

YOUNG TRAUMA VICTIMS' OPINIONS OF PUBLIC POLICIES FOR ALCOHOLIC BEVERAGES

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The aim of this study was to discover the opinions young trauma victims have of public policies to control alcohol use. This was an exploratory, cross-sectional study involving young people aged between 10 and 24 years old. In total, 112 young people were interviewed and classified into three groups of alcohol consumption patterns. The results indicated that the young people interviewed had a false sense of safety towards alcohol consumption, supporting programs and campaigns to prevent consumption and have little credibility regarding compliance with public policies for alcohol.

Descriptors: Adolescent; Public Policy; Ethanol.

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OPINIÃO DE JOVENS VÍTIMAS DE TRAUMA SOBRE POLÍTICAS PÚBLICAS RELACIONADAS ÀS BEBIDAS ALCOÓLICAS

O estudo teve como objetivo verificar a opinião de jovens vítimas de trauma sobre políticas públicas de controle do uso de álcool. Estudo exploratório e transversal, com jovens na faixa etária entre 10 e 24 anos. Foram entrevistados 112 jovens, os quais foram classificados em três grupos de padrão de consumo de álcool. Os resultados apontaram que os jovens apresentaram falsa percepção de segurança referente ao consumo de álcool, apoiam programas e campanhas preventivas referentes ao consumo e têm pouca credibilidade no que refere-se ao cumprimento das políticas públicas para o álcool.

Descritores: Adolescente; Políticas Públicas; Etanol.

OPINIÓN DE JÓVENES VÍCTIMAS DE TRAUMAS ACERCA DE LAS POLÍTICAS PÚBLICAS RELACIONADAS CON LAS BEBIDAS ALCOHÓLICAS

El estudio tiene como objetivo verificar la opinión de jóvenes víctimas de traumas acerca de las políticas públicas de control del uso del alcohol. Estudio exploratorio y colateral, con jóvenes en la franja comprendida entre los 10 y los 24 años de edad. Fueron entrevistados 112 jóvenes, los cuales fueron clasificados en tres clases según el consumo de alcohol. Los resultados apuntaron a que los jóvenes tienen una falsa percepción de seguridad frente al consumo de alcohol, apoyan programas y campañas preventivas referentes al consumo y tienen poca confianza en lo referente al cumplimiento de las políticas públicas para las bebidas alcohólicas.

Descriptores: Adolescente; Políticas Públicas; Etanol.

Introduction

Alcohol consumption is associated with undesirable complications, such as family crises, violence and hospitalizations and, in Brazil, is considered a public health problem. Trauma is one of the consequences of altered behavior due to alcohol consumption. One of the most significant problems of harmful alcohol consumption is the high incidence of road accidents involving those who use this drug⁽¹⁻²⁾.

The harmful use of drugs and violence while driving are complex and dynamic phenomena in the life of the community, permeated with social, economic and political issues. Drink is part of civilization, although its use needs to be civilized⁽³⁾. Recognizing the physical, emotional and material harm provoked by

alcohol abuse, laws and preventative strategy are drafted.

In Brazil, it is prohibited to sell legal drugs, such as alcohol or tobacco, to those aged under 18, according to the Children and Adolescents' Statute - Law 8,069/90, art. 243⁽⁴⁾. Law 11,705/08, known as the *Lei Seca* - Dry Law, and Law 6,488/08, impose stringent penalties on those who drive under the influence of alcohol, regardless of the quantity, including fines, losing the driving license for 12 months and imprisonment. This legislation also prohibits the sale of alcoholic drinks in commercial establishments located on motorways on the urban perimeter of cities.

The I National Survey on Patterns of Alcohol Consumption in the Brazilian Population, in 2007, indicated that young people are those who

are at most risk concerning alcohol consumption, with diverse negative consequences, such as “[...] problems with studies, social problems, unprotected and/or non-consensual sex, higher risk of suicide or homicide and of accidents [...]”⁽⁵⁾. Young people are a vulnerable population, as they are passing through profound physical and psychological changes⁽⁵⁻⁶⁾.

The government has adopted significant legal measures to limit adolescents’ access to drugs, although this legislation is not always complied with, predisposing young people to purchase drugs⁽⁷⁾.

This research is therefore justified by the scientific and social relevance of studies on alcohol and other drug abuse, and by the close link between increased alcohol consumption and trauma risk, especially in the population group of the young people.

The aim of this study was to discover what young trauma sufferers thought of not consuming alcoholic drinks, of alcohol use and related policies.

Methodology

This was an exploratory, cross-sectional study with 112 young people with a medical diagnosis of trauma, aged between 10 and 24, living in Cascavel – PR and treated in the Emergency Services (ES) of a teaching hospital in western Paraná. This age group was chosen for the study as it agrees with the concept of young person used by Nugent (2006), with the three stages of transition through youth: 10 to 14, 15 to 20 and 21 to 24 years old⁽⁸⁾.

Participants were identified from lists of patients treated in the ES, the patient’s medical notes and the ES care records. The data collection instrument was a scripted interview, adapted from the *Hablas* Questionnaire, developed by Professor Raul Caetano’s team at the University of Texas – USA and a spreadsheet to compile the data.

The interviews were conducted between May and July 2009, on Fridays, Saturdays and Sundays between 19.00 and 01.00. This time period was chosen in order to obtain the greatest number of subjects; it was, therefore, a non-probabilistic sample as the population were not available to be randomly selected⁽⁹⁾.

The data were inputted into an Excel program and later analyzed using the Statistical Computation Program 8.0. The data were analyzed using descriptive statistics, the Chi-squared test and logistic regression. The project was approved with record n.º 070/2009, of the Permanent Committee for Ethics and Research Involving Human Beings, Universidade Estadual de Maringá.

Results

A total of 112 young people were interviewed, classified into three groups according to pattern of alcohol consumption: 22 (19.7%) whose trauma was associated with alcohol consumption, named trauma with consumption; 65 (58%) who consumed alcohol but did not report having consumed it within the six hours preceding the trauma, designated trauma without consumption; and 25 (22.3%) who had never consumed alcohol, identified as trauma in abstainers (Figure 1).

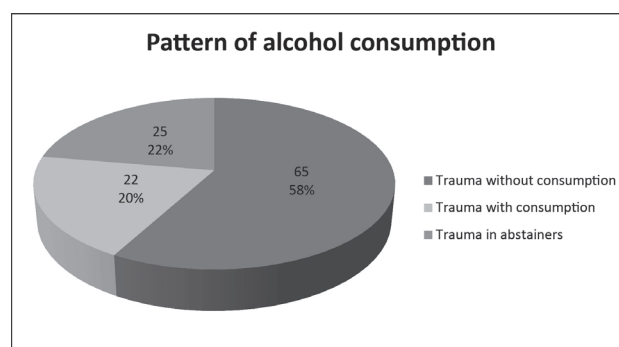


Figure 1 – Percentage distribution of young trauma victims according to pattern of alcohol consumption. Cascavel, PR, May to July, 2009

The socio-economic characterization of the young people indicated a predominance of males in all age groups and in all groups of patterns of consumption, with the majority of abstainers in the 10 to 14 age group. However, the predominant age group was that aged between 15 and 20, representing 42.9% of all the young people investigated. The majority had completed elementary education, had a household income of between 901 and 1500 reais, with no personal income and with formal employment.

The opinion of the young trauma victims regarding public policies and initiatives to control alcohol was evaluated using a questionnaire on Brazilian legislation – taxes, sales, traffic, penalties for crimes resulting from alcohol use – and the role of prevention and treatment campaigns and programs. The young people gave their opinions on increasing, reducing and keeping these policies. For sales, they considered aspects that were favorable or unfavorable to the policy in force.

As for taxes on alcoholic drinks, among the young people who abstained, the majority (76%) believed these should be increased, in contrast to the trauma group who had not consumed alcoholic beverages (49.2%) and the group who had consumed (27.3%). The most common response among the young people whose trauma was related to alcohol consumption was that taxes should remain at the same rate (45.5%). In this group, responses that taxes should be increased or decreased both numbered 27.3%. A significant relationship ($p < 0.05$) was observed regarding the options of reducing, maintaining or increasing taxes on alcoholic beverages in the three groups studies, with Pearson’s Chi-square test result of 0.009 (Table 1).

When asked about increasing, maintaining or reducing the legal age to buy alcoholic drink from 18, the majority (55.4%) chose to keep the

minimum age of 18 years old. In the group whose trauma was alcohol-related, the percentage was 68.2%, in the group without consumption it was 55.4% and in the abstainer group it was 44%. Regarding the minimum age for consuming alcohol, 16% of the young people who abstained supported reducing the legal age from 18. For 83% of the young people interviewed, it is “very easy for children or adolescents under 18 to buy alcoholic drinks at any point of sale” (Table 1).

In this research, the young people’s opinion on governmental initiatives to control alcohol use is approached from the aspects of increasing, reducing or keeping the actual proposals.

When asked about campaigns warning about the risks of drinking and driving, the majority (86.6%) of the young people thought that they should be increased, although among those who opted for a decrease, those whose trauma was alcohol-related showed a higher percentage of responses compared with the other groups (9.1%).

As for programs in schools to prevent alcohol use, 90.2% of young people recommended an increase. A higher proportion of those whose trauma was alcohol-related stated that alcohol prevention programs in schools should decrease compared to the other groups, with a total of 18.2% of responses. With regards to treatment programs, 90.2% of the young people in the study

Table 1 - absolute and percentage distribution of young trauma victims according to their opinion on public policies to control alcohol. Cascavel, PR, May to July, 2009

| Opinion on using alcohol | Pattern of consumption | Trauma without consumption | | Trauma with consumption | | Trauma in abstainers | | Total | |
|---|------------------------|----------------------------|------|-------------------------|------|----------------------|------|-------|-------|
| | | N | % | N | % | N | % | N | % |
| Tax on alcoholic beverages | Increase | 32 | 49.2 | 6 | 27.3 | 19 | 76.0 | 57 | 50.9 |
| | Maintain | 27 | 41.5 | 10 | 45.5 | 2 | 8.0 | 39 | 34.8 |
| | Reduce | 6 | 9.3 | 6 | 27.3 | 4 | 16.0 | 16 | 14.3 |
| Legal age of 18 to buy alcoholic beverages | Increase | 26 | 40.0 | 6 | 27.3 | 10 | 40 | 42 | 37.5 |
| | Maintain | 36 | 55.4 | 15 | 68.2 | 11 | 44 | 62 | 55.4 |
| | Reduce | 3 | 4.6 | 1 | 4.5 | 4 | 16 | 8 | 7.1 |
| It is very easy for children or adolescents under 18 to buy alcoholic beverages | Agree | 52 | 80.0 | 18 | 81.8 | 23 | 92.0 | 93 | 83.0 |
| | Indifferent | 4 | 6.2 | 1 | 4.6 | - | - | 5 | 4.5 |
| | Disagree | 9 | 13.8 | 3 | 13.6 | 2 | 8.0 | 14 | 12.5 |
| Campaigns raising awareness of the risks of drink driving | Increase | 56 | 86.2 | 18 | 81.8 | 23 | 92 | 97 | 86.6 |
| | Maintain | 8 | 12.3 | 2 | 9.1 | 1 | 4 | 11 | 9.8 |
| | Reduce | 1 | 1.5 | 2 | 9.1 | 1 | 4 | 4 | 3.6 |
| Alcohol prevention programs in schools | Increase | 61 | 93.8 | 18 | 81.8 | 22 | 88 | 101 | 90.2 |
| | Maintain | 2 | 3.1 | - | - | 1 | 4 | 3 | 2.7 |
| | Reduce | 2 | 3.1 | 4 | 18.2 | 2 | 8 | 8 | 7.1 |
| Alcoholism treatment programs | Increase | 57 | 87.7 | 19 | 86.4 | 23 | 92 | 99 | 88.4 |
| | Maintain | 7 | 10.8 | 2 | 9.1 | 2 | 8 | 11 | 9.8 |
| | Reduce | 1 | 1.5 | 1 | 4.5 | - | - | 2 | 1.8 |
| Total | | 65 | 58.1 | 22 | 19.6 | 25 | 22.3 | 112 | 100.0 |

considered that they should be increased (Table 1).

Considering that the Brazilian Highway Code sets penalties for drunk drivers, both in cases of accidents with victims as well as endangering others, this study includes questions on the punishments meted out to the offending driver. They were asked about what should happen to those who drive after consuming three or more doses of alcoholic beverages, and presented with the following measures: restricting the driver's liberty (police detention), losing driving license, or a fine, and the following

variables: never, in a few situations, in some situations and always.

For all three legal measures, the 'always' variable was the most frequently chosen by all three groups of young people investigated, with 54.5% supporting prison for the driver, 53.6% supporting losing the driving license and 75% supporting fining the driver (Table 2).

The young people whose trauma was related to consuming alcohol were those most frequently chose the 'never' variable compared with those who had not consumed alcohol and those who abstained. This attitude was expected, as by

Table 2 – Absolute and percentage distribution of young trauma victims according to opinion on penalties for drunk driving. Cascavel, PR, May to July, 2009

| Driving after drinking three or more doses of alcohol | Trauma without consumption | | Trauma with consumption | | Trauma in abstainers | | Total | |
|---|----------------------------|------|-------------------------|------|----------------------|------|-------|-------|
| | N | % | N | % | N | % | N | % |
| Should go to prison | | | | | | | | |
| Always | 38 | 58.5 | 8 | 36.4 | 15 | 60.0 | 61 | 54,5 |
| In a few situations | 16 | 24.6 | 5 | 22.7 | 6 | 24.0 | 27 | 24,1 |
| In several situations | 8 | 12.3 | 3 | 13.6 | 4 | 16.0 | 15 | 13,4 |
| Never | 3 | 4.6 | 6 | 27.3 | - | - | 9 | 8,0 |
| Should lose their driving license | | | | | | | | |
| Always | 37 | 56.9 | 8 | 36.4 | 15 | 60.0 | 60 | 53,6 |
| In a few situations | 12 | 18.5 | 5 | 22.7 | 6 | 24.0 | 23 | 20,5 |
| In several situations | 12 | 18.5 | 4 | 18.2 | 4 | 16.0 | 20 | 17,9 |
| Never | 4 | 6.1 | 5 | 22.7 | - | - | 9 | 8,0 |
| Should have to pay fines | | | | | | | | |
| Always | 48 | 73.8 | 12 | 54.5 | 24 | 96.0 | 84 | 75,0 |
| In a few situations | 7 | 10.8 | 6 | 27.3 | 1 | 4.0 | 14 | 12,5 |
| In several situations | 8 | 12.3 | 2 | 9.1 | - | - | 10 | 8,9 |
| Never | 2 | 3.1 | 2 | 9.1 | - | - | 4 | 3,6 |
| Total | 65 | 58.1 | 22 | 19.6 | 25 | 22.3 | 112 | 100.0 |

approving of the penalties for this risky behavior they would be penalized.

Discussion

Alcohol-related policies are those concerning alcohol, safety, health and social well-being. A policy is defined as any effort or decision by the authorities or a Non-Governmental Organization (NGO) to minimize or prevent alcohol-related problems⁽¹⁰⁾.

Through the opinion of young trauma victims on public policies and initiatives to control alcohol, it can be stated that those whose trauma was related to alcohol consumption preferred taxes to be lowered, and those who abstained

preferred taxes to be raised. One of the explanations for such a result is that increasing taxes on alcoholic drinks contributes to price rising.

The strategy of increasing the price of alcohol was associated with reduced consumption and its resulting problems, especially in adolescents, those on a lower income and heavy drinkers, being a way of reducing drink driving, especially in young people. In the United States, increasing the price of alcoholic beverages reduced the probability of drinking and driving by 7% in men and 8% in women, with even greater decreases in those under 21⁽¹¹⁻¹²⁾.

The young people surveyed agreed with the legal age of 18 for buying alcohol, in

concordance with existing legislation, although they stated that the legislation is not complied with. Article 81 of the Children and Adolescents' Statute—ECA, Federal Law n° 8069, restricts the sale of alcoholic beverages to under-18s. It is the responsibility of supervisory bodies, especially municipalities, to guarantee that this Statute is applied, curbing the sale of alcoholic drinks to children and adolescents⁽⁴⁾.

Limitations on alcoholic beverage sales aim to regulate the market, limiting consumer access or regulating the context in which it is consumed. Raising the legal age for buying alcohol, with adequate implementation and control, could substantially resolve alcohol-related problems in the younger population, especially those resulting from road accidents and violence⁽¹⁰⁾.

The I National Survey on Patterns of Alcohol Consumption in the Brazilian Population indicated that 96% of those interviewed agreed that it was easy for under-18s to buy alcoholic beverages, and 95% argued for increasing control of outlets in relation to selling alcoholic beverages to under age individuals⁽⁵⁾.

National studies show that young people aged between 13 and 17 can easily buy alcoholic beverages in various types of establishment. Young Brazilians live in social contexts that facilitate the sale of alcoholic beverages that often popularize and stimulate their use. At this time of their life, families often encourage the young people, as their social inclusion becomes essential in situations in which drinking alcohol can become a means of integration^(10,13).

The young people's opinion of governmental initiatives to control alcohol use, through the media, programs in school and treatment programs, indicates that those whose trauma was related to consuming alcohol were less in favor of such proposals.

Beyond social, cultural and community context, another factor which negatively affects young people's awareness of the risks associated with alcoholic beverages is advertising, which associated drinking with young, beautiful people at moments of intense happiness and fun. Despite the statement that "this product is for adult use only", the targets of such advertising are young people, as the actors are beautiful young people, doing activities compatible with this age group.

Although the alcohol industry attempts educational propaganda, such as "don't drink and drive", or "enjoy in moderation", their commercial interests enter in conflict with public health measures. Educational propaganda is never well produced, nor does it possess the same resources or appear as frequently in the media as alcohol industry advertising^(10,14).

Society sees illegal drugs as a large social problems, diminishing the perceived risk of legal drugs which also have serious consequences. Legalizing just some drugs means the citizen calculates their risk, as if their potential harm were classified as drugs that are risky or otherwise⁽¹³⁾.

Considering, then, that the Brazilian Highway Code sets out punishments for those who drink and drive, both when victims are involved and when driving endangers others, in this study we observed that the responses of young people whose trauma involved alcohol use were less favorable to penalizing offending driver.

In Brazil, in more than half the cases of road accidents involving victims, the driver had consumed alcohol and, in the case of pedestrians being run down, the victims had also consumed alcohol. Changes imposed by Law aim to improve vehicle safety and that of the population. The authorities recognize the impact of "drunk driving" and provide legal instruments to prevent and suppress drinking and driving⁽¹⁵⁾.

Driving under the influence of alcohol or any other psychoactive substance, according to article 165 of the "Dry Law", results in fines, a 12-month ban, the vehicle being confiscated until a qualified driver arrives, confiscating the driving license and a six to 36 month prison sentence. Any amount of alcohol detected in the blood means the driver will be subject to penalties for a serious infraction⁽¹⁶⁾.

Of concern is the observation in this study not only of alcohol consumption in excess of what is considered to be the safe limit, especially in the group whose trauma involved alcohol consumption, but also the fact that they think they are capable of driving. A significant phenomena is the association between high risk consumption and driving. In 64% of accidents with fatalities, the driver's blood/alcohol level was above 1 gram of alcohol per liter (g/l) of blood. When

blood/alcohol levels reach figures from 0.9 to 1.5 g/l, the risk of road accidents increases 35 times, compared to a sober driver^(5,15).

Final considerations

The socio-demographic characterization of the young people who consumed alcohol enabled factors to be detected that could favor the perception of risk of trauma concerning public policies for alcohol:

- In the opinion of those young people whose trauma involved alcohol consumption, policies to increase taxes on alcoholic beverages should not be encouraged, demonstrating that this group had no interest in reducing their consumption, something that could reduce the problems resulting from alcohol abuse.
- All of the young people in all of the consumption groups indicated the ease with which alcoholic beverages can be acquired by adolescents and young people
- The majority of the young people considered that campaigns on the risks of drinking alcohol and driving should be increased, as should school programs to prevent alcohol use and treatment programs; although among those who opted for a decrease, the percentage of responses was lower for those whose trauma involved alcohol.
- The young people's opinions of penalties that should be applied to those who drink and drive reveal that those whose trauma was related with alcohol consumption were least in favor of losing the driving license. Around half of the young people believed that drunk drivers were punished.

In these conditions, preventative proposals concerning the use of alcohol and other drugs should be aimed at the community, the family and at young people, aiming to reduce morbidity risk and to recover human and social values. Such proposals should suggest interventions that take into consideration the multiplicity of the

subjects, the plurality of relationships and the historical and social context in which the young people find themselves.

The population of young people is responsible for introducing new beliefs, practices, values and possibilities for change to society. Beliefs stemming from culture are constructed and internalized by individuals, coming to form part of their world vision and influencing their interpretation of events that will occur.

Further studies are suggested to examine the topic in more depth and implement preventative policies and strategies, especially in the younger population group.

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