

WOMEN AND THE ABUSE OF PSYCHOACTIVE SUBSTANCES: CHALLENGES AND IMPLICATIONS FOR NURSING

MULHERES E O ABUSO DE SUBSTÂNCIAS PSICOATIVAS: DESAFIOS E IMPLICAÇÕES PARA A ENFERMAGEM

MUJERES Y ABUSO DE SUSTANCIAS PSICOACTIVAS: DESAFÍOS E IMPLICACIONES PARA LA ENFERMERÍA

Larissa Horta Esper¹

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Objective: to reflect on the biopsychosocial characteristics of psychoactive substance abuse and addiction by women, focusing on the challenges and implications for nursing practice. **Method:** descriptive and reflective study of the theoretical essay type. **Results:** the study allowed reflection with the following strands: *Clinical characteristics of women with abuse and addiction*, *Challenges for nursing performance* and *Violence against women associated with abuse of psychoactive substances*. The recognition of female physiological susceptibility to alcohol and drug damage and psychiatric comorbidities stood out as central points for nursing practice. Barriers to access treatment related to the expectations of the social role assigned to women were discussed. **Final considerations:** the incorporation of the gender perspective in the planning of actions regarding the treatment of women with substance abuse allows practices effective and sensitive to the specificities of this population.

Descriptors: Women. Nursing. Substance-Related Disorders. Alcoholism. Illicit Drugs.

Objetivo: refletir sobre as características biopsicossociais do abuso e dependência de substâncias psicoativas por mulheres com foco nos desafios e implicações para a prática de enfermagem. **Método:** estudo descritivo e reflexivo do tipo ensaio teórico. **Resultados:** o estudo permitiu a reflexão seguindo as vertentes: *Características clínicas de mulheres com abuso e dependência*, *Desafios para a atuação da enfermagem* e *Violência contra a mulher associada ao abuso de substâncias psicoativas*. Destacou-se como pontos centrais para a prática de enfermagem o reconhecimento da suscetibilidade fisiológica feminina aos prejuízos de álcool e drogas e as comorbidades psiquiátricas. Discutiu-se barreiras de acesso ao tratamento relacionadas às expectativas do papel social atribuído à mulher. **Considerações finais:** a incorporação da perspectiva de gênero no planejamento das ações ante o tratamento de mulheres com abuso de substâncias psicoativas permite práticas efetivas e sensíveis às especificidades dessa população.

Descritores: Mulheres. Enfermagem. Transtornos Relacionados ao Uso de Substâncias. Alcoolismo. Drogas Ilícitas.

Corresponding author: Larissa Horta Esper, larissa.horta.esper@gmail.com

¹ Centro Universitário Barão de Mauá. Ribeirão Preto, SP, Brazil. <https://orcid.org/0000-0002-8224-2833>.

Objetivo: reflexionar sobre las características biopsicosociales del abuso y la dependencia de sustancias psicoactivas por parte de mujeres, con un enfoque en los desafíos e implicaciones para la práctica de enfermería. Método: estudio descriptivo y reflexivo del tipo ensayo teórico. Resultados: el estudio permitió la reflexión siguiendo los siguientes aspectos: Características clínicas de mujeres con abuso y dependencia, Desafíos para la actuación de la enfermería y Violencia contra la mujer asociada al abuso de sustancias psicoactivas. Se destacó como puntos centrales para la práctica de enfermería el reconocimiento de la susceptibilidad fisiológica femenina a los daños del alcohol y las drogas y las comorbilidades psiquiátricas. Se discutieron las barreras de acceso al tratamiento relacionadas con las expectativas del papel social atribuido a la mujer. Consideraciones finales: la incorporación de la perspectiva de género en la planificación de las acciones ante el tratamiento de mujeres con abuso de sustancias psicoactivas permite prácticas efectivas y sensibles a las especificidades de esta población.

Descriptor: Mujeres. Enfermería. Trastornos Relacionados con Sustancias. Alcoholismo. Drogas Ilícitas.

Introduction

The assistance aimed at people with disorders related to the use of psychoactive substances is recognized as a relevant and priority problem for the health sector⁽¹⁾. In this context, the literature identifies different clinical practices for the treatment of addiction and associated problems. However, there is a large production of knowledge with an approach aimed predominantly at men and a lack of analyses that include the gender perspective. Thus, the importance of addressing this problem including understanding the female context is highlighted to recognize the real needs of such women with possible outcomes for treatment and better basis for nursing performance and multiprofessional team⁽²⁾.

Researchers face the challenge of understanding the behavior of psychoactive substance (PASs) use in its various levels of severity, from experimentation to the development of addiction. It is known that different subtypes of severity of use also have distinct etiologies, and there is no single and simple explanation for the understanding of PAS use. The literature describes different theoretical models that try to understand the etiology of alcohol and other drugs use and how they correlate, such as the medical or disease model, the legal ethical model, the sociocultural model and the biopsychosocial model⁽³⁾, the latter being considered in this text.

The biopsychosocial model of understanding the health and disease process highlights the limitations of the strictly biological understanding model and emphasizes the need to include

psychological and social factors for better understanding. Thus, the biopsychosocial model for understanding PAS consumption in the context of women, proposed in this article, considers the mutual influence between these levels to approach the problem.

The biological level for PAS abuse is understood as a biological predisposition. This level includes genetic factors, neurocerebral chemical changes, deficiency of metabolism of alcohol or other drugs. The National Institute on Drug Abuse (NIDA) estimates, for example, that genetic factors are responsible for 40% to 60% of an individual's predisposition to drug dependence. In addition, meta-analysis of this same group identified that certain genes (OPRM1) contribute to the shared dependence mechanisms between different psychoactive substances (alcohol, tobacco, opioids, cocaine), however, they highlight that the influence of environmental and social factors is essential for gene expression⁽⁴⁾.

The psychological level refers to behavioral and emotional risk characteristics. These factors include symptoms of anxiety and depression, impulsiveness, low self-esteem, low tolerance to frustration or stress, inadequate coping strategies and poor interpersonal skills. Compared to men, studies identify that women consume more psychoactive substances as a strategy for coping with negative emotional experiences, stress, anxiety and depression⁽⁵⁾.

The social level refers to the individual's relationships with the environment, family, friends

and society. A family unit with alcohol and/or drug abuse, which considers the excessive use of substances for acceptance, may be a social factor of vulnerability. On the other hand, the increased severity of substance use can result in social damages, such as job loss, legal problems and damage to family relationships. Moreover, the lack of social support for women, the fear of abandonment by their partner and loss of legal custody of children and financial dependence are important barriers to seeking help and treatment for women⁽⁶⁾.

Epidemiological studies identify that there are still gender differences related to the prevalence and pattern of alcohol and other drug consumption. Women, when compared to men, consume lower amounts and are more abstinent⁽⁵⁾. On the other hand, recent global meta-analysis studies have identified a progressive increase over time of alcohol-related problems among young women, who showed an abusive consumption pattern increasingly similar to that of men⁽⁷⁾. Thus, although the prevalence of female use is statistically lower, there is a narrowing of this difference with significant increase in risk for problems associated with abusive consumption, such as mental disorders, infectious diseases, breast cancer and cardiovascular diseases.

In this context, there is a need for specialized care of such women in different health services of the Psychosocial Care Network (RAPS - *Rede de Atenção Psicossocial*). Nursing professionals stand out during clinical treatment, as they become key tools in the transformation process of these women. Based on the above, this article aims to reflect on the biopsychosocial characteristics of abuse and dependence of psychoactive substances by women, focusing on the challenges and implications for nursing practice.

Method

This is a descriptive and reflective study, of the theoretical essay type. The selected publications were aligned to the central theme and added by the convergent research on care. The reflections were developed in light of the biopsychosocial

model of understanding the problem of alcohol and drug abuse by women.

Results and Discussion

Clinical characteristics of women with abuse of psychoactive substances

Women with abuse or dependence on PAS present clinical gender differences based on a complex interaction between biological, psychological, social and environmental factors. From a biological point of view, studies suggest that women are metabolically less tolerant to the use of alcohol and other drugs when compared to men⁽⁸⁻¹⁰⁾.

Even with the intake of equivalent amounts, alcohol has a greater negative impact on the female body due to the lower volume of body water, lower activity of the enzyme alcohol dehydrogenase (enzyme that decomposes ethanol in its metabolites) and higher proportion of body fat⁽⁸⁾. These characteristics cause women to have difficulty in metabolizing alcohol and consequently higher blood concentration of this substance. Thus, they reach higher levels of alcohol, which remain elevated for longer and, as a consequence, the damages related to the abuse of this substance progress early⁽⁹⁾. Regarding specifically amphetamine, robust differences are also seen in neuropharmacological studies that indicate that this substance induces lower striatal dopamine release in women; the lower euphoria is associated with a greater search to achieve the effects⁽¹⁰⁾.

The dependence manifests itself differently in men and women. Although men use PASs at higher rates, women progress to addiction more quickly⁽⁹⁾, report greater desire for consumption during abstinence and are more prone to relapse, a factor associated with the increased risk of overdose⁽¹⁰⁾. Thus, clinical complications arise early and in greater severity for them. This process is called by the literature as telescoping effect⁽⁸⁻¹⁰⁾.

The literature also reports cognitive damage. In a recent systematic review, the researchers

identified that women with alcohol abuse had greater cognitive damage than men, such as poor performance in activities that required attention, working memory, visual-spatial skills, balance and decision-making. The authors argue that the telescoping effect is responsible for the accelerated progression of alcohol-related problems and their consequences in women⁽⁹⁾. Thus, the nursing staff that assists the female population with problems related to PAS abuse should be attentive to the early physical and mental damage associated with consumption, because such clinical dysfunctions may be secondary symptoms to consumption of alcohol and other drugs.

Another relevant aspect that should be highlighted is the psychiatric comorbidity, that is, the association of two or more psychiatric disorders in the same individual. Women with abusive use or dependence on PAS seem to have a greater propensity to psychiatric disorders. Anxiety disorder, post-traumatic stress disorder and depression have been reported more frequently in such women^(9,11). Among the Axis II disorders, a study of a sample of alcoholic women indicated that about 20% to 40% of women in treatment had one or more concomitant personality disorders, such as borderline personality disorder and dependent personality disorder⁽¹¹⁾. Other examples identified are relationships between major depression and cocaine addiction, panic disorders and alcohol addiction, schizophrenia and multiple drug addiction, borderline personality disorder and multiple drug abuse, and eating disorders (for example, bulimia and anorexia nervosa) and the abuse of illicit drugs^(9,11). It is known that this association offers greater challenges for treatment.

Initially, three main hypotheses are used to clarify such association. The first one considers that each disorder is independent of the other. The second hypothesis considers that prolonged use of PAS triggers emotional symptoms and consequently psychiatric disorders. Finally, the third hypothesis considers that the presence of a greater number of psychiatric symptoms may contribute as a stimulus to the consumption of PAS, because women would use such substances

as a strategy to deal with distressing feelings, a type of self-medication⁽¹¹⁾. Thus, nursing staff members should be familiar with such hypotheses, as well as the main psychiatric symptoms and general criteria for classifying common psychiatric disorders. Such knowledge allows the identification of gender differences in the presentation of these conditions, as well as allows an adequate psychiatric interview, nursing care and intervention with outcomes for the clinical practice appropriate to this population.

The care services can promote therapeutic workshops for the development of self-esteem and self-efficacy of women. The relationship with herself and her interpersonal relationships are essential for the success of treatment. Issues related to the body and general well-being, not only directly about the use of PAS, are important to be developed, as well as the approach of coping strategies. Women often seek PASs in the face of negative emotional experiences more constantly than men who seek the drug in recreational situations^(5,7).

There is also a specific group of women who need a special look from the nursing team: pregnant women. Pregnant women often report some behavioral change during the first trimester of pregnancy, such as decreased use of tobacco and/or alcohol, changes in eating habits, increased intake of fruits and vegetables, and decreased daily caffeine consumption⁽⁸⁾. Such behavior changes need to be stimulated and guided by nursing. However, the nursing team should also consider that, although it is a period of tendency to healthy behaviors, some pregnant women persist in the consumption of alcoholic beverages and/or other drugs and need help. It should be remembered that even at low levels of prenatal exposure, the fetus can still be negatively affected by alcohol, with no safe amount of alcohol to be consumed during pregnancy. The recommendation of the World Health Organization (WHO) is total abstinence from alcohol use during the gestational period⁽⁸⁾. Pregnant women need professional support to refrain from PAS consumption, as well as obtain the necessary treatment for the consequences.

Challenges of the nursing team in the care of women with abuse of psychoactive substances

In women, the physical consequences of PAS abuse progress more quickly and the dependence occurs earlier when compared to men⁽⁸⁻¹⁰⁾. While, on the one hand, there is a short time interval between the beginning of abuse and the need for health care, on the other hand, only a small proportion of women receive treatment in the Psychosocial Care Network (RAPS - *Rede de Atenção Psicossocial*) due to the different barriers in the process of seeking help^(4,6,12).

Among these barriers, there are individual aspects of the woman, such as involvement with a partner who also has problems with PAS. The experience with this companion can reinforce the behavior of use, either directly by providing the drug or money to buy, or indirectly, due to the fear of losing the relationship when stopping using the drug. Moreover, there are barriers such as the lower social support of women, lack of place to leave children during treatment, the common threat to child custody, history of traumatic experiences, lack of economic resources (unemployment and financial dependence) and the strong social stigmas. Among these factors, the strong process of social stigmatization related to the fact that such women do not fit into the standards expected by society stands out. The use of PAS is associated with promiscuity, immorality and the inability of women to care for their families and children. Fear of moral judgment is considered an important obstacle to women seeking treatment⁽¹²⁻¹³⁾.

Social stigmatization was verified in an ethnographic study that analyzed the meanings of alcoholism for women attending meetings of the Anonymous Alcoholics. The authors discuss reports about the representation of the alcoholic woman as being shameless, contrasting with the image of the woman considered *bonest*. In addition, they observed a frequent feeling of shame regarding the use of alcohol related to the moral degradation of women, which makes female alcoholism considered by them as more

serious than male. The authors argue that in the sharing made during the women's meeting, the effects of alcoholism are considered inseparable in the physical, mental and moral spheres⁽¹⁴⁾.

Another recent study, conducted in a city in the interior of Paraná, with 8,888 women users of psychoactive substances, identified the profile of users of health and care services in the municipality. The data revealed that most of them were young, seeking therapeutic treatment around 35 years old, single, with children (about 61% of the sample, with 640 pregnant women at the time of care), average schooling, worked informally and had an income below a minimum wage. Alcohol was the main psychoactive substance used by women who sought social and health services. The identification of such characteristics reveals specific needs and allows verifying barriers for treatment, as well as developing strategies to improve their care⁽¹⁵⁾.

Another barrier to the search for help and continuity of treatment is related to the implementation of an assistance network that presents challenges to meet the needs of such women. In the context of the Brazilian Unified Health System (UHS), the Psychosocial Assistance Network (RAPS) (Ordinance n. 3088/2011) establishes the points of health services for the care of people with needs arising from the use of PAS and/or mental suffering/disorder. RAPS presents different services, including Psychosocial Care Centers (CAPS - *Centros de Atenção Psicossocial*), in their different modalities, including the alcohol and drugs III modality (CAPS AD III).

CAPS are open and community-based services that seek to promote the social integration of people with mental disorders and problems with PAS and are considered as the main gateway to the network of specialized care and support service for users. A recent study with CAPS III users identified that the main reasons for hospitalization of these women were detoxification, high social vulnerability and exposure to frequent risk situations. Although some women did not complete the treatment, the service was seen as a reference to help with comprehensive care⁽¹²⁾. In addition to CAPS,

there are services with urgent and emergency care, basic health care, residential care of a transitory nature and hospital care.

Basic Health Care is composed of services that are known to be frequently used by women. However, it is common to see that women seek these places with psychological and physical complaints secondary to the abuse of PAS with omission in relation to the consumption of PAS due to social stigmas and fear of moral judgment by the professional⁽¹²⁻¹³⁾.

Addressing the issue of *alcohol and drug use in women* may be considered challenging for some health professionals. The study conducted with primary care nurses identified that professionals tended to have negative attitudes towards alcohol, alcoholism and alcohol user⁽¹³⁾. Therefore, it is necessary to break the stigma, as well as the use of specific behavioral strategies and attitudes for women's evaluation. These professional attitudes include some that are important such as the attention and not judgment of the consumer behavior of women, the appreciation of positive aspects of speech, empathy, adoption of a firm but not authoritarian professional posture, respect for patient autonomy, the help during stabilization of the current stressful situation and emotional comfort.

The primary health care carrying out screening on alcohol, tobacco and other drug use is also considered essential. There are specific instruments that can be used by the nursing team to help detect PAS-related problems, such as Tolerance, Annoyed, Cut down and Eye-opener (T-ACE), used for assessing alcohol use in pregnant women; Alcohol Use Disorders Identification Test (AUDIT); and the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). These tools can assist in identifying alcohol and other drug problems, in intervention, and help in referral to specialized treatment when necessary.

In the hospital context, psychiatric hospitalization services considered components of RAPS are the reference Psychiatric hospitals (PH), the specialized wards in the General Hospital (GH) and the psychiatric emergency services (PES) (Ordinance n. 3088/2011). Since the approval of

Law n. 10,216/2001, the rights of patients with mental disorders have been regulated and hospitalization in psychiatric hospitals and clinics occurs only in specific cases, avoiding long-term hospitalizations.

Psychiatric hospitals are services designed to meet the most serious psychiatric conditions, seek the clinical stabilization of the patient, minimizing the risks of harm to the patient and others, the assessment of psychosocial needs and the adequacy of medication when necessary. The conditions associated with severe mental disorders, such as schizophrenia, schizotypal disorders, mood disorders and disorders due to the use of psychoactive substances, are the main diagnoses of hospitalization⁽¹⁶⁾. Regarding the so-called Psychiatric Hospitalization Units of the General Hospital (UIPHG), they are considered a rear guard to the network and aim the treatment of people with mental disorders and with rapid community return, ensuring accessibility to the health care network. In the face of such hospitalizations, the nursing team plays a primary role in the deinstitutionalization process that requires planning for the discharge and psychosocial rehabilitation of the person with PAS-related problems, ensuring the continuity of treatment.

There are challenges for the implementation of wards with psychiatric patients, including the care provided by the nursing team itself. The negative professional imaginary related to madness compromises the quality of care provided to patients with dependence on psychoactive substances. It is observed that moral judgments, lack of preparation and low active listening of the professional due to the imaginary of *madness* or *psychiatric patient* is a professional attitude that invalidates the somatic complaints for those who listen.

Common experiences of the nursing team when assisting patients with severe mental disorders are tension, discomfort and lack of professional satisfaction. The category *tension* relates to the perception of nurses to be constantly in a state of vigilance to ensure the safety of the patient, their own and of others,

factor that was often used as justification for the use of mechanical and physical restraint of the patient. The *discomfort* associated with the professional feeling of unpreparedness occurs due to the lack of knowledge and training to deal with issues related to mental health.

The *lack of professional satisfaction* is related to thinking about ineffectiveness of their actions, that is, nurses do not believe that their interventions have any positive result for the patient. Thus, the expectations of incurability, unpredictability and periculosness of the mental patient still permeate the imagination of nursing teams and are responsible for much of the resistance to care with these individuals⁽¹⁷⁾.

Violence against women, abuse and dependence on psychoactive substances

Violence against women, associated with substance abuse and dependence, is demonstrated in national epidemiological data. The National Survey on Crack Use in Brazil identified that about 46.6% of women who used crack reported a history of sexual violence in their lifetime, a percentage six times higher than that found among men (7.4%). The number of women who reported receiving money or drugs in exchange for sex in the last month was 23 times higher than men. Such sexual commercialization implies greater vulnerability to new episodes of violence⁽¹⁸⁾.

A gender difference was observed in relation to the risk of physical and sexual abuse during development. Although during childhood, for both genders, there is a risk that this type of violence will be perpetuated by family members and known people, during adolescence and adulthood there is a change. While for men the risk of violence is higher when being practiced by strangers, for women, the greater risk is between close people and intimate relationships. This fact is confusing for these women, since the same individual for whom they show affection is the main responsible for the aggression. When observing the national statistics through the 2019 *datasenado* on violence, this situation is verified,

three out of ten women reported having already been a victim of domestic or family violence, with the partner as the main aggressor. In 41% of the cases, the aggressor was the current partner (husband or boyfriend), and in 37%, the former partner, thus totaling 78% of the reported cases.

The abuse and dependence of psychoactive substances play an important role in violence, either as a factor that propitiates, influences or triggers. Women often use PAS in an attempt to deal with the situation of violence and alleviate the emotional pain experienced by the trauma; the pleasurable and well-being effects of the drug are used as support and related to higher rates of relapse⁽⁷⁾. On the other hand, PAS abuse can lead to a higher risk of exposure to new situations of violence, with a cycle of negative consequences. Although these hypotheses are identified, it is necessary to understand that the relationship between the use of PASs and violence is complex, a multidimensional and multi-causal phenomenon, not being understood in a single or simplified way. Given this, in order to carry out appropriate interventions and obtain effective treatments, services need to address issues related to trauma and exposure to violence. Understanding the relationship between trauma, mental health and substance abuse is extremely important for professionals who assist this population.

The appropriate professional posture is essential to obtain an attentive listening before the report of violence, without judgments and in a way that considers the feelings of the victim without disregarding her. When women begin treatment they typically need a safe space, because they feel insecure about their emotions, thoughts and social relationships. The service must offer a threat-free environment, and confidentiality is essential. Therefore, the nursing team should be careful about information and how violence is addressed in the service. In outpatient services, it is important to guide the woman on available places that she can seek help in society in emergencies, for example, list the phones and the name of a nearby professional who can assist her. Also, identify a close friend or trusted family

member who can help in emergency situations and guide through the network of local services to assist women in situations of violence.

The history of traumatic experiences may interfere even in the current form of maternal attention. Women with PAS consumption have greater individual and social vulnerability; this factor can hinder the experience of motherhood. It is relevant to clarify that motherhood transcends the biological field and also encompasses the concept of mothering, considered as the experience of affective relationships between mother and baby. The difficulty before motherhood is influenced by factors such as rejection of pregnancy, guilt associated with physical consequences to the fetus/baby due to maternal abuse of psychoactive substances in pregnancy, inadequate maternal care, neglect, lack of support from the father in the creation of children, intra-family conflict relationships, and especially conflicts with the mother figure. The professional approach and guidance on motherhood and maternity is suggested in order to identify the woman's ability to recognize the relationship of affection, care and attachment.

Some limitations should be considered when interpreting the conclusions of this reflection. Firstly, because it is a theoretical analysis, the generalization of the findings is limited, since there is no collection of empirical data. Furthermore, this study is based on a review of existing literature, which may not cover all perspectives or different regional and cultural realities. Thus, the implications for nursing practice may need to be adapted according to the local context.

Finally, the complexity of the theme is highlighted, which involves social, biological, psychological and cultural factors and requires a multifaceted approach. Future studies should be conducted with diversified methodological approaches to deepen the understanding and improve nursing practices related to the topic, including interdisciplinary analyses.

This reflection contributes significantly to the performance of the nursing team in the field of disorders related to the use of psychoactive substances. The objective is to overcome the

barriers faced by women with PAS abuse in seeking treatment, ensuring that their real needs are met during care.

Final considerations

Given the above, it was reflected on central points for the care of this population, such as the recognition of female physiological susceptibility to PAS abuse, the presence of psychiatric comorbidities identified as an additional challenge for treatment, the abuse of PAS associated with violence against women, the numerous difficulties and barriers to access to treatment in RAPS and, finally, maternity, considered a relevant issue to be addressed. It is important to highlight that the data presented are a part of the broad theme subjected to updates of new scientific evidence. In order to identify greater female specificities, future studies could explore pharmacological treatments, differences related to the neurobiological mechanisms of action of PAS and comparisons between different treatment models.

The incorporation of a gender perspective in the planning of health actions contributes to effective nursing care. It is also considered that the greater visibility and knowledge in the field of PAS dependence in women allow the development of appropriate public policies and strategies more sensitive to the specificities of this population.

Collaborations:

The author is responsible for the design and planning of the project, analysis and interpretation of data, writing of the article, critical review and final approval of the version to be published, and for all aspects of the work, ensuring the accuracy and integrity of any part of the work.

Competing interests

There are no competing interests.

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