

MEANINGS AND EXPERIENCES ON SUBSTANCE ADDICTION: GROUNDED THEORY

SIGNIFICADOS E VIVÊNCIAS EM TORNO DA ADICÇÃO DE SUBSTÂNCIAS: TEORIA FUNDAMENTADA NOS DADOS

SIGNIFICADOS Y VIVENCIAS CON RESPECTO A LA ADICCIÓN A SUBSTANCIAS: TEORÍA FUNDAMENTADA

Mariana Morais¹
Rui Paixão²

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Objective: to analyse the trajectory of individuals suffering from addiction, seeking to understand how they perceive their path in the world of drugs, with a core focus on the perceptions, representations and meanings they assign to drugs and their life path before, during and after their experiences with addiction. **Method:** qualitative research based on Grounded Theory. Eight subjects admitted to Community Therapy for substance addiction in Portugal were interviewed from September to December 2016. **Results obtained:** three main category groups: “Pattern consumption evolution”, “Behavioural trajectory while consuming”, and “Identity Transformations”; an intermediate category “Alteration of moral and social values”; and a core category “Addictive Identity”. **Conclusion:** the subjects understand the addict’s trajectory as being a set of progressive changes in one’s identity, strongly associated with alterations in moral and social values. They refer to drugs as their self-destruction, expressing guilt and regret.

Descriptors: Addiction. Drugs. Life Path. Identity. Grounded Theory.

Objetivo: analisar a trajetória de sujeitos adictos, procurando compreender de que forma percebem o seu percurso no mundo das drogas, tomando por referência central as percepções, representações e significados que atribuem à droga e ao sentido da sua própria vida, antes, durante e após as vivências de adicção. *Método:* pesquisa qualitativa, com base na Teoria Fundamentada nos Dados. Foram entrevistados oito sujeitos internados numa Comunidade Terapêutica de toxicodependência em Portugal, entre os meses de setembro e dezembro de 2016. *Resultados:* obtiveram-se três grupos de categorias principais: “Evolução do padrão de consumo”, “Trajetória comportamental durante os consumos”, e “Transformação identitária”; uma categoria intermédia “Alteração dos valores morais e sociais; e a categoria nuclear “Identidade adicta”. *Conclusão:* os sujeitos compreendem a trajetória adicta como um conjunto de mudanças progressivas na sua identidade, fortemente associadas a alterações dos valores morais e sociais. Referem-se à droga como a sua autodestruição, expressando culpa e arrependimento.

Descritores: Adicção. Droga. Trajetória de Vida. Identidade. Teoria Fundamentada nos Dados.

Objetivo: analizar la trayectoria de toxicómanos, buscando comprender como perciben su camino en el mundo de las drogas, teniendo como referencia central las percepciones, representaciones, y los significados que atribuyen a

¹ Psychologist. Holds a Master's degree in Clinical Psychology and Health. Independent researcher. Coimbra, Portugal. mariana-c11@hotmail.com. <https://orcid.org/0000-0002-4387-0431>.

² Psychologist. Holds a Doctorate in Clinical Psychology. Associate Professor at the University of Coimbra. Coimbra, Portugal. <https://orcid.org/0000-0002-0369-2829>.

las drogas y al sentido de sus propias vidas, antes, durante, y después de sus experiencias con la adicción. Método: pesquisa cualitativa, basada en la Teoría Fundamentada. Se entrevistó ocho sujetos hospitalizados en una Comunidad Terapéutica de dependencia de tóxicos en Portugal, de septiembre a diciembre de 2016. Resultados: se encontró tres grupos de categorías principales: "Evolución de la estructura de consumo", "Trayectoria comportamental durante el consumo", y "Trasformación identitaria"; una categoría intermedia "Alteración de los valores morales y sociales"; y la categoría nuclear "Identidad adicta". Conclusión: los sujetos comprenden la trayectoria adicta como un grupo de cambios progresivos en sus identidades, fuertemente asociado a alteraciones en sus valores morales y sociales. Se refieren a la droga como su autodestrucción, expresando culpa y arrepentimiento.

Descriptores: Adicción. Trayectoria de Vida. Identidad. Muestreo Teórico.

Introduction

The consumption of drugs is an ancient and enduring phenomenon existing over the course of human history⁽¹⁾, with a wide range of reasons that might motivate a person to consume, from pleasure-seeking to pain relief, among others. The term "drugs" is understood as being all substances, natural or synthetic, able to modify human bodily functions, and the term "drug dependency" as a set of behavioural, cognitive and physiological phenomena that are developed following the repeated use of a substance, including the strong craving to consume the drug, difficulties in controlling its use (despite their harmful consequences), greater priority given to consumption than to other activities and responsibilities, increased tolerance, and at times, a state of physical privation⁽²⁾. According to the degree of dependency that a given substance may cause, one may speak of soft drugs (with a low degree of dependency, such as cannabis) and hard drugs (with an high degree of dependency, such as heroin and cocaine).

At present, the study of addiction is a topic of keen scientific and social interest given how drug use is an increasingly frequent public health problem in our day, causing extensive social damage such as: increased violence and criminality; health problems; family strife; increased transmission of infectious diseases via unprotected sex; and needle sharing⁽³⁾.

Addiction is a complex phenomenon that can be analysed from diverse points of view: medical, judicial-legal, social, or psychological. The present research began with the premise that more than the substance itself, it is the characteristics of the subject, his/her motivations and the significance

attributed to the drug that determine the use of a certain substance; consequently, the object of this study is the narratives provided by the dependent individuals.

The following research questions will also be explored: What leads someone to consume? How does a trajectory of addictive experiences develop? What changes occur in the subject's life stemming from these experiences? What type of perspectives does the individual construct along his/her path in the world of addictions, and what meanings does he/she assign to drugs?

The objective of this investigation is to analyse the trajectory of subjects suffering addiction, seeking to understand how they perceive their path in the world of drugs, with a core focus on the perceptions, representations and meanings they assign to the drug and their own life path before, during and after their experience with addiction.

Method

Bearing in mind that human beings are complex and that they determine their actions based on specific meanings, the Grounded Theory (GT), a qualitative research method, was selected for the present study. This is a dynamic method which enables the researcher to interact with the context of the investigation, one in which the personal perspectives of the interviewees are transformed into research products, valorising the singularity of the individual's experience⁽⁴⁻⁵⁾.

The Grounded Theory was developed by Glaser and Strauss in 1967 for the purpose of building theories based on data using a method of constant comparison⁽⁶⁾. In this methodology, the sample

must be representative of the phenomenon's variations and types. The participants are thus intentionally chosen as they can provide significant knowledge on the phenomenon⁽⁷⁾. The criteria for inclusion in creating the sample were: adult individuals (regardless of gender), with a trajectory of dependence on heavy drugs (heroin and/or cocaine) admitted to an institution certified to treat such addictions. Next is presented a brief description of the subjects interviewed, with false names created to guarantee anonymity: Ana (48 years old), 12th grade education, single with no children, unemployed, first use of hashish at age 16, heroin at 18/19, cocaine at 18/19 years of age; Cátia (43 years old), 12th grade education, single with no children, unemployed, first use of hashish at age 16, heroin at 16, cocaine at 18 years of age; Clara (27 years old), 8th grade education, single with no children, unemployed, first use of hashish at age 13/14, heroin at 17, cocaine at 17 years of age; João (38 years old), 9th grade education, divorced with a 13-year-old daughter, unemployed, first use of hashish at age 19, heroin at 24, cocaine at 24 years of age; José (43 years old), 10th grade education, single with a 5-year-old son, unemployed, first use of hashish at age 14/15, heroin at 16/17, cocaine at 21 years of age; Nuno (39 years old), 9th grade education, divorced with a 17-year-old son, unemployed, first use of hashish at age 13, heroin at 14, cocaine at 19 years of age; Rui (41 years old), 11th grade education, divorced with a 6-year-old son, unemployed, first use of hashish at age 13, heroin at 17, cocaine at 20 years of age; Sandra (32 years old), 9th grade education, divorced with an 8-year-old son and a 14-year-old daughter, unemployed, first use of hashish at age 16, heroin at 27, cocaine at 27 years of age.

In order to collect the data, an in-depth semi-structured interview took place, which included baseline questions in relation to:

a) the individual's entry into the world of drugs: "Do you remember your first experience with drugs?", "What did you consume?"; "Where were you?", "Who was with you when you used?";

b) pattern consumption evolution: "What led you to repeat the experience?", "When did you move to heavier drugs (heroin/cocaine)?", "How

often and in which context did your drug use happen?", "Who was with you when you used?";

c) questions of a subjective nature relative to the various life dimensions of the subject: family-oriented ("Who were you living with at the time?", "Do you believe that the drugs had an impact on the relationship with your family?", "In what way?"); social ("Do you believe that your path in the world of drugs interfered with your relationships with friends/significant others?", "In what way?"); professional ("Did you have a profession/occupation? If so, what was it?", "Do you believe that the drugs had an impact on your professional life? In what way?"), and finally intrapersonal ("What do you remember of yourself before drugs?", "Do you believe that you were a different person?", "Do you think that drugs have changed you?", "In what way?").

The interviews were conducted at the treatment facility in a private, face-to-face, individual setting, with audio recordings made. Afterwards, a transcription of the interviews was prepared for in-depth analysis, given that under the GT guidelines for research to be considered valid and trustworthy, the cases must be described in good detail and the analysis must reflect coherence and transparency⁽⁸⁾, and the categories and subcategories must present conceptual density, that is to say, they must be strongly interlinked⁽⁶⁾. Data collection took place over a 2-month period, and the sample was closed after the eight subjects were interviewed (four men and four women) and when theoretical saturation was reached, in other words, when the cases under study were no longer able to add relevant new information for analysis⁽⁹⁾. During the interviews, the aim was to offer the subjects the greatest freedom of expression possible so that they would freely share their experiences.

Later, the process of codification began (open, axial and selective), which consisted of extracting the concepts from the data and studying their properties and dimensions⁽⁶⁾. In open codification, the data were decomposed into ideas and concepts, which were later grouped into categories. In axial codification, these categories were grouped into categories

of a higher hierarchical and more abstract level, in accordance with the relationships that were established amongst them⁽¹⁰⁾. This process of codification led to the determination of a core category “addictive identity”, which represents the central phenomenon of this research. In selective codification, in addition to selecting the main category, the remaining categories were integrated with respect to the primary. Throughout the analysis, memoranda were drawn up that constituted a fundamental resource for the writing phase of the theory⁽¹¹⁾.

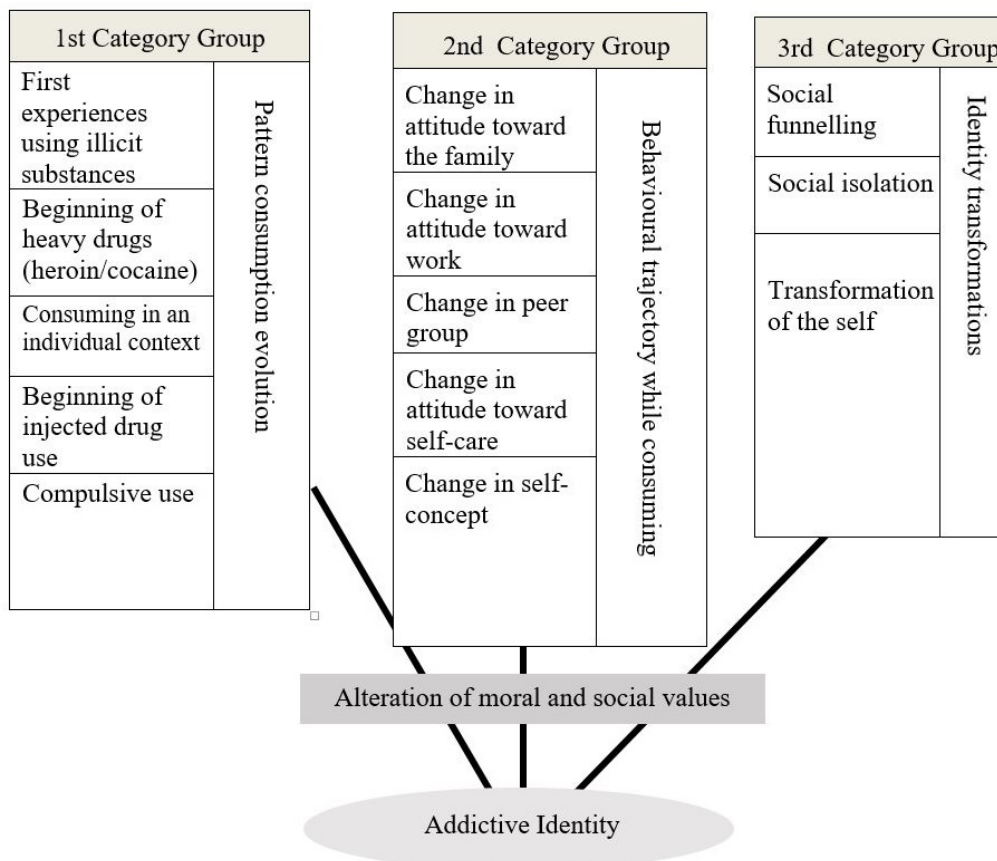
To move forward with the data collection, a request was initially made to the treatment facility and later to the users, who volunteered to take part. After having been informed as to the objectives and methods to be used in the present research, the users signed a consent form which confirmed that all information would be safeguarded relative to the ethical questions of participant anonymity. This research maintained the utmost respect for the subjects involved,

observing the principles of autonomy, no maltreatment, beneficence, justice, and equity. Data collection and the process of codification were carried out by one researcher only.

Results

From the analysis of the data, three main category groups emerged: “Pattern consumption evolution”, “Behavioural trajectory while consuming”, and “Identity transformations”, which are intimately related and refer to the category “Addictive Identity”. The latter, for its part, which takes up the inter-relationships amongst the categories and sub-categories, emerged as a central phenomenon of the study. In addition to this, an intermediate category, “Alteration of moral and social values”, was identified. Figure 1 presents a diagram with the integration of these categories, in which it is possible to observe the sub-categories which comprise each category group.

Figure 1 – Meanings and experiences on substance addiction



Source: Elaboration by the author.

Addictive Identity

This appears as a main category after understanding that the subjects feel their path of drug use as a set of progressive changes in their identity.

I stopped being who I used to be. (Sandra).

Often we don't recognise ourselves. (Cátia).

How can a person change so much in such a short time? (Clara).

The users explained that as their level of drug use increased, their attitudes about family, work, social relationships and even self-care began to change as they became increasingly negligent and irresponsible, as if their values were undergoing these gradual alterations and these aspects were losing their relevance in favour of the new priority that had taken hold: drugs. Given the need to find the money to consume, their discourse would then become increasingly based on lies and manipulation, and they began to turn to illicit behaviours such as selling drugs, assault, robbery and prostitution. Thus, the data provide evidence that the changes described by the participants in terms of their identity appear as strongly associated with a deep sense of how their values are changing, thus the emergence of the category “Alteration of moral and social values”.

Alteration of moral and social values

The following excerpts express individual sentiments from the subjects:

If I wanted to use, I would fool everyone. I stooped so low. I stole from my family [...] Even my mother's pots and pans were sold at the scrapyard [...] I joined in on armed assaults. (João).

I embezzled from my father's company. (Rui).

To satisfy my drug habit, I had to prostitute myself. (Sandra).

I joined a gang, we were involved in robbery and we sold drugs too [...] When you're using and you need a fix, our values change. It's all up for grabs. (Nuno).

When you're needing a fix and living on the street, you end up losing some values [...] They change, they fade away. (Cátia).

Next, the sub-categories that comprise each category are explained.

Pattern consumption evolution

“First experiences using illicit substances”: the users view their path into the world of drugs as having begun with using hashish in their adolescent years. However, they do not display any type of guilt or regret as they considered using the substance as a “normal” experience amongst young people, interpreting it as a group experience whose goal was leisure-oriented.

It was an experience among friends, at the time it was normal. (José).

It was with some friends at a campgrounds, it was all about laughing and fun. (Rui).

“Beginning of heavy drugs”: the consumption of heavy drugs (heroin and cocaine) occurs later, as a response to the need to consume something stronger, or out of simple curiosity.

I ended up wanting something stronger, so I tried cocaine and heroin [...] I wanted to know what the drug did. (João).

Only two of the users related this drug use to particularly difficult moments in life, explaining that they consumed the drug as a strategy to deal with negative emotions.

I used to consume large quantities of everything, to disconnect from life, to blot it all out. (Rui).

“Consuming in an individual context”: a person's initial use of heroin and/or cocaine tends to take place in the company of others, with this phase offering a certain level of social significance. However, as consumption increases, progressive isolation occurs in which the drug loses whatever social meaning it may have had as use becomes solely a moment for satisfying a craving and avoiding a hangover.

I no longer used socially. I would buy something and smoke alone. (José).

“Beginning of injected drug use”: the fact that drugs are, little by little, assuming a place of greater and greater dependency is reinforced by the introduction of needle-based consumption,

which occurs as a response to the need for a stronger effect to offset the body's increased tolerance.

I started to lose my buzz when I used too much and they told me if I shot up I would get that buzz faster and with less. (Ana).

“Compulsive use”: the subjects progressively lose control over their behaviour and their drug use; beyond being simple regular users, they become uncontrolled.

It began by being just once a month, then once a week and ended up being every day. (João).

I couldn't control it, it was something brutal [...] 3000 Euros in your hand could be gone in a day [...] When you've got the money there's no way to stop it. (Rui).

The following are sub-categories relative to “Behavioural trajectory while consuming”.

Behavioural trajectory while consuming

“Change in attitude toward the family”: the routines underlying drug use become incompatible with family life. Users begin to neglect spousal or parental responsibilities, and in most cases they end up abandoning the family. They reveal that they stopped worrying about the needs of their spouse, children, parents, or friends, becoming totally self-absorbed. In the case of users with children, the total abandonment of parental duties took place, meaning that the child was left in the care of another relative.

If my daughter needed something, or my mother, I didn't want to know about it, I just wanted drugs [...] I put my family down low on the list [...] When I left home, my daughter was 3 years old, she pretty much grew up without me. (João).

It would be impossible for someone [referring to his wife] to handle my way of life [...] I remember thinking about my son and all the crap I was doing, but I couldn't stop [...] I left home and only went back from time to time to see my son. (Rui).

It was my sister's birthday, the whole family was there together, but I had to go out and score. I put drugs before everything else [...] Right now, it's my sister who's taking care of my son. (Sandra).

“Change in attitude toward work”: in the workplace, users begin by no longer fulfilling their work schedules and neglecting their performance in work-related tasks; in some

cases, they even consume drugs at work. As a result, a situation of precariousness and professional instability begins in terms of work as the negligent conduct and lack of professional responsibility repeats itself.

We invented excuses, one day I can't, another I might arrive late [...] People start to notice and there's no way you can keep the job for very long, you start changing jobs quite a lot. (Cátia).

My boss would give me a task but everything went all wrong. (Nuno).

I worked at a pastry shop and I would get high in the WC. (Clara).

I would go totally high to work [...] I had no head for the job, I couldn't concentrate. (Sandra).

“Change in peer group”: as drug use increased, the subjects become closer to individuals equally struggling with addiction, with whom they establish superficial and instrumental relationships. These are relationships governed solely by their interest in using drugs and totally hollow from the emotional point of view.

My true friends, my real friends from youth, or from work, my relatives [uncles, aunts, cousins [...] I lost them all. (João).

I started hanging out with other groups. The people I got on with were from the world of drugs. They were all junkies. (Sandra).

These are very disposable relationships. In relationships where drugs are involved, we use people and people use us, that's what it is, basically. (Cátia).

I have the feeling that there are no friends with drugs. (Clara).

It was just about using and there was little trust. It was just about feeling good, that's all. We would only talk about drugs. (Ana).

“Change in attitude toward self-care”: users begin to neglect themselves, and a sense of indifference increases with respect to the basic norms of personal hygiene, eating, and even housing (some users became homeless).

I let myself go [...] I didn't take care of myself. (Clara).

At the time Casal Ventoso still existed, the Lisbon neighbourhood known for drugs, and there was a time that I was homeless and I lived there [...]. I no longer brushed my teeth or bathed, I no longer had a table to sit at to eat. (Cátia).

I took to eating from rubbish bins, just to save money. Even when I had to steal, instead of using the money to eat, I would spend it on drugs. I wouldn't even have

a coffee, I wouldn't even buy bread [...] At that time, nothing affected me, not the rain, not the cold, not sleeping outdoors [...] (João).

I let myself go, I didn't shave. I would sleep in whatever corner I could find. I didn't care. (Nuno).

I had a boyfriend, for 2 years, more or less. We lived in an abandoned house. (Sandra).

As a result of the lack of any rudimentary attention to hygiene and nutrition, the users refer to serious physical consequences, specifically problems related to dental health and extreme malnutrition.

In two weeks I lost 11 kg. I went down to 44 kg. (Clara).

“Change in self-concept”: the subjects presently express a negative image of themselves with high levels of low self-esteem. The women in particular reveal with pain how much they deeply dislike their present physical appearance, comparing it constantly to what they looked like prior to drug addiction.

I lost my self-esteem, with drugs, everybody loses. (Nuno).

Before drugs, I was really cute, I was pretty [...] in the street men would whistle at me [...] I took care of myself, I was very vain [...] I'm heartbroken at what I am now. (Sandra).

I used to have very long blond hair [referring to herself before substance dependency] they would call me Barbie because I was blond with blue eyes. Today, I'm an ugly person who doesn't like herself, I can't look at myself in the mirror. (Ana).

The various behavioural changes referred to and observed in the subjects' diverse spheres of relationships require changes in their identity, from which the third category group emerges.

Identity transformations

This group is strongly marked by changes that occur in the social environment (namely the progressive funnelling of interpersonal relationships and isolation) and individual environment (through transformations of the self, which are manifested in the physical as well as the subjective and psychological). This identity transformation is accompanied by strong feelings of self-destruction, guilt, and regret.

[Using] drugs changed me completely. (Clara).

I became a totally different person [...] a person's nature becomes different. (Sandra).

A person's personality changes completely [...] I totally screwed myself up. (Ana).

I was totally destroyed by drugs. (João).

Discussion

The concept “identity” assumes great importance in this research. Reference is made here to the conscious sense that the subject has of his/her singularity and the ongoing effort that he/she is making to maintain continuity in his/her experience⁽¹²⁾. The construction of one's identity takes place throughout one's entire life, but adolescence is a crucial period as it represents a time of psychosocial moratorium, that is to say, a period when young persons have the opportunity to experiment with diverse roles, discovering what they like or dislike, who they are or are not, what their talents or aptitudes are, what their limitations are, and finally the roles they feel comfortable with and those they would rather not play⁽¹²⁾. It is a period of experimentation in which the feeling of identity undergoes a process of development and maturity. This aspect is quite pertinent as we note that the majority of the subjects began their drug use (including heavy drugs, heroin/cocaine) during their adolescence, which may, in this form, compromise the process of psychosocial moratorium and maturity of the self.

The expression to refer to the feeling of identity is “I am me”, and it consists of the subject's ability to continue to feel the same over the course of any successive changes, yet possibly vacillating in circumstances in which he/she is unable to tolerate the changes occurring inside him/herself or in the surrounding reality⁽¹³⁾. In their accounts, the subjects comment that during their path of drug use, they no longer felt there were themselves. Establishing a parallel with the previously mentioned concepts, it is as if their feeling of identity (“I am me”) had “vacillated”.

“I stopped being who I used to be.” (Sandra).

It can also be said that the sense of identity is a type of functional unit, composed of elements

in which the subject recognises him/herself, pushing away those he/she is unable to identify with⁽¹⁴⁾. Once more establishing a bridge to the users' personal stories, there seems to be a break with this concept of unity, bearing in mind how the users ultimately adopted behaviours in which they would not have initially recognised themselves.

I did things that I would never do. (Clara).

Following these changes, the subjects currently reveal a negative self-image, quite marked by low self-esteem. In addition to this, the changes do not occur only in the way the subject perceives him/herself; they attain a social dimension of identity given that the subject is progressively limiting his/her relationships to the world of drugs, becoming viewed by others (family, close friends, society) as being part of this group.

I started hanging out with people who were well known in that neighbourhood; they were scum. The people who knew me started to associate me with that group of drug addicts. (Nuno).

This funnelling, increasingly prominent in the drug subculture, leads the subject to turn away from persons of significance in their lives and neglect responsibility. Users with children were also seen to have abandoned their parental responsibilities. This information is supported by the literature that states that drug abuse is dysfunctional and incompatible with performing basic parenting tasks since parents consuming drugs change their parental behaviours by lowering their level of sensitivity and attention⁽¹⁵⁾. In addition to this, drug use interferes with their capacity for emotional regulation, judgement, and even aspects relative to executive functions and motor skills⁽¹⁵⁾.

The drug subculture closes the subject into a world that is totally alienated from society's values. In this new reality, social norms stop making sense since the subject's conduct becomes driven solely by the need to consume. If in the acquisition of drugs it becomes necessary to steal, sell drugs, or enter prostitution, the drug-dependent subject will do it. Values criteria

become quite different, and moral and ethical values are unstable as the craving to consume leads to transgression⁽¹⁶⁾. Thus, drugs appear frequently associated with crime, with the two interrelating in a variety of ways⁽¹⁷⁾. However, the relationship between addictions, deviating trajectories and crime is not linear, with diverse types of situations observed⁽¹⁸⁾. In this study, the deviant conduct emerged during the addict's trajectory, that is to say, for the users interviewed, delinquency and crime appeared secondary to the drug dependency, representing a means to maintain their consumption habit. In the meantime, a cycle of vice-and-crime is created, which ends up repeating and perpetuating itself because the subject suffering addiction, without any other way to sustain his/her level of consumption, returns to illegal activities such as selling drugs, robbery or prostitution⁽¹⁹⁾.

As for the personality of the subject with addiction, it is a frequent matter of borderline personality organisations, marked by the diffusion of identity and the absence of stable representations of themselves and others⁽²⁰⁾. These are immature personalities without well-defined limits. However, although it is possible to identify some common traits amongst subjects suffering addiction, to date there has been no clear definition of a specific type of personality, verifying instead only the great heterogeneity of situations under the general designation of drug dependency⁽²¹⁾. In addition to this, high levels of psychopathology are noted in the addict population⁽²²⁾, predominantly mood, anxiety and personality disorders⁽²³⁾.

In fact, addiction and psychopathology are frequently found interlinked, with regularly observed situations of comorbidity and the existence of psychiatric disorders, simultaneously, in the subject suffering addiction⁽²⁴⁾. Regardless of the specificity of the clinical situation detected, the element indicated in the literature as being transversal to diverse drug addictions is the presence of high psychological suffering, as was observed in this research. The drug-dependent individual frequently struggles with regulating emotions, with drugs emerging quite often as

the response to this difficulty and the release of negative emotional states⁽²⁵⁾.

The present research revealed certain limitations, namely the inability to clearly define the specific type of addictive personality, exposing merely the complexity of this issue and indicating, as the transversal element to the various cases analysed, the presence of high psychological suffering (information consistent with existing findings in the literature). It is also not possible to generalise the results, as this is a qualitative study restricted only to one reality. However, the study may facilitate the understanding of other situations in which similar aspects are found and that may enable an equivalent theoretical understanding to be applied, thus affording a type of predictive power⁽⁶⁾.

In addition to this, this research is considered to represent an important contribution to the study of drug addiction, specifically with respect to treatment, since in analysing the problem from the point of view of the subject him/herself, an opportunity arose to attain a deeper understanding of the psychological processes underlying addiction, enabling the intervention to be directed in a more specific way, and thus with a greater likelihood of effectiveness. This aspect is indeed quite relevant considering the fact that one of the great problems in the field of intervention with addiction is precisely the presence of frequent relapses.

It was also observed that the more drug use assumed a central role in the life of the subject, the more he/she would become alienated from society and the more his/her values structure would be altered in favour of the new priority, the drugs themselves, including the user's beginning to adopt deviant behaviours. Given this observation, we find it would be relevant for future research (perhaps of a quantitative nature) to examine in depth the values structure of the subject suffering addiction and to determine not only in what way these values relate to consumption but also to explore the way they sustain/justify the development of

deviant behaviours (namely the emergence of delinquency and crime).

Conclusion

The present study sought to analyse drug dependency based on the perspective of those who have lived through the experience. In this sense, of important note is the Grounded Theory methodology as a research tool, given how this represented the means through which the in-depth access to the subjects' personal narratives was made possible.

Source diversity was verified, and the quantity and quality of data proved to be both consistent and sufficient, allowing the research questions to be addressed. Thus, as for the question of what entices an individual to consume, the research revealed that two of the users related their first use with particularly difficult moments in their life, referring to how drug use was a way to "erase" negative emotions. However, other subjects do not establish any relationship between specific life events and their first drug use, explaining that they entered the world of drugs out of curiosity. Relating to the way in which a trajectory of dependency unfolds, it was verified that drugs assume an increasingly central place in the lives of users, causing their life path to take on a funnelling effect.

The research revealed that along these trajectories, the subjects tended to assign different meanings to their drug use and their life paths; however, there was unanimity in the confirmation that their identities had indeed undergone a transformation that was strongly associated with changes occurring in their moral and social values. The subjects presently look at drugs with profound feelings of guilt and regret, referring to their use as a form of self-destruction.

Bearing in mind the core category found, this research revealed the drug-dependent subject's fragile and immature identity. Thus, in the treatment of addictions, in addition to medical and symptomatic concerns, psychological interventions with a focus on aspects of (re)

construction of identity are believed to be fundamental.

This issue becomes even more relevant when taking into consideration that the majority of subjects begin drug use during the adolescent years, a crucial phase in the process of self-knowledge, maturity and consolidation of the self. Having grown up under the influence of drug use, the adult addict displays an inability to truly know him/herself outside the reality of substance abuse.

Thus, treatment for drug dependency is considered one that should be constituted as an integrated space that expresses diverse addiction experiences and that should provide the user with a path towards self-recognition whose aim is to overcome the fragilities in establishing one's identity and to attain a sense of self that is integral, cohesive and solid.

Collaboration

1 – conception, project, analysis and interpretation of the data: Mariana Morais and Rui Paixão;

2 – writing/redaction of the article and critical revision relative to intellectual content: Mariana Morais;

3 – final approval of the version to be published: Rui Paixão.

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