SMAD, Rev. Eletrônica Saúde Mental Álcool Drog.
2020 Mar.-Apr.;16(2):5-15
DOI: 10.11606/issn.1806-6976.smad.2020.155394
www.revistas.usp.br/smad/

Original Article

Social skills of crack-cocaine users admitted to therapeutic communities

Adauto Motta Filho[1]
https://orcid.org/0000-0002-3136-569X
Andresa Aparecida Francisquini de Sousa[1]
https://orcid.org/0000-0001-7577-3516
Randolfo dos Santos Junior[2]
https://orcid.org/0000-0002-8029-0188
Júlio César André[3]
https://orcid.org/0000-0002-0549-4527
Loiane Letícia dos Santos[4]
https://orcid.org/0000-0003-0571-0370

[1] Instituição de Ensino Superior, Catanduva, SP, Brazil.
[2] Faculdade de Medicina de São José do Rio Preto, Departamento de Psicologia, São José do Rio Preto, SP, Brazil.
[3] Faculdade de Medicina de São José do Rio Preto, Centro de Estudos e Desenvolvimento de Educação em Saúde, São José do Rio Preto, SP, Brazil.
[4] Instituto Municipal de Ensino Superior, Departamento de Psicologia, Catanduva, SP, Brazil.

Objective: this study aimed to assess the social skills of abstinent crack-cocaine users by characterizing demographic profile and tracing possible deficits in social skills. Method: convenience sample with 39 chemical dependents, with mean age of 40.7 years (±10.48), admitted to therapeutic communities in the São Paulo state's countryside. The study is characterized as descriptive, cross-sectional, with quantitative design. The instruments used were Sociodemographic and Consumption Pattern Questionnaire, Social Support Scale, Self-esteem Scale, and Social Skills Inventory (SSI). Results: this study found deficits in social skills in the participants' general score (84.3%) and in the subcomponents of the social skills inventory. In the correlations between social skills and social support, affective factors (p≤0.0156) and emotional factors (p≤0.0299) were statistically significant, that is, the higher the social support values, the higher the social skills resources. Old age showed negative correlation (p≤0.0167) with social skills, that is, the higher the age, the lower the SSI. Conclusion: this study highlights the relevance of social support to chemical dependents as a factor of better social performance, thus providing contributions to new research on the area.

Descriptors: Crack; Therapeutic Community; Social Skills; Mental Health.

How to cite this article

Motta Filho A, Sousa AAF, Santos Junior R, André JC, Santos LL. Social skills of crack users accepted in therapeutic communities. SMAD, Rev Eletrônica Saúde Mental Álcool Drog. 2020;16(2):1-11. doi: https://dx.doi.org/10.11606/issn.1806-6976.smad.2020.155394

Habilidades sociais de usuários de crack acolhidos em comunidades terapêuticas

Objetivo: buscou-se por meio desse estudo, avaliar as habilidades sociais de usuários de crack em abstinência, por meio, da caracterização do perfil sociodemográfico e identificação de possíveis déficits nas habilidades sociais. Método: com amostra de conveniência de 39 dependentes químicos, com idade média de 40,7 anos (±10,48), acolhidos em comunidades terapêuticas no interior do estado de São Paulo. O estudo caracteriza-se como descritivo, transversal, com delineamento quantitativo. Os instrumentos utilizados foram Questionário Sociodemográfico e Padrão de Consumo; Escala de Apoio Social; Escala de Autoestima e o Inventário de Habilidades Sociais – (IHS). Resultados: o presente estudo apontou déficits em habilidades sociais no score geral (84,3%) dos participantes, e nos subcomponentes do inventário de habilidades sociais. Nas correlações de habilidades sociais e apoio social, primordialmente os fatores afetivos (p≤ 0,0156) e emocional (p≤ 0,0299) apresentaram valor de significância estatística, ou seja, quanto maiores os índices de apoio social, maior os recursos em habilidades sociais. A idade avançada apresentou correlação negativa (p ≤0,0167) em habilidades sociais, ou seja, quanto maior a idade, menor o repertório de HS. Conclusão: este estudo destaca a relevância do apoio social ao dependente químico, como fator de melhor desempenho social, possibilitando subsídios para novas pesquisas na área.

Descritores: Crack; Comunidade Terapêutica; Habilidades Sociais; Saúde Mental.

Habilidades sociales de usuarios de crack acogidos en comunidades terapéuticas

Objetivo: se buscó por medio de este estudio, evaluar las habilidades sociales de usuarios de crack en abstinencia, por medio, de la caracterización del perfil sociodemográfico e identificación de posibles déficits en las habilidades sociales. Método: con muestra de conveniencia de 39 dependientes químicos, con edad media de 40,7 años (± 10,48), acogidos en comunidades terapéuticas en el interior del estado de São Paulo. El estudio se caracteriza como descriptivo, transversal, con delineamiento cuantitativo. Los instrumentos utilizados fueron Cuestionario Sociodemográfico y Estándar de Consumo; Escala de Apoyo Social; Escala de Autoestima y el Inventario de Habilidades Sociales - (IHS). Resultados: el presente estudio apunta a déficit en habilidades sociales en la puntuación general (84,3%) de los participantes, y en los subcomponentes del inventario de habilidades sociales. En las correlaciones de habilidades sociales y apoyo social, primordialmente los factores afectivos (p≤ 0,0156) y emocional (p≤ 0,0299) presentaron valor de significancia estadística, o sea, cuanto mayores los índices de apoyo social, mayor los recursos en habilidades sociales. La edad avanzada presentó correlación negativa (p ≤0,0167) en habilidades sociales, o sea, cuanto mayor la edad, menor el repertorio de HS. Conclusión: este estudio destaca la relevancia del apoyo social al dependiente químico, como factor de mejor desempeño social, posibilitando subsidios para nuevas investigaciones en el área.

Descriptores: Crack; Comunidad Terapéutica; Habilidades Sociales; Salud Mental.

Introduction

The psychoactive substance (PAS) use disorder has shown to be a multifaceted condition, with cognitive, behavioral and physiological elements of difficult control for both the user and society[1]. Specifically in the connection with crack cocaine, it is noticeable the high power of compulsion and almost uncontrollable dependence, due to its rapid absorption, inducing the user to stimulating and extremely pleasurable sensations with greater fugacity[2].

The most common profile among crack-cocaine users is male, young and adult individuals, with little formal education, unemployed, from vulnerable and low-income families. Several characteristic aspects are observed in this context of crack-cocaine users population, such as increased aggressiveness, involvement in illegal activities, lack of commitment to basic responsibilities, degradation of personal hygiene, and consequently, higher indicators of psychiatric comorbidities[3-6].

In this context, the substance dependent individual suffers chronic discrimination and social exclusion, caused by the stigma related to crack cocaine, resulting from a social representation, with no precedent of change[7-8].

According to epidemiological data from a national survey in Brazilian capitals and the Federal District in relation to the use of crack cocaine, 370,000 Brazilians are regular users, that is, they use once a week in Brazilian capitals (0.8%), 14% of which are children and adolescents, approximately 50,000. It was observed that 70% of users share tools for use such as pipes and cans of soda or beer. The northeast region presented the highest prevalence of PAS consumption, with about 150,000 drug users. The research also found that contamination by HIV virus among crack-cocaine users in Brazil is eight times higher than in the population in general[9].

A national study on substance use showed that 0.7% of the sample (about 800,000 people) had used crack cocaine in the last twelve months and 1.3% (about 1.7 million Brazilians) reported having used crack cocaine at least once in their life, and the figures may be even higher since this study included no homeless participants, a portion of the population that is especially vulnerable to drug use[10].

With the increasing epidemiological indexes in relation to crack cocaine, the Therapeutic Community (TC) became a place for those seeking treatment among the users of this substance. TC is a mode of service and integral care for chemical dependents, with a structured environment and without the presence of illicit substances, providing the achievement and management of abstinence, with comprehensive approach and bringing together professionals from various fields of scientific knowledge[11].

The stigma or stereotype in relation to crack-cocaine users is one of the factors of resistance to treatment. Thus, when experiencing a feeling of dysphoria and low self-esteem, associating to a possible hostile behavior of professionals as to their disease and substance of choice, they tend to have difficulty in adhering to the treatment. The professionals' hostility may be associated with the need to label, absence of empathy, or even a conservative and prejudiced view in relation to dependents[7].

There is evidence that some elements such as interpersonal conflict, expectations, emotional states, frustrations, social inhibition, and social pressure may contribute to hinder the social reintegration of chemical dependents. They may consist in deficit of basic Social Skills (SS) to perform tasks and activities of everyday life, among the simplest and most necessary for life in community[12]. Deficits in social skills result in psychological and behavioral distress conditions, leading to impairments in interpersonal relations[13].

Social skills can be defined as a set of learned behavioral capacities that accomplish social interactions assertively. With the acquisition of such social skills, the individual learns an adequate and considerate behavior in relation to the attitudes, communication, beliefs, desires, way of expressing emotions and opinions, in interpersonal relations, which compose the entire repertoire of sociability of the individual, and, consequently, adapting to the cultural and contextual patterns of their experiences[14].

The absence of this component of sociability involves both verbal and non-verbal aspects, correlating to cognition, emotions and poorly adaptive behaviors in the resolutions of social interaction problems. With lack of training and non-acquisition of these skills, relapses may occur more frequently[15].

Thus, social skills can also be exemplified through the social learning paradigm, which posits that skills can be developed by means of interpersonal experiences, pertinent to observing the performance of others, by a process of successful mental assimilation of models. These experiences mediated by cognitive processes (beliefs, perceptions and thoughts) will influence the acquisition of certain skills in a particular and unique way for each individual[16].

Possessing social skills, in addition to being an effective factor of protection and resilience, enables

interactions with other people with positive and satisfactory effects[17]. Accordingly, studies indicate that socially skilled behaviors may result in lower detriments to users, enabling greater interaction, and may contribute to a higher quality in their social relations, consequently adding significant changes to their lifestyle. Such adaptive behaviors being learned and trained resulted in better response in coping with the disease[18-19].

Therefore, a taxonomy that is broader and more organized into social skills may contribute to better behavioral resolutions: a) communication: prepare and give answers to questions, reciprocate and exalt qualities, ask and give feedback in social relations, start, maintain and end conversation; b) civility: saying please, reciprocating a gesture, introducing yourself, congratulating, withdrawing; c) assertive coping: disregard opinion, consenting to something or not, disregarding and assuming errors, effecting affective/sexual relationship, ending love involvement, expressing anger and requiring behavioral modification, interacting with figures of superiority, reflecting with criticism; d) empathic: explaining support through paraphrase, showing feelings and providing support; e) work: coordinating groups, communicating in public, deliberating problems, making decisions, and mediating conflicts; f) educational and expression of positive feelings: building friendship, showing support and working love[20].

Thus, considering the complexity of the subject, it has been addressed in research in the context of clinical care and in studies on drugs and contributions to determine dimensions between social skills deficit scores and associations with PAS dependence in adolescents[21-22], alcoholics[23-24], women[19,25], men[26], and smokers[27-28]. The results of these studies pointed out that lacking social skills may be a major factor in the use of licit and illicit substances, and that other populations resulting from other conditions and contexts should be researched[29].

By observing the analyzed aspects, it is understood that evaluating and measuring cognitive elements and social skills is a necessity, for self-knowledge and attention to possible mental traps that may arise[30]. Investing in communication and dialogue leads to increased interpersonal relations and intrapersonal self-care, enabling PAS dependents to recover self-esteem and self-efficacy, being essential factors to protect from and prevent possible relapses and to provide reintegration to healthy social coexistence[31].

Therefore, given the importance of studying new treatment methods and possibilities for providing integral care to crack-cocaine users, this study aims to survey the sociodemographic data of abstinent patients, trace possible deficits in social skills, and thus correlate the social support and self-esteem variables to understand which aspects serve as protection and which promote vulnerability to use and consequently to relapse.

Method

The study is characterized as descriptive, cross-sectional, with quantitative design. After approval by the Ethics Committee (opinion 2,900,192), data were collected in two therapeutic communities in the São Paulo state's countryside.

Convenience sample consisted of 46 chemical dependents; however, 7 participants were excluded from the study due to the time of abstinence and for not having used crack cocaine, according to the exclusion and inclusion criteria, totaling 39 participants.

Inclusioncriteria were being chemical dependent, crack-cocaine user, older than eighteen years, and male. Exclusion criterion was being participant admitted to the institutions who did not have a minimum of 10 days of abstinence. The instruments used were:

1. Sociodemographic data and consumption pattern questionnaire: this instrument devised by the researchers was developed to characterize participants as to age, marital status, educational level, religion, abstinence time, age of first use, frequency of use, use of substances with family members, suicidal thoughts, problems with justice, among other items.
2. Social Support Scale: It determines multidimensional indicators in social bonds, showing functional aspects of social relations. Composed of 19 items comprising five functional dimensions of social support: material, affective, emotional, positive social interaction, and information. This instrument covers: material social support (four questions) provision of practical resources and material aid; affective social support (three questions) physical displays of love and affection; positive social interaction social support (four questions) having people to relax and have fun with; emotional social support (four questions) social networking skills to fulfill individual needs in relation to emotional problems, for example, situations that require secrecy and encouragement in

difficult moments of life; information social support (four questions) relying on people who advise, inform, and guide. For all questions, five answer options were presented: 1 "never"; 2 "rarely"; 3 "sometimes"; 4 "almost always"; and 5 "always"[32].

3. The self-esteem scale: Self-esteem has been widely determined using the Rosemberg Self-Esteem Scale (1965), conceptualized as an instrument that enables measuring and classifying the level of self-esteem into low, medium, and high. The scale consists of ten closed sentences, five referring to positive "self-image" or "self-value" and five referring to "negative self-image" or "self-depreciation." The sentences are arranged in the four-point Likert format, ranging from "totally disagree" or "disagree" to "agree" or "totally agree." Regarding the score, the higher the score obtained on the scale, the higher the self-esteem level of the individual[33-34].
4. Social Skills Inventory: this is a self-reported instrument that evaluates situational and behavioral dimensions and traces the classes and subclasses of social skills that are deficient or as available element in the individual's inventory. Composed of 38 items, each describing a situation of interpersonal relation and a required skill to react to that situation. Respondents should estimate the frequency with which they react as suggested in each item, considering the total number of times they were in the situation described, and estimate the frequency of their response, on a five-point Likert scale ranging from zero (never or rarely) to four (always or almost always). In some items there is a "nega+tive" phrasing, that is, higher score indicates deficit of social skills, and in these the score should be reversed to obtain the zero. The instrument produces a general score, referenced in terms of percentiles, and scores in five sub-scales of social skills[35].

This study was conducted in two main stages, due to data collection being performed in different locations and cities.

1st stage: group presentation, that is, with all of those admitted to the institutions, got informed of what the study is about in the two therapeutic communities and accompanied by a team member of both institutions.

2nd stage: after individual guidance on the objectives of the research and ethical information, having agreed to sign the informed consent form, the collection of samples was initiated, individually configured, by applying a semi-structured interview plan, with the instruments described, with an average time of 40 to 50 minutes each application.

For analysis of sociodemographic data we used descriptive statistics, and for correlation we conducted Spearman test with 95% confidence interval (95%CI), considering $p \leq 0.05$ significant. The analyses were performed using the GraphPad Prism software version 6.

Results

The total sample of this study consisted of 39 participants, with mean age of 40.7 years (±10.48), minimum age was 18 years, and maximum age was 64 years. The sample consisted solely of males, mainly characterized as white (56.5%), catholic (59%), with elementary education (48.7%), single (51.2%), and the predominant professional activity was general services (20.5%).

Table 1 - Description in frequency (n) and percentage (%) of sociodemographic data of the sample of participants who were psychoactive substance users from therapeutic communities. Catanduva and Novo Horizonte, SP, Brazil, 2018

Variables	n	(%)
Religion		
Agnostic	09	23
Catholic	23	59
Evangelical	07	18
Educational level		
Elementary education	19	48,7
Secondary education	18	46,1
Higher education	01	2,6
No education	01	2,6
Marital status		
With companion	10	25,7
Divorced	07	18
Widower	02	5,1
Single	20	51,2
Skin color		
White	22	56,5
Black	06	15,4
Brown	11	28,2
Professional activity		
General services	08	20,5
Rural worker	06	15,4
Salesperson	02	5,1
Industrial operator	05	12,9
Machine operator	02	5,1
Production assistant	05	12,9
Self-employed	09	23
Shoemaker	02	5,1

Table 2 presents the characteristics and history of substance abuse of the sample participants, in which the substance use initiation (53.85) was 13 to 18 years of age, (77%) reported having a history of use in the family, use with a family member was reported by (74.3%), and PAS use with more than one family member was (43.5%). The previous hospitalizations variable shows that 69.2% have used this treatment resource, 84.6% have some kind of family support, and 53.9% have support from friends.

Table 2 - Description in frequency (n) and percentage (%) of the characteristics and history of substance abuse of the members of the therapeutic communities. Catanduva and Novo Horizonte, SP, Brazil, 2018

Variables	N	(%)
Substance use initiation age		
Third childhood (8 to 13 years)	07	18
13 to 18 years	21	53,8
>18 years	11	28,2
Homeless		
Yes	18	46,1
No	21	53,9
Previous hospitalizations		
Yes	27	69,2
No	12	30,8
Family use history		
Yes	30	77
No	09	23
Family use history (kinship degree)		
Father	02	5,2
Mother	02	5,2
Siblings	06	15,3
More than one family member	17	43,5
Others (uncles/aunts, cousins)	12	30,7
History of use with family member		
Yes	29	74,3
No	10	25,7
Suicidal thoughts		
Yes	17	43,6
No	22	56,4
Family support		
Yes (more than one family member)	33	84,6
No	05	12,9
Not mentioned	01	2,5
Friends support		
Yes (more than one friend)	21	53,9
No	18	46,1

Table 3 presents the results of the instruments used in this study, and as shown in the Rosemberg Self-esteem Scale the overall scores (17.1%), the Social Support Scale the overall score presented (14.1%). The Social Skills Inventory self-reported instrument generally indicated a deficit score (84.3%).

Table 3 - Presentation of indicators of minimum, maximum, median, and mean scores of the Rosemberg Self-Esteem Scale, Social Support Scale, and Social Skills Inventory, results presented by psychoactive substance users from therapeutic communities. Catanduva and Novo Horizonte, SP, Brazil, 2018

	Min - Max	Median	Mean (±)*
Rosemberg Self-Esteem Scale			
Total Score	11–25	17	17.1 (±2.7)
Social Support Scale			
Total Score	5.8–19	14.8	14.1 (±3.6)
Social Skills Inventory			
Total Score	43–119	81	84.3 (±18.3)

* Standard Deviation.

Table 4 shows the description in frequency (n) and percentage (%) of the data of each factor of the Social Skills Inventory (SSI). The components indicated well-developed repertoire (18%), good repertoire above the median (12.9%), good repertoire below the median (7.6%), and deficit in social skills (61.5%).

Table 4 - Description in frequency (n) and percentage (%) of the data of each factor of the Social Skills Inventory (SSI) presented by psychoactive substance users from the therapeutic communities. Catanduva and Novo Horizonte, SP, Brazil, 2018

Social Skills Inventory percentile	n	(%)
Well-developed repertoire (100 to 75)	07	18
Good repertoire above the median (75 to 50)	05	12,9
Good repertoire below the median (50 to 25)	03	7,6
Social skills deficit	24	61,5

Table 5 shows the correlation between indicators of social skills and the factors of the Social Support Scale, Self-Esteem Scale, substance use initiation age, and current age of the sample participants. Relevant aspects were found in the Social support Scale variables in the affective factors ($p \leq 0.0156$) and emotional factors ($p \leq 0.0299$), and in the current age variable ($p \leq 0.0167$).

It is important to emphasize that the results of this study showed direct associations in the dimensions of social skills and social support, primarily the affective factors ($p \leq 0.0156$) and emotional factors ($p \leq 0.0299$) with statistical significance value. These results indicate that the higher the social support values, the greater the social skills. For those admitted to therapeutic communities having social support is positive and of

paramount importance, both for coping with the disease and for performance of social competence.

Table 5 - Correlation between indicators of social skills and the factors of the Social Support Scale, Self-Esteem Scale, substance use initiation age, and current age, indicators of the lower and upper confidence interval of the psychoactive substance users from therapeutic communities. Catanduva and Novo Horizonte, SP, Brazil, 2018

Variables	Social Skills	p	95% CI	
			Lower Limit	Upper Limit
Social Support Scale				
Affective Factor	0,3848	0,0156*	0,0691	0,6304
Emotional Factor	0,3481	0,0299*	0,0269	0,6042
Information Factor	0,0131	0,9370	-0,3125	0,3359
Social Integration Factor	0,0536	0,7460	-0,2755	0,3714
Material Factor	0,0835	0,6133	-0,2475	0,3970
Self-Esteem Scale				
Total Score	0,1396	0,2380	-0,1396	0,4871
Use initiation age	-0,1531	0,3522	-0,4548	0,1801
Current Age	-0,3810	0,0167*	-0,6277	0,0647

*p<0.05

Discussion

Psychoactive substance use in adolescence has increased the vulnerability and dependence, considering the impacts on school dropouts[36]. Another study, with 35 polyusers undergoing outpatient treatment, evaluated the Social Skills (SS) and possible correlations with PAS use of these patients, presenting significant relations in factors related to coping skills and self-affirmation with risk and difficulties in conversation and social resourcefulness in the Social Skills Inventory (SSI), pointing to lack of SS to deal with situations that require social agility[37].

It is observed through the historical variables of use in family, degree of kinship, and history of use with family members that the power to influence in the process of psychoactive substance (PAS) abuse, in a serious way, the adolescent's identity construction in the family context is most significant and of paramount importance. Thus, it has been found that these families, who have history of PAS use and consequently the lack of healthy values, influence the formation of this individual, even more because that is a period of biopsychosocial transformation of constitution of the personality, the use of drugs can foster significant losses in the development of this subject[38].

The individual's development process occurs in the primary family environment, since the social responses are assimilated by the transfer of behaviors observed and experienced along with other people in the family environment. Accordingly, a family with a history of drug use presents a highly deficient process of learning and acquiring strategies in social skills[39].

Another study by Schneider and Andretta[40] showed correlation of aspects associated with deficits in social skills, self-control, aggressiveness toward aversive situations and abusive use of drugs. The results indicate that individuals whose father, sibling or other family members had a history of drug use had a higher risk for the initiation and development of their abusive consumption. Through highly conflictual family relationships, this individual learns to relate in a non-assertive way, finding difficulties in exposing and controlling their behaviors.

The multifaceted aspect of self-esteem indicated low general levels of the participants, suggesting indications that possible alterations are associated with the continued use of PASs and treatment site. Factorial analysis proposed by the scale confirms what is being observed in this low self-esteem crack-cocaine users population, due to self-destruction and upset, caused by the highly pernicious impact of the substance on the user[33].

As for the social support aspect of the participants of the study, it indicated that at some point in life they may rely on the support of family members and friends for stressful situations. We found in the subcomponents of the scale evidence that social bonds have a significant influence on the maintenance and improvement of the quality of life of these users and that the lack of this resource post-discharge can be determinant for lapses and relapses[41].

Deficient incidence in social skills was found in the abstinent crack-cocaine users, consistently with other researches tat found in this population deficits in more significant social skills, due also to the harmful damage caused by the substance. Comparative studies with dependents and non-dependents found in the sample characterized by dependents results of lower scores in this dependent population. Finding of social skills deficit has been confirmed in association with different conditions[42].

In Portugal, a study analyzed anti-social and criminal behaviors and social skills, in different contexts, divided into three subgroups: non-users of illicit substances, dependents in therapeutic community, and a host house for damage reduction. The existence of deficiency differences was found in the sample of dependents, at the level of social skills in the factorial scores of coping and self-affirmation with risk, the subgroup of chemical dependents in TC obtained a low value, while the group in the host house presented lower mean levels of conversation and social development[43].

Another study conducted a systematic review in the Medline Complete, Scopus, IBECS, Index Psi and LILACS databases, resulting in 89 articles, of which 13 were

analyzed in full, and 5 articles were selected. This review concluded that drug users show negative scores in SS, and that training in SS may be an effective strategy; such studies show the evolution of the care that has been provided to treat this disease[44].

Given the increase in national studies addressing social support, we highlight the effort that is employed to determine the support of these individuals. This perceived support refers to the perception of support in a certain difficult and stressful situation faced. Therefore, social support probably establishes singular aspects of the personality, considering that the events that occur in life may compromise the skills and that this support is effective[45].

Moreover, the sum of complications resulting from the combination of parameters of compulsive use, which crack cocaine causes in the lives of these users, the wide range of damage is unquestionable, especially as to that which intrinsically relates to the rupture of the family bond, leading to extremely deficient social support[46].

The current age variable presented a negative correlation, that is, the higher the age, the lower the social skills indicators. When evaluating the senior population with deficits in social skills there was scarcity in the literature; it was found that the present sample in the therapeutic communities resulting from the involvement with crack-cocaine use brings harm to users, indicating lack of social skills, compared with the younger individuals, thus limiting social performance with resourcefulness. Several factors such as early use initiation, genetic inheritance, and institutionalization may negatively contribute to segregate this repertoire of sociability[47].

Studies show the importance of behavioral changes in people in this age group, and this social integration is essential for improving the physical and mental health of these users[48].

Because of the relevance of seeking innovative possibilities of more effective treatment for substance users, this subject has been addressed by many researchers in the last decade. Recently, a study showed circumstances associated with deficient scores in the Social Skills Inventory (SSI) among crack-cocaine users. With a sample of 519 individuals, of which 497 men (95.8%) and 22 women (4.2%), it was found that 52.8% presented deficit. Another important aspect observed was the SS-deficient relationships with mourning for the loss of children, involvement in illegal activities. The scores show that high social support is related to social skills, consistently with the present study[49].

Therefore, it is evident to the several discussions involving the subject, about risk and protection factors of chemical dependents, and the SS are associated with both aspects. A study showed the relation of the SS divided into two groups, crack-cocaine users and non-users. In the users group, the results showed higher skills on coping with risk and lower skills of conversation and social resourcefulness. Moreover, the study showed that having children and not having a companion (single or divorced) also increased the probability of using crack cocaine[50].

Finally, it is important to consider the limitations of this study, which correspond to the restriction of the research sites, becoming evident that other empirical studies should be carried out comprising other communities and sex, so as to provide a broader understanding of the phenomenon, thus guaranteeing the effectiveness of programs scientifically based on prevention and integral care in the treatment of chemical dependents.

Conclusion

The present research enabled through the results found the comprehension of several aspects that are characteristic of this population, which may be related to the triggering of the repertoire of crack-cocaine use. It was found that the greater the social support, the better the repertoire of social skills, possibly influenced by the need to restore the bonds in the help to cope with abstinence.

It was also found that senior individuals possess less resources in Social Skills (SS) than the younger participants in this study. The study shows that some elements such as early age at the psychoactive substance use initiation, having a history of use in family, use with a family member, low self-esteem, lack of social support, and deficits in SS resources presented relevance, and are related to multiple risk factors and vulnerabilities for possible relapses.

Thus, this study aimed to contribute to the understanding of chemical dependence and associations with social skills in individuals in therapeutic community, obtaining as a result the need for inclusion of social skills evaluation and training in the therapeutic intervention method of these treatment sites, in order to increase the repertoires of coping with drug use and decrease relapses through reintegration into social coexistence.

References

1. American Psychiatric Association. Manual diagnóstico e Estatístico de Transtornos Mentais: DSM-5. 5ed. Porto Alegre: Artmed; 2014. p. 483-5.

2. Cordeiro DC, Laranjeira R, Figle NB. Crack. In: Figlie NB, Bordin S, Laranjeira R, organizadores. Aconselhamento em Dependência Química. São Paulo: Roca; 2015. p. 65-8.

3. Fundação Oswaldo Cruz (BR). Crack: pesquisa identifica perfil, comportamento e vulnerabilidade de

usuários. [Internet]. 2016. [Acesso 11 ago 2018]. Disponível em: https://portal.fiocruz.br/noticia/crack-pesquisa-identifica-perfil-comportamento-e-vulnerabilidade-de-usuarios.

4. Guimarães CF, Santos DVV dos, Freitas RC de, Araújo RB. Perfil do usuário de crack e fatores relacionados à criminalidade em unidade de internação para desintoxicação no Hospital Psiquiátrico São Pedro de Porto Alegre (RS). Rev Psiquiatr Rio Gd Sul. [Internet]. 2008 ago. [Acesso 12 ago 2018]; 30(2): 101-8. Disponível em: http://dx.doi.org/10.1590/S0101-81082008000300005.

5. Oliveira LG, Nappo SA. Caracterização da cultura de crack na cidade de São Paulo: padrão de uso controlado. Rev Saúde Pública. [Internet]. 2008 ago. [Acesso 12 ago 2018]; 42(4): 664-71. Disponível em: http://dx.doi.org/10.1590/S0034-89102008005000039.

6. Zanotto DF, Assis FB. Perfil dos usuários de crack na mídia brasileira: análise de um jornal e duas revistas de edição nacional. Physis. 2017 jul. [Acesso 11 ago 2012]; 27(3): 771-92. Disponível em: http://dx.doi.org/10.1590/s0103-73312017000300020.

7. Ronzani TM, Noto AR, Silveira PS da. Reduzindo o estigma entre usuários de drogas: guia para profissionais e gestores. [Internet]. 2014. [Acesso 15 maio 2018]; 23 p. Disponível em: http://www.ufjf.br/crepeia/files/2014/05/MIOLO_Reduzindo-o-Estigma_ED-ATUALIZADA-baixa.pdf

8. Ministério da Saúde. Secretaria Nacional de Polícias Sobre Drogas (BR). O uso de substâncias psicoativas no Brasil: Modulo 1. 13. ed. Brasília: MJC; 2018. 146 p.

9. Fundação Oswaldo Cruz (BR). Estimativa do número de usuários de crack e/ou similares nas capitais do país. [Internet]. 2013. [Acesso 20 maio 2018]. Disponível em: https://portal.fiocruz.br/noticia/maior-pesquisa-sobre-crack-ja-feita-no-mundo-mostra-o-perfil-do-consumo-no-brasil

10. Instituto Nacional de Ciência e Tecnologia Para Políticas Públicas de Álcool e Outras Drogas (BR). II Levantamento Nacional de Álcool e Drogas [Internet]. 2012. São Paulo: Unifesp; 2014. 85 p. [Acesso 23 maio 2018]. Disponível em: <https://inpad.org.br/wp-content/uploads/2014/03/Lenad-II-Relatório.pdf>.

11. Ministério da Saúde (BR). Secretaria Nacional de Polícias Sobre Drogas. Modalidades de Tratamento e Encaminhamento: modulo 6. 13. ed. Brasília: MJC; 2018. 99 p.

12. Gaia APO, Leronardo IADG. Habilidades Sociais em Dependentes de Substâncias Psicoativas no Processo de Reinserção Social. Rev Ciênc Amazônia ILES/ULBRA. [Internet]. 2017. [Acesso 12 ago 2018]; 1(2). Disponível em: http://www.periodicos.ulbra.br/index.php/amazonida/issue/view/192.

13. Feitosa FB. Habilidades sociais e sofrimento psicológico. Arq Bras Psicol. [Internet]. 2013 jun. [Acesso 12 jun 2019]; 65(1): 38-50. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-52672013000100004&lng=pt.

14. Caballo VE. Manual de Avaliação e Treinamento das Habilidades Sociais. São Paulo: Santos; 2003. p. 3-6.

15. Bandeira M. Questões conceituais e metodológicas. Campinas. In: Prette A Del, Prette ZAP Del, organizadores. Habilidades Sociais Desenvolvimento e Aprendizagem: Alínea; 2003. p. 207-210.

16. Bandura A. Modificação do Comportamento. Rio de Janeiro: Interamericana; 1979. p. 25-6.

17. Prette A Del, Prette ZAP Del. Psicologia das relações interpessoais: vivências para o trabalho em grupo. Petrópolis: Vozes; 2001. p. 32-6.

18. Bolsoni ATS, Carrara K. Habilidades sociais e análise do comportamento: compatibilidades e dissensões conceitual-metodológicas. Psicol Rev. [Internet]. 2010. [Acesso 16 mar 2018]; 6(2):330-50. Disponível em: doi: 10.5752/P.1678- 9563.2010v16n2p330.

19. Limberger J, Andretta I. Desenvolvimento das Habilidades Sociais na Vida de Mulheres Usuárias de Crack: Estudo de Casos Múltiplos. Temas Psicol. [Internet]. 2017 dez. [Acesso 25 jul 2018]; 25(4):1709-24. Disponível em: http://dx.doi.org/10.9788/tp2017.4-11pt.

20. Prette A Del, Prette ZAP Del. Psicologia das relações interpessoais: vivências para o trabalho em grupo. 11.ed. Petrópolis: Vozes; 2014. p. 63-101.

21. Wagner MF, Oliveira MS. Habilidades sociais e abuso de drogas em adolescentes. Psicol Clín. [Internet]. 2007 dez. [Acesso 25 jul 2018]; 19(2):101-16. Disponível em: http://dx.doi.org/10.1590/S0103-56652007000200008.

22. Wagner MF, Silva JG da, Zanetello LB, Oliveira MS. O uso da maconha associado ao déficit de habilidades sociais em adolescentes. SMAD, Rev Eletrônica Saúde Mental Álcool e Drog. [Internet]. 2010 ago. [Acesso 25 jul 2018]; 6(2): 255-73. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-69762010000200003.

23. Cunha SM da, Carvalho JCN, Kolling NM, Silva CR da, Kristen CH. Habilidades sociais em alcoolistas: um estudo exploratório. Rev Bras Ter Cogn. [Internet]. 2007 ago. [Acesso 25 jul 2018]; 3(1):31-9. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1808-56872007000100004.

24. Felicissimo FB, Casela ALM, Ronzani TM. Habilidades Sociais e Alcoolismo: uma revisão da literatura. Psicol Estud. [Internet]. 2013 mar. [Acesso 25 jul 2018]; 18(1):137-45. Disponível em: http://www.scielo.br/scielo.php?pid=S141373722013000100014&script=sci_abstract&tlng=t.

25. Limberger J, Andretta I. Habilidades Sociais e Comorbidades Psiquiátricas de Mulheres Usuárias de Crack. Estud Pesqui Psicol. [Internet]. 2017. [Acesso 13 out 2018]; 17(1);103-17. Disponível em: https://

www.e-publicacoes.uerj.br/index.php/revispsi/article/view/34767/24557.

26. Sa LGC de, Olaz FO, Prette ZAP Del. Propriedades Psicométricas iniciais do Inventário de Habilidades de Enfrentamento Antecipatório para a Abstinência de Álcool e Outras Drogas. Aval Psicol. [Internet]. 2017. [Acesso 25 jul 2018]; 16(2):176-86. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-04712017000200009.

27. Rodrigues VS, Silva JG da, Oliveira MS. Habilidades sociais e tabagismo: uma revisão de literatura. Arq Bras Psicol. [Internet]. 2011. [Acesso 26 jul 2018]; 63(1):31-41. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-52672011000100005.

28. Rondina RC, Martins R, Manzato AJ, Terra AP. Habilidades Sociais e Dependência Nicotínica em Universitários Fumantes. PsicOL Saúde Doenças. [Internet]. 2013 mar [Acesso 25 jul 2018]; 14(1):232-44. Disponível em: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S1645-00862013000100015.

29. Scnneider JA, Limberger J, Andretta I. Habilidades sociais e drogas: revisão sistemática da produção científica nacional e internacional. Av Psicol Latinoam. [Internet]. 2016 [Acesso 24 jul 2018]; 34(2):339-50. Disponível em: doi: http://dx.doi.org/10.12804/apl34.2.2016.08.

30. Peuker ACWB; Kessler FHP. Transtornos por uso de substâncias. In: Hutz CS, Bandeira DR, Trentini CM, Krug JS, organizadores. Psicodiagnóstico. Porto Alegre: Artmed; 2016. p. 663-8.

31. Zanelatto NA. Terapia cognitivo-comportamental das habilidades sociais e de enfrentamento de situações de risco. In: Zanelatto NA, Laranjeira R. O Tratamento da Dependência Química e as Terapias Cognitivo Comportamentais. Porto Alegre: Artmed; 2013. p. 174-7.

32. Griep RH, Chor D, Faerstein E, Werneck GL, Lopes CS. Validade de constructo de escala de apoio social do Medical Outcomes Study adaptada para o português no Estudo Pró-Saúde. Cad Saúde Pública. [Internet]. 2005 jun. [Acesso 15 maio 2018]; 21(3):703-14. Disponível em: http://www.scielo.br/pdf/%0D/csp/v21n3/04.pdf.

33. Hutz CS, Zanon C. Revisão da adaptação, validação e normatização da escala de autoestima de Rosenberg: Revision of the adaptation, validation, and normatization of the Roserberg self-esteem scale. Aval Psicol. [Internet]. 2011 abr. [cited Ago 12, 2018]; 10(1):41-9. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-04712011000100005.

34. Sbicigo JB, Bandeira D, Aglio DDD. Escala de Autoestima de Rosenberg (EAR): validade fatorial e consistência interna. Psico-USF. [Internet]. 2010 set./dez. [Acesso 8 out 2018]. 15(3):395-403. Disponível em: http://www.scielo.br/pdf/pusf/v15n3/v15n3a12.pdf.

35. Prette A Del, Prette ZAP Del. Inventário de Habilidades Sociais. São Paulo: Casa do Psicólogo; 2001.

36. Cardoso LRD, Malberger A. Problemas escolares e o consumo de álcool e outras drogas entre adolescentes. Psicol Esc Educ. [Internet]. 2014 jun. [Acesso 15 out 2018]; 18(1):27–34. Disponível em: http://www.scielo.br/pdf/pee/v18n1/v18n1a03.pdf.

37. Silva ML da, Hatanaka YF, Rondina RC, Silva NR. Avaliação do repertório de habilidades sociais de usuários de substâncias psicoativas em tratamento. Cad Bras Ter Ocup. [Internet] 2018. [Acesso 12 ago 2018]; 26(4):849-58. Disponível em: http://dx.doi.org/10.4322/2526-8910.ctoao1633.

38. Maurina LRC, Cenci CMB, Wagner MF, Martinelli AC, Cerutti PC, Cecconello WW. Habilidades sociais e o abuso de drogas no contexto familiar. Rev Psicol IMED. [Internet] 2012. [Acesso 11 ago 2018]; 4(2):715-22. Disponível em: https://seer.imed.edu.br/index.php/revistapsico/article/view/241.

39. Prette A Del, Prette ZAP Del. Habilidades sociais e análise do comportamento: Proximidade histórica e atualidades. Perspectivas. [Internet] 2010. [Acesso 18 out 2018]; 1(2):104-15. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2177-35482010000200004.

40. Schneider JA, Andretta I. Habilidades Sociais de Usuários de Crack em Tratamento nas Comunidades Terapêuticas: Relação com Características Sociodemográficas e de Padrão de Consumo. Rev Col Psicol. [Internet] 2017. [Acesso 30 mar 2018]; 26(1):83-98. Disponível em: http://www.scielo.org.co/pdf/rcps/v26n1/0121-5469-rcps-26-01-00083.pdf.

41. Anini DS, Peixoto EM, Nakano TC. Escala de Apoio Social (MOS-SSS): Proposta de Normatização com Referência nos Itens. Temas Psicol. [Internet] 2018. [Acesso 13 out 2018]; 26(1):387-99. Disponível em: http://www.scielo.br/scielo.php?pid=S2358188320180 00100387&script=sci_abstract&tlng=t.

42. Francischetto V, Soares AB. Habilidades sociais e estilos de apego em dependentes de substância psicoativa. Psychologica. [Internet] 2014. [Acesso 12 out 2018]; 57(2). Disponível em: http://impactum-journals.uc.pt/psychologica/article/view/2312.

43. Sintra CIF, Lopes P, Formiga N. Condutas antissociais e delitivas e habilidades sociais em contexto forense. Psicol Argum. [Internet] 2011. [Acesso 13 out 2018]; 29(66):383-99. Disponível em: https://periodicos.pucpr.br/index.php/psicologiaargumento/article/view/20439.

44. Limberger J, Trinin VR, Hartmann B, Andretta I. Treinamento em habilidades sociais para usuários de drogas: revisão sistemática da literatura. Contextos Clínic. [Internet] 2017 jun. [Acesso 11 ago 2018]; 10(1):99-109. Disponível em: http://dx.doi.org/10.4013/ctc.2017.101.08.

45. Aragão EIS, Campos MR, Portugal FB, Gonçalves DA, Mari JJ, Fortes SLCL. Padrões de Apoio Social na Atenção Primária à Saúde: diferenças entre ter doenças físicas ou transtornos mentais. Cienc Saúde Coletiva. [Internet] 2018 jul. [Acesso 14 out 2018]; 23(7):2339-50. Disponível em: http://dx.doi.org/10.1590/1413-81232018237.21012016.

46. Ribeiro LA., Nappo SA, Sanches ZVDM. Aspectos socioculturais do consumo de crack. In: Ribeiro M, Laranjeira R, organizadores. O Tratamento do Usuário de Crack. 2. ed. Porto Alegre: Artmed; 2012. p. 50-5.

47. Laureano BS, Gomes BCQB, Ferreira AS. Avaliação das habilidades sociais com mulheres em tratamento da dependência química. Rev Científica Faesa. [Internet] 2017. [Acesso 7 ago 2018]; 1(13):7-13. Disponível em: <DOI: 10.5008/1809.7367.105>.

48. Viana AM, Junior GA. Qualidade de vida em idosos praticantes de atividades físicas. Rev Psicol Saúde e Debate. [Internet] 2017 jan. [Acesso 14 out 2018]; 3(1):87-98. Disponível em: http://psicodebate.dpgpsifpm.com.br/index.php/periodico/article/view/92/76.

49. Horta RL, Schafer JL, Coelho LRM, Rodrigues VS, Oliveira MS, Teixeira VA. Condições associadas a prejuízo de desempenho em habilidades sociais em uma amostra de conveniência de usuários de crack. Cad Saúde Pública. [Internet] 2016. [Acesso 25 jul 2018]; 32(4). Disponível em: http://www.scielo.br/pdf/csp/v32n4/1678-4464-csp-32-04-e00010715.pdf.

50. Schneider JA., Andretta I. Habilidades sociais como fatores de risco e proteção entre homens usuários de crack. Quaderns Psicol. [Internet] 2017. [Acesso 21 out 2018]; 19(2): 151-61. Disponível em: https://www.researchgate.net/publication/319437145_Habilidades_sociais_como_fatores_de_risco_e_protecao_entre_homens_usuarios_de_crack.

Authors' Contribution:

Study conception and planning: Adauto Motta Filho, Andresa Aparecida Franceschini de Sousa, Loiane Letícia Dos Santos. Data collection: Adauto Motta Filho, Andresa Aparecida Franceschini De Sousa. Data analysis and interpretation: Adauto Motta Filho, Andresa Aparecida Franceschini de Sousa, Randolfo Dos Santos Junior, Loiane Letícia Dos Santos; Statistical Analysis: Randolfo Dos Santos Junior, Loiane Letícia Dos Santos; Manuscript writing: Adauto Motta Filho, Andresa Aparecida Franceschini De Sousa, Randolfo Dos Santos Junior; Manuscript critical review: Adauto Motta Filho, Andresa Aparecida Franceschini de Sousa, Randolfo Dos Santos Junior, Júlio César André, Loiane Letícia Dos Santos.

All authors approved the final version of the manuscript.

Conflict of interest: The authors declare no conflict of interest.

Received: Mar 5th 2019
Accepted: Jul 29th 2019

Corresponding Author:
Loiane Letícia dos Santos
E-mail: loiane.psicologia@gmail.com
https://orcid.org/0000-0003-0571-0370