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RESEARCH

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MOTIVATIONS TO STOP DRUG USE FROM THE PERSPECTIVE OF WOMEN: A PHENOMENOLOGICAL STUDY

Motivações de cessar o uso de drogas na perspectiva de mulheres: estudo fenomenológico

Motivaciones para abandonar el consumo de drogas desde la perspectiva de las mujeres: un estudio fenomenológico

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ABSTRACT

Objective: to understand the motivations that lead women to stop using drugs. **Method:** research with a qualitative approach, based on Alfred Schütz's social phenomenology framework. The participants were 20 women drug users who were undergoing treatment at a Psychosocial Care Center for Alcohol and Drugs. For the collection of information, the phenomenological interview was used. **Results:** it revealed that the motivations that lead women to stop using drugs are related to the gestational period, including care for children, the influences of family social relationships and the damage that drugs cause in themselves. **Final considerations:** there is a need for specific care aimed at women who abuse alcohol and other drugs, with an emphasis on discussions about femininity, feelings and life goals, gender, self-care and sexuality.

DESCRIPTORS: Mental health; Substance-related disorders; Women; Nursing.

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RESUMO

Objetivo: compreender as motivações que levam as mulheres a cessar o uso de drogas. **Método:** pesquisa de abordagem qualitativa, fundamentada no referencial da fenomenologia social de Alfred Schütz. Teve como participantes 20 mulheres usuárias de drogas que estavam em tratamento em um Centro de Atenção Psicossocial Álcool e Drogas. Para a coleta das informações utilizou-se a entrevista fenomenológica. **Resultados:** desvelou que as motivações que levam as mulheres a cessar o uso de drogas se relacionam com o período gestacional incluindo o cuidado com os filhos, as influências das relações sociais familiares e aos prejuízos que as drogas causam em si. **Considerações finais:** faz-se necessário um cuidado específico direcionado às mulheres que fazem abuso de álcool e outras drogas com ênfase em discussões sobre a feminilidade, sentimentos e objetivos de vida, gênero, autocuidado e sexualidade.

DESCRITORES: Saúde mental; Transtornos relacionados ao uso de substâncias; Mulheres; Enfermagem.

RESUMEN

Objetivo: comprender las motivaciones que llevan a las mujeres a dejar de consumir drogas. **Método:** investigación con enfoque cualitativo, basada en el marco de la fenomenología social de Alfred Schütz. Participaron 20 mujeres usuarias de drogas que se encontraban en tratamiento en un Centro de Atención Psicossocial de Alcohol y Drogas. Para la recolección de información se utilizó la entrevista fenomenológica. **Resultados:** reveló que las motivaciones que llevan a las mujeres a dejar de consumir drogas están relacionadas con el período gestacional, entre ellos el cuidado de los hijos, las influencias de las relaciones sociales familiares y el daño que las drogas provocan en sí mismas. **Consideraciones finales:** existe la necesidad de atención específica dirigida a mujeres que abusan del alcohol y otras drogas, con énfasis en discusiones sobre feminidad, sentimientos y metas de vida, género, autocuidado y sexualidad.

DESCRIPTORES: Salud mental; Trastornos relacionados con sustancias; Mujeres; Enfermería.

INTRODUCTION

The World Drug Report published in 2019 by the United Nations Office on Drugs and Crime (UNODC) points out that in the year 2016, 271 million people aged between 15 and 64 years had used drugs and about 35 million people had problems related to drug use.¹ In Brazil, the 3rd National Survey on Drug Use developed with about 17,000 people estimated that with the exception of the consumption of prescription drugs, in general, males consume more licit and illicit drugs than females.²

Although men consume more drugs than women, the impact of drug use on the female population is greater due to the social stigma related to drug use and the role of women expected by society. This is a complex, multifaceted phenomenon that involves different spheres of vulnerability at the programmatic, social, and individual levels. The pattern of drug consumption by the female population can be justified by the transformation of women's lifestyles, caused by their increasing insertion in the labor market.³⁻⁵

Still, in the meantime, revealed by structures of gender inequalities. Drug use by women detonates a terrain mined by derogatory representations about women who use drugs, which authenticate the confession of prejudiced actions and social exclusion. Beyond the act of highlighting drug use, it is important to make evident how this consumption has repercussions in the lives of women in their different contexts, and how these women face the aggravations resulting from their problematic use.⁶⁻⁷

The choice to stop using drugs by the female public is influenced by different factors, such as craving for the drug, emotional state, environmental stimuli, social influence, and adequate

treatment. In this scenario, the Center for Psychosocial Care Alcohol and Drugs (CAPS AD) is inserted, which is a comprehensive service that meets the social and health demands, being an important care device.⁸

Thus, the treatment aimed at women should be differential, working on aspects related to the physical, psychological, and social dimensions. In addition to discussions about femininity, feelings, and life goals within the gender perspective to beauty, body care, and sexual issues such as contraceptive use and prostitution.⁹ In this context, this study aimed to understand the motivations that lead women to stop using drugs. In this context, this study aimed to understand the motivations that lead women to cease drug use.

METHODS

This is a qualitative research, based on Alfred Schütz's referential of social phenomenology. This reference allows us to understand the meaning of actions, interactions, and experiences that people live in the world of life, as well as the perception of their experiences.¹⁰ The use of phenomenology in research, in addition to revealing what people live, contributes to the development of nursing science.¹¹ In this sense, aiming to understand what makes women stop using drugs, phenomenology allows us to understand their motivations and how the influences of social relationships occur.

People live in a world, the world of life, and act according to their motivations. These motivations can be through "because" motives and "for" motives. The "because" motives are those that refer to the past, therefore they are objective. The reasons "in order

to”, on the other hand, are those that people intended to achieve by developing a certain action, and are therefore subjective.¹⁰ In this research, the reasons “because” and “in order to” to stop using drugs were approached from the perspective of women.

This research was conducted in a CAPS AD II, located in a city in Rio Grande do Sul, Brazil. It had as participants 20 women drug users, aged between 20 and 60 years, and who were in treatment in that service. Inclusion criteria were: women over 12 years old with a history of relapse to drug use and being in treatment at CAPS AD II. The age of 12 was due to the fact that this service serves women from this age group on. However, only adult and elderly women participated, so there was no need for parental consent to participate in the research. And, as exclusion criteria: women who were under the effect of some kind of drug and who had difficulty speaking to the researcher at the time of the interview. No participant was excluded.

To collect information, the phenomenological interview was used, which was conducted individually, after reading and signing the Informed Consent Form, from February to May 2017. The interviews occurred on days when the women had scheduled appointments with the professionals and/or when there were socialization groups at CAPS AD II, and some were held at home. All interviews occurred according to the availability of the participants and lasted between forty and seventy-five minutes. For the phenomenological interview the following guiding question was used: what were the reasons that led you to stop using drugs?

The number of participants was not pre-established, because in phenomenological studies we try to reach the sufficiency of meanings.¹² Thus, we ended this stage with the 20th interviewee, when we reached the sufficiency of meanings expressed in the women’s statements. The speeches were recorded on a digital recorder device, and later transcribed.

For data analysis, we read and reread the women’s interviews with the intention of understanding the reasons “why” and “to” stop using drugs. Subsequently, the concrete categories of what was lived were organized, which represent the women’s actions, by means of significant excerpts, identified in their speeches. The results were interpreted through the theoretical conceptions of Alfred Schütz’s social phenomenology and other scholars of the theme studied.

We respected the ethical principles that establish the norms for research involving human beings, explained in Resolution No. 466/12 of the National Health Council. To preserve the anonymity of the women, we used the letter “M” followed by a number corresponding to the order in which the interview was conducted. Thus, M1 means the first woman interviewed and so on until M20. This research was approved by the Research Ethics Committee of the Federal University of Santa Maria under Opinion No. 1,867,646, CAEE 61019616.8.0000.5346, issued on December 15, 2016.

RESULTS

From the analysis of the women’s experiences, expressed in their speeches, and under the precepts of Alfred Schütz’s social phenomenology, it was possible to understand the motivations that lead women to stop using. The motivations are divided into three categories: gestational period and childcare; Influences of family social relations, and; Self-related harm.

Gestational period and childcare

The women expressed that they stopped using drugs because they were experiencing pregnancy situations. When they get pregnant they stop using the drug with the intention of not harming the baby, for fear of terminating the pregnancy due to the adverse effects of drugs and for wanting to take care of their children. Some women stop using drugs on their own, without the assistance of health services, while others seek assistance in the Care Network, and sometimes require hospitalization.

I started looking when I was pregnant. (M3)

I got pregnant with my son, then I stopped. (M5)

Pregnancy is what is focusing me on not wearing them again. But I’ll be honest, there are days like this that I want to disappear, to wear again. Sometimes I can’t stand it anymore, then I think I can’t wait until I have a baby so I can start using again because I can’t stand it anymore, it is too much pressure. (M6)

I simply took the money and used that day. In these 4 months of pregnancy I used only once, because I had this relapse. Then I returned to the hospital and didn’t use anymore. After I won the baby, then I used. (M12)

Every pregnancy I cried all the time because the same thing was going to happen, that I was going to lose! While they were not growing I was in that anxiety. And then the three came very quickly, and then I managed to stop. So you can see how willpower is, of the person wanting to do it. To want is power. (M13)

I quit when I got pregnant and really wanted to have a child. I only smoked. I didn’t use any drugs during pregnancy, not even alcohol, nothing. (M18)

In the seventh month I stopped, I said: I don’t want anymore! I will take care of my daughter, I will, and it was when she was born and I resumed my business [...] Then when I had my first child I never smoked marijuana again. I decided to stop by myself. (M1)

During pregnancy I didn’t drink. Then it was easy! (M16)

It was also revealed that the motivation to stop using drugs occurred because women needed to take care of their children:

As I worked all day, and at night I did the technical course, and at dawn I studied, so I didn't have time. And I had the little kids too. (M1)

It was the responsibility of the children, and service and things to do. If I hadn't been working I believe I would drink the whole day, for sure! (M13)

I stopped thinking about my children. And, because after the adrenaline rush is over, there is regret. But along with regret comes the desire to use again. (M6)

Influences of family social relationships

Women bring the influence of their family members to stop using drugs. The women mention the fear of abandonment by the family, so the motivation for women to stop using drugs is related to maintaining social relationships.

I'm not drinking because of my daughters who said that if I drank I would never look them in the face again, that I would lose my family. So I am doing this, not drinking. (M11)

They (sons) told me that if I drink again, they will abandon me. I am very afraid of this! Because I love my children very much. (M16)

Fear, I think, of losing the family. Because I never had the affection of a mother. So I always tried to stop, I was afraid that something would happen. (M4)

Also, the constant vigilance of the family so that the women are not alone and do not use the drug makes them stop using. This reveals the influence that social relationships have on the motivation to stop using.

I had stopped a little because the girls (daughters) surrounded me. They grew up and started to surround me. They did this to see if I would stop. (M9)

I came here because the boys (sons) brought me here. They didn't leave me alone, and then I stopped. (M13)

Self-Related Harm

Another reason to stop using drugs is related to the damage to their physical health and financial expenses. The women stop using when they notice the appearance of some injury or disease resulting from the use in their health or when the people with whom they live become ill:

Because I got sick and thought I was going to die and I don't want to feel that again. So I stopped. (M5)

I really had to stop, I had to change. I was too much, I was very skinny, I didn't eat anymore, I didn't take care of myself, my house was turned upside down. I just came home and

used and in a little while I would go out again. Then I said: No, now I want to stop! (M12)

A cirrhosis began, the beginning of cirrhosis. And then I dedicated myself, one year in treatment. (M14)

I stopped because I thought that I was drinking too much, I was living with hangovers, I was charging myself. I was spending so much money on beer. The money I had was being thrown away and ruining my health. (M11)

DISCUSSION

The actions are guided by the motivational spheres of each individual, and the reasons to act are based on the stock of experience built in the social world. The "for" of acting, understood as a reason to act, orients its action toward the future, where it is based on a project, that is, a plan to be carried out.¹³ When the women assisted in a CAPS ad II bring their behavior related to ceasing drug use during pregnancy, they place themselves as an agent in a perspective of executing a plan, from an oriented action designed for the future.

Reaching the end of pregnancy is a future plan for these women, this plan is the reason for the projected action of ceasing drug use on grounds that are significant to them in order not to harm the baby, not to interrupt the pregnancy, and also because they want to take care of their children in the future. However, the reason for the action, pregnancy, tends not to make sense for women when the child is born, because when they reach the final objective of the projected action, sometimes women tend to return to drug use.

Beyond the gestational period, women bring their children as a reason to stop using drugs, in this sense, they mention the responsibility of taking care of their children as a future plan. Schutz brings that all action becomes conscious to the agent when learned reflexively, then it is no longer characterized as an action, but an action.¹³ When thinking about their children, the women accompanied by the CAPS AD II reflectively realize the importance of ceasing drug use to promote better care for them in a project of action imagined in the future mode.

Drug use during pregnancy is associated with worse maternal, perinatal, and child development outcomes.¹⁴ Children born to women with addiction problems during pregnancy are exposed to psychosocial risk factors with long-term negative consequences for this group of children related to mental health problems and school failure. Most children with prenatal exposure to alcohol and other drugs require neonatal care for abstinence, and half of them need pharmacological treatment. The child's abstinence symptoms at birth are manifested mainly by mothers' opioid substitution treatment and prescription drugs, to a lesser extent is neonatal abstinence related to the use of illicit drugs and alcohol in pregnancy.¹⁵

The recognition of the cessation or reduction in drug use spontaneously and the receptivity to brief interventions by women

are fundamental for pregnancy to be an opportunity to expand care to this population.¹⁶ Therefore, pregnancy as a motivating project to cease drug use by women in treatment in CAPS AD II shows itself as a positive factor for both women and children during and after pregnancy, in the sense of promoting reflection on the use of drugs during pregnancy and also in the importance of conscious action of these women related to the continuity of care for their children.

Social action can happen when the social agent has the intention of causing a specific behavior in the other, by causing an effect on the course of consciousness of others. And also when it is provoked by the behavior of the other. The intention to provoke certain experiences of another's consciousness, means to operate something, for this it is necessary to have in perspective the course of duration and in the action project to have fantasized the "futura exacti mode". Every social relation in which an operating-on-other takes place is called a social relation of the social interaction type that occurs when the other individual experiences the effect of the operating. Social interaction as a presupposition of reciprocal action is when the social agent assumes that the interaction partner will orient his action by his course of consciousness, or that the agent himself orients his action by the partner's course of consciousness.¹³

The women monitored by CAPS AD II have a social relationship of the social interaction type with their family members because the family members, in the position of social agent, operate on the women and they feel the effect of this operation. The family members have, through social action, the intention to modify their behavior, that is, they have as future expectations that the women stop using drugs. Thus, family members orient their actions according to the women's actions, where they emphasize that the continuation of drug use by the women will result in a family estrangement.

Family members also operate in the sense of being physically present in the position of vigilant so that they remain abstinent. In light of this, there is a reciprocal action of women in the social relationship with their family members because the social operation of family members results in an effect through the fear of being abandoned by the family and feeling watched over, causing women to cease drug use.

The inclusion of family members of people who abuse drugs in the CAPS AD services is considered extremely important, because it provides the family with support regarding the social family relationships that are established and also potential support for the treatment of the family member who uses drugs.¹⁷ Due to the family's concern with the use of drugs by their family member, the family builds forms of "treatment" that are often coercive as an attempt to protect the family member who uses drugs from issues involving health, dangers, arrests, and threats.

This coercive treatment present in the prohibitionist discourses and in the emphasis on abstinence is seen as a form of punishment for the person who uses drugs. This punishment results in the loss of autonomy by the lack of control over the

use of drugs. This family approach needs professional guidance to build other care interventions.¹⁷

The contexts that involve family relationships are motivations for women monitored by CAPS AD II to remain abstinent from drug use. The cessation of use, sometimes, is shown in this relationship, arising from a reflection and sensitivity during the gestational period built in the relationship with the newborn, others, with the direct relationship with the child linked to the commitment to care, yet, for some women after pregnancy, there is no sense to abstinence.

The women in their family social relationship bring the surveillance of family members as a means to cease the use and the fear of abandonment in the near future also as motivations not to use drugs. These measures imposed in this family relationship bring the idea of control to these women and reinforce feelings of loneliness and potentially harmful coping behaviors. Abstinence needs to be a subjective choice without pressures, fears, and manipulations in the family relationship. Healthier coping strategies and alternatives based on unique motives need to be offered.

The genuine motive-why explains the constitution of a project based on previous experiences. Therefore, the meaning context of the genuine "why-motive" is related to a temporal character of the past, defined as simple memories. In order to grasp the genuine-why of action, it is necessary to turn back to the motivated experience, which must already be past and past. In the genuine "why-relationship", the context of meaning is related to a self-interpretation of the "ex eventu" self, and for this, it is fundamental that it be based on the reason-for, that is, to return to the project of acting where the reasons-for are considered.¹³

The women assisted in CAPS AD II have the "for" motive related to the cessation of drug use as the basis of their life project. When referring to past memories, they make a self-interpretation referring to the damage that drug use brought to them in the past. In this way, the previous experiences of women related to the reasons "because" related to the discomfort provided by the drug, weight loss, deficit in self-care, diagnosis of liver cirrhosis, compulsive use and exaggerated financial expenses are motivations to stop using drugs.

Drug use can bring harm to people related to individual, family, and community risks. However, individual harms are more frequently and intensely reported in the scientific literature.¹⁸ The Harm Reduction proposal includes care strategies for people who use drugs with the objective of reducing the risks related to drug abuse. Harm reduction contributes to the quality of life and survival of people in articulation with the health care and social assistance network. However, it aims to provide opportunities for social inclusion, besides recognizing the different forms of care and valuing the subjectivity of people and their relationship with drugs.¹⁹

The women participating in the study understand that their relationship with drugs has been through harm to themselves. The strategy of harm reduction seeks in the singularity other possibilities of life in rethinking the relationship with drugs, thus,

in the choice for less harmful alternatives. This study shows that when rethinking the harms associated with drug use, women refer to their past experiences, thus bringing motivations, allied to the reason “because” in the decision to stop using drugs as a harm reduction strategy.

CONCLUDING REMARKS

The study revealed that the motivations that lead women to stop using drugs are related to the gestational period including childcare, the influences of family social relations and the damage that drugs cause in themselves. In this sense, it is necessary a specific care directed to women who abuse alcohol and other drugs with emphasis on discussions about femininity, feelings and life goals, gender, self-care and sexuality.

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