

*Propuesta de un sistema de actividades educativas para la
prevención del alcoholismo en adolescentes*
*Proposal of a system of educational activities for the
prevention of alcoholism in adolescents*

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Resumen

Se realizó un estudio descriptivo, transversal con el objetivo de diseñar un sistema de actividades educativas para la prevención del alcoholismo en los adolescentes del Preuniversitario Flor Crombet. La población estuvo formada por 30 adolescentes que consumen bebidas alcohólicas. Los resultados permitieron identificar factores de riesgos para el consumo del alcohol como: nivel de autoestima bajo, familias disfuncionales, elevada vulnerabilidad al estrés, así como rasgos de personalidad que denotan impulsividad, carencias afectivas, inmadurez e inseguridad. A partir de estos resultados fue diseñado el sistema de actividades educativas para dar cumplimiento al objetivo de la investigación.

Palabras clave: Alcoholismo; Prevención; Sistema de actividades; Adolescentes.

Abstract

A descriptive, cross-sectional study was carried out with the objective of designing a system of educational activities for the prevention of alcoholism in adolescents of the Flor Crombet Pre-university. The population consisted of 30 adolescents who consume alcoholic beverages. The results allowed identifying risk factors for alcohol consumption such as: low self-esteem, dysfunctional families, high vulnerability to stress, thus personality traits that denote impulsivity, affective deficiencies, immaturity and insecurity. Based on these results, the system of educational activities was designed to fulfill the objective of the research.

Keywords: Alcoholism; Prevention; Activity system; Adolescents.

Introduction

Mental health problems constitute five of the top ten causes of disability worldwide, accounting for nearly one-third of total global disability. The disorders with the greatest burden are depression, substance abuse, schizophrenia and dementia. This burden takes a heavy toll in the form of suffering, disability, and economic loss (Castillo and Kauffman, 2015). Although mental disorders affect people in all social groups and countries, the poor suffer disproportionately more from them.

Alcohol-related problems, particularly excessive consumption, are among the leading public health problems in the world and constitute serious threats to the health, welfare and life of humankind according to the World Health Assembly which in 1983 predicted the incompatibility of increasing alcohol intake patterns and their negative consequences for the population.

One of the main goals of the Department of Mental Health and Substance Abuse of the World Health Organization (WHO, 2005) is to reduce the burden related to mental disorders and substance abuse. The high comorbidity between mental disorders, substance use and their interrelationships with physical illnesses and social problems highlight the need to create public health policies that consider their prevention. Therefore, the World Health Organization (WHO) has released recent data showing that public health interventions and social programs can effectively promote mental health and prevent substance use. Prevention is the most effective way to control this growing problem, said WHO's Assistant Director-General for Noncommunicable Diseases and Mental Health.

There is currently a worldwide consensus that alcoholism is the most relevant drug addiction of our times, but it is also a generalized criterion that, in spite of this, its approach is one of the least emphasized aspects in the studies of members of the health team. It is also indisputable, that the most important management in the specific care of alcoholism is prevention (Duffi, 2014, p. 40-52).

However, the consumption of alcoholic beverages continues to be a global health problem. It annually causes 2.5 million deaths worldwide, ranking third as a health risk factor due to damage to the liver, stomach, and pancreas, heart and causes malnutrition. In Latin America it accounts for 5.4% of all deaths and 10% of lost years of productive life (Gabantxo, 2009, p. 13-21).

According to the Alcoholism and Alcoholic Beverage Abuse Program it ranks third among risk factors in the global burden of disease, it is the first risk factor in the Western Pacific and the Americas, and the second in Europe (Duffi, 2014, p. 40-52). In the world two billion people ingest alcohol as part of their lifestyle and 77 million are identified alcoholics, linking it to more than 60 types of diseases and

injuries. This situation causes 1.8 million deaths annually. Studies indicate that the population over 15 years of age is increasingly consuming alcoholic beverages, with a high prevalence rate of alcoholism for this stage of development.

Therefore, it is particularly important to study this problem in adolescence, paying special attention to it from the preventive phase in order to minimize its impact on society in general, specifically in the youngest stages of life, while revealing the need to continue implementing new ways and alternatives related to education from the community, and to achieve a deepening of social prevention, involving the active role of the community and the family in this process, in order to promote a healthy attitude and correct modes of action that favor the prevention of consumption in the face of risk factors in the context in which they develop.

Therefore, the present study is proposed, for which the following research problem is posed: How to contribute to the prevention of alcoholism in adolescents of the Flor Crombet Pre-university?

The following general objective is proposed: To propose a system of educational activities that contribute to the prevention of alcoholism in the adolescents of the Flor Crombet Pre-university.

Development

Alcoholism as a current health problem

Alcoholism has recently come to be defined, and perhaps more accurately, as a complex disease, with all its consequences. It develops over years; the first, very subtle symptoms include a preoccupation with the availability of alcohol, which strongly influences the sufferer's choice of friendships or activities.

It is characterized by emotional and sometimes organic dependence on alcohol, and leads to progressive brain damage and eventually death. Drug abuse correlates with a general tendency of the population to self-medicate and with the spread of other bad health habits, visible in the dietary area and in the lack of sufficient adequate physical exercise and mental recreation (Hardiman, 2010, p. 152).

According to the magnitude of alcoholism, the (WHO) World Health Organization considers it as a chronic, progressive and often fatal disease characterized by an emotional and sometimes organic dependence on alcohol. It is produced by the excessive ingestion of ethyl alcohol, either in the form of alcoholic beverages or as a constituent of other substances (Ahumada, Gámez and Valdez, 2017, p. 13-24). In such a way that an alcoholic has no control over the limits of his or her consumption and tends to raise over time his or her degree of tolerance to alcohol.

Alcohol is a substance that affects the whole organism. The sex, age and biological characteristics of the consumer determine the degree of risk to which they are exposed when they consume.

Health problems also constitute another of the main consequences of alcohol consumption, related as an important risk factor for more than 60 types of diseases, both acute and chronic. Among these diseases are: cardiovascular disorders such as arterial hypertension, dilated cardiomyopathy, heart rhythm disturbances, ischemic heart disease and cerebral vascular accidents. Digestive, hematological, osteomuscular, metabolic, endocrine, neurological and cancer disorders, thus increasing the probability of contracting infections such as pneumonia, tuberculosis, viral hepatitis B and C, meningitis, skin infections and infection by the human immunodeficiency virus (HIV).

Deaths attributable to alcohol consumption occur relatively early in life resulting in many years lost to premature death, and the second because alcohol use disorders are often disabling. In many middle-income countries, alcohol consumption is the main risk factor for disease burden (Gonzalez, Rodriguez, & Lomas, 2015, p.3-8).

Harmful alcohol consumption is mentioned in numerous global strategies and action plans. However, so far the WHO global strategy to reduce the harmful use of alcohol remains the most comprehensive international policy document providing guidance at all levels on reducing harmful drinking (Guerra and Garcia, 2015, p. 11-16).

Hence the importance of preventing alcohol consumption during adolescence. In the early and middle stages of adolescence, young people develop a self-image, a role that they seek to project and enhance before others. Personality development leads to the adolescent's need for independence from the family and the search for integration into social groups. This need to belong to a group can lead young people to develop risk behaviors, such as alcohol consumption. According to WHO (2014),

In the Americas region, it is identified that 52.7% of adolescents aged 15-19 years in the continent are regular alcohol drinkers, and most have tried alcohol for the first time before the age of 14 years. When asked by the World School Health Survey about having ever had symptoms of drunkenness, 20% of female adolescents say so and 28% of males of the same age. (p. 50-57.)

The figures for episodic heavy episodic drinking are different, with males aged 15-19 years showing a prevalence of 23.2% and females only 5%. Alcohol is considered the main risk factor for death among 15-19 year olds, with an attributable mortality rate for that age group of almost 80 deaths per 100000 population (WHO, 2014, p. 50-57).

The application of disease prevention allows, depending on the level of intervention, to improve the health status of the population in the short, medium or long term. In this context, disease prevention is the action that normally emanates from health services and considers individuals and populations as exposed to identifiable risk factors, which are often associated with different risk behaviors of individuals. The modification of these risk behaviors is one of the primary goals of disease prevention.

Health is thus perceived not as the goal, but as the source of wealth in daily life. It is thus a positive concept that emphasizes social and personal resources as well as physical aptitudes. Consequently, since the concept of health as well-being transcends the idea of healthy lifestyles, health promotion does not concern the health sector alone. (Ottawa Charter, 1986, p. 2-6).

Research characteristics: A descriptive, cross-sectional study was carried out with the aim of designing a system of educational activities to contribute to the prevention of alcoholism in the adolescents in the study. The mixed research paradigm was used to carry out the study.

Operationalization of variables: Risk factors refer to any event or circumstance of a biological, psychological and social nature, which may favor the probability of the appearance of drug use and abuse, and/or any other substance. The very frequent investigations in their eagerness to contrast and adjust explanatory models of drug and alcohol consumption coincide in identifying several groups of protective and risk factors, differentiating between Personal factors (Age, Sex, Personality Traits, Self-esteem, Vulnerability to Stress) and Social factors (Interpersonal Relationships, Family Functioning, Social Support Networks) (Tirado, Aguaded and Marín, 2009, p. 165-184).

Research Methods and Techniques

In order to comply with the research objectives, the following research methods and techniques were selected with the following objectives:

- **Informed Consent:** It was employed with the objective of guaranteeing the necessary ethical aspects in the study, specifically to register the voluntariness of the adolescents who were selected for the intervention.
- **Documentary review:** The official documents held by the institution regarding the behavior, attitudes, family-school relationship, etc., of the adolescents studied were reviewed. This technique was used to select the sample group, identifying those adolescents who consume alcoholic beverages and/or other psychoactive substances.

- Interviews with key informants: Teachers, directors and other personnel considered key to providing information on the adolescents were interviewed in order to identify those who use substances. This technique was used to select the study population.
- In-depth interview: This was applied to the adolescents evaluated to obtain relevant information on the indicators proposed in the study. Likewise, the causes of alcohol consumption, quantity and frequency, and some possible consequences of consumption were evaluated in order to get an idea of the degree of seriousness of the situation they face. Thus, other personal, family and social aspects were also evaluated, such as characteristics of family coexistence, main conflicts, needs, interests, motivational hierarchy, frustrations, personality traits, etc.
- Observation: It was used throughout the research process with the objective of evaluating and corroborating the information obtained in the rest of the techniques through extra-verbal behavior.
- Morris Rosenberg scale, validated by Rojas-Barahona, Zegers and Förster (2009): this technique was intended for the global measurement of self-esteem. The application time of the scale is approximately 5 minutes and it has 10 items related to statements of feelings that people have about themselves.
- Family Functioning Test: It was used to evaluate the family functioning of adolescents thus identifying and characterizing some specific indicators such as communication, limits, educational styles used by parents, etc.
- Drawing test: This was used to identify the main personality traits projected by the adolescents studied, thus assessing their needs, interests, motivations and other elements of their personality that give them mobility and may be influencing their behavioral regulation.
- Stress vulnerability inventory: This technique was applied with the intention of identifying how vulnerable the adolescents studied are to situations that generate stress and discomfort.

Results and Discussion

Through the analysis of the techniques employed, it was possible to characterize the study sample according to the socio-demographic variables. In this sense, 30 adolescents between 13 and 17 years of age were studied. Of the 30 adolescents, 19 were male and 11 were female.

These figures are consistent with research that indicates differences in the manifestation of these behaviors between males and females, with the former being the ones who participated more in addictive behaviors (Rachea, 2008, p. 7-12).

The results obtained are also consistent with those obtained in a research that also demonstrates the existence of differences in the manifestation of addictive behavior as a function of gender. Statistics from different countries show the participation of male adolescents in different consumption events on many more occasions than females (Sanabria and Uribe, 2009, p. 203-213).

In terms of the risk factors evaluated, 22 adolescents (73.3% of the total) showed low self-esteem. Only 1 adolescent, for 3.3% of the total, reached scores that place him/her in the "high self-esteem" category.

These results are also corroborated by recent findings, which found that low self-esteem is a risk factor for alcohol consumption, i.e. when self-esteem is threatened by a negative event, there is an increase in anxiety levels, the individual reacts by seeking other alternatives to cope with the situation, in many cases deriving to inappropriate or harmful to health, as in the case of alcohol consumption; In view of these results, the authors suggest paying attention to the level of self-esteem in terms of preventing alcohol consumption in this population, with special attention to gender differences (Gómez et al. , 2017, p. 6-7) .

With respect to family functioning the data obtained indicate that the families of the adolescents studied are mostly dysfunctional. This category was present in 21 families for 70 %; the second largest representation of families was located in the moderately functional category.

From a qualitative point of view, it can be affirmed that among the most affected indicators are interpersonal relationships, which are not established on the basis of acceptance and respect for others. Similarly, the absence of clear and well-defined limits within the family environment and the presence of permissiveness as the educational style most used by parents can be observed.

These results are relevant and are corroborated by Coaquira and Arroyo (2017, p. 56) who state that although alcohol consumption is a multifactorial phenomenon, family factors play a key role, and should also be considered in the design of public policies aimed at delaying the onset of consumption in adolescents.

Other results ensure that in homes with low family adaptability, environments are established that generate conflicts between members, generating insecurity and dissatisfaction and contributing to emotions creating confused behavior; which in turn, if family cohesion is low, with disintegration,

incomplete family, separated parents, single mother etc., generate affective insecurity that often does not lead to balance and originate unhealthy feelings in the attitudes of adolescents (Gámez et al., 2017, p. 6-7).

An element that during recent times has gained special importance in studies of prevention and protective factors has been personality traits. In this sense, it was obtained that the most representative trait was impulsivity present in 100 % of the sample. However, the presence of affective deficiencies, immaturity and insecurity was also obtained, although with less representativeness.

The results of recent studies reveal that personality variables have some influence on the use of various substances. With respect to the mean of alcohol consumers by level groups, the distributions are based on personality. In this sense where the relationship between personality variables and the use of psychoactive substances seems to be clearly demonstrated; thus, as well as their influence not only on alcohol consumption, but also on the consumption of other drugs (Prado, Crespo and Páramo, 2017, p. 126-131). Hence, it is necessary to take these results into account for the establishment of prevention programs based on these variables.

Stress has been another of the risk factors that in recent years has been directly linked to the consumption of alcohol and other drugs. In this regard, it was found that in the sample studied only 8.3% of the respondents scored in the category "not very vulnerable to stress". The highest representation was for "moderately vulnerable", represented by 66.7% of the total.

Other results corroborate what has already been mentioned, concluding that experiencing more stressful life events during adolescence is related to greater alcohol or tobacco consumption. This is presented with greater intensity in forms of excessive consumption of alcoholic beverages and living stressful events. However, although stressful events may constitute risk factors for drug use, it is also possible that alcohol or tobacco consumption, in turn, have to be considered sources of stress (Villegas, Alonso, & Guzman, 2014, p. 35-46).

Regarding social support networks, it was obtained that 22 adolescents surveyed have such networks adequately established, representing 73.3% of the total.

Social support refers to the set of contributions of an emotional, material, informational or companionship type that the person perceives or receives from different members of his or her social network, an element that can be considered a protective factor and that should be taken into account in the design of the system of educational activities.

The literature consulted emphasizes to a large extent that the greater or lesser adaptation of the individual is determined, among other things, by the amount of resources available to him/her to cope with changes. In this sense, one of the main resources available to the subject is the support he/she perceives from his/her social network (Musitu and Cava, 2012, p.

Proposed Educational Activity System

Activity # 1 What do we know about alcoholism?

Objective: To define alcoholism as a disease and identify its main causes.

Form of organization: Brainstorming

Form of evaluation: Through a participatory technique PNI.

Time: 45 min

Guidance for the development of the activity: The main ideas expressed by the participants will be posted on the board and at the end the coordinator will return to the group a definition of alcoholism and its possible causes.

Activity # 2 To Learn More

Objective: To provide updated information on alcoholism and its consequences.

Form of organization: Conference

Form of evaluation: Through a participatory technique PNI.

Time: 45 min

Activity guidelines: The coordinator (or an invited specialist) will give a lecture providing updated information and statistics on alcohol consumption and its consequences.

Activity # 3 What do I believe about alcohol?

Objective: To raise awareness about the consequences of alcohol consumption.

Form of organization: Video Debate (The film "Days of Wine and Roses" will be shown).

Form of evaluation: Analysis of the film.

Time: 1 hour

Orientations for the development of the activity: Once the film is over, a debate will be incited based on questions and answers about the characters.

Activity # 4 Communicating!

Objective: To emphasize the importance of communication as a key element for conflict resolution.

Form of organization: Participative technique

Form of evaluation: Through a PNI participatory technique.

Time: 45 min

Orientations for the development of the activity: Different phrases or famous thoughts that allow for good communication will be mentioned. The rules for an adequate communication and the intergenerational differences in communication are worked on. Silence as a form of communication. Assertive communication. The coordinator will make a final return highlighting the importance of communication in different contexts: family - school - community.

Activity # 5 My family

Objective: To highlight the importance of the family in providing support and guidance to adolescents.

Form of organization: Round Table

Form of evaluation: Through a participatory technique PNI.

Time: 45 min

Orientations for the development of the activity: Some family members of the adolescents participating in the study will be included in this activity. The activity will begin with each participant explaining one of the consequences of alcohol consumption that he/she has experienced. Then we will proceed to the presentation of the main alternatives that they can do as families to prevent alcohol consumption. Finally, the coordinator will give a feedback on the topic discussed.

Activity # 6 What is self-esteem?

Objective: To identify what self-esteem is and what role it plays in behavioral dynamics, thus recognizing what can damage self-esteem and what can help in its recovery when it is damaged.

Form of organization: Brainstorming

Form of evaluation: PNI

Time: 45 min

Orientations for the development of the activity: The participants will begin by explaining what self-esteem is for them. Once the main ideas have been discussed, the facilitator returns that everyone has a general image of him/herself, his/her abilities and physical appearance. Self-esteem is formed not only by the image we have of ourselves, but also by how we feel about ourselves, by how we result, love and respect ourselves. Discussion will be encouraged based on the following questions:

- What events have had a negative or positive influence on my self-esteem?
- How did I feel when that event occurred?
- In truth, what does that event say about me as a person?
- What did I do, could have done, or will do to regain my self-esteem?

How can we defend our self-esteem?

Conclusions

The adolescents studied presented low self-esteem, family dysfunction, high vulnerability to stress and difficulties in interpersonal relationships as risk factors for alcohol consumption.

The adolescents project impulsivity, lack of affection, insecurity and immaturity as fundamental personality traits.

In the sample studied, the presence of adequate social support networks was observed as a protective factor.

With the implementation of the Educational Activities System, it will be possible to prevent alcohol consumption in these adolescents.

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