

# Occupational performance of adolescents drug users<sup>1</sup>

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**Abstract:** Introduction: Adolescence is a phase in which individuals could be exposed to situations of vulnerability, such as drug use. These substances alter behavior and cognition, compromising their occupational performance. Objective: To describe and analyze the occupational performance of female adolescents in the periods before, during and after the interruption of drug use. Method: An exploratory qualitative study carried out in an institution for the care of female adolescents who used drugs abusively, located in the interior of Minas Gerais. Data were collected through a semi-structured interview elaborated by the authors with questions related to occupational performance in the various occupations, before and during drug use, during rehabilitation follow-up, risk factors for use, age of onset of use, and factors associated with rehabilitation. We used thematic-categorical content analysis. Results: Eight female adolescents, aged between thirteen and eighteen, participated in the study. The data indicated that the use of drugs compromises the occupational performance of adolescents in all occupations, with emphasis on activities typical of this age group, such as education, leisure, and activities of daily living. Conclusion: This study may contribute as a subsidy to professionals who work with adolescent drug users since they can detect the impairments in occupational performance due to such use and thus intervene with this population.

**Keywords:** *Occupational Therapy, Activities of Daily Living, Street Drugs, Drug Users, Adolescent.*

## Desempenho ocupacional de adolescentes usuárias de drogas

**Resumo:** Introdução: A adolescência é uma fase na qual considera-se que os indivíduos podem estar expostos às situações de vulnerabilidade, entre elas o uso de drogas. Estas substâncias alteram o comportamento e a cognição comprometendo o desempenho ocupacional. Objetivo: Descrever e analisar o desempenho ocupacional de adolescentes do sexo feminino, nos períodos anterior, durante e após a interrupção do uso de drogas. Método: Estudo qualitativo exploratório realizado em uma instituição para o cuidado de adolescentes do sexo feminino que faziam uso abusivo de drogas, localizada no interior de Minas Gerais. Os dados foram coletados por meio de entrevista semiestruturada elaborada pelas autoras com questões referentes ao desempenho ocupacional nas diversas ocupações, antes e durante o uso de drogas, durante o acompanhamento na reabilitação, fatores de risco para o uso, idade de início do uso e fatores associados à reabilitação. Utilizou-se a análise de conteúdo temático-categorial. Resultados: Participaram do estudo oito adolescentes do sexo feminino, com idade entre 13 e 18 anos. Os dados apontaram que o uso de drogas compromete o desempenho ocupacional de adolescentes em todas as ocupações, com ênfase na execução de atividades típicas dessa faixa etária, como educação, lazer e atividades de vida diária. Conclusão: Espera-se que esse estudo possa contribuir como subsídio para profissionais que atuam com adolescentes usuários de drogas, por identificar os prejuízos no desempenho ocupacional devido a tal uso e com isso intervir junto a essa população.

**Palavras-chave:** *Terapia Ocupacional, Atividades Cotidianas, Drogas Ilícitas, Usuários de Drogas, Adolescente.*

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Received on Feb. 2, 2019; 1<sup>st</sup> Revision on May 10, 2019; Accepted on Aug. 27, 2019.



## 1 Introduction

According to the Child and Adolescent Statute (ECA), the adolescent is every individual between 12 and 18 (BRASIL, 1990). This phase is marked by changes in the biological, psychological, cognitive, and social aspects, and also characterized by the formation of personality and identity. During adolescence, young people may be exposed to situations of vulnerability, such as the use of drugs, which can be used for various reasons like to ease conflict situations and feel accepted in the groups they identify (BITTENCOURT; FRANCA; GOLDIM, 2015).

According to the World Health Organization (WORLD..., 2014), a drug is any substance not produced by the body with the property to act on one or more systems, altering its functioning, and enabling the alteration of perception, mood, and sensations (BRASIL, 2014). Drug use by adolescents is associated with different risk factors: family, environmental and individual. The family can be considered a risk factor, as the first experimentation with drugs such as alcohol and tobacco, taken as initiation drugs, may occur in their own home, due to their consumption by their families, or when adolescents grow up in unstructured homes, suffering some neglect and mistreatment. Environmental factors are related to the social context in which adolescents are inserted and whether there is easy access to drug supply in the places they attend. Group involvement is also considered a risk factor when peers with similar values and habits who use drugs are considered role models. According to the literature, the absence or the non-compliance of enforcement of the alcohol sale for individuals under 18 years old can also be a risk factor for its use (DALPIAZ et al., 2014; PASUCH; OLIVEIRA, 2014).

The individual risk factors for drug use are found in the literature as poor school performance; feel rejected by friends; have suffered physical or sexual violence; low self-esteem; low self-confidence; aggressiveness; search for news; impulsivity; behavior disorder; hyperactivity disorder; attention deficit; depression; and anxiety. During adolescence, fluctuations in emotional state, feelings of sadness, anger and depression may occur more frequently and contribute to increased vulnerability to drug use because among the effects produced by them, there is a reduction in the impact conflicting internal or social situations (DALPIAZ et al., 2014; TAVARES et al., 2017).

The protective factors are opposed to risk factors for drug use. They are commonly associated with

the family, when relationships are established healthily, with supervision or monitoring of parents regarding their children's behavior, clear notions of boundaries and family values of religiosity or spirituality. School and sports are also protective factors, as involvement in routine school activities, sports, and good academic performance giving adolescents the opportunity to develop their skills and feel belonging to a group (DALPIAZ et al., 2014; BITTENCOURT; FRANCA; GOLDIM, 2015; TAVARES et al., 2017).

As drug use by adolescents is detrimental to physical, emotional and social development and leads to risky behaviors such as involvement in accidents and fights, engaging in sex with more partners and no condom use among others, this use may also compromise the satisfactory occupational performance of adolescents (HORTA et al., 2018).

Occupational performance is the ability to perform an occupation, which results from a combination of client, context, environment, and activity. Performance is considered satisfactory when it promotes well-being and health to the individual and is related to several aspects and factors that interfere with the performance of different activities. These factors include occupations that are classified into activities of daily living, instrumental activities of daily living, rest and sleep, job, play, recreation, education, and social participation (AMERICAN..., 2015).

Also, individual performance in meaningful activities within the occupations is influenced by integrating aspects. These aspects include customer factors, performance skills, performance standards, contexts and environments, and activity demands (AMERICAN..., 2015).

Therefore, this study aimed to describe and analyze the occupational performance of female adolescents in periods before, during and after discontinuation of drug use. We also sought to identify risk factors for onset, maintenance of drug use, and factors associated with rehabilitation.

## 2 Method

This is a descriptive exploratory study with a qualitative approach. Realism was the etymological and ontological reference use, which relates experiences, meanings, and the reality of the participants, recognizing how individuals make sense of their experience and how the broader social context is presented in these meanings, keeping the focus on material and other limits of reality. Thus, realistic

research presupposes that the world has a natural truth that is knowable and real, discovered through experience and research (BRAUN; CLARKE, 2006).

The research was conducted in a treatment institution for adolescent drug users, offering shelter and social support to drug users and their families, through financial assistance provided by the municipality and donations from society, located in a municipality in the interior of Minas Gerais with about 330 thousand inhabitants. During the data collection period, the institution assisted 12 adolescents; however, only eight participated in the study, selected according to the inclusion criteria: a) be between 12 and 18 years old; b) be in follow-up to the drug-related problem during the collection period; c) agree to participate in the study and sign the Informed Consent Form by the participant.

After the consent of the participants, the days and times for the data collection were scheduled, in a private room in the institution, from March to May 2012, through individual semi-structured interviews. The script was prepared by the authors with questions regarding the occupational performance of adolescents in all occupations, before and during drug abuse and during rehabilitation follow-up, risk factors for use, age at onset, and factors associated with rehabilitation.

The interviews were recorded, and the content was fully transcribed. Initially, a comprehensive reading of the material set was exhaustively performed for analysis. We sought to have an overall view, to grasp the particularities of the material to be analyzed, to elaborate initial assumptions as parameters for the analysis and interpretation of the material, to elect initial classification forms, and determine the theoretical concepts that guided the analysis. The second stage explored the material. In this phase, we tried to distribute excerpts, sentences or fragments of each analysis text by the scheme and initial classification; make a reading dialoguing

with the parts of the analysis text in each class; identify the nuclei of meaning by inferences pointed out by the parts of the texts in each class of the classification scheme; dialogue the nuclei of meaning with the initial assumptions and, when necessary, make other assumptions. Then, the different meaning cores present in the various classes of the classification scheme were analyzed; the parts of the text were grouped by themes found, and an essay was prepared by theme. As a final stage, an interpretative synthesis was constructed through a wording that could dialogue with the data found in the research with the study objectives and the theoretical reference found in the literature, using adaptation of thematic-categorical content analysis for qualitative research (MINAYO, 2008).

All ethical aspects dealing with research with human beings were followed by resolution 466/2012, regulated by the National Health Council (BRASIL, 2012). The study was authorized by the institution's manager and approved by the Ethics Committee on Research with Human Beings of the Federal University of Triângulo Mineiro - UFTM, under the opinion number 2176/2011.

### 3 Results and Discussion

Eight female adolescents, aged thirteen to eighteen, who were being followed up due to drug-related problems participated in the study. At the time of the study, there were 12 adolescents in the house, but four were following other social problems rather than drug use.

The adolescents reported that they started using drugs between 12 and 15 years old (Table 1); and who used one to two marijuana cigarettes and one to three crack stones a day, both at different times. Participants who reported using marijuana claimed not to use crack even though they tried the drug.

**Table 1.** Characterization of age and initial drug type of participants.

| Participant | Current age* | Age of onset of drug use | Type of drug that started to use |
|-------------|--------------|--------------------------|----------------------------------|
| S1          | 13           | 12                       | Marijuana                        |
| S2          | 18           | 12                       | Crack                            |
| S3          | 15           | 14                       | Marijuana                        |
| S4          | 14           | 14                       | Marijuana                        |
| S5          | 17           | 15                       | Crack                            |
| S6          | Not informed | 14                       | Crack                            |
| S7          | 15           | 14                       | Marijuana                        |
| S8          | 16           | 15                       | Marijuana                        |

\*Data Collection Date (2012).

Participants who reported using crack also reported having tried cocaine.

Data analysis was based on the five categories pre-established by the authors in the interview script: occupational performance before drug use, the onset of drug use; occupational performance during the period of drug use; occupational performance after stopping drug use, and during follow-up; and motivations for adhering to rehabilitation.

In the first category, “**Occupational performance before drug use**”, we observed the activities performed by participants in childhood and early adolescence, related to performance areas.

Most of the adolescents reported that they played in childhood and described it as a pleasant activity, which was mostly performed on the street, with rag dolls and highlighted popular games such as hide and seeks.

*S5: I liked to play on the dirt, make clay, make clay doll. [...] Play with dolls, my mother was doing laundry, and I was under her clothes, putting water.*

*S6: I played with dolls. I climbed in the trees. I took the beetles in my hand.*

*S7: I had a wonderful childhood, you know? I played a lot on the street, and they [the grandparents] always spent the childhood they had for me, so I didn't have these technology businesses, these things. So I played with rag dolls, so my childhood was until twelve, and it was wonderful.*

Marques and Bichara (2011) emphasized that playing during childhood is a fundamental process to develop behaviors adaptable for the contexts that the children are inserted. Through playing, the children explore and know their environment and can learn to practice behaviors that are adaptable to it. This area of performance is also important for children to adapt to their social and economic conditions and learn to use various strategies to play, such as making their toys and exploring the options that the outside environment provides.

Playing can enable the socialization of children in whole or in part because playing facilitates the interaction and creation of bonds between them (MARQUES; BICHARA, 2011).

There are limitations on the occupational performance of some participating adolescents in education. All interviewees reported that they attended kindergarten and schools in childhood. However, some of them discontinued their studies due to the social vulnerability experienced by them

and their families, the need to take care of family members, such as grandparents and siblings, and the beginning of drug use.

*S4: Before I came here [Institution] I was doing a course and studying, then I stopped studying and just stayed in the course, then afterward I stopped the course too.*

*S7: I always studied. This year, in the middle of the year, I stopped studying, but I always went to school, I was always a great student, good grades, my mother was never called at school.*

The need to early play certain roles, such as caring for family members is consistent with the expected behavior of female children, according to the culture and context in which they live. One of the adolescents reported that she attended schools irregularly due to her parents' divorce because she had no fixed residence. She spent time with her father and time with her mother, so she had to be in several schools for a short period, impairing her school performance. Another adolescent reported that she only attended school after she was adopted, due to the lack of economic and emotional conditions of her biological mother to give the care she needed.

These findings corroborated the results found in the study by Siqueira and Dell'Aglio (2010), who found that children with problems in family relationships, such as family breakdown, parental separation and early acquired responsibility, may have poor school performance and such performance can also be attributed to the lack of parental monitoring, supervision, and support of the children's studies.

Regarding leisure, most adolescents associated this occupation with social participation, and there was a limitation in the offer of activities.

*S6: We walked out, we “went” in the woods, went to the zoo, it was good. I liked to go.*

*S7: So, before my grandfather got sick because he has Alzheimer's [Alzheimer's disease], right? He always took me to the square, in Peirópolis [Minas Gerais], he was always playing with me, or my father picked me up for us to travel, so always in my spare time I had a little thing to do, I also played.*

On the other hand, the adolescent S5 reported that she did not perform any leisure activities in childhood, because her biological mother was an alcoholic, causing her to assume the responsibility of taking care of herself and the house.

According to Nodari et al. (2016), leisure activities vary according to the socioeconomic status of family members of young women and adolescents, tending to enjoy more of their free time on the Internet, secondly in front of the TV and thirdly reading, more than in other activities, such as physical activity. According to the authors, young people living with only one parent may have poor performance in leisure activities, due to the lower condition of adequate parental monitoring.

All adolescents interviewed reported early independence in Daily Life Activities, from the age of four, due to having to assume responsibilities, such as establishment and home management, and taking care of their younger siblings.

*S2: Since I remember, I took care of myself.*

*S4: [...] I learned to do everything by myself. I was about four, five years old, when I started doing it by myself.*

*S6: I did it by myself because my mother drank a lot, my mother was an alcoholic, then, I did everything alone, taking care of my siblings, all alone. I learned it all by myself.*

According to Monteiro et al. (2012), the importance of independence as a natural process in the daily routine for the child's overall development is very important. As children acquire independence in their daily activities, they are believed to be able to participate in broader social areas with or without an adult, experiencing new personal and social experiences, acquiring new knowledge. Thus, when the performance in these activities happens naturally, according to the child's developmental time and when not imposed, it is fundamental to be able to meet their basic needs, ensuring greater independence and participation.

The Instrumental Activities of Daily Living were more present during late childhood and early adolescence. They were understood by the adolescents only as housework and taking care of the other, and some adolescents reported partially performing such tasks, while other adolescents reported performing them independently.

*S4: Since I was eight, I cleaned the house and did the dishes.*

*S6: Since I was ten, I was doing the dishes, sweeping the house, mopping the floor.*

According to American Occupational Therapy Association (2015), instrumental activities of daily

living require greater complexity of interactions. They are characterized as activities of caring for others, animal care, educating children, communication management, community mobility, financial management, management and health maintenance, household establishment and management, meal preparation and cleaning, religious uses, safety, and emergency maintenance, and shopping. We can see the complexity and variety of activities included in this area of occupation as a justification for the partial performance of adolescents in this area, considering their low age and educational levels.

When asking them about paid work in childhood, the participants claimed that they had never performed such activity at any age. Some of the interviewees understood the domestic activities also as a work activity but is unpaid.

*S5: I didn't work, I just helped at home.*

*S7: No, not outside my home [I worked], I only helped at home.*

In the study by Pires (2012), the domestic service performed by children belonging to families of low socioeconomic status is as significant as paid work, as it is part of the organization and maintenance of the domestic environment because, within the group, each person has his function for the proper functioning of the family unit. According to the author, the domestic service performed by children in a family environment is not considered exploitation but cooperation, since it also aims to educate the child to perform activities that will be essential to them as an adult.

In the area of sleep and rest, some of the adolescents interviewed reported having sleep problems during childhood, such as sleepwalking and restless sleep.

*S6: I slept like a clock, spinning.*

*S7: I always had insomnia, since I was a little girl, then my mother was afraid to take me to the psychiatrist, and they give me medicine, so she was afraid of me getting addicted to the medicines, so she made tea, my grandmother, my mother, for me to sleep but I didn't sleep, I stayed up all night. Then, when I was thirteen years old my mother wanted to take me to the psychiatrist, and since then I take medicine.*

The prevalence of sleep disorders in childhood is considered high and can be triggered by several factors, such as physiological factors, family relationships, and interpersonal relationships. Sleepwalking may be commonly diagnosed in school-aged children and may

be associated with genetic factors. If not associated with any psychopathology or organic disease, speech during sleep tends to disappear with increasing age. Insomnia may be considered as a habitual disorder occurring in childhood (RODRIGUES; ARRUDA, 2009; MELO et al., 2011).

In the social participation, at the time of data collection, most adolescents demonstrated to understand this as leisure, so the reports involve the performance of going out activities with friends and family, going to parties, shopping, playing in squares, eating in restaurants and traveling. Only one adolescent reported that she did not perform well in social participation due to her mother's alcoholism.

*S5: No [going out], I stayed more at home with my mother. She was an alcoholic, so she didn't care about these things. [...] I never left.*

The social participation of some adolescents was impaired due to the illness of family members or separation of parents.

*S2: You know, I went out, "because" I went out with my father, you know, when my father lived here in Uberaba, then after he separated, I didn't go out anymore.*

In the second analysis category, "**Onset of drug use**", there are the risk factors that led adolescents to start drug abuse use, the contexts in which this occurred, and their age when they first tried a drug.

The participants reported that when they started drug use, they were between twelve and fourteen years old, and at the time of data collection, it had been a year since most of the adolescents had tried some drug for the first time.

*Cannabis* popularly known as marijuana and crack was among the types of drugs that the adolescent girls first used.

*S2: My mother used crack, I went straight to crack, I didn't start with marijuana, no cocaine, nothing, I was already on crack.*

*S6: I started cracking and tried weed.*

*S3: One day, I was at the house of a friend of mine because I wanted to try marijuana, then I tried it [...].*

The most common drugs first tried by teens are marijuana, alcohol, and tobacco. It is observed in the literature that the average age of initiation to use is between twelve and thirteen years, which is considered the age at which adolescents are starting their social participation in peer groups and, therefore, look

for ways to be accepted in such groups (PASUCH; OLIVEIRA, 2014; BITTENCOURT; FRANCA; GOLDIM, 2015).

Most adolescents reported starting to use these substances due to the influence of friends and boyfriends. Some adolescents reported starting use due to the coexistence and influence of relatives who were already using drugs.

*S2: Because, it was like that, my mother, she used to know, then I got it, I was curious, so you know, and I got it and started using it too.*

*S5: Oh my friends "talked" for me to try, then I said no, then they "stayed" "let's go is good, try" then I tried, then I started on drugs.*

*S4: That's because, I had a boyfriend, and he was a drug dealer, so my father at first didn't let me date him, then I ran away from home, ran away twice, then he took me to the farm, then I ran away from the farm, Then the police got my name, then I lived with my boyfriend five months, then I left and my father brought me here, he got a lawyer and told the judge that I was "using" and trafficking [...].*

Costa et al. (2012) conducted a study with adolescents living in a risk area in Fortaleza - CE to verify the risks and protective factors for drug use in the participants' perception. The study revealed that the family, when not performing the role of educator was present in their reports as an important risk factor for causing conditions that facilitates drug use among its members.

When there is no effective communication between adolescents and their families, the family can also be seen as a risk factor, as shown in the study of Garcia, Pillon and Santos (2011), conducted with adolescents of both genders aged 14 to 19 years old. The results showed that more than half of the analyzed sample comes from households with fathers and mothers. However, the relationship of trust and communication between adolescents and their parents is very restricted, which can hinder the expression of feelings and affective needs by the adolescents, maybe using drugs to be accepted in groups and, consequently, supply such needs. Thus, a strong parent-child relationship is important, in which both parents feel comfortable communicating effectively so that family dynamics are a protective factor against drug use by adolescents.

In the third category of analysis, "**Occupational performance during the period of drug use**",

there are the activities performed by adolescents during the period when they were using some drug.

Most adolescents reported that they did not perform satisfactorily any Activities of Daily Living due to the effects of drug use, and some activities such as bathing, eating, and hygiene were not done.

*S2: Oh I didn't eat, I didn't drink, I didn't take a shower, you know? I didn't do these things, no, I used to stay in the street [...]. We get dizzy right, but when you do drugs, you don't get hungry.*

*S3: I was just a little silly right, because of the effect of the drug. But then I slept, slowed down, then I slept, ate, slept, tidied the house before bed, slept, then my mother came, and I woke up and stood in front of the computer.*

*S7: No, I couldn't do anything, because it made me sleep because you can use it in the morning that night has not yet passed the effect. Then I got dizzy, hallucinating that the police were "behind" me, got red-eye, got bad, you know, very hungry, a huge hunger, it was bad you know [...].*

Drug abuse compromises the performance of activities necessary for self-care, as they alter the cognitive abilities of the user, which can influence their ability to choose, organize and perform actions in a satisfactory and meaningful way, necessary to the individual take care of himself and have a good quality of life (FERREIRA; COLOGNESE, 2014).

As the paid work, two adolescents reported working while using drugs, one of which was prostituted to make money to buy more drugs.

*S6: I had a program to get money [...]. It was later [started in prostitution] that I no longer had money to buy drugs.*

*S7: when I drank alcohol I was happy, I danced ... But after a lot of alcohol in my body, I was already very dizzy, sick, vomiting there was often that I came home vomited, passed out, because I did not drink beer, I drank, I drank Whiskey, Vodka, all doses, even having schnapps. Then I came home I could do nothing, sleep all day. Then I had to go to the service, I was going dizzy, dizzy, but I worked anyway.*

One of the strategies to obtain financial resources to buy drugs is prostitution, which can lead to risky behaviors, such as violence, unwanted pregnancy, abortion, and the acquisition/transmission of sexually transmitted infections (ZEFERINO et al., 2017).

Most adolescents stopped attending school after starting drug use.

*S3: Because I was already quitting school [after using marijuana], I was not talking to anyone from my house, because my mother knew you know, only then I told her that I had stopped smoking, just that I had not stopped, then I just talk to people I was around, that's all.*

*S6: No [I didn't go to school]. I just stayed on the street, everything I had was crack.*

Only two adolescents reported that they attended school during drug use, but did not perform school activities. They only remained in the school environment under pressure from their mothers.

*S1: I studied, but I was very rebellious... Wow, I "cursed" the teachers, ran away from school, did not study... But I went to school.*

*S3: I was going, but I didn't do anything, I just slept, or thinking there. [...] I was going to tell my mother that I went there. Sometimes I cheated.*

School is seen as a protective factor against drug use when it effectively promotes educational activities that enable adolescents to develop a critical view of drugs and when it becomes an important place for adolescents to provide learning and professional growth. However, the school can also be considered a risk factor for drug use due to their presence in the school environment, considering the ease of access and influence of the group to which the adolescent belongs (COSTA et al., 2012). However, the data cannot be generalized to those adolescents who left school before drug abuse or who never attended it.

Regarding the area of sleep and rest, this may be affected according to the type of drug used, as some substances may cause excessive sleep, and others may cause agitation. Stimulant drugs such as cocaine and nicotine cause agitation, increase brain activity and decrease sleep. On the other hand, depressant substances such as alcohol have the opposite effect, reducing CNS functioning and causing more sleepiness (BRASIL, 2007; PICCOLOTTO et al., 2010).

*S3: I got more sleepy, I slept more, weed gives a lot of sleep.*

*S6: No, no. I've been sleepless for a month.*

The content analysis of the statements revealed that the interviewees did not identify performing instrumental activities of daily living, social participation, leisure, and playing when using drugs. However, the drug buying process can be considered an instrumental activity of daily living.

For example, just participation in drug sharing groups and affective relationships are considered social participation activities, even if they are not typical occupational behaviors.

In the fourth category of analysis, **“Occupational performance after stopping drug use and during the rehabilitation/treatment/follow-up period”** the adolescents reported their occupational performance according to the routine of the institution in which they were living during the data collection period. Some adolescents stayed only one shift at the institution and attended school in the morning or afternoon, while others were not enrolled in school due to treatment and remained full time at the institution.

Siqueira and Dell’aglio (2010) studied the school performance of institutionalized children and adolescents and revealed that participants had poor school performance. However, female participants have demonstrated better school performance compared to male participants, which can be considered a protective factor against drug abuse. According to the authors, the lower level of school performance of institutionalized children and adolescents is higher when compared to children and adolescents of the same age group who live with their families. Such facts may be due to the educational role played by the family in supporting and requiring their members to actively participate in school activities, while in an institutionalized environment children and adolescents often do not receive the necessary supervision in the performance of these activities because of the high demand of the institution and limited number of active professionals, which hinders to provide the necessary attention to all residents. Thus, it is necessary to rethink socio-educational actions for adolescent drug users, who prioritize family participation and avoid institutionalization, considering that this is seen as a detrimental factor to school performance.

The adolescents had a routine organized according to the organization of the institution in which they perform their activities of daily living satisfactorily, such as food, bath, and hygiene.

*S1: I already wake up, six o'clock in the morning to come here, wake up, brush my teeth, eat breakfast, tide up, come here, pick up my tools, come here, then, then we “stay” here, when there is an activity we do it, whatever we have to do we do, then we tide up to go to school, then after school we go away.*

*S7: The food here is good, it is nothing compared to our family, but it is delicious, the bath is five*

*minutes, then there is time to take a shower, to get ready, which is not even a visiting day, we will receive a family visit and such. But it's quiet.*

The study by Morais et al. (2010) emphasized the roles that institutions play in the lives of adolescents such as the guarantee of “aspects necessary for the survival” of the adolescents, especially food and hygiene, and be a possible space for interaction, in which adolescents can develop their autonomy and share experiences.

The social participation of adolescents is limited due to the follow-up at the institution. Adolescents who lived full-time at home received visits from family and friends, while others who attended the institution at non-school hours lived in their own homes, enabling them to return to their social circle.

According to Carleto, Alves and Gontijo (2010), the institution can be seen as harmful and at the same time as favorable to the occupational performance of institutionalized adolescents, as it may deprive certain activities due to its rules and norms and, on the other hand, it also enables activities that adolescents may not perform in their former social condition, such as educational and cultural activities. Also, the institution is seen as a source of social support and protection, as it avoids the involvement of users in inappropriate occupations, such as drug use, offenses, unprotected sexual practices, behaviors that expose them to situations of risk.

In the fifth category of analysis, **“Motivations for adhering to rehabilitation”**, the adolescents highlighted the main reasons for starting follow-up: their willpower, support from family members, and the perception of the negative consequences caused by drug use.

*S1: Well, I think it's very important [stop using], because when we are “on” drugs we don't think about anything, never think about our actions, but it's just that it's important to stop using drugs that you think more about your life, your family, your mother, I think...*

*S2: The person has to want, you know, the person has to have faith and willpower, and another thing, you need to know that it is no worth talking to you I can do that alone, you always have to have that person to hold your hand, to help you, because you can't do everything alone in life, yes, you always have to have someone's help [...]. Who is my greatest help? Especially God and my aunt, because if it wasn't my aunt, I was on the street to this day, you know?*



*S7: Willpower. If you don't have the willpower, you can't. It's no worthy you go to the clinic then someone says "no, she's better and then she goes out the door and here in Uberaba every corner has a bar, there may be a relapse at any time, so it has to have a lot of strength, the will and surrender in the mother of God. And you have to have family support too because the only real love is family love.*

Adherence to rehabilitation occurs mainly when the user can identify that the use of drugs was due to the loss of self-control and the impact of use on their lives. The family is also seen as fundamental in this process, as it provides safety and support to users, favoring, and motivating them throughout the rehabilitation treatment (SCADUTO; BARBIERI, 2009).

The help and encouragement of family members can be considered a protective factor against drug use and one of the main social support networks of institutionalized adolescents, because the protection and motivation is strictly linked to their health and well-being, one of fundamental factors for the process of adaptation to rehabilitation (SIQUEIRA; DELL'AGLIO, 2010).

One of the adolescents also stated the birth of her daughter, because she was pregnant during the data collection period, as another motivating factor to join the rehabilitation.

*S5: The clinic here that helped me a lot and is helping me a lot, now my daughter is one more reason for me to stop. You have to have willpower and want to recover because otherwise it is good for you to come here, spend time here and get outside and fall back to the same life.*

Girls reported good adherence to rehabilitation due to future planning, desire to go back to school, to get paid work, to give their children a quiet life, and to have a good relationship with their family and friends.

The expectation of going back to school, getting a paid job and starting a family is also found in the literature as a protective factor against drug use and as one of the main reasons for adhering to rehabilitation since creating expectations about the future motivates users to rethink their habits and to set new goals (CAPUTO; BORDIN, 2008).

## 4 Conclusion

These results show that the abuse of drugs negatively influenced the occupational performance of the adolescents since they presented impairments

in the execution of most occupations from the beginning of its use.

The results also revealed risk factors that led to starting to use drugs, such as friendships and social vulnerability. The reports of adolescents also enabled to verify that having divorced parents, living with grandparents or other relatives, assuming responsibility for caring for the other, and living with relatives who used drugs may also constitute risk factors for drug use. Also, the determination, support of family members and the perception of the negative consequences caused by drug use can be considered protective factors, as well as the desire to go back to school, to get paid work, to give children a quiet life and having a good relationship with their relatives and friends, becoming factors for adherence to rehabilitation, corroborating literature data.

To better understand this population, further research is needed, addressing gender and social issues. Thus, we recommend the creation of projects and actions for the prevention of the initiation of drug abuse among adolescents, with strategies of awareness and empowerment of individuals, through the promotion of protective factors related to drug use.

We expected that the results of this work could contribute as a subsidy for professionals who work with adolescent drug users, as they noticed the losses in occupational performance due to the drug use and intervene with this population to engage in meaningful activities, promoting their satisfactory occupational performance in all occupations.

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### **Author's Contributions**

Ana Laura Costa Menezes was responsible for data collection and analysis, writing and review of the text. Andrea Ruzzi Pereira was responsible for the work orientation, data analysis, writing and review of the text. All authors approved the final version of the text.

### **Notes**

<sup>1</sup> This article was created from a Term Paper in the Occupational Therapy Course by the Federal University of Triângulo Mineiro. All current ethical procedures have been respected.