



CHARACTERIZATION OF THE CLIENTELE ATTENDED IN A PSYCHOSOCIAL CARE CENTER - ALCOHOL AND DRUGS

CARACTERIZAÇÃO DA CLIENTELA ATENDIDA EM CENTRO DE ATENÇÃO PSICOSSOCIAL – ÁLCOOL E DROGAS

CARACTERIZACIÓN DE LA CLIENTELA ATENDIDA EN CENTRO DE ATENCIÓN PSICOSOCIAL – ALCOHOL Y DROGAS

Eliany Nazaré Oliveira¹, Maria Wanessa Pereira Silva², Sara Cordeiro Eloia³, Francisca Waldiane Pereira Mororó⁴, Gleisson Ferreira Lima⁵, Manuelle Maria Marques Matias⁶

This documentary and retrospective study aimed to analyze the profile of the clientele attended in the Psychosocial Care Center Alcohol and Other Drugs from Sobral, Ceará, Brazil in 2010, based on 300 records. Males predominated with 75% (n=225), with age ranging from 11 to 29 years old with 44.3% (n=133), single with 49% (n=147), and with elementary school 45.7% (n=137). The most commonly used drug among men was crack, 31.3% (n=94), and among women, tobacco, 12% (n=36). The losses associated with dependence, are mostly related to the family, with 31.3% (n=94). The highlight to crack requires changes in the care process implemented in institutions. One should remain alert to these new profiles related to chemical dependency, so that quality and integral care can be offered to this clientele.

Descriptors: Mental Health; Drug Users; Mental Health Services.

Este estudo documental e retrospectivo objetivou analisar o perfil da clientela atendida pelo Centro de Atenção Psicossocial Álcool e outras Drogas de Sobral, Ceará, Brasil em 2010, com base em 300 prontuários. Predominou o sexo masculino com 75% (n=225), de faixa etária entre 11 e 29 anos com 44,3% (n=133), solteiro com 49% (n=147), e com o ensino fundamental incompleto 45,7% (n=137). A droga mais consumida entre os homens foi o *crack*, 31,3% (n=94), e entre as mulheres, o tabaco, 12% (n=36), os prejuízos associados à dependência, em sua maioria, relacionaram-se à família, com 31,3% (n=94). O destaque para o *crack* exige mudanças no processo de cuidado implementado na instituição. Deve-se permanecer atento para estes novos perfis relacionados à dependência química, a fim de que se possa estabelecer assistência qualificada e integral a essa clientela.

Descritores: Saúde Mental; Usuários de Drogas; Serviços de Saúde Mental.

Estudio documental y retrospectivo, cuyo objetivo fue analizar el perfil de la clientela atendida en el Centro de Atención Psicossocial alcohol y otras drogas de Sobral, Ceará, Brasil en 2010, con base en 300 registros médicos. Ha predominado el sexo masculino con 75% (n=225), edad entre 11 y 29 años 44,3% (n=133), soltero 49% (n=147), y con enseñanza básica incompleta 45,7% (n=137). La droga más consumida entre los hombres fue el *crack* 31,3% (n=94), y entre las mujeres, el tabaco, 12% (n=36), los perjuicios asociados a la dependencia, en su mayoría, se han relacionados a la familia 31,3% (n=94). El destaque para el *crack* exige cambios en el proceso de atención implementado en la institución. Se debe estar atento para estos nuevos perfiles cuando se trata de dependencia química, para que se pueda establecer atención de calidad e integral a esta clientela.

Descritores: Salud Mental; Consumidores de Drogas; Servicios de Salud Mental.

*Extracted from the Research Project 'Clinical Comorbidities present in crack and alcohol users under treatment at the CAPS-AD from Sobral/Ceará', supported by the Education for Labor and Health Program (PET) - Health/Mental Health - Crack, Alcohol and Other Drugs, contemplated by joint call N° 27 in 2010.

¹Nurse. Doctor in Nursing from the Universidade Federal do Ceará (UFC). Professor at Universidade Estadual Vale do Acaraú (UVA), Sobral, CE, Brazil. E-mail: elianyy@hotmail.com

²Nurse. Specialist in Management of Systems and Health Services from Universidade Estadual Vale do Acaraú (UVA). Nurse from the Family Health Strategy of Alcântaras. Sobral, CE, Brazil. E-mail: wanessapse@yahoo.com.br

³Nurse. Master in Family Health from the Universidade Federal do Ceará (UFC). Scholarship holder from the Coordination of Improvement of Higher Education Personnel (CAPES). Sobral, CE, Brazil. E-mail: saeloia@hotmail.com

⁴Nurse. Specialization student of Audit in Health Services by the Institute of Applied Theology (INTA). Nurse at the Psychosocial Care Center - Alcohol and other Drugs Sobral. Sobral, CE, Brazil. E-mail: waldianepm@hotmail.com

⁵Undergraduate student in Physical Education from Universidade Estadual Vale do Acaraú (UVA). Sobral, CE, Brazil. Email: geisson_nega@hotmail.com

⁶Nurse graduated from Universidade Estadual Vale do Acaraú (UVA). Sobral, CE, Brazil. E-mail: manumatias29@hotmail.com

INTRODUCTION

The ferment of reform movements in the Brazilian scenario of mental health, as a result of decades of struggles, debates, including the legislative and even the popular initiative, contributed to the establishment and consolidation of the current mental health policy in Brazil. The care model that was previously focused on psychiatric hospital care, marked by undeniable violation of human rights, social exclusion and the impoverished quality of services offered, was threatened by a new logic of attention that aimed mainly at the rights of people with mental disorders.

Nobody in Brazil has ever proposed a psychiatric "revolution" or "liberation", however, it is possible to say that, over the years, with the theoretical and political transformations, the assumed identity of the mentally ill patient, presented by the psychiatric institution, was transformed into the identity of a mentally ill citizen, proposed by militants of mental health, which culminated in the development of the current Brazilian mental health policy. According to this policy, the producer of the dehumanization of the mentally ill is the insane asylum and the solution to this dehumanization is the expansion based on demographic data, on substitutive institutions, that is, on the new control devices that promote the inclusion of the insane person in the society⁽¹⁾.

Starting from the Psychiatric Reform and the process of deinstitutionalization, one created the Psychosocial Care Centers (CAPS), which have the function of providing care to people with severe mental suffering without taking them away from society, preventing and reducing psychiatric hospitalizations and trying to rescue the patient's autonomy and development, aimed at the recovery and inclusion in the family and the society. CAPS are the main alternative for people who look for mental health care.

When considering the increased consumption of alcohol and other drugs in Brazil and the problems

related to the abuse that end up causing many social grievances, there was a necessity of creating a care network focused on community care associated with health and social services, to carry out the users' social reintegration. Changes in the health needs of the population and the history of alcohol and other drugs have demanded new services⁽²⁾.

In this perspective, one created Psychosocial Care Centers - Alcohol and other Drugs (CAPS-AD) that are branches of the care network aiming to reorder the full attention to the user, promoting intersectoriality between the areas of health, justice, education, social welfare and development, facilitating the capillarity between services and social reinsertion, the ultimate goal of the treatment⁽³⁾.

The regulation of the service for people who are dependent on alcohol and drugs in Psychosocial Care Centers (CAPS-AD) was provided by Ordinance No. 816/GM, in accordance with Law 10,216, from April 6, 2001. In 2003, the Ministry of Health officially launched the policy of comprehensive care for users of alcohol and other drugs in Brazil. Then, one established the clinical-political guideline, the harm reduction, and the CAPS-AD as their primary care device⁽⁴⁾. One also formalized in September 27, 2006, Decree No. 5912, which regulates Law No. 11.343, from August 23, 2006, which deals with public policies on drugs and the creation of the National System of Public Policies on Drugs (SISNAD)⁽⁵⁾.

Brazil has been redefining internal policies on drugs in various spheres of its government since the 2000s⁽¹⁾. Currently, there are discussions about the review of the recent legal landmark in the area: Law No. 11.343, from August 23, 2006. This review presents structural challenges for public policies and Brazilian legislation regarding drugs and emphasizes prevention activities for misuse, health care to drug users and addicts and their reintegration into society⁽⁶⁾.

The referential framework for mental health services is a municipality located in the northern state of Ceará, Sobral, where after the death of a user in the local mental hospital for mistreatment and beatings, elicited public complaints and resulted in disqualification of this service. Therefore, one created the psychosocial care network, composed currently of the following services: General CAPS II, (which is specialized in treating people with severe and persistent mental disorders), CAPS AD (specialized in treating people with chemical dependency), one Therapeutic Residential Service, a unit of psychiatric hospitalization in a general hospital, an outpatient psychiatry ward, for regional coverage and units of the Family Health Strategy⁽⁷⁾. It is noteworthy that Sobral was the first municipality in Ceará create a CAPS-AD.

In this context, this study aimed to analyze the profile of the clientele attended by the CAPS-AD from Sobral, Ceará, in 2010. Therefore, this study sought to answer the questions: what is the sociodemographic profile of the clientele who received care in CAPS-AD Sobral in 2010? Which is the most used substance by the users and how often do they use it? What damages have these patients faced due to the use, abuse and drug addiction?

Given the complexity of this issue, the study is justified by the difficulty in obtaining data on the population attended by the CAPS-AD from this city, and there is the need to observe the peculiarities of this clientele, so that one develops treatment plans and strategies targeted to their needs.

METHOD

Study of quantitative, exploratory, documentary, retrospective and cross-sectional nature, which used as a source of information secondary data obtained from the medical records of the clientele from the CAPS-AD in Sobral, Ceará.

The CAPS-AD from Sobral began its operations in

September 2002, being a reference to specialized care for drug addicts. Until the moment of the survey, the CAPS-AD was the last service deployed to strengthen the Comprehensive Care Network for Mental Health (RAISM) in the city⁽⁸⁾. One identified the need to meet the users' sociodemographic profile, however the difficulty of obtaining data about the clientele remained until the time that this research was conducted.

Regarding the service, CAPS-AD is a community care service that aims at the reintegration of the addict. The CAPS-AD Sobral worked at the time of the study, from Monday to Friday, from 8 am to 12:30 pm and from 2 pm to 5:30 pm, providing medical care by a multidisciplinary team.

It had 2,927 registered customers and in 2010 it obtained an average of 32 new patients per month entering the service. The cases of high complexity were taken care of, directed by teams of primary health care, as well as other social sectors, such as the Guardianship Council, Center of Specialized Reference in Social Assistance (CREAS) Assisted Liberty Program, CAPS II, General Hospital Santa Casa, General Hospital Dr. Estevam, sectors of Social Action, Justice, among others. Moreover, the service also welcomed the cases that came spontaneously. Upon arriving at the service, the client was received, evaluated and started to follow a treatment plan according to his needs.

Because this was a retrospective study of documentary type, one held a data collection from medical records of 2010 and analyzed environmental and social factors, lifestyle and other variables. The research on the medical records was conducted between January and June 2011.

The population consisted of all patients attended in the CAPS-AD of Sobral, in 2010, whose medical records were made available by the service and who had the welcoming form of records properly completed. As exclusion criteria one defined the charts with deficient data and those whose subjects dropped out of the

treatment after the first consultation. Out of the 322 active records, two did not meet the inclusion criteria of the study and 20 were not found in the archives of the CAPS-AD, totaling a sample of 300 records. The files were organized and processed by the program Excel, version 2007.

For data collection, one elaborated a recording instrument completed based on the welcoming script of the service itself. In this form, were included data such as gender, age, marital status, education, labor market status, substance of choice, frequency of consumption and harm associated with drug use.

This study was part of larger project entitled "Clinical comorbidities present in crack and alcohol users under treatment at the CAPS-AD Sobral / Ceará",

approved by the Ethics and Research Committee of the Universidade Estadual Vale do Acaraú (UVA) according to CAAE nº. 0069.0. 039000-11 and Protocol nº 1033/2011.

RESULTS

Out of the 300 records analyzed, one found out that 225 (75.0%) clients were male and 75 (25.0%) females. Regarding age distribution, the ages ranged between 11 and 75 years old, with the predominant age group between 11 and 29 years old, with 113 (44.3%) clients. The marital status and education level were also surveyed, and the majority were single, 147 (49.0%), and 137 (45.7%) have not completed high school (Table 1).

Table 1 - Socio-demographic characteristics of the clientele attended at the Center of Psychosocial Attention Drug and Alcohol from Sobral (CAPS-AD), Ceará, 2010

Variables	n	%
Gender		
Male	225	75.0
Female	75	25.0
Total	300	100.0
Age group		
11 to 29	133	44.3
30 to 49	118	39.3
50 to 75	49	16.3
Total	300	100.0
Marital status		
Single	147	49.0
Married	81	27.0
Living with a partner	45	15.0
Separated	22	7.3
Widow(er)	05	1.7
Total	300	100.0
Education		
Illiterate	34	11.3
Incomplete Elementary School	137	45.7
Complete Elementary School	16	5.3
Incomplete High School	44	14.7
Complete High School	52	17.3
Incomplete Higher Education	7	2.3
Complete Higher Education	8	2.7
Specialist / Master / Doctor	2	0.7
Total	300	100.0

Source: CAPS-AD in the city of Sobral, Ceará.

One addressed the situation of the customer in relation to the labor market (Table 2), whose data were distributed as follows: 113 (37.7%) clients were not

working or were unemployed, 77 (25.7%) were employed, 66 (22.0%) self-employed, 16 (5.3%) rural workers, 12 (4.0%) retirees/pensioners, 6 (2.0%) employers and 10 (3.3%) fit into other options.

Table 2 - Insertion of the clientele from the Center of Psychosocial Attention Alcohol and Drugs Sobral (CAPS-AD) in the labor market, Ceará, 2010

Insertion in the labor market	n	%
Not Working / Unemployed	113	37.7
Wage earner	77	25.7
Self-employed	66	22.0
Rural worker	16	5.3
Retiree/pensioner	12	4.0
Other	10	3.3
Employer	6	2.0
Total	300	100.0

Source: CAPS-AD in the city of Sobral, Ceará.

Furthermore, one intended to analyze the substance that the client brought as the main complaint of biopsychosocial damage at the time of the welcoming at the service, so the crack was a significant presence in 123 (41.0%) of the records, and out of these, 94 (31.3 %) were reference in the male clientele. It is important to report that alcohol appeared in 97 (32.3%) records as

the second drug highlighted, with the highest proportion among the men, 87 (29.0%).

As for the records that brought as main complaint tobacco use, a total of 64 (21.3%), there was a greater reference among the female clients, 36 (12.0%). In five (1.7%) records there was the use of multiple drugs (Table 3).

Table 3 - Substance referred to as the main complaint versus gender of the clientele at the Center of Psychosocial Attention Alcohol and Drugs Sobral (CAPS-AD), Ceará, 2010

Substance	Male		Female		Total	
	n	%	n	%	n	%
Crack	94	31.3	29	9.7	123	41.0
Alcohol	87	29.0	10	3.3	97	32.3
Tobacco	28	9.3	36	12.0	64	21.3
Marijuana	10	3.3	00	0.0	10	3.3
Cocaine	1	0.3	00	0.0	1	0.3
Mixed	5	1.7	00	0.0	5	1.7
Total	225	75.0	75	25.0	300	100.0

Source: CAPS-AD in the city of Sobral, Ceará.

One also associated the substance of the main complaint of the clientele regarding their age (Table 4). The data call the attention to the presence of crack in young people, 11-29 years old, in 91 (30.3%) medical records, reducing considerably with increase in age. Alcohol already mostly in the age group from 30 to 49

years old, 51 (17.0%) medical records, remaining constant in other ages. In this study, alcohol and tobacco appeared in the age group 50-75 years old as problematic substances and there were no records of other psychoactive substances.

Table 4 - Substance referred to as the main complaint versus age (years) of the clientele at the Center for Drug and Alcohol Psychosocial Sobral (CAPS-AD), Ceará, 2010

Substance	11 to 29		30 to 49		50 to 75		Total	
	n	%	n	%	n	%	n	%
Crack	91	30.3	32	10.7	00	0.0	123	41.0
Alcohol	23	7.7	51	17.0	23	7.7	97	32.3
Tobacco	10	3.3	28	9.3	26	8.7	64	21.3
Marijuana	7	2.3	3	1.0	00	0.0	10	3.3
Cocaine	00	0.0	1	0.3	00	0.0	1	0.3
Mixed	2	0.7	3	1.0	00	0.0	5	1.7
Total	133	44.3	118	39.3	49	16.4	300	100.0

Source: CAPS-AD in the city of Sobral, Ceará.

This study also addressed the frequency of drug use by customers and the losses associated with dependence (Table 5). One observed that 254 (84.7%) people used drugs daily and among the losses

associated with the addiction, one highlights the factors related to family life, in 94 (31.3%) medical records and in 82 (27.3%) were linked to health status.

Table 5 - Distribution of the clientele at the Center of Psychosocial Attention Alcohol and Drug Sobral (CAPS-AD), according to the frequency of consumption and associated losses, Ceará, 2010

Variables	n	%
Frequency of use		
Daily	254	84.7
4 or more times a week	12	4.0
2 to 3 times a week	23	7.7
2 to 4 times a month	11	3.7
Once a month or less	0	0.0
Total	300	100.0
Losses associated		
Family	94	31.3
Health	82	27.3
Work	27	9.0
Does not show	26	8.7
Justice	20	6.7
Police	17	5.7
Fights	11	3.7
Prostitution	8	2.7
Involvement with gangs	6	2.0
Interruption of studies	5	1.7
Drug Dealing	4	1.3
Total	300	100.0

Source: CAPS-AD in the city of Sobral, Ceará.

DISCUSSION

The analysis of the data obtained from medical records showed the prevalence of drug use by young, male and unmarried adults, who have not completed elementary school. The young population becomes vulnerable, because the drug appears in adolescence as a bridge that allows the establishment of social ties other than their family group of origin⁽⁹⁾. These sociodemographic findings are similar to studies performed in other Brazilian states^(3,10). When compared to a similar study also conducted in Sobral, in the period from 2002 to 2006⁽¹¹⁾ there is a relative similarity in the variables sex, age, marital status and education.

Low educational level is characterized as an important phenomenon since it can be a condition associated with income. The growing disinterest in studies among those who use drugs can be more

attributed to the overriding need to get the substances than the need to work, which is common among poor students who need to help support their families. They end up quitting their studies.

When one analyzes the situation of the individuals in relation to the labor market, one finds out that 37.7% did not work or were unemployed, which can be considered as a further aggravating to the addiction. Nevertheless, a significant portion had work activities and composed the number of employees, stressing the fact that not every drug addict should be labeled as unemployed. The condition of self-employed (22.0%) is also a troubling reality, since it may lead the individual to live with discontinuous periods of employment.

The analysis of substance use showed that the people who use crack (41.0%) is composed primarily of males (31.3%) and, in terms of age, the age under 30

years old was prevalent (30.3%). This finding agrees with studies showing that the population potentially exposed to crack is predominantly of males, aged below 25 years old and with low socioeconomic status. It is also significant the number of minors who already consume crack⁽¹²⁾.

It is important to highlight that in a previous study conducted in Sobral, alcohol appeared as users' substance of preference and had a pattern of daily consumption⁽¹¹⁾. In the present study this substance is still the most consumed in the age group above 29 years old. However, in recent years, as it has been occurring throughout the country⁽¹³⁻¹⁵⁾, it was possible to show an exacerbated increase in the consumption of crack, which has been called the crack epidemic.

It is likely that a person becomes dependent on crack with one or two experiences. That drug causes addiction, social exclusion, aggression, family breakdown and stimulates crime⁽¹⁰⁾. The acquisition of crack is simple and fast, which makes its consumption easier and its consumption grow more and more, as the increasing availability and distribution of the drug are growing too, representing a significant public health problem.

Faced with this issue, there is the need for effective responses, the construction of an integrated intervention program, including actions related to health promotion, education and awareness about the risks of using crack.

Regarding the female population (25.0%), tobacco was the primary substance of abuse (12.0%). Studies in many countries have shown the increasing consumption of this substance in this population group in particular⁽¹⁶⁻¹⁷⁾.

When there is a correlation with the age of the subjects, which has been primarily tobacco consumed in the population aged over 30 years old (18.0%), going to the analysis of the genre, this period is characterized by

the maturity in a woman's life. Researches have shown that women smoke after negative life experiences. Also, the inclusion in the labor market and the increasing accumulation of responsibilities arising from double shifts are also determinant to this consumption, since tobacco use was associated with a greater sense of autonomy and achievement of their own place in society and also as an emotional escape mechanism⁽¹⁸⁻²⁰⁾.

When analyzing the frequency of drug use among the study subjects, comparing with the results of a previous research⁽¹¹⁾, there was a notable reference to the daily use of drugs (84.7%), which means that the severe drug addiction has existed in Sobral for years. This reinforces the argument that the use of psychoactive substances in our society has reached worrying levels, constituting a public health problem, considering the morbidity and socioeconomic loss that the phenomenon represents⁽²¹⁾.

Regarding the harm associated with drug dependence, reference to problems in the family (31.3%) was recurrent in this study. The literature indicates that family problems and disagreements, frustration, emotional stress, lack of credibility and mistrust are feelings aroused in people who have had the experience of having a drug user in the family and when this happens, all the family gets sick⁽²²⁾.

Losses associated with health status (27.3%) were also found. In fact, drugs cause health damages, both mental and organic, because there are several comorbidities acquired by the use of psychoactive substances, which also motivates the addict to seek treatment. In addition, the user ends up having problems at work (9.0%) due to delays and absences, failing to maintain the dependence and a job. Trouble with the law (6.7%) and the police (5.7%) were also observed, possibly by attempts to get money or goods illegally to buy drugs or by notifications in conflicts and fights.

FINAL CONSIDERATIONS

The study emphasizes especially the exorbitant growth of crack users. Moreover, this drug, which is immediately addictive is responsible in many cases for taking the individual into crime.

From the knowledge of the clientele of drug users, one expects that the multidisciplinary team of the CAPS-AD can enhance and improve the care given, since this knowledge is essential for the planning of the activities performed in the service. Also, it is believed that this study is a research resource for others and that knowledge about drug addicts can spread in society and health managers, in order to establish policies that can deal with the reality experienced by these people.

Besides allowing to deepen the knowledge about the drug user population assisted by the CAPS-AD from Sobral, this research provides subsidies for the construction of a model of care that is focused on qualifying care to the drug addict, as a whole, both social and subjectively.

It is noteworthy that this research presents limitations due to the method. First, it refers to the quality of the data that, due to the retrospective nature of the study, is inseparable from the quality of information in the medical records; and the other, due to the period of data collection, conducted during one year, restricting new possibilities of analysis. However, this study comes as an invitation to new thinking, attitudes and proposals. It is mostly a starting point and not the end. Knowledge, rather than producing certainties is, notably, a strategy to dismantle them. Knowledge is built and is never finished, being a difficult and uncertain adventure, that is, a continuous challenge.

ACKNOWLEDGEMENTS

The Health Education Program for Work - PET-Health/Mental Health - Crack, Alcohol and other Drugs (PET-Health/Mental Health/Crack), with contemplation by joint call No. 27 from September 17, 2010.

REFERENCES

1. Lima AF. *Metamorfose, anamorfose e reconhecimento perverso: a identidade na perspectiva da psicologia social*. São Paulo: FAPESP/ EDUC; 2010.
2. Pillon SC, Luis MAV. Modelos explicativos para o uso de álcool e drogas e a prática da enfermagem. *Rev Latino-Am Enfermagem*. 2004; 12(4):676-82.
3. Moraes M. O modelo de atenção integral à saúde para tratamento de problemas decorrentes do uso de álcool e outras drogas: percepções de usuários, acompanhantes e profissionais. *Ciênc Saúde Coletiva*. 2008; 13(1):121-33.
4. Brasil. Secretaria Nacional Antidrogas. *Sistema para Detecção do Uso Abusivo e Dependência de Substâncias Psicoativas: Encaminhamento, Intervenção breve, Reinserção Social e Acompanhamento*. São Paulo: UNIFESP; 2006.
5. Brasil. Presidência da República. Decreto nº 5.912, de 27 de setembro de 2006. Regulamenta a Lei nº 11.343, de 23 de agosto de 2006, que trata das políticas públicas sobre drogas e da instituição do Sistema Nacional de Políticas Públicas sobre Drogas - SISNAD, e dá outras providências [Internet]. 2006 [citado 2012 jun 02]. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/Decreto/D5912.htm.
6. Alves VS. Modelos de atenção à saúde de usuários de álcool e outras drogas: discursos políticos, saberes e práticas. *Cad Saúde Pública*. 2009; 25(11):2309-19.
7. Barros MMM, Jorge MSB, Pinto AGA. Prática de saúde mental na rede de atenção psicossocial: a produção do cuidado e as tecnologias das relações no discurso do sujeito coletivo. *Rev APS*. 2010; 13(1):72-83.
8. Sá RAR, Barros MMM, Costa MSA. Saúde Mental em Sobral-CE: Atenção com humanização e inclusão social. *Rev Sanare*. 2005/2007; 6(2):26-33.
9. Nery Filho A, Torres IMAP. *Drogas: isso lhe interessa?* Salvador: CETAD/UFBA/CPTT/PMV; 2002.
10. Oliveira LG, Nappo SA. Crack na cidade de São

Paulo: acessibilidade, estratégias de mercado e formas de uso. *Rev Psiquiatr Clín.* 2008; 35(6):212-8.

11. Quinderé PHD, Tófoli LF. Análise do perfil epidemiológico dos clientes do Centro de Atenção Psicossocial para álcool e outras drogas (CAPS AD) de Sobral-CE. *Rev Sanare.* 2005/2007; 6(2):62-6.

12. Batistuzzo JAO, Camargo MMA, Oga S. Fundamentos de Toxicologia. 3ª ed. São Paulo: Atheneu; 2008.

13. Ribeiro M, Dunn J, Sesso R, Dias AC, Laranjeira R. Causes of death among crack cocaine users. *Rev Bras Psiquiatr.* 2006; 28(3):196-202.

14. Ribeiro M, Dunn J, Laranjeira R, Sesso R. High mortality among young crack cocaine users in Brazil: a 5-year follow-up study. *Addiction.* 2004; 99:1133-5.

15. Oliveira LG, Nappo SA. Caracterização da cultura de crack na cidade de São Paulo: padrão de uso controlado. *Rev Saúde Pública.* 2008; 42(4):664-71.

16. World Health Organization (WHO). World No Tobacco Day 2010 - Theme: Gender and tobacco with an emphasis on marketing to women. [Internet] 2009 [cited 2013 May 20]. Available from: <http://www.who.int/gender/topics/wntd2010/en/index.html>.

17. The Tobacco Atlas. Female smoking. New York City: World Lung Foundation; American Cancer Society [Internet] [cited 2013 May 20]. Available from: <http://www.tobaccoatlas.org/females.html?iss=03&country=0>.

18. Samet JM, Yoon SY, editors. Women and the Tobacco Epidemic: Challenges for the 21st Century. Geneva: World Health Organization; 2001.

19. Rigbi A, Yakir A, Sarner-Kanyas K, Pollak Y, Lerer B. Why do young women smoke? VI. A controlled study of nicotine effects on attention: pharmacogenetic interactions. *Pharmacogenomics J.* 2011; 11(1):45-52.

20. Lumley J, Chamberlain C, Dowswell T, Oliver S, Oakley L, Watson L. Interventions for promoting smoking cessation during pregnancy. *Cochrane Database Syst Rev.* 2009; (3):CD001055.

21. Didonet ACH, Fontana RT. O trabalho com dependentes químicos: satisfações e insatisfações. *Rev Rene.* 2011; 12(1):41-8.

22. Filizola CLA, Perón CJ, Nascimento MMA, Pavarini SCI, Petrilli Filho JF. Compreendendo o alcoolismo na família. *Esc Anna Nery.* 2006; 10(4):660-70.

Received: Aug. 9th 2012

Accepted: July 17th 2013