



## Social and economic profile of young trauma victims and alcohol addicts

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**ABSTRACT.** The social and economic profile of alcohol-traumatized young people and alcohol users is provided through an exploratory and transversal analysis with 10-24-year-old young people attended to at the Emergency Section of a hospital in the western region of the state of Paraná, Brazil. Data were processed by Statistica 8.0. One hundred and twelve young people were classified in three groups according to alcohol intake: trauma associated with alcoholic beverage consumption; alcohol consumers without any alcohol intake during the previous six hours; teetotalers. Alcohol trauma was predominant in male young people with complete primary schooling, family income between R\$ 901 and R\$ 1500, without any personal income and working regularly. Higher occurrence lay within the 15-20 years age bracket regardless of their alcohol intake pattern. Results show that young people's social and economical profile affects the capacity of people in acknowledging and managing the dangers to which they are exposed. Interventions are relevant when the historical and social contexts are taken into account so that changes in health, disease and care processes could be enhanced.

**Keywords:** young people, alcohol intoxication, social and economic profile.

### Perfil socioeconômico de jovens vítimas de trauma e usuários de álcool

**RESUMO.** O estudo teve como objetivo estabelecer o perfil socioeconômico dos jovens vítimas de trauma e usuários de álcool. O estudo foi exploratório e transversal, com jovens na faixa etária de 10 a 24 anos atendidos no Pronto Socorro de um hospital de ensino do Oeste do Paraná. Os dados foram analisados a partir do Programa de Computação Statistica 8.0. Foram entrevistados 112 jovens, classificados em três grupos de padrão de consumo de álcool: trauma associado ao consumo de bebida alcoólica; consumidores de álcool, mas nas 06h anteriores ao trauma não referiram consumo; e abstinentes na vida. O trauma predominou nos jovens do sexo masculino, com Ensino Fundamental completo, com renda mensal familiar entre R\$ 901,00 e R\$ 1.500,00, sem renda pessoal e com trabalho formal. A maior ocorrência de trauma aconteceu na faixa etária dos 15 aos 20 anos, independente do padrão de consumo de bebida alcoólica. Os resultados apontaram que o perfil socioeconômico dos jovens exerce influência na capacidade dos indivíduos conhecerem e administrarem os perigos a que estão expostos, devendo-se propor intervenções que levem em consideração contexto histórico e social, com vistas a promover mudanças nos processos de saúde, doença e cuidado.

**Palavras-chave:** jovens, intoxicação alcoólica, perfil socioeconômico.

### Introduction

The intake of alcoholic beverages is a heritage of human culture and no known culture existed which did not use it, at least, as an integral part of religious rituals. Alcoholic beverages are present in all social, festive and commemorative celebrations (STAMM; BRESSAN, 2007).

The naturalness and familiarity regarding alcoholic beverages abuse lead people towards discarding the probability of health damaging occurrences. The consequences of alcohol abuse are not limited to health impairments of the abusing individual but also extend to the consequences on public impact. In fact, treatments and prevention activities against alcohol

abuse and liabilities in productivity are paid by taxes imposed by governments (RUIZ; ANDRADE, 2005).

World Health Organization calculates that in 2002 total costs related to abuse in alcoholic beverages intake amounted to US\$ 665 billion, equivalent to 2% of total Gross National Products (GDP). The production and commercialization of alcoholic beverages increasingly imply in new challenges to attack the issue (WHO, 2007). Within the context of other drugs, alcohol has been the cause of 41% murder cases and 47% of traffic accidents in Brazil. In fact, it is the main death cause among young people (STAMM; BRESSAN, 2007).

Alcohol abuse is a traumatic risk factor and a great social and health problem, especially for young people.

The first national survey on alcohol consumption standards in the Brazilian population showed that young people had great risks in alcohol intake with several negative results in studies, social problems, unprotected sexual intercourse without counseling, suicides or murder and accidents. Since young people experience deep physical and psychic changes, they are an extremely vulnerable section of the population. Within the context of identity building they are one of the human groups susceptible to undesired, unwanted and difficult situations (LARANJEIRA et al., 2007; PRATTA; SANTOS, 2006).

The causes of high alcohol intake may be related to a series of biopsychosocial factors. Environmental predisposition and heredity are biological factors related to dependence and alcohol consumption. Unemployment, social deficiencies, culture and the place in which the person is inserted may be social determinants that affect or do not affect the person's habit of consuming alcohol (WESSELOVICZ et al., 2008).

Due to the naturalness and familiarization of alcohol consumption by society, young people frequently avoid preventive measures and place themselves individually or collectively in danger. They attribute positive values to several damaging behaviors and refrain from changes that could be beneficent to the population's health. Acting differently, adopting new types of behavior and following protect norms established by experts "[...] could be for this group a disagreement to common sense that postulates that fatality has to be accepted" (FONSECA et al., 2007, p. 48).

Culture-caused beliefs are constructed and internalized by people. They become an integral part of their *weltanschauung* and affect the interpretation of future events. When a social feeling is built on the nature of risks, people perceive it and act accordingly. The understanding of social and cultural determinants, the comprehension of emotions, feelings, values and attitudes in the wake of daily experience are widely acknowledged as fundamental for changes in perception and behavior (FONSECA et al., 2007; IRIART et al., 2008).

Current research is justified by the close links between the increase in the intake of alcoholic beverages and trauma risks especially in the younger social group. The study establishes a social and economical profile of traumatized young people and alcohol users.

## Material and methods

Current exploratory and transversal study comprised a population of 112 young people, between 10 and 24 years, resident in Cascavel, Paraná State,

Brazil, with medical trauma diagnosis from several etiologies. They were attended at the Emergence Clinic (EC) of the university hospital of the western region of the state of Paraná, Brazil. The 10 – 24 year bracket coincides with the young people concept by Nugent (2006) with three transition phases: pre-juvenile (10 to 14 years), intermediate juvenile (15 to 20 years) and post-juvenile (21 to 24 years) (NUGENT, 2006).

Young people with clinical impairments which impeded them from taking part in the interview and those who died after trauma were excluded. Neurological conditions were evaluated by Glasgow Coma Scale (GCS) with score 11 as a minimum for inclusion in the study (SMELTZER; BARE, 2000).

Data were collected by the researcher in charge of the study and by trained interviewers during May and June 2009, on Fridays, Saturdays and Sundays, between 19h and 01h so that the largest number of interviewed could be obtained. The period produced a non-probabilistic sample since the population under analysis was not available at choice (OLIVEIRA, 2001).

List of patients attended at the EC, the medical chart of each patient and the EC attendance reports were sources of data. Data collection consisted of an interview, adapted from the Hablas Health Questionnaire developed by the team of Prof. Raul Caetano of the University of Texas, USA, and a chart for data compilation.

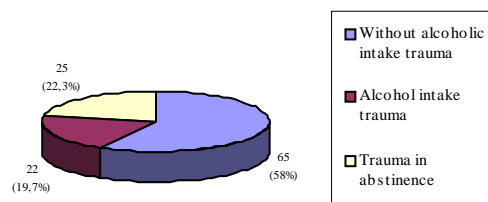
Data were fed to Excel for later analysis by Statistica 8.0. Data analysis was carried out by descriptive statistics, chi-square test and logistic regression. The project was approved (Protocol 070/2009) by the Permanent Committee for Ethics and Research involving Humans of the State University of Maringá, Maringá, Paraná State, Brazil.

## Results and discussion

One hundred and twelve young people were interviewed, with a monthly mean of 10.5 interviews per weekend, and no significant difference between week days: 38 interviews were held on Friday, 36 on Saturdays and 38 on Sundays.

Exclusion criteria for 28 young people who were not interviewed consisted of neurological conditions, insufficient attendance time in the EC for any contact and refusal to participate.

Twenty-two (19.7%) out of the 112 interviewed young people suffered from alcohol-intake trauma and were classified as people with alcohol intake trauma; 65 (58%) were alcoholic beverages consumers although in the previous 6h to trauma they did not take any alcoholic drink and were classified as people without alcoholic intake trauma; 25 (22.3%) reported that they never took alcoholic beverages and were classified as people with trauma in abstinence (Figure 1).



**Figure 1.** Distribution of alcohol-traumatized young people in percentage according to alcohol intake. Cascavel, Paraná State, Brazil, May-July, 2009.

Social and economical variables under analysis were age bracket, gender, schooling, monthly family income; monthly personal income; employment.

Male young people (75.9%) were prevalent, with primary schooling (45.5%), monthly family income over R\$ 901.00 (61.6%), monthly personal income (56.3%) and employed (71.4%). The age bracket with the highest number of traumatized young people was between 15 and 20 years, and comprised 42.9% of interviewed people.

Research in Brazilian scientific journals with articles on car accident victims caused by alcohol intake enhanced the prevalence of males, owing to a greater exposure and more aggressive behavior in car traffic. Social and cultural issues on gender expose the male to high risks in driving, such as excessive speed, dangerous maneuverings and alcohol intake (FARIAS et al., 2009).

Distribution of cases according to gender and age bracket showed no difference of trauma occurrence among the age brackets for the female. The highest occurrences were between 15 and 20 years (81.2%) for the male. This age bracket is the intermediate phase for young people in which they experience the puberty period (NUGENT, 2006) (Table 1).

**Table 1.** Absolute and percentage distribution of young people with alcohol-cause trauma according to the variable gender and schooling. Cascavel, Paraná State, Brazil. May-July, 2009.

Age bracket (years)	10-14		15-20		21-24		Total	
Variables	N	%	N	%	N	%	N	%
Gender								
Male	18	66.7	39	81.2	28	75.7	85	75.9
Female	9	33.3	9	18.8	9	24.3	27	24.1
Schooling								
Illiterate					2	5.4	2	1.8
Incomplete primary	19	70.4	8	16.7	4	10.8	31	27.7
Complete primary	7	25.9	28	58.3	16	43.3	51	45.5
Complete secondary	1	3.7	10	20.8	13	35.1	24	21.4
Incomplete higher			2	4.2	2	5.4	4	3.6
Total	27	24.1	48	42.9	37	33.0	112	100

According to Dallo and Martins (2011), since adolescence is a period of transition, curiosity, identity seeking and new existential experiences, the highest number of involvement in risk situations and social limits testing occur during this phase.

The schooling of young people between 21 and 24 years within the group under analysis is highly relevant. This is due to the fact that 59.5% reported primary schooling which is not compatible to age; two young people (5.4%) were illiterate. Data corroborate the scientific literature on the theme since studies on illicit drugs by young users indicate low schooling, especially those above 20 years old (BALLANI; OLIVEIRA, 2007).

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The schooling of the young people under current analysis was higher than the mean Brazilian rate, although the persisting regional difference should not be ignored. IBGE data show that 17.2 million young people in Brazil do not attend school: 1.2 million (3.8%) are illiterate; 12.9 million (39%) do not have a complete primary schooling; 4.5 million (13.7%) have a complete primary schooling; 5.7 million (17.4%) started secondary school but did not complete the required schooling. Only 6.6 million (19.8%) completed secondary schooling and 2.1 million (6.2%) completed at least a year at a higher institution (BRASIL, 2004).

The higher the age bracket of young people under analysis in current study the higher is their monthly family income. The prevalence of a monthly family income of R\$ 900.00 occurred with young people within the 1 – 14 year bracket or 48.2% of interviewed; a monthly family income of R\$ 901 – R\$ 3,000.00 for young people within the 15 – 20 year bracket or 66.6%; a monthly family income above R\$ 6,000.00 for young people within the 21 – 24 year bracket or 2.7% of replies (Table 2).

The 2000 Brazilian demographic census showed that 4.2 million (12.2%) young people lived in families with a per capita income of  $\frac{1}{4}$  the minimum wage; 6.8 million (20.1%) lived in families with a per capita income of  $\frac{1}{4}$  and  $\frac{1}{2}$  the minimum wage; 9 million (26.4%) lived in families with a per capita income of  $\frac{1}{2}$  and 1 minimum wage; 14.1 million (41.3%) lived in families with a per capita income over 1 minimum wage (BRASIL, 2004). The above data indicate that the families of young people under analysis have a buying power above that of the mean Brazilian family.

It should be emphasized that the young people under analysis live in the southern region of Brazil where families are not numerous and have high incomes. Data from Research in Family Budgets on Brazilian regions reveal that the larger the family the lower is the income. The northeastern and northern regions of Brazil with mean family members of four or more people, have the lowest family incomes, respectively 60% and 70% of mean Brazilian rate. In the mid-western region of Brazil, family size is 3.5 people and regional income is close to the Brazilian mean rate, whereas the southeastern and southern regions of Brazil, with respectively 3.4 and 3.3 people per family, have the highest income (IBGE, 2004).

**Table 2.** Absolute and percentage distribution of traumatized young people according to variables monthly family income, monthly personal income and job situation. Cascavel, Paraná State, Brazil. May-July, 2009.

Age bracket (years)	10-14		15-20		21-24		Total	
Variables	N	%	N	%	N	%	N	%
<b>Monthly family income (R\$)</b>								
Up to 300	1	3.7	5	18.5	5	13.5	1	0.9
301 – 600	5	18.5	3	10.4	6	16.2	15	13.4
601 – 900	7	26.0	3	6.3	6	16.2	16	14.3
901 – 1,500	4	14.8	19	39.6	12	32.5	35	31.3
1,501 – 3,000	4	14.8	13	27.0	7	18.9	24	21.4
3,001 – 6,000	3	11.1	3	6.3	3	8.1	9	8.0
6,001 – 9,000	3	11.1	5	10.4	1	2.7	1	0.9
Unknown/Did not answer	3	11.1	5	10.4	3	8.1	11	9.8
<b>Monthly personal income (R\$)</b>								
Up to 300	–	–	6	12.5	1	2.7	7	6.3
301 – 600	2	7.4	14	29.17	13	35.2	29	25.9
601 – 900	–	–	7	14.58	11	29.7	18	16.1
901 – 1,500	–	–	2	4.17	6	16.2	8	7.1
1,501 – 3,000	–	–	1	2.08	–	–	1	0.9
No personal income	25	92.6	18	37.5	6	16.2	49	43.7
<b>Job situation</b>								
Formal employment	1	3.7	20	41.7	24	64.8	45	40.2
Informal employment	1	3.7	10	20.8	7	18.9	18	16.1
Unemployed	25	92.6	18	37.5	6	16.2	49	43.7
Total	27	24.1	48	42.9	37	33.0	112	100

Monthly personal income increases according to age. Those with no personal income are concentrated within the 10 – 14 year bracket, of which only two out of 27 reported having personal income and one formal employment identified by the labor card. Formal

employment was prevalent in young people within the 21 – 24 year bracket, with 64.8% (Table 2).

The Brazilian Constitution (Art. 7) establishes the prohibition of labor for people below 16 years old, except as 14-year-old apprentices and above (BRASIL, 1998). On the other hand, the above data may be put in doubt since data on income should be analyzed with caution (OLIVEIRA, ZAMBRONE 2006). The subject brings uneasiness and suspicion among the interviewed people who are prone to report false data, even though they are assured that privacy would be respected.

Further, the number of married people increases proportionately to age even though a 14-year old female reported being married. Within the 21 – 24 year old bracket 69.6% were married and two were maritally separated. Almost one half of the married people under analysis were females (43.5%).

Sixty-three (56.3%) out of the total 112 young people interviewed had a personal income. The association between schooling years and monthly personal income of young people showed that 44% with complete primary schooling lacked personal income.

Illiterate working young people received a wage between R\$ 301.00 and R\$ 600.00. Two out of four young people who were in a higher institution, were still studying and two reported salaries between R\$ 301.00 and R\$ 600.00, although the latter did not have a complete day's work (Table 3).

Incomplete primary schooling means lower monthly personal income in the group under analysis and with regard to young people with more years of schooling. Young people with complete primary schooling and older were employed at a higher rate. More schooling years favor higher personal income and more employment rates.

The association between monthly personal income and formal employment show that most young people had formal and registered employment (71.4%), with a predominant monthly personal income between R\$ 301.00 and R\$ 600.00 (48.9%). Formal labor seems to provide better wages since most (66.7%) of the young people with an income of up to R\$ 600.00 failed to show a labor card.

**Table 3.** Absolute and percentage distribution of alcohol-traumatized young people according to schooling and monthly personal income. Cascavel, Paraná State, Brazil. May-July, 2009.

Schooling Monthly personal income (R\$)	Illiterate		Incomplete primary schooling		Complete primary schooling		Complete secondary schooling		Incomplete higher education		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Up to 300	–	–	3	9.7	4	7.8	–	–	–	–	7	6.25
301 – 600	2	100.0	3	9.7	11	21.6	11	45.8	2	50.0	29	25.89
601 – 900	–	–	2	6.4	10	19.6	6	25.0	–	–	18	16.07
901 – 1,500	–	–	–	–	5	9.8	3	12.5	–	–	8	7.14
1,501 – 3,000	–	–	–	–	–	–	1	4.2	–	–	1	0.89
No personal income	–	–	23	74.2	21	41.2	3	12.5	2	50.0	49	43.75
Total	2	1.79	31	27.68	51	45.53	24	21.43	4	3.57	112	100

It has also been observed that young people with a monthly income of up to R\$ 300.00 had 17.9 more chances of working informally in contrast to those with an income bracket between R\$ 901.00 and R\$ 1,500.00 (Table 4).

According to Schwartzman and Cossio (2007), unemployment among young people is significantly high when compared with the economically active population, with a trend towards an increase among those with low schooling. Young people with incomplete secondary schooling have low incomes and high unemployment rates.

**Table 4.** Absolute and percentage distribution and odds ratio of alcohol-traumatized young people according to personal income and job situation. Cascavel, Paraná State, Brazil. May-July, 2009.

Job situation	Formal		Informal		Total		Odds ratio
	N	%	N	%	N	%	
Monthly personal income (R\$)							
Up to 300	2	4.4	5	27.8	7	11.1	17.9
301 – 600	22	48.9	7	38.9	29	46.0	2.3
601 – 900	13	28.9	5	27.8	18	28.6	2.7
901 – 1,500	7	15.6	1	5.5	8	12.7	1
1,501 – 3,000	1	2.2	-	-	1	1.6	-
Total	45	71.4	18	28.6	63	100.0	

According to Brazilian Labor Laws (CLT), formal workers have guaranteed rights, such as the Christmas bonus, holidays and medical attendance in cases of serious diseases. The latter item is a basic right for the young people under analysis since they suffered trauma and they may probably be incapable of exercising their professions for a certain period of time (BRASIL, 1943).

In spite of the fact that young informal workers are 28.6% of total, they start working without any labor stability and rights and with the lowest wages, since current society expects that young people become responsible and competent adults. According to Oliveira (2010), fast changes in society cause lack of security with regard to the future, since at present good schooling may give a better chance on the labor market but does not guarantee decent wages.

The association between schooling and formal labor shows that the higher the schooling, the higher is the chance of the interviewed with personal income to have formal jobs. In the case of illiterate young people or who have only incomplete primary schooling, formal job drops to 4.4% and informal jobs go up to 44.5%. Complete secondary schooling or incomplete higher education provides 46.6% and 11.1% of young people with formal and informal jobs respectively (Table 5).

Above data reveal that a higher schooling favors admittance of young people on the labor market, a fact that becomes evident when statistical calculations of logistic regressions are undertaken. Since labor

situation is a dichotomic variable (formal and informal) and complete secondary schooling is the baseline, it may be stated that young people with incomplete primary education have a 70 times chance in admittance to informal labor than those who complete secondary schooling.

**Table 5.** Absolute and percentage distribution and odds ratio for alcohol-traumatized young people according to schooling and job situation. Cascavel, Paraná State, Brazil. May-July, 2009.

Job situation	Formal		Informal		Total		Odds Ratio
	N	%	N	%	N	%	
schooling							
Illiterate	1	2.2	1	5.6	2	3.2	10.0
Incomplete primary schooling	1	2.2	7	38.9	8	12.7	70.0
Complete primary schooling	22	49.0	8	44.4	30	47.6	3.6
Complete secondary schooling	19	42.2	2	11.1	21	33.3	1.0
Incomplete higher education	2	4.4	-	-	2	3.2	-
Total	45	71.4	18	28.6	63	100	

## Conclusion

Social and economical characterization showed prevalence of males in all age brackets and in all alcohol intake groups. Social and cultural determinants with regard to gender expose the male to higher risks in trauma.

Most young teetotalers belong to the 10 -14 age bracket, although the prevalent age group lies between 15 and 20 years and represent 42.9% of all young people investigated. Schooling of most young people under analysis completed their high school and had a monthly family wage between R\$ 901,00 and R\$ 1.500,00, without any personal income and with formal labor.

The dissemination of the safe behavior concept should be basic with people who work with young people. They should be encouraged to identify and control risks and acknowledge what may be harmful so that they may live in security and without health impairments.

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