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RESEARCH

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EXPERIENCES AND MEANINGS OF THE HARMFUL USE OF ALCOHOL AND OTHER DRUGS

Vivências e sentidos do uso prejudicial de álcool e outras drogas Experiencias y significados del consumo nocivo de alcohol y otras drogas

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ABSTRACT

Objectives: to understand the meanings and experiences of harmful use of alcohol and other drugs, from the perspective of users of the Psychosocial Care Network. **Method:** qualitative, descriptive, exploratory study that interviewed 13 adult participants in the months from September to December 2019. The analysis was based on Bardin's thematic content analysis, resulting in the categories, loss and failure in life, guilt, life and death dualism - from ashes to phoenix, relapse. **Results:** substance use refers to loss of family, housing, work, dignity; destruction, failure. Relapse denotes failure, sin; it brings guilt, self-stigma. Suffering goes through the attempts to seek care; it reverberates in the loss of the meaning of life, suicidal behavior or resilience and hope-equilibrist. **Conclusion:** the expanded clinic must value the affective geography of uses and harm reduction.

DESCRIPTORS: Substance use; Drug users; Mental health services; Psychosocial care.

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RESUMO

Objetivo: compreender os sentidos e as vivências de uso prejudicial de álcool e outras drogas, sob a ótica de usuários da Rede de Atenção Psicossocial. **Método: :** estudo qualitativo, descritivo, exploratório, que entrevistou 13 participantes adultos nos meses de setembro a dezembro de 2019. A análise firmou-se nos aportes da análise de conteúdo temática de Bardin, resultando as categorias, perdas e fracasso na vida, culpa, dualismo vida e morte - das cinzas à fênix, recaída. **Resultados:** o uso de substâncias remete a perdas familiares, de moradia, trabalho, dignidade; a destruição, fracasso. A recaída denota falha, pecado; acarreta culpa, auto-estigma. O sofrimento trespassa as tentativas de buscar do cuidado; reverbera na perda do sentido da vida, no comportamento suicida ou na resiliência e esperança-equilibrista. **Conclusão:** a clínica ampliada deve valorizar a geografia afetiva dos usos e a redução de danos.

DESCRITORES: Uso de substâncias; Usuários de drogas; Serviços de saúde mental; Atenção psicossocial.

RESUMEN

Objetivos: comprender los significados y experiencias del uso nocivo de alcohol y otras drogas, desde la perspectiva de los usuarios de la Red de Atención Psicosocial. **Método:** estudio cualitativo, descriptivo, exploratorio, que entrevistó a 13 participantes adultos en los meses de septiembre a diciembre de 2019. El análisis se basó en el análisis de contenido temático de Bardin, resultando en las categorías, pérdida y fracaso en la vida, culpa, dualismo vida y muerte - de las cenizas al ave fénix, recaída. **Resultados:** el uso de sustancias se refiere a pérdidas familiares, vivienda, trabajo, dignidad; destrucción, fracaso. La recaída denota fracaso, pecado; conlleva culpa, autoestigma. El sufrimiento pasa por los intentos de buscar atención; reverbera en la pérdida del sentido de la vida, conducta suicida o resiliencia y esperanza-equilibrista. **Conclusión:** la clínica ampliada debe valorar la geografía afectiva de los usos y la reducción de daños.

PALABRAS CLAVE: Consumo de sustancias; Consumidores de drogas; Servicios de salud mental; Atención psicosocial.

INTRODUCTION

The harmful use of alcohol and other drugs integrates the existential possibilities, emanates from free will, is linked to the dimension of the weaving of meaning that the person establishes with the substance, and occupies a place connected to the social and experiential context of the individual.¹ Thus, it requires understanding as a procedural organization of symptom with three-dimensional genesis, which includes: the psychoactive substance and its pharmacological properties; the subject, his or her personality characteristics and biological singularity; the sociocultural context where the encounter between the person and the drug occurs.²

In this context, meaning refers to something subjective, unique, unrepeatable, that the person needs to reach it, capture it, perceive it, and realize it in each situation he/she lives: he/she needs to find meaning. Thus, in the process of capturing meaning in experiences, we use the conscience, which makes up the intuitive capacity that tracks meaning.³

It is admitted as substantial the contemplation of the kaleidoscope of meanings and perspectives associated with the experience of harmful use of alcohol and other drugs, in order to evidence idiosyncrasies that are related to it. Thus, this study aims to understand the meanings and experiences of harmful use of alcohol and other drugs, from the perspective of users of the Psychosocial Care Network.

METHOD

This is a qualitative, descriptive, exploratory study. The qualitative approach proved to be appropriate because it is dedicated to a level of reality that cannot be quantified,⁴ for understanding or interpreting the phenomena in relation to the meanings that people attribute to them.⁵

The inclusion criteria for selection of participants were: being 18 years old or older, living in Teresina, and being linked to a care point of the local RAPS. The sample was intentional and respected the criterion of closure by saturation, when it was observed the redundancy of information in the statements of respondents.⁶

Data were collected from September to December 2019, in 4 points of care of the RAPS: Basic Health Unit, Family Health Support Center, Psychosocial Care Center for Alcohol and Other Drugs, and General Hospital with mental health beds. Thus, we intended to cover different realities and moments of the participants' experience.

The interviews lasted an average of 30 minutes and were audio recorded, with the prior agreement of the guests, by means of the signing of the free and informed consent form. We used a semi-structured script of questions that guided the access to the memories of the users, in an attempt to recover aspects related to the experiences and meanings associated with the harmful use of alcohol and other drugs.⁷ The identity of the interviewees was kept confidential by adopting pseudonyms, alluding to mythological creatures: Pegasus, Manticore, Karkinos, Amphisbaena, Phoenix, Minotaur, Nymph, Unicorn, Harpy, Chrysomalo, Chimera, Mermaid, Hippocampus. A full transcription of the recordings was made in order to obtain a text faithful to the statements. Then, we proceeded with the analysis of the empirical material, based on Bardin's thematic content analysis,⁸ which expresses a set of analytical strategies of the statements, to obtain the inference about what was thematicized in the messages, in the following stages: 1) pre-analysis; 2) exploration of the material; 3) interpretation of the results.

All ethical precepts recommended by the Declaration of Helsinki (and its subsequent reformulations) and by the National Health Council (CNS), according to Resolutions No. 466/2012 ⁹ and No. 510/2016, were met.¹⁰ The study was approved by the Research Ethics Committee of the Escola Nacional de Saúde Pública Sergio Arouca of the Fundação Oswaldo Cruz, registered under CAAE No. 16400019.5.0000.5240 and by Opinion No. 3.517.423, issued on August 19, 2019.

RESULTS AND DISCUSSION

The survey had 13 participants. There was a predominance of males (54%), brown race/color (50%), age between 41-50 years (31%), single marital status (38%), living with family (69%), unemployed (77%), without assistance from assistance/ benefit program (85%), without criminal-legal history (85%).

Regarding the harmful use of alcohol and other drugs, most of the interviewees started consuming at the age of 11-15 years (54%), through alcohol (38%), and use multiple drugs (69%), especially crack (54%).

From the statements of the interviewees, four categories of analysis emerged: loss and failure in life; guilt; life and death dualism - from ashes to phoenix; and relapse.

Losses and failure in life

It was evidenced that the experience of using alcohol and other drugs triggered several losses, especially family losses; then, of housing, work, friends, dignity; indicating in a metaphorical sense the destruction.

For twelve years I have been a slave to this addiction. It gets worse and worse. I left my job, I left my family, I lost my children, I lost my dignity, I lost my home, I lost my house. I lost everything! (Ninfa)

Chemistry ends with everything, with everything! Today I have nothing. I don't have a home, I don't have my complete social life, as every human being should have. Today I have no friendship with my mother. It has been more than ten years since we have spoken. I cursed at her, she has already ridiculed me, she has already put me in jail. Nowadays I have nothing left, nothing left! Financially, I don't have any money saved, I don't have a house. (Minotauro)

These statements testify that drugs carry a destructive potential of affective ties, leading to social and material losses.¹¹ On the other hand, there were notable statements alluding to the feeling of failure resulting from the experience of harmful use of alcohol and other drugs, such as the failure in relationships and in life projects.

I am a collector of failure. I intend to write a book about myself, "The Collector of Failure. I have silver, gold, and bronze medals, but most of my medals and trophies are gold, for failure: for being a lousy father, a lousy grandfather, a lousy son, a lousy husband, a lousy boyfriend, a lousy friend, a lousy everything.(Fênix)

It is evident that the use of alcohol and other drugs is a negative and complex experience, which has repercussions on health and affects the users' quality of life.¹² The feelings of non-existence, of being unworthy, of social destructuring, lead the individual to the difficulty of visualizing the true essence of his life; to the difficulty of reconstructing his own values to reformulate his existence, which can represent an aggravating factor for dependence.¹³

Guilt

Eminently, the feeling of guilt was associated with the harmful use of alcohol and other drugs, connected to the emergence of suffering and the senses of sin and punishment.

I wanted to speak and ask forgiveness for my family first. That I am sure that I have already made them suffer a lot; especially my mother; and for my wife, for my children. (Minotauro)

It is because I am guilty, because I have to take responsibility; I am guilty; I am very irresponsible, I abandoned my daughters, and for that I think (no, I am sure!) that I am paying for this. My daughters are in Peru, on the Chilean border, in Peru. (Hipocampo)

The feeling of guilt is emblematic in the experience of people who abuse alcohol and other drugs, forming a stigma linked to individual attitude, to the perception of weakness of character, to the weak will to stop the consumption.¹⁴ The controversial representation of drug use linked to the sense of guilt comes from the religious approach, according to which drugs constitute evil, consumption is seen as something from "the Devil" and the person who uses drugs is possessed by evil forces that separate him from "God's plan" for his own life.¹⁵ On the other hand, the terrorist discourse against drug use satisfies specific political interests; the phantom of the drug, raised to the condition of the worst scourge of humanity resonates in the demonization of the "junkie" and in facilitating the articulation of the classical discourse of violent repression to an apparently scientific discourse, which legitimizes violence by saying that there is no way out but the compulsory internment of users.¹⁶

Dualism life and death - from ashes to phoenix

It was revealed that the experience of harmful use of alcohol and other drugs is pierced by suffering, which can reverberate in the loss of the meaning of life, and, consequently, impel suicidal behavior.

... The aggressiveness decreased a lot, but I still feel it here; not to mention that when that moment comes I want to throw myself under a car, to hang myself, to kill myself, to take my life, not to worry anyone, even because I have no one to worry about, right? (Anfisbena)

For me I had no more hope, my only desire was to hang myself, to kill myself. I didn't care anymore for my son, for anything, for life; for nothing, nothing, nothing.(Sereia)

Users with depressive symptoms present a more diffuse propensity for suicidal behavior, while those who do not manifest depressive symptoms may demonstrate a risk of suicide more related to periods of abstinence or to moments when they are under the effect of the substance. Hence, it is fundamental to identify potential risk factors for suicide, for the implementation of compatible management and prevention measures.¹⁷

There was an overpowering presence of narratives anchored in the perspective that the harmful use of alcohol and other drugs engenders in the personal trajectory a complex web of idiosyncrasies, crossed by tearful, paradoxical feelings, accumulating adverse and dramatic implications. Therefore, the movement of re-signification of meaning, immanent to the relationship established between the individual and the psychoactive substance(s) drives the person to resilience - understood as resistance, recovery, re-existence, in such a way that the person uses several coping strategies to manage his own re-creation and transformation of himself, as we will see below:

"My life was dissolved by yellow stones, which directed my fears and agonies.

Homicidal loneliness. Drugged life, bandit life, crazy life, forgotten life.

A match, a pipe, an ash, a stone, a mescalate and a lighter. They are always the same companions.

There is a stone in the middle of the path. But, what path? Decay in the world of thorns.

But, the only thing I know is that from the ashes I have spent, one day ashes I will turn.

But, it was like a Phoenix that I rose again. I rose from the ashes". (Fênix)

It is perceived in the report in the form of poetry, the meanings attributed to resilience imbricated to the personal path, full of suffering, losses, loneliness, hardships, correlated to the experience of harmful use of alcohol and other drugs. In this way, the path taken by users in the search for recovery is incredibly difficult, full of adversity,¹⁸ while resilience is an ambivalent conception in the processes of recovery and overcoming.¹⁹ This way, the adoption and application of coping strategies erupts, which circumscribe a set of thoughts and behaviors used to manage the internal and external demands of situations that are evaluated by the individual as stressful.²⁰ By the way, coping strategies are developed by the individual himself and are related to mental health, capable of moderating the impact of adversities throughout life, increasing the levels of psychological well-being, and reducing psychological suffering.²¹

In fact, when Phoenix testifies that he rose from the ashes, the emblematic meaning of resilience associated with hope is revealed, the reinvention of himself (as a survivor), in a flaming way, that shines out in the course of the intricate trajectory of the harmful use of alcohol and other drugs, having art (poetry) as a sublime expression of coping strategy.

In light of the above, it is emphasized that it is sui generis for hope to always be reborn from its ashes, because suffering legitimizes a nonconformity, an irrefutable way that there is another dimension, irreducible to the facts, proclaiming that life could not be limited to the raw evidence of inane survival. This proves that hope, dream, art, already reside in the core of hopelessness, pain and suffocation.²²

Inclusively, it was verified that the duality life/death crosses the daily life of the interviewees, in a movement of struggle and hope-equilibrium, which emerges in the experience of harmful use of alcohol and other drugs, having associations and implications with the processes of suffering, martyrdom, mishaps and dis-ease experienced.

So, I know that I have to know how to manage this struggle, my life, and stitch up my wounds, and move on. I have already taken the first step, only the depression is hurting me; but I hope? I really hope... (Hipocampo)

It is clear that the sprout of the sense of hope-equilibrist as a driving force that directs people in facing the antagonistic and reversed situations with which they are faced in the unique journey of harmful use of alcohol and other drugs. Thus, it is on the stage of contradictions and on the thread called 'life' that the type-characters will balance, step by step, in their trajectories, to face the innumerous challenges of a world still not much played by them. Consequently, it is in the 'tightrope', in the restlessness, sometimes so painful, that they show the enchantment for life and for freedom, and even glimpse the 'hope-equilibrist' of finding other places more and more worthy and consistent with the complex plot of life.²³

Hope refers to the sense of obstinacy, as a mark of human existence, metaphorically represented by the love for what has not yet happened. Hope also configures an artistic force of resistance, full of ingenuity (capable of creating something out of nothing) and potent in transmuting misery into strength, helplessness into resource, asthenia into passion and vitality, mourning into energy for struggle. The essence of hope-equilibrist, then, implies the apprehension that the tightrope above the abyss is stretched between what is reality and an other (desired) existence whose fulfillment is promised and, against all odds, attempted. In this stratagem, the individual, as a funambulo, believes that the advent of another world is possible, demanding of himself (as an artist), the overcoming of his own limits, to make possible what he thinks is impossible.²²

Relapse

The pleasure immanent to the experience of the harmful use of alcohol and other drugs was listed as the impetus of the relapse process.

And it brought me a lot of pleasure and a lot of joy. But it was a false joy, because then I would get depressed and want to use more and more. And it wasn't pleasurable; it was disastrous. (Sereia)

It is observed that the drug acquires the status of filling the basic needs of the person's emotional existence. As an effect, each encounter confers more or less power to act and live, more or less power to affect and be affected; therefore, for many people, the encounter with alcohol or other drugs expands the power to live.²⁴

Moreover, motivation was another risk factor pointed out by informants for the emergence of relapse processes, as illustrated in the following statements:

Unfortunately, my character, my personality.... I'm very euphoric, a little schizophrenic; I'm very altered, I alter quickly. So, I last little and I leave the Therapeutic Community right away; I can't take much and I leave, I don't follow the right treatment.(Hipocampo)

Then I went to Meduna Hospital, spent a month to detox and see if I could gain a little more weight, you know? I managed to, but then I gave up, the stimulus ran out and I went back to life again.... (Karkinos)

The negative impact of low self-esteem and low self-efficacy hinders the realization of life goals, while feelings of worthlessness and incapacity induce the person to think that there is no reason to recover from drug use.²⁵ Motivation can be linked to the relapse process in two ways: through motivation for positive behavior change and through motivation for involvement in problem behavior. Considering the hypothetical situation of alcohol use, the motivation for action, towards abstinence or through the reduction of alcohol use. Conversely, the motivation to engage in problem behavior can be made explicit through the stimulus to engage in alcohol use behavior.²⁶

The network should function as a living tangle that rearranges and reinvents itself according to the movements of living, health, and illness.²⁷ To this end, by establishing symmetry in the recognition of the other as a valid interlocutor - and allowing oneself to be affected by the multiplicity of potent life - the possibility of producing other existential territories opens up. Therefore, this reality requires a clinic that widens its view beyond the chemical dimension, that looks at the history of the person (and society) and the affective geography of the uses; a clinic that expands the possibilities of intervention in line with harm reduction as ethics of care.²⁹

CONCLUDING REMARKS

The production of care in the RAPS for people in harmful use of alcohol and other drugs requires that it goes beyond the apprehension of the specificities and pharmacodynamics inherent to the substances, encompassing the nuances of the meanings and unique experiences, while valuing the magnitude of the movements undertaken by individuals in the weaving of their therapeutic itineraries.

Therefore, in the eye of the anti-manicomial hurricane, the care under the aegis of the expanded clinic urges a kaleidoscopic and holistic vision; loving and ethical-ethical-critical-political-emancipatory posture, in such a way that honors the person who uses substances as a citizen, protagonist, holder of voice and turn; in favor of the political potency of the movement, of the flourishing and strengthening of the defense of life.

It is pointed out that the evidence achieved in this research does not allow the generalization of the results found and more forceful statements about the object of the study, due to the size of the sample adopted. Therefore, it is suggested that future more in-depth research be carried out, with a larger number of participants.

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CONFLICT OF INTEREST STATEMENT

There are no conflicts of interest involved in this publication.

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