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AGING AND ADDICTION: A MULTIFACETED APPROACH TO TREATMENT AND RECOVERY IN THERAPEUTIC COMMUNITIES

ENVELHECIMENTO E ADIÇÃO: UMA ABORDAGEM
MULTIFACETADA PARA O TRATAMENTO E A RECUPERAÇÃO EM
COMUNIDADES TERAPÊUTICAS

ENVEJECIMIENTO Y ADICCIÓN: UN ENFOQUE MULTIFACETADO
PARA EL TRATAMIENTO Y LA RECUPERACIÓN EN COMUNIDADES
TERAPÉUTICAS

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ABSTRACT

Objective: To analyze the effects of substance use disorder on treatment and recovery across different age groups in a Therapeutic Community in Paraná.

Method: This was a qualitative, exploratory, and descriptive study. Data collection was carried out in a therapeutic community using a nonprobabilistic sample of 57 inpatients; the data were collected through semistructured interviews and analyzed via Bardin's content analysis. **Results:** The results demonstrated diverse perceptions and experiences related to the treatment of substance use disorder. Young people discussed the impact of social and group contexts on their substance dependence trajectories. Adults focused on the impact of dependence on their professional and family lives, while elderly adults reflected on the consequences and their desire for change. **Conclusion:** This study highlights the need for personalized interventions that integrate psychological, social, and spiritual support, emphasizing the importance of family support and adapting public health policies to effectively meet the needs of this population.

KEYWORDS

Substance Use Disorder; Aging; Health Promotion; Age Groups.

RESUMO

Objetivo: Analisar os efeitos do transtorno por uso de substâncias no tratamento e na recuperação em diferentes grupos etários em uma comunidade terapêutica no Paraná. **Método:** Este foi um estudo qualitativo, exploratório e descritivo. A coleta de dados foi realizada em uma comunidade terapêutica utilizando uma amostra não probabilística de 57 pacientes internados; os dados foram coletados por meio de entrevistas semiestruturadas e analisados por meio da análise de conteúdo de Bardin. **Resultados:** Os resultados demonstraram percepções e experiências diversas relacionadas ao tratamento do transtorno por uso de substâncias. Os jovens discutiram o impacto dos contextos sociais e grupais em suas trajetórias de dependência de substâncias. Os adultos focaram no impacto da dependência em suas vidas profissionais e familiares, enquanto os idosos refletiram sobre as consequências e o desejo de mudança. **Conclusão:** Este estudo destaca a necessidade de intervenções personalizadas que integrem suporte psicológico, social e espiritual, enfatizando a importância do apoio familiar e a adaptação das políticas de saúde pública para atender eficazmente às necessidades dessa população.

PALAVRAS-CHAVE

Transtorno por Uso de Substâncias. Envelhecimento. Promoção da Saúde. Grupos Etários.

RESUMEN

Objetivo: Analizar los efectos del trastorno por consumo de sustancias en el tratamiento y la recuperación en diferentes grupos etarios en una comunidad terapéutica en Paraná. **Método:** Este fue un estudio cualitativo, exploratorio y descriptivo. La recolección de datos se realizó en una comunidad terapéutica utilizando una muestra no probabilística de 57 pacientes internados; los datos fueron recolectados mediante entrevistas semiestructuradas y analizados mediante el análisis de contenido de Bardin. **Resultados:** Los resultados demostraron percepciones y experiencias diversas relacionadas con el tratamiento del trastorno por consumo de sustancias. Los jóvenes discutieron el impacto de los contextos sociales y grupales en sus trayectorias de dependencia de sustancias. Los adultos se centraron en el impacto de la dependencia en sus vidas profesionales y familiares, mientras que los ancianos reflexionaron sobre las consecuencias y el deseo de cambio. **Conclusión:** Este estudio destaca la necesidad de intervenciones personalizadas que integren apoyo psicológico, social y espiritual, enfatizando la importancia del apoyo familiar y la adaptación de las políticas de salud pública para atender eficazmente las necesidades de esta población.

PALABRAS CLAVE

Trastorno por Consumo de Sustancias. Envejecimiento. Promoción de la Salud. Grupos Etarios.

1 INTRODUCTION

Population aging is a global phenomenon that significantly impacts demographic and social structures worldwide (United Nations; Department of Economic And Social Affairs; Population Division, 2019). The increase in life expectancy and the decrease in birth rates have been observed in many countries (World Health Organization, 2018). This scenario imposes a series of challenges and opportunities for public health and social policies (Beard *et al.*, 2016; Rahman, 2019).

In terms of health, population aging is associated with an increase in the prevalence of chronic diseases, such as diabetes, hypertension, cardiovascular diseases, and dementia, demanding special attention from health systems and professionals to ensure the quality and accessibility of health services for elderly people (Michel *et al.*, 2021; Prince *et al.*, 2015). Thus, social policies need adaptations to guarantee the inclusion, quality of life, and well-being of elderly people, addressing aspects such as social security, adequate housing, accessible transportation, and social assistance programs (Abdi *et al.*, 2019; Fulmer *et al.*, 2021).

One of the main challenges of public health is addiction, which affects all ages but presents particularities in the context of aging (Igunnov; Nenastyeva; Grinevich, 2019). As they age, elderly people may face additional challenges related to substance use, such as adverse drug interactions, decreased metabolic capacity, and increased vulnerability to mental health problems (Guo *et al.*, 2022). The stigma associated with substance use disorder can be exacerbated among elderly people, resulting in misdiagnosis and subtreatment of this condition (Hoover *et al.*, 2022; Satre, 2015).

Aging has unique implications for the dynamics of substance use disorder, encompassing biological, psychological, and social aspects. Biologically, aging is linked to changes in body physiology, such as a reduction in metabolic rate and elimination capacity, increasing the risk of intoxication and overdose in chemical-dependent elderly individuals (Ferrucci *et al.*, 2020). Furthermore, medical comorbidities are more prevalent among elderly people and can complicate the treatment of substance use disorder.

Psychologically, aging can be associated with stressful events, such as the loss of loved ones, retirement, and health problems, which can increase the risk of substance use as a coping mechanism (Kuerbis, 2020). Socially, elderly people may experience social isolation, a lack of family support, and stigma related to substance use disorder, making access to treatment and the support necessary for recovery more difficult (Reynolds *et al.*, 2022). Thus, it is essential to understand these unique implications to develop effective interventions and public health policies aimed at meeting the specific needs of this vulnerable population (Fakoya; Mccorrey; Donnelly, 2020).

Therapeutic communities emerge as treatment and recovery spaces for substance use disorder, offering a structured and supportive environment for individuals seeking recovery from substance

abuse. These communities typically implement multiprofessional therapeutic approaches, including individual and group therapy, occupational activities, education on substance use disorder, and life skills development (De Leon; Unterrainer, 2020).

This study aimed to fill a gap in the literature by investigating the effects of substance use disorder on treatment and recovery processes across different age groups (youths, adults, and elderly individuals) in a Therapeutic Community (TC) in northwest Paraná, Brazil. Understanding the perceptions and experiences of patients at different life stages is crucial to informing public health policies and practices that address the specific needs of each age group, contributing to the development of more effective and patient-centered interventions for this vulnerable population.

2 METHOD

This study is qualitative, descriptive, and exploratory. The data were collected at a TC located in the Municipality of Atalaia, PR, Brazil. Participants were selected through nonprobabilistic convenience sampling. This method was chosen because the lead researcher has been a psychologist in the TC since 2020 and thus has easy access to the target population of the research. A total of 57 patients were approached: 18 young adults (18-30 years), 36 adults (31-59 years), and 3 elderly individuals (60 years or older).

The study included the following: male patients (as the institution admits only male psychoactive substance users), Alcohol users, Legal adults (over 18 years old), Individuals with preserved cognitive capacity, Patients who had at least one previous admission for substance use disorder treatment, and Patients with an Alcohol Use Disorders Identification Test (AUDIT) score of at least 20 points indicated possible dependence.

A standard form was used for the TC, and the following sociodemographic information was collected: date of birth, age, nationality, place of birth, occupation, marital status, whether the participants had children, religion, education level, family income, and home ownership. Additionally, information regarding admission to the TC, such as reasons for referral, life history, substance use habits, and clinical history, was collected by the medical records with the consent of the participants.

Semistructured interviews were conducted with individuals from different life stages, namely, young adults (18-30 years), adults (31-59 years), and elderly individuals (60 years or older), who were admitted to a TC in the northwest Paraná. The interviews were conducted by a psychologist specializing in psychological assessment, a master's student in health promotion, who was trained in qualitative interviews between June and August 2023. The interviews took place during psychological counseling sessions, and three pilot interviews were conducted to verify the suitability of the semistructured interview guide.

The pilot interviews aimed to assess the feasibility of using audio recorders, as previous studies showed that recording audio and video generated distrust and fear among this population, complicating data collection. As recording was not possible due to participants' refusal, the research team adopted

the process of transcribing the “dialoged interview,” a directed conversation between the professional and the subject, also referred to as a clinical examination in some settings or by some professionals.

The data were analyzed using Bardin’s (2011) content analysis, following the preanalysis, data processing, and result interpretation stages. Data saturation was achieved through discussion rounds with the research team to verify whether the topics raised by the participants were exhausted in terms of content. The interview transcriptions, in the form of dialoged interviews, were analyzed using the mixed methods software QSR NVIVO 14® for Windows® (Bazeley, 2020). The software was used to create word clouds, word association clusters, and structural matrices for coding and categorizing the qualitative material (Beekhuizen; Bazeley, 2024; Jackson; Bazeley, 2019).

The project was submitted and approved by the Research Ethics Committee at Unicesumar (CAEE nº 70364723.6.0000.5539 and approval report nº 6.135.783).

3 RESULTS

The sociodemographic characterization of the sample shows the diversity and complexity of the participants in this study. The average age was 38.82 years, with a range from 18 to 70 years. Regarding marital status, there was a predominance of single individuals (54.38%). The educational level of most participants, with 38% having incomplete elementary education and only one participant having completed higher education. The religious diversity of the sample, with a majority identifying as Catholics (57.89%), followed by Evangelicals (35%), and smaller groups following Spiritism or with no religious affiliation.

The economic situation – with 89.5% of participants having some form of income and none receiving government assistance – points to the need for financial and social support during treatment. The average length of stay was 151 days, highlighting the extended nature of care required by participants. Regarding the responsibility for hospitalization, the predominance of the role of parents, especially mothers, underscores the importance of family structure in seeking treatment (table 1).

Table 1 – Sociodemographic Characteristics of the Sample

ID	Length of Stay (days)	Marital Status	Education Level	Occupation	Religion	Own Income	Age Group
E01	1082	Divorced	Incomplete High School	Retired	Catholic	Yes	50+
E02	137	Single	Complete Elementary	Lubricator	Catholic	Yes	adults (31-50 years)
E03	208	Single	Incomplete Elementary	General Assistant	Evangelical	Yes	adults (31-50 years)
E04	165	Widower	Incomplete Elementary	General Assistant	Evangelical	Yes	adults (31-50 years)
E05	80	Single	Incomplete Higher Education	Motorcycle Courier	Evangelical	Yes	adults (31-50 years)
E06	107	Single	Incomplete High School	General Assistant	Evangelical	Yes	youth (18-30 years)
E07	863	Single	Complete Elementary	Lubricator	Catholic	Yes	youth (18-30 years)
E08	0	Married	Incomplete Elementary	Farmer	Catholic	Yes	50+
E09	37	Cohabiting	Complete High School	Cutting Assistant	Catholic	Yes	youth (18-30 years)
E10	37	Divorced	Complete High School	Gardener	Catholic	Yes	adults (31-50 years)
E11	525	Single	Incomplete Elementary	General Assistant	Catholic	Yes	youth (18-30 years)
E12	11	Divorced	Incomplete Elementary	Painter	Catholic	Yes	adults (31-50 years)
E13	8	Single	Incomplete High School	Lubricator	Catholic	Yes	adults (31-50 years)
E14	112	Single	Complete Elementary	Gardener	No term	Yes	youth (18-30 years)

ID	Length of Stay (days)	Marital Status	Education Level	Occupation	Religion	Own Income	Age Group
E15	58	Single	Incomplete Elementary	Bricklayer	Evangelical	Yes	adults (31-50 years)
E16	154	Married	Incomplete Elementary	Gardener	Catholic	Yes	50+
E17	8	Divorced	Completed Higher Education	Pharmacy Assistant	Spiritist	Yes	adults (31-50 years)
E18	0	Single	Incomplete Elementary	Bricklayer	Evangelical	Yes	adults (31-50 years)
E19	137	Single	Complete Elementary	Bricklayer	Evangelical	Yes	youth (18-30 years)
E20	6	Married	Incomplete Higher Education	Woodworker	Evangelical	Yes	adults (31-50 years)
E21	100	Divorced	Incomplete High School	Construction Worker	Evangelical	Yes	youth (18-30 years)
E22	114	Married	Incomplete High School	Torneiro mecanico	Catholic	Yes	adults (31-50 years)
E23	23	Married	Incomplete Elementary	Painter	Catholic	Yes	youth (18-30 years)
E24	30	Single	Incomplete Elementary	Farm Worker	Catholic	Yes	50+
E25	6	Single	Complete Elementary	Fábrica de tecidos	Catholic	Yes	adults (31-50 years)
E26		Single	Incomplete Elementary	Lubricator	Evangelical	Yes	50+
E27	137	Cohabiting	Incomplete Elementary	Plumber	Evangelical	Yes	youth (18-30 years)
E28	8	Divorced	Complete High School	Salesman	Catholic	Yes	50+
E29	222	Single	Complete Elementary	Unemployed	Catholic	No	youth (18-30 years)

ID	Length of Stay (days)	Marital Status	Education Level	Occupation	Religion	Own Income	Age Group
E30	137	Divorced	Complete High School	Freelancer	Evangelical	Yes	50+
E31	22	Single	Complete Elementary	Freelancer	Evangelical	No	youth (18-30 years)
E32	367	Single	Incomplete Elementary	Machine Operator	Catholic	Yes	youth (18-30 years)
E33	30	Single	Incomplete Elementary	Farm Worker	Catholic	Yes	adults (31-50 years)
E34	3	Single	Incomplete High School	Carpenter	Not reported	Yes	youth (18-30 years)
E35	31	Single	Incomplete Elementary	Electrician's Assistant	Catholic	Yes	youth (18-30 years)
E36	18	Single	Complete Elementary	Freelancer	Catholic	No	adults (31-50 years)
E37	58	Single	Incomplete Elementary	Bricklayer	Evangelical	Yes	50+
E38	8	Divorced	Incomplete Elementary	Painter	Catholic	Yes	50+
E39	101	Single	Incomplete Elementary	Driver	Catholic	Yes	adults (31-50 years)
E40		Single	Complete Elementary	Carpenter	Evangelical	Yes	adults (31-50 years)
E41	40	Divorced	Incomplete High School	Merchant	Catholic	Yes	adults (31-50 years)
E42	1082	Single	Incomplete High School	Unemployed	Catholic	Yes	adults (31-50 years)
E43	156	Single	Complete High School	Office Assistant	Catholic	Yes	youth (18-30 years)
E44	115	Married	Incomplete Elementary	Baker	Catholic	Yes	adults (31-50 years)

ID	Length of Stay (days)	Marital Status	Education Level	Occupation	Religion	Own Income	Age Group
E45	115	Single	Complete High School	Musician	Catholic	Yes	adults (31-50 years)
E46	101	Divorced	Complete High School	Plumber	Spiritist	Yes	adults (31-50 years)
E47	154	Single	Complete High School	Merchant	Catholic	Yes	adults (31-50 years)
E48	49	Married	Incomplete High School	Baker	Catholic	Yes	adults (31-50 years)
E49	39	Cohabiting	Complete High School	Driver	Evangelical	Yes	youth (18-30 years)
E50	788	Divorced	Incomplete Elementary	Retired	Evangelical	Yes	50+
E51	38	Single	Complete High School	Revisor	Evangelical	Yes	adults (31-50 years)
E52	69	Widower	Complete Elementary	Retired	Evangelical	Yes	50+
E53	149	Single	Complete High School	Retired	Catholic	Yes	50+
E54	40	Divorced	Incomplete Elementary	Bricklayer	Catholic	Yes	adults (31-50 years)
E55	40	Widower	Complete High School	Public Servant	Catholic	Yes	50+
E56	14	Cohabiting	Incomplete High School	Painter	Evangelical	Yes	youth (18-30 years)
E57	177	Single	Incomplete Elementary	Mecanic	Catholic	Yes	adults (31-50 years)

Source: made by the authors, 2024.

3.1 PERSONAL AND LIFE HISTORY

The young participants' life histories are marked by adversities and traumas from childhood, suggesting that vulnerability to substance dependence is often rooted in past experiences of pain and family disruption. Their narratives also indicate feelings of isolation and difficulty in social adaptation. These stories underscore the importance of addressing the underlying psychological aspects of dependence, considering the impact of early experiences on the development of affective behavior.

Since I was little, I was always causing trouble at home and at school. I skipped class at 9 to smoke cigarettes, did not talk to people, was always extremely quiet (E06);
The environment was very troubled, my parents separated when I was 11 because my dad cheated on my mom (E09);
I have terrible childhood memories; I was starving, collected recycling as a child, my stepfather made me watch pornography with him when I was 7 (E11).

The life trajectory of adults reveals a broad spectrum of experiences since childhood, with moments of happiness juxtaposed with early initiations into substance use. These stories indicate that even in initially positive family contexts, vulnerabilities can be developed and exacerbated by early experimentation with drugs and alcohol use. The diversity in personal histories suggests that the path to dependence is multifactorial, emphasizing the need for therapeutic approaches sensitive to individual histories and the long-term impact of life events on mental health.

I always used marijuana and never had problems, but at 30, I started drinking my childhood was troubled, my parents were alcohol abusers I ended up having to fend for myself, and at 8, I tried marijuana for the first time and never stopped (E17);
I started working at 7, helped with the coffee harvest with my dad started drinking at 9 secretly on the farm... after that, I started drinking cachaça since then (E22).
I enjoyed my childhood a lot, played a lot in adolescence at 15, I started drinking and got drunk for the first time from then on, it went downhill from there, I started drinking a lot (E39).

Reflection on the personal and life history of older individuals reveals experiences that shaped their paths to substance dependence. Stories of early independence and hard work, as well as accounts of childhood marked by difficulties, are common.

My childhood was not easy; at 5, I was already going to the fields with my dad... I only learned to read and write at home (E16);
I started working very young, skipped school to work... I totally lost control, all the money I earned, I blew in the bar (E24);
My childhood was good, I played a lot with my siblings and friends... after I moved out on my own, I was drinking every day (E26).

3.2 TREATMENT OF SUBSTANCE DEPENDENCE IN THERAPEUTIC COMMUNITIES

The diversity in the treatment experiences of young people in therapeutic communities reveals both the complexity of dependence trajectories and the different perceptions of the recovery process. While some reported involuntary hospitalizations and waking up in an unfamiliar environment, others described actively seeking help after recognizing their inability to overcome dependence alone. These stories highlight therapeutic communities as critical points of intervention, capable of accommodating a range of needs and expectations, and emphasize the need for empathetic and individualized approaches in care and treatment.

I came through my city's council... I'm already fine and do not need to be here anymore (E07);

I had been trying to quit alone for two years, but it did not work (E09);

Involuntarily, I did not want to be admitted, but I had to accept (E14).

The narratives of adults about entering therapeutic communities highlight the crucial role of family in the decision-making process and seeking treatment. This dynamic underscores a dual reality: on the one hand, dependence often becomes a burden on the family, driving them to seek solutions; on the other hand, it highlights family support as a valuable resource in the recovery journey. The diversity of access routes to treatment – from internet searches to judicial interventions – reflects the complexity of mobilizing for help and the importance of creating clear and accessible entry points for substance dependence treatment.

I arrived through my sister's online research; they asked to pick me up without warning (E02);

My ankle monitor was off, and I was going to be arrested; before that, I came to the clinic to avoid jail. I researched clinics online (E05).

My mother admitted me here because she saw my situation. A neighbor stayed here before, and she got references from his mother (E12).

The admission of older individuals to therapeutic communities often reflects a crisis point or the effort of family members to intervene. These statements illuminate the difficulty of making the decision to seek help and the importance of family support in this process. Treatment is seen both as an opportunity for change and a moment of confronting one's vulnerabilities.

My mother asked for rescue to pick me up. Initially, I did not want to, but then I accepted because they told me 6 months, then 9 months, and to this day, I am here since 2020, and we are in 2023 (E01);

I asked to be admitted, we researched clinics in Paraná, and I liked this one the most. At first, I thought I would not adapt, but now I'm enjoying it and feeling the effect. I feel something from within, a desire to change and do things efficiently (E30);

Before I was admitted, I stayed at a religious clinic for 8 days. I could not stay there, so my nephew looked up information online about available clinics and found this one. Now I'm happy here because we stay busy all day, do not feel like drinking anymore, made some friends, and am happy (E37).

3.3 PREVIOUS TREATMENT EXPERIENCES

The statements of young people depict a pattern of repeated and often frustrating treatment attempts, especially in outpatient settings such as the Psychosocial Care Centers (CAPS). This recurrence suggests not only the severity of the substance use disorder but also the potential gaps in available treatment strategies. The mention of daily activities and psychological and psychiatric follow-up indicates a search for comprehensive support, highlighting the importance of a continuum of care that integrates different intervention modalities to effectively address the complexity of recovery.

I had follow-up at CAPS with a psychiatrist and psychologist... what I did there had no effect, only the medication helped me, but the therapy sessions had no effect at all (E06); First, I went to CAPS for treatment, and they said my treatment should be inpatient because I had no control over taking the medication without drinking... (E07); At CAPS, I had activities almost all day and went every day, seeing a psychiatrist for medication and a psychologist every week... (E11).

Previous treatment experiences among adults vary significantly, ranging from outpatient follow-ups at CAPS to participation in support groups such as Alcoholics Anonymous (AA). There is a persistence in seeking help after relapses, suggesting that previous interventions may not have been entirely effective in sustaining long-term recovery. Therefore, an integrated approach is needed that includes medical, psychological, and community support.

CAPS was a place I started, but it is different there; I prefer here. At CAPS, there are group activities, and I would never expose my problems to everyone. There's a psychiatrist who prescribes medication but does not talk much, and a psychologist who does not say much, just listens (E02); I had 4 voluntary hospitalizations, but if I think too much, I end up giving up on hospitalization because I think I'm better and can stop drinking. The longest I stayed hospitalized was 4 months (E46).

The previous treatment experiences of older adults illustrate a long and often frustrating journey towards recovery. The diversity of approaches attempted points to the complexity of substance use disorder and to the gaps in the available support system. These stories emphasize the resilience of individuals and the ongoing need for support tailored to their unique needs.

Hospitalized at the regional hospital for 15 days, just on medication; it was a horrible experience (E16);

I have been drinking since adolescence; all my hospitalizations were in private clinics (E24); I underwent treatment at CAPS for 5 years (E53).

3.4 PERCEPTION OF BEING ADDICTED AND UNDERGOING TREATMENT

Young people's perceptions of their substance use disorder, and the treatment process varies from acceptance of their condition to feelings of stigmatization and self-criticism. The diversity of viewpoints demonstrates the emotional and psychological challenges faced by young people. Therefore, interventions should strengthen self-esteem, recognition of personal value, and the reconstruction of a positive identity outside the context of substance use disorder.

Being here is very bad; I see myself as a prisoner, and people outside say that a young man like me is already falling down drunk...(E19);
I'm happy to have an opportunity to recover because people talk, whether we like it or not, and we get affected by everything they say and how they look at us. We realize it is a look of judgment...(E23);
It is difficult because I have a life out there that I did not value; therefore, I'm here today. However, people look at me like a drunk and a junkie with no future, but I know I can change that and intend to as soon as I get out of here...(E43).

Adults' perceptions reveal a complex spectrum of emotions associated with substance use disorder and treatment, from isolation and shame to determination to change. Adults in treatment face this emotional ambivalence. Therefore, therapy should aim at rebuilding self-image and promoting a positive identity that is dissociated from substance use disorder.

People stopped greeting me; they pretend not to know me, which hurts even more. I already feel very lonely, and the people who used to greet me do not even do that anymore (E02);
On the street, I begged for money from people, and they gave it to me to drink. Others closed their car windows... mostly because I was not going to steal, just asking for money to drink (E03);
I see myself as incompetent in taking care of my own children. I live drunk most of *the time... they call me a drunkard, say they will report me to child services* (E04).

The self-perception of participants aged 60 and over is marked by a profound sense of reflection on life and past mistakes. The stigma of substance use disorder is intensely felt, along with an urgency to change and make up for lost time. It is important for therapeutic approaches to recognize and address both the weight of regret and hope.

Family members look with concern, but those around see me as a drunk who is a nuisance (E50);
At first, I was ashamed. A person my age, with life experience, a family man, in this degrading situation (E52);
I see myself as useless, I have thought about ending it all. My family would not suffer, I would not suffer, no one would criticize me (E24).

3.5 REPRESENTATIONS OF AGING AND ADDICTION

The projections of young people for the future and aging bring to light concerns about loneliness, the continuation of dependence problems, and the impact on physical and mental health. There is an awareness of the long-term consequences of substance dependence, but there is also a desire for change and the search for meaning and connection in life. Addressing these issues in therapy can help individuals develop healthier coping strategies and more positive visions of the future.

The word is loneliness. If I keep drinking, I will end up alone. No one can stand it anymore. I know I cause a lot of trouble, and people get tired. I will get sick, and they will argue, passing the responsibility of taking care of me back and forth, that is, if I'm still alive. I do not want to live like this anymore, but it is hard to quit drinking. I'm fighting to stop (E09); It is sad because I am aging, losing quality time with my children, my wife, and the closest people. I am aging in a complicated way, with the possibility of getting sick and not even reaching old age (E23); I think I could die young. I am still young, and I think I could die soon because sometimes I feel like my end is near. You have no idea how much I was drinking, so I will not grow old if I keep drinking (E29).

The reflections of adults on aging, permeated by substance use disorder, bring to light concerns about their future quality of life, health, and social relationships. The awareness of a potentially "directionless" life and anxiety about loneliness and stagnation highlight the urgent need for interventions focused on building life projects and coping strategies that go beyond mere abstinence, encompassing holistic well-being and long-term personal satisfaction.

I am worried about everything I am experiencing because time passes, we lose our youth, and illnesses start to appear (E02); I perceive a life without direction and meaning. Everything I did was to cover up problems that could have been solved (E05); I never thought about this, but I want to stabilize emotionally and take care of my health (E10).

Contemplations on aging and substance use disorder reveal concerns about legacy, health, and loneliness in the older individuals. There is an acute awareness of time as a finite resource and the desire to live meaningfully in the remaining years without the shadow of dependence. This category reflects the search for a greater sense in life and the importance of integrating considerations about aging into treatment strategies.

Loneliness haunts me; drinking has already cost me many important relationships. I want to change that while I still have time (E08); Now that I am older, I realize how important it is to have a purposeful life without the shadow of dependence (E26);

I feel like I lost a lot of time drinking, and now, at my age, I want to make the most of what remains in a healthy way (E52).

3.6 ADDICTION AND FAMILY RELATIONSHIPS

The impact of substance dependence on young people's family relationships is deeply felt, manifesting in financial strain, loss of trust, and changes in family dynamics. Simultaneously, the complexity of family support emerges, oscillating between codependence and efforts to assist in recovery. Therefore, it is crucial to integrate the family into the therapeutic process, promoting understanding, dialog, and joint strategies for coping and support.

It affected a lot; I spent a lot of money and took it without asking. Everyone was sad to know about this situation (E06);
My family drinks too, but they are ignorant because they think I do not stop drinking because I do not want to (E09);
It greatly affected the family relationship. I lost my mother when things went downhill and left home. I ended up getting into all sorts of trouble (E14).

The impact of dependence on adults' family relationships is a constantly painful theme in their narratives, pointing to the erosion of bonds, conflicts, and emotional and financial strain. However, the statements also reveal moments of support and concern, suggesting that the family remains a potential pillar for recovery. Family therapy emerges as a critical component, providing space for healing relationships, establishing healthy communication, and strengthening the support system around the dependent individual.

It affected me; I got nervous, went to smoke. The family did not want me at home anymore. They kicked me out; I went to live on the street. Then, they brought me back for hospitalization (E03);
It affected more in the beginning. Even my brother, who helped me, argued with me because he wanted me to stop drinking by force, and I could not. Today, he understands more about the disease, and we have a very good relationship (E04);
Drinking the way I do? Never... my mother was already expecting me to die from drinking so much (E05).

The impact of dependence on family relationships for older individuals is often described in terms of losses and damage as well as possible paths to reconciliation. The family emerges as a source of pain but also potential support, indicating the need for healing in relationships as an integral part of the recovery process.

It affected a lot because my family now wants to keep me hospitalized [...] this makes me very upset because I want to get my life back (E01);
It affects a lot because when I drink, I lose control. Everyone stays away from me out of

fear because I get aggressive when I drink (E28);
It affected me because the only wife I had left with my children. She left me alone, and I suffer because of it (E37);
Alcohol use got me a divorce and separation from my children [...] this makes me sad, lonely, and I have even had bad thoughts (E52).

The differences among the participants' age groups revealed distinct perceptions and needs in the treatment and recovery process, suggesting that therapeutic approaches could benefit from adaptations sensitive to the specific characteristics of each age group. For younger participants, social context and peer influences proved significant in their dependence trajectory, indicating that interventions focused on strengthening social skills and creating support networks may enhance recovery. Among adults, challenges related to the impact of dependence on family and professional responsibilities emerged, highlighting the need for approaches that integrate emotional support with strategies for professional and family reintegration.

In contrast, older adults reported greater reflection on long-term consequences and expressed a strong desire for change and family relationship repair. This group seems to benefit from therapeutic approaches that integrate psychological support with a focus on building a new sense of purpose in life, addressing themes of loss, social isolation, and physical health issues. These differences underscore the importance of flexible intervention models that consider the specificities of each life stage to improve treatment efficacy and recovery success.

4 DISCUSSION

The sociodemographic characteristics of the participants in this study shows a diverse profile, with a wide age range from 18 to 70 years, a predominance of single individuals, and a low level of education. These findings underscore the widespread nature of substance use disorder across various age groups and social conditions, highlighting the importance of developing adaptable and accessible treatment approaches (Andrade *et al.*, 2020).

The predominance of single individuals with low educational levels among the participants points to the complexity of social and economic issues associated with substance use disorder. Dependency not only affects physical and mental health but also limits life opportunities, reinforcing cycles of poverty and social exclusion (Garcia; Melgaço; Trajano, 2022).

The religiosity of participants reflects the importance of spiritual support in the recovery process. Spirituality and participation in religious communities can offer a crucial support network and promote meaning and purpose in life for individuals undergoing treatment for substance use disorder (Koechl; Unger; Fischer, 2012; Silvers *et al.*, 2019).

The issue of income and the absence of government assistance among the majority of participants highlight the economic vulnerability faced by individuals with substance use disorder. It is known that financial precariousness can hinder access to adequate treatments and sustain dependence mainte-

nance (Garland; Howard, 2018). Consequently, public policies should be integrated to address both health and socioeconomic needs.

The role of parents, especially mothers, in the participants' hospitalization underscores the relevance of family in the process of seeking and deciding on treatment. Support can be decisive for the adherence and success of substance use disorder treatment (Johnson, 2019). On the other hand, it can also introduce complex dynamics of dependency and codependency (Bosso; Dos Santos, 2020).

The trajectory of substance use disorder is profoundly influenced by individuals' personal and life stories, with experiences of adversity, trauma, and family disintegration playing a central role. There is a significant correlation between adverse childhood experiences and the development of dependence in adulthood, emphasizing the need for therapeutic approaches that integrate the resolution of past trauma (Bonfiglio *et al.*, 2022; McKay, 2021). Additionally, resilience and the reinterpretation of personal narratives can be key factors in overcoming dependence. Therefore, it is important to employ techniques that promote the reconfiguration of negative experiences into sources of strength and learning (Ojonuba *et al.*, 2023).

Experiences with treatment in therapeutic communities vary across age groups, reflecting the need for treatment customization. The need to adapt therapeutic strategies to the specific requirements of each age group is emphasized (Koechl; Unger; Fischer, 2012; Silvers *et al.*, 2019). Additionally, the effectiveness of practices such as mindfulness and the importance of the therapeutic environment in promoting successful treatment and strengthening interpersonal relationships within the TC are also highlighted (Garland; Howard, 2018; Johnson, 2019).

The recovery process is characterized by multiple attempts and varied treatment approaches, underscoring the importance of understanding these trajectories to develop strategies for continuous care (Bosso; Dos Santos, 2020). The significance of posttreatment follow-up and the potential of digital technologies to provide ongoing support, thereby facilitating long-term recovery maintenance, is further emphasized (Bonfiglio *et al.*, 2022; McKay, 2021).

The perceptions and stigma associated with substance use disorder vary across age groups, with significant impacts on self-esteem and motivation for recovery. The need for strategies that promote empowerment is discussed (Ojonuba *et al.*, 2023). This perspective is further expanded by emphasizing the importance of positive social identity and destigmatization in the recovery process (Matthews; Dwyer; Snoek, 2017; Tostes *et al.*, 2020).

The category "Representations of Aging with Addiction" highlights the need for treatment approaches sensitive to the existential issues brought about by aging. Treatment programs adapted for elderly people should address the physical aspects of dependence and, furthermore, provide support for issues such as social isolation, loss of loved ones, and the search for purpose or meaning in life (Matthews; Dwyer; Snoek, 2017).

Addiction often has an impact on "family relationships". Family dynamics can undergo significant tensions, leading to conflicts, resentment, and, in some cases, distance. Despite these challenges, the family can also serve as a vital source of support and motivation for recovery. The need for empathy-based interventions and effective communication to reduce stigma and foster a supportive and understanding environment within the family nucleus is emphasized (Sukamto *et al.*, 2019).

These approaches help rebuild relationships damaged by dependence and, most importantly, reinforce the individual's support network, offering a solid foundation for long-term recovery. It is significant to note that the inclusion of the family in the therapeutic process not only benefits the individual in treatment but also offers the family the opportunity to heal, better understand the condition, and contribute more effectively to the recovery process.

5 CONCLUSION

This study significantly contributes to the understanding of substance use disorder, highlighting how experiences, perceptions, and needs vary among different age groups. Substance use disorder is complex and requires an interdisciplinary and holistic treatment approach. Future research is suggested to explore the perspectives of family members and the development of longitudinal intervention strategies. It is concluded that comprehensive health promotion policies and programs, accessible and adaptable to the needs of individuals with substance use disorders at all stages of life, are essential for healthier and more resilient communities.

This study presents certain limitations that stem from its methodological design. The reliance on a nonprobabilistic convenience sample, focused on a single therapeutic community, may limit the generalizability of the findings to the broader population of individuals with substance use disorder. Additionally, the use of self-reports introduces the potential for social desirability bias, as participants might portray their experiences and perceptions in a more favorable light. The absence of a longitudinal component further restricts the study's capacity to capture the evolving trajectories of dependence and recovery over time.

Future research should prioritize longitudinal studies that track the long-term effects of tailored interventions across different age groups following their exit from therapeutic communities. Such studies could provide critical insights into how age-specific support influences sustained recovery, social reintegration, and overall quality of life. Moreover, expanding future research to encompass multiple therapeutic communities and employing probabilistic sampling techniques could significantly enhance the generalizability of results, facilitating a more comprehensive understanding of the varied needs within substance use disorder treatment.

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