

INTRAPERSONAL AND INTERPERSONAL DETERMINANTS PERCEIVED BY THE FAMILY AS A CAUSE OF RELAPSE IN DRUG USERS

DETERMINANTES INTRA E INTERPESSOAIS PERCEBIDOS PELA FAMÍLIA COMO CAUSA DA RECAÍDA DO DEPENDENTE QUÍMICO

DETERMINANTES INTRA E INTERPERSONALES PERCIBIDOS POR LA FAMILIA COMO CAUSA DE RECAÍDA DEL DEPENDIENTE QUÍMICO

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ABSTRACT

Descriptive qualitative research conducted in an in-patient rehabilitation center for drug users in the state of Paraná, Brazil, in 2012, which aimed to identify the causes of these patients' relapses based on intrapersonal and interpersonal determinants perceived by family members. Nineteen (19) semi-structured interviews were carried out with the family members of drug users who were undergoing treatment. Results were analyzed according to Marlatt and Witkiewitz's intrapersonal and interpersonal determinants and organized in thematic categories by means of Qualitative Data Interpretation. Self-efficacy, motivation, coping, emotional states, craving as intrapersonal determinants, and social support as an interpersonal determinant emerging from the family members' accounts, with the exception of the intrapersonal determinant of outcome expectancy. It was therefore concluded that the identification of such determinants in the treatment of chemical dependency may help health professionals to develop strategies to prevent drug users' relapses.

Keywords: Substance-Related Disorders; Mental Health; Family; Nursing.

RESUMO

Pesquisa qualitativa, descritiva, realizada em uma unidade de internamento de reabilitação para dependentes de substâncias psicoativas no estado do Paraná, em 2012, com o objetivo de identificar as causas de recaída de dependentes químicos com base em determinantes intrapessoais e interpessoais percebidos pelos familiares. Foram realizadas 19 entrevistas semiestruturadas com familiares de dependentes químicos em tratamento. Os resultados foram analisados segundo determinantes intrapessoais e interpessoais propostos por Marlatt e Witkiewitz e organizados em categorias temáticas com interpretação qualitativa dos dados. Os determinantes intrapessoais autoeficácia, motivação, enfrentamento, estados emocionais, fissura e o determinante interpessoal apoio social emergiram dos relatos dos familiares, com exceção do determinante intrapessoal expectativa de resultados. Concluiu-se que a identificação desses determinantes no tratamento da dependência química pode auxiliar os profissionais de saúde a desenvolverem estratégias de prevenção da recaída de dependentes químicos.

Palavras-chave: Transtornos Relacionados ao Uso de Substâncias; Saúde Mental; Família; Enfermagem.

RESUMEN

Estudio cualitativo descriptivo realizado en una unidad de internación de rehabilitación para dependientes de sustancias psicoactivas del estado de Paraná, en 2012. Su objetivo fue identificar las causas de recaída del adicto en base a los determinantes intrapersonales e interpersonales observados por la familia. Se realizaron 19 entrevistas semi-estructuradas con familiares de dependientes químicos en tratamiento. Los resultados fueron analizados según los determinantes intrapersonales e interpersonales propuestos por Marlatt y Witkiewitz y organizados en categorías temáticas con interpretación cualitativa de datos. Los determinantes intrapersonales auto-eficacia, motivación, enfrentamiento, estados emocionales, fisura y el determinante interpersonal apoyo social surgieron de los relatos de los familiares, a excepción del determinante intrapersonal expectativa de resultados. Llegamos a la conclusión que la identificación de los determinantes en el tratamiento de la dependencia química puede ayudar a los profesionales de la salud a desarrollar estrategias para la prevención de recaída del dependiente químico.

Palabras clave: Transtornos Relacionados con Substancias; Salud Mental; Familia; Enfermería.

INTRODUCTION

Chemical dependence is understood as a multicausal illness, considered a threat to the drug user's quality of life, requiring clinical, pharmacological, and psychosocial treatment. To achieve this, organized services, prepared staff, medical care, and an efficacious dedication provided to the users and family members are needed.¹

The United Nations Office on Drugs and Crimes shows that the abusive use of alcohol and other drugs are among the main factors responsible for premature deaths, the loss of productive and healthy lives of men and women, resulting in an expressive impact on family, economic, and social life.²

Epidemiological data reveal that nearly 10% of the world's population that lives in the large urban centers use, in an abusive manner, some type of psychoactive substance.¹ The data referent to Brazil show that 5.7% of the population are dependent on alcohol, marijuana, and/or cocaine, a percentage that represents more than eight million people.³

Upon comparing this quantity to the average number of people per Brazilian household, 3.5 individuals per household, it could be concluded that nearly 28 million people currently live with someone who is chemically dependent on a psychoactive substance.³ Faced with these alarming numbers, chemical dependency has been widely debated, given that the abusive use of psychoactive substances, a practice that can lead to dependency, has become a serious public health problem.¹

With the development of chemical dependence, the family nucleus is damaged, since dependency affects interaction and shakes the ties, and trust ceases to exist, causing suffering and fragility in the relationships. Although there are few studies about the family and chemical dependency, it is well-known that the experience lived by the family and their loved one, who is a drug user, is devastating in physical and financial aspects, as well as in interpersonal and social relationships. Equally important here is the social vulnerability in which the drug user many times finds him/herself.⁴

Chemical dependency is a chronic disorder and, by its own nature, presents a tendency towards relapses, regressing to the same level of substance abuse that the individual had reached beginning his/her abstinence.⁵

It is understood that a relapse is, in many cases, part of the treatment, and the medium in which the drug users live, the non-recognition of their own impotence when confronting the addiction, the difficulty to cope with frustrations, and their own inactivity, can favor this situation.⁶

When the relapse occurs, the family is the first and main system affected, as it feels it has its hands tied regarding the situation, it lives the suffering, it presents feelings of disbelief in relation to the drug user's treatment and maintenance of abstinence of the psychoactive substance. Many family members believe that the

relapse is the patient's fault, resulting from the individual's moral flaw, lack of willpower, or moral strength to make a change.⁷

The main purpose of the prevention of relapses is to treat the problem and generate techniques to prevent or handle its occurrence. Based on a cognitive-behavioral structure, the prevention of a relapse aims to identify high-risk situations in which the drug user is vulnerable to relapses and to use strategies to prevent future episodes.⁸ It is important to highlight the cognitive-behavioral approach, which is one of the most commonly used techniques, but it is not the only approach that has proven effective.

For this, the strategies are aimed at the answers to intrapersonal and interpersonal determinants, as proposed by Marlatt e Witkiewitz⁸, which can prevent lapses and relapses. The first intrapersonal determinant refers to self-efficacy, expectations for results, motivation, coping, emotional states, and craving, while the interpersonal determinants refer to social support. It is important to note that these determinants, in the majority of cases, are related one to another as regards the process of relapse.⁸

Studies on the theme of relapse are important, as the need for debate among professionals on this phenomenon in the realm of concepts that go beyond the healthcare process and the illness of chemical dependency are becoming ever-increasing necessary.⁹ Taking Marlatt and Witkiewitz's⁸ theoretical reference into consideration, research on this theme contributes to the comprehension and knowledge of the interpersonal and intrapersonal determinants that are an integral part of the process of drug users' relapses and abstinence. Therefore, as this is an integral part of the professional practice of healthcare workers, including that of nurses, results of studies on this theme can benefit from the development of therapeutic strategies adapted for the recovery of the drug user and the maintenance of his/her abstinence.

Thus, the aim of this study was to identify the causes of drug users' relapses according to intrapersonal and interpersonal determinants as perceived by family members.

METHOD

The present work is a qualitative, descriptive study, conducted within a healthcare service that is a part of the psychosocial care network, called a Psychosocial Care Center (CAPS) in a town located in the state of Paraná, Brazil, aimed at treating patients who are chemically dependent on psychoactive substances, male, and 18 years of age or older.

The participants included 19 family members of drug users, 17 women and 2 men, between 18 and 66 years of age, 09 married, 05 widows, 02 divorced, and 03 single. The participants were invited to participate in the study on the day of the family visit and/or in the family meeting that took place once a week. One family member per drug user was recruited. The

number of participants was determined by the theoretical saturation of the data.

The data were collected from February to March 2012, by means of a semi-structured interview, with the guiding question: "talk about what you feel led your chemically dependent family member to relapse into drug use." The interviews were recorded on a digital recorder, performed individually in a location made available by the administrative staff of the health unit, considering the participant's preferred times.

The data from the interviews' transcriptions were analyzed in thematic categories according to the qualitative interpretation of data, involving the stages of data ordering, data classification, and final analysis.¹⁰

In the data ordering stage, the interviews were transcribed in full and the re-reading and organization of the material was performed according to similarity. In the data classification stage, a detailed reading of the data was performed to search for the core ideas, grouping them according to the determinants of lapse and relapse, as set forth by Marlatt and Witkiewitz⁸, with the five intrapersonal determinants of self-efficacy, motivation, coping, emotional states, and craving, as well as an interpersonal determinant of social support.

This article resulted from the research project approved by the Research Ethics Committee from the Health Sciences Sector of UFPR, logged under protocol number: 0825.0.000.091-10. The ethical precepts were safeguarded in accordance with Resolution 466 from 2012 from the Brazilian National Health Council. The participants were identified in this article by codes (F1, daughter... F19, Mother), with no relation to the order of the interviews.

RESULTS

CATEGORY 1 – INTRAPERSONAL DETERMINANT: SELF-EFFICACY

Through that reported by family members, it could be perceived that the chemically dependent family members, as they believed that they were fine, did not continue the treatment and, for this reason, suffered a relapse. The drug users believed that they would be able to stay near high-risk situations, such as bars and other drug users, and would not return to using the drug in a problematic manner, a fact that did not occur:

People think they have superpowers, they go through one year and says that they will never drink again and this isn't what happens. I think that people who are alcoholics their whole life have to undergo treatment, because at any moment they could suffer a relapse. And they don't do this, they take little care of themselves. [...] During a time, they are very strong, watched people drinking, and did not

consume, and if you have an addiction, then you want to drink. This last time my father suffered a relapse was inexplicable, he started with one drink, then another drink, he would come home a little later, when we realized it, one day he came home completely drunk (F1, Daughter).

The excessive degree of confidence was a determining factor for the drug user's relapse, as it caused the false sensation that he/she could use the drug in a recreational manner. In this sense, he/she would progressively increase drug use until returning to the standard quantity that he/she had reached before abstinence:

He believed that if he knew how to drink that he would not become addicted again. [...] From drink to drink, he began to drink heavily again (F4, Daughter).

[...] he resolves to drink an alcoholic beverage and thinks that he is OK, that he can drink it, and he begins to drink one beer today, tomorrow two, the day after tomorrow three, until he can no longer control it [...] this is what happens (F5, Brother).

The patient's low self-esteem is a determining factor for drug user relapses, since believing that they are sick or that they are impotent when around drugs or in high-risk situations makes the drug user more vulnerable to a relapse:

He said, "if I can't have my friends, if I can't go to the bar to visit my friends, then I am not even a man," except that [...] he goes to the bar, and the first times, he resists, but then he starts to drink beer, then he drinks other stronger things, and he suffers a relapse (F9, Ex-wife).

I tell him that he has to be strong, he has to face it. He says that when he sees a bar, he won't even go down that street, he'll take another for fear of suffering a relapse. I tell him that there's no sense in running away, you have to confront it, you have to face it, running away from the situation isn't going to solve anything (F4, Daughter).

CATEGORY 2 – INTRAPERSONAL DETERMINANT: MOTIVATION

The relapse into drug use was determined by the will of the drug user, who is unaware of his/her addiction to psychoactive substances.

I think that it was because of the addiction itself. Actually, he never made the effort, he was weak and did not make the effort to stop (F4, Daughter).

This last time, he had no excuse, he left the hospital, one night passed and on the other he went out and did not come back, we haven't heard from him since [...] he went back to using drugs because he wanted to (F6, Mother).

[...] he stays 15 days in the hospital and asks to leave because he thinks that he's better. He says, "now I'm better, I'm not going to drink anymore," when he leaves, he has full support [...] but then suddenly he disappears and goes to the bar and relapses (F5, Brother).

The drug user stayed abstinent for longer when his mother was alive, presenting a motivation to avoid the problem behavior, but after her death, he relapsed into compulsive drug use: "*[...] it has been two years since my mother died [...] when she was alive, he would respect here a little [...] he would stay longer without doing drugs. Now, he suffers relapses more often*" (F5, Brother).

CATEGORY 3 – INTRAPERSONAL DETERMINANT: COPING

The difficulty to cope with the ordinary problems of life is motive for a relapse, the feeling of guilt and the desperation of being faced with a specific situation and not knowing how to act were determining factors to explain why the drug users would find a safe haven in drugs:

To me, the relapse, sometimes, is a weakness, [...], sometimes it's a necessity, it's a disease, it's desperation, with any little problem, he drowns himself in sugar cane whiskey (cachaça) (F1, Daughter).

He went six years without drinking [...] his relapse into drinking is because eight months ago our mother died, when she died, in that same week, he began to drink, we couldn't control him anymore [...]. He felt guilty about her disease. She had cancer, and we went to a psychologist, who explained that cancer comes from a suffering life. And he started to put it into his head that it was his fault. Except that we explained that nobody had anything to do with that, that it just had to happen. And he began to feel guilty, he'd say he killed my mother (F3, Daughter).

[...] he made up an excuse for everything. It was because he and my mother were divorced, that my mother didn't want him anymore, and he loved her a lot. He made up excuses, but [...]. (F4, Daughter).

Drug users need permanent support from the family. The absence, even if for a valid reason, such as work, causes insecurity

in them, and the lack of company makes it difficult to be alone, which contributes to one's relapse into drug use: "One reason was also that I moved away from him a little [...] I left because of work, but now I am not going to leave him anymore, because he feels more secure near me. I was not close by, and he missed me and suffered a relapse" (F10, Father).

CATEGORY 4 – INTRAPERSONAL DETERMINANT: EMOTIONAL STATES

Positive affection contributed to drug use, since drug users, as they do not know how to deal with moments of fun, parties, and accomplishments, use the drug as a way to celebrate:

[...] during work, he was fine, he bought a car, had some girlfriends, and went out drinking, partying (F5, Brother).

He wanted to go out and have a little fun and ended up, in this fun, going in the wrong direction. [...]. (F10, Father).

Depression, as a negative affection, was one key reason for drug users' relapses, and even with support from the family, this negative emotional state would lead the person to relapse into drug use:

[...] he always says he went back to using drugs because of depression, he talks a lot about depression. I told him that when he was feeling something bad that he could look up one of his brothers to talk, that we would help. But no, he goes to the bar (F5, Brother).

His excuse is always because he feels so alone, the lack of a person, a companion, but I tell him that he has to keep his chin up, think about being someone in life, in having responsibility [...]. (F19, Mother).

[...] the deception makes him go back, what always made him go back was the deception of wanting to see his daughter and his wife not letting him. He has already gone back to doing drugs many times because of this (F18, Mother).

CATEGORY 5 – INTRAPERSONAL DETERMINANT: CRAVING

The uncontrollable desire to use drugs hindered the drug user from staying abstinent. A greater force, in this case, the addiction, hindered his/her permanence in the state of abstinence, in addition to the use of other substances that acted as stimulants to using his/her preferred drug:

[...] I don't blame anyone. Because he says that it's already difficult to get the drug for him, because he is even going to take a friend for him to have to pay [for the friend to consume the drug together], that's why he gets the drugs alone, without any help, without influence, without help from anyone. I think it is just his own desire (F2, Grandmother).

[...] he participated in AA, he knows all about this [...] he is experienced in that area, but I think there is a bigger force inside of him (F5, Brother).

When his body is almost clean, without the poison of drugs, without the effect of drugs, he relapses again, he feels the anxiety to use drugs, when he feels that anxiety, he stays on the street for two, three days, sometimes he even stays for a week on the street, so he uses the drugs while he can (F19, Mother).

CATEGORY 6 – INTERPERSONAL DETERMINANT: SOCIAL SUPPORT

The direct negative social support acts as a motive for the drug users' relapses when someone, upon offering them drugs, damaged their state of abstinence, pushing them to use drugs again:

[...] they offered him a drink. He didn't want it, he didn't want it, and they said, "just one more drink won't hurt you." In this one drink, he started up again (F4, Daughter).

[...] because when he leaves here, he wants to buy a car, make money to show his wife that he can, to say that he is off drugs, but if he doesn't do the CAPS program, he won't kick the habit, because he is already well-known in the bar, so the guys get on him, it's really difficult, it's not easy (F8, Grandmother).

Seeing someone using the drug is a reason for relapse. Being in unfavorable situations with people that stimulate drug use contributed to drug users being unable to remain abstinent. Living with someone who is also a drug user also facilitated the relapse:

He was in the hospital for one month and left another person, he began to work, bought a car, my mother got pregnant, he was making good money, we ate, dressed and went out well. And then three years later he tried to take a drink and suffered a relapse, he went to the bar to buy a coke, he saw someone drinking, and he got the urge (F1, Daughter).

He got divorced and now he is living with this woman, who is also hospitalized [...] he drinks too much sugar cane whiskey (cachaça), we tell him that living together has to be good, but if it is good for them, right? [...] the two together, being together, they have a greater chance of going back to using it, because what one does, the other will also do (F6, Mother).

DISCUSSION

Self-efficacy, one of the intrapersonal determinants identified in the quotes from the family members, is defined as the degree of confidence that an individual presents when exposing themselves to a specific risk behavior, that is, the higher the self-efficacy, the higher the individual's confidence not to use drugs, which can lead to better results in maintaining abstinence.⁸

After a period of abstinence, what may happen is that the drug users believe that they are cured; however, the chemical dependence is a chronic illness, which demands treatment for an indeterminate time.¹¹ It is necessary to respect their behavior, give them value, consider their opinions, ideas, interests, and limits, but it is also important to emphasize that the excess of confidence can, many times, lead drug users to a relapse, which is why it is considered to be one of the most common causes of one's relapse into drug use.¹²

Another intrapersonal determinant identified in the interviews was motivation, which can be related to the process of relapse in two distinct manners: the motivation for one's positive change in behavior and the motivation towards involvement in problem behavior. The motivation towards change can be defined as the stimulus toward abstinence or a reduction in drug use, while the second type of motivation can be defined as the stimulus towards one's involvement in drug abuse.⁸

This stimulus is provided by psychological or social factors and can be roused in an conscious or unconscious manner towards the desired goal. There are different levels of motivation for change, from the lowest, pre-contemplation, which represents little motivation for change, to the contemplation and maintenance, which translates into a high-level of motivation.⁸ One study conducted on motivation, carried out with 200 drug users in a psychiatric hospital and rehabilitation house in the Northern regions of Brazil, highlighted that the motivational stage was essential for the process of the drug users' relapses.¹¹

In this sense, in the quotes from the family members, it was possible to identify a low level of motivation on the part of the drug users' family members concerning the search for treatment, characterizing it in the pre-contemplation stage, in which the drug user believes that he/she has more benefits when using psychoactive substances than when in abstinence. This is due to various factors, such as the lack of information,

the lack of insight, or denial, and these drug users, when they seek treatment, commonly do it because they have been influenced by family members or friends.¹³

The low level of motivation is one of the many difficulties faced by the family of a drug user, since the user does not relate the biological, social and professional problems to his/her addiction. Consequently, the family is constantly trying to convince the drug user to accept the treatment. This process of persuasion can take years, generating frustration and emotional strain.^{13,14}

The raising awareness process, associated with the search for motivational strategies, such as other forms of pleasure that do not include drugs, like satisfaction from work, study, sleeping, cultivating one's spirituality, physical activities, and sexual relations, are relevant and help the drug user to leave the motivational stage of pre-contemplation, as it stimulates the brain's compensation zone, offering sensations of pleasure, preventing relapses.¹⁵

Coping, another determinant recognized in the quotes from the family members as being difficult for the drug user to stay abstinent, is the capacity of the drug user to use effective cognitive and behavioral strategies to tackle risk situations. The strategies used by the individual should be geared toward the reduction of drug use or even achieve abstinence, as well as to achieve some form of gratification when confronted with a specific situation.⁸

This determinant involves attempts of acceptance, coping, avoidance, or restructuring as a means through which to face the risk situation. Inefficient or poorly adapted strategies contribute to the process of relapse, making coping an essential predictive determinant in this process.¹⁶

Daily conflicts in the workplace, in the social medium, and in family relationships, as well as choices and group pressure, are situations that, without the ability to cope, represent a reason to continue one's drug abuse or even suffer a relapse. Drug users begin to use psychoactive substances as a way to distance themselves from the problems, an escape from reality.¹⁷

In this sense, the prevention of a relapse is a treatment method that is based on the drug user's individual capacity to remain abstinent, and guides the drug user to recognize, anticipate, and deal with the pressures and problems that can lead to a relapse.⁸

The "emotional state" determinant relates the affection as the main motive for one's relapse into drug use, given that the excessive use of drugs is also motivated by regulations of affective, be they positive or negative. In many cases, the use of psychoactive substances represents a negative reinforcement when faced with the improvement of an unpleasant affective scenario, such as the physical and mental symptoms resulting from abstinence.⁸

Drug users have difficulty in dealing with negative feelings, such as pessimism, guilt, and worthlessness, as well as with positive feelings, such as happiness. These feelings can interfere

considerably in the recovery process, since the drug user is unable to manage his/her own feelings and control his/her own emotional state. Therefore, the search for emotional balance is essential for change.⁸

The final intrapersonal determinant found in the interviews with the family members is that of craving, which is the most studied and least understood concept concerning chemical dependence. Researchers and patients described this determinant as a terrible adversary in their recovery process and persistence in the treatment.⁸

Craving should be considered an important determinant to be observed during treatments for chemical dependence, as it leaves the drug user vulnerable to relapses and, consequently, to the abandonment of the treatment, even when he/she is determined to stay abstinent or not use the psychoactive substance over a long period of time.¹⁸ This can be defined as a subjective desire to repeat the experience of the effects from a given substance. This desire can occur both in the consumption phase, as well as in the abstinence phase or even after a long period of non-use, which can be accompanied by alterations in one's mood, behavior, and way of thinking.¹⁹

One study reveals that the sensation of craving contains physiological, cognitive, affective, and behavioral components that many times end up leading the drug user who was abstinent to relapse into drug use.²⁰

The repetitive and obsessive use provoked by a craving deletes the drug users' good judgment and causes him/her to make bad decisions in their relations with society and with their family, as they begin to focus their attitudes only on finding the drug. When they perceive themselves as excluded from the family and social mediums, without confidence from others, and aware of their losses, the drug users search for methods to remain abstinent.¹⁵

Social support, an interpersonal determinant, plays an essential role in preventing relapses. When positive, it becomes extremely important in long-term results of abstinence. By contrast, when it is negative, it represents a greater risk of relapse due to the direct or indirect social pressure exerted on the drug user.⁸

Direct social pressure is determined when the drug user is persuaded by his/her peers to use the drug. By contrast, an indirect social pressure occurs when a subject uses the substance in front of the drug user without necessarily offering it. In this scenario, individuals with poor social skills have an increased risk for drug use.⁸

One of the strategies that the drug users must adopt in order to avoid a relapse is to distance themselves from the social environment, to escape from the locations where drugs are being used, to distance themselves socially from other drug user friends, as well as eliminate any memory that can facilitate a relapse.¹⁵

Also highlighted as a difficulty in remaining abstinent is the presence of another family member in the same house

who is also a drug user, making it an unfavorable environment for the recovery process. These drug users can, through their drug use, collaborate towards a possible relapse of the recovering drug user.^{6,7}

CONCLUSION

It could therefore be concluded that the main goal of preventing relapses is to treat the problem and produce techniques to prevent and manage its occurrence. In this context, the analysis of the results of the intrapersonal and interpersonal determinants contributed to identifying the causes of drug user relapses as perceived by family members, with the exception of the intrapersonal determinant of outcome expectancy.

In the self-efficacy determinant, what stood out was the situation of the drug users' belief that they could live with risk situations and how much this would affect their family relationships. The determinant of motivation is related to positive and negative family questions. As regards the intrapersonal determinant of coping, the family members referred to the difficulties to confront daily situations, as also occurred in the determinant of emotional states in which they reported the difficulty of remaining abstinent due to the good and bad situations that occurred in the drug user's daily life.

The craving is an intrapersonal determinant that was most understood by the family members, given the difficulty of understanding the uncontrollable desire to use psychoactive substances. Finally, the interpersonal determinant of social support is highlighted by the negative situation that appears in the social interaction with other drug users, as well as the difficulty of finding support in this process.

It is hoped that the questions raised in this study contribute to the process of the rehabilitation of drug users. In addition, as the issue of relapse is considered to be a part of the treatment of drug users, it is the healthcare professionals' responsibility to gather knowledge about such determinants so that they can be used as therapeutic strategies in the drug user's recovery process and in the development of strategies for family members.

It should also be noted that there is a need for public policies that act with drug users, focusing on exclusive work with the families, as well as research that makes it possible for professionals in the field to acquire knowledge concerning the proper care to be provided to drug users.

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