

REVIEW ARTICLE

Features and Factors Associated with Drinking Problems or Illegal Drugs Use: A Cross Sectional Cohort Study with Patients of a Psychosocial Care Service

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Abstract: Background: Abusive alcohol consumption is a public healthcare problem all across the world, carrying a heavy toll of almost 6% of all deaths. Nearly 5% of the world population makes use of illicit drugs frequently. The treatment for patients with any substance abuse disorder, whether it is alcohol or another drug, requires specialized view. The purpose of this research was to characterize a group of users at a Psychosocial Care Center for Alcohol and other Drugs, drawing a social demographic profile, consumption habits, assessing the connection of addiction history in the family and the problems resulting from the use.

Methods: Three hundred patients are registered and attending the institution regularly in the Psychosocial Care Center for Alcohol and other Drugs, For statistical dates 276 patients completed all the steps of the research and these were used for the statistic demonstration. The study was conducted in a small town in the countryside of Brazil's northeast were included in a cross sectional cohort study in which several social and demographic variables were analyzed: gender, age, ethnicity, educational background, occupational status, and others, regarding consumption habits and problems resulting from the use. The analysis was carried out using the Statistical Package for the Social Sciences SPSS 20.0, and significance ($p \leq 0.05$) based on Pearson's correlation test.

Results: 94.6% of the individuals analyzed were male, 20% of them reportedly white and at an average age of 36, having started using drugs at the age of 18 or less. Alcohol and cannabis were the ones used at the earliest stages. Data showed multiple chemical dependency in 65.2% of patients, predominantly alcohol, cannabis, tobacco, cocaine and crack, of those, almost 85% were alcohol dependent. The study showed a reverse correlation owing to the fact that the variety of drugs used tend to decrease as individuals get older. Family relationships and work performance were shown to be the most affected by drug abuse.

Conclusions: The individuals who seek help at the Psychosocial Care Center for Alcohol and other Drugs are almost exclusively male, employed, with an average 14-year-long history of substance abuse. Although multiple chemical dependencies are a relevant aspect, alcohol remains the predominant drug among users.

Keywords: Alcohol, illicit drugs, psychological care.

INTRODUCTION

Substance abuse is a worrying and widespread phenomenon all over the world. According to the United Nations Of-

fice's World Drug and Crime Report of 2015, the prevalence of drug use over the world remains stable. About 246 million people, or a little less than 5% of the world population aged between 15 and 64 years, used illicit drugs in 2013, on account of an increase of 3 million in comparison to the previous year, proportionally to population increase. Worrying drug users, on the other hand, added up to around 27 million, of which, almost half are intravenous drug users [1].

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In Brazil the serious disorders associated with alcohol and other drugs (except for tobacco) affect at least 12% of population aged 12 or older, and alcohol impacts ten times more people than all of the other illicit drugs together [2]. Data from the National Survey on Families of Substance Dependents (LENAD Familia), released in 2013, estimates that almost 28 million Brazilians live with a drug dependent, of those, 94% being male aged between 12 and 83 years. The survey also reports that more than half, 61.6% of relatives, are related to another drug user [3].

Alcohol is responsible for 5.9% of all deaths worldwide (3 million each year), an increasing number, seeing that in 1990 alcohol spotted the 8th place on the roll of drugs that led to death and physical handicap; however, it reached the 5th place, outnumbering acute myocardial infarction [4]. Injuries resulted from external causes (accidents and violence) represent one third of the alcohol-related deaths in Brazil, and affect not only the people consuming alcohol, but also others such as pedestrians and cyclists [5]. In the United Kingdom, alcohol abuse is also predominant over other drugs, with a risk consumption rate of 16% among women and 33% among men aged 16 or older, and dependency affects 4% of women and 9% of men aged between 18 and 64 years [4].

Over a social perspective, data from the National Institute for Social Security in Brazil present alcohol as the main reason for disability insurance requests due to mental and behavioral disorders resulting from psychoactive substance use. The number of people who were forced to stop their working activities and request the insurance due to alcohol abuse increased 19% in four years, from 12,055 in 2009, to 14,420 in 2013. The benefits from disability insurance given to people with mental and behavioral disorders raised to US\$ 63.8 million [6].

Data about hospital mortality in the Brazilian Public Healthcare System (SUS), in 2014, report that public expenses with hospital admissions for mental and behavioral disorders caused by alcohol abuse accounted for almost US\$ 23 million which represents 53% of all expenses in this category. Considering that the expenses attributable to the use of other substances, in the same period, accounted for almost US\$ 20 million or 47% in totality [7]. These alarming numbers are not exclusive to Brazil, the World Health Organization estimates that the annual cost attributable to alcohol consumption is between 0.5 and 2.7% of the gross domestic product in numerous member countries.

Drug abuse in the USA costs society an estimated US\$ 700 billion. This cost covers healthcare, crime corrections, loss of work productivity, not taking into account the whole estimated impact over society [8]. In the United Kingdom, the estimated social expenses exceed £20 billion yearly, through the National Health Service expenses, crime correction and loss of work productivity, almost one fifth of the budget destined for this service [4].

The majority of treatment procedures for alcohol abuse in Brazil are provided by the public healthcare system, following the principles of the Brazilian Public Healthcare System (SUS). Hence, the Integral Care Program for Users of Alcohol and Other Drugs has the following main components: Basic Care, the Psychosocial Care Center for Alcohol and

Other Drugs, First-Aid Services and other specialized out hospital facilities, the Preferential Hospital Care and the Social Aid Network [9].

Any attempt to draw the panorama of drug use in the Brazilian society gets seriously impaired, not only because there are few instruments available to collect data, but also because of the illicit and marginalized aspect entrenched in substance abuse, among other variables. Awareness resulting from these studies presents deep inconclusiveness mainly because of the inability to globally evaluate the country's situation and to define comprehensive and efficient policies based on the poorly collected data [10]. Notwithstanding, identifying the users profile, learning their singularities and the context they are involved in, is fundamental to attempt and broaden the attention over drug use and abuse. In order to sustain the aid offered helping the addicts to deal with these substances there must be wide awareness on the matter [11].

Therefore, the purpose of this research is characterizing a user group in a Psychosocial Care Center for Alcohol and Other Drugs, drawing a social and demographic profile, identifying the most consumed substance, as well as the frequency they have consumed. The association between substance use and family dependency history will also be analyzed. The study will determine the factors that led individuals to drug use and the alterations occurred in routine activities during the early stages of drug use.

METHODS

This is a descriptive cross-sectional cohort study, carried out with patients of the Psychosocial Care Center for Alcohol and Other Drugs in Lagarto City, in the Brazilian state of Sergipe. 300 Patients are registered in the Psychosocial Care Center. For statistical dates 276 patients completed all the steps of the research and these were used for the statistic demonstration, aged 18 or older, and under voluntary treatment. Semi-structured interviews were used to collect data, composed of social and demographic variants, such as gender; age; ethnicity; educational background; occupational status; variants related to psychoactive drug use including the variety of the drug, how old they were when they started using it, how long they have been using the drug, frequency of use, the motives that led to drug use; and problems resulting from the use. All participants signed an Informed Consent Form and the research has its approval by the University's Research Ethics Committee, protocol number 835.437 of October 10th, 2014. Data is presented as mean, standard deviation and percentage.

Statistical Analyses

The data analysis was carried out using the Statistical Package for the Social Sciences SPSS 20.0. In order to verify whether or not there was significance ($p \leq 0.05$) between the interest variables it was used Pearson's correlation test.

RESULTS AND DISCUSSION

The city of Lagarto is located in the State of Sergipe, which has 75 cities in its 21,910.348 km² territorial extension, with an estimated population of 2,219,574 inhabitants

Table 1. Social-demographic variables.

Variables		N	N%
Gender	Female	15	5.4
	Male	261	94.6
Age range	18 --- 25	75	28.1
	26 --- 35	63	23.6
	36 --- 46	66	24.7
	47 --- 72	63	23.6
Ethnicity	White	33	20.0
	Non-white	132	80.0
School attendance	Yes	54	21.7
	No	195	78.3
Occupation	Student	18	6.9
	Employed	126	48.3
	Unemployed	102	39.1
	Retired	15	5.7

Source: Psychosocial Care Center for Alcohol and other Drugs, 2015.

according to Brazil's Institute for Geography and Statistics [12]. The state currently has 41 Psychosocial Care Centers operating, 4 of those are specialized in the treatment of users suffering disorders caused by alcohol and other drugs. There are also 16 hospital beds at São José Hospital Emergency Room and 118 hospital beds destined for mental health care, of those: 14 are located at São José Hospital, 16 at Cirurgia Hospital and 80 at São Marcelo Psychiatric Clinic, and also 8 hospital beds at the University Hospital, the last ones, however, are exclusively destined for the treatment of mentally disordered patients, and belong to the Brazilian Public Healthcare System (SUS) [9]. Those hospitals are in the capital city, Aracaju.

Of all individuals analyzed, 261 (94.6%) were male and only 15 (5.4%) were female, and a small percentage reported a white ethnicity, 33 people (20%). The users age ranged from 18 to 72 years, with an average age of 36.25 years ($SD = 12.47$), and it was observed in the study that the majority of users were aged between 18 and 25 years, accounting for 28.1% of the whole sample (Table 1). The predominance of male individuals over female individuals found in this research is in accordance with data found in other studies carried in the Brazilian territory. Prejudice against women who abuse alcohol and other drugs, as well as mixed feelings of guilt, shame, fear and low self-esteem may be the reason why the number of female patients is so low in the Psychosocial Care Center for Alcohol and Other Drugs [13].

A study carried out in the US with youngsters showed that the man is 1.61 times more likely to start drink earlier than the woman ($OR = 1.61$). Data suggest that heavy drinking makes part of the male socialization and identity, demonstrating that men are more vulnerable to alcoholism [14]. Although girls have the same probability to drink alcohol

prematurely, boys are more likely to start drink regularly, with a high risk of developing alcohol-related disorders. Likewise, a research from London shows that male and white individuals are more likely to drink dangerously [4]; like as in South Africa, alcohol consumption is much more common between men than women [15].

Studies also showed different rationales men and women have for starting using drugs. Data from Henderson's *et al.*'s research, 1994 [16] report that women, in general, start using drugs because of a partner's influence, while men are influenced by friends, like our study (Table 6). Another research analyzing high school students' drug use in Aracaju city, in the same state of Brazil, revealed different patterns regarding the drug used among different genders. Men tend to prefer alcohol, inhalants, cocaine and marijuana, while women prefer taking medicines, such as anorectic pills; and tobacco [17].

The predominant age range of the participants of our study was between 18 and 25 years (Table 1), and an average 36.25 years ($SD = 12.47$), showing a predominance of young adults at Psychosocial Care Center for Alcohol and Other Drugs. In a study carried out with 706 medical reports of chemically dependent patients under treatment in a Psychosocial Care Center for Alcohol and Other Drugs in João Pessoa city, the patients average age found was 36.88 years ($SD = 12.38$) [18], as well as a similar study carried out at a Psychiatric hospital in Curitiba city that revealed an average age of 35.8 years ($SD = 11.9$) for patients under alcohol treatment [19].

This study also found that 18 years old or less ($SD = 6.54$) to the average age when the participants begin to use alcohol and other drugs, while still using the drug for almost 14 years ($SD = 7.75$). The alcohol and cannabis are the drugs

Table 2. Number of psychoactive substances (PAS) used.

VARIABLES		N	N%
Amount of substances	1 Psychoactive substance	96	34.8
	Multiple substances	180	65.2

Source: Psychosocial Care Center for Alcohol and other Drugs, 2015.

used most prematurely. Patients in this study had reported drug use early age like the population reported in the study conducted by Capistrano *et al.*, 2013 which reported that people start using drugs before 18 years [19]. Chemical dependency affects individuals at any age range. However, adolescence is the period when the majority of people have their first contact with some kind of psychoactive substance. This period is supposed to bring new experiences and changes in a biological, social and psychological spectrum [19].

The premature start of alcohol and other drugs use seems to be a global behavior. Studies from Jeon and Goodson, 2015, conducted in the US for instance, how those teenage friendship networkings develop risk behaviors, including alcohol consumption, smoking, marijuana use and unprotected sexual relationships. In the United States, underage alcohol consumption is illegal and it is also a public healthcare problem [20]. Data from the US Youth Risk Behavior Survey, 2011 reported that 70.8% of teenagers have already tried alcoholic beverages at least once in their lives, and 38.7% of teenagers reported that they have consumed an alcoholic beverage in the 30 days before the query. The same study shows that 39.9% of teenagers report frequent marijuana use [20].

Regarding ethnicity, our data show that only 20% of individuals in the study were self-declared white, being the majority of the sample composed by non-white (Table 1). This ethnic characteristic found in our study is in agreement with the ethnic feature the general population of this region, where most of population is comprised of non-white individuals, according to IBGE data [12]. The National Behavioral Risk Factor Surveillance System conducted in the US in 2009, included 29,942 Latin American interviewees and the Cameron County Hispanic Cohort carried out between 2008 and 2011 where included 1,408-Hispanic-participant sample, showed lower rates for heavy drinking (6.1%) than white individuals (8.3%) or native Americans (12.1%). However Hispanics who report drinking, showed the highest rates for excessive alcohol drinking per day (40%) among all groups (white individuals 30.74%, native Americans 29.34%) [21].

The Porche *et al.*'s study, conducted in the US, 2015 showed that the highest percentage of regular drinkers are white (22%), followed by Asians (6%). Black adults had reduced odds (OR = 0.32) in comparison to white adults. On the other hand, data show that the rates found for alcohol consumption for the Latin individuals (17%) were similar to the US white ones. However, they also found that alcohol abuse and/or dependency rates vary in accordance to nativity, where alcohol-related disorders affect 9.7% of Latino immigrants while affect 27% of Latino born in the US [14].

In the US, African Americans, Latin Americans and Asian Americans are more likely to avoid the "getting drunk" behavior than the white individuals. White young Americans have the highest alcohol consumption rates in the adolescence until adulthood; on the other hand, the African Americans have significantly lower rates [14]. Porche *et al.*, 2015, described that young African Americans are more likely to abstain from alcohol consumption and consequently less likely to develop alcohol-related problems, in comparison to homologous white individuals. Religiosity seems to influence the lower rates of alcohol abuse within the African Americans [14].

Data collected in our study shows that the majority of individuals under treatment at the Psychosocial Care Center for Alcohol and Other Drugs have poor formal education (< 6 years of school education) (Table 1). Of the 276 individuals included in the statistic data, only 54 were still students. This may be explained because of the criteria used to add participants in our study; they needed to be 18 years or older. Alcoholic beverages consumption was also elevated among the poorly educated people and in members of some specific groups (villagers, members of the quilombola community and homeless) according to Mascarenhas' *et al.* study, 2015 [5]. On the other hand, in study of Isted *et al.*, 2015, in the United Kingdom, age and level of formal education did not significantly affect the results obtained through the application of AUDIT-C inquiry, although the sample of this study had 26.2% with no High School graduation and only 14.9% had higher education degrees [4].

Regarding their occupations, data showed that a large amount of participants in the study, surprisingly, were employed (48.3%) (Table 1). This information shows that the vast majority of psychosocial service users can manage to stay sober during working hours, showing positive results in the patients under treatment. Different data were found in Monteiro *et al.*'s studies, 2011, which evaluated 1,043 chemically dependents at a Psychological and Social Treatment Facility in the state of Piauí, with 51.5% rate of unemployed participants [22]. The National Health Survey conducted with Spanish workers between 2011 and 2012 shows that 54.8% of individuals analyzed had regular alcohol consumption and 1.5% was ranked at moderate risk. The prevalence of daily drinking in Spain is of 12.9%, one of the smallest rates in the European Union according to García-Díaz *et al.*, 2015 [23].

The polydrug use pattern is present in our study, more than half of participants $n = 180$ (65.2%) has multiple chemical dependency (Table 2). The predominance of drug combinations mainly involves alcohol and cannabis (9.8%); alcohol and tobacco (9.8%); and alcohol, cannabis, cocaine and crack (9.8%). This seems to be common among drug

Table 3. Association between the used psychoactive substances.

VARIABLES		N	N%
Psychoactive Substances (PAS)	Alcohol	84	30.4
	Alcohol and Cannabis	27	9.8
	Alcohol and Cocaine	6	2.2
	Alcohol and Crack	3	1.1
	Alcohol and Tobacco	27	9.8
	Alcohol, Cannabis and Cocaine	12	4.3
	Alcohol, Cannabis and Crack	21	7.6
	Alcohol, Cannabis and Tobacco	3	1.1
	Alcohol, Cannabis and others	6	2.2
	Alcohol, Cannabis, Cocaine and Crack	27	9.8
	Alcohol, Cannabis, Cocaine, Crack e Others	3	1.1
	Alcohol, Cannabis, Cocaine, Crack, Tobacco and Others	3	1.1
	Alcohol, Cannabis, Crack e Tobacco	3	1.1
	Alcohol, Cannabis, Crack and Others	3	1.1
	Alcohol, Cocaine and Crack	6	2.2
	Cannabis	6	2.2
	Cannabis, Cocaine and Others	3	1.1
	Cannabis and Crack	3	1.1
	Cannabis, Crack and Others	3	1.1
	Cannabis, Cocaine and Crack	9	3.3
	Cannabis, Cocaine, Crack and Others	3	1.1
	Cocaine and Crack	6	2.2
	Crack	6	2.2
	Crack and Tobacco	3	1.1

Source: Psychosocial Care Center for Alcohol and other Drugs, 2015.

users, increasing the degree of risk involved in chronic and heavy use of psychoactive substances. Corroborating with our results, the study carried out by Machado *et al.*, 2010 a group of chemically dependents under treatment, 91.3% used more than one drug [25].

Polydrug use is a common practice among chemical dependents, although they have a preference for one substance, other drugs are consumed for pleasure, or to minimize the discomfort caused by drug abstinence syndrome and, consequently relieving the craving [19]. Alcohol was the most used psychoactive substance in the population analyzed in our study (30.4%) (Table 3) and, when associated to other drugs this number raises to around 85% of interviewees. The large number of people with drinking problems are seen all across the country [18, 19]. Marijuana is the second most frequently used substance according to our study (49%), followed by cocaine and/or crack (44.5%). Similarly, in a study conducted in Spain to analyze the characteristics of

alcohol and illegal substances consumption in a sample composed of 572 men under legally-mandated drug treatment, alcohol was the most consumed drug, and the results indicate the prevalence of alcohol consumption in the studied population which was about 89.3% of Individuals, while the other illegal drugs were cannabis (28.7%), followed by cocaine (20.3%) [26].

Analyzing the collected data, the existence of a significant correlation between age and the quantity of psychoactive substances used (Table 4) was verified, the value of $p \geq 0.01$ ("Sig. 2-tailed"), Pearson's correlation coefficient has a negative value (reverse relationship) demonstrating that when as a person ages, the variety of drugs consumed show a trends to decrease (Table 5). The results found were valid for $n = 267$ of the 276 Patients, 9 patients were not considered because the age information was missing. The same findings were published in Almeida al's study, in 2014, confirming

Table 4. Crosstabulation: Age Range x Number of Psychoactive Substances used.

		Psychoactive Substances (PAS) X Number of PAS							
		1 PAS		2 PAS		3 PAS		4 or more	
		N	N%	N	N%	N	N%	N	N%
Age range	18 --- 25	6	6.5%	18	26.1%	30	47.6%	21	50.0%
	26 --- 35	12	12.9%	18	26.1%	15	23.8%	18	42.9%
	36 --- 46	33	35.5%	18	26.1%	12	19.0%	3	7.1%
	47 --- 72	42	45.2%	15	21.7%	6	9.5%	0	0.0%
	Total	93	34,8%	69	25.8%	63	23.6%	42	15.7%

Source: Psychosocial Care Center for Alcohol and other Drugs, 2015.

Table 5. Correlation: Age x Number of Psychoactive Substances.

		Amount of PAS Used
Age	Pearson Correlation	-.534**
	Sig. (2-tailed)	.000
	N	267

Source: Psychosocial Care Center for Alcohol and other Drugs, 2015.

** Correlation is significant at the 0.01 level (2-tailed.)

the higher number of drugs used by young people than for older individuals [18].

We did not find many studies that make this correlation between drug use with age around the world, but this correlation is well described for the use of alcohol. Several studies conducted in the UK, such as the Medical Research Council National Survey of Health and Development, the National Child Development Survey, the 1970 British Birth Cohort, The English Longitudinal Study of Ageing, The Whitehall II study, The Caerphilly Prospective Cohort Study, representing a substantial sample of the British population, shows that, among men, the average alcohol consumption increased significantly during adolescence, reaching its peak of consumption at the age of 25, reaching 20 units per week. Subsequently it decreases during middle age, before declining at the age of 60, consuming about 5 and 10 units per week. Similar pattern was observed with female individuals, however their general consumption is smaller (the peak of approximately 7 or 8 units per week decreasing to 2 and 4 units for women aged 70 or older). Daily consumption or consumption in several days of the week passes to be more common in older age, mainly among men (50%) [26]. Similarly, Delucchia *et al.*, 2008, showed in his a longitudinal study with young adults aged between 18 and 25 years, that the highest levels of alcohol consumption are at the age of 18, decreasing as time passes by and stabilizes at the age of 24 [27]. Elderlies present smaller alcoholic beverages consumption rates in comparison to the youngsters [5]. On the other hand, study in South Africa, show that alcohol consumption tends to increase as a person ages [15].

Between the participants of our study, 43.9% reported using psychoactive substances in 4 or more days per week (Ta-

ble 6). This feature is predominant when compared to those using three or fewer days per week. The motivations for seeking drug use were considerably divided between self-motivation (48%) or friends' influence (48%) (Table 6). In Brazil, the first national survey about alcohol consumption patterns in the Brazilian population, conducted between 2005 and 2006, reported that 52% of Brazilians aged 18 or older drank at least once a year, 65% for men and 41% for women. Analyzing the group of adults who drank, 60% of men and 33% of women drank 5 units or more per drinking occasion within the last year. In the male adults' group, 11% drank every day and 28% consumed alcoholic beverages 1 to 4 times a week [5]. After the implementation of the continuous monitoring system for risk factors and the protection of chronic illnesses through telephone inquiry (VIGITEL), which aims to investigate among others the alcoholic beverages consumption, it is possible to evaluate the alcoholic beverage consumption pattern of the Brazilian adult population. Data from VIGITEL demonstrate that, in 2006, habitual alcoholic beverages consumption affects 38.1% of the studied sample and abusive consumption affect 16.2% of them, and frequency patterns were higher for men than women. Tendency to abusive alcoholic beverages consumption is a growing problem for both sexes. The prevalence of alcoholic beverages consumption reported through VIGITEL it was 14.9% in all Brazilian capitals and the Federal District [5].

The Canadian Low-Risk Drinking Guidelines advise adult women not to drink more than 2 standard beverages a day or 10 per week, and men no more than 3 standard beverages a day or 15 per week. Acute injuries caused by frequent alcohol consumption may be minimized by not drinking more than 3 units per occasion for women or 4 units per occasion for men [28]. The United Kingdom Health Depart-

Table 6. Variables regarding psychoactive substance use.

VARIABLES		N	N%
Consumption Frequency (per week)	1 day	21	10.6
	2 days	45	22.7
	3 days	45	22.7
	4 or more	87	43.9
Motivation for seeking substance use	Self-motivation	108	48.0
	Friends' influence	108	48.0
	Relatives' influence	9	4.0
Family Drug Use History	None	114	55.1
	Siblings	54	26.1
	Others	15	7.2
	Father / Mother	9	4.3
	Partner	9	4.3
	Children	6	2.9
Problems resulting from the use	Family and work affected	60	25.6
	Unaffected	57	24.4
	Work affected	48	20.5
	Family Affected	42	17.9
	Family, Study and work affected	12	5.1
	Study Affected	9	3.8
	Study and work affected	6	2.6

Source: Psychosocial Care Center for Alcohol and other Drugs, 2015.

ment guidelines recommend not drinking more than 3-4 units per day for man and 2-3 units per day for women, and the Royal College of Physicians recommends the limit of 21 units per week for men e 14 units per week for women [4].

Despite the amount of beverage alcohol doses seems much higher among the recommendations set of sanitary organs of Canada and the United Kingdom, we must take into consideration the amount of alcohol present in each dose. In our study, most patients reported drinking cachaça, which has an alcohol content of up to 53%. Another important aspect that we must take into consideration is the patient's statement regarding frequency and amount of alcohol or other drugs used doses. The research of Isted *et al.*, 2015 compared the real time measurements of alcohol consumption and their retrospective reports have shown some differences. Reported participants having consumed more alcoholic beverages during the real time evaluation than retrospectively through the Alcohol Use Disorders Identification Test [4]. Another problem raised refers to people's perception over the definition of what it is a single unit of alcohol, underestimated by research participants [4]. Consequently, we may infer that the quantity of alcoholic beverages reported, as well as the consumption frequency and quantity

per occasion might have been underestimated by participants in our research.

In another study, the South Africa's Report shows that, although more than 40% of men reported alcohol abstinence, consumption is elevated for those who drink; with an average consumption of 30 liters of pure alcohol (ethanol) per year, what is equivalent to around 3.5 liters of beer with 5% alcohol content per day. Author's data show that the quantity of alcoholic beverages consumed in one single occasion among frequent drinkers is of six or more beverages (> 8 units in one single occasion for men, and > 6 units per women), considering that the frequency of drinking occasions was of 25.3% "less than monthly"; 9% "monthly"; 9.6% "weekly"; and 2.8% "daily" obtained through AUDIT-C inquiry [15].

The motivations for alcohol consumption are essentially psychological, and include social factors ranging from dealing with others, mostly family members, to other correspondent motives. In our study, self-motivation or friends influence match the main causes in the use of psychoactive substances, while the influence of relatives showed up insignificant (Table 6). In a study carried out with Australian youngsters, the social motives were referenced as the most impor-

tant among those facing alcohol-related problems [29]. A Korean study with male workers also reports that the social motives were the most frequently found to justify alcohol-caused problems [30]. For 55.1% of participants in our research, there were no other family members involved with psychoactive substance abuse (Table 6). On the other hand shared use of drugs among brothers proved to be common in 26.1%. Regarding the family history, data collected in this study show that which 61.3% of users deny having drug users in the family [18]. Problems caused by the use of alcohol and other drugs reported by participants point out family relationships and work of the most affected (25.6%) (Table 6).

Another factor that must be taken into account for the individuals with alcohol-related problems refers to the basic or non-diagnosed psychiatric diseases. A Swedish study carried out with depression patients showed a bigger incidence of individuals with alcohol problems in this sample. This study also reported that young adults facing depression (aged between 17 and 27) had higher rates of alcohol consumption and problems caused by alcohol [31]. Unfortunately we did not obtain this information from our participants.

CONCLUSION

The Social-demographic characteristics of population seeking care at the Psychosocial Care Center for Alcohol and other Drugs are almost exclusively composed by male with aged predominantly between 18 and 25 years, non-white and employed, social-economic level low, poor education, and que alcohol use is a predominant characteristic. Most participants had their first experience with psychoactive substances before the age of 18, and a period of addiction of 14-year-long was a prevalent matter. Mainly the use of alcohol or in association to other drugs in several frequent occasions and with high amount of units consumed per occasion was also a predominant feature. The study highlights the importance of paying special care to the social determinants that surround drug dependency. Teenagers and young adults' vulnerability must also be minimized, since this is the period in their lives where most toxic dependencies take place, apart from family relationship and housing which are of great influence over heavy alcohol consumption. The society and healthcare professionals ought to offer motivations that work as a reinforcement, alternative and appealing enough to corroborate with damage reduction. Such interventions are necessary and must associate individuals, school, community to change the culture of the entire population to facilitating prevention.

CONFLICT OF INTEREST

The author(s) confirm that this article content has no conflict of interest.

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