ORIGINAL ARTICLE

Women receiving specialized treatment for psychoactive substance use: a cohort study

Mulheres em tratamento especializado para uso de substâncias psicoativas: estudo de coorte

Mujeres en tratamiento especializado para uso de sustancias psicoactivas: estudio de cohorte

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ABSTRACT

Objective: To verify the association between the profile of women who seek specialized treatment for the use of psychoactive substances, their treatment adherence time and the types of substance used. **Method:** A retrospective cohort with data from medical records of women who sought care at a referral service for the use of psychoactive substances. **Results:** The final sample consisted of 411 medical records. A significant association was observed between unemployment (p<0.000), living in the streets/homeless shelters (p=0.003), having HIV/AIDS (p=0.004) and the type of substance used. The best predictors for the treatment adherence time were being a cocaine and crack user (OR=0.22), having family members who use illegal substances (OR=0.36) and reporting suicidal ideation (OR=2.7). **Conclusion:** The sociodemographic and epidemiological factors of the women in this study are associated with the use of psychoactive substances. The therapeutic strategies developed for this group should take into account the risk stratification, seeking comprehensive and individualized care. Persistent approaches to include family members in the treatment, especially of those who present problems related to the use of psychoactive substances should be considered.

DESCRIPTORS

Women; Substance-Related Disorders; Mental Health Services; Substance Abuse Treatment Centers; Psychiatric Nursing.

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INTRODUCTION

The consequences of using psychoactive substances for users and for society are the study objective in several knowledge areas. It is also considered a public health problem[1-2], since the abusive use of these substances is associated to the development of several health problems such as substance use disorders (SUD), the development of neuropsychiatric and gastrointestinal disorders, cancers, and increased possibilities of sexually transmitted infections (STIs)[2-4].

The prevalence of alcohol use in the Brazilian population is higher among men than among women, 62% and 38% respectively[5], a phenomenon that is also observed in other countries[6-7]. Although men in Brazil have a higher prevalence of alcohol consumption, the percentiles of substance use disorders have declined among them, while those of women have increased between 2006 and 2012[5-6].

Data from the World Health Organization[8] have indicated that the use of illicit drugs is higher among men, while the use of tranquilizers and sedatives is more prevalent among women. Although the percentage of men with illicit drug-related disorders is higher than that of the female population, there is evidence in the literature of an increase in this number among women[5-7,9].

Women who use psychoactive substances have peculiarities, and the services that provide treatment to this clientele must be attentive to these characteristics in order to meet the real needs of this population[9]. The epidemiological conceptions presented previously should be taken into account for the treatment[10], and aspects such as support from family members/friends, prospects of improvement, accessibility, gratuity, having a higher income, having a job, and having preserved mental and physical health are related to longer treatment adherence and better treatment outcomes[11]. In addition, women who consume alcohol tend to adhere to treatment longer when compared to women who consume other substances[12].

Considering the importance of investigating these characteristics in a specialized service in the Brazilian reality, and taking into account that the findings may contribute to developing strategies for care of female users of psychoactive substances, this study aims to verify the association between the profile of women who seek specialized treatment for the use of psychoactive substances, their treatment adherence time and the types of substances used.

METHOD

Study design

This is a retrospective cohort study. The study was conducted using data from medical records of a specialized treatment service for psychoactive substance use disorders in the city of São Paulo – SP.

Data collection

Data were collected in 2011. Self-reported questionnaires presented in the medical records of women who sought voluntary treatment for the use of psychoactive substances between January 2002 and December 2010 were analyzed. This period was chosen because it represents a transition phase from an outpatient model to an open care model, which met the guidelines of the Psychiatric Reform and the characteristics of the population present in the territory.

All medical records within the established period were initially included (N=1,678), however those which corresponded to women who only sought treatment for smoking and/or obesity and the records that presented more than 25% of missing data were excluded (N=1,267). Thus, the final sample consisted of 411 medical records.

The questionnaire for anamnesis of the medical records was composed of questions regarding the cohort's characteristics. Sociodemographic characteristics were: age, birthplace, education level, occupation, marital status, religion, how they came into contact with the treatment, type of housing, whether they suffered violence in childhood, whether they suffered violence in their adolescence, whether they suffered losses in childhood, whether they suffered losses in adolescence, age of first sexual intercourse, first drug used, age of first contact with alcohol, age of first contact with tobacco, and any legal/criminal problems.

The clinical characteristics were: hypertension, having HIV/AIDS and the presence of suicidal ideation; while the behavioral characteristics were: having family members who are users of psychoactive substances, the type of psychoactive substance used by the family member(s), and for which type of psychoactive substance the woman sought treatment for. Information regarding the treatment adherence time was determined according to the date of the first and last entries in the medical record, and were collected and divided into five categories: 1 day, up to 1 month, 1 to 6 months, 6 to 12 months and more than 1 year.

Data analysis

A descriptive data analysis was performed to identify the sample profile, the categorical variables were presented as absolute and relative frequencies, and numerical variables as central tendency measurements (mean, standard deviation and median). For the analysis, the type of psychoactive substance for which the woman sought treatment for was divided into three categories: alcohol use (A), use of multiple drugs excluding cocaine and crack (MDE), and use of multiple drugs including cocaine and crack (MDI). The choice for this division was decided based on the hypothesis that women who use cocaine and crack have different associations, such as adhering to treatment for shorter periods of time.

The Chi-square test and analysis of variance (ANOVA) were used to verify the association between sociodemographic, clinical and behavioral characteristics of the participants and which type of psychoactive substances they

sought treatment for. A logistic regression analysis was performed with prior exploration using the chi-square test in order to verify the association between the treatment adherence time and the participants' profiles. All tests were performed using "R" software, considering a significance value of p ≤ 0.05.

Ethical aspects

The research was performed according to the recommendations of Resolution no. 196/96, revised and updated by Resolution no. 466/2012 of the National Health Council for research involving human beings in Brazil, and was duly approved by the Research Ethics Committee (CEP) of the School of Nursing of the Universidade de São Paulo under opinion number 74371/2012.

RESULTS

The sociodemographic profile of the women attended in the specialized service was characterized by 184 of them being from the city of São Paulo (45%), mean age of 36 years (SD=12.5), illiterate (191, 46.6%), unemployed (221, 54%) and single (217, 53%); who reported following a religion (329, 80.1%), who are mothers (311, 75.8%) and have unfavorable housing conditions such as homeless shelters, house squatting/invasion and living on the streets (172, 42%). One third of the sample (137, 33%) reported having suffered violence during childhood, while 41% reported suffering violence during adolescence. The

mean age of the first intercourse was 16 years (SD=3.7), and first contact with drugs was at 15 years (SD=7.4).

Among the most prevalent clinical characteristics investigated in the medical records, 27 women (6.5%) reported having HIV/AIDS, 34 (8.2%) reported Arterial Hypertension (AH), and most of them (306, 74.4%) reported recurring suicidal ideation.

Regarding the higher prevalence of the behavioral profile, 388 women (94.3%) had family members who were users of psychoactive substances, of which 42.8% used illicit psychoactive substances such as marijuana, cocaine or crack.

With regards to the main psychoactive substance use, 55% (226) of the women sought treatment for MDI, 148 (36%) for A (alcohol) and 37 (9%) for MDE. When analyzing the treatment adherence time, 120 (29%) attended the service for up to 1 month, 94 (22.9%) from 1 to 6 months, 30 (7.3%) from 6 to 12 months, and 101 (24.6%) for more than 1 year.

The results showed a statistically significant association between occupation (p<0.000), housing (p=0.003), losses in adolescence (p=0.036), having HIV/AIDS (p=0.004), having family member users of psychoactive substances (p<0.000), and the type of substance used, as shown in Table 1.

The mean age of the participants and their age of first sexual intercourse had a statistically significant association (p <0.000) with the type of substance used, as shown in Table 2.

Table 1 – Association between the type of substance used and sociodemographic, clinical and behavioral variables – São Paulo, SP, Brazil, 2011.

Variable	Type of substance used						P-value
	Alcohol		MDE*		MDI†		
	N	%	N	%	N	%	
Occupation							0.026
Employed	18	46.2	40	38.5	33	18.3	
Unemployed	21	53.8	64	61.5	147	81.7	
Housing							0.004
Owned or rented	18	62.1	52	67.5	56	39.4	
Homeless shelter/streets	11	37.9	25	32.5	86	60.6	
Losses in adolescence							0.036
Yes	7	29.2	44	50.6	61	58.1	
No	17	70.8	43	49.4	44	41.9	
HIV‡							0.004
Yes	0	0.0	2	2.0	16	11.5	
No	35	100.0	96	98.0	123	88.5	
Family member substance users							0.001
Alcohol	22	68.8	43	49.4	22	20.6	
Tobacco	0	0.0	5	5.7	8	7.5	
Alcohol and Tobacco	4	12.5	13	14.9	12	11.2	
Illicit substances	6	18.8	26	29.9	65	60.7	

* Multiple drug use excluding cocaine and crack.
† Multiple drug use including cocaine and crack.
‡ Human Immunodeficiency Virus.

Table 2 – Analysis of variance and multiple comparisons according to the type of substance used and the variables of age and age of first sexual intercourse – São Paulo, SP, Brazil, 2011.

Variable	N	Mean	SD	P-value (ANOVA) *			
				Overall	Alcohol MDE†	Alcohol MDI‡	MDE MDI‡
Age				< 0.001	0.134	< 0.001	< 0.001
Alcohol	47	46.32	9.68				
MDE	135	42.90	12.37				
MDI	224	30.43	9.50				
Age at first intercourse				< 0.001	0.076	0.002	0.002
Alcohol	21	19.24	4.82				
MDE	84	16.68	3.54				
MDI	107	15.02	3.08				

* Games-Howell post hoc analysis of variance.
†Multiple drug use excluding cocaine and crack.
‡Multiple drug use including cocaine and crack.
SD: standard deviation

The result of the Ordinal Logistic Regression (Table 3) showed a statistically significant relationship between the treatment adherence time and the variables: type of substance used (p=0.013), having family member users of psychoactive substances (p=0.014) and having suicidal ideation (p<0.000). Table 3 presents the five categories (described in the method) and the odds ratio of moving from one category to another, in which the greatest predictors for this association were: having MDI as the substances used (OR=0.22), having family members who use illicit substances (OR=0.36), and reporting the presence of suicidal ideation (OR=2.7).

Table 3 – Relationship between the adherence time in the specialized service and the variables type of substance used, type of substance used by family members and suicidal ideation – São Paulo, SP, Brazil, 2011.

Variable	Category	Sig*	OR†	<95% IC >	
Type of substance used	Alcohol		1		
	MD‡ excluding cocaine/crack	0.424	0.644	0.211	1.853
	MD including cocaine/crack	0.013	0.224	0.067	0.708
Substances used	Alcohol		1		
(Family member)	Tobacco	0.058	0.286	0.078	1.066
	Alcohol and tobacco	0.000	0.164	0.063	0.414
	Illicit drugs	0.014	0.360	0.158	0.807
Suicidal ideation	Yes	0.004	2.697	1.377	5.320
	No		1		

* Statistical significance of the Wald test.
† odds ratio.
‡ Multiple drugs.

DISCUSSION

The majority of women who sought a specialized treatment service for psychoactive substance use had a low level of education, with a large portion of them reported as being illiterate, unemployed and living in precarious housing conditions. These variables associated to the use of psychoactive substances can aggravate their condition and bring severe repercussions to different aspects and stages of life related to the areas of health, work, family and social life, as well as psychological well-being[7].

These characteristics indicate a vulnerable state, and began very early in the lives of these women; most of them reported having suffered violence during childhood and adolescence, and also starting their sex life and having their first contact with drugs at this stage of life. These factors may explain a process already described[13], in which certain social variables that start early can be reflected or perpetuated in adult life.

Most study participants were MDI users. The higher prevalence of users who sought treatment for MDI may be related to the characteristics of the study site, since this is an area of the city where the concentration of crack users is high[14]. Moreover, epidemiological studies show a significant increase in the consumption of this substance among women, even though such use continues to be more prevalent among men[9,15].

Furthermore, in relation to the type of substance used, the use of MDI showed an association with the situation of unemployment, living in homeless shelters/streets, presenting losses in adolescence, having HIV/Aids, having an early start of their sexual life and having family member users of illicit substances. These variables reflect a lack of access to resources and to health and social services for women using MDI, placing them in a vulnerable position[16]. This finding is consistent with the observations made in a National Survey conducted with crack users, which shows the relationship between vulnerability indicators and the use of this substance[17].

These vulnerability conditions may be related to the social exclusion of women who use MDI, with restrictions on their basic rights. It is also possible that the lack of access to resources and social goods result in diverse consequences, including to their health due to the exclusion of their formal participation in society; a scenario that reproduces the historical social exclusion of psychoactive substance users[18]. Characterizing the social and health conditions of the women in this study reinforces a necessary focus in the areas recommended by public care policies to people with disorders related to psychoactive substance use, mainly in the areas related to reintegrating users into society, which implies access to work, housing and social networks[19].

In this regard, it must be considered that women who use psychoactive substances also face challenges attributed to gender issues, which place them in a position of inequality when compared to men[20]. Women who use crack often resort to prostitution as a means to getting the drug, and as payment they receive little money or the substance itself, in addition to not using condoms[21]. Other important aspects that translate into barriers for the female population to begin and remain in treatment are the stigma and prejudice they suffer daily because they are seen as criminals by society, which leads them to abdicate their socially constructed role[22].

Women using MDI and those who had family member users of illicit substances were more likely to drop out of treatment early. Taking into account the aforementioned association between the vulnerability experienced by women in the MDI group, this factor is probably influenced by the low adherence of these women to treatment. The use of illicit substances by family members has been pointed out in the literature as a condition for abandoning treatment[23], especially when the person who uses psychoactive substances is their partner, who in addition to contributing to their addiction by providing money to buy the substance, does not offer emotional support to the companion[24], leaving them deprived of family support for continuing treatment.

The presence of suicidal ideation was a predictive variable for longer treatment adherence time, and women reporting this condition had a 2.7-times higher chance of remaining in treatment than those who denied such a condition. The high prevalence of suicidal ideation found among women in this study may be related to the number of women who associated MDE and MDI with alcohol, whose dependence has been related to a greater chance of presenting suicidal ideation than those who are not dependent on this substance[25]. Suicidal ideation as a predictor of treatment adherence is a fact that has not been found in other published studies involving this population, and therefore has not aroused research interest until now. Thus, it is considered that this finding constitutes a phenomenon of interest for future investigations.

It is believed that these women seek to find a place of protection and welcoming in the specialized service, which needs to develop intersectoral actions that contemplate gender specificity such as: approaches to improve their self-esteem, issues related to violence, stigma, feelings of guilt/shame, psychosocial losses, comorbidities, and inclusion of their families in order to produce better treatment results[26].

In addition, considering the contribution of the findings in this study to nursing care, it becomes clear that nurses need to be aware of the reality of the demographic and epidemiological profile of this clientele in order to plan singularized actions. Considering the magnitude of the problem that psychoactive substance use brings to the lives of the investigated women, the vulnerability and social exclusion which they are subjected to and which therefore increases the risk situations in which they live, we can point out that investment in assistance care policies to this population need to progress considerably.

The present study presented some limitations that should be considered. The implemented questionnaire was elaborated by the health service and applied by different health professionals, which leads to several differences regarding its completion. A high amount of information was missing in the medical records, which were not collected or registered, hindering the statistical analysis of some variables.

CONCLUSION

The sociodemographic and epidemiological factors of the women in this study are associated with the use of psychoactive substances, and the developed therapeutic strategies must take into account the risk stratification in this group, seeking comprehensive and individualized care. Among the most important findings, suicidal ideation was a predictor for the women remaining in to treatment, and since suicide behavior is a phenomenon that is highly stigmatized and poorly investigated, implementing screening instruments can have significant repercussions on the treatment process. It can also be pointed out that a family context permeated by psychoactive substance use represents an obstacle to the treatment of these women, challenging therapeutic proposals to include and strengthen families with the purpose of improving treatment adherence.

RESUMO

Objetivo: Verificar a associação entre o perfil das mulheres que buscaram tratamento especializado para uso de substâncias psicoativas, o tempo de permanência no tratamento e os tipos de substância de uso. **Método:** Coorte retrospectiva realizada com dados de prontuários de mulheres que buscaram atendimento em um serviço de referência para uso de substâncias psicoativas. **Resultados:** A amostra final foi de 411 prontuários. Houve associação significativa entre desemprego (p<0,000), morar em rua/albergue (p=0,003) e viver com o HIV/Aids (p=0,004) e o tipo de substância de uso. Os maiores preditores do tempo de permanência no tratamento foram ser usuária de cocaína e crack (OR=0,22), possuir familiares que fazem uso de substâncias ilícitas (OR= 0,36) e relatar ideação suicida (OR=2,7). **Conclusão:** Os fatores sociodemográficos e epidemiológicos das mulheres deste estudo estão associados ao uso de substâncias psicoativas. As estratégias terapêuticas desenvolvidas para esse grupo devem levar em consideração a estratificação de risco, com vistas ao cuidado integral e individualizado. Devem-se considerar abordagens persistentes de inclusão da família no tratamento, principalmente daqueles familiares que apresentam problemas relacionados ao uso de substâncias psicoativas.

DESCRITORES

Mulheres; Transtornos Relacionados ao Uso de Substâncias; Serviços de Saúde Mental; Centros de Tratamento de Abuso de Substâncias; Enfermagem Psiquiátrica.

RESUMEN

Objetivo: Verificar la asociación entre el perfil de las mujeres que buscaron tratamiento especializado para uso de sustancias psicoactivas, el tiempo de permanencia en el tratamiento y los tipos de sustancia de uso. **Método:** Cohorte retrospectiva llevada a cabo con datos de fichas de mujeres que buscaron atención en un servicio de referencia para uso de sustancias psicoactivas. **Resultados:** La muestra final fue de 411 fichas. Hubo asociación significativa entre desempleo (p<0,000), vivir en la calle/albergue (p=0,003) y vivir con el VIH/SIDA (p=0,004) y el tipo de sustancia de uso. Los mayores predictores del tiempo de permanencia en el tratamiento fueron ser adicto a cocaína y crack (OR=0,22), tener familiares que son adictos a sustancias ilícitas (OR= 0,36) y relatar ideación suicida (OR=2,7). **Conclusión:** Los factores sociodemográficos y epidemiológicos de las mujeres de este estudio están asociados con el uso de sustancias psicoactivas. Las estrategias terapéuticas desarrolladas para ese grupo deben tener en cuenta la estratificación de riesgo, con vistas al cuidado integral e individualizado. Se deben considerar abordajes persistentes de inclusión de la familia en el tratamiento, especialmente de los familiares que presentan problemas relacionados con el uso de sustancias psicoactivas.

DESCRIPTORES

Mujeres; Trastornos Relacionados con Uso de Sustancias; Servicios de Salud Mental; Centros de Tratamiento de Abuso de Sustancias; Enfermería Psiquiátrica.

REFERENCES

1. United Nations Office on Drugs and Crime; Division for Policy Analysis and Public Affairs. World Drug Report 2017 [Internet]. Vienna: UNODC; 2017 [cited 2017 July 16]. Available from: https://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf

2. Teesson M, Hall W, Slade T, Mills K, Grove R, Mewton L, et al. Prevalence and correlates of DSM-IV alcohol abuse and dependence in Australia: findings of the 2007 National Survey of Mental Health and Wellbeing. Addiction. 2010;105(12):2085-94. DOI: 10.1111/j.1360-0443.2010.03096.x

3. Rehm J. The risks associated with alcohol use and alcoholism. Alcohol Res Heal. 2011;34(2):135-43.

4. Lan CW, Scott-Sheldon LAJ, Carey KB, Johnson BT, Carey MP. Prevalence of alcohol use, sexual risk behavior, and HIV among Russians in high-risk settings: a systematic review and meta-analysis. Int J Behav Med. 2016;24(2):180-90. DOI: 10.1007/s12529-016-9596-1

5. Instituto Nacional de Ciência e Tecnologia para Políticas Públicas do Álcool e outras Drogas; Universidade Federal de São Paulo. II LENAD-Levantamento Nacional de Álcool e Droga: relatório2012 [Internet]. São Paulo: INPAD; 2014[citado 2017 ago. 15]. Disponível em: http://inpad.org.br/wp-content/uploads/2014/03/Lenad-II-Relatório.pdf

6. Esser MB, Hedden SL, Kanny D, Brewer RD, Gfroerer JC, Naimi TS. Prevalence of alcohol dependence among US adult drinkers, 2009-2011. Prev Chronic Dis. 2014;11:e206. DOI: 10.5888/pcd11.140329

7. Fernandez-Montalvo J, Lopez-Goñi JJ, Azanza P, Cacho R. Gender differences in drug-addicted patients in a clinical treatment center of Spain. Am J Addict. 2014;23(4):399-406. DOI: 10.1111/j.1521-0391.2013.12117.x

8. United Nations Office on Drugs and Crime. World Drug Report 2016 [Internet]. Viena; UNODOC; 2016 [cited 2017 Set 18]. Available from: https://www.unodc.org/wdr2016/

9. Bertoni N, Burnett C, Cruz MS, Andrade T, Bastos FI, Leal E, et al. Exploring sex differences in drug use, health and service use characteristics among young urban crack users in Brazil. Int J Equity Health. 2014;13(1):70. DOI: 10.1186/s12939-014-0070-x

10. Rash CJ, Petry NM. Contingency management treatments are equally efficacious for both sexes in intensive outpatient settings. Exp Clin Psychopharmacol [Internet]. 2015 [cited 2017 June 16];23(5):369-76. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4579001/

11. Greenfield SF, Back SE, Lawson K, Brady KT. Substance abuse in women. Psychiatr Clin North Am [Internet]. 2010 [cited 2017 June 16];33(2):339-55. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3124962/

12. Choi S, Adams SM, Morse SA, MacMaster S. Gender differences in treatment retention among individuals with co-occurring substance abuse and mental health disorders. Subst Use Misuse. 2015;50(5):653-63.

13. The Lancet. Adversity in childhood: how the past defines the future. Lancet. 2016;388(10058):2324.

14. Raupp L, Adorno RCF. Circuitos de uso de *crack* na região central da cidade de São Paulo (SP, Brasil). Ciênc Saúde Coletiva [Internet]. 2011 [citado 2017 jun. 16];16(5):2613-22. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011000500031

15. Pereira CF, Vargas D. Profile of women who carried out smoking cessation treatment: a systematic review. Rev Saúde Pública [Internet]. 2015 [cited 2017 June 16];49:40. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102015000100404

16. Muñoz Sánchez AI, Bertolozzi MR. Pode o conceito de vulnerabilidade apoiar a construção do conhecimento em Saúde Coletiva? Ciênc Saúde Coletiva [Internet]. 2007 [citado 2017 set. 18];12(2):319-24. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232007000200007

17. Bastos F, Bertoni N. Pesquisa Nacional sobre o Uso de Crack: quem são os usuários de crack e/ou similares do Brasil? Quantos são nas capitais brasileiras? [Internet]. Rio de Janeiro; ARCA/FIOCRUZ; 2014. [citado 2017 ago. 15]. Disponível em: https://www.arca.fiocruz.br/handle/icict/10019

18. Strobbe S. Prevention and screening, brief intervention, and referral to treatment for substance use in primary care. Prim Care. 2014;41(2):185-213. DOI: 10.1016/j.pop.2014.02.002

19. Barros S, Salles M. Mental health care management in the Brazilian National Health System. Rev Esc Enferm da USP [Internet]. 2011 [cited 2017 Set 18];45(n.spe2):1780-5. Available from: http://www.scielo.br/scielo.php?pid=S0080-62342011000800025&script=sci_arttext&tlng=en

20. Ferraz D, Kraiczyk J. Gênero e Políticas Públicas de Saúde: construindo respostas para o enfrentamento das desigualdades no âmbito do SUS. Rev Psicol UNESP [Internet]. 2010 [citado 2017 set. 18];9(1):70-82. Disponível em: http://www.escoladesaude.pr.gov.br/arquivos/File/genero_e_saude_2.pdf

21. Nappo SA, Sanchez Z, De Oliveira LG. Crack, AIDS, and women in São Paulo, Brazil. Subst Use Misuse. 2011;46(4):476-85.

22. Cruz VD, Oliveira MM, Coimbra VCC, Kantorski LP, Pinho LB, Oliveira JF. Vivências de mulheres que consomem crack. Rev RENE. 2014;15(4):639-49.

23. Hser Y, Huang D, Teruya C, Anglin MD. Gender comparisons of drug abuse treatment outcomes and predictors. Drug Alcohol Depend. 2003;72(3):255-64.

24. O'Farrell TJ, Schumm JA, Murphy MM, Muchowski PM. A randomized clinical trial of behavioral couples therapy versus individually-based treatment for drug-abusing women. J Consult Clin Psycho. 2017;85(4):309-22. DOI: 10.1037/ccp0000185

25. Agrawal A, Constantino AM, Bucholz K, Glowinski A, Madden PA, Heath AC, et al. Characterizing alcohol use disorders and suicidal ideation in young women. J Stud Alcohol Drugs. 2013;74(3):406-12. DOI: 10.15288/jsad.2013.74.406.

26. Albuquerque CS, Nóbrega MPSS. Barriers and amenities for seeking specialized treatment encountered by women who use psychoactive substances. SMAD Rev Eletr Saúde Mental Álcool Drog [Internet]. 2016 [cited 2018 Jan 9];12(1):22-9. Available from: http://www.revistas.usp.br/smad/article/view/119193