Main reasons for non-use of illicit drugs by young population exposed to risk situations

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Keywords

Adolescent behavior. Adolescent psychology. Family relations. Street drugs.

Abstract

Objective

Although there are many studies on risk factors for drug use, little has been known about the reasons that prevent people away from drug use. The aim of this study was to identify the reasons that would prevent low-income youngsters against psychotropic drug experimentation and use, even when living in a drug dealing environment.

Methods

A qualitative study was carried out in an intentional sample selected according to a set of criteria. Sixty-two youngsters, aged between 16 and 24 years, from low-income families who have never used psychotropic drugs (32 subjects) or who were heavy drug users (30 subjects) were interviewed. Each interview lasted on average 110 minutes.

Results

Among non-users, access to information and a protective family structure were identified as major reasons from preventing youngster from drug use. Comprehensive information on the outcomes of drug use and affective bonds between parents and their children, assured by feelings of support and respect, seems to be important in helping them avoid drug use. The importance of these two factors as reasons to keep youngsters away from drugs is emphasized when their lack is mentioned and censured by drug users.

Conclusions

The outlook of those who have never used drugs in their lifetime and their reasons should be considered in the development of drug prevention programs targeting low-income youngsters.

INTRODUCTION

Risk factors to drug use have been extensively described in the literature,⁵ such as parental drug use, school withdrawal, poor family structure, domestic violence, peer pressure, among others.^{7,11,17,22}

Several of these factors are very similar to those inherent to adolescent years such as psychosocial conflicts, need for social integration, building self-esteem and gaining independence from family life.^{1,22}

This realization renders adolescents, at least in theory,

susceptible to drug use. This same view is shared by many authors as they identify the first experience of drug use during adolescent years, i.e., between 10 and 19 years of age according to the World Health Organization (WHO).^{7,19,21} In Brazil, this first experience would occur mostly at the age between 10 and 12 years old.¹⁰

Notwithstanding the relevance of these studies, there remains to be explored those protective factors which could explain why adolescents of risk groups for drug use are prevented from its use.

Galduróz et al,10 in a study comprising more than

15,000 middle and high school students in 10 Brazilian capitals, showed that 25% of them had used any psychotropic drug (excluding alcohol and tobacco) at least once in their lifetime. Although these rates are of concern, 75% of these students had never used any psychotropic drug in their lifetime. What are the factors affecting their decision of not trying drugs? What makes an adolescent of a risk group not try drugs?

Few Brazilian studies focusing on the motivations for non-drug use have a quantitative approach. Also, they tend to generalize the behavior of a few instead of engaging in in-depth investigation of specific behaviors and motivations in a particular socioeconomic stratum or risk group. Queiróz et al²⁰ points out that, for a thorough description of this phenomenon, a qualitative approach would be more effective.

Brown⁵ underlines that prevention and early intervention programs are less costly than actual treatments. The need for improving prevention programs focusing not only on adolescents' reasons for trying drugs but also on internal motivations of some for avoiding psychotropic drug use should be emphasized.

The purpose of the present study was to identify, among low-income adolescents, the reasons that prevented them from trying and then using psychotropic drugs, despite being constantly exposed to a risk environment.

METHODS

A qualitative study was carried out in an intentional sample consisting of selected subjects who could provide a large amount of information as well as meet specific criteria relevant to the understanding of the study interest.¹⁸

Low-income female and male adolescents and young adults aged between 16 and 24 years who have never tried any illicit psychotropic drugs and have only experimentally smoked cigarettes (less than five times) and/or have had a mild alcohol consumption (non-abusive eventual consumption) were included in the study in the non-users (NU) group. Following the same criteria for age, gender and social condition, a second group of subjects who have had heavy use (daily use in the last month) of illicit psychotropic drugs was included in the users (U) group.

Low socio-economic condition was determined by subject's housing location and type (slums, stateowned apartment blocks or suburban shacks), previous or current attendance of public middle and high schools due to their economic situation, and they or their parents having low paid jobs.

The sample size was deemed adequate to include all profiles to be studied and that met the study criteria, which could be ascertained by interviewees' redundancy indicating that the theoretical saturation point had been reached. ^{15,18,26} Initially, 66 subjects were contacted, of which 34 drug users and 32 nonusers. Of 34 drug users, four interviews were excluded as subjects had used psychotropic drugs right before the interview, which has interfered with the questionnaire comprehension.

In the first step of sampling, interviews were performed with key informants, i.e., people who had good knowledge of the study population. They not only facilitated the researchers' approach to the study population, but also provided input for questionnaire development. ¹⁸ The seven key informants were as follows: four health providers, one former drug dealer, two slum dwellers, one drug user and one non-drug user.

Subjects were recruited using snowball sampling,³ where the first interviewees appointed other respondents, which in turn appointed other respondents and so forth. Selection at each string of respondents was on a volunteering basis and followed the study inclusion criteria and the principle of randomness. There were obtained 12 strings of different respondent sources regarding housing location (neighborhood), school, friends and religious community.

Semi-structured interviews and a questionnaire were used as research tools. Some questions were previously standardized and others were formulated during the interview process. A basic set of questions was applied to all interviewees in order to render answers comparable as well as to curb interviewer's interference and help data analysis.¹⁸

The main topics of the questionnaire aimed at assessing interviewees' perception of issues related to their daily life as adolescents and their reasons for using or not drugs. Apart from set questions under the topic "start of drug use", all other questions were applied to both groups.

Interviews were anonymous and recorded with interviewees' previous agreement, given after they read a free informed consent form. They lasted on average 110 minutes. After recorded interviews were transcribed, each one of them was identified by an alphanumeric code as follows: interviewee's initials, age, gender (F for female or M for male) and U for users and NU for non-users.

Table - Socio-demographic profile of young drug users and non-users.

Characteristics	Non-users (N=32)	Users (N=30)
Gender		
Male	16 (50.0%)	15 (50.0%)
Female	16 (50.0%)	15 (50.0%)
Age group	,	, ,
~ ĭ6-1'9	16 (50.0%)	11 (36.7%)
20-24	16 (50.0%)	19 (63.3%)
Marital status	,	` '
Single	26 (81.3%)	21 (70.0%)
Married	2`(6.3%)	3 (10.0%)
Separated	4 (12.4%)	6 (20.0%)
Living with the family?	,	(1 1 1)
Yes	27 (84.4%)	24 (80.0%)
Others	5 (15.6%)	5 (16.7%)
Single	0	1 (3.3%)
Schooling		(=:=:=)
Incomplete elementary and middle school	8 (25.0%)	13 (43.3%)
Incomplete high school	8 (25.0%)	7 (23.3%)
Complete high school	14 (43.8%)	9 (30.0%)
Incomplete university	2 (6.2%)	1 (3.4%)
Religion	2 (0.270)	. (6.176)
Has a religion	31 (96.9%)	10 (33.3%)
Observant	26 (81.3%)	4 (13.3%)
Non-observant	5 (15.6%)	6 (20.0%)
School	0 (101070)	0 (20.070)
Attends school	17 (53.1%)	7 (23.3%)
Does not attend school	15 (46.9%)	23 (76.7%)
Work	10 (10.770)	20 (70.770)
Hired worker	13 (40.6%)	6 (20.0%)
Does not work/ non-hired worker	19 (59.4%)	24 (80.0%)
Living area	17 (07.470)	24 (00.070)
Violence	30 (93.8%)	28 (93.3%)
Drug trafficking	30 (93.8%)	29 (96.7%)
Community abuse	31 (96.9%)	28 (93.3%)
Community abuse	31 (70.770)	20 (73.3%)

A software program was developed for data entry, which provided table reports for each question. Each question and their respective answers provided by each interviewee were gathered in an individual report (71 reports in the NU group and 73 reports in the U group). A total of 144 reports were created.

The printed reports were evaluated question by question, interpreted and presented as thematic charts to allow for data analysis. Using simple calculations, crude data were converted into absolute and relative frequencies, highlighting the information obtained. Based on that, inferences, interpretations and final hypotheses on the subject matter were produced, as recommended by Minayo.¹⁵

RESULTS AND DISCUSSION

Table shows the socio-demographic profile of NU and U groups.

Both groups had similar socio-demographic characteristics. Most were single and lived in poor, violent neighborhoods under the forced rules of local drug dealers. Micheli & Formigoni⁷ points out low socio-economic condition as a risk factor for drug use, and Minayo & Deslandes¹⁶ and Beato Filho et al² describe drug trafficking as having a potentializing effect on juvenile delinquency and, consequently, violence.

The following speeches emphasize the interviewee's social class, the drug traffic and violence in the neighborhood.

Drug use: "About five houses down from where I live there's an abandoned house and people stand in front of there smoking. For them, that is normal, as they were actually smoking a cigarette". (D22FNU)

Drug dealing: "There are two houses and a boca,* two houses and a boca, more or less like that". (C23FU)

Violence: "It's a violent area, policemen are always around, and children run amid the police and shootings. There's open access to drugs and I live in a street of boca, in the alley". (F20MU)

Poverty: "...there's a yard for many houses. It's a yard for nine houses. The whole family (lives there): grandmother, great-grandson, great-great grandson, aunt, cousin...There are nine houses of the same family. A room and a kitchen per house". (B18FU)

Interviewees had different schooling levels and jobs. Among non-users, school dropout was found to be 35.3% and, of 17 non-users who did not finish high school, only six mentioned lack of interest. Among users, 70% have dropped out school. Most

(N=20) have still not finished high school, and 14 of them were not currently attending school due to lack of interest. Literature shows a wider schooling gap in young users of psychotropic drugs. ^{10,11}

Non-users dropped out school because they needed to work, help at home or any other reason related to their economic situation, while users did that mostly due to drug use. Below a few accounts:

"I had to work and I dropped out school because of that, I had to help my parents in the backwoods farm and I wasn't able to work and study at the same time". (G24FNU)

"Gee, I was always late to school. I used to look at the teacher's face and I wasn't able to understand what she said...So I decided: "I'm not going there" and then I mellowed out...". (L21MU)

All interviewees have had some kind of paid job. But, at the time of the study, most users didn't have a steady job. They often engaged in activities (sidelines) associated to drug trafficking that did not require much effort, responsibility or attention and the money they made was almost all used to get drugs. Sidelines were activities pursued also by non-users but less often and with no association to drug trafficking.

The fact that low-income drug users have no steady jobs was noted before by Sanchez & Nappo.²¹

Reasons for non-use of drugs

The main reasons that prevented non-users from drug use and motivated users to start using drugs are similar: information and family. Overall, 37 interviewees mentioned information as their reason for non-use of drugs (NU=27 and U=10) and 33 of them mentioned the family (NU=19 and U=14). The following discourses illustrate the role of these factors:

Information

"Basically, from the day you were born you know that drugs are wrong, from the information we get". (F23MNU)

"This information I couldn't get either in books or schoolwork". (B18FU)

The availability of information on psychotropic drugs was mentioned by most non-users (85%; N=27) as an important reason for preventing drug use. They pointed out the family, through conversations on the subject, as a major source of information.

Interviewee's personal experience from direct observation of the negative effects of drug use seen in their friends was cited as the second most important source of information on drugs.

The relevance of information was also confirmed by users who saw it an effective factor against drug experimentation by young people. According to them, an approach focusing on the devastating effects of drug use, such as engaging in criminal activities, "to be shot to death" and "sell one's body," would have greater impact, corroborating the National Institute on Drug Abuse (NIDA) recommendations,¹⁷ according to which information on the negative effects on users' social and personal life contributes to prevent drug use among young people.

Most users (85%; N=25) said they had not had access to information on drugs during their adolescent years, as verified by Sobeck et al.²⁴ When available, information was inadequate and ineffective, focusing only on the desired effects of drugs ("trips and highs"), or vague and not helpful ("drug is bad"). The lack of information has awakened their curiosity and led to their drug use. The availability of complete information is thus a protective factor, where, as noted by Kelly et al,¹³ the family is a major source of information. Interviewees also mentioned the media and friends as secondary sources of information.

For non-users, avoidance of drug use resulted from factors such as early warnings from their parents allied to direct and clear observation of physical and moral damage caused by substance abuse in the community; impediment for achieving their life goals; parental respect especially for their mothers; and fear of death due to violence associated to drug trafficking.

Family

"I think because of respect for my mother, because I have always thought she had suffered a lot with my brother and should not suffer because of another one (of her sons), you know. So I have never sought that...". (C23FNU)

"Even though I were curious, if my father hadn't left us I would have not dropped out school and would have not used drugs. I was afraid of him but I wasn't afraid of my mother". (E19FU)

Information/family

"I have been well advised by my father on such things... I don't feel like using drugs, I have never been into drugs". (A20FNU) "If my mother had been closer to me, explained things more carefully before I started using (drugs)...". (C23FU)

Respect for their family, especially for their mothers, and social demoralization of the family, usually due to prejudices surrounding drugs, are key reasons for refusing drugs. An adequate family structure, where parents are concerned about their children, is another key factor.

For users, those families where there's a communication channel between parents and their children have a preventive role.²³ Half of them reported living in a family structure characterized by lack of affection, cohesion, support and care by their parents.

Below, some detailed descriptions of family as a protective factor, contrasting users and non-users findings.

- Non-users: Most have always lived in harmony
 with their family creating a bond of complicity
 between parents and their children. Few non-users
 who have not been living with their parents
 anymore referred moving to other cities to work
 or study or marriage.
- Users: About a third of them reported not living with their parents due to their family abandonment or indifference resulting from parental death or separation. These parents were said to be unconcerned and unavailable and if there were any bonds, they were between them and their mothers. Their family lived in no harmony and most fights involved their fathers. Poor family relationships could produce a facilitating environment for drug use.⁶⁸

As it is described in the literature family drug use as a predisposing factor for drug use among young people, 4,12,15,25 the past history of drug use in the family was explored.

Illicit drug use is commonly seen among users and non-users family members. As for their fathers, use is similar to that in general male population, while a larger percentage of users' mothers are cigarette smokers and alcohol consumers. Another difference relates to the pattern of alcohol consumption. Users' fathers are often heavy alcohol consumers, while non-users' fathers are mild-to-moderate alcohol consumers. There's no difference in their cigarette smoking habits.

Differences are also seen among non-users' parents. Men tend to more often use licit drugs, mostly alcohol, than women.

Users' fathers reveal to be permissive and indiffer-

ent concerning their children's drug use. In both groups, mothers assume a much reprimanding attitude, disapproving their children behavior. More tolerant, fathers tend to neglect their children.

The effect of parental illicit drug use on their children is another distinctive factor between both groups. Non-users fathers have a positive influence on their children and the harmful effects and distress caused by drug abuse are considered valuable reasons for refusing drugs.

In contrast, most users mentioned family drug abuse as a positive influence for drug use, arousing their curiosity and drawing their admiration. Ellis et al⁹ described this sort of influence, indicating that parental alcohol abuse predisposes children to the same behavior. Similarly, Li et al¹⁴ suggested that cigarette smoking and alcohol use could even influence children to start using illicit drugs.

According to interviewees' accounts, alcohol consumption was directly encouraged by parents, offering it to their children in their childhood, which corroborates the literature. 12 Cigarette smoking was indirectly influenced by parents when, for instance, they asked their children to light their cigarettes. This influence could be seen as well-intentioned, intended to introduce children to drugs, and assuming it would prevent their use. Sadly, as highlighted by Jackson, 12 such behavior ends up arousing their children curiosity on drug use.

Illicit drug use is five times more frequent among users than non-users' family members. Abuse by brothers and sisters is most often reported among family members of young users, acting as a predictive factor for drug use in this population.^{4,11}

Parental drug abuse was found only in the users group, almost all among their fathers. Users reported their fathers' drug use as encouraging, and the fact they used drugs even in their presence aroused their curiosity.

Young people's avoidance of drugs and their consequences rises from moral and affective support given by their parents, especially their mothers, most of them religious practicing people. As they live in family harmony, these young people draw from positive influences, either by taking their non-users fathers as a role model or by learning from their close relationship's distress caused by drug abuse. Drug use predisposition could be attributed to living in no harmony, where parent-child relationships are characterized by little affection and lack of information exchange throughout these children's adolescent

years – a crucial period for character development. Besides not being involved in their development, these parents end up causing harm to their children by arousing them to licit and illicit drug use.

Regarding the study limitations, given that it was an intentional, non-probabilistic sample, the findings cannot be generalizable. In addition, existing psychiatric comorbidities were not investigated in the study sample.

CONCLUSIONS

Even in environments of scarce resources, pervaded by drug trafficking and the ensuing violence, some young people managed to completely avoid psychotropic drug use. They told their attitudes were influenced by factors such as availability of information, obtained through conversations and observation of drug use and their consequences, and good family interaction based on respect and affection, mostly involving their mothers.

Understanding the reasons for non-use of drugs among low-income adolescents based on the most useful source – their own opinions – is highly valuable to developing prevention programs that stress these people's success achieved by not using drugs despite living in a community under the forced rule of drug trafficking.

REFERENCES

- Addiction Research Foundation (ARF). Youth & drugs: an education package for professionals. Unit 1: adolescent development. Toronto: Addiction Research Foundation; 1991.
- Beato Filho CC, Assunção RM, Silva BFA, Marinho FC, Reis IA, Almeida MCM. Conglomerados de homicídios e o tráfico de drogas em Belo Horizonte, Minas Gerais, Brasil, de 1995 a 1999. Cad Saúde Pública 2001;17:1163-71.
- Biernarcki P, Waldorf D. Snowball samplingproblems and techniques of chain referral sampling. Sociol Meth Res 1981;10:141-63.
- Boyle MH, Sanford M, Szatmari P, Merikangas K, Offord DR. Familial Influences on substance use by adolescents and young adults. Can J Public Health 2001;92:206-9.
- Brown RT. Risk factors for substance abuse in adolescents. Pediatr Clin North Am 2002;49:247-55.
- Butters JE. Family stressors and adolescent cannabis use: a pathway to problem use. J Adolesc 2002;25:645-54.
- De Micheli D, Formigoni MLOS. Are reasons for the first use of drugs and family circumstances predictors of future use patterns? Addict Behav 2002;27:87-100.
- Dube SR, Felitti VJ, Dong M, Chapman DP, Giles WH, Anda RF. Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics* 2003;111:546-72.
- Ellis DA, Zucker RA, Fitzgerald HE. The role of family influences in development and risk. Alcohol Health Res World 1997;21:218-26.

- Galduróz JCF, Notto AR, Carlini E A. IV Levantamento sobre o uso de drogas entre estudantes de 1º e 2º graus em 10 capitais brasileiras, 1997. São Paulo: Cebrid, Universidade Federal de São Paulo; 1998.
- Huesca RS, Cruz VMG, Encinas RO, Pantoja GL. Detección temprana de factores de riesgo para el consumo de substancias ilícitas. Salud Mental 2002:25:1-11.
- Jackson C. Initial and experimental stages of tobacco and alcohol use during late childhood: relation to peer, parent, and personal risk factors. Addict Behav 1997;22:685-98.
- Kelly KJ, Comello MLG, Hunn LCP. Parent-child communication, perceived sanctions against drug use, and youth drug involvement. *Adolescence* 2002;37:775-87.
- Li C, Pentz MA, Chou CP. Parental substance use as a modifier of adolescent substance use risk. *Addiction* 2002;97:1537-50.
- Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; Rio de Janeiro: Abrasco: 1993.
- Minayo MCS, Deslandes SF. A complexidade das relações entre drogas, álcool e violência. Cad Saúde Pública 1998;14:35-42.
- National Institute on Drug Abuse (NIDA). Preventing drug use among children and adolescents: a research-based guide. Bethesda; 1997.
- 18. Patton MQ. Qualitative evaluation and research methods. London: Sage; 1990.
- 19. Piko B. Perceived social support from parents and peers: which is the stronger predictor of adolescent substance use? *Subst Use Misuse* 2000;35:617-30.

- Queiróz S, Scivoletto S, Silva MMS, Andrade AG, Gattaz WF. Uso de drogas entre estudantes de uma escola pública de São Paulo. Rev Psiq Clin 2001;28(4):176-82.
- Sanchez ZM, Nappo SA. A seqüência de drogas consumidas por usuários de crack e fatores interferentes. Rev Saúde Pública 2002;36:420-30.
- Scheier LM, Botvin GJ, Baker E. Risk and protective factors as predictors of adolescent alcohol involvement and transitions in alcohol use: a prospective analysis. J Stud Alcohol 1997;58:652-67.
- 23. Schenker M, Minayo MCS. A implicação da família no uso abusivo de drogas: uma revisão crítica. *Cienc Saúde Col* 2003;8:299-306.
- 24. Sobeck J, Abbey A, Agius E, Clinton M, Harrison K. Predicting early adolescent substance use: do risk factors differ depending on age of onset? *J Subst Abuse* 2002;11:89-102.
- 25. Stanton B, Li X, Pack R, Cottrell L, Harris C, Burns JM. Longitudinal influence of perceptions of peer and parental factors on African American adolescent risk involvement. *J Urban Health* 2002;79:536-48.
- 26. World Health Organization (WHO). Qualitative research for health programmes. Geneva; 1994. p. 1-102.