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## ORIGINAL ARTICLE

### PERCEPTIONS AND EXPECTATIONS OF DRUG USERS ABOUT AN ADULT NON-GOVERNMENTAL HOST SERVICE

#### PERCEPÇÃO E EXPECTATIVAS DE USUÁRIOS DE DROGAS SOBRE UM SERVIÇO DE ACOlhIMENTO ADULTO NÃO GOVERNAMENTAL

#### LAS PERCEPCIONES Y EXPECTATIVAS DE LOS USUARIOS DE DROGAS EN UN HOST DE SERVICIOS NO GUBERNAMENTALES DE ADULTOS

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#### ABSTRACT

**Objective:** to analyze the perception and expectations of the users of a transient host service regarding the service offered. **Method:** this is a descriptive study of a qualitative approach, using as methodology the theoretical phenomenology. The study setting was the NGO Casa Azul (Blue House) in which there were conducted interviews with 16 users. The interviews were recorded and transcribed for later by the Content Analysis Technique. **Results:** The speeches came together for three categories that reveal the meaning of the service by users. The service awakens in the users the desire for treatment through the host and other positive aspects worked on site. **Conclusion:** To recognize the impact that the actions conducted in these places have in drug users' life is important to evaluate the services provided in them. **Descriptors:** Drug Users; Chemical Dependency; Therapeutics; Hosting; Public Health Policies.

#### RESUMO

**Objetivo:** analisar a percepção e as expectativas dos usuários de um serviço de acolhimento transitório em relação ao serviço oferecido. **Método:** estudo descritivo com abordagem qualitativa, utilizando como referencial teórico metodológico a fenomenologia. O cenário do estudo foi a ONG Casa Azul na qual foram realizadas entrevistas com 16 usuários. As entrevistas foram gravadas e transcritas para posterior pela Técnica de Análise de Conteúdo. **Resultados:** os discursos confluíram para três categorias que revelam o sentido dado ao serviço pelos usuários. O serviço desperta nos usuários o desejo pelo tratamento por meio do acolhimento e outros aspectos positivos trabalhados no local. **Conclusão:** conhecer o impacto que as ações realizadas nesses locais têm na vida dos usuários de drogas é importante para avaliar os serviços neles prestados. **Descritores:** Usuários de Drogas; Dependência Química; Tratamento; Acolhimento; Políticas Públicas de Saúde.

#### RESUMEN

**Objetivo:** analizar la percepción y las expectativas de los usuarios de un servicio de acogida transitoria en respecto al servicio ofrecido. **Método:** este es un estudio descriptivo con un enfoque cualitativo, utilizando como teoría metodológica la fenomenología. El ámbito del estudio fue la ONG Casa Azul, en la que se llevaron a cabo entrevistas con 16 usuarios. Las entrevistas fueron grabadas y transcritas para más adelante por la Técnica de Análisis de Contenido. **Resultados:** los discursos se reunieron para tres categorías que revelan el significado del servicio por los usuarios. Los usuarios de los servicios despiertan el deseo por un tratamiento por medio de la acogida y otros aspectos positivos trabajados en el lugar. **Conclusión:** conocer el impacto que las acciones llevadas a cabo en estos lugares tienen en la vida de los consumidores de drogas es importante para evaluar los servicios prestados en ellos. **Descriptor:** Consumidores de Drogas; Dependencia Química; Tratamiento; Acogida; Políticas Públicas de Salud.

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## INTRODUCTION

The alcohol and other drugs consumption is complex and multifactorial, whose evolution is closely linked to historical and cultural factors. It has direct and indirect relationship with a number of health problems such as violence, traffic accidents, marginalization, unemployment and absenteeism at work and school, risk behaviors in sexual context, as well as numerous health problems, including cancer, respiratory and cardiovascular disease.<sup>1</sup>

Chemical dependency is recognized by the World Health Organization as a disease, being a public health problem that affects people worldwide. It is a behavioral, a cognitive and a physiological phenomenon that develop after a repeated use of a substance.<sup>2</sup>

The policy of the Ministry of Health (MOH) for full attention to alcohol and other drugs user, published in 2003, has its central axis guided by the principles of the Unified Health System (SUS) and the Psychiatric Reform. It is the main guideline for dealing with the problem of addiction, which, in its presentation, admits that the use and abuse of alcohol and other drugs is a serious public health problem and that there is a historical delay of inclusion of harmful use and / or dependence on the public health agenda. Still in its presentation, said that the issue regarding the use and abuse of alcohol and other drugs is a global demand, according to the World Health Organization (WHO), it covers 10% of the urban population of the planet, regardless of gender, age, educational level or social class. In Brazil, this fact can be found in the same equivalence.<sup>3</sup>

The National Secretariat for Policies on Drugs (SENAD) develops actions to reduce the supply and demand for drugs in the country and is responsible for the National Drug Policy.<sup>4</sup>

In 2011, the Ministry of Health established the Psychosocial Care Network (RAPS) through N 3.088 Ordinance, which aims to prepare professionals, amplify existing services and coordinate health care for people suffering from mental disorder and needs arising from the use of crack, alcohol and other drugs in the SUS.<sup>5</sup>

Policies and laws about drugs in Brazil, some authors are ineffective, there is a shortage of services offered, inadequacy in the way of conducting the treatment, prejudice and lack of training of professionals working in public health services, focused on drug addiction.<sup>6-7</sup>

In 2012, the Order N 121, published by the Ministry of Health, establishes the Host Units that is characterized as a temporary residence whose objective is to provide voluntary care and continuing care for people with needs arising from the use of crack, alcohol and other drugs, in operation for 24 hours. The Host Units should be part of Psychosocial Assistance Network (RAPS) and be referred to a Psychosocial Care Center, which is responsible for the therapeutic project for each user. As recommended by the concierge, the Home Units have the role to ensure the housing rights, education and family and social life over a period of up to six months. They must operate in two modes, Adult Home Unit (APU) - aimed at people over 18 (eighteen) years old of both genders; and Unit of Children and Youth Home - aimed at children and adolescents, between ten (10) and eighteen (18) years of age, of both genders.<sup>8</sup>

By identifying, in the city of Belo Horizonte/BH, a non-governmental organization (NGO) that provides a service similar to a UAA, the study aims to study, analyze the perceptions and expectations of the users of a transient host service over the service offered.

## METHOD

This is a descriptive study of a qualitative approach, using as theoretical methodology the phenomenology. The study setting was the NGO Casa Azul, founded in 2013 with a structure similar to a UAA, in the municipality of Belo Horizonte (MG), Brazil. It has capacity for up to twenty (20) individuals. The Casa Azul welcomes drug users arriving on demand or accompanied by military police, prosecutors and traffickers in the region. The prerequisite for admission to the house is that the user is accompanied at the time of admission.

The Casa Azul is intended to be a transition site, where the user has the possibility to reflect on his life in a protected environment and waiting to join a treatment.

The service is characterized as screening and reception where the user is received at the gate routed to a location where he can take care of his personal hygiene. A meal is offered and from that moment, the Casa Azul staff provides the issuance of documents for users who do not have through the services that the city offers. Hereinafter, a vacancy tracking treatment services for drug addicts offered by state and federal programs "Alliance for Life", is done "Crack can be conquered", outpatient "Host" and therapeutic

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communities located in and outside the municipality. The user remains a resident of the house until the vacancy is obtained when it is transferred. The average length of stay in the house is 10 (ten) days.

The survey was conducted with registered drug addicts in the service by using a questionnaire containing five (5) guiding questions: 1 - *What led him to seek the Blue House?* 2 - *How did you feel after entering the service?* 3 - *Why you chose to get the Blue House and not another service?* 4 - *Where you went to get the Blue House?* 5 - *What do you expect the service?* Other data were collected to characterize sociodemographic age, city of origin and at what age began using drugs.

Data collection was carried out on the premises of the Blue House, which helps the researcher understand what is happening with the user on site, supporting one of the phenomenology goals is to investigate the fact in their natural environment, leading the researcher to understand the role of service in the user’s life intimate. We chose to interview 16 (sixteen) users at random, 02 (two) a week for a period of two months (April and May 2015), this way, we obtained a sample whose experiences have occurred at different times of service.

The inclusion criteria were willingness to participate in the interview, be over 18 and be permanently regime in service for more than 48 hours, because we believe that at this

time they are already familiar with the service and that, after clarification as the research objectives, consented to participation in the study by signing the Consent Instrument. Exclusion criteria, we consider the users who are not interested in participating in the survey who did not meet the inclusion criteria. The research was submitted to the Ethics Committee of the Federal University of Minas Gerais and approved under N° 37574914.3.0000.5149; users had their guarded secret throughout the investigation.

Interviews were recorded, transcribed and neatly identified by the initials "USU" of "USER", followed by an Arabic numeral in order to facilitate the organization of the material. After this transcript, an analysis of transcribed speech was held, whose technique used was content analysis, following four steps: 1 - Full transcription reading with a view to the impregnation of the content by the researcher; 2 - Strict reading identifying units of meaning; 3 - Expression of meanings contained in the expressions; 4 - Categorization of the meanings to reach the phenomenon of the structure and its essence.<sup>9</sup> Data were related to literature.

RESULTS AND DISCUSSION

At the time of the interviews, data were collected for sociodemographic, shown in the following figure:

Code	Age	Origin	1 <sup>st</sup> use*
USU1	25	Corumba/MS	15
USU2	30	Pedra Azul/MG	20
USU3	44	Governador Valadares/MG	13
USU4	45	Belo Horizonte/MG	12
USU5	20	Belo Horizonte/MG	17
USU6	42	Belo Horizonte/MG	13
USU7	32	Belo Horizonte/MG	20
USU8	23	Belo Horizonte/MG	23
USU9	30	Belo Horizonte/MG	14
USU10	32	Janauba/MG	12
USU11	28	Belo Horizonte/MG	13
USU12	35	Sorocaba/SP	16
USU13	54	Belo Horizonte/MG	15
USU14	40	Nova Lima/MG	17
USU15	34	Barbacena/MG	17
USU16	36	Jequié/BA	13

Figure. Socio-demographic characterization of individuals interviewed.  
\* Age at which made use of drugs for the first time.

There was identified a predominance of individuals from the capital, Belo Horizonte, being predominant individuals aged 30 to 39 years old. It draws attention and age becomes worrisome that initiated drug use, the prevalence is between the ages of 10 to 14 years old, this leads us to think about the importance of targeted interventions for populations in this age group in which children and pre-teens are undergoing physical and

behavioral changes that may define the course of their adult lives.

After the phenomenological reduction, where we find the meanings of expressions, grouped the categories found in three (3) exposed following topics:

### ♦ The relationship between the user with himself, with the family and society

The first step in treating addiction is recognizing this as an issue that affects the lives of individuals in different ways as to be recognized as someone who needs help, one can position himself as a person in problematic use of drugs and seek help, whether in health care, in the community, churches or in the family. We realize that, in the Blue House, some statements indicated for the recognition of drug use as a health problem:

*[...] We have a disease, and this disease, it will [...] progressing to be fatal and we die. I never believed that. For me I used drugs, but at the time I wanted to stop I stopped. And I learned something here that is not. I'm a sick [...]* (USU6)

*[...] Certainly had to have more locations with this process of reception, with this process to support patients who are we, drug addicts, because it is a disease, is an incurable, progressive and fatal disease, and the first step is to know that we have to admit that is sick, we lose the domain of our lives [...]* (USU14)

While the user is not recognized as someone who needs help, he is affected by a number of biopsychosocial diseases and affects all who are part of his living, friends and family, the latter considered by researchers as key player in guiding the treatment.<sup>10</sup>

In a literature review on the importance of family in the treatment of drug use, the authors identified as "co-author of both the emergence of drug abuse as a protective institution for the health of its members."<sup>11:649</sup>

The families of drug addicts suffer and are considered disorganized and dysfunctional.<sup>12</sup> In interviews, some of the speeches attributed to families seeking treatment, due to depletion by injuries resulting disease:

*[...] I did not want to come, if my family insisted a lot, but then over time, frequency of use, and the last time, by both drug I used, I decided to come [...] but which led to come here was my willpower by certain part and the willpower of my family [...]* (USU5)

*[...] I had a week that was in the street [...] I went home after I left the house of my wife. Then I went home and my family began to seek help, you know. Asked if I wanted and such, things had already fled control. [...] Then I know it was my brothers who found the Blue House.* (USU9)

Users report that the only place where their families trusted to direct them to treatment was the Blue House, because of the

conditions for the existing management in other services or even the lack of treatment services for drug addicts:

*[...] Who is seeking is the family, a reference to a place where they can trust and that has resulted.* (USU9)

Many addicts are referred to treatment services against their will, either by judicial obligation, to satisfy the family or by the will during the beginning of a crisis due to drug abuse, this ends up leading the user to abandon the treatment before be completed, causing a vicious cycle where the same user goes through numerous services.

*[...] I did not want to come, if my family insisted a lot, but then over time, frequency of use, and the last time, by both drug I used, I decided to come [...]* (USU5)

*[...] Then I went home and my family began to seek help, you know. Asked if I wanted, and such things were already getting out of control [...]* (USU9)

As studies, lack of family support is the main cause for abandoning treatment.<sup>11,13</sup> During the interviews, we realize that some users do not have this support:

*[...] I lost employment, family. Then the relatives got away from us [...]* (USU13)

*[...] And finally, I have to say, just say thank you, because what they are doing for me or my family never did [...]* (USU16)

By recognizing the importance of family support in the management of the treatment, it is interesting that treatment services accompany the family, because when the user finishes his treatment, it is generally responsible for giving support to continue. The family prepared to deal with an addict member is an aid to more during the maintenance phase, where the user back to be inserted in society and must remain abstinent among great offer. The addict who has family support feels safe during treatment, recognizing this, researchers should attempt to look at the studies that address this issue, about the treatment of the family of drug addicts.<sup>14</sup>

The fact that the Blue House is a transitional host site favors the acceptance of the treatment, because during his in home stay period, the user reflects if he really wants treatment and if he is prepared for it, we realized that in the following lines:

*[...] I think so cool because it is a way for you to see if the person really wants a treatment.* (USU1)

*[...] I am being prepared in order to get admission, [...] because here we learn a lot and such, know how to handle and such, how to live, how to proceed there.* (USU10)

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Some users revealed unawareness as to where they could seek treatment for drug addiction, this leads us to think of the existing policies, programs and services, and these are disseminated among the population.

*[...] But it was God himself Who showed. I did not know a place to treat [...]* (USU2)

*Why I chose? In fact it was the only place that welcomed me at the time [...]* (USU8)

#### ♦ The House as a place of transition to treatment: a place of hosting

Hosting and other positive aspects are relevant strategies for encouragement for the treatment of drug addicts.

The term "hosting" in health came up with the National Humanization Policy in 2002, designed to guide several actions based on the principles and guidelines of the Unified Health System (SUS). This is a process where health workers use empathy to address the needs of users, respecting their individuality and integrity.<sup>15</sup>

In the management of the treatment of drug addicts, the host strategy is a privileged moment, making it essential for therapeutic intervention and therapeutic alliance formation.

The stigmatization of drug users makes this isolate them, do not seek treatment, or when search not successful, as the company sees it as a person without moral values associated with crime. The successful treatment of addiction may be closely linked to breaking down prejudice and stigma related to the user, such negative feelings exist in society and even among health professionals, who should overcome this barrier in favor of treatment.<sup>16-17</sup>

By analyzing interviews with users of the Blue House, realized in all speeches, considerations and positive feelings about the place and the host strategy stands any negative stigma about the user, the following statements reflect this perception:

*[...] But I think the Blue House is a good place yes, welcomes us, the guy is in need of immediate help, it may be time for that, they open the door, put you here, give you a bath for people who cannot afford, give clothes [...]* just know that welcomed. (USU 9)

*[...] I felt someone else here, it's a nice place, [...] is a pleasant place to be because, when one goes to a clinic, she already feels repressed, there you have no one around, not here, here everyone welcomed you like a brother even as the family itself.* (USU 11)

*[...] But I did not expect it was as good as the Blue House, São Paulo does not work like that, that here was, let's talk, a very*

*good support. I feel at home, a pleasant, well organized, from the monitor to the pastor, the great pastor.* (USU 12)

We noticed in the speech excerpt made by "USU 11" a statement referring to the isolation suffered in some places of treatment. We can reflect on the mechanized care that some services offer their users, which avoids the humanization of principles. The unfair treatment occurs mainly with drug users, because they are stigmatized individuals.<sup>18</sup>

In a study of existing barriers in the relationship between chemical professionals and dependents seeking treatment, the authors identified that the main obstacles to drug addicts seeking treatment are fear, ignorance of the strategies used and the gap between professionals and users, caused by prejudice. The host functions as a tool for breaking these barriers.<sup>19</sup>

In some lines, users of Blue House expose the existence of rules in place and claim that these should exist as a way to enforce limits and thus assist in conducting the treatment.

*[...] I have felt at home and from what I see here, we're at home and we have to follow the rules. [...]* (USU 04)

*[...] The Blue House here is more than a mother. Here I eat, I sleep here, I here to learn what I did not learn because when I was out there was no rule for nothing, had no time for anything [...]* (USU 7)

*[...] I identified here at the Blue House, to have rules, have more organization because where I spent there [...] we went out to the street, to do work around the house, such as selling pen, disclose work, and here not [...]* (USU 11)

We can see that the residents of Blue House assess positively the existence of rules presented through dialogue, respecting their limits according to their condition.

Because it is a multifactorial and complex disease, it depends on transiting moments of inconstancy, whether or not under treatment. The motivation for treatment is considered a dynamic process by transtheoretical model proposed by two researchers in 1983. In this model, the authors classified this transition in six stages: pre-contemplation, contemplation, determination, action, maintenance and relapse. Each stage provides a motivational phase in which the drug addict is available for the treatment. Considering this classification, we find in interviews with users of the Blue House that they are in the stages of "contemplation" and "determination", where the individual admits his condition is ambiguous and consider adopting possibly changes and where it starts some changes, plans to create the conditions for change, revises past attempts, respectively.<sup>20</sup> What is



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striking is the story of some users that shows characteristics of the stages of "action" and "maintenance", in which the individual performs environmental and behavioral changes investing time and energy in implementing the change.

*[...] And after being here at home I feel very well, very well, will use drugs I do not have [...]* (USU6)

*[...] By the time I'm here, I'm not feeling urge to use crack, drinking, smoking and inside the clinic you already feel, here you feel the urge, I could use something if I wanted to, only leave the house, but there's something holding me here that gives me that will not leave [...]* (USU 15)

This lack of willingness to use the drug is characteristic of the action phase, which usually occurs when the individual is already inserted in the treatment, this report come from a user in preparation for treatment is viewed positively, according to the literature, and users admitted to treatment services in general are in the contemplation stage.<sup>21-22</sup>

The host and feelings of support found in the Blue House are important points cited by users of the service, we can infer that a pleasant environment, where the user can find emotional support and answers to their questions facilitates the handling, prevents relapses and optimizes the start of treatment.

One of the strategies used in the Blue House and constantly quoted by the users is part of the philosophy of Alcoholics and Narcotics Anonymous, which preaches, briefly, the evolution that is acquired over time due to non-use of drugs.

*[...] Here works with just for today, here you already have a total abstinence. [...]* (USU1)

*[...] But the Blue House taught me the twelve steps, we have to follow, Just for Today, [...] for me is being great, the street I could not [...] I am a sick, just for today, just for today, and then I'm just living for today and I hope that here there forward* (USU6)

*[...] Here are all good, here the guide always gives a lecture to us, teaches us, just for today do not use drugs. Then we learn to speak not for drugs.* (USU7)

*[...] There is a solution, everything depends on us. Just want and believe, and live only for today. Yesterday is past, the present and today is tomorrow belongs only to God.* (USU14)

Contact with former drug addicts is also named as positive as his experiences as a motivational factor for the construction of a new project of life.

*[...] Oh, very good, really like here, much like the guide [...] is a guy who lived what*

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*we live, then we pass a very cool, positive energy [...] so for me that's cool [...] (USU6) [...] because it was a friend who introduced me here. He came to the Blue House, was here for clinical and recovered. [...]* (USU13)

#### ♦ Spirituality as an adjuvant factor in driving the treatment

We could include this meaning as another important positive aspect, but its presence is so striking in the speeches that one can understand it as a phenomenon.

The literature on religious practice as a form of treatment for drug addicts is still recent in Brazil. Regardless of the religion professed there is an impact of religion and spirituality in the treatment of drug addicts.<sup>23</sup>

Some users attribute to religion the responsibility for finding a place like the Blue House, and spirituality responsible for guiding them to a treatment:

*[...] Because here was a place that God brought me [...] I know my mother said "is there that God commanded you, that is, where God wants you to be". I said "Amen, mother" [...]* (USU1)

*[...] Then, by God's grace I came here [...]* (USU4)

*[...] Look, the bottom was God first, [...] then we came here with the goal of treating us to seek spiritual healing [...]* (USU15)

It is interesting to show that for more than a few users to associate a higher power to its entry in the Blue House, we still see as the portion of the interview that follows, the user is aware that the strength to seek treatment depends on his own will:

*[...] Thank God now I feel much better [...] but what it took to come here was my willpower [...]* (USU5).

Religiosity is considered a protective factor for drug and is also related to the maintenance phase of treatment. The scientific literature has associated the practice of spirituality with positive aspects of well-being to the biopsychosocial human.<sup>23-24</sup>

In 2004, in a study of two groups of adolescents not drug users and users, revealed that the practice of religion among the first group was 81% of adolescents, while in the second group, 13%, and in the latter, the practice was linked to the search for the rehabilitation and only started after the abuse of drugs.<sup>26</sup> In several speeches, it is clear that users of Blue House use spirituality and religion as a source of strength to seek treatment:

*[...] And I will continue "taking" with God, forcing more than me and go in focus is Jesus, and pass this, and go out and look for a job to help my mother and my children and my grandchildren.* (USU4)

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*[...] What I expect here the Blue House is to help me, it's not the Blue House, I hope to God, help raise again, I rebuild, help to have a character and respect that I had before [...]* (USU5)

In a study conducted in 2004, where a spiritual transcendence scale was used, it was shown that connections with divinity in the form of prayers, for example, are associated with greater success in the recovery of drug users in conventional medical treatment.<sup>25</sup>

A possible mechanism of the role of religion in the drug user recovery and control of relapse is explained by authors, though unusual. The rise of positive feelings, perseverance under stress and reducing anxiety levels would be responsible for the success of this type of intervention.<sup>23,26</sup>

In some lines, we realize how close this connection between the maintenance phase and the practice of religion is:

*[...] When I was in church, everything was fine. I pulled away from the church; there fell [...]* (USU12)

The field of research on the relationship between spirituality, religiosity and substance abuse is vast.

In the Blue House, the practice of religion contributes positively to the welfare of those who find it waiting for a place to enter the treatment:

*[...] Because here we do not need material care only, we also need spiritual care because it is a disease the drug world, is a disease that has no cure, but we clinging to God and to the professionals home who bear all, care about our well-being, with our life, we give ourselves back to the society, I believe that has many being healed [...]* (USU16).

## CONCLUSION

The conduction of this study and the understanding of the phenomena involved in the admission and referral of drug addicts in this service leads us to reflect how important this moment. Doubts, expectations and uncertainties hang in the life of stigmatized population, but the Blue House, in view of its temporary residents have a positive impact on decision making for treatment.

A place that welcomes and enters this population in society contributes positively to the success of treatment. Chemical dependency is a multifactorial phenomenon, difficult to define, and that requires an individualized treatment and requires care and multiple measures of attention, sometimes offering simple features, but it has far-reaching as the fact accept with dignity, have a place to take a shower, change clothes, have a meal and be treated with

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respect make a difference in the approach of this population.

The Blue House is a place that supports and guides the drug user for outpatient or inpatient treatment and collaborates for this to occur significantly, although for the validation of this model of care to perform longitudinal studies are necessary, where these individuals they were followed during treatment and after performing the same and that religious preference, characteristic of long-stay places of hospitalization in the country, be considered.

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