

Sayings about abusive use of alcohol and other drugs: meanings and life stories

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The objective was to understand the meanings attributed to the drug by abusers and to know how these people relate the use of the drug to their life history. This is a descriptive research with qualitative approach performed with 22 people under treatment in the Center for Psychosocial Care Alcohol and other Drugs. Data were produced through a semi-structured interview and analyzed according to Bardin's content analysis. Four categories emerged: first contact with the drug; context of drug abuse; consequences of drug abuse and reasons for changing the pattern of drug use. The abusive use of alcohol and other drug is a complex phenomenon and the drug has several meanings linked to the person's way of life.

Descriptors: Drugs; Drug Abuse; Life.

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Ditos sobre o uso abusivo de álcool e outras drogas: significados e histórias de vida

Objetivou-se compreender os significados atribuídos à droga pelas pessoas que fazem uso abusivo e conhecer como estas relacionam o uso da droga com sua história de vida. Trata-se de uma pesquisa descritiva, com abordagem qualitativa, realizada com 22 pessoas em tratamento no Centro de Atenção Psicossocial Álcool e outras Drogas. Os dados foram produzidos através de entrevista semiestruturada e analisados conforme análise de conteúdo de Bardin. Emergiram quatro categorias: Primeiro contato com a droga; Contexto do uso abusivo da droga; Consequências do uso abusivo das drogas; e Motivos para mudança no padrão de uso das drogas. O uso abusivo de álcool e outras drogas é um fenômeno complexo e a droga possui diversos significados vinculados ao modo de viver da pessoa.

Descritores: Drogas; Abuso de Drogas; Vida.

Dicho sobre el uso abusivo de alcohol y otras drogas: significados e historias de vida

Se objetivó comprender los significados atribuidos a la droga por las personas que hacen uso abusivo y conocer cómo esas personas relacionan el uso de la droga con su historia de vida. Se trata de una investigación descriptiva con abordaje cualitativo realizada con 22 personas en tratamiento en el Centro de Atención Psicossocial Alcohol y otras Drogas. Los datos fueron producidos a través de una entrevista semiestruturada y analizados según el análisis de contenido de Bardin. Se han emergido cuatro categorías: primer contacto con la droga; contexto del uso abusivo de la droga; las consecuencias del uso abusivo de las drogas y motivos para el cambio en el patrón de uso de las drogas. El uso abusivo de alcohol y otras drogas es un fenómeno complejo y la droga tiene diversos significados vinculados al modo de vivir de la persona.

Descriptores: Drogas; Abuso de Drogas; Vida.

Introduction

The abusive use of alcohol and other drugs is considered a worldwide problem that requires the development of public policies focused on the subjectivity of people who use drugs and the meanings that the drug has in their life⁽¹⁾.

This is a relevant factor, since the look at what is called a drug is far from unidirectional or simply focused on the treatment of drug users; its use cannot be approached as a pathology, from the punitive and restrictive logic, and it is necessary to consider the

relationship that the subjects establish with the drugs that use them⁽²⁾.

Disregarding the subject's speech leads to a disregard of the subject's fundamental knowledge of himself, his body, and contexts of use, which would provide important clues to the conduct of therapeutic treatments⁽³⁾. This position raised the following question: what meanings are attributed to the drug by people who use drugs in the context of their life history?

People who use alcohol and/or other drugs may assign different meanings to the drug, as well as perform different interpretations from their life history, so the

use of a specific drug may have different meanings from a user to other⁽⁴⁾. The meanings attributed to the drug relate in a different way to the life history of each individual since the singular and subjective dimension stands out here. The understanding of these meanings can contribute to the development of more effective practices in the attention to drug users considering them beings of singular experiences.

In this sense, the objective of this study is to understand the meanings attributed to the people who abuse using drugs and to know how they relate the use of the drug to their life history.

Methodology

This is a descriptive research of a qualitative approach performed at the Center for Psychosocial Care for Alcohol and Other Drugs - CAPS AD in a municipality in the interior of Rio Grande do Norte. This service was chosen because it is intended for assistance to those who use alcohol and other drugs and undergo treatment.

Considering the sampling by accessibility, 22 people were obtained as participants of the research. The inclusion criteria were: to be over 18 years old and to be assisted by CAPSad for more than 3 months for drug abuse. The exclusion criteria were: being hospitalized; to present difficulty in the verbalization due to structural or functional limitations of the speech and to miss two consecutive meetings for the data collection.

For the production of the data, the semi-structured interview was used as a data collection instrument, which had the following guiding question: Tell me about your life history related to drug use.

The interviews were previously scheduled and performed individually according to the availability and concession of the participants through the Informed Consent Term (TCLE), from September to November 2015, in a reserved place of the service.

The speeches were audio-recorded with an average duration of 1 hour and 28 minutes and soon after transcribed in full. The participants were coded with the letter P followed by the number relative to the order in which they were performed: P1 to P22 to ensure the preservation of their identity.

The Bardin content analysis was used for the analysis of the data, which consists of a set of techniques, using systematic procedures to describe the contents of the messages⁽⁵⁾. A quantitative of 293 content analysis units grouped into 17 themes emerged from the data, which will be discussed in 4 categories: "First contact with drugs"; "Context of drug abuse"; "Consequences

of drug abuse"; and "Reasons for changing the pattern of drug use".

This study was approved by the Research Ethics Committee (CEP) of the State University of Rio Grande do Norte (UERN) with opinion 356,780, under CAAE 14566313.6.0000.5294.

Results and Discussion

The participants of this research presented aspects similar to other realities in their life histories referring to the abusive use of alcohol and other drugs. The interviewees experienced at some point the experience of living on the street, being abandoned and getting involved in risks in the search for drugs. These people presented life stories stigmatized mainly by the association of drug use with crime⁽¹⁾.

It was identified that the interviewees are males. Twenty of them stated they were separated or divorced and only two reported being in a stable relationship. As for the age, the predominance of the age group from 41 to 50 years old, with a mean age of 42 years old was observed. Regarding the education level, twelve had incomplete elementary education, eight had no education and two had completed secondary school. About the occupation, fifteen people reported not having any work activity and seven were retired due to the consequences of the abusive use of alcohol and other drugs.

Concerning drugs already consumed, seven reported exclusive use of alcohol and fifteen reported having used alcohol associated with other drugs, such as tobacco, psychotropics, marijuana, inhalants, and crack.

Seven interviewees were being followed up at the CAPSAD for less than 1 year, with fifteen who reported being in follow-up at the service for more than 6 years, which indicates a long experience in relation to drug use and the possibilities of treatment provided by the service.

The information about the characterization of these users reveals their diversity and in the same way, it is complex and diverse their relation with the psychoactive substances used throughout the life, being important the understanding of this aspect through the singular relations with these people.

Both the factors that lead subjects to use alcohol and other drugs and the factors that lead them to seek health services in the search for treatment are related to subjective elements that go beyond the historical-cultural logic.

First contact with the drug

The first use of the drug was reported as a way to satisfy a craving for the drug object. This desire is manifested from the moment in which the effect of the drug in the other is verified, emerging the will to consume. This aspect is present in the following lines: *I have never drank, but I will try. Everyone is happy, everyone is satisfied, I'm going to get into that too (P8). A friend used it and had 2 to 3 girlfriends and I had none, I had difficulties. I tested it and from this test until today I smoke. It had curiosity, curiosity is what kills. The guy says that it is not addictive, but it is addictive (P2).*

People use drugs influenced by curiosity to know what it is like, to see what it does, "as a way to become more adapted to the demands of the contemporary world: ward off fatigue, produce more and better, sharpen creativity, endure the frustrations."⁽⁶⁾

It was also identified that the first contact with the drugs was stimulated by the interaction of the social group of which the person is part, as it is perceived in some of the lines: *The person sees a person smoking, the person smokes too, thinking that it is good. I thought it was good, beautiful. I was about 12 years old (P13). I started when I was 15 years old. Arriving in bars with colleagues, I had to try some business that was good. I took the first sip, it was going, it was going. I started not wanting to leave it anymore (P5).*

The initial use in adolescence and the trajectory towards the use of alcohol and other drugs has a social function since the consumption of these substances is related to the acceptance process in a certain group. The following statement points to this question: *I saw my father drinking with his friends and enjoying, this also influences, my father, drinks so why I cannot drink? (P10).*

Drug use emerges as a phenomenon that may be associated "with the need to identify and share experiences that are common to certain groups of individuals"⁽⁷⁾. In this way, it can be affirmed that the experience of the first use of the drug suffers directly influence of the process of socio-cultural interaction between the individuals that compose a group.

Context of drug abuse

Solitude was perceived as a situation promoting change in the pattern of consumption of alcohol and other drugs, suggesting that the purpose of the use is precisely to fill the void provided by the distance from the family context suffered by the subject: *I live alone now, me and God. I live very humiliated by my family too, you cannot count on anyone (P9).*

The presence of loneliness is understood in the context of people's life history when it is analyzed

through pain and suffering originating from loss⁽⁸⁾. This aspect can be identified in the speech of P11, since it emphasizes the loneliness of the children and the separation as great losses that made him feel lonely: *with this separation I was lonely and I started to drink every day, because I missed my children, I missed my home where I was married and I could not go back, so, due to solitude, I entered the world of alcohol (P11).*

The work is another important context in which the use of psychoactive substances is inserted since the environment of development and completion of the work activity appears as space of relation between the person and the drug. Generally, the worker makes abusive use after the workday or at the weekends, aiming at relaxation or even the search for pleasure⁽⁹⁾. The interviewees' statements illustrate this perspective: *I worked 15 years in a company. It all started at the end of the week, closing the file and we went to a bar (P2). I became a car watcher, taking care of cars and washing cars. There, there was always had a bottle of drink at the foot of the pole, which was to give encouragement to say: good morning dear, look I'll take care of your car. I was able to talk to people, and in half an hour I had five reais. I did not work anymore and went there to smoke crack (P22).*

The changes that have occurred in the course, from the occupation to support oneself and its use until the introduction of another drug, demonstrate the precariousness of the life of the user. The speech of P22 shows that the work as car watcher turns to the collection of income enough to be able to buy the drug and the inputs to use it. Concern over the supply of their basic human needs, such as food, seems to be in the background. This user became the person who lives by and for drugs, that is, there was a narcissistic weakening that caused the surrender of the self to death⁽⁶⁾.

The family context emerged as another significant factor related to drug abuse. It is known that the dynamics of the relationships that take place within the family has a strong influence on the development process of the individual. Often, the abuser tends not to constitute a family or shows difficulty in sustaining the functioning of the family structure. Perhaps, this is because the difficulties in regulating their relationships and affections, because "he tends to replace relating to people by a relationship with the substance abuse"⁽⁴⁾.

The following statements express the family's attitudes towards drug abuse: *My family did not think it was good. They just did not kick me out because they thought it was going to happen (P1). My parents spent months without talking to me, they lost their confidence, they forbade me to leave the house. Thank God they're good to me today (P4).*

The impact caused by drug abuse in the family is variable and depends on the relationships that it

establishes with its users, with their characteristics, with the moment of the life cycle in which they live, with the intergenerational history and the socio-cultural context in which the family is inserted⁽¹⁰⁾.

Thus, the importance of the family context is highlighted to understand the process of drug significance for the subject, since problematic use or consequent dependence “can only be defined from the triangular relationship between the subject, the drug and the context in which this drug is consumed”⁽⁴⁾. Therefore, it is up to the health professional, such as the nurse, to guide the family members to be attentive to this aspect in the process of treatment and rehabilitation.

Consequences of drug abuse

Although the use and abuse of alcohol and other drugs is more commonly associated with the idea of degradation and suffering, there is a striking relationship between the consumption of psychoactive substances and the acquisition of pleasurable sensations. Discussing this relationship becomes pertinent since the use of drugs follows the history of humanity and went through different forms of consumption, handling, and function, acquiring, at present, innumerable purposes, such as the pursuit of pleasure⁽¹¹⁾.

The drug appeared as a tool used by the user, now as an object that obtained pleasure directly, now as a trigger for the development of pleasurable activities, including sexual pleasure: *Today, for me, drug means, let's say, pleasure! It is a feeling of well-being, you smoke and you feel that well-being passes quickly* (P12). *The drug was everything. I had to first spend 10 minutes smoking a marijuana cigarette to be able to have sex with her* (P5).

It was also observed the use to alleviate the suffering caused by loss, longing, loneliness, experienced in daily life. In this perspective, the psychoactive drug appeared as a way of repressing negative feelings, such as pain and sadness provided by unpleasant situations: *I saw alcohol as an anesthetic, which alleviated my suffering for the loss of marriage* (P18).

The feelings achieved through the abusive use of alcohol and other drugs are associated with the personal characteristics of those who consume them and the expectations of how the drug used will influence their behavior. Thus, the psychoactive drug is found in the life of the individual as a possibility of withdrawal from difficulties, as a way of access to experience a more pleasant and bearable daily life⁽⁴⁾.

Also, the physical and psychological repercussions caused by the use of alcohol and other psychoactive drugs and the risks they cause to the body of the users

are highlighted: *I had an overdose, I almost die, it is an unbearable pain. I went to the hospital, after that I always have lung problems* (P9). *Every day, I drank and every day I smelled glue. I got sick because I was starting to have amnesia. Alcoholic amnesia mixed with amnesia from the use of cobbler glue. The guy is going to smell that stuff and see hallucinations, see bugs, have a sense of chase. Today I have a memory loss and I feel a noise in my head* (P22).

Such physical and psychic consequences often lead users of psychoactive substances to face an endless process of treatment of these sequels, which leads to consider this consumption as an important public health problem that “entails high costs for society involving medical, psychological, professional and family issues”⁽¹²⁾.

The presence of a learning deficit linked to the abusive use of alcohol and other drugs, related to the school experience were also identified in the speeches of the interviewees. The interviewee's speech demonstrates a difficulty in the act of studying provided by the drug: *I studied little, the drugs did not allow me to study* (P12).

The social losses suffered by the subjects throughout their lives due to the use of drugs are considered significant and suggest a relationship with the life history of people who abuse alcohol and other drugs. The interviewee shows in his speech his experience of material losses: *I even bought a car, I had good living conditions and then, I lost everything* (P20). Financial and material losses are linked to the consumption pattern of the user and the relationship that he establishes with the substance of use⁽¹³⁾.

Losses related to the dreams and future prospects by people who abuse drugs have also appeared. Dreams and perspectives interrupted by circumstances generated by the use of psychoactive drugs: *I ended up killing my own dreams by making a choice to live drugged. Before I was a junkie, I wanted to be the best player in the world and I ended up being frustrated, being dismissed from a football team in the interior and I was already sad and I got worse* (P9).

Losses in the affective environment were reported as the loss of the marital bond resulting from the abusive use of alcohol and the damages caused in the dynamics of the conjugal relationship: *I lost my woman because of drinking. Yes, I worked night and day, it was going there, it was going, too much drink, the woman became annoyed and we separated* (P20).

The psychoactive drug, the dosage, the frequency and the way of use can be the same for any user, nevertheless, the meaning of the use and its mode of action are unique for each person. In spite of all the consequences, positive or negative, it is inferred that there is in the user something other than abstinence

caused by the lack of substance, which motivates its use and encourages it to establish a relation of proximity to the drug object.

Reasons for changing the pattern of drug use

The use of medications was considered a reason to decrease the use of psychoactive drugs: *I take my pills here, through those pills I am decreasing. The tablets slightly take away the business (drug) I'm thinking of my head* (P1).

This statement leads to reflection on what the subject considers to be drug, because, based on the above, it is noticed that there has occurred a substitution of the chosen substance not prescribed by the tablet. There is evidence that the subject feels the need to use the pill as a strategy to manage abstinence symptoms.

The drug constitutes an effective way of dealing with harmful use of drugs, but there is a risk that its use will be indiscriminate by the user, as well as reducing the perspective of treatment to the biological and pharmacological scope, with the concrete possibility of the user replace the drug with the tablet, keeping it in the condition of being dependent on a substance.

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Religion has appeared as another reason for confrontation, and it is also characterized as a protection factor in relation to drug use. Religiousness is present in the formation and in the daily life of people, being determinant and, at the same time, conditioning the reconfiguration of social and family relationships, which are mediated by ethical, political and cultural issues, so it also affects the patterns use of alcohol and other drugs⁽¹⁵⁾.

Religious practices influence people's way of life and are present in all segments of society, also influencing social relationships and dealing with problems, such as the use of psychoactive drugs: *I always pray, I ask God to get me back, help me get off the drugs, I need it. My Father, you are my Father, help me! I ask Him every day* (P10).

The religious bond leads people to experience and practice a set of values, symbols, behaviors and social practices that contribute to strategies for approaching drug abuse⁽¹⁶⁾.

Another reason was family support that appeared to significantly influence how a person relates to the drug. The family appears in the interviewees' speeches as support, so it interferes with the person's decision to

reduce drug abuse: *The best support is the family and the one who does not have a family clings to someone because the family is everything. If I had not taken the attitude of looking for the family, it would be worse, I would not have been able to decrease its use* (P1).

The family reception is one of the reasons for maintaining or recovering links with significant people. There is an understanding that this group influences the more or less healthy development of its members and is the link of union with the other spheres of society⁽¹⁷⁾.

It was also identified that the interviewees define CAPS AD as a space to improve their condition in reducing use and point out the trust of employees as an important element: *It has a difference, because here in CAPS, there are employees, they help me a lot, trusting me, because my defect is only the drink* (P14).

The establishment of a bond built in health services enables professionals to become "co-responsible for the paths to be built by the life of that user, by the many lives that bind to him and by which he expresses himself"^(18:10). Therefore, through the speech of P14, it seems that such assumptions have been fulfilled in the case of this user.

The interviewees' understanding of the treatment proposal offered by CAPS AD was also identified: *I have spent a lot of time without drinking because I am in CAPS, I am now in recovery phase* (P17). *Now I smoke little, you know, I had days that I smoked 20, 30, so now after I've come in here I'm smoking a little, one, two to sleep. If it was not for this CAPS, I was already dead in the graveyard or was in jail* (P8).

These statements show CAPS AD as a viable and effective device for changing the pattern of drug use among some users. This service demonstrated a healthcare centered on their needs, as well as a space of reception, bonding, and expression of subjectivity to minimize the risks present in the scenarios of drug use⁽¹⁹⁾.

Final considerations

The existence of different meanings attributed to abusive use of drugs has been evidenced, and these meanings appear linked to the daily situations in which the drug is present, starting to assume a prominent role in that person's life.

In this sense, abusive use of drugs appears at times as a mechanism used by the person to escape reality or to minimize suffering and alleviate the losses suffered, so the drug becomes part of people's life history, occupying a different space in each of them.

At other times, drug abuse appears as the search for new experiences of pleasure, awakened from the establishment of new ways of using the drug, which emerge with the change of the pattern of consumption

and with the experiences in the scope of social interaction, affective and family relationships.

This article has its contribution in proposing the discussion of the use and abuse of alcohol and other drugs, starting from the voice of the person who makes abusive use of drugs, who experiences in their daily psychic suffering and the labeling of marginal or abnormal chemical dependents.

It is necessary to advance the understanding of the use and abuse of alcohol and other drugs beyond the condition of dependence on the drug, considering the meanings of this use and thinking of these people as beings of singular experiences, besides relating this use with its history of life.

Therefore, it is the need for a closer look at the subjectivity of people who use drugs abusively to enable them to meet their real demands and to give them greater freedom to act as partners in their treatment process is emphasized.

In this perspective, it is pertinent to emphasize the need to develop a greater theoretical contribution in relation to the subjective aspects that involve the use and abuse of alcohol and other drugs with the objective of avoiding reductions and forms of treatment that reinforce the prejudice and stigma suffered by the people who abuse drugs.

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