

Consumption of alcoholic beverages by students of public schools in the city of Recife-PE

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Objective: to analyze alcohol consumption among adolescents of public schools in the city of Recife-PE. **Method:** it is a descriptive, exploratory, quantitative approach, developed in three state public schools in the city of Recife-PE, with the population composed of schoolchildren of both sexes, between 12 and 17 years of age. **Results:** the study identified risk factors that influence alcohol consumption among schoolchildren interviewed, highlighting the variables age, school disapproval and number of people with whom. **Conclusion:** it is suggested that there be strengthened health education practices through partnerships between the school and the local Family Health Unit through the School Health Program (PSE), which stimulate health-friendly practices.

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Descriptors: Nursing; Consumption of Alcoholic Beverages; Adolescents; School Health Services.

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Consumo de bebidas alcoólicas por estudantes de escolas públicas da cidade do Recife-PE

Objetivo: analisar o consumo de álcool entre adolescentes das escolas públicas na cidade do Recife-PE. **Método:** trata-se de uma pesquisa descritiva, exploratória de abordagem quantitativa, desenvolvida em três escolas públicas estaduais da cidade do Recife-PE, com a população composta por escolares de ambos os sexos, na faixa etária entre 12 a 17 anos. **Resultados:** o estudo identificou fatores de risco que influenciam o consumo de álcool entre os escolares entrevistados, destacando-se as variáveis idade, reprovação escolar e número de pessoas com quem mora. **Conclusão:** sugere-se que haja o fortalecimento de práticas de educação em saúde através de parcerias entre escola e Unidade de Saúde da Família local por meio do Programa de Saúde na Escola (PSE), que estimulem práticas favoráveis à saúde.

Descritores: Enfermagem; Consumo de Bebidas Alcoólicas; Adolescentes; Serviços de Saúde Escolar.

Consumo de bebidas alcohólicas por estudiantes de escuelas públicas de la ciudad de Recife-PE

Objetivo: analizar el consumo de alcohol entre adolescentes de las escuelas públicas en la ciudad de Recife-PE. **Método:** se trata de una pesquisa descriptiva, exploratoria de abordaje cuantitativo, desarrollada en tres escuelas públicas estatales de la ciudad de Recife-PE, con la población compuesta por escolares de ambos sexos, en el grupo de edad entre 12 a 17 años. **Resultados:** el estudio identificó factores de riesgo que influncian el consumo de alcohol entre los escolares entrevistados, destacándose las variables edad, reprobación escolar y número de personas con quienes. **Conclusión:** se sugiere que haya el fortalecimiento de prácticas de educación en salud a través de alianzas entre escuela y Unidad de Salud de la Familia local a través del Programa de Salud en la Escuela (PSE), que estimulan prácticas favorables a la salud.

Descriptoros: Enfermería, Consumo de bebidas alcohólicas, Adolescentes, Servicios de salud escolar.

Introduction

Adolescence is characterized by periods of intense psychosocial and biological changes, with a greater search for new experiences and curiosity for new sensations. Alcohol consumption is a common practice in this age group, even though alcoholic beverages are prohibited for those under 18 years old⁽¹⁾.

In this context, there are big concerns associated with this phase of life, which are the risks related to the consumption of alcohol and other drugs. The damages resulting from alcohol consumption in adolescents differ from those observed in adult individuals, either due to psychosocial specificities existing in this life cycle or due to specific neurological issues due to brain maturation⁽¹⁾.

Exacerbation of alcohol use by adolescents can have serious effects on memory, intelligence, learning, and increase the individual's vulnerability to alcoholism due to important neurophysiological changes. Some negative effects caused by the use of alcohol at the emotional and cognitive level can accompany the individual during life⁽²⁾.

According to Garcia et al. (2015)⁽³⁾ alcohol is a causal factor in more than 60 types of diseases and injuries and the main cause of some diseases, but it is also an important component in several causes of death. According to the author from 2010 to 2012, almost 20 thousand deaths were registered in Brazil each year, in which alcohol consumption was a necessary condition for its occurrence, equivalent to more than 1,500 deaths per month or 50 per day, with liver diseases being one of the leading causes of death.

According to data from the National School Health Survey (PeNSE)⁽⁴⁾ in 2015, 55.5% of the approximately 2.6 million students attending the 9th year of elementary education had already consumed a dose of alcoholic beverage at any time, a higher percentage than in 2012 (50.3%). The proportion of those who have tried illicit drugs rose from 7.3% to 9.0% in the same period. Regarding current consumption of alcohol and illicit drugs 23.8% and 4.2% of students respectively had used these substances in the last 30 days before the survey.

Considering that, in addition to health consequences, harmful use of alcohol have significant social and economic losses on individuals and society, harmful use of alcohol continues to be a factor that must be considered to ensure social and economic development around the world. For the WHO, the prevention and reduction of harmful use of alcohol should be treated as a priority to achieve the previously stipulated target of 10% relative reduction in harmful consumption by 2025⁽⁵⁾.

The World Report on Alcohol and Health 2014 shows a comprehensive perspective on the global, regional and

national consumption of alcohol, consumption patterns, health consequences and the political responses of countries. Above all, it is a continuous effort by the World Health Organization (WHO) to collect information to assist them in their efforts to reduce the harmful use of alcohol and its health consequences⁽⁵⁾.

The use of alcoholic beverages in adolescence is seen as a global public health problem, as it can have lasting immediate physical and mental consequences. Under the effect of certain levels of alcohol, the individual may also be exposed to risk situations such as sexually transmitted diseases, fights and also in acts of vandalism⁽⁶⁾.

Adolescents are part of a vulnerable population group since they need a differentiated attention. The data show the negative impact of regular use of alcohol and other drugs in this age group. Therefore, it is known that the earlier the onset of consumption, the greater the risk of serious consequences.

The knowledge of risk factors for alcohol use disorders is essential to guide public health policies for surveillance, risk and harm control and health promotion against alcohol abuse, linking them with the involvement of the various actors, such as public authorities, educators, the family and society in general, and improving existing public policies, from regulation of supply to sale⁽⁷⁾.

This study aimed to analyze alcohol consumption in adolescents of public schools in the city of Recife-PE and to identify the relationships between alcohol use and health risk factors of adolescents as well as their school performance.

Method

This is an exploratory descriptive research with a quantitative approach, developed in three state schools in the city of Recife-PE. The eligibility criteria were: schoolchildren of both genders, between 12 and 17 years old, regularly enrolled in the 7th, 8th and 9th grades of elementary school and 1st, 2nd and 3rd grade of high school in three state public schools of one Sanitary District of the city of Recife. The exclusion criteria were: students removed by medical certificate or school determinations. The schools were duly selected through a lottery. The students were randomly selected so all of them were invited and the sample was composed of those who brought the Consent Form signed by the parents or legal guardian on the days of data collection.

For the determination of the sample size, the sample calculation equation was used to study the proportion in a finite population, given by: $n = \frac{z^2 pq N}{d^2 (N-1) + z^2 pq}$ where z = quantile of normal pattern (1.96, when considered a 95% confidence coefficient); p = expected proportion

of students at risk for alcoholic beverage dependence ($p = 0.1$); $q =$ expected proportion of students without risk for alcoholic beverage dependence ($q = 1 - 0.1 = 0.9$); $d =$ sample error ($d = 0.05$); $N =$ Total number of students enrolled in the schools evaluated in 2015 ($N = 2909$). Considering a level of significance of 95%, expected prevalence of alcohol dependence of 10%, sampling error of 5% and the total number of 2909 students enrolled in the schools under study, the sample was 132 students.

A questionnaire with sociodemographic questions created by the authors was used to collect data, and the instrument called Alcohol Use Disorders Identification Test (AUDIT) was also used, developed by the World Health Organization (WHO) to identify harmful and potentially alcohol intake.

The sociodemographic form is composed of variables related to age, gender, race, education level, occupation, religion, parents' education level, marital status of the parents and family income. The AUDIT is composed of 10 items, each one with a margin of 0 to 4 points, allowing a spectrum of scores from 0 to 40. The score that the subject achieves in answering the items of the AUDIT allows classification of the use of the substance of the following form: Zone I (low risk) - 0 to 7 points; Zone II (use of risk) - 8 to 15 points; Zone III (harmful use) - 16 to 19 points; Zone IV (probable dependence) - 20 to 40 points⁽⁸⁾.

The data were collected from July to November 2015 and were organized as follows: at first, there was a contact with the direction of the schools where the objectives of the research were explained and the purpose of the research. At that time, authorization was obtained to visit the school environment and to maintain rapprochement with students. In a second moment, the objectives of the research and importance of the participation of the same to the students were explained. Then they were invited to participate, distributed the Consent terms and requested the signature of that term by the parents or legal guardian. Subsequently, the data were collected with those students who accepted to participate in the research and who, at the moment, were given the consent term signed by the parents or legal guardian.

The data were analyzed by the software SPSS, version 17. In the analysis of the sociodemographic data, the absolute and relative frequencies were calculated and to evaluate the degree of dependence of the students to the alcohol use was calculated the dependency score of each student based on the AUDIT, and the descriptive analysis of the score was performed through the statistics: minimum, maximum, mean, standard deviation and Fisher's Exact Test. For the normality of the AUDIT score, the Mann-Whitney

test was used to compare the distribution of the score between two groups evaluated and the Kruskal-Wallis test in the comparison of more than three groups. All conclusions were drawn considering the level of significance of 5%.

The development of the research implied the observance of Resolution 466/12 of the Ministry of Health that guides research involving human beings. The project was approved by the Research Ethics Committee of the Complex with Opinion 1,169,254.

Results

As shown in Table 1, the sample consisted of 132 (100%) students, most of them were female (63.6%), were 15 years old (25%), declared to be brown (48.5%) were urban residents (93.7%), followed the evangelical religion (46.2%) and did not work (92.4%).

Table 1 – Distribution of the personal profile of the students of public schools in the city of Recife-PE, Brazil, 2015

Evaluated factor	N	%
Q2 – Gender		
Male	48	36.4
Female	84	63.6
Q1 – Age		
12	14	10.5
13	19	14.4
14	27	20.5
15	33	25.0
16	17	12.9
17	22	16.7
Q3 – Residence place		
Urban Zone	119	93.7
Rural Zone	8	6.3
Q6 – Religion		
Catholic	33	25.0
Evangelic	61	46.2
Spiritist	7	5.3
Without religion	31	23.5
Q7 – Race		
White	30	22.7
Brown	64	48.5
Black	30	22.7
Yellow	8	6.1
Q8 – Working		
Yes	10	7.6
No	121	92.4

According to the family composition, the following results were highlighted: 56.9% of the participants lived with their parents, 60.9% lived with 1 to 3 people, 47.3% had married parents, 54.9% had fathers with complete/incomplete high school, 45.4% of the mothers had complete/incomplete high school and 62.1% had income higher than a minimum wage, as expressed in Table 2.

Table 2 – Distribution of the family profile of students from public schools in the city of Recife-PE, Brazil, 2015

Evaluated factor	N	%
Q9 – Living with		
Only the father with or without siblings	3	2.3
Only the mother with or without siblings	39	29.5
Father and mother with or without sisters/grandparents	75	56.9
Only with the grandparents	13	9.8
Others	2	1.5
Q10 – Quantity of people living with you		
1 to 3 people	78	60.9
4 to 5 people	40	31.3
More than 5 people	10	7.8
Q11 – Marital status of the parents		
Single	49	37.4
Married	62	47.3
Divorced	19	14.5
Widow	1	0.8
Q12 – Family income		
Less than 1 MW	15	12.1
1 MW	32	25.8
More than 1 MW	77	62.1
Q13 – Father's education level		
Illiterate	3	2.4
Comp/incomp elementary school	39	32.0
Comp/incomp high school	67	54.9
Comp/incomp higher education	13	10.7
Q14 – Mother's education level		
Illiterate	1	0.8
Comp/incomp elementary school	48	36.9
Comp/incomp high school	59	45.4
Comp/incomp higher education	22	16.9

Regarding the school profile of the evaluated students, it is verified that 50.8% belong to elementary school, with 29.6% of the interviewees enrolled in the 1st grade of high school and 20.6% of the students have already experience school failure (Table 3)

Table 4 shows the distribution of the classification and descriptive analysis of the risk score for alcoholic beverage consumption. It is verified that most of the students presented moderate risk for alcoholic beverages (95.5%). On average, the group had a score of 1.5 with a standard deviation of 3.2. The confidence interval for the AUDIT score average, with 95% confidence, was 0.9 to 2 points.

Table 3 – Distribution of the school profile of the evaluated students of public school students in the city of Recife-PE, Brazil, 2015

Evaluated factor	N	%
Q4 – Grade		
7 ^o grade	17	12.9
8 ^o grade	21	15.9
9 ^o grade	29	22.0
1 ^o grade	39	29.6
2 ^o grade	13	9.8
3 ^o grade	13	9.8
Q5 – School failure		
Yes	27	20.6
No	104	79.4

Table 4 – Distribution of the classification and descriptive analysis of the risk score for the consumption of alcoholic beverage of the students of public schools of the city of Recife-PE, Brazil, 2015

Classification of the risk	N	%
Moderate (0 to 7 points)	126	95.5
Risk (8 to 15 points)	4	3.0
High risk (16 to 19 points)	2	1.5
Minimum	0	
Maximum	19	
Average±Standard deviation	1.5±3.2	
CI(95%)	0.9 – 2.0	

Table 5 shows the distribution of the classification and the average value of the AUDIT score. It was verified that the following factors were significant in the evaluation of the average of the score: age (p-value = 0.014), school failure (p-value = 0.041) and number of people living with (p-value = 0.001). The AUDIT score was higher in the group of students aged 15 years old (average = 2.33), who already had experience school failure (average = 2.52) and who lived with more than 5 people (average = 4.90). It was also verified the influence of variables family income, relative living with and gender in the values punctuated by the AUDIT scores.

Table 5 – Distribution of dependency classification and descriptive analysis of AUDIT, Recife-PE, Brazil, 2015

Evaluated factor	Classification of AUDIT			Average±SD
	Moderate	Risk standard	High risk	
Q2 – Gender				
Male	45(93.8%)	2(4.2%)	1(2.1%)	1.71±3.68
Female	81(96.4%)	2(2.4%)	1(1.2%)	1.37±2.93
<i>p-value</i>		0.823*		0.749*
Q1 – Age				
12	14(100.0%)	0(0.0%)	0(0.0%)	0.36±1.08
13	19(100.0%)	0(0.0%)	0(0.0%)	0.21±0.54
14	26(96.3%)	0(0.0%)	1(3.7%)	1.48±3.48
15	30(90.9%)	3(9.1%)	0(0.0%)	2.33±3.77
16	15(88.2%)	1(5.9%)	1(5.9%)	2.12±5.00
17	22(100.0%)	0(0.0%)	0(0.0%)	1.59±2.02
<i>p-value</i>		0.295*		0.014*
Q3 – Residence place				
Urban Zone	113(95.0%)	4(3.4%)	2(1.6%)	1.52±3.34
Rural Zone	8(100.0%)	0(0.0%)	0(0.0%)	1.50±1.78
<i>p-value</i>		1.000*		0.194*

(to be continued...)

Table 5 – continuation

Evaluated factor	Classification of AUDIT			Average±SD
	Moderate	Risk standard	High risk	
Q6 – Religion				
Catholic	32(97.0%)	0(0.0%)	1(3.0%)	1.61±3.11
Evangelic	57(93.4%)	3(4.9%)	1(1.6%)	1.57±3.76
Spiritist	7(100.0%)	0(0.0%)	0(0.0%)	0.71±1.50
Without religion	30(96.8%)	1(3.2%)	0(0.0%)	1.39±2.43
<i>p-value</i>		0.875*		0.660 [†]
Q7 – Race/ Ethnicity				
White	28(93.4%)	1(3.3%)	1(3.3%)	1.87±3.44
Brown	60(93.8%)	3(4.7%)	1(1.5%)	1.63±3.75
Black	30(100.0%)	0(0.0%)	0(0.0%)	0.93±1.66
Yellow	8(100.0%)	0(0.0%)	0(0.0%)	1.13±2.10
<i>p-value</i>		0.806*		0.345 [†]
Q8 – Working				
Yes	9(90.0%)	1(10.0%)	0(0.0%)	1.40±2.63
No	116(95.9%)	3(2.5%)	2(1.6%)	1.50±3.28
<i>p-value</i>		0.385*		0.753 [†]
Q4 – Grade				
7 ^o grade	17(100.0%)	0(0.0%)	0(0.0%)	0.29±0.98
8 ^o grade	21(100.0%)	0(0.0%)	0(0.0%)	0.48±1.03
9 ^o grade	26(89.7%)	2(6.9%)	1(3.4%)	2.38±3.90
1 ^o grade	36(92.3%)	2(5.1%)	1(2.6%)	1.97±4.34
2 ^o grade	13(100.0%)	0(0.0%)	0(0.0%)	1.85±2.23
3 ^o grade	13(100.0%)	0(0.0%)	0(0.0%)	0.92±1.71
<i>p-value</i>		0.970*		0.104 [†]
Q5 – School failure				
Yes	24(88.9%)	2(7.4%)	1(3.7%)	2.52±4.20
No	101(97.1%)	2(1.9%)	1(1.0%)	1.21±2.88
<i>p-value</i>		0.119*		0.041[†]
Q9 – Living with				
Only parent with or without siblings	3(100.0%)	0(0.0%)	0(0.0%)	1.33±2.31
Only mother with or without siblings	36(92.3%)	3(7.7%)	0(0.0%)	1.67±3.04
Father and mother with or without sisters/grandparents	73(97.4%)	1(1.3%)	1(1.3%)	1.17±3.06
Only with the grandparents	12(92.3%)	0(0.0%)	1(7.7%)	2.62±4.59
Others	2(100.0%)	0(0.0%)	0(0.0%)	3.00±4.24
<i>p-value</i>		0.309*		0.524 [†]
Q10 – How many people live with you?				
1 to 3 people	74(94.9%)	3(3.8%)	1(1.3%)	1.56±3.29
4 to 5 people	40(100.0%)	0(0.0%)	0(0.0%)	0.63±1.50
More than 5 people	8(80.0%)	1(10.0%)	1(10.0%)	4.90±5.57
<i>p-value</i>		0.0913*		0.001[†]
Q11 – Marital status of the parents				
Single	44(89.8%)	4(8.2%)	1(2.0%)	0.58±4.05
Married	61(98.4%)	0(0.0%)	1(1.6%)	0.97±2.75
Divorced	19(100.0%)	0(0.0%)	0(0.0%)	1.42±1.84
Widow	1(100.0%)	0(0.0%)	0(0.0%)	---
<i>p-value</i>		0.158*		0.228 [†]
Q12 – Family income				
Less than 1 MW	14(93.3%)	1(6.7%)	0(0.0%)	1.67±3.81
1 MW	32(100.0%)	0(0.0%)	0(0.0%)	0.59±1.21
More than 1 MW	73(94.8%)	3(3.9%)	1(1.3%)	1.73±3.34
<i>p-value</i>		0.568		0.270 [†]
Q13 – Father's education level				
Illiterate	3(100.0%)	0(0.0%)	0(0.0%)	---
Comp/incomp elemental school	39(100.0%)	0(0.0%)	0(0.0%)	0.64±1.51
Comp/incomp high school	62(92.5%)	4(6.0%)	1(1.5%)	1.93±3.74
Comp/incomp higher education	13(100.0%)	0(0.0%)	0(0.0%)	1.38±2.22
<i>p-value</i>		0.585*		0.205 [†]
Q14 – Mother's Education level				
Illiterate	1(100.0%)	0(0.0%)	0(0.0%)	---
Comp/incomp elemental school	47(97.9%)	1(2.1%)	0(0.0%)	1.15±2.62
Comp/incomp high school	55(93.2%)	2(3.4%)	2(3.4%)	1.88±3.94
Comp/incomp higher education	21(95.5%)	1(4.5%)	0(0.0%)	1.41±2.28
<i>p-value</i>		0.765*		0.728 [†]

*p-value of Fisher's exact test (if p-value <0.05, the factor evaluated influences the AUDIT classification). †p-value of the Mann-Whitney test (if p-value <0.05, the distribution differs between levels of the factor evaluated). #p-value of the Kruskal-Wallis test (if p-value <0.05, the distribution differs between the levels of the factor evaluated).

Discussion

Adolescence is the higher propensity stage to experiment and the abusive consumption of alcoholic beverages, and several factors contribute to this reality⁽⁹⁾. The consumption of alcoholic beverages at this stage is a habit that is more likely to be present in adulthood in an abusive way and capable of a risk dependence⁽¹⁰⁾.

The results of the risk score classification showed that few students had consumed alcoholic beverages at risk. Regarding to adolescents' consumption pattern, which is typically done in an abusive way and with various health damages, the group studied behaved differently, being less exposed to these risks⁽¹⁾.

Regarding the gender variable, there was no significant difference between consumption patterns. However, a factor worth mentioning is the number of participants included in Zone I, where there was the highest prevalence for females. Because they have slower metabolized when consuming alcoholic beverages, women are more prone to the harmful effects produced by these substances even though they consume a small quantity and for a short time⁽¹¹⁾.

Factors related to female physiological conditions involving low serum levels of alcohol dehydrogenase increased body fat in relation to water, and changes in alcohol metabolism dependent on the menstrual cycle may be more likely to be dependent on men. Also, the consumption and experimentation of alcoholic beverages by women may be the result of changes that have led to the access of women to certain places before access to the male⁽¹²⁾.

Association between age and consumption of alcoholic beverages could be verified in this study. Thus, the participants who assumed the highest consumption patterns were the oldest adolescents. This can be because with increasing age, there is a higher probability of assuming higher consumption patterns of alcoholic beverages⁽¹³⁾.

Knowing the patterns of drug use is fundamental for the elaboration of public policies that favor prevention and treatment. These can be constructed by finding the groups that are most affected and that have certain patterns of consumption⁽¹⁴⁾.

School failure is seen as a factor that may precede or be the result of drug use⁽¹⁵⁾. In this study, the association between school failure and drug use was revealed, regarding the pattern of consumption. Thus, for the lowest consumption pattern, the moderate risk was observed in most of the participants who did not present a history of school failure.

One important factor was the absence of the father figure and the change in risk and high-risk patterns according to the AUDIT questionnaire. It was found that

the number of participants who live only with the mother has a higher risk pattern, while those who live with both parents have the lowest risk pattern, so not having the father figure tripled the sample data in risk and high-risk standards.

In the results of a survey of 6,837 young Australians aged 11 to 13 years old, they indicated that the emotional relationship with the parent of the opposite sex and the absence of the father or mother influenced the behavior of the child for alcohol consumption. The authors of this study still bring the association of emotional proximity with the opposite sex figure occurring in the transition periods as the onset of puberty, which may explain the incidence of consumption among girls and the highest risk when they reside only with the maternal figure⁽¹⁶⁾.

The relationship between the number of people that the adolescent lives and the pattern of consumption of alcoholic beverages could be evidenced; thus, the largest number of adolescents who consumed low-risk alcoholic beverages was in the group living with the smaller amount of people. This finding leads to infer that a family nucleus that has a smaller number of members allows parents or other caregivers to better assist their children. In this sense, it is important to encourage practices that increase cohesion among family members and that parents and/or caregivers show interest in their children's routine and habits since neglect of parental care can stimulate the use of psychoactive substances⁽¹⁷⁾.

Another relevant factor regarding the consumption of alcoholic beverages is the family income was that a statistically significant association was not found. However, it is observed that the greater number of participants who consumed alcoholic beverages were located in the group with family income greater than a minimum wage. Regarding the family income, another study found a higher prevalence of participants consuming alcoholic beverages among those with higher income⁽¹⁸⁾.

Because adolescence is a propitious phase for adherence to habits and behaviors that may be difficult to modify during adulthood, it is important to create strategies for health education that aim at promoting health and self-care practices to make adolescents the protagonist of his care. The involvement of social actors, such as health professionals, teachers, parents, and family members is relevant both in the conception and execution of these strategies, and the practice of health education in open spaces for dialogue and activities that allow criticality to emerge to establish healthy habits in adolescents' lives are essential⁽¹⁹⁾.

Conclusion

Through this study, it was possible to verify the precocity of alcohol experimentation by adolescents.

As for the alcohol consumption pattern evidenced by the AUDIT, even in a lower proportion, some students presented high consumption levels as consumption of risk and high risk, conferring greater vulnerability to health. Although the minority showed this pattern, most of the consuming students were in the moderate risk pattern, being vulnerable to higher consumption patterns.

In this study, because of the associations made with the AUDIT scores with the socio-demographic variables worked on, the factors that were significant were age, school failure and number of people they reside. However, there was an influence of the family income, who they live with and gender variables in the values punctuated by the AUDIT scores.

More research involving the theme addressed is suggested to contribute to the scientific contribution and a strengthening of health education practices that stimulate practices favorable to health, especially for the consumption of psychoactive substances. Practices in this field can be strengthened and built in the school environment through partnerships between the school and the local Family Health Unit through the School Health Program (PSE). In this way, it is expected that there will be the construction of new knowledge and strengthening of those already acquired. Thus, it is expected that adolescents may increasingly target their behaviors and practices in favor of their health.

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