

SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF PEOPLE ASSISTED IN A CAPS AD IN THE SOUTH OF BRAZIL

PERFIL SOCIODEMOGRÁFICO E CLÍNICO DE PESSOAS ATENDIDAS EM UM CAPS AD DO SUL DO BRASIL

PERFIL SOCIODEMOGRÁFICO Y CLÍNICO DE PERSONAS ATENDIDAS EN UN CAPS AD DEL SUR DE BRASIL

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Objective: to characterize the sociodemographic and clinical profile of patients at a psychosocial care center for alcohol and other drugs. **Method:** descriptive and cross-sectional study carried out in the South of Brazil with 163 patients, between January and June 2012. The data were collected using a structured questionnaire, and were later coded and stored on an electronic spreadsheet and were submitted to descriptive analysis. **Results:** the sociodemographic and clinical profile showed that most participants were male, single, with incomplete elementary education, unemployed, with a family income between one and three monthly minimum wages, consumed alcohol as their substance of choice, and had a family history of psychoactive substance-related disorders. **Conclusions:** the results provide input to develop care plans better tailored to the reality of this clientele with the aim of health promotion.

Descriptors: Mental Health; Health Profile; Substance-Related Disorders; Nursing.

Objetivo: caracterizar o perfil sociodemográfico e clínico de pessoas atendidas em um Centro de Atenção Psicossocial álcool e outras drogas. **Método:** pesquisa descritiva e transversal realizada no Sul do país. Participaram da pesquisa 163 pacientes no período de janeiro a junho de 2012. Os dados foram coletados mediante aplicação de formulário estruturado e, posteriormente, codificados e armazenados em uma planilha eletrônica de dados e analisados pelo método quantitativo descritivo. **Resultados:** o perfil sociodemográfico e clínico mostrou que a maioria dos participantes era do sexo masculino, solteira, com ensino fundamental incompleto, desempregada, com renda familiar entre um e três salários mínimos, utilizava o álcool como substância de preferência e com histórico familiar de transtornos decorrentes do consumo de substâncias psicoativas. **Conclusões:** os resultados obtidos ofertaram subsídios para o desenvolvimento de planos de cuidados mais condizentes com a realidade dessa clientela com vistas à promoção da saúde.

Descriptores: Saúde Mental; Perfil de Saúde; Transtornos Relacionados ao uso de Substâncias; Enfermagem.

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Objetivo: caracterizar el perfil sociodemográfico y clínico de personas atendidas en un Centro de Atención Psicosocial para alcohol y otras drogas. **Método:** investigación descriptiva y transversal realizada en el Sur de Brasil. Participaron 163 pacientes entre enero y junio de 2012. Datos recolectados por aplicación de formulario estructurado, posteriormente codificados y almacenados en planilla electrónica de datos y analizados por método cuantitativo descriptivo. **Resultados:** el perfil sociodemográfico y clínico mostró que la mayoría de los participantes era de sexo masculino, soltero, con enseñanza primaria incompleta, desempleado, con ingresos familiares de entre uno y tres salarios mínimos, consume alcohol como sustancia preferida, con historia familiar de trastornos derivados del consumo de sustancias psicoactivas. **Conclusiones:** los resultados obtenidos brindan referencias para el desarrollo de planes de cuidado que sean más adecuados a la realidad de este segmento, con el fin de hacer promoción de salud.

Descriptores: Salud Mental; Perfil de Salud; Trastornos Relacionados con Sustancias; Enfermería.

Introduction

Psychoactive substance-related disorders are considered one of the main chronic health conditions that result in severe public health problems, considering their high rate of prevalence and morbimortality⁽¹⁻³⁾. The United Nations Office on Drugs and Crimes⁽¹⁾ estimated approximately 246 people, or 1 out of 20 individuals between the ages of 15 and 24 years, used a psychoactive substance over a one year period.

National statistics conducted by the II National Survey on Alcohol and Drugs⁽⁴⁾ showed that among the illicit psychoactive substances consumed by the adult Brazilian population, marijuana predominated in 2.5% of this population, followed by cocaine, in 1.7%, and stimulants, with 1.1%. Regarding alcohol use, the prevalence of dependence, in 2012, was 10.48% among men and 3.63% among women.

Psychoactive substance-related disorders result in numerous harmful physical, mental, occupational, and social consequences for individuals, their families, and society as a whole^(1,5-6). According to the World Health Organization⁽²⁾, 0.4% of deaths and 0.0% of disability-adjusted life years (DALYs) were attributed to psychoactive substance use. Furthermore, it is estimated that in 2010, disorders related to the use of alcohol and other drugs correspond to 20 million DALYs, which corresponds to 0.8% of all the causes of DALYs⁽⁷⁾.

With the purpose of reducing harm resulting from psychoactive substance use, treatment for ensuing disorders must encompass multiple therapeutic approaches and be supported by a multiprofessional team, which considers

the specificities of each individual and helps them minimize or halt consumption, reduce risk behaviors for use, prevent relapses, and reinsert them in their family and community environment^(1-2,8).

In this perspective, the Brazilian government has instituted a policy of comprehensive care for alcohol and other substance users⁽⁸⁾, which recommends that treatment of individuals with psychoactive substance-related disorders be conducted primarily within the scope of extra-hospital psychosocial care centers for alcohol and other drug use (CAPS AD). These facilities provide day community health services to adults, within their area of coverage, offering individual and group sessions, therapeutic workshops, home visits, family care, social reintegration activities, and even detoxification⁽⁸⁾.

The CAPS AD focuses on psychosocial care within the community integrated with the local culture, treatment and mental healthcare networks, and the principles of the Brazilian psychiatric reform⁽⁸⁾. Such extra-hospital facilities are important to the rehabilitation process and the social reintegration of individuals with psychoactive substance-related disorders. They make it possible for these individuals to reconcile treatment with their social life without having to completely remove themselves from their daily occupations⁽⁹⁾.

In this context, considering the negative impacts of these disorders, it is important to establish the profile of CAPS AD patients, in order to monitor the characteristics of individuals who

have access to this health service and inform the improvement of health promotion and health policy.

The literature⁽³⁾ shows that studies that address the sociodemographic and clinical profile of people with psychoactive substance-related disorders are useful tools not only to contribute to building knowledge on the topic in the area of nursing, but also to implement therapeutic plans more in line with the specificities of this clientele, enabling improved quality of life and greater rates of treatment adherence.

The aim of the present study is to characterize the sociodemographic and clinical profile of individuals receiving treatment at a CAPS AD in the South of Brazil.

Method

This was a descriptive cross-sectional study conducted at a CAPS AD in the metropolitan region of Curitiba (Paraná, Brazil) This is an open-door facility that has been providing day services for ten years, Monday through Friday, to people with substance-related disorders. This municipality has a psychosocial care network with 22 primary health units, one general hospital, urgency and emergency services, one CAPS II (for severe and ongoing mental disorders) and one CAPS AD.

Participants included individuals attending a CAPS AD 18 years old or older and who were minimally inserted in a therapy group among those offered by the facility. Patients who could not express themselves verbally to answer the questions and who were under the effect of psychoactive substances every time the researcher attempted contact were excluded.

Of the 192 people inserted in therapy groups offered by the CAPS AD between January and June 2012, 24 refused to participate in the study after being invited five times, one was under the effect of psychoactive substances at every attempt, one presented hindered verbal capacity, and three were not approached as they had abandoned treatment. Thus, the sample comprised 163 people with psychoactive substance-related disorders.

To recruit participants, meetings were held before the therapy groups, with the support of the multiprofessional team. At these meetings, the researchers explained the main features of the study and invited patients to participate. Regarding patients who initiated treatment at the CAPS AD during data collection, recruitment occurred in the welcome group session.

Data collection occurred between January and June 2012 in a location made available by the service coordination during the day and time preferred by participants. A form questionnaire was created to measure variables established according to the information available in Brazilian literature about the main sociodemographic and clinical characteristics of psychoactive substance-related disorders. The questionnaire consisted of 15 questions related to sociodemographic variables – age, gender, marital status, education level, employment situation, family income, and receiving benefits – and clinical variables – first used psychoactive substance, self-reported mental disorder diagnosis, drug of preference, frequency of use, psychiatric comorbidity, family history of substance-related disorders, degree of relatedness, and drug of choice of the family member. In order to ensure the structure, clarity, and applicability of the questionnaire, four pilot interviews were carried out.

The data were coded, stored, and analyzed using a Microsoft Excel® electronic spreadsheet. Descriptive statistics was used, based on sociodemographic and clinical variables – considering the clinical history of substance use, diagnosis of mental and behavioral disorders due to psychoactive substance use according to ICD-10 and family history of substance-related disorders. Quantitative variables were represented via percentages and absolute frequency.

This study was approved by the Research Ethics Committee of the Health Sciences Sector, Federal University of Paraná, under resolution no. CEP/SD 1262.187.11.11. All ethical principles were upheld in consonance with Resolution no. 466/2012 of the Brazilian National Health Council.

Results

Considering the sociodemographic characteristics of individuals with substance-related use, age ranged from 18 to 65 years, with a mean of 41 years and standard deviation of ± 11 . According to Table 1, there was a prevalence of the male gender, with 92% and single individuals

(46%). In terms of education level, 58.9% had incomplete elementary education, and 6.1% was illiterate. Most of the participants were unemployed (45.4%) and had a family income of 1 to 3 monthly minimum wages (50.6%). Only 25.8% received health benefits from the National Social Security Institute (INSS) due to psychoactive substance-related disorders.

Table 1 – Distribution of CAPS AD patients by sociodemographic characteristics. Metropolitan Region of Curitiba, Paraná, Brazil, 2012. (N=163)

Sociodemographic Characteristics	N	%
Gender		
Female	13	8
Male	150	92
Marital Status		
Married	44	27
Single	75	46
Separated	14	8.5
Common-law marriage	26	16
Widowed	4	2.5
Education Level		
Illiterate	10	6.1
Incomplete elementary education	96	58.9
Complete elementary education	24	14.8
Incomplete secondary education	15	9.2
Complete secondary education	15	9.2
Incomplete tertiary education	3	1.8
Employment status		
Self-employed	22	13.5
Employee	60	36.8
Unemployed	74	45.4
Homemaker	4	2.5
Student	3	1.8
Family income		
No family income	24	14.2
Up to 1 monthly minimum wage	33	20.4
1 to 3 monthly minimum wages	82	50.6
4 to 10 monthly minimum wage	24	14.8
Receives social security disease benefit		
No	121	74.2
Yes	42	25.8

Source: Created by the authors.

Regarding clinical variables, Table 2 shows that alcohol was the most prevalent first psychoactive substance, consumed by 71.2% of the sample. Self-reported mental and behavioral disorders due to use of alcohol predominated with 52.1%, followed by disorders due to multiple drug use, with 16%. When patients were using psychoactive

substances, alcohol was the substance of choice among 63.1%, and 95.7% used it every day. In terms of mental health, 42.3% of the participants presented some type of psychiatric comorbidity.

Table 2 – Distribution of CAPS AD patients by clinical characteristics. Metropolitan Region of Curitiba, Paraná, Brazil, 2012. (N=163)

Clinical Characteristics	N	%
Type of psychoactive substance first used		
Alcohol	116	71.2
Cocaine	2	1.2
Crack Cocaine	1	0.6
Inhalants	1	0.6
Marijuana	7	4.3
Tobacco	36	22.1
Self-reported mental disorder (ICD-10)		
F-10 Alcohol related disorders	85	52.1
F11 Opioid-related disorders	1	0.6
F14 Cocaine-related disorders	6	3.7
F-19 Disorders due to multiple drug use	26	16
No diagnosis	24	14.7
Did not know	21	12.9
Psychoactive substance of choice		
Alcohol	103	63.1
Cocaine and derivatives	43	26.3
Tobacco	3	1.9
Marijuana	6	3.7
Others	8	5
Frequency of use		
Daily	156	95.7
Twice a week	2	1.2
Three times a week	5	3.1
Presence of psychiatric comorbidity		
No	94	57.7
Yes	69	42.3

Source: Created by the authors.

Table 3 shows that 72.4% of the participants had at least one family member with psychoactive substance use disorders. Siblings presented greater prevalence among family members, with 42%, and

the most used psychoactive substance was alcohol, with 68.5%. This was followed by disorders due to multiple drug use, with 16.6% of cases.

Table 3 – Distribution of CAPS AD patients by characteristics of family history of disorders due to the use of psychoactive substances. Metropolitan region of Curitiba, Paraná, Brazil, 2012. (N=163)

Variables	(to be continued)	
	N	%
Family history of disorders due to use of psychoactive substances		
No	45	27.6
Yes	118	72.4
Degree of relatedness of family members with disorders due to use of psychoactive substances *		
Child	8	3.5
Sibling	98	43

Table 3 – Distribution of CAPS AD patients by characteristics of family history of disorders due to the use of psychoactive substances. Metropolitan region of Curitiba, Paraná, Brazil, 2012. (N=163)

Variables	(conclusion)	
	N	%
Parent	31	13.6
Cousin	37	16.2
Niece/Nephew	12	5.3
Uncle/Aunt	42	18.4
Family member's psychoactive substance of choice *		
Alcohol	16	68.5
Cocaine and derivatives	30	12.4
Marijuana	6	2.5
Other substances	40	16.6

Source: Created by the authors.

* More than one answer could be given to this question.

Discussion

The mean age of the participants in this study was close to in other studies investigating the demographic profile of individuals in treatment due to psychoactive substance use disorders^(3,9-10). A study developed in an inpatient unit for individuals with such disorders in a general hospital in the city of Sobral, in Ceará, Brazil, showed that of the 2,013 hospitalized patients, 62.55% were between the ages of 30 and 49 years⁽¹¹⁾.

Usually, first drug use occurs early on, still in adolescence. However, search for treatment tends to take place in adulthood, when individuals suffer significant impacts related to their physical and mental health due to the long-term use of these substances^(3,11-12).

In this study, almost all of the patients in treatment were men. This finding corroborates those of other studies that point to a high number of male patients in treatment at health services for drug use⁽¹⁰⁻¹³⁾.

Although the international literature has shown progressive growth in the use of psychoactive substances by women over recent decades⁽¹³⁾, studies^(10,12-13) have shown that they seek treatment less often and stay less time in treatment for psychoactive substance use disorders due to historical and cultural aspects that involve the role of women in society, the social stigma related

to substance use, and altered self-image. These aspects repress women's help-seeking attitudes and enhance feelings of shame. As a consequence, women tend to request treatment for their disorder at a later stage^(10,12-13).

Regarding marital status, most participants were single. Similar data were found in other studies involving individuals with psychoactive substance use disorders^(3,11). The use of these substances usually affects family ties and romantic relationships, especially considering the central role that substance use tends to occupy in users lives⁽¹⁴⁾.

A study developed in a rehabilitation unit in the metropolitan region of Curitiba, whose aim was to identify the impact in the relationships of individuals with psychoactive substance-related disorders showed that one of the main consequences of these disorders was violated trust and broken connections between individuals and their family members, in addition to difficulty in maintaining romantic relationships⁽¹⁴⁾.

In terms of education levels, the predominance of participants with incomplete elementary education corroborates the finding of a study developed in an outpatient facility for individuals with psychoactive substance use disorders in the state of Rio Grande do Sul, Brazil. After consulting 1,469 medical charts of patients in treatment the

researchers found that 42.7% had not completed elementary education⁽¹⁵⁾.

The literature has shown that school dropout rates may be related to learning disorders due to the use of psychoactive substances among this group, who are starting such use at increasingly younger ages^(8,15). This is because such substances act primarily in the central nervous system, impairing cognition, especially in terms of attention, memory and responsibility⁽¹⁵⁾.

Low education levels observed among individuals with substance-related disorders has a significant impact on their professional activities. Lack of studies generally leads to low qualification and professional training, which in turn increase rates of low-wage employment⁽³⁾.

In terms of employment status, 45.4% of the participants were unemployed during data collection. This finding is similar to that found in a study conducted in the city of Campo Grande, Mato Grosso do Sul, Brazil, which reviewed 316 charts of patients in another CAPS AD and found that 51.5% of the sample was unemployed during treatment⁽¹⁰⁾.

Most of the participants in the present study were of working age. However, maintaining employment is a challenge^(3,9) because of the harmful effects of psychoactive substance use and the priority given to such use in their lives⁽⁹⁾.

Regarding family income, most participants, or 50.6% reported receiving 1 to 3 monthly minimum wages. A study developed with 588 crack cocaine users in a treatment unit for disorders due to the use of psychoactive substances in the state of Goiás showed that 62.6% of the sample earned up to three minimum wages⁽¹⁶⁾.

Another aspect worth mentioning was that 14.2% of the participants declared having no family income, a situation that can accentuate the problems of this disorder due to a context of social vulnerability. Lack of resources is a facilitating factor leading individuals into criminality as a way of obtaining money to buy substances⁽³⁾. Moreover, low family income is intimately related to greater difficulty in treatment adherence. A study developed by a CAPS AD in the metropolitan region of Curitiba showed that low socioeconomic

status is intimately related to low treatment adherence by patients, as they do not have the financial resources to pay for transportation to the health service and have to interrupt treatment to look for and carry out sporadic jobs that can provide some form of income⁽¹⁷⁾.

As disorders related to the use of psychoactive substance are considered a chronic debilitating condition, 25.8% of the participants received disease benefits from the National Social Security Institute (INSS). This consists of one monthly wage and is destined to employees who contribute a monthly amount. When they are affected by illness that makes them unable to exercise work or their habitual activity for more than 15 consecutive days, they need temporary leave from their work context during a set period of time for recovery⁽¹⁸⁾ and, consequently, begin to receive this benefit.

In this study, alcohol was considered the drug of choice and the first psychoactive substance used. The behavior of consuming alcohol is socially learned, begins at an early age and in high volumes, given that it is a licit psychoactive substance intimately related to celebratory habits, understood as a pleasurable habit⁽⁹⁾. Thus, the use of this substance is socially accepted and, for this reasons, it is relatively easy to purchase and consume.

According to the II National Survey on Alcohol and Drugs, alcohol use is beginning at increasingly younger ages in Brazil⁽⁴⁾. In 2006, 13% of the non-abstinent adult population had experimented alcoholic beverages before the age of 15, while in 2012, this percentage was 22%. It is worth emphasizing that in 2012, 37% of this population experimented alcohol between 15 and 27 years, under the legal drinking age⁽⁴⁾.

In terms of mental disorder diagnosis, 52,1% of the participants presented mental and behavior disorders related to the use of alcohol. Corroborating this finding, studies have shown that the use of alcohol is predominant among patients in rehabilitation in services that treat psychoactive substance use disorders^(3,9-11).

The most frequent diagnosis, with 16%, were those related to the use of multiple psychoactive

substances. This finding is noteworthy, as simultaneous multiple drug use can cause increased intoxication and incur in occasional risk of accidents, leading to more harmful impacts to individuals than the use of only one substance⁽¹⁹⁾.

A study developed in the city of Santo André, state of São Paulo, Brazil, with the purpose of understanding standards of simultaneous multiple drug use among university students showed that of 275 students, 27.9% of the sample consume multiple psychoactive substances simultaneously in order to relax, lower inhibitions, stay awake, conduct a boring task, and reduce or improve the effects of other substances⁽¹⁹⁾.

Regarding psychiatric comorbidities, 42.3% of the participants mentioned presenting some type of mental disorder associated with the use of psychoactive substances. A study developed with people in treatment at a substance use rehabilitation center presented rates of psychiatric comorbidity lower than those of this study, with only 13.4%⁽³⁾.

A study developed in the state of Maryland, United States, verified the prevalence of psychiatric comorbidity among individuals admitted to substance use treatment programs and found that 64.6% of benzodiazepine-related admissions were associated with co-occurring mental disorder, while this percentage was 52.4% among opioid-related admissions, 49.8% among marijuana-related admissions, and 44.1% for alcohol-related admissions⁽²⁰⁾.

The high global prevalence of co-occurring mental health disorders associated with the use of psychoactive substances demands changes and adaptations to therapeutic strategies to address the complexity involved in this phenomenon, especially when considering the interposition of symptoms that can complicate the course of treatment⁽²¹⁾.

Additionally, a study developed in the United States with 9,142 people with psychotic disorders – schizophrenia, bipolar affective disorder with psychotic episodes and schizoaffective disorder – and 10,195 population control individuals indicated that relative to the general population,

alcohol use, marijuana use, and recreational drug use⁽²¹⁾.

According to the results of the present study, 72.4% of the participants presented some family member with a history of disorders related to the use of psychoactive substances, among which alcohol was the substance of choice in 68.5% of the sample. In agreement with this finding, a study that traced the sociodemographic and clinical profile of 350 people in treatment at a rehabilitation center, which showed that 69% of the patients had at least one family member with psychoactive substance use disorder, among which alcohol was the most commonly used, with 86%⁽³⁾.

The international literature has shown that the presence of a family history for mental disorders, including those due to psychoactive substance use, is one of the strongest and most consistent risk factors for developing several mental disorders⁽²²⁾. It is believed that highly stressful family environments favors altered emotional states that can lead to the use of psychoactive substances⁽¹⁴⁾.

A study developed with individuals in treatment for psychoactive substance use disorders showed that the behavior of the nuclear family directly influences its members, given that family history of psychoactive substance use contributes to the development of such drug use, especially if family interaction is stressful and conflicting, affecting the mental health of its members⁽¹⁴⁾.

The influence of parents, peers, siblings and friends are significant in defining actions, meanings and values which interfere directly in the development of health promoting or harming behaviors^(14,23). The literature shows that the influence of siblings on the behavior of individuals seems to be stronger in comparison with other family members in relation to negative behavioral habits, considering their close relationship and that they spend more time together throughout their lifetime⁽²³⁾. This view corroborates the findings of this survey, in which 43% of the participants had siblings with psychoactive substance use disorders.

A study developed in the state of Rio Grande do Sul, Brazil, with the aim of verifying the influence of risk behaviors on the health of adolescent siblings demonstrated that adolescents with younger siblings and older siblings who consume alcohol and smoke presented greater chances of being smokers and alcohol users when compared, respectively, with younger sibling and older siblings without these behaviors⁽²³⁾.

The present study found a predominance of alcohol as the first experimented psychoactive substance and family history of disorders due to the use of psychoactive substances. Such information can underpin education and prevention strategies developed by health professionals and services for psychoactive substance use disorders, especially alcohol-related disorders, within the family context and within their area of coverage.

Conclusions

In conclusion, the sociodemographic and clinical profile of patients at a CAPS AD in the South of Brazil was predominately male, single, working-age, unemployed, with low education levels, with a family income between one and three monthly minimum wages. Furthermore, alcohol predominated as the first substance experimented and also of choice. The majority also presented psychiatric comorbidities and a family history of psychoactive substance use disorders.

This study points to the need for health promotion and healthcare actions within the service's area of coverage in order to reach women with substance use disorders and improve their access to health services. Furthermore, attempts should be made to minimize the stigma and prejudice still disseminated in society regarding the moral values that involve the behavior of women who use psychoactive substance.

The results of this study can also serve as a source of data for health professionals who work in the field of psychoactive substance use disorders, helping them become more familiar

with the characteristics of this population and develop care plans directed at their reality and specificities. In this manner, they can contribute to improving health promotion and treatment adherence.

Limitations of this study include the description of the sociodemographic and clinical profile of patients at the CAPS AD of one municipality. Thus, it does not allow for generalizations. However, the data can be useful in comparisons with other municipalities or regions. Another significant limitation refers to the self-reported nature of the data collection, in which some data may have been omitted. Thus, it is important to conduct a more in-depth investigation of the information found in this study with complementary studies to increase knowledge in the area.

Collaborations:

1. Conception, design, data analysis and interpretation: Vânia Carvalho de Oliveira and Mariluci Alves Maftum;

2. Drafting of the article and critical revision of intellectual content: Vânia Carvalho de Oliveira, Fernanda Carolina Capistrano, Aline Cristina Zerwes Ferreira, Luciana Puchalski Kalinke, Jorge Vinícius Cestari Felix and Mariluci Alves Maftum;

3. Final approval of the version to be published: Vânia Carvalho de Oliveira, Fernanda Carolina Capistrano, Aline Cristina Zerwes Ferreira, Luciana Puchalski Kalinke, Jorge Vinícius Cestari Felix and Mariluci Alves Maftum.

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Received: April 19, 2016

Approved: December 15, 2016