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INTEGRATIVE REVIEW ARTICLE

NURSES DIFFICULTIES AT WORK WITH ALCOHOL AND OTHER DRUGS USERS: INTEGRATIVE REVIEW

DIFICULDADES DE ENFERMEIROS NO TRABALHO COM USUÁRIOS DE ÁLCOOL E OUTRAS DROGAS: REVISÃO INTEGRATIVA

DIFICULTADES DE ENFERMEROS EN EL TRABAJO CON USUARIOS DE ALCOHOL Y OTRAS DROGAS: REVISIÓN INTEGRADORA

Danielle Souza Silva Varela¹, Márcia Daiane Ferreira da Silva², Claudete Ferreira de Souza Monteiro³

ABSTRACT

Objective: to analyze the scientific evidence about the difficulties of nurses in working with alcohol and other drugs users. **Method:** integrative review, from the following question << *What are the difficulties found by nurses in working with alcohol and other drugs users in Brazil?* >> The search was conducted in LILACS and virtual library SCIELO database, using the keywords “nursing and alcohol or illicit drugs”. **Results:** from the inclusion and exclusion criteria there were nine articles selected. Evidences were grouped into three main themes: approaching difficulties with the user; unpreparedness of the Health Service; and difficulties in obtaining skills and abilities by nurses. **Conclusion:** the difficulties permeated the interpersonal nurse’s relationship with the user of alcohol and other drugs and in this relationship there are the user-health service approach; lack of a theoretical and material support to subsidize the nursing work process; and unpreparedness of the professionals to work the theme “alcohol and drugs” due to little knowledge on the theme. **Descriptors:** Nursing; Drug Users; Illicit Drugs; Alcoholism; Health Services.

RESUMO

Objetivo: analisar as evidências científicas sobre as dificuldades de enfermeiros no trabalho com usuários de álcool e outras drogas. **Método:** revisão integrativa, realizada a partir da seguinte questão << *Quais as dificuldades encontradas por enfermeiros no trabalho com usuários de álcool e outras drogas no Brasil?* >>, cuja busca foi realizada na base de dados LILACS e biblioteca virtual SCIELO, usando os descritores “enfermagem and alcoolismo or drogas ilícitas”. **Resultados:** a partir dos critérios de inclusão e exclusão, foram selecionados nove artigos. As evidências foram agrupadas em três eixos temáticos centrais: dificuldades de aproximação com o usuário; despreparo da Rede de Saúde; e dificuldades na obtenção de competências e habilidades pelo enfermeiro. **Conclusão:** as dificuldades permearam o relacionamento interpessoal do enfermeiro com o usuário de álcool e outras drogas, estando também implícito neste relacionamento a aproximação usuário - serviço de saúde; a falta de um suporte teórico e material para subsidiar o processo de trabalho do enfermeiro; e o despreparo desse profissional para trabalhar a temática “álcool e drogas” devido ao pouco conhecimento sobre o assunto. **Descritores:** Enfermagem; Usuários de Drogas; Drogas Ilícitas; Alcoolismo; Serviços de Saúde.

RESUMEN

Objetivo: analizar las evidencias científicas sobre las dificultades de enfermeros en el trabajo con usuarios de alcohol y otras drogas. **Método:** revisión Integradora, a partir de la siguiente pregunta << *Cuáles son las dificultades encontradas por enfermeros en el trabajo con usuarios de alcohol y otras drogas en Brasil?* >>, cuya búsqueda fue realizada en la base de datos LILACS y biblioteca virtual SCIELO, usando los descriptores “enfermería and alcoholismo or drogas ilícitas”. **Resultados:** a partir de los criterios de inclusión y exclusión fueron seleccionados nueve artículos. Las evidencias fueron agrupadas en tres ejes temáticos centrales: dificultades de aproximación con el usuario; falta de preparación de la Red de Salud; y dificultades en obtener competencias y habilidades por el enfermero. **Conclusión:** las dificultades permearon la relación interpersonal del enfermero con el usuario de alcohol y otras drogas, estando también implícito en este relacionamiento la aproximación usuario - servicio de salud; la falta de un soporte teórico y material para subsidiar el proceso de trabajo del enfermero; y la falta de preparación de ese profesional para trabajar la temática “alcohol y drogas” debido al poco conocimiento sobre el asunto. **Descriptores:** Enfermería; Usuarios de Drogas; Drogas Ilícitas; Alcoholismo; Servicios de Salud.

¹Nurse, Master degree student, Graduate Program in Nursing, Federal University of Piauí. Capes Scholarship. Teresina (PI), Brazil. E-mail: daniellessv@outlook.com; ²Student, Nursing Graduation, Federal University of Piauí. PIBIC Scholarship/2013-14. Teresina (PI), Brazil. E-mail: marciadaiane@hotmail.com; ³Nurse, Ph.d. Professor in Nursing, Nursing Graduation Course/Graduate Program in Nursing, Federal University of Piauí. Master degree Coordinator in Family Health/RENASF/FIOCRUZ/UFPI. Teresina (PI), Brazil. E-mail: claudetefmonteiro@ufpi.edu.br

INTRODUCTION

The consumption of psychoactive substances, especially alcohol, has been over the time representing a serious public health problem in Brazil, generating even high hospital costs, as confirmed by the Brazilian Center for Drug Information (CEBRID), which in 2005 observed that in 74.6% hospitalizations in psychiatric hospitals for drug addiction, 90% occurred due to the use of alcohol.¹⁻² Another major problem is the consumption of crack.

Brazil is the second largest cocaine market of the world in absolute number of users, representing 20% of consumption and is also the largest crack market. According to a household survey conducted in 2012 in all Brazilian capitals by the National Policy on Drugs (SENAD), it is estimated that 2.28% of the population is a user of illegal drugs (except marijuana), which is 0.81% regular crack and/or similar consumer.³ Another problem is the existence of negative effects of these phenomena on the Brazilian scene, that permeate the economy, justice, security, social/cultural relationship and people's health. Users' family suffer from these effects, since they are stigmatized, even by their own health professionals.⁴ The multifaceted content of drug use has required the interaction of various sectors of the State and civil society to facilitate effectiveness coping strategies.⁵ However, for the health sector, the inclusion in this process has been particularly challenging.

Historically, the late health concern with the problem of drugs in Brazil is recognized. This concern has only came basically in the last two decades and even as an adjunct to combating and preventing of HIV/AIDS. Times considered with timid interventions and directed to injecting drug users, while on the other hand, the supply of care in public health services to general drug users were still incomplete. The drug scenario was gradually becoming a new field of intervention for the health sector.⁶

Converging to the period of the Brazilian Psychiatric Reform, the creation of specialized care facilities in mental health to alcohol and drugs begins to strengthen the idea of structuring a support network focusing on prevention, rehabilitation and social reintegration of drug users, involving services of all levels of care, having for that specific health policies and legal norms.⁷

Together, the Psychiatric Nursing and Brazilian Mental Health has been working to advance in the formative process of the nurse,

not only for the technical-scientific point of view, more especially around the influences and cultural, religious, environmental and interpersonal interference, seeking a more holistic care for the patient, and seeking to strengthen interdisciplinary in the production of care.⁸⁻⁹ However, despite these advances, it is remarkable the difficulties by nurses and other health professionals, especially for primary health care and without specific training in mental health, to act in this area. It is also true that such difficulties have affected the health care offered in the country's health services, compromising the solving of the problems presented.¹⁰

For this issue, this study aims to examine the scientific evidence about the difficulties of nurses in working with alcohol and other drugs users.

METHOD

Integrative review¹¹ that started with the research question << What are the difficulties faced by nurses in working with alcohol and other drugs users in Brazil? >>. Later, the searching sources were delimited, consisted of the database Latin American and Caribbean Health Sciences (LILACS) and virtual library Scientific Electronic Library (SciELO). Then, with the use of Boolean operators and and *or*, and the descriptors "nursing and alcohol or illicit drugs", registered in the Descriptors in Health Sciences (DECS), the studies began. Therefore, the following inclusion criteria was established: (a) be an article; (b) full text available on line; (c) published between 2004 and 2014; (d) written in Portuguese; and (e) be original research carried out exclusively for nurses. For exclusion criteria, there were: (a) theses; (b) dissertations; (c) research projects; (d) original research that did not address the topic alcohol and drugs; (e) original research where samples did not consist exclusively of nurses; (f) any types of literature reviews; (g) experience reports; (h) reflective studies; (i) update articles; (j) case studies; (l) editorial; (m) critical ; and (n) repeated articles.

Based on these criteria, the search for articles was conducted independently by two authors. To set the final sample, all studies previously selected by title and abstract were read in full, with critical evaluation purposes. The purpose of this step was to evaluate the results of these studies for the presence of evidence to answer research questions of such review, being the last inclusion criterion (f). Thus, the studies that met this last item were only included in this review.

To extract and summarize the information of the articles, a form elaborated by the researchers was used, recording: the article title, author names, journal/year of publication, the study objective, study design, study place, level of evidence and outcome (main findings and/or conclusions on the review of the study object).

In this information, there was an analysis of the extracted data identifying answers individually to the research question (evidence) in each study and subsequently comparing the similarities and differences of this evidence, interpreting them.

This analysis allowed the grouping of evidence from studies in three central themes, which were listed according to the similarities of the extracted information. Thus, it was decided to present the synthesis

of study results in the form of diagram and the interpretation of these results, presented descriptively in the discussion.

RESULTS

Using the descriptors there were 885 publications rescued in LILACS database and 494 in virtual library SCIELO. Applying the inclusion criteria (a) (b) (c) (d) and exclusion criteria, 62 and 139, respectively followed for reading the titles and/or abstracts. Applying the inclusion criteria (e), 11 studies followed for critical evaluation. Of these, nine met the inclusion criteria (f) and formed the final sample of this review, five coming from LILACS and four from SciELO (Figure 1).

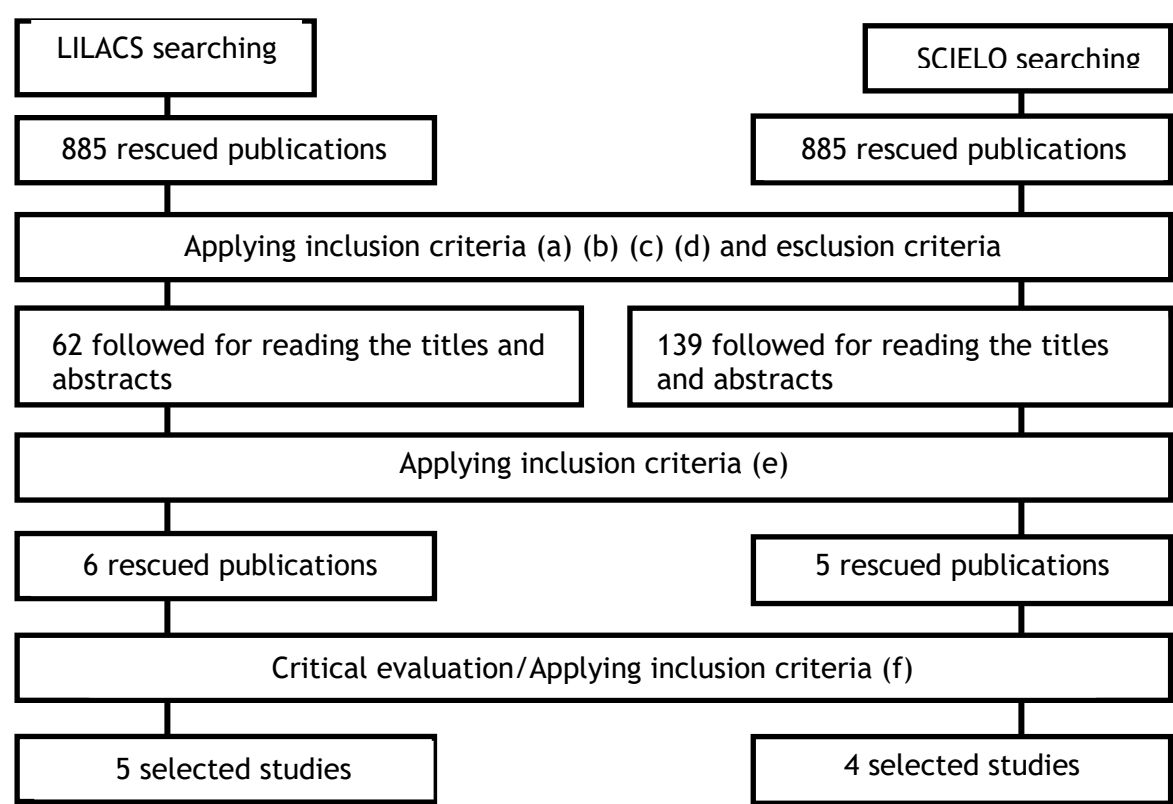
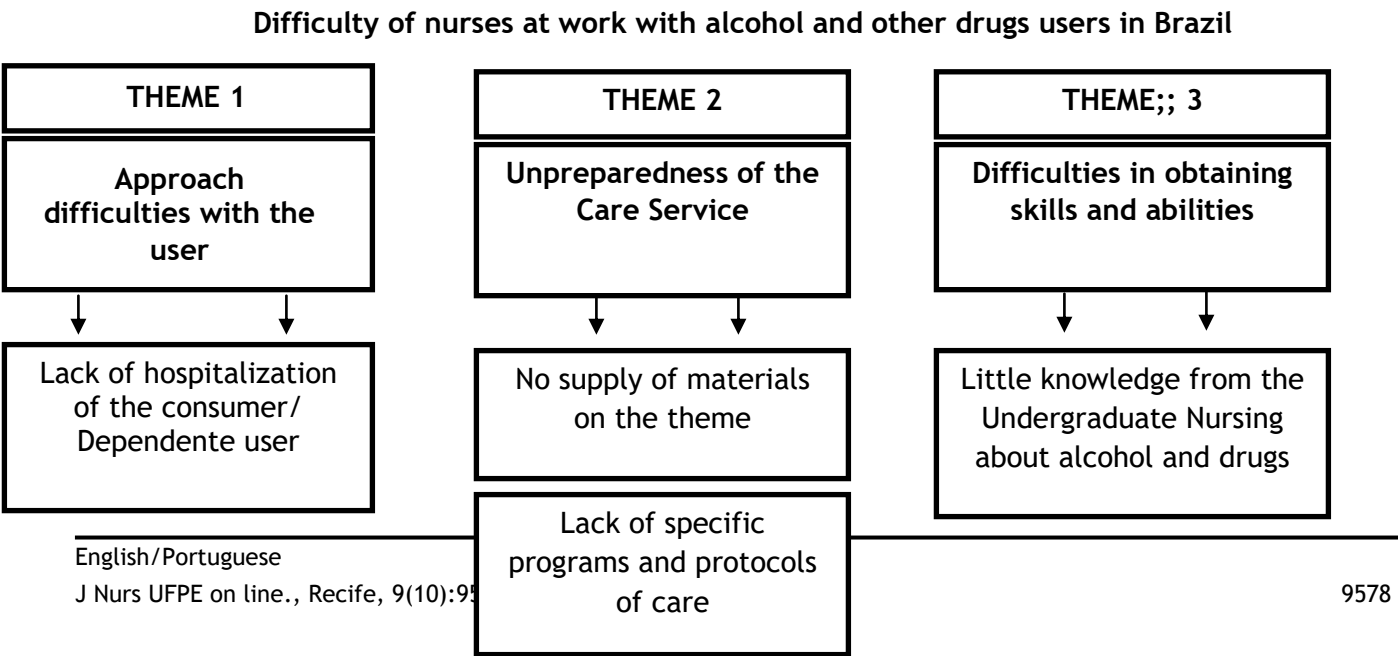


Figure 1. Diagram of article searching and selection.

The summary of the results of the studies included in this review are presented in Figure 2.



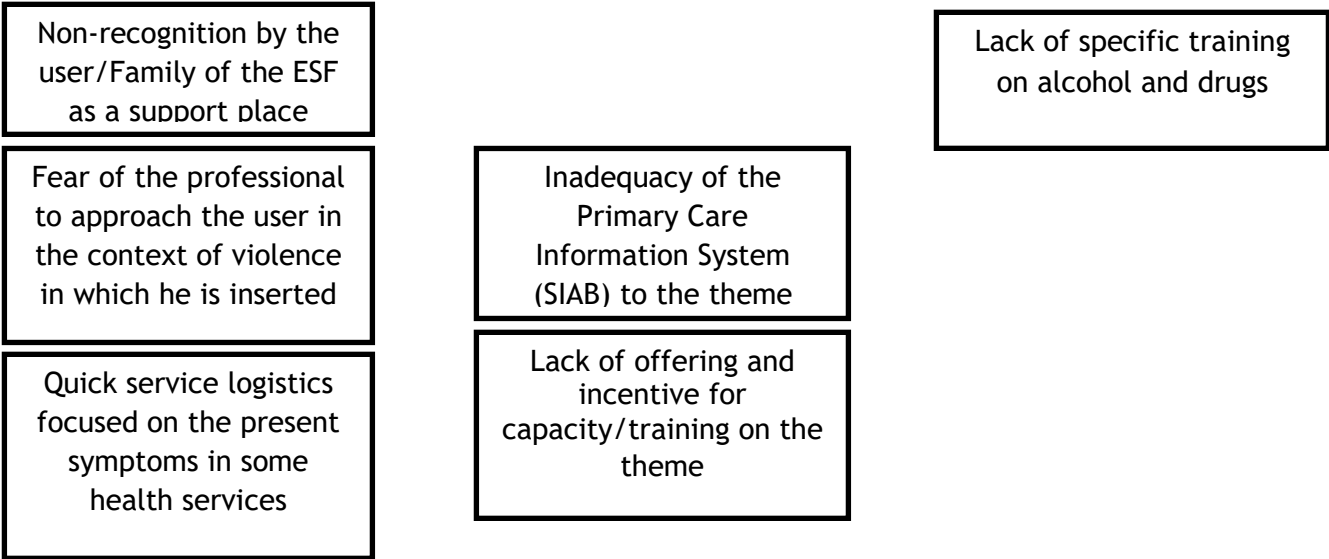


Figure 2. Diagram of the themes highlighted in the work of nurses with alcohol and other drugs users in Brazil.

DISCUSSION

In the first theme, there were approaching difficulties with drug users that are assigned to the perception of users about them and the health service; the nurse’s afraid to approach in the context of violence in which the problem of drug abuse is still inserted and the type of care offered to consumers of these substances in some health services.¹²⁻¹⁵

For the ESF nurses of Porto Alegre-RS, there is a difficulty for the user to take his consumer or dependent status, which makes it resistant to approach with professionals/health services. In this regard, there are users who opt for this distance for thinking they control the situation and therefore, they consider unnecessary to search or receiving help from a health professional.¹⁵

In the view of the authors of this study, this difficulty exists because, in fact, users feel afraid to admit this condition because of the fear of discrimination and prejudice in society. As a result, they avoid the approach with health services/professionals, otherwise they would have to take over their problem and undergo judgement and possible embarrassing situations.¹⁵

The nurses from this study also informed that the difficulty of approach to alcohol and other drugs user occurs because of the Family Health Strategy (ESF), place of work of these professionals, not be recognized by some users and their families as a service of support that may support or solve the problem. In this sense, the ESF is little sought instead to specialized services for alcohol and drugs.¹⁵

In this case, the authors point out that the way in which the hosting is done is decisive for the construction of the perception of

these subjects about the professional/health service that performs. Therefore, understanding what is reliable or not will depend on the response of this service. Thus, the establishment of a connection must be the kickoff to reverse this situation, leaving nurses to the challenge of bringing the user/family to health services, convincing them that they are a problem and offer in return help/service.¹⁵

Another situation identified and assigned to the theme 1 of the results, it was the nurses’ fear to intervene with drug users because of the context of violence in which they are inserted, this data being extracted from two studies. For nurses from ESF of João Pessoa/PB, drug use prevention activities have been, for example, prevented from being held in the community by the local drug leaders. This has generated professionals a strong sense of impotence for the contribution of their profession to confront the phenomenon.¹³ For nurses of outpatient services in Rio de Janeiro, the active search for work has been reported as impaired because the professionals have fear of a negative or violent responsiveness of the user and their in an approach.¹²

In this regard, the authors understand the sense of fear of nurses, especially against the media power of persuasion. However, they warn that alternatives to “inactivity” can be thought. The creation of networks of solidarity in the community between government and nongovernmental organizations, and other social facilities of the territory (churches, schools, neighborhood associations, etc.) are strategies suggested by them against this context of violence and rebuke viewed by professionals.¹³

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This first theme has still difficulties arising from the nursing work process in certain health services. According to nurses working in referral health facilities, operating 24 hours/day, quick service focused on symptoms in order to stabilize the picture and quick release of the patient to vacate the bed interferes with the approach to the alcohol and other drugs user. In the opinion of these professionals, there is little time available to establish a therapeutic communication and execute more targeted approaches, as the service to user's immediate needs is being prioritized.¹⁴

In these types of services, professionals will see, sometimes powerless against the resolution of cases, not being able to assist the patient properly, often depending on the operating nature of these institutions. They show that a greater availability of time and space to address these patients, could produce a differentiated service, best suited to their needs.¹⁴

Regarding the second theme, there were situations that show unprepared Health Services for the alcohol and other drugs users' care. They are the lack of a normative support behavior for the health care of those users; the failure to provide materials for the development activities on this theme; the inadequacy of the SUS information system to register data on the drug user; and the lack of supply and to encourage the training of professionals on this theme.^{12-3,15-6}

The lack of specific care programs to alcohol and other drug users mentioned by nurses, especially the Family Health Units, as a situation that hinder the approach and conduct of cases. These professionals claim that the lack of a specific theoretical orientation has allowed the development of heterogeneous actions, fragmented and even the absence of these, since their realization is conditioned science at a professional, not something being agreed in the service.^{12-3,15-6}

Same criticism was made about the lack of specific protocols for care of this population, since besides favoring the heterogeneity of actions also favors their discontinuity, affecting the planning, implementation and evaluation of nursing actions. These activities are still hampered by the inadequacy of the Primary Care Information System (SIAB) to notify data on alcohol and drugs, as hampering the planning and preparation of on-site strategies. Also, because of that, there has been some "omissions" in medical records in the charts when in the care of drug users, contributing to the commitment of the

communication process, planning and interventions.¹²

No supply of materials on alcohol and drugs by municipal management was also highlighted as a situation that hinders the nurses' work with this theme, making the creativity of these professionals to search for information about it and making instruments to disseminate information on such community.¹⁵

Together with this, the little supply of training on alcohol and drugs for the management and little incentive for health services for their employees to participate in courses on this topic offered by other institutions, has also acted as a spacer element of nurses to approach to this theme. In terms of results, the lack of training has resulted in little knowledge of the health care team, including nurses, on the subject and motivation to work with these users with a consistent supply of fragile care, involving specialized services such as CAPSad.^{15,17}

In this regard, as a crossroads point and causing the third theme of the results, almost all studies in this review were incisors to point the nurse being unprepared to work with drug users due to little knowledge on the topic coming from the training nursing (degree) and/or the lack of specific training on the topic, which has hampered the intervention of the professional next to that population.^{12-13,15-20}

Some studies attribute this knowledge gap due to meet some representations and negative attitudes of nurses towards alcohol and other drugs users, hindering the work of this professional. Examples: the drug user view as a sick individual responsible for his illness.¹⁸⁻⁹; an aggressive person who disrupts the functioning of health services and generates depreciation/demotivation of care by the professionals.¹⁴; showing a manipulative behavior with difficulties of limits¹⁹ and control¹⁶; that is a police matter.¹⁸

Therefore, there is evidence that some of these representations and attitudes are being influenced by common or by content taught during the course of undergraduate nursing guided in the moral models and explanatory biomedical of the drug phenomenon. In this sense, they show that there is a mismatch between education offered and practice required that result in deviations from the operation purposes of the Comprehensive Care Policy to the drug user in the force in the country.

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CONCLUSION

From this review, the nurse finds difficulties to work with the alcohol and other drugs user. These difficulties permeate the interpersonal relationship of nurses with this user, and is also implicit in that relationship of the user-health service approach; they include lack of health services of support for standardizing the care of this population, and to offer theoretical and materials “instruments” to support the work of nurses in the community; and involve the unpreparedness of a professional to work the theme “alcohol and drugs” due to little knowledge on this topic and the presence of their negative attitudes and representations.

It is expected that this study will provide data beneficial to the improvement and development of nursing care to the alcohol and other drugs users, to point out the difficulties encountered by nurses, aiming to overcome. These difficulties can be also faced by other professionals in the health sector, deserving space in the scientific literature with the purpose of inciting debate and reflection by those who seek to advance this area of activity.

A limitation of this review, there is the low number of studies that addressed the object in question, published in the literature. Because they are qualitative studies, the evidence consisted of secondary data from research that appeared in some speeches, there is the main objective analysis. Thus, it is believed that the evidence presented in this review only to signal the tip of an iceberg for questions related to the issue under consideration, identifying the need for more research on this subject.

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Corresponding Address

Danielle Souza Silva Varela
Praça da Graça, Galeria Ideal, 801 / 1° andar
/ sala 21
Bairro Centro
CEP 64200-120 — Parnaíba (PI), Brazil