

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i58p4153-4066>

The use of alcohol in the adolescent population and its relationship with suicide ideas

El uso de alcohol en la población adolescente y su relación con las ideas del suicidio

A utilização de álcool na população adolescente e sua relação com ideias suicidas

ABSTRACT

Objective: This research aimed to analyze the relationship between alcohol consumption in adolescents and its relationship with suicide in state schools in João Pessoa. **Method:** To carry out the study, a self-administered questionnaire was used, which addressed issues related to drinking and suicidal ideas. The data were analyzed using descriptive statistics and Chi-square. The sample consisted of 1142 students with an average age of 16.38 years. **Results:** we can highlight that 12% of the sample population planned to commit suicide and 7.4% tried to commit suicide. Adding to alcohol consumption, where about 40.9% had drunk alcohol in the last month. The analyzes showed the existence of a relationship between the plan for suicide linked to the amount of drink in the last month ($\chi^2 20,116$; $p < 0.000$), as well as the attempted suicide linked to the amount of drink in the last month ($\chi^2 17,126$; $p < 0.017$). **Conclusion:** therefore, to indicate possible strategies for the development of effective interventions in this age group.

DESCRIPTORS: Alcohol; Teenagers; Suicide.

RESUMEN

Objetivo: Esta investigación tuvo como objetivo analizar la relación entre el consumo de alcohol en adolescentes y su relación con el suicidio en las escuelas públicas de João Pessoa. **Método:** Para la realización del estudio se utilizó un cuestionario auto-administrado, que abordó temas relacionados con la bebida y las ideas suicidas. Los datos se analizaron mediante estadística descriptiva y Chi-cuadrado. La muestra estuvo conformada por 1142 estudiantes con una edad promedio de 16.38 años. **Resultados:** podemos destacar que el 12% de la población de la muestra planeaba suicidarse y el 7.4% intentaba suicidarse. Agregando al consumo de alcohol, donde alrededor del 40,9% había bebido alcohol en el último mes. Los análisis mostraron la existencia de una relación entre el plan de suicidio vinculado a la cantidad de bebida en el último mes ($\chi^2 20,116$; $p < 0,000$), así como el Intento de suicidio vinculado a la cantidad de bebida en el último mes ($\chi^2 17,126$; $p < 0,017$). **Conclusion:** por tanto, señalar posibles estrategias para el desarrollo de intervenciones efectivas en este grupo de edad.

DESCRIPTORES: Alcohol; Adolescentes; Suicidio.

RESUMO

Objetivo: Esta pesquisa teve como objetivo analisar a relação entre o consumo de álcool em adolescentes e sua relação com o suicídio em escolas estaduais de João Pessoa. **Método:** Para a realização do estudo utilizou-se um questionário autoaplicável que abordavam questões referentes ao consumo de bebida e ideias suicidas. Os dados foram analisados por estatística descritiva e Qui-quadrado. A amostra foi composta por 1142 estudantes com média da idade de 16,38 anos. **Resultados:** podemos destacar que 12% da população da amostra planejaram suicidar-se e 7,4% tentaram suicidar-se. Acrescentando com consumo de álcool, onde cerca de 40,9% ingeriram bebida alcoólica no último mês. As análises demonstraram a existência de uma relação entre o plano para o suicídio vinculado a quantidade de bebida no último mês ($\chi^2 20,116$; $p < 0,000$), como também a Tentativa do suicídio vinculado com a quantidade bebida no último mês ($\chi^2 17,126$; $p < 0,017$). **Conclusão:** portanto, indicar possíveis estratégias para o desenvolvimento de intervenções eficazes neste grupo etário.

DESCRITORES: Álcool; Adolescentes; Suicídio.

RECEIVED ON: 09/15/2020 APPROVED ON: 10/22/2020

Arthur da Silva Gouveia Lima

Graduated in Psychology at Uninassau - Campina Grande - PB.

ORCID: 0000-0003-1190-4892

Karla Carolina Silveira Ribeiro

PhD in Social Psychology from UFPB - João Pessoa - PB.
ORCID: 0000-0001-7967-5681

Viviane Virginia Silva de Sousa

Graduated in Psychology at UEPB - Campina Grande - PB.
ORCID: 0000-0003-3721-8620

Amanda Laurentino Barbosa

Graduated in Psychology at Uninassau - Campina Grande - PB.
ORCID: 0000-0003-1463-3864

Renan da Silva Bezerra de Lima

Graduated in Psychology at Uninassau - Campina Grande - PB.
ORCID: 0000-0002-9105-3292

Alanne Renaly Mota Rodrigues

Graduated in Psychology at Uninassau - Campina Grande - PB.
ORCID: 0000-0003-0951-3219

INTRODUÇÃO

Adolescence is the period of transition, in which adolescents develop their skills by experimenting with new types of behavior and face the challenge of adopting healthy behaviors.¹ Corroborating, these statements² refer to adolescence as a phase marked by great discoveries and emotional instability, a period in which personality is embodied. This phase cannot be reduced to a simple age group, as they are the transformation to adulthood and, therefore, the phase of biological, social and, mainly, psychological decisions for life.

However, the human development phase associated with adolescence within the legal framework is now described in age groups, and for the World Health Organization (WHO)³ the chronological age of an adolescent is defined as between 10 and 19 years old, whereas the Statute of the Child and Adolescent (Estatuto da Criança e do Adolescente - ECA)⁴ in Brazil, Law 8.069, of 1990, a concept used in this work, brings another aspect, defining an age range between 12 and 18 years.

The adolescent experiences an autonomy of values and opinions, finding a range of work alternatives and increasing the possibility of insertion between formal or informal groups, to do so he adopts the social profile of his peers, associating

behaviors with freedom and acceptance, among them the highlight occurs in alcohol, tobacco and sexual initiation.⁵ Thus, adolescents are concerned with the social roles they will play in their lives, designing plans related to hobbies, studies, profession, groups and other factors that contribute to the construction of identity.⁶ Thus, during this transition period, young people begin to imitate a series of behaviors of adults and, among them, what will be highlighted in this work is alcohol consumption and its consequences.

The emotional problems faced by young people are one of the causes of high alcohol consumption. A person who is going through a time of tension, conflicts, problems in family or emotional relationships can consume alcohol to fight depression and unwanted feelings. However, consumption has a depressive effect and can only aggravate problems, leading them to present a higher frequency of morbid thoughts.⁷

In view of the above and understanding that puberty is marked by emotional and social insecurity, due to the need for acceptance of these developing subjects by their peers, which can lead to greater consumption of alcoholic beverages.⁷ It is understood that the adolescent population is exposed to social vulnerability and that vulnerability can be characterized as people's exposure to illness.⁸

In this perspective, it brings the idea of vulnerability not only in an individual way, but in a logical way that is present in the diverse economic, social, cultural and political relations of society. While risk factors indicate probabilities, vulnerability is an indicator of inequity and social inequality. Thus, vulnerability precedes risk and determines differentiated processes of health and disease and the possibilities for coping with it, since this vulnerability causes the level of morbid ideals and the prevalence of suicide to increase.⁹

Suicide is a word originated in Latin, derived from the combination of the expressions *sui* (self) and *caederes* (action to kill). In other words, it means the individual's voluntary act and his desire to take his own life.¹⁰ Facing the reality of adolescents and their relationship with suicide, a survey conducted by *Diário do Nordeste* in 2017¹¹ shows that alcohol use by teenagers increases the risk of suicide and even more, the experimentation of alcoholic beverages by teenagers aged 13 to 15 years went up from 50,3% in 2012 to 55,5% in 2015. In the same research we have some relevant data from the Brazilian Institute of Statistical Geography (Instituto Brasileiro de Geografia Estatística - IBGE)¹² defined by the 2015 National School Health Survey (Pesquisa Nacional de Saúde do Escolar - PeNSE) data for students aged

13 to 15, alcohol experimentation rose from 50,3% in 2012 to 55,5% in 2015. In addition, 21,4 % of these adolescents reported having experienced an episode of intoxication in their lives.

According to the WHO (2015)¹³, the restriction of access to the means of committing suicide, the identification and early treatment of people suffering from psychological disorders, especially depression, as well as those who abuse substances, improving access to social and health services are effective strategies for prevention. Corroborating this statement, Masur and Monteiro¹⁴ argue that alcohol consumption may result from the current lifestyle, high levels of stress, low self-esteem, depressive feelings, anxiety, susceptibility to peer pressure and problems related to school. Since, the overuse and misuse of alcoholic beverages is considered a serious public health problem.

In this perspective, Reis, Húngaro and Oliveira¹⁵ report the importance of studies on the topic addressed, raising questions about the need for more intervention programs that have a broader effectiveness in the results of the relationship between alcohol and suicide, as a study by the Ministry of Health, the WHO booklet¹³ and information contained in the magazine *A Tribuna* (2016)¹⁶ articulate by showing that in the last five years there has been an increasing increase in suicides and that today it is the second leading cause of death in young people.

Considering the importance of studies above, which had great relevance in the use of alcohol in adolescents, looking for vulnerability as risk factors, and its relationship with morbid ideas, this study aimed to analyze the relationship between alcohol consumption in adolescents and the suicidal idea, which should contribute to the production of results and, indicating possible strategies for the development of effective interventions for this and other future samples.

METHOD

The present study was characterized as

an applied research, with a quantitative cross-sectional approach, with the objective of a descriptive and exploratory study, with technical survey procedures to which it refers if the use of alcohol has significant influence on suicidal ideation among the following questions: thinking, planning and attempt.

1142 students from the state school system participated in this research in the city of João Pessoa - PB between the period of September and October. The population of this study was comprised of male and female adolescents aged 12 to 18 years, enrolled in state schools in the region of João Pessoa - PB.

A self-administered questionnaire was used with bio-demographic and alcohol-related questions, age at first experimentation and motivation for use, as well as suicide (ideation, planning and suicide attempt), built based on the studies of "The Behavioral Risk Factor Surveillance System" (BRFSS).^{17, 18, 19, 20}

The research was approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba and authorized by the State Department of Education, seeking to respect all ethical aspects that deal with research with human beings. The questionnaire was applied by properly trained researchers and was carried out collectively in a classroom environment.

The data were entered in the form of a software database for Windows, Statistical

Package for Social Science - SPSS and descriptive analyzes (Position and Variability Measures) were performed to outline the sample's sociodemographic profile. Then, we used the Non-Parametric Statistics (Chi-Square) and bivariate tests in order to verify the existence or not of associations between the research variables.

The research was accepted and approved by the ethics committee with CAAE: 95101418.0.0000.5193 and with proof of number 087015/2018 in compliance with Resolution No. 466²¹, from December 12th, 2012.

RESULTS

The average age among students was 16,38 years (SD = 1,448), where it was characterized by students enrolled in high school, regarding socio-demographic information, 42,1% are male and 57,9% female. Below, Table 1 with the sociodemographic descriptions of the participants:

With regard to the age group, it is clear that the majority of adolescents were aged between 15 and 16 years, with 47,5%, right after with 36,1% of the sample, students between 17 and 18 years old, in followed by 8.8% students between 12 and 14 years old and finally, students between 18 and 19 years old with 7,6%, in which these students had a greater significance in the first year of high school with 39,7%, 36,3% in the second and 24,1% in the first. It is important to point out about the rese-

Table 1 - Sociodemographic characterization of the sample

C	Níveis	F	%
Faixa etária	12-14	101	8,8
	15-16	542	47,5
	17-18	412	36,1
	18-19	087	7,6
Série Escolar	Primeiro Ano	453	39,7
	Segundo Ano	414	36,3
	Terceiro Ano	275	24,1
Sexo	Masculino	481	42,1
	Feminino	661	57,9

Note. C: Variable and F: Frequency

arch that was carried out with students between 12 and 18 years old, where the highest frequency occurs among underage students, thus defining a serious problem of awareness and still reserves the law 243 of ECA (1990) 4 that the sale of alcoholic beverages to young people under the age of 18 is strictly prohibited, which causes more insecurity and greater vulnerability to develop health problems in adulthood, which may highlight alcoholism.

Aiming to analyze the prevalence of alcohol use in adolescents, some averages of variables were performed, about the first time the adolescent ingested alcohol, the motivation for the use and the frequency of times he used in the last month. The average age of the participants for the first experimentation with alcohol was 13,84 years (SD = 1,997). Below is a table that characterizes the variables explained above:

According to Table 2, it is possible to verify that 76,3% of the adolescents have already consumed some type of alcoholic beverage, of those 40,9% had consumed it in the last month, that is, alcohol is present in the daily lives of these students. Neves²² reports that the drug most used

by teenagers is alcohol and also adds that there are motivational factors for its consumption. The offer and accessibility of the use of alcoholic beverages, can direct these students to an early consumption generating a wide availability of alcohol in the environments, leaving them in situations of vulnerability and predisposition to addiction.²³ Corroborating with this data, Ayres²⁴ portrays that the work in which the vulnerability develops in comprehensive wholeness, where in the issues of exposure the infection and illness are referred to the individual, social and programmatic aspects.

Regarding the motivations for the adolescent to use alcohol, the data show with some relevance "Friendly, cheerful, excited" with 19,1% and "Acceptance or influence of the group of friends with 13,1%, thus showing that these people are exposed to risk factors, are vulnerable to consumption. This is usually where teenagers start to change physically, psychologically and socially, thus changing behaviors relatively and adapting to new behaviors. Corroborating with this data, Cavalcante, Alves and Barroso² portrays that the use of alcohol brings security to

socializing with friends, due to lack of maturity, some use it on impulse or even to be accepted in more influential groups, since they are exposed to situations that facilitate the early consumption of alcoholic beverages.

In this perspective, Papalia²⁵ affirms that in the social context, some factors permeate vulnerability for adolescents, since they seek to seek new experiences, obtaining physical pleasures, find relief from external pressures, since they are very pressured, in addition to having a cycle of friendships in which they need keep pace with attitudes and behaviors. Corroborating with the previous statement, Ribeiro²⁶ explains the idea of the adolescent's need to feel accepted by peers and define their identity, makes them adhere to experimentation processes, and may present vulnerable risk behaviors to alcohol and even other drugs.

Another important factor is that 11,5% of adolescents use alcohol because they believe that "They forget bad things", 3,6% believe that "It makes everything look easy", as a thought of escaping problems that affect the day daily lives of these young people and this can generate great losses for their development. These thoughts may be linked to socioeconomic issues, involvement with crime, culture, difficulty in family relationships, school performance.²⁷ Atanazio et al.²⁸ corroborates the warning of the early use of alcohol by these adolescents, due to the risk of serious consequences in the future, which may affect the entire biopsychosocial domain of these individuals. Thus, he realizes that in these individuals issues of a psycho-affective nature and environmental difficulties, which may be linked to disorders such as depression and anxiety, make them look for drinking behavior.

The use of alcoholic drinks with motivation for "sexual relations" had a frequency of 1,1% within the sample, bringing to the reflection that this population can develop serious problems, if they do not use condoms ranging from teenage pregnancy, contamination with STDs (sexually transmitted diseases).²⁹

Table 2 - Alcohol Consumption

Variáveis	Níveis	F	%
Já consumiu bebida alcoólica?	Sim	871	76,3
	Não	270	23,7
Quantidade de bebida no último mês?	nenhuma vez	517	59,2
	1 - 5 vezes	269	30,8
	6 ou mais vezes	88	10,1
Motivação para a Bebida	Desinibição e ajuda relacionamento social	58	7,8
	Relações sexuais	08	1,1
	Simpático alegre animado	142	19,1
	Esquecer coisas ruins	85	11,5
	Faz tudo parecer fácil	27	3,6
	Aceitação ou influência do grupo de amigos	97	13,1
	Outros	325	43,8

Note: The data referring to line two and three, represent only the adolescents who declared to use alcohol.

As a way to better understand the purpose of the study, to analyze the relationship between alcohol consumption in adolescents and its relationship with the morbid idea, Table 3 will present data referring to students who reported having some ideation point, or thinking, planning or have tried to take your own life.

According to Werlang, Borges, Fensterseifer³⁰ suicidal behavior is interconnected in isolation or frequently, feelings, desires and manifestations of the purpose of wanting to die, thus encompassing the planning of how to do this, when and where it will be done, in addition to thinking about how this "suicide" can develop impacts on the lives of others. Among them, we can evaluate that within the thinking 24,3% have already thought about killing

themselves, that is, it is believed that the ideation is not related only to the act, but since the thought, and that it is necessary not only just the detection of these thoughts, but also everything that was done to make those thoughts arise.³¹

In view of the planning it is noticed that there is a decreasing variation where it confirms within the sample that 12% have already made "Plan for suicide" and 7.4% have already practiced the "Suicide attempt" and according to studies the planning is directly linked to the solution of problems and from there comes the behavior of the attempt, that is, there is the idealization to find the solution and uses the attempt as the solution, this happens by mental fixation in thinking, through mental stereotypes and negative

biases. Sampaio and Silva³² corroborate stating that suicide in adolescence is something that portrays a lot of emotional weight to young people and their families, it generates psychological suffering that can sometimes be difficult to satisfy, and also because there are questions about the situation and the "time that was lost".

Aiming to achieve what was planned in the present study, a cross between Tables 2 and 3 (Alcohol Consumption and Suicidal Ideas) was performed, between the crossed data, only presented significant results: Plan for suicide x amount of drink in the last month and Suicide attempt x amount of drink in the last month. In order to identify the association between the amount of alcoholic beverages used in the last month by the adolescents and the suicidal plan, a cross-tabulation (chi-square) was performed, to quantitatively verify the relationship between alcohol consumption and the expected frequency for the phenomenon (suicide plan). These same results were also found at the intersection between suicide attempt (act of killing oneself) and the frequency of alcohol consumed in the last month, Table 5, below:

The two intersections showed that the greater the consumption of alcohol, the greater the frequency of planning, as well as the risk of the act, that is, the attempt, which can lead to the death of these pubescents. To Wilson and Kalander³³ adolescents are subjected to situations that cause health risk, these factors promote consequences that maximize dependence, it is worth mentioning the use of alcohol and drugs. Ayres¹⁰ on the other hand, brings these factors as risk factors that need attention focused on their prevention.

DISCUSSION

We can confirm about the study that alcohol consumption is linked to emotional factors, as described in the levels to the motivations for alcohol use, and thus we can assimilate that within the sample, there was a large part of the population

Table 3 - Ideation to Morbid Action

C	Níveis	F	%
Pensou em se matar?	Sim	277	24,3
	Não	865	75,7
Plano para o suicídio?	Sim	137	12,0
	Não	1005	88,0
Tentativa de Suicídio?	Sim	85	7,4
	Não	1057	92,6

Table 4 - Suicide Plan X Quantity Drunk Last Month

		Quantidade bebida último mês			Total
		nenhuma vez	1 - 5 vezes	6 ou mais vezes	
Plano para suicídio?	sim	20	51	49	120
	não	497	218	39	754
Total		517	269	88	874

*Chi-Square Test 20,116 (p<0,000).

Table 5 - Suicide attempt X Drink quantity last month

		quantidade bebida último mês			Total
		nenhuma vez	1 - 5 vezes	6 ou mais vezes	
tentativa suicídio?	sim	13	28	34	75
	não	504	241	54	799
Total		517	269	88	874

* Chi-Square Test 17,126 (p<0,017)

that indicated the need for forgetting bad things and having joy in some way, and also adding consumption is also related to the need for social acceptance, which can outline a suicidal profile. Pires³⁴ highlights that there are conformities related to suicide that are linked to the social context. Thus, we can use as a caveat that motivational aspects chosen by the participants may have a concomitant connection with the use of alcohol and suicide.

Thus, there is a wide need to assess motivational issues to understand what leads this population to the consumption of alcoholic beverages, because from the data presented here, there is a greater frequency of this behavior linked to suicidal planning and behavior. Thus, offering specialized health care as a form of prevention and care to this population to minimize the rate of extremist behavior towards life.

CONCLUSION

In view of this study, it is concluded that from the results achieved, it is possible to identify that vulnerability is a risk factor that the adolescent affects, that is, the adolescent is predisposed to situations exposed in society. The use of alcohol by them can bring a benefit in the short term, which abstains from the results of the research, evidencing the feeling “friendly, cheerful, excited” as a motivational factor for the consumption of the drug. It is worth mentioning that the acquisition of alcohol is something very accessible, even though there are laws that prohibit the sale to them and that Schlosser³⁵ corroborates stating that the period of adolescence is considered to be more vulnerable to suicidal behavior.

Thus, we can confirm the hypothesis that there is a correlation between alcohol

abuse and suicidal thoughts among adolescents and the research problem that would be the risk factors that are associated with alcohol use in adolescents, which we can highlight “Acceptance in the group” and “Forgetting bad things” and its relationship with suicidal ideas, which ranges from the thought of killing yourself to the act itself.

The research also sought to live up to the importance that the topic can add to studies in the area. Contributing to the literature on adolescence, alcohol use and suicidal ideation. Considering the importance of using alcohol as a psychic escape and suicidal ideation regarding the risks that make adolescents vulnerable to such a relationship, exploratory interventions that seek their well-being are necessary, since these practices entail the aggravation of psychosomatic illnesses within the social, economic, family and educational context. ■

REFERENCES

1. Newman K, Harrison L, Dashiff C, Davies S. Relações entre modelos de pais e comportamentos de risco na saúde do adolescente: uma revisão integrativa da literatura. *Rev. Latino-Am. Enfermagem* [Internet]. 2008 Feb [cited 2018 Oct 03]; 16(1): 142-150. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692008000100022&lng=en. <https://doi.org/10.1590/S0104-11692008000100022>.
2. Cavalcante MBPT, Alves MDS, Barroso MGT. Adolescência, álcool e drogas: uma revisão na perspectiva da promoção da saúde. *Esc. Anna Nery* [Internet]. 2008 Set [citado 2018 Out 03]; 12(3): 555-559. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452008000300024&lng=pt. <https://doi.org/10.1590/S1414-81452008000300024>.
3. Organização Mundial da Saúde [OMS]. Strengthening the health sector response to adolescent health and development. 2010. Acesso em: 03 de março de 2020. Disponível em: https://www.who.int/maternal_child_adolescent/documents/cah_adh_flyer_2010_12_en.pdf?ua=1
4. Brasil. Lei nº 13.257, de 8 de março de 2016. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Estatuto da Criança e do Adolescente (ECA). Diário Oficial da União. De março de 2016. Disponível em: http://www.planalto.gov.br/ccivil_03/LEIS/L8069.htm
5. Aquino IB. Os impactos do uso excessivo de álcool na adolescência. [publicação na web]; 2014. Acesso em: 30 de abril de 2018. Disponível em http://www.diaadiaeducacao.pr.gov.br/portals/cadernospde/pdebusca/producoes_pde/2013/2013_unicentro_bio_pdp_irene_barros_de_aquino.pdf
6. Campos DMS. Psicologia da adolescência: normalidade e psicopatologia. Rio de Janeiro: Vozes; 2012.
7. Teixeira PS, Stefanini MCB, Martins RA, Cruz LAN da. Desenvolvimento cognitivo e sintomas depressivos em adolescentes que fazem uso de bebidas alcoólicas. *SMAD Rev Eletr Saúde Mental Álcool Drog* [Internet]. 1º de abril de 2011 [citado 3º de outubro de 2018]; 7(1):03-9. Disponível em: <http://www.revistas.usp.br/smad/article/view/38733>
8. Brêtas JRS. Vulnerabilidade e adolescência. *Revista da Sociedade. Revista da Sociedade Brasileira de Enfermeiros Pediatras*. 2010; 10(2), 89-96. Acesso em: 03 de março de 2020. Disponível em: https://sobep.org.br/revista/images/stories/pdf-revista/vol10-n2/v.10_n.2-art5.refl-vulnerabilidade-e-adolescencia.pdf
9. Ayres, J. R. Sobre o risco: para compreender a epidemiologia. São Paulo: Hucitec; 2002.
10. Vieira, KFL. Depressão e suicídio: uma abordagem psicossociológica no contexto acadêmico. 2008. João Pessoa: Universidade Federal da Paraíba. Dissertação de mestrado.
11. Diário do Nordeste. Uso de álcool por adolescentes aumenta risco de suicídio. 2017. Acesso em: 03 de outubro de 2018. Disponível em: <http://diariodonordeste.verdesmares.com.br/editorias/verso/online/uso-de-alcool-por-adolescentes-aumenta-risco-de-suicidio-1.1815281>
12. Instituto Brasileiro de Geografia Estatística (IBGE) [base de dados online]. Rio de Janeiro: Pesquisa nacional de saúde do escolar

REFERENCES

- (PeNSE). 2015. Acesso em: 14 de junho de 2018. Disponível em: <https://biblioteca.ibge.gov.br/visualizacao/livros/liv97870.pdf>
13. Organização Mundial da Saúde [OMS]. Adolescent health research priorities: report of a Technical consultation. 2015. Acesso em: 03 de março de 2020. Disponível em: http://apps.who.int/iris/bitstream/handle/10665/203564/WHO_FWC_MCA_15_07_eng.pdf;jsessionid=48A79DDFBOC40E4262C4DBEE386AD3EE?sequence=1
14. Masur, J, Monteiro MG. Validation of the CAGE alcoholism screening test in a Brazilian psychiatric inpatient hospital setting. *Brazil Journal Med Biol Res*, v. 16, p. 215-8, 1983.
15. Reis LM, Hungaro AA, Oliveira MLF. Políticas públicas para o enfrentamento do uso de drogas de abuso: percepção social em uma comunidade. *Texto contexto - enferm.* [Internet]. 2014 Dec [cited 2018 Jun 03]; 23(4): 1050-1058. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072014000401050&lng=en. <https://doi.org/10.1590/0104-07072014002620013>.
16. A Tribuna. Suicídio é a segunda maior causa de morte entre os jovens. 2016. Acesso em: 03 de outubro de 2018. Disponível em: <http://www.atribuna.com.br/noticias/noticias-detalle/cidades/suicidio-e-a-segunda-maior-causa-de-morte-entre-os-jovens/?cHash=d49c717862a27c7e9a6bf852a1f5a24c>
17. United States Department of Health and Human Services [USDHHS]. The Behavioral Risk Factor Surveillance System (BRFSS). 1999. Acesso em: 03 de março de 2020. Disponível em: https://www.cdc.gov/brfss/annual_data/1999/pdf/overview_99.pdf
18. Farias Jr. JC. Estilo de vida de escolares do ensino médio no município de Florianópolis, Santa Catarina, Brasil. Santa Catarina: Universidade Federal de Santa Catarina, 2002. Dissertação de mestrado.
19. De Bem, MFL. Estilo de vida e comportamentos de risco de estudantes trabalhadores do ensino médio de Santa Catarina. Santa Catarina: Universidade Federal de Santa Catarina, 2003. Dissertação de doutorado.
20. Azevedo, RLW. Aspectos psicossociais da sexualidade adolescentes associada à vulnerabilidade ao HIV/AIDS. João Pessoa: Universidade Federal da Paraíba, 2007. Dissertação de mestrado.
21. BRASIL. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. *Diário Oficial [da] República Federativa do Brasil*, Brasília, DF, 12 dez. 2012.
22. Amaral, ACG. O uso do álcool e a vulnerabilidade à aids: estudo com adolescentes gaúchos e paraibanos. João Pessoa: Universidade federal da Paraíba, 2007. Dissertação de mestrado.
23. Neves KC, Teixeira MLO, Ferreira MA. Fatores e motivação para o consumo de bebidas alcoólicas na adolescência. *Esc. Anna Nery* [Internet]. 2015; 19(2):286-291. Acesso em: 03 de março de 2020. Disponível em: <https://www.scielo.br/pdf/ean/v19n2/1414-8145-ean-19-02-0286.pdf>.
24. Duailibi, S., & Laranjeira, R. Políticas públicas relacionadas às bebidas alcoólicas. *Revista de Saúde Pública*, 2007; 41(5), 839-848. doi:10.1590/S0034-89102007000500019.
25. Ayres JR, Buchalla CM, & Paiva V. Vulnerabilidade e Direitos Humanos – Prevenção e Promoção da Saúde. Curitiba: Juará; 2012.
26. Papalia DE, & Olds, S. W. Desenvolvimento humano. 12° ed. São Paulo: Artmed; 2013.
27. RIBEIRO KCS. Intervenção psicoeducativa dirigida à prevenção de DSTs e gravidez não planejada para adolescentes jovens. 2013. 230 f. João Pessoa: Universidade Federal da Paraíba. Tese (Doutorado em Psicologia Social).
28. Zeitoun RCG, Ferreira VS, Silveira HS, Domingos AM, Maia AC. O conhecimento de adolescentes sobre drogas lícitas e ilícitas: uma contribuição para a enfermagem comunitária. *Esc. Anna Nery* [Internet]. 2012 Mar [cited 2018 Oct 10]; 16(1): 57-63. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452012000100008&lng=en. <https://doi.org/10.1590/S1414-81452012000100008>.
29. Atanázio EA, Santos JM, Dionísio LR, Silva J & Saldanha AAW. Vulnerabilidade ao uso do álcool: um estudo com adolescentes das redes pública e privada de ensino. Abril de 2013. *Revista eletrônica saúde mental álcool e drogas*, 9(1), 11-17. Acesso em: 10 de junho de 2018. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-69762013000100003&lng=pt&tling=pt.
30. Almeida RAAS, Corrêa RGCF, Rolim ILTP, Hora JM, Linard AG, Coutinho NPS, & Oliveira PS. Knowledge of adolescents regarding sexually transmitted infections and pregnancy. *REBEn*. 2017; 70(5): 1033-1039.
31. Werlang SG, Borges VR, Fensterseifer L. Fatores de risco ou proteção para a presença de ideação suicida na adolescência. 2005. *Interam J Psychol*, 39, 259-66. Acesso em: 06 de jun. de 2018. Disponível em: <http://www.redalyc.org/html/284/28439210/>
32. Araújo LC, Vieira KFL, & Coutinho MPL. Ideação suicida na adolescência: um enfoque psicossociológico no contexto do ensino médio. *Psico-USF*, 15(1), 47-57. Abril de 2010. Acesso em: 06 de abril de 2018. Disponível em: <https://dx.doi.org/10.1590/S1413-82712010000100006>
33. Sampaio D, & Silva M. Antidepressivos e suicídio nos adolescentes. 2011. *Acta Med Port*, 24, 603-612. Acesso em: 03 de outubro de 2018. Disponível em: <https://www.actamedicaportuguesa.com/revista/index.php/amp/article/download/481/189>
34. Wilson R, & Kolander C. Drug abuse prevention: a school and community partnership. 1997. Kentucky: Jones & Bartlett Learning.
35. Pires MCC, Raposo MCF, Sougey EB, Bastos FOC, Silva TS, Passos MP. Indicadores de risco para tentativa de suicídio por envenenamento: um estudo caso-controle. *J. bras. psiquiatr.* [Internet]. 2015 Set [citado 2018 Out 03]; 64(3): 193-199. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0047-20852015000300193&lng=pt. <https://doi.org/10.1590/0047-2085000000078>.
36. Schlösser A, Rosa GFC, & More CLOO. Revisão: comportamento suicida ao longo do ciclo vital. 2014. *Temas em Psicologia*, 22(1), 133-145. Acesso em: 06 de junho de 2018. Disponível em: <https://dx.doi.org/10.9788/TP2014.1-11>.