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MEDICAL ETHICS

Ethical aspects of drug abuse by children and adolescents

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The **International Day Against Drugs**[1] is celebrated on June 26, the date defined at the United Nations General Assembly , through Resolution 42/112, of the day 7 de dezembro de 1987. The UN decision aimed to make the population aware of the risks and harm that drugs bring to individuals who consume them and to society as a whole. The use and, in particular, the abuse of licit drugs (which are not prohibited by law) and illicit drugs (which are prohibited) are harmful and closely linked to urban violence. Drug use can lead to harm, including death, whether caused by direct consumption . (aacute myocardial infarction, cerebrovascular accident, liver cirrhosis, cancers and renal failure, among others) and those caused indirectly, such as accidents and homicides committed by people under their influence and deaths caused by trafficking.

The **Federal Constitution of 1988**[2], in its **article 144**, says that "Public security, a duty of the State, right and responsibility of all, is exercised for the preservation of public order and the safety of people and property... **§ 1** The federal police, established by law as a permanent body, organized and maintained by the Union and structured in a career, is intended to: (Wording given by Constitutional Amendment nº 19, of 1998)... **II -** prevent and repress trafficking of narcotics and related drugs, smuggling and embezzlement, without prejudice to the action of the treasury and other public bodies in their respective areas of competence".

Both licit and illicit drugs are dangerous and must be equally fought and that in individuals under 18, alcohol and cigarettes are and should be treated as illicit.

Statute of Children and Adolescents[3]:

Article 81: The sale to children or adolescents of "alcoholic beverages and products whose components may cause physical or psychological dependence, even if due to improper use", is prohibited.

Article 243: The punishment for those who sell, supply, even free of charge, administer or deliver, in any way, to children or adolescents, without just cause, products whose components may cause physical or psychological dependence, is "detention of two to four years, and a fine, if the fact does not constitute a more serious crime".

I Household Survey on Psychotropic Drug Use (2001)[4]:

52.2% of male adolescents have used alcohol and other drugs in their lives. In the case of girls aged between 12 and 17, the percentage is 44.7%.

Tobacco is the substance most consumed by men (46.2%) and women (36.3%). As for marijuana, 10.6% of men and 3.4% of women admit to having used it.

The most common illicit substances are volatiles (cobbler's glue, lighter refills and perfume launchers), marijuana and cocaine. Volatiles as well as legal ones are more consumed due to their easy access and low cost.

III National Survey on Drug Use in the Brazilian Population (2015) FIOCRUZ[5]:

Since March 17, 2015, Law 13,106 amended the Child and Adolescent Statute (ECA), making it a crime to "Sell, supply, serve, administer or deliver, even if free of charge, in any way, the child or adolescent, drink alcohol or, without just cause, other products whose components may cause physical or psychological dependence". Although these behaviors were previously foreseen as a criminal misdemeanor in the ECA, approximately seven million (34.3%) of individuals under 18 years of age reported having consumed alcohol in their lifetime, and 22.2% had consumed alcohol in the last 12 months. Consumption in the last 30 days was reported by 8.8% of adolescents aged 12 to 17 years, and 5.0% (one million adolescents) reported binge drinking, which is drinking five or more drinks on a single occasion, for men, or four or more doses, for women (NIAAA, 2004).

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In Brazil, there is specific legislation that prohibits the sale of cigarettes to persons under 18 years of age (Law nº 10,702/2003), in addition to the ECA, which also establishes as prohibitive the supply, even free of charge, of substances that can cause dependence. Even so, the research revealed that about 1.3 million teenagers aged 12 to 17 have already consumed industrialized cigarettes in their lifetime. Consumption in the last 30 days is reported by 2.4% of adolescents, which corresponds to almost half a million adolescents. In relation to the other age groups, the highest prevalence of consumption of industrialized cigarettes in the last 30 days was observed in the age groups from 45 to 54 years and from 55 to 65 years of age, which were statistically higher than the prevalence in the age groups of young adults (18 to 24 years and 25 to 34 years).

Estimates for age at first consumption of any non-prescription medication among persons under 18 years of age need to be analyzed with caution. Considering the small sample size, the confidence intervals have a large magnitude - which indicates low precision. The median age of first consumption was 12.9 years, and there was no statistically significant difference between men and women.

The consumption of illicit substances in the lifetime, in the last 12 months and in the previous 30 days was clearly concentrated in the intermediate age groups, especially among younger adults (25-34 years), with similarly higher values, although not as pronounced in the closest (18-14 years and 35-44 years) (Table 5.2). In a complementary way, lower estimates are observed in the ranges that we could define as extreme, in the context of the age groups included in the survey, 112 Version: 07/05/2018 with substantially lower consumption patterns among the very young (12-17 years) and older (55-65 years), it is important to emphasize here that, given the a priori definition of the upper age limit specified in the public notice, it is not possible to make inferences about the consumption of illicit substances for the population over 65 years old.

National System of Public Policies on Drugs (SISNAD)[6] - Article 3: Purpose of "articulating, integrating, organizing and coordinating activities related to the prevention of misuse, care and social reintegration of drug users and addicts and the repression from unauthorized production and illicit drug trafficking".

It is very important for Pediatricians to act in the prevention of risk factors and to be attentive, during anamnesis and physical examination, to data that allow a prompt diagnosis of drug use or abuse.

AADDOLESSE[7] adolescent psychosocial interview model (activities and friends / food and body image / drugs / depression and suicide / occupation / home and family / education / sexuality / safety / spirituality).

D - DRUGS:

Do you have friends or family who smoke? Alcohol? Other drugs?

Do you smoke or use electronic cigarettes? Alcohol? Other drugs? Energetic drinks?

Have you ever tried to quit smoking? Cut out other drugs?

Risk factors for drug abuse by children and adolescents:

- Curiosity;
- Search for pleasure;
- Acceptance of the social group;
- fad;
- Behavior disorders;
- Low self esteem;
- genetics;
- Family dynamics;
- Medicalization of society;
- Psychological problems.

The Code of Medical Ethics[8], in its article 74 of chapter IX - Professional secrecy, says that "It is forbidden for the physician to... Reveal professional secrecy related to a minor patient, even to his parents or legal representatives, provided that has the capacity to discern, except when non-disclosure could cause harm to the patient". A case of drug abuse or even the use of a drug that is usually addictive in a single experience fits into the situations that justify the breach of confidentiality of the pediatric patient, since the maintenance of confidentiality can cause harm to the patient, in the case of a case in which the breach of confidentiality is justified by just cause.

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