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ORIGINAL ARTICLE

CHARACTERISTICS OF FAMILY CAREGIVERS AND DRUG USERS CARACTERÍSTICAS DE CUIDADORES FAMILIARES E DE USUÁRIOS DE DROGAS CARACTERÍSTICAS DE CUIDADORES FAMILIARES Y DE USUARIOS DE DROGAS

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ABSTRACT

Objective: to investigate the sociodemographic, economic, health, care activity and social support characteristics of family caregivers and dependents of illicit psychoactive substances. **Method:** epidemiological study, with a transversal design, carried out with 95 chemical dependents and their respective family caregivers. **Results:** showed that the majority of caregivers were female, were between 40 and 59 years of age, did not complete elementary school and were represented by parents living together. They reported having a regular or poor health status and had a social support network. The dependents were, mostly, men, young, single, of low schooling and mainly used crack. **Conclusion:** the knowledge of the profile of dependents and family caregivers is an important subsidy for the definition of public policies and the preparation of health professionals to support and guide and improve the quality of life of this clientele. **Descriptors:** Caregivers; Substance-related Disorders; Nursing; Social Support.

RESUMO

Objetivo: investigar as características sociodemográficas, econômicas, de saúde, atividade de cuidado e apoio social dos cuidadores familiares e de dependentes de substância psicoativa ilícita. **Método:** estudo epidemiológico, com desenho transversal, realizado com 95 dependentes de substâncias químicas e seus respectivos cuidadores familiares. **Resultados:** mostraram que a maioria dos cuidadores era do sexo feminino, estava na faixa etária entre 40 e 59 anos de idade, não completou o Ensino Fundamental e era representada por pais ou mães que viviam juntos. Estes referiram possuir estado de saúde regular ou ruim e ter contado com uma rede de apoio social. Os dependentes eram, em sua maioria, homens, jovens, solteiros, de baixa escolaridade e utilizavam principalmente o crack. **Conclusão:** o conhecimento do perfil de dependentes e cuidadores familiares constitui um importante subsídio para a definição de políticas públicas e preparo dos profissionais da saúde para apoiar, orientar e melhorar a qualidade de vida desta clientela. **Descritores:** Cuidadores; Transtornos Relacionados ao Uso de Substâncias; Enfermagem; Apoio Social.

RESUMEN

Objetivo: investigar las características socio-demográficas, económicas, de salud, actividad de atención y apoyo social de los cuidadores familiares y de dependientes de sustancia psicoactiva ilícita. **Método:** estudio epidemiológico, con dibujo transversal, realizado con 95 dependientes químicos y sus cuidadores familiares. **Resultados** mostraron que la mayoría de los cuidadores eran mujeres, con edad entre 40 y 59 años de edad, no completó la escuela primaria y fue representados por padres o madres que vivían juntos. Estos mencionados posuían la condición de salud regular o mala y se han basado en una red de apoyo social. Los dependientes eran, en su mayoría, hombres, jóvenes, soltero, bajo nivel educativo y utilizan principalmente el crack. **Conclusión:** el conocimiento del perfil de personas dependientes y cuidadores familiares es un subsidio importante para la definición de las políticas públicas y la preparación de profesionales de la salud para apoyar, y guiar y mejorar la calidad de vida de esta clientela. **Descriptores:** Cuidadores; Trastornos Relacionados con Sustancias; Enfermería; Apoyo Social.

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INTRODUCTION

Chemical dependency refers to a complex phenomenon that involves elements of everyday life (family, social network, work, leisure, among others), as well as the subjective experiences of the people involved with the problem. It is observed that the family also falls ill due to the illness of one of its members.¹

The use of drugs (licit and illicit) has been happening very early and the supply is in all environments and social environments, a configuration that is often overwhelming for the individual and their families. An investigation by the Oswaldo Cruz Foundation (Fiocruz), in partnership with the National Secretariat for Policy on Drugs (NSPD), revealed that about 370,000 Brazilians of all ages regularly used crack and similar (base paste, merla and oxy) for at least six months in 2012.²

The caregiver, in most cases, besides having a family bond, an affective bond of commitment, is who appropriates the responsibility of care, participating, taking decisions and behaviors about the dependent person.³

A family caregiver of an individual who is dependent on an illicit psychoactive substance (DIPS) is defined as a person in the family or next person who is responsible for the care, treatment follow-up, encouragement, limitation, active participation in all phases of life of this family member in search of rehabilitation, involving commitment, patience, respect and affection.

Therefore, to know specifically the family member who takes care of the dependent is essential, since the care done by him is effective in the actions and interactions present in the daily life of the family and is directed to each one of its members, through the coexistence.¹ In addition, it is necessary to know this subject better so that the nurse can help him by proposing health actions in order to face adversity.

As a result of research in the Scientific Eletronic Library Online(SCIELO); in the databases of the Virtual Health Library (VHL-Bireme): Latin American and Caribbean Literature in Health Sciences (LILACS) and Nursing Databases (BDENF) and US National Library of Medicine (Pubmed) database, using the descriptors "caregivers" and "disorders related to substance use", the presence of 75 articles published in the last five years was verified and made available on-line. Of these, only twelve had adherence to the thematic investigation. Thus, the research is justified

by the lack of research with family caregivers of people dependent on illicit psychoactive substances in the national and international literature.

It is known that chemical dependence can have an impact not only on the life of the substance user, but also on the family members who live with it. Therefore, before proposing any program to support caregivers, it is necessary to know their characteristics, their needs, as well as the stress and impacts produced by the act of caring.

The objective of this study was to investigate the sociodemographic, health, care activity and social support characteristics of family caregivers of illicit substance abusers (DIPS).

METHOD

A cross-sectional epidemiological study, developed in Palmeira das Missões / RS, with family caregivers of people dependent on illicit psychoactive substances attended at the Mental Health Outpatient Clinic and Family Health Strategy Units during the period between June 2012 and May 2013.

The population consisted of 109 people dependent on illicit psychoactive substances and their respective family caregivers. The sample was obtained by non-probabilistic sampling, for convenience, considering the following inclusion criteria: be over 18 years old; accept to participate in the research; to identify himself / herself as family caregiver of the individual dependent on illicit psychoactive substance for more than three months; reside with and / or live near the dependent and in the municipality. Family members who: resided in the rural area (one) were excluded; changed their city (11); were no longer responsible for care (one) and also were chemical dependents (one). Therefore, 95 caregivers of persons with an illicit psychoactive substance were part of this study.

Family caregivers were identified from the records of the services and were later invited to participate in the survey through telephone contact or home visit. Data collection was performed from March to October 2013, through an interview based on a questionnaire containing closed questions regarding the sociodemographic, economic, health and social support characteristics of family caregivers and the dependent person.

Statistical Package for Social Science (SPSS), version 20.0, was used for the analyzes. Data were submitted to a statistical, descriptive, univariate analysis, which

included the calculation of absolute and relative frequencies.

The research was approved by the Human Research Ethics Committee of the Federal University of São Paulo (Unifesp) on November 23, 2012, under CAAE number 10269212.5.0000.5505 and opinion CEP 152.041. According to Resolution 466/12 of the National Health Council, participants were

duly informed about the purpose of the study, their rights and signed the Informed Consent Term (ICT).

RESULTS

The consolidated data of the research are presented, divided into: family caregivers and relative dependents.

◆ Outcomes relative to family caregivers

Table 1. Sociodemographic characteristics of family caregivers of illicit psychoactive substance dependents - Municipality of Palmeira das Missões / RS, 2013-2014.

Variables	n=95	
Sociodemographic characteristics	n	%
Sex		
Female	81	85.3
Male	14	14.7
Age group*		
20 to < 40	26	27.3
40 to < 60	51	53.7
60 and +	18	19.0
Care giver		
Mother/father	57	60.0
Sister/Brother	17	17.9
Companion or spouse	13	13.7
Others**	8	8.4

Note: * according to WHO. Mean age = 47.4 years.
** stepmother, mother-in-law, aunt, niece, brother-in-law, grandmother / grandfather.

As for schooling, it was found that: 7.4% had no education; 61.0% had incomplete Elementary School; 9.5%, Complete Elementary School; 17.9%, Completed High School and 4.2%, Complete Higher Education.

In relation to the marital situation, it was verified that 60% were married or lived in union; 32.6% were separated or divorced or widowed and 7.4% were unmarried.

Regarding the economic characteristics, it was verified that: 32.6% lived with less than one minimum wage; 55.8%, with one to three minimum wages and 11.6% had a monthly family income of more than three minimum wages (Minimum Salary in 2013 = R \$ 678.00). With regard to working conditions, 49.5% of family caregivers practiced professional activity outside the home.

Data on the social support network showed that all family caregivers were supported by a social network (100%), of which 40% were supported only by family members; 28.3%, family member, friend, colleague, neighbor and others and 23.2%, only of friends. Regarding the type of support received, emotional support (56.8%) was reported; (18.0%) and 25.2% reported having contact with several types of support simultaneously: emotional, financial and support in care and housing.

The majority of caregivers reported having a normal or poor health status (53.7%), while 46.3% reported having a good health status. Of the 95 surveyed, 30 reported having health problems (31.6%). Of these, the most cited health problem was Arterial Hypertension (93.3%), followed by Depression (53.3%). Most reported more than one illness. Of all respondents (n = 95), 50.5% reported taking medications daily, even though they did not indicate the presence of diseases.

Regarding aspects of care performed by family caregivers: 90.5% cared for only one DSPAI person; 8.4%, two and 1.1%, of three people. More than half (54.7%) were dedicated to taking care of the dependent in the 24 hours a day. With regard to time, 32.6% were caring for a period of one to four years; 30.5%, five to nine years and 19%, from 10 to 19 years. It was found that 77.9% of the caregivers reported having a good relationship with the chemical dependent; 16.8%, regular and 4.2%, poor.

◆ Results for persons with dependence on illicit psychoactive substances

It was verified that most of the addicts of illicit psychoactive substances were men (83.2%), in the age group of 20 to 39 years (69.5%), unmarried (56.8%), who had incomplete elementary education (67.4%), had relatives (68.4%) and had children (53.7%). At

the time of the research, 59% were not engaged in any professional activity, 78.9% reported having a good relationship with the family and 44.2% mentioned having a normal behavior.

It was found that 74.7% initiated the use of illicit drugs before the age of 20 years. The lowest age of onset was at 10 years and the highest age at 31 years. The most commonly used drug was crack (83.1%), followed by marijuana (61.0%) and cocaine (50.5%). However, there used to be a combination of using two or more illicit drugs. Already they had requested aid to the relatives to overcome the dependency 73.7%. They required hospitalization for treatment of detoxification 89.5%. Sepsis / relapses occurred in 89.5% of DIPS. Regarding consumption, 54.8% were in abstinence. According to their caregivers, 58.9% were left with dependency sequelae. The sequelae referenced were not only isolated problems, but a combination of them: aggressiveness / conduct disorder; difficulty concentrating / learning; forgetfulness; Inattention; restlessness / agitation, among others.

The DIPS used various means in order to obtain money to acquire the drug and sustain its dependence. Some were held in the prison system for engaging in drug trafficking or theft of objects from other homes, according to information from their caretakers.

DISCUSSION

It is known that family life experiences with drug users are devastating in the physical, financial, interpersonal and social relations, and from a subjective point of view the impact of this coexistence can be characterized by negative feelings, such as tension, stress, worry, stigma, anger and guilt.⁴

♦ Family caregivers of dependents of illicit psychoactive substances

The characteristics of the family caregivers reveal that they are predominantly women with low level of education, mothers, in the age range between 40 and 59 years of age, married or living in union, with occupational occupation of the home, followed by "domestic / day care ". More than half (55.8%) lived with one to three monthly minimum wages and 32.6% lived with less than one minimum wage, dependent on social benefits (Family welfare). These women often assume responsibility for maintaining the household and running the family.

National Survey of Families of Chemical Dependents (NSFCD FAMILY) presented women

(66%) as responsible for treatment of alcohol and / or illicit substance dependents, in addition to being the majority of respondents (80%). Similar results, when they investigated the perceptions of low-income families on the use of drugs by one of their members and found women with low level of education, married, receiving some kind of social benefit.⁵ In a study on quality of life and overload (90.8%), married and with an average age of 47.6 years. ⁶ Research on the quality of life And depressive symptoms among caregivers and drug addicts pointed to the predominance of female caregivers.⁷ The study on the profile of family caregivers of users of Centers for Disease Control and Prevention and Psychosocial Attention of the South of Brazil⁸ revealed that most of the caregivers were female, with low level of schooling, being members of the family, with a mean age close to that found in this research. And in an international study on the quality of life of caregivers of family members with mental illness in Hong Kong, it was also observed that the main caregivers were women and mothers.⁹

The schooling of family caregivers is important because the caregiver will have a better understanding of the guidelines, care and information about the administration of medications the longer they are in school.⁸ It can be inferred that the higher the schooling, the better the market insertion and the higher the family income.

It is observed that the Brazilian woman is assuming the role of provider, but still remains the main responsible for the domestic care and caregiver responsible for some family member who needs care.⁴ Although she assumes other social roles, she continues to maintain the historically traditional ones. This assertion confirms that there is a gender issue in the caring activity, that is, as in other diseases and / or injuries, women are the ones most involved with the dependent of illicit psychoactive substances and their treatment.

The participation of men, mainly parents, as direct caregivers of DIPS people, that is, responsible for the care of their relative, can not be forgotten. Men play an important role in caring, as they share responsibility with women, reinforcing affective bonds, and helping to overcome adversities, thereby minimizing individual wear and tear. Although this number is still small, it is emphasized that the participation of the man in the care of the family member has to be valued and stimulated by the health teams.⁸

An investigation with caregivers of elderly people with dependency found that the type of support most received was informal help from relatives (57.8%), followed by 26.8% who said they did not receive help from anyone.¹⁰ Social networks provide the caregiver to share the problems and express their feelings by accessing the social support resources.¹¹ When the caregiver receives support, the family caregiver decreases the burden, both with regard to care and the adaptation of daily activities imposed by the demand to care for a person who is dependent on an illicit psychoactive substance.¹² However, it is emphasized that, sometimes, the burden of family caregivers is caused by the lack of support received from their social network.¹³

The most common illness among caregivers was Arterial Hypertension, followed by Depression. A study on quality of life and care overload in caregivers of drug addicts identified the presence of depressive symptoms in 23.8% of 109 caregivers, noting that these symptoms may "compromise the care relationship with the chemical dependent, in addition to the perception that the caregiver has their quality of life."¹¹ The NSFCD FAMILY found that family members of dependents have significantly more physical and psychological symptoms than the average population. It was also observed that mothers suffer more physical and psychological symptoms due to the use of drugs by their children than other relatives.⁴

Most of the family caregivers took care of only one DIPS person, maintained a good relationship with the dependent and reported concern about it in the 24 hours the daily rates. Corroborating these findings, studies point out the importance of the family that, when monitoring the chemical dependency, expresses a way of caring for this individual to avoid drug use.^{5,7-8}

◆ Dependents of illicit psychoactive substances (DIPS)

The use of psychoactive substances is a very old practice, whether for therapeutic purposes or religious rituals, and more recently for sociocultural purposes. The use and abuse of these substances are spreading in society. Every day there is news in the media that new psychoactive substances are circulating in various social settings illegally, often making young people dependent on young people of a productive and / or school age.¹⁴

The higher proportion of male users confirms the trend of their massive presence in drug-dependent services.^{4,7}

A similar result was found, where 60% of the chemical dependents belonged to the age group of 20 to 39 years. What is expected for this age group is that the individuals are committed to their school education, that is, Higher Education, entering into higher education and working on various fronts of the world of work. More than half (68.4%) lived with their relatives, that is, in reality, depended emotionally and economically on their relatives; Few worked, and when they did, they were informal jobs. Differently from the results obtained by NSFCD FAMILY4, where only 20.9% had incomplete Elementary School, 26.9% had Completed High School and 26% had incomplete or complete Higher Education; However, more than half of the family members reported that the ability to work or study was affected by substance use. Low levels of education among drug addicts are associated with involvement with drugs and their consequent dependence, making it more difficult to enter the labor market due to lack of professional qualification.^{4,16-17}

It was found that 74.7% initiated the use of illicit drugs before the age of 20 years. The lowest age of onset was at ten years and the highest age at 31 years. In another study,¹⁵ it was verified that the first contact with drugs occurred before the age of 18 years. There is evidence that experimental use of drugs in childhood and puberty can lead to abusive use and even dependence in adulthood.¹⁸

The most commonly used drug was crack (83.1%). However, there used to be a combination of using two or more illicit drugs. He also consumed licit drugs, such as alcohol and tobacco. NSFCD FAMILY showed that most of the chemical dependents were polyuria (73%), being more than half consuming marijuana (68%), but, diverging from the findings found in this study, only 42% reported use crack regularly.^{4,15}

The majority (89.5%) needed hospitalization for detoxification treatment and, subsequently, had lapses / relapses (89.5%). A survey carried out with family members found that the first aid sought was hospitalization (21%), which had a positive efficacy in the evaluation (56%).

It is emphasized that the family is very important in the treatment and that this may be fundamental for the recovery of the DIPS, since they also seek, through treatment and recovery, a good family relationship and a good social relationship.¹⁹ Meanwhile, even if you have sought detoxification, the dependent person may be unable to say "no" when they are away from the hospital, or even assume that, not using more psychoactive substances,

they may continue to maintain contact with other people who use it, to the risk of lapse and / or relapse.¹⁹

According to their family caregivers, 58.9% had sequelae of chemical dependence. Neuropsychological assessments of chemical dependents point to a significant deficit in the cognitive functions of memory, attention and concentration, learning, concept formation and visuospatial skills.²⁰ Harmful effects persist for a long time after discontinuation of substance use, suggesting that deficits can be long-term or permanent.

In this investigation, to sustain their dependence, they used various means in order to obtain money to acquire the drug. More than half (55.8%) worked; 55.8% stole items from their home / family; 37.9% sold their own objects; 13.7% stole other people's goods and assets; 5.2% used other means, including drug trafficking. As a result, some were prisoners in the prison system. The NSFCD FAMILY showed that a third of the family members reported that the chemist was stealing their belongings or borrowing and not returning.⁴ Because of social vulnerability, this subject can become involved in crime in order to sustain their chemical dependence.¹⁵

CONCLUSION

It was verified that the family caregivers were predominantly women, with low level of schooling, being the largest concentration of mothers with the mean age of 47.4 years, married or living in union. One-third of caregivers reported having health problems. Of these, the vast majority suffered from Arterial Hypertension, followed by Depression. One-third cared for his family DIPS for a period of one to four years. All family caregivers had social network support.

It was found that most of the dependents of illicit psychoactive substances were men, and more than half were in the age group between 20 and 39 years. Most had not finished elementary school and just over half were single, had children and lived with their families.

This research concerns a small portion of the population, in view of the large contingent that faces such a reality in Brazil, and it is also understood that this is not an easily resolved situation, because it deals with a multi-causal origin problem of unequal contexts.

Although there are limitations, this study clarifies important issues related to DIPS family caregivers, increasing the knowledge of their characteristics and the evidence for the

organization and implementation of care actions, therapeutic listening and health education. The results reinforce the importance of public policies and the work of health professionals directed to family caregivers of people dependent on illicit psychoactive substances. Emphasis is placed on the need for greater emphasis on the support and care of the family caregiver, through listening, bonding and welcoming, in order to strengthen the nurses' relationship with these caregivers, users of the Unified Health System (UHS).

The health professional, in addition to providing help to family caregivers during the process of rehabilitation of the person dependent on illicit psychoactive substance, should develop strategies that fortify the family caregiver in support of behavioral change of the DIPS.

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Characteristics of family caregivers...

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