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PROCESS AND RESULTS OF CARE IN ALCOHOL AND OTHER DRUGS

PROCESSO E RESULTADO DO CUIDADO EM ÁLCOOL E OUTRAS DROGAS

PROCESO Y RESULTADO DE PRECAUCIÓN SOBRE EL ALCOHOL Y OTRAS DROGAS

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ABSTRACT

Objective: to describe the dimensions of the process and result of care in Psychosocial Care Centers in alcohol and other drugs from the users' perspective. **Method:** cross-sectional, quantitative approach study with 330 participants. Satisfaction with services and perception of change were identified from the validated SATIS BR Scales and Perceived Change, using descriptive analysis in tables. **Results:** interviewees showed high levels of satisfaction (mean 4.32) with services. Regarding the perceived change (mean 2.62), resulting perception of improvement in life from the beginning of treatment. **Conclusion:** the results showed that community mental health services are taking place in relation to the care provided, aiming for modifications that may influence the process and result of the treatment to users of psychoactive substances. **Descriptors:** Health Evaluation; Outcome Assessment (Health Care); Substance-Related Disorders; Community Mental Health Services; Psychiatric Nursing.

RESUMO

Objetivo: descrever as dimensões do processo e resultado do cuidado nos Centros de Atenção Psicossocial em álcool e outras drogas na ótica dos usuários. **Método:** estudo de corte transversal, de abordagem quantitativa, com 330 participantes. A satisfação com os serviços e a percepção de mudança foram identificadas a partir das Escalas validadas SATIS BR e da Mudança Percebida, utilizando-se de análise descritiva em tabelas. **Resultados:** os entrevistados mostraram níveis elevados de satisfação (média 4,32) com os serviços. Quanto à mudança percebida (média 2,62), resulta na percepção de melhora na vida, desde o início do tratamento. **Conclusão:** os resultados demonstraram que os serviços comunitários em saúde mental estão se efetivando em relação aos cuidados prestados, visando a modificações que podem influenciar no processo e resultado do tratamento aos usuários de substâncias psicoativas. **Descritores:** Avaliação em Saúde; Avaliação de Resultados (Cuidados de Saúde); Transtornos Relacionados ao uso de Substâncias; Serviços Comunitários de Saúde Mental; Enfermagem Psiquiátrica.

RESUMEN

Objetivo: describir las dimensiones del proceso y resultado del cuidado en centros de atención psicosocial en alcohol y otras drogas en la perspectiva de los usuarios. **Métodos:** estudio de corte transversal, de enfoque cuantitativo, con 330 participantes. La satisfacción con los servicios y la percepción de cambio fueron identificadas a partir de las Escalas validadas SATIS BR y del Cambio Percibido, se utilizando de análisis descriptivo en tablas. **Resultados:** los encuestados mostraron altos niveles de satisfacción (promedio 4,32) con los servicios. En relación al cambio percibido (promedio 2,62), resultados en la percepción de la mejora en la vida, desde el inicio del tratamiento. **Conclusión:** los resultados demostraron que los servicios comunitarios en salud mental están se realizando en relación con la atención ofrecida, en busca de modificaciones que pueden influir en el proceso y resultado del tratamiento a usuarios de sustancias psicoactivas. **Descriptores:** Evaluación en Salud; Evaluación de Resultado (Atención de Salud); Trastornos Relacionados con Sustancias; Servicios Comunitarios de Salud Mental; Enfermería Psiquiátrica.

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INTRODUCTION

The complexity of the subject in the scientific literature shows that abusive consumption and dependence on alcohol and other drugs are two of the major contemporary challenges in relation to the demand for global public health. It should be emphasized that this is not only a problem in the field of health care, since data from epidemiological studies show that such a challenge is not only national, but global in nature.

Thus, the purpose of this study is to evaluate the practices offered in the Center for Psychosocial Care for Alcohol and Other Drug Users (CAPSad) from the users' point of view. In addition, satisfaction and perception of change occurring in the life of the user as a result of the treatment offered in the CAPSad has as an outcome indicator.

The World Health Organization (WHO) says that around 243 million people, or 5% of the global population between 15 and 64 years of age, have used illicit drugs in 2012. Users Dependent drugs totaled about 27 million, approximately 0.6% of the world's adult population, or one in 200 people.¹

A WHO diagnosis identifies deficiencies in mental health policies and services, either because of insufficient specialized staff or because of the non-uniform distribution and high economic cost to society.² Other consequences of harmful use of alcohol and other drugs are: physical and mental complications, unemployment, violence, crime, mortality, morbidity, among others.³

Given this situation, the Brazilian government has adopted strategies that aim to combat the use, abuse and dependence of alcohol and other drugs through the Ministry of Health (MS) policy. Among the strategies in question is the implementation of CAPSad in cities with more than 100 thousand inhabitants, which has the purpose of providing treatment to users who use harmful psychoactive substances. In general, this therapeutic project - which counts with the collaboration of a team - is defined in an individualized perspective of continuous evolution, according to the respective needs, having as one of its goals the social inclusion of the individual with psychic suffering.⁴

The regulation of care in the CAPSad was provided by Portaria (PT) n. 816/GM, in accordance with Law 10.216/2001. In 2003, the MS officially launched the Policy for Integral Attention to Users of Alcohol and Other Drugs and, later, the clinical-political guideline was instituted, in the Harm

Reduction (HR) logic, with CAPSad as the main care device.⁵

The HR approach has been shown as an alternative health promotion by looking at the drug user as a citizen with human rights. The strategies are not directed toward abstinence, but to the defense of life and the reach of the autonomy of the user, through networks of social support, diffusion of information, education and counseling.³

The evaluation of health services is characterized as an area still under conceptual and methodological construction that needs to be consolidated in epistemological, theoretical and methodological plans. However, the evaluation has been configured as the subject of discussions in the health services. Movements aimed at their institutionalization, as knowledge and practice inherent in health actions, and organizations, are increasingly necessary.⁶

In the field of mental health, one can say that this need is even greater, considering that the constitution of CAPS services starts from a movement of transformation of the techno-assistance model to mental health.⁷

There is, therefore, a lack in the publication of studies about this subject in the Brazilian context, which justifies the contribution of this study as a source of evaluative research and discussion of the findings regarding satisfaction and to the perception of change by the users served in CAPSad. Thus, this study seeks to answer the following evaluative question: Are the care practices developed by the CAPSad effective in the care of users of psychoactive substances? And as an objective:

- Describe the dimensions of the process and outcome of care in the Psychosocial Care Centers in alcohol and other drugs from the users' perspective.

METHOD

Cross-sectional study to evaluate data related to the process and results of the care practices developed by CAPSad, with the users. The Donabedian theoretical-methodological framework was adopted in the research, believing that, since it encompasses the dimensions of structure, process and outcome, it can provide an explanation of the issues related to satisfaction and perceived change in the treatment of users.⁸

The study was developed in 13 CAPSad randomly selected among the 23 existing services in the State of Minas Gerais, and obtained from June 2014 to May 2015. The

choice of CAPSad for the study was conditioned by a simple random draw of a CAPSad by macroregion and concentrations of state services. The CAPSad/macroregion inclusion criterion was that they were accredited by the MH and had been functioning for at least one year. The selection of the services was random, so that CAPSad could be analyzed, located in the different regions of the State of Minas Gerais.

The sample of the users was of the "simple random" type, without replacement, calculated based on the pilot study, according to the domains of the scale of satisfaction of the mental health services - SATIS-BR, with significance level of 5%.⁹ A Data collection was performed through the Satisfaction Scales and the EMP scale.⁹⁻¹⁰

The following inclusion criteria were considered: individuals with severe and persistent mental disorders due to abuse and dependence on alcohol and/or other drugs, aged over 18 years. Users who had been registered/started participating in CAPSad activities less than six months ago were excluded from the sample. Thus, the final sample consisted of 330 interviewees.

The characteristics of the study sample were analyzed summarizing the categorical variables with absolute and percentage numbers, and the quantitative variables, using means and standard deviation. The degree of measurement of the overall satisfaction level of the SATIS-BR and EMP scales was estimated.

The study was approved by the Ethics Committee of the University of São Paulo School of Nursing, CAAE CAAE: no 39583014.2.0000.5392, under protocol number 951,970/2015. Ethical principles were ensured in accordance with the Norms and Guidelines for Research Involving Human Beings, use of the Informed Consent Form (ICF), guarantee of the right of non-participation at any moment of the research and anonymity of the interviewee.

RESULTS

The sample totaled 330 participants, predominantly male (258 men = 78.2%); 33.9% aged between 29 and 40 years, resulting in an average age of 45 years. Concerning the conjugal situation and housing conditions, it was observed that the majority claimed to live without partners (70.6%) and in regular housing (89.1%).

Despite the predominance of economically active individuals, the majority (228 = 69.1%) were not working at the moment of data collection. There was a small frequency of users with paid full time jobs(16.4%). There was also a high number of (54.5%) of users without schooling and incomplete primary education, and with a family income of up to two minimum wages (81.2%), living on the retirement salary, family income, -distance, pension or Bolsa Família.

Regarding the medical diagnosis, the majority of respondents (307 = 93%) knew their diagnosis. In the case of the diagnostic hypothesis, whose data were collected in the medical records, alcohol was the drug most used by the interviewees (46.4%), followed by multiple drugs (11.2%) and crack/cocaine (5.8%). It is worth mentioning the presence of a considerable number of diagnoses associated with alcohol use, poly-drug use and mental problems, such as anxiety, unstable mood, schizophrenia, and depressive, bipolar and personality disorders (29%).

♦ Evaluation of process dimensions and results from the users' perspective

Table 1 describes the activities that users participated in CAPSad during the month prior to data collection. Of the interviewees, 59.7% were treated in the CAPSad type II, 96.7% reported the presence of a professional/reference technician in the CAPSad, 38.5% attended the CAPSad from three to seven days per week, in an intensive or/and 81.5% considered this frequency sufficient for their care. There was a predominance of users who did not have a Unique Therapeutic Project (UTP) (50.9%).

Table 1. Descriptive analysis of users' activities in CAPSad Uberlândia (MG), Brazil, 2015 (n = 330).

Activities carried out at CAPSad	Frequency	Percentage
Type of service		
CAPSad II	197	59.7
Extended CAPSad	35	10.6
CAPSad III	98	29.7
Professional Technical Reference		
No	11	3.3
Yes	319	96.7
Frequency in CAPSad		
Did not attend / leave	8	2.4
1 time every 2 or 4 months	22	6.7
1 to 3 times a month	70	21.2
1 to 2 days per week	97	29.4
3 to 7 days per week	127	38.5
Was discharged	6	1.8
Considers sufficient frequency		
No	61	18.5
Yes	269	81.5
Has PTS		
Not	168	50.9
Yes	162	49.1

Table 2, shows that 72.1% of the users received individual care in the 13 CAPSad and 50.3% participated in therapeutic groups in the month prior to the interviews. It was found that (63.6%) of the users did not participate in the therapeutic workshops, nor in the activities in the community (74.5%) and in the field of income generation (92.4%). In addition, 14.8% stated that they did not receive treatment for a home visit (HV) until the data collection.

Table 2. Descriptive analysis of the activities offered to users in CAPSad. Uberlândia (MG), Brazil, 2015 (n = 330), 2015.

Activities offered at CAPSad	n	%
Individual service		
No	92	27.9
Yes	238	72.1
Group service		
No	164	49.7
Yes	166	50.3
Therapeutic workshop		
No	210	63.6
Yes	120	36.4
Community activity		
No	246	74.5
Yes	84	25.5
Income generation activity		
No	305	92.4
Yes	25	7.6
Received DV in CAPSad		
No	281	85.2
Yes	49	14.8

Table 3 presents the calculation of the global satisfaction of users with the CAPSad obtained based on the 12 items of the general SATIS-BR scale and all the factors that compose it. The mean score obtained was 4.32, with PD of 0.43. This result shows that most interviewees are satisfied with the service. Regarding the values for each factor, the satisfaction of the interviewees was higher in relation to the help received and to the reception of the team (Factor 2), with a mean score of 4.56. The lowest satisfaction factor was related to the physical conditions and comfort of the service (Factor 3), with a mean score of 3.83.

Table 3. Descriptive analysis of the users' overall satisfaction scores - SATIS-BR Scal and its factors for the total sample of CAPSad.d Uberlândia (MG), Brazil, 2015 (n = 330)

Variables	Average	Median	PD	IC (95%)
Factor 1	4.36	4.29	0.70	4.28 - 4.44
Factor 2	4.56	4.67	0.66	4.49 - 4.63
Factor 3	3.83	4.00	0.90	3.73 - 3.93
SATIS - Global	4.32	4.33	0.43	4.27 - 4.37

The descriptive analysis of the Global EMP scale, presented in table 4, results from the average responses to the 18 evaluated items. The results were evaluated considering that the higher the average values (close to 3), relative to the total of the 18 items, the greater the perception of change from the beginning of the treatment in the CAPSad. The overall score of the EMP scale presented a mean of 2.62, with a SD of 0.35. This data indicates that the majority of study

participants consider themselves to be better than they were before treatment. Regarding the values for each factor, it was evidenced that the highest score of change perceived by the interviewees is concentrated, mainly, in factor 2, referring to the "Psychological and Sleep" dimension - average of 2.68. The factor with the lowest degree of change refers to "Activities and Physical Health" - Factor 1, with an average index of 2.57 (Table 4).

Table 4. Descriptive analysis of the scores obtained in each factor and in the overa score of the EMP scale, according to the users of a CAPSad sample. Uberlândia (MG Brazil, 2015 (n = 330).

Variables	Average	Median	PD	IC (95%)
Factor 1	2.57	2.88	0.63	2.50 - 2.64
Factor 2	2.68	3.0	0.57	2.62 - 2.74
Factor 3	2.64	3.0	0.57	2.58 - 2.70
EMP Global	2.62	2.72	0.35	2.58 - 2.65

DISCUSSION

The socio-demographic and economic profile of the users of the CAPSad sample of the State of Minas Gerais is similar to that found in most surveys, with a predominant male predominance, ranging from 19 to 40 years old, with no partner, with incomplete primary education and outside the labor market. Such findings corroborate similar studies conducted in other Brazilian states.¹¹⁻⁷

In terms of low schooling, work and marital status, it was found that most of the interviewees had no partner or paid work. Studies also point to the inversion of values and the family's difficulty in dealing with chemical dependence.¹¹⁻⁴ Drug use is related to dropping out of school, due to consumption losses.¹⁸ In addition, respondents stated that they lost abuse of psychoactive substances.¹⁹

In addition, the literature indicates a negative association of psychoactive substance use with loss of family ties and difficulties in relationships with parents, siblings or spouses.¹⁴ In summary, drug search and consumption becomes a priority for the individual, which can be painful for the family. The relationship is therefore established based on critical situations, such as devaluation and suffering resulting from incapacity for work, production and family relationships.¹²⁻⁴

Another important element of this study are the diagnostic hypotheses obtained through the medical records of the users interviewed. These, include mental disorders due to alcohol and multiple drug use. Crack and cocaine were the illicit drugs most frequently consumed by sample users. The amount of diagnoses in which alcohol was associated with multiple drugs and mental problems such as depression, schizophrenia

and personality disorders, anxiety, mood and bipolar disorders is relevant.

This data repeats the epidemiological pattern of other Brazilian studies performed in mental health services.¹³⁻⁶

It should be mentioned that the use of a single drug has been gradually replaced by the association of multiple drugs.²⁰ The literature evidences this fact as a reality not only of the male gender, although its proportion is larger.²¹⁻²

The pattern of multiple drug use has been observed in more than half of young adult HU public service users.²³

It is known that licit drugs, such as alcohol and tobacco, are part of the family and social daily life of individuals, since their consumption is associated with recreational use. However, excessive use can lead to serious health risks, as well as illicit drug use.¹³ The use of multiple drugs among drug addicts is associated with a method to contain fissure or withdrawal syndrome caused by lack of the drug preferably.^{13, 21-3}

It is well known that drugs act directly or indirectly in the same site of the brain, although each of them plays a particular mechanism of action, provoking peculiar clinical symptoms. It is essential, therefore, that the diagnosis be accurate, in order to establish an adequate therapeutic plan and with specific interventions for each user.¹⁴

It was found that crack is the second most consumed drug, in isolation, by the interviewees. According to research carried out in Brazil since 2002, crack cocaine consumption had one of the highest growth rates.¹⁴ Its dependence has a personal and familial impact, although it is not the most consumed drug by the population.²¹

The search for treatment by users of crack and multiple drugs is wide and complex. Studies describe the treatment as a challenge with varying degrees of complexity for health professionals, since the high levels of physical, social and psychological impairment required mean that users have low adherence to therapy. If they wish to successfully meet this challenge, services should promote greater integration of treatment.^{14,21}

Regarding the size of the process, the results show that most of the users have a professional/reference technician in the CAPSad sample.

Researches that address the subject of reference work indicate that there are still few studies about this approach and suggest the need to discuss and evaluate the device in question.²⁴ It should be emphasized that no publications were found on the reference work clinic and Respective functions and specificities for the area of chemical dependence.

During field data collection, it was verified that the referral technician, in face of the care needs of the users in the CAPSad, can use several assistance devices offered by the services, such as reception, daily stay, night hospital and outpatient. This does not prevent them from using external resources to the service, such as the RVs and the activities in the community, in order to meet the demand for each user's UTP.

In the meantime, this study found that most of the interviewees were in treatment, not on discharge, attending the service on average of three to seven days per week, in an intensive or daily stay regime. This data shows that the period of permanence in the service may be related to the chronicity resulting from the users' dependence, either from the psychological or drug point of view.

It is up to the reference technician to construct and define the UTP of the user according to his needs, frequency to the CAPSad and demands of the service. The UTP must be developed and monitored jointly by the users and the entire team or mini-team. Must be flexible and have clear goals, established according to the evaluation of the results achieved. Its aim is to increase the individual's knowledge about their problems, promote their emotional, material and social autonomy and stimulate their social and political relationship.²⁵

The number of users of the sample with no UTP defined (50.9%) caught the attention, whereas the majority of respondents (96.7%) claimed the existence of a

professional/reference technician in the CAPSad evaluated.

It was observed in the field, and also in the literature, that the UTP is usually organized by the professional that serves the user. Often, the professional accompanies their execution, and the user is gradually included in the definition, choosing and experiencing some activities and demands that meet their needs.²⁵

However, it was observed that, after the reception and elaboration of the PTS by the professional, little is discussed in team meetings and in the activities with users, which means that the expected results are not always achieved.

The patient's difficulty in accessing CAPS - due to the clinical condition, lack of resources for transportation, reluctance to adhere to treatment, among others - can interfere in the maintenance of UTP and in the work of the professionals, causing energy wastage and feeling of impotence.²⁵ Thus, it can be seen that the UTPs developed for the users of CAPSad psychoactive substances evaluated have presented limitations in terms of construction and monitoring, which can lead to difficulties in the care and compromise of the team.

Proposals for training, institutional supervision, motivation of the multi-professional team and management organization should be carried out. Therefore, it is fundamental that professionals identify the difficulties and limitations of therapeutic projects in order to plan new coping strategies.²⁵

The activities offered to the interviewees of the sample consisted basically of individual and group visits. A small part of them reported participating in therapeutic workshops and community activities in the month prior to data collection. Only 7.6% participated in actions to generate income, while 14.8% received DV during treatment in CAPSad.

The above data reveals a large amount of individual and group attendance, while in the background are the workshops, community activities, income generation and DV, corroborating an evaluation study of the CAPSad of the city of São Paulo.²⁶

Individual, group, community and DV therapeutic activities are fundamental to MH users, whether they are mentally disordered or dependent on alcohol and other drugs. Such resources go beyond illness, encompassing interpersonal relationships and care in the territory where the patient is inserted.¹⁷

However, the results of this study show that CAPS have gaps and limitations that hamper therapeutic actions aimed at community care.

Income-generating activities are an alternative for users, who lack work. The products generated in the workshops should be of quality for sale in the market, and not only represent manual activities (beads, recycling, fuxicos, among others) for the entertainment of patients.

Manual services, such as handicrafts, may not be attractive to the younger or male population. In turn, group psychotherapeutic activities may disappoint users who seek to engage in professional activities or other spaces of everyday life.

It is therefore crucial to think of the role of the CAPSad in the psychosocial network, so that both the social bond of the users, in relation to their social reinsertion can be strengthened. The RV and community interventions, although foreseen by Brazilian legislation, have not been prioritized by the CAPSad professionals investigated in this study.

In interventions aimed at the most serious users, individual and group psychotherapeutic approaches, understood as psychosocial approaches, are efficiently used. On the other hand, users with multiple needs (comorbidities, broken family bonds, among others) are more responsive to the group approach associated with physical activities.²⁸

Thus, group psychosocial activities aimed at relapse prevention should explore the cognition and behaviors associated with drug use. To do so, they must use the transtheoric model of change; non-pharmacological techniques with motivational approaches; and restructuring cognitions and behavior.²⁸

It is believed that multi-professional care with expanded models resulting from psychosocial approaches may increase the chances of adherence and positive response, generating behavioral changes for users of crack and other drugs.^{26,28}

The present study analyzed the satisfaction of the users of the CAPSad sample of the State of Minas Gerais through the SATIS-BR scale, patient version. The data revealed that the interviewees were satisfied with the service, with an average score of 4.32, corroborating results obtained in other researches carried out in mental health services.^{9,26,29-30}

The high values of satisfaction among the interviewees may be due to adherence to the treatment, to the provision of public services and to the gratuity of the treatment, since all

the CAPSad studied are inserted in the UHS and offer an integral and qualified work. The gratuity of the treatment could make the users fear to lose the right to the service.^{9,26,29-30}

Regarding the dimensions of satisfaction, factor 2 - referring to the assistance received, quality of the reception of the team and treatment of the user in terms of respect and dignity - presented the highest grade, with an average of 4.56. The same item presented the highest degree of satisfaction in other studies.^{9,26,30}

Factor 1, related to the competence of the team and the technical professional of reference, ability to listen to the professionals and understanding of the team about the problem presented by the user, also presented a high degree of satisfaction, with an average of 4.36.

These findings are relevant, since they denote safety, acceptance and closeness by caregivers, contributing to the construction of the link with the health service. They also indicate responsible and committed treatment, leading to greater adherence.²⁹

The quality of the host can promote changes, since it is a strategy of democratic intervention, committed to the needs of individuals who seek services in a space for construction and creation focused on autonomy and towards freedom for health management.¹²

Factor 3, referring to the general conditions of service installation (physical structure and comfort of CAPSad), obtained lower satisfaction scores (mean of 3.83). Again, the data corroborated the results of other national and international studies, indicating the need to improve the quality of care.^{9,26,30}

Finally, the results lead us to believe that satisfaction is intrinsically linked to the quality of human relationships, that is, to the bonds built between therapist and patient throughout the treatment. The competence of the team is also an important indicator of the quality of CAPSad. Finally, it is essential to consider the aspects that involve environmental conditions.²⁹

Regarding the items of the global score of the EMP scale, it was verified that the majority of the interviewees perceived changes resulting from the treatment in the CAPSad, which corroborates data obtained in other studies.^{26,29-30}

Several relevant findings emerged from data collection, showing that perceived change by users provides a measure of social

validation as well as an assessment of the treatment offered by mental health services.²⁹

The mean perceived improvement score in these studies indicates that the treatment offered by mental health services is giving positive results.

The data of this study showed that the degree of perceived change of users was higher in the factor "Psychological Dimension and Sleep". As for the specific items of perception of change, the average was higher in those who assessed personal problems, feelings of interest in life, self-confidence, humor, ability to endure difficult situations and quality of sleep. Very similar results were found in other studies.^{26,30}

The lower perception of improvement found in this study was obtained in the "Activities and Physical Health" factor. Sexuality, energy and physical health of the users stood out. Very similar results were found in other studies that reported a worsening of sexuality after initiation of treatment for chemical dependence.^{26,30}

Worsening of sexuality and other physical aspects such as energy, physical health, and appetite may be associated with the side effects of psychotropic drugs (tremors, lack of disposition, weight gain, onset of fatigue, and complaints of sexual libido).²⁹⁻³⁰

In this sense, it is important that clinicians and mental health professionals monitor the side effects of medications on users, considering that, in addition to causing damage to physical health, are one of the main factors of relapse and treatment abandonment.²⁹⁻³⁰

It is verified that sexuality constitutes a complex dimension and of great prominence in the perception of change by the users of mental health services, being able to be related to factors that vary from the organic to the psychological order.

That said, CAPSad professionals should approach users in an open and respectful way, with the awareness that it is a sensitive issue and therefore users may have difficulty discussing or describing their sexual difficulties.

However, sexuality may be related to other items that have a lower perception of improvement, such as "Relationships and Emotional Stability" - factor 3, which evaluated the perception of change regarding: coexistence with friends, stability of emotions, coexistence with the family and with other people.

The results regarding the users' relationships deserve attention, since social

withdrawal may be related to the reduction of sexuality and comorbidities, such as mental disorders, resulting from the abuse of chemical substances. The transformations caused by the drug result in problems at work, family quarrels and loss of links. Welcoming listening contributes to the construction of the therapeutic bond.

The establishment of a trust bond, in turn, reflects feelings of recognition and appreciation among users. Still, living with individuals who experience the same problem allows for exchanges of experiences, which lead to better interpersonal relationships, self-esteem, personal appreciation and reintegration into the social environment.²⁶

The family plays a fundamental role in the recovery of the psychoactive substances dependent person. However, the consequences of dependence are seen as problematic in the field of interpersonal affective relationships, which, can often, hamper the approximation and maintenance of affective bonds. Thus, the absence of change index perceived in the relationship factor and emotional stability may be related to the fact that users feel the need to resume broken ties, which can be a slow process.²⁶

CONCLUSION

The results of this study were satisfactory in relation to the therapeutic activities offered to the users in the CAPSad of the State of Minas Gerais, considering the existing demands at the interface between the subjects. It was found that these activities were heterogeneous, with emphasis on individual visits, such as medical visits and medication follow-up, and in group activities aimed at DR orientation and manual and cultural workshops. The activities in the community, in the field of income generation and the RV were not significant among the interviewees.

Still in the results obtained with the users, it was concluded there is a fragility in relation to the UTP, since most of the consulted charts did not have data on the UTP or were outdated. Data on user satisfaction with CAPSad services, obtained through the SATIS-BR scale, show higher levels of satisfaction with most aspects evaluated in the service.

Satisfaction levels among users were higher in relation to the team's relationship and the quality of the services offered. This may indicate that the good results of the treatment were achieved through the help received, the reception and the competence of the team, which are important factors for understanding the quality of a service.

Likewise, the aspects that obtained less satisfactory results may provide support for the implementation of improvements in structural work conditions, such as service infrastructure, comfort, privacy and confidentiality (aspects highlighted by the actors in this study).

The most important points in this perception of change among users were in relation to aspects, such as: dealing with personal problems; interest in life; self-confidence; ability to fulfill obligations and make decisions; interest in working and the appetite

On the other hand, the results obtained in this study did not indicate an improvement or, in addition, the users indicated a worsening due to the treatment, especially in relation to sexuality, energy, physical health, coexistence with family and friends. These findings can be related to several factors related to drug use coping and the reintegration of users into their network of daily relationships.

These aspects show that, despite some weaknesses pointed out previously, CAPSad are taking place in relation to the care provided and contributing positively to the transformation of places of reception and collective confrontation of the psychological problems and social reintegration of the users of chemical substances.

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