



## VIOLENCE AND USE OF ALCOHOL AND OTHER DRUGS: PERCEPTIONS AND EXPERIENCES OF ADOLESCENT STUDENTS<sup>1</sup>

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### ABSTRACT

**Objective:** to analyze the perceptions and experiences of the phenomena of violence and the use of alcohol and other drugs by adolescents in a context of social vulnerability. **Method:** this is a qualitative, exploratory study, according to the principles of strategic social research, carried out in 2019 with 12 adolescents between 15 and 18 years of age, through a semi-structured audio-recorded interview. The results were transcribed and analyzed in the thematic modality of content analysis. **Results:** Three thematic categories emerged from the interviews: "The experience of violence in the community context", "Social and community life impaired by drugs and violence", and "Factors related to overcoming social vulnerability" and, in short, demonstrated that adolescents live in an unequal and vulnerable environment, with limited development opportunities, marked by a poor social network and interaction. **Final considerations:** although the adolescents participating in the research presented knowledge restricted to violence and the phenomenon of drugs, we observed that they recognize the importance of behavioral aspects inherent to social skills for healthy and successful community living.

**Keywords:** Public health. Adolescent health. Social vulnerability.

### INTRODUCTION

Adolescence was considered a period of conflict development. And, however, it is currently recognized that most adolescents successfully overcome the challenges of this phase of development. Thus, it must be understood as a singular phenomenon, and not only understood as a phase of development, since it will be in this period that the transition from childhood to adulthood will occur, at the same time that important physical, cognitive, emotional and social changes will take place<sup>(1)</sup>. It will be at this stage that the individual will experience the refinement of social skills learned in childhood in

both the social and family environment, and will incorporate new skills for interactions with other people<sup>(2)</sup>. They will also be able to adopt protective behaviors, such as diet and physical activity, or risk behaviors, such as violence and drug use, arise or are consolidated for adulthood<sup>(3)</sup>.

Globally, children and adolescents face social determinants that threaten their social progress and health<sup>(4)</sup>. Social determinants consist of aspects of life and human development in society that, once not addressed, lead to situations of vulnerability and the phenomenon of social suffering, the product of violence<sup>(5,6,7)</sup>.

Violence is a public health problem that

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affects billions of people every year, causing death, injury and harm. Harmful health behaviors, such as unsafe sex, alcohol and drug consumption, and smoking, are more frequent among victims, resulting in health complications and early death. Still, they are more likely to suffer violence as adults, and attempt suicide. Global estimates show that one billion children and adolescents (between 2 and 17 years old) experienced violence alone, in the period from 2021 to 2022<sup>(8)</sup>.

The World Health Organization's work on violence prevention considers the following principles: analyzing the socio-ecological model, addressing public health, pursuing evidence-based practice, ensuring human rights, addressing the life course, and the multisectoral approach. In the analysis of the socioecological model, it is suggested to understand the aspects that make subpopulations vulnerable to violence, in order to ensure that prevention strategies are based on the underlying causes and factors associated with this social phenomenon<sup>(8)</sup>.

In line with the 2030 Agenda, community research, health policies and programs need to be aligned with the intrinsic and extrinsic characteristics of adolescent development in the territories. Through surveillance, systematic information collection, identification of social vulnerability and protection factors, studies, and implementation of interventions, a better public health approach to this problem will be possible<sup>(1,3,8)</sup>.

Therefore, and in line with the SDGs, we defend the need for special attention to adolescents immersed in vulnerable social contexts, observing the systemic needs of the adolescent public to direct effective public policies for health promotion and the social determinants that aggravate living conditions, in the search to ensure a healthy future for this group<sup>(3,4)</sup>.

Thus, the present research has as its central question, how do adolescents perceive and experience the phenomenon of violence and drugs in the socio-family context? Looking at phenomena from the perspective of adolescents will favor the structuring of public actions and policies engendered in life contexts, a locus in which adolescents eventually suffer exposure to factors that leave young people in a vulnerable

situation.

In search of answers, the research aimed to analyze the perceptions and experiences of the phenomena of violence and the use of alcohol and other drugs by adolescents in a context of social vulnerability.

## METHODOLOGY

Social research in the strategic modality with a qualitative, exploratory approach<sup>(9)</sup>, developed in accordance with the Consolidated criteria for reporting qualitative research (COREQ) guide<sup>(10)</sup>. Social research analyzes the subject in historical and cultural conditions, and uses as a scenario the present social reality, the dynamics of the individual and the collective<sup>(9)</sup>. Strategic social research addresses social problems and does not aim at practical solutions, but seeks to contribute to the construction of policies based on aspects of social reality<sup>(9)</sup>. In turn, the qualitative approach allows us to understand in depth the social phenomena and, in the case of this research, how they interact with the adolescents and interfere in the context of their lives, from the perspective and experiences of the adolescents who will be researched.

The study was carried out in a public educational institution, located in the surroundings of the Federal District, in 2019 after approval by the Research Ethics Committee. For participation in the study, inclusion criteria were individuals in the age group of 10 to 19 years<sup>(12)</sup>, regularly enrolled in the researched educational institution, and who were attending academic activities. The researchers had access to the classes of students, adolescents, of the institution by period or year of training. After the invitation, 13 of them contacted the researchers and volunteered to participate in the study, thus, the initial definition of the group of adolescents surveyed was self-selective. However, there was a withdrawal for reasons not related to the research itself, and the study population consisted of 12 adolescents.

Adolescents and guardians who agreed to participate in the study were instructed on the importance, objectives, duration, risks and benefits of the study. They were also informed of the freedom to withdraw consent at any time, without prejudice or damage to their physical,

psychological or moral integrity, and, after that, those who accepted signed the Consent Form, and the Informed Consent Form signed by the parents or guardians. Finally, we present the project coordinator, her academic background and line of research, which, in turn, was in line with the objectives of the study.

For data collection, the semi-structured interview script was previously prepared by the responsible team of researchers. The objective of the script was to ensure that the researcher addressed issues inherent to the research question and objectives. The first part of the script was composed of sociodemographic characterization and the second part addressed aspects of family, school and community characteristics, what adolescents considered relevant to community living, aspects of the community that generate sadness or anguish, what drugs meant to adolescents, their experiences and their opinion on how to prevent drug use. Likewise, they were asked about what they understood about violence, their experiences with the phenomenon and how it could be avoided.

The interviews were scheduled according to the calendar and school schedule, without affecting the students' attendance to classes. Data collection was carried out by the main researcher of the study with the collaboration of two professors, one being a PhD and coordinator of the project, and the other a master's degree in Health Sciences and Technologies. Also, during the collection there was the participation of a student, a scholarship holder linked to the Institutional Program of Scholarships for Scientific and Technological Initiation in High School (PIBIC-EM), to which this project was submitted and approved. This student had the function of taking notes of the entire data collection process, always accompanied by one of the responsible teachers. The researchers conducted skills training for qualitative interviews before the start of data collection during the pilot test, conducted with two adolescents who did not participate in the study.

The interviews took place in a private environment, of the educational institution to which the study participants were enrolled. No agents external to the study were present during the interviews. Individual interviews were conducted only once with each of the twelve

participants and recorded on electronic devices.

The data collection material was composed of the notes in the field diary made shortly after the interviews or later with observations from the researchers. The researchers transcribed the recordings and examined the material to verify the similarity between the audio and the transcribed text. The interviews lasted a mean of 25 minutes, being identified by an alphanumeric code (S1, S2, S3, and so on) so as not to identify the participants. Based on the criterion of data saturation, which considers the existence of convergences in the data, data collection was completed<sup>(12)</sup>. Data saturation occurred with the 12 participants, with no need for new recruitment.

The data analysis was performed by the researcher in charge, according to the three stages provided for in the content analysis method thematic modality<sup>(9)</sup>, that is, pre-analysis, exploration of the material and data processing. In the pre-analysis stage, the material was transcribed and the floating and exhaustive reading of the data was performed. In the stage of exploration of the material, the central ideas were identified, which were later grouped by similarity into Nuclei of Meaning. In the third stage, an analytical and descriptive synthesis of the content of the interviews was elaborated. Three thematic categories emerged from this process: "The experience of violence in the community context", "Social and community life impaired by drugs and violence", and "Factors related to overcoming social vulnerability". The thematic categories will be presented and discussed in the topics Results and Discussion.

All students and legal guardians were instructed on the objectives of the study and were presented with the Term of Consent (TC) and Informed Consent (IC), respectively, for participation in the project. This project was approved by the Research Ethics Committee of the Federal Institute of Goiás, under opinion number 3.196.541.

## RESULTS

Twelve adolescents between 15 and 18 years of age, with a mean age of 16.4 years, 50% male, participated. For the grades/years of high school that they belonged to, the data showed that the 1<sup>st</sup> year, 2<sup>nd</sup> year and 3<sup>rd</sup> year had parities in

participation. Of the participants, 50% declared a monthly family income of up to two minimum wages (up to R \$1,996.00), and 33% (04) indicated a family income of up to one minimum wage (up to R\$998.00, according to the minimum wage defined for the year of data collection). The sociodemographic data demonstrate that the research participants came from a low-income social group.

From the interviews, a set of data emerged whose significance emerges through the themes related to the dynamic relationships between the development process, the experiences of adolescents, and the intrinsic characteristics of looking at the world in which they live. Three thematic categories emerged from the analyzed data, which are presented below.

### **The experience of violence in the community context**

In this thematic category, violence is presented from the perspective of the participants. We can observe that when asked about violence, many recognize the types of violence most known and disseminated in the media, and report the main forms of violence in their life, family, community and school context.

[...] besides physical aggression, I define it as psychological aggression, psychological aggression is also included because, violence for me is not just a slap, it involves the psychological of the person too, because the person can get hurt, this for me is violence [...] calling the boy black, this is verbal violence, this hurts, this can hurt even more than a punch or a slap [...]. (S 01)

[...] there may be psychological violence, physical violence, verbal violence and also psychological violence, but violence is a bad thing [...]. (S 07)

The students also presented violence as an everyday phenomenon, and often naturalized. The following statements demonstrate the presence of violence in the reality of the context in which they were inserted.

Violence is what is having more around here, in case of death like this [...]. (S 02)

[...] like what happened to the boy... calling the boy black... this is violence [...]. (S 01)

[...] femicide... happens in our daily lives [...] it is happening in several places, several cities. (S 03)

Violence was described as a phenomenon that leads to sadness and the generation of negative feelings, with evidence for bullying, as we can see in the following statements.

Maybe bullying, right? That happens daily... these things like this... we get bad [...]. (S 02)

[...] discrimination, things they do to people like that, make me very sad. (S 10)

[...] prejudices... it's because everywhere there is this kind of situation... [...] my friend almost committed suicide, because where he lives there was a girl who did not want to let him play ball because he was black, she said he looked like a chimpanzee [...] and this makes me more distressed. (S 12).

### **Social and community life impaired by drugs and violence**

The adolescents in their speeches and representations of community coexistence showed little community interaction, and no interaction with social resources such as culture, sport and leisure in the city, the main place of coexistence being the domestic environment, as we can see in the excerpts presented below.

I don't live much in community, I stay more inside my house, I don't know... I have no relationship with the community, I hate leaving home. (S 07)

[...] I was always very isolated at home, and I never had much access to my community... so it was home, school and church, just these three places that I attend the most. (S 06)

[...] I don't know much about my community... because even though I've lived here for six years, I've never been very involved with the people on the street [...]. (S 05).

The community was characterized by adolescents as disorganized, violent, with an intense presence of drug trafficking and impoverished, the following excerpts of speeches illustrate how adolescents perceive the community environment in which they live:

The community is a disorganized place, right?! Because there are too many crimes, violence [...]. (S 02)

[...] in my region, let's say that... out of four blocks, one block has a marijuana crack house, and behind it too, and in the other too... many people are low-

income, so some drop out of school [...]. (S 05).

[...] in the region where I live there is not much robbery, like crimes... although from time to time one or another appears, but nowhere is so safe [...]. (S 01)

Also, the presence of drug trafficking and the use of psychoactive substances, licit or illicit, in the community harmed the social life of the adolescents investigated.

[...] our community is well involved in alcohol and drugs, which is why neither I nor my family are very connected [...]. (S05).

Although they did not answer what they considered important for the community, the adolescents highlighted the perception of the absence of social skills, such as communication, respect and freedom.

There are people who do not know how to accept the differences of other people [...]. (S 02)

Nowadays it is very difficult to have a relationship with everyone... I think society is finished, destroyed [...]. (S 03)

What is missing in our society is unity... in our society everyone lives on a war footing [...]. (S 03)

Many people today do not respect themselves and do not respect the limits or the will of other people... and that is why so many conflicts happen [...]. (S 04)

### **Factors concerning overcoming social vulnerability**

The initial idea is that the use of alcohol and other drugs and violence are usually related to negative events and perceptions, but in the participants' speeches we observed an awakening to overcome them. In this sense, the participants presented as inherent factors for community development the social skills of communication, dialogue, unity, respect and awareness in preventing the use of alcohol and other drugs and violence.

I think that if you think before doing... or take it to the basis of the dialogue, it would be much more right [...]. (S 03)

And I think that if we learn to respect people, we will live well with all of them [...]. (S 02)

[...] I think that if I have more awareness and see

that drugs are not the solution to our problems, that would prevent young people from starting to use [...]. (S 04)

[...] should have an awareness since childhood... teach people what violence is and what that violence can do to people [...]. (S 09)

The school, as a social and community institution, was presented as a place of autonomy, freedom, respect, but it was also described as a place where the use of alcohol and other drugs occurs, in addition to violence.

[...] I really like it here (school) ... I think it's a very good environment... sometimes people miss: oh, but there are drugs, and students do that [...]. (S 04)

[...] I think the (school) very welcoming, I like how it is here, and how they give free will, because it teaches us to have responsibility [...]. (S 01)

Since the community in which adolescents live and develop did not present institutional resources for social integration, leisure and culture, it was evident to the adolescents surveyed that this community aspect needs investment. For them, the presence of leisure and cultural options can be a factor in overcoming social phenomena such as the consumption of alcohol and other drugs and violence.

One thing that can improve this is the extracurricular activities, and the adolescents dedicating themselves to something... they dedicating themselves to something they do not have so much time to get involved, or discover the wrong things [...]. (S 05).

### **DISCUSSION**

Adolescents' understanding of the phenomenon of violence was restricted to the typification of violence. When considering symbolic violence, non-apparent, systemic violence, engendered in the context of life and human development to which they are inserted<sup>(14)</sup>, we realize that adolescents knew little about the theme.

This aspect reveals the fragility of the approach to the phenomenon of violence for the adolescents participating in the study, in their different nuances and faces. Education occupies a privileged place for the teaching of themes of social importance, such as violence. However, the

school, as well as other institutions such as health and social care services, has not exercised its attribution as a transformative and democratizing institution, weakening the investigated group, since the non-recognition of violence as a social phenomenon makes them vulnerable. Since adolescents have access to information, they will be able to distinguish when they are being victims of violence, and from this recognition, they will be competent to act socially<sup>(15)</sup>.

The naturalization of violence observed in the speeches reflects the complex context of social vulnerability and insecurity in which adolescents live and develop. Adolescents are often associated with violence, either as producers or as a product<sup>(15)</sup>. It is known that the exposure of adolescents to high rates of chronic community violence presents a pressing public health crisis<sup>(16)</sup>.

Although apparently violence is naturalized for the adolescents surveyed, as it is common in the community, the same participants pointed out different types of violence as triggering factors for the feeling of sadness, with evidence for bullying, which gained prominence when they pointed out violent events in the school environment.

The National School Child Health Survey – PeNSE, pointed out that male schoolchildren, aged 13, from public schools, whose mothers have no education and who work, were more likely to be bullied. In this same study, bullying was associated with aspects of mental health such as loneliness and insomnia, as well as tobacco use, suffering physical aggression from family members, and missing classes without notifying parents<sup>(17)</sup>. Other studies found an association between bullying and situations of physical violence among adolescents<sup>(18)</sup>, and depressive symptoms<sup>(19)</sup>.

A study conducted in Feira de Santana showed that most adolescents surveyed reported feelings of sadness, humiliation and anger when suffering from violence. The study points to the consequences of violence on the emotional and psychological development of adolescents who suffer aggression, with consequences that echo in the lives of these individuals. It also points out that victims of violence have a tendency to revictimization, maladjusted sexual behavior and use of alcohol and other drugs<sup>(17)</sup>. This evidence demonstrates aspects that make adolescents

vulnerable, and make them fragile to mental illness.

The results of a study point out ways for the recovery of adolescent victims of bullying, through strategies and interventions that promote the construction of safe and healthy family and social bonds, promotion of values and social skills, as well as affective bonds<sup>(19)</sup>. This evidence demonstrates the relevance and urgency of health education work for the prevention of violence in educational and community environments, as well as the establishment of community support networks, which integrate social health, education and social assistance services, for the timely monitoring of victims. However, in this aspect, adolescents also find limitations in the community.

When asked about social community life, adolescents described a restricted niche of social interaction, with a lack of social resources to promote sociability and develop social skills. These data reinforce the condition of social vulnerability, since the researched group does not have broad access to services that promote the overcoming of social vulnerability<sup>(20)</sup>.

Community violence invariably reflects the occurrence of situations of violence, to a greater or lesser extent, in educational environments and interpersonal relationships that happen in these institutions<sup>(18)</sup>, since the school is not exempt from social ills, such as violence<sup>(15)</sup>. Thus, the school can also become an unwanted and feared space that establishes the feeling of insecurity, with outcomes that compromise physical and emotional development, or feelings of dissatisfaction with life<sup>(17)</sup>.

The participants indicated the domestic environment as the main place of coexistence, while we understand that they referred to family coexistence. Family functioning is one of the markers for the adolescent's biopsychosocial development and, depending on the type of family functioning, it may interfere differently in the adolescent's psychological adjustment and personal relationships<sup>(21)</sup>.

These findings were also pointed out by another study that presented the family as the main support network for adolescents and the lack of leisure and cultural options in the community. In the same study, it was evidenced that the quality of family ties negatively or positively

influences the behavior of adolescents<sup>(20)</sup>. These findings demonstrate that social bonds need to be strengthened for the expansion of human development environments. However, the quality of family bonds also needs to be addressed, even though our results did not demonstrate weaknesses in the bonds between the adolescents surveyed and their families.

It is noteworthy that all adolescents surveyed, as well as their families, are in a situation of social vulnerability. Thus, they suffer from several factors that limit access to goods and services such as culture, leisure, housing and other social determinants of health necessary for the material and symbolic reproduction of life in society<sup>(20,22)</sup>.

Precarious environments and communities with evident social losses, such as the rights to access health, safety, work, social status, establishment of family and community coexistence, produce important weaknesses in the social cohesion of these people, and reveal symptoms of social suffering<sup>(7)</sup>.

The findings of the present study allowed us to raise the possibility of the existence of this collective suffering, marked by social isolation, loss of rights, feelings of depression, anxiety, guilt, humiliation and stress, when deprived of material goods, accompanied by the loss of freedom, and social injustices<sup>(7)</sup>. The adolescents in the research described the social symptoms of this suffering, but they did not mean it. Symptoms similar to those found in our research were evidenced in another study, which talks about the social suffering present in the speeches of children, adolescents and education professionals<sup>(22)</sup>.

In addition to limited social and community coexistence, the results demonstrated the presence of drugs and violence in the community and at school as limiting phenomena. Similar results found in another study with adolescents from the metropolitan region of Goiânia – Goiás<sup>(20)</sup>.

Living in environments where the consumption of psychoactive substances is considered acceptable can contribute to adolescents also understanding the use of psychoactive substances as acceptable<sup>(23)</sup>. Thus, it is also necessary to expand the development of strategies for the effective participation of

adolescents and their peers in the construction of collective knowledge about the individual and social harm of the use and abuse of alcohol and other drugs, as well as trafficking.

Limited access to family, educational, peer or community groups is a factor of social vulnerability, since they are significant interlocutors for healthy bonds, and for the formation of important social skills in adolescent development. Adolescent individuals who do not experience these bonds may present behavioral difficulties, as in the study presented, such as involvement with alcohol and other drugs and situations of violence<sup>(2,24)</sup>.

Vulnerability and social phenomena should not be understood in isolation, but from a perspective that allows us to reflect on the socio-political, economic and cultural context in which adolescents are inserted, as well as on the validity of the protection policies they have access to<sup>(20)</sup>.

Study participants valued social skills such as communication, dialogue, respect, unity, and awareness, while presenting a community with ill relationships. Adolescence has been recognized as a period of opportunity for the expansion of social skills and development of social competence. In some cases, it allows the family and the community to have a second opportunity to promote and strengthen health and well-being, with important medium and long range outcomes in adulthood and for the next generations<sup>(25)</sup>.

However, although an individual has social skills in his behavioral repertoire, these skills may not be sufficient for him to present social competence. Social competence is understood as the ability to reproduce behaviors that meet the objectives of the person and the needs of the culture and the community, with positive results, and in accordance with ethical criteria<sup>(24)</sup>.

Social skills contribute to adolescents' behavioral change flows, and are the foundation for the construction of educational and reinforcing social interactions, which reduces the trajectory in behaviors that expose them to social vulnerability. However, the absence of these skills, evidenced by the difficulties in solving problems, superimposed on aggressive and impulsive behaviors, makes adolescents vulnerable to the adoption of antisocial behaviors and, consequently, to criminal acts<sup>(2)</sup>.

Thus, we understand that although the

adolescents surveyed recognize social skills as fundamental for a healthy life in the community, this will not be enough for them to be socially competent, since this community does not correspond to the longings for communication, respect and freedom, which can subject them to social suffering.

The school was also represented by the participants as a place of coexistence and leisure, as well as in another research, in which the school was considered an environment of socialization and maintenance of bonds<sup>(22)</sup>. The school as an important social institution promotes support and integration when the adolescent's closest social bonds are weakened.

The school environment represents an appropriate place for dialogue and educational interventions with the potential to interrupt cycles of violence and vulnerable behaviors, but it is still a challenge for many educators<sup>(26)</sup>. Thus, developing a culture of peace in schools becomes a necessary premise to ensure the success of education and resilience to factors intrinsic to social vulnerability.

A study carried out in a rural settlement showed that adolescents indicated that the prevention of violence concerns the school, which should promote lectures and workshops that address the subject and that start from childhood. In addition to the school, individual actions involving dialogue and reflection are important points for the prevention of violence<sup>(27)</sup>. It is noteworthy that the results suggest that the theme of violence is not treated in a frequent and appropriate way for the adolescent's language, so that he or she can reflect and mean violence in its context.

Extracurricular activities were reported by the participants as important for social integration and coexistence, and as a protective factor for antisocial and delinquency behaviors, this was described in another research. In the latter, sport was the main positive link for adolescent development, construction of social and affective skills and assertive behaviors<sup>(20)</sup>. Therefore, the present study reinforces the importance of these activities as essential social instruments to overcome social vulnerability.

It is worth mentioning the importance of the School Health Program (SHP), a program

instituted by the Ministries of Education and Health, which, among several objectives, seeks to promote health and the culture of peace within educational institutions of the public basic education network, developing actions that stimulate the reduction of violence and the prevention of alcohol and drug use<sup>(28)</sup>. Stimulating subjects for peace makes them promoters of this culture within the communities that are inserted<sup>(29)</sup>.

While the group of adolescents surveyed recognizes the need for more ethical, moral and respectful community relations, it is evident that measures need to be taken by the public sectors, and by social institutions, such as the school, health services, social assistance, public security sectors and the justice system; economy; communication; transport; culture and tourism. Cross-sectoral partnerships are desirable, and should be strengthened for health promotion work and healthy community relations.

## FINAL CONSIDERATIONS

The results of the study demonstrated that the phenomena of alcohol and other drug use, as well as trafficking and violence are present in the social and community context of the adolescents investigated. These phenomena were responsible for limiting social coexistence with losses to the development of social skills and competences.

The development of social skills by individuals was pointed out as the strategic path to a more ethical, fair and healthy community, and demonstrated aspects of overcoming social fragilities, which emerge from the adolescents themselves.

Thus, we understand that the objective of the study was answered, thus contributing to the understanding of possible educational paths and health promotion, namely, those that promote the development of social skills and competences, for the prevention of violence, the use of alcohol and other drugs.

It can be understood as a limitation of the study the fact that it was developed only in a public educational environment, and further research is necessary to contemplate private educational environments, being one of the possibilities for future research.



## VIOLENCIA E USO DE ÁLCOOL E OUTRAS DROGAS: PERCEPÇÕES E VIVÊNCIAS DE ADOLESCENTES ESCOLARES

### RESUMO

**Objetivo:** analisar as percepções e vivências dos fenômenos da violência e do uso de álcool e outras drogas de adolescentes em um contexto de vulnerabilidade social. **Método:** trata-se de um estudo qualitativo, exploratório, conforme os princípios da pesquisa social estratégica, realizado em 2019 com 12 adolescentes entre 15 e 18 anos de idade, por meio de entrevista semiestruturada audiogravada. Os resultados foram transcritos e analisados na modalidade temática de análise de conteúdo. **Resultados:** das entrevistas emergiram três categorias temáticas: "A vivência da violência no contexto comunitário"; "Convívio social e comunitário prejudicado pelas drogas e violência"; e "Fatores concernentes à superação da vulnerabilidade social". Estas, em síntese, demonstraram que os adolescentes vivem em ambiente desigual e vulnerável, com oportunidades de desenvolvimento limitadas, marcadas pela pobre rede de convívio e interação social. **Considerações finais:** apesar dos adolescentes participantes da pesquisa terem apresentado um conhecimento restrito à violência e ao fenômeno das drogas, observamos que reconhecem a importância de aspectos comportamentais inerentes às habilidades sociais para convívio comunitário saudável e exitoso.

**Palavras-chave:** Saúde pública. Saúde do adolescente. Vulnerabilidade social.

## VIOLENCIA Y USO DE ALCOHOL Y OTRAS DROGAS: PERCEPCIONES Y VIVENCIAS DE ADOLESCENTES ESCOLARES

### RESUMEN

**Objetivo:** analizar las percepciones y vivencias de los fenómenos de la violencia y del uso de alcohol y otras drogas de adolescentes en un contexto de vulnerabilidad social. **Método:** se trata de un estudio cualitativo, exploratorio, conforme a los principios de la investigación social estratégica, realizado en 2019 con 12 adolescentes entre 15 y 18 años de edad, por medio de entrevista semiestruturada audiogravada. Los resultados fueron transcritos y analizados en la modalidad temática de análisis de contenido. **Resultados:** de las entrevistas surgieron tres categorías temáticas: "La vivencia de la violencia en el contexto comunitario"; "Convivencia social y comunitaria perjudicada por las drogas y la violencia"; y "Factores concernientes a la superación de la vulnerabilidad social". Estas, en síntesis, demostraron que los adolescentes viven en ambiente desigual y vulnerable, con oportunidades de desarrollo limitadas, marcadas por la pobre red de convivencia e interacción social. **Consideraciones finales:** a pesar de que los adolescentes participantes en la investigación presentaron un conocimiento limitado respecto a la violencia y al fenómeno de las drogas, observamos que reconocen la importancia de los aspectos de comportamiento inherentes a las habilidades sociales para la convivencia comunitaria sana y exitosa.

**Palabras clave:** Salud pública. Salud del adolescente. Vulnerabilidad social.

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