



## Drug use pattern among adolescents and its association with family dynamics\*


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**Objective:** to analyze the association between the family system and the drug consumption pattern among adolescents. **Methodology:** a cross-sectional study carried out with adolescent students attending state public schools. For data collection, sociodemographic data, information about the family system and the Alcohol, Smoking and Substance Involvement Screening Test were used. **Results:** the associations were between the tobacco consumption pattern, the family system and the adolescents' behaviors, especially among those with parents or guardians who frequently did not know where they were or what they were doing. Illicit drug use was associated with frequent aggressive verbal behaviors among adolescents and their parents or guardians (screaming and feeling unhappy where they live). **Conclusion:** it was possible to conclude that being part of a conflicting and unhappy family environment, as well as absence of parental supervision in their children's lives, interferes with the drug consumption pattern among adolescents.

**Descriptors:** Adolescent; Adolescent Health; Alcoholic Beverages; Tobacco; Illicit Drugs; Family Relations.

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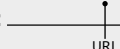
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## **Padrão de consumo de drogas por adolescentes e associação com a dinâmica familiar**

**Objetivo:** analisar a associação entre o sistema familiar e o padrão de consumo de drogas por adolescentes. **Metodologia:** estudo transversal realizado com adolescentes estudantes de escolas públicas estaduais. Para a coleta de dados, foram utilizadas informações sociodemográficas, informações sobre o sistema familiar e o *Alcohol, Smoking and Substance Involvement Screening Test*. **Resultados:** as associações foram feitas entre o padrão de consumo de tabaco, o sistema familiar e o comportamento dos adolescentes, principalmente entre aqueles que possuíam pais ou responsáveis que frequentemente desconhecem onde eles estão ou o que estão fazendo. O uso de drogas ilícitas foi associado a comportamentos verbais agressivos frequentes entre os adolescentes e seus pais ou responsáveis (gritos, berros e sentir-se infelizes no local em que vivem). **Conclusão:** fazer parte de um ambiente familiar conflituoso e infeliz, bem como a ausência de supervisão dos pais na vida dos filhos, interfere no padrão de consumo de drogas por adolescentes.

**Descritores:** Adolescente; Saúde do Adolescente; Bebidas Alcoólicas; Tabaco; Drogas Ilícitas; Relações Familiares.

## **Patrón de consumo de drogas por parte de los adolescentes y su asociación con la dinámica familiar**

**Objetivo:** analizar la asociación entre el sistema familiar y el patrón de consumo de drogas de los adolescentes. **Metodología:** estudio transversal realizado con estudiantes adolescentes de escuelas públicas estatales. Para la recolección de datos, se utilizaron informaciones sociodemográficas, informaciones sobre el sistema familiar y el *Alcohol, Smoking and Substance Involvement Screening Test*. **Resultados:** las asociaciones fueron entre el patrón de consumo de tabaco, el sistema familiar y el comportamiento de los adolescentes, especialmente entre aquellos que tenían padres o tutores que muchas veces no saben dónde están o qué hacen. El uso de drogas ilícitas se asoció con frecuentes comportamientos verbales agresivos entre los adolescentes y sus padres o tutores (gritos y sentirse infeliz en el lugar donde viven). **Conclusión:** fue posible concluir que el hecho de ser parte de un ambiente familiar conflictivo e infeliz, así como la ausencia de supervisión de los padres en la vida de sus hijos, interfiere en el patrón de consumo de drogas de los adolescentes.

**Descriptores:** Adolescente; Salud del Adolescente; Bebidas Alcohólicas; Tabaco; Drogas Ilícitas; Relaciones Familiares.

## Introduction

Adolescence is the life cycle phase in which an individual experiences several physical, emotional and social transitions<sup>(1)</sup>. At this stage, adolescents are frequently more susceptible to engaging in practices that they did not indulge in during their childhood and which are influenced by social construction and the need to integrate themselves to different contexts in search of external identifications<sup>(2)</sup>.

Drug use, body self-perception and economic condition are some of the topics that are strongly present in adolescents' everyday lives. Confronting such issues can lead adolescents to make decisions and adhere to practices such as drug use<sup>(3)</sup>. Motivation for drug use can be associated with individual factors (such as curiosity to experience new sensations, relief from unpleasant emotions and low self-esteem<sup>(4)</sup>) or with social factors.

Drug use can occur in isolation, associated with other substances, or even trigger a progressive consumption pattern leading to dependence, which can have harmful consequences for adolescents' physical and social development. These individuals may present impairments in physiological functioning, as well as changes in everyday behavior, showing aggression, anxiety and other alterations<sup>(5)</sup>.

The 2021 World Drug Report, involving individuals aged between 15 and 64 years old, estimated that 36 million people have disorders related to drug use. When considering these estimates, it is possible to have the idea that the way in which drugs are used is harmful to the point of requiring treatment and becoming a lifelong dependence<sup>(6)</sup>.

As for the problem involving drug use in adolescence, the family nucleus exerts a strong influence, as a friendly and harmonious environment is considered to be protective and stimulating for adolescents' maturation, while a hostile family environment, with faulty and impaired communication, may pose risks to general development<sup>(7)</sup>.

Impaired family relationships are directly associated with the initiation of psychoactive substance consumption, regardless of their legality, as well as consumption by family members can be a stimulating factor for experimenting with substances<sup>(8)</sup>. Therefore, the family environment can positively or negatively influence the adolescents' choices.

Considering the family and its role in the formation of its members, especially adolescents, as well as the problem of drug consumption and the risks associated with adolescents when they assume a risky consumption pattern or a high risk of addiction, this study aimed at

evaluating the association between the family system and the drug use pattern among adolescents.

## Methodology

### Type of study

A cross-sectional study designed according to the criteria set forth in the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guideline<sup>(9)</sup>.

### Data collection locus

This study was carried out in nine state public schools with adolescent students. These schools are part of areas dominated by trafficking and violence located in a Health District of a large-sized municipality located in the Brazilian state of Pernambuco.

### Data collection period

Data collection comprised the period between April and July 2018.

### Population

The population of this study consists of 2,347 students enrolled in secondary education at high schools.

### Definition of the sample

To perform the sample calculation, the equation for the study of proportions in a finite population was used. Considering an expected proportion of 0.5, a 95% confidence level, a population of 2,347 students and a margin of error of 0.05, the calculated sample size was 330 students. Faced with a possible 10% loss, the sample size totaled 364 students.

### Selection criteria

Adolescent students aged between 14 and 19 years old, of both genders and enrolled in the daytime period of High School in state public schools were included in this study. The following were defined as exclusion criteria: students who were absent during data collection and those who had some cognitive deficit mentioned by the school's management or faculty.

### Study variables

As independent variables, those related to the family system were used (according to the Drug Use Screening Inventory - DUSI). The dependent variable is related to the drug consumption pattern (according to the Alcohol, Smoking and Substance Involvement Screening Test - ASSIST) in the group under study.

## Instruments used to collect the information

A questionnaire was prepared containing three instruments for data collection: sociodemographic data forms, drug consumption (ASSIST) and information about the family system (DUSI) of the participants. The sociodemographic data included the following variables: gender, place of residence, religion, race, parents' marital status, family income, and father's and mother's schooling levels.

The instrument used to assess drug use among adolescents was ASSIST. It is a validated instrument for Brazil and devised to screen all types of drugs. From it, it is possible to know risky drug use, as well as the indications of addiction<sup>(10-11)</sup>.

To calculate the ASSIST scores for each substance, the total resulting from the sum of the scores for questions 2 to 7 for each type of drug was taken into account. With regard to tobacco, score 5 was excluded from the total. For this substance, the maximum total that can be obtained is 31 and, for other drugs, it is 39. After adding up the scores, the classification was made and the participants could be included in the "low risk", "moderate risk" or "high risk" categories<sup>(10-11)</sup>.

When patients presented scores below 10 points, they were classified as at "low risk" in relation to alcohol use, considering the score of 3 points for the other types of drugs. The subjects included in the "moderate risk" classification were those who obtained total scores of 11 points for alcohol consumption and from 4 to 26 for other types of drugs. In the "high risk" classification for probable addiction, the participants that obtained scores above 27 were included<sup>(10-11)</sup>.

The "low risk" classification encompasses individuals who do not require any intervention. The "moderate risk" classification includes those individuals who need to undergo a brief intervention. Finally, the "high risk" classification involves those who need referrals to more specialized treatments<sup>(11)</sup>.

DUSI is an instrument that was validated in its Brazilian version by De Micheli and Formigoni<sup>(12)</sup>. For copyright reasons regarding its use in Brazil, permission was sought and obtained from the author and copyright holder. Only one area of the instrument that refers to family dynamics was used, that is, area VI: Family System.

Calculation of the absolute density of the problems in area VI was performed to read this DUSI area. In this sense, the number of affirmative answers was divided by the number of questions and the result was multiplied by 100. In this way, the result was obtained in percentage<sup>(12)</sup>.

## Data collection procedure

The first contact with the schools was made after approval by the Research Ethics Committee. After formal authorization, the researchers initially approached the students during class breaks. Subsequently, the students were invited to participate in the study and informed about its objectives. Those under the age of 18 received two copies of the Free and Informed Consent Form (FICF), which should be signed by the parents or guardian, keeping a copy with them and the other returned to the researchers on the days scheduled for data collection.

On such days, the students under the age of 18 who presented the signed FICF and those aged 18 or over who wished to participate in the study took part in the research. At the data collection moment, all participants received the questionnaires and, for the students aged 18 or over, two copies of the FICF were also delivered, with one copy to be returned to the researchers. For the students under the age of 18, two copies of the Free and Informed Assent Form (FI AF) were also delivered. Both at all data collection moments and afterwards, the researchers committed to safeguarding the collected data. In addition to that, they also ensured that the data collection procedure took place without possible interferences. All questionnaires and forms distributed were duly explained and clarified to the students.

## Statistical analysis

The Statistical Package for the Social Sciences (SPSS), version 21, was used for data analysis. As for the sociodemographic data, the qualitative variables were presented considering their respective percentage frequencies. The comparison between the variables about the family system (DUSI) and the drug use risk levels was performed using the family area (DUSI) overall score and also considering each of the fifteen questions from the instrument with the overall ASSIST score (no intervention x some intervention). Due to data non-normality, the Mann-Whitney non-parametric test was used to compare the overall DUSI score of the family area and the overall ASSIST score. Pearson's Chi-square or Fisher's Exact tests were used in the bivariate analysis. A 5% significance level was considered, and results that presented p-values below 0.05 were regarded as statistically significant.

## Ethical aspects

This study follows the precepts set forth in Resolution No. 466/2012 and was submitted to the Research Ethics Committee of the Hospital Complex that

includes the Oswaldo Cruz University Hospital (*Hospital Universitário Oswaldo Cruz*, HUOC) and the Pernambuco Cardiology Emergency Service (*Pronto Socorro Cardiológico de Pernambuco*, PROCAPE), with approval on April 9<sup>th</sup>, 2018, under opinion No. 2,588,085.

## Results

The sample consisted of 364 students, predominantly from the urban area (91.8%), characterized by predominance of females (58.5%), with school failures (55.8%), brown skin color/race (51.4%), Evangelical religion (43.7%), not working (79.4%), from low-income families (one minimum wage) (44.8%), from single-parent families (41.8%), from families with low schooling levels, and with the mothers having Complete High School (26.9%) and the fathers with Incomplete High School (25%) (Table 1).

Table 1 - Distribution of the sociodemographic profile corresponding to the population under study (n=364). Recife, PE, Brazil, 2018

Variables	n (%)
<b>Gender</b>	
Male	151 (41,5%)
Female	213 (58,5%)
<b>Place of residence</b>	
Urban area	334 (91,8%)
Rural area	24 (6,6%)
Unknown	6 (1,6%)
<b>Already had school failures</b>	
No	160 (44,0%)
Yes	203 (55,8%)
Unknown	1 (0,3%)
<b>Religion</b>	
Evangelical	159 (43,7%)
Spiritist	3 (0,8%)
Catholic	63 (17,3%)
No religion	118 (32,4%)
Others	19 (5,2%)
Unknown	2 (0,5%)
<b>Race</b>	
White	66 (18,1%)
Brown	187 (51,4%)
Black	97 (26,6%)
Asian	14 (3,8%)
<b>Works</b>	
No	289 (79,4%)
Yes	75 (20,6%)

(continues...)

Variables	n (%)
<b>Parents' marital status</b>	
Single	152 (41,8%)
Married	122 (33,5%)
Divorced	58 (15,9%)
Widowed	24 (6,6%)
Unknown	8 (2,2%)
<b>Family income</b>	
<1 MW*	74 (20,3%)
1 MW*	163 (44,8%)
>1 MW*	114 (31,3%)
Unknown	13 (3,6%)
<b>Father's schooling level</b>	
Illiterate	28(7,7%)
Incomplete High School	91 (25,0%)
Complete High School	90 (24,7%)
Incomplete Elementary School	79 (21,7%)
Complete Elementary School	34 (9,3%)
Incomplete Higher Education	5 (1,4%)
Complete Higher Education	8 (2,2%)
Unknown	29 (8,0%)
<b>Mother's schooling level</b>	
Illiterate	19 (5,2%)
Incomplete High School	96 (26,4%)
Complete High School	98 (26,9%)
Incomplete Elementary School	82 (22,5%)
Complete Elementary School	39 (10,7%)
Incomplete Higher Education	9 (2,5%)
Complete Higher Education	9 (2,5%)
Unknown	12 (3,3%)

\*MW = Minimum Wage. Current minimum wage: R\$ 1,302.00

As for the ASSIST classification, most of the students were classified as without requiring any intervention, as they were abstinent or at low risk for the use of opioids (100%), amphetamines (98.3%), hallucinogens (97.4%), cocaine (97%), hypnotics/sedatives (96.6%), inhalants (92.7%), tobacco (89.9%), marijuana (83.3%) or alcoholic beverages (65.7%) (Table 2).

Among the students classified as at a moderate risk level, or who need brief interventions, the majority were users of alcoholic beverages (29.2%), marijuana (14.2%), tobacco (10.3%), inhalants (7.3%), hypnotics/sedatives (3.0%), cocaine (2.6%), amphetamines and hallucinogens (1.7%) and opioids (0.4%) (Table 2).

As for the classification of high risk for the development problems related to drug use, which includes the need for referral to more intensive treatments, the main drugs corresponded to alcohol (5.2%), marijuana (2.6%), hallucinogens (0.9%), cocaine and hypnotics/sedatives (0.4%) (Table 2).

Table 2 - Frequency distribution of the risk levels for the use of alcohol, tobacco and other drugs (ASSIST), according to the students enrolled in High School (n=364). Recife, PE, Brazil, 2018

Variables	ASSIST classification (%)		
	No intervention	Undergo a brief intervention	Refer to intensive treatment
Tobacco	89.7	10.3	-
Alcohol	65.7	29.2	5.2
Marijuana	83.3	14.2	2.6
Cocaine	97.0	2.6	0.4
Amphetamines	98.3	1.7	-
Inhalants	92.7	7.3	-
Hypnotics/Sedatives	96.6	3.0	0.4
Hallucinogens	97.4	1.7	0.9
Opioids	100.0	-	-

When comparing the overall scores in relation to problems related to the family area (DUSI) and substance use (ASSIST), a statistically significant association was verified between the overall DUSI score and tobacco use ( $p=0.028$ ). Thus, the highest score for family problems was found among those students who needed some intervention (Table 2). Tobacco consumption was also associated with the behaviors of adolescents whose parents or guardians are frequently unaware of where they are or what they are doing.

As for the alcohol consumption pattern, there was no statistically significant association with the other variables in the area of family conflicts (DUSI) ( $p<0.05$ ). However, the illicit drug consumption pattern was associated with statistically significant values among the students who experienced frequent arguments with their parents or guardians (screaming and yelling) and who felt unhappy where they lived, with predominance among those participants who make use of illicit drugs and would need some intervention.

Table 3 - Comparison between family problems (DUSI)\* and substance use (ASSIST)<sup>†</sup> (n=364). Recife, PE, Brazil, 2018

Family (DUSI)*	Substance use (ASSIST) <sup>†</sup>								
	Tobacco			Alcohol			Illicit drugs		
	No intervention (%)	Some intervention (%)	p-value	No intervention (%)	Some intervention (%)	p-value	No intervention (%)	Some intervention (%)	p-value
Overall score Median (P25 – P75)	33.3 (20 – 47)	40.0	<b>0.028<sup>†</sup></b>	33.3 (20 – 47)	33.3 (27 – 47)	0.094 <sup>†</sup>	33.3 (20 – 47)	40.0 (27 – 50)	0.158 <sup>†</sup>
Has any family member used alcohol, marijuana or cocaine in the last year?	64.6	(33 – 53)	0.839 <sup>§</sup>	67.3	58.8	0.195 <sup>§</sup>	65.2	61.2	0.604 <sup>§</sup>
Has any family member used alcohol to the point of causing problems at home, at work or with friends?	37.3	62.5	0.677 <sup>§</sup>	35.9	41.3	0.428 <sup>§</sup>	39.7	30.6	0.245 <sup>§</sup>
Has any family member been arrested in the last year?	11.7	41.7	0.999 <sup>§</sup>	9.3	16.7	0.102 <sup>§</sup>	10.0	18.4	0.107 <sup>§</sup>
Frequent arguments with parents or guardians involving yelling and screaming?	24.9	29.2	0.647 <sup>§</sup>	24.2	27.5	0.580 <sup>§</sup>	21.2	40.8	<b>0.005<sup>§</sup></b>
The family hardly does anything together?	46.9	66.7	0.066 <sup>§</sup>	48.4	50.0	0.813 <sup>§</sup>	48.4	51.0	0.741 <sup>§</sup>
Your parents or guardians don't know what you like and what you don't like?	46.9	62.5	0.147 <sup>§</sup>	45.0	55.0	0.149 <sup>§</sup>	47.3	53.1	0.470 <sup>§</sup>
Your house lacks clear rules about what you can and can't do?	24.0	17.4	0.475 <sup>§</sup>	21.7	26.6	0.407 <sup>§</sup>	23.5	22.9	0.933 <sup>§</sup>

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Family (DUSI)*	Substance use (ASSIST) <sup>†</sup>								
	Tobacco			Alcohol			Illicit drugs		
	No intervention (%)	Some intervention (%)	p-value	No intervention (%)	Some intervention (%)	p-value	No intervention (%)	Some intervention (%)	p-value
Your parents or guardians are unaware of what you really think or feel about the things that are important to you?	52.9	66.7	0.199 <sup>§</sup>	52.6	57.5	0.479 <sup>§</sup>	54.6	53.1	0.843 <sup>§</sup>
Your parents or guardians quarrel a lot with each other?	17.9	20.8	0.722 <sup>§</sup>	16.6	21.3	0.379 <sup>§</sup>	16.9	22.9	0.339 <sup>§</sup>
Your parents or guardians frequently don't know where you are or what you're doing?	23.6	54.2	<b>0.001<sup>§</sup></b>	23.0	33.8	0.079 <sup>§</sup>	24.6	34.7	0.156 <sup>§</sup>
Your parents or guardians are away most of the time?	32.0	29.2	0.775 <sup>§</sup>	31.3	32.5	0.856 <sup>§</sup>	29.8	38.8	0.233 <sup>§</sup>
Do you feel that your parents don't mind about you or don't take care of you?	14.9	20.8	0.447 <sup>§</sup>	15.7	15.2	0.921 <sup>§</sup>	15.2	16.7	0.805 <sup>§</sup>
Are you unhappy in relation to where you live?	22.1	33.3	0.218 <sup>§</sup>	22.4	25.0	0.652 <sup>§</sup>	19.1	38.8	<b>0.004<sup>§</sup></b>
Do you feel in danger at home?	5.3	-	0.610 <sup>§</sup>	3.9	6.3	0.518 <sup>§</sup>	4.9	4.1	0.999 <sup>§</sup>
Do you sometimes get angry?	90.0	95.8	0.351 <sup>§</sup>	88.9	93.8	0.228 <sup>§</sup>	92.4	83.7	0.094 <sup>§</sup>

\*DUSI = Drug Use Screening Inventory; <sup>†</sup>ASSIST = Alcohol, Smoking and Substance Involvement Screening Test; <sup>‡</sup>p-value<0.05 by the Mann-Whitney test; <sup>§</sup>p-value<0.05 by the Chi-square test

## Discussion

The study evaluated the association between the presence of family problems and tobacco consumption by adolescent students. Among the problems evaluated, having parents or guardians who are frequently unaware of where their children are or of what they are doing was related to a higher tobacco consumption pattern among the adolescents, requiring some intervention. Illicit drugs, conflicting family environments and those that result in unhappiness for the adolescents were associated with a higher consumption pattern of these substances.

Living in a territory where there is significant circulation of drugs, as is the case of the population under study, in itself already exposes adolescents to greater propensity for drug consumption. The presence of problems in life areas such as in the family system can influence experimentation and exacerbated consumption of drugs by adolescents. In view of this, family cohesion is highlighted as fundamental for the adoption of healthy habits among the family members<sup>(13-14)</sup>.

In this study, an association was observed between family problems and the tobacco consumption pattern. Tobacco use, especially in adolescence, has become a global public health problem related to more than 200 types of diseases such as chronic ones including arterial hypertension, diabetes *mellitus* and respiratory diseases.

The smoke produced by tobacco use, as in the case of traditional cigarettes, can have repercussions for those who are active and passive smokers, such as lung cancer, breast cancer, asthma, stress, headaches, respiratory symptoms, chest pain and difficulty breathing<sup>(15)</sup>.

Family problems are mentioned among the factors related to tobacco consumption by adolescents, as well as drug abuse in general<sup>(16)</sup>. The fact that parents or guardians do not know where their children are or what they are doing was associated with tobacco consumption among the adolescents in the study. Parental supervision is fundamental for their children, as negligent behaviors by parents can favor high drug consumption among children<sup>(17)</sup>.

A study revealed that adolescents were more likely to become addicted to drugs when their mother had precarious emotional ties. In addition to that, having a father with loose affection ties was associated with tobacco use. However, if the father has a controlling profile, the adolescent is less likely to experiment with tobacco<sup>(18)</sup>.

In the current study, the results showed associations between the illicit drug use pattern and the fact that the individual had frequent discussions with their parents or guardians that involved screaming and yelling. In this perspective, a study carried out in southern Brazil revealed that use of alcohol, tobacco and illicit drugs, for the most part, was declared by students who had



a conflicting relationship with their parents, who were children of users and had no supervision<sup>(19)</sup>.

Diverse evidence shows that feelings of sadness are negative emotions capable of influencing the search for drug use as a way to mitigate these emotions<sup>(20-21)</sup>. Corroborating this finding, in the current study, adolescents with higher severity levels regarding illicit drug use reported feeling unhappy in the place where they live.

Problematic drug consumption with the need for interventions has been a reality among many adolescents participating in this study. This consumption pattern can cause serious neurophysiological harms that affect development and memory, intelligence and learning alike<sup>(22)</sup>.

Faced with this problem, it is important to highlight the importance of the Psychosocial Care Centers for Alcohol and Drugs (*Centros de Atenção Psicossocial Álcool e Drogas*, CAPS-ADs) in assisting adolescents who need to undergo some treatment. This treatment should value respect and bonding between them and the multiprofessional team<sup>(23)</sup>.

In CAPS-ADs, it is important that health professionals assist the users according to their specificities, so that the strategies developed are more assertive in health promotion, disease prevention and harm reduction practices<sup>(24)</sup>. To this end, each CAPS must articulate actions together with the services present in its coverage territory, such as schools and the Family Health Strategy, encouraging the adolescents' life projects<sup>(25)</sup>.

Bearing in mind the specificities inherent to adolescence and the influence of the family on drug consumption by this group, it is of crucial importance to have investments and actions for the promotion of a harmonious family environment and strengthening of the bonds. The Nursing performance in Primary Health Care in monitoring individuals and their entire family, as well as articulating interventions between the school and the Family Health Strategy (FHS), allows professionals to plan interventions and carry out targeted and specific monitoring<sup>(26)</sup>.

Therefore, in order to promote healthy life habits among adolescents, it is indispensable to have public policies aimed at a greater dissemination of information both to adolescents and to their families. From this perspective, health actions in schools can be collaborative, as they involve family members and promote debates on the importance of family cohesion, as well as on the prevention and reduction of drug use by adolescents<sup>(14)</sup>.

The limitations of the current study should be considered, as it is a cross-sectional research, which limits the study of causality. In addition to that, as a self-report instrument was used, there is memory bias and/or fear in the adolescents about revealing some information.

## Conclusion

The results of this study showed the association between family problems and the use of tobacco and illicit drugs by adolescents. It was verified that parental participation and interest in their children's lives can be risk factors associated with the tobacco consumption pattern. In addition to that, experiencing a conflicting family environment (with the presence of verbal aggression and feelings of unhappiness) was a circumstance observed among adolescents using illicit drugs.

Considering the importance of healthy development in adolescence and the role of the family in this context, this study brings about contributions that can support the planning of health promotion programs in schools with a focus on preventing and reducing drug use among adolescents, with a view to the leading role of these young people, mainly in areas dominated by drug trafficking and violence.

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**Study concept and design:** Darine Marie Rodrigues da Silva, Jael Maria de Aquino. **Obtaining data:** Darine Marie Rodrigues da Silva, Diogo Timóteo Costa. **Data analysis and interpretation:** Darine Marie Rodrigues da Silva, Diogo Timóteo Costa, Jael Maria de Aquino. **Statistical analysis:** Darine Marie Rodrigues da Silva, Diogo Timóteo Costa. **Obtaining financing:** Jael Maria de Aquino. **Drafting the manuscript:** Darine Marie Rodrigues da Silva, Diogo Timóteo Costa, Ana Beatriz França Bezerra, Sergiane Maria de Araújo, Waldemar Brandão Neto, Jael Maria de Aquino.

**Critical review of the manuscript as to its relevant**

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