
MEANINGS OF ALCOHOL, OTHER DRUGS AND CORPORAL PRACTICES IN DEPENDENTS OF PSYCHOACTIVE SUBSTANCES

SIGNIFICADOS DO ÁLCOOL E OUTRAS DROGAS E DAS PRÁTICAS CORPORAIS EM DEPENDENTES DE SUBSTÂNCIAS PSICOATIVAS

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RESUMO

O objetivo do estudo foi analisar o significado do álcool, das drogas ilícitas e das práticas corporais para os usuários de substâncias psicoativas que estão em processo de reabilitação nos CAPS ad. 76 usuários que estiveram em reabilitação nos CAPS ad do Recife/PE foram entrevistados. Foi encontrada multiplicidade no significado do álcool e das drogas, predominando fatores negativos, mesmo considerando que o álcool inicialmente é reconhecido como elemento de integração social. As práticas corporais apresentaram significados positivos relacionados, principalmente, ao movimento corporal e ocupação da mente.

Palavras-chave: Educação Física. Drogas. Serviços de saúde mental.

ABSTRACT

The objective of the study was to analyze the significance of alcohol, illicit drugs and corporal practices for users of psychoactive substances who are in the process of rehabilitation at CAPS ad. 76 users who were in rehabilitation at CAPS ad Recife/PE were interviewed. Multiplicity was found in the meaning of alcohol and drugs, with negative factors predominating, even considering that alcohol is initially recognized as an element of social integration. Corporal practices presented positive meanings related mainly to body movement and mind occupation.

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Keywords: Physical education. Drugs. Mental health services.

Introduction

The meanings constructed by the youngest people who use alcohol and drugs reflect a symbolic universe that involves a desire to experience risks and to experience the satisfaction of breaks in social patterns, to experience pleasurable sensations, and to release daily tensions^{1,2}. The feeling of flight, social repression, together with the contempt for what is forbidden, become favorable elements for the consumption of these substances. Thus, such sensations, found in the use of psychoactive substances, can be resignified through corporal practices³. In mental health, aerobic and anaerobic corporal practices, for example, are pointed out as mediators for the improvement of physical fitness and reduction of stress levels⁴.

In this sense, corporal practices have cultural meanings that ground individual and collective knowledge, inserted in a symbolic system related to space, time, and experiences lived from generations^{5,6}. The attribution of meanings to these practices allows senses that are continuously produced in a given social and cultural space, where transformations permeate social groups and certain practices. Thus, the meanings of corporal practices involve social values that pervade the transformations that are part of these practices in a given group⁷.

In corporal practices, it is possible to identify social and cultural meanings of a given group, and it is possible to lead to structures related to appearance, social classes, relations

with the body, verification with the imaginary and other reflections that allow characterizing a given social group⁵. In body practices, it is possible to identify social and cultural meanings of a given group, and it is possible to lead to structures related to appearance, social classes, relations with the body, verification with the imaginary and other reflections that allow characterizing a given social group⁸, which are present in corporal practices. Therefore, the system that rules such meanings is built through social interactions established in accordance with time and social space.

Studies^{9,10} have shown that the association of the preferences of corporal practices in the rehabilitation process can help the adherence of users, which becomes an important factor, since it enables participants to build positive meanings, and practices can be adopted as one of the factors for changes in ways of living and interaction with the environment. The relationships between corporal practices and social and cultural contexts guide the meanings, which may approach or present different meanings, since they are guided by individual or collective references¹¹. In this sense, new meanings can be found in corporal practices, since they emerge from the social interface that presents mutual transformation. Thus, the structures of corporal practices and its meanings vary, following the social and cultural structures, in addition to the forms of interaction of the person with the environment⁷.

In this context is that corporal practices can be worked as a means of rehabilitation for users of psychoactive substance. It is important to highlight the study by Coelho and Pérez-Ramos¹², where they discussed rehabilitation related to resizing personal objectives and ways to face risk situations, as a mechanism for abstinence and harm reduction. Thus, the Centers of Psychosocial Attention alcohol and drugs - CAPS ad, offer a treatment carried out by an interprofessional team, in which the physical education teacher may be inserted and be responsible for organizing the body practices performed there¹³.

Thus, this study will guide the aspects related to the meanings of alcohol and other drugs, and corporal practices for users who are in the process of rehabilitation in CAPS ad. Understanding the meaning of corporal practices for these subjects can contribute to a deepening of the theoretical and methodological knowledge that influences the rehabilitation process, and the possibility of social reintegration. The study was conducted on the basis of the following guiding question: What are the meanings of drugs and corporal practices attributed by users of alcohol and drugs who are in the process of rehabilitation in CAPS ad? Therefore, the objective of this study was to analyze the significance of alcohol and illicit drugs, and of the corporal practices for psychoactive substance users who are in the process of rehabilitation in CAPS ad.

Methodological procedures

The study adopted methodological pluralism as a means to minimize methodological limitations, using a combination of qualitative methods, as suggested by Padgett and Henwood^{14,15}. This instrument encompasses the practice of research and its subjective discussions attributed to the social field and the construction of the meanings of practices in a given environment. Thus, the methodological pluralism performed in this study presents a combination of descriptive and observational methods.

The study involved 76 users of alcohol and/or drugs who were in the process of rehabilitation in five CAPS ad in the city of Recife/PE, without distinction of gender, over 18 years of age and who participate in corporal practices performed by physical education professionals in the CAPS ad health network, regardless of the length of treatment. The number of participants was based on the saturation of the speech of users of each CAPS, following the guidelines suggested by Fontanella *et al.*¹⁶, as well as on the saturation of observations of body practices, totaling 34.

The instruments used for data collection were a semi-structured interview script, prepared by the authors, and an observation script, which were evaluated by a team of 5 doctors in the area of qualitative research in physical education. In addition, an observation script suggested by Spradley¹⁷, was applied, used in the activities performed during the body practices experiences. These experiences are nominated, in the CAPS of Recife, as Moviment Group. The data collection was previously scheduled with each CAPS ad semi-structured interviews covering the socio-demographic aspects, the meanings of the use of alcohol and other drugs, and the meanings of corporal practices, which were carried out before or after the daily activities of each location. The focal groups were conducted at each CAPS ad, following the guidelines proposed by Barbour¹⁸. At the end of the experiences of corporal practices, the users were invited to participate in the focal group that covered the discussion on the meanings of corporal practices. Lastly, the observations of the experiences were previously scheduled with physical education professionals. For data analysis, the interviews were transcribed in full and submitted to the AQUAD software to help in the elaboration of the analytical categories, later developed, and associated with the observations. All the information collected was assessed through Heinemann's content analysis¹⁹.

The study was approved by the Research Ethics Committee of the University of Pernambuco, CAAE: 23424613.4.0000.5207, under the number of opinion 672.717.

Results and Discussion

The results found, referring to the information of the 76 participants of the research, revealed that the age varied between 19 and 68 years. The majority were men (85%), in which 61.8% had incomplete elementary education, 67.11% were single, 59.21% reported not working. Of the 40.78% who reported working, 23% were self-employed, 51.31% had family income of up to one minimum wage, 53.95% were in treatment for alcohol consumption, 43.42% for alcohol and other drugs, and the rest were in treatment for illicit drug use. Of the participants, 31.6% started to consume alcohol under 13 years old, and 17.1% started to consume illicit drugs under 13 years old. In the treatment period, only 36.84% performed some corporal practice at a time different from CAPS, and of those who do, only 4% are guided by a physical education professional. Among those interviewed, 96.05% believed that corporal practices could help in the rehabilitation process of alcohol and drug users.

The profile of CAPS ad users in Recife is in line with the study conducted by Trevisan and Castro²⁰ on CAPS ad in the Triângulo Mineiro. Of those, 80.5% were men, 55.2 single, 38.4% had incomplete primary education, 34.7% were unemployed, and 77.8% consumed alcohol. This study shows the importance of health promotion, harm reduction projects, and social inclusion, as mechanisms to reduce the consumption of psychoactive substances.

To present the lines of the interviews, the acronym I was used to indicate the interviewees, and for the lines of the focal groups, the acronym FG. After the first analysis of the data, two analytical categories were obtained: the first, *meanings of alcohol and/or drugs for users in rehabilitation*; and the second, *meanings of corporal practices for users of alcohol and/or drugs*. The analytical categories are presented below.

Meanings of alcohol and other drugs for users in rehabilitation

The universe of meanings is socially constructed, so that interaction is related to the ways of life to which the individual is inserted. Meanings comprise attributes such as values and self-identification with a certain activity and its ways of experiencing it²¹. The social meanings related to the use of alcohol and illicit drugs are conducts that express signs that reinforce and reproduce social identity. Diagram 1 illustrates the meanings of alcohol and illicit drugs for study participants.

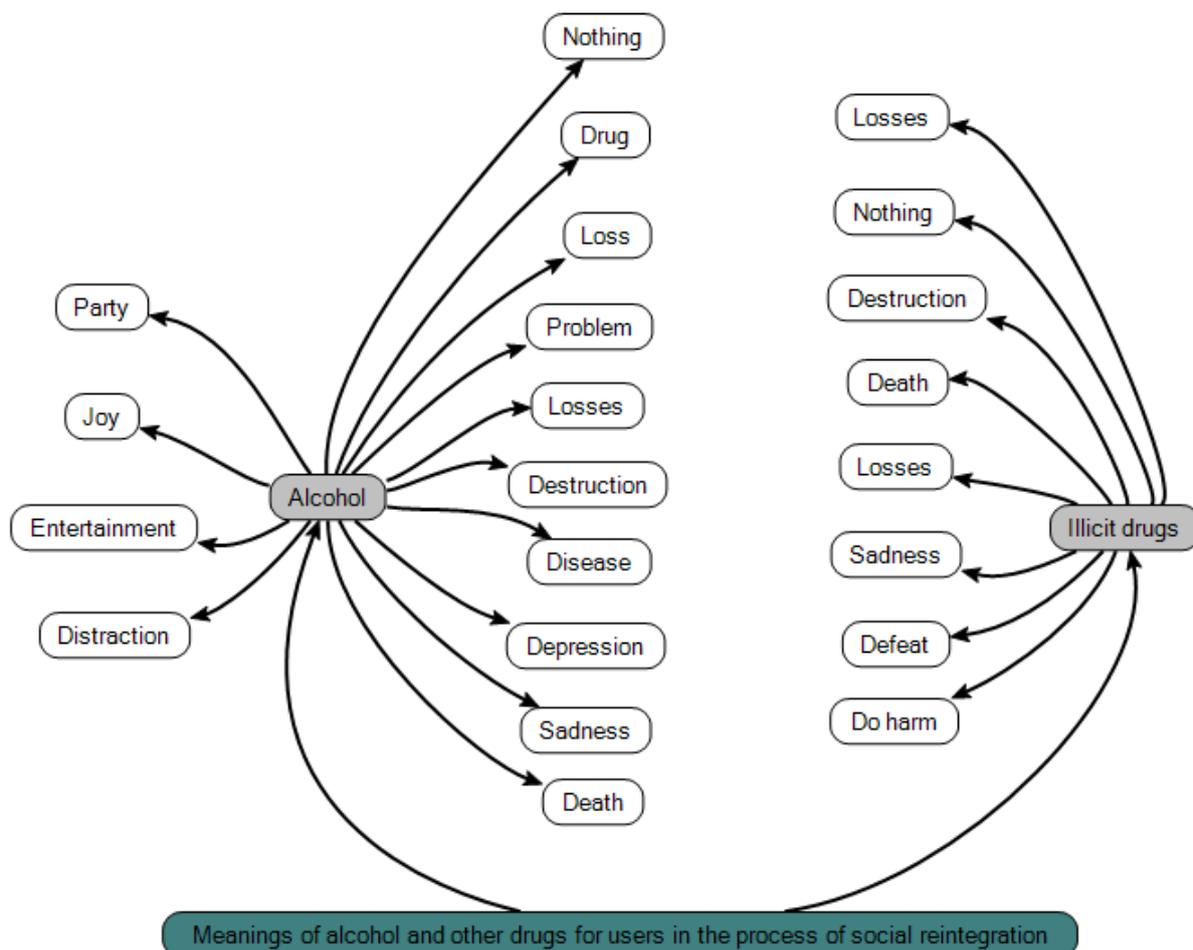


Diagram 1. Meanings of alcohol and/or drugs for users in rehabilitation

Source: Research data

This category, highlighted in dark grey, has two subcategories, marked in light grey. The first consists of *alcohol*, and the second refers to *illicit drugs*. Each subcategory presents the most frequent variables found in the interviewees' statements. The multiplicity of meanings found predominates for the negative factors, since users who are in rehabilitation with a focus on abstinence and harm reduction perceive the social and health changes that have occurred as a consequence of dependence on psychoactive substances.

The first subcategory presents two paradoxical contexts. On the one hand, for the users, the use of alcohol generates positive sensations, such as joy, fun, distraction, most of the times associated with parties. On the other hand, it expresses the negative aspects, such as losses, damages and sadness. According to Pedinielli, Rouan e Bertagne²², It is during adolescence that alcohol consumption often begins, that is, a period of passing through forms of conduct that may be associated with the onset of addictions, and may trigger psychological difficulties or disturbances, such as affective and anxiety disorders. Such relationships are identified in the speeches of the participants, such as the I4, which consumed the alcohol for “adventure, to take courage, when leaving for parties, only. Then I got used to this routine. And it happened to do this treatment to leave this addiction”. Other factors, such as the family issue, were reported by the interviewees, such as the I49 statement: “It was not completely alcohol that destroyed the family, but it contributed, contributed a lot”. Such situations are triggered by attributions of different meanings to the use of alcohol. The use can present two aspects: the positive one, as a form of entertainment, but soon after comes the negative consequences, originated from the use and dependence of alcohol, and can cause other

unfavorable meanings. The I50 reported these two moments with the use of alcohol, when it mentioned that “in the past it meant happiness for me, I felt good. It does not seem so, but I am very shy, and when I used to consume alcohol, I became more loose [...]. Now it means a drug that I can't get any closer”. According to Le Breton¹ the use of alcohol reduces everyday tensions, such as small fears, because it induces a communicative state of mind, besides making people receptive to the environment they are in, by establishing conditions to fully enjoy a party, for example. Alcohol becomes an identity rite, forcing the attainment of values and power relations for a person to integrate into a group^{1,2}.

When analyzing the meaning of alcohol for university students, a study²³ showed that the meaning is associated with violence, especially with regard to identity and gender. This study identified that the functionality of alcohol for men is a consequence of shyness. It is related to the pursuit of fun, especially when they are in groups. While women, most of the time, consume alcohol alone. It's related to forgetting some problem. For men, alcohol has the meaning of social integration, while for women it leads to isolation²⁴. However, for the meaning of alcohol in substance dependence, the authors warn about the negative factors generated over time of consumption, as reported in I32: “For me, alcohol does not mean anything. It is silly for a man to drink [...] Drinking only brings harm to everything, to the home, to the family, to yourself, and to the neighbors as well”. Therefore, during the rehabilitation process for the users, alcohol has a subjective social meaning that comes from the dynamic processes of interaction of the self-subject with the environment.

In the comments, a user's report was highlighted, discussing the ease of access to alcohol in various places and at various times, as it is a legitimate substance. In the report, she informs that this facility ends up hindering those under treatment because, in some situations, during the abstinence period, there may be relapses, which may bring losses.

The second subcategory, *illicit drugs*, has only negative meanings, and many repeat the reports found on alcohol, however, the frequencies were different. A study²⁵ presented that drug dependence is a way of life that accompanies physical, mental and spiritual suffering, both for the user and for their families and society. The I64 reported that the meaning of drugs “Today is a doom. I consider crack, one of the worst drugs [...] a very heavy drug, because crack destroys the life of the human being”. The I59 and I24, respectively, place the meaning of illicit drugs as “frustration and destruction” and “sadness and defeat”. Such meanings are presented in a study²⁶, which aimed to analyze the meaning of suffering in people dependent on psychoactive substances, and those in rehabilitation. The results indicated that these meanings are multidimensional and affect aspects of physical, emotional and social existence. In other words, they present a threat, especially with regard to emotional disability, since the obstacles encountered in dependence and in the rehabilitation process are persistent and tend to conflict during the abstinence period, which can be one of the factors in relapses.

It is worth pointing out that the theory of Mead²⁷, American philosopher, refers that the object, including the “self”, has different meanings for people, and these meanings are attributed through the interaction with itself, that is, the meaning of the objective is not given directly, but through a conception about the type of action that was taken for it. Thus, the meaning presents variations that arise in the sense of interaction with the environment.

According to the data found, three classifications of the functionality of alcohol and drugs can be elaborated for the users: relational, leisure and technical. The first, consists of the forms of interactionism among users; it is the act of consumption to establish identity, to be accepted as a group, as mentioned in I46, which began to get involved with the use of alcohol as a consequence of “[...] shyness. I noticed that by drinking I became more extroverted, more relaxed”. Another report to highlight is from the I40, referring to the

consumption of alcohol “[...] I am happy, talking with people, happy. To dance [...] at a party [...] I am shy to talk to a girl, to call to dance. Because when I was sober I couldn't, [...] I drank to create courage”. The second, leisure, refers to situations of relief from everyday tensions, as explained in the I07 about the use of marijuana “I can even be alone in a room, but I keep listening to a song. I stay calm [...]. I keep thinking about good things. I even like to laugh. I don't like to be with anyone [...]. I like to be alone anyway, thinking. I09 also reports that “[...] Marijuana is more different than alcohol, you smoke and it makes you calm and relaxed”. And the third, the technician, who supports a specific competent purpose, as reported I13 “[...] I worked at night, I worked on cocaine. I was used to it”.

These three classifications often cannot be understood in an isolated sense because they are able to interact with each other by combining two or even the three classifications, for example, a user who works at parties. The effects and meanings of the use of alcohol and drugs are multiple, and are perceived, within a universe of particularities, from the user and from the group(s), in case he/she is part of one.

Ambivalence regarding the use of alcohol must be considered, because because it is a socially legitimate substance, it can bring harm, or not, to consumers. On the other hand, illicit drugs bring representations of their illegitimacy, since they are forbidden and morally reproved by the population. In this way, they can bring meaning only in the negative context, to the interviewees.

In any case, the assignment of the meanings of alcohol and illicit drugs to users in rehabilitation in CAPS ad needs to think about strategies for reducing the harm caused by dependence and abstinence, causing changes in the sense of reorganizing one's own identity and meaning of life, which were affected in the period of chronic use. A study²⁸ resents five stages in the process of abstinence: 1) pre-contemplation refers to a stage that has not yet awakened the intention to change behavior; 2) contemplation consists of the stage in which the person is aware of the existence of a problem and that can be overcome; 3) preparation refers to the intention of the behavior criteria and the commitment to change; 4) action is based on changes in behavior, experiences or environment, as a way to overcome problems; 5) maintenance constitutes in prevention the relapse, and consolidate the gains achieved during the action phase. Thus, these five stages allow the use of harm reduction and adaptation to ways of living, thus stabilizing behavior changes and relapse.

The changes, when incorporated, reflect the meanings of the consumption of alcohol and illicit drugs, by introducing processes associated with lived experiences, cognitive and integration, during the rehabilitation process. These experiences are distinct because they go according to the experience of the user in this process, but they present negative meanings, in general, when they analyze the damages caused by the use of psychoactive substances.

Meanings of corporal practices for users of alcohol and/or drugs

The second category refers to the meanings attributed by the participants to corporal practices, which are inserted in a social and cultural universe. Corporal practices can lead to meanings related to forms of interaction, since the action of practicing them explores dimensions that are often not known by the practitioner himself, which makes it possible to discover corporal limits²⁹. In the period of rehabilitation, corporal practices can bring new meanings, which are built into the structured practices together with conventional treatment. The diagram below illustrates the meaning of corporal practices for users in the rehabilitation process.

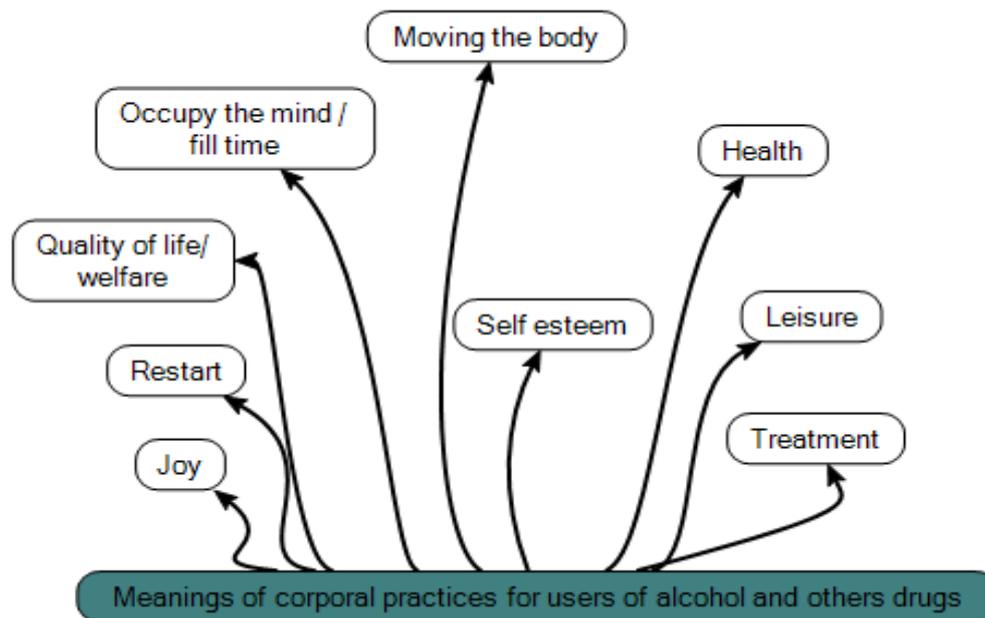


Diagram 2. Meanings of corporal practices for users of alcohol and/or drugs

Source: Research data

This category, highlighted in the dark gray color, presents the most frequent variables found in the interviewees' statements. What stands out to the participants is moving the body, as reported in I03, when he says that "it means that you improve physically", just as I17 reported that "moving your body is an exercise". Corporal practices help to improve both physical and psychic aspects by working with movements that favor well-being and positive emotional aspects, in a mutual way. These improvements consist of increased physical fitness, prevention of cardiovascular diseases, hypertension, obesity, anxiety and depression. Corporal practices experienced by users can be easily integrated into treatment individually or collectively, and can be associated with other therapies and drug treatment¹⁰.

In 2013, a study was conducted³⁰ with men and women for 3 years, collecting data through two sites that treated physical and psychological health, quality of life, and drug use for people who were starting treatment. They identified that people who were involved in significant activities reported a higher quality of life compared to those who were not doing such activities. The same was found for those who were in abstinence. Thus, the holistic approach that considers activities meaningful to users who are in the process of rehabilitation supports quality of life.

In the reports of those interviewed in this research, quality of life and well-being were cited as one of the meanings of corporal practices, as presented by I61 "means quality of life". The perception about the improvement of quality of life can be associated to other factors, such as the reduction of psychoactive substance use or being in abstinence, as well as it may be related to the contexts of social and cultural systems, attribution of values in relation to their objectives, expectations and other factors that directly interact with quality of life, as highlighted by the World Health Organization³¹. Thus, the quality of life, as one of the meanings attributed to corporal practices, becomes a component within the complexity of users' lives, both physical and psychic factors that satisfy social and cultural relations. Minayo, Hartz and Buss³² understand quality of life as a notion of the level of satisfaction in the spheres of life, whether in the family, society or environmental issues. And he adds that "It presupposes the ability to make a cultural synthesis of all the elements that a given society considers its standard of comfort and well-being"^{32:08}.

For the experience with significant activities, it is important that the realization of these practices are developed in a way that meets the preferences and choices of users so that there can be adherence and experiences. In the study by Abrantes *et al.*⁹ the preferences and relationship with the adherence of intervention practices in rehabilitation programs with 97 users of psychoactive substances in the northeastern United States were analyzed. They identified that there is a need for rehabilitation programs of alcohol and drug users to adapt interventions to the preferences of the users, in order to increase adherence. This falls under the focal group data, when the issue of corporal practices preferences performed in CAPS ad was discussed. Most users like the practices, as an FG4 report states, “the therapy 'physical education' has to be essential in the life of any human being, even those who are not chemical dependent [...] because it is our well being, health”. With this speech, it can be understood that the experiences made in CAPS ad are generally accepted by users, which are diversified and planned according to the physical education professional and the physical facilities of each unit.

From the observations of corporal practices, those that predominate are stretching, aerobic and localized exercises and relaxation. However, when the corporal practices were discussed preferably and that they would like them to have in CAPS ad, the games, bodybuilding and capoeira were cited more often, as said u in the FG3 report “I like two things: capoeira and soccer”. In this context, in FG2 it was reported that “bodybuilding makes you forget your problems”. Awakening interest in corporal practices is the first step, however, most of the users interviewed only perform the practices inside the CAPS ad. One hypothesis for this reality is that it does not awaken interest in practices that are significant and can bring some positive meaning. A study¹⁰, in 2015 presented that body practices need to be widely accepted as part of the rehabilitation process, but to do so, strategies need to be sought to improve the care and needs of users by maximizing their participation and interventions in CAPS ad.

Another point to highlight is the concern to occupy the mind and fill time, as reported in the I06 that such practices “mean well-being, to be well with oneself. It is a way to occupy the mind, to develop other activities”, as well as the I64: “besides being good for health, it will occupy my mind. And it will help me to overcome drug use”.

In this sense, it is important to stress the structuring of time, because, like I69 “we have to occupy ourselves all day long, because if we stay at home, the tendency is to fall. We have to occupy ourselves to forget the street, the friends in the street, the bar”. It is important to work with the users the awareness of time, even to minimize the symptoms that occur in the process of abstinence, however the corporal practices in an isolated way do not include thinking about the prevention of the use of psychoactive substance, and the same goes for non-structured practices.

The corporal practices carried out in an non-structured way, can lead to deviant behaviors such as the abusive use of psychoactive substances^{33,34}. A study³⁵ on the use of marijuana in France pointed out that informal corporal practices become susceptible to the use of illicit substances. Another study³⁶ carried out in France points out that the consumption of alcohol and drugs is more frequent in unemployed people and university students when compared to workers. Research by Trainor *et al.*³⁴, conducted in southern Australia, revealed that less structured body practices are associated with the use of psychoactive substances.

In anti-drug discourses, one can perceive recipes for filling time with different activities, however, the main issue is not the filling of time but the awareness about the appropriate use of free or leisure time. In the same way that corporal practices will not make the treatment effective, in an inverse way, the filling of time by itself, avoiding that the user has free time, will not prevent the use or the relapse, everything will depend on the acquired

conscience. It is important to emphasize the need for education for leisure, aiming at raising awareness in a meaningful way regarding the use of free time.

The prevention of deviant behaviors through structured corporal and leisure practices can contribute to solving problems caused by the use of illicit drugs and other social problems, placing the corporal practices as an efficient means of mediating deviant behaviors³⁷. In this sense, the I70 informs that the body practices performed in CAPS ad “means a treatment. It relaxes the body, with gymnastics, these things”. The realization of corporal practices in CAPS ad, helps in the recovery of the users, so that associated to the conventional treatment, contribute to the change in the ways of life.

It is important to highlight that, in this study, corporal practices in their amplitude, should not be considered as a single element to prevent the use of alcohol and other drugs, but as a possibility to contribute, together with the interprofessional field, in the process of social rehabilitation with CAPS ad, which can be a limitation of the study. However, the importance of new research in the field of physical education and its specificities is highlighted.

Therefore, the meanings attributed to corporal practices can help to reconsider behaviors experienced, social interaction, and minimize health problems that were affected by the abusive use of psychoactive substances. Thus, corporal practices associated with conventional rehabilitation consist of interventions, which according to the reports of the participants, help in the seeking of a new perspective of life in the abstinence period and contribute to harm reduction. It is worth noting that physical education professionals at each CAPS ad have a different way of working and planning corporal practices, as a result of physical structure, available material, and the amount of experience offered to users during the week. It is still necessary to diversify corporal practices and adapt the spaces and physical structures so that they can offer better conditions and services related to the experiences of corporal practices.

Final Considerations

The study analyzed the significance of alcohol, illicit drugs, and corporal practices for users of psychoactive substances who are in the process of social rehabilitation in CAPS ad. The meaning of alcohol for users in rehabilitation presented two aspects, one positive, which had meanings related to partying and fun; and the other negative, which had meanings related to harm, problems and losses.

On the meanings of illicit drugs, losses, destruction, sadness and others were observed. Concerned with the meanings of corporal practices for users in rehabilitation, there were responses associated with the movement of the body, the occupation of the mind, improvement in quality of life, among other positive aspects.

These results emphasize the importance of incorporating corporal practices into rehabilitation programs for alcohol and drug users to aid treatment and promote social inclusion. It is suggested that such practices are related to the preferences of the users, so that there is greater adherence of the participants and, as a consequence, create incentives to seek other spaces where they can perform corporal practices guided by a physical education professional.

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Acknowledgements: Thanks to CAPES- BR.

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Received on Mar, 11, 2019.

Reviewed on Apr, 02, 2020.

Accepted on Apr, 20, 2020.

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