

Functionality comparison of elderly residing in two institutional modalities

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ABSTRACT

A descriptive qualitative research conducted with 20 drug addicts during treatment at a Center of Psychosocial Attention for Alcohol and other Drugs, aimed to identify intra and interpersonal determinants of relapse perceived by the drug addict. The data were collected through semi-structured interviews, submitted to Content Analysis, and organized into categories following predictive determinants for relapse. The relapse occurred by intrapersonal determinants, as self-efficacy expressed by self-confidence in interrupting the drug consumption; the result expectation by anticipation of pleasurable drug effects; the motivation by the absence of volition to interrupt the consumption; coping with the difficulty to confront daily problems; negative and positive emotional states; and craving. Interpersonal determinants expressed by social support were related to the influence of thirds. The identification of these determinants during treatment to favor relapse prevention and effective rehabilitation.

Descriptors: Psychiatric Nursing; Mental Health; Substance-Related Disorders.

INTRODUCTION

Drug addiction constitutes a global public health issue, surpassing individual, family and social barriers⁽¹⁾. Statistics from the United Nations Office on Drugs and Crimes estimates that approximately 243 millions of people, equivalent to 5% of the global population aged between 15 and 64 years use illicit drugs every year. From those, 27 million presents mental and behavioral disorders as consequence of this

practice⁽²⁾.

Drug addiction is a chronic mental disorder and it is hard to recover due to its complexity from the biological, psychological, and social standpoint. Thus, the major limitation in the recovery process is the abstinence maintenance for a prolonged time, derived from the condition itself, that presents propensity of relapse episodes^(1,3-4).

Relapse is considered a conjunct of symptoms from the disorder manifested by the return of drug consumption at the same proportion of the period precedent to abstinence⁽⁴⁾. This re-incidence occurs through a sequence of cognitive and behavioral processes commonly related to difficulties faced by the drug addict when facing obstacles and problems during the rehabilitation process^(1,5).

The high level of relapse among drug addicts is a consensus in the literature, independent of the therapeutic modality and the number of treatments conducted. However, only a small number of those keep themselves abstaining after only one trial of waiving drug⁽⁵⁻⁶⁾.

With the intention to minimize relapse levels and to increase treatment adherence of drug addicts, the rehabilitation model that receives more emphasis between health professionals is the behavioral cognitive model. This model helps the patient to examine and understand the particular way which he builds and perceives his world, as well as to experience new ways to relate in all aspects of a drug free life⁽⁵⁻⁶⁾.

Inserted in the behavioral cognitive model, the relapse prevention approach is characterized as a treatment program aimed to give awareness to the drug addict regarding high risk situations for relapse, allowing the patient to face, to change and, to avoid them⁽⁵⁻⁷⁾.

A study with alcohol addicts aimed to rescue experiences of use, treatment, and relapse. It identified the perception of participants about the relapse being sustained only in the violation of abstinence, demonstrating the lack of understanding that the relapse is a process; that can be short when there is an immediate return to dependence after an abstinence period, or even long and gradual⁽⁸⁾.

Treatment starting from the relapse prevention is more complex than based only on avoiding the relapse. It starts with the identification and comprehension of high risk situations and relapse determinants, aimed to develop therapeutic actions directed to cognitive and behavioral aspects of the drug addict, to develop abilities to help the patient face this situation⁽⁵⁾.

The model adopted in this study is of classification of predictive determinants for relapse episodes⁽⁵⁾, which are reunited in two broad areas: intrapersonal and interpersonal determinants. Within the intrapersonal determinants, there are factors inherent to the drug addict, classified as self-efficacy, result expectations, motivation, coping, emotional state and craving. While interpersonal determinants refers to those involving other people, characterized by social support⁽⁵⁾.

A research conducted with psychoactive substances addicts during a treatment in a Center of Psychosocial Attention for Alcohol and other Drugs in Paraná State, aimed to identify the relapse causes attributed by family members from the intra and interpersonal determinants. It was found that relapse occurred after a transition between one or many of those determinants, because many of them are

interconnected and can occur simultaneously⁽⁹⁾.

Still in accordance with the mentioned study, it is evident that to recognize risk situation in which the addict can be involved with, as well as his level of trust, the presence of positive and negative emotions, difficulties experienced and craving control, are important to prevent relapse and, thus, favoring the abstinence maintenance⁽⁹⁾.

There are multiple factors favoring relapse, because the individual answer when facing risk situations for the consumption of drugs englobes many of those determinants. In this sense, the literature shows that for an effective treatment for drug addiction, it is indispensable to know the determinants and relapse prevention principals⁽⁵⁻⁷⁾.

Thus, it is important to identify such relapse determinants, once they can contribute to the rehabilitation process of psychoactive substances addicts, and it is needed as part of the treatment as a therapeutic strategy, because it can assist the development of care that can be avoid or decrease relapse episodes⁽⁹⁾.

For Nursing, it is desired that knowledge will contribute to the qualification in the mental health field, from the creation of therapeutic approaches closer to the reality, aiming at rehabilitation and relapse prevention. Thus, this research aimed to identify intra and interpersonal relapse determinants perceived by drug addicts.

METHODS

A qualitative descriptive research developed in a Center of Psychosocial Attention for Alcohol and other Drugs (CAPS ad) from the metropolitan region of a capital in the south of Brazil that assists drug addicts aged 18 years or more.

Study participants were 20 drug addicts in treatment who met the inclusion criteria: to have a diagnosis of mental and behavioral disorder due to the use of psychoactive substances and, a history of relapse episodes. Patients that were intoxicated by the use of psychoactive substance were excluded from the study.

From the 39 patients in treatment during the data collection period, two patients verbalized to not present history of relapse and three were intoxicated in all contact opportunities. Thus, from the 34 patients apt to participate in the study, only 20 were interviewed, considering the closing number of patients by data theoretical saturation, which comprehends to suspend adding new participants in the study when data does not propitiate more significant elements for theoretical depth about the object of the study⁽¹⁰⁾.

The data collection was from March to April of 2012, by semi-structured interviews, using the question: "Talk about what were the motives that you attribute to your relapse". Interviews were audio recorded and conducted individually, in a place provided by the unit coordination, respecting participants' time availability.

The data were analyzed according to the thematic categorical content proposed by Bardin⁽¹¹⁾, following the phases of pre-analysis, material exploration, treatment of the obtained results and interpretation. Pre-analysis consisted on the transcription and fluctuating reading of the collected audio. For the data exploration

phase, the raw data were codified and classified in accordance with the relapse determinants described by Marlatt and Witkiewitz⁽⁵⁾: self-efficacy, result expectation, motivation, coping, emotional states, craving and social support. At last, for the treatment of obtained results and interpretation, inferences were conducted for the final interpretation and construction of categories.

This study was approved by the Ethics in Research Committee from the Health Sciences Sector, from the Universidade Federal do Paraná, under the registry CEP/SD: 904.029.10.03. Ethical aspects were maintained in accordance with the Brazilian current norms for research with human beings. In the results presentation, participants were identified with the letter P, followed by a number (P1...P20), without keeping correlation with the interview order.

RESULTS

The results are presented in the Chart 1, according with the thematic categories grouped by relapse determinants, proposed by Marlatt and Witkiewitz⁽⁵⁾, sequenced by the interpretation and exemplification of categories from the speeches of drug addicts:

Chart 1: Presentation of results in accordance with the emergent thematic categories. Curitiba, PR, Brazil, 2015.

INTRA AND INTERPERSONAL DETERMINANTS FOR RELAPSE		
Thematic categories	Interpretation	Speech examples
SELF-EFFICACY	The excessive level of trust from drug addicts in relation to their own capacity to control drug consumption favors the relapse. Such confidence caused the misleading idea that they could use drugs moderately and to interrupt the consumption when they wished: Low self-efficacy of drug addicts in relation to their self-trust in maintaining abstinence was also related to relapse:	<i>"I relapsed because I thought that I had control of alcohol again. I thought that I could stop when I wished, but I've started to slowly drink again and when I noticed, I had started to use everything all over again". (P.2)</i>
The level of trust of an individual on his own ability and capacity to effectively execute a specific behavior in a given context.		<i>"I used to relapse because it used to come in my head: 'I'm only using it today, there is no problem, I'll stop tomorrow'. As if it was easy to stop". (P.6)</i>
		<i>"I used to think that when I wished, I would stop using drug, but it wasn't true, I was only fooling myself". (P.9)</i>
		<i>"I thought I could use it only once and this wouldn't be a problem..." (P.10)</i>
RESULT EXPECTATION	The relapse was intimately related to the anticipation of positive drug effects when visualizing the good effects that immediate consumption causes:	<i>"When I'm abstaining and I see people that I used to hang out when I used drugs, [...] instead of be thinking on drugs as negative and bad, I think about what drugs brings that is good for the moment, because it just brings the good moment, and I relapse." (P.6)</i>
Relates to the anticipation of desired effects obtained from drug consumption.		
MOTIVATION	The lack of motivation and volition to cease consumption and to follow treatment acted as one of preminent motives that raised consumption relapse:	<i>"I relapsed because I wasn't really doing the treatment. [...] At the first wish, I used to relapse, because I hadn't committed with myself and with my treatment. When the person is motivated to do the treatment, nothing takes the focus and the objective away, fights and cravings can come, but the motivation to recover is bigger". (P.1)</i>
Readiness or volition state to modify the drug use behavior.		<i>"[...] The relapse happens by lack of desire, because people can stay without drugs if motivated to improve and take their lives back. [...] For me, that's how it was, I relapsed because I didn't want to stop, I wasn't motivated to stop". (P.11)</i>
COPING	The difficulty to use coping strategies in high risk situations for consumption, as daily life problems, was mentioned as one of the motives for relapse:	<i>"By weakness. I can't face the problems frontally. I always relapse because of a problem, as unemployment and fights with my son. Who use drugs wants to scape internal problems or particular problems and I couldn't face them." (P.7)</i>
Capacity and ability to apply effective coping strategies when in contact with risky situations for relapse.		<i>"I relapsed because I had too many bills to pay and I didn't have money. [...] I couldn't face it. I was too nervous and I ended up drinking and using crack". (P.19)</i>

INTRA AND INTERPERSONAL DETERMINANTS FOR RELAPSE		
Thematic categories	Interpretation	Speech examples
EMOTIONAL STATES		<i>"I used to keep hate and fury, the more hate I felt the more I ended up doing drugs". (P.1)</i>
The emotional situation expressed by positive and negative feelings intimately presented and related to drug consumption and drug addiction treatment.	Emotional states considered as negatives were pointed as one of predominant motives that raised the search for substance and consequently, the relapse. The return to drug consumption was associated with feelings of hate, sadness, nervousness, anger and anxiety:	<i>"I was 13 years abstinent. [...] I was sad with my separation, after 30 years of marriage. I felt so sad and I started to drink again. I used to drink more because of sadness, disgust ". (P.4)</i>
		<i>"I relapse when people tell me something that I don't like and I feel revolted. Seems like the only path is the 'biqueira' [a place to use drugs] or to drink something for the sadness to go away. The drug seems to affect my feelings and I go and start using it again".(P.16)</i>
	The positive emotions, affection related to happiness of family births, and by extreme momentary wellness, were equally referred by participants as predictive to relapse:	<i>"I was abstinent for some time, but the day when my granddaughter was born I wanted to celebrate and I drunk. [...] If I drink one sip, I end up drinking a lot and I mix whisky, beer, and cognac. And I ended up drinking". (P.4)</i>
		<i>"Another time that I relapsed was during carnaval, I went to the beach with the whole family, but I didn't bear. Just by being there at the sand with that marvelous sea, I've started to drink a beer and I think I drunk about seven packs." (P.5)</i>
		<i>"I relapsed when my daughter was born, my brothers and I drank beer and we were celebrating". (P.6)</i>
CRAVING		<i>"I also used to relapse because I didn't know how to deal with cravings, but I was only fooling myself. [...] To crave and to not have objectives, to crave and let's go, let's party". (P.1)</i>
Subjective experience of impulse or intense volition to use drugs.	The abstinence syndrome, expressed by craving – intense and dominant desire to use drugs – acted as an important predictive factor for relapse”	<i>"The body asked and I used to go back to alcohol. I've started from little bits and when I noticed I was already using it daily. The body asks and you are dependent, you start to use the drug and you don't think about stopping". (P.3)</i>
		<i>"It is as if I was missing the drug, as if I liked that as food or as a medicine, there are times that we feel agony and nothing is good, I can have everything that is in front of me – good food, a good bath, or somewhere nice to stay, the desire for drug is stronger and while we can't find it, nothing is resolved". (P.18)</i>

INTRA AND INTERPERSONAL DETERMINANTS FOR RELAPSE		
Thematic categories	Interpretation	Speech examples
SOCIAL SUPPORT	Regarding interpersonal determinants, one of the main motives leading to relapse is the direct social support, that is, situations in which participants submit themselves to the influence of thirds to adopt drug consumption behaviors:	<i>"You go out on the street and you find a known drug user, he is going to convince you to use drugs and if you don't have a strong mind, you will relapse. Before, my mind was too weak, and the people used to say: 'No, if you smoke only one weed joint there is no problem, because it's only a little joint'. I used to do drugs because of people's influence". (P.14)</i>
		<i>"The relapse also happens in a party, when you meet a known person, that invite you to use and the person ends up going with the flow. [...] I found a colleague that used to hang out with me when I used to drink and smoke, and soon I relapsed". (P.15)</i>
Interpersonal determinant related to social influence to use drugs and in the treatment of drug addiction.	The social pressure that is considered indirect, as the exposition to substances and environments that remember drug consumption, collaborates for the re-incidence of consumption:	<i>"I met some old friends, they stopped by and they said the drug was there, with them, and I used it again. I can't turn my back to the person and say no to the drug when there is someone offering it to me". (P.16)</i>
		<i>"I was watching a soccer game in the stadium, I supported and I didn't drink anything and I didn't use any substance, but on the way back we decided to stop in a bar. With all that smoke, talk and beer going on, I decided to take a sip, when I realized, I was drunk". (P.5)</i>
		<i>"There are many people who relapse as a result of a problem, not me. It was by arriving in a place that everyone was drinking". (P.9)</i>
		<i>"The relapse happened in a company party, because all employees were barbequing and I saw people drinking, when I noticed, I was drinking as well".(P.13)</i>
		<i>"The people who were remodeling my house used to drink alcohol and I found their "cachaça" (Brazilian cane sugar rum) and I had the first sip and relapsed. [...] I had one sip and when I realized I was drinking too much". (P.20)</i>

DISCUSSION

As pointed by the results, relapse is a complex and dynamic process involving multiple factors^(1,5,9,12-13) influenced by inter-relationships between high risk situations and, intra and interpersonal relapse determinants⁽⁵⁾.

The relapse is more than a simple choice. It runs through many risk factors that when those are known and identified, the drug addict can develop conscious of his lack of ability in dealing with them. Thus, he can create coping strategies, or even anticipate the relapse behavior⁽⁹⁾.

Self-efficacy is within interpersonal relapse determinants, which are those related to the own drug addict. This determinant presents itself as an important predicting factor for relapse, as it is believed that cognition interferes on one's ability to build a reality, to self-regulate and exercise certain behaviors⁽¹⁴⁾.

Participants in this study found low self-efficacy related to the capacity to maintain abstinence and resulting in consumption re-incidence. Studies demonstrated that the lower the belief in the ability to cope with a high risk situation and keep abstinent, the greater is the probability of relapse^(5,15).

This matter was also found in a study with family members of psychoactive drug addicts, where they reported the relapse happening as consequence of the dependent showing conscience of a present mental disorder and powerless over the substance. Such reports were related to low efficacy, therefore, favoring relapse⁽⁹⁾.

On the other hand, from another perspective, the participants' narratives showed high self-efficacy of drug consumption control, favors relapse. This perspective is proven in a study conducted with drug addicts in a rehabilitation unit at the metropolitan region of Curitiba, where it was found the relapse intimately related to the individuals' idea that they are cured and they can use drugs and stop the consumption when they wish⁽¹⁾.

The subject who believes to reacquire control over drug and to use it recreationally and sporadically, when consuming the substance, commonly feel controlled by it and the person presents difficulty to use thoughts as prudence, and as consequence, the relapse occur. The sporadic drug use in contraindicated, once this is a chronic disorder of difficult recovery requiring behavior change efforts throughout life^(1,3).

Beyond self-efficacy, the expectation determinant was also found and it is closely associated with the individual performance of a coping response in situations of consumption re-incidence risk. Thus, studies shows positive expectations regarding the drug effect being related to higher relapse index^(5,16), corroborating with our findings.

Expectations are constituted by divergent cognitive, cultural, environmental and of personality effects referent to drug use behavior, and these effects might not correspond to the real experienced effects after consumption^(5,16).

From this perspective, a literature review about expectations related to alcohol use pointed that within the main consumption, positive expectations are: social facilitation, sexuality enhancement, tension reduction and general positive changes⁽¹⁶⁾.

Regarding the motivation determinant, participants mentioned lack of motivation for treatment and rehabilitation as one of the prominent motives to push them to return using psychoactive substances.

Considering this motivational aspect, a behavior change model comes from the assumption that a drug addict transits through different motivation stages for behavior change, and these stages trespasses personality and psychological states of each person^(5,17-18).

This model allows a better comprehension of frequent relapse and the motivation modifications of patients to stop drug use. This happens because relapse levels decrease when the individual is aware of his drug addiction, determined and compromised to change behavior, as well as when the individual is engaged in specific situations to concretize behavior change⁽¹⁷⁾.

Corroborating with this perspective, a recent study about motivational stages demonstrated the treatment for drug addiction emerging after pressure from family members, through court order or after developing of a clinical disease caused by continuous drug use. All these motives did not present the minimal stimulus to recovery by the dependents themselves, characterizing them in a pre-contemplative stage, favoring relapse⁽¹⁸⁾.

Treatment abandonment by the same motive was found in a study conducted with 103 drug addict adolescents in a psychotherapy treatment, in Porto Alegre. Most individuals (69.3%) who abandoned treatment and when back to drug consumption, were in a pre-contemplation motivation stage, that is, they did not have conscience of their impotency before drug use and, they did not consider to have consequences derived from this practice⁽¹⁹⁾.

Participants also expressed relapse being related to the difficulty to cope with daily life problems. In agreement with this finding, a study with a group of alcohol addicts in a general hospitalization unit, found that individuals who do not have a coping mechanism to deal with difficulties and problems from the psychosocial context, return to drinking as a scape from reality⁽²⁰⁾.

A research with 50 psychoactive substance users who were in treatment, with the objective to identify the perception about risk and protection factors for relapse, identified 44% of participants attributed the relapse motive to family conflicts, 22% to losing jobs and 12% to prejudice. It is highlighted that all those risk factors are presented as problems and they can be related to any person, however, the drug addict, when perceive himself in face of these or other issues, has difficulty to face them and end up relapsing⁽²¹⁾.

To face problems that sometimes are from daily routine generates feelings of guilty and desperation. As consequence, drug addicts lack ability to act in these situations and end up looking for refuge in drugs⁽¹³⁾.

The determinant emotional state relates to feelings favoring relapse, affective aspects also push the use of drugs, which can be positive or negative. In this sense, a study developed in an attention program to alcohol addicts showed 60% of alcohol addicts relapsed due to negative emotional states⁽⁷⁾.

Most of drug addicts who had relapse experiences present negative emotional states represented by guilt, sadness, anger, solitude, or frustration, at some moment. With these feelings, increases the probability of one to use drugs intended to minimize unpleasant reactions and to increase positive effects that drugs

cause⁽⁶⁾.

Feelings like frustration, anxiety, anger, fear, guilt, solitude, among others, are the main negative emotions involved in the relapse process. Especially when those are connected with coping difficulty. In counterpart, a study highlights that within the 50 study subjects who are psychoactive users, 36% reported happiness as the motivator for relapse⁽²¹⁾.

Still in this perspective, a study with alcoholic adolescents pointed a straight relationship between alcohol beverages and festive activities in certain social groups and, feelings of excitement and fun, calm and relaxation⁽²²⁾. From this assumption, participants from the present study also verbalized that positive emotional states can also end up in relapse.

Craving was detected in clinical and laboratorial researches as a predictive factor for abuse and relapse after trying to renounce drugs⁽⁷⁾. Consistent with this finding, a research developed with drug users in a therapeutic residence, aimed to verify relapse representations, found craving as one of the most important predictive factors to relapse for crack dependence⁽¹²⁾.

The craving state causes intense physiological and psychological modifications during or after consumption, causing intense damages and clinical suffering for work and social performance, and even in other aspects of the drug addict's life^(5,12).

A study with drug addicts pointed 42% of participants reporting craving as an important factor for relapse⁽²⁰⁾. It occurs because craving is characterized⁽²⁰⁾ by an intense desire to use drugs, making difficult the abstinence maintenance⁽⁶⁾.

Craving can be triggered by many factors. Within them, situations, images, sounds and odors that activate the intense consumption desire. A research with 32 psychoactive drug addicts admitted in a detoxification clinic, highlighted 81.3% of participants pointing the use of other non-habitual psychoactive substances as determinant to develop craving for the preferred drug. Moreover, 90.6% developed craving at the moment when acquired financial resources, and 78.1% from environmental triggers as seeing others using the drug⁽²³⁾.

In this sense, we found the interpersonal determinant expressed by social support, which presents a special role in relapse. As found in the results, the literature explains relapse related to social support in a negative way, which can be characterized as direct social pressure, when thirds try to persuade the individual to use drug, or indirect, through exposition to drug⁽⁵⁾.

Conciliating with the exposed, a research developed in the State of Minas Gerais with 105 alcohol addicts pointed that within the main influences to alcohol relapse is the harmful influence of drinker friends (73.3%), and in sequence, to be in places for alcohol consumption (69.5%)⁽¹³⁾.

Studies found that after trying to renounce drugs, the maintenance of the social context where inserted, with the same routine and contact with the same people foment the re-incidence of drug consumption. In addition, studies point that seeing friends using drugs presents as an invitation to relapse^(1,13).

Considering all these determinants for relapse in the treatment of drug addiction, health professionals and drug addicts need to develop a mapping of possible relapses to help preparing them to deal with possible risk situations and to use coping answers more effectively, thus, preventing the relapse incidence^(1,5).

FINAL CONSIDERATIONS

The relapse experience is integrated to multiple intra and interpersonal determinants that occur simultaneously, constituting a difficulty to consider all these aspects in the rehabilitation and treatment processes. Thus, there is a need to improve strategies for prevention process and management of possible relapses that can occur during rehabilitation.

The treatment is understood as a way to search for conscience regarding dependence, to change behavior, to improve the control of oneself, to cope or alleviate losses caused by the use of drugs and to help users to perceive determinants anticipating the relapse.

In this sense, the rehabilitation process reflects a series of behavioral alterations that occur throughout time related to change of life habits, how drug users face risk situations for consumption re-incidence, and how they deal with relapse episodes. Thus, to comprehend more about barriers and difficulties during the treatment helps to create intervention approaches that consider real needs of drug addicts.

This research presents limitations when considering the perception of drug addicts of only one treatment location and of a specific reality. However, obtained data allowed to find important predicting factors to relapse episodes, offering subsidies to give instruments to health professionals in order to plan therapeutic strategies closer to reality, aiming prevention of relapses and improvement of quality of life.

Considering the relapse process complexity, we expect that aspects found in this study will be deepened in future investigations, as well as studies that will deepen in each intra and interpersonal determinant, considering them related to cognitive, emotional, biologic and environmental processes; consequently, they should be understood in their total extent to favor the treatment effectiveness.

REFERENCES

1. Carvalho FR, Brusamarello T, Guimarães AN, Paes MR, Maftum MA. Causas de recaída e de busca por tratamento referidas por dependentes químicos em uma unidade de reabilitação. *Colombia Médica* [Internet]. 2011 [cited 2016 mar 31];42 Supl. 1:57-62. Available from: <http://www.bioline.org.br/pdf/rc11040>.
 2. United Nations Office on Drugs and Crime. World Drug Report 2014 [Internet]. Vienna: United Nations publication; 2014 [cited 2016 mar 31]. Available from: http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf.
 3. Ferreira ACZ, Capistrano FC, Maftum MA, Kalinke LP, Kirchof ALC. Caracterização de internações de dependentes químicos em uma unidade de reabilitação. *Cogitare Enferm* [Internet]. 2012 [cited 2016 mar 31];17(3):444-51. Available from: <http://dx.doi.org/10.5380/ce.v17i3.29284>.
 4. Silva AP, Perrelli JGA, Guimarães FJ, Mangueira SO, Cruz SL, Frazão IS. Identificação do diagnóstico de enfermagem autocontrole ineficaz da saúde em alcoolistas: um estudo descritivo. *Rev Eletr Enf*. [Internet]. 2013 [cited 2016 mar 31];15(4):932-9. Available from: <http://dx.doi.org/10.5216/ree.v15i4.19841>.
 5. Marlatt GA, Witkiewitz K. Problemas com álcool e drogas. In: Marlatt GA, Donovan DM. *Prevenção de recaída: estratégias de manutenção no tratamento de comportamentos adictos*. Porto Alegre: Artmed; 2009. p. 15-50.
 6. Franca MG, Siqueira MM. O papel da enfermagem e a formação de multiplicadores ante o processo de prevenção à recaída. *SMAD Rev eletrônica saúde Ment álcool e Drog* [Internet]. 2011 [cited 2016 mar 31];7(2):78-84. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-69762011000200005&lng=pt&nrm=iso.
- Rev. Eletr. Enf. [Internet]. 2016 [cited __/__/__];18:e1144. Available from: <http://dx.doi.org/10.5216/ree.v18.34292>.

7. Witkiewitz K, Bowen S, Douglas H, Hsu SH. Mindfulness-based relapse prevention for substance craving. *Addict Behav* [Internet]. 2013 [cited 2016 mar 31];38(2):1563-71. Available from: <http://dx.doi.org/10.1016/j.addbeh.2012.04.001>.
8. Pires FB, Schneider DR. Projetos de vida e recaídas em pacientes alcoolistas. *Arq. bras. psicol.* [Internet]. 2013 [cited 2016 mar 31];65(1): 21-37. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-52672013000100003&lng=pt.
9. Czarnobay J, Ferreira ACZ, Capistrano FC, Borba L de O, Kalinke LP, Maftum MA. Determinantes intra e interpessoais percebidos pela família como causa da recaída do dependente químico. *REME Rev Min Enferm* [Internet]. 2015 [cited 2016 mar 31];19(2):93-9. Available from: <http://dx.doi.org/10.5935/1415-2762.20150028>.
10. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. *Cad Saude Publica* [Internet]. 2011 [cited 2016 mar 31];27(2):388-94. Available from: <http://dx.doi.org/10.1590/S0102-311X2011000200020>.
11. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 2011.
12. Rezende MM, Pelicia B. Representação da recaída em dependentes de crack. *SMAD Rev eletrônica saúde Ment álcool e Drog* [Internet]. 2013 [cited 2016 mar 31];9(2):76-81. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-69762013000200005&lng=pt&nrm=iso&tlng=pt.
13. Álvarez AMA. Fatores de risco que favorecem a recaída no alcoolismo. *J Bras Psiquiatr* [Internet]. Instituto de Psiquiatria da Universidade Federal do Rio de Janeiro; 2007 [cited 2016 mar 31];56(3):188-93. Available from: <http://dx.doi.org/10.1590/S0047-20852007000300006>.
14. Freire SD, Oliveira MS. Auto-eficácia para abstinência e tentação para uso de drogas ilícitas: uma revisão sistemática. *Psicol Teor e Pesqui* [Internet]. 2011 [cited 2016 mar 31];27(4):527-36. Available from: <http://dx.doi.org/10.1590/S0102-37722011000400018>.
15. Hoepfner BB, Kelly JF, Urbanoski KA, Slaymaker V. Comparative utility of a single-item versus multiple-item measure of self-efficacy in predicting relapse among young adults. *J Subst Abuse Treat* [Internet]. 2011 [cited 2016 mar 31];41(3):305-12. Available from: <http://dx.doi.org/10.1016/j.jsat.2011.04.005>.
16. Fachini A, Furtado EF. Diferenças de gênero sobre expectativas do uso de álcool. *Rev Psiquiatr Clínica* [Internet]. 2012 [cited 2016 mar 31];39(2):68-73. Available from: <http://dx.doi.org/10.1590/S0101-60832012000200005>.
17. Sousa PF, Ribeiro LCM, Melo JRF, Maciel SC, Oliveira MX. Dependentes químicos em tratamento: um estudo sobre motivação para a mudança. *Temas em Psicol* [Internet]. 2013 [cited 2016 mar 31];21(1):259-68. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-389X2013000100018&lng=pt&nrm=iso&tlng=pt.
18. Ferreira ACZ, Capistrano FC, Souza EB, Borba LO, Kalinke LP, Maftum MA. Drug addicts treatment motivations: perception of family members. *Rev Bras Enferm* [Internet]. 2015 [cited 2016 mar 31];68(3):415-22. Available from: <http://dx.doi.org/10.1590/0034-7167.2015680314i>.
19. Oliveira MS, Szpyszynski KDR, DiClemente C. Estudo dos estágios motivacionais no tratamento de adolescentes usuários de substâncias psicoativas ilícitas. *Psico* [Internet]. 2010 [cited 2016 mar 31];41(1):40-6. Available from: <http://revistaseletronicas.pucrs.br/ojs/index.php/revistapsico/article/view/7207>.
20. Pires FB, Schneider DR. Projetos de vida e recaídas em pacientes alcoolistas. *Arq Bras Psicol* [Internet]. 2013 [cited 2016 mar 31];65(1):21-37. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-52672013000100003&lng=pt&nrm=iso&tlng=pt.
21. Silva ML, Guimarães CF, Salles DB. Fatores de risco e proteção à recaída na percepção de usuários de substâncias psicoativas. *Rev Rene*. 2014;15(6):1007-15.
21. Silva ML, Guimarães CF, Salles DB. Risk and protective factors to prevent relapses of psychoactive substances users. *Rev Rene* [Internet]. 2014 [cited 2016 mar 31];15(6):1007-15. Available from: <http://dx.doi.org/10.15253/2175-6783.2014000600014>.
22. Silva SED, Padilha MI. Alcoholism in adolescents' life histories: an analysis in the light of social representations. *Texto Contexto - enferm.* [Internet]. 2013 [cited 2016 mar 31];22(3):576-584. Available from: <http://dx.doi.org/10.1590/S0104-07072013000300002>.
22. Silva SÉD, Padilha MI. O alcoolismo na história de vida de adolescentes: uma análise à luz das representações sociais. *Texto Context - Enferm* [Internet]. 2013 [cited 2016 mar 31];22(3):576-84. Available from: <http://dx.doi.org/10.1590/S0104-07072013000300002>.
23. Zeni TC, Araújo RB. Relação entre o craving por tabaco e o craving por crack em pacientes internados para desintoxicação. *J Bras Psiquiatr*. 2011; 60(1):28-33.
23. Zeni TC, Araujo RB. Relationship between craving for tobacco and craving for crack in patients hospitalized for detoxification. *J Bras Psiquiatr* [Internet]. 2011 [cited 2016 mar 31];60(1):28-33. Available from: <http://dx.doi.org/10.1590/S0047-20852011000100006>.