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Nursing technician students' social representations on drugs

Representações sociais de discentes técnicos de enfermagem sobre drogas Representaciones sociales de estudiantes de técnicos en enfermería sobre narcoticos

ABSTRACT

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1. Universidade Federal da Bahia. Salvador - BA, Brazil. To discuss the social representations of nursing technician students on the issue of drugs. A qualitative research based on the Social Representation Theory, involving 98 students, using the free association of words (FAW) technique, focal group and interviews. Data from the FAW was processed using the STATA statistical software. The identification of terms with statistical meaning guided the content analysis for other techniques, generating two theme categories. Drugs were represented as an object of destruction of the person, family and society. The image of the drug user appears linked to male gender, young, black, living in the outskirts and poor. Social representations emphasize aspects of experiences and of the social and cultural context of the students in relation to drugs, evidencing demands in the formation of these professionals for the integrality of healthcare.

Keywords: Students, Nursing; Drug Users; Health.

RESUMO

Discutir as representações sociais de discentes de um curso técnico de enfermagem acerca da problemática das drogas. Pesquisa qualitativa fundamentada na Teoria das Representações Sociais, envolvendo 98 discentes, para as quais foram aplicadas as técnicas de associação livre de palavras (TALP), grupo focal e entrevista. Os dados do TALP foram processados no *software* estatístico STATA. A identificação de termos com significância estatística norteou a análise de conteúdo para as demais técnicas, gerando duas categorias temáticas. A droga foi representada como objeto de destruição da pessoa, família e sociedade. A imagem da pessoa usuária de drogas aparece vinculada ao sexo masculino, jovem, de cor preta, morador da periferia e pobre. As representações sociais ressaltam aspectos de experiências e do contexto sociocultural das estudantes acerca das drogas, evidenciando demandas na formação dessas profissionais para integralidade da assistência.

Palavras-chave: Estudantes de Enfermagem; Usuários de Drogas; Saúde.

RESUMEN

Discutir las representaciones sociales de discentes de un curso técnico de enfermería acerca de la problemática de las drogas. Pesquisa cualitativa fundamentada en la Teoría de las Representaciones Sociales, realizada con 98 discentes, para las cuales fueron aplicadas las Técnicas de Asociación Libre de Palabras (TALP), grupo focal y entrevistas. Los datos de la TALP fueron procesados en el *software* estadístico STATA. La identificación de términos con significancia estadística norteó el análisis de contenido para las demás técnicas, generando dos categorías temáticas. La droga fue representada como objeto de destrucción de la persona, familia y sociedad. La imagen del usuario de drogas aparece vinculada al sexo masculino, joven, de color negro, morador de la periferia y pobre. Las representaciones sociales evidencian aspectos de experiencia y del contexto sociocultural de los estudiantes relacionado a los narcóticos, demostrando demandas en la formación de estos profesionales para la integralidad de la asistencia.

Palabras-clave: Estudiantes de Enfermería; Consumidores de Drogas; Salud.

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INTRODUCTION

In the routine of health services, the nursing technicians are the largest amount of teams, maintaining direct contact with patients, family and community. This characteristic related to the practice of this professional category, provides the identification of situations related with drug involvement, among other actions.

However, the rules governing the technical training of nursing are not necessarily directed to discuss cross-sectional content, such as the problem of drugs. In general, course subjects are distributed in 1,200 theoretical hours and 600 h practical activities distributed over two years, focusing technical procedures for the treatment and/or prevention of diseases.

The Ministry of Health recognizes that the ineffectiveness of integral care to drug users is because the absence/offer of a curriculum with multidisciplinary approach and in the negative view of health professionals in relation to the person who adopts drug use and its evolutionary prospects against the problem, among other factors¹. Regardless of their origin, these facts prevent a more productive assistance to the demands of psychoactive substance users (PSU).

There are several questions of health professionals coping on drug problems, demanding practices and diversified strategies that go beyond the biomedical approach, as well as changes in their social representations (SR) about the drug and the user.

The SR are linked to individual values, beliefs and practices that guide behavior in everyday social relations and are manifested through stereotypes, feelings, attitudes, words, phrases and expressions². Understood as a psychosocial phenomenon, historical and culturally conditioned, the SR circulate through everyday media and differ according to the social groups that produce and use them, related to the subjectivities³.

Therefore, the social reality is essential in the genesis of SR, since they are focused on the phenomena produced by the particular constructions of society, and not in the individual⁴. By valuing the construction of knowledge, beliefs, opinions and conceptions of the world, SR articulate the social, political and cultural situation in which the subject is inserted, creating the possibility of incorporating the various aspects involved in social processes, such as the drug phenomenon.

This article aims to discuss the social representations of students of a nursing technical course about the problem of drugs. The data produced in this study can serve as a comparison with social representations obtained from other social groups, indicating specific similarities and related to social, cultural and demographic factors. It can also contribute to actions in the training of these professionals seeking care assistance improvements and reducing damage and injuries to customers and professionals.

METHOD

It is a research based on the Theory of Social Representations, of qualitative approach, developed with 98 students of both genders duly registered attending classes of a nursing technical course. This course was offered by a private educational institution, located in Salvador, Bahia.

Student were addressed from November 2010 to March 2011, communicating the research objectives and signing the Free and Clarified Consent Term. The project was approved by the Ethics Committee of the Nursing School of the Federal University of Bahia, protocol number 030/2010.

The information about the drug and user of drugs were collected by a group of independent techniques, but complementary, which allow addressing collective and/or individual social actors, allowing deepening of specific questions about the topic studied. Free word association, focus groups and semi-structured interview were the techniques used.

The Free Association Words (FAW) was composed of two inducing stimulus: drugs and drug user. Its application was held collectively, in the classroom, on days and times available by the course teachers. There were 1072 terms evoked for the stimulus. Of these, 340 appeared only once. The data produced by FAW were processed using STATA software, version 8.0, being established frequency equal or greater than eight. The words most frequently for each stimulus guided the analysis of the other techniques.

For the focus group technique there were two groups composed of 10 and 08 students. For each group a session lasting an average of 90 minutes was performed. The sessions were guided by a script previously elaborated about the object of the study. All focus group participants had responded to FAW.

The interview also follows a predefined script allowing deepening of terms and/or situations presented in the other techniques and the record of experiences lived by the students in relation to the problem of drugs. The people interviewed were chosen at random according to availability of participants after the focus group. There were 08 interviews conducted. The content of the information collected by focus group technique and interview was transcribed in full and subjected to the steps of the content analysis⁵.

RESULTS AND DISCUSSION

Respecting the theory perspective of social representations, a brief presentation of socio-demographics characteristics of participants will be done. Then the emerging themes of the data analysis will be described.

Students from the Nursing technical course

The students investigated were predominantly female (90 women and 8 men). The age ranged from 19 to 43 years old, and highlighted two major age groups: less than or equal to 25 years old (44.9%) and above 26 years old (55.1%). Regarding color, 87.7% of participants declared to be black or mulatto. Most students proved to be adept catholic (56.1%). Family income ranged from less than one minimum wage (24.5%) and more than two minimum wages (19.4%), being prevalent an income between one and two minimum wages (52.0%).

Of the 98 participants, 43.9% had the school as their principal occupation and 36% reported having activities in health. In the study group, 49.43% reported having soteropolitana nationality and 42.53% were born in cities in the interior of Bahia, other (8.1%) are from other states.

It is worth noting that, even though they all have a high school education, because it is the minimum education required as a prerequisite to the nursing technical course, while collecting information through FAW, it was observed a significant difficulty to write the words correctly.

Drug is destruction!

According to FAW data for the drug stimulus, there were 406 words evoked, and 50% were repeated eight or more times. Among the terms evoked by this stimulus, the one having the highest rate was destruction, followed by the words: death, suffering, violence, addiction, grief, despair, fear, illness, bad and vice.

In the analysis of the interviews and focus groups, the idea of drug as an object of destruction is enhanced. The destruction does not appear as something limited to the effects of drugs in the body of the user, but as something that especially affects the family. It shows direct association with crime, marginalization, damage to health and society as shown in the following statements.

> It's a total destruction of both her [user person of drugs] and the family. So drug is the end of the world [...] It is the destruction of life [...] From the physical, mental, social, in general, all [...] If you use drugs, you are destroying your whole family. (GF).

Destruction of the individual, family and society. (F, female, 26 years old).

Drugs is even social disruption. In general, in the social, economic and family aspect. Health always ends up affecting and the negative factor is in relation to the crime. I think the crime is always accompanied involvement with drug [...] it will take everything you have at home, going to steal, will hit will beat father will beat mother, to have that money to buy drugs. [...] It's a big problem for society because it is through drug that has other consequences, as violence, drug trafficking that lead young people and adolescents on the street, snorting. (GF).

[...] It is causing harm, many people sometimes use drugs to steal, kill, get violent [...] to forget about the problems [...] to fight with the family [...] prejudice in any way. (E, male, 28 years old).

The SR of drug as destruction is founded by the participants as something that disrupts the person who uses it, family and the whole society, which shows that they consider the drug as destructive instrument of life from the perspective of this triad. The notion that the drug is an object of destruction, associated to be bad, that causes fear, suffering and despair, it was also in the participants' statements.

The association of drugs with situations of destruction, death, violence and suffering are commonly disseminated by the media, which may explain the frequency of these terms in the statistical analysis. The media generally emphasizes the effects of substances in the body, giving the same reactions imbalances and violence made by users⁶. This emphasizes the possible effects of the substance, rather than the user and the different contexts in which the drug is consumed. However, situations experienced in social and economic context of the participants also reaffirm this idea, as seen in the statements of the participants in the focus groups and the interviews.

Reports indicate that for students the drugs are responsible for acts socially not accepted practiced by users. This idea exempts the person, blaming and making responsibility the drugs for acts such as stealing and killing. The drug appears as something bad, addictive, dependency, disabling the human being to interact with society and inducing acts of violence, steal and death, showing the idea of destruction. These ideas were shared in the focus group and the interviews, as shown in the following statements:

> It causes in fact a being very violent, where the drug involves things that is not normal, it steals, kills [...] spoiling a life of human beings [...] is the end of his life, because I know people who also now is using drugs and will never be a normal person [...] the person is addicted. (GF).

> [...] Before the alcohol [thoughtfully] we were happy! When he [ex-husband] started to become addicted to alcohol, everything was going wrong [...]. (B, female, 38 years old).

> [...] I've experienced, but I did not like it [experience]. (D, male, 20 years old).

The statements show that the studied social group consists of people who know and/or live with someone who uses drugs, and through experienced reality, aim and anchor their representations about drugs and the user. Thus, they recognize that social representations are constructed based on social reality, so changing from group to group, in different societies and/or in the same society in different times².

It is understood that the participants associate situations they experience, showing that the reality of the individual and the group is always represented, being acquired by the person and social group, surrounded by their values. Therefore, in reporting bad experiences with regard to drug use in their place of residence and exclusion attitudes to nearby people who used drugs, the social group studied shows punitive and exclusionary judgment directed to the person making abuse, represented by participants as a dependent, regardless of the type of drug used.

In this perspective, for the group investigated the term drug is not limited only s illegal substances, but involve substances that cause damage to person, even those that are used for therapeutic purposes. For them, the severity of the damage generated by the consumption is linked to legal and sociocultural denomination of drugs, legal and illegal; benevolent and malevolent, according to some reports.

> There are drugs that are remedies for people who are depressed and have to have a full control and many people may also use and become dependent [...] the drug is not only narcotic, it also has the remedies [...] the drug is not only the crack, marijuana, medicine with black stripe, beer, alcohol are also drugs [...] alcohol is a drug (GF).

> Has the beneficial drug and the evil drug. The beneficial drug we use actually to supply the pathology [...] already the evil drug, I relate as a thing to hurt yourself, people use to do evil, cocaine, marijuana, even alcohol people drink and are upset (E, male, 28 years).

The [drugs] that are legal today are the drinks that everyone drinks, everyone is happy, many people do stupid things, many people die in accidents. However, the drug itself: the chemical, always is [...]. The legality of drugs is wrong. This will influence adolescents use with no problem [...] Violence will increase, trafficking, the destruction of the home will increase (B, female, 38 years old).

The substance I find cool is that one you use by prescription [...]. Illegal drugs are those that you use abusively and you do not need to use (E, male, 28 years old).

According to the Brazilian Center for Information about Psychotropic Drugs (CEBRID)⁷, drugs are classified according to legal and illegal. The legal drugs have permission from the State to be sold and consumed, with or without a prescription, and the production, marketing and use are not criminalized. Illegal drugs cannot be sold and the production and sale are subjected to criminalization and repression⁸.

A study of a group that deals with the perception of using drugs⁹ states that "this division, eminently legal, became cultural, and gives the idea that legal drugs are safe and illegal drugs are dangerous". In general, the idea is propagated in common sense and it is present in these search results. However, the study reinforces the notion that all drugs causes harm, regardless of status, being legal or illegal.

Regarding the consumption (use/abuse) of drugs, participants show aspects of this practice effects, bringing even issues related to the drug phenomenon, which comprises consumption, marketing and production of psychoactive substances¹⁰. The effects of the abuse and trafficking for the person, family and society were highlighted as in the following statements:

> It affects not only him, but also friends, family and all who are around him [...] society is even destroyed, in fact [...] violence, drug trafficking leading youth and adolescents to street, to snore (GF).

> It may be that a user must be a boss and the family is aware of it, then many of them pay with their lives and can be one of them go to the person's house and kills the family, a mother or an uncle (H, female, 22 years old).

According to the participants, the drug causes situations of violence generating uncertainty for family and community. These situations are not limited to use, but to the abuse represented by the group as dependence, and especially the illegal marketing in psychoactive substances.

Thus, the SR of the study group are built from their experiences in the midst of community and family, after all, the ideas regarding PSU - death, destruction, substance that hurts everyone - have also featuring the concept of the family members of drug users in a study of these subjects¹¹.

With this information, it can be stated that participants recognize the elements that involve the problem of drugs, which are: the PSUs, the user and family/community, built as their life context, but they attribute only to the PSU the liability/blame of the consequences considered negative for those who are evolved in the problem.

Drug user, "black or white, rich or poor, bad or victim"

Regarding the drugs user inducing stimulus, the statistical processing of the FAW data showed that there were 347 words evoked, of which the terms dependent, weak, sick, unbalanced, vicious, violent, criminal and suffering had a frequency greater or equal to eight. In triangulation of data, the user of drugs image is related to gender, race/color, social class, chemical dependency degree and degree of involvement of the person as their consumption.

The term dependent, referred to both stimulus, refers the idea of illness and imbalance in the use of the psychoactive substance that leads to take actions that cause suffering and destruction. Therefore, the user of drugs is represented as unbalanced, weak and sick. Suffering suggested the idea that the user of drugs can be seen as a victim of his fragility, which leads to suffering from violence and crime associated with the abusive consumption of PSU.

In the interviews and focus group, reasons that lead people to drug use were shown. Among the reasons given, there was the feeling of pleasure caused by the effect of the drug in the body, and the possibility of drug occupy a gap in one's life.

> This person is a human being and he's there for a reason so is something he want to achieve and cannot do it, he does not find pleasure in other things, and finds pleasure in drugs. (GF).

> The first reason is the family [...] the family contempt even [...] the effect of financial conditions, many leave home for not having anything to eat go to the streets to snore, to steal. (E, male, 28 years old).

The participants highlight issues relating to family as the main cause for involvement with drugs, as well as consider the family the first to suffer the consequences by the involvement of a person with drugs. This ambiguity in relation to the family in the problem of drugs is evidenced in a study¹² that discusses the role of the family, both as a risk factor, as a protective factor for the use and abuse of drugs. Another study¹³ conducted with adolescents says that contact with family drug addicts and the experience of trauma, separation and quarrels within the family, lead them to become addicted.

For participants, the user of drugs is represented as weak, someone who suffered from a problem and therefore takes drugs to escape from reality in which he lives. He is sick, so someone who needs to recover, needs medical assistance:

The user is a patient. The person who has used crack is not normal, he has mental problem. (GF).

He is sick! So I think that person needs a treatment. (B, female, 38 years old).

The representation of the user of drugs as a patient refers the need for treatment with direct care of health professionals. However, it is worth remembering that not all drug use is characterized as addiction and not every person user of drugs is sick. These ideas reinforce the social stereotype about drugs and the user intertwined with the marginalization of the individual by the association of drug use with the practice of illegal acts¹⁴ as shown in the statements of the interviewees: A very violent human being, where the drug involves thing that is not normal, steal, kill, where people who have good financial conditions, but enter this area to do bad things [...] is not well seen by society and loses all credibility before the people [...] he flees from all reality of being a normal person [...] is unbalanced. (GF).

Every person who uses drugs in their body is drug dealer. (E, male, 28 years old).

The representation of the user of drugs such as sick, abnormal, violent is rooted in social elements, propagated by the media and merged as the reality experienced by the participants. In some speeches given below, there is fear, marginalization, surrounded by racial and social inequalities and the circumstances that lead the young, rich or poor, to be drug users:

> Today they speak: ah, the poor black! But then, why do they speak poor black? It is prejudice, but also there is the rich white, everyone is involved in the same way. The difference is that the poor do it to survive because he has no job, is unable to work, have no experience. So I think the poor are hardest hit [...] everyone uses it. The difference is that the rich are more veiled. Not the poor. He uses and that's it! (B, female, 38 years old).

> Society [person] who cannot afford, buy crack and daddy's boy will buy cocaine [...] they do abnormal things that sometimes many of them, when the evil effects end up, they will see that they sometimes kill people. With inappropriate thought. They steal and after the effect, they regret. (E, male, 28 years old).

The reports of the participants reveal the mainstreaming of the drug phenomenon, since they consider this phenomenon involves people from all social, economic, political, religious, cultural, ethnic-racial and health contexts. Despite the reports of participants, there is the idea of the variety of drug user profile, showing experiences with the problems that highlight socially imposed stereotype, plus features such as those related to race/color and social class. Thus, it can be seen that the user image is built on the practices and experiences of students and adapted to values in beliefs and social stereotypes.

Another feature associated with drug user showed by the participants is the violence. The correlation drug-violence demarcated a consequence of drug abuse use, leading to representation of the user of drugs as a person to be violent, unbalanced, inconsistent and that causes fear and danger to society, family and people living around him.

In the following statements, it is demonstrating how the participants emphasize violence as result of drug abuse and what the action that triggers the user's life and people around him: [Drug users cause] fights, arguments, violence, aggression, separation, death, suffering. (C, female, 20 years old).

Individual aggressor who is not ashamed of anything! [...] They are violent people who can kill and steal. (GF).

The close relationship between the drug phenomenon and the phenomenon of violence is strongly propagated by the media and confirmed in national scientific studies^{15,6}. This relationship reproduces the idea of blaming the drugs for illegal acts and victimization of the user of drugs. However, this discussion about the association drugs and violence becomes more complex when considering that there are different perspectives, which lead young people to seek forms of social visibility, such as the crime and the involvement with drugs¹⁶.

In the set of information, socio-demographic profile variables that reproduce socially established inequalities, exclusion and vulnerability of groups to the drug phenomenon are highlighted, such as gender, age, race/color, as shown in the following statements.

> [People drug users] are younger [...] elderly I do not see much. The age range is 12-25 years old, they are [drug users] who are more using [...] teens and young people. (F, female, 26 years old).

> Young, black and suburban slums, more men. (G, female, 28 years old).

We have more men [...] the trend is men die as a consequence of drug abuse [...] the black person is the most demoralized people in the society due to the color. (E, male, 28 years old).

I think of the women too [in addition to men, as users]. I have a colleague even though she - at the time I was about 18 years old - arrived at home with marijuana, and I do not know what it was. And she asked me if I wanted to. And that day I told her: - "Look, I do not want friendship with you, I do not want you in my house". (B, female, 38).

I do not like even woman smoking, I find ridiculous, I do not even like woman drinking a lot [...] well, drinking socially it is ok, but the woman who gets drunk, it is ridiculous. (D, male, 20 years old).

Drug use by women is a socially condemned behavior, which contributes significantly to their invisibility^{17,18}. However, worldwide epidemiological data show that despite the use and sale of illegal drugs are more common among men, there is an increasing trend in substance use among women, which can be explained by the decrease of socio-cultural barriers and greater gender equality¹⁰. The statements presented show that in the context of life of the participants drugs consumption by women is a reality and also show, the socially shared conviction. The participants represent drug users with the influence of social stereotypes - weak people, addicted, marginalized - and through their historical and personal experiences - people who have problems and need help and understanding. These terms are reflections of the confluence between what is socially and put the affective and experienced by the participants. It is evident the approximation of students with drug users so there are examples with description of real situations.

In this sense, the reports of the participants analyzed here are reflecting the reality of the appropriation of this group about being drug users not only as a linked in the media and in society, but also as a victim of educational, structural and/or family deficiencies or as a person who chooses to be a PSU consumer.

CONCLUSION

Although the results presented are limited to a group of students of a nursing technical course, these are relevant to understand how the problem of drugs is represented by the group. From the representations found, intervention actions in the training of these professionals to reduce their coping in health care and, consequently, improve care for drug users are highlighted.

The triangulation of data provided the scope of established objectives capturing information, stereotypes, prejudices about the aspects studied on the problem of drugs and, consequently, the social representations.

The socio-demographic characteristics of the study group, especially the number of female participants, reveal specific sociocultural constructions that set assignments for people of different genders. In this sense, the action of care is delegated to women, thus justifying the feminization of the nursing profession.

The representation of drugs as object destruction and the allocation to them as responsible for situations of violence, suffering and death reveals the reality of the context in which the participants are located. This idea gives priority to the substance and its effects on the body, showing issues of social, political, economic and cultural aspects establishing inequalities related to gender, race/color, generation, social class and occupation which influence the consumption and drug trafficking.

The social representations found reveal weakness in vocational training and the presence of drug-related situations in the social context of the participants. The different evocations to the stimulus presented show reproduction of ideas about drugs with respect to the aspects raised, that permeate the society in which participants live.

The dynamics of social representations suggest interventions by the study group and, above all, the possibility of inclusion and/or expansion of the topic in the training of these professionals in order to enlarge information about the issue under study and then reduce the professional and personal confrontations daily related to the problem of drugs.

REFERENCES

- Ministério da Saúde (BR). Secretaria de Atenção à Saúde. SVS/CN--DST/AIDS. A Política do Ministério da Saúde para Atenção Integral a Usuários de Álcool e outras Drogas. Rev Ampl. 2ª ed. Brasília (DF): Ministério da Saúde, 2004.
- Moscovici S. Representações sociais: investigações em psicologia social. Rio de Janeiro: Vozes; 2013.
- Jodelet D. O movimento de retorno ao sujeito e a abordagem das representações sociais. Sociedade e Estado. 2009;24(3):679-712.
- Jovchelocitch S. Vivendo a vida com os outros: intersubjetividade, espaço público e Representações Sociais. In: Guareschi PA, Jovchelocitch S, organizadores. Textos em Representações Sociais. Rio de Janeiro: Vozes; 2013. p. 53-70.
- 5. Bardin L. Análise de conteúdo. Lisboa (POR): Edições 70, 2011.
- Souza MRR, Oliveira JF. Fenômeno das drogas: análise das reportagens veiculadas em um jornal de Salvador. Rev. baiana de enferm. 2009; 22/23(1/3): 145-56.
- Centro Brasileiro de Informações sobre Drogas Psicotrópicas Cebrid. Livreto informativo sobre drogas psicotrópicas. 5ª ed. Brasília (DF): Ministério da Saúde; 2010.
- 8. Marangoni SR, Oliveira MLF. Fatores desencadeantes do uso de drogas de abuso em mulheres. Texto & contexto enferm. [on line]. 2013 [citado 2014 set 30]; 22(3): 662-70. Disponível em: http://www.scielo.br/scielo. php?pid=S0104-07072013000300012&script=sci_arttext
- Kassada DS, Marcon SS, Waidman MAP. Percepções e práticas de gestantes atendidas na atenção primária frente ao uso de drogas. Esc Anna Nery [on line]. 2014; [citado 2014 set 09];18(3): 428-34. Disponível em: http://www.revistaenfermagem.eean.edu.br/detalhe_artigo. asp?id=1216
- Oficina de la Naciones Unidas Contra la Droga e el Delito UNODC, Informe Mundial sobre las Drogas 2012. Naciones Unidas. Nueva York (EUA): UNODC; 2012.

- Brusamarello T, Sureki M, Borrile D, Roehrs H, Maftum MA. Consumo de drogas: concepções de familiares de estudantes em idade escolar. Rev. Eletrônica Saúde Mental Álcool Drogas. 2008; 4(1):1-19.
- Malta DC, Porto DL, Melo FCM, Monteiro RA, Sardinha LMV, Lessa BH. Familia e proteção ao uso de tabaco, álcool e drogas em adolescentes, Pesquisa Nacional de Saúde dos Escolares. Rev. Bras. Epidemiol. [on line]. 2011 [citado 2014 Set 30]; 14(Supl 1):166-77. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415--790X2011000500017&lng=en. http://dx.doi.org/10.1590/S1415--790X2011000500017
- Silva KL, Dias FLA, Vieira NFC, Pinheiro PNC. Reflexões acerca do abuso de drogas e da violência na adolescência. Esc Anna Nery [on line]. 2010 [citado 2014 Set 30];14(3):605-10. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414--81452010000300024&lng=en. http://dx.doi.org/10.1590/S1414-81452010000300024.
- Sodelli M. A abordagem proibicionista em desconstrução: compreensão fenomenológica existencial do uso de drogas. Ciênc. saude coletiva [on line].2010 [citado 2015 mar 23];15(3):637-44. Disponível em: http://www. scielo.br/scielo.php?pid=S1413-81232010000300005&script=sci_arttext
- Hartmann MR. Representações sociais e ideologia: O usuário de drogas segundo Correio do Povo e Zero Hora [dissertação]. Porto Alegre (RS): Escola de Enfermagem da Universidade Federal do Rio Grande do Sul; 2013.
- Barcinski M. Mulheres no tráfico de drogas: a criminalidade como estratégia de saída da invisibilidade social feminina. Contextos Clínic [periódico na Internet]. 2012; [citado 2015 mar 23]; 5(1):52-61. Disponível em: http://pepsic.bvsalud.org/scielo.php?pid=S1983--34822012000100007&script=sci_arttext
- Romo NA. Género y uso de drogas: la invisibilidad de las mujeres. Monografías Humanitas 5 [periódico na Internet], Universidad Granada, 2005; 65-83. Disponível em: http://hdl.handle.net/10481/22315
- Oliveira JF. (In)Visibilidade do consumo de drogas como problema de saúde num contexto assistencial: uma abordagem de gênero [Tese]. Salvador (BA): Instituto de Saúde Coletiva, Universidade Federal da Bahia; 2008.