consumption. Thus, the search for drugs would act as an escape element, making it possible to obtain pleasure not obtained by other means⁸.

Having a low level of education and facing school difficulties are pointed out as possible vulnerability factors among adolescents and young adults, contributing to the perpetuation of a vicious cycle; since they make it difficult to enter and stay in school and work; and interpersonal relationships increase the risk of antisocial behavior, progression of consumption and involvement with drug trafficking³. In another study⁵, consumption had a set of consequences: it affected relationships, led to dropping out school and, then, new groups of friends who were also users replaced moral and social values; dreams were being abandoned as drug addiction increased. Dropping out of school is seen as one of the risk factors for substance use; the difficulty in following regular education can be reflected in the abandonment of studies and, consequently, in the escape to drugs⁵.

Only 55% of the analyzed medical records showed a record of religious belief, with 11.2% female and 43% male. 63.2% of the total consider themselves to be Evangelicals, and 24.4% Catholics. A similar study¹² showed that, among 30 adolescent users, 43.3% reported having no religion; 3.3% declared themselves Catholic; 23.3% Evangelicals; and 10.0% Spiritists. Another study also showed that only 54.35% of the medical records had information about religion, and of these, children and adolescents who declared themselves Catholic (26.30%), followed by Evangelicals (10.66%)².

A study on the profile of children and adolescents treated at a psychiatric emergency service in the interior of São Paulo found that the population served was predominantly male and declared themselves Catholic. Of these calls, 24% were related to substance abuse¹⁵. Research on the relationship between drug use in adolescents attending CAPS and religion is few.

Access to the job market is difficult for these adolescents, as only 25.6% of them had access to it. A survey⁴ carried out with the medical records of adolescent substance users treated at CAPS found that only 19% of adolescents had a paid occupation. Another study¹² pointed out that 60% of the adolescents interviewed were students, 23.4% worked, 10% reported being unemployed and 6.7% did not work or study.

The results found here allow us to assume that variables such as the interruption of studies and the difficulty in entering the job market are present in the daily lives of many young people, becoming a cycle of disengagement both for work and for studies. A research¹⁶ in this field investigated aspects of the daily lives of adolescents in a CAPSad, from the perspective of the adolescents themselves, and found that they go through a process of social exclusion and disengagement in various spheres of life, such as initiation into the job market and access to school; they see hospitalizations as a form of treatment and perceive CAPSad as an important space in their daily lives; however, still restricted in the actions of attention and care; pointing out the need to give voice to adolescents in this context.

Possibly, many of these adolescents are involved in drug trafficking and/or prostitution as a strategy to generate income and/or pay for drugs. A survey¹³ showed that most respondents reported involvement with trafficking, seeing it as an alternative for acquiring material goods and as a possibility of recognition or power status in the territory in which they lived. In another study with adolescent offenders in semi-liberty situations, it was shown that, for many young people in this situation, the justification presented for entering drug trafficking was that the daily income in this type of activity is much higher than that obtained through legalized work¹⁷. Involvement in illicit activities, especially trafficking, can also configure a

strategy for obtaining the substance. Even when the teenager does not use drugs, trafficking facilitates access, favoring the initiation of consumption¹³.

A study carried out by the Observatório de Favelas in 2018 heard 150 young people involved in the drug trafficking network and 111 adolescents from the General Department of Socio-Educational Actions (DEGASE)¹⁸, and most of them entered this type of activity between 13 and 15 years of age. The study also detected an association between level of education and entry into the world of drug trafficking. Most of the interviewees stopped studying at 15 or 16 years old. As a justification for dropping out of school, 40.4% stated that it was to earn money to help their families or to buy consumer goods. Regarding the motivations for entering the drug trafficking network, the justifications are mostly linked to the economic situation. "*Helping the family*" occupies the first place, with 62.1% of the answers, followed by the desire to "*make a lot of money*", which corresponds to 47.5% of the motivations¹⁸.

In the present study, it was found that most adolescents do not cannot access any sport, which impairs the practice of physical exercises. There is a scarcity of Brazilian studies involving adolescent users treated at CAPS, containing data in this sense. A survey¹² that investigated this characteristic showed that 40% of respondents said they did not practice sports. There is an association between low levels of physical activity and substance consumption in adolescents in the general population¹⁹⁻²¹. However, the issue is controversial²²⁻²³. Another study²³ suggests that the practice of physical activities, by itself, does not represent a protective factor for consumption in adolescence.

Regarding the profile of the residence and family composition, adolescents who live with 3 or 4 people predominated (52.9%). The most present degree of kinship in the residence was the mother (68.9%), compared to the presence of the father (24.6%). 18.1% of adolescents are already parents; however, these data do not suggest significant rates of teenage pregnancy.

There is a relative scarcity of Brazilian publications describing the profile of residence and family composition of adolescent users treated at CAPS. A survey¹¹ carried out revealed that 45% of adolescents lived only with their mother, and 27% lived with their father and mother. The minority (12%) lived only with their father. In a survey¹³ with adolescents treated at CAPS-ad, it was found that 50% belonged to a female single-parent family and 33% were institutionalized in some capacity. This condition consisted of a risk variable for drug consumption, with families headed by women being considered more socially vulnerable¹³.

The percentage of female headed households in the country increased from 22.2% to 37.3%, between 2000 and 2010. Employed Brazilian women dedicate more time to domestic care than unemployed men. More than 80% of children have a woman as a primary caretaker,

which demonstrates the strength of female presence and father absence in the education of children²⁴. Similar data appear in a survey by the Institute for Applied Economic Research (IPEA). The number of households headed by women increased from 23% to 40% between 1995 and 2015. In 34% of these families, there is a spouse. Male absence increases the risk of social vulnerability, as the average income of women, especially black women, is still lower than that of men and white women²⁵.

The age of initiation and the pattern of consumption show that adolescents experimented with psychoactive substances for the first time between 11 and 12 years of age. In other similar studies, there is initiation of consumption at an early age among adolescents treated at CAPS in the country^{3-4,13}. In the general population, the same trend is observed. The initiation of alcohol and tobacco consumption occurs in the early years of adolescence. On the other hand, experimentation with illicit drugs takes place, on average, around 15 years of age or older²⁶.

In the present study, the substance most frequently cited in the medical records was marijuana. Among adolescents treated at CAPS in different Brazilian states, marijuana tends to be the preferred substance^{2,4,8,11-13}. The second most frequent substance in this study was tobacco, followed by alcohol, which differs from similar studies. In one study¹¹, the consumption of marijuana predominated, followed by alcohol and tobacco, respectively. In another investigation², marijuana was also the most frequent substance, followed by alcohol, tobacco and crack.

In another study⁸, the most used drug among adolescents was marijuana, followed by crack, cocaine, alcohol and tobacco, respectively. Although the substances most consumed by this population were alcohol, tobacco and marijuana, disorders caused by tobacco use were not among the main causes of care, and those caused by alcohol use occupied the fourth position. This suggests a lack of concern about licit substance abuse among adolescents.

The high prevalence of polydrug use detected here is noteworthy, with 84.9% of the adolescents reporting the simultaneous use of three or more drugs. Similar studies also show high rates of polydrug consumption^{8,10}. Researchers¹⁰ carried out a survey on the causes of care provided to children and adolescents with mental and behavioral disorders due to substance use in CAPS in Brazil in the period between 2008 and 2012, and it was found that the largest number of visits to children and adolescents was due to the presence of mental and behavioral disorders due to the use of multiple substances.

It is essential that the scientific community has a deeper understanding of the aspects involved in consumption and, more specifically, in polydrug use among young people. The

criteria for defining these disorders are based on the adult population, which limits their generalization to children and youth populations^{8,10}.

The World Report on Drugs points out that there is a growing flow of polydrug – when a person makes combined use of two or more drugs/medicines; early adolescence (12-14 years old) and late adolescence (15-17 years old) are periods of risk, or critical for the beginning of use; and may reach a peak among young people aged between 18 and 25²⁷.

Currently, the simultaneous consumption of different substances in adolescence is considered a health problem worldwide. Everything indicates that there are different types or patterns of polydrugs consumption at this stage of life. Pattern A consists of the combined consumption of alcohol and tobacco; pattern B is characterized by the consumption of marijuana associated with alcohol and/or tobacco, and pattern C refers to adolescents who consume marijuana, alcohol, tobacco and at least one other illegal drug⁹.

A set of factors can favor polydrug consumption at this stage of life. Variables such as being a victim of physical and/or psychological abuse or abuse, being a victim of neglect, presence of psychopathological conditions and having alcoholic parents are associated with the problem²⁸. Among other factors, low perception of health risks can increase vulnerability to polydrug consumption; and early use of alcohol and marijuana is associated with greater neurocognitive deficits in adolescents and young people⁹.

The main motivations for consumption detected in this work were curiosity and the influence of friends. There is a lack of studies describing the reasons that favored the initiation and/or progression of drug use, reported by adolescents treated at CAPS. In one study⁵, aspects such as lack of communication with parents, curiosity, feeling of power and the influence of friends were mentioned. It is important to note that, in the present study, a high percentage of “family users” was found in the adolescents' homes (83%). In 62.34% of the records analyzed in a CAPS, the adolescents lived with relatives who also faced problems with the use/abuse of alcohol and other drugs². Research data⁸ found that 56.8% of the sample surveyed lived with family members who consumed some type of psychoactive substance. Similar research results¹² indicated that 43.3% of the adolescents interviewed reported that a family member had used marijuana or cocaine in the last year, and 33.3% reported that a family member had used alcohol to the point of causing problems at home, at work or with friends.

In data found in another investigation¹³, adolescents reported that they interfere with their drug use: family conflicts, not living with some family members and the fact that they have close relatives who are also users. Also in another study⁵, the interviewees stated that they had relatives who were users and that, in their perception, the proximity to them was negative. The

influence of relatives may not be the direct cause of initiation; however, recreational consumption by family members can help young people feel inclined to consume⁵.

A qualitative study on family relationships, observed from the perception of parents of adolescent psychoactive substance users treated at a CAPS, showed that parents had difficulty establishing assertive dialogue with their children, developing their hierarchical role, as well as establishing limits²⁹. Parents tended to attribute this difficulty to the children's inappropriate behavior and the teenager's confrontation with the parents.

The same work indicates that the parents were also users of some psychoactive substance. Such situations generated ambivalent feelings and negative emotions, which mobilized them in the search for internal and external resources to the family unit to develop their hierarchical role, as well as to establish limits²⁹. It is assumed, then, that care cannot be restricted only to the adolescent who consumes drugs, but also to the family system, considering its interactional, organizational and communicational aspects²⁹.

CONCLUSION

In this survey, male adolescents predominated, with incomplete primary education, with a high dropout rate. The most used substance was marijuana and there was a high prevalence of polydrug use. The percentage of adolescents who lived with relatives who also used drugs was high.

It is not possible to say that any family member has interfered to a greater or lesser degree in the use of psychoactive substances by the adolescents, as it is a descriptive cross-sectional study, which does not allow inferences of causality. The need for research with another type of design is pointed out, to verify if the presence of family users is a predictor variable of the initiation and/or progression of consumption, specifically among this group. Longitudinal research, with a larger sample size and involving adolescents treated at CAPS in different regions of the country could elucidate questions of this nature, contributing to the understanding of the subject.

It is recommended to broaden the debate among professionals who deal with this reality. The present work sought to stimulate this debate and represents a contribution to the knowledge and planning of actions aimed at children and adolescents with needs related to the consumption of psychoactive substances.

The findings of this study point to the need to expand and qualify the offer of assistance to adolescents with disorders resulting from the use of psychoactive substances. It is necessary

to expand studies in CAPSi and CAPS AD, to understand the demands related to drug consumption by the youth population.

This results can also provide feedback to undergraduate and graduate education in the areas of health, education, social assistance and similar areas. The information gathered here can contribute to the debate and academic reflection, supporting the understanding of this complex reality.

It is still necessary to assess the extent to which involvement with drugs at this stage of life may be related to problems in school life, among other aspects. It is possible that, in many cases, the initiation and/or progression of substance use in adolescence is intertwined, in a complex and intricate way, with difficulties in learning and/or integrating into regular education. Qualitative research, involving the perspective of adolescents assisted at CAPS in different regions of the country, could support integrated preventive/therapeutic actions, involving the articulation between the family, educational, health and judicial systems.

Regarding the limitations of the present study, the small sample size is highlighted. Future studies with a larger population, considering regional and cultural differences, may attribute different explanations for the phenomena found. The sample extracted from only one CAPS and information coming only from medical records are factors that make it impossible to generalize the results.

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