



## Sociodemographic profile of psychoactive substance users in a city in southern Brazil

*Perfil sociodemográfico de usuárias de substâncias psicoativas em um município do Sul do Brasil*

**Paulo Gustavo de Lima Ribas<sup>1</sup>, Tamara Tomitan Richter<sup>2</sup>, Fernanda Hoffman Marques<sup>3</sup>,  
Marcelo Picinin Bernuci<sup>4</sup>, Tânia Maria Gomes da Silva<sup>5\*</sup>**

<sup>1</sup>Master, Graduate Program in Health Promotion, Cesumar University (Unicesumar), Maringá (PR), Brazil; <sup>2</sup>Master's student in the Graduate Program in Health Promotion, Cesumar University (Unicesumar), Maringá (PR), Brazil; <sup>3</sup>Master's student in the Graduate Program in Health Promotion, Cesumar University (Unicesumar), Maringá (PR), Brazil; <sup>4</sup>Professor at the Graduate Program in Health Promotion, Cesumar University (Unicesumar), Maringá (PR), Brazil; <sup>5</sup>Professor at the Graduate Program in Health Promotion, Cesumar University (Unicesumar), Maringá (PR), Brazil.

\* **Corresponding author:** Tânia Maria Gomes Silva – E-mail: [tania.gomes@unicesumar.edu.br](mailto:tania.gomes@unicesumar.edu.br)

### ABSTRACT

Men have always been the main users of psychoactive substances, but in recent decades there has been a significant increase in the number of female addicts. Women have different physiological responses and, in addition, suffer greater social stigma due to chemical dependence. The present study sought to know the profile of women who use psychoactive substances in Maringá (PR). It has a transversal character, using data from the Detailed Report of Assistance to this audience, from 2012 to 2019. The data were analyzed in a descriptive way. There were 8,888 attendances, distributed in different health or social assistance units. The users were mostly young, single, with children, with medium education, performing informal jobs and had a monthly income of less than one minimum wage. Knowledge of this profile allows for the acceptance and better development of health-promoting strategies, considering the inequalities related to the gender variable.

**Keywords:** Psychotropic drugs. Women's health. Health vulnerability.

### RESUMO

Os homens sempre foram os principais usuários de substâncias psicoativas, mas, nas últimas décadas, tem-se observado aumento significativo no número de dependentes do sexo feminino. As mulheres apresentam respostas fisiológicas diferentes a esse uso; ademais, sofrem maior estigma social em razão da dependência química. O presente estudo buscou conhecer o perfil de mulheres usuárias de substâncias psicoativas em Maringá (PR). Possui caráter transversal, utilizando dados do Relatório Circunstanciado dos Atendimentos voltados a esse público, no período de 2012 a 2019. Os dados foram analisados de forma descritiva. Foram registrados 8.888 atendimentos, distribuídos em distintas unidades de saúde ou de assistência social. As usuárias eram majoritariamente jovens, solteiras, com filhos, com escolaridade mediana, realizavam trabalhos informais e tinham renda mensal inferior a um salário mínimo. O conhecimento desse perfil possibilita a acolhida e o melhor desenvolvimento de estratégias promotoras da saúde, levando em conta as desigualdades relacionadas.

**Palavras-chave:** Psicotrópicos. Saúde da mulher. Vulnerabilidade em saúde.

*Received in September 05, 2022*

*Accepted on December 02, 2022*



## INTRODUCTION

The use of psychoactive substances is a worldwide problem. They are divided into licit, such as tobacco and alcohol; and illicit, the best-known being marijuana, cocaine and crack<sup>1</sup>. The use of these substances promotes individual, family, and collective harm; increases State spending on public security, social assistance services, outpatient care and hospital interventions<sup>2,3</sup>.

Globally, about 29 million people are dependent on some type of psychoactive substance<sup>4</sup>. Among licit drugs, tobacco and alcohol stand out as a cause of great concern to health authorities. In 2006, the National Health Promotion Policy (PNPS) listed among its goals to prevent and reduce the consumption of alcohol and other drugs<sup>5</sup>.

In recent decades, the decrease in advertising campaigns, less glamorization of cigarettes and other actions aimed at prevention ended up causing a significant reduction in tobacco use in Brazil<sup>6</sup>, but the decrease in alcohol consumption poses greater difficulties, with growth between female population<sup>7</sup>. The aggravating factor is that problematic alcohol consumption has been described as a predictor for the use of other drugs and unprotected sex<sup>8</sup>. In addition to alcohol, marijuana, cocaine and crack are the most used drugs, following a worldwide trend<sup>9</sup>.

The specialized literature has pointed out changes in the gender profile of

consumers of licit and illicit psychoactive substances, highlighting a significant increase in women<sup>7,10,11</sup>. In addition to presenting different biological responses from men, women suffer greater social stigmatization<sup>12</sup>, because the use of these substances goes against the cultural imperatives that forged the representation of women as being removed from “addictions” and “marginal” behaviors.

A compromising element is that the increase in the consumption of psychoactive substances by women has not been corresponding, in the same order, to the implementation of public policies that are more sensitive to gender perspectives or to the development of scientific research, which seek clinical evidence privileging women<sup>13</sup>.

Studies in the area of health from a gender perspective have gained strength since the end of the 1980s. They allow the elaboration and implementation of public policies that are better targeted at drug addicts of any nature<sup>14</sup>, with attention to social determinants, moving these policies away from the narrow focus on risk and improving the quality of care<sup>15</sup>.

Gender is an interdisciplinary concept that explains what it means to be a man and to be a woman, using a socio-historical approach and not a biological one, fixedly inscribed in bodies<sup>16</sup>. In this way, it denaturalizes the domination of men and the subordination of women, understood as power relations that legitimize inequalities. Specifically in the health sector, studies have shown gender as a

determinant that influences forms of illness, treatments, and interventions. Therefore, making it invisible compromises the performance of the sector<sup>12</sup>.

To achieve a more efficient result in the care and health care of women drug users, it is important, first of all, to know who they are. This is because the act of caring presupposes understanding, as much as possible, subjectivities. Faced with such a proposal, this study sought to know the profile of women users of licit and illicit drugs assisted in public services in Maringá, state of Paraná (PR), from 2012 to 2019.

## **METODOLOGY**

This is a cross-sectional study with a quantitative approach, carried out in the period from 2012 (the year in which the city hall of Maringá began identifying users served by the city's mental health network) to 2019 (the year before the pandemic caused by SARS COV -2, which compromised the ranking). A survey of data extracted from the Detailed Report was carried out; and the study was approved by the Research Ethics Committee of the Cesumar University (UNICESUMAR), under opinion n° 4.847.831/2020.

The Detailed Report represents the only quantitative data referring to users of psychoactive substances in Maringá. The information comes from the Psychosocial Care Centers (CAPS), Psychiatric Hospital, Psychiatric Emergency of the Municipal

Hospital and Therapeutic Units, allowing to know sociodemographic data and the main drugs used.

The following variables were considered as inclusion criteria: age, gender, education, type of drug used, marital status, housing situation and employability. The data were later organized in the Microsoft Excel 2016 program and analyzed by descriptive statistics of the Prism 7.0 program, through absolute and relative frequency.

## **RESULTS**

Analysis of the report showed that, from 2012 to 2019, 8,888 women received care at a health and social assistance unit in Maringá. Considering what was possible to assess, most of them were between 14 and 65 years old, alternating by year: in 2012, those aged 30 to 34 years predominated; in 2013, those aged 25 to 29; and, in 2019, those between 21 and 25 years old. The data showed that women started using alcohol or drugs close to 20 years of age, with the search for therapeutic treatment occurring, on average, 15 years later, that is, around 35 years of age. Users aged between 55 and 65 years were also found, in smaller proportions. A worrying fact was the increase in the presence of young people aged 15 to 19 years, which increased from 21 cases attended in 2012 to 124 in 2019; in addition, in the age group from 20 to 24, 68 young people were served in 2012 and 368 in 2019.

Concerning marital status, 4,919 had this data registered, which represents 55.34% of the sample. Of these, 2,356 (47.90%) were identified as single; 1,719 (34.95%) were married; 665 (13.52%), divorced; and 179 (3.64%), widows.

Regarding education, 4,922 (55.38%) records were made: 1,677 (34.7%) users had completed high school; 1,610 (32.71%), elementary school II; 902 (18.33%), elementary school I; 563 (11.44%), higher education; and 170 (3.45%) were described as illiterate or without education.

The working conditions of 3,929 women (44.20%) were obtained, among which 1,597 (40.65%) were unemployed and 1,133 (28.54%) had some paid activity. Of the latter, 381 (9.70%) were in informality.

The general monthly income of the interviewees did not reach the minimum wage.

As for the family situation, 4,209 records were made (47.36%), which allowed identifying 1,202 (28.56%) women living with partners or husbands, of which 243 (5.77%) were in a second relationship; 895 (21.26%) lived with parents/siblings; and 434 (10.31%) lived alone. None was described as head of a single-parent family. Users who did not have this data identified and were allocated in "another situation" are, in particular, women living on the street or sheltered in hostels.

As for the presence of children, it was possible to identify the situation of 5,480 women (61.66%). Of these, 3,424 (62.48%)

had children and 641 (1.17%) were pregnant at the time they were treated at an assistance or health unit in Maringá.

In relation to the type of licit and illicit substances used by users of psychoactive substances, the values found were: in 2012 and 2013, the women assisted were primarily crack users. From 2014 to 2019, alcohol appears as the main drug used by women who sought social or health services. Cocaine did not appear in a leading situation, but in 2012, 2013 and 2014 it was the third most used drug in Maringá.

Decree n° 9.761/2019, which established the National Policy on Drugs (PNAD), pointed to marijuana or cannabis as the most used drug nationally and internationally. However, in Maringá, this was not the reality of the women who sought the health service. From 2012 to 2014, this drug was the fourth most consumed, with an increase in 2015, when it occupies the third position, after alcohol and crack. From 2016 to 2019, the number of female users of marijuana who seek services decreases again, with the drug occupying the fourth position again, behind alcohol, crack, and cocaine (2016 and 2017); alcohol, cocaine, and crack (2018); and, again, alcohol, crack, and cocaine (2019). The use of other stimulants, such as heroin, lysergic acid diethylamide (LSD), amphetamines and others, was not very expressive.

Not all variables were answered. Thus, the total number of responses per variable was: marital status (5,503 responses),

education (8,888 responses), employment (3,913 responses) and housing situation (3,886 responses).

## DISCUSSION

As seen, the Detailed Report showed that the drug users assisted in Maringá were mostly young. The result is in line with other surveys already carried out in the country<sup>16,17</sup> and also published in the World Drug Report 2018, in which it was pointed out that the peak in the consumption of psychoactive substances is between 18 and 25 years old<sup>18</sup>. Therefore, it is evident that problems in affective relationships, family conflicts, traumas and stress are elements that induce young women to abuse alcohol and other drugs, in addition to changes in social gender roles, with women adopting behaviors previously exclusive to men<sup>10</sup>.

In spite of the young population appears as the main group of drug users, the use among the generation aged 40 years or more shows growth, as life expectancy increases and people who used drugs in their youth get to age<sup>18</sup>. In the present study, in fact, an increase in the number of users over 65 years of age was observed. In 2019, out of a total of 8,886 records, 90 (1.7%) corresponded to this group.

Although the level of education of users in Maringá can be described as average, since most had completed high school and even higher education, this was not reflected in a satisfactory placement in the labor market

and, consequently, in monthly income. Women were mostly unemployed or performing informal activities. This situation is not exactly exclusive to drug users, since, in Brazil, the outsourcing of the economy generates high levels of informality, which leads to lack of access to many social rights, such as maternity leave, unemployment insurance, retirement, paid leave due to illnesses and injuries<sup>19</sup>. This neoliberal reality, which promotes the precariousness of work, especially affects women who work fewer hours and have less formal qualifications<sup>20</sup>. It can be imagined, therefore, that in the case of drug users this situation is aggravated.

Social vulnerability, in these times of neoliberalism, is associated with institutional vulnerability, with the State committing itself less and less to citizens' rights. One example is the demobilization of Psychosocial Care Centers for Alcohol and Other Drugs (CAPS AD) and the transfer of responsibility for caring for drug users to therapeutic communities. These, mostly of a religious nature, resume the old asylum model of guardianship and dependency, which has been seen with concern<sup>21</sup>.

In Brazil, discourses about drugs have followed two lines of interpretation: one that sustains a debate on public security, aimed particularly at drug traffickers and repression of distribution, and another that walks as a health issue, attentive to repression demand, but especially to harm reduction. These two trends are mainly represented by Law nº 11.343/20065 and Law nº 13.840/2019<sup>22</sup>.

In 2006, the National System of Policies on Drugs (SISNAD) was instituted in Brazil, through Law n° 11.343/2006, which thus establishes:

§ 1<sup>st</sup> Sisnad is understood as the ordered set of principles, rules, criteria and material and human resources that involve policies, plans, programs, actions and projects on drugs, including, by adhesion, the Systems of Public Policies on Drugs of the States, Federal District and Municipalities<sup>5</sup>.

This Law was later amended by Law n° 13.840/2019<sup>22</sup>, which, among other objectives, proposed the interdisciplinarity and integration of programs, actions, activities and projects of public and private bodies and entities in the areas of health, education, work, social assistance, social security, housing, culture, and leisure, with a view to drug prevention and social reintegration of users or dependents. The Law, enacted in 2019, also deals with reception in therapeutic communities and establishes the possibility of involuntary hospitalization of the dependent, at the request of the family or legal guardian and, in their absence, at the request of the public servant in the area of health, assistance or public bodies linked to SISNAD, with the exception of public security employees<sup>22</sup>.

A careful analysis of the laws mentioned above shows that there is no mention of gender as an element of distinction between male and female users, not considering that cultural and historical

circumstances place women in a very different situation in terms of drug consumption, trafficking, and dependence. It is important to emphasize that this invisibility is quite compromising the final results sought with public policies.

A significant example of concealment of important information is the Detailed Report of the Municipality of Maringá, which does not satisfactorily present the race/skin color of the people assisted in the services. This is a compromising gap when considering that racism is a structural element of Brazilian society and a potential for economic, social and health vulnerabilities<sup>23</sup>.

The use of the concept of intersectionality, coined by the African-American feminist Kimberlé Crenshaw, allows us to understand “[...] how intersectional power relations influence social relations in societies marked by diversity, as well as individual experiences in everyday life”<sup>24</sup>. This demonstrates that class, gender, sexual orientation, race, ethnicity, generation, education, nationality, among other identities, are elements that add up to enhance the vulnerabilities of men and women<sup>23,24</sup>. Thus, from an intersectional perspective, being a female drug user is an aggravating situation when the dependent is poor (class); black or indigenous (ethnicity); lesbian or trans (sexuality); too young or too old (generation); living on the streets or on the outskirts of cities (spatial belonging); illegal immigrant, refugee

(territoriality); among other features. Knowing these individualities contributes to the elaboration of more realistic public policies that consider real subjects and not abstractions.

Regarding female vulnerability to drugs, in the field of health, the concept of vulnerability has been used since the 1990s, as a result of the emergence of the acquired immunodeficiency syndrome (AIDS), replacing the concept of risk, which is of an epidemiological nature. It is a condition in which three dimensions are superimposed: individual vulnerability, built on the relationship between the self and the other; social vulnerability, related to the political, economic, cultural structure (ethnic-racial, gender, generational relations, among others); and programmatic vulnerability, linked to the institutionalized forms of various actions promoted by the State, such as laws, programs and public policies<sup>25</sup>.

Although drug users practically fit into the three dimensions, we will highlight social vulnerability, notably from a gender perspective. The concept of gender not only reveals epidemiological data to be added to studies, but suggests that differences in the traditional social roles of being a man and being a woman should be considered in policies and projects aimed at the drug-dependent population<sup>26</sup>.

At least in the last six decades, there have been numerous changes in women's

lives, with greater insertion in the labor market, increased schooling, reduced number of children, among other equally important ones<sup>17</sup>. The participation of women in different social spheres implied the adoption of habits and customs previously exclusive to men, such as the consumption of alcohol and other drugs<sup>10</sup>.

Also in recent decades, it has become easier to buy drugs, which encourages use. In addition, women have been victimized by the stress caused by the accumulation of responsibilities both in the private and public spheres, generating different tensions. Finally, the weight of affective involvement with male users should be noted, whose effects are even observed in the growth of women incarcerated for taking charge of the illicit trade in narcotics after the arrest of their partners<sup>27</sup>.

The literature discussed by Alves and Rosa<sup>16</sup> showed that there is a consensus that there is a distinction between the reasons that structure and interfere in the involvement and consumption of drugs between men and women. For men, the drug serves to expand social relationships, alleviate boredom, increase self-esteem, and enhance sexual performance. Women, in turn, are led to use because of traumatic experiences and painful memories, such as sexual abuse, incest, domestic violence, depression, social isolation and having parents and/or partners who are users.

Furthermore, if every society is “gendered”, that is, governed by gender norms, it is important to recognize that the social stigma on women drug users is much greater because they break with traditional gender roles that see women as judged and orderly<sup>28</sup>. Those whose behaviors deconstruct such idealizations are more stigmatized, lose family support and, consequently, have greater difficulty seeking family and therapeutic help<sup>17,29</sup>.

As shown, in Maringá, many users were mothers, and a small number of them were even pregnant. The condemnation of these women is even more intense, because motherhood is a sacred place in which there is no room for addictions, and the “option” for drugs to the “detriment” of children causes many women to lose support from family and friends, making it even more difficult to seek therapeutic help<sup>17</sup>.

In the case of those who are pregnant, the condemnation can be even greater, because medical research admits that the use of alcohol and drugs during pregnancy can cause problems such as premature delivery, low weight and a decrease in the child's head circumference; therefore, the use of psychoactive substances at this stage is a reason for severe condemnation<sup>30</sup>.

Another vulnerability to which drug users are exposed is sexual violence. A nationwide survey of crack users showed that prostitution among female users is 55.4%

against 14.6% among men; sexual violence against women is also higher: 46.7%, as opposed to 7.49% among men. The same can be said about the practice of prostitution among women (55.4%) and men (14.6%), leaving them more exposed to health risks<sup>26</sup>.

According to Sousa et al<sup>31</sup>, health services are not always able to collect reliable data from drug users, and this compromises a study capable of offering access to epidemiological data for monitoring, evaluation, management, and provision of public health care services. In fact, the documentation worked on did not allow us to know the rate of sexual violence and/or prostitution among drug users in Maringá. In this regard, female invisibility in actions directed at drug users is a condition that tends to perpetuate itself as long as this same invisibility is a characteristic of the data that subsidize such policies.

As a limitation of the study, a gap that compromised it was the incompleteness of the information, perceived at times when the report contains expressions such as “unknown” or “other situations”. This can occur when the patient reaches a state of unconsciousness or semi-consciousness, when she is accompanied by a person who does not have the information requested by the attendants or even when the health professional gives more urgency to care than to information about the patient. Thus, for example, the non-presentation of the



race/ethnicity item characterizes a significant failure. In view of this, it is worth mentioning that the denial of this data is mainly due to the fact that people do not understand the importance of the racial aspect in health actions, since even women in a state of unconsciousness could have had this data recorded, since it is visible.

Finally, this study shows that the incompleteness of the Detailed Report data constituted a very significant limitation, highlighting the importance of new analyses. Data related to the years 2020 and 2021 were compromised by the covid-19 pandemic, but it is suggested that those responsible for anti-drug policies in Maringá pay attention to the importance of more careful data collection by network professionals.

## CONCLUSION

It is concluded that, between 2012 and 2019, drug users in the city of Maringá (PR) were mostly young, single, with children, with average education, in informality and with a monthly income below the minimum wage. The vulnerability to which they are exposed is evident when one observes the fact that public policies are built according to a care model whose paradigm is the male subject. The importance of reflecting on the way in which socially constructed and valued models of masculinity and femininity impact the different ways of living the situation of drug

use and dependence is not considered. When analyzing the situation of drug addiction, it is observed that, although men do not escape the stigmas, the condemnatory gaze is more intense on women, who have always been trapped in an idealized model that presumes them subject to “order”.

In addition to gender, race is also an extremely important social determinant when thinking about policies for women, but as seen, this was not considered in the Detailed Report, confirming the blindness regarding a fundamentally determinant data of the concrete conditions of human existence. Being a black woman in a country structurally marked by racism, as is the case in Brazil, constitutes an element that compromises life in multiple aspects and enhances suffering.

Therefore, we reinforce that, in addition to gender, understood as the social construction of masculinities and femininities, race and social class are also determining elements of the different degrees of vulnerability to which female drug users are exposed. In Maringá, welcoming and health care taking these and other variables into account is still something to be done, but it is always time to review actions, plans and strategies in the pursuit of social justice, health promotion and the consolidation of human rights. We believe that knowing the profile of drug users is one step among others that need to be taken in this direction.

## REFERENCES

1. Schlindwein - Zanini R, Sotili M. Uso de drogas, repercussões e intervenções neuropsicológicas. *Cad bras saúde ment.* 2019;11(28):94-116. doi: 10.5007/cbsm.v11i28.69780.
2. Machado LV, Boarini ML. Políticas sobre drogas no Brasil: a estratégia de redução de danos. *Psicol ciênc prof.* 2013;33(3):580-95. doi: 10.1590/S1414-98932013000300006.
3. Cruz MS, Sáad AC, Ferreira SMB. Posicionamento do Instituto de Psiquiatria da UFRJ sobre as estratégias de redução de danos na abordagem dos problemas relacionados ao uso indevido de álcool e outras drogas. *J bras psiquiatr.* 2003;52(5):355-62. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/lil-386264>
4. Medeiros KT, Maciel SC, Santos LF, Sousa PF de. Traçando o Perfil de uma Amostra de Usuárias de Crack em Tratamento. *Rev psicol IMED.* 2018 aug14;10(1):160. doi: 10.18256/2175-5027.2018.v10i1.2730.
5. Brasil. Institui o Sistema Nacional de Políticas Públicas sobre Drogas - Sisnad. 2006. Available from: [http://www.planalto.gov.br/ccivil\\_03/\\_ato2004-2006/2006/lei/111343.htm](http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/111343.htm)
6. Barreto IF. Tabaco: a construção das políticas de controle sobre seu consumo no Hist ciênc saúde-Manguinhos. 2018 sep;25(3):797-815. doi: 10.1590/S0104-59702018000400011.
7. Oliveira GC de, Dell'Agnolo CM, Ballani T da SL, Carvalho MD de B, Pelloso SM. Consumo abusivo de álcool em mulheres. *Rev gaúch enferm.* 2012 jun;33(2):60-8. doi: 10.1590/S1983-14472012000200010.
8. Nascimento IMA do, Pimentel CE, Moura GB de, Santos ILS, Cavalcanti JG. Uso de substâncias psicoativas e comportamentos sexuais de risco. In: Finelli LAC, organizador. *Consumo de álcool Padrões e impactos cotidianos.* Guarujá: Editora Científica, 2021. p. 59-69.
9. Brasil. Decreto nº 9.761/2019. 2019. Available from: [http://www.planalto.gov.br/ccivil\\_03/\\_ato2019-2022/2019/decreto/D9761.htm](http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/decreto/D9761.htm)
10. Medeiros KT, Maciel SC, Sousa PF de. A Mulher no Contexto das Drogas: Representações Sociais de Usuárias em Tratamento. *Paidéia (Ribeirão Preto).* 2017;27 (suppl 1): 439-47. doi: 10.1590/1982-432727s1201709.
11. Bastos FIPM, Bertoni N. Pesquisa Nacional sobre o uso de crack: quem são os usuários de crack e/ou similares do Brasil? Quantos são nas capitais brasileiras? ICICT/FIOCRUZ, editor. Rio de Janeiro; 2014. 224p.
12. Santos GC, Constantino P, Schenker M, Rodrigues LB. O consumo de crack por mulheres: uma análise sobre os sentidos construídos por profissionais de consultórios na rua da cidade do Rio de Janeiro, Brasil. *Ciênc Saúde Colet.* 2020 oct;25(10):3795-808. doi: 10.1590/1413-812320202510.05842019.
13. Marangoni SR, Oliveira MLF de. Fatores desencadeantes do uso de drogas de abuso em mulheres. *Texto & Contexto enferm.* 2013 sep;22(3):662-70. doi: 10.1590/S0104-07072013000300012.
14. Selegim MR, Marangoni SR, Marcon SS, Oliveira MLF de. Family ties of crack cocaine users cared for in a psychiatric emergency department. *Rev latinoam enferm.* 2011 oct;19(5):1163-70. doi: 10.1590/S0104-11692011000500014.

15. Costa AM, Merchan-Hamann E, Tajer D. Saúde, equidade e gênero: um desafio para as políticas públicas. Brasília EU: A: A e, editor. 2000. p. 181-202.
16. Alves TM, Rosa LC dos S. Usos de substâncias psicoativas por mulheres: a importância de uma perspectiva de gênero. *Rev estud fem.* 2016 aug;24(2):443-62. doi: 10.1590/1805-9584-2016v24n2p443.
17. Albuquerque CDS, Nóbrega MDPSS. Barreiras e facilidades encontradas por mulheres usuárias de substâncias psicoativas na busca por tratamento especializado. *SMAD Rev eletrônica saúde mental álcool drog.* 2016 mar1;12(1):22. doi: 10.11606/issn.1806-6976.v12i1p22-29.
18. UNODC. United Nations Office on Drugs and Crime [Internet]. 2018. Available from: <http://www.unodc.org.br>
19. Antunes R. Riqueza e miséria do trabalho no Brasil II. 1st ed. Boitempo, editor. São Paulo; 2013. 448p.
20. Hirata H. Tendências recentes da precarização social e do trabalho: Brasil, França, Japão. *Cad CRH.* 2011;24 (spe1): 15-22. doi: 10.1590/S0103-49792011000400002.
21. Bardi G, Garcia MLT. Comunidades terapêuticas religiosas: entre a salvação pela fé e a negação dos seus princípios. *Ciêns saúde colet (Impr.).* 2022 apr;27(4):1557-66. doi: 10.1590/1413-81232022274.05152021.
22. Brasil. Lei nº 13.840/2019. 2019. Available from: [http://www.planalto.gov.br/ccivil\\_03/\\_Ato2019-2022/2019/Lei/L13840.htm](http://www.planalto.gov.br/ccivil_03/_Ato2019-2022/2019/Lei/L13840.htm)
23. Carla A. Interseccionalidade: Feminismos plurais. 1st ed. Jandaíra, editor. São Paulo; 2019. 152p.
24. Collins PH, Bilge S. Interseccionalidade. 1st ed. Boitempo, editor. São Paulo; 2021. 288p.
25. Ayres JR de CM, Franca Junior I, Calazans GJ, Saletti Filho HC. O conceito de vulnerabilidade e as práticas de saúde: novas perspectivas e desafios. In: Fiocruz, editor. *Promoção da saúde: conceitos, reflexões, tendência.* Rio de Janeiro; 2003. p. 121-44.
26. Silva ÉB de O, Pereira AL de F, Penna LHG. Estereótipos de gênero no cuidado psicossocial das usuárias de cocaína e crack. *Cad Saúde Publica [Online].* 2018 may 10;34(5). doi: 10.1590/0102-311X00110317.
27. Henrique Ribeiro-Andrade É, Gomes Evangelista M, Santana Chagas V, Pinto Silva AM, Teresa Barbosa Barreto MF. Drogadição feminina no Brasil: uma análise epidemiológica. *POHSA [Internet].* 2017 jun 12;7(19). doi: 10.25242/887671920171173.
28. Gomes ERB, Brilhante AVM. Contações femininas: gênero e percepções de mulheres dependentes químicas. *Saúde Soc.* 2021;30(4). doi: 10.1590/S0104-1290202201050.
29. Sarmiento YES, Gonçalves NN, Vaz C, Neiva GD, Rodrigues GC, Oliveira J da S, et al. Dependência química e gênero. *NEGUEM [Internet].* 2019 mar15;31(2). doi: 10.14393/CEF-v31n2-2018-8.
30. Rocha PC, Britto e Alves MTSS de, Chagas DC das, Silva AAM da, Batista RFL, Silva RA da. Prevalência e fatores associados ao uso de drogas ilícitas em gestantes da coorte BRISA. *Cad Saúde Pública (Online).* 2016;32(1). doi: 10.1590/0102-311X00192714.
31. Sousa CM de S, Mascarenhas MDM, Lima PVC, Rodrigues MTP. Incompletude do preenchimento das notificações compulsórias de violência - Brasil, 2011-2014. *Cad Saúde Coletiva*

[Internet]. 2020 dec;28(4):477-87. doi:  
10.1590/1414-462X202028040139.