Original Article

Families in vulnerable territory and reasons for not using drugs

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ABSTRACT

This study aimed to understand the reasons for the non-use of drugs by members of families exposed to risk factors for use, for living in a territory with high drug circulation. This is a descriptive, qualitative study, using the *Hidden Population* reference to access the vulnerable and inaccessible population and the *Respondent Driven Sampling* to reach the "hidden" population. The reference chain consisted of 90 families and we processed their responses by thematic content analysis, resulting in three themes: family interaction, religiosity and intrinsic factors and reasons for non-use of drugs; networks of support and interaction influencing the non-use of drugs; and occupational and educational factors and the distance from the daily life of drugs. Even in a neighborhood permeated by trafficking and violence, we identified protective factors and families whose members had never used drugs.

Descriptors: Vulnerable Populations; Street Drugs; Protective Factors; Family; Community Health Nursing.

INTRODUCTION

Drug abuse interferes in the contexts of living in cities, in several social life dimensions, such as family relationships, work and individual and family health, and is closely related to violence[1-2]. However, in spite of the wide discussion about the complexity of the problems caused by drugs, little is discussed about protection factors and reasons that would impede the experimentation and the continuity of using these substances in families subject to the constant offer and easy access to drugs of abuse, that is, how the "resistance" to drug use occurs in vulnerable groups[3-4].

Considering that in socially vulnerable territories there is a greater possibility of circulation and

exposure to drugs and the social impacts resulting from this phenomenon, and also the possibility of increased drug use in the neighborhood through imitative behavior[4-5], understanding how families in these territories do not repeat the drug/violence cycle is a tool for establishing public policies and intervention strategies for dealing with drugs of abuse. The analysis of complex organizations such as the family or the community can be used to explain individual health[6].

The means and patterns of social life closely relate to higher levels of violence and criminality, just as coping strategies must be built in this context[7]. The power relations established mainly under the control of criminal groups linked to drug trafficking significantly affect the lives of all families living in these territories, often leading these families to submission and acceptance, living thus with rules and standards established in an authoritarian way in these popular spaces, establishing coexistence with violence and drugs as part of everyday life[7-8].

Family is a fundamental institution for every individual. Although the family background may have a conflict environment and poor resources, due to the presence of problematic situations such as drug use, the family always seeks a means of restructuring and reorganization, in an attempt to maintain the focus on its ideal[9]. While drug abuse seems to result in a breakdown in family structures, the protective factors for non-use seem to surround family situations with lower social vulnerability and greater social support[10].

In this context, considering that the identification of vulnerable groups and the design of prevention measures addressed to them may play a crucial role among responses to drug use, this study aimed to understand the reasons for non-use of drugs by members of families exposed to risk factors for use, for living in territory with high circulation of drugs of abuse.

METHOD

This is a descriptive, qualitative study using the concept of *Hidden Population* - groups considered vulnerable or difficult to access[11] and *Respondent Driven Sampling* (RDS) - Intentional sampling by reference chain, as reference for access to the population[12-13].

A population is considered difficult to access if it has at least one of the following attributes, being rare or infrequent; geographically concentrated or scattered; be concealed by illegal or special behavior; and/or floating in points of the geographical space[11]. In this study, we used the reference chain to access people considered non-susceptible to drug use in a community with large circulation and drug use in the coexistence space, which could be "hidden" and considered minorities in the territory.

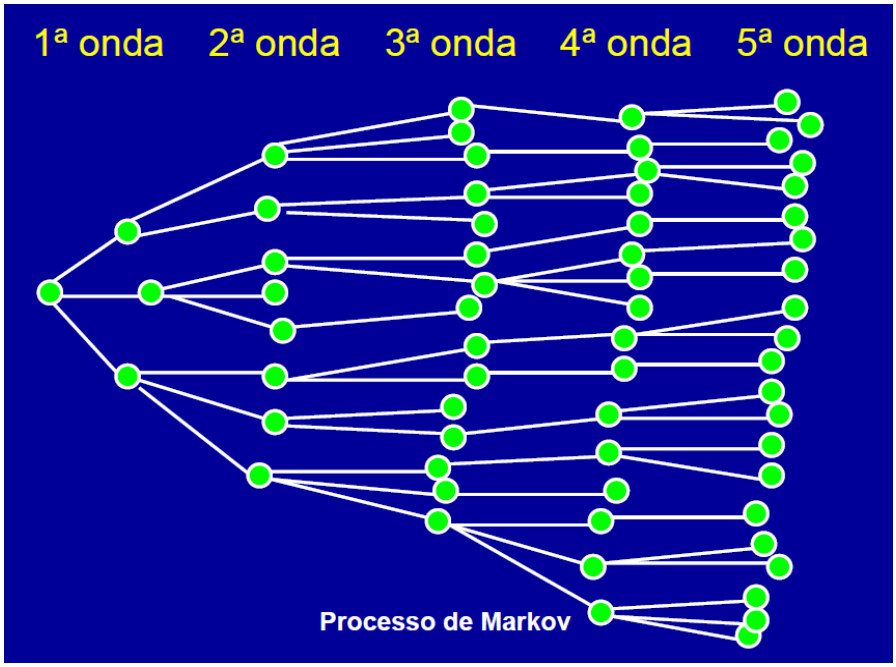
The field of study was an urban region with a high rate of drug circulation when compared to other areas of the same municipality in the northwest region of Paraná. In a study with a probabilistic sample of 358 residents of this region, with the objective of analyzing the social perception of drugs of abuse in the neighborhood, only five residents (1.4%) reported not being aware of the large circulation of drugs of abuse[4].

In this study, a resident was interviewed by household, aged over 18 years and indicated by the family

as responsible for it, constituting a group of 90 residents of households indicated in the reference chain, from July to September, 2014. The saturation and finalization point of the empirical process was due to the reference of repeated households and by the repetition of protection factors indicated in the guiding question[14].

Data collection tools were a semi-structured interview script, with questions for sociodemographic and economic characterization of the interviewee, and the following guiding question: "Tell me why you think that members of your family do not use drugs." The proposition of case recruitment by the Markov Process[13] was applied in the sequence of references provided by three seeds - initial households in which they considered not living with drug users -, indicated by two community health agents of family health teams of reference of the territory.

Then, home interviews were conducted with the initial seeds and each seed was asked to indicate another household, which considered that there were no drug users, constituting the "waves" of the reference chain[13] (Figure 1).



Source: Kendall[13].

Figure 1: Modeling of case recruitment by the Markov Process. Onda=wave.

The interviews lasted an average of 30 minutes, and recorded on digital media. The answers to the guiding question have been transcribed in full. The analysis took place through the three phases of content analysis[14]. In the pre-analysis, the constitution of the corpus started from the transcription of the information obtained from the interviews, followed by exploration of the material, which consisted in coding from the nuclei for the text understanding. In the empirical data treatment, the content analysis was guided by the track system and the gross results were classified in thematic categories[14].

The results of the sociodemographic and economic characterization of the interviewee and the family were presented in a descriptive manner. In the thematic content analysis, eight sense nuclei were codified,

which resulted in three thematic categories: Family interaction, religiosity and intrinsic factors and reasons for non-use of drugs; Networks of support and coexistence influencing the non-use of drugs; and occupational and educational factors and the withdrawal from the daily life of drugs.

All the ethical aspects involved in the research were strictly followed (COPEP/UEM 16799). Residents participated in the research only after being informed and signing the Free and Clarified Consent Term (FCCT) in two copies. In order to preserve the identity of the interviewees, these were indicated with the letter F, representing family, and numbered according to the sequence of interviews.

RESULTS

The average age of the interviewees was 50.5 years and 77 (85.5%) were female. Of the interviewed, 53 (58.9%) reported being married; 55 people (61.1%) reported having less than eight years of schooling and only 58 (65.9%) were employed. Family composition consisted of 45 nuclear families (50%) and 29 extended or extended families (32%) and the average family income was two minimum wages in force in 2014. The average residence time of the family in the community was 10.5 years, ranging up to 23 years.

Regarding the reasons for non-use of drugs by young or adult members of the interviewed families, or possible protective factors that would prevent them to start using drugs, the thematic categories emerged from several indications of the interviewees, religiosity, and individual factors, leading to the idea of family and religious support, or the ability to "make choices" against drug use.

Networks of support and coexistence were also protective factors. Participation in groups or friendships in the community, or distance from them, seemed to be important both for use, for imitative behavior or for the reproduction of what they see in their environment[4-5], as well as for non-use of drugs.

Family interaction, religiosity and intrinsic factors, and reasons for non-use of drugs

Most of the interviewees pointed out aspects in the family as reasons for protection. The presence and counseling of the parents in the daily life were cited as important reasons:

[...] I appreciate the presence of my mother very much [...] [...] it would be perfect if the mother could stay at home with the children, I think it helps a lot. (F25)
[...] The attention of the parents! [...] [...] Because if the father pretends he is not seeing, it gets very easy. [If] We go out early and come back late in the evening and pretend not to see, and then the heavy waves get here, and you can't handle them anymore. (F33)

In some testimonies, the family history of respect for intrafamily values and intergenerational examples were highlighted. They considered that education and dialogue, especially with children, allowed them to become aware that they should not use drugs:

[...] For the family history, for the good examples, for the advice that we have always given, and for life ... the daily basis in the house, family life [...] (F4)
[...] I think it has more to do with the values that mom and dad gave to us! (F38).

[...] I think it's the good family orientation! (F71)

Religiosity was the second most cited reason. Many "thanked" God, noting that it was with God's help that the members of their family had never used drugs. God (or religion) is the great reason for the existence of the family; God takes care and does not let the children follow a different path from the one that the family considers correct:

[...] I believe it is from asking God so much, because when we moved here, they were very small, and this place was very dangerous. (F27)
[...] I took good care! Well, God takes care more! (F52)

The family perception in religious daily life, following its dogmas, was an important reason for non-use of drugs, since it linked the family to moral concepts reproduced in the actions of the relatives:

[...] I am evangelical, I have raised my children within the Church, learning the doctrine of the Bible, the Church, and they have grown up within those teachings and learned that it is not worth following the way of drugs. (F15)

The emphasized intrinsic elements, such as the distance from experimentation and individual character:

[...] We chose the way of not using [...] [...] because if you do it you steal, you die, or you go to prison (F56).
[...] It is not worth it, but there are many people who will try it and in the end they keep going, but for us, we did not have this "need" to start it (F48).
[...] It may be within the person (F47).

Networks of support and coexistence influencing the non-use of drugs

Social interaction related to aspects of interpersonal relationship and coexistence within the community was indicated as social support networks by 84 families, involved in activities in the community, mainly groups of studies and activities in the Church:

[...] My daughters, all of them, lived within the Church. (F42)
[...] I prioritize taking care of the children. I am in a group for reflection and I always speak in the group. (F25)

Respondents also consider it important not to maintain close relationships with drug users, as most have acknowledged that they live amidst the constant supply of drugs:

[...] There is no way for you to keep your child without having contact with other people, drugs, especially in the neighborhood [...] [...] we cohabit with people, a "weaker" society , so you see things happening. (F14)
[...] But I would not let them out, you know, I think friendship, being together was a risk. (F36)

Nevertheless, these friends were from the neighborhood, with friendships made in the church or by the relatives of the extended family; the majority of respondents stated that "they could count on the neighbors", as shown below:

[...] We know who lives here ... (F21)
[...] In this place I've seen everything, because fame goes far! And they (children) have had contact with addicted people and are aware of those who bring the drugs and who sell them. (F15)

Occupational and teaching factors and distance from everyday drug use

The third thematic category concerns aspects related to work and education. They consider that people who work "early on" tend not to be part of the drugs world, since they have less time and "have other things in their heads":

[...] Since we were little we are working, we grew up working, we had no time. The person get busy doing something and does not have time to do anything wrong. (F41)
[...] They were raised in the tillage, which is not like the city, [they are] always working. (F64)
[...] We were raised in the tillage, the system was different there. We started working early, did not have time to get involved with this mess. (F76)

One of the statements cites the prohibitive legislation of child labor:

[...] I started working at age twelve and today they say it is slave work, child labor, and a lot of children who do not work, what do they do? They stay indoors, listening to things, seeing things, and learning how to smoke or sell drugs. (F28)

Some families indicated the importance of attending school and monitoring their children's school performance, as well as participating in educational lectures and drug information at school:

[...] I made him take courses! I had a period at school, and when I wasn't there, I was on the course. (F65)
[...] We had many lectures in schools, so we never had any interest in cigarettes or anything. (F20)
[...] I went to every meeting at school, I wanted to know what was going on. (F52)

DISCUSSION

This article approaches an urban periphery approach, which is the subject of a wide academic discussion in several areas of knowledge. Producing and disseminating information about the weaknesses and strengths of families living in contexts marked by drug use, trafficking, and violence are important for coping with the emerging drug epidemic[2,5,15]. Groups living in urban peripheries also bear the main environmental burdens in places where they work and live together, leading to discrimination and increasing social inequalities[15-16].

Although this study involves vulnerable families in an urban peripheral space[15] and family income relates to factors for initiation of drug use[10], the average family members' salary followed the Brazilian average in the working class[17-18]. Also, the interviewee's education adjusted to the average, since almost half of the Brazilian population aged 25 or over has schooling compatible with eight years[17].

Although there is a certain social disorder and high drug circulation in the studied territory, which could interfere in personal and family life[8-9], the profile of those families indicated protective factors internal to the families that already protected them from the relationship with this neighborhood, such as conjugality,

the presence at home of the interviewed family member, the reduced number of single-parent families, and the majority of extended and intergenerational families[18].

Only the social vulnerability of specific groups may not explain the initiation and continuity of drug use. Protection factors are most often linked to the family's particular potential for living just as there are several ways to deal with a single situation, and drug use among the groups can often be specific to particular sociodemographic contexts[19].

Conjugality or conjugal dyad favors a greater environment of support and family development as opposed to the single-parent family structure, in which the absence of the paternal/maternal figure generates woman/man overload and, consequently, the difficulties of playing the role of authority over the children[19].

Studies indicate that the presence of a family member in the home, especially the constant presence of the father or mother in vulnerable territories, are fundamental for non-use of drugs[4,15,17]. The presence of parents at the residence, coexistence and family cohesion, as well as participating in joint activities, are protective factors for the use of tobacco, alcohol and other street drugs[20].

Present parents, the availability of drug information and an adequate and protective family structure, the sharing of values in extended families and the intergenerational coexistence, with the presence of grandparents in the households, seemed present in the life of the studied families, in which a great part of the interviewees defined themselves as heirs of a countryside way of living in the urban area.

Family, as a risk space, adversity and protection, assumes importance in the behavioral structuring of its members[9,21]. However, good parenting practices for building healthy habits in family life should be associated with proximal processes and neighborhood exchanges. An evaluation focusing on complex organizations, such as the family and the community, are the most fertile in terms of recommendations for health promotion[9,20].

Religion and family life in the religious daily life also act as a reason for not using drugs. Families with religious practice would be less likely to use drugs of abuse because they belong to a group with established values and norms. Family and religion could be examples to oppose the "models" of the environment in which they live[20].

The church, the most mentioned community institution for group living and social support, has the role of participating in community organization and social health control groups. In the studied territory, the church has strong social importance and is the place that families seek as a source of support or protection.

Outside the family and religious environment, the school provides a favorable environment for prevention and protection activities, providing structure for information and guidance to students and contact with parents and/or family members; however, it does not have the capacity to reach at-risk youth without others previous protective factors, since they normally abandon school or do not regularly engage in actions and developed works[22].

We also identified individual characteristics that may contribute to the understanding of non-use of drugs beyond the concept of neighborhood, since different individuals are exposed in a heterogeneous way to the contextual factors[23]. The choice between whether or not to use drugs, or the way between experimenting and maintaining the use of these substances, is also associated with the individual's internal characteristics. They reported individual factors related to spirituality, personal values, whether family or religious, incompatible with drug use, but the testimonies lack to provide a better understanding of these endogenous factors. People, especially younger ones, tend to have a need to feel "good" in some activity they do, because it guarantees their identity or function within a group, so those who do not achieve this role usually have drugs as their satisfaction [24-25].

Moral situations, such as the exaltation of physical punishment and child labor, and prejudice and distance from families of drug users did not appear to interfere with the motivation for drug use or distance. Proximity in the relationship with the immediate neighborhood, creating social bonds of friendship and trust as a result of several years of living in the same neighborhood (permanent neighborhood), seems to indicate, in contradiction, a 'territoriality', in which the territory definition stimulates a feeling of property and belonging to space[15-24].

Although the findings are closely related to the local context they cannot be generalized; the reasons for not using drugs were identified from the non-users' perspective, and the household interview allowed us to understand better the families that protected their children, nephews and grandchildren from drug use. They revealed their ways of living and their opinion about the "violent neighborhood," which they also considered supportive of the difficult times in life.

FINAL REMARKS

The deterministic position linking the place of coexistence - communities with indicators of great drug circulation -, or family fragilities, or family members' lifestyle, points to the uniqueness of the drug use risk. This study contributes to the perception of multiplicity of factors, that is, people are not born predestined to use drugs or use them only by influence of friends, neighbors, or by an isolated decision.

Even living in socially adverse situations and permeated by trafficking and violence, we identified a chain of families whose members had never used drugs of abuse. The reasons and resistance for family members to not use drugs were understood at the individual and personal attitude levels; family, such as conjugality, the presence of the family member interviewed at home, the reduced number of single-parent families and the majority of extended and intergenerational families, and family-specific "education" styles; and community, made by family/neighborhood cohesion and the relationship with support organizations – church, school, workplace.

Understanding protection factors in local contexts makes it possible to understand how each family faces the health-disease process and, thus, to construct markers to subsidize interventions to be implemented in these places and to expand proposals for coping with drugs. Knowing the non-users'

discourse, from the territory with problems related to drug abuse and in articulation with healthcare professionals, more localized intervention proposals could be linked to prevention and/or harm reduction.

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