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USE OF ALCOHOL IN CONTEMPORANEITY TIMES: WHAT PLACE DOES IT OCCUPY, WHAT VOID DOES IT FILL?

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Abstract: It is understood that the use of narcotic substances has deep historical relationships and involves cultural and religious aspects, among others. It is also known that the abuse of psychoactive substances has increased more and more in contemporary times, and can be understood as a public policy problem, in addition to allowing questions about: What place do use and dependence occupy? What void do they fill? Thus, this study aims to understand the etiological factors in alcohol dependence, correlating with the meaning of life or the absence of meaning. In addition, we seek to highlight the possible harm caused by alcohol dependence, in order to promote reflections that encourage the development of prevention aspects and treatments for alcohol dependence. In order to achieve the objectives, a bibliographical survey was carried out, which allowed understanding the impact of behaviors used to fill the possible “existential void”, one of them being the use of alcohol, which generates great damage in several spheres of the lives of individuals, dependents, and a false sense of well-being. It is hoped that the study will allow reflections and future possibilities for further investigations and construction of knowledge in this field.

Keywords: Alcohol. Dependency. Sense of life.

INTRODUCTION

The human practice of consuming substances that provide changes in perception, mood and feelings has been going on for thousands of years and, according to Lacerda and Rojas (2017), the consumption of such chemical substances involves cultural, religious, economic and political factors, among others. According to these authors (2017, p. 364), it is feasible that, “even being part of society rituals, transcendence and self-knowledge, the excessive consumption of chemical substances, added to other

factors related to people’s lives”, can lead to dependence. In this sense, it is possible that pleasurable use passes its potential to provide satisfaction and becomes a physical and psychological dependence of the individual on the substance.

Psychoactive substances or psychotropic drugs are understood as “those that act on the brain, modifying its functioning, which can cause changes in mood, perception, behavior and consciousness [...] They are classified as illicit and licit. The latter is when there is no restriction or prohibition in the legislation regarding the production, use and commercialization, also called legal drugs and sometimes even encouraged in certain cultures, such as alcohol, coffee and medicine. Illicit substances make up the group of substances that have their use, production and commercialization considered as crimes according to the legislation. They are prohibited drugs (MALBERGIER, AMARAL, 2013 p. 09).

However, the target substance to be discussed in this article is a licit drug that brings many damages to the physical, psychological and social health of individuals, alcohol. Alcohol dependence is widely debated today and represents the situation of Western man, characterizing it as a serious social and public health problem (PRATTA; SANTOS, 2009). Knowing the aspects that are at the origin of alcohol dependence and that imply the absence of meaning in life can favor job opportunities for mental health professionals. Therefore, this study will address aspects of alcohol dependence, as it is a relevant issue in contemporary society.

According to Diehl, Cordeiro and Laranjeira (2011, p. 129) “alcohol dependence is scientifically understood as alcohol dependence syndrome (ADS), and is a serious public health problem, being one of the most prevalent mental disorders in Brazil. society”. Thus, for the authors, it is a pathology of a chronic nature, liable to many relapses and

responsible for numerous clinical, social, labor, family and economic losses. Furthermore, it is often associated with situations of violence (sexual, domestic, suicide, robbery, homicide), traffic accidents and trauma. At a global level, alcohol consumption has increased in recent decades, with a predominance of progress in developing countries and, more often in countries where there is little tradition of social policies to control alcohol use, as well as prevention and treatment methods.

According to Bortoluzzi (2010), based on the World Health Organization (WHO), two billion people in the world consume alcoholic beverages and about 76.3 million live with a diagnosis of disorders related to the consumption of these beverages, which, for this reason, it carries a considerable social and economic burden from a public health perspective. Still, according to the WHO, the Brazilian population is among the largest consumers of alcohol, with an estimated annual consumption of approximately nine liters of absolute alcohol among residents over fifteen years of age.

According to Frankl (2007) quoted by Silva and Oliveira (2012) the young population, especially vulnerable to the appeal of chemical substances, lives the syndrome of mass neurosis, generated by the lack of meaning, constituted in the triad “drug addiction, aggression and depression”. It is possible to think that the consumption of drugs is part of the phenomenon of lack of meaning, which results in a frustration of existential needs, having been seen as a “universal phenomenon”.

According to Aquino et al. (2009) the lack of meaning is the root of the existential emptiness of the current Western man, who seeks a life of pleasure and success, forgetting the transcendent goals. The human being then begins to experience great frustration, because what makes it unbearable is not suffering, but living without an ideal. In antiquity, men

sought in tradition a meaning to their lives. Nowadays, there is a difficulty in accepting the values that were left throughout history.

The meaning of life needs to be found and discovered by the person, with conscience being the guide in this search for meaning. Man always seeks the meaning of his life, moving in favor of a meaning to live, considered as “will to meaning” according to Frankl (2005, p. 672).

The abusive use of chemical substances and, as a result, dependence, “may be positively correlated with the feeling of existential emptiness or the lack of meaning in life”, according to Frankl cited by Marques, Holanda and Serberna (2015, p. 219). It is chosen as a hypothesis that the phenomenon of abuse of chemical substances today is a face of the feeling of meaninglessness, resulting from existential frustrations, affecting its etiology of neurosis, being a self-administered “psychotherapy” by people who have existential problems, portraying consumption as a form of self-medication and numbness in the face of the feeling of meaninglessness.

Thus, this article aims to understand which etiological factors are included in alcohol dependence and which may be related to the meaning of life or the absence of meaning. In addition, it is intended to elucidate the possible treatments involved in alcohol dependence, establishing the possible damage caused by dependence in the user’s life, in order to promote reflections that stimulate the development of aspects of prevention and treatment of these individuals.

In order to achieve the proposed objectives, we sought to investigate books and digital platforms in the public domain, such as Google Scholar, Scientific Electronic Library Online (SCIELO) and Periódicos Eletrônicos da Psicologia (PePSICO), that is, scientific articles, as well as manuals, booklets, documents from federative and international

bodies, such as the WHO, on the subject in question. Thus, it is a bibliographical research that, according to Lima and Mioto (2007) has been frequently used in works where the study takes place in an exploratory or descriptive way and, mainly in cases where the main object of investigation is little studied, which leads to a certain difficulty in formulating precise hypotheses. Thus, a survey was carried out of a variety of materials on the use and dependence of alcohol, and the meaning of life and, from a total of 30 works, 24 were selected for reading, and separated according to their relevance for the realization of the present study.

DRUGS AND ALCOHOL DEPENDENCE

According to the International Classification of Diseases - ICD (WHO, 1993) and the Diagnostic and Statistical Manual of Mental Disorders - DSM-V (APA, 2014) it is understood that the use is a self-administration of any amount of substance, the abuse as a pattern of use that presents harmful consequences and/or harmful risks to the subject, which may or may not make the subject dependent. Dependence, on the other hand, is understood as the total lack of control over use, where the individual usually develops abusive behaviors, causing health problems. In addition, substances become indispensable for physical and psychological functioning.

According to Zanelatto and Laranjeira (2013), before classifying psychotropic substances, it is necessary to conceptualize which ones were systematized by the World Health Organization (WHO) in 1981. Psychotropic drugs act on the central nervous system (CNS) producing changes in behavior, mood and thought, subject to self-administration. It is the psychotropics, therefore, the substances that can lead to

dependence. Psychotropic substances, still according to the aforementioned authors, represent alternative ways of seeking pleasure through an artificial stimulation of the CNS. The fundamental difference between the pleasure stimulus generated by the natural act of satisfying hunger and the use of a psychotropic drug is the potency of this stimulus. Substances are capable of generating stimuli whose intensity and duration are much greater. Thus, as individuals abuse alcohol, this substance increasingly interferes in their lives. Therefore, psychoactive drugs are substances that depress the central nervous system, depressant agents, slowing down its functioning. The effects are drowsiness, decreased concentration, psychomotor slowdown, decreased reflexes and a feeling of relaxation and tranquility.

Alcohol causes changes in various brain neurochemical systems. Its ingestion causes inhibition of the glutamatergic system – which includes glutamate, the most potent stimulating neurotransmitter in the CNS – and the release of GABA acid (g-aminobutyric acid). This acid is the main inhibitory neurotransmitter in the CNS, serotonin, acetylcholine and endogenous opioids, responsible for the sensation of pleasure and well-being mediated by the release of dopamine in the Human Nucleus Accumbens (Acc) is the main structure of the Ventral Striatum. It constitutes a limbic-motor interface and plays a central role in brain reward circuits. It fulfills emotional, motivational and psychomotor functions, being involved in several neuropsychiatric pathologies. (*nucleus accumbens*). Due to its effect on several brain neurotransmitters, the acute effect of alcohol on the CNS is not unique. In general, euphoria and disinhibition occur first, and then CNS depressant effects. (ZANELATTO; LARANJEIRA, 2013, p. 41).

According to Zanelatto and Laranjeira

(2013) chemical dependence is characterized by a pattern of compulsive consumption of the psychoactive substance, with an uncontrollable desire to consume. Consequently, the need arises for increasing doses, in order to experience effects previously obtained in smaller doses, increasing tolerance. With respect to this gradual increase in use, the authors argue that

[...] signs and symptoms occur in the body if the subject reduces or interrupts its use for some reason. Therefore, to relieve these symptoms due to interruption, the user starts to consume chemical substances preventively in order to avoid the return of the unpleasant symptoms caused by the absence of the substance in the body (ZANELATTO; LARANJEIRA, 2013, p. 43-46).

In general, according to Abreu and Malvasi (2011), substances of abuse increase dopamine levels, bringing about a conditioned response, that is, when ingesting alcohol, the reward system of the brain is activated through the chemical element dopamine, which gives the feeling of reward. Thus, repetitive alcohol use activates the same brain motivational systems that continue to be activated by core behaviors, food, sexuality, and escape from threatening situations.

In summary, dependence is established when the brain begins to associate these substances (alcohol) and their stimuli as biologically necessary substances, with stimulus sensitization occurring, since the feeling of well-being and euphoria increases the desire to repeat such sensations. However, exposure to these conditioning rewards can be the trigger for alcohol abuse and the search for pleasurable sensations.

In physical dependence, according to Abreu and Malvasi (2011), the organism adapts and gets used to the chemical substance; in psychological dependence, behavioral changes take on the character of a

disorder, as it is linked to pathological patterns of functioning. This way, the subject, even experiencing significant problems related to use, persists, making the substance, alcohol, a priority in his life.

According to DSM-V (APA, 2014) and ICD-10 (WHO, 1993) the diagnosis of substance dependence follows the following phenomena, which must occur at any time within the same 12-month period:

Narrowing of the drinking repertoire – being the tendency to drink alcoholic beverages with or without company, on weekdays and weekends. Episodes without drinking become rare. There is a constancy in ingesting drinks either at events to celebrate, either alone or on ordinary days. Consuming drinks for a longer period of time than preferred.
Tolerance is the loss or decrease in sensitivity to alcohol. The subject starts to ingest ever larger doses, to achieve the same effects; it becomes more resistant, needing progressive amounts to acquire intoxication or desirable effect.
In abstinence syndromes, psychic and physical signs and symptoms occur after the decrease or interruption of substance consumption, the greater the dependence, the more intense the effect of substance withdrawal in the body.
When there is a persistent desire or unsuccessful effort to reduce or control the use of alcoholic beverages.
The subject spends a lot of time in activities necessary for obtaining substances or planning their collective use.
Abandonment of social, work, occupational or recreational activities due to drinking.
The continuous use of the substance, even though they are aware of the harm to their physical and psychological health. For example, the continued use of alcoholic beverages, although the subject recognizes that an ulcer was made worse by alcohol consumption.

Table 1- Substance dependence criteria

SOME REASONS FOR ALCOHOL ABUSE AND ASSOCIATED HARM

According to Pratta and Santos (2009), in contemporary times, using chemical substances abusively contributes to the occurrence of individual and social problems. Thus, globally, alcohol causes 3.2% of all deaths - about 1.8 million deaths/year - and about 4% of diseases are related to its use. Of the total deaths attributed to alcohol, 32% are the result of unintentional injuries, that is,

traffic accidents, drowning, burns, falls and other (OPAS, 2019).

According to Crives and Dimenstein (2003, p. 28), the increase in alcohol abuse has been associated with social vulnerability, experienced by some groups of young people, as well as the culture of pregnant consumption, known as the culture of excess. A large number of young people are permanently threatened by the instability of their living conditions and social exclusion.

(...) social exclusion refers not only to economically disadvantaged groups, but to a portion of society that finds itself in a situation of “social uselessness” or “existential exclusion”, which violently affects poor and rich, in the to the extent that it points to an absence of identity values, a crisis of meanings in the social imaginary. (CRIVES; DIMENSTEIN, 2003, p. 28).

Still according to Crives and Dimenstein (2003, p. 29), this point of view implies the perception of chemical substances as a sociocultural product and its multidetermined use, moving away from the puritanical, moralist position, which cannot advance in the development of alternatives of intervention that takes into account the demands of a consumerist, narcissistic and hedonistic society, where the chemical substance occupies a place of “magic solution”, relief of the malaise produced in the daily relationships of young people. In this sense, chemical substances can be understood as symbolic goods, carrying with them the promise of guaranteed happiness and easy access.

Issues involving alcohol dependence are considered a public health problem. Guimaraes et al. (2008, p. 673) describe chemical dependence as a public health problem that has challenged health professionals to understand the profile of psychoactive substance users, as there are difficulties in managing and approaching the

problem.

It is understood that alcohol dependence significantly affects the family, because, today, the family can be understood as a scenario of risk and/or protection against the complexities of substance abuse. For Diehl, Lamb and Orange:

O pressuposto básico desse entendimento explica que as pessoas que usam drogas estão inseridas em um contexto no qual seus valores, crenças, emoções e comportamentos influenciam os comportamentos dos membros da família, também sendo por eles influenciados. Assim, a unidade família representa um dos sistemas de muitos outros que compõem toda a rede do paciente que apresenta o problema de abuso ou de dependência em que mais facilmente os problemas de ordem humana podem ser abarcados. (DIEHL; CORDEIRO; LARANJEIRA, 2011, p. 319 e 320)

Families that have the problem of dependency, according to Diehl, Cordeiro and Laranjeira (2011) are, in fact, those that have, over generations, been suffering the impact of losses, traumas or unresolved issues. This leads one to think that such losses would not have been dealt with sufficiently, and that in the attempt to follow the flow of family life, vulnerability to other problems or symptoms remains.

Drinking problems usually develop gradually. However, they can be significantly exacerbated by an accumulation of stressful events or by family identity built up over transitions in the life cycle. (DIEHL; CORDEIRO; LARANJEIRA, 2011, p. 326)

According to Zanelatto and Laranjeira (2013, p. 53), regarding the associated losses, physical, psychological and social damages are highlighted, potentiated by the effects of acute and chronic alcohol use and loss of family and work relationships. Clinical (physical) complications are signs found in the body, through symptoms, as alcohol has a direct

toxic effect on several organs when used in high doses and for a prolonged period. The most common physical complications are gastritis, ulcers, toxic hepatitis, steatosis (accumulation of fat in the liver), liver cirrhosis, pancreatitis, brain damage, dementia, anesthesia, decreased muscle strength, myocarditis, hypertension and stroke and risk of neoplasms in the gastrointestinal tract, bladder, prostate and other organs.

Withdrawal symptoms are observed among alcohol users when they observe losses due to the abuse. It is worth mentioning, according to Zanelatto and Laranjeira (2013), that “withdrawal symptoms are characterized as physical and psychological symptoms of discomfort after reducing or interrupting consumption. There are tremors, diffuse sweating, heart palpitations, increased body temperature, nausea and vomiting, which can lead to mental confusion”.

A high prevalence of association between mental disorder and psychoactive substance use disorder is found in the literature. According to Zanelatto and Laranjeira (2013, p. 85), the most common comorbidities are anxiety disorders (phobia, social phobia, panic disorder), mood disorders (depressive and bipolar disorders), personality disorders (*borderline* antisocial and schizotypal), schizophrenia, eating disorder and attention deficit disorder), hyperactivity. The authors warn that their relationships may be coincidences, genetic vulnerability in common, or these psychic complications may just be underlying disorders. As alcohol dependence is chronic in nature, there are numerous relapses and losses and, as the abusive use of alcohol is the focus in the addict's life, there is distancing and rupture of fraternal ties due to the countless episodes of conflicts, abandonment and changes in his or her life. life, not being able to take responsibility for the other in the family structure. The place of

the family becomes one of overload for those who live for alcohol.

Therefore, there is no alcohol consumption free of personal and relational harm and there are countless problems related to the consumption of this substance from the point of view of changes in the behavior of those who are dependent on alcohol. Thus, the person is susceptible when in a state of drunkenness and, after recurrent symptoms, in extreme moral vulnerability, risky sexual behavior, irritability, critical judgment, with a significant change in speech rhythm, motor performance and ataxia (loss or irregularity of motor coordination, with a high risk of traffic accidents).

Not uncommonly, there may still be a commitment of a legal and self-extermination nature. According to Lara, Diehi and Cordeiro (2011), domestic violence and suicidal ideation are associated with alcohol dependence, since depression is present with psychological illness prior to dependence or as a consequence of losses in quality of life.

THE MEANING OF LIFE

Carneiro and Abritta (2008) reaffirm in their study that throughout existence, “man has always sought to build meaning for his reason for being and being in the world”. They also postulate that since then man needs to develop means to affirm his presence in life, as well as to give meaning to his existence (life), having contributions to the construction of meanings in manifestations in art, literature, rituals, philosophy and others.

In the book “Um Sentido para a Vida”, the psychiatrist Viktor Frankl (1989) and founder of logotherapy, defended that “therapy through meaning, affirms that survival depends on the ability to orient one's life towards a “so that thing” or a “for whom”, that is, the ability to transcend oneself” (CARNEIRO; ABRITTA, 2008). Frankl (1991) understands that the

meaning of believing that each person has a specific mission to accomplish and needs to perform this task is built from the subjectivity of each person. For Frankl (1989), the meaning could be a junction between the values of a creation, with work/profession that would place the subject included and accomplished in the social. Therefore, he does not consider work as a full guarantee, the only aspect, or as sufficient to find meaning in his life.

In general terms, “the meaning of life”, according to Frankl, is about finding a purpose that allows one to carry on with life, assuming responsibility for oneself and for humanity, understanding what motivates us, being able to remain safe and capable of adapt, create and generate change.

According to Carneiro and Abritta (2008), in the past it seemed that man solved his survival issues based on simple devices, such as, for example, food, shelter, raising children (offspring). However, currently despite all the resources at our disposal, the condition of living and staying on Earth seems a difficult task.

Thus, in contemporary times, each person asks himself what his purpose is. However, several concerns and paradoxes arise.

Technology brought the paradox of survival and self-destruction of human beings. Everything is ready, on the verge of being consumed and no longer requires man to construct a meaning for it: poetry has given way to the virtual world, sensuality is the object of marketing, privacy has succumbed to the seduction of online communities. The body is exposed and intimacy is violated. Young people seek in drugs some compensation for the lack of a reason for being and existing. (CARNEIRO; ABRITTA, 2008, p. 191)

Therefore, meaning embraces individuality, that is, what is apprehended by the subject about something, but does not detach it from the social environment. The lack of

meaning of the contemporary subject points to a recurrent existential phenomenon, as a malaise in today's society. Faced with demands, pressures, challenges, the subject finds himself helpless and, when he does not correspond to these demands, he seeks to distance himself from reality and finds refuge in his own world.

According to Aquino et al. (2009), the lack of meaning is the root of the existential emptiness of the current Western man, a life of pleasure or success is sought, forgetting transcendental goals. Human beings begin to experience frustration, because what becomes unbearable is not suffering, but living without an ideal.

It is possible to think of an absence of references and belonging in people, especially in contemporary youth, which can result in harm. Thus, there is an unbridled search for subterfuges to fill a lack of subjective meanings, and may resort to compulsive behaviors or excesses, in ways of life focused on consumption, pleasures, chemical substances, distancing themselves from human values.

Therefore, the lack of meaning brings damage to the various interfaces of everyday life, such as affective bonds and an immense inadaptation to the exercise of working life, significantly impacting mental health, since the lack of meaning is directly related to depression, anxiety, obsessive thoughts, phobias and other symptoms (BATTHYANY, 2012).

It is noteworthy that the subject today, according to Frankl (1988; 2007), seeks to satisfy immediate desires, but as we live in a consumer society, demands are created that cannot always be satisfied, such as the need for meaning. Thus, the subject is at the mercy of the here and now without the intention of planning and acting in favor of himself.

MEANING OF LIFE AND ALCOHOL ABUSE

The reasons that lead a person to ingest drugs, and especially alcohol, are varied and particular. However, there is a consonance that allows us to state that they can be understood as causes: curiosities; cultural and social influences, which sometimes start early; own wills; by escaping from difficulties in dealing with difficult situations, as a result of family or other conflicts; religious rituals; dissatisfactions with life; search for sensations of pleasure, relief of tensions and relaxation. (CRIVES; DIMENSTEIN, 2003; PRATA; SANTOS, 2006; FARIA; SILVA, 2018).

As for the relationship between drug use and abuse and the meaning of life, it is understood that young people, according to Reis (2013) cited by Andrade (2018), are vulnerable due to biopsychosocial, intellectual and emotional transformations, exposing themselves to situations of health risk.

Vulnerability refers to varying levels of exposure to the influence of reality, articulated with the objective and subjective needs of the adolescent, which can generate health problems prevalent in this age group (REIS et al., 2014 apud ANDRADE 2018, p. 26). Among the main vulnerabilities that expose adolescents to risk situations include sexual behavior, the use of alcohol and other drugs and violence, and these are often interrelated. Tangent to this is the concept of risk, sometimes enhanced by social situations, leading to a greater chance of psychological and physical suffering and, in extreme cases, even death (FAIAL, et al., 2016).

In order to face the vulnerabilities that permeate the life of adolescents, it is necessary to expand protective elements such as the family, considered the cradle of human relationships, as well as religion, which adjusts human behavior through belief (FAIAL, et al. al., 2016). In addition, the school plays a fundamental role in the development of

health promotion and risk prevention actions, as it is a place where, in addition to theoretical learning, young people experience personal transformations and group interaction (BRASIL, 2015b).

According to Andrade (2018), several measures were developed to reduce the consumption of licit drugs by young people, such as prohibiting the sale of alcohol and tobacco to minors, increasing the price of products through higher taxes, prohibiting the advertising of tobacco, ensuring smoke-free environments and regulating the way alcoholic beverages are targeted at the youth market (WHO, 2017). However, advertisements associating the drink with situations of pleasure and well-being are broadcast, causing an increase in consumption and influencing the behavior of young people (FAIAL et al, 2016).

On the other hand, in studies by Frankl (2011) it is reported that human beings can experience the feeling of existential emptiness. This other concept addressed by the author concerns the feeling of emptiness resulting from the perception that life has no meaning, and existence is experienced as something that has no purpose or value.

The existential void is associated with the loss of perspective for the future, restricting the perception of "what to live for". As a result, the individual can assume a form of provisional existence, triggering an excessive pursuit of pleasure and power; other forms of its manifestation are boredom (not being interested in something) and apathy (not taking the initiative for something) (FRANKL, 2011). Other symptoms are highlighted by Frankl (2005), being called the mass neurosis triad: depression, aggression and drug addiction.

According to Frankl (1989) cited by Andrade (2018), the existential void manifests itself through disguised forms, where the

subject takes refuge in work or in the abusive use of alcoholic beverages, so as not to face his own inner desert and, therefore, young people need to build ideals and values. Thus, human existence will not be authentic, and a characteristic of human existence is its transcendence, which in turn constitutes its essence. This transcendence expands man's direction to a duty, since the human being is a being directed towards something other than himself.

However, despite the recognition of the different subjectivities between the reasons that lead the individual to the use and abuse of alcohol and in addition to the lack of many studies and evidence that prove it, it is believed that there is a correlation between the use and abuse of alcohol (and other substances) and the search for meaning or its absence. It is known that the existential void can arise from a variety of behaviors and attempts are made to fill it in different ways. It is noteworthy that alcohol is a legal drug, easily accessible, which allows the numbness or elevation of the "soul", being able to deceive and cause changes in sensations, perceptions and behaviors. This way, it would be one of the illusory ways of filling the void or searching for meaning.

PREVENTION AND TREATMENT

Diehl, Cordeiro and Laranjeira (2011) state that in the health area, aspects related to prevention would be actions developed by public policies or by non-governmental bodies. Thus, preventive strategies aim to prevent the use of alcohol, reinforcing the human being's determination to refuse use, discouraging self-destructive behavior, focusing on risk reduction; highlighting the use to illegality, immorality. This prevention model intends to persuade the subject to say "no" to alcohol. (DIEHL; CORDEIRO; LARANJEIRA, 2011, p. 481-482).

Other preventive actions, still according

to Diehl, Cordeiro and Laranjeira (2011) are carried out in order to defend the right of individuals to make conscious, assertive choices regarding the use of alcohol, without imposition of governments, where the subject after receiving information and training could discern between consuming or not and thus reducing risks. Risk factors would be behaviors that the individual has difficulty achieving: lack of coping skills, self-control, low self-esteem, school difficulties, antisocial behavior and poorly developed spirituality.

The projects tend, in general, to develop multifactorial intervention programs, addressing the individual, family, community, school and religious institutions. Currently, there are universal, selective and indicated prevention strategies. The universal is aimed at the general target audience, without targeting risk groups. Selective prevention strategies are aimed at risk groups, vulnerable to health problems resulting from alcohol abuse. Indicated prevention strategies, on the other hand, seek to reach groups of individuals with individual characteristics and who present behaviors that aggravate their physical and psychosocial health (DIEHL; CORDEIRO; LARANJEIRA, 2011, p. 481-484).

There are protective factors that can prevent or delay the use of alcohol and minimize the impacts of this abusive use on people's lives. These are personal attributes such as social skills, empathy, good humor, autonomy, goals, positive self-esteem, sense of cooperation, ability to solve problems, affective bonds with family, social and school institutions.

It is worth noting that alcohol use prevention programs focused on the family are fundamental, as parental models are passed on to children. Therefore, providing parents with information about alcohol is very important to stimulate dialogue and assertive attitudes when approaching their children. It is believed that conscientious parents will bring positive

impacts to the family environment, but there are families that are needy and do not adhere to prevention programs because often the parents of young people are also involved in risk situations regarding the abuse of licit substances (alcohol) or illicit, and thus several members in the same family are in pain.

With regard to treatment, the literature recommends the combination of therapeutic practices, with a scientific focus, as a guideline for any treatments and programs that serve alcohol dependents. A careful evaluation is necessary for the diagnosis and choice of treatment that will effectively assist the alcoholic. The dependent person will need a wide care network, considering the complexity and nature of alcohol abuse as a public health problem.

Treatments can range from harm reduction as one of the preventive and informative strategies, to models of outpatient care, hospitalization for acute conditions, long-term community therapeutic residences, specialized clinics for mental disorders due to alcohol use and The organization of these services must be based on scientific treatment methods composed of a qualified multidisciplinary team, with proven experience in these highly complex services.

Here are the 13 principles of effective treatment according to the *National Institute on Drug Abuse* (NIDA):

1. There is no single treatment that is right for everyone.
2. Treatment must be available at all times.
3. Must address the individual's multiple needs (not just drug use).
4. It must be permanently evaluated and modified according to the user's needs.
5. Must have an adequate duration.
6. Psychotherapy (individual and/or

group) is an essential component.

7. Promote pharmacotherapeutic approaches.
8. Aim for the integrated treatment of comorbidities.
9. Detoxification is just the first step.
10. Treatment need not be voluntary to be effective.
11. Drug use during treatment must be monitored.
12. Develop STD and AIDS programs.
13. Recovery from Chemical Dependence can be a long-term process and often requires several episodes of treatment.

More often than not, patients are virtually dumped into institutions, inpatient clinics, or therapeutic communities. The team does not always have access to the family member and, often, the difficulty of involving the family in the treatment represents yet another symptom of family functioning, that is, it is possible that negligent behavior on the part of the parents or neglect compose an already existing framework of behavior. before the problem of abuse or addiction. It is frequent to find families who believe that the problem of abuse is essentially individual and, consequently, they have nothing to do (DIEHL; CORDEIRO; LARANJEIRA, 2011, p. 325).

Thus, alcohol dependents can benefit from a variety of interventions for the purpose of treatment in services, including: Basic health unit, Emergency room, Outpatient treatment, Psychosocial care center – alcohol and drugs, General hospital, Assisted living quarters for chemical dependency, day hospital and others.

The psychologist's clinical intervention will be paramount, in the sense of involving the subject who abuses alcohol in the treatment. The psychology service will offer work in the field of addiction involving prevention, education and treatment, in a critical and

quality of life perspective, requiring the psychology professional to keep as far away as possible from prejudices and stigmas that contribute to increasing exclusion Social.

FINAL CONSIDERATIONS

At the end of this study, it can be seen the importance of addressing issues that refer to the meaning of life for alcohol dependents. The proposal to address the meaning of life, represented here by the presence and search for meaning and the existential void, is related to the abusive use of alcohol, which will certainly prove that all work carried out in the field of chemical dependence must involve prevention, education and treatment. It must, therefore, be developed in a critical and quality of life perspective, with a removal of prejudices and stigmas that contribute to increasing social exclusion, where it may lead us to take wrong measures, which will not favor facing the problem.

In the perspective of conducting the study proposed, the subjective results on the presence and absence of meaning in the life of subjects who abuse alcohol indicate that an individualized and particularized awareness of the subject is necessary because the questioning of verifying the meaning of life is a milestone in the (re)construction of a new way of living.

It was identified, and in line with the literature pointed out here, that the absence of meaning in life interferes with the social bonds that young people establish, either with themselves or with others. This lack appears in chemical dependency, requiring the rescue of life goals and the search for new meanings so that the young person recovers and constitutes a primordial condition for adhering to the proposed treatment.

It is hoped that this work can promote the continuous study on the meaning of life for subjects who abuse alcohol, as all the

aforementioned actions are defended as fundamental, and it is hoped that after this study recognizes their indispensability in the process of treatment of these subjects, in addition to building bridges for future investigations, since there is still no range of works and references in the literature.

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