

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

ORIGINAL ARTICLE

DOI: 10.9789/2175-5361.rpcfo.v16.12994

## SOCIAL REPRESENTATIONS OF PEOPLE WITH MENTAL HEALTH PROBLEMS RESULTING FROM THE USE OF ALCOHOL AND OTHER DRUGS

*Representações sociais de pessoas com problemas de saúde mental decorrentes do uso de álcool e outras drogas*  
*Representaciones sociales de personas con problemas de salud mental derivados del consumo de alcohol y otras drogas*

Silvio Eder Dias da Silva<sup>1</sup> 

Monique Pantoja Fonseca<sup>2</sup> 

Alissa Yuki Ueda<sup>3</sup> 

Márcia Aparecida Ferreira de Oliveira<sup>4</sup> 

Diego Pereira Rodrigues<sup>5</sup> 

Diana Madeira Rodrigues<sup>6</sup> 

### ABSTRACT

**Objective:** understand the social representations of people with mental health problems resulting from the use of alcohol and other drugs who frequent Narcotics Anonymous. **Method:** this is a descriptive-exploratory study, with a qualitative focus, using Social Representations for the research theme, in which the steps of the Consolidated Criteria for Reporting Qualitative Research were implemented. **Results:** the information obtained was transformed into three thematic units: the Social Representations of people with mental health problems resulting from the use of alcohol and other drugs; Social Representations of Alcohol and Other Drugs: Addiction Disease; Attending Narcotics Anonymous means freedom, self-evaluation, and acceptance. **Final considerations:** the comprehension of social representations and their implications in obtaining abstinence makes it possible to act according to the specificities of each subject, starting from a comprehensive approach, considering the perceptions about their condition, experiences and context in which they are inserted.

**DESCRIPTORS:** Substance use disorders; Psychoactive substances; Social representation; Nursing; Mental health;

<sup>1,2,3,5,6</sup> Federal University of Pará, Pará, Belém, Brazil.

<sup>4</sup> University of São Paulo, São Paulo, São Paulo, Brazil.

Received: 08/11/2023; Accepted: 13/11/2023; Published online: 19/02/2024

**Corresponding Author:** Silvio Eder Dias da Silva [silvioeder@ufpa.br](mailto:silvioeder@ufpa.br)

**How cited:** Silva SED, Fonseca MP, Ueda AY, Oliveira MAF, Rodrigues DP, Rodrigues DM. Social representations of people with mental health problems resulting from the use of alcohol and other drugs. *R Pesq Cuid Fundam* [Internet]. 2023 [cited year month day];16:e12994. Available from:

<https://doi.org/10.9789/2175-5361.rpcfo.v16.12994>



## RESUMO

**Objetivo:** compreender as representações sociais de pessoas com problemas de saúde mental decorrentes do uso de álcool e outras drogas que frequentam os Narcóticos Anônimos. **Método:** trata-se de um estudo descritivo-exploratório, com enfoque qualitativo, empregando as Representações Sociais para a temática da pesquisa, em que foram implementadas as etapas do Consolidated Criteria for Reporting Qualitative Research. **Resultados:** as informações obtidas foram transformadas em três unidades temáticas: as Representações Sociais de pessoas com problemas de saúde mental decorrentes do uso de álcool e outras drogas; Representações Sociais de álcool e outras drogas: doença da adicção; frequentar Narcóticos Anônimos significa liberdade, uma autoavaliação e aceitação. **Considerações finais:** a compreensão das representações sociais e suas implicações na obtenção da abstinência, possibilita atuar mediante às especificidades de cada sujeito, partindo de uma abordagem integral considerando-se as percepções acerca de sua condição, vivências e contexto no qual está inserido.

**DESCRITORES:** Transtornos relacionados ao uso de substâncias; Substâncias psicoativas; Representação social; Enfermagem; Saúde mental;

## RESUMEN

**Objetivos:** conocer las representaciones sociales de las personas con problemas de salud mental derivados del consumo de alcohol y otras drogas que acuden a Narcóticos Anónimos. **Método:** se trata de un estudio descriptivo-exploratorio, con enfoque cualitativo, utilizando Representaciones Sociales para el tema de investigación, en el que se implementaron las siguientes etapas del Consolidated Criteria for Reporting Qualitative Research. **Resultados:** la información obtenida se transformó en tres unidades temáticas: las Representaciones sociales de las personas con problemas de salud mental derivados del consumo de alcohol y otras drogas; Representaciones sociales del alcohol y otras drogas: enfermedad de la adicción; asistir a Narcóticos Anónimos significa libertad, una autoevaluación y aceptación. **Consideraciones finales:** comprender las representaciones sociales y sus implicaciones para lograr la abstinencia permite actuar sobre las especificidades de cada individuo, a partir de un enfoque holístico que tenga en cuenta sus percepciones de su condición, sus experiencias y el contexto en el que vive.

**DESCRIPTORES:** Trastornos por consumo de sustancias; Sustancias psicoactivas; Representación social; Enfermería; Salud mental.

## INTRODUCTION

The use of psychoactive substances has become a public health problem, as it leads to accidents, interpersonal aggression, risky behavior, sleep disorders and physical and psychological dependence.<sup>1</sup>

According to one study, users express different meanings to alcohol and other drugs, which can change depending on their relationship with the environment and their experiences. Thus, it has been shown that its use can be related to some distinct or associated aspects, such as the process of social interaction or insertion, recreational use in the search for tranquility, relief from daily tensions and occupational use to increase efficiency at work.<sup>2</sup>

With regard to the association between alcohol and other drug consumption and mental problems, compared to the population as a whole, people diagnosed with a mental disorder are more likely to smoke<sup>3</sup>, drink alcohol<sup>4</sup> and use cannabis.<sup>5</sup>

Alcohol and other drug use disorders usually occur together with mental illness, and can happen simultaneously or sequentially. In addition, individuals who have one of these conditions considerably increase their chances of developing the other, due to the high link between them. This dual diagnosis, which affects around 2% of the total population, causes a number of problems for the individual, such as a higher rate of premature death than in the general population, an

association with physical, psychosocial and economic problems and a lower quality of life.<sup>6</sup>

In this context, the co-occurrence of problematic drug use and psychiatric disorders is related to a worse prognosis, as opposed to the existence of a psychiatric clinical condition alone. In addition, patients show greater severity of the disorder, in terms of clinical and social aspects.<sup>7</sup>

Given the different harm caused by chemical dependency in the individual's life, the therapy implemented must be multifactorial and interdisciplinary<sup>8</sup> in order to perfect the therapeutic plan for psychoactive substance use disorders according to the needs and specificities of the individual in an integral way.<sup>9</sup>

However, gaps in the training of health professionals to work in the treatment of users of alcohol and other drugs have consequences for the practice of these professionals, who end up damaging and neglecting relevant and necessary care for this public, which results in interference in the abstinence process.<sup>10</sup>

In this context, this study is based on the Theory of Social Representations, since it considers the need to understand the representations involved in achieving abstinence for alcohol and other drug users and their relevance to nursing care, considering that nursing practice must encompass the biopsychosocial factors related to its clients.

Based on what has been covered so far, the aim was to understand the social representations of people with mental health problems resulting from the use of alcohol and other drugs who attend Narcotics Anonymous about the use of psychoactive substances, and to analyze the implications of these social representations for achieving and maintaining abstinence.

## METHOD

This is a descriptive-exploratory study with a qualitative approach, in which social representations were used for the research topic. In addition, the stages of the Consolidated criteria for Reporting Qualitative research (COREQ) were implemented.<sup>11</sup>

The location selected for the research was Narcotics Anonymous (NA), the Jimmy K The NA Way meeting point in the city of Belém-PA, which was chosen from among the more than 20 NA groups in the state of Pará due to the growing number of groups over the years.

The study participants were 30 female and male members of the Jimmy K The NA Way group who agreed to take part in order to obtain a sufficient amount of data for the psychosocial study.

The following inclusion criteria were used to collect information: the participant had to be over 18 years old, regularly participate in the NA group selected for the study and have the cognitive and communication skills necessary to satisfactorily answer the questions sent virtually, which could be answered and accessed at flexible times. The exclusion criteria included individuals with cognitive alterations that prevented them from providing truthful answers consistent with their understanding of each question, and those who refused to accept the Informed Consent Form (ICF).

The procedure used to complete the collection of information in the field of study was the theoretical saturation technique. The conclusion of the process of analyzing the qualitative findings indicates that the data is saturated, as the researcher is unable to generate any more data and demonstrates that adequate conceptual frameworks have already been developed for the subject.<sup>12</sup>

When social representations are used in research as a theoretical contribution, a significant sample size is essential for forming a consensus understanding. For this reason, working with a social group is essential because consensual understanding can only be developed within these groups. In this sense, the 30 participants were used so that it would be feasible to produce and investigate these representations, which were clearly defined.

The information was collected in January 2022. The collection methodology was a semi-structured interview, consisting of 13 open-ended questions about the experience of the NA group member who works in the team and therefore has knowledge of this psychosocial object, which is the problematic use of alcohol and other drugs.

The results were first analyzed using the ATLAS.ti software version 22.7, with each one determined using the word docu-

ments, comprising D1 to D30, then sentences were produced from fragments of the quotes, thus designating the number of precise codes according to the predominant inductive themes in the interviews and then the saturation of these codes, which occurs through their saturation where no new codes are created, only those already generated. In this way, we had a dictionary of codes, which were arranged by groups of codes and distributed by common concepts defined by similar colors that the software itself provides, then we produced the report of sets of codes in the Word 2021 software version.

After arranging the information in the ATLAS.ti software version 22.7, we used the inductive thematic analysis method. This technique consists of six stages, respectively: Establishing the similarity of components; Generating indicators; Searching for viable objects; Uninterrupted verification of the points, producing a "synoptic picture" of diagnostic concepts; Delimiting themes; Drawing up the document via a clarifying exposition.<sup>13</sup>

The study was approved by the Research Ethics Committee of the Health Sciences Institute of UFPA, under opinion no. 5.204.858, and CAAE: 53142621.6.0000.0018. Participants were given and explained the Free and Informed Consent Form (FICF) and remained anonymous during the study through the use of coding, consisting of the letter E (interview) followed by the sequential number of the interview.

## RESULTS

### The social representations of people with mental health problems resulting from the use of alcohol and other drugs

This thematic unit presents the consensual knowledge emerging from the social groups of Narcotics Anonymous (NA), and helps to understand their links with the problematic use of alcohol and other drugs and this intrinsic relationship with the impairment of their mental health. This intertwining of their mental health and alcohol and other drugs as an intertwined disease, as known in the naïve knowledge of chemical dependency, should be emphasized.

*Chemical dependency is a process in which the individual goes round and round in a vicious circle and ends up becoming dependent on something, in this case chemistry, be it licit or illicit.* (E20)

Chemical dependency can be influenced by intrinsic and extrinsic factors, including mental disorders. It is characterized by the abusive use of drugs interspersed with feelings of guilt and remorse, which encourages the repeated use of substances, thus forming a vicious circle.

*Regarding the effect of the drug, chemical dependency sells various compositions of the drug, like alcohol, every time I drink alcohol I immediately think of the drug, but there is a treatment that can be with a psychiatrist or psychologist, I went directly to Narcotics Anonymous.* (E13)

In the excerpt above, the user reports the desire to use drugs simultaneously, and this practice is associated with a greater risk of developing mental health problems. In addition, the interviewee mentions the choice of treatment offered to users of psychoactive substances, in which he refers to treatment with health professionals and through NA, being chosen because he is assisted by the NA group, however this group is not made up of health professionals, it is understood that the preference for NA is given by its method of treatment, based on abstinence to the detriment of the therapy of mental disorders, such as those recommended in CAPS AD with harm reduction policies.

*Even when the person uses it, they totally lose track of what they're doing, they forget what they've done, the guy gets high and loses self-control when using drugs, it refreshes the mind, but this comes at a high price, if you look at people who use drugs, they're frustrated in relationships, they're empty, they have worries. (E16)*

This fragment mentions the effects of drug use, such as relaxation, but recognizes the negative implications of this use on interpersonal relationships and personal perception. It should be noted that the problematic use of alcohol and other drugs is intrinsically related to the user's behavioral changes, as well as the loss of self-control and the impacts on family and work relationships due to involvement with psychoactive substances, this moment in the individual's perception is referred to as a cumulative loss that postpones their vision of re-establishment in society, that is, triggering a collapse of gradual and constant suffering in their life.

*I'm worried about my health. Because I think abstaining affects my emotional state, I get shaky, I get anxious, it's something that affects my whole body and my head. (E20)*

The principle approached by NA is based on total abstinence, i.e. stopping the use of psychoactive substances abruptly, which the members of these groups believe is a great method for rehabilitation and personal development. However, the most appropriate strategy would be harm reduction, which consists of a process of gradually withdrawing from drug use and replacing it with a substance that causes less harm, without abstaining, with the aim of reducing the harm caused by different drugs. In the speech above, the participant verbalizes effects experienced as a result of withdrawal, which can be observed physically, such as tremors, and psychologically, through anxiety and emotional changes.

### **Social representations of alcohol and other drugs: the disease of addiction**

The problematic use of alcohol and other drugs results in mental health problems, and this thematic unit will portray the consensual knowledge built up through the NA's social groups regarding their condition. It should be noted that these testimonies make it possible to understand how users evaluate themselves in relation to their reality.

*In Narcotics Anonymous we talk about addiction, which is a physical mental spiritual illness, and one of the aspects of it is the compulsive use of drugs, where it can manifest itself in other areas of life. So that's why we have to pay continuous attention, right, so that the disease doesn't overwhelm us. I'm describing it here, because I don't really have much contact with this concept of chemical dependency, right? (E19)*

In the NA group, the term "addict" is used for individuals who abuse psychoactive substances and show behavioral changes. This problem reverberates damage to the subject's biopsychosocial and spiritual aspects, as stated in the aforementioned statements. Furthermore, the NA is highlighted as a major player in the recovery from drug addiction and associated mental health problems.

*Because we have the same diseases as addiction, and narcotics anonymous showed me that I have a disease and that's the explanation for drug use, right, it's not a good path but a bad one. (E7)*

Users call themselves sick and recognize that drug use is harmful, but they can't easily rehabilitate themselves because of the need to use drugs excessively to satisfy the vicious circle of drug addiction. This conception establishes the idea that a cure is unattainable, but that it is possible to achieve stability through self-control. This new attitude and behavior, in other words, a new way of thinking and acting, is due to the formation of social representations that see addiction as a disease and as such needs to be treated, and in the case of NA, treatment and self-control every 24 hours to maintain abstinence.

### **Attending Narcotics Anonymous means freedom, self-evaluation and acceptance**

The NA organization is considered by users to be an effective strategy in the fight against problematic drug use based on its principles, so this thematic unit will expose the consensual conception expressed by the NA social groups, which will provide an understanding of the users' experience in the congregation.

*It's the best word to attend Narcotics Anonymous because there it's like a church that has principles and it's based on 33 principles, I started to realize that every day there was a meeting and all over the country there are meetings and all the people are looking for just one goal, which is to treat the disease of addiction. (E13)*

In the statement above, there are positive evocations referring to the users' participation in the NA, since they characterize the experience as freedom, self-evaluation and acceptance, in this sense it is an opportunity to reflect on their reality, based on the sharing of experiences between the participants. Within the fellowship there are principles, as mentioned, which are respected and strictly followed by users, among which are suggestions for appropriate behavior in the view of the association, in order to remain in the group, since active participation in meetings is considered an important part of treatment.

*It represents salvation of life, Narcotics Anonymous saves lives, right, I see a lot of people who share their testimonies, I believe in what they say and many have been saved because of NA, so it represents the salvation of my life. (E10)*

During the NA meetings, individuals share their experiences, and users who have been in the groups for longer share their achievements through the NA, which motivates newcomers to achieve a cure. It should be noted that the twelve-step program recommended by the association was established through the experiences of recovering users. One of the quotes mentions the importance of connecting with other people in order to provide support and encouragement in the rehabilitation process, so that users feel hopeful when they join the NA.

In this context, it should be noted that the NA is a social group that needs to maintain criteria and standards that allow for group cohesion, including: following the twelve steps, meetings and abstinence every 24 hours. These specificities of the group are reflected in their communications, which give rise to social representations that favor their belonging and the need to follow the method recommended by the group in order to get rid of the problems caused by alcohol and other drugs.

It should also be pointed out that the NA has a wealth of extensive reified knowledge present in its reading materials, which are read and consulted by its members and which contribute to the formation of social representations, since erudite knowledge is the foundation for building naive knowledge. These new social representations, with their own characteristics, see alcohol and drugs as a poison, which, if they continue to be used indiscriminately, will lead to death.

For this reason, abstinence is the only form of treatment. However, this moment brings a lot of physical and psychological pain, due to the abrupt interruption of the use of psychoactive substances, which is why CAPS AD advocates the policy of harm reduction, which favors a more effective and efficient therapy for the user, as well as avoiding the side effects of stopping alcohol and other drugs, and the fact that the entire therapy is guided by a multi-professional team.

## DISCUSSION

The strong bond between the user and the drug has a major detrimental effect on aspects of their life, perpetuating the suffering caused by chemical dependency. In this context, the simultaneous use of alcohol and other drugs poses unique and excessive risks to mental health, greater than the isolated use of alcohol or marijuana intrinsically, given the more pronounced pharmacological impacts predicted by the combination of drugs.<sup>14</sup>

A very relevant link has been identified between the untrusting psychological self-esteem of consuming a psychoactive substance and delinquent behavior. In addition, one study demonstrated a considerable connection between the use of illicit drugs to enhance sexual efficacy, emotional depression,

loneliness, indiscretion and a marginal attitude.<sup>15</sup> It is worth noting that according to one survey, people in their youth who introduced marijuana prematurely and consumed it repeatedly on a weekly basis during adolescence and adulthood reported notable degrees of anxiety, depression and behavioral impairments after a decade.<sup>16</sup>

Users of alcohol and other drugs recognize that consumption has deleterious effects, which are further fueled by infamy, making it impossible for users to seek therapy, complicating the outcome of rehabilitation, leading to complications in mental health and even acting as an obstacle to the progress of beneficial relationships.<sup>17</sup>

Rehabilitation in NA involves methods of evolution and change, based on the available plan such as meetings and the 12 steps, the spiritual is the indispensable function among the participants of the fellowship, in sharing experiences and offering positive expectations.<sup>18</sup> The meetings between the participants and their patrons are particularly aimed at commitment to the 12 steps, this being an essential precept of NA.<sup>19</sup> Spirituality has a fundamental role to play in aiding rehabilitation in NA, since the fellowship encourages the exploration of a "higher power" which is not previously named, but users are encouraged to discover what this power would be for them. This power is presented as something that can be trusted.<sup>20</sup> In addition, NA participants support each other<sup>21</sup> by sharing their experiences and listening to others share their stories, without making judgments; this conduct is considered favorable and generates safety, understanding and acceptance.<sup>20</sup>

The emphasis on abstinence in the NA rehabilitation proposal leaves users at odds with other recovery approaches without the bias of total abstinence, but which propose greater moderation in the consumption of alcohol and other drugs and positive effects in various areas that corroborate re-establishment.<sup>22, 23</sup>

In contrast to the NA ideal, the Harm Reduction Policy, according to Article 2 of Ordinance No. 1028, of July 1, 2005, intervenes by means of actions for the user to reduce harm, thus preventing the harmful problems of substance use without needing to abstain from its use altogether. It is worth pointing out that this policy is part of the CAPS AD strategy in its care plan, as a way of increasing the participation of individuals in their therapy and reducing the implications of problematic use of alcohol and other drugs.<sup>24</sup> However, there has been evidence of low adherence to the therapy of individuals who make problematic use of alcohol and other drugs, which has been established as an element of research, since it is permanent in CAPS AD environments and constitutes an obstacle that has not yet been fully understood.<sup>25</sup>

## FINAL CONSIDERATIONS

The purpose of this study was to understand the social representations of individuals with mental health problems

resulting from the use of alcohol and other drugs who participate in the NA on the use of psychoactive substances. Using the Theory of Social Representations, it was possible to understand social representations and their implications for achieving abstinence, which makes it possible to act on the specificities of each individual, starting from a comprehensive approach that takes into account their perceptions of their condition, experiences and the context in which they live.

In view of the results achieved, the importance of the role of nursing in caring for people with problems arising from problematic use of alcohol and other drugs is highlighted, since it is these professionals who are most frequently and closely involved with patients, which predisposes them to recognizing the signs of withdrawal and deterioration in the individual's mental health.

From this perspective, as a complement to support, a more attentive assessment of the subjects' biopsychosocial issues that encompass deliberate forms of suffering in the family, work and individual spheres, as well as the stigma and prejudice they experience in their daily lives, is valid.

Thus, knowledge of social representations favors a more comprehensive discernment of the circumstances surrounding users, allowing the implementation of therapeutic strategies based on common sense knowledge emerging from social groups, combined with the scientific knowledge of health professionals, which promotes the effectiveness of comprehensive care.

## REFERENCES

1. Fernandes TF, Monteiro BM, Silva JB, Oliveira KM, Viana NA, Gama CA, et al. Uso de substâncias psicoativas entre universitários brasileiros: perfil epidemiológico, contextos de uso e limitações metodológicas dos estudos. *Cad. saúde colet.*, (Rio J.). [Internet]. 2017 [cited 2022 nov 20];25(4). Available from: <https://doi.org/10.1590/1414-462x201700040181>.
2. da Silva PPC, de Souza Mendes MIB, dos Santos PDJC, de Oliveira BN, dos Santos ARM, de Freitas CMSM. Meanings of Alcohol, other drugs and corporal practices in dependents of psychoactive substances. *J. Phys. Educ. (Maringá)*. [Internet]. 2020, [cited 2023 jul 15];31. e3157. Available from: <https://doi.org/10.4025/jphyseduc.v31i1.3157>.
3. Garey L, Olofsson H, Garza T, Shepherd JM, Smit T, Zvolensky MJ. The Role of Anxiety in Smoking Onset, Severity, and Cessation-Related Outcomes: a Review of Recent Literature. *Curr. psychiatry rep.* [Internet]. 2020 [cited 2023 jul 03];22(8). Available from: <https://doi.org/10.1007/s11920-020-01160-5>.
4. Stephen JR, Martin PR. Co-occurring psychiatric disorders and alcoholism. *Handb. clin. neurol.* (Online). [Internet]. 2014. [cited 2023 aug 20];125. Available from: <https://doi.org/10.1016/B978-0-444-62619-6.00033-1>.
5. Satre DD, Bahorik A, Zaman T, Ramo D. Psychiatric Disorders and Comorbid Cannabis Use. *J. clin. psychiatr.* [Internet]. 2018 [cited 2022 nov 30];79(5). Available from: <https://doi.org/10.4088/jcp.18ac12267>.
6. Glover-Wright C, Coupe K, Campbell AC, Keen C, Lawrence P, Kinner SA, et al. Health outcomes and service use patterns associated with co-located outpatient mental health care and alcohol and other drug specialist treatment: A systematic review. *Drug alcohol rev.* [Internet]. 2023 [cited 2023 jul 16]. Available from: <https://doi.org/10.1111/dar.13651>.
7. Corradi-Webster CM, Braga CM, Santos MA. Consumo de Drogas, Rede e Apoio Social entre Pacientes Psiquiátricos Ambulatoriais. *Aval. psicol.* [Internet]. 2020 [cited 2022 jul 12];19(02). Available from: <https://doi.org/10.15689/ap.2020.1902.03>.
8. Rodrigues GC, Alves RB, Martins PR. Relação entre autoeficácia e estratégias de enfrentamento de usuários abstinentes de drogas. *Saude e pesqui.* [Internet]. 2019 [acesso em 05 de junho 2022];12(2). Disponível em: <https://doi.org/10.17765/2176-9206.2019v12n2p283-294>.
9. Domingues LP, Dos Santos EL, Locatelli DP, Bedendo A, Noto AR. Interprofessional Training on Substance Misuse and Addiction: A longitudinal assessment of a brazilian experience. *Int. j. environ. res. public health* (Online). [Internet]. 2023 [cited 2023 aug 04];20(2). Available from: <https://doi.org/10.3390/ijerph20021478>.
10. Peyraube, R. Estigma de las personas que usan drogas, cuidados de la salud y derechos humanos en américa latina. Dalla Vecchia M et al, organizadores. *Drogas e direitos humanos: reflexões em tempos de guerra às drogas* [Internet]. Porto Alegre: Rede UNIDA; 2017. [cited 2023 jul. 16]. Available from: <http://historico.redeunida.org.br/editoria/biblioteca-virtual/serie-interlocucoes-praticas-experiencias-e-pesquisas-em-saude/drogas-e-direitos-humanos-reflexos-em-tempos-de-guerra-as-drogas-pdf>.
11. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int. j. qual.*

- health care. [Internet]. 2007 [cited 2022 mar 31];19(6). Available from: <https://doi.org/10.1093/intqhc/mzm042>.
12. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Revista Pesquisa Qualitativa*. 2017;5(7):1-12.
  13. Braun V, Clarke V. *Thematic analysis: a practical guide*. 1ª ed. London: Sage, 2021.
  14. Yurasek AM, Aston ER, Metrik J. Co-use of Alcohol and Cannabis: A Review. *Curr Addict Rep*. [Internet]. 2017 [cited 2023 aug 20];4(2). Available from: <https://doi.org/10.1007/s40429-017-0149-8>.
  15. Hanan F, Ullah A., Mussawar S. Does psychological causes of drug addiction have significant role in adoption of criminal behavior? *Global Journal of Interdisciplinary Social Sciences*. [Internet]. 2018 [cited 2023 aug 26]. Available from: <https://www.researchgate.net/publication/327884116>.
  16. Thompson K, Merrin GJ, Ames ME, Leadbeater B. Marijuana trajectories in Canadian youth: Associations with substance use and mental health. *Can. j. behav. sci*. [Internet]. 2018 [cited 2023 sep 14];50(1):1. Available from: <https://doi.org/10.1037/cbs0000090>.
  17. Crapanzano K, Hammarlund R, Ahmad B, Hunsinger N, Kullar R. The association between perceived stigma and substance use disorder treatment outcomes: a review. *Subst Abus Rehabil*. [Internet]. 2018 [cited 2023 oct 01];10. Available from: <https://doi.org/10.2147/sar.s183252>.
  18. Vederhus JK, Høie M. The pragmatic believer—faith development and personal experiences of a ‘higher Power’ in seasoned members of narcotics Anonymous. In *Research in the Social Scientific Study of Religion*. [Internet]. 2018 [cited 2023 sep 14];29. Available from: [https://doi.org/10.1163/9789004382640\\_008](https://doi.org/10.1163/9789004382640_008).
  19. Galanter M, White WL, & Hunter BD. Cross-cultural applicability of the 12-Step model: A comparison of Narcotics Anonymous in the USA and Iran. *Journal of addiction medicine (Online)*. [Internet]. 2019 [cited 2023 oct 24];13(6). Available from: 10.1097/ADM.0000000000000526.
  20. Dekkers A, Vos S, & Vanderplasschen W. “Personal recovery depends on NA unity”: na exploratory study on recovery-supportive elements in Narcotics Anonymous Flanders. *Subst. abuse treat. prev. policy*. [Internet]. 2020 [cited 2023 aug 20];15(53). Available from: <https://doi-org.ez3.periodicos.capes.gov.br/10.1186/s13011-020-00296-0>
  21. Jalali R, Moradi A, Dehghan F. et al. A exploração de fatores relacionados à retenção no tratamento em membros de Narcóticos Anônimos: um estudo qualitativo. *Subst. abuse treat. prev. policy*. [Internet]. 2019 [acesso em 24 de outubro 2023];14(14). Disponível em: <https://doi-org.ez3.periodicos.capes.gov.br/10.1186/s13011-019-0205-6>.
  22. Fomiatti R, Moore D, & Fraser S. The improvable self: enacting model citizenship and sociality in research on ‘new recovery’. *Addiction Research and Theory*. [Internet]. 2019 [cited 2023 oct 01];27:6. Available from: <https://doi.org/10.1080/16066359.2018.1544624>.
  23. Sultan A, & Duff C. Assembling and diversifying social contexts of recovery. *International Journal of Drug Policy*. [Internet] 2021 [cited 2023 oct 24];87. Available from: <https://doi.org/10.1016/j.drugpo.2020.102979>.
  24. Ministério da Saúde (Brasil). Gabinete do Ministro. Portaria Nº 1.028, de 1 de julho de 2005. Determina que as ações que visam à redução de danos sociais e à saúde, decorrentes do uso de produtos, substâncias ou drogas que causem dependência, sejam reguladas por esta Portaria. *Diário Oficial da União* 02 Jul 2005; Seção 1(126):55.
  25. Sousa JM, Lucchese R, Farinha MG, Moraes DX, Silva ND, Esperidião E. Intervenções grupais em centros de atenção psicossocial álcool e drogas: desafios da prática assistencial. *Texto & contexto enferm*. [Internet]. 2023 [acesso em 30 de setembro 2023];32. Disponível em: <https://doi.org/10.1590/1980-265x-tce-2022-0180pt>.