

ORIGINAL ARTICLE

MULTIDIMENSIONALITY OF SEVERITY OF PSYCHOACTIVE SUBSTANCES RELATED TO ADDICTION SEVERITY INDEX-6*

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ABSTRACT

Objective: to characterize the severity of substance-related disorders in patients undergoing treatment at the Psychosocial Care Centers for Alcohol and other Drugs.

Method: a transversal study conducted in three Psychosocial Care Centers for Alcohol and other Drugs III, in Curitiba-Paraná, with 137 people with substance-related disorders. Data were collected from April to November of 2018, using the Addiction Severity Index sixth version, and analyzed descriptively using absolute and relative frequencies, mean and standard deviation.

Results: out of the entire sample, 89.1% (122) were male; the most severe subscales were Family/children 57.8 (± 8.6), Alcohol 52.8 (± 10.9) and Family/social problems 51.0 (± 8.9).

Conclusion: The use of psychoactive substances affects family and social relatedness, and alcohol, a legal substance, easily accessible, has been present in people's lives since childhood, ending up being more frequent among all age groups.


DESCRIPTORS: Patient Acuity; Substance-Related Disorders; Illicit drugs; Mental Health Services; Mental Health.

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ARTIGO ORIGINAL / ARTÍCULO ORIGINAL

MULTIDIMENSIONALIDADE DA GRAVIDADE DOS TRANSTORNOS RELACIONADOS A SUBSTÂNCIAS PSICOATIVAS PELO ADDICTION SEVERITY INDEX-6**RESUMO**

Objetivo: caracterizar a gravidade dos transtornos relacionados a substâncias nas pessoas em tratamento nos Centros de Atenção Psicossocial Álcool e outras Drogas.

Método: estudo transversal, realizado em três Centros de Atenção Psicossocial Álcool e outras Drogas III, em Curitiba-Paraná, com 137 pessoas com transtornos relacionados a substâncias. Os dados foram coletados entre abril e novembro de 2018, mediante a aplicação do instrumento Addiction Severity Index sexta versão, e analisados descritivamente a partir de frequências absolutas e relativas, média e desvio padrão.

Resultados: do total da amostra, 89,1% (122) eram do sexo masculino; as subescalas de maior gravidade foram Família/crianças 57,8 (\pm 8,6), Álcool 52,8 (\pm 10,9) e Família/problemas sociais 51,0 (\pm 8,9).

Conclusão: O uso de substâncias psicoativas afeta as relações familiares e sociais e o álcool, uma substância lícita, de fácil acesso, está presente na vida das pessoas desde a infância, acabando por ter maior frequência entre todas as faixas etárias.

DESCRIPTORIOS: Gravidade do Paciente; Transtornos Relacionados ao Uso de Substâncias; Drogas Ilícitas; Serviços de Saúde Mental; Saúde Mental.

CARÁCTER MULTIDIMENSIONAL DE LA GRAVEDAD DE LOS TRASTORNOS ASOCIADOS A SUSTANCIAS PSICOACTIVAS POR EL ADDICTION SEVERITY INDEX-6**RESUMEN:**

Objetivo: caracterizar la gravedad de los trastornos asociados a sustancias en las personas en tratamiento en los Centros de Atención Psicosocial Alcohol y otras Drogas.

Método: estudio transversal, que se realizó en tres Centros de Atención Psicosocial Alcohol y otras Drogas III, en Curitiba-Paraná, con 137 personas con trastornos asociados a sustancias. Se obtuvieron los datos entre abril y noviembre de 2018, por medio de aplicación del instrumento Addiction Severity Index sexta versión, analizándolos de modo descriptivo a partir de frecuencias absolutas y relativas, promedio y desviación estándar.

Resultados: del total de la muestra, 89,1% (122) eran del sexo masculino; las sub escalas de mayor gravedad fueron Familia/niños 57,8 (\pm 8,6), Alcohol 52,8 (\pm 10,9) y Familia/problemas sociales 51,0 (\pm 8,9).

Conclusión: El uso de sustancias psicoactivas afecta las relaciones familiares y sociales y el alcohol, una sustancia lícita, de fácil acceso, está presente en la vida de las personas desde la infancia, presentando mayor frecuencia entre todas las franjas etarias.

DESCRIPTORIOS: Gravedad del Paciente; Trastornos Asociados al Uso de Sustancias; Drogas Ilícitas; Servicios de Salud Mental; Salud Mental.

INTRODUCTION

The use of psychoactive substances (PAS) is a worldwide public health issue and its consequences have been described since ancient times⁽¹⁻³⁾. It is known that 271 million people, 5.5% of the world population, used PAS at least once in 2016, from which 35 million were considered problem consumers and had harmful consequences due to the use⁽¹⁾.

In Brazil, the last National Survey of Alcohol and Drugs (LENAD) indicated that seven million people (6.8%) used cannabis at least once in their lives, five million people (3.8%) used cocaine derivatives, three million people (2.7%) used other stimulants, and two million people (2.2%) used solvents⁽⁴⁾. However, one of the concerning factors of excessive use is the onset of disorders related to substances that can trigger consequences of different severities in the social, economic and political domains of the person, family and society^(4,5).

Thus, researchers developed the Addiction Severity Index (ASI-6), an instrument to quantify and qualify the severity of the substance-related disorders' consequences⁽⁶⁾, validated in Brazil, in a study with 740 individuals, with a Cronbach's alpha between 0.64 and 0.93. The Addiction Severity Index (ASI-6) is used in research of substance-related disorders making it possible to evaluate the patient in a multidimensional way, identifying the severity due to abusive use of PAS on researched areas: clinical/medical; employment and earnings; alcohol; drugs; legal; family-related and mental/psychiatric health⁽⁵⁾.

Considering the mentioned areas affected by substance abuse, as well as the intense increase in use and the negative impacts on a person's life, family, society, and that rarely manifests in a single episode, affecting beyond relationships. So, developing studies on the severity of substance-related disorders may contribute to the improvement of public policies, management, health professionals, especially mental health, in the care practices to users and family, making it possible to lessening circumstantial severity.

This study aimed to describe the severity of substance-related disorders in people undergoing treatment at the Psychosocial Care Centers for Alcohol and other Drugs.

METHOD

Cross-sectional research carried out in three Psychosocial Care Centers for Alcohol and other Drugs III (CAPS AD III) in the city of Curitiba-PR, Brazil, with people with substance-related disorders. This was a convenience sample and those who were undergoing treatment and those older than 18 years old were included. Exclusion criteria were cognitive impairment detected by the health team and/or recorded in medical records, and being intoxicated, thus unable to answer.

During the data collection period, 1013 people were registered, 174 people were inquired, 10 people were excluded (nine due to cognitive impairment and one due to alcohol intoxication), 24 people refused to participate, three people dropped out after the interview started, resulting in a sample of 137 people.

Data collection took place between April and November of 2018, using the Addiction Severity Index (ASI 6), through a semi-structured interview with 252 questions divided into seven different areas.

Collected data were entered into an online database and, afterward, transferred to the computer program Statistical Package for the Social Sciences version 21 for descriptive statistical analysis. In the analysis, continuous variables were described as means and standard deviation and categorical variables were described through absolute and relative

frequencies.

To calculate the Addiction Severity Index (ASI 6) summary scores, the method described by Kessler was used, which explains that it is necessary to use the Summary Scores for Recent Functioning (SS-Rs) of the (ASI 6) to generate the scores standardized according to the T-score, which establishes an average of 50 and standard deviation of 10, with a variation in the score between 0 and 100, being higher scores indicating greater severity⁽⁵⁾.

The data used in this article comes from a dissertation, which includes a major project approved by the Ethics Research Committee of *Universidade Federal do Paraná* under the number 2.033.006 and the Ethics Committee of the Municipal Health Department of Curitiba, number 2.071.35.

RESULTS

From the sample of 137 people (Table 1), 89.1% (122) were male, the average age was 41.7 years old (± 12.5), 46.0% (63) declared themselves white and 41.6% (57) were single. Elementary school was the education for 44.5% (61). As for socioeconomic problems, 38% (52) reported being unemployed and looking for a job and the ones with monthly income less than a minimum wage were reported by 87.6% (120) of people.

Table 1 - Socioeconomic characteristics of people undergoing treatment. Curitiba, PR, 2018 (continues)

Variables	Male		Female		Total	
	N	(%)	N	(%)	N	(%)
Sex	122	(89.1)	15	(10.9)	137	-100
Age	41.7 \pm 12.3		41.1 \pm 14.1		41.7 \pm 12.5	
≤ 29 years old	24	(17.5)	4	(2.9)	28	(20.4)
30 – 49 years old	62	(45.3)	6	(4.4)	68	(49.6)
≥ 50 years old	36	(26.3)	5	(3.6)	41	(30)
Race						
Black	12	(8.8)	1	(0.7)	13	(9.5)
White	52	(38)	11	(8)	63	(46)
Oriental	6	(4.4)	1	(0.7)	7	(5.1)
Brown	50	(36.5)	2	(1.5)	52	(38)
Indigenous	2	(1.4)	0	0	2	(1.4)
Marital Status						
Single	50	(36.5)	7	(5.1)	57	(41.6)
Married	12	(8.8)	1	(0.7)	13	(9.5)
Domestic partnership	8	(5.8)	3	(2.2)	11	(8)
Widower	3	(2.2)	2	(1.5)	5	(3.6)
Divorced	16	(11.8)	0	0	16	(11.8)

Separated	33	(24.1)	2	(1.5)	35	(25.5)
Education						
Elementary School	55	(40.1)	6	(4.4)	61	(44.5)
High School	39	(28.5)	8	(5.8)	47	(34.3)
Higher Education	5	(3.6)	0	0	5	(3.6)
None	23	(16.9)	1	(0.7)	24	(17.6)
Employment						
Full-time	13	(9.5)	0	0	13	(9.5)
Part-time	3	(2.2)	0	0	3	(2.2)
Unemployed/looking for a job	46	(33.6)	6	(4.4)	52	(38)
Out of the labor market/does not search for a job	48	(35)	7	(5.1)	55	(40.1)
Formal job/informal job	12	(8.8)	2	(1.4)	14	(10.2)
Income*						
< Minimum wage	106	(77.4)	14	(10.2)	120	(87.6)
> Minimum wage	16	(11.7)	1	(0.7)	17	(12.4)

* Current Minimum wage R\$ 998.00.

Concerning the participants' physical conditions (Table 2), regarding the circulatory system, 22% (30) of them reported having Systemic Arterial Hypertension. Regarding mental conditions, 32.1% (44) of the participants presented comorbidities, in the last 30 days 55.5% (76) of the participants felt depressed with 61.4% (84) of them presenting symptoms of anxiety. As for behavioral changes, 9.5% (13) of them showed aggression in the last 30 days, 18.9% (26) of the participants showed a history of suicidal ideation and 8.1% (11) of them attempted suicide. Concerning traumatic events, 10.9% (15) of the participants were sexually abused, 37.3% (51) of them were victims of violent crimes such as assaults and beatings and 55.5% (76) of the participants were in risk of life situation.

Table 2 - Clinical characterization of physical and mental conditions of people undergoing treatment. Curitiba, PR, 2018 (continues)

Variables	Male		Female		Total	
	N	(%)	N	(%)	N	(%)
	122	(89.1)	15	(10.9)	137	-100
Physical Clinical Conditions						
Circulatory system	26	(19)	4	(2.9)	30	-22
Neurological system	16	(11.7)	1	(0.7)	17	(12.4)
Immune system	11	(8)	1	(0.7)	12	(8.7)
Respiratory system	11	(8)	1	(0.7)	12	(8.7)
Not applicable	58	(42.3)	8	(5.8)	66	(48.2)

Mental Clinical Conditions						
Yes	37	(27)	7	(5.1)	44	(32.1)
No	85	(62)	8	(5.8)	93	(67.9)
Depressed feeling						
Yes	66	(48.2)	10	(7.3)	76	(55.5)
No	20	(14.6)	3	(2.2)	23	(16.8)
Under the effect of PAS	11	(8)	1	(0.7)	12	(8.8)
Not applicable	25	(18.2)	1	(0.7)	26	(19)
Anxiety						
Yes	75	(54.9)	9	(6.5)	84	(61.4)
No	15	(10.9)	2	(1.4)	17	(12.3)
Under the effect of PAS	8	(5.8)	2	(1.4)	10	(7.3)
Not applicable	24	(17.5)	2	(1.4)	26	(19)
Aggressiveness						
Yes	13	(9.5)	-	-	13	(9.5)
No	53	(38.7)	6	(4.4)	59	(43.1)
Under the effect of PAS	3	(2.2)	-	-	3	(2.2)
Not applicable	53	(38.7)	9	(6.5)	62	(45.2)
Suicidal ideation						
Yes	24	(17.5)	2	(1.4)	26	(18.9)
No	53	(38.7)	9	(6.6)	62	(45.3)
Under the effect of PAS	3	(2.2)	0	0	3	(2.2)
Not applicable	42	(30.7)	4	(2.9)	46	(33.6)
Suicide attempt						
Yes	9	(6.6)	2	(1.5)	11	(8.1)
No	48	(35)	8	(5.8)	56	(40.8)
Under the effect of PAS	2	(1.5)	1	(0.7)	3	(2.2)
Not applicable	63	(46)	4	(2.9)	67	(48.9)
Sexual abuse						
Yes	10	(7.3)	5	(3.6)	15	(10.9)
No	112	(81.8)	10	(7.3)	122	(89.1)
Victim of violent crime						
Yes	45	(32.9)	6	(4.4)	51	(37.3)
No	77	(56.2)	9	(6.5)	86	(62.7)
Been at life risk						
Yes	66	(48.2)	10	(7.3)	76	(55.5)
No	56	(40.9)	5	(3.6)	61	(44.5)

The main substance considered a problem (Table 3) was Cocaine/Crack in 51.1% (70) of the participants, followed by alcohol 46.8% (64). From those who have already consumed alcohol 77.4% (106) of participants had been under the effect for the first time younger than 18 years old. Among all participants, 53.3% (73) struggled to reduce or stop the use of PAS, 50.4% (69) of participants presented abstinence symptoms and those who managed to stop or reduce the use of PAS 69.3% (95) presented cravings.

Table 3 - Clinical characterization of substance use by people undergoing treatment. Curitiba, PR, 2018

Variables	Male		Female		Total	
	N 122	(%) (89.1)	N 15	(%) (10.9)	N 137	(%) (100)
PAS considered a primary problem						
Cocaine/Crack	60	(43.8)	10	(7.3)	70	(51.1)
Alcohol	59	(43.1)	5	(3.7)	64	(46.8)
Inhalants	1	(0.7)	0	0	1	(0.7)
Cannabis	1	(0.7)	0	0	1	(0.7)
Analgesics	1	(0.7)	0	0	1	(0.7)
Abstinence Symptoms						
No	38	(27.7)	3	(2.2)	41	(29.9)
Yes	62	(45.3)	7	(5.1)	69	(50.4)
Not applicable*	22	(16.1)	5	(3.6)	27	(19.7)
Difficulty in decreasing or quit the use of PAS						
No	35	(25.5)	2	(1.5)	37	(27)
Yes	65	(47.4)	8	(5.8)	73	(53.3)
Not applicable*	22	(16.1)	5	(3.6)	27	(19.7)
Cravings						
No	37	(27)	5	(3.6)	42	(30.7)
Yes	85	(62)	10	(7.3)	95	(69.3)
Been abstinent for ≥ 1 year						
No	45	(32.8)	8	(5.8)	53	(38.6)
Yes	42	(30.8)	2	(1.4)	44	(32.2)
Not Answered	35	(25.5)	5	(3.7)	40	(29.2)
Age when was the first time under the effect of alcohol						
>18	96	(70.1)	10	(7.3)	106	(77.4)
19-25	16	(11.7)	1	(0.7)	17	(12.4)
<26	7	(5.1)	2	(1.5)	9	(6.6)
Not applicable	3	(2.2)	2	(1.5)	5	(3.6)

*Valid answer for those who were using substances in the last six months.

Of the total sample (Table 4) 66.5% (91) of the participants reported having family bonds and 40.9% (56) of them had a love relationship of which 33.4% (17) of partners used PAS and 47% (24) of them had a troubled relationship. Among those who lived along with relatives 36.4% (39) presented some problems in the relationship. From the entire participants 16.1% (9) had relationship problems with friends. Reports of legal problems totaled 43.8% (60) of the participants with a history of imprisonment over the age of 18 and 20.4% (28) of the participants were charged with theft.

Table 4 - Family, social and legal characterization of people undergoing treatment. Curitiba, PR, 2018 (continues)

Variables	Male		Female		Total	
	N 122	(%) (89.1)	N 15	(%) (10.9)	N 137	(%) (100)
Family bond						
Yes	81	(59.2)	10	(7.3)	91	(66.5)
No	41	(29.9)	5	(3.6)	46	(33.5)
Total	122	(89.1)	15	(10.9)	137	(100)
Love relationship/partner						
Yes	47	(34.3)	9	(6.6)	56	(40.9)
No	75	(54.8)	6	(4.3)	81	(59.1)
Total	122	(89.1)	15	(10.9)	137	(100)
Partner has problems with PAS or alcohol ^a						
Yes	11	(21.6)	6	(11.8)	17	(33.4)
No	31	(60.8)	3	(5.8)	34	(66.6)
Total	42	(82.4)	9	(17.6)	51	(100)
Troubled relationship ^a						
Yes	18	(35.3)	6	(11.7)	24	(47)
No	24	(47.1)	3	(5.9)	27	(53)
Total	42	(82.4)	9	(17.6)	51	(100)
Relationship problems with relatives ^b						
Yes	36	(33.6)	3	(2.8)	39	(36.4)
No	59	(55.2)	9	(8.4)	68	(63.6)
Total	95	(88.8)	12	(11.2)	107	(100)
Relationship problems with friends ^c						
Yes	9	(16.1)	0	0	9	(16.1)
No	41	(73.2)	6	(10.7)	47	(83.9)
Total	50	(89.3)	6	(10.7)	56	(100)
Arrested after turning 18 years old						
Yes	56	(40.9)	4	(2.9)	60	(43.8)
No	66	(48.2)	11	(8)	77	(56.2)

Total	122	(89.1)	15	(10.9)	137	(100)
Stole/robbed someone						
Yes	28	(20.4)	0	0	28	(20.4)
No	94	(68.6)	15	(10.9)	109	(79.6)
Total	122	(89.1)	15	(10.9)	137	(100)

Subtitles: ^an=86 did not answer/not applicable, ^bn=30 did not answer/not applicable, ^cn=81 did not answer/not applicable.

The evaluation of the seven areas subscales of the Addiction Severity Index (ASI-6) (Table 5) shows three areas with scores higher than the others, representing greater severity in Family/children area with a score of 57.8 (± 8.6), Alcohol with a score of 52.8 (± 10.9) and Family/Social problems with a score of 51.0 (± 8.9).

Table 5 - Score of the Addiction Severity Index (ASI-6) 6th version, Curitiba, PR, 2018

Variables	Female		Male		Total	
	Mean	SD	Mean	SD	Mean	SD
Drugs	44.6	11.1	43.2	10.7	44.4	11
Family/children	58.3	8.6	56.1	9.1	57.8	8.6
Alcohol	53.1	10.7	50.9	10.8	52.8	10.9
Psychiatric	49.7	9.4	49.2	7	49.7	9.1
Medical	45	9.8	47	12.5	45.2	10.1
Legal	48.2	5.1	48.1	6	48.2	5.2
Employment/earnings	38	3.8	38.7	1.9	38.1	3.6
Family/social support	37.7	6.3	37.8	8.8	37.7	6.6
Family/social problems	50.6	8.8	50	10	51	8.9

Note: SS-Rs were calculated based on the instructions provided by Kessler et al. (2012), and then converted to T scores.

DISCUSSION

The predominant sex in this study was male, according to other Brazilian studies with people undergoing treatment at CAPS AD that found the predominance for the same sex⁽⁷⁻¹¹⁾. However, the number of women may be higher⁽¹⁾, some factors may contribute to the greater number of men seeking treatment, such as cultural issues and social barriers⁽¹²⁾.

The mean age in this study was 41.7 (± 12.5) years old, with a higher frequency in the age group of 30 to 49 years old, similar values were found in other national studies^(8-11,13). Although the beginning of the use of PAS generally include younger age group, the demand for treatment takes place in adulthood from the age of 30 year old, due to the damage and

consequences caused on the person's life⁽⁸⁾.

Most participants were single, corroborating to other studies that pointed out that the use of PAS can be associated with social bonds, such as partners and friends. Thus, mainly women, as partners, are affected by persistent discussions, aggressive behaviors and social isolation, leading to separations and divorce⁽¹⁴⁻¹⁵⁾. Such a family scenario associated with the excessive use of PAS further worsens the individual's social condition, causing an increase in the severity of disorders related to substances⁽²⁾.

Concerning education, most participants attended only elementary school, confirming that problems in the learning process since childhood due to the use of PAS can be evidenced in adulthood, with high numbers of unemployment or underemployment. This fact may be associated with serious economic problems, which not only affect the person and family, but also burden public agencies such as social security, due to increase in work absence and demand for government health security benefits related to substance use issues and its consequences^(8,16).

Regarding the critical and long-term clinical conditions due to the use of PAS, in 2018 the World Health Organization released different strategies to decrease deaths and disabilities caused by alcohol, such as the review of marketing policy, increase in taxes and decrease in advertising on social media. This is because between the years 2012 and 2016 the number of deaths in the world reached three million people caused by PAS⁽¹⁷⁾.

In this study, most physical clinical conditions presented was of the circulatory system, such as Systemic Arterial Hypertension. The national estimation by the National Institute of Science and Technology for Public Policies on Alcohol and Other Drugs (INPAD), through National Survey of Alcohol and Drugs (LENAD), points out that the main physical consequences among Brazilians who consume substances are cardiovascular issues affecting 36 million people (27%), followed by neurological issues affecting 28 million people (21.6%) and also immunological issues such as allergic conditions affecting 27 million people (20.5%)⁴. Therefore, it is inferred that public policies improvement is crucial to reduce the severity of the use of PAS, as this condition is considered a causal factor for several physical comorbidities⁽¹⁸⁾.

Concerning the characterization of mental conditions participants showed clinical behave that leads to psychological distress, among which insomnia, mood changes, aggression, ideation, and suicide attempt were emphasized. International data show that 35 million people have substance-related disorders worldwide and need treatment⁽¹⁾.

It is known that traumatic events are mostly related to consumption in vulnerable environments such as the streets, due to involvement in drug dealing, theft, or robbery to feed the abstinence and compulsion symptoms. The lack of substance and the demand to getting it can cause risky behaviors, especially the crack, by taking the person to greater exposure in vulnerable environments, experiencing several kinds of violence, leading to consequences such as trauma⁽²⁾.

Regarding the symptoms of cravings and abstinence, the data of the present research corroborate a study carried out with 160 people who used cocaine and crack from which 109 presented abstinence symptoms in the last 30 days and 124 people presented craving symptoms. Those who showed more intense craving symptoms and abstinence were crack users with 51.6% (56) and 52.4% (65) of the people respectively⁽¹⁸⁾. Crack is used by inhalation and its action occurs directly in the respiratory system having its effect lasting less than inhaled cocaine. Therefore, due to the fast effect with short duration and tolerance, the frequency of use increases, increasing the severity of the disorder⁽³⁾.

It was observed that the first effect felt using alcohol was under 18 years old. The literature considers that the introduction of PAS use happens mainly in adolescence, considered development to the adult phase, however, with the early start of PAS use this phase can be affected, generating consequences such as mental disorders, professional and family issues throughout life⁽¹⁰⁾.

The area pointed out of greatest severity in the use of PAS in this study was Family/child, with the highest score, and the third score referring to Family/social issues should be valued, confirming that the problems of relationships with the family and society by those who use PAS are remarkably serious. A study that evaluated the level of severity using the Addiction Severity Index (ASI-6) in six Brazilian capitals, with 740 participants, the South region had the highest score in Family/child 52.0 (± 7.7) and Family/social problems 56.7 (± 9.5)⁽¹⁹⁾.

It is noteworthy that children suffer the effects of the use of PAS by their parents since intrauterine development, influencing their behavior and psychological aspects. The main issues found are the child's vulnerability in environments of physical and sexual violence, physical and psychiatric comorbidities and also loss of parental custody⁽²⁰⁾. One study showed that children who were in foster care had fewer behavioral problems than children who lived with family members with substance-related disorders⁽²¹⁾.

The second most severe area in this study was alcohol with a mean of 52.8 (± 10.9). In the study mentioned above, the most serious area in the six capitals of Brazil was Alcohol 55.8 (± 10.3), with the highest average in the city of São Paulo with 57.3 (± 9.8)⁽¹⁹⁾. These results may be related to the cultural aspects of alcohol use in societies' history, a legal PAS and its use considered natural in the social environment. Alcohol is considered the cause of over 200 illnesses and injuries, and this PAS is linked with other mental disorders and sexually transmitted infections, in addition to social and economic losses⁽²²⁾.

There are problems, such as risky behaviors, that can be related to severe alcohol intoxication, which modifies the behavior and makes it difficult to discern the imminent risks to one's life^(3,22). Another harmful aspect is the fact that alcohol is considered a legal PAS, which benefits premature use, difficulty keeping abstinence and also the discontinuity of treatment, thus, disregarding consequences caused by alcohol^(21,22).

This study has limitations regarding convenience sample, considering that those users inserted in the Psychosocial Care Centers for Alcohol and other Drugs III (CAPS AD III) and those who were absent during the period of data collection did not participate in the research. Furthermore, the use of a self-portrait instrument makes it possible to underestimate or overestimate the collected data.

FINAL CONSIDERATIONS

The objective of this study was achieved by enabling the multidimensional description and most severe areas of disorders related to substances in the lives of people undergoing treatment at the Psychosocial Care Centers for Alcohol and other Drugs III (CAPS AD III). This severity was observed in family, social, demographic, economic, physical, and psychological and psychiatric aspects.

Areas with the highest severity scores for substance-related disorders were Family/Child, Family/Social Problems and Alcohol, reinforcing two important aspects: the first that family and social relationships are affected by the use of PAS, and the second that alcohol is a legal drug, accessible and generally present in people's lives since childhood, sometimes even trying it with the permission and observed by adults, it ends up being the most frequent PAS across all age groups.

It is understood that such results may encourage health professionals to know the main social, physical, and mental health problems of people with substance-related disorders, as well as the organization of care by health professionals to service users and their families.

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