



## DRUG USERS' EXPERIENCE OF DRUG USE

### *Experiência de usuários acerca do uso de drogas*

### *Experiencia de usuarios sobre el uso de drogas*

**Geórgia Araújo Salviano Frota**

Psychosocial Care Center (*Centro de Atenção Psicossocial - CAPS*) - Amontada - CE - Brazil

**Keila Maria Carvalho Martins (OrcID)**

Higher Institute of Applied of Technology (*Instituto Superior de Teologia Aplicada - INTA*) - Sobral - CE - Brazil

**João Victor Lira Dourado (OrcID)**

Higher Institute of Applied of Technology (*Instituto Superior de Teologia Aplicada - INTA*) - Sobral - CE - Brazil

**Francisca Alanny Rocha Aguiar (OrcID)**

Higher Institute of Applied of Technology (*Instituto Superior de Teologia Aplicada - INTA*) - Sobral - CE - Brazil

**Francisco Freitas Gurgel Júnior (OrcID)**

Higher Institute of Applied of Technology (*Instituto Superior de Teologia Aplicada - INTA*) - Sobral - CE - Brazil

#### ABSTRACT

**Objective:** *To understand* drug users' experiences of drug use. **Methods:** Qualitative study carried out in January and February 2015 in an Alcohol and Drugs Psychosocial Care Center located in a medium-sized municipality in the state of Ceará, Brazil. Data were collected through semi-structured interviews with seven users. Data were analyzed and interpreted on the basis of thematic analysis, which allowed to discover the core meanings of communication. **Results:** We found that the use of the psychoactive substances begins in adolescence and is influenced by the social environment. Drug use has deleterious consequences for users, with changes in the standard of living, physical and psychological damage, deficits in interpersonal relationships, and difficulties in the establishment of family ties. In some cases, the nuclear family was a support for users as they provided care and helped tackling drug use. **Conclusion:** The use of psychoactive substances is a complex and negative experience that affects the health and quality of life of users. It is necessary to strengthen the psychosocial care network so that care for drug users is offered in a comprehensive way, thus taking into consideration the particular needs and ensuring the rights established by Unified Health System.

**Descriptors:** Secondary Care; Mental Health; Family Relations; Life Change Events; Drug Users.

#### RESUMO

**Objetivo:** *Compreender como os usuários experienciam o uso de drogas.* **Métodos:** *Estudo qualitativo, desenvolvido durante os meses de janeiro e fevereiro de 2015, no Centro de Atenção Psicossocial de Álcool e Drogas, situado em um município de médio porte do estado do Ceará, Brasil. Para a coleta de informações, aplicou-se uma entrevista semiestruturada com sete usuários. Na análise e interpretação das informações, empregou-se a análise temática, que viabilizou descobrir os núcleos de sentido que compõem uma comunicação.* **Resultados:** *Verificou-se que o uso das substâncias psicoativas inicia-se no período da adolescência e por influência do meio social. O consumo das drogas repercute em consequências deletérias aos usuários, com modificação do padrão de vida, prejuízos nos domínios físicos e psicológicos, déficit no relacionamento interpessoal e bloqueio no estabelecimento de vínculos com a família. O núcleo familiar, em alguns casos, apresentou-se como apoio aos usuários na dispensação de cuidados e impulsionador no enfrentamento das drogas.* **Conclusão:** *O uso de substâncias psicoativas configura-se como uma experiência negativa e complexa, que afeta a saúde e a qualidade de vida dos usuários. Faz-se mister o fortalecimento da rede de atenção psicossocial para que a assistência aos usuários de drogas seja ofertada de forma integral, contemplando as necessidades particulares e garantindo os direitos estabelecido pelo Sistema Único de Saúde.*

**Descritores:** *Atenção Secundária à Saúde; Saúde Mental; Relações Familiares; Acontecimentos que Mudam a Vida; Usuários de Drogas.*



## RESUMEN

**Objetivo:** Comprender cómo los usuarios vivencian el uso de drogas. **Métodos:** Estudio cualitativo desarrollado en los meses entre enero y febrero de 2015 en el Centro de Atención Psicosocial de Alcohol y Drogas localizado en un municipio de medio porte del estado de Ceará, Brasil. Se aplicó una entrevista semi-estructurada con siete usuarios para la recogida de informaciones. Se realizó el análisis temático para el análisis e interpretación de las informaciones que ha facilitado la identificación de los núcleos de sentido que componen una comunicación. **Resultados:** Se verificó que el uso de las sustancias psicoactivas comienza en el período de la adolescencia e está influenciado por el medio social. El consumo de drogas conlleva consecuencias nocivas para los usuarios con cambios de las condiciones de vida, perjuicios en los dominios físicos y psicológicos, déficit en la relación interpersonal y bloqueo para el establecimiento de vínculos con la familia. El núcleo familiar, en algunos casos, se presentó como el apoyo a los usuarios para la dispensación de cuidados y un impulso para el afrontamiento de las drogas. **Conclusión:** El uso de sustancias psicoactivas se configura como una experiencia negativa y compleja que afecta la salud y la calidad de vida de los usuarios. Hace falta el fortalecimiento de la red de atención psicosocial para que la asistencia de los usuarios de drogas sea ofrecida de manera integral incluyendo las necesidades particulares y garantizando los derechos establecidos por el Sistema Único de Salud.

**Descriptor:** Atención Secundaria de Salud; Salud Mental; Relaciones Familiares; Acontecimientos que Cambian la Vida; Consumidores de Drogas.

---

## INTRODUCTION

Drugs are psychoactive substances not produced by the body capable of altering psychological, organic and behavioral functions. They are classified as licit and illicit substances. These substances can be traded in a legal way and may or may not be subject to some restrictions; however, drugs considered illegal are prohibited by law according to Resolution n. 8/2015.1<sup>(1)</sup>.

In 2013, approximately 243 million people, corresponding to just over 5% of the world population between 15 and 64 years of age, had already used some psychoactive substance. In 2012, harmful use of these substances was found in approximately 27 million people and 200,000 people died due to drug use<sup>(2)</sup>.

Data from the World Health Organization's 2011 Global Status Report on Alcohol and Health show that 31.8% of Brazil's population is composed of people who regularly drink alcohol<sup>(3)</sup>.

The use of these substances has increased significantly over the past decades. Alcohol has been drunk increasingly early and it has been offered in all social spaces and means., and this has been widely accepted by individuals and their families<sup>(4)</sup>.

The use of these substances is considered a serious public health problem in contemporary society as it causes difficulties in family and social life, emotional distress, and high prevalence of physical and mental comorbidities that are responsible for the increase of disabilities associated with substance use<sup>(5)</sup>. It is therefore the focus of different public policies and requires appropriately articulated and organized interventions and services that can respond to this problem, especially within the Unified Health System (*Sistema Único de Saúde – SUS*)<sup>(6)</sup>.

After implementation of the Federal Law No. 10.216/2001, which legitimized the psychiatric reform movement in the mental health field, the interest in drug policies in the country became visible and these policies aimed to prioritize the network of out-of-hospital care and direct efforts to deliver comprehensive health care to the population directly involved with drug use<sup>(7)</sup>.

To this end, Brazil's Ministry of Health implemented in 2003 the Alcohol and Other Drug Users Comprehensive Care Policy, which highlights the need to implement intersectoral actions with a focus on comprehensive care<sup>(8)</sup>. There is also the National Health Promotion Policy (*Política Nacional de Promoção da Saúde – PNPS*), which was implemented in Brazil in 2006 with the aim of promoting equity and improving living conditions with a focus on individual and collective health. In this regard, the PNPS seeks to tackle the abuse of alcohol and other drugs by setting it as one of the priority themes related to health promotion actions<sup>(9)</sup>.

In the field of specialized care, the Psychosocial Care Centers for the treatment of users of alcohol and other drugs (*Centros de Atenção Psicossocial para tratamento de usuários de álcool e outras drogas – CAPSad*) were created to identify and embrace individuals with problems resulting from the abuse of psychoactive substances within a specific area. The centers offer therapeutic and preventive activities in order to deliver better care to these people. The activities include: provision of services to users on a daily basis; harm reduction strategies; case management

through the delivery of personalized care; spaces for resting and outpatient detoxification of users in need; delivery of care to family members of the users; and activities with users and family members for improving protective factors for use and dependence of psychoactive substances<sup>(8)</sup>.

However, despite these policies, efforts are still needed to expand the network of services for the treatment of patients who use drugs, to disseminate research on the abuse of these substances and to elaborate effective interventions that include the promotion of health and the prevention of harms inherent to the life of users<sup>(10)</sup>.

This study is relevant as its empirical and subjective results extracted from the participants' statements present the life reality and the experience of the users after the abuse of psychoactive substances, thus highlighting, above all, the existential relationship with the social environment. In the light of these issues, the following research question was developed: What is the experience of users of a Psychosocial Care Center for the treatment of users of alcohol and other drugs (*Centro de Atenção Psicossocial para tratamento de usuários de álcool e outras drogas – CAPSad*) regarding drug use?

Given that, this study aimed to understand drug users' experiences of drug use.

## METHODS

This is a qualitative study<sup>(11)</sup> carried out in January and February 2015 with the aim of describing the experiences of drug use of users of a Psychosocial Care Center for the treatment of users of alcohol and other drugs (*Centro de Atenção Psicossocial para tratamento de usuários de álcool e outras drogas – CAPSad*).

The CAPSad where the research took place is located in a medium-sized municipality in the state of Ceará, Brazil, and provides psychosocial care to alcohol and other drug users through an interdisciplinary team. It operates daily, in the morning and afternoon, and offers special shifts depending on special care demands<sup>(12)</sup>. In order to carry out the study, the researchers attended the meeting of the therapeutic group "Active Interaction (*Interação Ativa – IA*)" of the CAPSad of the aforementioned municipality and presented the research proposal to the users, who were then formally invited to voluntarily participate. The choice of these participants is explained by the hope that the existence of a therapeutic bond and a relationship of trust with professionals promote the sharing of feelings, emotions, experiences and stories of daily life.

Study participants were people enrolled in the health care facility aged over 18 years who used psychoactive substances and attended IA group meetings. The study did not include users of psychoactive substances who presented with impaired spatial and time orientation. Data collection was finished after data saturation<sup>(13)</sup>, which is often used in qualitative studies in different areas in the health field and in other fields and that is based on the conscious judgment of the researcher. Saturation is used to determine or decide upon the final size of a study sample and consists of interrupting the uptake of new information<sup>(13)</sup>. Thus, study participants were seven users.

Data were collected using semi-structured interviews<sup>(14)</sup>. This technique was used because it is one of the types of interviews most commonly used in qualitative research as it gives a fair degree of freedom and allows the interviewee to take initiative to a certain degree, starting with the interview, in which the interviewer introduces the research theme and leaves the interviewee free to elaborate. The interview consisted of close-ended questions about the identification of the participants (sex, age, marital status, education level, religion and profession), cognitive and emotional aspects, and open-ended questions about the use of psychoactive substances and existential relationships with family members, that is, the various aspects that involve the objective and the research question of the study: Talk about your experience of drug use.

The interviews were carried out individually in a cordial atmosphere in a private space in the health care facility in order to guarantee the privacy and anonymity of the participants. The interviews lasted on average twenty minutes each and the participants authorized the recording of the interviews using a digital audio recorder for further verbatim transcription and maximization of the reliability of the information obtained.

In this study, the statements were submitted to thematic analysis<sup>(15)</sup>, which consists of three phases: pre-analysis, exploration of the material, and treatment and interpretation of results. After organization and codification of the data using thematic analysis, the results of this study were presented in four categories: Adolescence and the contact with drugs; The social space as an influencer of the use of psychoactive substances; Repercussions of drug use for the lives of users; and (Des)construction of the relationship between drug users and family members.

The research complied with Resolution 466/2012 of the National Health Council and was approved by the Research Ethics Committee of the State University of Vale do Acaraú (*Universidade Estadual do Vale do Acaraú –*

UVA) under Approval No. 929.715. The participants signed the Free Informed Consent Form. In order to guarantee the anonymity of the research participants, the statements presented in the results were identified and coded using the term “User” and the respective interview order number (e.g. User 1 (...) User 7).

## RESULTS AND DISCUSSION

The results obtained show the identification of the participants of this research and their perceptions about their experiences of drug use.

All the seven participants were men and their age ranged 20 to 59 years. As for marital status, five participants were single and two were separated. With regard to education level, six participants had incomplete primary education and one was illiterate. As for religion, three participants were Catholic, three were Protestant, and one did not follow any religion. With regard to occupation, one participant was self-employed and six were unemployed.

Regarding the emotional and cognitive aspects of the study participants, six users reported difficulty sleeping and needed to take medications at night. Hallucinations, mainly visual and auditory, were present in the daily life of five users. Sadness and loneliness characterized by the absence and/or loss of affective relationships were observed in five users and one of them reported suicidal thoughts and attempts due to sadness and concerns about health and loneliness.

In agreement with the results of the present research, a study carried out with ten users of alcohol and other drugs attending four Family Health Care Centers in Caxias do Sul, in the state of Rio Grande do Sul, Brazil, found that the use of drugs was a way of coping with psychic suffering in life<sup>(16)</sup>.

### Adolescence and the contact with drugs

This category shows that the use of drugs such as alcohol, marijuana and crack started during adolescence.

*“(...) I started drinking at age 19, before that I did not feel anything, not even a little pain in my toes (...)” (User 5)*

*“(...) I already worked at age 15 and I had never tasted alcohol (...) then I tried a glass of beer in a birthday party (...) then, that glass of beer became one month without working because I was on a nonstop bender.” (User 6)*

The interviewees' statements show the impact of alcohol on the lives of these young people, which leads to evaluations of the abuse of alcohol and other drugs as it is a problem that, in addition to compromising the physical and mental health of people, is a social disease. The findings of the present study are similar to those of the study carried out in a type II CAPSad in the state of Minas Gerais, Brazil, which found that the use of psychoactive substances by the participants started in adolescence at age 15 with the use of licit drugs<sup>(17)</sup>.

It should be noted that adolescence is defined by Brazil's Ministry of Health<sup>(18)</sup> and the World Health Organization as a period of life between the ages of ten and nineteen. In addition, the Statute of the Child and Adolescent (*Estatuto da Criança e do Adolescente – ECA*)<sup>(19)</sup> defines adolescence as the period of life between the ages of twelve and eighteen years. In exceptional cases, and in cases provided by Law, the statute can be applied until the age of twenty one.

It is at this stage of life that the use of psychoactive substances such as alcohol and illicit drugs commonly occurs. This happens because the adolescent is more prone to experience adverse situations, such peer pressure, curiosities, influences, escape from difficult situations, or family values contradictions<sup>(20)</sup>.

In this regard, a study carried out with drug users receiving treatment in a psychiatric hospital that is part of the mental health network in a capital city in Midwest Brazil showed that drug use usually begins in adolescence with licit psychoactive substances, such as alcohol and tobacco, and later turns to marijuana and then cocaine and crack in adult life<sup>(21)</sup>.

A study of data from the National School Health Survey (*Pesquisa Nacional de Saúde Escolar – PeNSE*) confirmed that the prevalence of alcohol use, which is defined as the use of alcohol at least one day over the past 30 days, was pronounced in adolescents aged 15 years or older<sup>(22)</sup>.

In addition, one of the participants of the present study reported having started drug use with other psychoactive substances, particularly marijuana, and later crack, as described below:

*“(...) I started smoking marijuana early when I was 12 years old. I also started drinking when I was 12. Then I was 16 or 17 years old when I started using crack (...) If I do not use crack, I get impatient, rude, angry.” (User 4)*

The accounts of user 4 that reveal that he started marijuana very early and then turned to other drugs is not particular to the present study. A study carried out with people aged twelve to twenty-four years old in a CAPSad in Feira de Santana, state of Bahia, Brazil, found that crack was the most commonly used illicit drug<sup>(23)</sup>. In addition, a study with crack users found that the participants used crack in pursuit of pleasure, which was greater than that provided by other drugs.

As for marijuana use, it is clear that it is easily diffused due to its easy access, its average price, and the fact that it is seen as a commonly used low risk substance and that it is easier to quit its use<sup>(24)</sup>.

### **The social space as an influencer of the use of psychoactive substances**

The statements in this category show that the use of psychoactive substances was associated with the social environment, the influence of colleagues/friends, the supply, and the refined understanding of the aesthetics of this harmful health practice:

*"(...) I drank because my friends said it was good (...)" (User 3)*

*"(...) I saw the others [friends] smoking and I thought it was nice. Then I started. Alcohol was a sort of invitation (...)." (User 7)*

The statements show that drug use is not isolated from the social context. The social group composed of friends/colleagues represents a reference capable of encouraging the sharing and reproduction of new models of behavior<sup>(10)</sup>. It is common for individuals to follow their peers, adopting clothing styles, behaviors, and attitudes of their group. Understood as a reassuring model, the acquisition of peer-like practices is seen as a prerequisite for achieving power, social acceptance, and popularity<sup>(25)</sup> within the group and society<sup>(26)</sup>.

Peer pressure is perceived as a legitimation that validates whether this individual has the possibility of belonging to the group or not. Nevertheless, the risks posed by these alliances to people's lives must be analyzed as they become a kind of test for acceptance within a group. Given the influence that the group of friends has in the context of psychoactive substance use, saying "no" becomes a hypothesis in the social imaginary of individuals<sup>(27)</sup>.

Thus, it should be noted that the initial idea that the casual experience encouraged by friends/colleagues can become a continuous relationship given the psychological and physical dependence generated by the drug<sup>(28)</sup>.

Based on the above, individuals' circle of friends clearly have the power to influence decision making, which represents a more comprehensive diagnosis of this situation<sup>(29)</sup>.

Thus, it is necessary for health professionals to use health promotion in the facilities where they work. To do so, they must be prepared to promote the quality of life of the population. However, the logic of health care facilities, including mental health care services, is often based on fragmented practices and the curative care model.

### **Repercussions of drug use for the lives of users**

This category shows the facets of the phenomenon regarding the repercussions of the use of psychoactive substances for the lives of users. The accounts of the lived experiences showed that the participants notice changes imposed by drug use, such as changes in behavior and living standards. In the beginning, users do not perceive the implications of substance use; however, they recognize, at some point, the destructive nature of the drug:

*"(...) My life was a wonderful (...) Then, everything tore down. I started going to parties, drinking, fighting. My career was over (...)." (User 1)*

*"(...) I studied. I started to use it alone. I bought it! I was euphoric (...)." (User 2)*

*"(...) Before I used drugs, my life was good. Now I am surviving in hell..." (User 4)*

*"(...) I used to work in a bakery before I started drinking. I was a good person, I did not mess with anyone. (...) I hit rock bottom. I suffered a lot because of drinking. I used to drink every day (...)." (User 7)*

In agreement with these results, a study carried out with users attending a psychiatric hospital reported that the use of psychoactive substances brought complications related to work and family and social relationships, leading to an increased use among users<sup>(21)</sup>. In this regard, the use of these substances and the difficulty of establishing permanent activities in the daily life are interconnected by the need to obtain and use the drug. This is commonly caused by the chemical dependency syndrome, a factor that limits users' behaviors in their daily life and, at the same time, incites the search for substances through licit and/or illicit alternatives<sup>(30)</sup>.

In the present study, interviewees' different behavioral changes caused by drug use, such as school dropout, unemployment, lack of a life goal, and aggressive and violent situations are in line with the findings of a study carried out in a female psychiatric ward in a hospital in the city of Porto Alegre, state of Rio Grande do Sul, Brazil, which presented drug use as a cause of unemployment, school dropout and situations of violence<sup>(25)</sup>.

Other statements described below demonstrate the physiological harms caused by the substances in the organism of the users:

*"(...) I got sick, I got nervous, I shivered, everything went wrong." (User 3)*

*"(...) When I started drinking, I got mentally ill soon..." (User 5)*

*"(...) Then my leg and my belly swelled. Then I went to the hospital and they said it was a ascites. Then I quit but started drinking again (...), then I started to see things and was in hospital again. I have been hospitalized 11 times." (User 6)*

In agreement with the results found in the present research, the study carried out in a CAPSad in the city of Caxias do Sul, in the state of Rio Grande do Sul, Brazil, pointed out that one of the problems reported by its users refers to health harms and that drug use is a risk factor for the onset of several diseases, including cancers; psychiatric disorders, heart and lung diseases, among others. Thus, each drug produces different psychic and physical effects on the human organism which are more or less serious according to a set of variables related to the use<sup>(31)</sup>.

The harmful use of psychoactive substances poses risks and can significantly impair users' quality of life. Therefore, it is necessary to immerse in the social context of users to understand the implications of the drug for each subject because knowledge of the reality will make health care providers able to elaborate health care actions adapted to the life of the social actors involved in the process<sup>(25)</sup>.

### **(Des)construction of the relationship between drug users and family members**

This category shows that the empirical fragments reveal the impacts that the abuse of substances have on the lives of family members, such as family members' routine break and feelings of sadness, helplessness and frustration regarding the disease.

Drug use influences internal conflicting relationships between users and mothers associated with mothers' recognition of the characteristics and losses caused by chemical dependency, as demonstrated in the following statements:

*"(...) My mother argues with me because I am still using marijuana. Then she comes and says: No, son, it is for your own good (...)." (User 1)*

*"(...) My mother used to fight me. She said: he always gets home drunk. Today I go to bed early and I do not drink anymore. She does not fight me anymore." (User 3)*

*"(...) My mother knows that I use crack and she is kind of sad. Because every mother wants the best for their child and she does not accept it. But she prefers to make me comfortable than see me robbing or doing something wrong (...)." (User 4)*

These findings are in agreement with a study carried out with family members of people with psychoactive substance abuse disorders in psychiatric institutions of the Unified Health System (*Sistema Único de Saúde – SUS*) and a CAPSad in the city of João Pessoa, Paraíba, Brazil, which showed that family members presented fragile, complex, unstable and conflicted relationships permeated with fights that accentuate family's difficulties in dealing with chemical dependency<sup>(32)</sup>.

In addition, a qualitative study carried out in a CAPSad in the city of Fortaleza, Ceará, Brazil, with 14 health care workers, 21 users receiving treatment and four family members with the objective of identifying family members' experiences related to crack users receiving treatment has shown that the experience of living with a drug user can often cause family members to become ill and codependent as they recognize that coexistence is complex and hard for family members<sup>(33)</sup>.

Another statement demonstrated an aggressive and violent relationship between a family member and the drug user:

*"(...) My brother did not accept me as a drug user... He used to beat me and threw me on the floor." (User 5)*

These findings are corroborated by a study carried out with crack users living in the streets of Florianópolis, Santa Catarina, Brazil. The study found that one of the reasons for living in the streets reported by the interviewees referred to situations of intrafamily violence. Thus, physical/punitive violence is characterized by the use of physical force against another person causing from mild pain to injuries that can cause death<sup>(34)</sup>.

Domestic violence is undeniably a fact that leads to various debates and inconsistencies. On certain occasions, it is exposed explicitly, like in conflicts in which the fury possesses bodies and leads to assault. In other cases, it may be so subtle that it is covered up in expressions or silence, thus inhibiting the ability to identify and distinguish it<sup>(35)</sup>.

When the individual becomes dependent on psychoactive substances, the interpersonal relationships may be impaired and there may be difficulties in social interaction:

*"I am always at home, then I become thoughtful, I have these big silly thoughts. I cry alone inside the house, I only think of bad things because I do not live with my mother, I live alone in a room, then I get like that (...)" (User 7)*

In agreement with this statement, a study of men who used alcohol and other drugs and who attempted suicide and received treatment at a CAPSad in the state of Rio Grande do Sul, Brazil, showed that drug abuse may lead to social withdrawal and problems with affective social relationships, thus contributing to isolation and harmful behavior. Thus, living in the world of substance use leads to fragile relationships and difficulties to establish permanent and solid bonds, which often results in the termination of relationships and, consequently, loneliness<sup>(36)</sup>.

Although the loss of family ties is common in the lives of some users, other statements showed that the family is a source of support for the users in the provision of care, production of care, and in the confrontation of chemical dependency:

*"(...) I started to live with my sister and my life has improved a lot. I quit drinking. She helps me, she buys things for me. She is a mother to me (...)" (User 5)*

*"(...) [Family members] are helping me! I live with my brother, his three children and his wife. He bathes me, he takes care of me (...)" (User 6)*

*"(...) I get along with her if I do not drink. Everyone is good to me, I talk to my mother and my brothers every day (...)" (User 7)*

Similarly to what is demonstrated by the aforementioned statements, a study<sup>(33)</sup> found that the family can encourage the search for treatment and provide support to face the difficulties encountered in the fight against chemical dependency. When users perceive that they can regain their family ties, the motivation for treatment becomes more evident<sup>(33)</sup>.

Thus, the family is the first and the strongest agent of socialization of the human being. It then becomes a transmitter of values and a space for care, emotional support and the creation of health promotion strategies for its members. Given that, it has the qualities to cooperate with the removal of its members from harmful behaviors, such as psychoactive substance addiction<sup>(34)</sup>.

It should be noted that there have been advances in mental health care policies given its importance and the achievements made in recent years, including the recent National Drug Policy Council (*Conselho Nacional de Políticas sobre Drogas – CONAD*) Resolution No. 1, of March 9, 2018<sup>(37)</sup>, which approved the guidelines for the realignment and strengthening of the National Drug Policy (*Política Nacional sobre Drogas – PNAD*) and the programs, projects and actions under the responsibility and management of the Union. This resolution expands the actions of public policies on drugs. It advocates that all training of professionals will have a different focus and it will include issues that were not previously addressed, such as the promotion of users' abstinence.

The present study is expected to contribute to the effective operationalization of these public policies allied to the National Health Promotion Policy, which, together, could generate a positive impact if developed along with the different sectors of society. Initially, spaces should be created for the discussion about existing public health policies, thus outlining a drug prevention action plan. The study can be replicated in other facilities of the Mental Health Care Network.

The limitations of the present research are related to the type of study, which does not allow the generalization of information, and to the homogeneity of the key informants, which does not allow the understanding of the reality of the peers – family members, users and health professionals.

## FINAL CONSIDERATIONS

The participants' accounts showed that they experience drug use in a very early period of life, that is, in adolescence, a period of vulnerability in which the young person initially seeks to try the drug. The accounts also showed that the use of one drug leads to the use of other drugs.

The use of psychoactive substances is a complex and negative experience that affects the health and quality of life of users.

The prevention of drug use must be initiated in the various sectors of society, and the problems it causes for the individual, the family and society in general must be discussed.

Health professionals should be aware of this health problem and need to be empowered to deliver care to these patients and recognize that the family can be a potential ally in the treatment of their family member.

It is necessary to strengthen the psychosocial care network so that care can be provided to drug users in a comprehensive way considering the particular needs and guaranteeing the rights established by SUS.

Thus, it is important to encourage the development of further studies to fill the gaps in studies developed by other researchers.

## CONFLICTS OF INTEREST

The authors declare there are no conflicts of interest.

## CONTRIBUTIONS

**Geórgia Araújo Salviano Frota** and **Keila Maria Carvalho Martins** contributed to study conception, design, analysis and interpretation of data, and drafting and approval of the final version for publication. **Francisca Alanny Araújo Rocha** and **Francisco Freitas Gurgel Júnior** contributed to analysis and interpretation of data and approval of the final version for publication. **João Victor Lira Dourado** contributed to drafting the manuscript and approval of the final version for publication.

## REFERENCES

1. Brasil. Resolução RDC nº 8, de 13 de fevereiro de 2015. Dispõe sobre a atualização do Anexo I, Listas de Substâncias Entorpecentes, Psicotrópicas, Precursoras e Outras sob Controle Especial, da Portaria SVS/MS nº 344, de 12 de maio de 1998 e dá outras providências. Brasília; 2015.
2. United Nations Office on Drugs and Crime. World Drug Report 2015. United Nations Publication [Internet]. New York: United Nations; 2015 [accessed on 2017 June 12]. Available from: [https://www.unodc.org/documents/wdr2015/World\\_Drug\\_Report\\_2015.pdf](https://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf)
3. World Health Organization (WHO). Global status report on alcohol and health [Internet]. Geneva: WHO; 2011 [accessed on 2017 Aug 22]. Available from: [http://www.who.int/substance\\_abuse/publications/global\\_alcohol\\_report/msbgsruprofiles.pdf](http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf)
4. Cosentino SF, Vianna LAC, Souza MHN, Perdonssini LGB. Características de cuidadores familiares e de usuários de drogas. Rev Enferm UFPE On line. 2017 [accessed on 2017 Aug 26];11(6):2400-7. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/23403/19066>
5. Seabra PRC, Sá LO, Amendoeira JJP, Ribeiro AL. Satisfação com os cuidados de enfermagem em usuários de drogas: evolução de uma escala. Rev Gaúch Enferm [Internet]. 2017 [accessed on 2017 Dec 26];38(2):e58962. Available from: <http://www.scielo.br/pdf/rgenf/v38n2/0102-6933-rgenf-1983-144720170258962.pdf>
6. Varela DSS, Sales IMM, Silva FMD, Monteiro CFS. Rede de saúde no atendimento ao usuário de álcool, crack e outras drogas. Esc Anna Nery Rev Enferm [Internet]. 2016 [accessed on 2017 Dec 26];20(2):296-302. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452016000200296&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452016000200296&lng=en&nrm=iso)
7. Machado LV, Boarini ML. Políticas sobre drogas no Brasil: a estratégia de redução de danos. Psicol Ciênc Prof [Internet]. 2013 [accessed on 2017 Dec 26];33(3):580-95. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-98932013000300006](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-98932013000300006)



8. Ministério da Saúde (BR). A política do Ministério da Saúde para atenção integral a usuários de álcool e outras drogas [Internet]. Brasília: Ministério da Saúde; 2004 [accessed on 2017 Dec 25]. Available from: <http://portalarquivos2.saude.gov.br/images/pdf/2015/marco/10/A-Pol--tica-do-Minist--rio-da-Sa--de-para-Aten----o-Integral-ao-Usu--rio-de---lcool-e-Outras-Drogas--2003-.pdf>
9. Ministério da Saúde (BR). Política Nacional de Promoção da Saúde: PNPS: revisão da Portaria MS/GM nº 687, de 30 de março de 2006 [Internet]. Brasília: Ministério da Saúde; 2015 [accessed on 2018 Sep 10]. Available from: [http://bvsmms.saude.gov.br/bvs/publicacoes/pnps\\_revisao\\_portaria\\_687.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/pnps_revisao_portaria_687.pdf)
10. Carvalho MRS, Silva JRS, Gomes NP, Andrade MS, Oliveira JF, Souza MRR. Motivações e repercussões do consumo de crack: o discurso coletivo de usuários de um Centro de Atenção Psicossocial. *Esc Anna Nery Rev Enferm* [Internet]. 2017 [accessed on 2017 Dec 25];21(3):e20160178. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452017000300209&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452017000300209&lng=en&nrm=iso)
11. Minayo CS. Análise qualitativa: teoria, passos e fidedignidade. *Ciênc Saúde Colet*. 2012;17(3):621-6.
12. Central Brasileira de Estabelecimentos de saúde – CEBES. Tudo sobre centro de atenção psicossocial - centro de atenção psicossocial de amontada [accessed on 2018 Sep 27]. Available from: <https://cebes.com.br/centro-de-atencao-psicossocial-de-amontada-3669599/>
13. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. *Cad Saúde Pública*. 2008;24(1):17-27.
14. Fraser MTD, Gondim SMG. Da fala do outro ao texto negociado: discussões sobre a entrevista na pesquisa qualitativa. *Paidéia*. 2004;14(28):139-52.
15. Minayo MCS. O desafio do conhecimento pesquisa qualitativa em saúde. 14ª ed. São Paulo: Hucitec; 2014.
16. Cardoso MP, Agnol RD, Taccolini C, Tansini K, Vieira A, Hirdes A. A percepção dos usuários sobre a abordagem de álcool e outras drogas na atenção primária à saúde. *Aletheia*. 2015;(45):76-82.
17. Almeida CS, Luis MAV. Políticas públicas e o usuário de Crack em tratamento. *RECOM* [Internet]. 2017 [accessed on 2017 Dec 25];7:1-9. Available from: <http://www.seer.ufsj.edu.br/index.php/recom/article/viewFile/1447/1571>
18. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas e Estratégicas. Proteger e cuidar da saúde de adolescentes na atenção básica. [Internet]. Brasília: Ministério da Saúde; 2017 [accessed on 2017 Dec 25]. Available from: [http://bvsmms.saude.gov.br/bvs/publicacoes/proteger\\_cuidar\\_adolescentes\\_atencao\\_basica.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/proteger_cuidar_adolescentes_atencao_basica.pdf)
19. Estatuto da Criança e do Adolescente. Lei n. 8.069, de 13 de julho de 1990, e legislação correlata [Internet]. Brasília: Câmara dos Deputados; 2010 [accessed on 2017 Dec 25]. Available from: [http://www.crianca.mppr.mp.br/arquivos/File/publi/camara/estatuto\\_crianca\\_adolescente\\_9ed.pdf](http://www.crianca.mppr.mp.br/arquivos/File/publi/camara/estatuto_crianca_adolescente_9ed.pdf)
20. Ferreira SMO. Promoção da saúde na prevenção de comportamentos de risco para a saúde na adolescência [tese]. [Internet]. Santarém: Instituto Politécnico de Santarém; 2014 [accessed on 2017 Dec 25]. Available from: [http://repositorio.ipsantarem.pt/bitstream/10400.15/1202/2/Promo%C3%A7%C3%A3o%20da%20sa%C3%BAde%20na%20preven%C3%A7%C3%A3o%20de%20comportamentos%20de%20risco%20na%20sa%C3%BAde%20na%20adolesc%C3%Aancia\\_%20Sandra%20Margarida.pdf](http://repositorio.ipsantarem.pt/bitstream/10400.15/1202/2/Promo%C3%A7%C3%A3o%20da%20sa%C3%BAde%20na%20preven%C3%A7%C3%A3o%20de%20comportamentos%20de%20risco%20na%20sa%C3%BAde%20na%20adolesc%C3%Aancia_%20Sandra%20Margarida.pdf)
21. Pedrosa SM, Reis ML, Gontijo DT, Teles AS, Medeiros M. A trajetória da dependência do crack: percepções de pessoas em tratamento. *Rev Bras Enferm* [Internet]. 2016 [accessed on 2017 Nov 10];69(5):956-63. Available from: <http://www.scielo.br/pdf/reben/v69n5/0034-7167-reben-69-05-0956.pdf>
22. Malta DC, Oliveira-Campos M, Prado RR, Andrade SSC, Mello FCM, Dias AJR, Bomtempo DB. Uso de substâncias psicoativas, contexto familiar e saúde mental em adolescentes brasileiros, pesquisa nacional de saúde dos escolares (PeNSE 2012). *Rev Bras Epidemiol* [Internet]. 2014 [accessed on 2017 Sep 15];17 Suppl 1:46-61. Available from: [http://www.scielo.br/pdf/rbepid/v17s1/pt\\_1415-790X-rbepid-17-s1-00046.pdf](http://www.scielo.br/pdf/rbepid/v17s1/pt_1415-790X-rbepid-17-s1-00046.pdf)
23. Silva CC, Costa MCO, Carvalho RC, Amaral MTR, Cruz NLA, Silva MR. Iniciação e consumo de substâncias psicoativas entre adolescentes e adultos jovens de centro de atenção psicossocial antidrogas/CAPS-AD. *Ciênc Saúde Coletiva* [Internet]. 2014 [accessed on 2017 Sep 10];19(3):737-45. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1413-81232014000300737&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232014000300737&lng=en&nrm=iso&tlng=pt)

24. Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências. Relatório anual 2013: a situação do país em matéria de drogas e toxicodependências [Internet]. Lisboa: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências; 2014 [accessed on 2017 Aug 12]. Available from: [http://www.sicad.pt/BK/Publicacoes/Lists/SICAD\\_PUBLICACOES/Attachments/72/Relat%C3%B3rioAnual\\_2013\\_A\\_Situa%C3%A7%C3%A3o\\_do\\_Pa%C3%ADs\\_em\\_mat%C3%A9ria\\_de\\_drogas\\_e\\_toxicodepend%C3%Aancias.pdf](http://www.sicad.pt/BK/Publicacoes/Lists/SICAD_PUBLICACOES/Attachments/72/Relat%C3%B3rioAnual_2013_A_Situa%C3%A7%C3%A3o_do_Pa%C3%ADs_em_mat%C3%A9ria_de_drogas_e_toxicodepend%C3%Aancias.pdf)
25. Fertig A, Schneider JF, Oliveira GC, Olschowsky A, Camatta MW, Pinho LB. Mulheres usuárias de crack: conhecendo suas histórias de vida. *Esc Anna Nery Rev Enferm* [Internet]. 2016 [accessed on 2017 Dec 28];20(2):310-6. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452016000200310](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452016000200310)
26. Barbosa MR, Matos PM, Costa ME. As relações de vinculação e a imagem corporal: exploração de um modelo. *Psicol. Teor Pesqui* [Internet]. 2011 [accessed on 2017 Dec 25];27(3):273-82. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0102-37722011000300002&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-37722011000300002&lng=en&nrm=iso&tlng=pt)
27. Bernardy CCF, Oliveira MLF, Bellini LM. Jovens infratores e a convivência com drogas no ambiente familiar. *Rev Rene* [Internet]. 2011 [accessed on 2017 Dec 25];12(3):589-96. Available from: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/269>
28. Moura HF, Benzano D, Pechansky F, Kessler FHP. Crack/cocaine users show more Family problems than other substance users. *Clinics* [Internet]. 2014 [017 Dec 25];69(7):497-9. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4081881/>
29. Teixeira CC, Guimaraes LSP, Echer IC. Fatores associados à iniciação tabágica em adolescentes escolares. *Rev Gaúch Enferm* [Internet]. 2017 [accessed on 2017 Dec 27];38(1):e69077. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1983-14472017000100417&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472017000100417&lng=en&nrm=iso&tlng=pt)
30. Horta RL, Horta BL, Rosset AP, Horta CL. Perfil dos usuários de crack que buscam atendimento em Centros de Atenção Psicossocial. *Cad Saúde Pública* [Internet]. 2011 [accessed on 2017 Dec 27];27(11):2263-2270. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0102-311X2011001100019&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2011001100019&lng=en&nrm=iso&tlng=pt)
31. Dalpiaz AK, Jacob MHVM, Silva KD, Bolson MP, Hirdes A. Fatores associados ao uso de drogas: depoimentos de usuários de um CAPS AD. *Aletheia* [Internet]. 2014 [accessed on 2017 Dec 27];(45):56-71. Available from: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1413-03942014000200005](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-03942014000200005)
32. Medeiros KT, Maciel SC, Sousa PF, Tenório-Souza FM, Dias CCV. Representações sociais do uso e abuso de drogas entre familiares de usuários. *Psicol Estud* [Internet]. 2013 June [accessed on 2017 Dec 27];18(2):269-79. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1413-73722013000200008&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-73722013000200008&lng=en&nrm=iso)
33. Paula ML, Jorge MSB, Albuquerque RA, Queiroz LM. Usuário de crack em situações de tratamento: experiências, significados e sentidos. *Saúde Soc* [Internet]. 2014 Mar [accessed on 2017 Dec 27];23(1):118-30. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-12902014000100118&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902014000100118&lng=en&nrm=iso)
34. Caravaca-Morera JA, Padilha MI. A dinâmica das relações familiares de moradores de rua usuários de crack. *Saúde debate* [Internet]. 2015 [accessed on 2017 Dec 27];39(106):748-59. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-11042015000300748&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042015000300748&lng=en&nrm=iso&tlng=pt)
35. Silva AMN, Mandu ENT. Abordagem de necessidades de saúde no encontro assistencial de trabalhadores e usuários na saúde da família. *Texto & Contexto Enferm* [Internet]. 2012 Dec [accessed on 2017 Dec 27];21(4):739-47. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-07072012000400003&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072012000400003&lng=en&nrm=iso&tlng=pt)
36. Ribeiro DB, Terra MG, Soccol KLS, Schneider JF, Camillo LA, Plein FAS. Motivos da tentativa de suicídio expressos por homens usuários de álcool e outras drogas. *Rev Gaúch Enferm* [Internet]. 2016 [accessed on 2017 Dec 27];37(1):e54896. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1983-14472016000100414&lng=pt&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472016000100414&lng=pt&nrm=iso)
37. Ministério da Justiça (BR), Secretaria Nacional de Políticas sobre Drogas. Texto base da resolução nº 01/2018 [accessed on 2018 Sep 27]. Available from: <http://www.justica.gov.br/news/politicas-sobre-drogas-dara-guinadarrumo-a-abstinencia/proposta-aceita-osmar-terra.pdf>

**First author's address:**

Geórgia Araújo Salviano Frota  
Centro de Atenção Psicossocial  
Av. Gen. Alípio dos Santos, 1100  
CEP: 62540-000 - Amontada - CE - Brasil  
E-mail: fac\_rh@hotmail.com

**Mailing address:**

João Vítor Lira Dourado  
Centro Universitário INTA  
Rua Coronel Antônio Rodrigues Magalhães, 359  
Bairro: Dom Expedito Lopes  
CEP: 62050-100 - Sobral - CE - Brasil  
E-mail: jvdourado1996@gmail.com