

## Life perceptions and future perspectives of drug users: understand to care\*

Laryssa Inoue<sup>1</sup>  
Luana Cristina Bellini<sup>1</sup>  
Marcelle Paiano<sup>1</sup>  
Maria do Carmo Lourenço Haddad<sup>1</sup>  
Sonia Silva Marcon<sup>1</sup>

**Objective:** to describe the future perspectives of drug abusers and their perceptions about life before and during treatment for addiction. **Method:** qualitative descriptive-exploratory research conducted at the Center for Psychosocial Care - Alcohol and Drugs. 28 subjects were heard using focal group. The reports were submitted to thematic analysis. **Results:** three categories emerged: "Inauthentic living: perceptions of life before treatment", "Reencountering the way to exist: perceptions of life during treatment" and "Returning to dream: future perspectives during treatment". **Final Considerations:** in order to understand this scenario, it is necessary to intervene in the problem in an intersectoral way, including not only the health services, but also the other institutions.

Descriptors: Substance-Related Disorders; Therapeutics; Qualitative Research; Drug Users; Advance Directives; Nursing.

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<sup>1</sup> Universidade Estadual de Maringá, Maringá, PR, Brazil.

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## Percepções de vida e perspectivas de futuro de usuários de drogas: compreender para cuidar

**Objetivo:** descrever as perspectivas de futuro de sujeitos que fazem uso abusivo de drogas e suas percepções sobre a vida antes e durante o tratamento para dependência química.

**Método:** pesquisa descritiva-exploratória qualitativa realizada no Centro de Atenção Psicossocial - Álcool e Drogas. Foram ouvidos 28 sujeitos utilizando grupo focal. Os relatos foram submetidos à Análise Temática. **Resultados:** emergiram três categorias: "O Viver inautêntico: percepções de vida antes do tratamento", "Reencontrando o caminho para o existir: percepções de vida durante o tratamento" e "Voltando a sonhar: perspectivas de futuro durante o tratamento". **Considerações**

**Finais:** para compreender esse cenário, é necessário intervir no problema de forma intersetorial incluindo não apenas os serviços de saúde, mas também as demais instituições.

Descritores: Transtornos Relacionados ao Uso de Substâncias; Terapêutica; Pesquisa Qualitativa; Diretivas Antecipadas; Enfermagem; Usuários de Drogas.

## Percepciones de vida y perspectivas de futuro de usuarios de drogas: comprender para cuidar

**Objetivo:** describir las perspectivas de futuro de sujetos que hacen uso abusivo de drogas y sus percepciones sobre la vida antes y durante el tratamiento para la dependencia química.

**Método:** investigación descriptiva-exploratoria cualitativa realizada en el Centro de Atención Psicossocial - Alcohol y Drogas. Se escucharon 28 sujetos utilizando grupo focal. Los relatos se sometieron al análisis temático. **Resultados:** emergieron tres categorías: "El vivir inautêntico: percepciones de vida antes del tratamiento", "Reencontrando el camino para el existir: percepciones de vida durante el tratamiento" y "Volviendo a soñar: perspectivas de futuro durante el tratamiento". **Consideraciones finales:** para comprender este escenario, es necesario intervenir en el problema de forma intersectorial incluyendo no sólo los servicios de salud, sino también las demás instituciones.

Descriptorios: Trastornos Relacionados con Sustancias; Terapêutica; Investigación Cualitativa; Consumidores de Drogas; Directivas Anticipadas; Enfermería.

## Introduction

Drug abuse is an important public health problem, since it has direct implications for the collective and individual daily life of those involved in the problem. According to the World Drug Report, conducted by the United Nations Office on Drugs and Crime (UNODC), drug use has a prevalence of 6% in the adult population between 15 and 64 years of age, from 0.3% to 0.9% of the world's population are considered problematic users <sup>(1)</sup>.

This behavior generates social and individual damages that provoke, in the life of the user and of their family, acute and chronic dysfunctions in the daily relation. When considering that this condition affects a large number of families, it is important to think about the destructive impact of this occurrence on the individual and family growth of the drug addict, which ultimately minimizes the opportunities for building a healthy life <sup>(2)</sup>.

Studies demonstrate several intrinsic and extrinsic factors that can lead to the onset of drug use, among them, social conditions are a strong indicator, as they lead to the cycle of social exclusion, configuring itself as a gateway to drug abuse <sup>(3)</sup>. A survey conducted by the National Bureau of Drug Policy (NBDP) shows that eight out of ten regular crack users are black and eight out of ten do not reach high school. In addition to these, there are other indicators of social vulnerability, such as living in a street situation, having a prison system, having a low income, among others. Women, on the other hand, have the same pattern of social vulnerability, with the aggravation of a history of sexual violence. In this way, the use of drugs is usually adapted to the characteristics of each context <sup>(4-6)</sup>.

From this perspective, the user progressively, loses interest in other areas than drugs, losing control over his decisions, and dedicates his efforts only to the maintenance of drug addiction. It is at this point that, after the discovery of family dependence, latent conflicts erupt and hinder coexistence with the primary socialization nucleus of the individual, who increasingly becomes dependent on dependency and, as in a vicious circle, drastically compromises building your future <sup>(7)</sup>.

In this context, it is necessary to reflect on the way these subjects perceive their life, in order to identify key points for the decision making in the construction of strategies that may favor adherence to the treatment against drug addiction and, consequently, to improve the quality of life of users and their families.

In view of the above, the objective of this study was to describe the future perspectives of drug abusers and their perceptions about life before and during treatment for drug addiction.

## Method

This is a descriptive-exploratory study, of a qualitative nature, carried out at the Center for Psychosocial Care - Alcohol and Drugs (CAPS-ad) in Maringá-PR. Established in 2002, CAPS-ad develops host groups, individual and collective psychotherapy, therapeutic workshops, occupational therapy and individual consultations with psychiatrist, psychologist and nurse.

All 28 study respondents attended the meetings of the three groups coordinated by the psychologist, which took place on Tuesdays, Wednesdays and Thursdays in the evening period.

The data collection technique chosen was the focal group. A focal group is defined as a "qualitative research method that can be used to understand how the different perceptions about a fact are formed". The purpose of the focus group is to conduct an interview with a group of people, with the objective of collecting the data from the subjects' interaction, based on a specific theme, through topics provided by the researcher<sup>(8)</sup>. The three therapeutic groups of the CAPS-ad psychologist were used for data collection and took place on Tuesdays and Wednesdays at night and on Thursdays in the morning. It took two meetings on Tuesday and Wednesday and a meeting on Thursday. All meetings took place in a room on the premises of CAPS-ad, in order to guarantee the confidentiality of the information, for one hour.

The task force that conducted the five focus groups was composed of three people - one coordinator, one rapporteur and one observer. The focal group coordinator was the researcher at all meetings. It was intended to perform only one focus group per therapeutic group; however, it was not possible to cover all topic of the theme guide that contained eight guiding questions, in only one meeting to achieve the proposed goal.

At the first meeting of each focus group, the objectives of the research were informed and the Free and Informed Consent Term was read. Participants then completed a form with sociodemographic data for characterization of subjects and were assisted by the research team when necessary.

The focus group guide was composed of the following questions: "What is it like to be a drug user?"; "Tell about your family's drug use discovery: what were their feelings and yours?"; "What's it like being in treatment?"; "Talk about community reactions to your drug use"; "After you've started treatment here at CAPS-ad, talk about your relationship with your family, community and work"; "What do you think is important to regain the life you had before you used drugs?"; "What will help you stay abstinent and change your

habits?"; "Talk about the future: what are your plans and perspectives?"

The reports were recorded and transcribed in full, in order to preserve the content of the speeches, and posteriorly, submitted to the Thematic Content Analysis, in which it is composed of three stages. In the first, the pre-analysis, three successive readings of the interviews were carried out in order to operationalize and systematize the data. Thus, in the first reading, the points of interest were discussed<sup>(9)</sup>.

In the second stage, the data was organized according to the objective, and the content coding was constituted. In this phase, the material was categorized, transforming the raw data into data organized through groupings and associations that respond to the objective of the study, thus appearing categories.

In the third and final stage, the analysis of thematic content was carried out, characterized by the inference of the data, relating to those found in the literature. As a result of this process, three categories emerged: "inauthentic living: life perceptions of treatment", "Reencountering the way to exist: perceptions of life during treatment" and "Returning to dream: future perspectives during treatment".

The study was carried out in accordance with the recommendations of Resolution 466/12, of the National Health Council, and its project was approved by the Standing Committee on Ethics in Research of the State University of Maringá (Opinion number 67292/2012). The subjects of the research signed the Free and Informed Consent Term in two.

## Results

Initially, a description of the subjects interviewed was made to identify the context in which the study was constructed: all the interviewees were men, aged between 26 and 64 years, and 14 had incomplete Elementary Education.

In the speeches, three empirical categories can be identified, that will be presented in more detail below.

### ***Inauthentic living: perceptions of life before treatment***

The use of drugs of abuse produces many losses to the user, his / her family and to society, thus raising the need for the health professional to identify and understand how these facts can influence the recovery process of these subjects. This can be demonstrated through testimonials, when they report the damage to their lives after starting drug use [...] *You lose much of the value of life, also the concept of other people [...] you totally lose your shame. And also before society, you are considered as an irresponsible. Besides giving work to family, gives work to*

*firm, becomes a dead weight for society. You do not bear fruit for society [...]. It's a bottomless pit, there's an hour that has nothing left.* (José)

The interviewees perceived that, before carrying out the treatment for drug addiction, their daily life was permeated with a feeling of loss of reference to life itself, with absence of concepts and values, making them feel a burden to society and family, without at least to know who they were before life and themselves, for they no longer recognized themselves as an individual who needed care and understanding. This feeling may become an aggravating factor for drug addiction, as low self-esteem and lack of moral values are considered to be serious risk factors for abusers.

Another perception identified is frequent forgetfulness. Deponents reported that the period in which they were under the influence of drugs, their life was similar to a book with blank pages, without a life history written on it, or memories of that period. These reports showed a high content of feeling of sadness and repentance, when exposed, thus denoting an inauthentic living in front of the condition of addict. [...] *The use of drugs is simply so, if you started using it at age 13, so to speak, there is a book. Until then you had a life story, the time you start using the drug, those pages go blank. If you ever get to stop there you'll see. Because we do not really know each other [...], forget who you were* (Teodoro). [...] *those years I used drugs, a lot I do not even remember what happened. You do not remember your life.* (Juscelino).

The shame and the feeling of inferiority are present before a life without meaning in which, once again, the subject is in a condition of self-exclusion, before the society, for not feel worthy to share the same rights as the others. In this context, family and social withdrawal becomes stronger, reinforcing the feeling of non-existence and inferiority towards society and the family. [...] *I've been losing everything. I lost my family, [...] the trust of the staff, of my family, I walked only behind, I felt like this, a zero to the left* (Pedro). [...] *I was ashamed of myself when I lived in the street when I was in that crazy life. Because I was going through well-groomed people, I lowered my head because I did not have the guts to look into those people's eyes. I was ruined* (Getúlio).

### ***Re-discovering the way to exist: perceptions of life during treatment***

It is worth highlighting the points of differentiation, when faced with this perception, when these subjects are being treated to rehabilitate themselves from drug addiction. The data, grouped in this category, made it possible to understand the losses related to drug dependence and the need for the user to rebuild their lives through health treatment in CAPS-ad. [...] *Today I*

*know my limitations a little, sometimes I can take a blip, but the treatment helps me do what I have to do. [...] So today I'm not ashamed of who I am and what I've been in my life, you know man, I'm happy, I survived. How many that did not survive, I survived and I am very happy for this (Getúlio). [...]it's like you come here and recharge the batteries so you can look out there, out there, you see everything [...] the treatment makes us not watch it (drugs), look and get beaten, because there are more things important than that (life). So I think you cannot kick them out (drug-laden thoughts), but you can handle them, leave them here in the corner, say, "I'm not going to use that thought" (Juscelino).*

As evidenced in the speeches, the deponents reflect on their lives while they are in treatment for chemical dependency and recognize that, through therapeutics, the reencounter with their existence occurs and, when they are no longer ashamed of what they are and for "replenishing the energies "to experience everyday life, they show the pride of winning the battle against dependence.

This feeling can act as an adjunct to the continuity of treatment and abstinence because it makes these individuals feel once again respected by them and reinserted in the family and social context, as Alfredo's account makes it clear. *[...]It's cool that when you come home, you're respected. You do not come abstinence, you arrive lucid, good. The woman herself, the staff in the early morning speaks good morning, before they would not talk good morning to me (Alfredo).*

### **Returning to dreaming: future prospects during treatment**

Commitment to treatment demonstrates belief in the service and health professionals as tools that can help you rebuild your life and re-align your identity as a better person and even be a source of pride and acceptance in the family and in the society. Thomaz, for example, emphasizes that through CAPS-ad, he can be someone who has value in life and, with conditions to build and offer a more promising future to his loved ones. *[...]I have dreams, projects, plans [...] that's why I'm here with the commitment. I do not want to reach an age and disappoint my growing daughters, I am here because I need [...] I fight with myself every day. I'm not hiding behind a drug (Thomaz).*

The treatment was also described as having the potential to promote reconciliation, family unity, and happiness as a result of family living and without drugs. *What I want for my future is to take care of my children, love them as much as I can, my dog too, stay with my wife, and be as happy as I can. I am, but I will always be. I think this for my life is already good. I want to get old with my wife (Getúlio).*

By maintaining treatment, participants believe it is possible to gain respect and acceptance from family and society. They show that the care offered in CAPS-ad impresses strength in the reconstruction of dreams and new "ways of life". This can be seen when referring to the future perspective, they mention the desire to improve their lives, to have a job. *Oh, the plans now are to take it firmly at work, and move forward, save a buck, see if I get an improvement in my house and grow forward (...) thinking ahead of good things (Pedro). I think for the future, I already have that in mind already, that's what I thought before, even when I was in use, I thought. Except that I never had the strength to run behind and now the moment I'm free, I'm stronger and more willing to run after what I feel like opening a firm, opening my own office (Tiradentes).*

The concrete objectives of the reconstruction of the professional walk are part of the future plans of the individuals in treatment for drug addiction and of their relatives. However, what draws attention in some discourses is fear and insecurity about the possibility of failure as a result of the history of drug addiction, as evidenced by the following statements. *So I have a lot of desire to change my life, I kept thinking, I'm going to do a college. Then I was thinking, with fear, with insecurity of not being able to, because I keep thinking: " I wonder if many neurons died?" [...] then it is this insecurity of mine that is killing me. I know it will work, but I'll try (Juscelino). I always wanted to set up a shoe store so that I could resell, but I broke down, I had nowhere to cling [...]. Today I'm surviving for a while, but I still have this hope of getting (Laurindo).*

## **Discussion**

Drug addiction has a complex network of transformations in the lives of users, family members and the community. Although historical-cultural changes and innovations in the field of mental health have been striking in recent years, the conceptions and models of the practical approach have not advanced significantly and require studies and reflections on how to more deeply understand the drug addict, to propose more assertive and resolute health care strategies<sup>(10)</sup>.

Thus, the restructuring of the model of mental health care has as one of the axes of care the social reintegration of users in an integrated way to the cultural environment and to the community of which they are part, fulfilling the assumptions guided by the principles of the Psychiatric Reform in Brazil and contributing facing the challenges imposed for the recovery of the individual<sup>(11)</sup>.

The feeling of social disruption, that permeates the everyday lives of those who abuse alcohol and drugs, can be an aggravating factor for the continuation of dependence. This is because this subject cannot

visualize, without the help of qualified professionals, the true essence of their living, making difficult the reconstruction of their values to reformulate their existence.

In this sense, psychosocial rehabilitation services, such as CAPS-ad, develop actions that contribute to the user's independence from life, favoring the reintegration of individuals in the territory, through the expansion of the social and cultural network that surrounds them. To do so, it is necessary to build spaces that allow the social inclusion of users through actions that encourage reflection, health education and reduction of drug use<sup>(11-12)</sup>. Building such a network highlights the importance of a relationship of trust between professionals and users. This is possible through care strategies and the reconstruction of moral, social, and family concepts misrepresented by drug addiction. With this in view of the workers, these individuals can be prepared for reintegration into society<sup>(13-14)</sup>.

Other research shows that the presence of friends and affective partners are stimuli for the reduction of drug use, because in most cases, the family relationship is weakened as a result of the conflictive situations caused by the abuse. Factors reported as favorable to adherence to treatment and search for quality of life refer to the constitution of a new network of relationships that contribute to the reconstruction of self-perception in relation to its condition in the world<sup>(15-16)</sup>.

Recognizing users as people who feel nonexistent and unworthy is essential for comprehensive care in cases of addiction. It is up to health professionals, especially nurses, to continuously interact with these people in the various health services, to help them rebuild their identity as one who can and deserves to live a life full of accomplishments and joys, making them recognize their value to life.

The issue of drug dependence requires further reflection on forms of care. It is important, for example, that practitioners try to understand, in a judgment-free way, the person who uses drugs. That they consider their understanding of society, of the family and of themselves, and the function that the drug plays within them, objectifying their actions beyond abstinence, through the improvement of the assistance given in coping with the problems associated with drug addiction<sup>(17)</sup>.

When considering how much CAPS-ad can contribute to the development of self-esteem of drug addicts, it is essential that health professionals abandon the hegemonic conception about the phenomenon of addiction, redirecting its mode of intervention. This is because the intervention, as a rule, centralizes its actions in the notion of disease and has, as its goal, abstinence, but does not consider the context of individuals and of

their families, and operates through moral devices that do not value the feelings of those subjects who need care, and neither the social production of drug abuse<sup>(18)</sup>.

Realizing the reunion of these subjects as members of a social and/or family community should be valued in the psychosocial rehabilitation services, in order to contribute to the successful treatment and reconstruction of the life of these individuals. Therefore, the importance of correlating feelings, perceptions of life and future in relation to their new condition is discussed, in order to break rational and moralistic knowledge regarding drug abuse, reformulating care actions with effective goals in maintaining the treatment<sup>(18-19)</sup>.

From the results of this research, it can be seen that these people seek help in the treatment for the reconstruction of their lives, building their existence as a subject that has value to society and reassuming their concepts and lost links with drug addiction. Any work developed in the field of dependence involving prevention, education and treatment, from a critical perspective and quality of life, requires the absence of prejudices and stigmas that contribute to increase social exclusion and can lead the professional to misguided actions that do not favor coping of the problem.

Care directed towards rehabilitation requires practices that go beyond technical capacity, since they require the presence of a human dimension, with an ethical-political commitment aimed at valuing life and building a more egalitarian society in which the social inclusion of those who suffer from drug addiction<sup>(17)</sup>.

The past built in the face of drug addiction cannot be erased, but its future can be remodeled with actions in the present, demonstrating that the fight against drugs is daily and the idealization of a better future is directly related to the slow and progressive reconstruction of the trust of the members of the family and society, which is reinforced when the people in treatment are seeking a better future for themselves and their family whose drug will not be present.

A study of young crack users showed that, when they were invited to talk about their experiences in relation to drug addiction, they were also able to perceive other contexts, which allowed them to recognize their own histories, making it possible to identify their potentialities in such situations. While telling their experiences, they had the opportunity to elaborate the situations lived through the bond of trust built between professionals and users of the service, giving new meanings to their condition of existence, allowing the building of future perspectives through the visualization of life projects for the next five years, including their dreams and, desires in this projection<sup>(20)</sup>.

Drug users in treatment and their families are struggling against drug addiction, especially in the face

of feelings of uncertainty and insecurity about the future. They recognize that they constantly need to "steer against the current" of fear, of the unknown and of their own values and beliefs in order to remain in the fight against drug addiction and, thus, to obtain better living conditions <sup>(21-22)</sup>.

Thus, the only limitations of the study were the difficulty in returning to the topic of discussion, at times when some of the subjects euphorically started describing a lived event, detailing the events, and it was difficult to interrupt them. Great dispersions of the theme happened three times, being necessary the intervention of the researcher so that the guide of subjects was resumed.

In this sense, the importance of this study is emphasized when it is sought to identify the perception of life of these subjects and, with it, to recognize vulnerability points for relapses. It is believed, therefore, that the health professional must work with all kinds of feelings, focusing on human and integral care in health, in order to help these people rebuild their lives and dream about the future, and contribute to the success of these actions to have as a legacy, the holistic and welcoming care of those who need help, being an important instrument for the rehabilitation and reintegration of these subjects, both socially and in family, breaking the barriers of prejudice through health care.

### Final considerations

In this study, it was observed that drug-dependent subjects perceive their life as inauthentic while not adhering to treatment, seeing themselves as people with no values in relation to family and society, and, because of the abuse, they are excluded. In this way, after therapeutic adherence, they began to search for ways to rebuild their path, understanding the losses that the drug brought and finding in their care a valuable tool for the reconstruction of their existence, as they re-elaborate future dreams such as family and social acceptance.

Therefore, in order to understand this complex scenario, which concerns the perception of life and future perspectives of people who abuse drugs, it is necessary to intervene in the problem in an intersectoral way, including not only the health services, but, also the other institutions - universities and research sectors - that seek to demystify the stereotype of the drug addict as someone without solution, in order to establish a complex network of care and care.

It is presumed, considering the aspects and data presented here, it is assumed that some points in the construction of health care can be contemplated in the approach related to drug addiction, such as the

possibility of working, together with the user and their family, valuing the organizational aspects of the conflict coping strategies and the management of one's feelings.


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Corresponding Author:  
Luana Cristina Bellini  
E-mail: [luana.bellini@hotmail.com](mailto:luana.bellini@hotmail.com)

 <https://orcid.org/0000-0001-8460-1177>

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