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Original Article

Characteristics of dependence and use of psychoactive substances in Psychosocial Care Centers*

Sirlei Favero Cetolin[1]
https://orcid.org/0000-0002-2954-0815
Ana Paula de Oliveira[1,2]
https://orcid.org/0000-0001-8920-5739
Vilma Beltrame[1]
https://orcid.org/0000-0002-9639-6403
Fabiana Meneghetti Dallacosta[1]
https://orcid.org/0000-0003-3515-9225
Franciane Barbieri Fiório[3]
https://orcid.org/0000-0002-7049-7054

Objective: to analyze characteristics and levels of use of alcohol and other drugs by patients in Psychosocial Care Centers. **Methodology:** the ASSIST (Alcohol Smoking and Substance Involvement Screening Test) and AUDIT (Alcohol Use Disorders Identification Test) questionnaires were used for data collection. Ninety users treated in four Type I Psychosocial Care Centers participated in the study. For data analysis, we used the descriptive statistics method with the support of the Statistical Package for the Social Sciences 24.0 (SPSS) program. **Results:** there was predominance of males, corresponding to 86.7%. Minimum age of 18 and maximum of 79 years old, with a mean of 40.5. Schooling level with emphasis on incomplete elementary education and unemployment rate of 41.1%. The majority used drugs, alcohol, tobacco, cocaine and marijuana, 55.6% were alcohol users, had dependent or risk consumption, with intensive treatment in a specialized service as indication. **Conclusion:** the family and social incentive in the treatment process, the monitoring of the professionals, the guidance regarding the risks to the physical and mental health of abusive use, and, strengthening of the subjects' autonomy before the treatment process, need to be constant.

Descriptors: Mental Health; Public Health; Drug Users; Mental Health Services.

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Características da dependência e uso de substâncias psicoativas em Centros de Atenção Psicossocial

Objetivo: analisar características e níveis de uso de álcool e outras drogas de pacientes de Centros de Atenção Psicossocial. **Metodologia:** utilizaram-se como instrumentos para a coleta dos dados os questionários ASSIST - *Alcohol Smoking and Substance Involvement Screening Test* e AUDIT - *Alcohol Use Disorders Identification Test*. Participaram do estudo 90 usuários atendidos em quatro Centros de Atenção Psicossocial tipo I. Para a análise dos dados utilizou-se o método de estatística descritiva com o suporte do programa *Statistical Package for the Social Sciences* 24.0 (SPSS). **Resultados:** observou-se a predominância do sexo masculino, correspondendo a 86,7%. Idade mínima de 18 e máxima de 79 anos, com média de idade em 40,5 anos. No tocante ao grau de escolaridade prevaleceu o ensino fundamental incompleto, sendo a taxa de desemprego de 41,1%. As drogas mais utilizadas foram álcool, tabaco, cocaína e maconha e, 55,6% dos usuários de álcool apresentaram consumo dependente ou de risco, tendo como indicação o tratamento intensivo em serviço especializado. **Conclusões:** o incentivo familiar e social no processo de tratamento, o acompanhamento dos profissionais, a orientação quanto aos riscos à saúde física e mental do uso abusivo e o fortalecimento da autonomia dos sujeitos frente ao processo de tratamento necessitam ser constantes.

Descritores: Saúde Mental; Saúde Pública; Usuários de Drogas; Serviços de Saúde Mental.

Características de la dependencia y uso de sustancias psicoactivas en los Centros de Atención Psicosocial

Objetivo: analizar las características y niveles de consumo de alcohol y otras drogas por parte de los pacientes en los Centros de Atención Psicosocial. **Metodología:** para la recopilación de datos se utilizaron los cuestionarios ASSIST - *Alcohol Smoking and Substance Involvement Screening Test* y AUDIT - *Alcohol Use Disorders Identification Test.* En el estudio participaron noventa usuarios atendidos en cuatro Centros de Atención Psicosocial Tipo I. Para el análisis de los datos se utilizó el método de estadística descriptiva con el apoyo del programa *Statistical Package for the Social Sciences* 24.0 (SPSS). **Resultados:** predominó el sexo masculino, correspondiente al 86,7%. Edad mínima de 18 y máxima 79 de años, con edad media de 40,5 años. En lo referente al nivel educativo, hubo prevalencia de educación primaria incompleta y la tasa de desempleo fue del 41,1%. Las drogas más consumidas fueron: alcohol, tabaco, cocaína y marihuana y, el 55,6% de los consumidores de alcohol eran consumidores dependientes o de riesgo, con indicación de tratamiento intensivo en un servicio especializado. **Conclusiones:** el incentivo familiar y social en el proceso de tratamiento, el acompañamiento de los profesionales, la orientación sobre los riesgos para la salud física y mental del uso abusivo y el fortalecimiento de la autonomía de los sujetos ante el proceso de tratamiento deben ser constantes.

Descritores: Salud Mental; Salud Pública; Consumidores de Drogas; Servicios de Salud Mental.

Introduction

The consumption of psychoactive substances, under the name of drugs, is an old and persistent phenomenon, in different times and places. The history of drug dependence is intertwined with the history of humanity[1], where drug use is inserted in human culture as an ancient practice manifested in a universal way. Regardless of the geographic context, the search for the use of substances in order to cause changes in consciousness is a practice that is widespread across the known cultures[2].

In the consumption of psychoactive drugs, abuse is considered as one of the main health problems of public order worldwide. In Brazil, data from the year 2018 show 17,932 cases of hospital admissions, across the country, for the clinical treatment of mental and behavioral disorders due to the use of alcohol[3].

Considered the most used psychoactive substance by more than half of the population in several countries, alcohol is one of the biggest risk factors for the development of diseases resulting in high mortality rates; among which, Chronic Non-Communicable Diseases (CNCDs) and mental ailments[4-5] stand out.

In the international context, the World Health Organization (WHO) released in 2018 the results of the Global Report on alcohol consumption in the world. Alcohol was associated with 69.5% and 42.6% of liver cirrhosis rates, 36.7% and 23% of traffic accidents and 8.7% and 2.2% of cancer rates, respectively, in men and women of the Brazilian population in 2016. Specifically regarding disorders related to alcohol use, it is estimated that 4.2% (6.9% among men and 1.6% among women) of the Brazilians meet criteria for abuse or dependence[4].

Drug dependence is classified as a psychiatric disorder. Considered as a chronic disease that accompanies the individual for life, it is a neuropsychiatric disorder characterized by a recurring desire to continue using drugs, despite the harmful consequences. The levels of harmful use and dependence represent pathological changes in the individual. In these patterns, harmful consequences for physical, mental and social health occur[6].

The influence from friends, the media, alcoholic behavior in the family, easy access to alcoholic beverages and other drugs, escaping from problems and fun, are some of the examples of the socioeconomic and cultural factors that contribute to the onset of consumption and subsequent pathology[7]. Another major concern in relation to the use of alcohol and/or other substances in their different consumption patterns is the negative consequences caused in the context of family relationships and in the work environment[4].

Drug abuse as a chronic and recurrent disease is a public health problem that goes beyond social, emotional, political and national boundaries, and concerns the entire society. Talking about chemical dependence and the use of alcohol and other drugs makes it possible to reflect on ways to deal with the phenomenon, according to the social, economic and political circumstances of each time[1].

In view of the above, the research carried out is justified by the scarcity of studies on the theme, in the Health Region of Westernmost Santa Catarina. The study aimed to analyze characteristics and levels of alcohol and other drugs use by Type I CAPS patients. The results obtained are similar to the findings of other research studies conducted in the country, in which the patient's profile is vulnerable to dependence and use of psychotropic substances. They also reassert the importance of maintaining the CAPS centers in order to face the conditions triggered by alcohol and other drugs.

Methodology

A quantitative research study was carried out in the Health Region of Westernmost Santa Catarina, which covers 30 municipalities, where four with Type I Psychosocial Care Centers - CAPS are located, namely: Dionísio Cerqueira, Maravilha, Mondai, and São Miguel do Oeste. During the data collection period, a population of 870 users of psychoactive substances was registered in the surveyed places. To calculate the number of participants, a sampling error of 8% and a confidence level of 95% were considered, obtaining the participation of 90 individuals. People over 18 years old were considered for inclusion in the study, with physical and mental capacity to answer two research instruments, which have been extensively tested in the health services. The individuals who did not show interest in participating, those who were not at the place on the date and time of the instruments' application, as well as those who did not meet the inclusion requirements, were excluded.

ASSIST - Alcohol Smoking and Substance Involvement Screening Test. An instrument developed to screen the use of psychoactive substances, with the support of the World Health Organization (WHO), and the participation of Brazilian researchers in its tests and adaptation to other languages[8]. ASSIST is a structured questionnaire containing eight questions about the use of nine classes of psychoactive substances (tobacco, alcohol, marijuana, cocaine, stimulants, sedatives, inhalants, hallucinogens and opiates). The questions address use frequency, in life and in the last three months, problems related to use, concern about use by people who are close to the user, impairment in the performance of expected tasks, unsuccessful attempts to cease or reduce use, feeling of compulsion and injectable use. Each answer corresponds to a score, which varies from 0 to 4, and the total sum can vary from 0 to 20. The score range from 0 to 3 is considered as indicative of occasional use, from

4 to 15 as indicative of abuse, and 16 as suggestive of dependence[8].

AUDIT (Alcohol Use Disorders Identification Test) is an instrument composed of 10 questions and assesses recent alcohol use, dependence symptoms and alcohol-related problems; it assesses various levels of alcohol use, from non-use to probable abuse in the last few 12 months. The answers scored from 01 to 04 are the highest scores indicative of problems. The user is classified into one of four risk zones, according to the score obtained: Zone I (up to 7 points: it indicates low-risk use or abstinence); Zone II (from 8 to 15 points: it indicates risk use); Zone III (from 16 to 19 points: it suggests harmful use); and Zone IV (over 20 points): it shows possible dependence). AUDIT provides an attentive approach to changing the focus of the problem, no longer on alcoholism, but on risk use, with emphasis on the early detection of a greater variety of problems reported due to the use of alcohol.

The data collected were tabulated and added to the databases of the SPSS (Statistical Package for the Social Sciences) program, version 24.0, in which an information database was formatted in relation to the users' answers, which subsequently received treatment through descriptive statistics and associations between the variables of the instruments applied.

The instruments were applied in the months of September and October 2019, in a reserved room in each of the CAPS, on days and times scheduled with the participants. The research project that supported the elaboration of the study was submitted and approved by the Committee of Ethics in Research with Human Beings (*Comitê de Ética em Pesquisa*, CEP) of the University of Western Santa Catarina (*Universidade do Oeste de Santa Catarina*, UNOESC), upon opinion number: 2,237,735 and CAAE 72853517.5.0000.5367. All recommendations set forth in Resolution CNS/MS No. 466/2012 were carefully observed.

Results

Among the 90 users of the CAPS I in the Health Region of Westernmost Santa Catarina who participated in the study, there was predominance of men, corresponding to 86.7% (n=78), and 13.3% (n=12) women. Therefore, it was verified that the use of psychoactive substances in the studied region is more common in men. The minimum age was 18 and the maximum was 79 years old, with a mean of 40.5. In relation to marital status, 53.3% (n=48) of the sample did not have a partner. It was observed that, unlike what happens with alcohol consumption, the use of illicit drugs is more common in single individuals.

Regarding the schooling level, incomplete elementary education predominated with 60% (n=54), as well as an unemployment rate of 41.1% (n=37). The unemployment rate contributes to low income, with 10% (n=9) earning from 3 to 4 minimum wages, 58.9% (n=53) earning 1 to 2 minimum wages, and 31.1% (n=28) earning less than 1 minimum wage. Among the study participants, 66.7% (n=60) reported using controlled medications and 33.3% (n=30) reported not using any medication.

With the application of the ASSIST instrument, it was sought to verify with the study participants the use frequency of alcohol, tobacco and other substances, in life and in the last three months, problems related to use, concern about use by people close to the user, impairment in the performance of expected tasks, unsuccessful attempts to cease or reduce, use and injectable use.

It was found that, regarding the use of drugs, at some point in life 95.6% (n=86) had already consumed alcohol; 87.7% (n=79) had already used tobacco; 41.4% (n=37) used marijuana; 38.9% (n=35) used cocaine or crack; 18.9% (n=17) used hypnotics or sedatives; 14.4% (n=14) used inhalants; 13.3% (n=12) used amphetamines or ecstasy; 11.1% (n=10) used hallucinogens; 5.6% (n=5) used opioids, and 1.1% (n=1) used other drugs not described in the questionnaire. Regarding drug use in the last three months, it was observed that 70% (n=63) used tobacco; 68.9% (n=72) used alcohol; 25.6% (n=33) used marijuana; 17.8% (n=26) used cocaine or crack; 5.6% (n = 8) used hypnotics or sedatives; and 2.2% (n=2) used inhalants. The use of amphetamines or ecstasy, hallucinogens and opioids in the last three months was reported by 1.1% (n=1) of the sample. It is observed that the use of injectable drugs is not common in the surveyed sample: 85% of the users reported never having used injectable drugs, 4.4% (n=4) reported having used them in the last 3 months, and 1.1% (n=1) more than three months ago.

According to use frequency, 66.7% (n=60) use tobacco daily; 33.3% (n=30) drink alcoholic beverages daily; 11.1% (n=10) use marijuana every day; 6.7% (n=6) use cocaine or crack daily; 5.6% use hypnotics or sedatives daily, and 1.1% use hallucinogens daily. It is noted that most of the users used drugs daily or weekly, which can be understood as a pattern of use that increases the risk of harmful consequences that can cause some type of biological, psychological or social harm. These results and the other use frequencies of each psychoactive substance are presented in Table 1.

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Table 1 - Frequency of psychoactive substance use in the last three months, obtained by Screening for involvement in smoking, alcohol and other drugs (ASSIST[*]) in CAPS[†] users. São Miguel do Oeste, SC, Brazil, 2019

Substance	Never	1-2 times	Monthly	Weekly	Daily or almost every day
Tobacco Derivatives	30% (n=27)	1.1% (n=1)	1.1% (n=1)	1.1% (n=1)	66.7% (n=60)
Alcoholic beverages	31.1% (n=28)	3.3% (n=3)	8.9% (n=8)	23.3% (n=21)	33.3% (n=30)
Marijuana	74.4% (n=67)	1.1% (n=1)	3.3% (n=3)	10% (n=9)	11.1 (n=10)
Cocaine or crack	82.2% (n=74)	1.1% (n=1)	3.3% (n=3)	6.7% (n=6)	6.7% (n=6)
Amphetamines or ecstasy	97.8 (n=88)	1.1% (n=1)	0	1.1% (n=1)	0
Inhalants	97.8 (n=88)	2.2% (n=2)	0	0	0
Hypnotics/ Sedatives	91.1% (n=82)	2.2% (n=2)	0	1.1% (n=1)	5.6% (n=5)
Hallucinogens	97.8 (n=88)	1.1% (n=1)	0	0	1.1% (n=1)
Opioids	98.9% (n=89)	1.1% (n=1)	0	0	0

*ASSIST = Alcohol Smoking and Substance Involvement Screening Test; †CAPS = Psychosocial Care Center

Regarding the frequency of health, social, financial and/or legal problems resulting from use in the last three months: 48.9% (n=44) of the tobacco users; 50% (n=45) of the alcohol users; 18.9% (n=17) of the marijuana users; 14.4% (n=13) of the cocaine users; 6.7% (n=6) of the amphetamine users; and 2.2% (n=2) of the inhalant and amphetamine users, reported problems due to use. These problems are directly related to the use frequency and amount, as excessive consumption is usually associated with serious problems for the user. Financial difficulties were recurrently reported in the course of the research, as many of the respondents live on one, or one less than one, minimum wage in force in the country. The majority presents little schooling, which contributes to the low rate of users with a steady employment. Reports of lack of perspectives and targets were frequent, causing concern to the health professionals. Thus, the creation of public policies is essential, as well as of programs seeking to assist these users in the recovery of their autonomy. No user reported problems regarding the use of hallucinogens, opioids or other drugs.

When asked about the concern of friends or relatives regarding drug use, 54.6% (n=54) of the tobacco users; 82.3% (n=74) of the alcohol users; 27.8% (n=25) of the marijuana users; 23.3% (n=21) of the cocaine or crack users; 4.4% (n=4) of the amphetamines and inhalants users; 5.5% (n=5) of the hypnotics or sedatives users, and 1.1% (n=1) of the opioids users, reported having friends or relatives concerned with the use of psychoactive substances.

It was also observed that, during the last three months, 36.7% (n=33) of the tobacco users; 53.3% (n=48) of the alcohol users; 15.6% (n=14) of the cocaine or crack users; 12.2% (n=11) of the marijuana users; 5.6% (n=5) of the hypnotics or sedatives users; and 2.2% (n=2) of the inhalants users, stopped doing things that were really expected due to the use of psychoactive substances.

In relation to the attempt to control or reduce substance use and not having succeeded, it is noted that the tobacco and alcohol users, who correspond to the highest percentage of users in the sample surveyed, have already tried to control consumption, but a large part was unsuccessful, and is still undergoing treatment (Table 2).

Table 2 - Distribution of the users who have tried to reduce or control substance use, obtained by Screening for involvement in smoking, alcohol and other drugs (ASSIST*) in CAPS† users. São Miguel do Oeste, SC, Brazil, 2019

Substance	Never	Yes, but not in the last three months	Yes, in the last three months
Tobacco derivatives	32.2% (n=29)	44.4% (n=40)	23.3% (n=21)
Alcoholic beverages	20% (n=18)	46.7% (n=42)	33.3% (n=30)
Marijuana	74.4% (n=67)	14.4% (n=13)	11.1% (n=10)
Cocaine or crack	80% (n=72)	7.8% (n=7)	12.2% (n=11)
Amphetamines or ecstasy	95.6% (n=86)	1.1% (n=1)	3.3% (n=3)
Inhalants	94.4% (n=2)	3.3% (n=3)	2.2% (n=2)
Hypnotics/Sedatives	94.4% (n=85)	2.2% (n=2)	3.3% (n=3)
Hallucinogens	98.9% (n=89)	1.1% (n=1)	0
Opioids	98.9% (n=89)	1.1% (n=1)	0

*ASSIST = Alcohol Smoking and Substance Involvement Screening Test; †CAPS = Psychosocial Care Center

As for the type of intervention required, 25.6% (n=23) of the tobacco users; 23.3% (n=21) of the alcohol users; 76.7% (n=69) of the marijuana users; 77.7% (n=70) of the cocaine or crack users; 96.7% (n=87) of the amphetamines and inhalants users; 90% (n=81) of the hypnotics users; and 98.9% (n=89) of the hallucinogens and opioids users, according to the ASSIST score, are indicated for brief interventions. In turn, 31.1% (n=28) of the tobacco users; 36.7% (n=33) of the alcohol users; 5.6% (n=5) of the marijuana users; 6.7% (n=6) of the cocaine or crack users, and 2.2% (n=2) of the inhalants and hypnotics users, were indicated for intensive treatment (Table 3).

Table 3 - Distribution of the CAPS* users, according to the types of necessary intervention, obtained by Screening for involvement in smoking, alcohol and other drugs. São Miguel do Oeste, SC, Brazil, 2019

Psychoactive Drugs	Brief Intervention	No Intervention	Intensive Treatment
Tobacco	25.6% (n=23)	43.3% (n=39)	31.1% (n=28)
Alcohol	23.3% (n=21)	40% (n=46)	36.7% (n=33)
Marijuana	76.7% (n=69)	17.8% (n=16)	5.6% (n=5)
Cocaine or crack	77.8% (n=70)	15.5% (n=14)	6.7% (n=6)
Amphetamines	96.7% (n=87)	3.3% (n=3)	-
Inhalants	96.7% (n=87)	1.1% (n=1)	2.2% (n=2)
Hypnotics	90% (n=81)	7.8% (n=7)	2.2% (n=2)
Hallucinogens	98.9% (n=89)	1.1% (n=1)	-
Opioids	98.9% (n=89)	1.1% (n=1)	-

*CAPS = Psychosocial Care Center

The data obtained from AUDIT assessed the recent use of alcohol, symptoms of dependence and alcohol-related problems, being possible to identify that 43.3% (n=39) consume alcohol 4 or more times a week, 21.1% (n=19) do not consume it, 18.9% (n=17) consume it 2 to 4 times *per* month, 8.9% (n=8) consume it monthly and 7.8% (n=7) consume it 2 to 3 times *per* week.

When they drink, 24.4% (n=22) consume 1 to 2 doses of alcohol, 14.4% (n=13) consume 3 to 4 doses, 6.7% (n=6) consume 5 to 6 doses, 11.1% (n=10) consume 7 to 9 doses and 43.3% (n=39) consume 10 or more doses of alcohol (Table 4).

Table 4 - Distribution of the doses consumed by the users when they drink, obtained by the Alcohol Use Disorders Identification Test - AUDIT* in CAPS† users. São Miguel do Oeste, SC, Brazil, 2019

Quantity	Frequency
1 to 2 doses	24.4% (n=22)
3 to 4 doses	14.4% (n=13)
5 to 6 doses	6.7% (n=6)
7 to 9 doses	11.1% (n=10)
10 doses or more.	43.3% (n=39)

*AUDIT = Alcohol Use Disorders Identification Test; †CAPS = Psychosocial Care Center

In the last 12 months, 38.9% (n=35) of the sample reported thinking that they would not be able to stop drinking once they started. According to the results, 62.2% (n=56) stopped doing something that was expected because of drinking, less than once a month, monthly, weekly or every day.

In relation to the frequency of the need to consume alcohol in the morning, in the last 12 months, in order to feel good throughout the day, after having drunk the night before, 50% (n=45) stated having the need less than once a month, monthly, weekly or daily, and the other half of the sample reported not having this need.

Regarding the feeling of guilt or remorse after alcohol consumption in the last 12 months, it was found that 56.7% (n=39) reported having experienced those feelings and 43.3% (n=39) reported not having this experience.

It was observed that 8.9% (n=8) reported daily forgetfulness; 26.7% reported being unable to remember facts due to alcohol consumption on a weekly basis; 13.3% (n=12), less than once a month; 16.7% (n=15), monthly; and 34.4% (n=31) reported not being unable to remember what happened in the last year because of drinking.

It was verified that 45.6% (n=41) reported having caused harms or injuries to themselves or others after drinking in the last 12 months; 31.1% reported having already caused harms or injuries to themselves or others more than 12 months ago, and 23.3% (n=21) reported that there was not any particular episode resulting from the use of alcohol.

Regarding the concern with alcohol use, 75.6% (n=68) of the users received a suggestion from a relative, friend, physician or other health professional to stop drinking in the last year; 15.6% (n=14), more than a year ago; and 8.9% (n=8) report never having received such suggestion. It is noted that, although 8.9% of the users have never been suggested to treat themselves, they sought the CAPS, showing motivation and perception of the health problem they were facing.

According to the AUDIT test results, 21.1% (n=19) were classified in Zone I, indicating low risk use or abstinence; 18.9% (n=19) were classified in Zone II, indicating risk use; 4.4% (n=4) were classified in Zone III, suggesting harmful use; and 55.6% (n=50) were classified in Zone IV, showing possible dependence, with indication for intensive treatment in a specialized service (Table 5).

Table 5 - Distribution of the CAPS* users according to the total score obtained by the Alcohol Use Disorders Identification Test - AUDIT[†]. São Miguel do Oeste, SC, Brazil, 2019

Use Level	Intervention	Scores	Frequency
Zone I	Primary Prevention	0-7	21.1% (n=19)
Zone II	Basic Guidance	8-15	18.9% (n=17)
Zone III	Brief Intervention and Monitoring	16-19	4.4% (n=4)
Zone IV	Referral to Specialized Service	20-40	55.6% (n=50)

*CAPS = Psychosocial Care Center; [†]AUDIT = Alcohol Use Disorders Identification Test

Discussion

Chemical dependence is a complex disease, and its treatment requires the involvement not only of the user, but also of the family, of multidisciplinary teams and of society in general[9]. The results obtained in the study are important for delineating the use pattern of the users treated in the CAPS centers and the appropriate therapeutic actions for each case.

In this respect, it is indispensable to identify the person's relationship patterns with the psychoactive substances, since different dependence levels can be developed, ranging from occasional use, harmful use or abuse, to a dependence syndrome[10].

Such information points to national patterns of dependence, where alcohol due to its easy-access nature emerges as protagonist, followed by tobacco and hypnotics[11]. The Brazilian data showed that alcohol presented itself as the most used drug in life and the one that caused the greatest dependence (74.6% and 12.3%, respectively), followed by tobacco (in life: 44%, cause of dependence: 10.1%) and marijuana (in life: 8.8%, cause of dependence: 1.2%)[12].

In adulthood, a stable relationship can become a protective effect, since single users become more susceptible to the consumption of psychoactive substances, especially alcohol[13]. Consumption usually begins in adolescence with drugs considered legal, such as alcohol and tobacco, evolving to the use of marijuana and, later, crack and cocaine. In Brazil, a study carried out in Itabaiana, Aracaju and Estância in the state of Sergipe, showed that students make use of psychoactive substances even within the school environment[14]. Regarding the onset of psychoactive substance use in adolescence, the family influence can be highlighted as an important risk factor in the readiness for using these

substances, in view of the family's reference role in the shaping of the individual[7].

However, for being present everywhere, even in the school environment, psychoactive substances can interfere in the adolescents' daily life and social relationships. The school environment is a conducive space for the individuals' socialization. The institutions must be prepared to deal with situations also associated with the use of these substances, as they can interfere in the teaching-learning process. In this context, intervention studies in the school environment are suggested, as it is crucial to outline health education strategies aimed at guiding the school community about the conceptions of the psychoactive substance use and the consequences resulting from it[14].

A number of studies highlight that the increase in the risk factors for the consumption of alcohol and other drugs is due to the existence of high levels of conflict, deficits in intrafamily communication, emotional distancing between parents and children, caregivers who use alcohol and/or other drugs, ineffective strategies for coping with adversity and lack of religious support[14], negligent and permissive parenting style, and exposure to and occurrence of physical and sexual violence[15].

In the context under study, the male population is the most affected by the problem of drug dependence, which possibly shows that abuse of psychoactive substances remains more common in men than in women. Historically, sexual stereotypes prescribe behavioral limits for men and women, with particular requirements for the sexual roles, which favor the use of psychoactive substances by men. The influence of cultural aspects linked to the male figure on the use patterns facilitates early access to alcohol and other drugs[16-18].

Chemical dependence corresponds to a phenomenon that does not only refer to drug consumption, but also to the encounter of an individual with themselves and with their external relationships that involve values and beliefs. Living with users of psychoactive substances can produce situations of incomprehension, rejection, sensation of vulnerability to violence, disagreements and family breakdown, also interfering in emotional, financial, social, structural and affective aspects[19].

Chemical dependence, inserted in society, is a phenomenon that has a polysemic character, which manifests itself in time and space and that has a close link with the social factors such as, for example, poverty, social inequality, low schooling and other contemporary problems. These social transformations have repercussions on the way in which drugs are represented and on the image of their users, making it impossible for them to gain space in the labor market[20].

This is evidenced in the difficulty accessing basic health services, leisure places and others, making the chemical dependents seek to live with their peers in places where they do not suffer the disapproval look of society. They seek their peers, to be accepted and understood, to not suffer discrimination and to feel part of something. In this sense, it is likely that, even after months of treatment, when the patients are discharged from the service or the therapeutic community, returning to the same environment in which they previously lived when using substances, the probability of relapse is significant[21].

This idea is associated with the understanding of the social determinants as resources that establish conditions for the way of living, growing, becoming ill and dying of the general population[22]. Although good effective health care is necessary to improve community health, it has not been sufficient to face the challenges and overcome the inequalities in health[22].

Conclusion

By conducting this research, it was found that the drugs with highest incidence in the surveyed region are alcohol and tobacco, considered licit drugs. These results integrate national dependence patterns, where alcohol appears as a protagonist. It is information that reasserts the importance of implementing public policies, in order to face alcohol use and dependence as an important public health problem.

The findings reveal, with concern, levels of harmful use and dependence on psychoactive substances, with the indication for intensive treatment in a specialized service for most of the respondents; thus evidencing the importance of the CAPS work, in the sense of resignifying bonds, monitoring, encouraging the treatment process, and informing about the patients' physical and mental health risks.

It was observed that several actions are carried out in the study sites for the promotion Mental Health care, by means of multidisciplinary teams that seek patients' autonomy and socialization. Among the actions, the insertion of patients in operative and therapeutic groups stands out. However, the importance of intensifying preventive actions for drug use, abuse and dependence in the general population is emphasized, as well as specific strategies that pay attention to the problems caused when dependence is already present in the individual's life.

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Authors' contribuition

Study concept and design: Sirlei Favero Cetolin, Ana Paula de Oliveira. **Obtaining data:** Ana Paula de Oliveira. **Data analysis and interpretation:** Ana Paula de Olivera, Sirlei Favero Cetolin. **Statistical analysis:** Franciane Barbieri Fiori, Ana Paula de Oliveira. **Drafting the manuscript:** Sirlei Favero Cetolin, Vilma Beltrame, Fabiana Meneghetti Dallacosta. **Critical review of the manuscript as to its relevant intellectual content:** Sirlei Favero Cetolin.

All authors approved the final version of the text.

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Corresponding author:
Sirlei Favero Cetolin
E-mail: sirleicetolin@gmail.com
https://orcid.org/0000-0002-2954-0815