

Motives of abuse of psychoactive substances by women assisted in a Psychosocial Attention Center

*Motivos do abuso de substâncias psicoativas por mulheres assistidas
em Centro de Atenção Psicossocial*

*Motivos del abuso de sustancias psicoativas por mujeres asistidas
en Centro de Atención Psicossocial*

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ABSTRACT

Objective: To understand the reasons attributed by women to the abuse of psychoactive substances.

Method: Qualitative approach of phenomenological nature. We interviewed 12 women users of psychoactive substances under treatment at the Center for Psychosocial Care alcohol and drugs in Southern Brazil. The interviews were conducted between may and june 2013. The data were interpreted in light of Alfred Schütz's Social Phenomenology.

Results: The abuse of psychoactive substances is motivated by the influence of the people with whom the women have a relationship or with whom they have lived. Still, the losses and the family conflicts experienced were also a trigger for the abuse of psychoactive substances.

Conclusion: Women's health care needs to meet beyond demands, since they must take into account the life history of these women.

Keywords: Mental health services. Substance-related disorders. Alcohol-related disorders. Women.

RESUMO

Objetivo: Compreender os motivos atribuídos por mulheres ao abuso de substâncias psicoativas.

Método: Abordagem qualitativa de natureza fenomenológica. Foram entrevistadas 12 mulheres usuárias de substâncias psicoativas em tratamento no Centro de Atenção Psicossocial álcool e drogas, no Sul do Brasil. As entrevistas foram realizadas entre maio e junho de 2013. Os dados foram interpretados à luz da Fenomenologia Social de Alfred Schütz.

Resultados: O abuso de substâncias psicoativas é motivado pela influência das pessoas com as quais as mulheres mantêm um relacionamento ou com as quais conviveram. Ainda, as perdas e os conflitos familiares vivenciados também foram como um estopim para o abuso de substâncias psicoativas.

Conclusão: A assistência à saúde das mulheres necessita atender além das demandas, na medida em que deve levar em consideração a história de vida dessas mulheres.

Palavras-chave: Serviços de saúde mental. Transtornos relacionados ao uso de substâncias. Transtornos relacionados ao uso de álcool. Mulheres.

RESUMEN

Objetivo: Comprender los motivos que las mujeres atribuyen al abuso de sustancias psicoactivas.

Método: Enfoque cualitativo de naturaleza fenomenológica. Se entrevistaron a 12 mujeres usuarias de sustancias psicoactivas en tratamiento en el Centro de Atención Psicossocial alcohol y drogas, en el Sur de Brasil. Las entrevistas se realizaron entre mayo y junio 2013. Los datos fueron interpretados a la luz de la Fenomenología Social de Alfred Schütz.

Resultados: El abuso de sustancias psicoactivas es motivado por la influencia de las personas con las que las mujeres mantienen una relación o con las que conviven. Además, las pérdidas y los conflictos familiares vivenciados también fueron como un estopim para el abuso de sustancias psicoactivas.

Conclusión: La asistencia a la salud de las mujeres necesita atender más allá de las demandas, en la medida en que debe tener en cuenta la historia de vida de esas mujeres.

Palabras clave: Servicios de salud mental. Transtornos relacionados con sustancias. Transtornos relacionados con alcohol. Mujeres.

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■ INTRODUCTION

Psychoactive substances are drugs that are capable of altering behavior, mood, awareness, and cognition by acting on the central nervous system⁽¹⁾. Psychoactive substance abuse is regarded as a social problem that affects people regardless of ethnic group, gender, religion, social class and education⁽²⁾.

Moreover, it is a relevant subject given international concerns with the number of psychoactive substance users and the individual and social repercussions⁽³⁾. In 2013, around 246 million people around the world between 15 and 64 years of age used a psychoactive substance; in this case, an illicit drug⁽⁴⁾. The abuse of these substances causes physical and emotional harm to users, directly interferes with their social relationships and creates problems in the family, work and school setting⁽⁵⁻⁶⁾.

A national survey on the profile of users of alcohol and other drugs showed the consumption of these substances is growing, especially among women⁽⁷⁾. In addition, the study revealed the start of use is early and indicated an increased risk for substance dependency.

Despite the differences between men and women in terms of psychoactive substance abuse and the fact that men are the majority among users and in the world of drug trafficking, women are the target of increasing scientific research due to their greater physical vulnerability to the negative effects of these substances and the psychosocial issues of female consumption⁽⁵⁾.

Women who use psychoactive substances are more likely to suffer from depressive and psychotic episodes, personality disorders and anxiety⁽⁵⁾. Furthermore, they are exposed to diseases and complications with economic and political implications⁽²⁾.

In view of the consequences of substance abuse on women's health, it is critical to conduct more studies that can contribute to their care⁽⁸⁾ and help health workers overcome the biomedical dimensions and understand the health/sickness process to address its specificities⁽²⁾. One of these specificities is that women use substances in private locations due to the embarrassment and stigma they suffer⁽⁷⁾.

Most of the scientific literature addresses the profile of drug users, compares use between women and men⁽⁹⁻¹⁰⁾ and studies the risk factors leading to abuse⁽¹¹⁻¹²⁾ and the protective factors⁽¹³⁾. Accordingly, this study broadens knowledge on this phenomenon and sheds light on the motivations of women who use psychoactive substances in order to design healthcare strategies for this population according to its particularities.

Given the need to understand some of the specificities of women users, the aim of this study was to provide insight into the reasons these women attribute to psychoactive substance abuse.

■ METHODOLOGY

This is a qualitative, phenomenological study based on a master's dissertations⁽¹⁴⁾ and the framework of Alfred Schütz⁽¹⁵⁾. The scenario was a drug and alcohol support center (CAPS Ad), in a municipality in the State of Rio Grande do Sul (RS), Brazil, where a multidisciplinary team assists users of alcohol and other drugs to ensure their social reintegration.

The participants were 12 women users of psychoactive substances aged between 25 and 56 years in treatment at the CAPS Ad. Access to these women was gained using convenience sampling. The women who participated in an activity or who attended the medical consultations were approached. In some occasions, the women were called on the telephone, by indication of the team, to schedule an appointment.

The inclusion criteria were women over 18, who were not under the influence of psychoactive substances and who were in treatment at the center. As an exclusion criterion, women with limited communication skills were not selected. The number of participants was not previously established since the phenomenological study considers the essence of what is shown rather than the number of interviews⁽¹⁶⁻¹⁷⁾. Once the participants were approached, none of them were excluded.

Data were collected by a single researcher from May to June 2013, in a room at the CAPS Ad to protect the participants' identities and confidentiality of the information provided by the women. Data were collected using phenomenological interview with a digital recorder. The duration of the interviews ranged from 50 to 75 minutes.

The script addressed the biographical situation of the women and included the following open-ended question, which allowed them to express their experiences spontaneously: what are the reasons that led you to use psychoactive substances (alcohol or others)? The interviews were closed when a sufficient number of meanings that converged with the aim of this study was reached. Consequently, analysis accompanied the field stage⁽¹⁷⁾.

The confidentiality of information was assured to the participants by using the letter M followed by the number corresponding to the order of the interview (M1, M2, M3) and by asking them to sign an informed consent statement.

After the interviews were transcribed, the data were analyzed by reading the text to capture the reasons for substance abuse attributed by the women. Concrete categories that cover the subject's acts were identified. Finally, the meaning of the women's action were grouped, with the descriptions of the typical motives for the substance abuse of this social group. The data were interpreted according to the social phenomenological framework of Alfred Schütz⁽¹⁵⁾.

The research protocol was approved by the committee of ethics in research with humans of the Federal University of Santa Maria, opinion #245.218, in accordance with the ethical principles of the National Health Council resolution 466/2012.

This study is based on the social phenomenology of Alfred Schütz and the related theoretical framework that converges with the aim of understanding the triggers of psychoactive substance abuse among women. According to Schütz, people act in a world, understood as the world of life or life-world, in which different social relations are established. He also stated that people act according to their biographical situation and their stock of knowledge⁽¹⁵⁾.

The biographical situation of an individual comprises every moment of their lives, their previous life experiences, and the content and sequence of these experiences are unique to each individual in their life-world. By living in this world, individuals acquire a stock of knowledge, which becomes the sedimentation of all their previous experiences, arranged as a readily available possession that belongs to that person and that person only⁽¹⁵⁾.

Also according to Schütz, people act in their life-world bearing in mind their own purposes and objectives, which, in turn, are rooted in their past, in the unique life story of each person, thus attributing a meaning to their actions. When the common actions of this social group are grasped, they form concrete categories of experiences, constructed from the women's testimonials⁽¹⁵⁾.

This framework, based on the understanding of actions, allows the identification of reasons that lead people to act in the world. This world is social, experienced by social actors along with their fellow members of society⁽¹⁵⁾. The aim was to understand the reason *why?*. These reasons are the goals, related to the past. Thus, the aim was to understand the reasons that led these women to use psychoactive substances.

Only after understanding the reasons for the action can the typical action be understood, namely identifying a common structure of meanings attributed by the social group to a given action⁽¹⁵⁾.

■ RESULTS AND DISCUSSION

The following two concrete categories of lived experiences were revealed: 1) Influence of social relations on psychoactive substance use/abuse and 2) Losses and family disputes as a trigger for psychoactive substance abuse.

Influence of social relations on psychoactive substance use/abuse

This category observes the reasons represented by social influences, either from family, peers or friends, that lead the women to start using substances and, over time, led them to abuse these substances. The following statements reveal the influence of family on substance abuse:

I started drinking when I was 8 years old. I would go out and buy liquor for my mom, cachaça [...] I would try it [...] by the age of 13, I was hooked. (M1)

I started when I was 14. [...] Today, I don't even let my nephews try it. (M3)

The women were raised in this reality, where psychoactive drug use is viewed as something that is constructed socially and culturally. This habit is a social heritage passed down to the children who are born and raised in the group⁽¹⁵⁾. The presence of other family members who abuse alcohol is common when investigating women who use psychoactive substances⁽⁵⁾.

They started using psychoactive substances due to the influence of their families, mother and other relatives, as a social action experienced since childhood and by living with their predecessors who are also users. The family can be considered a risk factor for psychoactive substance abuse⁽¹⁸⁾ and a study with 519 crack users revealed 48.3% had used drugs or shared drugs with a family member.

The influence of peers on psychoactive substance abuse was also observed, especially partners, boyfriends or husbands:

Until I was 20, I did not drink, I started after 20. After I joined, my husband used to drink like that, but normal use, also. I would have a drink, and then I learned to drink with him, yeah, yeah, and then I started drinking more. (M5)

Well in the end, I ended up getting involved with a person who was a drug dealer. He did not use drugs, but he sold

them. So, that was what really ruined me. And before him, the boyfriends I had also used drugs. (M8)

[...] I knew how to control myself and sometimes I fought with my son's dad because instead of bringing me something to eat, he brought drugs. So, we often fought because of that. (M10)

The influence on the use of psychoactive substances was triggered by the women's close relationships with partners who also used these substances. This data is consistent with a study conducted with women who used crack, which found these women started using crack due to the influence of someone in their social cycle, usually a man⁽¹⁹⁾.

When the women shared their time and space with people who also used psychoactive substances, they eventually established relationships of familiarity with these people. Therefore, living alongside other users is a powerful influencing and motivating factor for the women.

Moreover, they stated friendship as an influence on the use of psychoactive substances.

I started drinking in my teens. When I started going out at night with my friends. I drank every weekend and it continued, until I used drugs, marijuana, and then I kept going. [...] I started drinking out of friendship, influence. (M3)

We were at a gas station, with some friends and one of them used and said: "Try it!" I said: no! Try it! [...] and that's where it all began. (M8)

I started using when I was with friends. I arrived at a house and I was there. The house was full of users and gear and I watched it all, and they offered some and I said no, and it just went on and on... living there... in the same place ... so I tried for the first time, I used drugs for a year. (M10)

The use of psychoactive substances by women is associated with the desire to be accepted and respected socially or from peer pressure in a given social group. Friends can exert an influence on them in the quest for new experiences, including drug use⁽²⁰⁾. This reveals the subjective meaning a social group can have for its members, expressed by a feeling of belonging and sharing common interests⁽¹⁵⁾.

Consequently, social relationships have an influence on the motivations that lead the women to use psychoactive substances. In this sense, health workers must have

an understanding of psychoactive substance abuse that goes beyond the health/sickness process and considers the role of women in society and the social relations they establish⁽²⁾.

The situations referred to by the women highlight the influence of social relationships, in which family members, partners and friends play a critical role in their motivation to use and abuse psychoactive substances.

Losses and family disputes as a trigger for psychoactive substance abuse

When the women talked about their past in the hope of understanding the reasons that led them to use psychoactive substances, they mentioned the losses and conflicting family relationships they experienced in their life-world.

The losses that led them to use psychoactive substances included the death of a partner, the father leaving home, the betrayal of a partner, the loss of dreams and financial losses. It is in the life-world that people are born and establish their social relationships. In these relationships with their peers, the predecessors are those with whom they have shared space and time in the past, the successors are those with whom they would like to establish relationships and the contemporaries are those with whom they have already established a relationship⁽¹⁵⁾.

I drank more alcohol after my son passed away. Because I feel a pain that won't go away. [...] The pain is overwhelming. I feel I can't stand it. There is no pain greater than losing a child. [...] Life has no meaning to me anymore [...]. (M2)

The loss of my mother, and then I lost my baby. That year, I started drinking more, I drank at home and hid it from my husband. And then a year passed and we broke up. [...] very difficult then it started to get worse and worse, I lost my mother, I lost my baby, I broke up with my husband. (M3)

I started drinking when I was 19 years, when my daughter passed away, it was horrible for me, I could not accept it and so I started drinking [...]. (M11)

The life-world of these women was permeated by social relationships with different types of peers, with which they shared experiences that changed over time. The situations experienced in the family context and social relations made these women choose certain paths in their

lives, one of which was the path of substance abuse. The intrinsic relevance is the result of our chosen interests, established by our spontaneous decision. Thus, the losses experienced by the women in their life-world have an influence on their choices⁽¹⁵⁾.

With regard to romantic relationships, the women recalled their experiences and stated these are some of the reasons that led them to substance abuse. This shows how failure in a relationship can influence the choices, decisions and actions of these women that emerge from their life-world.

People live in a world where they seek to occupy a position, not only in terms of physical space and external time, but also of their role in the social system, of their moral and ideological position. Furthermore, their experiences in this world can leave marks⁽¹⁵⁾.

Among the recollections of this world that left marks in the lives of the women are the marks of a life of losses and financial difficulties:

My childhood was good, but we were very poor. My father was a farmer. He went bankrupt. It was very sad! And mother worked selling (beauty products from magazines) around at that time, to feed use and pay for our studies. (M12)

I started using when I got really disappointed with my retirement papers; it did not work out. When we got married, we had a hard time, understand? [...] we starved, too (M9)

As the women recalled the marks of a poor childhood and the financial difficulties they suffered as adults, they attributed these problems to some of the motivations that led them to psychoactive substance abuse. The stock of knowledge of these women revealed a troubled biographical situation, with several motivations that led them to psychoactive substance abuse. Living in the daily life-world means living in an interactive involvement with many people in complex social networks⁽¹⁵⁾.

By observing the reasons attributed by the women to psychoactive substance abuse in their life-world, it becomes evident that their biographical situation is marked by several losses in their social relations. This understanding also reveals the strong influence of their history and cultural past in their conduct and actions.

With respect to the historical past of these women, they experienced conflicting family relationships (aggression from family members in the past and from partners in the present), expressed in their biographical situation:

I was very I was very badly treated (assaulted) by my mother. My mother was an alcoholic, too, she drank too much, I ran away from home. When I left home, I started smoking cigarettes, I started drinking and using drugs [...] My mother took all my dreams away from me. (M4)

She (mom) raised me with beatings. She was, like this very ignorant person. I do not blame her that much because she was raised in the same way. [...] And my mother was like, if she did not see blood, she would keep hitting me. (M6)

The relationship of superiority of the parents with respect to their children shows the strict and disciplinary way these women were raised in their childhood and teen years, and their subordination in the social hierarchy. In this regard, the organization of the social world becomes the social reality in which they live. This world is not merely physical, but also a cultural and social world with hierarchies of superiority and subordination, leader and followers, those who rule and those who obey⁽¹⁵⁾.

After the women left their families and formed new family bonds, they also suffered the abuse of their partners:

I have problems at home. I was married. I was battered. [...] So, I was on the streets since I was young, my brothers beat me [...] (M7)

Many times, he (husband) humiliated me. One night last month, I worked at night. [...] He thought I had gone out with friends to drink beer, I do not know. I left work drenched in sweat. I could not wait to get home and take a shower. How would I even think of going out? I'm not one to go out drinking beer with a colleague. I've never been like that. (M9)

He (husband) drank too much, also. And he was very jealous. He saw things that were not there. One time he got angry and gave it to (beat) me [...] It's horrible! (M10)

The biographical situation of these women was permeated by aggression and conflict from childhood to adulthood. This shows the relationship of superiority of peers and contemporaries in the social relations of these women. The abuse suffered by the women in the social relations of their life-world were mentioned as the reasons that led them to substance abuse. The triggers of psychoactive substance abuse are associated with changes in social roles, such as arguments, betrayal and violence⁽⁵⁾.

In short, the life-world of these women was constantly plagued by difficulties in their social relations, manifested by the lack of affection and connectedness, as well as losses, violence and financial difficulties. These situations experienced by the women in their life-world are the reasons (why?) that led them to psychoactive substance abuse.

The typical action of this social group shows that women abuse psychoactive substances due to the influence of social relations and due to loss and family conflicts.

■ CONCLUSION

This study showed that the reasons the women attribute to psychoactive substance abuse are related to the influence of the people around them, and to losses and conflicts experienced in their life-world.

With regard to the influence of the women's families of origin, the lack of affection and connectedness had an impact on their choices and, consequently, favored the vicious cycle of drug abuse.

In terms of the marital situation, living with partners who use substances increases the exposure of these women to violence. Therefore, health workers must observe the objective signs (visible) and subjective signs (invisible) of violence and listen actively in order to discuss the best ways of remedying these situations. When implementing extended care, health workers can help protect these women and promote their health.

Moreover, the multidisciplinary team must meet the demands of these women and jointly plan ways of breaking the habit and helping them accept the use and abuse of substances, thus enabling the women to discuss their living context, biographical situation and knowledge and encouraging them to reflect, project and pursue the best way of confronting and overcoming substance abuse.

In the clinical practice, the suggestion is to rethink the needs of these women and the best care strategy to ensure these demands are met and treatment is effective.

One of the limitations of this study was the difficulty in gaining access to the population. To this end, the adopted strategies included phone contact and invitations for the women to participate in groups and other activities in the CAPS. It should be noted that the number of studies on psychoactive substance is vast; however, these studies focus on the male population and the quantitative approach, revealing a lack of studies on the female population and the need for approximations that can improve women's healthcare. Therefore, the recommendation is to extend

and broaden studies on psychoactive substance abuse in the social relations of women.

■ REFERENCES

1. Santos MVF, Pereira DS, Siqueira MS. Uso de álcool e tabaco entre estudantes de Psicologia da Universidade Federal do Espírito Santo. *J Bras Psiquiatr.* 2013;62(1):22-30. doi: <http://dx.doi.org/10.1590/S0047-20852013000100004>.
2. Souza MRR, Oliveira JF, Nascimento ER. Women's health and the phenomenon of drugs in Brazilian magazines. *Texto Contexto Enferm.* 2014;23(1):92-100. doi: <https://doi.org/10.1590/S0104-07072014000100011>.
3. Abarca AM, Pillon SC. Nursing students' perception regarding predicting facts of drug use. *Rev Latino-Am Enfermagem.* 2008;16(esp):607-13. doi: <https://doi.org/10.1590/S0104-11692008000700017>.
4. United Nations Office on Drugs and Crime (AU). World drug report 2017. Vienna: UNODC; 2017 [cited 2017 Dec 8]. Booklet 1- Executive summary: conclusions and policy implications. Available from: http://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf.
5. Esper LH, Corradi-Webster CM, Carvalho AMP, Furtado EF. Women in outpatient treatment for alcohol abuse: sociodemographic and clinical characteristics *Rev Gaúcha Enferm.* 2013;34(2):93-101. doi: <http://dx.doi.org/10.1590/S1983-14472013000200012>.
6. Siqueira DF, Backes DS, Moreschi C, Terra MG, Soccol KLS, Souto VT. Social reintegration of crack addicts: actions taken by the Family. *Texto Contexto Enferm.* 2015;24(2):548-53. doi: <https://doi.org/10.1590/0104-07072015001332014>.
7. Bastos FI, Bertoni N (organizadores). Pesquisa Nacional sobre o uso de crack: quem são os usuários de crack e/ou similares do Brasil? quantos são nas capitais brasileiras?. Rio de Janeiro: Editora ICICT/FIOCRUZ; 2014 [cited 2017 Dec 7]. Available from: <https://www.arca.fiocruz.br/handle/icict/10019>.
8. Monteiro CFS, Silva Júnior FIG. O fenômeno das drogas no universo feminino. *Rev Enferm UFPE on line.* 2013 out [cited 2017 Nov 10];7(esp). Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/12238/14851>.
9. Maehira Y, Chowdhury EI, Reza M, Drahozal R, Gayen TK, Masud I, et al. Factors associated with relapse into drug use among male and female attendees of a three-month drug detoxification-rehabilitation programme in Dhaka, Bangladesh: a prospective cohort study. *Harm Reduct J.* 2013;10:14. doi: <https://doi.org/10.1186/1477-7517-10-14>.
10. Abulseoud OA, Karpyak VM, Schneekloth T, Hall-Flavin DK, Loukianova LL, Geske JR, et al. A retrospective study of gender differences in depressive symptoms and risk of relapse in patients with alcohol dependence. *Am J Addict.* 2013;22(5):437-42. doi: <https://doi.org/10.1111/j.1521-0391.2013.12021.x>.
11. Moeeni M, Razaghi EM, Ponnet K, Torabi F, Shafiee SA, Pashaei T. Predictors of time to relapse in amphetamine-type substance users in the matrix treatment program in Iran: a Cox proportional hazard model application. *BMC Psychiatry.* 2016;16:265. doi: <https://doi.org/10.1186/s12888-016-0973-8>.
12. Schepis TS, Tapscott BE, Krishnan-Sarin S. Stress-related increases in risk taking and attentional failures predict earlier relapse to smoking in young adults: a pilot investigation. *Exp Clin Psychopharmacol.* 2016;24(2):110-9. doi: <https://doi.org/10.1037/pha0000066>.

13. Majer JM, Jason LA, Aase DM, Droege JR, Ferrari JR. Categorical 12-step involvement and continuous abstinence at 2 years. *J Subst Abuse Treat.* 2013;44(1):46-51. doi: <https://doi.org/10.1016/j.jsat.2012.03.001>.
14. Soccol KLS. Motivos atribuídos por mulheres ao abuso de substâncias psicoativas [dissertação]. Santa Maria (RS): Universidade Federal de Santa Maria; 2014 [cited 2017 out 10]. Available from: <https://repositorio.ufsm.br/handle/1/7409>.
15. Schütz, A. Sobre fenomenologia e relações sociais. Petrópolis: Vozes; 2012.
16. Boemer MR. A condução de estudos segundo a metodologia de investigação fenomenológica. *Rev Latino-Am Enfermagem.* 1994;2(1):83-94. doi: <https://doi.org/10.1590/S0104-11691994000100008>.
17. Paula CC, Padoin SMM, Terra MG, Souza IEO, Cabral IE. Modos de condução da entrevista em pesquisa fenomenológica: relato de experiência. *Rev Bras Enferm.* 2014;67(3):468-72. doi: <https://doi.org/10.5935/0034-7167.20140063>.
18. Horta RL, Vieira LS, Balbinot AD, Oliveira GO, Poletto S, Teixeira VA. Influência da família no consumo de crack. *J Bras Psiquiatr.* 2014;63(2):104-12. doi: <https://doi.org/10.1590/0047-2085000000013>.
19. Cruz VD, Oliveira MM, Pinho LB, Coimbra VCC, Kantorski LP, Oliveira JF. Sociodemographic conditions and patterns of crack use among women. *Texto Contexto Enferm.* 2014;23(4):1068-76. doi: <https://doi.org/10.1590/0104-07072014000580013>.
20. Marangoni SR, Oliveira MLF. Triggering factors for drug abuse in women. *Texto Contexto Enferm.* 2013;22(3):662-70. doi: <https://doi.org/10.1590/S0104-07072013000300012>.

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