

## THE EXPERIENCE OF SPIRITUALITY BY USERS OF PSYCHATIVE SUBSTANCES OF THE SOUTHEAST BAIAN THERAPEUTIC COMMUNITY

### A VIVÊNCIA DA ESPIRITUALIDADE POR USUÁRIOS DE SUBSTÂNCIAS PSICOATIVAS DE COMUNIDADE TERAPÊUTICA DO SUDOESTE BAIANO

### LA EXPERIENCIA DE ESPIRITUALIDAD POR LOS USUARIOS DE SUSTANCIAS PSICOACTIVAS DE LA COMUNIDAD TERAPÉUTICA EN EL BAIANO SUDOCCIDENTAL

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#### **Abstract**

*The use of psychoactive substances (SPA) transcends the category of public health problem, generating effects not only on individuals but also on society as a whole. Therapeutic communities (TCs) emerge as a complementary proposal of mental health care that brings in its dealings a fragility in the assistance coverage of the public health sector. Some TCs bring spirituality as a guiding resource for the interventions they develop. In this sense, this study aimed to elucidate the impact of the experience of spirituality in the therapeutics of users of psychoactive substances in Southwest Bahia. This is a qualitative, descriptive and exploratory study, with the participation of six SPA users. The collection consisted of the semi-structured interview application. The analysis occurred through the Collective Subject Speech technique. The spirituality at CT was developed and directed by religious experience, intermediated by the organization and participation in community services, with spirituality stimulated through prayer practices.*

**Keywords:** Mental Health; Therapeutic Communities; Spirituality.

#### **Resumo**

O uso de substâncias psicoativas (SPA) transcende a categoria de problema de saúde pública, gerando efeitos não apenas nos indivíduos, mas em toda a sociedade. As comunidades terapêuticas (CT) surgem como proposta complementar de cuidado em saúde mental que traz em sua lide uma fragilidade na cobertura assistencial do setor público de saúde. Algumas CT trazem a espiritualidade como recurso direcionador das intervenções por elas desenvolvidas. Neste sentido, o presente estudo objetivou elucidar o impacto da vivência da espiritualidade na terapêutica de usuários de substâncias psicoativas em CT do sudoeste baiano. Trata-se de um estudo qualitativo, descritivo e exploratório, com a participação de seis usuários de SPA. A coleta consistiu na aplicação entrevista semiestruturada. A análise ocorreu por meio da técnica do Discurso do Sujeito Coletivo. Observou-se a espiritualidade no CT é desenvolvida e direcionada pela vivência religiosa, intermediada pela organização e participação em cultos comunitários, estando a espiritualidade estimulada através de práticas de orações.

**Palavras-chave:** Saúde Mental; Comunidades Terapêuticas; Espiritualidade.

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## Resumen

El uso de sustancias psicoactivas (SPA) trasciende la categoría de problema de salud pública, generando efectos no sólo en los individuos, sino en la sociedad en su conjunto. Las comunidades terapéuticas (CT) surgen como una propuesta complementaria de la atención de salud mental que trae en sus tratos una fragilidad en la cobertura asistencial del sector de la salud pública. Algunas CT traen la espiritualidad como un recurso de guía para las intervenciones que desarrollan. En este sentido, este estudio tenía por objeto dilucidar el impacto de la experiencia de la espiritualidad en la terapéutica de los usuarios de sustancias psicoactivas en el suroeste de Bahía. Se trata de un estudio cualitativo, descriptivo y exploratorio, con la participación de seis usuarios de SPA. La colección consistía en la solicitud de entrevista semiestructurada. El análisis se realizó mediante la técnica del discurso del sujeto colectivo. La espiritualidad en la TC fue desarrollada y dirigida por la experiencia religiosa, intermediada por la organización y la participación en servicios comunitarios, con la espiritualidad estimulada a través de prácticas de oración.

**Palabras clave:** salud mental; Comunidades terapéuticas; Espiritualidad.

## Introduction

It is important to realize that the use of psychoactive substances (SPA) transcends the category of public health problem, due to the negative effects generated not only to the individual, but also in relation to the social, economic and political spheres (SANTOS; PEREIRA; SIQUEIRA, 2013).

The consumption of licit and illicit drugs in Brazil has become a "democratic" event due to its transposition by different socio-demographic variables, such as social classes, gender, age group, religions, urban or rural residents (VENTURI, 2017). In the world scenario, it is estimated that one out of every 20 people, between 15 and 65 years of age, have already used illicit drugs, equivalent to 246 million people (UNODC, 2016). A survey conducted in 108 Brazilian cities identified alcohol as the drug with the highest number of addicts, followed by tobacco, marijuana, benzodiazepines, solvents and stimulants (BRAZIL, 2009).

Given the important proportions of SPA use reached in Brazil and the world, tangent to the increasingly early initiation of use, the increase in violence, repercussions on the health of the individual, among others, public policies aimed at the prevention of indiscriminate drug use have been thought, planned and implemented, even if their implementation occurs slowly and gradually (BRAZIL, 2015).

In December 2017, the Tripartite Inter-managerial Commission (TIC) presented measures that aim to strengthen the care of this population in the

Unified Health System, promoting changes in the National Policy for Mental Health (Resolution TIC No. 32/2017 and Ordinance No. 3.588/2017), aiming at greater accessibility, effectiveness, resolution and humanization. However, the resolution of this new policy appears disregarding the therapeutic strategy of harm reduction, with the decrease of investment and protagonism of the spaces of care in freedom, such as the Centers of Psychosocial Support in Alcohol and other Drugs. On the other hand, an inter-ministerial working group (Ministries of Health, Justice, Labor and Social Development) was created to establish criteria for operating, expanding and financing therapeutic communities (BRAZIL, 2017).

In Brazil, therapeutic communities (TC) began to emerge in the 1970s, before the Sanitary Reform and Psychiatric Reform, resulting from the population's need and the lack of public health care coverage in the area of alcohol and other drugs, expanding two decades later. This assistance model has been generating notoriety, both in the country and in most of the world, for offering treatment without distinction of the culture and level of development of the populations affected (ALVES, 2009; PERRONE, 2014).

The recovery of SPA users is brought as co-responsibility also of the subject. Thus, the TCs are structured by means of rules, schedules, execution of work and recreational activities, rights and duties for residents. However, due to the potential risk of health problems associated to patients with chemical dependence, such as the effects of abstinence, the need for the presence of health professionals in the TCs is emphasized, in addition to drawing up a plan for social reinsertion and more appropriate psychotherapy and psycho-education techniques (DANIELI et al., 2017).

The study indicated that therapeutic communities have been noted for being institutions that use spirituality as a therapeutic resource. Starting from the advent that the offer of social support, as well as the change of behavior of the users are possible effects of their religious involvement, they are capable of contributing to the confrontation of their condition in relation to the use of SPA (RIBEIRO; MINAYO, 2015).

In the fields of "mental health and religion", spirituality has been placed as a factor that brings protection to those users from the moment that there is less consumption of SPA (GUIMARÃES et al., 2018). It should also be noted that the refusal of religious members for the experimentation or continuous use of these Spas would be due to their

association with the notions of "sin", "temptation", "fall" and "withdrawal from faith" (DALGALARRONDO, 2009).

Given the above, this study aimed to elucidate the impact of the experience of spirituality in the recovery of users of psychoactive substances of a therapeutic community in southwest Bahia, in order to understand the meaning of spirituality in the perception of the subject himself, to describe the effect of the experience of spirituality in the process of recovery, as well as to trace the sociodemographic profile of the users welcomed into the community.

## Methods

It is a qualitative, descriptive and exploratory study. According to Laurindo e Silva (2018), the choice for research of a qualitative nature is the result of the interest in a better understanding of opinions, preferences, behaviors and attitudes of a considerable group of people regarding a certain subject or questioning about something of relevance to society, aiming at improving or adapting it.

The research was conducted in a therapeutic community in southwest Bahia, which acts as a non-profit civil society in the recovery of chemical dependents and mobilization of the population. The TC serves only male users. They are assisted by a multidisciplinary team.

The choice of this population used as inclusion criteria: Age equal to or over 18 years; being in the process of recovering from the use of one or more SPA; being in the second phase of treatment or having already passed through it (phase called - 'Working Values'); wishing to participate in the survey. Therefore, the following exclusion criteria were established: age under 18; not being or not having passed the second stage of treatment; refusing to sign the TCLE; not wishing to participate in the research. Thus, six users participated in the study, thus a non-probabilistic sample for convenience (FREITAG, 2018).

Data were collected in May 2019 by applying a sociodemographic questionnaire and individual semi-structured interviews, which were recorded after the participant's authorization, and subsequently transcribed. In order to preserve the anonymity of the users, the discursive contributions were identified by the letter "D", followed by the order number of the interview.

The analysis was based on the Collective Subject Speech (DSC) technique, because it allows the understanding of individual and collective discourse, historical and socially determined, so that the elements elucidated can contribute to a new redirection of health practices (LEFÈVRE; LEFÈVRE, 2005).

The visits for the development of the interviews took place after authorization from the TC management team. In the same sense, it should be emphasized that the present investigation was authorized by the Committee on Ethics and Research with Human Beings of the Multidisciplinary Institute of Health of the Federal University of Bahia, in accordance with Resolution 466/12 of the National Health Council, CAAE 05005018.2.0000.5556.

## Results and Discussion

The results collected from the sociodemographic questionnaire and presented in Table 1 revealed that all interviewees are male, since the community does not welcome women. Regarding age, most of the users interviewed are between 31 and 35 years old (50%), with incomplete high school education (50%), single (50%), and brown race/color (83.3%). In relation to the economic data obtained, the majority is unemployed (66.7%) and presents a familiar income between R\$ 998 and R\$1995 (33.3%), however two individuals did not know to inform their income. The number of Catholic interviewees prevailed (66.7%), adding practitioners and non-practitioners. Regarding the use of SPA, there was a homogeneity between addictions, where alcohol is more prevalent implicitly, due to the presence in two responses: only alcohol (33.3%) and alcohol and other drugs (33.3%).

**Table 1.** Sociodemographic characteristics of SPA users in a therapeutic community in southwestern Bahia, 2019.

Characteristics	N	%
<b>Age group (years)</b>		
21-25	2	33,3
26-30	1	16,7
31-35	3	50,0
<b>Level of education</b>		
Incomplete high school	3	50,0
Complete high school	1	16,7
Incomplete tertiary education	2	33,3

<b>Marital situation</b>		
Single	3	50,0
Married	2	33,3
Divorced	1	16,7
<b>Breed/colour</b>		
White	1	16,7
Brown	5	83,3
<b>Occupation</b>		
You are unemployed/You do not work or study	4	66,7
Only Works	1	16,7
Work and study	1	16,7
<b>Monthly Family income</b>		
From one to less than two minimum wages (between R\$ 998 and R\$ 1995)	2	33,3
From two to less than three minimum wages (between R\$ 1996 and R\$ 2993)	1	16,7
Over four minimum wages (over R\$ 3994)	1	16,7
I can't tell	2	33,3
<b>Religion</b>		
I believe in God, but I don't follow any religion	2	33,3
Practicing Catholic	3	50,0
Non-practicing Catholic	1	16,7
<b>Addiction</b>		
Alcohol only	2	33,3
Alcohol na other drugs e outras drogas	2	33,3
Other drugs (except alcohol)	2	33,3

n: Absolute value.

The data found corroborate the national results presented by the survey Profile of therapeutic communities (IPEA, 2016), in which 80% of the vacancies in Brazilian CT are for males, and 88% are for individuals 18 years of age or older.

Another study conducted with 22 users from a therapeutic community in a municipality of the State of Piauí, in 2016, the data recently obtained disagrees with regard to schooling, with incomplete primary schooling being the most prevalent, and corroborates the predominance of the following characteristics: single (68.1%), brown color (59.1%), unemployment (36.4%); Catholic religion (81.7%), alcohol use (90.9%) (FERNANDES et al., 2018).

The prevalence of users with incomplete primary education was also observed in a survey involving two therapeutic communities in the municipality of Jaci-SP, whose percentage is 51.1%. The same presented a higher prevalence for pay less than or equal to a minimum wage (37.8%) and tobacco consumption (82.2%) diverging from the result of this study (DANIELI et al., 2017).

The information collected by the semi-structured interview was categorized into three sections in order to provide a better analysis and

discussion, in order to contemplate the objectives initially mentioned. These are the three sections: The meaning of spirituality; The practice of spirituality in the therapeutic community; and The spirituality and the rehabilitation process.

- Meaning of spirituality

Thiengo et al. (2019) state that, many times, spirituality and religiosity are the only supports found in facing difficulties. However, he distinguishes the meaning of religion and spirituality, in which the former is formed by beliefs, rituals and symbols, which seek to bring man closer to the sacred, being a way of exercising spirituality, and the latter is put with a broader meaning. Spirituality is related to reflection on the meaning and purpose of life, to a higher force, and to the idea that there is more to life than can be seen or understood, regardless of following a religion.

From the above, a centrality was identified regarding the dissociation between spirituality and religion in DSC1 discourse.

Central Idea (CI) - Spirituality is not restricted to religion.

DSC1:

This question of spirituality is not related to religion, because there are several religions. So, I can be Catholic, I can be Evangelical, I can be Buddhist, I can be Spiritist, I believe in something superior! So much so that everyone who participates has a different religion from each other. (D2, D3, D4, D6).

It is evident that spirituality is linked to the belief in a "higher power" which, in turn, is seen as indispensable for overcoming problems, as pointed out in the discourse below.

IC - Spirituality is a contact with a higher power.

DSC2:

Spirituality is the union of the human with the sacred. I believe in a power greater than myself, greater than us, to whom I may be crying out, asking and thanking for all that has happened, a higher power that can help me in several hours, capable of giving me strength to overcome adversities, the difficulties that life gives to each one of us. It's a time to internalize, to talk to God in a very simple and dynamic way, a form of prayer and guidance, that's where you'll establish a conscious contact alone with my higher power. So, spirituality for me is that. I think it's kind of illogical that we don't believe in anything. (D1, D2, D3, D4, D5, D6)

Most Brazilian TCs are linked to Christian religions, so the mention of higher power is usually associated with images of Jesus Christ and the Holy Trinity (Father, Son and Holy Spirit) (SANTOS, 2018).

Although spirituality and religiosity are of great relevance in the treatment of people with chemical dependence, greater attention is needed to the way such approaches are being carried out in the TCs. This importance is due to possible repercussions in the user's life not only in a positive way, but also in a negative, disrespectful or even criminal way, when the freedom of religion guaranteed by both the Universal Declaration of Human Rights and the 1988 Federal Constitution (SILVA; FROTA; SILVA, 2017) is not respected.

Proceeding with the idea of the DSC2 that 'spirituality is a contact with higher power', it can be seen that this contact enables the user to reflect on various aspects of his life, as explained in the following discourse.

IC - Spirituality allows reflections and change of life.

DSC3:

Spirituality is the moment I can reflect on my life, so I can review my plans and try not to do wrong things. It is a way to absorb knowledge and energy, to analyze and think. It is where I can express my evils, my fears, my anxieties and my anguishes, and seek the necessary strength to overcome all that, all that is negative. And I have become aware that to overcome my disease of addiction, I need to have conscious contact with my higher power. (D1, D2, D3, D6)

Frequent prayer, considered as "greater consensus among religions" (Sanchez; Nappo, p. 269 (2008), is a means of direct contact with the higher power, which can be compared to a dialogue between father and son. DSC3 reveals that this contact functions as an 'escape valve' that allows the user to share feelings such as anxieties, fears, anxieties, and thus share the burden of the daily struggle against addiction with the higher power.

- the practice of spirituality in the therapeutic community

In a study carried out between the years 2014 and 2015 involving ten TC from the municipality of Goiânia-GO, a homogeneity was noted regarding the reservation of a 'spirituality schedule' for the practices of prayers, services, readings, relating directly to the religious profile of each community (FILHO; ALMEIDA; SANTOS, 2017). In

addition, it was observed that 80% of the TC carried out group activities with the residents for discussion and reflection of readings, as mentioned in DSC4.

Anchorage - The practice of spirituality as routine.

DSC4:

Every holy morning we have the study group that talks about spirituality, when we begin to seek the strength to be able to live the day, to overcome barriers, because we usually say around here that we live one day at a time! Our group meets and methodically each one contributes in a good way, each one has their own understanding of the literature, which are: "The 12 steps", "One day at a time", "Just for today", "The five minutes of God", and to complete, the "Gospel of the Day". Spirituality is made without theological bases that speak only of Catholicism, but speak more of the spiritual side of each one. So, if any of us feel at ease, we can explain what we have understood about the text. Others do not, but we have to accept and respect the limit of each one. I like to do [the reading] the day before, because the moment of study is at 6 in the morning. So the day before, I read and write in a few words what I understood so that the next day I can question more with what comes from within. And incredible as it may seem, one can fit the other and it was not thought at all. It's just that literature is saying something that you're living that day and we can't explain it! Anyone should do that, because it's not something about drugs, it's something about the spirit. (D1, D2, D3, D4, D5, D6)

In the speech, the employment of the first person in the plural is perceived, which can be associated with one of the therapeutic tools used by the community, the coexistence in pairs. The exploration of this resource favors social resocialization and social insertion, since the therapeutic groups provide spaces for welcoming, integration and learning to their participants, allowing them to exchange experiences and get to know each other better. In this way, the importance of therapeutic groups in terms of strengthening bonds is reinforced, since users are inmates, and is therefore fundamental for coexistence among peers (MAZETO; CARRAPATO, 2018).

Filho, Almeida and Santos (2017) stress that these moments of group discussion and work on spirituality should be used only for the purpose of awakening feelings of victory and strength, without compromising the ethnic integrity of their participants, which may lead to further harm in its entirety. However, the authors recognize that these moments contribute to the treatment and occupation of the users.

- The spirituality and the rehabilitation process

The following speech presents a centrality of ideas based on the recognition of the deleterious effects of drug use that overcome material losses.

IC - Recognizing the consequences of drug use.

DSC5:

Before the community I was lost in the world of addiction, I remembered God only in the worst hours, all I could think about was making out and drinking. Every time I used drugs, I moved further away from God. And I thought it was something I could get around, and I just stopped believing. I lost my values and acquired values from the world - values that add up to nothing! And as a result, came destruction in my life. They were consequences of my choice, and that was the price I had to pay. But I have to accept and understand that everything was a consequence of my choice, since when I chose to use the substance, and I did not realize the size of the destruction it was causing for me and for everyone around me. (D2, D3, D6)

The discourse reveals the difficulty of users in curbing drug use, the loss of their values, and consequently, their distance from God. It is observed that this problem surpasses the user, reaching the closest people, such as family members, who also suffer the consequences of drug consumption, which in turn can generate a conflict of feelings, such as fear, anguish, sadness, guilt, among others (FONTES et al., 2019).

From the assumption of the family as the first society of which the individual is part, it is expected that the initial support for the user to seek help and treatment will be immersed from the family nucleus itself. Allied to this support, spirituality emerges as a source of personal strength that promotes a more optimistic life orientation and a greater resilience, being, together, effective in the fight against relapses (OLIVEIRA et al., 2017).

After the presentation of the previous report on rehabilitation, there follows the discourse on the impact of living spirituality, which brings a reflection of the user on drugs, the 'I', the prevention of relapses, and the new life.

IC - Spirituality interferes with treatment and character change.

DSC6:

Spirituality works several themes that touch people's feelings, taking away the old person I was and transforming me into a new person, with a new way of thinking and new attitudes. So, we should get to know each other and try to expose, remove everything that we don't like, the defects of character, that don't arise as an effect of drugs, it was already something existing that arises much more after the use, like lies, dishonesty. All this did not arise from the use, the drug only potentialized. It's like your bath, you always have to take your daily bath to get clean, like your medicine, like your cure. Getting clean is much more than not using drugs. When you are on the use, that you

are "dirty", you are "soul dirty". So I would say it is 70% of the treatment, because the treatment of chemical dependency is an inner process. And one word summarizes it all: Gratitude! I am grateful to the higher power and grateful to me, too, for giving me this opportunity to change, to see how wrong I was. And from what I've seen, people who don't practice spirituality on a daily basis end up relapsing, and I don't want to relapse. Simply, going back to that kind of life no longer suits what I am. (D1, D2, D3, D4, D5, D6)

It is possible to identify the congruence of the DSC6 discourse with some of the Twelve Steps of Alcoholics Anonymous, in which drug use is closely related to a defect of character and imperfection, being indispensable divine help in the correction of these values (FOSSI; GUARESCHI, 2019).

Beyond the spiritual resource, the need for recognition that the change of attitudes must come from the subject himself is reinforced. Gabatz et al. (2013) states that when this need for change is not understood by the user, rehabilitation does not occur. In other words, as the discourse says, the process of rehabilitation also involves inner work.

## Final Considerations

The recognition of the spirituality experienced among the residents of the TC was something pointed out as relevant, being a practice encouraged and used by the TC as phases of treatment, as individual activities and, also, in cults and prayers. Spaces of spiritualities considered as moments of rethinking life from the losses and having the opportunity to positively resignify their experiences, from the expectations of restructuring each one.

However, limiting them to moments guided by worship and prayers to exercise spirituality runs the risk of not being enough, taking into account the fragility of the human being who was in use of SPAs added to be biopsychically weakened by chemical dependence, experiencing losses of affective, family, social, economic ties, among others, and still be in confinement in the existing mode of care.

Breaking these barriers that extrapolate the act of using SPAs brings questions as to the recognition of existing strategies, but a criticism as to the need to potentialize them, which is not configured as a weakness of the TC in study, but the mental health equipment that brings spirituality as an important factor in the process of care, but incur in

fragile strategies that leave the sick person in charge of developing the shields that will support the confrontation of the reality of life.

Criticism is due to the significant value of spirituality pointed out by the users as an aid in the trajectory during and after their stay in the community and for the construction of a new perspective of life.

Therefore, it is noted that spirituality is a resource to be explored in this therapeutic process, as long as in a positive way, respecting the individuality of each user and considering the complexity of the recovery treatment and the particularities of each user. Thus, the association of other contributing factors that favor, besides recovery, the social reinsertion of the user and the prevention of relapses is reinforced, such as coexistence in pairs, family coparticipation, multiprofessional assistance and, mainly, the protagonism of the user himself.

In view of all the above, the need of society and public power and mental health professionals to recognize the struggle of users of psychoactive substances against addiction is evident, and they are the protagonists of the process and not the drug nor the wishes of society or political representatives. Therefore, the users' discourse is resumed by stating that the success of the treatment is not associated with the imposition of third parties. Success essentially emerges from the need for change that must be recognized by the subject himself.

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