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Material Support, Family And Care Towards Crack Users

Apoio Material, Família e Cuidado as Pessoas que Utilizam Crack

Apoyo Material, Familia y Cuidado a las Personas que Utilizan Crack

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ABSTRACT

Objective: The study's purpose has been to characterize the material support received by family members who take care of crack users. **Methods:** It is a case study with a qualitative approach, which was carried out with three relatives of crack users, starting from October to November 2013 in a city in the metropolitan region of Porto Alegre city, Rio Grande do Sul State. **Results:** It was identified that the material support is maintained by the presence of the informal networks, in other words, by the presence of the family and co-workers. The financial resource is essential for survival and maintenance of the daily needs of family members. **Conclusion:** Support networks work as a coping strategy considering the presence of crack users in the family. It must be underlined the importance of exploring these networks in the framework of mental health services, aiming to promote the care beyond the services.

Descriptors: Nursing, Mental Health, Crack/Cocaine, Social Support.

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RESUMO

Objetivo: Caracterizar o apoio material recebido por familiares no cuidado as pessoas que utilizam crack. **Método:** Estudo qualitativo, do tipo estudo de caso, realizado com três familiares, entre os meses de outubro à novembro de 2013 em uma cidade da região metropolitana de Porto Alegre/RS. **Resultados:** Identificou-se que o apoio material é sustentado pela presença das redes informais, ou seja, da própria família e colegas de trabalho. O recurso financeiro é fundamental para sobrevivência e manutenção das necessidades cotidianas dos familiares. **Conclusão:** As redes de apoio funcionam como estratégia no enfrentamento da situação do uso do crack dentro da família. Ressalta-se a importância de explorarmos essas redes no contexto dos serviços de saúde mental, com vistas a potencializar o cuidado para fora dos serviços.

Descritores: Enfermagem, Saúde mental, Cocaína/Crack, Apoio social.

RESUMEN

Objetivo: Caracterizar el apoyo material recibido por familiares en el cuidado de las personas que utilizan crack. **Método:** Estudio cualitativo, del tipo estudio de caso, realizado con tres familiares, entre los meses de octubre a noviembre de 2013 en una ciudad de la región metropolitana de Porto Alegre / RS. **Resultados:** Se identificó que el apoyo material es sostenido por la presencia de las redes informales, es decir, de la propia familia y compañeros de trabajo. El recurso financiero es fundamental para la supervivencia y el mantenimiento de las necesidades cotidianas de los familiares. **Conclusión:** Las redes de apoyo funcionan como estrategia en el enfrentamiento de la situación del uso del crack dentro de la familia. Se resalta la importancia de explorar esas redes en el contexto de los servicios de salud mental, con vistas a potenciar el cuidado fuera de los servicios.

Descriptores: Enfermería, Salud mental, Crack / cocaína, Apoyo social.

INTRODUCTION

The Psychiatric Reform appears as the social process that introduces changes in the epistemological, technical-assistential, political-juridical and sociocultural dimensions in the field of mental health, seeking the resignification of the phenomenon of madness.[1]

In this framework, it is understood that the focus of the services and the practice of the workers is the territory, so the formal networks of health services should expand beyond their equipment, including the family and the community. Thus, social reintegration must include other resources and other networks, because the demands of mental health are complex and inherent to social functions in a given context.[2]

The formal network of Mental Health is composed of a range of health services, social assistance, education, and culture that must be articulated with each other. However, we must consider the existence of another network, those of social support, composed by family, friends, neighbors, co-workers and leisure activities.

Thinking of these networks of social support in the formal network we see a great transformation in mental health care, as we propose a new model that includes the community, the participation of people and the family.

The family returns to the scene not as an accomplice but as a treatment partner. A group that suffers from the problem of people who use crack, but also has a lot to add.[3] Therefore, we consider that the inclusion of the family in care is one of the first premises to guarantee life projects articulated with social and cultural reality of the user.

Nonetheless, in the field of drugs, it should be noted that this same family mobilizes in different ways regarding the problem, seeking resources and other people to help taking care of crack users.

It is a great challenge for workers and mental health services to know about these parallel and informal networks that are formed in the course of the care process. This means that often concentrated on the problem of the user or the family, the worker forgets to look for other resources and partners, as powerful as the formal network of health services. In this sense, the identification of the social support network of family members makes it possible to work mental health care, reaching out to the territory and care outside the walls of services.

Within social networks, there is a diversity of contexts, actors involved in the support interactions and the roles they assume for individuals. Social support in this sense would be closely related to four aspects of social relations: emotional support, material support, information support, and positive social interaction.[4]

Material support is help with activities of daily living and family, as well as financial support, the search for health care services and support with medication.[5]

Hence, the objective of this article was to characterize the material support received by family members who take care of crack users. Herein, we have used the term crack users; not only because of gender (making sense of men and women), but also because it does not establish the identity of the people to its use condition, since the drug use, as well as cases of either abuse or addictions, occur in a moment in the history of life, within a certain context that, even when shared in groups, it is experienced in a singular manner.

METHODS

It is a cut of the Master's Thesis named: Social Support Network for Crack Users' Relatives. It has a qualitative, case-study nature, developed with three relatives of crack users linked to the Psychosocial Care Center for Alcohol and other Drugs [*Centros de Atenção Psicossocial Álcool e outras Drogas (CAPS-AD)*] from a city in the metropolitan region of *Porto Alegre* city, *Rio Grande do Sul* State.

It is important to emphasize that the Master's Thesis was a subproject of the research *ViaREDE* - Qualitative evaluation of the network of mental health services to care for crack users. This research was funded by the *CNPq* (Grant application *MCT/CNPq* 041/2010) and was developed by the *Universidade Federal do Rio Grande do Sul (UFRGS)*, in partnership with the *Universidade Federal*

de Pelotas (UFPel). The objective of this research was to qualitatively assess the network of mental health services that take care of crack users.

The participants were chosen through the Interest group named *ViaREDE* Family, composed of 11 family members. In these families, the following inclusion criteria were applied: to have psychological and cognitive conditions to answer the questions proposed; have a relative, crack user, who is or has been linked to the *CAPS-AD* and allow the disclosure of the results, except for the ethical issues that involve secrecy and anonymity. Based on these inclusion criteria, three family members were selected to participate in the study.

The data collection took place from October to November 2013 and was given through an interview, based on a specific strategy, being divided into two stages: the first part refers to the general guiding question, which consisted of two questions aimed at understanding the family. The second part of the interview consisted of six questions, which sought to explore the context of crack in the family and the support mobilized by the family in confronting the crack issue.

After the interviews, the statements were transcribed in full and submitted to reading in order to get to know the empirical material. After this step, the data were organized from the proposed classification.[5] In this context, the present article deals with the characterization of the material support received by family members in the care of people who use crack.

The development of the study complied with the national and international standards of research ethics involving human beings addressed in the Resolution No. 466 of December 12th, 2012 from the National Health Council and approved by an ethics committee under the protocol No. 20157. Aiming to preserve the confidentiality and identity of the participants, the families of the study were given the following generic names: Eliane, Maria, and Sônia. The others involved in the family, when mentioned, were also identified by fictitious names, followed by the degree of kinship. For example: Carlos - husband.

RESULTS AND DISCUSSION

Material support from the core and extended family

The material support received by family members most often comes from the core family (spouse, parents, children, and siblings). It is characterized by the help with daily family activities, such as home organization, food, financial and logistical support, as well as the search for health services and support with medication. Concerning the extended family, the most characteristic material support is represented by the provision of transportation and costing of clinics for treatment:

> *It was my husband who helped at that time. Then he [husband] 'we're going to get on with it, we're going to look for help, search clinics for our standard of living, our purchasing power.' (Sônia)*

> *To enter the community they asked me for R$ 600, and I did not have it, which was desperation... Then my son-in-law lent me the money I needed... (Eliane)*

Eliane, in her testimony, also says that she has already requested material support from her sister, hoping she would share the burden of her brother and mother's care a little, which was not answered:

> *For knowing that she [sister] likes me, that's why I wanted her around when I needed to... I call only to talk and not expecting help, because I never had. I've always done all by myself. I needed this help and I had no help from her. (Eliane)*

Although the interviewees refer to receiving material support in case of need, two family members say that they prefer to take care of the care alone, without triggering family or acquaintances:

> *I do not even ask... My brother already offered: if you need anything... if you want money for the taxi, I have it, I have money for the snack, I have money to give to [son]... (Maria)*

> *The less I get into trouble with her [daughter] or use her to help me sort it out, the better. Also because they do not have much maturity for that, right. But I would have the support of my daughter, for sure! (Sônia)*

Material support by co-workers

Co-workers were also remembered as important resources in providing material support. The support was offered mainly through the changes of shifts and flexibility in schedules and absences, as highlighted below:

> *In my company as I said they always knew of his problem, I had to look for him in the places, then I said, my son disappeared, I cannot go now, I cannot get a medical license, I cannot justify my faults. They take the shifts as long as I need, then I pay when I can, when I have extra work to do. (Maria)*

Material support of services (professionals) and public policies (State)

One family member reports having obtained material support in regards to the care of the child using crack through some professionals and health services. The main resources mobilized were the Psychiatric Care and the Community Health Agent:

We took him there to Postão (basic health unit), from there they gave the referral, then he was hospitalized. (Maria)

Even had a lady who is from the family health place (community agent), she went to see this CAPS... She would go, asked if she needed a doctor, a dentist, talked about teenage meetings, made appointments. (Maria)

Another element that appears in the speeches refers to the financial resources provided by the benefits granted by the government:

The [son] earns a salary from the National Institute of Social Security. His [referring to the benefit that the brother receives] goes there [therapeutic community] and the things of the house. (Eliane)

One of the interviewees cited the lack of material support vis-à-vis the transportation need involving the child drug user. In this situation, the appeals were the Guardianship Council, the Medical Emergency Service (MES) and the Military Brigade:

We went to the Guardianship Council, we talked to the council guy to see if he could get an ambulance, a car... the guy from the council said 'oh, I think you'd better do it by yourself'... they did not help at all, did not provide anything. (Maria)

Through the statements, it is possible to grasp that material support is provided by the core and extended family, having larger involvement of children and spouses. It is perceived that the family, once again, constitutes the main source of support, playing an important role in the provision of material resources. In this sense, the reorganization of daily activities reduces the burden on the family member. The support offered through financial, logistical and daily tasks are sources of care, demonstrating the richness of social support networks.

The material support offered by family members through sharing responsibilities with the care of the user minimizes the overload of the primary caregiver. This is a trend in modern families, since in situations of sickness it is common to resort to the next of kin to divide the responsibility among the members. In this way, it is possible to perceive that care stands out as a family commitment, removing from the primary caregiver a responsibility that should not be solitary.[6]

It is perceived that the support works in the form of cooperation, where there are mutual help and reciprocity among the members of a network, besides enabling the formation and solidification of affective bonds and new networks of relationships.[3]

In contrast, a gap in the material support provided by family members also appeared in Eliane's speech. In this context, it is understood that caring for a family member should be perceived as a commitment to the whole family. This way of understanding care allows that when establishing a condition of illness in the family, all the members are involved, even those who live in other places are activated, a union of efforts in the attempt to solve the situation. Therefore, the way care is perceived in the community can reduce the burden of caregivers, because care is not taken in isolation, sharing with the whole family.[6]

Relatives bring to the discussion that material support, even if offered, is often not triggered. They choose to solve the difficulties alone with the care of the user, avoiding the maximum to involve other people or resources in this circuit. This brings some repercussions to the familial daily life, such as the overload of the main caregiver, greater effort for the effectiveness of the care, besides causing physical and emotional exhaustion.

With respect to work colleagues, through Maria's report, it is possible to observe the importance of work contexts as elements of individuals' social networks, since peers seem to be sympathetic and understanding about situations that often lead them to lack or have delays in service. In times of difficulty with Maria's son, for instance, when needed, co-workers covered their schedule so she could focus on family issues.

Furthermore, in another study performed with families of children bearing cancer, it was pointed out that the main family support network is family members, but the logistical support received from friends, neighbors, and co-workers is also indispensable to overcome difficulties with illness.[7]

With regards to material support, the importance of the network's resources for the strengthening of the social support networks of family members is also visualized. For instance, the provision of operational support, through the referral of the crack user to the hospital, was emphasized. Hence, it is worth emphasizing the importance of integration between services, through which different resources can be activated to meet the demands of crack users and effectively build a committed and genuine network of care.

It is shown that the interventions carried out through the Community Health Agent (CHA) served as material support in different situations related to health and quality of life. Maria, in her reports, points out the CHA as an important element of her network, since it enabled a connection between the family and the health service, and offered resolution to their needs.

The CHA is a fundamental figure in family health, since it makes it possible for the needs of the population to reach the team of health professionals. Thus, knowledge of the agents' daily life in the territories can certainly contribute to the elaboration of strategies aimed at improving the quality of the work developed with the family. The community agent, when identifying the reality of the family, its

problems, needs, and desires, can become a powerful resource to the community and also to the health team that will intervene with the community.[8]

Therefore, it is possible to understand that the CHA plays an important role in the territory, forming part of the composition of networks of families. In this perspective, interventions aimed at the family, guided by the knowledge of its dynamics, functioning and commitment to care, can strengthen it, also, as caretaker of the familiar crack user, showing that she is not alone in this process.

Regarding the financial issues involving the daily routine of family networks, it is important to consider that many of them live in an unfavorable economic situation, which in part makes them more vulnerable. When it comes to the family that coexists with mental suffering, this vulnerability is intensified, since, faced with such a situation, the family assumes greater responsibilities, causing changes in daily activities and also in the family budget, and consequently generating overloads on the main caregiver.[9]

It is in this sense that the financial resources received through benefits granted by the government constitute sources of support for families with some member in a chronic condition. The financial and material contributions provided by health professionals and other institutions reinforce the family budget and help provide for family needs.

The lack of material support received by family members was also highlighted. In Maria's testimony, the absence of the Guardianship Council, the MES and the Military Brigade were highlighted. According to her, there was no help regarding the offer of transportation (ambulance), to take the user to an urgent care. Perhaps the challenge is precisely to consider that these devices are articulated to foster a partnership with the family, so that she feels isolated or solely responsible for taking care of the user.

Considering the aforementioned, it is observed that the supply of material resources, through the support network, is essential in the daily life of the family members interviewed, propitiating the strengthening of the family to face the reflexes of the use of crack and also providing alternatives that minimize suffering and wear and tear on key caregivers.

Health professionals should know about these informal care networks in order to reinforce them and include them in the life and therapeutic projects of people who use crack. This is a way of recognizing in the living spaces of people different forms of support that are not limited to the formal care of health services and which can also be powerful in times of crisis and difficulties.

Including family, friends, co-workers, as important social actors in mental health care reinforce integrality in health care, which recognizes the community as a place of care, and validates the social participation and autonomy of the subjects.

CONCLUSIONS

The results of this study show that the presence of crack in the family context altered the routine of its members. Given this perspective, the family had to get organized in order to adapt to the new reality. With this, the families found strategies to face the situation experienced. These strategies are marked by the search for material support from social agents such as family members of the core and extended family, and co-workers and services.

Bearing in mind the aforesaid, a paradox exists within the conformation of the networks of social support of the relatives. In general, material support is maintained by the presence of informal networks, in other words, by the presence of the family itself, whereas health care services - which have more technical conditions and logistical infrastructure - do not seem to have the same organization. Accordingly, if resources are not constituted within the network as articulated equipment and that share the burden of this care, the responsibility falls under the family, and can generate physical-emotional overload.

The importance of the visualization of the support networks by the workers of the mental health services has been highlighted, since the understanding about the way of life and the relation that these families establish between each other, favor the strengthening and maintenance of the networks, enhancing the care practice beyond the services for people making use of crack.

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