

Profile of users of a specialized service in alcohol and other drugs

Perfil dos usuários de um serviço especializado em álcool e outras drogas

Perfil de usuarios de un servicio especializado en alcohol y otras drogas

Sônia Maria Alves de Paiva¹, Delani Ferreira Modesto², Júlia Carolina de Mattos Cerioni Silva³, Márcia Aparecida Ferreira de Oliveira⁴

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REVISA

1. Paula Souza Center Technical School. Mococa, Sao Paulo, Brazil. <http://orcid.org/0000-0001-7918-3855>

2. Pontifical Catholic University of Minas Gerais. Belo Horizonte, Minas Gerais, Brazil. <https://orcid.org/0000-0002-9477-6111>

3. University of São Paulo, School of Nursing, Interunit Program. Sao Paulo, Sao Paulo, Brazil. <https://orcid.org/0000-0001-5367-4197>

4. University of São Paulo, School of Nursing, Department of Maternal-Infant and Psychiatric Nursing. Sao Paulo, Sao Paulo, Brazil. <https://orcid.org/0000-0002-1069-8700>

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RESUMO

Objetivo: identificar o perfil dos usuários do CAPS ad III. **Método:** Pesquisa de abordagem quantitativa, realizada no CAPS ad III do município de Poços de Caldas-MG, no período de maio de 2015 a maio de 2016. No primeiro momento, realizou-se um levantamento dos prontuários presentes no serviço, posteriormente, através de contato telefônico realizou-se busca ativa e posteriormente foi agendada a entrevista. Utilizou-se questionário estruturado para a coleta das informações e o programa Excel para análise e apresentação dos resultados. **Resultados:** embora estivessem cadastrados 927 usuários na unidade, apenas 201 frequentam o serviço. 32 pessoas participaram deste estudo, onde a maioria é moradora em casas de passagem, do sexo masculino, com idade entre 31 a 36 anos, renda de até 2 salários mínimos e que fazem uso frequente de álcool. **Conclusão:** O estudo mostra a complexidade na abordagem, na adesão e manutenção dos usuários nos serviços especializados, identificou a necessidade de atualização dos registros no cadastro dos usuários a fim de realizar uma busca ativa mais frequente e a necessidade de parceria com outros serviços de saúde disponíveis na rede de atendimento em saúde.

Descritores: Serviços de Saúde Mental; Transtornos Relacionados ao Uso de Substâncias; Usuários de Drogas.

ABSTRACT

Objective: to identify the profile of CAPS ad III users. **Method:** Quantitative approach research, carried out at CAPS ad III in the city of Poços de Caldas-MG, from May 2015 to May 2016. At first, there was a survey of the medical records present in the service, later, through telephone contact, an active search was carried out and the interview was later scheduled. A structured questionnaire was used to collect information and the Excel program was used to analyze and present the results. **Results:** although 927 users were registered at the unit, only 201 attend the service. 32 people participated in this study, where the majority live in transit houses, male, aged between 31 and 36 years, income of up to 2 minimum wages and who frequently use alcohol. **Conclusion:** The study shows the complexity of the approach, adherence and maintenance of users in specialized services, identified the need to update the records in the user registry in order to carry out a more frequent active search and the need for partnership with other health services available in the health care network.

Descriptors: Mental Health Services; Substance-Related Disorders; Drug Users.

RESUMEN

Objetivo: identificar el perfil de los usuarios de CAPS ad III. **Método:** Investigación de abordaje cuantitativo, realizada en el CAPS ad III de la ciudad de Poços de Caldas-MG, de mayo de 2015 a mayo de 2016. En un primer momento, se realizó un relevamiento de las historias clínicas presentes en el servicio, luego, mediante contacto telefónico, se realizó una búsqueda activa y posteriormente se programó la entrevista. Se utilizó un cuestionario estructurado para recolectar información y se utilizó el programa Excel para analizar y presentar los resultados. **Resultados:** si bien se registraron 927 usuarios en la unidad, solo 201 asisten al servicio. En este estudio participaron 32 personas, donde la mayoría vive en casas de tránsito, hombres, con edades entre 31 y 36 años, ingresos de hasta 2 salarios mínimos y que consumen alcohol con frecuencia. **Conclusión:** El estudio muestra la complejidad del abordaje, adherencia y mantenimiento de los usuarios en los servicios especializados, identificó la necesidad de actualizar los registros en el registro de usuarios para realizar una búsqueda activa más frecuente y la necesidad de alianzas con otros servicios de salud disponible en la red de atención médica.

Descriptores: Servicios de Salud Mental; Transtornos Relacionados con Substancias; Consumidores de Drogas

ORIGINAL

Introduction

The III National Survey on the Use of Drugs by the Brazilian Population showed that approximately 11.7% of Brazilians aged 12 to 65 years old, consumed alcohol and tobacco in the last 12 months. About 2.6%, approximately 4 million individuals, consumed alcohol and at least one illicit substance in the last 12 months.¹ This complex situation, according to the World Health Organization (WHO), is considered a public health problem worldwide.²⁻³

Chemical dependency for legal or illegal drugs is considered a disease that exposes individuals to conduct and personality disorders, risky social and sexual behavior, accidents, violence and suicides.²⁻³

As a device for the prevention and treatment of diseases and injuries related to the use of alcohol and other drugs, the Psychosocial Care Centers for Alcohol and Drugs (CAPS ad) were created, regulated by Ordinance 336 of the year 2002, with the main proposals: approach multidisciplinary, harm reduction and humanized care for users and their families.⁴

Level III CAPS ad are services that can be installed in municipalities with 200 to 300 thousand inhabitants. They are locations that are open 24 hours a day and every day of the week, including weekends and holidays. It is responsible for promoting together with the user and their families, a Unique Therapeutic Project (PTS) promoting and expanding the possibilities of life and their social relationships.⁴

The Therapeutic Projects provide assistance that contemplates the uniqueness of the subject, in this sense, it does not aim at abstinence as the only form of treatment, but also at harm reduction. The harm reduction approach is a prevention mechanism based on the user's ability to make their own choices, based on a more humanistic view of individuals.⁵

Even in the face of the inclusive propositions of CAPS ad III, studies have shown a high rate of treatment abandonment by users.⁶⁻⁷

Studies that aim to identify the profile of users of health services are extremely important for providing knowledge of the factors that impact the expected results of the care provided. In addition to improving the quality of services, it is possible to reduce expenses, help raise awareness of professionals about the public served, help in planning the implementation of practices that include promotion, prevention and protection actions.⁸

The theme was chosen through the authors' interest in tracing the profile of CAPS ad III users, an internship field for undergraduate nursing and psychology courses at a private university located in Poços de Caldas, MG.

This study was based on the guiding question "What is the profile of CAPS ad III users in the city of Poços de Caldas" and aimed to identify the profile of CAPS ad III users.

Method

This is a study with a quantitative approach, carried out at CAPS ad III in the city of Poços de Caldas, Minas Gerais. Data collection took place from May 2015 to May 2016.

The study took place in three stages: the first stage involved a survey of the medical records of service users who had enrollment from January 2012 to January 2015 in order to identify the frequency of users in the CAPS ad III. A script was elaborated, privileging information regarding identification data, address, telephone number, attendance or not in the service, days attended.

In the second stage, we sought to contact users through telephone contact and active search, including in shelters and transit houses. In the third stage, the days for the interview to take place were scheduled. For participation in this study, the following inclusion criteria were considered: patients who were active in the service, with clinical and psychological conditions to answer the questions of the questionnaire, which were related to sociodemographic data with the variables, gender, age, education, monthly income, home, family bond, use of psychoactive substances and attendance at CAPS ad. For those who agreed to participate in the study, a date and time were scheduled to attend CAPS.

Before applying the instrument, the participants were informed about the objectives of the study, assured of confidentiality and anonymity and signed the Informed Consent Form (FICF). The research was approved by the Ethics and Research Committee through Plataforma Brasil, with opinion 1,054,078 of April 7, 2015. The collected data were organized and tabulated using Microsoft Excel software. The results were presented in the form of tables for better understanding and discussion.

Results

Based on the data obtained from medical records, 927 patients were registered in the CAPS ad III, from January 2012 to January 2015. Of these, 726 abandoned treatment, as shown in Table 1.

Table 1 – Distribution of CAPS ad III users who abandoned treatment, according to telephone contact and active search performed. Poços de Caldas, 2016.

Variable	N	%
Did not answer the telephone contact	378	52,0
Changed city	49	6,8
Patients who died	11	1,5
Are Imprisoned	14	1,9
Are hospitalized	17	2,2
Unregistered phone number	194	27,0
Missing	63	8,6
Total	726	100,0

Of the 201 users who were attending the service, only 32 participated in the study. The reasons are shown in table 2.

Table 2 – Distribution of CAPS ad III users who attend the service, according to telephone contact and active search. Poços de Caldas, 2016.

Variable	N	%
Patients without clinical conditions for the interview	09	4,5
Scheduled interview, however, did not attend	73	36,2
Did not accept to participate in the interview	87	43,3
Participated in the interview	32	16,0
Total	201	100,0

Sociodemographic data are shown in Table 3. There was a predominance of males (96.9%), aged between 31 and 36 years (34.4%) and with incomplete primary education (50.0%). Regarding income, there was a tie between less than one minimum wage per month (43.7%) and one to two minimum wages per month (43.7%).

About the place where users slept in the last 30 days, the majority (47%) reported in a shelter or passing house, and that before that they lived with their mother (31.2%). According to the users' daily routine, 40.7% attend the CAPS-ad or remain at the shelter and 37.0% work. Another 22.3% claimed to help the family in the house's routine.

About what they used to do while they were on the street, 27 (84.4%) responded that they used some type of drug and/or alcohol, 5 (16.6%) reported that they currently only go out to work, even if informally, working as a bricklayer, painter, husband for hire, among others.

Table 3 – Sociodemographic data of CAPS ad III users. Poços de Caldas, 2016.

Variable	n	%
Sex		
Female	01	3,1
Male	31	96,9
Total	32	100
Age		
20-25 years	04	12,5
26-30 years	02	6,3
31-36 years	11	34,4
37-42 years	05	15,6
43-48 years	07	21,9
Over 49 years old	03	9,3
Total	32	100,0
Education		
Illiterate	-	-
Incomplete elementar school	16	50,0
Complete primary education	04	12,6
Incomplete high school	06	18,7
Complete high school	06	18,7
Total	32	100,0
Monthly income		
Less than 1 minimum wage	14	43,7

From 1 to 2 minimum wages	14	43,7
From 3 to 5 minimum wages	03	9,5
Greater than 6 minimum wages	01	3,1
Total	32	100,0
Home		
Own home	11	34,3
Rent	04	12,5
Shelter / Passageway	15	47,0
In the streets	02	6,2
Total	32	100,0

As for the use of legal or illegal drugs, of the 32 participants, all reported having used some type of drug, and in most cases, more than one drug in the same period. As identified, alcohol consumption prevailed, 96.9%, followed by tobacco use (93.75%) and marijuana (87.5%), as shown in table 4.

Table 4 - Use of legal and illegal substances by users of CAPS ad III. Poços de Caldas, 2016.

Variable	n	%
Alcohol	31	96,9
Tobacco	30	93,7
Cocaine	18	56,3
Crack	16	50,0
Marihuana	28	87,5
Glue	08	25,0
Enamel	02	6,3
Thinner	07	21,9
Acid	05	15,6
Ecstasy	07	21,8
Medicines	10	31,2

Regarding the user's first contact with drugs, the majority (71.9%) reported that it was on the streets, with friends, especially during adolescence.

In terms of time of use, 50% of users use between 11 and 20 years and most have not been able to stop daily use (25%). The majority (37.6%) came to the service because it was a prerequisite for staying at the shelter or having access to other benefits, however, a significant number of users (34.3%) went to the CAPS ad taken by friends. Regarding the frequency of the user in the service, there was a predominance of 3 times a week (50%), but those who attend only once a month had an expressive result (37.6%), as shown in Table 5.

Table 5 - User's first contact with the substance and time of use. Poços de Caldas, 2016.

Variable	n	%
First Contact		
Inside home	08	25,0
At school	01	3,1
On the street together with friends	23	71,9
Total	32	100,0

Substance use time		
Less than 5 years	03	9,4
From 5 to 10 years old	05	15,6
From 11 to 20 years old	16	50,0
More than 20 years old	08	25,0
Total	32	100,0
Time without the use of any substance		
Days	07	21,9
Weeks	96	18,7
Months	06	18,7
Years	05	15,6
Couldn't stop yet	08	25,0
Total	32	100,0
How did you look for CAPS ad		
Taken by Family members	06	18,7
Taken by friends	11	34,3
Prerequisite to stay in the shelter	12	37,6
Submitted by FHC	03	9,4
Total	32	100,0
Service Frequency		
Once a week	03	9,4
2 times per week	01	3,0
3 times or more a week	16	50,0
Once a month	12	37,6
Total	32	100,0

Discussion

As it turned out, of the 927 records in the unit, 726 abandoned the treatment where 378 were not found. These results show that the Psychosocial Care Center for Alcohol and Drugs had difficulty in updating its users' records. Similar studies claim that this deficiency is common, making it difficult to update information and access users.⁶⁻⁷

Still on treatment dropout, other studies point out that dropout occurs due to the complexity involved in the treatment of chemical dependency, which is a daily challenge. It is difficult to recognize the problems arising from the adopted way of life, from coping with family relationship problems due to dependency, the lack of a support network, unemployment, social exclusion and the suffering caused by stigma and prejudice.⁹⁻¹⁰

The predominance of males in the study and the age of 31 to 36 years and educational level are similar results to studies on the profiles of users who attend services specialized in alcohol and other drugs, where they are usually adults, in the average age group of 30 to 40 years old, single and with low education.^{7,11-13}

Income from 1 to 2 minimum wages and housing in hostels and transit houses show the social vulnerability of this population. In addition, the predominant age group of users corresponds to the productive force and dependence on substances and their harmful effects, which cause important cognitive changes, hinder the performance of work activities and commitment to work, manifesting itself in absenteeism and abandonment of the job.¹⁴

Among the most consumed drugs, alcohol prevailed, followed by tobacco and marijuana, a result consistent with studies related to the topic. Among adolescents, the ease of access and the need for acceptance among peers and social groups contribute to standard behavior and earlier use.¹⁵⁻¹⁶

As for the time they were without using the substances, most mentioned difficulty in stopping consumption, suggesting that due to the beginning and time of use, they have already suffered significant damage to their physical and mental health.¹⁷

About the reasons for having sought treatment, a large part claims to be a requirement to receive some benefit. Users who use several drugs at the same time are at greater risk of not adhering to treatment, in the face of relapses, there is a need to create a bond of trust with the team, and strategies that stimulate their motivation and awaken the understanding of the consequences that the abuse is causing in all segments of your life, aiming to improve adherence to treatment.^{6,9,18-19}

In this sense, the team's attention requires not only looking at the clinic, but looking at the social and community space; ways of welcoming and intervening, aiming to reduce the suffering of the user, through the construction of therapeutic proposals in a network and knowledge of the resources and potential of the territory incorporated in the care processes, for the planning of activities and social inclusion.²⁰

Home visits (HV) and frequent active search are strategies that expand the possibilities of bonding, effective therapeutic monitoring and relapse prevention. It expands the possibilities of knowing the users' social context and how this affects their way of acting. It should be performed whenever they are unable to attend the service due to mobility difficulties, clinical comorbidities and crisis situations, ensuring the continuity of humanized care.²⁰

In the study, gaps were identified in the registration of information registered in the patients' medical records and the lack of updated studies on the resources adopted by the multidisciplinary teams of Caps ad III in planning strategies and prevention to improve adherence to treatment, considering the profile of users.

Conclusion

The study showed the need to update the records of users' information in CAPS ad III. There was a high evasion of users and lack of integration of the CAPS ad III team with the Basic Units and the Family Health Program in the monitoring and active search for users who stopped attending the service. The treatment of chemical dependency requires networking and the development of shared actions and co-responsibility between the teams.

The identification of the profile of CAPS ad users is strategic information that can guide the provision of services and the conduct of professionals in the development of a unique therapeutic project, with a view to improving the user's adherence to treatment.

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Correspondent Author

Júlia Carolina de Mattos Cerioni Silva
University of Sao Paulo, Nursing School.
419 Dr. Enéas de Carvalho Aguiar Av. Sao
Paulo, Sao Paulo, Brazil.
jucarol80@usp.br