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The understanding of addiction from patients being treated in a specialized hospitalization unit

O entendimento da dependência química por pacientes em tratamento em uma unidade de internação especializada

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ABSTRACT
Many institutions and social actors are involved in the struggle against addiction, making it a complex social phenomenon. Knowledge about the perspective of those who suffer this type of disorder and seek treatment is essential to produce scientific evidence to elaborate public policies. To analyze perceptions about chemical dependency of patients being treated for disorder associated with psychoactive substances. This is a qualitative, descriptive, and exploratory study. We carried out semi-structured interviews with patients hospitalized in a unit specialized in treating addiction from a high-complexity teaching hospital in the south of Brazil. Using Bardin's content analysis, we created four analytical categories to understand the perceptions about this problem, from the perspective of patients: (1) Seeking treatment; (2) Causes of addiction; (3) Pros and cons of using psychoactive substances; and (4) Leading a healthy life. We observed which motives and causes were complementary, as the causes for starting the use of these substances were the same causes for seeking treatment. Furthermore, participants believed psychoactive substances had some utility, though there were more disadvantages than advantages. This is an important element to address in actions of education in health when dealing with this population.

Keywords: Bioethics. Addiction. Qualitative research. Hospitalization.

RESUMO
A dependência química é um fenômeno social complexo, pois envolve diferentes instituições e atores sociais no seu enfrentamento. O conhecimento da perspectiva das pessoas que sofrem desse transtorno e buscam tratamento é de fundamental importância para a produção de evidências científicas visando à elaboração de políticas públicas. Analisar as percepções sobre a dependência química de pacientes em tratamento do transtorno por uso de substâncias psicoativas. Trata-se de estudo qualitativo, descritivo e exploratório em que foram realizadas entrevistas semiestruturadas com pacientes internados em uma unidade de internação especializada no tratamento da dependência química em um hospital universitário de alta complexidade no Sul do Brasil. Mediante a análise

de conteúdo de Bardin, construíram-se quatro categorias analíticas para a compreensão das percepções sobre este problema na perspectiva dos pacientes: (1) Buscando tratamento, (2) Causas da dependência química, (3) Perdas e ganhos associados ao uso de substâncias psicoativas e (4) Ter uma vida saudável. Observaram-se quais motivos e causas apresentaram uma relação de complementaridade, na medida em que as causas do início do uso também foram os motivos para buscar tratamento. Além disso, identificou-se que os participantes reconheceram utilidade no uso de substâncias psicoativas, com predomínio das perdas sobre os ganhos, demonstrando que este é um ponto importante de ser abordado em ações de educação em saúde com essa população.

Palavras-chave: Bioética. Adição. Pesquisa qualitativa. Internação.

INTRODUCTION

Addictive behavior, or psychoactive substance use disorder (PSUD), popularly known as "addiction", and the problematic use of psychoactive substances, have important consequences regarding biological[1], economical, and social[2] aspects, affecting many countries around the world. According with a public 2022 report from the United Nations Office on Drugs and Crime (UNOFDC), 284 million people used illegal substances in 2020[3]. In Brazil, this number is 1.3 million people (excepting the use of marijuana) in the six months prior to the survey published in 2017 by the Oswaldo Cruz Foundation (FIOCRUZ)[4].

Defined as a chronic and multifactorial disease of the brain[5], addiction is a polemic topic in several points of social life, especially in the scientific and political fields[6,7]. Discussions regarding the definition of addiction as a disease or brain disorder led to initiatives from the United States government, such as creation of a working group to propose changes in the language used to attend and embrace people with psychoactive substance use disorder[7], also adapting this terminology to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V)[8]. The adoption of this model and of the new terminology is associated with a significant reduction in the stigma associated to the problematic use of psychoactive substances.

Understanding addiction as a brain disease is not a consensus in the scientific community[9,10]. Thomas Szazs[11, 12], even before this new paradigm was proposed, argued that the model of disease or mental disorder was not sufficient to attend the epistemological requirements to determine what is health-disease in other words, what is considered to be normal or pathological. Lewis[13-15] also states that, based on current neuroscience presuppositions, it is not possible to state that addiction is a brain disease, since the alterations provoked by on this organ by the use of psychoactive substances can be connected to learning processes and to a search for pleasure, and addictive behavior could be a result of this pleasure-

oriented behavior. The researcher, then, argues that addiction or addiction should be addressed in regard to desire biology, or in regard to pleasure-seeking behavior[6].

Bedrick[16], on the other hand, argues that there seems to be a trend towards consensus in regard to adopting addiction as a brain disease. This would have important consequences to the practice of behavioral sciences: for example, several aspects of vulnerability and psychiatry, when understood according with this model, would be under the guise of clinical neuroscience[16]. Therefore, there is no denying of the biological aspects of addiction. There is, instead, discussion on how the current models fit the knowledge available[13-18].

This discussion, regarding whether or not addiction is a disease of the brain, shows the relevance of considering issues related with addiction from the perspective of complexity. Health is defined by the World Health Organization (WHO) as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", a definition that shows a biopsychosocial perspective[19]. From this perspective, not only biological aspects should be considered, but also questions pertaining to psychic and social health, environment, and community. As a result, we must consider the social determinants of health involved in the treatment of addiction. Complexity thinking is quite valuable to avoid reductionism in the field of health, be it biological, psychological, or social. This is especially true in the approach to addiction[20].

The biopsychosocial model, resulting this type of thinking, allows bringing together different perspectives regarding the topic. Through this type of definition, we can conceive addiction in a broader social context, where the focus of analysis and intervention is not the individual, but the community as a whole. In this regard, it is relevant to highlight studies that show the association between psychoactive drug use and reproducing family history[21-23], inequality and poverty[18], and violence. Identifying how these characteristics become associated with addiction, considered as a complex social problem, is essential to produce scientific evidence to subsidize the elaboration of public policies in the sector, especially in the field of health care.

Therefore, social representations and perceptions of addiction are necessary to the development of effective public policies. Thus, understanding the perspective of patients being treated for psychoactive substance use disorder is a requirement to address the issue properly and reproduce data that can serve as evidence for public policies. The objective of this study was to analyze perceptions about addiction of patients being treated for disorder associated with psychoactive substances.

MATERIALS AND METHODS

DESIGN

This is a qualitative, descriptive, exploratory study, using the theoretical approach from Bardin's content analysis[24]. Regarding the approach used, the three stages of content analysis indicated by the author were respected: (1) pre-analysis; (2) construction of thematic categories; and (3) analysis and inference based on the categories created.

SAMPLING

The sampling process was by convenience, and patients were invited in person by the researchers to participate in the study (LFG and AMC). After providing informed consent, those who accepted participating in the research were included in the study. There were no sample losses. Data saturation was discussed by the research team (LFG, AMC, JRG) during the pre-analysis and skimming of the materials, recommended by Barding[24].

DATA COLLECTION

Data were collected in a unit specialized in treating psychoactive substance use disorder. This hospitalization unit is associated with the Single Health System and has 20 male beds to treat psychoactive substance use disorder. The Addiction Service Outpatient Clinic is also associated with the public system, and receives patients from both sexes. Both are part of the General Hospital of Porto Alegre, in the state of Rio Grande do Sul, Brazil.

The data collection techniques chosen were ethnography - in the form of participant observation (LFG) - and a semi-structured interview. Ethnography is a data collection technique in which the researcher becomes immersed in the research field, including the environment and the culture, regarding their presence in the group[25]. Semi-structured interviews are data collection instruments using a flexible interview script, which can be adjusted during research when necessary to achieve the goals of the study[26].

Participant observation took place in 2014-2015, and semi-structured interviews in 2015-2016. Three pilot interviews were carried out (AMC) to verify the how well the data collection instrument fit the task at hand.

A nurse with an MS in health education (AMC) and a psychologist specialized in alcohol and drugs (AE) guided the interviews. Both were trained to carry out interviews for qualitative studies and were part of the health care team of the unit at the time of data collection.

The interviews were recorded and transcribed and lasted for a mean of 15 minutes. Due to the high turnover of patients, transcriptions were not given back to the participants of the research. Data saturation was discussed as the interviews were carried out, and saturation was the criteria to determine when collection would be concluded.

DATA ANALYSIS

Data was analyzed and coded by two researchers (LG and AMC). The NVivo® software for Windows, version 11, was used for the analysis, which generated the categories, that is, the researchers did not follow a predefined coding model.

ETHICAL ASPECTS

The project was approved by the Research Ethics Committee from the General Hospital of Porto Alegre, CAEE No. 27289514.8.0000.5327, in 2019. To guarantee the confidentiality and privacy of participants, their names were replaced with the letter "I" for interviewee, followed by a number indicating the order of the interviews.

RESULTS AND DISCUSSION

The sample was formed by 36 participants (26 hospitalized and 10 from the outpatient clinic). 35 were male (26 hospitalized and 9 outpatients) and 1 was female (outpatient). Participant mean age was 44 years old, with a median of 43 years and a standard deviation of 11 years. Regarding their educational level, 52.8% (n=19) had complete elementary education; 41.7% (n=15) completed high school; and 5.6% (n=2) had post-graduations.

Two researchers (LG and AMC) carried out, separately, mixed-method analyses aided by software. This led to the emergence of four thematic units: (1) Seeking treatment; (2) Causes of addiction; (3) Pros and cons of using psychoactive substances; and (4) Leading a healthy life.

SEEKING TREATMENT

The search of treatment for psychoactive substance use disorder is a challenging one[27-29]. Financial and family losses, prejudice in work life, clinical and/or psychiatric comorbidities caused by the problematic use of psychoactive substances are some of the reasons given for seeking treatment, whether it is in the form of hospitalization or outpatient clinic. The coexistence of patients with health workers can be the reason they reported these variables, at least partly. After all, they represent the diagnostic criteria for psychoactive substance use disorder at DSM IV and V, and in the International Classification of Diseases (ICD)[8, 30]

> Well, the thing is that I couldn't live with myself anymore, family losses, job losses, everything bad happened in this period. (E1)
> I made my decision because I saw that things were starting to become real bad, I had almost lost my wife and children, almost, not yet, so I decided to come. (E8)
> This was a real problem at work, because I couldn't work the next day due to the amount of alcohol I drank the day before, that started to be an issue for me [...] (E13)
> Starting with material losses, family losses, no one believed me, and I didn't have control over the drug anymore [...] (E23)

Searching for help, in addition to the help and pressure from friends and family are important factors in the search for treatment. Lidz et al.[31] observed that, regardless of the source of this pressure, the results of the treatment can be different. This authors agree with Lorem et al.[32] in the fact that pressures can be divided in three groups: (1) informal, from family and friends; (2) formal, from health institutions, churches, schools; and (3) legal, from judicial authorities[31]. It has also been observed that informal pressure is often a step that precedes formal pressure[33]. In this regard, searching for treatment required the help of persons that are important to the subjects (friends and family), as they often mentioned. That is, the pressure received was informal.

Treatment Experience

Participants show experience in treating substance use disorder, since only four of them are searching for treatment for the first time. Many reported having been through several hospitalizations in general or confinement in psychiatric hospitals and in therapeutic communities. The therapeutic community is present in the statements of the participants in an

ambiguous context, either an important instrument to help recovery, or as a tool for coercion. They justify their search for help, especially in closed spaces, by understanding that it puts them in an environment protected from the use of psychoactive substances. Patients also mentioned outpatient treatment and treatment in the Psychosocial Care Center as elements in the trajectory of their treatments.

> This isn't my first hospitalization, right? It happened before, in a therapeutic community, but I'm almost, this was no different from the others. (E02)
> It was the first time I decided to come like this, to be hospitalized. The other times maybe it was because of the crises I had. (E13)

Sabino and Cavenaze[34] observed that 50% of patients interviewed in their study had sought treatment in confined therapeutic communities: hospitals, clinics, religious entities, and others. Regarding the coercive aspects of confinement in therapeutic communities, studies have shown how controversial the use of this resource is[35,36], especially in Brazil[37,38]. The lack of a therapeutic plan, adequate human resources and facilities, and the strong association with religious entities are some of the deficiencies of this type of instrument[39,40]. It is noteworthy that national and international literature have highlighted the potential of therapeutic communities, when their environment and resources available are adequate[35,41].

Feelings of Tiredness and Exhaustion

The feeling of exhaustion is part of the symbolic imaginary of patients who seek treatment for psychoactive substance use disorder, especially those who seek confinement. Feeling tired with the life they were leading was also an important reason to seek treatment.

> I made this decision because I got tired of my life, like this... I really got tired. It was a long, long time suffering. I had some happy moments, sure, right, but most of my life was an illusion because I lost it. Everything I got I lost. And it comes a time, you know, it hits us, it comes a time we grow tired. I'm tired, am exhausted of doing this. (E3)
> This time I was, I saw I couldn't stand it anymore. (E10) Because I couldn't stand that life anymore. I want another good life for me. I got tired, tired of being in a hospital too, I'm done, done with this life. (E16)

The perception of tiredness can be related to what Byung-Chul Han calls "the burnout society"[42]. According to this author, the excessive information and the current social dynamic of rationalizing all aspects of social life leads to tiredness. Nonetheless, although tiredness is a

dynamic that paralyzes individuals and society, it also generates resistance, as it produces new identities and subjectivities. This logic seems to be the case in the statements analyzed, since this exhaustion, this social tiredness from a life brought to its limits, whatever these are, is also a trigger for the search of a mechanisms that can help seeing other possibilities.

Psychoactive Substance Abuse

The abuse of psychoactive substances was also mentioned as a reason to seek treatment. Losing control is the main aspect of those who wish to find health in this perspective, especially for those who seek confinement, since this is seen- as a protected environment, that can help in the recovery process. In this regard, the group of interviewees believe that their main expectations involve "leaving here cured", reforming family bonds, and going back to a "normal life".

> Look, I think it's because of too much drinking, I drank a lot, too much. And it wasn't just me, it was the whole family. (E3)
> Alcohol abuse, you know, even during the week. This was a real problem at work, because I couldn't work the next day due to the amount of alcohol I drank the day before, that started to be an issue for me [...] (E13)
> I had really, really lost control, so much that my body didn't want it, couldn't accept the drug anymore, but I wanted to use more than the body wanted help [...] (E21)

There is a strong moralist bias in this perspective, since this lack of control is often associated to a lack of character from the patients[43, 44]. Virtue, understood as the adequate behavior expected from a person, can be transformed in vice through the excess or absence of a certain characteristic[45]. In Portuguese, the most commonly used word for addiction is "*vício*", and addicts are often referred to as "*viciados*". Both words share the same origin of "vice", and their use result from this interpretation of addiction as a personal behavior that merits social criticism, since it can lead to bad actions[46]. This perspective in regard to issues related with the use of psychoactive substances is still present in the symbolic imaginary of the population as a whole[47, 48].

Considering this perspective, we believe that, due to substance abuse, one ends up losing control of one's life. An analysis of these statements show that the issue reported is the abuse. This line of thinking seem to suggest that attempting to use "mildly", that is, the option of a controlled or rational use, would seem adequate. This understanding of "abusing" psychoactive substances and "losing control" should be studied further, especially in treatments in closed

environments, where the main guideline is abstinence. From this perspective, the use of substances is inversely related with personal control, that is, the less the control, the more intense the use; or, the greater the external control imposed to the individual, the less the substance is used. Complete removal of substances is a response to excessive use, as if the use-control relationship only had two extremes.

CAUSES OF ADDICTION

Family History

Identifying the perceptions abou the causes for addiction can help guide both the treatment for substance use and the public policies pertaining to the topic. When the participants were asked about the causes of their addiction, family history was often repeated as an explanatory factor. Being in an environment where the closest persons use substances is identified by the participants as a facilitator for the development of addiction, even if its role is ambiguous.

> I started with my father, when we lived in the country. There, we called warehouses "bolicho", you know. So I would go there and fetch it. [...] He drank a lot too, and that's when I started to try it, but he didn't know. That's where it [alcohol dependency] started. (E01)
> In my opinion, it comes from childhood, way back in childhood. [...] in my childhood my father would drink too much too and I saw my father drink and hit my mother too, all that [...] (E03)
> Alcohol is a family issue. I'm from a family of nine (five sisters and four brothers), and my father was an alcoholic, so I think I got these genes from him […] (E12)

The family dynamic has been considered one of the main ways addiction is socially produced, on par with social inequality. The idea of being exposed since a young age to a family environment where the use of psychoactive substances is common was often present in the statements of the participants. This exposure was associated with the first experiences with the substance and the first family fights[23].

According with Bourdieu[49], the dynamics of social reproduction have been a tool to perpetuate social structures and power systems themselves. This can also be observed in addiction. For example, if we consider the individual problem as a family problem, and the family problem as a societal problem, we can see that family co-dependency system is a tool for the social reproduction of an extremely inequality structure, considering the distribution of

goods and material and symbolic resources. Recognizing this dynamics of social reproduction of inequality in addiction does exempt any party from responsibility in regard to drug use; it recognizes the existence of co-responsibility[46]. From this perspective, both users and society have responsibilities in regard to the topic.

Personal History and Losses.

Losses once again were present in the statements of the participants when they described the relationship between their personal lives and the causes of their dependency. The ambiguous relationship between the reason for the treatment and the cause for addiction shows how complex and diffuse is the perception, from the participants, in regard to the origin of their problems.

> Even after my brother passed away, we were a united family and I was at this point [...]. After I lost her, I lost everything. Then I didn't have anybody anymore and started using more. (E17)
> I lost a lot. In the last few years, I lost grandmothers, a mother, a sister. I lost a 44-year-old sister to cancer, you know. So there was a lot of stuff that, I think, helped a lot, right, with the relapses, I mean, during this time I ended up relapsing. (E18)

A personal life history and trajectory with many losses, especially in the family, became an explanatory variable for the way in which participants understand the health-disease process of their psychoactive substance use disorder[50]. Losses were associated to a feeling of isolation, due to the death of close ones; therefore, the use of substances presented itself as a way to deal with this issue. The loss of an important loved one is a drastic change in the idea of future of this subject. This alteration, understood as a bad piece of news, is shocking at first, leading to denial and isolation[51]. That said, the use of substances only encourages the logic of denial.

Pros and cons of Using Psychoactive Substances

Drug use can have positive and negative effects on the life of a person. People recognize that drugs have a negative effect on their biological life. However, the use of psychoactive substances can also be considered a pleasure-seeking behavior[52]. This use represents a role of function in the life of participants, thus having a practical usefulness. Therefore, understanding

this usefulness is important so we can identify the system of values and the hierarchy employed to guide this behavior.

Patients reported two uses associated with psychoactive substances: (1) a mean for an end and (2) the consequence of some milestone in their lives.

Therefore, the essence of the use of the substance seems to be associated with questions of better socialization, momentary happiness guided by searching for the pleasure provided by the drug. Patients recognize the usefulness of using psychoactive substances for their lives, despite mostly perceiving this use as something negative.

> When I used alcohol, I thought I could do anything right, that I was better than others, that I could be a person that could said how it should be done, etc., well, this is what happened. (E01)
> Yeah. I used a lot to get happy, so it would get me happy, but that's not life. (E16)
> I think it's the pleasure, the pleasure it gives. The main reason, I think, its pleasure. (E26)

Most participants found negative aspects of the role of the drug in their lives, although the main form of reflection regarding the role of the drug in their lives was denial[53]. Vargas observes that, to analyze the use of drugs nowadays, we no longer must ask why people use drugs and what is the meaning of drug use in their lives; we must attempt to understand the life of these persons[54]. Therefore, experiences associated to the use of psychoactive drugs are the most adequate form of considering the complex relationship between subject and drug.

Leading a Healthy Life

Being treated, whether in confinement or outpatient clinics, is a moment of reflection, of possibilities of change. During the treatment for addiction, behavioral change is an important variable in the recovery process. A health life is associated to the idea of not going back to previous habits and leading a "normal" life, that is, abstaining from the use of psychoactive substances and "getting out cured"[55].

> My life, my health now healthy, it's going to be hard, no, it isn't hard, but with the virus, right, but it is, it's all mixed together I think, because of the effort that I already tried a lot, I still do, I won't give up having a normal life like everyone, everyone has. (E01)
> I hope to get out cured, you know, recovered, and to be what I used to be, right? I worked and I stayed home with [family], now alcohol almost dominated me, right... I'll get out of it with the help here, right? (E08)

> Look, being healthy, for me [...] is to have responsibility, right, to work, to eat at the right time, to sleep at the right time, it's not just work: life is also pleasure, you know [...]. It's an essential thing for you to keep a normal life. (E21)

The perception of quality of life and living was associated to the search for recovering a bond with family and friends, in such a way that connections lost due to psychoactive substances can be recovered, showing the importance of the family in the recovery process[21]. Furthermore, going back to work is a considerable aspect of recovery, working being presented as a way to becoming reintegrated into society and a valuable tool in rehabilitation[56,57].

A healthier life seems to be associated to the idea of (re)integration in society. Recognition, from the perspective of Axel Honneth[58], is an important explanation of addiction, since many of those who abuse psychoactive substances are socially invisible, or treated as if they did not have their own will. Therefore, a healthy life involves searching for recognition via (re)integration in society, especially through one's family. Recovering family bonds seems to be the first dynamic element of recovery, through which the individual seeks recognition as an active member of society. In this regard, it is noteworthy that the word "normal" frequently appears in the statements of the participants, since "to be normal is to be a part of society".

Limitations

The main limitations of this study are: (1) sample mostly formed by males; (2) patients with a history of multiple previous treatments, especially hospitalizations or confinement in therapeutic communities, which meant these participants had already been exposed to the basic presuppositions of treatment for substance use disorder. These previous treatments can, at least in part, be used by the participants in their responses.

FINAL CONSIDERATIONS

Addiction is a complex phenomenon, that should be addressed from several different perspectives. Adequately understanding patients being treated for psychoactive substance use disorder is necessary to adequately understand the topic and produce qualitative evidence that can subsidize the elaboration of public policies in this sector.

Four categories emerged from the interviews: (1) Seeking treatment; (2) Causes of addiction; (3) Pros and cons of using psychoactive substances; and (4) Leading a healthy life.

Seeking treatment was related with: (a) several challenges (e.g. access to adequate resources in the health system); (b) help and pressure from family, friends, church, and work; and (c) feelings of exhaustion and social tiredness due to substance abuse.

The causes for addiction were associated with the consequences of substance abuse. Among them, we can identify: (a) a repetition of family history, (b) a personal story marked by significant losses; and (c) social reproduction in the development of dependency.

Regarding pros and cons, it was possible to discern pleasure-seeking behavior in the participants, which was classified as (a) a means for an end and (b) the consequence of some significant event in the person's life. There were more disadvantages than advantages, according to participant perception.

A healthy life, in turn, is understood as an important part of the recovery process. Searching "normality" and cure, family and social reintegration, stand out as extremely valuable mechanisms in the recovery process.

Family is present in all categories. Depending on the case, family was found to be a motivator, a reason, a loss, or an important piece in the recovery process, having a relevant and ambiguous role in the development of addiction. It emerges not only as a significant cause of the (re)production of addiction, but also as an important factor in the recovery process, from the perspective of the patients.

This model shows the importance of considering the structure of addiction reproduction when elaborating public policies, since only by overcoming this issue we will be able to provide better assistance to psychoactive substance users, and manage to use material and symbolic resources better.

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