

# CRACK USERS' EVALUATION REGARDING FAMILY GROUPS IN THE PSYCHOSOCIAL CARE CENTER\*

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**ABSTRACT:** This study sought to qualitatively evaluate the perception of crack users regarding family groups. It is an excerpt from a qualitative study undertaken in 2012 in a Psychosocial Care Center – Alcohol and Drugs, in the South of Brazil. It used the theoretical framework of Fourth Generation Evaluation, with the Hermeneutic-Dialectic Circle as its methodological device, through observations and interviews held with 12 crack users. The Constant Comparative Method was used in the analysis, which generated the unit of meaning of Family Group. The group was evaluated by the crack users as an important space for the family members, serving as a source of listening, relieving feelings by expressing grievances, information, and instrumentalizing them in how to deal with the crack users in the home. It is suggested that the substitute services should make varying hours available for family groups, so as to loyalize the families in these spaces and promote the continuity of the treatment and the beneficial effects for the crack users.

**DESCRIPTORS:** Self-help groups; Evaluation of health services; Crack cocaine; Family.

## AVALIAÇÃO DE USUÁRIOS DE CRACK SOBRE OS GRUPOS DE FAMILIARES NO CENTRO DE ATENÇÃO PSICOSSOCIAL

**RESUMO:** A pesquisa buscou avaliar qualitativamente a percepção de usuários de crack sobre grupos de familiares. Trata-se de um recorte de um estudo de avaliação qualitativa realizado no ano de 2012, em um Centro de Atenção Psicossocial Álcool e Drogas do Sul do Brasil. Utilizou-se o referencial teórico da Avaliação de Quarta Geração, tendo como dispositivo metodológico o Círculo Hermenêutico-Dialético, através de observações e entrevistas com doze usuários de crack. Na análise foi utilizado o Método Comparativo Constante, que gerou a unidade de significado Grupo de Família. O grupo foi avaliado pelos usuários como espaço importante para os familiares, servindo como fonte de escuta, desabafo e de informação, instrumentalizando-os na forma de lidar com os usuários no domicílio. Sugere-se que os serviços substitutivos proporcionem horários diversificados de grupos de familiares para fidelizar as famílias nestes espaços, promover a continuidade do tratamento e os efeitos benéficos para o usuário de crack.

**DESCRIPTORES:** Grupos de autoajuda; Avaliação de serviços de saúde; Cocaína crack; Família.

## EVALUACIÓN DE USUARIOS DE CRACK SOBRE LOS GRUPOS DE FAMILIARES EN EL CENTRO DE ATENCIÓN PSICOSSOCIAL

**RESUMEN:** La investigación tuvo la finalidad de evaluar cualitativamente la percepción de usuarios de crack sobre grupos de familiares. Trae una parte de un estudio de evaluación cualitativa realizado en el año de 2012, en un Centro de Atención Psicossocial de Alcohol y Drogas del Sur de Brasil. Fue utilizado el referencial teórico da Evaluación de Cuarta Generación, teniendo como dispositivo metodológico el Círculo Hermenéutico-Dialético, a través de observaciones y entrevistas con doce usuarios de crack. En el análisis, fue utilizado el Método Comparativo Constante, que generó la unidad de significado Grupo de Familia. El grupo fue evaluado por los usuarios como espacio importante para los familiares, siendo una fuente de escucha, desahogo y de información, instrumentalizándolos para relacionarse con los usuarios en domicilio. Se sugiere que los servicios sustitutivos proporcionen horarios diversificados de grupos de familiares para fidelizar las familias en estos espacios, promover la continuidad del tratamiento y los efectos benéficos para el usuario de crack.

**DESCRIPTORES:** Grupos de autoayuda; Evaluación de servicios de salud; Cocaína crack; Familia.

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\*Article extracted from the Doctorate Thesis entitled: Family members of crack users in a Psychosocial Care Center – Alcohol and Drugs III: evaluation of the care needs. Federal University of Rio Grande do Sul, 2013.

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**Received:** 24/08/2014

**Finalized:** 04/12/2014

## INTRODUCTION

Crack cocaine is currently recognized as an emerging problem in public health. It stands out due to its potent effect, with a short duration, encouraging repeated administration in such a way that, after it has been used once, intensive and compulsive use ensues, and it comes to perform a central role in the life of the user<sup>(1-2)</sup>.

It is estimated that in Brazil, in 2005, there were 380,000 crack users and addicts, this number reaching 600,000 in 2009. This drug appeared progressively in Brazil, being easy to access and low in price, rapidly causing dependence and physical harm<sup>(3)</sup>. In the data related to the use of illicit drugs in the United States of America, cocaine appears as the main one responsible for inpatient treatment in hospital; in the USA, crack is the most-used form of cocaine use<sup>(1)</sup>.

The compulsive use of crack also influences and compromises issues relating to the individual's social relationships, such that the social and family bonds weaken and break, thus progressively marginalizing the crack user<sup>(1)</sup>. Thus, the difficulty in coexisting experienced by the user and the family members is characterized as one of the principal difficulties to be faced<sup>(4)</sup>.

It is understood that the family has an essential role in the treatment process, as when this can be inserted into the service's team, it can understand the context of the drugs and their specific characteristics, and, consequently, understand the user's needs<sup>(5)</sup>. It also makes it possible for some prejudices to be broken, and broaden the understanding relating to the difficulties experienced by the people who use the drug, seeking a new way for dealing with this crack user.

When the family is involved in the treatment of the drug user, and given support for facing the difficulties inherent to its routine, the emotional burden of the family – and of the addict him- or herself – is mitigated, increasing the level of interaction and empathy between them<sup>(6)</sup>. It is in this context that the Psychosocial Care Centers – Alcohol and Drugs (CAPS-AD) are inserted.

The CAPS-AD is a specialized point of care of the Psychosocial Care Network, created to provide specialized, comprehensive and continuous care for people with needs related to the consumption of alcohol, crack and other

drugs. One characteristic of the functioning of this type of service is the production, in conjunction with the user and his or her family members, of a treatment project which accompanies the user in the routine contexts, promoting and extending life possibilities and mediating his or her social relationships<sup>(3)</sup>.

The CAPS-AD units are a strategy for embracement, harm prevention and monitoring of persons who are addicted to chemical substances<sup>(7)</sup>. As a result, it is sought to decentralize the care and promote social and interdepartmental articulation, and thus strengthen the bonds between the mental health field and the community.

Among the numerous strategies for support, for insertion, and for encouragement to participate in the treatment of the crack user in the CAPS-AD, the family groups stand out. Group activity is an essential instrument for the family members of crack users, as it helps them to coexist with the problems resulting from the use of the substance, learning to manage them in a healthier way<sup>(7)</sup>.

This study arises from the experiences of the researchers in extension, research, and teaching activities in a CAPS-AD, in which the coexistence with families of crack users in the service made exchanges of knowledge possible regarding the family context and the importance of participating in this nucleus of care in the routine of the CAPS and in the treatment of the user. Thus, there is the following guiding question: What is the crack users' evaluation regarding the family groups which take place in the CAPS-AD of a municipality in the South of Brazil?

It is understood in this study that the support groups for family members offered by the CAPS-AD are spaces set aside for the sharing of experiences and feelings, allowing a new perception of the situation, and helping them in coping with the difficulties caused by the consequences of the use of crack by the user in his or her routine.

In this study, partial data will be presented from the study entitled: "Family members of the crack users in a CAPS-AD III: evaluation of the care needs"<sup>(8)</sup>. This article has the objective of evaluating crack users' perception regarding the family support groups offered by a CAPS-AD III in the South of Brazil.

The intention is that the results of this study should contribute to the advance of scientific knowledge in the field of mental health, and particularly regarding the demands related to crack consumption in the region investigated. It is also anticipated that the study may provide support for evaluating and re-discussing the advances and challenges of the family groups, as well as problematizing the coverage and offering of the care made available in the network, in consonance with the principles of the Psychiatric Reform and of the mental health policies currently in place in Brazil.

## METHOD

This study was undertaken in a CAPS-AD type III, located on the western frontier of the Brazilian State of Rio Grande do Sul.

It is a constructivist, responsive evaluation, with a hermeneutic-dialectic approach, termed Fourth Generation Evaluation<sup>(9)</sup>. It is also characterized as descriptive and analytical, with a qualitative approach to the data. It is descriptive because it observed, recorded and correlated facts without manipulating them.

The Fourth Generation Evaluation is a form of evaluation in which the claims, concerns and questions regarding the group of interest serve as a basis for determining the information necessary, which is implemented through the methodological assumptions of the constructivist paradigm<sup>(9)</sup>. The Hermeneutic-Dialectic Circle was used as the data collection technique; this calls for observation in a first stage, followed by interviews. Thus, data collection took place between 1st of June and 1st of October 2012, with 500 hours of observation undertaken in the CAPS-AD, which were recorded in a field diary, and guided by a script on the attendance provided to family members of crack users, focusing on the family groups.

In this regard, it was necessary in this study to rely on the participation of four observers who were external to the service, who had knowledge regarding participant observation<sup>(9)</sup>, and who took turns in all the shifts so as to capture more observations regarding the study object.

At the time of data collection, the service studied had been offering five family groups for

one year, once a week, two in the morning, two at night, and one in the afternoon. In each group there was a mean of seven family members and they were coordinated by a psychologist and by an occupational therapist.

Through the use of the hermeneutic-dialectic circle, the first interviews were less structured, allowing the respondents to talk freely about the family groups for those with a crack user in the family. However, as the interviews went on, the analyses allowed the identification of questions expressed in the following interviews, such that the interviews increasingly became structured allowing all the interviewees to raise new questions if they so wished.

Of the 17 crack users being treated in the service studied, 12 were interviewed, as only this number had family members inserted in the CAPS-AD at the time of data collection and met the inclusion criteria. These users authorized the recording of the interviews. The criteria for selection of the participants were as follows: users who had family members in the groups, good communication conditions, and who were aged over 18 years old.

The subjects who made up the study were numbered from 1 to 12, in the order of the interviews, and were denominated U (user).

The interviews were scheduled ahead of time, with date, time and place arranged by the interviewees themselves. All the interviews were recorded and analyzed, so as to introduce questions/issues into the hermeneutic circle in the next interview. As a result, the first interview lasted 10 minutes, and the last, 58 minutes, as the first interview simply responded to an opening question: What is your evaluation regarding the family group in which your relative participates? This question, at the end of the hermeneutic-dialectic circle, generated a further eight questions which the next participants were invited to respond to, that is to say, each participant was interviewed only once.

The Comparative Constant Method was used for data analysis. This allows the analysis to be undertaken concomitantly with data collection<sup>(9)</sup>, which generated the results (units of meaning).

Thus, these units made it possible to construct the thematic category "Care", which later led to the analytical category "Care for the family

members of the crack user". In this analytical category, we discussed the unit of meaning: "The family group".

Terms of free and informed consent were used, in two copies, in accordance with Resolution 196/1996 of the Brazilian National Health Council, which institutes guidelines and regulatory norms for research involving human beings(10). This study was approved by the Research Ethics Committee of the Federal University of Rio Grande do Sul (UFRGS), under Opinion N. 75635.

## RESULTS

### Family group

The majority of the users, approximately 75%, were aged between 20 and 38 years old; 50% had completed Senior High School, and 75% were male. Approximately 67% of the interviewees were being treated intensively in the service, 50% of the users had been using crack for between one and two years, approximately 67% had received inpatient treatment between two and three times, and 58% had problems with the legal system.

The crack users evaluated that the participation of the family members in the group was important, as this was presented as a source of listening, enabling the same to express their feelings regarding the challenges which the addiction to crack generated in the family environment.

*I think that this group is good for my mother, because she has people to talk to. (U5)*

*For my mother, she always comes. She is always here in the CAPS in the groups. (U12)*

The support groups for the family members contributed to a significant change in the ways of living at home, in the users' evaluation. These changes occurred from the moment at which the family member changed how he or she treated the user, displaying more patience and better management in dealing with the user in his or her routine.

*So mom began to go to the groups and came to be more patient with me. She started sitting down and talking with me. Today she is more*

*concerned. (U8)*

*I think that the groups have helped my mother a lot. She has changed, because sometimes I go there, she sees me and brings me home. Even her way of being has changed. (U11)*

*I think the groups are good, at least she learns how to look after me a little. Mom has become calmer. She doesn't argue with me anymore, because she used to argue with me a lot. Now, she leaves me to argue on my own. (U12)*

In the interviewees' evaluation, the participation in the family groups led to greater involvement of the family in the treatment of the crack user. This repercussion gave the user comfort and satisfaction, as a result of the family member demonstrating interest in his or her care and rehabilitation.

The users evaluated that there was a solid link between CAPS and family, and that the benefits were generated in this insertion, when they mentioned the time in which their family members have been inserted in the service's support group.

*My mother and sister have been coming to the CAPS groups for one year. First I came, then they did. (U1)*

*My mother has participated in these groups here for about eight months. (U10)*

The crack users feel cared for when they perceive that their family is participating in the service's groups and activities; however, they feel uncomfortable when these do not attend in these spaces.

*Sometimes, my mother didn't come to some groups. I thought this was wrong of her. I even said so to my psychologist here. There are some groups that she didn't come to, I even got annoyed with her and said: "Aren't you bothered about helping me?" She said that she couldn't always be coming here, as she works. (U3)*

The crack users evaluated that the number of weekly participations was not enough, as they believed that the more frequently the families

could attend the meetings, the greater would be the benefits generated for the family member and for themselves.

*I, in particular, think that twice a week would be better. It would be one day more for them to understand my situation even better. (U2)*

*From my perspective, I think that twice or three times a week would be better. If I come home drugged one day, my mom will know what to do, or something like that anyway. (U4)*

*Mom talks a lot about drugs with me, about what happened, but it would be better if there were a few more meetings, because that way she would be able to say the right things to me. (U8)*

Even with the variety of times (five hours, divided over the three shifts) offered by the CAPS-AD, many family members participated once a week, a frequency which many users evaluated as insufficient. It is important to emphasize that the family members have their personal and professional activities to deal with, which doubtless has implications for their frequency in attending these groups.

This evaluative study indicates that the troubled routine, full of discussions, arguments, cursing, and the intensive care of the family members in relation to the crack users, created physical and emotional burdens in the families. This burden caused the family member to reach the stage of physical aggression against the user.

*It is good for the family to know how to deal with us, because before, my mother didn't know how to deal with me. She would get into a "nervous state", once she shook me by the lapels and everything, because she didn't know what else to do with me. (U7)*

The groups instrumentalize the families to understand drug addiction as an illness, and that due to this the users must be treated as patients, as the interviewees evaluated.

*Before my family was in the CAPS, in the support group, they didn't understand that I was ill, that*

*my illness was slow, progressive. Today, my family reads, my family gets information. It was only within the support group that they created this structure. (U1)*

*These groups give my father tranquility. Through the groups, he knows that I'm suffering. We talk a lot now. (U2)*

*My 16-year-old son ended up understanding that it was an illness that I had, because before, they saw it as "shamelessness". That I was shameless, that I wasn't ashamed of it. But then he perceived that it is an illness, because of the groups. (U9)*

## DISCUSSION

The role that the families perform in the care for their member who uses crack is recognized as a valuable contribution to his or her treatment and rehabilitation, bearing in mind that the users progress better when they have the support of the family<sup>(4)</sup>. In this regard, the support group enables a time when the family members can share their problems, this being one way of feeling included in the treatment, collaborating in overcoming the difficulties<sup>(11-12)</sup> inherent to the use of crack.

The family members' participation in the groups offered by the CAPS-AD was evaluated by the crack users as an important aspect for their treatment, as it instrumentalizes the family members in changing the attitude in relation to recognition of the illness and the stages of recuperation, directly influencing how they act in relation to the treatment.

The need for adaptation to the new situation, the social stigma, the dependence and the implications of its chronic nature produced overburden, conflicts, feelings of incredulity, loss of control and fear, as well as the biopsychological exhaustion of the family<sup>(12-13)</sup>. The family, in its turn, expects the user to seek treatment in the CAPS as a first step, only afterwards to seek help for itself in the groups, in an attitude of incredulity and mistrust in the process of rehabilitation and in the benefits of the groups.

In this way, the family nucleus becomes co-responsible in the assistance to coping with situations of drug addiction<sup>(6)</sup>. Thus, improving the family relationships through the support groups is

to rescue the family again as a factor of protection in preventing relapses and in continuing with the treatment, encouraging the motivation of the user to follow the care plan constructed by the CAPS-AD professionals. It is also appropriate to emphasize that the family is considered the closest support network<sup>(7,14)</sup> of the crack user. Thus, the crack user's motivation and adherence to the treatment depends highly on the family's acceptance and support.

When a human being is diagnosed with a mental disorder, we know that the progression of the treatment depends a lot on the family's acceptance and support, and on the social inclusion of the same, as only with the feeling of belonging and autonomy can the human being rescue his self-esteem and self-image, and establish himself as the subject of his own history<sup>(15:4)</sup>.

In this regard, the relationships between user and family members become tense and weakened, as due to the uncontrollable character of the consumption, the user comes to commit small thefts in their own home and even on the street<sup>(4,16)</sup>. Besides this, physical and emotional overload and feelings of impotence and failure can arise, which lead the families to need therapeutic support, due to the family environment being permeated by the violence in the home.

Through their participation in the groups, the families acquire knowledge regarding the addiction to crack and regarding the user's suffering, which creates better understanding and harmony in the relationship, contributing to a climate of dialogue and mutual exchange in the home.

The group strengthens the family bonds, offering emotional support and information/guidance on drugs and drug addiction involving crack. These groups enable a perception of the real situation which they are living through, through the knowledge of more concrete data, reducing fantasies, and helping them to cope with the crisis being experienced<sup>(12)</sup>. Thus, the group helps the family member to understand that the substance dependence generates suffering for the user as well, and that because of this, the latter requires care and support.

The group instrumentalizes the family with information on the effects of the drug on the user's organism, promoting understanding regarding the user's behavior, and consequently changing the families' conception regarding how to deal

with these changes in the home<sup>(7)</sup>. Patients and dialogue are positive changes generated by the participation in the family group in the evaluation of the crack users, leading to greater motivation for adherence, and prevention of relapses.

Support groups, with the purpose of promoting the exchanging of experiences and support for caregivers, have been shown to be a fairly efficacious practice, with beneficial results both for the caregivers and for the patient being cared for, instrumentalizing the caregivers in the adopting of strategies for preventing possible sources of stress and exhaustion<sup>(7,13-14)</sup>.

The interviewees' evaluation did not take into account their family members' availability of time, bearing in mind that many worked. Increasing the frequency of the family support groups in the CAPS-AD III would entail the need for a previous agreement between all the participants. If, on the one hand, the constant presence of the family is very important for the crack user, on the other, it is necessary to be cautious so as not to overload these families, so that they do not suffer greater physical and emotional exhaustion.

The addicts' families represent the individual's main support network, and, if well monitored therapeutically, become better prepared to cope with the situation<sup>(14,17)</sup>. Thus, the weekly increase in participation in the support groups depends on the availability of the team, the demand, and the indication of the service's team, which will evaluate the existence or not of this need.

## FINAL CONSIDERATIONS

Throughout the process of investigation and through the analysis and discussion of the results, it was sought to get closer to an answer to the research problem and, in this way, to investigate the crack users' evaluation regarding the family groups in a CAPS-AD III in the South of Brazil.

During the production of this work, it was evidenced, based on the evaluation of the users interviewed, that the participation of the family members in the group is of extreme importance, as this space is presented as a source of listening, of clarification, and of relieving stress by airing grievances regarding the challenges which addiction to crack generates in the family environment, positively contributing to a change

in the ways of dealing with the user in the home.

These changes occur from the moment in which the family member who attends the group changes how he or she treats the user, having more patience and better management in dealing with him in his routine. However, the participants evaluated that the number of meetings per week of the family groups was insufficient, as they believed that the more meetings there are, the greater will be the benefits generated both for the family members and for themselves.

It is necessary to emphasize this study's limitations, considering that the hermeneutic-dialectic process is dynamic, there being data which could have been covered better in the discussions of the evaluative process. However, the time factor for undertaking the study interfered in the research process.

This evaluative study enabled the crack users to express their opinions regarding the family groups in the CAPS-AD, this tool's importance in the treatment of the users being evident. It is suggested that the substitute services should continue, making available varied hours for groups of family members in order to loyalize the families in these spaces, promoting the continuity of the treatment and the beneficial effects for the crack user.

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