

# Drug consumption among elderly and harm reduction: a reflection from the complexity

*Consumo de drogas entre pessoas idosas e a redução de danos: reflexão a partir da complexidade*

*El consumo de drogas en la tercera edad y la reducción de daños: reflexiones sobre la complejidad*

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## ABSTRACT

**Objective:** To reflect on the harm reduction among older people who use drugs, from the perspective of Morin's complexity. **Methods:** A philosophical theoretical study that used the seven guiding principles of a binding thought that deals with uncertainty and are constantly building process: systemic or organizational, holographic, retroactivity, recursion, self-reliance, dialogical and reintroduction of the knowing subject in all knowledge. **Results:** There is a relationship between some guiding principles of harm reduction and behaviour of elderly people who use drugs, reflecting from questions and provocations made by antagonistic and complementary characteristics. **Conclusions:** The framework of complexity enabled dialogue on the plurality of ideas that permeate the lives of elderly people who use drugs and who show antagonistic and discordant practices, which the Harm Reduction Program seeks to understand and respect, without proposing behaviours judged suitable and abstinence.

**Keywords:** Elderly; Drug users; Nonlinear Dynamics; Nursing.

## RESUMO

**Objetivo:** Refletir acerca da Redução de Danos entre pessoas idosas que consomem drogas, sob a ótica da complexidade de Morin. **Métodos:** Estudo teórico filosófico que utilizou os sete princípios orientadores de um pensamento vincutivo que lida com a incerteza e estão em constante processo de construção: sistêmico ou organizacional, hologramático, retroatividade, recursividade, autonomia-dependência, dialógico e da reintrodução do sujeito cognoscente em todo conhecimento. **Resultados:** Faz uma relação entre alguns princípios norteadores da Redução de Danos e os comportamentos das pessoas idosas que consomem drogas, refletindo-se a partir de indagações e provocações constituídas por características antagonísticas e complementares. **Conclusões:** O referencial da complexidade, permitiu dialogar sobre a pluralidade de concepções que permeiam a vida das pessoas idosas que consomem drogas e que apresentam práticas antagonísticas e discordantes, que o Programa de Redução de Danos procura entender e respeitar, sem propor comportamentos que se julgam adequados e a abstinência do consumo.

**Palavras-chave:** Idoso; Usuários de drogas; Dinâmica Não Linear; Enfermagem.

## RESUMEN

**Objetivo:** Reflexionar acerca de la reducción de daños en personas mayores usuarias de drogas bajo la perspectiva de la complejidad de Morin. **Métodos:** Estudio teórico filosófico que ha utilizado los siete principios orientadores de un pensamiento que se ocupa de la incertidumbre y que está en constante proceso de construcción: sistémica u organizacional; hologramática; retroactividad; recursividad; autonomía-dependencia; dialógica; y de reintroducción del sujeto cognoscente de todo conocimiento. **Resultados:** Relación entre algunos de los principios orientadores de la Reducción de Daños y actitudes del grupo estudiado, reflejada por las preguntas y provocaciones constituídas por características antagonísticas y complementarias. **Conclusiones:** El marco de complejidad permite dialogar sobre la pluralidad de ideas que impregnan la vida de las personas mayores que usan drogas y que son prácticas antagonísticas y conflictivas, que el Programa de Reducción de Daño trata de comprender y respetar, sin proponer comportamientos que se juzgan adecuados y la retirada.

**Palabras clave:** Adultos Mayores; Usuarios de drogas; Dinámica No Linear; Enfermería.

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## INTRODUCTION

Harm Reduction is a strategy that aims to minimize the adverse consequences of drug consumption from a health, social and economic point of view, without necessarily reducing this consumption, with freedom of choice<sup>1</sup> as its principle.

The Harm Reduction Program (HRP) has government support in many countries in Europe, Australia and recently Indonesia, Malaysia, Thailand, China and Latin America<sup>2</sup>. In Brazil, the first attempt at HRP was in 1989 in Santos, São Paulo; however, a court order prevented the distribution of syringes by health professionals. In 1993, a version of harm reducers appeared in the same city, in the role of health promoters. Only in 1995, in Bahia, did the realization of HRP actually occur in Brazil. From this experience, many programs and Harm Reduction projects have been implemented in Brazilian states, consolidating it as a care strategy for drug users<sup>1</sup>.

In 2004, in Brazil, Harm Reduction became envisioned as a strategy in the Comprehensive Care Policy for Users of Alcohol and Other Drugs, launched by the Ministry of Health, constituting actions that transverse the Unified Health System (SUS) healthcare network services, in particular mental health and primary health care services<sup>3</sup>.

The Comprehensive Care Policy for Users of Alcohol and Other Drugs recommends that municipal health plans contemplate care proposals with intersectoral actions, including prevention and treatment, favouring the adoption of Harm Reduction strategies and comprehensive and humane care, performed by a multidisciplinary team<sup>3</sup>. It is considered that the institutionalization and hospitalization of drug users causes them to distance themselves from their territories, both geographical and symbolic, and hinder the recovery of autonomy and interaction with society<sup>4</sup>.

The Harm Reduction strategy comes from an expanded understanding about the use of alcohol and other drugs in today's societies, seeking to diversify the ways of dealing with the problem, not guided exclusively on abstinence and in the prescription of appropriate behaviour<sup>1</sup>. The majority of research on drug use among the elderly focus on the use of medications<sup>5</sup> and disorders related to alcohol consumption<sup>6,7</sup>. Regarding the consumption of illicit drugs, studies are scarce and punctual, as such behaviour is seen as a youth lifestyle.

In Brazil, literature on drug use among the elderly is limited and characterized as an invisible epidemic, since the figures are underestimated and poorly identified. There are several reasons for this lack of data, both by the elderly as by health professionals. Regarding the elderly, these do not usually report their consumption due to shame and fear of suffering prejudice due to their lifestyle and of experiencing isolation. Health professionals are reluctant to investigate drug use by the elderly due to the lack of technical skills or even the stereotypical idea that this is a practice exercised only by young people<sup>8</sup>.

Drug use by elderly people is associated with a wide range of risks to health, social exclusion and isolation. In addition, older people are more vulnerable to iatrogenic effects of drug use and to dependence, due to changes in body composition, increased morbidity and high use of psychoactive drugs. In this sense, the dependence is often confused with depression or dementia<sup>9</sup>.

Drug users have higher morbidity compared to the general population<sup>10</sup>, as they are more likely to experience loneliness, stress and fear of victimization<sup>11</sup>. It is estimated that the number of people aged over 50 needing treatment related to substance dependence will increase in parallel to the aging population increase, from 1.7 million in 2000-2001 to 4.4 million in 2020, in the United States of America (USA)<sup>12</sup>.

As health problems have a high prevalence among elderly drug consumers, many of them regularly attend health services. Thus, primary care services offer a valuable opportunity to screen this group<sup>13</sup>, in addition to meeting the objectives of Harm Reduction, which values the care being performed in the person's territory. In addition, the psychosocial impacts of drug use in the elderly can include depression, anxiety and phobia<sup>14</sup>, symptoms that are best treated in the presence of family/friends, due to their ability to strengthen social support networks and facilitate their reintegration into society.

Drug use accompanies the history of humanity<sup>15</sup>. Professionals working with Harm Reduction hope to work providing the safest ways of drug use, bringing these people closer to health services and preventing the transmission of diseases related to drug use.

Thus, it can be considered that the treatment of the elderly drug user is complex, requiring from the professional open, relational and circular thoughts, which consider the whole phenomenon as well as the uniqueness of each situation. Therefore, the incompleteness of scientific knowledge on elderly people who use drugs complements various knowledge acquired by these people with drug use experience.

The interpretation and understanding of natural phenomena require a different way of thinking, and this is where the Edgar Morin approach stands, relating the development of a complex thought among humans as a strategy of directing individuals and nations to welfare, progress and productivity. The future of science is in the development of complex thinking among people, because of the new discoveries that it may provide<sup>16</sup>.

Therefore, a reform of thought is needed for health professionals, reducing the influence of Cartesianism and simplistic thinking, focusing on the knowledge of the parties and between the parties in their context, averting assumptions, beliefs and prejudices which can block thoughts and attitudes of those who are being taken care of<sup>17,18</sup>.

In this sense, the question is: How does Harm Reduction relate to the elderly who use drugs, from the perspective of Morin's complexity? This paper considers the drug user as the person who consumes psychoactive substances or psychotropic

drugs, both legal and illegal, without therapeutic or medical purpose<sup>19</sup>. From the presented research question, this article aims to reflect on Harm Reduction among elderly drug users from the perspective of Morin's complexity.

## METHODS

This is a theoretical reflection that sought to review Harm Reduction from the perspective of Edgar Morin's complexity. Consequently, the seven guiding principles for complex thought that deal with uncertainty and are in constant process of construction were used. These are the organizational and system principle, the principle of "hologram", the principle of feedback, the principle of recursive loop, the principle of autonomy/dependence (self-eco-organization), the principle of dialogue and the principle of reintroduction of the cognitive subject in the cognitive processes<sup>16</sup>.

In this perspective, the Harm Reduction programme needs to see the elderly in their context, considering their uniqueness and the people and services that comprise their support network. Also, the autonomy, knowledge and freedom of choice of the elderly people who use drugs need to be considered, seeking to understand how they comprehend their situation.

The theoretical essay focused on the elderly aged over 60. The relationship of Harm Reduction with the behaviour of elderly people who use drugs will be shown, in a reflection from questions and provocations constituted by antagonistic and complementary characteristics. The axis that supports the reflection is harm reduction from the perspective of complexity.

## HARM REDUCTION FROM THE COMPLEXITY PERSPECTIVE

Discouraging about Harm Reduction is a delicate task, as it is far from being devoid of common sense, permeated with many controversies, generating as much scientific as social resistance. It is a topic that deserves wide discussion, since it presents a proposal that is legitimated by its complexity and originates as responsible for health promotion, wellness and quality of life of many people who use drugs.

Drug use is part of human history; however, its treatment strategies transit through different cultures and historical moments<sup>15</sup>. This is a moment of great changes, discovery of new knowledge and interactions with reality, with globalization, with the ecosystem and also with the drugs phenomenon<sup>20</sup>. The changes after modernity portray paradigm changes and new attitudes in facing this phenomenon that allow the reintroduction of people who use drugs into society from more flexible, diverse and complex views, accepting new ways of thinking.

The paradigm shift is an arduous, slow and painful task, for it implies renunciation of knowledge and power<sup>16</sup>. As drug consumption is becoming common among elder people, new ways of treating and thinking are also being discussed and built on

this phenomenon. This situation allows addressing the principle of reintroduction of the cognitive subject in the cognitive process, as in it the current phenomena are not reflexes, but a translation, interpretation and significance, i.e. the human being is responsible for meaning, interpreting and reframing existing situations<sup>16</sup>.

Harm Reduction was designed as an alternative approach aimed at stimulating a broader reflection on the intervention in the reality of users and focused on practices that can harm people<sup>3</sup>. However, despite progress in legislation, Harm Reduction remains a little-known perspective by health workers and is often conceptually distorted, as to be considered as a policy of encouraging the use of drugs. The guiding principle of Harm Reduction is to promote, in the drug user, a process of reflection and co-responsibility about their consumption and their choices, along with the Harm Reducer Agent (HRA), stimulating care practices that reduce health risks without imposing a treatment or punishing with isolation or discrimination.

HRP contributes to the social sphere when questioning established consensus and prejudices around drug users, recognizing various drug use relationships and valuing their citizenship, through hosting practices, listening to the individuals involved and promoting dialogue with other bodies also involved with this public<sup>20</sup>.

There are several benefits from the principles of Harm Reduction. The community education made by the HRA emphasizes respect for the integrity of the other and their knowledge, based on respect for freedom of body and mind, in the open and non-hierarchical negotiation, cooperation and respect for differences. Thus, the work performed by the HRA is based on an ethic of understanding, tolerance, forgiveness and the commitment to transformation<sup>20</sup>.

When reflecting on drug users, it is necessary to break free from judgements, but understand that this process is circular, i.e. passes from separation to union, from union to separation and, in addition, from analysis to synthesis and from synthesis to analysis, thus allowing deconstruction, uncertainty and reconstruction<sup>16</sup>. In this sense, it is clear that it is unlikely to know the drug phenomenon from a single perspective. In other words, the effects of drug use are related to the consumer's psychological factor and their socio-cultural context. Thus, it becomes important to understand the environment in which they live or transit, focusing on the characteristics of their daily lives and their social support networks, besides the pharmacological properties of the substance they consume<sup>15</sup>.

The systemic or organizational principle of complexity is that it is only possible to understand a phenomenon from the analysis of each part and from the whole at the same time, as the changes that occur in one element will affect the whole phenomenon. From a systemic-organizational point of view, the whole is more than the sum of its parts; however, under the qualitative perspective, this whole can also be less than the sum of all parts, as the quality of parts is unable to manifest to the detriment of the whole<sup>16</sup>. When

thinking about Harm Reduction in elderly people, the need to understand the context in which these people are inserted and the relationships they establish in this environment can be highlighted. Moreover, it is important to consider their personal characteristics, beliefs and values.

People who use drugs do not usually present linear attitudes. Their life structure, values and the drug availability are some elements that interfere with the self-regulation process. Individuals change their attitudes towards the results they encounter, building a feedback loop (feedback circuit) that controls the use of drugs<sup>15</sup>.

The phenomena retroactive principle, according to complexity, argues that the cause acts on the effect and the effect is retroactive to the cause, breaking with the linear causality and allowing the system autonomy<sup>16</sup>, which can be observed among people who use drugs. Harm Reduction is based on the process of user experiences to build new skills and knowledge, giving way to the subjects' free expression from the dialogue and exposition of ideas. Harm Reduction is able to rescue the relations between individuals and groups, based on solidarity.

Various elderly people use drugs in a responsible manner in order to maintain their personal safety, based on previous experiences including overdoses, accidental and intentional deaths of partners there were also people who use drugs, hospitalization, personal situation and health problems<sup>21</sup>. In addition, some users have behaviour patterns that are traded with other drug companions in order to establish harmony and reduce health risks. These behaviours relate to forms of drug acquisition and use, the selection of the physical and social environment for consumption, the activities undertaken under its effects and ways to prevent undesirable drug effects<sup>15</sup>. Thus, although many are drug dependents, some have autonomy over it, deciding their consumption patterns and behaviour, with a balance between autonomy-dependence.

The relationship established between the HRA and drug users can also be characterized by the principle of autonomy/dependence<sup>16</sup>, which deals with the notion of self-eco-organization, stressing that the greater the autonomy, the greater the dependencies<sup>22</sup>. The HRA usually develop a very strong bond with the users, establishing a network of support and a reference relationship of understanding, solidarity and respect that offers possible areas of identification and belonging, with exchange and dependence on scientific knowledge based on user's experiences.

The elderly person who uses drugs often reflects on their survival in this world, questioning themselves about their approach to death and experiencing moments of deep sadness. In this sense, at the same time that they want to stop consuming drugs due to health damages, they want to use it more because of the intense feelings of pleasure and happiness that make them forget about the losses and problems arising from old age<sup>21</sup>. The

person who consumes drugs intersperses moments of intense happiness and deep sadness, requiring the adoption of a dialogic posture by the HRA when working with them.

The dialogic principle allows this understanding, as it presents the intrinsic relationship that is established between two or more concepts that are mutually exclusionary and complementary. In other words, it states the inseparability of concepts that, in theory, should exclude each other<sup>16</sup>.

Harm reduction is a public health strategy that seeks to promote the integration of the elderly with health services, while respecting ethical questions and human rights. The person, their health needs and profile must be recognized, which requires the search for new contact and connection strategies, so that multiple programs of prevention, education, treatment and promotion can be designed and implemented, tailored to attend their different health necessities. Therefore, it is necessary that the principles and guidelines of the Comprehensive Care Policy for Users of Alcohol and Other Drugs become effective, organizing health services and guiding different professional care strategies as complementary pieces rather than competing parts.

Harm Reduction presents a transversal facet, diversified in therapeutic, preventive, rehabilitative, educational and health promoting offers that allows recognizing drug users, their needs and bonds with their families<sup>23</sup>. It is understood that the social network is central in their lives, in which there is a set of relationships connecting people, positions and organizations. Thus, focusing attention on the networks means that experience, behaviour and individual consequences depend on the context in which the subject is inserted, and not only perceive them as isolated individuals<sup>20</sup>.

The problem of the drugs consumption is complex, as is linked to social, political and moral ties. The existence of a close relationship between times of economic, social and affective stability and the ability to control drug use is explicit and refers to the principle of "hologram". In this principle, the individual is perceived as part of society and society is the individual through norms and cultures, i.e. not only the part is in the whole, as the whole is also in the part<sup>16</sup>. More than a simplifying epistemology of drug users, it is necessary to assume diversity, instability and complexity, expanding the horizons of thought, as for their monitoring and treatment.

Many health professionals believe in the stereotype that illicit drug users are young and irresponsible. For this reason, when caring for older people, they often do not identify signs and symptoms that lead to drug use diagnosis. Moreover, these people do not feel comfortable in revealing, drug consumption even by fear of prejudice and being judged.

The principle of recursive loop is explicit among people who use drugs, in which withdrawal moments are in terming led with a pattern of heavy drug use. Thus, the notion of recursive loop refers to the movement of going back again, where an endless

reciprocation of actions and implementations often happens<sup>16</sup>. The principle of recursive loop is a process in which the effects are at the same time triggers and producers of the process itself<sup>16</sup>. Harm Reduction works often with people who have little prospect of improvement, but are always pursuing a relational dynamics of dialogue and negotiation in order to avoid this recursion.

The Harm Reduction manual has youth, adolescents, people confined in the prison system, transvestites and transsexuals as its main target population<sup>24</sup>, with no mention of the elderly. In this sense, the elderly drug user, most often, feels lost and does not know where to turn.

There are therefore many questions regarding the treatment of elderly people who use drugs. Must the treatment of these people occur together or separately from younger? Which health actions are most appropriate for this population, considering the complications that may arise with the aging process? Are pharmacological agents needed for addiction treatment in this group? What professionals should be included in the multidisciplinary treatment team? What places and health units should work with the elderly? Are the elderly solely responsible for their drug use?

The contemporaneity of drug use is seen by many as an inappropriate personal conduct, carelessness with health. Thus, various contradictions are produced socially, where clashes are individualized and each person takes their own risk<sup>23</sup>. Assuming this position prevents the exercise of a dialogical thinking which allows uniting the individual-collective, public-private, family-individual in the production of entanglements of the phenomenon to the complex<sup>16</sup>. These are perspectives that focus on the individual to explain the human practices that reinforce the principle of recursive loop and legitimize the modern paradigm, where the subject of modernity supports it and is produced by these prospects by acting in the world<sup>23</sup>.

Therefore, health professionals/nurses need to be attentive to the necessities of elderly people who use drugs. Consequently, an appropriate policy direction is needed, which guides service models, stimulates research and includes this issue during training in health/nursing. It is necessary to investigate and recognize the various factors contributing to the initiation and continuation of consumption for the evolution of nursing approaches related to elderly people who use drugs<sup>25</sup>.

## CONCLUSION

This study achieved the proposed objective to reflect on Harm Reduction among elderly people who use drugs, from the perspective of Morin's complexity, as it brought forth the realization that health professionals/nurses working in primary care should not consider conclusive interventions and, even less, reduce them to the context of successful or unsuccessful actions, since the absence of behaviour linearity is a prominent feature

among people who use drugs. In this perspective, nurses should guide the care to elderly people who use drugs from the steps of the nursing process, identifying their needs, establishing the diagnosis and implementing actions aimed at reducing damage to their health.

The few studies found in SciElo and Lilacs databases related to the issues of drug use among elderly people and its relation to harm reduction are described as a limitation. However, the use of Edgar Morin's complexity referential allowed to dialogue on the plurality of conceptions that permeate the lives of elder people who consume drugs that, most often, have antagonistic and discordant practices, which HRP seeks to understand and respect, without proposing behaviours which are deemed appropriate or abstinence from consumption.

This study presents contributions to nursing as it brings to reflection the need for nurses to have a broader view on drug use among the elderly and expression without prejudice. It provides an understanding of this issue centred on individuals, society and culture/context, discussing individual freedom for drug use, with actions aimed at harm reduction, targeting towards rethinking the cultural dissemination that turns every drug user into a sick or transgressive person, thus requiring hospitalization, imprisonment or absolution.

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