

Evaluation of the repertory of social skills of users of psychoactive substances under treatment

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Abstract: Introduction: Mental and behavioral disorders due to the use of substances is a serious public health problem. Deficit in social skills can be considered a risk factor at the beginning or continuity of use. Objective: To evaluate the repertoire of social skills of users of multiple and varied psychoactive substances being treated at the Center for Psychosocial Care in Alcohol and Drugs. Method: The sample was composed of individuals diagnosed with Substance-related Disorder undergoing treatment at the Center for Psychosocial Care for Alcohol and Drug Users of a city in the inner state of São Paulo. Two investigative instruments were used: sociodemographic characterization and use questionnaire and Social Skills Inventory (IHS). The analysis of sociodemographic data used descriptive statistics and IHS analysis performed by collaborating psychologist through the IHS computerized correction system. Results: A total of 35 users, all male, 42.8% aged 31-35 years, 51.4% single participated in this study. The general average classified them with good repertoire, but individual analysis pointed out 42.8% with repertoire below average. Among deficits, the most affected factors were Factors 1 and 3 related to coping skills and self-assertion with risk and difficulties in conversation and social skills. The number of users with social skill deficits is expressive, especially in coping skills and self-assertion with risk, fact that may be directly related to relapse and abandonment of treatment. Conclusion: It is important to evaluate the repertoire of HS at the beginning of treatment, in order to contribute to the elaboration and implementation of specific training interventions.

Keywords: *Social Skills, Substance-Related Disorders, Mental Health Service.*

Avaliação do repertório de habilidades sociais de usuários de substâncias psicoativas em tratamento

Resumo: Introdução: O transtorno mental e de comportamento devido ao uso de substância é um grave problema de saúde pública. O déficit nas habilidades sociais pode ser considerado fator de risco ao início ou continuidade do uso. Objetivo: Avaliar o repertório de habilidades sociais de usuários de múltiplas e variadas substâncias psicoativas diagnosticados e em tratamento no Centro de Atenção Psicossocial em Álcool e outras Drogas II. Método: Amostra composta de indivíduos diagnosticados com transtorno decorrente do uso de substância em tratamento no Centro de Atenção Psicossocial para Usuários de Álcool e Drogas de uma cidade do interior paulista. Utilizaram-se dois instrumentos investigativos: questionário de caracterização sociodemográfica e uso e Inventário de Habilidades Sociais (IHS). Para a análise dos dados sociodemográficos, utilizaram-se cálculos de estatística descritiva e análise do IHS realizada por psicólogo colaborador pelo sistema de correção informatizada do IHS. Resultados: Participaram 35 usuários, todos do gênero masculino, 42,8% com idade entre 31 e 35 anos e 51,4% solteiros. A média geral

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classificou-os com bom repertório, porém uma análise individual apontou 42,8% com repertório abaixo da média. Dentre os déficits, os fatores mais comprometidos foram fatores 1 e 3 relacionados a habilidades de enfrentamento e autoafirmação com risco e dificuldades em conversação e desenvoltura social. É expressivo o número de usuários com déficit nas HS, principalmente em habilidades de enfrentamento e autoafirmação com risco, fato que pode estar diretamente relacionado a recaídas e abandono de tratamento. Conclusão: É importante a avaliação do repertório das HS no início do tratamento, a fim de contribuir na elaboração e implantação de intervenções específicas de treinamento.

Palavras-chave: *Habilidades Sociais, Transtornos Relacionados ao Uso de Substâncias, Serviços de Saúde Mental.*

1 Introduction

Psychoactive substance use disorders (PAS) are among the main contemporary problems of the public health worldwide, with repercussions and losses of personal, social, economic, political and judicial orders. The main characteristic of a disorder related to the use of PAS is the presence of a set of cognitive, behavioral and physiological symptoms (AMERICAN..., 2015; SALLES; SILVA, 2017).

In Brazil, the Unified Health System (SUS) uses the International Statistical Classification of Diseases and Related Health Problems in version 10 (ICD-10) established by the World Health Organization (ORGANIZAÇÃO..., 2008) for the diagnostic evaluation of chemical dependency. According to ICD-10, chemical dependency is considered a mental and behavioral disorder resulting from the use of PAS, and its diagnosis is when the individual must have, three or more of the six symptoms established in the last 12 months: intense desire or compulsion to use the substance; difficulty controlling its use; presence of abstinence; tolerance to its use, with increasing and more frequent doses being required; abandonment of pleasure activities over its use; persistence in the use, even perceiving the biopsychosocial, professional and economic damages (ORGANIZAÇÃO..., 2008).

The abusive and uncontrolled use of psychoactive substances is considered a complex and multifactorial problem that involves biopsychosocial aspects and it is the consequence of a complex interrelationship between PAS, physiological processes, cognition, behaviors, emotions, family and social relationships and cultural influences (KAPLAN et al., 2007). Individual traits, anxiety in situations of social interaction, difficulties in assertive communication with the offer of PAS by others may be considered risk factors in triggering the consumption of PAS (MORALES et al., 2011).

The deficits in the repertory of social skills may be associated to difficulties in the relationship, coping with everyday problems, as well as related

to mental disorders, anxiety, depression and abusive use and/or dependence on psychoactive substances (DEL PRETTE et al., 2004; ALIANE et al., 2006; PINHO; OLIVA, 2007; FELICISSIMO et al., 2013). Some authors point out that these deficits may show as a low social competence in coping with everyday situations, such as problem solving, and may lead to compulsive consumption of PAS (CUNHA et al., 2007; WAGNER; OLIVEIRA, 2009; RODRIGUES et al., 2011; CUNHA et al., 2012; MIGUEL; GAYA, 2013).

It is important to differentiate between concepts of social competence and social skills, sometimes mistakenly taken as synonyms. The term social competence is a construct of an evaluative nature, referring to the adequacy of one's performance to certain specific situations or tasks (CABALLO, 2003; DEL PRETTE; DEL PRETTE, 2009). On the other hand, the concept of social skills refers to a descriptive construct, related to behaviors necessary to social competence, and some of the main classes of behavior related to social skills: communication, assertiveness, professional relationships, empathy and expression of positive feelings (DEL PRETTE; DEL PRETTE, 2009).

Social skills are developed and improved naturally throughout life, and this process is consolidated through the establishment of relationships and social interactions. The repertory of social skills can help in the diversification of the individual's protective and resilient factors, collaborating with human development and promoting physical and mental health and quality of life (DEL PRETTE; DEL PRETTE, 2001; MURTA, 2005; ZANELATTO, 2013; LIMBERGER et al., 2017). Social skills deficits, among other variables, may make the individual more susceptible to a variety of risks, such as involvement with the consumption of PAS (PINHO; OLIVA, 2007; WAGNER; OLIVEIRA, 2009; SCHNEIDER et al., 2016).

Deficits in social skills can be inferred by the absence of appropriate behaviors in specific tasks or by the identification of behaviors that do not result

in proficiency in the required tasks (DEL PRETTE; DEL PRETTE, 2009). These deficits may be of a different nature, such as acquisition, performance, and fluency (CUNHA et al., 2007; DEL PRETTE; DEL PRETTE, 2009). The acquisition deficit occurs when the individual never emits a specific skill since he does not have it in his repertory. When the ability is only emitted sporadically, it is considered to exist in the repertory, but performance deficits occur. Also, if the individual faces great difficulty in the emission of a certain ability, with absence of spontaneity, the fluency deficit occurs (BARRETO et al., 2011; LIMBERGER et al., 2017). The most commonly used measures are self-report instruments and observational protocols, as well as the identification of acquisition, performance and fluency deficits to assess deficits and/or difficulties in social skills (BARRETO et al., 2011; LIMBERGER et al., 2017).

The lack of social skills repertory of users of psychoactive substances can be considered a risk factor, not only for the beginning of its use but also a factor that contributes to the maintenance of substance use (RODRIGUES et al., 2011). According to Del Prette and Del Prette (2001), the assertiveness in situations that need affirmation and defense of rights and self-esteem stands out among the social skills. In the case of a user of substances, the difficulty or absence of assertiveness can be configured with a potential risk to relapse, observed through passive and submissive posture in situations such as refusal through the offer of the psychoactive substance, difficulty in active participation and co-responsibility in treatment, and the substance user has difficulty staying true to one's own choices.

In this sense, social skills training (SST) is one of the main approaches used in the treatment of chemical dependency (SÁ; DEL PRETTE, 2014; SCHNEIDER et al., 2016; COUTINHO et al., 2017; LIMBERGER et al., 2017). Research on the repertory of social skills of users of psychoactive substances can help health professionals to develop strategies and interventions aimed at the care and treatment of users of psychoactive substances.

In the last decades, a growing interest in research on associations between social skills and disorders related to substance use has been observed to subsidize preventive and/or therapeutic proposals.

There is association between deficits in social skills and involvement with psychoactive substances (WAGNER; OLIVEIRA, 2009; CARDOSO; MALBERGIER, 2014; GONZÁLVEZ et al., 2014; VOROBOV et al., 2014; COTA et al., 2016; SINTRA; FORMIGA, 2015). However, the literature suggests particularities in the relationship

between social skills and problems related to drug use (GONZÁLVEZ et al., 2014; SÁ; DEL PRETTE, 2014; SCHNEIDER; ANDRETTA, 2017a).

National and international research suggests an association between specific facets of social skills and the consumption of certain substances, such as crack (SÁ; DEL PRETTE, 2014; SCHNEIDER; ANDRETTA, 2017a), marijuana (WAGNER; OLIVEIRA, 2009; WAGNER, 2010), alcohol (FELICISSIMO et al., 2016; CUNHA et al., 2007), tobacco (PINHO; OLIVA, 2007; RONDINA et al., 2015; SÁ; DEL PRETTE, 2014), amphetamines (COTA et al., 2016), among others. Some studies also chose to verify the difference between the repertory of social skills in users of psychoactive substances and non-users (ALIANE et al., 2006; WAGNER, 2010).

However, the set of research suggests the existence of direct and/or inverse associations between involvement with specific psychoactive substances and specific repertory classes of social skills in substance users. However, there are still different hypotheses about the nature of this association and gaps in knowledge about the subject. Many research are carried out with specific populations, such as samples of adolescents or university students, which hinders to compare them with other studies and/or to generalize the results. Researchers also stress the lack of studies investigating the relationship between specific social skills repertory facets and polydrug use (or combined consumption) of two or more substances (SÁ; DEL PRETTE, 2014; CARDOSO; MALBERGIER, 2014). Research involving populations with different characteristics for the use of multiple and varied substances is still necessary to better understand the subject.

This study aimed to evaluate the social skills of multiple users and different psychoactive substances, diagnosed and under treatment at the Psychosocial Care Center for Alcohol and Other Drugs II (CAPSad) in a city in Midwest São Paulo.

2 Method

2.1 Type of research and ethical aspects

This research is a descriptive, quantitative and cross-sectional study. This is part of the research project entitled "Music as an occupational therapeutic resource for the promotion of the subjective well-being of social skills of dependents", approved by the Research Ethics Committee under opinion number 0725/2013. The volunteers received all the

information and guidelines about their participation in the research and, as a manifestation of agreement of their voluntary participation in the research, they signed the informed consent form.

2.2 Participants

Thirty-eight drug users were invited, but only 35 users of multiple and varied substances, diagnosed with mental and behavioral disorder by the use of psychoactive substance and in treatment at the Center for Psychosocial Care for Alcohol and Other Drug Users (CAPSad) of a city of the interior of São Paulo accepted to participate. The criterion for closing the sample was for convenience. The inclusion criteria for the participation in the research were to be over 18 years old, to be diagnosed clinically with mental and behavioral disorder due to psychoactive substance use, according to ICD-10 criteria, to be in service treatment, to be abstinent in equal or superior time one month ago, to avoid the participation of users with acute physical and/or psychological symptoms due to cessation of use, to not present cognitive deficits according to medical evaluation, to be accompanied by the multidisciplinary team and to voluntarily participate in the research.

2.3 Research instruments

Two instruments were used for data collection. A specific questionnaire was used to characterize the sociodemographic profile of the participants, types of PAS consumed and treatment history. This questionnaire was prepared by the researchers based on the literature.

The second instrument was the Social Skills Inventory (SSI), which consists of a self-report instrument developed by Del Prette and Del Prette (2001). This instrument is used to characterize the individual's social skills in different social situations, such as interpersonal relationships in socio-family, school and work contexts.

The satisfactory psychometric properties of the SSI show the trustworthiness of the instrument for clinical application or research. The instrument was evaluated in a sample of university students and the results showed internal consistency of the instrument with Cronbach's alpha coefficient of 0.75, indicating its validity and reliability.

The SSI is divided into two parts, the first one related to the investigation of social skills in certain situations and the second part related to the characterization of the participant.

The first part is composed of 38 items, each item representing an action and/or reaction to a particular situation of social interaction. These items are grouped into five factors: factor 1 (F1): referring to coping skills with risk in situations of interpersonal relationship; factor 2 (F2): about self-affirmation in the expression of positive affect and self-esteem; factor 3 (F3): referring to the skills of conversation and social skills; factor 4 (F4): on self-exposure to unknown or new situations; factor 5 (F5): self-control of aggressiveness in aversive situations.

The instrument was easy to apply and participants were instructed to fill in the answers of the frequency of their reactions. The answer was marked on a Likert scale of five points, ranging from never or rarely (zero to twice); low frequency (three to four times); regular frequency (five to six times); very frequent (seven to eight times); always or usually (nine to ten times) (DEL PRETTE; DEL PRETTE, 2001).

2.4 Procedures for data collection

For data collection, the institution was requested to authorize the research and access the users of the service. As part of the process for obtaining their consent, the participants in the first contact were clarified about the objectives of the research and invited to participate voluntarily and, in the case of agreement, the date and time were set for application of the instrument, as well as the signing of the TCLE. The data collection took place in an environment provided by CAPSad and was performed as established by the application manual of the instrument, and individual data collection.

At this stage, the reader was chosen to read each question to the participant, and the answers were written by the researcher in the respective block of answers. This procedure ensured that all answers were completed, avoiding loss and/or canceling the test. Before the application, it was explained to the participant that he should answer all the questions, because the non-response of a question would compromise the analysis of the results and, consequently, would invalidate his participation in the research.

2.5 Data analysis procedures

To record and analyze the data, they were tabulated in Excel spreadsheet and analyses were performed by a collaborating psychologist through the computerized correction system available online, through acquisition of application blocks and instrument responses. The software shows the

results in general and factorial scores. The software adds the values corresponding to each response of the Likert scale, performing the mean and the values are converted into percentiles and then classified into five types of repertoires: highly elaborated repertoire, quite elaborate, good repertoire, lower middle repertoire and repertoire below the lower mean (DEL PRETTE; DEL PRETTE, 2001).

3 Results

The participants were 35 male users, consumers of multiple and varied substances and diagnosed with mental and behavioral disorders due to the use of the psychoactive substance, such as tobacco, alcohol, marijuana, cocaine, and crack. All users were being treated at the Center for Psychosocial Care for Users of Alcohol and Other Drugs (CAPSad) in a city in the interior of São Paulo.

Table 1 shows the sociodemographic profile of the participants, where 42.9% (15) were between 31 and 35 years old, 51.4% (18) declared as unmarried, 54.4% (19) had completed Elementary School, 48.6% (17) lived with monthly income of up to one minimum wage and 54.4% (19) did some type of work.

Among those interviewed, 65.7% (23) of them reported consuming tobacco, 48.6% (17) consuming alcohol, 40.0% (14) cocaine and derivatives (crack) and 25.7% (9) consuming marijuana. On this question, participants could indicate more than one answer. As for the beginning of consumption, 20.0% (7) reported its use before 13 years old, 65.7% (23) between 13 and 17 years old and 14.3% (5) after 18 years old. Regarding the number of treatments already performed, 31.4% (11) reported that this was the first treatment, 20.0% (07) had already had previous treatment and 48.6% (17) had already performed two or more treatments.

Regarding the results of the Social Skills Inventory (SSI), the analysis of the general score of the sample indicated the presence of a good repertoire of social skills. The individual analysis of the general scores of each participant indicated that 22.8% (08) had an elaborate repertoire, 34.3% (12) had a good repertoire and 42.8% (15) had a below average repertoire, suggesting the need for training in social skills. Among those with a below-average repertoire, 66.7% (10) presented a deficit in factor 1 regarding coping skills and self-assertion with the risk and 60% (9) had a deficit in factor 3 (conversation and social skills).

Table 1. Characterization of the sociodemographic profile of the participants.

Age	n	%
18 years old	04	11.4
Between 19 and 25 years old	07	20.0
Between 26 and 30 years old	05	14.3
Between 31 and 35 years old	15	42.9
Over 36 years old	04	11.4
Marital status		
Single	18	51.4
Married	12	34.3
Separate or divorced	05	14.3
Widow	00	0.0
Education level		
No studies	06	17.1
Elementary school	19	54.4
Complete High school	06	17.1
Incomplet higher education	02	5.7
Complete higher education	02	5.7
Work activity		
Formal or informal work	19	54.4
Unemployed	16	45.6
Family income		
None	03	8.6
Up to 1 minimum wage	17	48.6
Up to 2 minimum wages	10	28.6
From 2 to 5 minimum wages	03	8.5
More than 5 minimum wages	02	5.7

Source: Elaborated by the authors.

On the other hand, factorial analysis of the total sample showed that 48.6% (17) of the participants had below-average scores on factor 1 related to coping skills and self-assertion with the risk.

4 Discussion

The objective of this study was to evaluate the repertoire of social skills of drug users diagnosed with substance use related disorder in a CAPSad care. At first glance, the individual analysis of the SSI general factor pointed out that 42.8% of the sample presented impaired performance, which suggests that the incidence of deficits in the repertoire of social skills is expressive. However, similar Brazilian studies denote controversy in this sense.

In a study by Sá and Del Prette (2014) conducted with 47 patients of several substances attended on an outpatient basis in CAPSad, no statistically significant association was found between deficits in the overall SSI score and alcohol or substance abuse or dependency. In most national surveys involving

specific substances, no association was found in the overall SSI score of the participants.

In the studies of Schneider and Andretta (2017a, 2017b) with crack users, the presence of high or low levels in the general score was not classified as a risk or protective factor for crack use, since they believe in the specificity of social behaviors in different contexts of its use. In a study by Horta et al. (2016) with crack users, there was also no difference in the deficit or not in the repertory of social skills. In some national studies with marijuana users, there was also no difference between the SSI general scores of users adolescent and non-users adolescents (WAGNER; OLIVEIRA, 2009; WAGNER, 2010).

As for smoking, there was no significant difference in the overall SSI factor of the means of smokers and nonsmokers scores in a survey of 1126 university students (RONDINA et al., 2015). Also in the studies of Rodrigues (2008) and Pinho and Oliva (2007) no association was detected.

A similar situation is observed in the involvement with alcohol. Aliane et al. (2006) compared the repertory of alcohol dependents and non-dependents and did not detect a significant difference between the means of the individual scores in the general factor of the SSI. In the study by Felicissimo et al. (2016) with alcohol dependents, no significant difference was found between the means.

It is considered that evaluating only the relationship between the general repertory of social skills and their role as a predictor of involvement with psychoactive substances may result in generalist and/or skewed conclusions (SCHNEIDER; ANDRETTA, 2017a). Social skills have a situational and cultural character. Therefore, it is necessary to consider the diversity of contexts in which the individual is inserted. The context of substance dependency presents peculiar facets, which may not be fully grasped by instruments of general coping and social skills (SÁ; DEL PRETTE, 2014; SCHNEIDER; ANDRETTA, 2017b).

In this study, the SSI factor scores of the sample as a whole showed that 48.6% (17) participants had below-average performance in factor 1, related to coping skills and self-assertion with the risk. The factor F1 refers to:

[...] the ability to deal with interpersonal situations that demand the affirmation and defense of rights and self-esteem, with potential risk of undesirable reaction by the interlocutor (possibility of rejection or opposition). In other words, it is an indicator of assertiveness and anxiety control like the

ones gathered here... to be introduced to an unfamiliar person, approach a partner for sexual intercourse, disagree with authority, disagree with peers in a group, to charge friend debt, to declare a loving feeling to a partner, to deal with unjust criticism, to speak to the public, to return defective goods to the store, to keep conversations with strangers, and to ask acquaintances (DEL PRETTE; DEL PRETTE, 2001, p. 27-28).

The national and international bibliography reveal controversy regarding the role of deficits in assertiveness, as risk factors for problems related to substance use.

Jiménez et al. (2016), for example, investigated the relationship between interpersonal difficulties and substance use in baccalaureate students in the age range between 15 and 20 years old. The results indicated a significant association between assertiveness and substance use. The authors suggested the importance of establishing intervention guidelines based on assertiveness training to prevent consumption in this population group.

It is assumed that adolescents who face difficulties in expressing their opinions and socializing may become more vulnerable to peer influence. These difficulties may lead adolescents to substance use, since they may assume it by using the substance, facilitating their social acceptance or even their interaction with colleagues (MORALES et al., 2011).

However, there are national surveys that show an association between better performance in SSI factor F1 and involvement with certain substances, such as crack (SCHNEIDER; ANDRETTA, 2017b; SÁ; DEL PRETTE, 2014) and tobacco (RONDINA et al., 2013, 2015). There are also other studies that have shown an inverse association between smoking and assertiveness (NICHOLS et al., 2006; EPSTEIN et al., 2000).

It is important to note that most publications to date show an association (direct or inverse) between SSI factor scores and problems related to the consumption of certain substances. This fact suggests the need for specific intervention strategies according to different types of chemical dependency (SÁ; DEL PRETTE, 2014). However, there is still no conclusive data regarding the relationship between involvement with different substance types and specific classes of social skills repertory.

In a Brazilian study with adolescent marijuana users, an association was found between consumption of this substance and deficits in SSI factor 4 (self-exposure to unknown people and new situations) and factor

F5 (self-control of aggressiveness in aversive situations) (WAGNER; OLIVEIRA, 2009). In the study by Wagner (2010) with marijuana users adolescent and non- users, there was an association of SSI deficits in factor F5 only among marijuana users adolescent. This study differs from the research by Sá and Del Prette (2014) that although also performed with marijuana users but over 21 years old and attended at CAPSad, it showed no association between social skills deficit in F5 and consumption of marijuana.

Regarding to crack, the literature suggests that the consumption of this substance has a direct association with certain classes of skills and also an inverse association with specific skills. For example, Schneider and Andretta (2017b) identified the variable “deficits in conversation and social skills” as a risk factor for crack use. The same study also revealed a direct association with the variable “coping with the risk” (F1), which can be assumed to have a good performance in the factor F1 would be a protective factor for crack consumption in the sample studied.

Another survey also showed that for crack involvement, certain social skills classes are risk factors and others are protection factors (SCHNEIDER; ANDRETTA, 2017a). In this study, having a better repertory in coping skills with the risk (F1) was shown to be a risk factor for crack use disorder. On the other hand, lower skills in conversation and social skills were also identified as risk factors (SCHNEIDER; ANDRETTA, 2017a).

In the work by Sá and Del Prette (2014), four SSI variables were predictors of crack involvement: skills deficits in administering parental criticism as well as fair criticism, as well as a better repertory in the skill to diverge authority and conclude conversation.

Regarding alcohol consumption, the study by Felicissimo et al. (2016) detected a difference between dependent and nondependent on factor F5 (self-control of aggressiveness in aversive situations) with greater deficits in the skill of “deal with humiliations and jokes of acquaintances”. In the work of Cunha et al. (2007), there was a deficit in the repertory of social skills of alcoholics in the self-affirmation factors of positive feeling, conversation, and social resourcefulness. In the work by Sá and Del Prette (2014), alcohol involvement was correlated to lower abilities in F1, F4, F3 in the general SSI score. This study also identified an association between alcohol and minor skills specifically for public speaking, talking to unknown people and/or authorities, receiving praise, and approaching in sexual intercourse. National surveys on social skills in smokers present controversial data. In the study by Rodrigues (2008), there was a significant

difference between the repertory of smokers and non-smokers in F5 “self-control of aggressiveness” and factor 4 “interaction with strangers”, in which smokers presented greater deficits in their repertories. This study pointed out that smokers present more difficulties in social skills compared to non-smokers. The poorer areas are related to more difficulty in interacting with strangers, malaise in being the center of attention, difficulties with feelings and reactions of aggression from social situations. Also related to smoking, Sá and Del Prette (2014) mentioned involvement with nicotine deficits in receiving praise and administering criticism from parents. On the other hand, in a survey of 1,126 university students, Rondina et al. (2015) reported that university smokers had higher F1 scores on average when compared to nonsmokers. Among college students, smokers, an association between greater degree of nicotinic dependence and better performance in F1 factor was detected (RONDINA et al., 2013). However, it is possible that university students have more social skills because of the education level and development process determined by the academic environment, which would hinder to compare their repertory with the samples of participants with other characteristics (FELICISSIMO et al., 2016).

It is also possible that the controversy between the results of the studies is in part due to many research participants consume two or more substances simultaneously.

The study by Sá and Del Prette (2014), with 47 patients from a CAPSad, points out that 46 of this total were alcohol users, 22 were crack users, 24 were marijuana users and 39 were nicotine users, and many of them showed multiple substances consumption. The results suggest the association between involvement with specific substances and facets of social skills but also indicate the need for further studies to accurately identify which skills are related to alcohol dependency and which are related to other substances. The authors highlight the absence of an evaluation of the influence of social skills in the involvement with two or more drugs simultaneously as a limitation of the study (SÁ; DEL PRETTE, 2014).

However, there is still a shortage of research focusing on the relationship between specific classes of social skills and the combined consumption of substances. In the study by Cardoso and Malbergier (2014) with adolescents, the associations between deficits in the repertoire of social skills were evaluated, separating the use of substances in four categories (tobacco, alcohol, both and illicit substances). Associations of the deficit of abilities like confrontation (to defend

opinions, to defend their rights/opinions, to be influenced by others and of assertiveness) to the consumption of alcohol, tobacco, and both as well as illicit substances were verified. The report of use of licit substances in the month before the interview was associated with more deficits in social skills than with their use separately. Consumption separately was associated with a lower deficit than among those users who consumed illicit substances. The study infers that the more deficits in social skills of the adolescent, the greater the vulnerability to the combined consumption of substances or “heavy” substances (CARDOSO; MALBERGIER, 2014).

It is possible a relationship between each factor of the repertory of social skills and the different types of substance, pointing to the possible influence of the user's social skills in the choice of the type of substance to be used (SÁ; DEL PRETTE, 2014).

The interventions that include social skills training during the treatment of chemical dependency may increase the chances of success. However, further studies are still needed to ascertain more specifically which skills need to be trained, as well as which are intrinsically associated with involvement with certain substances (SÁ; DEL PRETTE, 2014).

5 Conclusion

The results of this research suggest the importance of the identification of the repertory of psychoactive substances abilities since skills deficits can contribute to the continuity of its use and/or relapses, considering the low repertory to deal with situations of conflict and exposure to PAS. The importance of the application of social skills assessment instruments at the initial moment of treatment is highlighted, since they may contribute to the specific design of interventions and prevention for this population, especially for the treatment based on social skills training.

It is worth noting the limitations of this study, such as the small sample size, which hinders to generalize the results. It is suggested that future research should continue to investigate the theme, correlating social skills and substance types, gender, types of treatment and institutions offering treatment, as well as other forms of data collection, such as observation and/role-playing.

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Author's Contributions

Meire Luci da Silva, Yudi Frazão Hatanaka, Regina de Cássia Rondina and Nilson Rogério da Silva participate in all the stages of the study. All authors approved the final version of the text.