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Alcohol and other drug users' experiences in a psychosocial care center

ABSTRACT | Objectives: To know the experiences of users of a Psychosocial Care Center for alcohol and drugs in Minas Gerais. Method: This is an exploratory, descriptive and qualitative approach. The sample was composed by 18 participants determined by the saturation technique. The data collection was done through a semi-structured interview with four guiding questions, recorded, transcribed, and through the technique of content analysis, resulted in four categories. Results: Revealed that the greatest difficulty in adhering to treatment is the disruption of family ties correlated with social difficulties such as social exclusion and street dwelling. For most, the way in which the host occurs interferes with adherence and abandonment of treatment. They also report the lack of structure of the collective environment and recreational activities. Conclusion: Users reported as a facilitator for adherence to treatment, welcoming, active listening of professionals and the family as an essential support. It has as incipient the infrastructure of the establishment, the leisure activities and the therapeutic workshops.

Keywords: Drug Users; Mental Health; Mental Health Services.

RESUMEN | Objetivos: Conocer las experiencias de los usuarios de un Centro de Atención Psicosocial para el consumo de alcohol y drogas en Minas Gerais. Método: Este es un enfoque exploratorio, descriptivo y cualitativo. La muestra estuvo compuesta por 18 participantes determinados por la técnica de saturación. La recolección de datos se realizó a través de una entrevista semiestructurada con cuatro preguntas de guía, grabadas, transcritas y mediante la técnica de análisis de contenido, que dio como resultado cuatro categorías. Resultados: Reveló que la mayor dificultad para adherirse al tratamiento es la interrupción de los lazos familiares relacionados con dificultades sociales como la exclusión social y la vivienda en la calle. Para la mayoría, la forma en que se produce el huésped interfiere con la adherencia y el abandono del tratamiento. También denuncian la falta de estructura del entorno colectivo y las actividades recreativas. Conclusión: Los usuarios informaron como facilitadores de la adherencia al tratamiento, la bienvenida y la escucha activa de los profesionales y la familia como un apoyo esencial. Tiene como incipiente la infraestructura del establecimiento, las actividades de ocio y los talleres terapéuticos.

Palabras claves: Consumidores de Drogas; Salud Mental; Servicios de Salud Mental.

RESUMO | Objetivos: Conhecer as vivências de usuários de um Centro de Atenção Psicossocial de álcool e de drogas em Minas Gerais. Método: Pesquisa exploratória, descritiva e de abordagem qualitativa. A amostra foi composta por 18 participantes determinada pela técnica de saturação. A coleta de dados foi realizada por entrevista semiestructurada com questões norteadoras, gravadas, transcritas, e por meio da técnica de análise de conteúdo, resultou em quatro categorias. Resultado: A maior dificuldade em aderir ao tratamento é o rompimento dos vínculos familiares e as fragilidades sociais. O acolhimento interfere na adesão e abandono do tratamento. Relatam ainda a falta de estrutura do ambiente coletivo e de atividades recreativas. Conclusão: Tem-se como ponto facilitador para adesão ao tratamento o acolhimento, a escuta ativa e a família. Como incipiente tem-se a infraestrutura física do local, as atividades de lazer e as oficinas terapêuticas.

Palavras-chaves: Usuários de drogas; Saúde Mental; Serviços de Saúde Mental.

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INTRODUCTION

The abusive use of alcohol and other drugs has become a public health problem in Brazil, causing several losses to society. In order to provide care and care to people with mental disorders resulting from the use of psychoactive substances, alcohol and other drugs, Ordinance No. 130 of January 26th, 2012, created the Psychosocial Care Center for Alcohol and Drugs (Centro de Atenção Psicossocial Álcool e Drogas - CAPSad). (1) CAPSad is characterized by being a device of the Psychosocial Care Network (Rede de Atenção Psicossocial - RAPS) designed to provide comprehensive and

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continuous care to people with needs related to the consumption of alcohol and other drugs. ^(1,2)

It is important to note that CAPSad promotes comprehensive care based on clinical care, multiprofessional monitoring with a focus on social reintegration and responds to the main care needs of patients who suffer from severe and persistent mental disorder. Thus, it develops actions aimed at strengthening family and community ties, returning to work and encouraging leisure through psychotherapy, drug treatment, recreational workshops, therapeutic monitoring and family care. ⁽¹⁻³⁾

The CAPS-ad performs an extremely important work for society, since the use and abuse of alcohol and drugs is currently considered a public health problem. It is considered to be a highly complex treatment because it covers several aspects that aim at the social reintegration of the user. ⁽⁴⁾ In this context, an important tool for the success of the treatment is the welcoming to the user and his family. Embracement presents itself as a possibility to receive the subject in mental suffering in its entirety and move forward in an attempt to understand the experiential, relational and community context in which this suffering is configured in its specificity. ⁽⁵⁾ Thus, the treatment at CAPSad must be based on collective construction or plurality, this means that the referenced professional must, together with the user, establish the best criteria for the construction of their Singular Therapeutic Plan (Plano Terapêutico Singular - PTS), taking into account their fears, yearnings, difficulties, preferences, daily life and socio-demographic profile. ⁽⁶⁾

In addition to welcoming, another relevant point is the issue of adherence and abandonment of treatment. Considering this aspect, there are multiple factors that interfere in adherence to the treatment of chemical dependency. ⁽⁷⁾ It is relevant to detect these aspects in order to make possible and implement,

in an articulated manner, the necessary modifications in order to improve the effectiveness of the treatment and, consequently, offer a qualified service to this clientele. In addition, the principles and guidelines of the National Policy of the Ministry of Health for comprehensive care for users of alcohol and other drugs, point to the need to seek new strategies so that the health policy is coherent, effective and effective. ⁽⁶⁾

Given the above, considering the increase in the consumption of alcohol and other drugs as a serious current public health problem, as well as the damage caused by its use, this theme has become extremely relevant for directing the improvement of care to this clientele, as well as to decrease, abandon and adhere to therapy.

Thus, the following questions emerged: How is the assistance in CAPSad perceived by the user? What are the aspects that can influence the reception, adherence and abandonment of the treatment of alcohol and drug users?

Thus, this study aims to know the experiences of users of a Psychosocial Care Center for alcohol and drugs in Minas Gerais.

METHOD

It is an exploratory, descriptive research with a qualitative approach that used content analysis based on the framework proposed by Bardin. ⁽⁸⁾

The study was carried out at a Psychosocial Care Center for Alcohol and Drugs in Minas Gerais. This service is characterized as a CAPSad type III that offers continuous attention with 24 hours a day operation. Currently, 986 users are registered, with an average of 50 new hospitalizations/month and an average frequency of 45 patients/day undergoing treatment, of which 55% of the cases are related to chemical dependence on multiple drugs and the remainder is exclusively dependent on alcohol.

Research participants were randomly

composed of service users and 18 CAPSad users participated. The number of participants was defined according to the depth and comprehensiveness of the understanding of the objective to be studied, completed when the data obtained began to show repetition and redundancy, failing to contribute significantly to the study (theoretical saturation). ⁽⁸⁾

To ensure the anonymity of the participants, they were referenced using an association of letters and numbers, the letter P of the participant was used followed by Arabic numerals 1, 2, 3. The inclusion criteria were: registered users and attended at the service, adults aged 18 or over, oriented in time and space with a score above 27 points in the Mini Mental State Examination (MMSE). The MMSE is composed of seven categories that assess specific cognitive functions. ⁽⁹⁾

The data collection was carried out by the researchers at the health service itself between August and October 2017. The technique used was that of a semi-structured interview guided by an instrument prepared by the authors that contemplates sociodemographic characteristics and the guiding questions of the study: For you, how was the assistance provided at CAPSad? For you, the way the reception is done interferes with the continuity of your treatment? For you, what are the aspects that influence the abandonment and adherence of your treatment?

The testimonies were transcribed and analyzed; the data were grouped according to the nuclei of meaning composed in the communication, considering presence and significant thematic frequencies for the analyzed object. The stages of pre-analysis, material exploration and treatment of the result were followed. ⁽⁸⁾

The Research Project was approved by the Research Ethics Committee of the State University of Minas Gerais, under opinion No. 2.386.681, and in accordance with the Regulatory Guidelines and Norms for Research on Humans,

Resolution of the National Health Council (CNS) 466/2012. All research participants agreed and signed the Free and Informed Consent Form.

RESULTS

The characterization of the study participants comprised 11 males and 7 females; aged from 31 to 55 years old; 10 being single and 8 in a stable relationship; eight with incomplete elementary schooling, eight complete elementary education and two with complete secondary education; in relation to the profession 13 do not exercise paid activity and only five worked at the time of the research; in relation to psychiatric hospitalization, 12 have already been hospitalized at some point for treatment of alcohol and drugs and the length of hospitalization ranged from 1 day to 1 year and 3 months.

From the understanding of the testimonies, the following thematic categories were identified: Reception, assistance and CAPSad infrastructure, Family as a factor of adherence to treatment and Abstinence: an "unusual" power.

Category 1: The reception, assistance and infrastructure of CAPSad

The participants reported in this category how the reception and assistance were experienced during the treatment at CAPSad. Initially, in relation to the reception, it is noticed that this is performed at the time of the user's entry into the service by a higher-level professional. Some study participants reported feeling ashamed during this first visit, however, as the bond is established, the bonds are strengthened with the technical reference, this user feels more secure and is able to expose their problems, as can be seen in the speech below:

"[...] It was good. She asked the questions, I was ashamed to answer most of them, we get a

little inhibited, but when I came inside I passed my reference technique ... Then I opened everything for her ... [...] they give you space for you to open" (P15).

The users of chemical substances are surrounded by complex feelings and when seeking help, they can become fragile in relation to how they are received and how they are received in the health service.

"[...] so, the person who has to prepare himself, because here the doors are open, the person has to surrender, because I have been a user for many years and I understand, that here is a service that everyone has their service, people are here are prepared to welcome you" (P3).

Regarding the assistance offered at CAPSad, it is unanimous that the service offers few recreational activities/therapeutic workshops and that participants feel idle most of the time. They also infer that idleness is directly correlated with the desire to return to using drugs.

"[...] The routine here is terrible, because there is little activity, as you can see we are aimlessly [...] doing things to make the day go by faster and occupy your head, otherwise the devil will be watching you" (P1).

"[...] We don't do anything, there's nothing ... we just stay here. [...] We could make a vegetable garden, have some activities [...] Honestly to pass the time, otherwise we will think, will think ... and the desire comes" (P5).

Thus, the level of discontent related

to the lack of recreational activities is visible, almost in general, they say that idle time contributes to bad thoughts related to the use of the drug, and that these favor future relapses. From this point of view, it is believed that this can also be considered a factor, albeit indirectly, that may interfere with treatment abandonment, since it is linked to abstinence and can become uncontrollable.

Another point addressed by users as unsatisfactory in this study was in relation to the physical space of the CAPS, as can be identified in the statements below:

"[...] A bathroom just for everyone. It gets really bad, very boring, disgusting ... women and men smoke inside" (P4).

"[...] I think it is the open space, I think it should be covered because it is very hot here, we see that there is a lot of space that needs to be well divided, just like when it's raining we are on the other side, it is very small for people watching television, I think everything here already has everything, so you just need to redo the blueprint [...] I think the city government needed to invest more here." (P12).

Category 2: Family as a factor of adherence to treatment

When the participants were asked about the factors that influence the user's adherence to treatment at the CAPS, the primary factor listed was family restructuring. Participants report that the family, through verbal and non-verbal language, offers support to carry out the treatment and, consequently, to return to normal life without drugs. It was noticed that the desire to reestablish family ties and family restructuring is the primary factor for treatment adherence.

"[...] You got to have will-

power right? ... When I get home and see my daughter smiling at me, there's nothing better [...]" (P5).

"[...] I want to recover, have my home, take care of my husband, have my house so I can take my children ... I was away from my mother and today I went to her house ... she treated me so well. Wow! It was the best thing I did in my life you know? Having gone to my mother's house ... I left there very satisfied ... [...] It is my family that will get me out of this [...] My family that will get me out of the hole [...] so much good came to my mind ... only good thoughts, only good things. That's what makes us come out of the hole" (P5).

Category 3: Abstinence - an "out of the ordinary" power

All participants reported that abstinence is the primary factor that leads to treatment abandonment. Thus, it was realized that staying abstinent is something challenging for the addict. This difficulty can be identified in the following statements:

"[...] what makes a person want to leave here is abstinence, the desire to use it" (P6).

"[...] I can't stand abstinence for a long time" (P12).

"[...] it's difficult. Stay abstinent, people, you have no idea, think about something difficult, it is very difficult" (P14).

Participants report the sensations that withdrawal causes in the body as a challenging factor for drug users. Abstinence is closely linked to the cessation of drug use and its physiological response in the body.

"[...] and the chemical user has very strong abstinence [...] he has too much power that he generates inside the person, who is not that person, I don't know, the person becomes an animal, assembles a lot of puzzles in his own mind" (P3).

"[...] There are days that you want to kill everyone, there are days that you want to hug everyone, there are days that you don't want to hear anyone's voice, there are days that nobody can stand to hear your voice, so much that you want to tell them. You know, it's a crazy thing" (P14).

"[...] when people are in a very bad stage, they no longer know who they are, they've lost track, it's because they don't know what's good for them anymore, and then they leave" (P12).

It is clear that each research participant has a critical eye on their own choices and understands all the harm that the use of the drug has in the short or long term. Apparently, they are able to recognize the negative effects on their health but report how difficult it is to stop or control consumption. This can be seen in the following statements:

"[...] now what helps me to stay (at the service) is the willpower to stop or at least reduce [...] I will not smoke this week [...] that day I have an appointment, or else I have a document, I'm waiting to finish doing my documents to start taking a course [referring to the job opportunities that the service helps to obtain]" (P14).

"[...] I was on the street, for me it was kind of complicated,

because on the street you will want to use drugs, you don't have the strength to stop and go out [...] I needed a place to walk a bit and put my head in place, I'm reducing a lot, I'm using a lot less drugs" (P17).

DISCUSSION

User embracement is one of the essential elements to improve work processes, add bonds between professionals and users, in addition to guaranteeing qualified listening to the needs brought, facilitating user access, tracing paths for resolving demands, allowing the co-responsibility of treatment to user. ⁽¹⁰⁾

The Care Line in the Psychosocial Care Network of the Ministry of Health, refers to the welcoming, associating it with whoever is behind it, that is, the reference professional, when the objective of this professional is to maintain the singularity of the demands, allowing constructions and sustaining links with subjects and their families. ⁽¹¹⁾

Humanized team work allows us to risk new paths that can propose a new perspective, displacing the stereotyped view of each user. In this sense, other studies point out that the establishment of a cohesive and resolute team to conduct the therapeutic plan is important for adherence and bonding to treatment, as well as for the provision of adequate treatment. ⁽¹²⁾

CAPS must offer different recreational activities / therapeutic workshops in order to reconstruct psychosocial care practices. Studies point out that for the rehabilitation of local drug users, adequate conditions are necessary with space for group activities, physical activities, among other aspects. ⁽⁴⁾

In this sense, the Ministry of Health considers that the CAPS comprises, in addition to physical spaces, a place of coexistence in which daily life develops and, therefore, must be pleasant and in

a way that meets the assisted demand, being a reference in care, promoting life and social inclusion. Thus, it recommends that the CAPS construction project should take into account the local reality, socio-cultural habits and the expected number of professionals on the teams, users and their families.⁽¹¹⁾

The issue of structure is a problem evidenced in the reality of the CAPS-ad, since most of them have small spaces, they do not have free areas so that patients can have contact with nature, carry out horticulture, handicrafts, sports.⁽⁴⁾ It is noteworthy that group activities are mentioned in other studies as a motivating factor for staying in the service and adhering to treatment.⁽⁷⁾ There is also a need for these activities to undergo a new meaning, from a line of care that favors the subjectivity of the service user, through the use of innovative resources that correspond to the recommendations of the Psychiatric Reform movement.⁽¹³⁾

In relation to the family as one of the factors of adherence to treatment, it is known that the use of alcohol and drugs interferes negatively in the family context, as they bring suffering and even family breakdown. As a consequence, many users experience family loss and seek treatment as a way to recover their bonds with them.⁽¹⁴⁾

Here is considered as a family the set of emotions, customs, cultural and relational contexts, each with its norms and routines that constantly change over time and social changes, which makes each family have its unique aspects and build its own story.⁽¹¹⁾

A systematic review of national and international articles shows that the relationship between drugs, family and social networks points out that the family's influence on drug use is evident.⁽¹⁵⁾ Family relationships, when they are healthy, work as a protective factor against the use and abuse of alcohol and other drugs.⁽¹⁶⁾ Another evident point is the fear of losing the bond and the distan-



On the other hand, the National Harm Reduction Policy emerges as a care strategy for users who are unable or unwilling to suspend the use of psychoactive substances.



cing of family members can also be evidenced as a motivating factor for adherence to treatment.⁽¹⁷⁾

The mutual support that occurs in the family system, triggered by the process of coping with the situation of dependence, can generate a relationship of partnership, mutual cooperation and motivation as evidenced in the statements above. Furthermore, the perseverance that is established by the family member to fight and not give up on the person they love, in the case considered here as the user of alcohol and drugs, generates strength for the family.⁽¹⁸⁾

Therefore, the family plays a crucial role in the adherence and treatment of users of alcohol and other drugs. It is necessary to include family members in the treatment to assist them in the relationship with the user, in addition to helping to leverage the family's resources to support their treatment.⁽¹⁹⁾ Thus, health workers need to value listening and family communication during the service to the user, they need to be able to evaluate family functionality and together outline strategies capable of helping their members in solving their problems.⁽¹⁶⁾

Another factor that interferes with adherence to the treatment of the CAPS-ad user is abstinence. Abstinence can be compared to an "out of the ordinary" power that is exercised over the drug addict at the time of the crisis, in which it is not possible to discern between what is good and what is bad for him.⁽²⁰⁾

On the other hand, the National Harm Reduction Policy emerges as a care strategy for users who are unable or unwilling to suspend the use of psychoactive substances. This strategy aims to expand the possibilities of care beyond repressive actions that aim at abstinence as a single form of treatment.⁽²¹⁾

Harm reduction was seen as a form of treatment with good results by some participants who believe in the effectiveness of harm reduction and practice this treatment modality even if in an unknown way.⁽¹⁷⁾ However, there are

several challenges for the implementation of these actions to provide comprehensive care to users of alcohol and other drugs. ⁽²¹⁾

Taking care of users of psychoactive substances is to consider the biopsychosocial model of health, looking at the subject in its entirety and as an active being in the health/disease process. ⁽²²⁾ There is a need for greater participation of users of alcohol and other drugs in the choice of their treatment, so that they can make their choices, decide on the treatment model they will follow, based on guidelines carried out by health professionals. ⁽¹⁷⁾

CONCLUSION

We stand out in this study, as a facilitating point for adhering to the treatment of users, the welcoming and active listening of CAPSad health professionals. However, problems with the establishment's infrastructure, leisure activities and therapeutic workshops were identified as incipient by the study participants. In addition, it is visible and extremely important to maintain affective bonds, active participation within the family, thus avoiding the possibility of feelings of exclusion, loneliness

and possible relapses. The family group is important and is seen as an essential support for the achievement of treatment goals.

We highlight as limitations of this study the experience of users of alcohol and other drugs from only one CAPSad. In addition, the interviews were conducted in a single moment with the participants and they were users of one or multiple types of drugs, which can influence the experience of each individual. 🍷

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