Abstract

Brazil - located in the South American continent - has approximately 150 million inhabitants, 75% of them living in urban areas. The South and Southeast regions of the country are the most developed ones, comprising most of the industries, universities, hospitals and other facilities. The São Paulo Metropolitan area is the most populous area of this region, where 16 million people live (Fundação SEADE, 1997).

Brazil presents an epidemiological transitional mortality profile: chronic non-transmissible diseases are the main contributors for mortality rates while cholera, tuberculosis, Chagas and other tropical diseases still kill many people. Deaths from injuries are also of great importance: 12% of the overall mortality, ranking third in 1994 (Ministério da Saúde, 1996). In the São Paulo Metropolitan area, those deaths are even more relevant: in 1994, they ranked 2nd, distributed as it follows: 50% were homicides, 25% motor vehicle accidents and 25% other events (suicides, drowning, falls, etc) (Proaim, 1994). Also, recent studies have found that injuries have been the main cause of death among men aged 25-34 years both in São Paulo and Rio de Janeiro cities since 1980 (Lowndes et al., 1997).

Although the international literature clearly points to the prominent contribution of alcohol use and intoxication for morbidity and mortality due to injuries, the social attention paid to this issue is quite low in Brazil. In fact, alcohol use is a highly tolerated habit from teen age years and on, alcohol problems being recognized mostly as medical issues of some sick individuals (Caetano e Carlini-Cotrim, 1993; Carlini-Cotrim, 1998). Moreover, alcohol is widely available in almost every setting and the modest legislation regulating alcohol sales is rarely enforced (Carlini-Cotrim, 1998). This is particularly worrisome, when considering the consistent upward curve of alcohol sales displayed in the last five years, even when considering the relatively low per capita consumption of the country (3.6 liters of pure ethanol, in 1991) (Addiction Research Foundation, 1994).

The neglecting of alcohol use as a contributor to violence and injuries vividly contrasts with the current perception of illegal substances, particularly cocaine and crack, which are blamed as the main cause of violence and social damage in big cities (Carlini-Cotrim and Rosemberg, 1991; Carlini-Cotrim et al.,
1994). It should be noted, however, that cocaine and crack use is not high in the country, when only compared with the use of solvents, alcohol or amphetamines among Brazilians or with cocaine use rates in other countries (Carlini-Cotrim, 1994; Galduróg et al., 1995; Galduróg et al., 1998; Noto et al., 1997). These surveys were taken only among the student population and no studies have been done with the emergency room and out patient clinics. One of the implications of this situation is the absence of public concern with alcohol control policies and a marked public pressure around illegal drug use control in Brazil (Carlini-Cotrim, 1998).

Up to this date, the debate around those topics are handicapped due to the scarcity of studies connecting violence and substance use in our society.

This study analyses coroner records of fatal injured victims aging 13 or older in the Metropolitan area of São Paulo, during 1994. It aimed to investigate the association of death caused by injuries (violence and accidents) and alcohol intoxication in a Brazilian Metropolitan setting.