

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

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## SUPPORT / SUPPORT GROUP AS CARE STRATEGY FOR DRUG USERS

*Grupo de apoio/suporte como estratégia de cuidado aos usuários de drogas*

*Grupo de apoyo / estrategia de apoyo como atención para usuarios de drogas*

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### ABSTRACT

**Objective:** to describe meetings developed with users as well as the contribution of the support group. Method: a descriptive study with a qualitative approach focusing on action research, conducted at the Psychosocial Care Center for Alcohol and other Drugs located in a medium-sized municipality in the northern region of the State of Ceará, Brazil. **Results:** seven users registered in the health service participated in the study. During the period of January and March 2015, meetings were held collectively, on the premises of the health service as well as externally, with an average duration of two hours. From the analysis of the information, two categories were elaborated: Describing group meetings with users and Meanings of group meetings for users.

**Conclusion:** the group approach is an important assistance strategy for drug users.

**DESCRIPTORS:** Drug users; Health promotion; Health care (public health); Health personnel; Health services.

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## RESUMO

**Objetivo:** descrever encontros desenvolvidos com os usuários bem como a contribuição do grupo de apoio/suporte. **Método:** estudo descritivo com abordagem qualitativa com enfoque na pesquisa-ação, realizado Centro de Atenção Psicossocial de Álcool e outras Drogas localizado em município de médio porte da região norte do Estado do Ceará, Brasil. **Resultados:** participaram do estudo sete usuários cadastrados no serviço de saúde. Desenvolveu-se durante o período de janeiro e março de 2015, encontros de forma coletiva, nas dependências do serviço de saúde como também de maneira externa, com duração em média de duas horas. Da análise das informações, elaborou-se duas categorias: Descrevendo os encontros grupais com os usuários e Significados dos encontros grupais para os usuários. **Conclusão:** a abordagem grupal configura-se como importante estratégia de assistência aos usuários de drogas.

**DESCRITORES:** Usuários de drogas; Promoção da saúde; Atenção à saúde; Pessoal de saúde; Serviços de saúde.

## RESUMEN

**Objetivo:** describir las reuniones desarrolladas con los usuarios, así como la contribución del grupo de apoyo. **Método:** un estudio descriptivo con un enfoque cualitativo centrado en la investigación de acción, llevado a cabo en el Centro de Atención Psicossocial para el Alcohol y otras Drogas ubicado en un municipio de tamaño mediano en la región norte del Estado de Ceará, Brasil. **Resultados:** siete usuarios registrados en el servicio de salud participaron en el estudio. Durante el período de enero y marzo de 2015, las reuniones se llevaron a cabo colectivamente, en las instalaciones del servicio de salud y externamente, con una duración promedio de dos horas. A partir del análisis de la información, se elaboraron dos categorías: Describir las reuniones grupales con los usuarios y los significados de las reuniones grupales para los usuarios. **Conclusión:** el enfoque grupal es una estrategia de asistencia importante para los usuarios de drogas.

**DESCRIPTORES:** Consumidores de drogas; Promoción de la salud; Atención a la salud; Personal de salud; Servicios de salud.

## INTRODUCTION

The Sanitary Reform movement, which emerged in the 1970s in the search for redemocratization, has a direct connection with the current mental health policies developed within the Unified Health System (SUS), which generated the Psychiatric Reform movement in Brazil. This sociopolitical process has brought about intense changes in mental health care in the last three decades.<sup>1</sup>

Thus, the Psychosocial Care Network (RAPS) was established by Decree 3088, which provides a new dimension to the set of actions in mental health in the SUS, with the guarantee of articulation of health care services in the territory, qualifying the care through embracement, continuous monitoring, and attention to the psychosocial emergency care of the population with mental disorders and with care needs arising from drug use.<sup>2</sup>

In the world, it is estimated that 271 million people between 15 and 64 years of age have used drugs at least once in the previous year, representing 5.5% of the population, one in every 18 people. And, about 35 million suffer from drug use disorders, with cannabis being the drug most used.<sup>3</sup>

In Brazil, dependence on any substance other than alcohol and tobacco in the last 12 months was more frequent among individuals aged 25 to 34 years (1.6%), and of the 1.2 million dependents, 517,000 are in this age group. Of these, approximately 38 thousand addicts are teenagers (12 to 17 years old) and approximately 117 thousand are between 55 and 65 years old.<sup>4</sup>

From this perspective, these individuals congregate a population at risk, becoming a challenge for health services, both for treatment and for the development of public policies.<sup>5</sup> Thus,

treatment needs to involve a biopsychosocial attention, focusing on the contexts that are related to drug use and not only on the organic and psychological level.<sup>6</sup>

Thus, different from traditional psychiatry, the Alcohol and Other Drugs Psychosocial Care Center (CAPSad) appears as a pioneering service that seeks to promote citizenship. Established in 2002, this service was developed to provide individual and group care, therapeutic workshops, home care, as well as family assistance and community activities.<sup>7</sup>

Being a community-based service, it seeks to offer actions focused on health promotion in a perspective of interprofessional collaboration, beyond the clinical pharmacological treatment, focused on social reintegration, acting in the community, and replacing the old insane asylums. For this, it has become imperative to employ both collective and individual care strategies in a multiprofessional way for a better understanding of the context in which users are placed.<sup>8</sup>

Among the different actions developed in CAPSad with a thematic approach about alcohol and other drugs, the group is constituted as a therapeutic resource in the context of care, being regulated by Administrative Rule 224/1992 and updated by Administrative Rule 336/2002 in the modalities of group psychotherapy, operative groups, social support activities, and therapeutic workshops.<sup>9</sup>

Thus, as a power among care strategies, group activities are considered one of the main forms of treatment, aiming at the integration of the service and the user with family and community.<sup>10</sup> The support group for users of alcohol and other drugs stands out as a possibility of space for information, opinions, encouragement, sharing, and support.<sup>11</sup>

In view of the above, the study has as its guiding question: What is the contribution of the support group for drug users in a CAPSad? To this end, this study to describe the meetings developed with users as well as the contribution of the support group.

## METHODS

This is a descriptive study with a qualitative approach focused on action research, conducted in a CAPSad located in a medium-sized municipality in the northern region of the State of Ceará, Brazil.

The CAPSad offers psychosocial care to users of alcohol and other drugs and their families, as well as other activities recommended by public policies, with monitoring by a multidisciplinary team. It works daily in the morning and afternoon shifts; however, it offers special hours at night.

Therefore, to carry out the present study, we attended the meetings of an existing therapeutic group called Active Interaction (IA) of CAPSad, presented the proposal to the users and, through a formal invitation, requested voluntary participation.

Seven users were selected to participate in the study. As inclusion criteria: being over 18 years old, users of psychoactive substances, and regularly attending meetings. As for the exclusion criteria: under the use of psychoactive substances and not oriented to time and space.

During the period of January and March 2015, the meetings were developed collectively with users, in the health service facilities as well as externally, lasting an average of two and a half hours each and conducted by the main author with support from the health unit staff and students of the Multiprofessional Residency in Mental Health. For this, considering the type of study used, it was imperative to follow four phases: I) Exploratory; II) Main; III) Action; and IV) Evaluation.<sup>12</sup>

In the exploratory phase, through a first meeting, the aim was to get to know the members through a brief presentation, establish with the participants norms for a harmonious coexistence, and collect information about individual and collective needs through a questionnaire that contained closed questions about the sociodemographic profile, cognitive and emotional aspects, and open questions about interests and difficulties related to social, personal, and professional issues.

In the main phase, it was aimed to elaborate proposals for group interventions based on the needs raised previously, through parallel meetings of the team with the users.

In the action phase, through five meetings, group activities were carried out using different themes intrinsic to the users' reality, based on the support group technology,<sup>11</sup> characterized as an assistential tool used by health professionals with therapeutic and care objectives.

In the evaluation phase, an individual interview was applied in the last meeting, in the space reserved in the health service, to ensure privacy and anonymity and as a way to assess the results

of the meetings. For this, we used an instrument composed of open questions about the contribution of the group meetings.

All these moments were audio recorded with the help of an electronic recorder, with the authorization of the participants. However, for the group meetings, a field journal was also used to make notes on the direct observations.

To analyze the information, the audios and notes were read vertically, grouping them collectively and recognizing the global content, and then proceeded to a horizontal reading, highlighting and codifying significant aspects.<sup>13</sup> As for the interviews, a Thematic Analysis was used,<sup>14</sup> operationally composed of three stages, as follows: Pre-analysis; Exploration of the material; and Treatment of the results obtained and interpretation.

To ensure the anonymity of the research participants, the fragments of testimonies, when presented in the results, were identified by the term "User" and the respective number relative to the order of the interview (Ex: User 1 (...) User 7).

The study was approved by the Research Ethics Committee with opinion no. 929.715, and the ethical aspects of Resolution 466/12 of the National Health Council were also respected.<sup>15</sup> All participants signed the Free and Informed Consent Form.

## RESULTS

Of the seven research participants, all were male, aged between 20 and 59 years. Regarding marital status, five were single and two were separated. Regarding the level of education, six users had incomplete elementary school education and one was illiterate.

Regarding religion, three were Catholic, three were evangelical, and one did not follow any religion. Regarding occupation, one was self-employed and six were unemployed. Concerning emotional and cognitive aspects, six users reported difficulty to sleep, requiring medications at night.

Visual and auditory hallucinations were present in the daily life of five participants. It was evident the presence of sadness among five users due to the absence and/or damage in affective relationships, to the point that one of them revealed thoughts and attempts of suicide related to loneliness and concern with his health.

The analyzed information was grouped into two categories, which will be presented below:

### Describing the group meetings with users

Five group meetings were developed with users to address different specific themes: Father; Smoking; Work, Health, and Drugs; Tour of the Captain Major's House; and Family, which were mediated by health professionals, including a nurse, psychologist, and occupational therapist.

Expressive, educational, and recreational activities were used to favor the development of the moment and the collective construction of materials that expressed the experiences about the themes worked on.

During the meetings, some users showed difficulty in performing tasks, attention deficit, and absenteeism in the process; however, others were interested, cooperative, and participative.

The meetings became a scenario for the exchange of confidences, particularities, and intimacies among the users. Thus, sensitized by the themes approached about the family, they recalled memories of parental bonds. In an open space for intersubjective dialogues without asymmetrical relationships, they presented situations about the consumption of psychoactive substances, as in this case, the use of tobacco in moments of stress and/or when they drank alcoholic beverages.

In verbal and/or non-verbal communication among the colleagues, reflections were made about the (un)encounters of life situations negatively implied by drugs. In another space that did not belong to the health service, they obtained a cultural formation. In total freedom to express perceptions, they revealed the existence of conflicts under the effect of drugs, besides recognizing behaviors that harmed interpersonal relationships, as shown in Annex 1.

### Meanings of group meetings for users

The meetings aroused interest in participating assiduously and provided a space in which the members felt welcome:

*I think it's great, I don't like to miss anything. I feel very good. (User 5)*

They contributed to the teaching-learning process, favoring the (re)construction of new communication and expression alternatives:

*For me I think it is important. I learned to know how to talk, to express myself, to talk about what we are feeling. We see, learn, and put it in our minds and hearts. (User 4)*

In the sharing of information about personal, family and professional aspects, easing tensions of hidden and intrinsic situations:

*We talk about our lives, about our families, about a lot of good things, because we clear our heads a little and talk more. (User 6)*

In the construction of knowledge that becomes important for decision making free of external coercion through health promotion educational activities:

*I like the lectures about drugs, the talks. I go home with my heart relieved. (User 5)*

In the adherence to beneficial behaviors in the face of deleterious behaviors, such as, for example, abstaining from the consumption of psychoactive substances:

*Sometimes I feel like doing stupid things with myself, here and there [there] this desire appears, I have insomnia.*

*The group helped me to improve my life, to forget, to quit drinking a little. (User 7)*

In an excellent therapeutic resource for promoting cohesion and support and raising self-esteem and self-confidence:

*I feel very maneirinho [calm]. Well good, the mind is good, the feelings pass, I get better, I'm happier. (User 2)*

In the establishment of an affective bond between professional and patient due to the promotion of care:

*I see love here from the professionals. I was rejected, I had that anguish inside me. Well, nobody likes me. (User 4)*

## DISCUSSION

The characteristics of users are similar to those of others as evidenced by national<sup>16-18</sup> and international studies.<sup>3,19</sup> The totality of male users may be related to sociocultural gender conditions and greater exposure to risk factors.<sup>19</sup> The variation in age denotes greater exposure of the population associated with greater vulnerability in these age groups.<sup>3,17</sup>

The low level of education represented by the majority ratifies the absence of these individuals in the school scenario for a citizen education, reinforcing the idea that drug use interferes negatively in learning and interest in school activities.<sup>17</sup> The predominance of users who self-reported adherence to some religion reveals the presence of a bond with religiosity/spirituality and an important protective factor against drug use.<sup>18</sup> Unemployment in almost all participants may be a consequence of drug use that compromises the development of work activities.<sup>16</sup>

Although all were in treatment and abstinence from drugs, it was identified problems of emotional and cognitive aspects that were affecting the health and well-being of the participants. The specialized literature evidences that users of alcohol and/or other drugs are frequently affected by organic and psychological problems.<sup>20</sup> Each drug produces different psychological and physical effects on the human body, which can be more or less aggravating according to a set of variables related to its use.<sup>14</sup>

It is supposed that due to the abstinence from alcohol and other drugs, users may have presented a state of visual and auditory hallucinations in reaction to the absence of the psychoactive substance, to which individuals have become dependent.<sup>21</sup> Sadness about the breakdown of bonds, problems with health issues, and the state of loneliness incurring in suicide attempts are other aspects that are very present in the lives of people involved in the past.<sup>14,20</sup>

This, therefore, denotes the importance of new approaches to user care that overcome the psychosocial and antimanicomial paradigm with a focus on the subject.<sup>22</sup> Among the ways to promote individual or collective care at different levels of health care, the group technology has been reported as an excellent tool, by providing the participant, as in this case the user, with an open space for dialogue and listening.

It was verified that the themes approached mostly referred to the reality of users, a fact made possible by a previous survey, which shows itself as a relevant alternative for the fruitful development of group activities.<sup>23</sup> It is understood that apprehending the social space, knowing stories, as well as how they relate to others, allows us to conduct practices based on the real situation experienced by the group.

When it comes to users, this preliminary conduct makes it possible to know in order to intervene in real situations that often involve harm. The main problem of drug use is still family disintegration. Initially there are conflicts and, later on, the estrangement of family members. This is compounded by losses in the material and productive spheres due to job loss and aggravated by harmful consequences to health.<sup>24</sup>

These problems increasingly intensify the need to solidify the composition of a multidisciplinary team, which became a reality after the Brazilian Psychiatric Reform that proposed a new model of Psychosocial Care. Among the health professionals who make up the minimum team established by the current model of mental health care, the categories of Nursing, Psychology, and Occupational Therapy stand out in the involvement of group activities with users.<sup>25</sup>

The use of this approach in health interventions with drug users is based on the decisive focus on implementation. It brings the subject closer to reality, so that he or she feels at ease and participates spontaneously, without fear or shame from the companions. However, considering the unique characteristics of the participants and the peculiarities of the themes, it was still necessary to associate alternatives that were consistent with the goals set to achieve the objectives. Thus, the expressive activities, for example, which were used in the study and are emphasized in the literature as stimuli,<sup>26</sup> provided an opportunity for the immersion and protagonism of all members.

However, although there is the incorporation of these new practices as established by the Ordinance No. 336 of the Ministry of Health, it is still verified in health services, the predominant presence of the biomedical model, hegemonic and curative focused on disease, either by the conception of healing only through drugs or by the offer of insufficient groups.<sup>27</sup>

This scenario represents a mismatch between what is actually performed by professionals in the field of mental health and what is regulated by ordinances, programs, and policies of the Ministry of Health; therefore, becoming a potential problem for treatment or rehabilitation. According to a study carried out in the pharmacy of CAPSad, there is a strong influence of the participation of users in therapeutic groups in the abandonment of treatment and/or drugs.<sup>26</sup>

Thus, it is recognized that user care should be contemplated by a biopsychosocial care model that extrapolates organic and psychic issues to subjective (inter) contexts, involving sensitive and emotional aspects, which are healthy in health-promoting activities.

It is observed that these moments make possible, in a mutual way, the sharing of knowledge and/or experiences. In the meeting about the father figure, the participants recalled and evoked events with the family network. Since the family is the foundation of life, it plays a fundamental role in the lives of the users.<sup>24</sup> Therefore, it is necessary to include it in group discussions to recognize the relationships established.

Group care makes it easier for participants to share their lived situations, which, most of the time, are similar to each other's reality, without feeling oppressed or coerced. Among which, there are issues related to drug use itself in moments of exhaustion or under the influence of alcohol. This finding corroborates the literature, since studies prove the high abuse of these substances by the world population.<sup>3</sup> It was found that participants with anxiety symptoms abuse tobacco as opposed to those without symptoms, which was only occasional.

In this context, it is evident the importance of these discussions in therapeutic activities, so that professionals such as users and family members recognize these problems as possible weaknesses that can compromise the treatment and rehabilitation, and thus can seek preventive and effective actions to intervene in these potential situations.

It was identified that the activities also allowed reflections on personal situations negatively affected by substance abuse, since it is a fact that involvement with drugs leads to damage in different aspects of life.<sup>24</sup> This discovery is translated into the capacity for self-destruction and, consequently, for (re)construction based on different and appropriate attitudes. A study shows that users of a group, after recognizing the damages, portrayed them as motivation expressed in learning and competence.<sup>27</sup>

Considering that the biopsychosocial care depends on a series of other determinants that are involved in the life of the human being, it was necessary to ensure non-institutionalized policy assistance, an external activity with the users, reinserting them back into social life. This strategy enabled the construction of knowledge and the re-signification of the individual in society.<sup>11</sup>

The Psychiatric Reform advocates that the structuring and strengthening of the psychosocial care network should be encouraged, associated with the network of health and social services, which emphasizes the social reinsertion of users. However, there is still evidence of adversity in the integration of the users' families in these activities. A study shows that family members wish to participate in these moments, but are hindered by the lack of expansion of participatory forms.<sup>28</sup> Thus, this repressed demand should be a cause for concern, since it affects the satisfaction of the family member and the user in the service.

It was also evident that because they had total freedom of expression in the group, the users felt safe to reveal the existence of disagreements between family members. This fact occurs because drugs produce changes in the degree of consciousness, sensory system, and emotional state.<sup>24</sup> The changes caused vary according to the characteristics of the person, who consumes

them, the substance chosen, the amount used, the frequency, and the circumstances. In this way, family members, because they are closer to the users, are most often the ones who suffer the most.

Furthermore, it is identified that aspects related to family conflicts are the motivation for the use of psychoactive substances. A study indicates that when users feel frustrated, they resort to drugs as a way to punish family members or to deal with conflicting situations.<sup>29</sup> In view of this, it is important to emphasize that the family should be a protective factor and not the opposite.

This moment also provided an opportunity for the users to recognize the attitudes that damage interpersonal relationships. In fact, individuals involved with drugs are more predisposed as perpetrator or victim of situations of mistreatment, aggressiveness, and violence, contributing, in some cases, to the rupture of affective bonds.<sup>24</sup>

It was also verified, in this study, a positive evaluation from the participants regarding the group meetings developed. It is believed that the group behaves as a care tool with humanized practices,<sup>11</sup> providing the users with a space for open dialogues and listening,<sup>7</sup> besides an atmosphere of hospitality that arouses the interest of participation.<sup>11</sup>

This approach to care that favors the integration and interaction among all participants contributes to the process of learning and personal growth,<sup>7</sup> demanding the need to incorporate new skills of communication and expression,<sup>7</sup> which are important for socialization in the spaces.<sup>11</sup>

The encounter of the self with the other(s) anchored in the privileged group process allows one to speak, cry, and talk,<sup>11</sup> that is, to express feelings when facing the experience of addiction and the problems caused,<sup>7</sup> without fear of judgment, presenting itself as an important therapeutic resource.<sup>11</sup>

Through the exchange of these questions and the offer of other information, situations gain new meanings, helping users to face the problem, mitigating suffering, and reducing anxiety. The perception of the reality of what they are experiencing is also made possible, through the knowledge of more concrete data about the problem<sup>7</sup> and the reduction of fantasies related to it, helping them to face the crisis experienced.<sup>11</sup>

In addition, it is perceived that because the centrality of care is directed to the user as a social subject, there is the recognition of the figure of the health professional and the establishment of a bond between peers.<sup>11</sup>

## CONCLUSION

The group approach is configured as an important strategy of assistance to drug users. This presents itself as a tool to be used in the production of the care provided, with a view to conducting education, promotion, prevention, promotion and recovery of the health of individuals and social groups.

It is hoped that the findings of this study reveal themselves as elements for the production of knowledge both in the field of assistance and research among health professionals, especially nurses, who in their work process present greater proximity to

users and sometimes require technologies, for example, the group as a potentiating tool for health care.

It is emphasized that the limitation of this study is limited to the methodological aspects adopted that do not allow the generalization of the information obtained, however, it is evident that the results presented are analogous to everyday life in other settings.

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**Appendix 1** – Description of the activities developed in group with users. Sobral, Ceará, Brazil, 2015

Meeting	Topic	Facilitator	Activity	Methodology	Perception Of the researcher	User perception
2nd Meeting	Father	Occupational Therapist of the Multiprofessional Residency in Mental Health and Nurse of the Alcohol and Drugs Psychosocial Care Center.	Expressive	The participants were given magazines, scissors, glue, colored pens, and cardboard and were asked to build illustrative materials that portrayed the word father. At the end, they discussed the materials they had made and the feelings aroused in the meeting.	The participants had difficulties understanding and performing the activity due to cognitive deficits.	The users revealed satisfaction in participating in the expressive activity and in recalling memories of familiar aspects.
3rd Meeting	Smoking	Occupational Therapist, Psychologist and Nurse at the Multiprofessional Residency in Mental Health and Nurse at the Alcohol and Drugs Psychosocial Care Center.	Educational	An educational video was shown about the dangers of tobacco consumption, and afterwards a critical reflection was made about the material and a discussion was held about users' experiences with smoking.	Some users had difficulty paying attention, requesting to leave the space to drink water and use the bathroom.	The participants reported contentment with the educational video made available and revealed that they use tobacco at times of stress and/or when drinking alcoholic beverages.
4th Meeting	Work, Health and Drugs	Occupational Therapist and Nurse at the Multiprofessional Residency in Mental Health and Nurse at the Alcohol and Drugs Psychosocial Care Center.	Expressive	The themes of Work, Health, and Drugs were discussed, enabling the sharing of experiences and the motivation of new ideals. Scissors, glue, colored pencils, and a blank face were handed out, and the participants were asked to draw on the material how they felt at that moment. At the end, a space was opened for dialogue about the emotions generated at that moment.	The users were attentive and participatory in the meeting. However, they expressed in their speeches a lack of knowledge about relative aspects of the themes.	The participants expressed satisfaction with the activity developed and reflections on the dis (encounter) of personal life situations.
5th Meeting	Tour to the House of the Captain-Major/ Sobral-CE	Occupational Therapist, Nurse and Psychologist of the Multiprofessional Residency in Mental Health and Nurse of the Psychosocial Care Center.	Leisure	The users of the Alcohol and Drugs Psychosocial Care Center were transported to the Casa do Capitão-Mor. There, they obtained historical information about the space. After the visit, we returned to CAPS AD and talked with the participants about the experience of the tour.	The users remained interested during the tour and attentive to the guide's explanations.	The members expressed their satisfaction in getting to know the space and highlighted the importance of getting to know the places and the stories.
6th Meeting	Family	Occupational Therapist of the Multiprofessional Residency in Mental Health and Nurse of the Alcohol and Drugs Psychosocial Care Center.	Expressive	Cardboard, scissors, and colored pencils were distributed to the participants, and later they were asked to build panels about the representativeness of their families. At the end, a presentation of the materials was made and discussions were held about the experience of users with their families.	Most of the participants were calm and cooperative during the meeting. The relevance of the family as a supportive support for the drug user was evident.	The users reported the existence of conflicts with their families when they are under the effect of drugs. They showed satisfaction with the activities performed, considering the recognition of behaviors that harm the interpersonal relationship with their families.

Source: authorship (2015).