

VULNERABILITY CONTEXTS IN PREGNANT WOMEN ADDICTED TO DRUGS OF ABUSE

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ABSTRACT

Vulnerability is an indicator of inequity and social inequality and detects the weaknesses of the person and the ability to confront the problems and/or grievance of health. Understanding the factors that influence the involvement and maintenance of drug use in pregnancy can contribute to the early diagnosis of vulnerability and planning interventions that assist in the evolution of a healthy pregnancy. The objective was to examine the analytical plans of vulnerability to understanding drug use in pregnancy. This is a retrospective, descriptive and exploratory study, using theoretical contexts of vulnerability in the individual, social and analytical plans programmatically. A semi-structured interview script consisting of four thematic axes and analyzed according to the theoretical framework of vulnerability was used. The 12 women were between 17 and 33 years and used multiple drugs since adolescence. Tobacco and alcohol were the initiation drugs and crack the most frequent during pregnancy. Women were considered vulnerable in the three plans, since they lived in an environment of risk, characterized by families, who maintain an additive culture, conflicts with justice, intrafamily violence, experiences of social situations of crime and abuse and absence of bond with health services.

Keywords: Women's health. Pregnancy. Vulnerability study. Substance-related Disorders.

INTRODUCTION

Originating from the Human Rights field, the term vulnerability refers to groups or individuals, legal or politically weakened, in the promotion, protection and/or guarantee of their rights of citizenship. There are three interdependent analytical plans for determination of greater or lesser vulnerability to social groups to the illness: individual; programmatic and social. These three integrated and articulated elements demonstrate the vulnerability⁽¹⁾.

The individual component considers the knowledge about the grievance and the existence of behaviors that create opportunities for its occurrence. The social considers that information and the power to incorporate them to change not just practices of individuals, but of aspects such as access to media, availability of material resources, power to influence political decisions and possibility of facing cultural barriers. While the programmatic considers that the social resources that individuals need not to be exposed and to protect themselves from certain grievances are available in an effective and democratic way⁽¹⁾.

The vulnerability must be understood not only by conditions of social inequality or lack of material resources, but also by a number of disadvantages faced by a social group, with fragile bindings, loss of fundamental rights, life project for the future, violence, low schooling, drug use in the family, among other aspects^(2,3).

The abusive consumption and drug dependence constitute a complex public health issue and involve a multitude of factors, including the role of the family, which has been the subject of constant discussion. However, studies that correlate vulnerability, the use of drugs of abuse and pregnancy are incipient. The recognition that women drug users constitute distinguished subgroup, with characteristics and needs and specific treatment started gaining importance in recent years⁽²⁾.

National and international studies show that approximately 20% of women make use of any drugs in pregnancy, even if it is reported little or no change in their behavior regarding the use of drugs during this period of life. Prejudice and discrimination, by society and by health professionals, are also pointed out as barriers to fight drug use in pregnancy, as well

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as the invisibility of pregnant women drug users in the basic attention to health and specialized prenatal care is a concern and should be the target of public policies⁽²⁻⁶⁾.

Most women reduce substance use during pregnancy, however, part of them still using, requiring support and specific treatment and the reasons for using persistence are arising from a complex interaction between the environment, physiology and individual characteristics of each woman. In this context, the vulnerability analysis can be used for understanding the use of drugs in the feminine universe, since it occurs at the intersection of behaviors and individual and subjective experiences related to issues such as sexuality, prejudices, freedom and death, permeated by unequal gender relations. Stands out that women in certain situations of abuse of drugs, are devoid of bargaining power of the practice of safe sex, unplanned children, with reduced chances of having a different life from the one the parents live^(7,8).

The vulnerability is an indicator of inequity and social inequality, it has multidisciplinary character and detect the weaknesses of the individual and the ability to confront the problems and/or health grievances. The incorporation of this concept in health research is important, due to the complexity of the object, especially as it is social, cultural groups and historically subjected to situations of inequality, as women⁽⁹⁾.

Situations in which women appear alone, in contexts of vulnerability, are barely explored⁽⁹⁾. Understand the factors influence on the involvement and maintenance of drug use in pregnancy can contribute to the early diagnosis of vulnerability and planning interventions that assist in the evolution of a healthy pregnancy^(3,10). This way, a question arises: Which contexts of vulnerability provides the maintenance of the use of alcohol and other drugs during pregnancy? To answer the question, this study aimed to examine the analytical plans of vulnerability to understanding drug use in pregnancy.

METHODOLOGY

This is a retrospective study of descriptive-exploratory character, using theoretical analytical plans of vulnerability⁽¹⁾. The documentary analysis and home interview techniques were used to approach the object.

The cases were from a Poison Control Centre

(CCI), where pregnant women were reported during the hospitalization in a Teaching Hospital of the northwestern region of Paraná, between 2008 and 2010. Pregnant women were selected by convenience, from epidemiological Toxicological occurrence/alcohol poisoning forms (OT/IA) archived at the CCI.

The inclusion criteria used were: pregnant women aged ≥ 18 years; diagnosis of poisoning by drugs of abuse during pregnancy; be resident in three municipalities of the metropolitan region of Maringá.

The sample was by convenience and selection of cases occurred from OT/IA that met the inclusion criteria. It was sought the medical records of 32 pregnant women and, from these documents, the information needed to invite women to be interviewed were acquired. After several attempts, it was possible to contact 12 women, to which it was applied a semi-structured interview script consisting of four thematic axes: characterization of women and the family; characterization of drug use; social and health indicators; and description of hospitalization during home visit.

The interview took place in a single encounter, had average duration of 60 minutes and was recorded in digital media. On occasion, the narrative of facts and important events in the history of women's lives that favored the use of drugs of abuse was obtained.

The data were examined according to the analytical frame of Mann, Tarantola and Netter (1992), in the plans of individual, social and programmatic vulnerability, divided into six interpretative axes. Individual, the contexts found were related to socio-economic aspects and the pattern of drug abuse. In social terms, relating to conflicts in family and recurring conflicts with the law. While the programmatic plan, refer to the accessibility to health services and issues related to the resolution and autonomy of women regarding to reproductive planning.

The survey obeyed to the ethical aspects of 466/12 and resolution was approved by the Research Ethics Committee of the State University of Maringá, CAAENo. 0040.0.093.000/11 and Opinion No. 065/2011.

RESULTS

Cases/year ranged between two and five cases. Seeking for the hospital in seven cases was by labor, in three by complications and obstetric clinics and in

two cases by violence. Ten pregnant women have been hospitalized in gynecology and obstetrics unit and two in the emergency room. When admitted to the hospital, they showed features of use of drugs such as crack and negligent appearance and/or signs of abstinence. After clinical research, had secondary medical and/or nurse diagnosis of intoxication by drugs of abuse and the case was notified to CCI.

In the individual test plan, the elements of vulnerability found relate to socio-economic data, and the pattern of drug use, which are additional factors for the understanding of individual vulnerability (table 1).

Socio-economic profile, found in women between the ages of 18 and was 33 years; low educational level; unstable marital situation, most multiparas; unemployment; without rent to own; street children. At the time of the study, nine women had no income

and had the financial resources from government aid, such as the Family support program. In addition, all women reported being homeless at some point.

As for the pattern of drug use, women began use in adolescence, there have been cases of multiple drug use initiation at 12 years old and most of them started before 15 years of age.

When listing the use of drugs throughout the lives of women, there is a standard equal to that of men, since the tobacco and alcohol were the drugs of initiation for both. Individually, tobacco was the first licit drug most used, while for illicit drugs, the highest occurrence was marijuana. The alcoholic beverage was the second drug of choice by four women, however, ten women used it throughout life. Cocaine powder was used by three women who, as a result, joined the crack. Ten women have used crack during pregnancy, revealing addictive behavior.

Table 1. Individual plan and contexts of vulnerability of women users of drugs of abuse in pregnancy. Maringá, 2017.

Analytical plan	Vulnerability	
	Analyzed elements	Contexts of vulnerability
Individual	Socioeconomic	
	Age	Young adult, in reproductive period
	Race/color	Race/color Brown
	Schooling	Low educational level
	Marital status	Single or stable Union
	Occupational situation	Unemployment, and/or homeless
	Income	No fixed income, living from child support of children or family support program
	Pattern of drug use	
	Early use	Between 12 and 18 years old
	Use in life	Initiation drugs - tobacco and alcohol
		Initiation illicit drug - cannabis. Drugs used in pregnancy-crack
	Use in pregnancy	Addictive behavior
	Comorbidities	Mental disorders and comorbidities related to drug use

Source: Data obtained from interview.

Regarding the drug use throughout life, nine women have admitted being in use of multiple drugs during the interview. The tobacco were used by eight women and remained as the most frequent, followed by alcohol (six), marijuana and crack (four) and only three reported being abstinent of illicit drugs for roughly a year. However, only one woman had help from social support networks.

With respect to comorbidities, there were physical and psychiatric. The 12 women interviewed reported health problems related to drug use. Although they hadn't performed psychiatric treatment, said 11 present mental disorders and seven performed clinical treatment believed to be drug-related. In the analytical social plan, the elements of vulnerability found were conflicts experienced by women in the family and to justice (Table 2).

The addictive behavior has been present in every

family and was characterized by the presence of multiple drugs, permissive attitude and, at the same time, stimulating consumption, in the figure of fathers, brothers, uncles, cousins and friends. It was observed users of tobacco and alcohol in the family of all women, marijuana was present in six families, and powder cocaine in four. The crack was the most common illicit drug among family members and was mentioned by ten interviewed.

The presence of one or more signs/symptoms of psychiatric disorders in mild or severe among family members was reported by 11 women. These disturbances were in the form of changes of mood and aggression⁽¹⁰⁾, signs of abstinence (eight), depression (two) and psychosis (two).

In two families had the presence of HIV due to injectable drugs. All have experienced several episodes of family conflicts, throughout their lives,

most often related to the use of drugs, or due to the involvement of at least one member of the family in drug trafficking and having alcoholism as aggravating factor.

Table 2. Analytical plan and social contexts of vulnerability of women users of drugs of abuse in pregnancy. Maringá, 2017.

Analytical plan	Vulnerability	
	Analyzed elements	Contexts of vulnerability
Social	Family conflicts	
	Addictive behavior	Present in every family
	Psychiatric disorders	Light and serious disorders in 11 families
	Interfamilial relationship	Conflicts in every family
	Physical violence	Present in 11 families
	Psychological violence	Present in 11 families
	Sexual violence	Experienced by six women
	Recurring conflicts with justice	
	Traffic	Experienced by eight women
	Other offences	Experienced by seven women
	Prison	Experienced by Five women
	Prostitution	Experienced by nine women
	Murder	Present in the family of three women

Source: Data obtained from interview.

In this study, the family context has shown marked by disruption events, such as drug use, mental disorder in family history and frequent conflicts, in addition to the violence in all ways. The oppressive situations experienced by women the silenced due to fear or shame or even face casual violence by their partners. Thus, even after the violence, did not report the attacker.

It was evidenced physical and psychological violence in the family, practiced by parents and experienced by five women since childhood. Six women suffered sexual violence, two in the family, one in infancy, raped at the age of ten by the stepfather and another during adolescence, in a situation in which the aggressor, even without being related to the family, lived with the family. The other suffered sexual abuse when homeless, usually under the influence of drugs.

The use/abuse of drugs favored the acts

infractions and recurring conflicts with the law, often in the lives of women and their families. In relation to drug trafficking and other offenses, there were involvement with their partners and the crimes were committed on the street or in the family environment, in order to obtain resources to keep the addiction. Five women were arrested for drug trafficking and acted as “mules” (used by the dealer to carry drug). Other family members were also in situations of deprivation of liberty, among them: partners; brothers; parents and cousins. The women have experienced death of relatives as a result of involvement with drug trafficking and/or drug dealers.

In the analytical programmatic plan, the elements of vulnerability found relate to accessibility to health services and issues related to women's reproductive planning (Table 3).

Table 3. Analytical programmatic plan and contexts of vulnerability of women users of drugs of abuse in pregnancy. Maringá, 2017.

Analytical plan	Vulnerability	
	Analyzed elements	Contexts of vulnerability
Programmatic	Accessibility to health services	
	Attendance last year	Eleven women
	Prenatal care	Low adhesion
	Treatment for addiction	Absent
	Reproductive Planning	
	Autonomy and planning	For ten
	Multiparity	Eight women (≥ 3)

Source: Data obtained from interview.

The accessibility to the health service is exclusively public. In the year of the survey, eight women went to the Basic Health Unit (UBS) due to complications in pregnancy and six sought inpatient

in labor. Only three prenatal, forwarded by the Tutelary Council were held, and/or social service, there were no spontaneous adherence to prenatal care, on the other hand, the health service could not

establish link when presented complications in pregnancy and went to UBS. In addition, one was hospitalized with pneumonia, and two went to the emergency room with clinical problems. Therefore, they only become visible to the health system in emergency situations.

Regarding treatment for drug addiction, four women had already been evaluated in the Psychosocial Center, alcohol and drugs in the puerperium, for judicial determination, but none joined the treatment. Two carried out treatment in therapeutic communities, in the early stage of drug use and, after short period of abstinence, they went back using drugs.

As for reproductive planning and the relationship with the primary care services, low resolution and autonomy in the population investigated were observed, since eight were pregnant again unplanned, and four did not use any contraception method, claiming to be single and not have a stable sex partner. Throughout life, the sexual practice was reported, by nine women, as a source of income and/or way to make money to maintain addiction. Currently, eight respondents reported not using contraception and only three used condoms sporadically. The lack of reproductive planning favored multiparity, which varied between the 2nd and 11th gestation/woman, stand out they are still in the reproductive phase and, consequently, are subject to new pregnancy.

In relation to the protection of children, eight women had custody of only two children, the rest were delivered for donation to strangers or relatives, in general, grandparents or uncles. Two cases stand out, both under the age of 33 years: the first had eight pregnancies, however, lost the custody of six children and was homeless until recently; the second had ten children and lost seven custodies due to drug use. The stories repeat between users.

DISCUSSION

The women interviewed corroborated with literature. They are young, in reproductive age, economically active phase, without employment, with low income, education level incompatible with age, fragile family bond and socially excluded. Drug use by family and friends and low ability for impulse control in the face of adversity are considered determining vulnerability factors for initiation and continuation of drug use^(10,11).

In an overall framework of huge social inequalities arising from ethnic and racial issues already widely recognized in Brazil, vulnerable person is one who has fragile citizenship, who can't exercise the right to physical integrity and psychological condition of access to the existential fullness in society. The exclusion affects women in various ways, by work, culture, ethnicity, age, race/color, so it is difficult to assign it to a specific aspect, as it combines several elements that lead to social exclusion and restrict the exercise of their fundamental rights^(2,11).

The number of young people with problems related to the use of alcohol and other drugs has tripled in recent years. Although consumption by parents is related to increased risk of children becoming users, considering their behavior becomes a model, is the most permissive attitude into the equation, as noted in this study. The family has a decisive role in the creation of related conditions as much abuse as regards the protection factors and, during the approach, it must be seen in your completeness^(12,13).

Although there is gap in the literature, drug use among women is gaining wider in society, as well as the consequences and losses due to it. Even if the use is present in the daily lives of these women, it is associated with contexts marked by prejudice, stigma and discrimination, since the view that society has of the use of drugs among women is quite aggressive, with inappropriate and immoral behavior. Stigma causes pregnant women to remain in anonymity, generating the exclusion in health systems, leading to further complications to the binomial^(4,7,14).

In the studied group, social vulnerability is intertwined with the individual, since it is determined by the social context in which they are inserted. Individual vulnerability will not be diminished if women do not realize the risk intrinsically linked to drugs⁽¹⁾. The human condition is marked by extensive degree of fragility due to temporal and finite characteristics of the very existence of the individual. So, it is only possible to learn how to live in safety, when the intrinsic and extrinsic vulnerability is recognized, protecting oneself and live with the vulnerabilities, increasing the capacity to think, decide and act^(4,15).

In this study, the social context comprises the influence practiced by the group in which the woman lives and socio-cultural relations experienced in the environment and in the family, since they are

interrelated. Women were considered politically and socially at risk because used multiple drugs and made a “personal choice” of continuing use in the course of the pregnancy. In addition, they remained invisible in the eyes of society and of health professionals. There is vulnerability when lack of interest of the individual in relation to dangerous situations, lack of access to services and/or information and lack of self-confidence to support or implement changes in behavior^(2,11).

The literature discusses the relationship between domestic violence and drug use, going against this study. Furthermore, conflicts are perceived as resulting from unequal value and power in these relationships. There are reports of teenagers who left home in order to avoid conflicting situations in the family, they get involved in relationships and/or bad company, which is a model for initiation of drug use. In addition, the family coercion also has influence, because the interactions between the members of the families of the users appear to be more dynamic and your dysfunctional in its own peculiarities^(3,16,17).

The abusive drugs use is a health problem in Brazil and in the world. Human relationships with such substances are found in the history of mankind and the observed changes as the pattern of consumption reflect deep socio-cultural transformations, especially the feminine universe. In addition, the sooner the use, there is a greater chance of involvement in acts of infractions, because the drugs make users more vulnerable to risk behavior, to commit infractions, the conflicts with justice and domestic violence. However, it is difficult to determine the causal relationship between drugs and violent acts, the status of drugs and complications involving trafficking and laws that repress, the influences of the environment and the individual characteristics of the users, the prevalence and correlations between violence and drug use^(13,16,19).

The women talked naturally about the addiction and the use of various types of drugs and that they changed the experience of motherhood by the crack, as well as they claimed being homeless due to drug addiction. It is known that street population is a heterogeneous group of people living in absolute poverty, without conventional housing and public parks and public space for housing and livelihood, either temporarily or permanently, without the disruption of family and community ties in a process of loss and social exclusion^(3,7,9).

Early involvement with drugs and favor the exchange of sex for drugs, the involvement being homeless with the drug trade/dealers, prison. These facts added to the socio-cultural context involved in the illegality of the drug and the behaviors adopted by users, make them more vulnerable to exclusion at all levels. Exclusion implies a dynamic of deprivation because of lack of access to basic social systems and is a process that imposes on the life of the individual who establishes a relationship of risk to drugs. The border to the exclusion is delimited by the outset of social problems^(7,9).

The study noted a tendency among individuals who have passed the compulsory phase of the use for controlled patterns as a means of self-regulation, called turning points, events favoring the consumption⁽²⁰⁾. Health devices, social and cultural rights, must be prepared to act in turning points as supporters of the amendment of the exclusive relationship with the drug. However, in this population, pregnancy is not characterized as a turning point, since they maintained the usage pattern and remained invisible to society⁽⁷⁾.

FINAL CONSIDERATIONS

The subject drug of abuse and pregnancy still needs to be further explored. The issues relating to drug abuse and the co-participation of families are consistent with the literature, according to which the family can be a risk factor or protection. In this study, families were reconsidered as risk factors.

Despite the limitations, in view of the difficulty in locating women, which brought about a reduction in the sample, the results point to the need for preventive strategies aimed at the family environment to break the cycle experienced in families in vulnerable circumstances. It is believed that these actions bring fundamental benefits to the woman, in the individual and social plans, and to members of the family, since the vulnerability is not a permanent condition, but have dynamic character and the contexts can be minimized or reversed.

The improvement of the health conditions depends on the success of actions carried out in primary care health, gateway of the health system. It is essential that the multiprofessional team and local managers meet the epidemiological situation of the community, the demand and the living conditions of the population, at the time of organization of basic actions, evaluating whether they respond to regional

needs, especially in the lower social strata. The performance in the individual, social and programmatic plans must be worked from the perspective of harm reduction and social reintegration, in that users and their families can be embraced and linked to health care devices.

It was noticed that care networks are unknown by women, highlighted the importance of effective

participation of nurses in the educational activities in the family, because the joint professional-family performance and the articulation with intersectoral public policies of social action, public education, labor justice, sport, human rights, housing rights are important allies in the fight against drugs and in the early detection of use.

CONTEXTOS DE VULNERABILIDADE DE MULHERES USUÁRIAS DE DROGAS DE ABUSO NA GRAVIDEZ

ABSTRACT

A vulnerabilidade é um indicador da iniquidade e da desigualdade social e detecta as fragilidades do indivíduo e sua capacidade de enfrentamento dos problemas e/ou agravos de saúde. Compreender os fatores que influenciam no envolvimento e manutenção do uso de drogas na gestação pode contribuir para o diagnóstico precoce de vulnerabilidade e no planejamento de intervenções que auxiliem na evolução de uma gestação saudável. O objetivo foi examinar os planos analíticos de vulnerabilidade para compreensão do uso de drogas na gravidez. Trata-se de um estudo retrospectivo, descritivo e exploratório, utilizando como referencial teórico contextos de vulnerabilidade nos planos analíticos individual, social e programático. Um roteiro de entrevista semiestruturado composto por quatro eixos temáticos e analisado de acordo com o referencial teórico de vulnerabilidade foi utilizado. As 12 mulheres tinham entre 17 e 33 anos e utilizavam múltiplas drogas desde a adolescência. O tabaco e álcool foram as drogas de iniciação e o crack a mais frequente na gravidez. As mulheres foram consideradas vulneráveis nos três planos, uma vez que elas viviam em um ambiente de risco, caracterizado por famílias, que mantêm cultura aditiva, conflitos com a justiça, violência intrafamiliar, vivências de situações sociais de crime e abuso e ausência de vínculo com serviços de saúde.

Palavras-chave: Saúde da mulher.. Gravidez. Estudo sobre vulnerabilidade. Transtornos relacionados ao uso de substâncias.

CONTEXTOS DE VULNERABILIDAD DE MUJERES USUARIAS DE DROGAS DE ABUSO EN EL EMBARAZO

RESUMEN

La vulnerabilidad es un indicador de la iniquidad y de la desigualdad social y detecta las fragilidades del individuo y su capacidad de enfrentamiento ante los problemas y/o agravios de salud. Comprender los factores que influyen en el desarrollo y mantenimiento del uso de drogas en el embarazo puede contribuir para el diagnóstico precoz de vulnerabilidad y en la planificación de intervenciones que ayuden en la evolución de una gestación saludable. El objetivo fue examinar los planes analíticos de vulnerabilidad para comprensión del uso de drogas en el embarazo. Se trata de un estudio retrospectivo, descriptivo y exploratorio, utilizando como referencial teórico contextos de vulnerabilidad en los planes analíticos individual, social y programático. Fue utilizado un guión de entrevista semiestruturado compuesto por cuatro ejes temáticos y analizado según el referencial teórico de vulnerabilidad. Las 12 mujeres tenían entre 17 y 33 años y utilizaban múltiples drogas desde la adolescencia. El tabaco y alcohol fueron las drogas de iniciación y el crack la más frecuente en el embarazo. Las mujeres fueron consideradas vulnerables en los tres planes, una vez que ellas vivían en un ambiente de riesgo, caracterizado por familias que mantienen cultura adicta, conflictos con la justicia, violencia intrafamiliar, vivencias de situaciones sociales de crimen y abuso y la ausencia de vínculo con servicios de salud.

Palabras clave: Salud de la mujer. Embarazo. Estudio sobre vulnerabilidad. Trastornos relacionados al uso de sustancias.

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