

# Socioeconomic and demographic profile in a vulnerable community to the use of drugs of abuse

Perfil socioeconômico e demográfico em uma comunidade vulnerável ao uso de drogas de abuso

Lúcia Margarete dos Reis<sup>1</sup>

Taqueco Teruya Uchimura<sup>1</sup>

Magda Lúcia Félix de Oliveira<sup>1</sup>

## Keywords

Street Drugs; Violence; Nursing; Public health nursing; Community health nursing

## Descritores

Drogas de abuso; Violência; Enfermagem; Enfermagem em saúde pública; Enfermagem em saúde comunitária

## Submitted

June 7, 2013

## Accepted

June 28, 2013

## Corresponding author

Lúcia Margarete dos Reis  
Colombo Avenue, 5.790, Maringá, PA,  
Brazil. Zip Code: 87083-240  
luciamargarete@gmail.com

## Abstract

**Objective:** To establish the socioeconomic and demographic profile of residents from a community with high indicators of drug-related violence.

**Methods:** A descriptive cross-sectional research, using a structured questionnaire applied to 358 inhabitants of a community with high levels of violence related to drug abuse.

**Results:** The participants had a mean age of 44.1 years, most of them were women (68.2%), with white race/skin color (57.5%) and 36.3% had studied for nine to 11 years. The mean household income per capita was R\$534 reais. Only five (1.4%) participants reported unknowing drug use in the community. Drug use in the family was reported by 19.8% of participants, while 2.5% used crack. Two hundred and ninety people (81.0%) knew other inhabitants who were drug users.

**Conclusion:** There was a high perception of the presence of drugs; and the spread of drug use and inclusion of crack within the family context.

## Resumo

**Objetivo:** Estabelecer o perfil socioeconômico e demográfico de moradores de uma comunidade com indicadores elevados de violência relacionados às drogas.

**Métodos:** Pesquisa transversal, descritiva, utilizando questionário estruturado, aplicado a 358 moradores de uma comunidade com elevados índice de violência relacionados a drogas de abuso.

**Resultados:** Os entrevistados possuíam idade média de 44,1 anos, a maioria mulheres (68,2%), de raça/cor branca (57,5%) e 36,3% estudaram durante nove a 11 anos. A renda familiar média per capita correspondeu a 534 reais. Apenas cinco (1,4%) entrevistados referiram desconhecer o uso de drogas na comunidade. O uso de drogas na família foi referido por 19,8% dos entrevistados, sendo que 2,5% usavam crack. Duzentos e noventa (81,0%) conheciam outros moradores usuários de drogas.

**Conclusão:** Observou-se uma percepção elevada da presença de drogas; e a expansão do uso de drogas e inclusão do crack no âmbito familiar

<sup>1</sup>Universidade Estadual de Maringá, Maringá, PR, Brazil.

**Conflict of interest:** We declare that we have no conflicts of interest.

## Introduction

The use of drugs of abuse has been increasing since the 1990s, it became a complex and challenging issue faced by governments of several developed or developing countries. The subject is aim of debates and questions in various segments of society and it has caused concern, since its consequences are considered a public health and social problem, with direct impacts on the health of the individual, and on the lives of families and communities.<sup>(1-4)</sup>

The use of drugs of abuse is culturally immersed into communities and it is more frequently present in socially vulnerable communities. It is usually accompanied by social, health, economic, legal and judicial problems, involving violence, crime and breakdown of families, with consequences for the environment in which the user is immersed.<sup>(2,5,6)</sup>

The negative effects of drugs of abuse affect men and women of all racial and ethnic groups, rich and poor, young people, adults and the elderly, people with or without education, however it is known that some socioeconomic factors are unfavorable and are associated to violence, such as inadequate housing, lower education, unemployment and other conditions associated with poverty.<sup>(7)</sup>

The determinants of social factors that involve the use of drugs of abuse contributes to soften prejudices and stigmas involving social aspects related to this use, and implement prevention strategies targeted to the specificities of each community.<sup>(8)</sup>

The complex relationships that involve the use of drugs of abuse in communities constitute a scenario of social vulnerability. The production and dissemination of information on drugs of abuse are essential factors for the development of new strategies for coping with the local health team and community members, who live in a context facing the use, trafficking and violence inherent in the impact of drugs of abuse in the community.<sup>(9)</sup>

The objective of this study is to investigate the socioeconomic and demographic profile of residents living in a community with high indicators of violence related to drug abuse.

## Methods

This is a descriptive cross-sectional study with random probability sampling of 5,140 residents of a community with high indicators of violence related to drug use. Considering a 95% confidence interval, error of 0.05 and p-value of 0.10, we obtained a sample of 358 people/households. We included residents aged over 18 years and permanent residents in the studied area, i.e. one resident for each selected household.

Data collection was conducted using a structured questionnaire adapted from the evaluation instrument System Indicators of Social Perception from the Institute of Applied Economic Research.<sup>(10)</sup>

For sociodemographic and economic categorization of residents, the following variables were considered: age -completed years, gender, skin color, years of education, employment status, length of residence in the community and family income. Participants were also asked about the perception of the presence of drugs of abuse in the community, if they used drugs of abuse, if they knew any family members who have used drugs of abuse and if they knew community residents who used drugs.

Data collection was conducted from May to June 2012. The data collection team was trained and certified to perform the collection at people's home.

The data were compiled in spreadsheets in the software Microsoft Office Excel 10.0, and data processing and analysis were performed in Statistical Analysis Software (SAS) and Statistica 8.0. Statistical analysis consisted of describing the findings, absolute and relative frequency, and calculating means, which were then submitted to the Difference Test for Binomial Proportion to investigate the differences between individuals with positive perception of the phenomenon. The categories were grouped to form the contingency table, considering significant p-value <0.05.

The sociodemographic and economic variables were compared with the participants' perception of the existence of drug use in the community, in the agreement and disagreement aspects.

The development of the study followed the national and international standards of ethics in research involving humans.

## Results

Participants had a mean age of  $44.1 \pm 14.9$  years, with a median of 45.5 and mode 30 years; and most were female (244 - 68.2%). The white skin color was the most commonly reported (57.5%) and nine to 11 years of education (36.3%), which means they had studied through high school. The mean length of residence in the community was  $14.3 \pm 5$  years, ranging from six months to 20 years, with the majority (89.1%) living in permanent neighborhood for over six years (Table 1).

**Table 1.** Distribution of community residents

Variables	Perception of drugs in the community			p-value**
	Yes n(%)	No n(%)	Total n(%)	
Age				
18 a 29	69(98.6)	1(1.4)	70(19.5)	0.0017
30 a 39	81(98.8)	1(1.2)	82(22.9)	0.0053
40 a 59	147(98.6)	2(1.4)	149(41.7)	1
≥ 60	56(98.2)	1(1.8)	57(15.9)	0.0007
Gender				
Female	240(68.0)	4(80.0)	244(68.2)	1
Male	113(32.0)	1(20.0)	114(31.8)	0.0001
Skin color				
White	203(57.5)	3(60.0)	206(57.5)	1
Brown	95(26.9)	1(20.0)	96(26.8)	0.0001
Black	55(15.6)	1(20.0)	56(15.6)	0.0001
Years of study				
None	20(5.7)	2(40.0)	22(6.1)	0.0054
1 to 4	80(22.7)	0(0)	80(22.3)	0.042
5 to 8	103(29.2)	1(20.0)	104(29.1)	0.2575
9 to 11	128(36.3)	2(40.0)	130(36.3)	1
≥ 12	22(6.2)	0(0)	22(6.1)	0.0064
Length of residence (years) 14,3*				
≤ 1	04(1.1)	0(0)	04(1.1)	0.2391
1 to 5	33(9.3)	2(40.0)	35(9.8)	0.0212
6 to 10	40(11.3)	1(20.0)	41(11.5)	0.027
11 to 15	83(23.5)	0(0)	83(23.2)	0.4359
≥ 16	193(98.9)	2(1.1)	195(54.4)	1
Total	353(98.6)	5(1.4)	5(1.4)	358(100.0)

Legend: \*Mean; \*\*Level of significance from Difference Test

From the 358 participants, only five (1.4%) reported not knowing the use of drugs of abuse in the community. Women had a greater perception of the presence of drugs of abuse in the community, and this proportion was 60/1, ie, for every 60 women, one stated that drugs of abuse were not used in the community, while for 114 men interviewed, only one reported not knowing about the use of drugs of abuse.

In the analysis of the age groups, it was observed that there is a highest percentage of people who reported noticing the presence of drugs in the community compared to those who did not notice, so it was decided to conduct a difference test between the proportions of people who said yes. The analysis showed statistically significant differences ( $p < 0.05$ ) between age groups when compared to the higher percentage of individuals (40-59 years) from the sample, suggesting that, despite all people could realize the presence of drugs, this perception is differentiated between ages.

The perception of drugs in the community also differed statistically ( $p < 0.0001$ ) when compared males to females. The same was found between race/skin color brown and black compared to race/skin color white.

With regard to education, statistically significant differences were observed in the categories less than or equal to four years of study and greater than and equal to 12, when compared to people with nine to 11 years of education. It should be added that individuals with five to eight years showed no differences when compared to the baseline category.

In the analysis of length of residence, we observed statistically significant differences between one and ten years of residence, when compared to individuals who lived in the community for over 16 years. It is observed that there was no difference between those who lived between 11 to 15 years and for those with residence < or equal to one, suggesting that for this last group, the difference was not observed probably due to reduced length of residence (Table 2).

From the 244 women interviewed, 73 (29.9%) self-declared themselves as housewives, i.e. working exclusively for their own family, which means they do not have an income. Thirty-six women (14.7%)

**Table 2.** Distribution of community residents

Variables	Perception of drugs in the community			p-value****
	Yes n(%)	No n(%)	Total n(%)	
Income (MW)* 1602**				
≥2	160(98.2)	3(1.8)	163(45.5)	0.6744
3 to 5	168(99.4)	1(0.6)	169(47.2)	1
6 to 10	18(100)	0(0)	18(5.0)	0.0008
≤11	0(0)	2(100)	2(0.6)	0.1879
DNK/DNA***	5(83.3)	1(1.7)	6(1.7)	0.0288
Occupational situation				
Employed/ Independent contractor	189(98.4)	3(1.6)	192(53.6)	1
Retired/ Housewife	118(98.3)	2(1.67)	120(33.5)	0.0007
Unemployed	46(100.0)	0(0)	46(12.9)	0.0001
Total	353(98.6)	5(1.4)	358(100.0)	

Legend: \*MW—Minimum Wage R\$ 622,00; \*\*\*Mean; \*\*\*\*Do not know/Did not answer; \*\*\*\*\*Level of significance from Difference Test

reported being unemployed at the moment of the interview, which represented 78.3% of the 46 participants unemployed.

A total of 65 (18.2%) participants reported they had already used drug of abuse, especially tobacco (70.8%) and alcohol (18.5%). Tobacco was the drug of abuse more frequently reported by women (69.2%) and alcohol by men (83.3%).

There was also a strong presence of drug of abuse by family members of the participants (71 - 19.8%). In most of these families, only one family member used drugs of abuse (88.7%), and the drug of abuse most frequently used by the family member was tobacco (58.5%), followed by alcohol (22.0%) and crack (11.0%).

The perception of drugs in the community have also showed statistically significant differences between individuals with incomes between six and ten times the minimum wage when compared to individuals with income between three and five times the minimum wage. In addition, there were statistically significant differences between individuals who were employed, independent contractors, retired and housewives, when compared to the percentage of individuals who were unemployed, sug-

gesting that despite everyone noticing the presence of drugs, this perception is differentiated by individuals in different occupational situations.

When participants were asked if they knew other community residents who used drugs of abuse, 290 (81.0%) responded affirmatively. Two hundred and thirty-six (65.9%) participants reported that these residents live close to their homes and the number of residents who knew about it, was more than five people, number reported by 192 participants (53.6%).

## Discussion

The limits of the results of this study relate to the cross-sectional design, which does not allow us to establish relations of cause and effect, but it has important associations in the case of drug use. Knowing the profile of the community residents that have high indicators of violence related to drug use is relevant, as the results can contribute to the planning and programming of local and regional actions that address the real needs of these people.

Despite the criticism of the establishment of causal relationships between poverty, drug use, crime and violence—relationships that may, even indirectly, stigmatize even more low-income communities and illicit drug users in large urban centers, the prevalence of high rates of fatal violence in communities where poor living conditions coexist with collective drug trafficking is not forgotten.<sup>(11)</sup>

Regarding the socio-demographic characteristics reported by participants in this study, the profile of the community residents in the study follows the general characteristics of the profile of the Brazilian population. However, the mean household income of participants was lower compared to the mean monthly household income of the Brazilian population.<sup>(12,13)</sup>

The low level of household income is associated with use of drugs of abuse and high indicators of violence, in addition, community residents become vulnerable to problems originating from the consumption and business of drugs of abuse in communities.<sup>(14)</sup>

Violence imposes a heavy burden on the welfare of the population and various types of violence, in general, have common risk factors. Poverty, social isolation, drug abuse and access to fire guns are risk factors for more than one type of violence.<sup>(15)</sup>

The variable income was related to social perception of drugs in the community, suggesting that social perception is modified according to the income range. This result was also observed in a study conducted in 2003 which identified that people with low income perceived the use of drugs of abuse as the most severe social problem.<sup>(16)</sup>

The results showed that the occupational situation approached the percentage of the Brazilian working population, which currently corresponds to 54.2%, and a high percentage of unemployed people (12.9%).<sup>(13)</sup>

Unemployment was also associated with violence, due to the use of drug of abuse and for direct or indirect participation in the drug trafficking and crime.<sup>(16)</sup> Similarly, communities involved in drug trafficking, high unemployment and with widespread social isolation (where people do not know their neighbors or do not engage with the community) are more likely to have violent experiences.<sup>(15)</sup> Also, the perception of drugs in the community tends to change when related to occupational status, as shown in the results of the present study.

From the women who were interviewed, a significant percentage exercised activities exclusively within the house and 14.7% did not have a paid job, representing 78.3% of participants who reported unemployment at the time of interview. Although, in Brazil, women account for 59% of the population considered unoccupied, it can be inferred that the significant presence of women in households indicates that they may promote the safety of the home.<sup>(13)</sup> The results show statistically significant differences in women's perception of the presence of drugs of abuse in the community, suggesting that women have a higher perception of this fact, reinforcing the permanence of women in their homes.

Additionally, women represent the essential aggregator element, without which the family unit does not survive. In this context, some women stop exercising their occupational activities in companies

to take care of their home and protect their families in daily violence.<sup>(17)</sup>

Regarding length of residence in the community by the participants, it is inferred that residents have ties to the neighborhood and the social welfare of their territory. This situation can lead to banalization of community problems by everyday life, but statistical analysis showed association between the variables length of residence and perception of drug of abuse in the community, indicating a different perception among those living in the community between one and ten years and those living for more than 16 years, highlighting that for those who live less than a year in the community, they do not have the same perception.

Similarly to its impacts, some causes of violence are deeply rooted in social, cultural and economic human life. The consumption of alcohol and other drugs and trafficking is something naturalized and accepted as a routine part of the population. As the issue is banalized, people accept violence as a normal question, part of their routine. The social intimidation is also referred to as one of the causes of apathy and spread of drugs in communities.<sup>(15,18)</sup>

Admittedly, in communities with strong cultural pressure to maintain the use and trafficking of drugs hidden, or accept them as natural, small acts of violence are unlikely to be fully reported. Victims may be reluctant to discuss violent experiences not only because of shame or taboo, but also because of fear.<sup>(15)</sup>

Regarding the use of drugs of abuse, we found a significant number of residents using tobacco and alcohol (18.2%), with a prevalence of tobacco use in women (69.2%) and alcohol use in men (83, 3%). A study aiming to estimate the prevalence of drug abuse in the Brazilian population found that 74.6% of 7,939 participants used alcohol and 44% reported using tobacco.<sup>(19)</sup>

In the present study, we found a lower percentage than the national rate of use of drugs of abuse by the residents of the communities, however, this value increased to family members of the participants, suggesting a culture of expanding the use of drugs of abuse in the family. It is known that the family can play key role in the initiation and continuation of drug use by the presence of drugs in

the family environment and the lack of clear rules on the use.<sup>(20,21)</sup>

Another important finding was observed among participants reporting the use of crack. Although none of them referred the use of this drug, the use of crack in the family was mentioned by nine individuals, being all male family members. During the interviews, when talking to the interviewer about the family member that uses drugs of abuse, the individual stated being afraid of the rebuke of traffickers and users themselves living there.

The II Household Survey on the Use of Psychotropic Drugs in Brazil showed that 0.7% of the individuals interviewed had consumed crack sometime in life, a higher percentage than the present study, when compared to the use of the resident interviewed. The profile of crack users comprise young, low-income and male people.<sup>(19,22)</sup>

The use of crack brings devastating consequences to the user, family and community. The crack user quickly exhausts their financial resources, finding himself/herself obliged to conduct illegal activities outside the legal labor market. A study conducted with users and ex-users of drugs of abuse identified prostitution, trafficking, robberies and kidnappings, and illegal sale of possessions as a source of resources to obtain drugs, influencing the daily lives of communities.<sup>(23)</sup>

The results of this study point to a higher perception of the presence of drugs of abuse in the community studied (98.6%), indicating that residents live daily with the availability and trafficking of drugs in the community. The use of drugs of abuse is culturally immersed in communities, resulting in difficulties in their management, the presence of trafficking, trading and easy access to them, making this situation, a riskysocial condition for the use of drugs of abuse.<sup>(24,25)</sup>

Three phenomena were observed as characteristic of living in the communities in this study: the number of unemployed women or who reported staying in their homes for the care of the family; the higher perception of the presence of drugs of abuse in the community studied, since most of the participants knew more than five users in the neighborhood who used drugs of abuse; and evidence of a culture of expanding the use of drugs of abuse in the family, with intergen-

erational pattern of deterioration, and the inclusion of the crack within the family.

## Conclusion

The socioeconomic and demographic profile of participants is consistent with those of residents in remote communities. The perception of drug use in the community was statistically different between gender, age and length of residence in the community.

## Collaborations

Reis LM; Uchimura TT e Oliveira MLF declare substantial contribution in the design and development of research, writing, revising the article and final approval of the version to be published.

## References

1. Abreu AM. A enfermagem e o problema do uso e abuso de álcool e outras drogas. *Rev de EnfermEsc Anna Nery*. 2007;11(4):567-9.i
2. Brasil. Ministério da Saúde. A Política do Ministério da Saúde para a Atenção Integral a Usuários de Álcool e outras Drogas, 2003 [Internet]. [citado 2013 Maio 23]. Disponível em [http://bvsms.saude.gov.br/bvs/publicacoes/pns\\_alcool\\_drogas.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/pns_alcool_drogas.pdf). (Série B. Textos Básicos de Saúde).
3. Cogollo-Milanés Z, Arrieta-Vergara KM, Blanco-Bayuelo S, Ramos-MartínezL, Zapata K, Rodríguez-Berrio Y. Factores psicosociales asociados al consumo de sustancias enestudiantes de una universidad pública. *Rev Salud Pública (Bogotá)*. 2011;13(3):470-9.
4. Oliveira SG, Ressel LB. Grupos de adolescentes na prática de enfermagem: um relato de experiência. *Ciência, Cuidado e Saúde(Maringá)*. 2010; 9(1): 144-8.
5. Abreu AM, Jomar RT Souza MH, Guimarães RM. Consumo nocivo de bebidas alcoólicas entre usuários de uma Unidade de Saúde da Família. *Acta Paul Enferm*. 2012;25(2):291-5.
6. Barros MA, Pillon SC. Programa saúde da família: desafios e potencialidades frente ao uso de drogas. *Rev Eletron Enferm (Goiânia)* [Internet]. 2006. [citado 2013 Jul 10];8(1):144-9. Disponível em: [http://www.fen.ufg.br/fen\\_revista/revista8\\_1/pdf/v8n1a19.pdf](http://www.fen.ufg.br/fen_revista/revista8_1/pdf/v8n1a19.pdf)
7. Galduroz JC, Noto AR, Nappo SA, Carlini EA. Uso de drogas psicotrópicas no Brasil: pesquisa domiciliar envolvendo as 107 maiores cidades do país - 2001. *Rev Latinoam Enferm*. 2005; 13(Especial):888-95.
8. Rabelo JF, Faria ST, Bernardy CC, Oliveira ML. Drogas ilícitas: registros de um centro de informação e assistência toxicológica do município de Maringá, PR, 2004 – 2005. *Arq Ciênc Saúde Unipar (Umuarama)*. 2007; 11(2):77-81.
9. Feltran GS. Fronteiras de tensão – um estudo sobre política e

- violência nas periferias de São Paulo, 2010. Lua Nova (São Paulo). 2010;79:201-33.
10. Instituto de Pesquisa Econômica Aplicada. Sistema de Indicadores de Percepção Social (SIPS) – Segurança Pública; 2012. Disponível em: [http://www.ipea.gov.br/portal/index.php?option=com\\_content&view=article&id=6186](http://www.ipea.gov.br/portal/index.php?option=com_content&view=article&id=6186)
  11. Beato Filho CC, Assunção RM, Silva BF, Marinho FC, Almeida MC. Conglomerados de homicídios e o tráfico de drogas em Belo Horizonte, Minas Gerais, Brasil, de 1995 a 1999. Cad Saúde Pública. 2001;17(5):1163-71.
  12. Instituto Brasileiro de Geografia e Estatística. Censo Demográfico 2010 [Internet]. [citado 2012 Nov 3]. Disponível em: <http://www.ibge.gov.br>
  13. Instituto Brasileiro de Geografia e Estatística. Pesquisa mensal de emprego, 2011. [Internet]. [citado 2012 Nov 3]. Disponível em: [http://www.ibge.gov.br/home/presidencia/noticias/noticia\\_visualiza.php?id\\_noticia=2222&id\\_pagina=1](http://www.ibge.gov.br/home/presidencia/noticias/noticia_visualiza.php?id_noticia=2222&id_pagina=1).
  14. Oliveira EB, Bittencourt LP, Carmo AC. A importância da família na prevenção do uso de drogas entre crianças e adolescentes: papel materno. SMAD Rev Eletron Saúde Mental Álcool Drog. (Ed. port.), Ribeirão Preto [Internet]. 2008 [citado 2013 Jul 10];4(2). Disponível em: <http://www.revistas.usp.br/smad/article/view/38673>
  15. Dahlberg LL, Krug, E. G. Violência: um problema global de saúde pública. Ciência e Saúde Coletiva. 2007;11(Supl. 1):1163-8.
  16. Marin-Leon L, Oliveira HB, Barros MB, Dalgalarondo P, Botega NJ. Percepção dos problemas da comunidade: influência de fatores sociodemográficos e de saúde mental. Cad Saúde Pública. 2007;23(5):1089-97.
  17. Selegim MR. Recursos e adversidades no ambiente familiar de indivíduos usuários de crack. Interface (Botucatu). 2013;17(44):233-4.
  18. Amaro MC, Andrade SM, Garanhan ML. A violência sob o olhar de lideranças comunitárias de Londrina, Paraná, Brasil. Saude e Sociedade (Ribeirão Preto). 2010;19(2):302-9.
  19. Carlini, EA, Galduróz JC, Noto AR, Nappo SA. II Levantamento domiciliar sobre o uso de drogas psicotrópicas no Brasil: estudo envolvendo as 108 maiores cidades do país - 2005. Brasília: Secretaria Nacional Antidrogas; 2007. p. 472.
  20. Bernardy CC, Oliveira ML, Bellini LM. Jovens infratores e a convivência com drogas no ambiente familiar. Rev Rede Enferm do Nordeste(Fortaleza) 2011;12(3):589-96.
  21. AGUILAR, L. R.; PILLON, S. C. Percepción de tentaciones de uso de drogas en personas que reciben tratamiento. Rev Latinoam Enferm. 2005;13(Especial): 790-7.
  22. Duailib LB, Ribeiro M, Laranjeira R. Profile of cocaine and crackusers in Brazil. Cad Saúde Pública. 2008;24(Supl 4): 545-57.
  23. Oliveira LG, Nappo AS. Caracterização da cultura de crack. Rev Saúde Pública. 2008; 42(4):664-7.
  24. Ballani TS, Oliveira ML. Uso de drogas de abuso e evento sentinela: construindo uma proposta para avaliação de políticas públicas. Texto e Contexto Enferm. 2007;16(3):488-94
  25. Funes GM, Brands B, Adlaf E, Giesbrecht N, Simich L, Wright MG. Factores de riesgo relacionados al uso de drogas ilegales: perspectiva crítica de familiares y personas cercanas en un centro de salud público en San Pedro Sula, Honduras. Rev Latinoam Enferm. 2009; 17(Especial):796-802.