

## **THE MOTIVATIONS FOR THE USE OF ILLICIT SUBSTANCES: A STUDY IN A THERAPEUTIC COMMUNITY IN MANAUS, BRAZIL**

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**ABSTRACT:** The abuse of illicit drugs has become a public health problem in Brazil. Anti-drug laws were instituted with the intention of minimizing drug trafficking and, consequently, the use of these substances. The objective of this study was to identify the motivations that led them to the use of illicit substances in a group of male residents of a therapeutic community in Manaus. This work corresponds to a qualitative and exploratory research. The access to the field was through the possession of the Term of Consent, made available by the Fazenda da Esperança therapeutic community. Five men residents agreed to participate. For data collection, a semi-structured interview was used, which followed a previously elaborated script, which contained key questions for discussion and treatment, and data analysis, using Bardin's Content Analysis technique. The present study proved that the most critical factors as motivation for substance use are colleagues and family conflict. It is well established that friends who use drugs are more likely to use drugs. From the interviewees' statements, it was found that friends not only provide immediate access to substances, but also shape drug use behavior and help shape positive beliefs and attitudes toward drug use. Substance use by friends is also likely to influence perceptions of how normative substance use is among peers.

**Keywords:** Drugs; Therapeutic Community; Treatment.

**RESUMO:** O consumo abusivo de drogas ilícitas tornou-se um problema de saúde pública no Brasil. Leis e decretos “antidrogas” foram instituídos com a intenção de minimizar o tráfico destas e, conseqüentemente, a utilização dessas substâncias. A partir disso, o objetivo deste trabalho foi identificar as motivações que os levaram ao uso de substâncias ilícitas em um grupo de residentes do gênero masculino de uma comunidade terapêutica em Manaus. Este trabalho corresponde a uma pesquisa qualitativa com caráter exploratório. O acesso ao campo se deu através da posse do Termo de Anuência, disponibilizado pela comunidade terapêutica Fazenda da Esperança e ao adentrar a comunidade, a pesquisadora se fez presente nos espaços de convivência para o convite dos possíveis participantes, que no total, foram cinco homens residentes da comunidade. Para a coleta dos dados, foi utilizada a entrevista semiestruturada, que seguiu um roteiro previamente elaborado, que continha questões chave para discussão e para tratamento e a análise de dados, foi utilizado a técnica de Análise de Conteúdo, de Bardin. O presente estudo comprovou que os fatores mais importantes como motivação para o uso de substâncias estão os colegas, o conflito

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familiar. De fato, está bem estabelecido que têm amigos que usam drogas têm maior probabilidade de usar drogas. Verificou-se, pelas falas dos entrevistados, que os amigos não apenas fornecem acesso imediato a substâncias, mas também modelam o comportamento de uso de drogas e ajudam a moldar crenças e atitudes positivas em relação ao uso de drogas. O uso de substâncias dos amigos também provavelmente influenciará as percepções de como o uso normativo de substâncias é entre os pares.

Palavras-chave: Drogas; Comunidade Terapêutica; Tratamento.

## INTRODUCTION

In Brazil and around the world, the use of psychoactive substances is a matter of high social relevance, since such use can progress to illness through chemical dependency (CD). According to Nery Filho et al. (2009), the use of these substances is millennial. Its consumption dates back many years and has always been part of various cultures around the world. For Bermudez et al. (2017), most psychoactive substances are banned in most countries because of the psychological and psychiatric disorders that can cause their dependents. However, the most widely used drugs in the world are alcohol and tobacco, drugs considered legal. For Silva et al. (2009), the association of an unhealthy relationship between an individual and a psychoactive substance (PS) generates chemical dependence. Substance use may start for a number of reasons, which are likely to persist after the addiction has been installed. However, this diagnostic, due to its physical and psychological symptoms of deprivation, also reinforces the consumption behavior, which becomes the primary maintainer of harmful use. Psychoactive drug use has become a severe problem in developing countries. In Brazil, prevalence rates of alcohol and drug abuse vary among studies, but a common finding is the high prevalence of any drug or alcohol use, reaching 22.8 and 74.6%, respectively. Over the past decade, epidemiological studies conducted in Brazil have reported increased lifetime consumption of alcohol, tobacco, marijuana, inhalants, cocaine, and other drugs. Such a scenario has implications not only for the individual user in terms of psychological and social problems, but also for society at large in terms of the significant economic impact associated with drug abuse (CARVALHO, 2016).

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According to the American Psychiatric Association - APA (2002, p. 196): In Brazil, the scenario of illicit drug use indicates that, in the general population, there is a prevalence of about 22.8%, which is equivalent to more than ten and a half million people. Cocaine use affects 2.9% of the population, and crack use 0.7%. The dominant age group for cocaine and crack use is 25 to 34 years. The percentage of male users compared to the percentage of women is higher in all age groups and substances, and the percentage of people who have already received any treatment for alcohol and other drugs is 2.9%. Proper understanding of the factors involved is fundamental to the establishment of effective treatment strategies and public policies. Evidence from the United Nations Drug and Crime Organization (UNODC) (2011, p. 146) shows that: [...] drug use has increased in some parts of the world, while in others it has remained stable. The same happened with the planting of coca, opium, and cannabis. According to the “UNODC-2011 Executive Summary”, it is estimated that in 2009, between 149 and 272 million people consumed illicit substances at least once in the previous year. This total represented a percentage between 3.3% and 6.1% of the world population between 15 and 64 years.

UNODC estimates that about half of these people were habitual users of illicit substances, and would have used them at least once in the month prior to the assessment. Although the total number of illicit drug users has increased, prevalence rates have remained stable since the 1990s, as have the number of problem drug users: between 15 and 39 million people.

According to a survey conducted in 2004 in 27 Brazilian state capitals, studies show that 44.3% consumed some alcohol, and 9.9% consume illicit substances (CEBRID, 2004). According to a 2017 survey by the Oswaldo Cruz Foundation (FIOCRUZ), the use of some illicit substance in life was reported by approximately 15 million individuals, and use in the last 30 days by 2.5 million. The use of some illicit substance was also more frequently reported by men than women.

The abuse of illicit drugs has become a public health problem in Brazil. Anti-drug laws were instituted with the intention of minimizing their trafficking and, consequently, their use. In the legal context, Avelar (2016) states that the incessant consumption of

psychoactive substances causes the individual to gradually lose the ability to perform civil acts, partially or totally. As such, the legislature rushed to protect both the drug-dependent and his family. However, the drug-dependent can only be declared incapable, in whole or in part, after a judgment has been issued by the legal system, through due process of interdiction.

In 2001, the Brazilian Federal Law Paulo Delgado No. 10.216 was created in Brazil, which orders the protection and rights of people with mental disorders. In response to the increased prevalence of psychoactive drug abuse, there is a growing interest in variables that may influence treatment effectiveness. For example, active participation in treatment has been associated with positive outcomes among psychoactive drug users. However, many drug users do not even start treatment; many abandon it prematurely or even relapse after its completion. In this context, several authors focused on addictive behaviors and tried to understand better the factors that motivate individuals to seek treatment for substance abuse, as well as barriers to seeking treatment and predictors of outcomes. Despite many scientific efforts, several questions remain uncertain, especially regarding access, adherence, and treatment effectiveness (DHIEL et al., 2011; SHEFF, 2009; XAVIER, MONTEIRO, 2013).

Currently, drug abuse treatment in Brazil is freely available to the population through the Unified Health System (SUS) and is offered at specialized drug and alcohol abuse psychosocial care centers (CAPS ad), private clinics, and hospitals specialized. Patients are referred to these different levels of attention according to the severity of their situation. Besides, preventive and treatment programs across the country are often implemented by the government. Still, little is known about the profile of patients who seek and benefit from these initiatives and their reasons for seeking treatment.

As from this scenario, this paper proposes to identify the motivations that led them to use drugs or illicit substances in a group of male residents of a therapeutic community in Manaus. These data can be beneficial for understanding and developing interventions focused on drug prevention and aimed at increasing demand and adherence to treatment, thereby decreasing relapse and reducing the social and financial costs involved in this

demand. The question is: What are the motivations for the use of illicit psychoactive substances of a group of residents in rehabilitation at Fazenda da Esperança in Manaus?

## METHOD

This work corresponds to a qualitative research with exploratory character, as stated by Nascimento (2008). The access to the field was through the possession of the Term of Consent, made available by the Fazenda da Esperança therapeutic community, and upon entering the community, the researcher was present in the living spaces for the invitation of the possible participants, which in total were five men. Inclusion criteria for the research were: 18 years or older and living in the community due to abusive use of alcohol and other drugs. Exclusion criteria were: being diagnosed with a mental disorder, and after collection, deciding to revoke the use of their data. Participation in the research was conditioned to the signing of the Informed Consent Form (ICF). The researcher approached the participants individually, presenting the research project, and invited them to participate. For data collection, a semi-structured interview was used, as highlighted by Nascimento (2008), in a place previously agreed between researcher and participant. For better data transcription, audio recording was requested, which was only performed with the participant's approval, as described in the Consent Form. The interview followed a previously elaborated script, which contained key questions for discussion and treatment and data analysis, using the Content Analysis technique, by Bardin (2009). This work followed all the ethical criteria proposed in the Brazilian resolutions 466/2012 and 510/2016, which are resolutions that govern human research in Brazil. It is noteworthy that the work was also submitted and approved for execution by the Research Ethics Committee of the Amazonas State University, which can be consulted through the CAAE code: 11412519.3.0000.5016.

## RESULTS AND DISCUSSION

Regarding the characterization of the participants, Table 1 shows that the age range varies between 19 and 37 years. Of the five respondents, three are single according to marital status, and two live with their partners, and they all have children. Three declared of

race/color black, one of race/color white and one brown. One has incomplete high school education, two with incomplete elementary school, and two with incomplete higher education.

	P1	P2	P3	P4	P5
Age	24	19	32	29	37
Marital Status	Live with Partner (not officially married)	Single	Single	Live with Partner (not officially married)	Single
Race	Black	Black	Brown	White	Black
Education	incomplete elementary school	incomplete higher education	incomplete high school	incomplete higher education	incomplete elementary school

Table1: Data from respondents.

The results corroborate the research carried out by FIOCRUZ (2017), which highlights that the consumption of illicit substances in life was concentrated in the intermediate age groups, especially among younger adults (25-34 years), with equally higher values. Although not as pronounced in the nearest ranges (18-14 years and 35-44 years). Considering only the approximately 14 million adults who reported the use of some illicit substance in life, there is a significant difference in consumption concerning education, being higher among individuals with higher education (FIOCRUZ, 2017). Given the methodology described, from Content Analysis (BARDIN, 2009), five categories of analysis were created, which are: First contact with drugs; Perception of substance use; What led to the use of illicit substances; The problem of drug use; Problems arising after use.

### **First contact with drugs**

Alcohol and drug use remains a significant global problem, with many economic and health consequences. Several studies have shown that most adults who end up with an alcohol/drug use disorder have their first contact with these substances in their teens. This can be observed in the speech of the subjects:

*My first contact was when I was 10 years old living with my uncles, because my mother was separated from my father, we went to live in Compensa (neighborhood) in a rented room. My mother spent the day working, and I spent the day alone, because I studied in the morning and the afternoon I was playing football in the street. The first contact was one of the colleagues who played with me offered me a cigarette. I did not want at first, but he insisted that I had swallow, taught me to pull and release the smoke. Then we were always smoking after the games, there was an alley, and there we would gather to smoke. After a certain time I was already trying the paste (Cocaine Basic Paste ) there was when I first met the drug itself (P1, 24 years).*

Studies such as the National Drug Use and Health Survey, formally called the National Drug Abuse Household Survey, reported by the Administration of Substance Abuse and Mental Health Services (2015 apud BOITEUX; PÁDUA, 2016), indicate that some children are already abusing drugs at 12 or 13, which probably means some start even earlier.

*I had the first contact when I was 14. I met at the school where I studied, my classmates were pretty damn bad and I was the quite kid in the class. They ran away from school to smoke in an abandoned land next to the school, my first contact was with a cigarette than with "loló" (chloroform and ether). (P2, 19 YEARS).*

Early abuse usually includes substances such as tobacco, alcohol, inhalants, cannabis, and prescription drugs such as sleeping pills and anti-anxiety medications. If drug abuse persists into adolescence, users generally become more involved with marijuana and then move on to other drugs, continuing tobacco and alcohol abuse. Studies

have also shown that drug abuse in late childhood and early adolescence is associated with increased drug involvement (CANAVEZ, ALVES and CANAVEZ, 2010).

*My father beat my mother. He beat her a lot, and I was exactly 9 to 10 years old I saw everything was very sad, he came home drunk and every time beat her, I saw it left home, lived a week practically on the street. When I met some kids that were under the bridge of Avenida Brasil the one that is at the entrance of São Jorge, there several kids go to the night to use drugs, I met the drug there cocaine I started with it (P4, 29 years old).*

Cavalcante, Alves and Barroso (2008) proposed several explanations as to why some people get involved with drugs and then start to abuse. One explanation points to one cause as having a family history of drug or alcohol abuse with violence within the family. Another explanation is that drug abuse can lead to affiliation with fellow drug abusers, which in turn exposes the individual to other drugs.

### **Perception of your substance use**

Drug use is one of the most perceived behaviors by society as it mainly affects adolescents. In adolescence, there is a high prevalence of drug use. Currently, because of its availability, adolescents need to learn to deal with drugs by making decisions about their use or abstinence.

*When I needed to steal to use the drug I saw that it changed my way of living to get closer to people (P1, 24 years).*

The correlation between substance abuse and violent behavior has been well documented. For example, Costa et al. (2012) noted that more than 75% of people who start treatment for drug addiction report having committed various acts of violence, including (but not limited to): theft, assault, physical assault and use of a weapon to attack another person. Examining gender differences, Marques and Cruz (2000) found that before seeking treatment for substance abuse, rates of violent acts were 72% among men and 50% among women. People who enrolled in treatment were referred by relatives because of violent behavior under the influence of drugs.



*When I had to rob to use it, I already saw that I was addicted (P3, 32 years old).*

Xavier and Monteiro (2013) reported that the risk of violent behavior increases with intoxication, but only among individuals prone to suppressing their feelings of anger while sober.

*When I had to steal my colleagues to use I realized that I was already using a lot of drugs (P5, 37 years).*

For Seibel (2010), the relationship between adolescents, drug use and criminal behavior is a source of concern for policy makers, researchers and the general population. Not surprisingly, policy makers assume that there is an important connection between drug use and crime, specially in countries where there is a Social inequality

### **What led to the use of illicit substances**

Motivation for substance use, along with knowledge of their patterns and prevalence, help to understand risk factors, context, circumstances, and likely consequences of such behavior, but also how to develop effective prevention measures and intervention programs.

*I know it's not an excuse, but it was because of my parents' divorce (P1, 24).*

Surprisingly, the influence of divorce in the early stages of involvement with alcohol and other drugs has been addressed only recently, as existing literature has focused mainly on significant problems during adulthood and more severe outcomes such as dependence. Teenager and children of divorced parents report more use of alcohol and other substances than children of married parents families (KRIKSTJANSSON et al., 2009).

Studies examining a related potential risk factor, family structure, have shown that adolescents in non-intact families (single parents or foster families) are more likely than

those in intact families to start drinking and using drugs at a young age ( Donovan & Molina, 2011), consume (any) alcohol and report frequent drinking, heavy drinking and substance abuse disorders (VANASSCHE et al., 2014).

*The curiosity. My colleagues used it, and only I didn't, so I wanted to use it to see what it was like. (P2, 19 YEARS).*

The emergence of curiosity in the reports presents the opportunity to understand curiosity as a phenomenon with an independent ontological status, linked to the individual or activity. In examining the ontological status of curiosity, its strong content and moral rules are conspicuous. Willingness, "impulses accompany it" and suggestibility, sometimes even with bravery, self-apology, rejection of responsibility, and aspects related to the search for novelty and experience, discussing curiosity as psychological constructions (SHEFF, 2009).

*Curiosity, but I was also very angry at what my father did to my mother. Then just out of anger I went to the street and there I met and used it so it was really angry to see her get beaten (P4, 29 years).*

The connection between curiosity and apology brings the possibility that curiosity is an explanation built after the activity. In this case, this is an explanation for substance use or a change of use created after the action. It is mainly in the interviews with injecting drug users that, besides being a retrospective explanation, curiosity also implies a linear order of events: "motivated by curiosity" - the next step to "curiosity" was drug use. The linear relationship between curiosity and substance use, as well as the chronological relationship between drug use and drug exchange, may again be linked to a response to expectations perceived by most of society. The questions reveal that respondents also tend to think of a linear pattern on drug experiences and later progression (ROBINSON; BERREDIGE, 2005).

Intrafamily violence and substance abuse are a tragically common combination. Many studies have found that most incidents of intrafamily violence somehow involve substance abuse, especially alcohol, and that most offenders have some substance abuse

problem. On the other hand, being a victim of violence or growing up in a family where violence was present are important factors in adolescent substance abuse and adult dependence (PRATTA; SANTOS, 2009; KOOB; LE, 2008).

### The problem of drug use

In their own subjective "motivations", the desire for encouragement and risk seems to play an important role.

*When I had to do a robbery I met the guys, I mingled with them I was invited to participate in the "firm" I went to his house, then he took me to Jorge Teixeira neighborhood first I was going to take care of the drugs I was going to be in house I would just take care of the house and earn for this service, in the first moments I got it, but then I went to do assault with the guys then I to rob I had to use the pot because it gave me courage to go to the street with them, the first robbery I went to steal a car there was introduced me to the guy there that he was going to give me a drug for me to make a "run", but I wanted more money and this I had to steal and share with them and then he it gave a value but it was smaller than if I was going to do it myself, that was when I got the courage to set up my own team then I met another guy but I had to join the firm (P1, 24 years).*

Relationships between suppliers and their customers are permeated by inequality, threats, violence, and submission. We may think that this relationship is part of the rather strict and violent rules and hierarchies established in drug trafficking. The drug market generates violence between consumers and suppliers for a variety of circumstances that are bound to live: contention for territories, dispute for the quality and quantity of drugs, theft of money, or the product, which determines barbaric and violent practices, oppression and division, which become strategies to discipline the market (MINAYO, 1997).

*I was very curious to know because my colleagues always said it was cool. I already did a robbery, I got into a gang at the time and we had a lot of fighting at school and got kicked out once [...] I event stole and sold the school jar (we stole it for the drug), we*

*were called by the principal, who at the time did not like conversation, had no conversation with him, he would send a message to our parents, then I was arrested because I stole a car from a lady and was fooling around the neighborhood (the police) ... when I was caught I was not armed, but they did not kill me because I was from the firm and they gave me one more opportunity (P3, 32 years old).*

Interviews draw attention to various forms of curiosity or, more precisely, to various functions of curiosity and their textual context. The term "curiosity" itself is either free of prejudice or taken for granted; the etymology and ordinary meaning or scientifically constructed meanings of the word imply the presence of something unwanted or strange. Crossing borders - or at least the opportunity to do so - is inherent in the word. Epistemic curiosity was more frequent. It was applied in connection with the effect of drugs or the way the individual changed due to drug use and the expectations he had in this context. Curiosity, due to its independent ontological status, was sufficient by itself to generate questions and answers about drug use. The multiple meaning of the word, that is, its "hidden" meaning (common usage) related to the crossing of lines, may well have contributed to this function (MARQUES; CRUZ, 2000).

Jesus (2016) stresses that many teenagers are apprehended by the police for small theft and even robbery or "working" for trafficking, and most are released for being part of the militias that especially dominate the peripheries.

### **Problems arising after use**

Respondents report various types of problems occurring after drug use, ranging from social, physical as well as judicial issues.

*I say to myself: I know it's not cool in my case I thought I could stop, in my case it was the influence of friendships, I stole, committed a robbery to sustain my addiction, but I saw that I couldn't do it, so it was, it was, it was when I realized I was there I used paste, the weed then went to the kit, oxy, paste and the crack is very strong, always the family realizes when you are not normal I was very thin did not eat because I spent the night using and the day sleeping (P1, 24 years old).*

Drugs like heroin, cocaine, amphetamines, ecstasy are dangerous in any amount. There is no moderate and safe amount of crack or heroin. Apart from the long term effects on health, there is also the fact that an addiction can be fatal. Alcohol, cigarettes, and drugs can kill as a result of an overdose, suicide, accident, or physical damage caused by these substances. Other side effects include an increase in the number of sexually transmitted infections, unwanted pregnancies, and congenital disabilities as a result of the mother's addiction (SEIBEL, 2010; SHEFF, 2009).

*The prison. I was arrested, I lost everything, I lost the trust of my parents, I entered the world of trafficking but could not sell because I got addicted, I stole the very drugs I took to sell there I was threatened with death by the guys (P2, 19 YEARS).*

Silva et al. (2009) point out that approximately half of detainees meet DSM criteria for substance abuse or dependence, and significant percentages of prisoners committed the act by which they are incarcerated under the influence of drugs.

Barreto (2017) points out that most young people who get involved in the trafficking world live under the "tutelage" of great violence and that many are threatened either by lack of drug sales and due accountability, if only for thinking of abandoning the illicit practice.

*The drug makes us do things that are problems that we think will never end. One time I went for a run but I went to another scheme, then the partner said that I was cheating on the firm and took me to a place and made me run naked and started shooting the ground making me afraid, then he stopped and said if I wanted to go through death he was going to give me a new chance but I couldn't lie anymore or it would be bullet in my head I cried a lot then I met my wife she was 14 but I kept her hidden because her father didn't want me to date her because he knew I was from the wave (drug user), he said that if he saw me with her he would send me to death, I stayed with her anyway I ran away but as I owed money to the boss I couldn't stay with her because they would want to kill me, then I told her that I worked with running (dealing) and she didn't want to be with me much later she liked*

*it because we were already connected to each other (P3, 32 years old).*

Violent crimes, including aggression, murder, or serious threats, intuitively cause great suffering and harm to society, and among the causes of death in criminally illicit drug user populations, physical assaults by others account for a significant minority of deaths. Also, in current scenario data, crime is associated with a high degree of psychiatric problems, including substance use disorders, indicating significant treatment needs in this population, which may require specific interventions compared to other crimes (KOOB. ; LE, 2008).

#### FINAL CONSIDERATIONS

The present study proved that the most important factors as motivation for substance use are colleagues, curiosity, and parents. It is well established that if one has friends who use drugs is more likely to use drugs. From the interviewees' statements, it was found that friends not only provide immediate access to substances, but also shape drug use behavior and help shape positive beliefs and attitudes toward drug use. Substance use by friends is also likely to influence perceptions of how normative substance use is among peers.

Another potentially important dimension of peer influence on substance use is the quality of relationships with friends. The quality of friendships among deviant colleagues, where substance use is more likely to occur, tends to be characterized by harmful behavior. However, as the characteristics of a friend's behavior (eg, substance use) and the quality of friendships tend to overlap, it is possible that the quality of friendship adds little to the prediction of substance use after the friend's deviance is taken into consideration.

Another point noted is the fact that parents who used drugs, place the kids in situations that teaches a lifestyle with quick and easy gains, mostly entering the world of crime to be able to sustain use.

Additional research is needed to determine whether our observations can be generalized to other populations and drug types (such as heroin, tranquilizers, or tobacco)

or whether additional function items need to be developed. Future studies should also examine whether functions can be categorized into primary and subsidiary reasons and how they relate to changing patterns of drug use and dependence. Recognizing the roles of substance use could help inform education and prevention strategies and make them more relevant and acceptable to the target audience.

## REFERENCES

APA. American Psychiatric Association. **Manual Diagnóstico e estatístico de transtornos mentais**. 4 ed. Porto Alegre: Artmed, 2002.

AVELAR, L. S. “O pacto pela vida aqui é pacto de morte.!”: O controle radicalizado das bases comunitárias de segurança pelas narrativas dos jovens do grande nordeste de amaralina. 2016. 152 f. **Dissertação** (mestrado). Universidade de Brasília. Brasília, 2016.

BARDIN, L. **Análise de Conteúdo**. Lisboa: Edições 70, 2009.

BARRETO, A. L. Urgência punitiva e tráfico de drogas: as prisões cautelares entre práticas e discursos nas Varas de Tóxicos de Salvador. 2017, 146f. **Dissertação** (mestrado). Universidade Federal do Rio de Janeiro. Rio de Janeiro, 2017.

BERMUDEZ, B. et al; **Bebidas alcoólicas são PREJUDICIAIS à saúde da criança e do adolescente**. Manual de Orientação Departamento Científico de Adolescência. Sociedade Brasileira de Pediatria. 2017. Available on Site: [http://www.sbp.com.br/fileadmin/user\\_upload/publicacoes/N-ManOrient-Alcoolismo.pdf](http://www.sbp.com.br/fileadmin/user_upload/publicacoes/N-ManOrient-Alcoolismo.pdf). Access: 10 nov. 2018.

BRASIL. Organização Mundial da Saúde – OMS. **Classificação de transtornos mentais e de comportamento da CID-10: descrições clínicas e diretrizes diagnósticas**. Porto Alegre: Artmed, 1993.

\_\_\_\_\_. **Resolução 196/1996**: diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Ministério da Saúde/Conselho Nacional da Saúde, Brasília, 1996.

\_\_\_\_\_. **Resolução 510/2016**: ética em pesquisa em Ciências Humanas e Sociais. Ministério da Saúde/Conselho Nacional de Saúde, Brasília.

BOITEUX, L. PÁDUA, J. A desproporcionalidade da lei de drogas. Os custos humanos e econômicos da atual política no Brasil. 2016. Available on [http://egov.ufsc.br/portal/sites/default/files/a\\_desproporcionalidade\\_da\\_lei\\_de\\_drugas\\_os\\_custos\\_humanos\\_e.pdf](http://egov.ufsc.br/portal/sites/default/files/a_desproporcionalidade_da_lei_de_drugas_os_custos_humanos_e.pdf). Access: 22 aug. 2019.

CARVALHO, S. **A política criminal de drogas no Brasil: estudo criminológico e dogmático da Lei 11.343/06.** 8 ed. rev. E atual. São Paulo: Saraiva, 2016.

CAVALCANTE, M. B. P. T.; ALVES, M. D. S.; BARROSO, M. G. T. Adolescência, álcool e drogas: uma revisão na perspectiva da promoção da saúde. **Esc Anna Nery Rev Enferm**, Rio de Janeiro, v. 12, n. 3, p. 555-559, Set. 2008.

CANAVEZ, M. F.; ALVES, A. R.; CANAVEZ, L. S. Fatores predisponentes para o uso precoce de drogas por adolescentes. **Cadernos UniFOA**, São Paulo, v. 5, n. 14, p. 57-63, 2010.

COSTA, A. G. et al. Drogas em áreas de risco: o que dizem os jovens. **Physis Revista de Saúde Coletiva**, Rio de Janeiro, v. 22, n. 2, p. 803-819, Jun. 2012.

DIEHL, A. et al. **Dependência química: prevenção, tratamento e políticas públicas.** Porto Alegre: Artmed, 2011.

IBGE, **Diretoria de Pesquisas. Cidades e Estados do Brasil.** 2010. Available on: <https://cidades.ibge.gov.br/brasil/am/manaus/panorama>. Acess: 01 dec. 2018.

JESUS, M. G. “O mundo que não está nos autos”: a construção da verdade jurídica nos processos criminais de tráfico de drogas. **Dissertação** (mestrado). 2016. 276 f. Universidade de São Paulo. São Paulo. 2016.

KRISTJANSSON, A.; SIGFUSDOTTIR, I.D.; ALLEGRANTE, J.P.; HELGASON, A.R. Parental divorce and adolescent cigarette smoking and alcohol use: Assessing the importance of family conflict. **Acta Paediatrica**, v. 98, p. 537–542, 2009.

KOOB, G.F.; LE, M. M. Review. Neurobiological mechanisms for opponent motivational processes in addiction. **Philos Trans R Soc Lond B Biol Sci**, v. 363, n. 1507, p. 3113–2310, Dec. 2008.

MARQUES, A. C. P. R.; CRUZ, M. S. O adolescente e o uso de drogas. **Rev Bras Psiquiatr** São Paulo, v. 22, supl. 2, p. 32-36, Dec. 2000.

MINAYO, M. C. S. A complexidade das relações entre drogas, álcool e violência. In: BAPTISTA C. (Orgs.). **Toxicomanias: uma abordagem multidisciplinar.** Rio de Janeiro: Sette Letras, 1997.

NASCIMENTO, Dinalva Melo do. **Metodologia do trabalho científico: teoria e prática.** 2. ed. São Paulo: Fórum, 2008.

NERY FILHO, A. et al. orgs. **Toxicomanias: incidências clínicas e socioantropológicas.** Salvador: EDUFBA; Salvador: CETAD, 2009, 308 p.



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PRATTA, E. M. M.; SANTOS, M. A. S. O Processo Saúde-Doença e a Dependência Química: Interfaces e Evolução. **Psicologia: Teoria e Pesquisa. Brasília.** Brasília, v. 25, n. 2, p. 203-211, June 2009 .

ROBINSON, T.E.; BERRIDGE, K.C. The neural basis of drug craving: an incentive-sensitization theory of addiction. **Brain Res Brain Res Ver.**, v. 18, n. 3, p. 247–259, Jun. 2005.

SEIBEL, S. D. **Dependência de drogas.** São Paulo: Atheneu, 2010.

SHEFF, Nic. **Cristal na veia.** São Paulo: Agir, 2009.

SILVA, C. R. et al. Comorbidades psiquiátrica em dependente de cocaína/crack e alcoolistas: um estudo exploratório. **Aletheia,** Canoas, n. 30, p. 101-112, dez. 2009.

UNODC. **United Nations Office on Drugs and Crime.** Relatório Mundial Sobre Drogas 2011. Available on: [http://www.unodc.org/documents/southerncone//Topics\\_drugs/WDR/2012/WDR\\_2011\\_web\\_small.pdf](http://www.unodc.org/documents/southerncone//Topics_drugs/WDR/2012/WDR_2011_web_small.pdf). Acess: 20 aug. 2019.

VANASSCHE, S.; SODERMANS, A.; MATTHIJS, K.; SWICEGOOD, G. Commuting between two parental households: The association between joint physical custody and adolescent wellbeing following divorce. **Journal of Family Studies,** v. 19, p. 139–158, 2014.

XAVIER, R.T.; MONTEIRO J. K. Tratamento de Pacientes Usuários de crack e outras drogas nos CAPS AD. **Psic. Rev. São Paulo,** v. 22, n.1, p. 61-82, 2013.

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