

Perceptions of men about the influence of the family on the use of psychoactive substances

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Objective: to evaluate family relations on chemical dependence from the perspective of the addict. **Methodology:** a descriptive and qualitative study. It was conducted in a northern town of the state of Santa Catarina, Brazil, in 2020. The participants were 16 patients from a Therapeutic Community, men over 18 years old. The data were collected in a structured interview, with a form elaborated by the authors. **Results:** thematic analysis was used. The discussion was based on the comprehension of literature concepts whose studies approach the role of the family in substance-related disorders. **Conclusion:** the family plays an essential role in developing a healthy or pathological individual. Those relations are predictors of addicted behavior, but also essential for treatment. A pattern of violence repetition was markedly identified. Moreover, children tend to imitate their relatives, resulting in a repeated addiction circle. The knowledge obtained through this study allows nurses to recognize the emotional origins corroborating the holistic view for the care of the person using such substances. It enables the reestablishment of bonds, promoting functionality of the multidisciplinary team.

Descriptors: Family; Nursing; Mental Health; Substance-Related Disorders.

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Percepções de homens sobre a influência da família no uso de substâncias psicoativas

Objetivo: compreender, sob a perspectiva do usuário, a influência da família no uso de substâncias psicoativas. **Metodologia:** pesquisa descritiva com abordagem qualitativa. Os participantes foram 16 residentes de uma Comunidade Terapêutica, de sexo masculino, maiores de 18 anos. A coleta de informações deu-se por meio de entrevistas direcionadas por um roteiro desenvolvido pelas autoras. **Resultados:** foi utilizada a Análise Temática. A discussão se deu por meio da compreensão de literaturas que abordam a participação da família nos transtornos relacionados ao uso de substâncias. **Conclusão:** as relações familiares mostraram-se preditoras na iniciação do uso das drogas, como também na busca pelo tratamento. Identificou-se um padrão de repetição de violência, em que o adicto tende a repetir o comportamento de seus semelhantes, resultando em um ciclo de sofrimento familiar. Os conhecimentos obtidos por meio deste estudo possibilitam aos enfermeiros reconhecer as origens emocionais e corroboram com a visão holística para o cuidado da pessoa que faz uso destas substâncias e promove a funcionalidade da equipe multidisciplinar.

Descritores: Família; Enfermagem; Saúde Mental; Transtornos Relacionados ao Uso de Substâncias.

Percepciones de los hombres sobre la influencia de la familia en el uso de sustancias psicoactivas

Objetivo: comprender, según la perspectiva del adicto, la influencia de la familia en la dependencia. **Metodología:** investigación descriptiva con enfoque cualitativo. Los participantes fueron 16 residentes de una Comunidad Terapéutica, de sexo masculino, mayores de 18 años. La recolección de datos se realizó a través de entrevistas sobre la base de un guion desarrollado por las autoras. **Resultado:** se utilizó el Análisis Temático. La discusión se dio a través de la comprensión de literaturas que abordan la participación de la familia en trastornos relacionados con sustancias. **Conclusion:** las relaciones familiares demostraron ser predictoras al iniciarse el consumo de drogas, como también en la búsqueda de tratamiento. También se identificó un patrón de repetición de violencia, en el cual el adicto tiende a repetir el comportamiento de sus semejantes, lo que resulta en un ciclo de sufrimiento familiar. El conocimiento obtenido a través de este estudio permite al enfermero reconocer los orígenes emocionales y corrobora la visión holística del cuidado de la persona que hace uso de estas sustancias y promueve la funcionalidad del equipo multidisciplinario.

Descriptor: Familia; Enfermería; Salud Mental; Trastornos Relacionados con Sustancias.

Introduction

Worldwide, 35 million people develop disorders due to the use of chemical substances, according to the global report conducted in 2019. Of these, only one out of seven individuals receives adequate treatment⁽¹⁾. Chemical dependence must be approached as a chronic disease and as a public health problem, being conceptualized as a compulsion and/or abuse of substances that cause physical and psychological effects capable of triggering mental ailments. Comprehensive care is essential, because the social context in which the dependents are inserted led to the use of the substance, and it is necessary to evaluate the environment to which they will be exposed after rehabilitation⁽²⁾.

In 2001, Law No. 10,216/2001 was sanctioned, establishing the creation of the National Policy of Mental Health, Alcohol and Other Drugs, created by Ministry of Health, organizing the care provided to people with mental disorders and with chemical dependence⁽³⁾. There are different types of services provided by the Federal Government that form the Psychosocial Care Network (*Rede de Atenção Psicossocial, RAPS*); namely: Psychosocial Care Center, Urgency and Emergency, Therapeutic Residential Services, Reception Units and Therapeutic Communities (TCs).

In the world history, TCs were inspired by the model of English psychiatrist Maxwell Jones, in 1950, developed at that time to care for soldiers with psychiatric problems resulting from their participation in World War II. In Brazil, they were implemented after the Psychiatric Reform movement in the 1990s. Currently, they are residences of a transitory nature for chemical dependents, which offer support for the patient to discontinue substance use and resume psychosocial rehabilitation⁽⁴⁾.

The experiences that the authors underwent during their undergraduate studies show that the family finds it difficult to empower themselves in the face of situations of psychological distress in an individual, caused by the use of psychoactive substances. However, a gap was noticed in the Brazilian literature regarding the perspective of the chemical dependent about family influence, which generated the following guiding question: What is the perception of the chemical dependent about the influence of the family on chemical dependence?

In this sense, the main objective of this research was to understand the perception of men welcomed in a therapeutic community about the influence of the family on the use of psychoactive substances.

Methodology

This is a descriptive research study of a qualitative approach, developed in 2020 in a Therapeutic Community of a northern city in of the state of Santa Catarina, located in rural area, with structure for assistance, recovery and social rehabilitation for men who use psychoactive substances. Its physical structure consists of chalets and dormitories, cafeteria, events hall, kitchen and leisure area. It offers activities such as psychotherapy groups, individual therapy with psychologists, art therapy with volunteers, schooling, sports, physical and leisure activities such as fishing and drama and, in the second semester of the year, they receive undergraduate students from a Nursing course to carry out theoretical-practical activities to promote mental health.

As inclusion criteria, it was chosen to interview only the men who had been undergoing treatment in the TC for more than two months, since this is the mean time considered necessary for the stabilization of the withdrawal symptoms; the exclusion criterion was defined by not inviting those patients who, on the days of the interviews, presented pharmacological factors that altered the capacity for cognitive perception and understanding. In addition, as an ethical criterion, it is necessary to inform that the research posed minimal risks to the participants, since there was invasion of privacy by the personal approach and emotional fluctuations when bringing up feelings not yet expressed about the family. To minimize these risks, the interviews were conducted in a reserved place preserving to the maximum the research participants' right to be free to refuse to answer any question or terminate their participation in the research and, at the same time, offering assistance and professional support by the TC's psychologist, when and whenever it was necessary.

The TC where the research was conducted is part of the many fields of theoretical-practical activities through which the undergraduate Nursing students from a college in northern Santa Catarina learn, throughout their undergraduate studies, to develop Nursing care. The TC in particular composes one of the fields of the mental health discipline that is offered in the 4th phase; thus, the researchers already had previous knowledge with the local team.

For collecting the information, the in-person contact with the patients occurred only after authorization of the research. On the scheduled date, the men who were undergoing treatment were gathered in a room to present the research objectives and to invite participation in the interviews. A list was organized with the names of the patients who agreed to participate in the research, and a room was offered that allowed the interview to be conducted in a reserved, confidential

and safe environment. The information was obtained through a structured interview containing questions that addressed the theme of family and chemical dependence. Each interview lasted around 20 minutes and, at the time of collection, voice recording was performed for the purpose of complementing and organizing the information, being discarded after use. Two days in the TC were necessary to complete the interviews. As already mentioned, the interviews were conducted only after acceptance and signing of the Free and Informed Consent Form (FICF). The research was approved by the Committee of Ethics in Research with Human Beings of the IELUSC College, with approval opinion No. 3,988,685, and with the consent of the Therapeutic Community, according to Resolution No. 510/2016 of the National Health Council (*Conselho Nacional de Saúde*, CNS). The information obtained in the interviews was organized and analyzed according to the Thematic Analysis technique proposed by Minayo⁽⁵⁾ which seeks in communication the meanings that represent the sense of the analyzed object. This technique is organized in three stages: pre-analytical, exploration of the material, and treatment of the results and data interpretation⁽⁵⁾.

Results and Discussion

Characteristics of the participants

The study included 16 men who were chemical dependents in a therapeutic community for more than three and less than 8 months and aged between 18 and 61 years old, 14 were single, 1 divorced and 1 married, living predominantly with their family of origin or alone. Of these, 9 had in their history some family member who was a user of licit and/or illicit chemical substances, 6 were in their first treatment, and the others had already undergone the TC, psychiatric ward or CAPS experiences. Regarding schooling level, 4 had incomplete elementary school, 1 had incomplete high school, 7 had completed high school, 1 had completed higher education, while 3 had not finished their undergraduate studies.

Alcohol, marijuana and perfume throw (chloroform and or ether) were the precursor substances to abuse, which for one patient occurred very early, at the age of 10 and, for the other participants when they were aged 16 and 26. They obtained access to the drugs on their own, from friends, acquaintances or even family members, in their homes. When they answered the interview, there were those who had been abusively using alcohol, cocaine or crack for less than a year, others from 10 to 20, and two since more than 30 years ago.

During the floating reading process, after the search for the sense core, it was possible to organize them into three categories: family suffering, paternal absence,

and repentance (entitled: Where did I end up?), which, although not directly expressed as the origin of the problem with compulsion, proved to be relevant factors for the initiation of drug use and, consequently, for the chronicity of the disease. These themes will be addressed below, highlighting them from the reports of the patients from the therapeutic community who participated in this study. It is to be emphasized that the research participants were identified with fictitious names chosen by them, as a way to ensure anonymity and confidentiality of the information.

Relevance of family support

For healthy development and maturation to occur, at the beginning of life, it is necessary for children to grow up in an environment that offers them security, protection, welcoming and love. The bond and security generated by this type of environment foster independence at a later time, when these children become adolescents/young individuals. It is in the family that children exercise their ability to solve difficulties and conflicts. This allows them to develop a healthy relationship with themselves and the others. When the base is already structured and safe enough, family errors become an experience of tolerance to frustration, being considered necessary for maturation. When dealing with the emotional development of a child, it is necessary to understand that they must have their emotional needs met by the guardian, as well as food and hygiene, so that they can develop fully. This allows for the creation of safe bonds from early childhood, in which the caregiver welcomes and responds to the signs of discomfort⁽⁷⁾.

Experiences of family relationships are unique, essential for the perception of each individual's identity. Family is a social construction experienced in state norms, forms of remuneration, what is personal and private, and representations of social roles of men and women. The current standards of society define job opportunities and, consequently, exert a direct influence on personal life choices. Getting married, having kids and divorcing. The concept of contemporary family is composed of the privatization of the family environment, domesticity, monogamous marriage, self-management and child-rearing. This modern notion of family brings the division between the public and the private and emphasizes the privacy of the current capitalist world⁽⁸⁾.

During the process of substance use, the concept of family becomes distorted for these men due to the resistance of their relatives in relation to the abuse of psychoactive substances. This resistance is seen by the patients as a judgment and lack of support, restrained with feelings of revolt and indignation.

After the beginning of rehabilitation, the participants changed their perception about the importance of

family relationships in their lives. If during the phase of physical and emotional instability, they perceived their social nucleus as one that was maintained exclusively by the relationships prescribed by consanguinity, after the beginning of this treatment they began to perceive the family as a fundamental element for recovery and developed a feeling of gratitude. For them, the family members assumed a main role in their support base in the face of distress, sharing daily life in the (re)construction and maintenance of the group union.

Pain is characterized by a change in tissue functions, while distress is a negative change in psychological factors, not necessarily being physiologically detectable, but rather because of everything that generates anguish and fear, whether physical or emotional, and may be derived from the loss of significant relationships or changes in social nuclei, resulting in the feeling of sadness and illness, bringing serious consequences to the life of the person who goes through these situations⁽⁹⁾. In the family, each member has its specific role, and changes in these roles favor the deconstruction of the individual and threaten their integrity.

The mother is the environment that provides affection and favors the “yes” for the child, while the father is the frame of this environment, the authority that imposes limits and provides security⁽¹⁰⁾. Thus, the child tests the stability of what the author calls a reference frame with transgressive behaviors. If the child perceives the constancy of the roles, it is allowed to be a child, in the conquest of emotional maturation in search of independence. Otherwise, the feeling of freedom vanishes, giving way to a feeling of anguish and helplessness, causing it to turn to society in an attempt to find a new reference frame.

Numerous factors can favor family distress, negatively affecting the progression of emotional development. Parental separation, violence (resulting or not from the use of psychoactive substances), and affective abandonment are some of them. Robert’s testimony expresses the challenge of having the responsibility of his creation based on the abandonment and transfer of responsibility on the part of his family members. [...] *I was raised by my grandparents, my parents have never paid much attention to me. In 2010 my grandfather died and this was a shock to everyone in my family, not only for me [...] I was left aside [...] I was also feeling shaken. I needed to run somewhere* (Robert, 05/25/2020).

In the early phase of adolescence, with puberty, the patterns that will shape the individual’s personality are predetermined based on the experiences lived so far. Adolescents discover that they have strong powers, such as destroying, whether themselves or their environment; powers that until then did not interfere with their feelings for being in their unconscious. Especially at this stage, the environment, which includes father, mother or

surrogates, is responsible for expressing family interest in the adolescent and, thus, controlling these powers so that there is a healthy development of maturity to adulthood⁽¹¹⁾. Adults who reach a certain point of maturity identify with similar individuals, without sacrificing their personality or losing their sense. When in the family there is the difficulty of offering a stable environment, external relations seem more welcoming and satisfactory, providing a strengthening of bonds, without having compatibility criteria for their creation, forming what the literature calls the aggregate of isolated individuals, able to react when necessary, only instinctively⁽¹¹⁾. Whether a group of questionable conducts or not, the need to have a stable relationship is greater, even if for this it is necessary to start using psychoactive substances. *Family deficit influenced my chemical dependence. I’ve lived with mom, grandma, aunt, even ex-stepfather, and that helped a lot, because I’ve always missed my dad. My parents got divorced, and when my mom asked alimony for me and my brother, he said that if his son liked him, he’d have to chase after him, and that he wouldn’t run after his son. Until I was 14 years old, I ran after, but then I got detached* (Marcos, 05/25/2020).

Aspects of the primary family relationship (mother, father and child) remain vivid until the end of life, and may be a risk factor. In adolescence, control through guilt, authority and “intrusions” are some of them, as well as the lack of interest in the adolescents’ day-to-day, providing little room for them to express themselves, demanding passive obedience. Providing an environment surrounded by communication options, support in daily problems and allowing for a division in decision-making provides protective factors against the use of psychoactive substances⁽¹²⁾.

Absence of the paternal figure

In this study, for the patients, the family is perceived as that group with which cohabitation occurs especially in the traditional model of which father, mother and children are part. And in this model, for most of these men, in the course of the life story with the family of origin, the paternal physical or emotional absence was remarkable and the maternal image was related to understanding and support. For them, the distancing of the father became significantly negative and altered the family nucleus, as the presence of the mother was not sufficient to sustain the representation and the paternal role in emotional maturation when they were children. As already mentioned, the figure of the father is the one that contributes the frame, that is, the codes and rules that define the environment, and this absence represents a false sense of freedom, “The first is the tendency of the individual to distance from the mother, father and family, acquiring at each step greater freedom of thought and action”⁽¹¹⁾, confirmed by Roger and Gabriel’s accounts:

[...] I believe that his going to work in Brasília influenced me a lot "get headlong" into drugs, then there is not that thing of the father protecting you... I was glad that he left, because then I was going to be free to use (Roger).

Childhood physical violence in Brazil presents high rates, and is often characterized as discipline measures by the aggressors themselves and even by the family members. In 2014, 8% of the Brazilians reported having lived closely with someone who used drugs, and 2 out of 10 Brazilians suffered physical violence in childhood, of which, in 21.7% of the cases, the aggressor was under the influence of alcohol⁽¹³⁾.

In many cases, for the participants of this research, the personal development of violent characteristics was triggered by the absence or by examples of paternal violence they experienced in childhood. For them, these factors were negatively determining for the peculiarities they have in adulthood. *I'd erase some visions of my father that I witnessed, so as not to have the disturbances I have today. Bad things, bad examples (Robert, 05/25/2020).* They understood that, as harmful as these examples were, they did not prevent them from following the same conduct, conditioning them to a cycle of family distress. A number of studies show that physical and emotional abuse in childhood generates negative outcomes in adulthood, and can significantly increase the predisposition to the use of chemical substances⁽¹⁴⁻¹⁵⁾.

However, the patients welcomed present a feeling of debt towards the family regarding the mistakes made along the path of chemical dependence, making them unable to publicly report their participation in the introduction of the substances, showing in an implied way through reports in which they express contact with drugs and violence since the beginning of childhood through the family. *[...] I've known cocaine since I was 8 years old, but I didn't use it because of my age [...] my father used cocaine, he's a cop [...] He also taught me some different things, violence, violence made me use (Robert, 05/25/2020).*

By observing the participants' reports, it was possible to verify how much the family influences the habits, customs and way each interviewee learned to deal with the subjectivities of life. Violence and substance abuse have become part of these men's lives since the primary stages of child development, and these experiences led them to recognize substance use as an optional path to alleviating physical/mental distress. In their statements, they asserted that, in adulthood, they began to reproduce the failures experienced in childhood, in the family environment. The literature correlates alcohol use and family violence as risk factors for the use and abuse of psychoactive substances in adulthood, leading these individuals to perpetrate acts of violence in their nucleus⁽¹⁶⁾.

Where did I end up?

Users of alcohol, cocaine and derivatives have frequent behavioral changes, such as agitation, aggressiveness and hypersexuality. The chronic use of these substances develops pathologies such as anxiety, depression and paranoia⁽¹⁴⁾. Characteristics of these disorders bring about difficulties in stabilizing both physically and emotionally, favoring the dissolution of healthy social bonds and facilitating harmful ephemeral relationships. By observing these characteristics, it is accentuated in one of the patterns responsible for motivating the search for treatment: the perception and acceptance of the lack of control regarding drug use.

This factor generated a cascade of situations in which the losses and changes in the social and cultural aspects became relevant, triggering a search for individual resignification. The abuse of alcohol and drugs for long periods turns psychoactive substances into an addition to the basic human needs, in which there is presence of extreme attitudes similar to survival instincts, resulting in a dissolution of the moral concept. *I've done a lot of wrong things, there are facts that I'm not going to mention, but they made me see another side that was mine and that I didn't realize I had. It shocked me a lot that I had the potential to do something like that with someone else (Robert, 05/25/2020); The loss of the moral concept of things led me to ask: Where did I end up? Why am I living in the street? I didn't recognize myself anymore, and neither did the people who'd known me for years. I lost the base and the character I brought from a young age, I was in a very precarious state, destroying myself (Rangel, 05/25/2020).*

As for the losses in the family environment, the end of love relationships and family conflicts are recurrent. Even in cases where there were no bond closures, they were extremely shaken since the individuals showed severe changes in behavior, causing suffering also in their families. When reporting on remarkable facts after the beginning of his dependence, Fernando points out that the loss of family trust was what most shook his control. *The loss of family trust, the loss of my first marriage and staying away from my son. The greatest losses were these: family and loss of character. Because I change and lie a lot. With the drug I become another person (Fernando, 05/25/2020).*

It is possible to perceive that, by seeking extrafamily relationships, the participants actually express the desire and need to reassert ties with their own family⁽¹⁷⁾.

Other losses reported were professional and, consequently, financial. Layoffs represent not only the reduction but, in some cases, total suspension of family income. The financial component represents a very important aspect in the organizational functioning of a family and is often guided by intrafamily conflicts, especially in an already fragile nucleus. The loss of routine and commitments due to the abusive use of alcohol and/

or other drugs allows the user more time and freedom to consume. *It was a cycle. I'd go three, four days without sleep, working and inhaling. During the service I never used, but the moment I came home I was already using. I'd go to the parties and get a bunch of drugs and booze. Sometimes I kept dealing and didn't even go to work, without giving any explanation to my boss (Sandro).*

The deconstruction of mental health due to the effects of abuse and deprivation attempts, family conflicts, and financial, professional and social losses have serious emotional consequences; particularly when chemical dependence has a sudden onset. The daily habits become completely different, causing the experiences to be troubled and unhappy. In the case of Celio, despair made suicide look like a solution. *I couldn't stop the crack, then tried suicide (Celio, 05/25/2020).*

The finding that the study participants have a perception of their state of character depersonalization (*another side of me and that I didn't think I had [...]*), of lack of recognition about themselves (*I did many wrong things [...]*), and the possibility that they would reach a dependence level that not even they could believe possible (*where did I end up?*) made the men recognized the harm of abusive use of chemicals for themselves, their family and social relationships, causing them to decide to seek treatment in the therapeutic community.

Conclusions

With this research, it was possible to understand that the family exerts a direct influence since the earliest stages of development, the construction of the individual's personality, and the quality of their future relationships. Several family factors contribute to the chronicity of chemical dependence, with family distress and parental absence standing out among them. It was also possible to verify that most of the respondents of this research experienced circumstances since their childhood that exposed them to vulnerability situations, with episodes marked by physical and psychological violence, where the perpetrator made use of alcohol and/or other drugs in most of the cases.

On the other hand, this study asserts that the family was used by most participants as one of the motivating factors that led them to seek treatment, often cited by them as the reason for the desire to retake control of their lives. Despite the conflicts generated by the abuse of chemical substances, for the participants, the family ties strengthened again when, largely at the interview moment, they classified them as a safety and stability reference.

"Start afresh" was the term used by many of the interviewees when asked about the reason that led them to the TC; for them, this perspective was built with the support of the family and produces a sense of hope that

they will be able to reduce or perhaps quit the addiction some day.

Implications for the clinical practice

It is observed that the process of chemical dependence is initiated before the use of the substance, since a set of factors, especially family relationships, influences the individual. Therefore, the professional must understand chemical dependence as the expression of psychological distress prior to use, maintaining a welcoming attitude and a positioning free of judgments. The family, in turn, suffers from prejudice, social exclusion and/or guilt for the context having favored consumption. Their sense of uselessness and powerlessness, due to the severe changes in behavior and lifestyle, require empathy from the professional, and nurses, with their holistic view, make it possible to re-establish family ties, identifying the implicitly expressed needs by means of qualified listening, promoting the functionality of the multidisciplinary team.

Study limitations

As limitations for the study, we can initially highlight the fact that it was performed in a single therapeutic community, which has characteristics not necessarily equal to those of other TCs that, in general and according to the literature, are places where guilt, humiliation and punishment are used as a form of control, and "relapses" are considered as a sign of weakness. Work-related activities are summarized as a "form of domestication", and only through them and discipline will the users achieve a cure, generally understood as complete abstinence from chemical substances. Moreover, they show the intern as possessor of a "defective" personality⁽⁶⁾. However, it is worth noting that these characteristics do not apply where the study was conducted, in the TC in question, because it values the study and development of professionalizing learning of the patients, recommends work as a form of reintegration into the social environment, and incorporates leisure and family as co-participants in the treatment.

The reduced number of participants can also be considered as a limitation. Initially, 21 patients were expected to participate but, on the second day of interviews, five had discontinued their treatment. It is emphasized that, at that time of data collection, the city, as well as the rest of the world, was already experiencing the severe epidemiological situation caused by the coronavirus (SARS-CoV-2) forcing the TC to maintain fifty percent of its welcoming capacity, and that this situation led to a reduction in the possibilities of conducting interviews.

Finally, it is necessary to state that the choice of the participants was due to the fact that the TC welcomes male users of psychoactive substances, which limited the analyses herein expressed to this population, and that expanding the discussions to the female gender would require further studies with future research.

References

1. United Nations Offices on Drugs and Crimes. Relatório Mundial sobre Drogas 2019: 35 milhões de pessoas em todo o mundo sofrem de transtornos por uso de drogas, enquanto apenas uma em cada sete pessoas recebe tratamento [Internet]. Vienna: UNODC; 2019. [cited 2019 Oct 21]. Available from: https://www.unodc.org/lpo-brazil/pt/frontpage/2019/06/relatorio-mundial-sobre-drogas-2019_-35-milhes-de-pessoas-em-todo-o-mundo-sofrem-de-transtornos-por-uso-de-drogas--enquanto-apenas-1-em-cada-7-pessoas-recebe-tratamento.html
2. Ministério da Saúde (BR). Saúde mental: o que é, doenças, tratamentos e direitos [Internet]. Brasília: MS; 2019 [cited 2019 Oct 17]. Available from: <https://saude.gov.br/saude-de-a-z/saude-mental>
3. Presidência da República; Casa Civil (BR). Lei 10.216 de 6 abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental [Internet]. Diário Oficial da União, 9 abr 2001 [cited 2020 Apr 6]. Available from: http://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm
4. Instituto de Pesquisa de Economia Aplicada (BR). Nota Técnica: Perfil das Comunidades Terapêuticas Brasileiras [Internet]. Brasília: IPEA; 2017 [cited 2020 Mar 10]. Available from: https://www.ipea.gov.br/portal/images/stories/PDFs/nota_tecnica/20170418_nt21.pdf
5. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 10 ed. São Paulo: Hucitec; 2007.
6. Melo MC, Corradi-Webster CM. Análise do Funcionamento de Comunidade Terapêutica para Usuários de Drogas. Athenea Digital. 2016;16(3):379-99. <https://doi.org/10.5565/rev/athenea.2012>
7. Fundação Maria Cecília Souto Vidigal, Núcleo Ciência Pela Infância (BR). Importância dos vínculos familiares na primeira infância: estudo II. São Paulo: Fundação Maria Cecília Souto Vidigal; 2016 [cited 2020 Sep 20]. Available from: <http://www.ee.usp.br/pesq/apostilas/WP-Vinculos%20Familiares.pdf>
8. Biroli F. A Família Moderna. In: Biroli F. Família: Novos conceitos. São Paulo: Editora Fundação Perseu Abramo; 2014.
9. Oliveira CC. Para compreender o sofrimento humano. Rev Bioética. 2016;24(2):225-34. <https://doi.org/10.1590/1983-80422016242122>
10. Winnicott DW. Família e Maturidade Emocional. In: Winnicott DW. Privação e Delinquência. 5ª ed. São Paulo: Martins Fontes; 2019.
11. Winnicott DW. Adolescência: Transpondo a zona das calmarias. In: Winnicott DW. Família e o desenvolvimento individual. 4ª ed. São Paulo: Martins Fontes; 2013.
12. Zappe JG, Dapper F. Drogadição na Adolescência: Família como Fator de Risco ou Proteção. Rev Psicol IMED [Internet]. 2017 [cited 2021 Mar 2];9(1). Available from: <https://dialnet.unirioja.es/servlet/articulo?codigo=6185317>
13. Instituto Nacional de Ciência e Tecnologia Para Políticas de Álcool e outras Drogas (BR). II Levantamento Nacional de Álcool e Drogas (LENAD). Violência Contra Crianças ou Adolescentes e Uso de Drogas [Internet]. São Paulo: UNIFESP; 2014 [cited 2020 Sep 15]. Available from: <https://inpad.org.br/lenad/resultados/violencia-contracrianca-ou-adolescente/resultados-parciais-2/>
14. Universidade Federal de São Paulo, Centro Brasileiro de Informações Sobre Drogas (BR). Cocaína. São Paulo: UNIFESP; s.d. [cited 2020 Sep 20]. Available from: https://www2.unifesp.br/dpsicobio/cebrid/quest_drogas/cocaina.htm
15. Forster M, Grigsby TJ, Rogers CJ, Benjamin SM. The relationship between family-based adverse childhood experiences and substance use behaviors among a diverse sample of college students. Addict Behav. 2018;76:298-304. <https://doi.org/10.1016/j.addbeh.2017.08.037>
16. Choenni V, Hammink A, Mheen DV. Association Between Substance Use and the Perpetration of Family Violence in Industrialized Countries: A Systematic Review. Trauma Viol Abuse. 2017;18(1):37-50. <https://doi.org/10.1177/1524838015589253>
17. Winnicott DW. Família e Maturidade Emocional. In: Winnicott DW. Família e o desenvolvimento individual. 4ª ed. São Paulo: Martins Fontes; 2013.

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