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THERAPEUTIC ITINERARY AND HEALTH CARE FOR DRUG USERS IN THE PSYCHOSOCIAL CARE NETWORK

Itinerário terapêutico e assistência à saúde de usuários de drogas na rede de atenção psicossocial

Itinerario terapéutico y atención sanitaria para usuarios de drogas en la red de atención psicosocial

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ABSTRACT

Objective: to understand the perception of drug users about the therapeutic itinerary and health care in the Psychosocial Care Network. Method: Qualitative research conducted with drug users assisted at a Psychosocial Care Center for Alcohol and other drugs from March to May 2019. Data collection was based on the semi-structured interview and analyzed using thematic analysis. **Results:** it was evidenced that drug users make a wide pilgrimage in the health network in search of welcoming and that health care is based on a mental hospital model, centered on medicalization in some services. **Conclusion:** the assistance provided in the services of territorial scope does not welcome the user and does not guarantee the integrality of care, which makes these pilgrims through the Network.
DESCRIPTORS: Nursing; Trastornos relacionados con sustancias; Accesibilidad a los servicios de salud; Atención a la salud mental.

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RESUMO

Objetivo: compreender a percepção de usuários de drogas acerca do itinerário terapêutico e da assistência à saúde na Rede de Atenção Psicossocial. **Método:** pesquisa de abordagem qualitativa desenvolvida com usuários de drogas assistidos em um Centro de Atenção Psicossocial Álcool e outras drogas nos meses de março a maio de 2019. A coleta dos dados foi a partir da entrevista semiestruturada e analisados por meio da análise temática. **Resultados:** evidenciou-se que os usuários de drogas fazem uma ampla peregrinação na rede de saúde em busca de acolhimento e que a assistência à saúde está pautada em um modelo manicomial, centrado na medicalização em alguns serviços. **Conclusão:** a assistência prestada nos serviços de âmbito territorial não acolhe o usuário e nem garante a integralidade do cuidado, o que faz com que esses peregrinem pela Rede.

DESCRITORES: Enfermagem; Transtornos relacionados ao uso de substâncias; Acesso aos serviços de saúde; Assistência à saúde mental.

RESUMEN

Objetivo: comprender la percepción de los usuarios de drogas sobre el itinerario terapéutico y asistencial en la Red de Atención Psicosocial. **Método:** investigación cualitativa realizada con usuarios de drogas atendidos en un Centro de Atención Psicosocial por Alcohol y otras drogas de marzo a mayo de 2019. La recolección de datos se basó en la entrevista semiestructurada y se analizó mediante análisis temático. **Resultados:** se evidenció que los usuarios de drogas realizan un amplio peregrinaje en la red de salud en busca de acogida y que la atención sanitaria se basa en un modelo de hospital psiquiátrico, centrado en la medicalización de algunos servicios. **Conclusión:** la asistencia prestada en los servicios territoriales no acoge al usuario y no garantiza la integralidad de la atención, que realizan estos peregrinos a través de la Red.

DESCRIPTORES: Enfermería; Substance-related disorders; Health services accessibility; Mental health assistance.

INTRODUCTION

Drug use has increased in recent years, which is a cause for concern as it is increasingly affecting the adolescent and young adult population. Moreover, factors such as poverty, limited education, and social marginalization are related to the risk of drug use disorders, and these factors may lead users to encounter barriers to access health services due to discrimination and stigma.[1] A survey conducted in 27 Brazilian cities indicates that the abuse of alcoholic beverages is higher in men (26.0%) than in women (11.0%), however, in both sexes, the frequency of this condition also tends to decrease with increasing age.[2]

Drug use is a concern worldwide, since it encompasses social, psychological and biological harm.[3] Thus, it involves individual and collective risks, since the harm of drug abuse is also related to risky behavior, such as violence, risky sexual behavior and driving under the influence of substances.[4] In Brazil, the Ministry of Health brings as a model of care for drug users, the policy of harm reduction, as defined in the policy for Comprehensive Care for Drug Users,[5] a model already consolidated in the country from internationally recognized experiences. However, the new mental health policy brings the model of care directed to drug abstinence, to be adopted in the Unified Health System (SUS).[6]

In addition to health care models, the SUS composes a network of care for people who use drugs, composed of various services in the production of health and life of people who make harmful use of drugs.[7] The Psychosocial Care Network in Mental Health (RAPS) is formed by primary care services, hospital, urgent and emergency services, transitional housing, strategic psychosocial care, and street clinics, among others. Strategic psychosocial care includes all the modalities of Psychosocial Care Center (CAPS).[8]

Among these modalities, there is the Center for Psychosocial Care Alcohol and Other Drugs (CAPS AD) that aims to promote care with emphasis on social inclusion of people who abuse drugs,[8] through harm reduction strategies that involve intersectoral actions linked to work, culture, leisure, and popular education, in order to articulate the RAPS and the community support existing in the territory.[9]

Beyond the actions linked to public policies for the construction of care, it is important to look at people's demands, behaviors, and subjectivities related to drug abuse. The socioanthropological approach entitled therapeutic itinerary describes the search for therapeutic care according to people's health needs and the resolution of their problems, which enable the understanding of care and management practices.[10] It is essential to know the therapeutic paths taken by users, because they reveal the uniqueness of people's lives, the relationship established between the territory and the social context.[11]

Given the relevance of the theme related to drug abuse, and the need to promote comprehensive care to these people and the construction of public health policies, this study becomes essential. Thus, it aims to understand the perception of drug users about the therapeutic itinerary and health care in the Psychosocial Care Network.

METHOD

This is a qualitative research, developed with 14 alcohol and other drug users who were being assisted in a Center for Psychosocial Care Alcohol and Drugs (CAPS AD) in a city in Rio Grande do Sul, Brazil.

The inclusion criteria were: drug users who were 18 years old or older and were being assisted in the CAPS AD. And, as exclusion criteria: to be under the effect of drug use or to present limitations in communication. All the users who were invited agreed to participate in the research. There was no refusal or exclusion of participants.

The information was collected through semi-structured interviews, conducted individually, in the period from March to May 2019. The interviews occurred on days when users had scheduled medical appointments, when they had some therapeutic group or came exclusively for the interview, at a time previously arranged with the researcher.

The interviews occurred according to the availability of each participant and had an average duration between 25 and 55 minutes. Thus, the following research questions were used for the interview: What were the services that you sought assistance in the Psychosocial Care Network before

coming to CAPS AD? How do you perceive the health care in these services?

The interviews were closed when theoretical saturation was reached, that is, they were interrupted when there was no more different information.[12] All interviews were recorded on a digital recorder, later transcribed in Microsoft Word and analyzed according to the thematic analysis.[12]

For the stages of thematic analysis[12] the first step was to gather information, which refers to the historical context of the social group researched. This was followed by the convergence of the empirical facts, in which the meaning, the internal logic, the projections, and the interpretations were sought in the participants' reports. Subsequently, the organization of the data was performed, starting with the transcription of the material, the rereading of the material, and the organization of the reports in a certain order. The reading of the material, horizontal and exhaustive reading of the transcriptions, allowed contact with the field material through floating readings, which made it possible to understand what was relevant and the central ideas. This was followed by transverse reading, which enabled the categorization of the study.

To ensure the users' anonymity, the letter "P" for participant was adopted, followed by a random ordinal number, to preserve the participants' identity.

The research respected the ethical principles that establish the norms for research involving human beings, explained in Resolution No. 466/12 of the National Health Council.[13] The participants signed the Informed Consent Form in two copies, which contained information related to the research. This research was approved by the Research Ethics Committee of the Universidade Franciscana, under opinion Nº 3.093.250, CAAE 04440118.6.0000.5306, issued on December 18, 2018.

RESULTS

The study was composed of 14 participants, with a predominance of males (n=11) and three (n=3) females. Regarding the age range, the study included adolescents, young people and adults, with ages ranging from 25 to 65 years.

Regarding the participants' marital status, there was a predominance of seven (n=7) single people, four (n=4) married, and three (n=3) divorced. Regarding the sociocultural question, there was a predominance of unemployed participants (n=13) and one (n=1) receiving sick pay. Regarding education, the participants were literate, but many did not finish high school, (n=10) had completed elementary school and four (n=4) had finished high school.

The search for welcoming in the RAPS

The therapeutic itinerary in the RAPS reveals that users are not welcomed by health professionals and do not maintain a link with the services that comprise Primary Health Care, such as Basic Health Units (BHU) and Family Health Strategy (FHS). Furthermore, it was evidenced that health care based on the asylum model, which goes against the health needs of users and is centered on medicalization in favor of actions to promote mental health at the territorial level:

> *I went there at the health center. They gave me medication, I never had any psychiatric or psychological accompaniment. I don't have any connection with the clinic. There isn't any service there, it's more like a prescription and then it's given. I go to the clinic because it is close to home, but you have to wait in line to get a form.* (P6)

> *There are doctors that sometimes are so reigning, they let you down. This already happened to me at the clinic. If they let go of your paw, they won't go anymore, they will look for another unit. Once when I needed some medicine, the CAPS nurse came to me and said: "Go to the clinic and talk to the nurse. Say that I sent you there. Then they took care of you right away. If I went there without any indication, they would schedule me for another week. But since I was sent by the nurse, then the service is faster. So this is how things work.* (P8)

> *Before I came here (to CAPS AD) I used to consult in the health units. For me it didn't solve much, because there was no self-help group. I would get there and just talk to the social worker and go to the doctor to get a prescription. So I came here (CAPS) on my own.* (P14)

As for assistance in services of higher levels of complexity, involving urgencies and emergencies, users express dissatisfaction, in which they verbalize mistreatment, violence and negligence. Also, the presence of prejudice from the professionals who work in these services is evident, according to the following statements:

> *I've been to the UPA and was treated badly. Drunk and drugged, they don't give a damn about the guy. Even to put serum, they put serum out of the vein. There were doctors and city guards that beat the guy inside. [...] They treated us like animals.* (P8)

The same situation occurred when users required mobile emergency care services (SAMU):

> *When these epileptic seizures happened in the street, someone would help me and call SAMU. Even SAMU didn't want to come. Because they don't want to do that for people who are drunk on the street, tossed about. The ambulance doesn't want to pick up. [...] They beat us to make us calm down and then you pass out. You faint and they cover the injection directly into the vein.* (P8)

As far as hospitalizations are concerned, users report that there is no psychological follow-up in these services,

which reveals a manicomial model of care, again centered on medicalization:

I went there to the municipal hospital, which has the psychiatric center, but I never had a psychologist, psychiatrist, a staff that is with you 24 hours a day, that understands you. It seemed that I was in a madhouse. (P6)

Regarding the assistance in clinics and therapeutic communities, users express that there is difficulty in adapting due to the deprivation of freedom and excessive rules, which prevents them from exercising their autonomy:

I was in the clinic for two years. Do you know what it is like to stay there for two years? Locked up? It's like a jail. Staying locked up inside, just looking at the sun, the day, the rain. I was locked up for two years and the same day I got out of there, I went to a bar and drank. (P8)

I went to a farm, but as I get stressed too easily and it wasn't the way I liked it, it was full of rules, so I didn't like it. I filled up the bag, did a lot of things to be able to leave. (P9)

Given the above, it is evident that the assistance provided in the services of territorial scope does not welcome the user and does not ensure the completeness of care, which makes them increase their pilgrimage through the RAPS in search of assistance that meets their health needs. It also exposes the degrading way that these users are treated in some services of the RAPS. Thus, it is evident the need for training and capacity building for professionals to assist people with disorders arising from drug use.

Therapeutic itinerary to CAPS AD

Users express that access to CAPS occurs through referrals from inpatient services, such as hospitals and therapeutic communities. Still, the therapeutic itinerary reveals that users seek this service by indication from the social network, which are family members and friends.

I went to the University Hospital. And from there only after I was referred here (CAPS AD), directly from the hospital. I never went to the health center. (P1)

I was in the Fazenda (therapeutic community) now last. I didn't have a health insurance. Then after there I came here, to CAPS. (P2)

My daughter came with me. They (friends) told me that CAPS was here and I came. (P5)

Who brought me was my sister, the one who passed away. She and the deputy already knew about CAPS. Then I came here because CAPS is more for helping the guy, to give support for the drug business, hospitalization, these things. And I came here to take care of myself, to heal myself. (P7)

I came because some acquaintances of mine, friends that told me about here. People that wanted me well, that wanted to see me away from drugs. (P13)

The therapeutic itinerary of users in the RAPS reveals that the pilgrimage to the CAPS occurs through hospitalization services and therapeutic communities, which points to the absence of these referrals by professionals in primary health care services.

When reporting on the assistance provided by professionals from CAPS AD, it is clear that CAPS is a space where users feel welcomed, cared for, and understood:

I am coming to CAPS and I am feeling better, I am feeling welcomed. They are wonderful people, they are willing to help, no matter the time. And here, I saw that I was not the only one, that there are several people with bigger problems than mine. (P6)

Here (in CAPS AD) they welcomed me with all the affection. Here is very nice, people learn, talk to us. They take great care of us, it's a second home. I am happy here in CAPS, because if it wasn't for CAPS now I would be on the street. (P13)

In CAPS every time I needed medication, exams, I was always well taken care of. For me it was easier because, besides the groups, which we get together a lot, the problem is very similar, the problem of one is similar to the other, which helped me. Here we are better treated, we have a psychiatrist, a general practitioner and a social worker. (P14)

Although CAPS meets the users' health needs, they verbalize some difficulties regarding the assistance in CAPS AD:

The difficulty is that sometimes we lack everything inside CAPS, not because of them (the workers), but because of the city hall. In the old days we had pasta, rice, beans, we had everything. And today we don't have anything anymore! We don't even have anything for coffee sometimes. They (workers) take from their pockets. Who has to be responsible for this kind of thing is the City Hall, not the people here. This is what makes me rebel sometimes, it's peaceful the rest. (P8)

I think that they should integrate a group that is everyone with the same problem. We should separate drug addicts from alcoholics, and have a psychiatrist twice a week. (P10)

Some time ago the attendance started to get lower. When you go to look for one, there isn't one, the other is on vacation, there isn't one to replace, the doctor is always full. There are people with a lot of problems, there are even people in jail to be consulted, the judge tells them to... Always crowded, always full, how can the doctor attend to all this? This is missing now, we had a group there for years and now it has been cut... (P14)

The assistance provided by professionals in CAPS AD occurs in a way that ensures the reception and care to users, showing itself to be satisfactory and establishing relationships of bonding and empathy with them. On the other hand, weaknesses were identified that refer to the infrastructure, shortage of material and human resources, which in turn interferes with the assistance to the user of CAPS AD.

DISCUSSION

From the Psychiatric Reform movement, the comprehensive care of formal and informal mental health services is foreseen, in addition to the exchanges of co-responsibility in the care provided in a network.[14] However, health care for drug users from the perspective of networked care still has weaknesses, in which care in primary health care services is insufficient and breaks with the logic of care in the territory.

The networked care is fragmented when the central axis of care is the mental health user, who finds it difficult to insert into some services.[14] Regarding the difficulties of insertion in health services, users suffer discrimination, stigmas, and mistreatment by professionals. Discrimination and prejudice interfere negatively in the treatment of the user, so it is necessary to develop means to reduce stigma by health professionals. Strategies such as training, expansion of access to scientific information, and continuing education become primordial.[15-16]

Still, with regard to assistance, the established care model is centered on disease and medicalization, which demonstrates a performance based on the asylum model, which is aimed to overcome. However, this historical practice that causes damage to people in mental distress still persists even through the years.[17] Therefore, there is a punitive practice regarding the care of drug users, who are seen as guilty for the situation in which they find themselves. This practice reinforces the asylum/hospital-centered model, and does not guarantee the autonomy of the subjects.[18] The reason for the user to seek health care shows that he or she needs help, and the lack of sensitivity of people interferes with treatment adherence.[10]

It is essential that the care developed for this population is based on the relationships developed from the reception, bond, trust, and accountability between professionals and health services involved.[19] The lack of reception causes the therapeutic itinerary of drug users to be restricted to the CAPS AD or result in psychiatric hospitalizations in clinics or therapeutic communities.

The search for assistance that meets health needs and promotes a welcoming environment makes users go on pilgrimages to the CAPS, either on their own or with the support of family and friends. The referrals to CAPS occurred only through inpatient services, showing the weaknesses of primary health care regarding the communication of RAPS.

Regarding the reception and support offered, the enunciations of the participants praise the support received in CAPS. Thus, the CAPS works with a health care model that promotes equity and allows the user to develop life projects.[20] Moreover, the bond between professionals and the mental health user is essential for treatment adherence[21] and to establish trust. The relationship in mental health environments is a fundamental component to aid in recovery and socialization, so that the user feels secure in relation to the professional.[22] Moreover, the therapeutic workshops held in CAPS nurture spaces for health education, social support, and enable participation and social interaction.[23]

The intersectoral network in the care of drug users is a task under construction, which requires the involvement of health professionals through material and human resources and management support.[24] The care must be planned in an interprofessional way, based on communication between health actors, users, and families in an empathetic way. The communication process, in addition to solving common problems in the daily lives of users and their families, also enhances networked care. This process must be built in a collaborative way, in order to expand the care process that meets the need for integrality.[25]

Among the professionals who work in mental health, the nurse stands out as a profession and potentialized by the relational interaction with the user/client, his potential as a mediator of actions that promote care, promotion, and recovery. Moreover, users need to develop trust in the professional, and in these aspects nursing has this role built.[26] The therapeutic relationship constitutes the central axis of nursing in mental health, since there is a direct relationship between the environment and the therapeutic relationship in mental health units.[27]

Thus, it is inferred that health care for drug users should encompass all services to avoid unnecessary and ineffective pilgrimage in the RAPS. Health professionals, who work in services of different levels of complexity, should become responsible for the comprehensiveness and coordination of care, as well as for the resoluteness of the RAPS.

CONCLUSION

In seeking to understand the perception of drug users about the therapeutic itinerary and health care, the study showed that users wander through different points of the RAPS in search of care. In some of these services, drug users

are victims of mistreatment, discrimination and prejudice by professionals, which highlights the need for training to work with users with mental disorders.

Primary care showed weaknesses in terms of assistance, since it does not meet the comprehensiveness of care to users in the logic of assistance in the territory and does not perform the referral of users to other points of the RAPS. In contrast, the CAPS is the service that users seek most often to be assisted, because they feel welcomed and can establish a bond with the team. The support of the family and social network proved to be more effective in seeking assistance than the services that include the RAPS.

The findings of this study suggest as future implications for research the need to listen to managers and professionals about the difficulties that they present at different points of the RAPS. And, based on these experiences, the training of them. It is necessary to have a close look at how health care occurs and to take actions to minimize the damage to users.

This study contributed to the advancement of knowledge about the health care of drug users in the RAPS, which allows reflection on changes needed to improve health care. It also raises the attention of managers regarding the urgency of professional training and strengthening the communication of the RAPS.

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