

Pregnant/puerperal women who use crack: essential needs for reconstructing a drug-free life

Gestantes/puérperas usuárias de crack: necessidades prioritárias na reconstrução de um viver sem drogas

Las mujeres embarazadas/postparto de crack: necesidades prioritarias en la reconstrucción de una vida sin drogas

Jeferson Ventura¹; Mara Regina Santos da Silva²; Saul Ferraz de Paula³; Maria Helena Gehlen⁴; Adriane Maria Netto de Oliveira⁵

How to cite this article:

VENTURA J, SILVA MRS, PAULA SF, GEHLEN MH, OLIVEIRA AMN. Pregnant/puerperal women who use crack: essential needs for reconstructing a drug-free life. Rev Fun Care Online. 2019 jul/set; 11(4):937-943. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i4.937-943>.

ABSTRACT

Objective: This study aims to identify the essential needs of pregnant women and new mothers who were using crack that could help them to build a drug-free life. **Methods:** This case study with a qualitative approach was carried out with three pregnant women and two new mothers who were crack users. Data were collected by semi-structured interviews between October and December 2015. **Results:** Four categories appeared: “The need for protecting the child”, “The need for family support”, “The need for a trust relationship with professionals”, and “Spiritual needs”. **Conclusions:** Rebuilding a drug-free way of living is a collective undertaking involving the family not just as a resource, but also as an object of care. Professionals need to rethink their values and prejudices. Furthermore, governments must take this responsibility because their children will suffer if these women do not attend public health care services.

Descriptors: Pregnant women, crack, cocaine, nursing care, drug users, family relationships.

- 1 Nursing Graduate by the Universidade Federal do Rio Grande do Sul (FURG), MSc in Nursing by the FURG, PhD student in Nursing at FURG.
- 2 Nursing Graduate by the Universidade Federal do Rio Grande do Sul (FURG), PhD student in Nursing at FURG, Professor at FURG.
- 3 Nursing Graduate by the Universidade Federal do Rio Grande do Sul (FURG), MSc in Nursing by the FURG, PhD student in Nursing at FURG
- 4 Nursing Graduate by the Centro Universitário Franciscano (UNIFRA), Specialist's Degree in Inclusive Education by the UNIFRA, MSc in Education by the Universidade Federal de Santa Maria (UFSM), PhD Student at Pontifícia Universidade Católica do Rio Grande do Sul (PUC-RS), Professor at UNIFRA.
- 5 Nursing Graduate by the Universidade Federal do Rio Grande do Sul (FURG), PhD student in Nursing at FURG, Professor at FURG.

RESUMO

Objetivo: identificar a partir da história de vida das gestantes/puérperas usuárias de crack, as necessidades prioritárias que poderiam ajudá-las a reconstruir um viver sem drogas. **Metodologia:** Trata-se de uma pesquisa qualitativa do tipo estudo de caso, com três participantes, sendo uma gestante e duas puérperas usuárias de crack, cujos dados foram coletados por meio de entrevistas semiestruturadas, realizadas entre outubro e dezembro/2015. **Resultados:** Apontaram como prioritárias as necessidades de proteger o filho; necessidade de apoio familiar; necessidade de uma relação de confiança com profissionais; e a necessidade espiritual. **Conclusão:** Reconstruir um viver sem drogas é um empreendimento coletivo que envolve a família, não apenas como um recurso, mas, também, como objeto de cuidado; os profissionais que precisam rever seus próprios valores e preconceitos; e o poder público, pois a não adesão dessa clientela aos serviços de saúde é uma forma de negligência também com as próximas gerações.

Descritores: Gestantes, Cocaína Crack, Cuidados de enfermagem, Usuários de drogas, Relações Familiares.

RESUMEN:

Objetivo: identificar a partir de la historia de vida de las gestantes/puérperas usuarias de crack, las necesidades prioritarias que podrían ayudarlas a reconstruir un vivir sin drogas. **Metodología:** Se trata de una investigación cualitativa del tipo estudio de caso, con tres participantes siendo una gestante y dos puérperas usuarias de crack, cuyos datos fueron recolectados a través de entrevistas semiestruturadas, realizadas entre octubre y diciembre/2015.

Resultados: señalaron como prioritarias las necesidades de proteger al hijo; Necesidad de apoyo familiar; Necesidad de una relación de confianza con los profesionales; Y la necesidad espiritual. **Conclusión:** Reconstruir un vivir sin drogas es un emprendimiento colectivo que involucra a la familia, no sólo como un recurso, sino también como objeto de cuidado; Los profesionales que necesitan revisar sus propios valores y preconceitos; Y del poder público, pues la no adhesión de esta clientela a los servicios de salud es una forma de negligencia también con las próximas generaciones.

DESCRIPTORES: Las mujeres embarazadas, El crack de cocaína, Los cuidados de enfermería, los usuarios de drogas, Las relaciones familiares.

INTRODUCTION

The number of drug users has increased worldwide in an accelerated way, especially in small cities in the countryside. One study conducted in 2013 pointed out the existence of approximately 370,000 users of crack or similar drugs in all Brazilian capitals and in the Federal district. This population represents 35% of the total number of illicit drug users (except for marijuana), corresponding to about 1 million Brazilians. In addition, the authors showed that about 10% of the female participants were pregnant, more than half of these women had been pregnant at least once since they started using crack, and around 8% of these crack users were unaware of whether they were pregnant.¹

This data agrees with the results of a study conducted with crack pregnant women in the United States. It showed that 10% of the female users gave birth prematurely or had premature separation of the placenta in addition to other maternal and perinatal complications.² The number

of pregnant women using crack evidence a serious public health problem, because the effects of the use/abuse of this substance are not limited to the user, but they compromise the child's health and development, with permanent loss of the biological and emotional integrity of the mother-child pair beyond childbirth.

In 2004, the Brazilian Ministry of Health developed the *Manual da Política de Atenção Integral ao Usuário de Drogas* [Manual of Policy for Integral Attention to the Drug User], determining that these people need to be integrated into the social and health service network. This document mentions some care actions for them, including drug therapy, detoxification, as well as guidance and home visits, aiming at the users' rehabilitation and social reintegration.³ Although the pregnant users of crack are highly vulnerable, in a condition that can compromise not only their future as mothers but their children and families, the manual does not provide guidelines for this specific population.

In the context of the literature, there is a small number of Brazilian scientific publications on the use of crack during pregnancy, which undoubtedly affects the professional practice for pregnant women and new mothers who use this substance. Most Brazilian articles focus on the clinical effects of drug use, highlighting the maternal consequences, such as the premature separation of the placenta, uterine and hepatic rupture, cerebral ischemia, heart failure, and death.⁴⁻⁵ Publications addressing the daily life of this population are rare, considering their lives and the process of reconstructing a life without drugs. For this reason, this study is directed towards the priority needs and significant links, from which nurses can develop actions for this population.

While drug use and dependence have a high potential for damaging users, it is known that many people who face this problem can stop this risk trajectory and rebuild their lives without drugs, provided they find support for this undertaking. In this study, nurses are considered as a reference to support pregnant women and new mothers who are crack users, since they are able to develop a work focused on rescuing the potentialities of these females and responding to their priority needs. This only can happen if they stay committed to a drug-free life project.

In this perspective, the concept of resilience is used as a theoretical reference for this study. This option is justified by the fact that resilience is considered a set of phenomena, articulated among themselves, that develops throughout life, in an affective, social, and cultural context. It is something that we build day after day, in every act, every word, and we (re)build this collectively throughout the human beings' existence,⁶ enabling the subject to face and adapt positively to the adverse situations of intense suffering and stress. In other words, it involves a set of social and intrapsychic processes that allow people to have a healthy life in a potentially risky environment.

In nursing, this concept has been increasingly used in health research, since it can provide a greater understanding of how the subject, even in adverse conditions, manages

to positively deal with the situations of everyday life. The search for this theoretical reference allowed us to apply the concept of resilience in this study so as to better understand how the pregnant women and new mothers who use crack, even facing chemical dependence, may feel and motivate themselves to (re)build a life without drugs.

This concept of resilience allows us to understand how the environment in which pregnant women and new mothers are inserted can favor the choice of the best way, aiming at this process of reconstruction.⁶ It is known that family and professional support are factors that may favor the choice of this woman for living without drugs. Thus, these women need to strengthen the family relationships so that they can strengthen the adherence to this new condition.

Considering that the use of crack among women of reproductive age has reached increasing levels and that even knowing the dangerous effects of this substance in the human body, as well as the socio-cultural and family consequences that this drug cause and the lack of knowledge of the priority needs of these pregnant women and new mothers, this study seeks to identify, through their lives, their priority needs that could help them rebuild a life without drugs.

METHODS

The qualitative approach⁷ was used in this case study⁸. Three pregnant women/new mothers who were using crack participated in this study. They were hospitalized in the maternity rooms of two hospitals, one in the South Region and the other in the Northeast Region of Brazil. We considered the following inclusion criteria: users of crack, 18 years old, and being a pregnant woman or new mother. The exclusion criteria were: situations in which pregnant women and new mothers manifested clinical conditions of hypersexualization and/or risk of suicide, the risk of escape, or other conditions, such as tuberculosis and being in labor. To ensure the anonymity of the participants, we used a code formed by the letter NM (new mother) and P (pregnant woman) followed by the participant's age. The participants are characterized as follows:

- **NM25:** she was black, age 25 years old, and attended school until the 5th Grade of the Elementary School. She was from a city in the Southern Region of Brazil. She was single and lived with her partner, who earned a minimum wage. She was, however, unemployed. She had six children but five of them had not lived with her; the younger one was two days at the time of the interview. She had used crack for nine years. She started to use it because her friends, who were also crack users, gave it to her.
- **NM23:** she was black, age 23 years old, single, did not complete the Elementary School, and had worked as a costumer. She was from Ceará State, Brazil. She had

two daughters, a five-year-old child and other age three days at the time of the interview. She had been using drugs for 11 years even during pregnancy. She had used crack, glue, Rohypnol, lysergic acid diethylamide (LSD), alcohol and cigarettes. She started using crack first because of curiosity at the age of 12 with her brother, a crack user. Then she met two friends of his brother who were also crack users and lived on streets for some time because she understood that it was embarrassing for her mother to see her using drugs. At first, the brother and his friends gave her the drug and all of them used it together. Later, she was stealing and making sex to get the drug.

- **P29:** She was brown, age 29 years old, and divorced three months before the interview. She attended school until the 5th Grade of the Elementary School and had worked as an artist and as a daycare assistant. She had financial support through the *Bolsa Família* [Family Welfare] program. She was from Ceará State, Brazil. She had three children (one of these had sequels from the use of crack during pregnancy). She was pregnant again. She had used drugs for 14 years: crack, cocaine, marijuana, *loló*, popper, and Rohypnol. She started using drugs during the second pregnancy after her partner left her. She started using drugs at age 15 with friends. To obtain drugs, she stole objects from people, including her mother; other times her friends provided her with drugs, even though she was pregnant.

The collection was carried out through semi-structured interviews from September to December 2015.

One municipal hospital in the South Region was chosen because it provided care during childbirth. The other hospital, in Ceará State, was chosen because the sample size needed to be increased since the pregnant women and new mothers who use drugs do not spontaneously seek health services.

The interviews had open questions divided into three parts. The first part had questions about the participant's identification. The second one focused on investigating the perception of the pregnant women/new mothers about their needs that can rebuild a life without the use of drugs. The third one focused on identifying the actions for this reconstruction.

Using the concept of resilience, the data was and the central ideas were transcribed and grouped by theme unit. Thus, four categories were obtained: "The need for protecting the child", "The need for family support", "The need for a trust relationship with professionals", and "Spiritual needs".

This study was approved by the Ethics Research Committee under No. 146/2015. Furthermore, we followed the instructions from the Resolution No. 466/2012 of the National Health Council, which regulates research involving human beings.⁹

RESULTS

The need for protecting the child

The participants' children played an important role in their lives. Children are positive experiences that make these women (re)think the condition of crack user. The desire to protect the children also triggers the desire to stop using drugs, because these women recognize that this is the way to protect them. These women think about educating their children, being examples for them, and not wanting to be a negative example for them.

Furthermore, children can make these women imagine a free drug family environment for their development. Pregnancy strengthened their responsibility and commitment to the child and made them think about the possibility of rebuilding their lives without the use of drugs, as can be evidenced in the following fragments:

"[...] She is giving me the strength to stop using the drug, to not wanting to use it anymore. I never want to see my daughter in the center of the city using drugs, never, ever, ever [...]". (NM23)

"[...] I used drugs, then there was regret. That's why I stood up because I looked at my children and said, "Sir, do I get to be someone, do I get to give my children a good life?" [...]". (P29)

"[...] Today I imagine myself working, taking care of my daughter, seeing her great and well [...]". (NM25).

The need for family support

All participants reported needing family support. This can be done by delivering care with positive consequences as long as the family members can help these women and understand the reasons that led them to start and keep using drugs. Nevertheless, it should be noted that these same family members who provide care and support often do not have knowledge of drugs, which sometimes separates the pregnant woman from the pregnant woman drug user. In general, they understand only that they are crack users, not pregnant women, mothers, and daughters.

This support that the pregnant women/new mothers referred to is manifested mainly by the figure of the mother and, for this the help be effective, these women's mothers must understand the reasons that hinder their recover from addiction, as can be evidenced in the following speech:

"[...] My mom always looked after me, okay? Trying to take care of me" [...]". (P29)

"[...] She doesn't understand. For her, I need to stop using crack for sure. But it doesn't work like that, after we use the drug, it is in the blood, in the body, on the

skin, we have to have a lot of strength to stop using it [...]". (NM23)

"[...] They support me because they want me to stop using the drug. They say I have to stop using drugs [...]". (NM25)

The need for a trust relationship with professionals

The participants pointed out the importance of having someone they can trust and share their anguish, fear, yearning, and complaints. They also pointed out the motives that led them to the use and keep using drugs. At some point in their lives, they felt alone and empty. Then they ended up filling this "emptiness" with drugs. They also reported that they need respectful and unbiased relationships.

For the interviewees, people do not have the sensitivity to understand the problem of crack use. They also experienced feelings of failure in the face of interpersonal and biased treatment. They reported that they were disrespected in some public and social spaces because they are pregnant and use crack. This type of treatment affects them negatively considering the priority need of care:

"[...] I thought it was horrible the way the prosecuting attorney treated me, he said how many women want to get pregnant and you there using the drug, pregnant, abusing the child, you have this opportunity and did it to you, look at you, do you see what you are? I knew in his gaze that he looked at me like I was a piece of garbage because I was pregnant and using drugs [...]". (NM23)

"[...] It's always nice to talk to a trustworthy person, talking, getting things off my chest is always good, the reason I started to use it was because I felt empty and I filled my void with this [...]". (NM23)

"[...] The few times I went to seek help in the health services, I was treated badly, sometimes they don't treat us well [...]". (NM25)

"[...] People look to you if as you are worthless. Since people said I was worthless, I thought since I have no value to anyone, I ended up using drugs more [...]". (P29)

Spiritual needs

The participants searched for spirituality and faith in order to face drug addiction and recover from its side effects. For them, God is the greatest force to overcome drug addiction, and the church is a safe place. Therefore, spiritual needs were a high priority for them to rebuild a life without drugs.

It is observed that these addicted pregnant women/new mothers seek spirituality to find support for their overlooked desires or difficult solutions, as can be evidenced by the participants' speech. It is possible that pregnant crack addicts abandoned by family and society find little comfort in spirituality for their exclusion problem because when they are in religious places they are free of biased opinions.

Spiritual support a need for these women because they think that faith is the way to strengthen themselves to overcome drug addiction:

"[...] God, He is the greatest force, because I think every user has an emotional reason for using drugs, I think God can provide the greatest help, seeking strength to get out of the world of drugs [...]". (NM23)

"[...] I think God gave me the strength to overcome drug addiction, that life was very painful. I have support from the church \I attend [...]". (P29)

DISCUSSIONS

Waiting for childbirth make family members more stressed because it changes the roles previously established.¹⁰ Identifying chemical dependence during pregnancy is more difficult since the pregnant drug user generally does not report this to a health care professional. For the family, this situation is very complicated because most family members do not have enough money for a child who may be born with health problems.

A study conducted with 11 women who overcame crack addiction showed that pregnancy is an important factor for them to stop using this drug because these women feel guilty for putting their children at risk, generating feelings of anguish and affliction.¹¹ Moreover, it was evidenced that motherhood can make them stop using crack or at or use it less, aiming at the health care of their child and the role of the mother in society. These results are in a good agreement with the participants' testimonials.

Another study carried out with pregnant women users of crack revealed that women who used drugs during pregnancy felt low self-esteem, anxiety, and depressive compared to those who did not use them.¹²

One study conducted with crack users pointed out that few of them still communicate with their families, and for most family relationships were fragile or totally broken.¹³ This result was also highlighted by NM25. She pointed out that she cannot rely on the support (care) of her family. However, NM23 and P29 reported receiving care from their mothers, contrasting with NM23's mother, who did not realize how dangerous crack can be, nor that there are other factors influencing drug addiction. Wanting to stop using drugs is not enough; they need support to overcome drug addiction.

These women need to reestablish their family relationships and feel supported so that the interventions

can be effective and they can live without using drugs. Moreover, it is important to discuss with these crack users what type of care they want and what they need, considering the biopsychosocial problems from abusing this drug.

Some studies have highlighted the strong association between the previous use of drugs by a family member and this use during adolescence and adulthood.¹⁴⁻¹⁵ A longitudinal study carried out over 25 years found several risk factors for drug use and abuse, such as the exposure to adversity situations in childhood, personal factors, and family cases of drug use.¹⁴

A study conducted with 15 relatives of crack users under treatment in a specialized service found that there are several factors in the family environment that facilitate the use of crack, such as the lack of support from parents, use of alcohol and other drugs among family members, family conflicts, and the family members' lack of knowledge of the crack user's condition.¹⁶

In addition, according to one study, family relationships can make someone start using drugs or maintain this behavior. The authors observed that few drug users communicate with their families and most of their family bonds were fragile or broken.¹³

It is also necessary for family members to adopt a "support project", in other words, to invest in reconstructing a drug-free way of living, being aware that this is a long-term or lifetime project because it cannot be interrupted even in periods of abstinence.

We need to understand that the integral care actions must respect the individuality of the subject, which is fundamental for health care professionals to develop a therapeutic relationship. Nurses must understand that no human being lives without some hope. Thus, pregnant drug users may wish to change their lives.

Some professionals refuse to care for drug users, as stated by the participants. This was found in other study carried out with 12 users of crack in a hospital specialized in psychiatric care in the South Region of Brazil.¹⁷ However, it pointed out that health care professionals were advised of the importance of listening, empathy, and knowing the patients' anguish, especially those who work directly with these patients.¹⁷

Health care teams must understand that drug use put the pregnancy at risk and all measures for stopping this use must be implemented, including asking multidisciplinary and intersectoral teams for help.¹⁸⁻¹⁹ Nurses, as members of health care teams and leaders of nursing teams, must be qualified for caring for pregnant drug users and need to train the team members and community health care agents to deal with this issue in communities, aiming to promote health care and reduce damage.²⁰ However, the closest professional to these women are the community health care agents, who have little training to care for pregnant users of crack.

Pregnant crack users need treatment based on goals and interventions by qualified professionals, observing the

patients' individuality, specificities, and needs. In many cases, treatment lasts for a long period of time.²¹

One study carried out with ten family members attending the *Centro de Atenção Psicossocial – Álcool e Drogas* [Psychosocial Care Center for Alcohol and Drug Addiction] showed that drug users experienced prejudice social segregation, suffering from disappointment, dissatisfaction, and disagreement.¹⁹ This may be related to the lack of understanding, preparation, and information. These findings contradict the P29's speech, in which she described the disrespectful approach by one health care professional. Drug addiction still has some mysteries, and many people think that it is a disease, but they do not know how to overcome it and what are the ways to treat it.

Another investigation aimed at analyzing the physical experiences and stories of crack users evinced that the condition of being a woman using crack causes social inequality through all environments (family, school, work, etc.).¹² The prejudice towards female drug users are present in the Brazilian society. The NM23's and P29's testimonials corroborate this. This prejudice has a great impact on the pregnant crack users' health and manifests itself as discrimination towards black women who are also crack users and prostitutes, without the opportunity to live with their children.

The participants referred to spiritual support as the way that they are welcomed in religious institutions because it is through faith that these pregnant women/new mothers seek the strength to overcome drug addiction. Spirituality is the set of attitudes, beliefs, and practices that are part of the people's lives and helps them to achieve more sensitive realities and have a relationship with the transcendent. A person can have spirituality without attending church or having a religion.^{19,12} Spirituality is a unique and individual trait that may include belief in a "God", responsible for linking the "I" with the universe and others.²²

One case study, which aimed to understand the use of crack among women and their life path and clinical characteristics through the gender perspective, evidenced that the practice of spirituality has factors that help in treating drug addiction.¹⁶ Similar results were found in the participants' speech. For them, spirituality is an alternative method for overcoming drug addiction.

Another study showed that the need for spiritual support is not related to religious belief.²³ And other study showed that spirituality contributes positively to the users' recovery when compared to patients under traditional therapy.¹⁵

CONCLUSIONS

Based on the perceptions of pregnant women and new mothers who were crack users, we identified the care actions that can help them rebuild a drug-free way of living. Their priority care needs are linked to spirituality, support from family members and the way that they are treated in social contexts, which negatively interferes with their recovery. Thus, families need to be aware of and deal

with the consequences of drug dependence on women and children, hoping that this condition can be reversed. But for that, families need support from these women.

This study also evidenced that childbirth allows these women to (re)think about crack abuse and its repercussions to them and their children. They used this drug less, stating that pregnancy was an important factor to stop using it, thus visualizing a new drug-free life. However, the professionals caring for these women have to understand that the mother-child link is strong enough to make it happen, though the role of mother was discredited according to this study's results.

This study has important limitations that prevent the generalization of its results due to its qualitative nature and the sample size. We need to rethink about the health care services delivered to a pregnant woman/new mother drug user. Also, professionals must think about their own values and prejudices, which can influence their practice towards this social group. These drug addicts are women who need to experience a therapeutic relationship so that they may feel welcomed by health care professionals and build a safe and drug-free life together with their children.

Given the high rates of crack consumption among pregnant women and new mothers, governments must take this responsibility because their children will suffer if these women do not attend public health care services.

REFERENCES

1. Brasil. Ministério da saúde. *Perfil dos usuários de crack e/ou similares no Brasil*, Brasília-DF, 2013.
2. Yamaguchi ET, Cardoso M, Capel MS, Torres MLA, Andrade AG. *Drogas de abuso e gravidez*. Rev. Psiqu. Clín 35, supl1; 44-47, 2008.
3. Brasil. Política do Ministério da Saúde. *A Atenção Integral a Usuários de Álcool e outras Drogas*. 2ª edição. Brasília – DF. 2004.
4. Gasparin M, Silveira JL, Garcez LW, Levy BS. *Comportamento motor oral e global de recém-nascidos de mães usuárias de crack e/ou cocaína*. Rev Soc Bras Fonoaudiol. 2012. 17(4):459-63.
5. Botelho APM, Rocha RC, Melo VH. *Uso e dependência de cocaína/crack na gestação, parto e puerpério*. Femina. [Internet]. 2013 Jan/Feb [cited Sept 17];41(1):23-32
6. Cyrulnik B. *Resiliência, essa inaudita capacidade de construção humana*. Lisboa: Instituto Piaget. 2003.
7. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 11ª ed. São Paulo (SP): Hucitec; 2010.
8. Yin RK. *Estudo de caso: planejamento e métodos*. 4ª ed. Porto Alegre (RS): Bookman; 2010.
9. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. *Comissão Nacional de Ética em Pesquisa*. Resolução nº 466 de 12 de dezembro de 2012: diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF): MS; 2012.
10. Elias ACA, Giglio JS. *A questão da espiritualidade na realidade hospitalar: o psicólogo e a dimensão espiritual do paciente*. EstudPsicol. 2001;18(3):23-32.
11. Oliveira MM, Kantorski LP, Coimbra VCC, Ferreira RZ, Ferreira GB, Cruz VD. *Consequências relacionadas ao consumo de crack entre mulheres e motivações para o abandono da droga*. SMAD, Rev. EletrônicaSaúde Mental ÁlcoolDrog. 2014sept.-dec; 10(3):119-25.
12. Romanini M, Roso A. *Midiatização do crack e estigmatização: corpos habitados por histórias e cicatrizes*. Interface - Comunicação, Saúde, Educação. 2014; 18(49), 363-376.
13. Horta RL, Horta BL, Pinheiro RT. *Drugs: families that protect and that expose teenagers to risk*. J Bras Psiquiatr. 2006;55 (4):268-72.

14. Fergusson DM, Boden JM, Horwood LJ. *The developmental antecedents of illicit drug use: evidence from a 25-year longitudinal study*. Drug Alcohol Depend. 2008; 96(1-2):65-177.
15. Rudolph AE, Jones KC, Crawford ND, Fuller CM. *The association between parental risk behaviors during childhood and having high risk networks in adulthood*. Drug Alcohol Depend. 2011;118(2-3):437-43.
16. Limberger J, Andretta I. *Novas problemáticas sociais: o uso do crack em mulheres e a perspectiva de gênero*. CSN 2011-0324. 2015 Jan– apr;15 (4): 41 – 65.
17. Magalhães DEF, Silva M RS. *Cuidados requeridos por usuários de crack internados em uma instituição hospitalar*. Rev. Min. Enferm. 2010 Jan/ Mar; 14(3):408-415.
18. Sanchez ZvdM, Nappo SA. *A religiosidade, a espiritualidade e o consumo de drogas*. Rev. psiquiatr. Clín. v.34 supl.1 São Paulo 2007.
19. Sena ELS, Boery RNSO, Carvalho PAL, Reis HFT, Marques AMN. *Alcoolismo no contexto familiar: um olhar fenomenológico*. Textocontexto – Enfermagem 2011; 20(2):310-18.
20. Portela GLC, Barros LM, Frota N M, Landim APP, Caetano JÁ, Farias FLRD. *Percepção da gestante sobre o consumo de drogas ilícitas na gestação*. SMAD. Revista Eletrônica Saúde Mental Álcool e Drogas. 2013 agust; 9 (2): 58-63.
21. Ribeiro M, Laranjeira R. *O tratamento do Usuário de Crack*. 2ª ed. Porto Alegre (RS): Artmed; 2012.
22. Teixeira JJV, Lefèvre F. *Humanização nos cuidados de saúde e a importância da espiritualidade: o discurso do sujeito coletivo - psicólogo*. Mundo Saúde. 2003;27(3):362-8.
23. Bastos FI, Bertoni N. *Pesquisa Nacional sobre o uso de crack*. (org) Rio de Janeiro: Editora ICICT/FIOCRUZ, 2014.

Received in: 17/08/2017

Required revisions: 14/11/2017

Approved in: 22/11/2017

Published in: 01/07/2019

Corresponding author:

Jeferson Ventura

Address: Rua São Domingos Sávio 11, apto. 102, bloco A

Cidade Nova

Rio Grande do Sul, Brasil

Zip Code: 96.211-190

E-mail: enf.jefersonv@gmail.com

**Disclosure: the authors claim
to have no conflict of interest.**