



Conflicting daily life of families experiencing drug use*

Quotidiano conflituoso de famílias que vivenciam o uso de drogas

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Objective: to understand the conflicting daily lives of families experiencing drug use. **Methods:** a qualitative study, carried out with 15 family members, followed at the Center for Psychosocial Care Alcohol and Drugs. Data collection took place through in-depth interviews, recorded and transcribed in full. Data organized by *Iramuteq*® software, categorized through thematic analysis and discussed in the light of comprehensive sociology. **Results:** the following classes emerged: Interdependence between family and drug dependent person; Perpetuation and repetition of drug dependence within the family; Conflicting harmony of intra-family relations; and Importance of spirituality for relationship and coping with drug addiction. **Conclusion:** it was found that families experiencing drug dependence have conflicts and distress in their daily lives, which cause suffering, violence, weakening of bonds and codependency. In order to face such situations, they relied on spirituality.

Descriptors: Activities of Daily Living; Family Relations; Drug Users; Mental Health; Family Nursing.

Objetivo: apreender o cotidiano conflituoso de famílias que vivenciam o uso de drogas. **Métodos:** estudo qualitativo, realizado junto a 15 familiares, acompanhados em Centro de Atenção Psicossocial Álcool e Drogas. Coleta de dados ocorreu por meio de entrevistas em profundidade, gravadas e transcritas na íntegra. Dados organizados pelo *software* Iramuteq®, categorizados por meio da análise temática e discutidos à luz da sociologia compreensiva. **Resultados:** emergiram as seguintes classes: Interdependência entre família e pessoa dependente de droga; Perpetuação e repetição da dependência de drogas no seio familiar; Harmonia conflituosa das relações intrafamiliares; e Importância da espiritualidade para relacionamento e enfrentamento da dependência de drogas. **Conclusão:** apreendeu-se que as famílias que vivenciam a dependência de drogas possuem, no cotidiano, conflitos e distensões, os quais suscitam sofrimento, violência, fragilização dos vínculos e codependência. Para enfrentar tais situações, apoiaram-se na espiritualidade.

Descritores: Atividades Cotidianas; Relações Familiares; Usuários de Drogas; Saúde Mental; Enfermagem Familiar.

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Introduction

In Brazil, public policies on drugs are based on the psychosocial paradigm, which integrate a set of health actions articulated among themselves, whose purpose is to ensure the integrality of health care, with a view to the promotion, prevention, treatment and harm reduction, both for dependent persons and their relatives⁽¹⁾.

However, the reality still shows difficulties in the implementation of these policies, highlighting the disarticulation between social and cultural reality, especially with the relative of the person dependent on drugs and the way in which health institutions organize and offer care⁽²⁾. Because models of attention are still reproduced that neglect the family and the social, environmental and cultural context of the family, indispensable to understand the health/illness process, and thus offer closer and more coherent care to people's reality⁽²⁻³⁾.

Thus, it is necessary to extend the scope of care, especially to drug dependence, understanding that, although it occurs in a given subject, it occurs in a social body, materialized in the family. Consequently, the consequences extrapolate the singular and intra-personal context, affecting also the socio-family life, and can be felt in different ways among people, such as community rejection, loneliness, shame among others⁽⁴⁻⁵⁾.

In this perspective, studies conducted with relatives who experienced drug addiction identified that these people experience conflicts, financial problems and have fragile and weak affective relationships. In addition to experiencing daily dramas, their lives modified by contexts involving addiction, exposure to trafficking and violence, are also victims of prejudice and stigma. These studies evidenced the need to extrapolate the reductionist view and centered on the drug dependent subject, encompassing the social demands of the whole family group⁽³⁻⁵⁾.

In order to understand the dimensions invol-

ved in the family relationships of people living with drug dependence, in order to understand the difficulties faced, a crucial sensitive view of domestic and daily life is shown. It is necessary to point out that the use of the term "daily", from the Latin "quotidianus", refers to the macroscopic social forms of everyday life, the small acts that attribute beauty and meaning to life and interfere in health choices of a given group⁽⁶⁻⁷⁾.

In order to be able to observe daily family life and from this to formulate more coherent and effective strategies and care actions, it is necessary to recognize the experience of the other in a way that enhances the understanding of the health singularities experienced by each person and their group⁽⁴⁾.

Thus, it is emphasized the importance of phenomenon examined under the optics of understanding sociological knowledge, in order to incorporate into the care subjective issues inherent to domestic life, which directly affect the process of reestablishment of the quality of family life and therapeutic dependence. In this way, the objective was to highlight the conflicting daily lives of families who experience drug use.

Methods

Qualitative study, in the light of comprehensive sociology, constituting a clipping of the original results conducted in a municipality of the Southern Region of Brazil, with relatives of drug users, participants of groups of families, offered by the Center for Psychosocial Care Alcohol and Other Drugs.

Nine families of drug addicts were enrolled in the study, totaling 15 participants. The choice was intentional, from the initial contact during the meetings with the groups led by a social worker and a service psychologist.

Inclusion criteria were: age 18 years or over, residing in the municipality where the research was conducted, cohabiting with a member of the nuclear family or extended, categorized as drug dependent for

at least one year, diagnosed according to the International Classification of Diseases (ICD-10), with mental and behavioral disorders due to the use of drugs (F11 to F19), and to participate in the groups of families promoted by the Center for Psychosocial Care Alcohol and Other Drugs, regardless of the time in which follow-up. The exclusion criterion included the relatives of people diagnosed with mental and behavioral disorders due to the strict use of alcohol (F10). It is noteworthy that a family member interviewed was also dependent on alcohol, but underwent treatment and during the study period, he was abstinent.

Data collection took place between February and August of 2017, through two stages: initially, a participant observation was carried out in groups of the family of the Center for Psychosocial Care Alcohol and Other Drugs (12 meetings, with an average duration of four hours each, totaling 48 hours of observation). This stage was given in order to know and approach the members and, thus, facilitate interaction. The professionals who conducted the groups presented the researcher to the participants, who explained the study proposal and the objectives, to those who positively indicated participation and met the eligibility criteria, they were asked to sign the Free and Informed Consent Form in two copies of similar content and later a convenient date and time were set for the interviews.

For the second stage, the technique of in-depth interview and the use of the research journal were used. The testimonies began with the following question: how are family relations established in the face of drug dependence? Based on this questioning, subsequent inquiries took place in order to investigate such social relations. For that, a flexible interview script was developed, built to respond to the objective and to explore themes that emerged during the meetings.

Interviews occurred, on average, three times with each family, totaling 26, lasting between 40 and 90 minutes each, all in the households of the partici-

pants. Interlocutions occurred both in the presence of other members of the family group, and individually, according to the desire of the participant. The size of the sample was based on the repetition of the information⁽⁸⁾, when new issues arose from the speeches; these were introduced in the interviews of other families, followed with the collection until the new subjects were not included. The speeches were recorded on digital media and transcribed in full.

The research team consisted of nurses, with a doctorate and a master's degree in progress, with experience in this area of knowledge. The lead researcher transcribed the speeches and correctly discarded the audios, definitively excluding them from all media used for recording and storage. In order to preserve the identity of the subjects, the identification code, represented by the letter "P" of participants and the order of entry in the study (Ex: P01-P15) was adopted.

In order to organize the data, we used the IRaMuTeQ 0.7 ALFA 2.3.3.1 software (acronym for *R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*)⁽⁹⁾. Initially, a textual corpus was created from the excerpts of the interviews, which was submitted to the software that distributed it in texts. From the 26 speeches, a corpus with 650 text segments was created. For this study, we adopted the Descending Hierarchical Classification, whose text segments were classified according to the association between the similar words and then flexed as a function of the frequency, forming initial classes⁽⁹⁾. To verify association between text segments for the given class, the software carried out the chi-square test (χ^2), whose words were selected according to statistical significance ($p \leq 0.001$ was adopted)⁽¹⁰⁾.

For the construction of definitive classes, the data processing performed by IRaMuTeQ was associated with the thematic analysis⁽¹¹⁾, giving rise to four definitive classes, which were named by means of the convergence between the key expressions extracted from the discourses and the theoretical reference

adopted: (1) Interdependence between family and person dependent on drugs; (2) Perpetuation and repetition of drug dependence within the family; (3) Conflicting harmony of intra-family relationships; (4) Importance of spirituality for relationship and coping with addiction.

The analysis was based on comprehensive sociology⁽¹²⁻¹³⁾, which consists of relevant research space for the health area, proving to be efficient to observe, with depth and sensitivity, daily family life, describing lived experience, singling out the actors involved⁽⁶⁾, especially in processes involving drug addiction.

The ethical aspects contained in Resolution nº 466/12 were respected, and the study was approved by the Committee on Ethics in Research on Human Beings of the signatory institution, according to protocol nº 1,889,740/2017.

Results

Among the 15 participants, seven were mothers, two aunts, a sister, a wife, two fathers and two uncles, aged between 18 and 82 years, with a schooling average of less than eight years. The analysis of the occupational situation revealed that two of the participants were unemployed, three had an employment relationship and ten were retired. The follow-up time for the Center for Psychosocial Care Alcohol and Other Drugs varied from two months to 14 years.

The textual *corpus* presented 650 text segments, 572 were analyzed, corresponding to 88.0% of the total. From the convergence between the organization of the words carried out by the software and the thematic analysis, four definitive classes emerged (Figure 1).

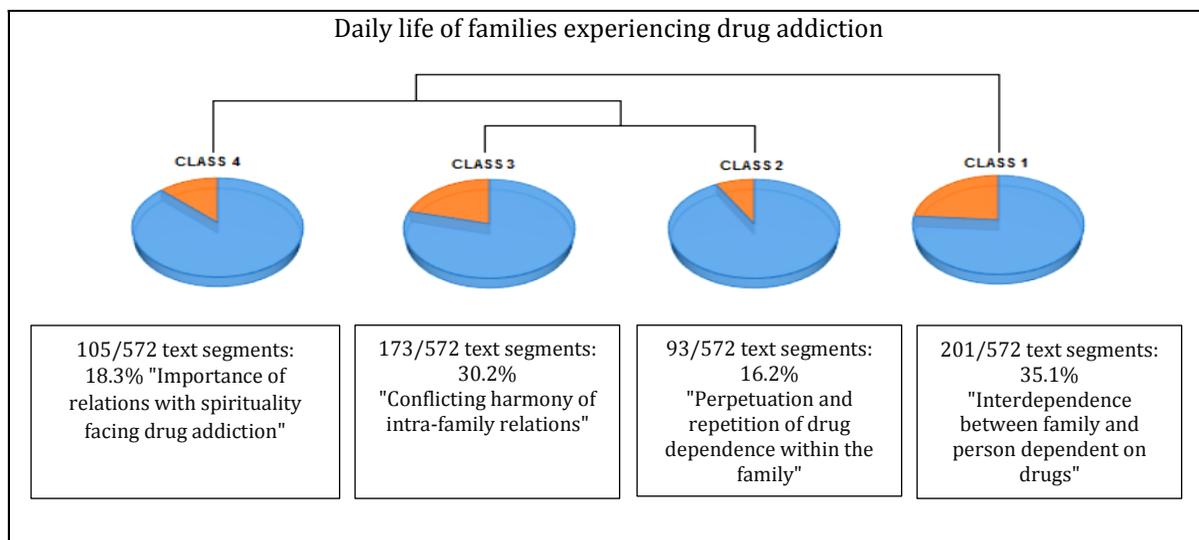


Figure 1 – Dendrogram of the classes - Daily life of families experiencing drug addiction

Class 1 – Interdependence between family and person dependent on drugs

This class contains a large number of words, which demonstrated a process of interdependence between family members and drug addicts. Such intimate and prolonged cohabitation with dependence makes the family relationship difficult, to the point of

being considered toxic, as it generates suffering, illnesses and weakening of the bonds. *I developed depression because of the dependency of my children, the depression is terrible, it does horrible things with us! There was a time of my life that I only cried, I did not want to leave the house, I did not want to see anyone, until today I fight a lot* (P03).

It was observed that families implicitly assumed codependency, justifying compulsive attitudes of

protection, supervision and even imprisonment. *As I am suspicious, I ask my son's wife to check the attendance card at the Center for Psychosocial Care Alcohol and Drugs to see if it is actually signed, just to confirm ... I am responsible for everything, I take care of everything in my house (P14).*

While some people possessed controlling attitudes, the difficulty of other families adopting consistent attitudes toward the drug-dependent person was also identified, revealing double feelings, since even when they decided to dump or internalize them (in hospitals or therapeutic communities), they felt guilty, worrying about the future and well-being of the family member, repealing the decision. *I do not know how long I can handle my drugged son, but I'm studying to get him out of home ... my son was hospitalized in the psychiatric hospital, but he came at night, I did not have peace to sleep thinking about him in the hospital, I kept thinking he would die there. So I signed his release ... my son can be anything but I love him (P01). Once I put my nephew on the street, he stayed eleven days in the street, but I was desperate, I was not sleeping night (P12).*

Class 2 – Perpetuation and repetition of drug addiction within the family

This class reflects on how the family understands and/or justifies the involvement of relatives with drugs. The participants pointed to the succession of dependence, which is a problem that runs through generations. It was found that this relationship was present in seven of the nine families studied, *a priori*, alcoholism, followed by smoking and drugs of abuse. *My nephew has relatives who are chemical dependents, including an uncle who is over 70 years old and is addicted to crack; there are more people in the family. I think my nephew has a bit of a tendency! (P05).*

Still, some people attributed guilt to drug addiction to the father figure because of alcoholism, because parents remained distant or even omitted in daily life and child rearing. Nevertheless, parental dependency fostered family conflicts and strains. *At my children's birthday parties, my husband always came drunk. My children had a complicated childhood, they were ashamed to bring their friends home, and afraid their father would get drunk. My father-in-law also drank; he is a whole generation of evil! (P03). I thought*

that the consumption of drugs and what I did with the drink were different! It took me a long time to realize that it was the same thing. I never took a child to take beer, but they saw me drinking. I did not take the drink home, but I had beer in the bar every day (P04).

Class 3 – Conflicting harmony of intra-family relations

This class presents as a complement to the previous one, characterized by the change of behavior of the subjects with the insertion of the drugs in the daily life, provoking conflicts and strains. *My son uses drugs, but he was not like that. He gets aggressive when he uses drugs and ends up mistreating me. Before, he helped me a lot, cleaned the house, washed clothes for me, took care of me, the problem was only when he used drugs (P11). My youngest son was so lovingly to me, we talked a lot and I cannot ask anything that he turns mad with me! You cannot say anything, because everything is a reason to fight. The situation became very complicated (P07).*

It appears that there is difference in act of affective exchanges; these are so intense that they acquire tones of violence and hostility. Thus, the violent environment and permeated by fights triggered the reciprocity. *Formerly, there was ugly fight between my brother and my nephew. My nephew drank, used drugs and became unbearable, and my brother was going to leave him. They fought too much, my brother hit my nephew's head (P12).*

Class 4 – Importance of relationships with spirituality for relationship and coping with addiction

Finally, this class is linked to spirituality as a form of support to deal with drug addiction, manifested as shared sociality with the other. In this perspective, the subjects of this study sought, in spirituality, a way to intercede for the family and coping with it in relation to dependence. *I think that if one gives oneself to God in body and soul, he can heal because to God nothing is impossible; nothing is difficult (P09).*

Realizing that they could not face this problem alone, the deponents sought help from other collectives, such as church or support groups. *I told my son that alone he would not be able to. This time I'm putting faith, because*

my son started going to church. I'm asking God a lot that this is not just another episode and that it does not work out at all, and ends up returning to addiction (P04).

Through spirituality, the participants became resilient to the situation and thus stood firmly in the purpose of helping to insist on family. *We cling to God every day and hand this situation over to Him. We will be for our daughter until the end (P09). We had both talked that within the possibilities, we will take care of our nephew while we are alive! (P06).*

Discussion

As a limitation of the present study, it was highlighted the difficulty in approaching families, through the groups/meetings, since in the municipality where the research was conducted, since 2015, the Center for Psychosocial Care Alcohol and Other Drugs began to operate in a distant and admittedly dangerous place, which reflected negatively in the frequency and attendance of the participants. However, despite this restriction, the study has potential points of interest, such as the use of in-depth interviews and the solid theoretical framework, which allowed us to attribute meanings to the small acts of everyday life, often ignored by researchers, but which influence and reflect on choices and behaviors of group.

When observing the daily life of the participants, the presence of organic sociality in intra-family relationships was strongly perceived, when they shared anxieties, fears and yearnings, and supported each other, not abandoning the dependent member. Through sociality, families, even in the face of difficult processes unleashed by drug addiction, have come together in a collaborative way to support each other's behaviors, even if they are at times detrimental to the health of one of their own⁽¹²⁾.

In this sense, the interdependence between the participating families, in part, is due to organic sociality. So the families revealed exaggerated, altruistic, intrusive behaviors, with loss or inversion of roles, perpetuation of behaviors and intense dedication to the care of the subject dependent on drugs. The findings of this study corroborate the literature^(2,14), since fami-

lies, which are at the heart of drug dependence, often concentrate efforts and attention on the dependent member. This fact is mainly because they care about the user and admit tragic life, that is, they take the risk that at any moment they may lose family, due to constant exposure to drug trafficking, violence and/or diseases.

It is elucidated that interdependence is not a full and infeasible state, but is part of an intrinsic and modifiable family system and, in understanding this condition, health professionals can soften dysfunctional behavior through interventions in the group^(2,14). Therefore, in dealing with a nucleus enveloped by drug addiction, it is necessary to admit the intrinsic existence of organic sociality in daily family life, in order to understand that there are different ways of living and sharing, which must be respected by professionals who are favor of the group.

It was noted that addiction to drugs led to conflicts, made it difficult to define roles, but somehow maintained differential harmony. In this way, when looking at the daily lives of families, it was noticed that there is a certain type of difference game, in which feelings (love and hate, anger and placidity) are neutralized, allocating them in a way that counterbalances them, a mechanism essential to all human life, called complementary of roles⁽¹²⁾.

Another point to emphasize is affective exchanges, which can be so intense that they become hostile. There is evidence in the literature that links drug and alcohol consumption to interfamily violence, repetitive aggressive behavior, abandonment, humiliation, defamation, physical, psychological and verbal aggression^(2,15-16). Violence is characterized by a heterogeneous and multifactorial phenomenon involving individual, relational, social, cultural and environmental elements⁽¹⁷⁾.

It is understood that the intimate and prolonged coexistence with drug dependence generates different feelings and attitudes, and based on the reciprocity of the relations, the exchanges occur according to what is presented to them in the day to day, being able to be externalized by means of aggressiveness,

threats or oppression. This violence, in addition to the biological, environmental and intergenerational aspects, consists in the manifestation of the “internal dissidence” of the subjects, attitudes adopted in order to protect themselves against the unknown or what represents their risk⁽¹²⁾.

The discourses revealed, in addition to violence, the perpetuation of drug dependence (licit and illicit) among the family generations. It is understood that subjects are products of family sociality, choices and opinions reflect this heritage⁽²⁾, and from the perspective of understanding sociology, it is understood that people, intuitively and not rationally, in order to preserve the family unity and postponing the inevitable, which is extinction, endure what has been learned, reverberating the same behaviors in future generations.⁽¹²⁾ Thus, these standards need to be approached by health professionals, in order to interrupt them, it is difficult for the people involved to visualize such a situation and intervene positively.

However, the findings of this research have shown that, although relationships are conflictive and there are distractions that have been agitated on a daily basis, affection has excelled, unconsciously directing them to mutual care. This relationship exposes the primacy of sociality with regard to the maintenance of the group⁽¹²⁾. People cling to small happy moments, such as words of affection, touch, help in household chores, among others, experienced in the past, and which remain as brief flashes of hope for a better future.

It was also noted that in search of support and empowerment, the participants relied on spirituality. These results support the findings of the literature, which point out the need for nursing professionals to value spirituality in the care of individuals, families and the community, in order to help them to deal with dependence damages such as social withdrawal, violence and depression⁽¹⁸⁾. Spirituality enables drug-dependent people to develop self-regulating behaviors in stressful situations, as well as dealing with feelings of sadness and loneliness, reducing suicidal ideation, raising general well-being and mental health⁽¹⁸⁻¹⁹⁾.

In addition to corroborating other studies^(5,10,14,18-19), this article offers new praxis for holistic nursing care, especially for professionals working in Psychosocial Care Centers, who have the opportunity to know the particularities of families assisted and work force and potential of transformation of these, trying balance and well-being. Thus, by valuing the small manifestations of love and sociality among the family members and incorporating them in a practical way, care becomes more sensitive to the needs of this population, allowing the construction of new paths and alternatives of programs and actions to face social conditions which aggravate and constitute the problem.

Conclusion

Families experiencing drug addiction were found to have conflicts and distress in their daily lives, which lead to suffering, violence, weakening of family ties and codependency. The use of licit and illicit drugs was observed among the family generations, mainly by parents, grandparents and uncles, behavior associated with the participants as favoring the use of drugs by the current generation. Through these events, the participants relied on spirituality as a strategy to face the “tragedy of life”.

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Collaborations

Rodrigues TFCS and Radovanovic CAT contributed to design, analysis and interpretation, article writing and critical analysis of intellectual content. Sanches RCN, Rêgo AS and Decesaro MN collaborated with the writing of the article, relevant critical analysis of the intellectual content and approval of the final version to be published.

References

- Rameh-de-Albuquerque RC, Lira WL, Costa AM, Nappo SA. From neglect to the actual: the National Drug Users Policy as achievement of the Brazilian Psychiatric Reform. The case of Recife (PE). *Psicol Pesq.* 2017; 11(1):84-96. doi: <http://dx.doi.org/10.24879/2017001100100215>
- Costa B, Marcon SS, Paiano M, Sales CA, Maftum MA, Waidman MAP. Feelings and codependent behavior in the family of illicit drugs users. *Acta Sci Health Sci.* 2017; 39(2):175-81. doi: <http://dx.doi.org/10.4025/actascihealthsci.v39i2.27781>
- Azevedo DM, Silva GWS, Miranda FAN, Bessa MS, Lins SLF, Costa JE. Perceptions of health professionals on social inclusion in a Psychosocial Care Center. *Rev Rene.* 2019; 20:e33537. doi: dx.doi.org/10.15253/2175-6783.20192033537
- Fertig A, Schneider JF, Oliveira GC, Olschowsky A, Camatta MW, Pinho LB. Women crack users: knowing their life stories. *Esc Anna Nery.* 2016; 20(2):310-6. doi: <http://dx.doi.org/10.5935/1414-8145.20160042>
- Haskell R, Graham K, Bernards S, Flynn A, Wells S. Service user and family member perspectives on services for mental health, substance use/addiction, and violence: a qualitative study of their goals, experiences and recommendations. *Int J Ment Health Syst.* 2016; 10(9):1-14. doi: dx.doi.org/10.1186/s13033-016-0040-3
- Sanches RCN, Radovanovic CAT. Everyday life as a scenario in health research. *Cienc Cuid Saude.* 2016; 15(4):590. doi: <http://dx.doi.org/10.4025/ciencuidsaude.v15i4.35296>
- Sanches RCN, Baldissera VDA, Peçanha AM, Radovanovic CAT. The family quotidian: the stage of experience of the illnesses of a Young adult. *Rev Min Enferm.* 2017; 21:e-1046. doi: dx.doi.org/10.5935/1415-2762.20170056
- Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. *Rev Bras Enferm.* 2018; 71(1):228-33. doi: <http://dx.doi.org/10.1590/0034-7167-2016-0616>
- Souza MAR, Wall ML, Thuler ACMC, Lowen IMV, Peres AM. The use of IRAMUTEQ software for data analysis in qualitative research. *Rev Esc Enferm USP.* 2018; 52:e03353. doi: <http://dx.doi.org/10.1590/S1980-220X2017015003353>
- Jesus GJ, Oliveira LB, Caliarri JS, Quieroz AAFL, Gir E, Reis RK. Difficulties of living with HIV/AIDS: obstacles to quality of life. *Acta Paul Enferm.* 2017; 30(3):301-7. doi: <http://dx.doi.org/10.1590/1982-0194201700046>
- Bardin L. *Análise de conteúdo.* Lisboa: Edições 70; 2011.
- Maffesoli M. *A conquista do presente.* Natal: Argos; 2001.
- Maffesoli M. *O conhecimento comum: introdução à sociologia compreensiva.* Porto Alegre: Editora Sulina; 2010.
- Diehl A, Silva D, Bosso AT. Codependency in families of alcohol and other drug users: is it in fact a disease? *Rev Debates Psiquiatr.* 2017; 7:34-42. doi: dx.doi.org/10.25118/2236-918X-7-1-4
- Feijó MR, Noto AR, Silva EA, Locatelli DP, Camargo ML, Gebara CFP. Alcohol and violence in marital relations: a qualitative study with couples. *Psicol Estud.* 2016; 21(4):581-92. doi: <http://dx.doi.org/10.1590/0034-7167-2017-0540>
- Santana CJ, Oliveira MLF. Effects of drug involvement on long-term users' family members. *Rev Rene.* 2017; 18(5):671-8. doi: <http://dx.doi.org/10.15253/2175-6783.2017000500015>
- Leite FMC, Amorim MHC, Wehrmeister FC, Gigante DP. Violence against women, Espírito Santo, Brazil. *Rev Saúde Pública.* 2017; 51:33. doi: <http://dx.doi.org/10.1590/s1518-8787.2017051006815>
- Sun FK, Chiang CY, Lu CY, Yu PJ, Liao TC. Development and psychometric testing the Health of Body, Mind and Spirit Scale for assessing individuals who have drug abuse histories. *J Clin Nurs.* 2018; 27:1038-48. doi: dx.doi.org/10.1111/jocn.14100
- Debnam KJ, Milam AJ, Mullen MM, Lacey K, Bradshaw CP. The moderating role of spirituality in the association between stress and substance use among adolescents: differences by Gender. *J Youth Adolescence.* 2018; 47(4):818-28. doi: <http://dx.doi.org/10.1007/s10964-017-0687-3>