



ADOLESCENTS USING (IL)LICIT DRUGS AND ACTS OF VIOLENCE
ADOLESCENTES USUÁRIOS DE DROGAS (I)LÍCITAS E PRÁTICAS DE VIOLÊNCIA
ADOLESCENTES USUARIOS DE DROGAS (I)LÍCITAS Y PRÁCTICAS DE VIOLENCIA

Natana Abreu de Moura¹, Ana Ruth Macêdo Monteiro², Rodrigo Jacob Moreira de Freitas³

ABSTRACT

Objective: to know the actions of violence and the use of (il)licit drugs among adolescents. **Method:** this is a descriptive study, of case study type, conducted in a Psychosocial Care Center for Children and Adolescents in the period from May to June 2013. The subjects were three adolescents, and the data collection was held through form, observation and consultation of records. The data analysis was the description of the findings in individual figures and cases. **Results:** it was found that the use / abuse of alcohol and other drugs by adolescents had damaged the adoption of a routine, their interpersonal relationships and activities that could improve their health and body development, in addition to inducing violent practices to acquire the drug. **Conclusion:** the use of (il)licit drugs jeopardized these adolescents, approaching them from situations of violence. **Descriptors:** Violence; Adolescents; Drug Users; Nursing.

RESUMO

Objetivo: conhecer as práticas de violência e de uso de drogas (i)lícitas de adolescentes. **Método:** estudo descritivo, tipo estudo de caso, realizado no Centro de Atenção Psicossocial Infanto-Juvenil, no período de maio a junho de 2013. Os sujeitos foram três adolescentes, e a coleta de dados se deu por meio de formulário, observação e consulta de prontuário. A análise dos dados consistiu na descrição dos achados em figuras e casos individuais. **Resultados:** constatou-se que o uso/abuso de álcool e outras drogas pelos adolescentes prejudicou a adoção de uma rotina, suas relações interpessoais e a prática de atividades que podem melhorar sua saúde e desenvolvimento corporal, além de induzir a praticas violentas para conseguir consumir a droga. **Conclusão:** o uso de drogas (i)lícitas foi prejudicial para esses adolescentes, aproximando-os de situações de violência. **Descritores:** Violência; Adolescente; Usuários de drogas; Enfermagem.

RESUMEN

Objetivo: conocer las prácticas de violencia e de uso de drogas (i)lícitas de adolescentes. **Método:** estudio descriptivo, tipo estudio de caso, realizado en el Centro de Atención Psicossocial Infanto-Juvenil, en el período de mayo a junio de 2013. Los sujetos fueron tres adolescentes, y la recolección de datos fue por medio de un formulario, observación y consulta de prontuario. El análisis de los datos fue la descripción de los hallados en figuras y casos individuales. **Resultados:** se constató que el uso/abuso de alcohol y otras drogas por los adolescentes perjudicó la adopción de una rutina, sus relaciones interpersonales y la práctica de actividades que pueden mejorar su salud y desarrollo corporal, además de inducir las prácticas violentas para conseguir consumir la droga. **Conclusión:** el uso de drogas (i)lícitas fue perjudicial para esos adolescentes, aproximándolos de situaciones de violencia. **Descriptor:** Violencia; Adolescente; Usuarios de Drogas; Enfermería.

¹Nurse, Master Student, Graduate Program in Clinical Care in Nursing and Health, State University of Ceará / PPCCLIS / UECE. Fortaleza (CE), Brazil. E-mail: natanaenfa@gmail.com; ²Nurse, Hospital of Messejana / SUS, PhD Professor, Graduate Nursing / Post Graduate Program in Clinical Care in Nursing and Health, State University of Ceará / UECE. Fortaleza (CE), Brazil. E-mail: anaruthmacedo@yahoo.com.br

INTRODUCTION

Experiencing adolescence, understood as a period of transition, is a different experience for every human being, in which expanding sociability and behaving acceptably by a group are important factors. In this study, this phase was considered chronologically, according to the established by the Brazilian Statute of Children and Adolescents. So, for the purposes of law, the adolescent is the person who is between 12 and 18 years old.¹

Adolescence is a stage of life in which biological, physical, social and psychological changes are significant and sometimes critical, since, when associated with other factors, particularly environmental, these may introduce the use / abuse of drugs. For this reason, it is also characterized as a stage where there is need for quality family support, education and health.

One of the main problems of this period relates to drugs. Among the adolescent population, the use of (il)licit drugs has increased over the years in Brazil. This fact is evidenced by an increase in alcohol consumption up to 15 years old and the easy access to illegal substances.² On the other hand, it has been proved "that fewer teenagers under 18 drink, however, are more likely to make problematic use of alcohol"^{3:97}. Moreover, the fact of experiencing violence in childhood and living with people who use drugs within the family environment increases the chances of drug abuse.⁴

Marijuana is among the illicit drugs most used by adolescents internationally. Some possible causes for this are the ease of acquiring this substance (even at school or at home) as well as the understanding that it is harmless.⁵⁻⁷

Currently, there has been the approach between the use of psychoactive substances and another public health problem, violence. It is impossible to define when and how the association between these two phenomena starts, but both within the family context and the social context it is common to see situations and experiences where the use of drugs and violence appear together. Teenagers may not predict the damage caused by this association, which can compromise their cognitive, physical and psychosocial development, lead to risk behaviors, insertion in crime (as in drug dealing), problems in the judiciary system, social exclusion, loss of family bonds, loss of school life and even death.⁸⁻⁹

The use / abuse of drugs by this audience tends to be more dangerous than to adults, as usually the adolescent does not assume the addiction, or that the use of a substance harms them, believing they have control and can stop using the drug whenever they want. So, they do not look for help on a voluntary basis, and, in most cases, are taken to health care services by a family member.¹⁰

The use / abuse of alcohol and other drugs puts adolescents in vulnerable situations, and violence is one of those.¹¹ Besides violence, they are also exposed to sexually transmitted diseases, unwanted pregnancy, infectious diseases, homelessness, among other situations.

In this context, it is noteworthy that the issue of violence in Brazil is subject of great controversy and concern because of the consequences that this phenomenon has generated for our society. With regard to adolescents, there has been a dichotomy, as they appear both as aggressors and as victims. In any case, it makes clear the need for investment and creation of public policies to prevent adolescents to be so involved in scenarios of violence.¹²

Experiencing and / or practicing violence makes teenagers be admitted to health services, but professionals often fail to take resolving attitudes in face of clinical pictures, and need more information, discussions and studies to guide them to deal with such social phenomenon.¹²

Among these health services, there is highlight for the Psychosocial Care Center for Children and Adolescents, that, in Brazil, is a reference in the care of children and adolescents with moderate and / or serious mental disorders, and also serves those who use / abuse of alcohol and other drugs, even if this is not secondary to a mental disorder.

According to the ministerial policy, the Psychosocial Care Center for Children and Adolescents carries out various activities, such as: individual consultations, group work, distribution of medicines, artistic activities, matrix support, integrating events with the community, courses for professionals, users and families, active search in the streets, welcoming, and development of partnerships with universities, colleges and coordination with other agencies working with children and adolescents.¹³

Psychosocial Care Centers for Children and Adolescents meet users depending on the professional evaluation and the treatment plan determined by the team, in three ways:

intensive, semi-intensive and non-intensive care.¹³

Given the above, this study aimed to know the stories of violence of adolescents using (il)licit drugs.

METHOD

This is a descriptive study, of case study type. The case study enables deepening and detailed knowledge about a phenomenon, allowing the researcher to better describe it.¹⁴

The setting of the research was the Psychosocial Care Center for Children and Adolescents, which is located in the 4th Regional Office, in the city of Fortaleza, Ceará, Brazil.

The study subjects were three teenagers who met the following inclusion criteria: age between 12 and 18 years, having sought the Psychosocial Care Center for Children and Adolescents with the initial complaint of use / abuse of alcohol and other drugs, and being attending the harm reduction group. Adolescents who, during the period of data collection, were no longer attending the service were excluded.

At the beginning of data collection, which took place in May 2013, eight teenagers were being met in the service. They were doing treatment related to use / abuse of (il)licit drugs; they were all being accompanied in a therapeutic group of damage reduction, which was conducted by qualified professionals. Thus, the researcher approached this group to identify which adolescents could participate in the study.

The strategy of making groups in Psychosocial Care Centers is common, because the group allows social interaction, reporting and sharing of experiences, the idea that participants can rely on each other, and it is also a way to optimize the service.¹⁵

Data collection, held from May to June 2013, was made through a form. In addition to this technique, the observations of the researcher during the performance of harm reduction groups were also used, as well as documentary search in medical records.

The form was composed of questions about the sociodemographic characteristics of the subjects such as age, education, race / color, religion, income, among other things. Then, there were questions directed to the use / abuse of psychoactive substances: Before starting using drugs, did you know the consequences / effects of using these substances? Have you ever experienced any psychoactive substance? How old were you

when you first tried it? What strategies have been used by you to acquire crack? Regarding the regular use of the psychoactive substance(s), in which daily activities do you think it interferes / has interfered negatively? What kind of physical changes have emerged after the use / abuse of psychoactive substances? At school, what actions have / had been associated with the use / abuse of psychoactive substances? In family relationships, what actions have / had been associated with the use / abuse of psychoactive substances? Which people close to you have or had made regular use of psychoactive substances?

Realizing that only the answers of the form would not elucidate the studied subject, researchers asked adolescents to explain their answers. After collecting all the findings, the analysis and organization of material was held, the form data were placed in the Excel spreadsheets and other information was entered in order to build the cases. Thus, the cases were built one by one, which permitted to determine the similarities for each text, first, for a single case, which can serve for comparison with other cases. Then, the common findings were grouped by trying to expose precisely the collected information, describing the subjects, characterizing them by using tables.

For a discussion of the results, a search was conducted in the databases, looking for current articles that addressed the study object, preferably articles approaching nursing care to this public.

The study comes from the research project "Clinical care for children and adolescents crack-users - therapeutic approaches and prevention models", approved by the Ethics Research Committee of the State University of Ceará, under opinion No. 11042449-2 and FI-405370.

The legal and ethical standards for scientific research involving human subjects established by Resolution No. 466/12 have been met. To protect the identity of adolescents, authors used the initials A1, A2, A3.

RESULTS

◆ Case 1

A1, 12 years old, male, Evangelical / Protestant, single, is communicative, agitated / restless, curious and affectionate. Referred by a shelter to the Psychosocial Care Center for Children and Adolescents in May 2013 for presenting stress, sadness, agitation and abstinence from (il)licit drugs. Before being

sheltered, he lived only with the mother (maid) in a suburb of Fortaleza. He had three brothers, one was given by the mother, one died and the other is in prison. Parents had intermittent separations, providing less contact with their children. The father used to beat him a lot. He did not have a good relationship with his stepfather. He reported liking very much the mother and missing her. He showed respect for her and emphasized also not wanting to live with his father. This is the second shelter that he attends. He grew up among family members and friends who used alcohol and other drugs. He began using drugs at 8 years old. A1 pointed out that his father and mother used alcohol, his brother used tobacco, marijuana, tranquilizers and anxiolytics, inhalants and solvents.

◆ Case 2

A2, 15 years old, male, Catholic, single, appears to be calm, but says he has impulsive and "messy" "nature". However, he seems to be cooperative and willing to change. He was referred to the Psychosocial Care Center for Children and Adolescents in December 2012 for being abstemious of (il)licit drugs, reporting insomnia, irritation and change in appetite, was under threat of death and was sent by the Court for protective measure to the Shelter. Since 6 years old, he has faced conflicts between parents, who were separated, and lived sometimes with one, sometimes with the other. The father is a farmer and the mother is a cook. Before going to a shelter, he lived with his mother, grandmother and three brothers (12, 10 and 9 years old) in a house conceded by the family to his mother. The adolescent reports that the father is also a drug user and his brother made use of marijuana. A2 started using (il)licit drugs at 10 years old. Upon discovering the use, his father started to complain and his mother used physical violence, but none of the methods prevented A2 from continuing to use drugs.

◆ Case 3

A3, 16, female, Evangelical / Protestant, single, is communicative, agitated, seems to be affectionate, resistant to rules and limits. Referred to the Psychosocial Care Center for Children and Adolescents at 13 years old for being, at the time, in a shelter and having difficult to relate to the other girls, threatening to beat them. Reported having a disturbed sleep, increased appetite and making use of (il)licit drugs since 11 years old. A3 states having lived during 2 years with a teenager (16 years old), drug user and dealer,

and had a daughter with him, who now lives in a shelter. Her mother is a drug dealer, makes use of tobacco, marijuana and crack, her aunt is drug user and her sister, 15 years old, is pregnant and is also drug user. A3 currently lives in a shelter (temporary house that usually welcomes children and adolescents living on the street, allowing them to leave on weekends). A3 and the mother have a dysfunctional relationship. Speaking of the mother, at the beginning she showed sadness, said the mother is not worthy. Then, she said that everyone should respect her. At the end, she praised her and said she was good people (data collected in the adolescent's medical records).

None of them managed to finish elementary school; all had to join in the special modes of public education, no longer following the regular series.

When asked if they knew the effects / consequences of drugs before starting the use, A3 and A1 claimed to know the effect of at least one psychoactive substance by friends who told them or because they saw friends under the effect of drugs, whereas A2 said he had never heard of this.

Regarding the types of drugs used by teenagers, three had used crack, cocaine, marijuana and tobacco at least once in life; two of them had consumed alcohol, inhalants and solvents, tranquilizers and anxiolytics; and only one made use / abuse of amphetamines and anticholinergics.

A1 claims to have used crack a little more than once in the mixed form (crack + marijuana), but he did not consider that had actually made use / abuse of this drug. The same happened regarding alcohol, which he reported not having used, but assumed to have experienced once. As he did not like the taste and felt sickened as the immediate effect, he did not start using this substance. Regarding the specific use / abuse of crack, only A1 was considered as having made use / abuse of other psychoactive substances, and these were not crack nor alcohol.

In the figure below, there are the main activities that have been neglected by adolescents and that are related to the use / abuse of alcohol and other drugs.

In the figure below we show the main activities that have been neglected by adolescents and that are related to the use / abuse alcohol and other drugs.

A1	A2	A3
Alimentation	Alimentation	Alimentation
Sleep	Sleep	Sleep
Hygiene	Hygiene	Hygiene
School	School	School
Personal relationships	Recreation	Recreation
Sports practice	Personal relationships	Personal relationships
	Sports practice	Sports practice

Figure 1. Relationship between the regular use of alcohol and other drugs and consequences in the daily activities of adolescents. Fortaleza, Ceará - Brazil, 2013.

It was noted that the use / abuse of alcohol and other drugs interferes negatively in basic daily activities performed by adolescents.

In addition to these activities that are routine, the school, inherent occupation of

adolescence, was hampered by the use / abuse of alcohol and other drugs, as shown in the figure below.

Consequences	A1	A2	A3
Missing school	Yes	No	Yes
Sleeping in class	No	No	Yes
Little concentration on activities	No	Yes	Yes
Low performance	Yes	No	Yes
Disciplinary failures	No	No	Yes
Lying to classmates and teachers	No	Yes	Yes
Verbal aggression to peers and teachers	No	Yes	Yes
Making messes	No	No	Yes
Isolation	No	No	Yes

Figure 2. Consequences of the use / abuse of alcohol and other drugs in school life. Fortaleza, Ceará - Brazil, 2013.

A3 and A2, who used crack, reported little concentration, noncompliance with school activities and lying to teachers and classmates.

The most common physical, behavioral and mental changes among the three adolescents because of the use of alcohol and other drugs were: aggressiveness, restlessness, anxiety, memory loss, difficulty to concentrate, panic attacks, weight loss, protruding cheekbones, arms, legs and ribs, dry mouth and lack of appetite.

These findings corroborate those shown in Figure 1 and also demonstrate how the use / abuse of drugs influences the realization of a violent act, either by changes in aggressiveness and due to hallucinations.

For not having fixed income, or no income at all, adolescents had to find other means to buy / acquire drugs: three of them used to deal drugs, steal and trade or sell personal and familiar objects by drugs or money; two of them used to ask for money to others; and one of them had already kidnapped, bought with money from his work and asked for drugs to others.

It was revealed, thus, the approach of crime with the use / abuse of alcohol and other drugs. Asking for money to others was the choice of A2 and A3. However, A2 was the only one who had ever bought with the money of his work and kidnapped. By consulting the medical records of adolescents, no other psychiatric comorbidity was recorded by

professionals in the admission or during consultations, and the treatment of adolescents was aimed directly at the use / abuse of (il)licit drugs, abstinence or medical comorbidities.

The three stated having lied to the family, but only A3 reported being aggressive with the family, having physically assaulted her mother and isolated herself. For these three teenagers, the use / abuse of alcohol and other drugs had impaired their daily activities, leading them to engage in situations that have resulted in living in shelters and being away from family and social life.

DISCUSSION

It was found that the use / abuse of alcohol and other drugs by adolescents hinders the adoption of a routine, their interpersonal relationships and the practice of activities that can improve their health and body development, in addition to increasing their violent behavior.

From the results, it is observed that violence, mainly in the form of aggression, was well related to the use / abuse of alcohol and other drugs, a factor that motivated teenagers to use resources that broke the Law (such as stealing) to acquire drugs and also interfered in their own interpersonal relationships, when teenagers used violent attitudes to relate with others.

The association between the violent behavior of young people and the use / abuse

of alcohol reveals that they may engage in violent situations both as victims and as perpetrators. However, when referring to the use / abuse of other psychoactive substances, it is difficult to make this same statement.¹⁶ So, this issue of violence by adolescents deserves further examination, because the violent reactions sometimes reflects the way that adolescents were treated (usually with violence, both physical and psychological) by their families. It must also be considered the fact that they live in communities where the scene of violence is routine, becoming commonplace in the lives of adolescents. In addition, a study that tried to report the family's view of young offenders and initiation of drug use / abuse revealed that all the seven families interviewed demonstrated and reported occasions when the adolescent had suffered family violence, mainly associated with the father.¹⁷

These factors cannot be ignored when it comes to violence and use / abuse of psychoactive substances by adolescents, because they represent the social and family vulnerability context in which these teenagers are, sometimes since children, and which ultimately promotes their involvement with violence and the use of psychoactive substances.¹⁸ Given this situation, there has been talked about the issue of structural violence, taking over the guilt that society and the State have on the violent acts of the subject, where, from the context of their lives, one can identify that their rights were violated, such as lack of quality school / education, of recreation areas that were not linked to drug trafficking or crime, of a society that does not exclude them, feared them, nor pointed them as the main responsible of all their problems.¹⁹

Recognizing this teenager that uses / abuses of alcohol and other drugs and that is involved with violence, crime and drug trafficking as a citizen, endowed with rights and responsibilities, is the objective of the damage reduction policy. Following this logic, the damage reduction treatment, where the use / abuse of alcohol and other drugs does not overlap the subject, brings up the user as the one who needs help and health care.

Adolescents in this study also presented psychiatric symptoms such as hallucinations, delirium, anxiety, impulsivity, restlessness, memory loss and difficulty in concentrating. For A2 and A3, who had used crack, these findings are similar to the study of crack users, since users, when anxious, are willing to almost all kinds of attitudes, including illegal, to obtain the drug, having no concern

for the consequences of their actions, which may be followed by repentance.²⁰

As for the characterization of teenagers, it is seen that they have a history of life marked by family dysfunction, use / abuse of alcohol and other drugs by family members, institutionalization and loss of regular school life.

These findings are also present in a research carried out with family members and institutionalized adolescents, in which there was at least one family member who had made the abuse of alcohol and other drugs. It also reveals the issue of family violence among one of the factors that may have favored the use / abuse of licit and illicit drugs by adolescents, as well as family dysfunction: parents who have had many partners or many children and home abandonment by one spouse.²¹

Another study has also shown that there is a positive and significant connection between the use of alcohol and other drugs by family members and the use of alcohol and other drugs made by teenagers. Parents influence both positively and negatively the use / abuse of alcohol and other drugs by adolescents.²² In turn, the adolescents themselves understand and recognize the importance that the family has to prevent them from using / abusing of alcohol and other drugs. So, it is understood the protection that the family can play in the lives of individuals.^{23,21}

Study of adolescents in a neighborhood considered as risk area demonstrated that they understand that when there is free drug use / abuse, and sometimes even out of control, by the father, the mother or other relatives, this use ends up being normal for them.²³

The family, as the Statute of Children and Adolescents argues, has an important role in protecting children and adolescents, together with the State and society in general. However, the adolescents in this study have lived in family contexts that exposed them to situations where the use / abuse of alcohol and other drugs was easily accessible, perhaps even considered as normal, or as a form of sociability.

Institutionalization also reveals the lack of monitoring and family structure of adolescents, as it is a measure that should only be used on an extreme situation, where the family environment is harmful for adolescents, because it is understood that the family environment is the best for human development in the early stages of life.

The amount of drug used by adolescents showed that they had made an uncontrolled use / abuse, not thinking about the consequences for their mental / cognitive and physical development, and that most were illegal substances, to which they had no difficulty in accessing.

It was noticed that drugs commonly found at home were among the use / abuse, such as tranquilizers and anxiolytics, so common due to increased medicalization in mental disorders treatments (even those lighter), but these drugs have been used by adolescents for other purposes, a result also found in an international research.⁷

Due to the use / abuse of (il)licit drugs, the adolescents in this study have been affected in several daily activities, including alimentation, which favored a drastic reduction in weight and sleep periods, showing the seriousness of their involvement.

In relation to school, teenagers have failed, had low performance, lack of concentration and aggressiveness with teachers and classmates, pointing to the negative character of the use / abuse of psychoactive substances in adolescence.

This fact is related to the use of (il)licit drugs by adolescents at any time of day, especially on the weekend, missing class on the return of the week and / or not following the school pace, besides the fact that the drug alters the nervous system and the reactions to everyday situations that require concentration.⁵

Another study stressed that the best way to treat drug use by adolescents is to work on prevention²⁴. This requires that both nurses and other health professionals enter in the living environments of young people, recognizing the school as the most important of them.

Regarding adolescence, it is understood, from the results of this work, that it is difficult for the adolescent to make a "controlled" use of any drug, whether it is licit or illicit, due to the very manifestations of adolescence, which is a transition phase, of discoveries, and of the search of oneself. This generates, in some young people, feelings of loneliness, anger, dissatisfaction, unhappiness, worry, distress, anxiety, among others, and the need to feel occupying a place in the world. Moreover, there is the fact of sometimes feeling misunderstood. All this makes it easier for the drug occupies a central place in the lives of individuals, causing their problems or feelings are "silenced".

For this reason, it is essential that health professionals, when meeting the adolescent using (il)licit drugs, seek to know their social relationships, their living places, their family, the reasons that led them to start drug use, situations of violence they experienced, in short, meet their lives, since the use of psychoactive substances cannot be seen as an isolated phenomenon in the life of the subject.

CONCLUSION

The study cases demonstrated how drug abuse can modify and harm the lives of adolescents, even facilitating the subjects to commit violent acts to continue consumption.

The school dropout and delay, the conflictual interpersonal relationships, including with relatives, and the damage in the development of daily activities such as sleep and food, are seen, in part, as consequences of drug abuse.

The family situation and the social context of study subjects are seen as factors that favored the demand for the use / abuse of psychoactive substances. However, further research, with a representative population, is ideal to test this association.

This study does not allow generalizations because of its limitations, such as the few participants in the study, the data collection instrument, the fact of having been performed in only a Psychosocial Care Center for Children and Adolescents, among others. Authors recognize that, to understand such complex phenomena as drug use and violence, it is necessary to explore various aspects at the same time and consider different methodological approaches.

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Corresponding Address

Natana Abreu de Moura
Av. Sen. Fernandes Távora, 1234
Bairro Henrique Jorge
CEP 60510-290 – Fortaleza (CE), Brazil