



## Support group for the needs of the chemical dependent's family

### *Grupo de apoio diante das necessidades da família do dependente químico*

**Alex Lagos Oliveira<sup>1\*</sup>, Adriane Maria Netto de Oliveira<sup>2</sup>, Mara Regina Santos da Silva<sup>3</sup>, Marta Regina Cezar-Vaz<sup>4</sup>, Émilien Vieira Simões<sup>5</sup>, Silvana Possani Medeiros<sup>6</sup>**

<sup>1</sup>Alex Lagos Oliveira, Programa de Pós-graduação em Enfermagem da Universidade Federal do Rio Grande PPGEnf/FURG <sup>2</sup>Adriane Maria Netto de Oliveira, Programa de Pós-graduação em Enfermagem da Universidade Federal do Rio Grande PPGEnf/FURG <sup>3</sup>Mara Regina Santos da Silva, Programa de Pós-graduação em Enfermagem da Universidade Federal do Rio Grande PPGEnf/FURG <sup>4</sup>Marta Regina Cezar-Vaz, Programa de Pós-graduação em Enfermagem da Universidade Federal do Rio Grande PPGEnf/FURG <sup>5</sup>Émilien Vieira Simões, Programa de Pós-graduação em Enfermagem da Universidade Federal do Rio Grande PPGEnf/FURG <sup>6</sup>Silvana Possani Medeiros Programa de Pós-graduação em Enfermagem da Universidade Federal do Rio Grande PPGEnf/FURG

\*Autor correspondente: 1Alex Lagos Oliveira, E-mail [alolivei@gmail.com](mailto:alolivei@gmail.com)

#### ABSTRACT

The objective was to identify the needs of participants of a Family Support Group regarding coexistence with the family member who is chemically dependent. This was a qualitative study, developed with six family members who attend the Family Support Group in a Psychosocial Care Center for users of Alcohol and other Drugs in a city in southern Brazil. The data were collected in June 2020 in a semi-structured interview and subsequently analyzed through thematic content analysis. After observation, three categories emerged: Needs of family members in relation to the perspectives of the Family Support Group; Experience of family members in relation to the support of the Family Support Group; and Aspects to be reconsidered in the Family Support Group. In this context, the study enabled reflections on the development of more effective strategies in order to provide a more effective therapeutic process and more positive results.

Keywords: Self-help groups. Disorders related to substance use. Family. Family relationships. Mental health..

#### RESUMO

Objetivou-se identificar as necessidades dos participantes de um Grupo de Apoio à Família no tocante à convivência com o familiar dependente químico. Tratou-se de um estudo qualitativo, desenvolvido com seis familiares que frequentam o Grupo de Apoio à Família em um Centro de Atenção Psicossocial para usuários de Álcool e outras Drogas, em uma cidade do Sul do Brasil. Os dados foram coletados em junho de 2020, mediante entrevista semiestruturada; e, posteriormente, foram analisados por meio de análise temática de conteúdo. Após a observação, emergiram três categorias: Necessidades dos familiares em relação às perspectivas do Grupo de Apoio à Família; Vivência dos familiares em relação ao suporte do Grupo de Apoio à Família e Aspectos a serem reconsiderados no Grupo de Apoio à Família. Nesse contexto, o estudo possibilitou reflexões sobre a elaboração de estratégias mais efetivas a fim de proporcionar um processo terapêutico mais eficaz e resultados mais positivos.

Palavras-chave: Grupos de autoajuda; Transtornos relacionados ao uso de substâncias; Família; Relações familiares; Saúde mental.

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## INTRODUCTION

Chemical dependency is an important public health problem as it constitutes a sum of losses of great magnitude that affects users, their families and the community they live in. According to the United Nations Office on Drugs and Crime (UNODC), 29 million adults depend on illicit drugs worldwide. An estimated 207,400 deaths are related to drug use, one-third due to overdose<sup>1</sup>.

In Brazil, according to the National Survey of Families of Chemical Dependents (*Levantamento Nacional de Famílias de Dependentes Químicos - LENAD Família*), conducted in 2013, 28 million people have a family member who is chemically dependent<sup>2</sup>. As a chronic disease, chemical dependency does not affect exclusively users, but also causes the suffering of people directly linked to them, who may develop some manifestation of emotional imbalance and/or psychopathology. Thus, the impact of chemical dependency on public health is even greater when considering the illness of those who live daily with chemical dependents.

In this context, families suffer from frustration due to intense affective connection and the fact that they feel charged and guilty by society as co-responsible for the education they provided to their children; they often consider they were not able to offer the necessary protection and care and that, therefore, it triggered the disease in their family member<sup>3</sup>. Thus, the family builds beliefs over time and generations - which have an important influence on family functioning - and shares them among its members. They constitute perceptions that the person or group has about the world in which they live, reflecting in their actions and behaviors. Such beliefs can be restrictive or enabler, that is, they can decrease or increase, respectively, the possibilities of people to face and solve problems of daily life in a healthy way, intensifying or minimizing suffering.<sup>4</sup>

The family structure is perceived to

have considerable influence, since the family context and dynamics can become enablers in the treatment of chemical dependency by making the person feel supported and understood by the family. Thus, the combination of individual interventions and family support aims to intensify the effects of chemical dependency treatment for the users as well as for their family. It is noteworthy that knowledge of the factors associated with drug use is relevant, as it allows more effective interventions on risky behaviors and factors, probably enabling greater progress in the prevention and cessation of the use of psychoactive substances<sup>5</sup>. This knowledge should be enriched by assessing the needs of each family member who accompanies the therapeutic process.

We must broaden the understanding of chemical dependency for the family context, identifying aspects that favor and intensify symptomatology. In this way, a new logic emerges and the possibility of interventions that can minimize the suffering of families and qualify affective relationships and individualities, harmed by the disease. Intervention in the family allows to transform the context of the chemical dependent patient, promoting significant benefits and a positive reorganization of family dynamics<sup>6</sup>.

The Support Group is an important support for families in the supportive treatment of chemical dependency. It works as a space in which the search for strategies occurs for treatment, prevention, and promotion of the health of users and family members. It is a care strategy carried out within the Psychosocial Care Center for users of Alcohol and other Drugs (*Centro de Atenção Psicossocial para usuários de Álcool e outras Drogas - CAPS AD*) and focused on family care, provided by health professionals, who must have skills and knowledge of interpersonal communication techniques, therapeutic relationship and group management.

From this perspective, the Support Group, which takes place at a predefined

frequency, seeks to help people adjust to periods of change, in the treatment of crises, as well as in the maintenance or adaptation to new situations<sup>7</sup>. According to the authors<sup>7</sup>, the CAPS AD Support Group has a therapeutic objective and assists in coping with moments of crisis. In addition, it raises participants' self-esteem and helps the family play the supporting role for the chemical dependent during their recovery.

Also, this strategy demonstrates a positive impact on the perception of reality and the problem experienced. There is an improvement in the relief of feelings of loneliness and social isolation experienced by the participating families through the exchange of experiences and reflection. The Support Group is an effective tool for the realization of health education, prevention, promotion, and recovery of health of individuals and social groups, provoking in families feelings of acceptance, belonging and strengthening<sup>8</sup>.

Given this context, the study aimed to identify the needs of the participants of a Family Support Group regarding the coexistence with the family member who is chemically dependent.

## **METHODOLOGY**

This was a qualitative, exploratory and descriptive research. The scenario was an out-of-hospital mental health unit (CAPS AD), linked to the city hall, through a Family Support Group, in the extreme south of Brazil. In the unit, patients receive medical-psychiatric care, and weekly support groups are developed that provide guidance to family members. The CAPS AD operates in a network and receives patients referred by the Guardianship Council, Prosecutor's Office, Basic Health Units, Therapeutic Communities, Psychiatric Hospital, CAPS I, CAPS Conviver, Mental Health Outpatient Clinic, in addition to spontaneous demands.

Six family members who attended the Family Support Group offered by CAPS AD

participated in this study, were over 18, had attended the group at least once a month and did not present mobility difficulties to commute to the place. Family members who had a record as users in the health services and were using psychoactive substances were not included.

Data collection took place in June 2020, through a semi-structured interview, and six family members were selected, who were participating in other individual activities at CAPS AD and agreed to participate in the research. It should be noted that, at the time of data collection, support groups were suspended due to social distancing protocols to prevent the spread of the new coronavirus, responsible for the covid-19 pandemic. The participants were informed about the research objectives and about the confidentiality and anonymity of their identity; they were also explained that they could withdraw from the research at any time, and should communicate this decision to the interviewer. In the observation of current privacy protection protocols, interviews took place in a reserved and quiet room so the participant could feel safe to answer the questions. The information obtained was transcribed; and, later, several readings were performed to apprehend the depth of the family members' speeches.

Data analysis was elaborated according to Minayo's Thematic Content Analysis<sup>9</sup>, composed of the following steps: pre-analysis, which corresponds to the organization of the material collected with the grouping of speeches and determination of categories; exploration of the material, which represents the union by similarities and differences; and deepening of the analysis using the authors considered in the literature review and others that may be necessary, as well as description of the results obtained and interpretation of discourses. Subsequently, three categories emerged and were distributed as follows: Needs of family members in relation to the perspectives of the Family Support Group; Experience of family members in relation to

the support of the Family Support Group; and Aspects to be reconsidered in the Family Support Group.

In order to apply to the ethical aspects in research, Resolution 510/2016 of the Ministry of Health, which governs research with human beings<sup>10</sup> was fully complied with; and the project was approved by the Research Ethics Committee of the Federal University of Rio Grande (CEPAS/FURG). The anonymity of family members was guaranteed through the use of the letter "F" followed by the number corresponding to the interview and the degree of kinship or representativeness in relation to the chemical dependent (e.g., F1 - Spouse).

## RESULTS

The study participants had varying degrees of kinship, but for the most part, they were the mothers of users. Two of these participants were previously users of psychoactive substances and considered themselves cured for not using them for more than two years. All of them participated for at least three months in the Family Support Group. In all initial welcoming of users, the professional informs the schedule of the Family Support Group meetings and the importance of the family member's participation in the treatment for greater success of the singular therapeutic plan - elaborated by the team - and greater adherence to treatment.

### NEEDS OF FAMILY MEMBERS IN RELATION TO THE PERSPECTIVES OF THE FAMILY SUPPORT GROUP

When asked about the perspectives in relation to the Support Group in which they participated, most family members reported that they expected to find ready solutions to know how to act towards the dependent. They were seeking explanations and justifications for the problem. They considered that a group with

information regarding chemical dependency is educational and capable of meeting their needs.

*When I joined the Family Support Group, I was looking for a support, a direction, someone to teach me how to deal with this situation; and I did. I felt very welcome here. I'm grateful for that. As I also used to drink for a long time, I found that there's no cure and that, like my husband, we'll always be dependent on alcohol and we are never free from relapse. (F4 - Wife)*

*I was invited by the nurse to participate, but at first I didn't believe I could benefit from it and bring him some comfort. But I came here looking for answers to my questions. Why him? What did I do wrong or what did we do wrong? (F6 - Mother)*

*I wanted to learn how to deal with the problem and lessen my guilt. I wanted to distract myself and try to understand, by listening and absorbing what people who had the same problems were saying. (F3 - Father)*

The importance of the family member presence in the process was evident, as some members believe that this is a form of co-responsibility for the dependent, helping and encouraging them to adhere to treatment.

*I looked for support in the groups, I wanted to see what other people were doing. I liked it very much, it was very good for me. When I started coming to the meetings with him, he felt more supported. Sometimes I used to forget, and he reminded me: Mom, tomorrow's the group meeting, you have to come! (F1 - Mother)*

*I wanted to understand what was going on and know if I was alone in this. I wanted to know if I could keep up with it or leave. And her knowing that I was attending, she could commit to attend too, but it didn't help. (F2 - Partner)*

The reciprocity in the identification with the other who experiences the same problem or situation can help to better understand chemical dependency: through the perception of different forms of suffering, the family member maintains the conviction that they are not alone in coping with the disease<sup>11</sup>. The feeling of belonging and being welcomed in a group with similar problems was considered effective by the family member, as it helped them to better understand their life experience and perceive the changes that needed to be made in the family context to qualify communication, affections and interactions between family members.

*I started participating in the Family Support Group here so I could understand what was going on in my life and be able to see other people and what they thought of it. At first, I felt like a fish out of water, because these were not situations similar to mine, but then, over time, I noticed that all people's desires were the same as mine, that of looking for a way out and looking for a door that we can't find. (F5 - Mother)*

#### EXPERIENCE OF FAMILY MEMBERS IN RELATION TO THE SUPPORT OF THE FAMILY SUPPORT GROUP

Participants were led to reflect and verbalize through research questions what they consider as support/help in a Family Support

Group. Most reported that they felt supported when listening to each person's speeches and establishing a bond with the group coordinator. He clarified doubts regarding the characteristics of dependence and showed how to deal with the dependent family member in a crisis situation, considering the peculiarities of each individual and family context. Clarity in the information, and reflection that was stimulated with the testimony of each family member were the items mentioned as most relevant in terms of help in the group.

*How the problem is shown changed my way of seeing things a lot: I began to better accept it and, with that, I even changed my way of treating it. For feeling reassured, my relationship with my daughters has improved a lot, there is no comparison. All the things I heard made me reflect that my situation was not that difficult; and with that, I faced it differently, and it helped me a lot! The information, in these cases, is very important; we don't know what we're dealing with. I feel safer when I know what I'm really up against! (F1 - Mother)*

*What helped me a lot in the group was listening to people who were having the same problem and seeing what they did to fight it. I've heard a lot of things, shocking things. (F3 - Father)*

*As support and help, in the family group I received clarifications of how I should behave, of understanding what was going on in his mind and body, and this was the best help for me: understanding a little more what was going on! There is no magic formula, but it was something that reassured me, and I managed to look at him and at the problem differently. (F5 - Mother)*

*When I joined the group, I was surprised. I heard so many horrible and happy stories, that it made me face the situation in a different way. I thought I was the only one who suffered from it, the unhappy and the worst of all things. With those testimonies, I began to realize that my situation was not so bad compared to those I heard, and it began to give me the courage to continue. With that, my way of relating to him changed, and he noticed and improved a little too. I started to have hope, to be more optimistic. (F6 - Mother)*

One of the family members reported as support the feeling of comfort of being among equals, of being at ease with those who have the same problem and of being able to talk about their experience without embarrassment.

*What I consider help and support here is the way I feel. I don't feel ashamed here; it seems everyone understands me and won't judge me. I feel really comfortable. It's a family that understands me. (F4 - Wife)*

Only one interviewee did not identify any type of help in the group. He felt there was no benefit in participating.

*The clarifications that are given were good, but not sufficient in all situations. I couldn't make myself comfortable, but I believe the problem is me, I'm ashamed of my situation. (F2 - Partner)*

#### ASPECTS TO BE RECONSIDERED IN THE FAMILY SUPPORT GROUP

When asked about what would be important to modify in the Family Support Group, so that it could better meet the needs of family

members, most people reported that the group - as it is conducted - meets their expectations and achieves the objectives they sought to find.

*I think nothing needs to be changed, as it helped me a lot. The testimonials and guidance of the professional who directs the group make us think a lot and improve. This support was very important to me. (F1 - Mother)*

*I think that nothing needs to be different or changed, even because I was the one who gave up, I didn't see a way out. And it wasn't the group's fault; it was because I didn't have any more hope. (F3 - Father)*

Two participants criticized the way in which the group coordinator managed the time of each speech. The suggestion was that the coordinator stipulate equal time for each member of the group.

*I think what needs to be changed in the family group is the time for people to talk, because sometimes you lose focus a little bit, and it gets tiring. There are people who think they're in the mood to talk and end up taking all the time; I think this could be modified. A shorter time, because I got tired and stopped coming because it was too much lamentation; and sometimes it made me even sadder. (F5 - Mother)*

*I believe that the family support group is very well set up here, it doesn't need to be modified, although I think that sometimes some people talk too much and about things that are not important at that moment, but I think this is part of it, it is natural, they are eager to be heard. I'm very grateful and le-*

*arned a lot, so I can't see anything wrong with the group. (F4 - Wife)*

One participant criticized the limitation of schedules and suggested more options, that is, other shifts.

*I think there could be more options for schedules, that's all. Late afternoon options, for example, for those who work. Apart from that, I think it's in line with what I expected. (F6 - Mother)*

## DISCUSSION

This study results showed that most family members who seek support in the Family Support Group meet their needs and reach their expectations, whether they are information, engagement or emotional support. When family members were asked about their perspectives in participating in a support group, the most prominent aspect mentioned was the search for information and clarification regarding the disease, treatment and way of acting with the family member who is chemically dependent.

As soon as the process of chemical dependency begins, psychic and physical phenomena affect the dependent, such as: difficulties in controlling consumption behavior, state of physiological abstinence when ceasing use, and progressive abandonment of interests in favor of substance use<sup>12</sup>. The emergence of these signs is accompanied by the destabilization of most people who have a link with the chemical dependent. For this reason, the intervention of a qualified professional is necessary to establish a welcoming, trusting and understanding relationship with the family, which is lost most of the time, presenting feelings of guilt, anger, sadness, among others; this will probably facilitate the adherence of this family to treatment, allowing them to review and re-signify

their dynamics, know themselves and be able to maintain their biopsychosocial health; thus, the family will have greater empowerment to manage the disease, in order to reorganize family life, not allowing the complexity of chemical dependency to affect them, to the point of paralyzing family members and harming their daily life, leading to codependency<sup>13</sup>.

It is essential to train professionals who perform family interventions, in order to develop skills for the identification of factors that interfere with the use of substances by the user. The professional's goal should be to alleviate suffering, strengthen bonds and help families develop a more critical perception of reality and their needs<sup>14</sup>. Even in a group, the priority is to offer these families the opportunity to find more appropriate coping strategies and build their own knowledge, based on the history of each family, seeking to better manage their life in a healthy way<sup>15</sup>.

An international systematic review brings together several studies that prove the impact of family interventions in all situations of social vulnerability: in chemical dependency, the rate of recovery and success in treatment is visibly highlighted when there is inclusion of family members in the therapeutic project<sup>16</sup>. It also shows that homeless users who generally do not have or do not consider affective bonds to be significant have greater difficulty in adherence and commitment to treatment<sup>16</sup>.

Often, some families can identify that the problem is not only in the user; they realize through self-analysis that they find relief for their frustrations and suffering by modifying the family dynamics. This study revealed that most family members believe that, when seeking help, they can become stronger and, consequently, contribute to improving their relationship with the dependent. When seeking help for their own benefit, and not only for the dependent, there seems to be an awareness of the importance of their participation, as well as the family role in

the process of chemical dependency, which can facilitate or hinder the user's improvement<sup>15</sup>. Family members experience improved self-esteem and relief from feelings of loneliness.

The Family Support Group as a care strategy occurs in the CAPS AD, where this research was conducted, seeking to meet the various needs that emerge from family coexistence with the chemical dependent. Family care is given with a certain frequency, in order to help family members adapt to the changes caused by the disease, to face the crisis situation and to review and re-signify communication, as well as intrafamilial relationship.

The Family Support Group, in addition to raising the participants' self-esteem, also enables family members to become a safe base for the chemical dependent during their recovery. By recognizing and satisfying the needs of families, the meetings facilitate the elaboration of different perceptions about reality and the problem experienced. Furthermore, there is some relief with regard to loneliness and less tendency to social isolation, since the exchange of experiences and reflections seems to strengthen family members regarding the attitudes taken when facing the disease manifestations. The support group is configured as an effective tool for health education, prevention, promotion and recovery of individuals and social groups, providing families with feelings of acceptance, belonging and strengthening<sup>17</sup>.

Living with a chemical dependent usually stimulates the reorganization of family dynamics, as it is necessary to devote more attention and time to the care related to this individual's therapeutic process<sup>18</sup>. This work strengthens the idea that, when faced with situations similar to their own, family members can better understand the problem they are facing; consequently, the new information reinforces self-confidence and brings some comfort to these suffering families.

The study showed that the identified needs, such as information and belonging,

depend on the relationship that this family member has with the user, their experience -- or lack of experience -- with the problem and their level of education. It was evident that in a support group most family members seek information about the disease and how to act when faced with this situation. The family member with a higher level of education showed a significant mastery in the acceptance of the dependency condition experienced by their loved one.

Regarding the degree of kinship, there is greater adherence of the chemical dependents' mothers. The presence of fathers, mothers and children is associated with greater adherence to treatment, a result supported by a study<sup>19</sup>, which considers that the patient's attachment to treatment is proportionally linked to a greater number of sessions attended by family members. Women, especially mothers, were the most constant presence, corresponding to 80% of participants in each group. This is due to specific socio-historical-cultural characteristics of women over time and generations regarding their potential as caregivers and presentation of innate feelings of zeal and protection<sup>20</sup>.

In general, families showed a tendency to perceive chemical dependency only as a biological disease, disregarding other important aspects involved in this problem. Therefore, it is worth reviewing this biological view of chemical dependency, since this disease comprises multiple associated factors, including cognitive, affective, social and contextual aspects. Most of the time, families value support groups because they are able to find an environment free of judgment and criticism, a welcoming place that reduces the feeling of loneliness, helps to understand the disease and the situation experienced -- a fact that corroborates the results of this research<sup>21</sup>.

However, two interviewees considered that they did not perceive benefits in participating in the groups, as they were looking for an immediate solution to the problem. Neither they intended to make changes in themselves or



in the family life, since they did not understand such actions to be effective for the chemical dependent's recovery. These participants have a predominantly conflicting and distant relationship with the user, and this corroborates the literature that reports that the way of relating to the chemical dependent can determine the type of support that each family member needs and/or can offer<sup>15</sup>.

Some issues regarding chemical dependency related to the family context are widely discussed. Preponderant factors arising from the fragility of the established bonds are considered drivers of substance abuse<sup>22</sup>. In various circumstances, the family seek to alleviate their own sense of guilt and anxieties about their member's chemical dependency. The greatest challenge for professionals is to identify and build strategies for this family to perceive what is really causing harm to the dependent, aiming to mitigate the factors that encourage the use.

The idea of co-participation appears in some reports of this research. Most family members believe that participating in the proposed activities is a way to encourage the dependent to take responsibility for the therapeutic process; however, no participant defined this objective as fundamental or as a need. Similar to other researches, the family members of this study said they knew the importance of their participation for greater treatment success<sup>23</sup>.

Regarding the aspects to be reconsidered in the Family Support Group, one of the family members says that the time management of speeches should be more rigorous. This aspect is relevant and justifiable, since the duration of the meeting is, at most, one hour and 30 minutes, and each group coordinator manages the time of speeches. However, on the one hand, it is necessary to consider the level of anxiety and stress of each participant, because some need more time to expose their fears and anguish, usually due to excessive anxiety; on the other hand, it should be remembered that someone is

waiting for their turn to speak. Given this context, the aforementioned group process can create restlessness due to the subjectivity and need of each participant.

Another aspect that should be reconsidered is the expansion of family care hours, as the length of stay, the interaction with health professionals and the established bonds can gradually minimize risky behavior and bring significant benefits to family members. The presence of a qualified multi-professional team, with availability for reception, enables the construction of a relationship capable of generating interaction that facilitates adherence to treatment<sup>24</sup>.

## CONCLUSION

When faced with an unusual situation that threatens the safety and well-being of a loved one, especially when there is a relationship of affection, concern and care, the search for help and support usually happens more often. Families, when facing chemical dependency in their context, often fall apart and develop feelings of frustration and disappointment. The search for ways to understand new events or the chaos installed, as well as the desire to minimize individual and collective damage, lead family members to manifest different needs regarding the same problem, that is, chemical dependency. For this reason, professionals should be able to identify the peculiarities of families in group care.

In this study carried out with families, there are few gaps, such as the difficulty in collecting data because of the pandemic, and the low adherence of users and family members to treatment. Despite this, the research showed that professionals working in support groups for these people must be permanently attentive to the new needs manifested by the participants. The objective is to continuously build effective strategies to attend to individual and collective

peculiarities, empowering these people to take care of themselves and others.

In the context of public health, we can say that permanent education is essential for the effectiveness of therapeutic strategies, as well as for the promotion and/or recovery of the health of people living with a chemically dependent family member. We reached this conclusion because, as this study shows, information becomes essential to meet some participants' needs and, in turn, to achieve a more effective therapeutic process with positive results.

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