

REPERCUSSIONS OF THE ABUSIVE USE OF ALCOHOL IN THE FAMILY RELATIONS OF CONSTRUCTION WORKERS¹

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ABSTRACT

Objective: to analyze the repercussion of alcohol use in the families of construction workers who drink alcohol. **Methods:** qualitative study with 11 families of construction workers. A semi-structured interview was conducted between January and June 2013, and the interviews were analyzed using the thematic analysis technique. **Results:** two categories were captured: Family relations and abusive use of alcohol, including the recurrent concern of the family with the safety and health of the worker, and the emotional and physical overload of the family members; and Alcohol destroying marital bonds and their impacts at work, with indication of conflicts and violence in conjugality, and intrafamily violence. **Conclusion:** the abusive use of alcohol had negative repercussions on the families and the social life of the worker, highlighting the lack of attention and the aggressions of the worker to the family; worry; suffering of the family; and impaired marital bonds. For nursing, the impacts about the results of this study could support the work performed with the families and (re)think about the attitudes towards the families of alcohol users when designing strategies for coping with the disease.

Keywords: Family Health. Family Nursing. Family Relations. Workers. Alcoholism.

INTRODUCTION

Humans always looked for substances that would alleviate their daily problems and to bring them pleasure. Alcohol is legally used, have low cost and easy access, and their use is often associated with entertainment and family recreational activities. In addition, their social acceptance is greater in relation to other licit drugs of abuse⁽¹⁻²⁾.

In this sense, the abusive use of alcoholic beverages is considered a serious public health problem, which affects the world population and causes social and health changes, in addition to a high number of deaths^(1,3). Global survey data showed that 86.4% of people over 18 years reported alcoholic beverage intake at some point in their life⁽³⁾.

Considering the relationship between alcohol consumption and work activities, it has been estimated since 2004 that alcoholism is the third reason for absenteeism at work⁽⁴⁾. It is also frequent cause of work accidents, approximately 14.0% of all serious and fatal accidents occur among construction workers⁽⁵⁾.

By associating low cost with social determinants for drug use, such as stress and work overload, conditions are found that may

favor consumption, leading to drug abuse or dependence, which is particularly important when it comes to construction workers, requiring attention from health professionals⁽⁶⁻⁷⁾.

Construction is responsible for most of the jobs in the poor sections of the male population, which is considered one of the most dangerous areas with a high prevalence of fatal work accidents^(2,8). It is a group considered to be vulnerable to drug abuse, which directly influences their lives and that of their family members.

The family of alcohol users is usually affected by worker's behaviors, resulting in verbal and physical assaults, recurrent lies, and family budget deficits, as drugs are costly⁽⁹⁾.

Identifying changes in the family context allows us to know the characteristics that facilitate or hinder the use of these substances by individuals, which should be investigated⁽¹⁾.

These families should be the primary focus for the practice of family nursing. The difficulty in establishing a nursing practice for male drug users and the inclusion of their families in government programs is proportional to the scientific production on the health of the family that lives with a member of the alcohol user, since the family is neglected with health care

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based on a model that privileges only the alcoholic person, with strategies that are not very inclusive to the family^(6,10). Thus, the objective of this study is to analyze the repercussion of the alcohol use in the families of construction workers users of alcohol.

METHODOLOGY

This is a cross-sectional study of a qualitative nature, carried out in the northwestern part of the state of Paraná, in the city of Maringá, with cases originating from the database of a Toxicological Information and Assistance Center (CIAT) of a university hospital, macro-regional reference for attention to toxicological emergencies.

Eleven construction workers - attended at emergency units, with a medical diagnosis of chronic alcohol intoxication, and registered at the CIAT, from January to June 2013 - and their families, attended to this study, in compliance with the exclusion/inclusion criteria. Criteria: activity in construction on the day of toxicological occurrence; 18 years or over, regardless of sex; resident in the municipality of Maringá; to live with a relative; and hospital discharge as the outcome of the clinical event, and the respondent represented by a family member had as inclusion criteria to be a caregiver aged 18 years or older.

Access to the study participants was through the Toxicological Occurrence Record of Alcoholic Poisoning and/or Other Abuse Drugs of workers notified at CIAT. The data collection instrument was a semi-structured interview script prepared by the researcher and reviewers of the family, drug abuse and worker health areas. It was constituted by the characterization of the respondent and the family, and by two guiding questions: "*What is the meaning of the abusive use of alcohol by Mr. X in the family environment?*"; "*How does Mr. X's use of alcohol affect family and marital relationships?*"

Data collection was carried out from April to July 2013, in two distinct phases: documentary analysis on the Toxicological Occurrence Record of Alcoholic Poisoning and/or Other Abuse Drugs, for case selection and initial characterization of the workers and the toxicological event; interview with the family

caregiver. The sample was intentional, and the participant was invited to the interview by telephone contact and then the meetings were scheduled. The interviews were conducted by one of the researchers in a single home meeting, and the audios, recorded on digital media to guarantee the reliability of the reports, had an average duration of 30 minutes (± 9.04), being present only the familiar respondent and in some cases the worker himself.

The statements were submitted to Minayo's thematic analysis technique⁽¹¹⁾ and presented in two categories. This technique consists in discovering the nuclei of meaning that make up a communication, whose presence or frequency means something to the analytical objective. Operationally, it covered the pre-analysis phases, with organization and reading of interview data; the codes were identified, the number of times that appeared and, after being matched by similarity, the thematic categories were apprehended⁽¹¹⁾.

To ensure anonymity and facilitate the presentation of data, families were identified according to the relationship with the worker, the case number, the age and the time drinking alcohol. The study complied with the formal requirements contained in the national and international norms regulating research involving human beings, under Opinion No. 207.377/2013 and CAAE No. 11734912.9.0000.0104. All participants signed the Informed Consent Term.

RESULTS

All workers were male, ages between 23 and 67 years; nine were married and/or in a stable union, with at least one child. The majority had low schooling, low individual income and the occupation was construction worker. Regarding the pattern of use of alcohol, all were classified as chronic users, with an average time of 24 years of use, and there was the report of a worker who associated alcohol and marijuana.

As for the family members interviewed, ten were female, being eight were spouses of the workers. The age ranged from 26 to 55 years, with an average of 42 years; the majority had low schooling and low individual income; seven had work activities defined as: caretaker,

seamstress, general service assistant, sex professional worker and housekeeper. The number of members in the residence varied from two to seven people, and four families had another alcoholic family member besides the worker. The statements led to the apprehension of two categories: Family relations and abusive use of alcoholic beverages; and Alcohol destroying marital bonds and their impacts at work.

Category 1 - Family relations and abusive use of alcohol

Transformations in family life, among which recurrent concern for worker health, absence and/or rejection among their members, and emotional and physical overload of family members were mentioned.

My mother suffers greatly, tried to talk several times, but he does not stop, the family suffers (**brother, case 5, 51 years, in use of alcohol for 15 years**).

He gets very fussy, disappears several times, does not stay in the house and spends a lot of money, I am the one who needs to work for the sustenance of the home (**spouse, case 8, 53 years, in use of alcoholic drink for 46 years, use as early as seven years old with the grandparents**).

My son misses days at work and has a daughter to pay child support (**spouse, case 9, 26 years, using alcohol and marijuana for 5 years**).

Family members also reported concern about the repercussions of alcoholism on the lives of children who turned away from alcoholic parents out of fear and shame because of their embarrassing and immoral attitudes such as personal presentation and stealing money for drinking.

The day he went to the hospital, he came home drunk, insulted my son with horrible names. When he is well, I give advice, but he does not listen (**spouse, case 7, 52 years, in use of alcohol for 30 years**).

During the interviews, a spouse pointed out that, due to the constant use of alcohol, the worker stopped communicating and interacting effectively with the family.

He used to go to work very early, and from the job went to the bar, returned home late and slept,

we rarely got to see him arrive (**spouse, case 1, 26 years old, in use of alcohol for 2 years**).

One wife reported that as the husband was the “supporter of the family” when he got ill the changes reached everyone.

It was difficult for the family, because he was the “supporter” of the home, everything depended on him. The doctor said that his condition was bad, leaving everyone worried and sad (**spouse, case 3, 48 years, in use of alcohol for 15 years**).

Another wife feared the future of the worker and said that alcohol, currently, did not represent any harm to the family. Besides the damages that the alcoholic beverage caused to the body of the worker itself, the respondent noted, in view of the experience of life, the destruction of the homes in the cases that she knew.

Our relationship is normal, because he never fought with me or his children, I say that the drink is bad and can destroy the family, he does not accept (**spouse, case 11, 39 years, in use of alcohol for 12 years**).

The daughter of a worker reported that the use of alcohol did not negatively influence the family and claimed to be a way of recreation, fun and socializing for family members.

The family is used to it, since I was a child, I see him drink, I find it is normal, we drink together and everyone laughs, so it is not worrisome, because he knows how to stop (**daughter, case 4, 67, in use of alcohol for 53 years**).

The relationships described by family members also showed that violence was present in daily life after abusive use of alcohol. Living with the family was often “exhausting” with constant verbal threats to family members and the community.

Four interviewees mentioned some form of aggression after drinking alcohol.

We talk, but he does not accept it, and if we start to say something, he gets upset and fights (**spouse, case 2, 46 years, in use of alcohol for 30 years**).

We do not know how he’s going to get there, sometimes he insults everyone. Once, he smoked 3 crack cigarettes and wanted to kill us (**spouse, 7, 52 years old, in use of alcohol for 30 years**).

My partner disappeared several times because of the alcohol, he gets fussy, he dislikes the children

and me (**spouse, case, 8, 53 years, in use of alcohol for 46 years**).

Unfortunately, my brother-in-law is not going to stop drinking, today he was absent from work, went to drink, not to mention when he goes to work drunk (sister-in-law, case 10, 39 years, in use of alcohol for 20 years).

However, family members indicated affection and willingness to protect the family member. One wife stated that although her children rejected her father, she preferred her husband at home than being on the street, unprotected.

He went to live alone, lived dirty, worked and spent drinking, eventually fell and called me to help, he lives with me, but continues drinking, falling by the house (**spouse, case 2, 46 years, in use of alcohol for 30 years**).

The relationship between alcohol use and work was evident in four reports.

It interferes at work, because he drinks and uses marijuana, loses work days (**mother, case 9, 26 years, using alcohol and marijuana for 5 years**).

My husband began to use in excess when he worked as a janitor by the city hall, because he got drinks in bars (**spouse, case 1, 26 years, in use of alcohol for 2 years**).

My father says that he started drinking when he was 13 or 14 years old, he started using alcohol at work, because during lunch breaks, he would eat and drink hard liquor, I think to "warm up" (**daughter, 4, 67 years old, in use of alcohol for 53 for years**).

My brother had some work accidents being drunk when he worked as a bricklayer, he fell from the stairs and from the roof (**brother, case 5, 51 years old, in use of alcohol for 15 years**).

In summary, in this category it was possible to observe that were pointed out: lack of attention and aggressions of the worker to the family members respondents; and children's concern.

Category 2 - Alcohol destroying marital bonds and their impact at work

Marital bonds were affected in ten cases, however, one worker had initiated alcohol abuse after marital separation. For the other participants, the marital relationship was

affected, with divorce, aggressions/fights, stress and anxiety.

It destroyed the family, I separated from him because of the alcohol, he started to see things where there wasn't (**spouse, case 2, 46 years, in use of alcohol for 30 years**).

I could not take it anymore, it was difficult, he would come home at one in the morning, drunk; I suffered because I had no husband (**spouse, case 1, 26 years, in use of alcohol for 2 years**).

The reported feelings, related to the abusive use of alcohol, also were of sadness, uncomfortable feeling and concern.

For me, alcohol means a terror (**spouse, case 6, 40 years, in use of alcohol for 20 years**).

We would speak, but he never took it seriously, and always understood it as a joke, would call me deputy (**spouse, case 3, 48 years, in use of alcohol for 15 years**).

Domestic violence was evidenced in the report of three family respondents who reported on workers "fighting" with their wives after drinking alcohol, verbal abuse and threats, culminating in problems in the husband and wife relationship.

There are times when he arrives impertinent, anything irritates him, leaves us even with depression of so much that bothers, I have had to give up my appointments because of him (**spouse, case, 52 years, in use of alcohol for 30 years**).

My partner defames me on the street, while he was hospitalized, I had no concern and it was good, I always accompanied him (**spouse, case, 8, 53 years, in use of alcohol for 46 years**).

When he is drunk insults my sister, it bothers a little, but we pretend it does not, because, as the saying goes, "in the fight of husband and wife, no one puts spoons" (**sister-in-law, case 10, 39 years, in use of alcohol for 20 years**).

In one case, a young worker turned away from his wife and daughter because of alcohol and marijuana, worrying the family. The mother interviewed expressed concern because the other child was arrested for involvement with drug/crack trafficking.

I am worried that he has moved away from his wife and daughter, I am afraid he will get worse (**mother, 9, 26, in use of alcohol and marijuana for 5 years**).

On the other hand, one of the participants reported that the alcoholic beverage was used as an instrument of escape by the worker.

He began to drink since he separated from his wife, went into depression and lived in confinement (**brother, case 5, 51 years, in use of alcohol for 15 years**).

From the testimonies in this category it was possible to perceive that there was repercussion in the marital bonds, with reports of violence; feelings of sadness, concern with the family member; and reference of the use of alcoholic beverage as an instrument of escape of the worker.

DISCUSSION

The importance of social determinants has been translated into an increase in the research carried out in order to find the relationship between the way in which a society is organized and the health condition of its population⁽¹²⁾. For the National Commission on Social Determinants of Health, established in 2006, the social determinants of health are: social, economic, cultural, ethnic/racial, psychological and behavioral factors that influence the occurrence of health problems and their risk factors in population⁽¹²⁾.

This way, the results corroborate the literature on the social aspects of work in construction, in which the mean age was similar to that of adult alcohol users in the general population, predominantly men of economically active age. And data on schooling, individual remuneration and family income allowed us to infer that workers have low socioeconomic and educational standards⁽⁷⁾.

In studies of tracking for licit or illicit drugs in construction workers, a statistically significant association of moderate and high levels was found for the use of alcoholic beverages with low remuneration, no religion, single marital status and absence of children^(2,6).

The addicted usually associate, mainly, the use of alcoholic beverages with other substances, as was the case of one of the workers with the consumption of marijuana, being denominated "polyusers"⁽¹³⁾. The frequency and the long period of use classify the individual as chronic or acute users, given their repetitive character⁽¹⁴⁾.

Alcohol abuse is associated with several negative consequences, both for the user and their family members, and when related to other types of drugs it is pointed out as the dependence that people are less likely to stop⁽¹⁵⁾. As for the frequency of use of these substances, the long period can lead the person to go from the low risk to the harmful use, as the workers in this study present.

Psychosocial problems due to abusive use of drugs of abuse reported in the literature include physical and mental complications, unemployment, violence, accidents and crime, leading to changes in the family system^(6,13).

The family system is an important factor, both in risk and drug protection contexts, as observed in the report of the worker's mother, who reported on the detained child due to involvement with trafficking, representing social and economic vulnerability. The additive behavior of one family member may stimulate the other, and the greater the number of alcoholics in the household, the greater the risk of negative changes in the family^(9,13,15).

Several feelings are experienced by families of alcohol users - distress, sadness, pain and insecurity -, making it difficult to cope with the disease, as identified in this study. The concern with the user of alcohol interferes, still, negatively, in the work, because, for the caregiver it is difficult to manage the tasks of caring with the time dedicated to the job and the external activities^(2,6).

The testimonies of the families in the present study pointed out that living with the alcoholic worker with the family was often "worn out", with constant presence of verbal threats to the family and the community, thus, they could not maintain a peaceful relationship with the users of alcohol. It is noted how much alcohol is a precursor of malfunctions in the life of the user, but in some cases do not recognize the addiction.

Alcohol-related disorders penalize family members, which contributes to the increase in domestic violence, distance of people close to them, and the high levels of personal conflict⁽¹⁴⁾. For the person who consumes excessive alcoholic beverages, and over a long period, alcohol dependence is very frequent. This is because there may be a lack of control over consumption, and his condition may change

from sporadic users to acute users then to chronic users⁽⁶⁾.

National survey on the pattern of alcohol consumption in the Brazilian population showed that 25.0% of the respondents who drank said that the partner or person they lived with was irritated by drinking or with their behavior when they drank, and 12.0% said have begun discussion or fight with the partner after ingestion⁽¹⁶⁾.

A complicating factor in coping with drug use is that chronic alcohol users “mask” their true pathology. In today’s Brazilian culture, there is the use of alcohol in family confraternizations, and, almost without realizing it, people need the drug to go to the party, and then they need them in all situations⁽⁹⁾.

The presence of alcohol, as a readily accepted substance with a positive connotation, is built from generation to generation. More than the existence of an alcoholic member, alcohol seems to occupy a central place in the family, in the couple, and in the relationship between parents and their children⁽¹⁷⁾.

The marital relationships of alcohol-discordant couples, in which one partner is not an alcoholic, are shown to be affected by destructive family life, predictors of poor quality of life, and marital instability⁽¹⁸⁾.

Alcohol, in the marital relationship, increases the probability of ruptures and divorces, since the spouses consider separation a way of solving the problem. It also causes high levels of conflict^(14,19), corroborating the present study, in which the wives demonstrated suffering and dissatisfaction with the marriage, and for two respondents, the couple separated.

Users, when they become dependent on alcohol, often refuse professional and family help, as it is difficult to accept guidelines and referrals, since addiction is a priority for them⁽¹⁴⁾.

It is generally believed that depression and problems with drugs of abuse are linked themes. It is observed that the subject “at the bottom of the pit” can initiate abusive use of alcohol. The use may be the justification for a “trauma”, which seems to match the popular equation: disappointment = use of alcohol, or “He drinks to forget ...”, that is, uses alcohol to overcome weaknesses and survive frustrations⁽²⁰⁾.

Also, initiation to drug use may be related to

the living community, being multifactorial, and its triggering may be linked only to experimentation, or to the person’s need to keep their consciousness altered, in a process in which individual factors, adverse family and social factors combine to extend the probability of dysfunctional continuity of use⁽²¹⁾.

In addition to changes in family and marital life, alcohol consumption can have consequences in the workplace and interfere in the life of the community and in the context of the family’s social life, leading to social and economic difficulties^(6,20).

The repercussion that the use of alcohol establishes in the social networks is related to the damage caused in the economic productivity, the resources spent by the criminal justice system, the health system and other social institutions. Studies have shown the link between alcohol abuse and decreased productivity, absenteeism, health problems and unemployment, with a causal relationship being established in both directions⁽²²⁾.

In the context of health policies, recognizing the socio-cultural context where the individual is inserted and living with drugs of abuse can facilitate the identification of risk factors that permeate drug use, being a fundamental step in creating harm reduction and strategies of action of the health teams with families and people in situations of vulnerability^(6,21).

In Brazil, with the first initiatives, harm reduction came to be understood as a strategy within the scope of the Unified Health System after the launching of the Ministry of Health’s Comprehensive Care Policy for Users of Alcohol and Other Drugs in 2003. This policy enables preventive and harm reduction actions through the services of the Psychosocial Care Network in the Psychosocial Care Centers and in the basic care and health promotion services, such as the Family Health Strategy. It should be noted that harm reduction programs are under development in other countries, such as Nepal, Cambodia, Thailand, the United Kingdom, Germany and Australia⁽²³⁾.

FINAL CONSIDERATIONS

It is understood from this study that the abusive use of alcohol had negative

repercussions on the families and the social life of the worker, standing out: the lack of attention and the aggressions of the worker to the relatives; family members' concern about the behavior of the alcohol user under the influence of alcohol; and the suffering of the family. Marital bonds were also affected in most cases, with separation, aggression/fights, stress and anxiety. However, reflecting on its results may support the actions of health professionals, especially nursing professionals, in their actions with families, favoring the planning and implementation of strategies that aim to support families of alcohol users in the coping with the

disease.

The limitations of the study refer to the limited number of participants, the difficulty of locating the families and the lack of interest of alcoholic workers in participating in the study, mainly because they did not wish to involve their families in the interviews.

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REPERCUSSÕES DO USO ABUSIVO DE BEBIDA ALCOÓLICA NAS RELAÇÕES FAMILIARES DE TRABALHADORES DA CONSTRUÇÃO CIVIL

RESUMO

Objetivo: analisar a repercussão do uso de álcool em famílias de trabalhadores da construção civil usuários de bebida alcoólica. **Métodos:** estudo qualitativo, com 11 famílias de trabalhadores da construção civil. Realizou-se entrevista semiestruturada, no período de janeiro a junho de 2013, e os depoimentos foram analisados pela técnica da análise temática. **Resultados:** foram apreendidas duas categorias: Relações familiares e uso abusivo de bebida alcoólica, abrangendo a preocupação recorrente da família com a segurança e a saúde do trabalhador, e a sobrecarga emocional e física dos membros; e O álcool destruindo os laços conjugais e seu reflexo no trabalho, com indicação de conflitos e violência na conjugalidade, e violência intrafamiliar. **Conclusão:** o uso abusivo do álcool repercutiu negativamente nas famílias e na vida social do trabalhador, destacando-se a falta de atenção e as agressões do trabalhador aos familiares; preocupação; sofrimento da família; e laços conjugais prejudicados. Para a enfermagem, a reflexão sobre os resultados deste estudo poderá amparar o trabalho realizado com as famílias e (re)pensar as atitudes diante das famílias de usuários de bebida alcoólica ao traçar estratégias para o enfrentamento da doença.

Palavras-chave: Saúde da Família. Enfermagem Familiar. Relações familiares. Trabalhadores. Alcoolismo.

REPERCUSIONES DEL USO ABUSIVO DE BEBIDA ALCOHÓLICA EN LAS RELACIONES FAMILIARES DE TRABAJADORES DE LA CONSTRUCCIÓN CIVIL

RESUMEN

Objetivo: analizar la repercusión del uso de alcohol en familias de trabajadores de la construcción civil usuarios de bebida alcohólica. **Métodos:** estudio cualitativo, con 11 familias de trabajadores de la construcción civil. Se realizó entrevista semiestruturada, en el período de enero a junio de 2013, y los relatos fueron analizados por la técnica de análisis temático. **Resultados:** surgieron dos categorías: Relaciones familiares y uso abusivo de bebida alcohólica, abarcando la preocupación recurrente de la familia con la seguridad y salud del trabajador, y la sobrecarga emocional y física de los miembros; y El alcohol destruyendo los vínculos conyugales y su reflejo en el trabajo, con indicación de conflictos y violencia en la conyugalidad, y violencia intrafamiliar. **Conclusión:** el uso abusivo de alcohol repercutió negativamente en las familias y en la vida social del trabajador, destacándose la falta de atención y las agresiones del trabajador a los familiares; preocupación; sufrimiento de la familia; y lazos conyugales perjudicados. Para la enfermería, la reflexión sobre los resultados de este estudio podrá amparar el trabajo realizado con las familias y (re)pensar las actitudes ante los familiares de usuarios de bebida alcohólica al elaborar estrategias para el enfrentamiento de la enfermedad.

Palabras clave: Salud de la Familia. Enfermería Familiar. Relaciones Familiares. Trabajadores. Alcoolismo.

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