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Original Article

The meaning and relations of the elderly with drugs

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This study aims to understand the meanings the elderly attribute to drug use. This is descriptive qualitative research conducted with seven people monitored by the Psychosocial Care Center Alcohol and other Drugs. The information was collected through semi-structured interviews and analyzed according to Bardin's content analysis. The drug appears needed to build bonds or to fill the void created by affective losses. Drug use triggers physical strain and psychological suffering, leading to the search for medical, religious and psychosocial treatment. A breakthrough is necessary in understanding the use of drugs beyond dependency in the elderly, considering the meanings of such use and the unique experiences of these people.

Descriptors: Elderly; Drugs; Relations.

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Os significados e as relações dos idosos com as drogas

Este estudo teve como objetivo compreender os significados que idosos atribuem ao uso de drogas. Pesquisa descritiva com abordagem qualitativa, realizada com idosos acompanhados por um Centro de Atenção Psicossocial Álcool e outras Drogas. Os dados foram produzidos através de entrevista semiestruturada e analisados conforme análise de conteúdo de Bardin. A droga surge como necessidade para a construção de vínculos ou para ocupar o vazio proporcionado pelas perdas afetivas. O uso dessas drogas desencadeia desgastes físicos e gera sofrimento psíquico, que determinam a busca por tratamento medicamentoso, religioso e psicossocial. Faz-se necessário um avanço na compreensão do uso de drogas para além da condição de dependência química dos idosos, considerando os significados desse uso e as vivências singulares dessas pessoas.

Descritores: Idoso; Drogas; Relações.

Los significados y las relaciones de los ancianos con las drogas

Este estudio tiene como objetivo comprender los significados que ancianos atribuyen al consumo de drogas. Investigación cualitativa descriptiva realizada con ancianos acompañado de un Centro de Atención Psicosocial de alcohol y otras drogas. Los datos fueron producidos utilizando entrevista semi-estructurada y analizados de acuerdo con Bardin. El droga como la necesidad surge para construcción de enlaces, para llenar el vacío proporcionado por pérdidas afectivas. El uso estos drogas provoca desgaste físico y genera sufrimiento mental, que determinan la búsqueda de tratamiento médico, religioso y psicosocial. Es necesario un gran avance la comprensión del uso de drogas, además de la condición de dependencia química de ancianos, teniendo los significados de la consumo y de las experiencias únicas de estas personas.

Descriptores: Anciano; Drogas; Relación.

Introduction

The eldely population in Brazil is growing, projected to reach 32 million by 2025, around 15% of the total population of Brazil [1]. These figures call for profound social, familial and occupational changes. Retirement, physical limitations, loss of relationships and loneliness may all result in vulnerability to intensified consumption of alcohol and other drugs [2]. Drug use directly influences these elderly individual's way of life and of death and is a determinant in the process of their falling ill, leading to increased social costs and impacts on diverse health care networks[3].

Although greater quantities of drugs are consumed in young-adulthood, there is an increased risk of the elderly using drugs, given the growth of this population. This requires new approaches from the health care services and treatment to meet the peculiarities of this issue [4].

We believe that this issue has not yet been approached in the day-to-day functioning of health care services as, in this age group, few individuals are professionally active or participate in social activities; places in which the consequences of drug consumption would be evident. Another factor is the lack of clinical assessment that meets the health and social needs of elderly drug users, as the consequences of drug use are often considered similar to symptoms of chronic illnesses prevalent in this age group. At the same time,

there is also the difficulty that the elderly still have in talking about their relationship with drugs, the lack of qualified professionals and family prejudice that does not recognize drug use as a mental health problem[4].

Consumption of alcohol and other drugs by the elderly is a complex phenomenon strongly influenced by the specific relationships established between the elderly and these substances over the course of their lives. Given this problem, this study aims to discover the meanings the elderly attribute to drug use.

Method

This is a qualitative, descriptive study that took place in the Psychosocial Care Center for Alcohol and other Drugs - *Centro de Atenção Psicossocial para Álcool e outras Drogas* - CAPS AD III in a municipality in the interior of the state of Rio Grande do Norte, a service which is a reference in the region. The subjects were 07 elderly individuals who, regardless of the drug(s) they used or had used, had been cared for by the service for at least 3 months.

The data were collected using semi-structured interviews. The interviews were scheduled so that each elderly individual was seen two or three times, for an average 34 minutes, in a place set apart for this purpose. The interviews were recorded and transcribed. Bardin's content analysis was used to analyze the empirical data, consisting of a set of techniques with the aim of analyzing the communications, using the systematic procedures (pre-analysis, exploring the material and treating the results, and interpretation) for describing message content [5].

This study was approved (CAAE nº 14566313. 6.0000.5294) by the Research Ethics Committee of the Universidade do Estado do Rio Grande do Norte – UERN. To preserve confidentiality and organize the statements, participants were identified with the letter "E" for elderly, followed by a number.

Results and discussion

It was found that the elderly individuals attended by the CAPS-AD were male, five reported they were separated or divorced, and only two stated they were in stable relationships. With regards occupation, three of the elderly men stated they were retired on health grounds, due to comorbidities related to alcohol or other drug use. As for schooling, four of them had not finished elementary school and three had no formal education. This low level of education reflected in the individuals' way of life, contributing to strengthening the stigma related to elderly drug users, who are generally in a disadvantaged socio-economic situation, with little access to education and health care services [3].

Regarding the drugs consumed, four of the elderly individuals reported only alcohol and three stated they used alcohol in association with other drugs such as tobacco, psychotropic drugs, marihuana or crack. Alcohol associated with other drugs has a significant impact on the health care and social support networks, as those who use a variety of drugs make more visits to urgent or emergency health care services than those who consume only one drug, especially those who combine alcohol with prescription medication [4].

Analysis of the interviews enabled the following categories to be created: justifications for drug use, consequences of drug use on the elderly individual's life and seeking some form of treatment.

Justifications for drug use

The first occasion of drug use is directly influenced by socio-cultural interaction processes, whether it takes place in adolescence, adulthood or old age. The results show that, among the elderly, justifications for drug use include influence from those close to them in childhood and adolescence and psycho-social problems in adulthood and old age.

Drug use may appear associated with the need for shared identity and experience, common in certain groups of individuals. Thus, the first experience of using drugs is directly influenced by the socio-cultural interaction processes among the individuals who form the group [6]. According to E2

My first contact with alcohol was at age seven, it was with my cousin. It was because of my uncle, he said: "go to our house, there's a peba (armadillo) there for us to eat". Everyone was there eating and drinking!?, I wanted to see what it was like to drink, and I stared to drink and then I always drank when I was there with them, it was my uncle. (E2)

Moreover, during childhood, drugs are present at pleasant times, parties and celebrations with the family, causing positive reinforcement. In this context, below are statements from E1 and E4 which indicate encouragement by family members as a trigger for their first contact with the drug:

It was through my dad and his friends, they always called me and one day they invited me to drink and that was it. I thought it was great and I haven't stopped since (E1).

It was when I was 8, my uncle invited me to have a drink, at that time people worked and drank, but it was only at the weekend (E4).

Thus, drugs being present in the day-to-day family life of the child and adolescent becomes an influential factor in making decisions about their use. This familiar

coexistence with drugs is capable of directly affecting the way in which the drug is viewed by this age group, in other words, these drugs are perceived as a form of pleasure, fun and social inclusion[7].

Thus, when they come across drugs in their lives, many people, especially adolescents, feel curiosity, as shown in this excerpt from E5: I began to drink when I was 14. My grandfather threw me out and turned his back on me so I wouldn't see him drinking, and I was curious to try it, you know? You know how it is, I was with him since I was a child, but I'm his son, his grandson. When I started to drink, when I was a teenager, it was sport. I used to kick a ball around, fight, drink with the guys and sneak out (E5).

In the course of a human life, we come across situations that produce adverse feelings, occasions in which the subject may choose to use, or to intensify their use of drugs. This extract from E2 exemplifies such adversities:

I lost my father when I was really young, I was around 20 when I lost him, and I started to drink, then my wife died, and I drank twice as much. I saw alcohol as a way to numb the pain, when you're suffering and I saw it as an anesthetic to alleviate the suffering after I lost my father, mother and wife (E2).

Drugs then, present themselves as a quicker, more effective alternative for dealing with suffering, as well giving the sensation that life is pleasant or bearable [8].

The individual's relationship with drugs affects their closest relationships, those with partners and children. These are often unable to deal with the conflictive situations arising from drug use, which can trigger separations and social isolation. This may result in a vicious cycle which sees the user intensifying use. This statement by E1 exemplifies such a situation:

When I began drinking more was when my wife left me, my daughters always complained because I came home drunk, my wife fought with me. [...] after the separation I got really lonely and I began to drink every day because I missed my kids and I missed the home I couldn't go back to, the loneliness drove me to enter the world of alcohol (E1).

Another example could be lack of work, as related by E4: I began to drink spirits after I was 60, it was out of disgust because I couldn't work anymore, so I got stuck into alcohol, I drank every day, I got it into my head that I was going to drink myself to death (E4).

For many people, work is a source of pleasure and thus, depending on the meaning of work in the subject's life, this change can be too difficult for many [10].

The sensations achieved through contact with drugs depend on the characteristics of the individual and their expectations of the effects of the substances. The reasons used to justify alcohol and other drug use are, therefore, influenced by each subject's perspective for solving their difficulties.

Consequences of drug use on the elderly individuals' lives

Alcohol or other drug use by the elderly brings further problems to the ageing process, such as the inability to carry out day-to-day activities, as well as the appearance of debilitating illness. Moreover, the mental suffering of the elderly individual who uses drugs is related to material and spiritual loss, to lack of self-esteem and to harm to family [4]. The consequences revealed by the participants in this study mainly involved physical strain and psychological and family suffering.

There are undeniable anatomical and physiological consequences to using alcohol or other drugs. In the elderly, such effects are of an even greater proportion as the hepatic metabolism and renal excretion of this population is reduced [11].

I almost overdosed, I nearly died, if it attacks here, you die there and then, the pain is unbearable. I'll never forget it and it gets you just like that bro, just like that and it attacks the lungs and a little bit here, in the thorax. The pain is unbearable and it got me right here, you know, I was writhing on the ground, my dad's wife put me in a taxi and took me to hospital (E4).

Such consequences are especially intense in those who began their drug use while in childhood or adolescence, due to the long period of use. E5 and E7 highlight this perception in their statements:

Alcohol and crack almost killed me, everything that went in came out in the urine, my breathing was affected, then I couldn't feel anything but, after a while, I got sick, my stomach was damaged, my bladder, mouth, throat, after these health problems I tried to give up, to slow down a little, I have to know how to avoid it (E5).

Today, I'm a person who suffers memory loss. Today I can see the mess I made of my life,(E7).

Such reports highlight how drug consumption is currently one of the most serious health problems, given the associated comorbidities contributing to high costs for medical treatment and hospital admissions, with enormous social and economic repercussions for society today [12].

Among the health problems and risks posed by drugs for the lives of the elderly are malnutrition and changes in eating patterns [13].

When I came here I was really thin, because of the cachaça (sugar cane spirit), now I weigh a lot more, why? Because I left off drinking cachaça you know! Because I didn't eat, in the morning I rinsed my mouth out with cachaça, lunch was cachaça for a snack, how can someone like that put on weight? I wouldn't have put on weight ever [...] (E2).

Some of the elderly we interviewed reported substituting meals with alcohol, which is deemed insufficient for meeting metabolic demands; malnutrition

is, then, one of the consequences of alcohol use. Thus, the larger the part alcohol plays in the diet, the greater the nutritional density and quality of the diet, causing the elderly individual to have difficulties maintaining their ideal weight, as well as the appearance of other dietary problems [14].

Moreover, alcohol use associated with prescription medicines for treating their diseases can lead to even greater physical strain and interfere with treatment [15].

Nowadays I'm retired, I take medication, I have diabetes now and I have to take medication to control that. Because of this, I can't stop drinking, sometimes I stop, I just remember (E7).

Alcohol can increase blood sugar levels and affect metabolic control, and in the long term, alcohol use increase the risk of developing high blood pressure [16], as shown below:

A time came when I just couldn't keep going, I couldn't work, alcohol changed my life [...] I couldn't work anymore, when I was working I got dizzy, my blood pressure was up to 21/13mmHg (E1).

Those who consume alcohol are more likely to be behind at work, to suffer from falls in their productivity or accident or conflicts at work; they are often fired or obliged to give up work [10].

Beyond physical strain, prolonged use of alcohol or other drugs by the elderly can have consequences in diverse areas of the subject's life, leading to economic and social losses and mental suffering for themselves and their family, as related by E4:

I lost my wife because of the drink. Nowadays I live alone, in a rented room (E4).

The relationship with alcohol may make social and emotional relationships more difficult for the elderly individual and it is often difficult for them to establish solid, permanent ties [17].

When a family member uses alcohol or other drugs, the family may experience situations that alter their routine, which may make living together even more difficult; that family member comes to value their relationship with the drug more than that with the people with whom he lives [8].

I lost my family, they distanced themselves from me, I guess because of the drink, I don't have a lot of contact with people from my family either (E2).

Over the course of their lives, certain of the elderly individuals experience family, social and subjective losses that make it impossible for them to achieve their dreams. These losses can lead them to lose interest in their lives and choose suicide as a way to escape the suffering [18].

I was sick of life, alone, I didn't have anyone, but I wasn't crazy. I had tried to die because I didn't want to live anymore, live for what!? (E4).

The elderly, especially those with a history of alcohol or other drug use are considered to be a population at risk of suicide. Drugs are often used to escape from or minimize the symptoms of illness and are directly related to recent situations that drive the suicide attempt [19].

Seeking some form of treatment

In general, treatment for drug users is characterized by the offer of therapies based on the use of medication, often associated with religious practices. Other approaches, such as multi-professional services, health care networks and seeking support from the family are also used. There may be more than one approach within each treatment, which generally influence each other.

In this category we deal with the approaches described by the interviewees, in which medical, religious and psychosocial approaches emerged.

Medical treatment is an approach that prioritizes medical-psychiatric interventions I which the centrality of scientific discourse means psychiatric knowledge rules the prescriptions and diagnoses made for the elderly user [20].

Here I see the doctor every month, that's the only way to get medicine. I take the medicine, tablets to sleep, tablets for the pain, sometimes it hurts a lot (E7)

The therapeutic approach guided only by the use of medication reduces the problem to a type of mental disorder and reaffirms the objectification of the elderly and their lives. The statement by E6 and E7 portray the role of the tablet in the dynamics of consumption that they establish with regard to drugs:

When I take my tablet I can't drink anymore. I take the tablet then I eat. Finish. When I feel like using, I take hold of my tablets here, it's through these tablets that I'm cutting down [...] (E6).

Sometimes these tablets take away my thoughts, when I'm thinking about going out and getting dead drunk. I take the tablets and they take the idea out of my head, a bit, when I want the drug" (E7).

E6 states that the drug may be being substituted by the prescribed medicine and E7 reports how he feels the need to use the medication when feeling withdrawal. Thus, the medication can be seen as a form of dealing with drug abuse, but it is not without risks, including that of reducing the perspective of treatment to a pharmacological sense, substituting the use of one drug with another.

Some of the elderly reported using medication they considered to be stronger during periods of admission to hospital.

I was treated there, the doctors prescribed strong medication for me. The hospitalizations varied, sometimes

I was there 30, 40, 45 days, depending on how I behaved, when I began to put on weight and get better I got discharged, but I ended up back there. Alcohol destroyed me, I couldn't work, I couldn't do anything properly. I've been admitted to psychiatric hospitals 106 times. People move away when they hear I've been in that place (E6).

The recurring psychiatric hospital admissions reported by the elderly individual show the ineffectiveness of this type of treatment, marked by prejudice and exclusion. Under the Psychiatric Reform, regarding care for drug-related crises, psychiatric admission is considered to be the exception which should only be had recourse to when all other treatment options in the psychosocial care network have been exhausted. A detailed evaluation should be made upon admission, based on the elderly individual's life story and their history with drugs, so as to guarantee continuity of treatment in the community care services, strengthening the social support network and family ties [21].

Religion has appeared as a protection factor in drug consumption as it may provide a feeling of personal strength, greater involvement in social relationships and alternatives for solving day-to-day problems [22].

The interviews indicate that the elderly individuals believe that praying and the support faith gives enables spiritual renovation and decreases suffering from drug abuse.

I ask a lot of God every day, I always seek God and God is part of Him, but I'm not doing my part. Right now, I relapsed big time, but all my life, whenever I need Him, He gave me help, protected me and I keep going (I3).

The religious dimension, then, takes on the function of reconfiguring social and family relationships, thus affecting the patterns of alcohol, or other drug use [22]. It can also be seen that the elderly individuals see religious support as an active force to take them away from drug abuse.

I want God to refresh me, a life free from drugs, that's what I ask God for 24 hours a day. I get up at 3am to pray, I get on my knees, cry. I ask God to heal me, so I don't try to take my life again because of drugs, that's what I ask Him, Father help me, I need it, I'm in need. The Lord is my Father, help me! I need that from Him every day (E2).

In this speech the elderly individual presents some symbols and expresses values that characterize religiosity, this is the case with the prayers, the penitence of kneeling before God. Moreover, the supplications seeking urgent spiritual help should be noted. It can be seen that, in the face of the impotence he feels in changing his behavior, he seeks a higher power, a source of encouragement and courage in the face of the desire to use drugs. Thus, it can be understood that in many situations, religiosity seems to be a protective factor against suicide, alcohol and other drug use and mental suffering [23].

The aim of psycho-social treatment is to minimize the individual's suffering from drug use, as well as to improve their quality of life, going beyond detoxification treatments and abstinence. In Brazil, these approaches have become possible following the passing of Law 10.216/2001 which guarantees the rights of those undergoing mental suffering and provides for the construction of a community mental health network in place of the asylum model [24].

These health care services include the 24h Psychosocial Care Center for Alcohol and other Drugs – CAPS AD III, which plays a strategic role in organizing the community care network for those with needs related to consumption of alcohol, crack or other drugs [11]. The elderly individuals mention this service as one of the resources for treatment from their problems resulting from drug use:

I went to CAPS AD III, because when I'm at the CAPS I can go a long time without drinking. I came here because, otherwise, I was going to die (E3).

Each of the elderly men has passed through a variety of health care services in their search for care for the consequences of their drug habit. On arriving in the CAPS AD III, this becomes a safe, protected place. This poses great challenges for the professionals of these services in constructing treatment activities able to reconcile the peculiarities of the elderly individuals with the collective impact of the interventions.

I like the group activities at the CAPS AD III. I like to learn, we learn to read, to write, we do some activities I can take home. There are talks too, conversation, dance, there are lots of people too, I like the people here. I've been coming here for 8 years, I come almost every day (E4).

Moreover, E6 links his treatment process with the ties formed with the CAPS AD III professionals and indicates the trust on the part of the staff as an important element:

I came to the CAPS because here in the CAPS they make a difference, the staff help me a lot, they trust me, because my only fault is the drink (E6).

A treatment approach for a drug user needs to be directed at the peculiarities of each case, based on freedom, respect and on shared responsibility on the part of the person being treated, so as to establish ties that are strengthened together with their family and their community [21].

The participation in groups is a moment for socialization, learning and leisure. The groups facilitate the collective production of knowledge as it is a space for creating ties and for reflecting on the situations of their lives (25). The extract below corroborates this discussion: I went to CAPS

and I created a family that I didn't have before. Here I have conversation, activities, support. It's great here when we participate in groups, we get things off our chests, and when I can do that I feel a weight come off m, when I can't do that, I stay alone in my corner (E5).

The group, then, is seen to be a space for listening, for discussion, for sharing experiences and thus it is a space rich in interaction and forming ties [25]. Another important aspect refers to the family accompanying the elderly individual to this service:

Family is everything, my support [...] If I hadn't made the move to seek out my family, to ask for help, I would have ended up terrible, I couldn't bear being alone anymore. They helped me a lot to come here (E5).

The family should not only accompany the drug user to the health care service, but should also become more involved in caring for the elderly individual demonstrating their zeal, support and affection. Moreover, welcome and treatment is also needed for family members so as to tighten the ties, minimizing emotional overload and reorganizing family functions [12].

Conclusion

Different meanings are attributed to drug use by the elderly, with the use of a drug as a means of escape, to minimize suffering or to alleviate loss standing out. Searching for new experiences in life awakened by establishing new forms of using the drug and also as objects of desire to the elderly, as curiosity and desire to try these substances also stood out in the interviews with the elderly individuals.

This study contributes to the discussion on the use of alcohol and other drugs taking the statements of these elderly men as a starting point, showing an advance in understanding psychoactive substance use beyond addiction.

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