

Ambiguity of care in the experience of drug consumers

Ambigüidade do cuidado na vivência do consumidor de drogas
Ambigüedad del cuidado en la vivencia del consumidor de drogas



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How to cite this article:

Sena ELS, Araújo ML, Ribeiro BS, Santos VTC, Malhado SCB, Soares CJ, et al. Ambiguity of care in the experience of drug consumers. Rev Gaúcha Enferm. 2017;38(2):e64345. doi: <http://dx.doi.org/10.1590/1983-1447.2017.02.64345>.

doi: <http://dx.doi.org/10.1590/1983-1447.2017.02.64345>

ABSTRACT

Objective: To understand the perception of users of a Psychosocial Care Center about care in the context of drug use.

Methods: Study based on the Phenomenology of Maurice Merleau-Ponty, developed in the Center for Psychosocial Care Alcohol and Other Drugs. The data has been submitted to the Analytical Technique of Ambiguity.

Results: The drug use sometimes provides the consumer with pleasurable feelings, sometimes contributing to the occurrence of biopsychosocial harm and/or new possibilities for relationship with the drug.

Conclusions: The drug use is an ambiguous process, which corresponds to the perception of different care profiles in the relationship between the consumer and the drug. It is up to the health professionals to recognize the diverse possibilities of care and to favor the construction of therapeutic projects based on listening and respecting the needs of drug users.

Keywords: Substance-related disorders. Mental health. Philosophy, nursing. Street drugs.

RESUMO

Objetivo: Compreender a percepção de usuários de um Centro de Atenção Psicossocial sobre o cuidado no contexto do consumo de drogas.

Métodos: Estudo fundamentado na Fenomenologia de Maurice Merleau-Ponty, desenvolvido no segundo semestre do ano de 2015. Foram realizados dois encontros de Grupo Focal, com dez usuários de um Centro de Atenção Psicossocial Álcool e outras Drogas. Os dados foram submetidos à técnica Analítica da Ambigüidade.

Resultados: O consumo de drogas ora proporciona ao consumidor sensações de prazer, ora contribui para a ocorrência de prejuízos biopsicossociais e/ou novas possibilidades de relação com a droga.

Conclusões: O consumo de drogas constitui-se em um processo ambíguo, que corresponde à percepção de diferentes perfis de cuidado na relação do consumidor com a droga. Cabe aos profissionais de saúde reconhecer as diversas possibilidades de cuidado e favorecer a construção de projetos terapêuticos baseados na escuta e respeito às necessidades dos consumidores de drogas.

Palavras-chave: Transtornos relacionados ao uso de substâncias. Saúde mental. Filosofia em enfermagem. Drogas ilícitas.

RESUMEN

Objetivo: Comprender la percepción de los usuarios de un Centro de Atención Psicossocial en la atención en el contexto del uso de drogas.

Métodos: Estudio basado en la fenomenología de Maurice Merleau-Ponty, desarrollado en la segunda mitad de 2015. Se realizaron dos reuniones de grupos de discusión con diez usuarios de un Centro de Atención Psicossocial de alcohol y otras drogas. Los datos fueron sometidos a la técnica analítica de ambigüedad.

Resultados: El consumo de drogas a veces proporciona las sensaciones de placer de consumo, a veces contribuye a la aparición de pérdidas biopsicosociales y/o nuevas posibilidades de relación con la droga.

Conclusiones: La experiencia con la droga se encuentra en un proceso ambiguo, que es la percepción de los diferentes perfiles de cuidado en la relación del consumidor con la droga. Es necesario al profesional de la salud reconocer las diversas posibilidades de cuidado y promover la construcción de proyectos terapéuticos basados en la escucha y el respeto a las necesidades de los usuarios de drogas.

Palabras clave: Transtornos relacionados con sustancias. Salud mental. Filosofía en enfermería. Drogas ilícitas.

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■ INTRODUCTION

In Brazil, the habitual drug use represents a relevant public health problem and, given its significant growth, it presents itself as a complex phenomenon of great magnitude, which demanded State action through the use of strategies that involve not only the judicial area but also the health department⁽¹⁾.

Among the health care devices aimed at the habitual drug consumer, the emergence of the Center for Psychosocial Care Alcohol and Other Drugs (Caps ad), which is a community-based and territorial health service, constituted of a multidisciplinary health team, whose main objective is to promote the psychosocial rehabilitation of its users⁽²⁾.

In Caps ad, care should be thought according to the logic of Harm Reduction (HR), a strategy that does not require drug abstinence, but proposes the respect for the subject's autonomy, strengthening of cultural and community links, and considers the network of care devices, in which the subject is inserted, as a primordial point for integral care⁽³⁾. In this way, the intention is to broaden our eyes regarding the consumption of alcohol and other drugs, with a view to overcoming the reductionist way of seeing the subjects, often restricted to the field of marginalization and criminality⁽⁴⁾.

In this context, it is understood that caring corresponds to an attitude of occupation, responsibility and involvement with the other, assuming that the person cared for is not a mere object of intervention, but they are co-responsible for their own care⁽⁵⁾. Thus, we agree with the idea that it is necessary to give the drug consumer the opportunity to participate in the planning of the therapeutic project to which they will be subjected, in order to guarantee respect for their autonomy.

The interest in increasing the knowledge about the participation of the habitual drug consumer in the elaboration of the therapeutic project arose after our insertion in activities of the Education through Work for Health Program (EWP); which is linked to the Ministry of Health and Education, and that was developed between 2011 and 2015 by teachers and students of the health area courses of the Universidade Estadual do Sudoeste da Bahia. At that time, we were worried about developing a research project entitled "Production of care in the network of mental healthcare from the perspective of prevention and coping with the dependence on crack, alcohol and other drugs", through which we seek to listen to social actors from diverse sectors, which are involved in the proposal to build a psychosocial care network.

In this context, the present study has come out, whose purpose is to give voice to users of a Caps ad, seeking to answer the following question: how do users of a Psychosocial Care Center, Alcohol and other Drugs perceive care in the context of drug use?

For that, we have set as objective: to understand the perception of users of a Psychosocial Care Center about care in the context of drug use. The study is relevant, once it has developed in an inter-subjective perspective, which revealed relationships that the habitual consumer establishes with the drug, being therefore, a knowledge that can guide the care provided by health professionals along with the subjects in question.

■ METHODOLOGY

Because it is a study that aims at understanding the perception of users of Caps ad about care in the context of drug use, we consider it pertinent to base it on the theoretical-philosophical reference of Maurice Merleau-Ponty, which supports the idea that the knowledge production occurs from the dialogic and intersubjective relationship⁽⁶⁾.

The intersubjective experience occurs as a process of "transmutation" of the pre-reflexive/sensitive to reflexive/sociocultural pole, developed through language⁽⁷⁾. In this perspective, the human expressions reveal immanent experiences, which are updated and resumed, so that what was within the scope of the sensitive can transcend and appear as an expression of a whole (thoughts, reflections, objectifications), as an imposition of one's own will.

In the Merleau-Pontyan perspective, we observe and describe the world experiences from the understanding that it is constituted and shown from itself through this intersubjective process, which always occurs as movement. Thus, for the perception of what is lived/experienced, it is necessary to understand the constant movement (profile) – background (existence) of the experiences, so that this process occurs at all moments of our lives, revealing profiles, understanding modes of existing and allowing the openness to the new and the re-signification in the subjects⁽⁶⁾.

The study was developed in the second semester of 2015, at a Caps ad of a city in Bahia, Brazil. The choice of this device was because it includes health education activities for people who regularly consume crack, alcohol and other drugs in the group mode, which favors the intersubjective experience.

The selection of the participants has happened during a university extension activity in the Caps ad, when we took the opportunity to present the research project to the

users who were in the service, and to invite them to voluntarily participate in the research. With those who agreed to participate, we have used the following inclusion criteria: to be over 18 years old and to be available to participate in the meetings for the production of data. The exclusion criterion was to show signs and symptoms of intoxication/abstinence. At the end of the selection, ten subjects have accepted to participate in the study, all of them male, ranging in from 25 to 50 years old, and treatment time from 4 months to 2 years. We have scheduled with all of them a date, time and place for the production of the data.

For the production of the data designated in the phenomenological research of experiential descriptions, the technique of the Focal Group (FG) has been used⁽⁸⁾; it has been carried out in the meeting room of Caps ad, in two meetings, lasting two hours each. In both meetings, there was a moderator and an observer, to facilitate and to record the group's discussions. In order to guarantee anonymity, the participants have been suggested color codenames, and they attended promptly.

With the intention of provoking discussions in the FG, we have elaborated three guiding themes: (1) Care in the context of drug consumption; (2) The relationship between care and the various age groups, health promotion, prevention, treatment, rehabilitation and social reintegration; (3) Proposals to exercise this care. All the stages of the FG have been recorded in full, and later transcribed carefully, in order to maintain fidelity in the description of the experiences.

For the understanding of the descriptions, we have used the "Analytics of Ambiguity", a technique based on Merleau-Ponty's theory of the intersubjectivity, which has allowed us to unveil the broader sense of experiential descriptions that showed the perception as ambiguities. Therefore, the technique has enabled the unveiling of pre-reflexive processes, which precede the articulation of the language, contributing to the suspension of the theses that things are already in themselves, and the understanding of the essential meaning underlying the intentional experience of the subjects⁽⁹⁾.

The application of the "Analytics of Ambiguity" resembles the experience of contemplating a landscape in which, in order to perceive a figure, we must focus our eyes on the landscape and fix our look on the outline of the figure we want to see. This process happens spontaneously, as it happens in all moments of our lives: the phenomena appear in the intertwining of the perceptive experiences in which, at every moment, they contract in the present horizons of past and future. This technique makes possible the unveiling of existential significations (background), since

when we close our eyes to the conceptual significations of the experiential descriptions (figures), we open ourselves to the transcendence of other figures, and we perceive that the phenomena always appear in profile and carry other profiles with them⁽⁹⁾.

In order to do so, we have followed all the steps proposed by the technique, which are: the organization of the experiential descriptions in the text form; exhaustive reading of the material; and the objectification of categories. The reading of the material has flowed freely, allowing the phenomena to show themselves, from themselves, which means that we have experienced the perceptual experience during the reading and, in this, we have recognized ourselves as inter-body generality.

In fact, the phenomenon of drug use has shown to be an ambiguous experience, perceived from different profiles that are unveiled in the intersubjective experience. In this article, we have devoted ourselves to presenting and discussing only one of these profiles, which we have called "Care profiles in the context of drug use".

The study has been developed based on the ethical aspects that are recommended by the Resolution 466/2012 of the National Health Council⁽¹⁰⁾. Thus, the research has began only after approval by the Human Research Ethics Committee of the Universidade Estadual do Sudoeste da Bahia – UESB, according to the Opinion No. 111/2011; and all study participants have signed the Term of Free and Informed Consent.

■ RESULTS

Care profiles in the context of drug use

Reflecting on the perception of care in the drug use context, the study participants have uncovered attempts to explain the possible reasons that lead a person to bond with the drug.

I believe that most people start using drugs because, as I did and many also did, out of curiosity (Blue).

Due to overwork, I feel into depression [...]. My getaway was the drink (Gray).

In Azul's speech, it is observed that the curiosity to experience the effects produced by the drug corresponds to one of the reasons that can lead a person to establish a bond with the substance; to experience something that, until then, was unknown, became a necessity. Likewise, Gray's speech reveals that the drink has made her feel

better, which was an initiative that gave her care; as it was a pleasurable experience, different from the ones offered by overwork.

Experiential descriptions also revealed that both the drug users and the people around them are sometimes unaware of the reasons that led the users to a habitual consumption experience.

Because she used to have everything, she was a person for whom nothing was lacking. [...] And why did you start with it? I don't know! I know people who could sleep, who had a good house; food, the good and the best, and who got involved with drugs (Green).

This speech reveals that motivations for the drug use can extrapolate those related to material subsistence conditions, which are perceived as existential demands, for even those who possess everything socially considered sufficient to meet their needs may still not be considered enough to meet the expectations of being in the world.

In addition to attempting to explain the reasons that would lead to drug use, the descriptions also show that, by establishing the link between the person and the drug, the body can develop tolerance to the substance, a situation in which the physical body requires consumption in increasing doses.

I used to smoke pure marijuana, but seeing that it was no longer working, I made a sort of cocktail: I mixed stone, powder and started using it in the bathroom with another colleague. When we were smoking there, I felt a darkness in my vision; my heart was like stopping beating (Black).

This description shows that, depending on the tolerance developed by the body, the participant had to use increasing doses of the drug in order to achieve the sensations of pleasure. At the same time that the consumption of the drug has produced care, by satisfying the need of the organism, it has also exposed the consumer to deleterious effects.

In the retaking of the experiences, the participants have reported that, in addition to being able to cause damage to the body of the one who consumes, the drug can cause rupture of affective bonds with members of the user's family and interference in the social relations, as described show:

He goes to the street, becomes a beggar or develops a mental illness, when he thinks he does not, he does not even know who he is, he has lost his identity (Green).

The drug brings damage to our life, as in health, to our beauty, not to mention other material damages. That's the physical I'm talking about [...]. It also transforms us, deforms us, it even kills (Yellow).

The drug is insatiable. You use it and you want more and more. You do not care about your child, your wife, your mother, or your food; you worry, you lose weight, you get a skeletal body, you lose your self-esteem. Those who work fail to fulfill their professional obligations, lose their jobs; especially the crack user, who is very weak, gets dirty, unwilling to take a shower (Blue).

According to the participants' perspective, physical and psychosocial impairments occur with serious impairment to life, a situation that may arouse in the drug user the perception of the severity of their situation and the need to look for new forms of care.

When you talk about treatment, it becomes a very difficult thing because almost nobody thinks they are sick [...], when you recognize that you are sick, that you are weak, it is already the first step (Red).

When the user becomes interested, it gets easier. When they recognize that they are users, that they need help, you have to talk, you have to dialogue, then it becomes easier (Yellow).

I know that, first of all, it's me who has to be out of it. And how am I going to make other people happy if I'm not? First, I have to be happy (Green).

The participants recognize the need for the person to perceive that he or she is fragile, to recognize dependency as a disease and, therefore, the need to be taken care of; the person needs to assume that changes are necessary in order to meet the social demands and improve the family coexistence. Thus, the willpower and the awareness of the habitual drug consumer appears in the descriptions as facilitating elements of care.

As revealed by the experiential descriptions, the consumption of the drug starts from the need to produce sensations of euphoria, pleasure, to satisfy the effects of tolerance, to meet personal needs that are often not possible to be explained or conceived, as a way of taking care of oneself; on the other hand, the consumption increase, in terms of frequency and dose of the drug, also constitutes a possibility for the person to bring harm to themselves and others with whom they live.

The descriptions also show that, once the person recognizes that the addiction brings harm to themselves and to the others, they may also recognize the importance of the search for treatment. Thus, the experiences show that habitual consumption of drugs can provide different care profiles. Therefore, it is an ambiguity that involves an always dynamic and creative experience.

■ DISCUSSION

Although many people have an objectivist view regarding the drug use, the dialogue with the Merleau-Pontyan philosophy has led us to a much broader and more complex perception of the issue⁽⁶⁾. Among the many facets that engender it, what is shown in the present descriptions is the fact that the human being need continuous care, in order to guarantee its existence. In this perspective, the drug consumption corresponds to a strategy that can both provide relief and gratification, and the need for more specialized care.

The starting point for this understanding is that all of us, as human beings, with potential sensory and intellectual capacities, manage projects of happiness, in which physical, psychic and socio-cultural demands are inserted for the continuity of being and living together in the world⁽⁵⁾. The study has showed us, however, that contingent situations which interfere with us can make it difficult to operationalize these projects and, consequently, the inherent demands that, when not met, can lead to emergency measures as gratification proposals, including the initiation of the drug use.

Thus, the study corroborates the results of a survey that has been carried out with crack users, in João Pessoa-PB, which demonstrates the use of drugs as a way of feeling pleasure, coping with conflicting situations, or even as a way of suppressing the desire to experience⁽¹¹⁾.

In this way, we understand that both the initiation experiences and the habitual drug use constitute a possibility of self-care. However, the former seem to be more related to coping with difficulties in the construction of happiness projects, while those of habitual consumption suggest ways of coping with both these difficulties and physic-chemical needs.

Although the philosopher Merleau-Ponty does not have any specific writings concerning the notion of care, we refer to his works. We come to the realization that what the author has addressed as an impersonal nature, "not knowing about oneself, the brute being", are expressions that he has used to translate our feelings, what is most fundamental in us and which we do not explain⁽⁶⁾, that can be related to a kind of thoughtless care.

According to the Merleau-Pontyan viewpoint, we would say that the *thoughtless (impersonal)* care refers to a way of caring for the *unknown*⁽⁶⁾. From the knowledge that a person uses the drug to experience the effects of pleasure that satisfy him/her, even if in a momentary way, it is possible to perceive the profile in which to use drugs is a care in itself, a care that corresponds to a pre-reflexive process that neither the consumers themselves, nor those with whom they coexist, conceive as a form of care, as one of the participants states: *And why did you start with it? I don't know* (Green). That is, consuming drugs has to do with caring for something that is ignored.

As the drug consumption becomes a conscious experience, a way of meeting the needs arising from physical, psychic and socio-economic impairments that modify the person's routine⁽¹¹⁻¹⁷⁾, it can be seen as a reflected care (personal), as shown in the description: *When the user becomes interested, it gets easier. When they recognize that they are users, that they need help, you have to talk, you have to dialogue, then it becomes easier* (Yellow).

This type of (*personal*) *reflected* care usually opens up possibilities for the co-participation of the family, neighbors, friends and the community itself, which can be triggered by the individual himself when he/she recognizes the need to look for help and/or treatment to deal with the dependency, that is, when you seek care for yourself.

All this reflexive process, especially when expressing a concern with the *personality* – with moral behavior towards the family members – corresponds to the transition from the *unreflective care* to *reflected care*. Alternatively, in a Merleau-Pontyan reading, one realizes the need to promote positive changes in one's life, recognizing the drug use as an attempt to meet physic-chemical demands, while recognizing the social demands for pursuing new forms of satisfaction, that are "less deleterious".

Studies available in the national⁽¹²⁻¹⁴⁾ and international literature⁽¹⁵⁻¹⁶⁾ usually converge to confirm the thesis that drug use is a practice responsible for the occurrence of different physical, psychological and socioeconomic losses, which has reinforced the notion that using drugs favors only unreflective care. However, the perspective of intersubjectivity shows the perception of the drug use as an act that engenders several care profiles, that is, the person's relationship with the drug corresponds to an ambiguous experience, which may involve both reflected and unreflective care.

Given the exposed, it is necessary that mental health teams understand that the drug use corresponds to ways of promoting self-care. From this understanding, professionals, together with people who experience the addiction,

should look for other strategies that favor the existential completeness, in the sense of constructing with the user a Unique Therapeutic Project that considers their history, that guarantees respect for autonomy and that contributes to the redetermination of life and happiness. In view of its complexity, it is essential that therapeutic projects are constructed, reconstructed and periodically re-evaluated with the users and their family, through a collective discussion with the professionals of the interdisciplinary team⁽¹⁷⁾.

It is essential to open the team to the critical reflection of their knowledge and daily practices, especially in the search for other scenarios that are not limited to the Caps. In order to do so, the Caps must become an innovative service, in which there is the production of new practices, new concepts and new ways of life and health⁽¹⁸⁾.

Thus, it is necessary that Caps professionals have a broader view of health and use innovative theoretical-political-technical knowledge, that are capable of meeting the needs of the drug users, which goes beyond the traditional/academic knowledge and that encompasses the acquired knowledge in practice, including the ability to deal with their values and feelings⁽¹⁹⁻²⁰⁾. Therefore, based on the embracement and on the dialogue among the team, the user and the family members, there can be a resumption of healthier life projects or the creation of an unprecedented one, which is capable of encouraging the subject to participate in socio-cultural activities that provide the existential completeness and that contribute to the realization of transformative practices.

■ FINAL CONSIDERATIONS

The study, based on Maurice Merleau-Ponty's frame of reference, has allowed us to understand that the perception of users of a Psychosocial Care Center on drug dependence shows itself as an ambiguous experience, involving the transmutation of the unreflective pole to the reflective one. The study participants have showed that care appears in the relationship between the consumer and the drug; since the consumption constitutes, at the same time, an attempt to satisfy something unattainable, which may give rise to new consumption demands, as well as mobilize the search for more creative forms of satisfaction, ranging from the socio-family experience to the use of psychosocial care network equipment.

In this perspective, it is up to the multiprofessional team of the Caps to be willing – through the embracement, bond and dialogue – to contribute with the redetermination of life and happiness projects, counting on the partnership of the users and their families, as well as to plan

and implement care with a view to the psychosocial rehabilitation and to the exercise of users autonomy.

In the nursing field, in particular, the study will contribute to broaden the professional's perception regarding the drug users, as well as a moralistic and objectivist view, focused on the conception that the habit of drug use only corresponds to a condition of vulnerability, which implies carelessness. However, what we have just uncovered is that the event also means a thoughtless decision for care; and this knowledge can contribute to a more humanized perspective in mental health care planning and practice.

We emphasize the need of more research development, not only for Nursing, but for all the members of the mental health team, in order to better understand the relationships that habitual consumers establish with the drugs; as well as the difficulties faced throughout the process to subsidize the elaboration of therapeutic projects, which is not a limitation of the study, because in phenomenological studies, knowledge is always unfinished.

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Received: 09.05.2016

Approved: 05.08.2017