

The use of crack and other drugs by children and adolescents and their repercussions in the family environment*

O uso de crack e outras drogas por crianças e adolescentes e suas repercussões no ambiente familiar

La utilización del crack y otras drogas por niños y adolescentes y sus repercusiones en el ambiente familiar

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ABSTRACT

Objective: Understanding the impact of drug abuse by a child in the family environment. **Methods:** This is a qualitative research with a phenomenological approach, with 11 parents and guardians of children and adolescents whom use crack and other drugs followed at a referral center. The interviews were recorded; and data, transcribed and analyzed on the phenomenological perspective. **Results:** After the phenomenological description, reduction and understanding, the results and discussion were based on the category "Understanding the impact of drug abuse by children and adolescents within families". **Discussion:** The research allowed us to understand situations of emotional frailties, behavioral, socioeconomic and relational phenomenon of drug abuse by children and adolescents and their families, revealing conflicts and weaknesses. **Conclusion and implications for practice:** The development of actions that meet individual and collective needs contributes to the planning of intersectoral actions to minimize the suffering of families and children.

Keywords: Mental health; Cocaine; Crack; Child; Adolescents; Family.

RESUMO

Objetivo: Compreender as repercussões do uso de drogas por um filho no ambiente familiar. **Métodos:** Trata-se de pesquisa qualitativa com abordagem fenomenológica, com 11 pais e responsáveis de crianças e adolescentes usuários de crack e outras drogas acompanhados em um centro de referência. As entrevistas foram gravadas; e os dados, transcritos e analisados na perspectiva fenomenológica. **Resultados:** Após a descrição, redução e compreensão fenomenológica, os resultados e a discussão se fundamentaram na categoria. Compreendendo as repercussões do uso de drogas por crianças e adolescentes dentro das famílias. **Discussão:** A pesquisa possibilitou a compreensão de situações de fragilidades emocionais, comportamentais, socioeconômicas e relacionais do fenômeno uso de drogas por crianças e adolescentes e seus familiares, desvelando conflitos e fragilidades. **Conclusão e implicações para a prática:** O desenvolvimento de ações que atendam às necessidades individuais e coletivas contribui para o planejamento de ações intersectoriais que minimizem o sofrimento das famílias e dos filhos.

Palavras-chave: Saúde mental; Cocaína; Crack; Criança; Adolescentes; Família.

RESUMEN

Objetivo: Comprender las repercusiones en el ambiente familiar de la utilización de drogas por un hijo. **Métodos:** Se trata de una investigación cualitativa con abordaje fenomenológico, con 11 padres y responsables de niños y adolescentes usuarios de crack y otras drogas, acompañados en un centro de referencia. Las entrevistas fueron grabadas; y los datos, transcritos y analizados en la perspectiva fenomenológica. **Resultados:** Tras la descripción, reducción y comprensión fenomenológica, los resultados y la discusión se fundamentaron en la categoría: Comprendiendo las repercusiones de la utilización de drogas por niños y adolescentes dentro de las familias. **Discusión:** La investigación permitió comprender las situaciones de fragilidades emocionales, comportamentales, socioeconómicas y relacionales del fenómeno utilización de drogas por niños y adolescentes y sus familiares, desvelando conflictos y fragilidades. **Conclusión e implicaciones para la práctica:** El desarrollo de acciones que atiendan las necesidades individuales y colectivas contribuye para el planeamiento de acciones intersectoriales que minimicen el sufrimiento de las familias y de los hijos.

Palabras clave: Salud mental; Cocaína; Crack; Niños; Adolescentes; Familia.

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INTRODUCTION

Drug abuse is a broad and complex phenomenon in the world. It is observed the increase in consumption associated with questions about the effectiveness of treatment plans and also the difficulties in adjusting the offer of services responsible for treatment and rehabilitation. Costs and social and clinical consequences associated with drug use are important, and users are socially marginalized and economically, with high risks of morbidity and mortality¹⁻³.

It should be noted that cocaine, in its different presentations, especially in the form of stone, known as crack, has shown a significant change in the forms and contexts of use, although it can not treat it as absolute evil^{3,4}.

Among the risk factors for substance use, point to the cultural aspects, interpersonal relationships and the psychological and biological issues. In this context, the main elements are the availability of the drug, the economic and social aspects, serious family conflict, low school performance, early initiation, inherited susceptibility and vulnerability to the effects of substances⁵⁻⁷.

Drug abuse generates individual and collectively losses, especially family issues⁸. The family is a complex institution that brings together unique trajectories, which is expressed in diverse arrangements and unique spaces directly linked to changes in society. The family structure, with its dynamic and its diversity, is a space that can facilitate or not drug use⁹.

In children and adolescents, drug use is more worrying. The situation directly affects the individual dimension of the young user, compromising their social relationships so that their collective and family ties tend to weaken and rupturing, marginalizing them progressively⁹.

The necessary care to drug user population demanding flexibility and adaptation capabilities of the health services, with investments in infrastructure, human resources, prevention actions and intersectional articulation.

The Brazilian Psychiatric Reform proposes a community-based approach to drug users, being the Centers for Psychosocial Care (Caps) reference instruments of local networks in the Unified Health System (SUS). This equipment should provide care that integrates, effectively, clinical features and the social dimension of health problems in mental health, in particular chemical dependency¹.

Research the aspects related to the use of crack and other drugs consequences for children and adolescents in the family environment becomes relevant on the context of what is observed in society. How this situation is related to the household? In this sense, this article aims to understand the consequences of drug abuse by a child in the family environment.

METHODS

This is a study with qualitative approach¹⁰. For this work, it was relevant and essential to understand what the drug use phenomenon represented for the family members. This meaning

has a structuring function as has enabled the immersion in the lifestyle of people, including anxieties, fears and hope, among other feelings¹¹.

Based on the assumptions of qualitative research and objective of the work, was elected phenomenology as a methodological approach. Phenomenology as a method of analysis emerged in Germany in the late 19th century and early 20th century. As a principle, phenomenology shows the need to observe the phenomena like are revealed to the ones whom observe. Regardless of whether reality or appearance, the phenomenon shown as given, which allows the search of true reality¹².

The research was conducted in Mental Health Reference Center for Children and Youth (Cersami) of the municipality of Belo Horizonte, Minas Gerais. The service is responsible for the care and the outpatient treatment of children and adolescents with severe mental disorders and/or users of alcohol and other drugs.

The proposal of care rests on individual and collective therapy, in combination with different services in primary, secondary and tertiary levels, as well as other governmental and non-governmental sectors¹³. This nomenclature is equivalent to the Psychosocial Care Center for Children and Youth (CAPSi), used throughout Brazil, so the terms can be used as synonymous¹⁴.

Initially, a team meeting was held for the presentation of the cases that were followed in the service, and were identified potential employees based on the criteria of inclusion and exclusion of research. At the end of this stage, 11 families were invited to participate in the study. For this, the invitations to such families occurred through phone calls.

Before the interview, the objectives of the work and information regarding participation and the need for recording interviews were explained. After the acceptance of the family, was scheduled place and time for the interview according to their availability and their convenience. The interviews took place at home or at the headquarters of the health service. Family members signed the Informed Consent Form (TCLE). The work was approved by the Research Ethics Committee (COEP) of the University (N^o 257,242/2013) and by the Research Ethics Committee (CEP) of the Municipal Department of Health (N^o 414,777/2013), according to Resolution 466/2012 of the National Health Council¹⁵.

Inclusion criteria were: parents of children and/or adolescents using drugs for over a year and in treatment at Cersami for more than 6 months; who were resident in Belo Horizonte or in the metropolitan area and who accepted the invitation to participate. Exclusion criteria were: parents of children and/or adolescents living outside Belo Horizonte and its metropolitan area and whose children were being treated less than 6 months at the service.

The data collection period was from December 2013 to January 2014. The interviews were confirmed with the family by phone calls before the appointed day.

At the meeting with the subjects, the interview was guided by a question, the main question: how is it for you to have a son who is a drug user? From that moment, there was a dialogue between researcher/interviewer and interviewee/developer of the study. The timing was critical because it was established an empathic relationship with all respondents, a fact that favored the breadth and depth of reports. Subsequently, after the end of each interview, the recordings were heard with attention; and testimonials, fully transcribed. For the maintenance and guarantee of secrecy, participants were identified by letters and numbers. For the closure of the collection, we used the criterion of saturation¹¹. Here is a brief characterization of the parent-participants. There were 11 interviewees, one man and 10 women with an average age of 48 years and family income ranging from one to 10 minimum wages.

To understand the phenomenon, the data analysis was adopted as reference the evaluation of phenomenological trajectory, described in three moments: phenomenological description, reduction and understanding¹⁰.

In the description, the researcher has the task of describing the experiences of the subject, seeking the essence from what is shown to him. For the moment, while we listen carefully to the subject, the researcher becomes involved in the interview, eschewing their perceptions, which allows unveiling the phenomenon by which is placed by the respondent. In the phenomenological reduction, also called epoché, it separates the parts of the description that are considered essential of which are not. It shifts the natural and immediate awareness, placing it in parentheses. It is necessary to clarify the phenomenon of what he has contingent to display the essence. New readings of the descriptions are made, seeking the meaning of units, which can lead to the answers of the questions¹⁰.

Finally, it seeks to phenomenological understanding. Understand a human act involves understanding the fullness of its meaning. Reflection on the not reflected enables to bring to light what was previously hidden. The understanding should be reached through dialogue with the theme of the authors, with the assumptions of phenomenology, as well as the experience of the researcher and subject. The goal is to understand, beyond appearance, the essence of the phenomenon¹⁰.

The statements came together for the "understanding the consequences of drug abuse by children and adolescents within the family", the subject of discussion for this article. The speeches were grouped into Meanings Units (US) through the phenomenological reduction. The US are parts of the description which are related demonstrating distinguishable moments in the entire description. Then these units were regrouped according to the points considered important and revealing for the purpose of arriving at the analysis of the phenomenon structure¹⁰.

Based on the organization units of meanings evaluated in the speeches, the phenomenon structure for the displayed category was unveiled in three areas of analysis or sub-categories: emotional and behavioral consequences, socio-economic consequences and relational consequences.

RESULTS

Understanding the effects of drug use by children and adolescents within families

Emotional and behavioral consequences

The crying, anguish, fear and insecurity were always present in the reports. Family members talk about the aggression, violence and health problems. The emotional fragility of the family unit is exposed.

The phenomenon of violence and involvement with drug trafficking are elements present in the homes of the subjects of this research. It is a challenge to be faced on a daily basis, which creates stress and mental illness.

[...] It's hard, complicated [...] I discovered, was late [...] My difficulty? Is he go out, I do not know where he goes, says he is in one place and is in another, sometimes don't come home, when coming, comes transformed, aggressive or crying [...] I do not sleep well, worried about what happened on the street [...] afraid of threat [...] he does not listen, becomes aggressive [...] has already discussed with me to fight, we both got into a fight, I holding him by force [...] he trying to break things inside the house, all this I live. Displaced my arm, column, I have back problem from debating him and he hit me on the wall, punch me in the wall [...] (FAM. 02).

[...] I have been through a lot, already entered in my kitchen to kill him three times, been through a lot of bad things in life. Had days that I lay in bed and did not know if I would wake up alive [...] had a time here [...] no one could stay indoors, things were nasty, killing a lot [...] We were afraid of staying here, we thought about leaving [...] They are our friends, them to one side and us to the other, they do not mess with us, but [...] it's a lot [...] we who are old can not stand [...] (FAM. 10).

The physical and emotional burden is presented as a risk factor for the health of the family, he is tired and despoiled physically and psychically. The subjectivity involved in the manifestation of these feelings allows the understanding of the time and life experience of these people, as well as providing the opportunity to work on issues that can not be grasped in its entirety.

[...] is very sad, disappointing [...] always afraid of something happens [...] always on alert, afraid of someone do something [...] involvement in a fight, causing trouble [...] kill [...] does not have much to do [...] who have contact with someone who uses drugs, is something that messes with the whole family, takes the peace from us, the children involved in this, you have to be very careful because if you don't ends all your joy [...] if you surrender to sorrow, you can not do anything [...] (FAM. 04).

[...] Horrible [...] I'm not ready. I never expected one of my children could do some things like that [...] never noticed anything [...] feeling of worthlessness [...] messed a lot with my psychological [...] live like that is very bad [...] I can not sleep at night [...] tried suicide four times [...] I suffered a lot, both before it happened it all and now, after what happened [...] embarrassed to go out in the street, and others began to laugh at us, I can't cry [...] (FAM. 09).

The feeling of helplessness face the situation distresses, disrupts life and causes anguish. These feelings expressed in the reports show the need of the family in relation to their weaknesses associated with the lives of their children as drug users. Also express the feeling of helplessness face a situation that requires change in behavior by the family as a system that is shaken and weakened. The joy of life is likely to fade, as expressed the family member 04, instead, shows the sadness, despair, embarrassment and, finally, the death wish.

Socio-economic consequences

Another issue drawn from the speeches of the family is related to socioeconomic factors. The father says in the interview 07 that the family has good financial conditions and does everything to give quality of life to their daughter. At that moment, crying presented with intensity, and all issues related to adolescent education, is his responsibility and mother's are refuted and considered misleading, even with the best living conditions.

[...] does not need that, thank God our financial situation reasonably, to the poor is good [...] we treat them well, help, do everything you have to do, she need things and we manage and get, thanks to God we have a "little money" doing one thing here and another there, we do not stop, working to die [...] (FAM. 07).

A mother express that, before the child's situation, "he was lost in the family business itself." At the time of data collection, she describes her financial situation as chaotic and associates to expenses arising from the relationship with the drug. The mother began to use drugs (cocaine) with the justification to understand the world in which her son was inserted and thus be able to help him. In the interview, she reported that the second son, also a teenager, who worked with her in a beauty salon, started using drugs, which contributed to the proceeds from the work of the two were destined to maintain consumption. The dream of reforming the establishment was far, financial difficulties increased, and the structure and family relationships are weakened.

[...] My business is not the same, financially I bankrupted [...] I'm starting over again, I need to put new furniture in the salon and have not yet conditions, bank account sank both personal and business, nor the inspection tax this

year I paid [...] money goes [...] the money disappears and the person will just sinking into a hole [...] my business was so good [...] Now remaining debt, people to collect, not people from here, but banks wanting to enter into business [...] I want to see this business mine return to the beginning like it was being [...] The money I've ever spent that came from here, this salon, with the calloused hands of too much blow dry hair, a damn capsule of this demon, cocaine, would be enough to reform my store [...] (FAM. 05).

Drug use by children and adolescents is reported here in one of their hard faces, the issue of economic maintenance of consumption. On one hand, the user, who is involved in thefts inside and outside the home, or in illicit activities with the drug dealers, to support the consumption, on other hand, the parents, whose financial wealth is squandered to pay debts to trafficking in intent to protect the lives of their children - or sustaining their own consumption, as in the family member 05, in which the whole family has the problematic use of drugs.

Relational consequences

Fear of violence in its different forms and the feeling of being vulnerable destabilizes the family member and psychically become ill because of the vulnerability feeling regarding the situation they are in. They are lost and, in some cases, somatize their pain and realize that their social relationships get lost and fragile.

[...] I'm depressed, I'm just crying, thinking bad thing [...] I'm with a bad head, taking medicine, depressive. That's my life, it ended it. I would like to go somewhere and just keep quiet inside the house, alone, crying or lying [...] stay just in the house, I do not do anything else. I have no desire to do anything, or to clean the house, or to cook [...] ended me up [...] (FAM. 02).

Parental and family support appears as another issue involved in the relationship of drug use of the children. Support for parents is fragile, and the context is difficult and complex.

[...] went away to his father's house, the father did not care [...] all want the best for him, just my family who do not. My aunt, who was on the CIA [Integrated Center for Host Adolescent Offender], told me that marginal has to die [...] The father does not ask if it's well if you're in need of something or if it is not, does not take the boys [...] my son tries to call his father and he does not answer the phone, to ask for forgiveness of what he did, it is very complicated [...] My relatives do not care, they think he has to die [...] My family does not support me at all, they say that my son has to die marginal must die, vagabond must die [...] (FAM. 09).

The family member lives the loneliness of living with the child, and in some cases parents and relatives turn away for not believing in the recovery, the bonds are lost; and the relationships, worn. The weakened core does not support or provide support to the caregiver, which, as a result of this loneliness, falls sick.

DISCUSSION

Phenomenology enables comprehension of the experiences and the significant filling of the completed object. Interprets the report, i.e. enables to understand, through the discourse of life, the phenomena that manifest reality for itself. Each unit of meaning brings the meaning of the phenomenon experience. Issues involved in drug use in childhood and adolescence and family consequences are complex. But the phenomenology as a stream of thought enables to understand the questions that arise from this relationship^{16,17}.

When considering what the family spoke of themselves and what experience with drug users children it can be seen the situations of life and the world of these parents and guardians. The approach enabled us to understand the daily experiences and feelings of the participants. The issues with the children show emotional and behavioral, socioeconomic and relational consequences for these parents.

In this reflection, the family is present as a unit and remains as privileged area for socialization, practice tolerance, shared responsibility, collective search for survival strategies and starting place for the exercise of citizenship. It is a space for ensuring the survival, development and full protection of children and their members. The family is present daily, even weakened, because the life-world do not enables to be around all the time to support the child when something happens unforeseen^{18,19}.

The relationship between drug use by children and adolescents and family consequences is a complex phenomenon that presents itself for meaning units which require understanding, comprehension, interpretation and learning. In the reports it is possible to understand that the issue of violence becomes a challenge for the family.

In the search for understanding of the meanings units highlighted above, there is the relationship of this fact with the family environment. The analysis of this phenomenon need to go through the understanding of violence as a structure that is directly related with the environment in which it is established.

Violence is a problem of social theory and political and relational practice of mankind. This is a complex and dynamic biopsychosocial phenomenon, whose space of creation and development is the life in society²⁰.

The link between violence and drug abuse affects all areas of society, and consumption a major risk factor for violent behavior, such as homicide, suicide, domestic violence and traffic accidents. Drug abuse among children and adolescents, as well as a socially vulnerable environment, can stimulate violent behavior^{3,21}.

It is necessary to think and follow with care and attention, the relationship between drugs, violence, youth and family, considering the complexity that arises in this matter. Just relate drugs and violence is a linear thinking that makes no sense if it is displaced of social representations of society about the subject, the context in which violence occurs and its historical causes²².

Before mentioned facts, it is clear the complexity of the subject, which requires effort of the individual, family, professionals, among others. Regarding to the last, there is the professional registered nurse, who can and should work in direct assistance to relatives and whom use crack and other drugs, and also the consequences of using these substances.

As prospects for nurses approach, a work at the Psychosocial Care Center - Alcohol and Drugs (CAPSad), in Vitória-ES, was aimed to propose a care strategy to the crack users, through the Systematization of Nursing Assistance (SAE), based on Betty Neuman model. Several aspects have been raised about the possibility of application of nursing interventions, including health education, which is primary role of nurses and care as relapse prevention, motivational interview, individual and collective approach to family members, among others²³.

The troubled environment has a direct influence on child growth and development. Moreover, it can help its members become young adults with antisocial behavior, delinquent, dependent, high-risk entry into the criminal life, perpetuating the cycle of violence^{24,25}.

In a simple residence located in a cluster, with four rooms and terrible hygiene conditions, home of six people, was held the interview with the grandmother of a teenager (FAM. 10) which is safeguarded in a Rehabilitation Center for being threatened of death. In the interview, it was possible to see and understand the reality of tension and fear in which were the family members in relation to the power and influence of the drug dealers in the community daily life, specifically of that family. At the beginning of the interview, the voice of participant was low, and all the time she watched if anyone was listening, because her residence had been invaded twice by drug dealers who wanted to kill the grandson.

In this understanding, it is important to understand, recognize and interpret the feelings involved in the reports of the family members. The limitations on this situation disturb, annoy, weaken, and this movement generates an impotence frame faced to the situation that life imposes.

The family becomes passive and helpless in face of complexity and systemic effects in the family environment and in their terms of trade, arising from drug abuse. These families manifest a sense of resignation, as the solution to the problem becomes something distant and unattainable²⁶.

Identify and work this situation allows the realization of care centered on people's needs. People should be assisted by concrete actions, to consider the living context and encourage them to overcome the fears and anguish²⁷.

Family participation in the behavior of individuals regarding to the use of drugs is important because it is necessary to empower

members with knowledge and strategies that mitigate the daily issues involved in this context, promoting the quality of life, the safety of family members and support required. It should be noted that this importance is the result of relationships and links established through the process of growth and emotional maturation of these individuals^{25,28}.

For this, a solid approach to public devices can reduce these consequences. The health sector has the capacity and the potential for this performance. The Family Health Units, as spaces of interaction and care in the community should recognize situations of fragility and perform the necessary interventions, particularly in information sharing that helps the family members in problem experience of crack use and other drugs²⁸. As team member, the registered nurse must act by qualified hearing, therapeutic relationship, empathy and bonding process. Those issues, as well as strengthen the relationship are also critical to the application of the nursing process, since the phenomenon is complex²³.

The shaken and weakened family system generates a feeling of sadness and even the will of losing life. The tough talk of FAM. 09 brings to light another sign of the consequences of drug use by a child. The damage to the health of parents are immeasurable.

Families living with drug abuse have a lower score in the evaluation of quality of life when compared to families who are not exposed to this situation²⁹. With losses in quality of life, the physical problems appear frequently. This discussion should be expanded and go beyond prevention, because we face a real scenario, where families need support for their psychological, biological and social natural needs³⁰.

For nursing, understand the impairments in quality of life of the family members is crucial. As health caregivers and promoters, nurses should approach this reality, know the problem and develop public policies and prevention and treatment programs, not only for use/abuse of crack and other drugs, but also for the family that daily deals with the situation and suffer the physical and emotional consequences that emerge from the problem³¹.

Continuing the path of understanding, socioeconomic issues also emerge from the testimonies. It is a experienced human phenomenon in their daily lives, with consequences that do not choose social class.

The drug abuse phenomenon is not restricted to economically disadvantaged social classes. In cross-sectional study conducted in Pelotas, in 1998, with schoolchildren, it was found that 73.2% of drug users belonged to social classes A, B and C, and the lowest percentage of prevalence E class, with 2.9%. The abuse of illicit drugs affects society regardless of economic class³².

Drug abuse deteriorates economic conditions. It is common for people to dispose of their property to buy drugs. Maintenance of substance abuse is costly and affects the economic situation of families^{33,34}.

Relational consequences are emerged of participants' speech. The feeling of being in vulnerable situation appears

with intensity. In real contexts, the family members feel the consequences of the situation and the pain of weakened social relations.

In relationships, parental support and of other family members is shown fragile. It is observed that the weakness in the emotional bonds between family members - such as lack of affection behavior, respect and dialogue, especially from parents - is a problem to be understood and overcome through support. It should be reported that the absence of the mother and/or father in the family environment is an important factor, with direct consequences on the relationship and behavioral/educational development of the children who are members or not. This context provides evidence that can enable the performance of the public power in families with risk situation regarding prevention or recovery of child^{25,33,34}.

Drug consumption, in this experienced reality, is associated with identity definition of youth, the search for the recognition and respect for others, acceptance, access to goods and services that it does not have, social pressure and the desire to enter and to be accepted by a group. Other points can also be highlighted, such as the violence experienced in daily life; the difficulty of occupying jobs; the stress of everyday life regarding social inequality in which he lives; the precarious economic issue, so the young see in working with and for the trafficking an opportunity to purchase assets; and physical and psychological dependence to maintain drug consumption. This cycle can be experienced by the child or the adolescent, or enlarge, reaching the family unit as a whole³⁵.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The survey data support the scientific production in the area, but they show the limits of the cultural and social context in which the research was conducted. The contributions of the research subjects are interlaced at different times, in some, approaching a consensus on the seriousness of the theme.

The results point to the possibility of actions for operators of the health networks, social assistance and public security from the perspective, perception and understanding of the issue by the actors involved in the study.

The issues identified in the themes of analysis or subcategories have several elements, with wide complexity and with different interfaces in their approach. It is understood that the emotional, behavioral, socioeconomic and relational consequences of the crack use and other drugs should be addressed by a set of actions that articulate in an intersectoral way.

Thus, the health sector must be present and active. The nurse, with its training, has the potential to integrate interprofessional actions. The systematization of the work emerges as a tool that enhances these actions of support both for the family and for children and adolescents who use drugs. Furthermore, preventive approaches are essential, and nursing has significant potential in individual and collective calls.

Some progress and limitations can be identified, including the need for research with different groups in different contexts. There is the need to research and discuss how and what to do to help family members on the phenomenon drug use and vulnerability in which are found the users and their families.

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