Characterization of women in treatment due to...



ORIGINAL ARTICLE

CHARACTERIZATION OF WOMEN IN TREATMENT DUE TO THE USE OF DRUGS CARACTERIZAÇÃO DE MULHERES EM TRATAMENTO DEVIDO AO USO DE DROGAS CARACTERIZACIÓN DE MUJERES EN TRATAMIENTO DEBIDO AL USO DE DROGAS

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ABSTRACT

Objective: to characterize the population of women who underwent treatment at a Psychosocial Care Center for Alcohol and Other Drugs. Method: this is a quantitative, documentary, retrospective study, based on the consultation in medical records of a Psychosocial Alcohol and Drug II Care Center. A form created by the authors from the Google platform was used as a data collection tool. Data was analyzed using simple descriptive statistical analyzes from tables. Results: it was found that of the total of 140 medical records, the predominant profile was single women (46.4%), aged between 30 and 49 years (55%), with one child (27.1%), with incomplete elementary school (35.7%) and multiple drug use (41%), with use beginning before age 18 (46.4%). Conclusion: the need for a gender cut in issues related to drug use is reinforced, so that specific prevention and care strategies can be carried out, considering the identified characteristics. Descriptors: Mental Health; Women; Drug Users; Women's Health; Substance-Related Disorders; Mental Health Services.

Objetivo: caracterizar a população de mulheres que realizaram tratamento em um Centro de Atenção Psicossocial Álcool e Outras Drogas. Método: trata-se de um estudo quantitativo, documental, retrospectivo, a partir de consulta em prontuários de um Centro de Atenção Psicossocial Álcool e Drogas II. Utilizou-se, como instrumento de coleta de dados, um formulário criado pelas autoras a partir da plataforma Google. Analisaram-se os dados segundo análises estatísticas descritivas simples, a partir de tabelas. Resultados: verificou-se que, do total de 140 prontuários, o perfil predominante foi de mulheres solteiras (46,4%), com idade entre 30 e 49 anos (55%), com um filho (27,1%), com ensino fundamental incompleto (35,7%) e em uso de múltiplas drogas (41%), sendo o início do uso antes dos 18 anos (46,4%). Conclusão: reforça-se a necessidade de um recorte de gênero nas questões relacionadas ao uso de drogas, de forma que possam ser realizadas estratégias específicas de prevenção e cuidado adequadas, considerando as características identificadas. Descritores: Saúde Mental; Mulheres; Usuários de Drogas; Saúde da Mulher; Transtornos Relacionados ao Uso de Substâncias; Serviços de Saúde Mental.

RESUMEN

Objetivo: caracterizar la población de mujeres que realizaron tratamiento en un Centro de Atención Psicosocial Alcohol y Otras Drogas. Método: se trata de un estudio cuantitativo, documental, retrospectivo, a partir de la consulta en registros de un Centro de Atención Psicosocial Alcohol y Drogas II. Se utilizó, como instrumento de recolección de datos, un formulario creado por las autoras desde la plataforma Google. Se analizaron los datos según análisis estadísticos descriptivos simples, a partir de tablas. Resultados: se verificó que, del total de 140 registros, el perfil predominante fue de mujeres solteras (46,4%), con edad entre 30 y 49 años (55%), con un hijo (27,1%), con enseñanza media incompleta (35,7%) y en uso de múltiples drogas (41%), siendo el inicio del uso antes de los 18 años (46,4%). Conclusión: se refuerza la necesidad de un recorte de género en las cuestiones relacionadas al uso de drogas, de forma que puedan ser realizadas estrategias específicas de prevención y cuidado adecuadas, considerando las características identificadas. *Descritores*: Salud Mental; Mujeres; Consumidores de Drogas; Trastornos Relacionados con Sustancias; Salud de la mujer; Servicios de Salud Mental.

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INTRODUCTION

Drug use is considered a worldwide concern. The number of people who are abusive or dependent and in need of some form of treatment is progressively increasing and, according to the United Nations Office on Drugs and Crime, about 5% of the global population have used drugs at least, once in the year 2015, and 29.5% of users suffer from disorders due to the use.¹

It is also observed that there was an increase in the general consumption of drugs among women² and in them the negative impact on health is also due to stigma, because they are women and because of the fear of being judged by society to be drug users.¹ Are women, historically, being seen in a biologistic way, without taking into account the specificities of gender.²

It is also added that women who use drugs have a life history permeated by gender inequality and poor social insertion, which becomes even more adverse in the context of drug abuse or dependence.³ It is known that there is a possibility that public policies do not contemplate the singularities of the female population using drugs, their specific use, as well as the differences in consumption and access to health services.⁴

It is reported that, in response to the demand to meet users' health needs, substitutive services have emerged regarding drug abuse such as the Psychosocial Alcohol and Drug Attention Centers (CAPS AD).⁵ The objective of this service is to serve the population according to its area of coverage, through clinical follow-up and promoting the social reintegration of users through access to work, leisure, the exercise of civil rights and the strengthening of ties with family and community.⁶

It is revealed, however, that women are still the minority in these services. Therefore, the importance of this study is justified, as it makes it possible to trace a predominant profile of the women users of the CAPS AD, thus allowing professionals to direct the care in order to offer a proper follow-up to their needs.

It was thus classified as a research question: what is the profile of women who undergo treatment in a Center for Psychosocial Care Alcohol and Drugs?

OBJECTIVE

• To characterize the population of women who underwent treatment at a Psychosocial Care Center for Alcohol and Other Drugs. Characterization of women in treatment due to...

METHOD

This is a quantitative, retrospective, descriptive and documentary research, carried out in a CAPS AD II of the central region of Rio Grande do Sul, Brazil.

This research was developed in the CAPS AD, a municipal public mental health institution, created in the municipality in 2003, whose target audience is users of alcohol and other drugs of both sexes.

The following inclusion criteria were defined for the selection of the population: records of women users of alcohol and other drugs, over 18 years old, with a record of care in any modality of treatment in CAPS AD in the year 2016.

The data was collected in medical records July and August of 2017. A form constructed by the authors in the Google tool was used to help organize and systematize the information collected: age, marital status, schooling, income individual and family, number of children, housing situation, socioeconomic benefit receipt, occupation / profession, and clinical data such as the admission to the of attendance, form of entry into service, type of drug used, age of onset of use, and activities in which it participates in CAPS.

The variables derived from the information contained in the CAPS AD medical record model where the study was performed were analyzed. The medical records are filled when the women are admitted to the CAPS and, therefore, some important variables, such as race, were not presented, as they were not found in the medical records.

From the data. simple descriptive statistical analyzes were performed absolute frequency (N) and relative frequency(%). The analyzes were performed on the characteristics that will be presented in the results and discussed below.

Ethical aspects were respected in accordance with Resolution Num. 466/2012 of the National Health Council.⁸ Data collection was initiated only after the approval of the project by the Research Ethics Committee with Human Beings, under Opinion No. 2.456.068 and CAAE Num. 65195917.5.0000.5346.

RESULTS

The study population was composed of 140 charts. The data extracted from the medical records, which indicate the sociodemographic data of the women, are summarized in Table 1, below.

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Table 1. Socio-demographic data of women attended at CAPS AD. Santa Maria (RS), Brazil, 2016.

Variables	N	%
Age group (years)		
18 to 24	12	8.6%
25 to 29	12	8.6%
30 to 39	38	27.1%
40 to 49	39	27.9 %
50 to 59	30	21.4%
60 to 69	80	5.7 %
Over 70	01	0.7%
Marital status		
Single	65	46.4%
Married	28	20%
Stable union	09	6.4%
Divorced	26	18.6%
Widow	03	2.1%
Not included	09	6.4%
Number of children		
None	32	22.9 %
One child	38	27.1 %
Two children	28	20%
Three children	19	13.6%
Four children	10	7.1%
Five or more	13	9.3%
Education		
Illiterate	02	1.4%
Incomplete elementary school	50	35.7%
Complete elementary school	14	10%
Incomplete highschool	10	7.1%
Complete highschool	32	22.9 %
Technical school	03	2.1%
Incomplete higher education	10	7.1%
Complete higher education	07	5%
Postgraduation	01	0.7%
Not in the medical records	11	7.9 %
Living situation		
Homeowner	22	15.7 %
Leased	07	5%
Temporary living institution	01	0.7%
Reclusion institution	02	1.4%
Not in the medical records	108	77.1%

Data on socioeconomic and occupational / occupation issues of the population investigated in Table 2.

Table 2. Socioeconomic and occupational data of the women attended in CAPS AD. Santa Maria (RS), Brazil, 2016.

Variables	N	%
Individual income		
½ minimum wage	03	2.1%
½ to 1 minimum wage	04	2.9%
1 to 2 minimum wages	12	8.6%
2 or more minimum wages	02	1.4%
No income	36	25.7%
Not in the medical records Work	83	59.3%
Formal CTPS	22	15.7%
Informal	14	10%
Autonomous	12	8.6%
Retired	03	2.1%
Does not work	77	55%
Not in the medical records	11	7.9%
Internship	01	0.7%
Welfare recipient		

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No	52	37.1%
Bolsa Família aid	05	3.6%
Sickness aid	09	6.4%
Aposentadoria	04	2.9%
Pension	08	5.7%
Not in the medical records	62	44.3%

The table below shows the drugs that motivated women to seek treatment at the CAPS.

Table 3. Drugs that motivated women to seek treatment in CAPS AD. Santa Maria (RS), Brazil, 2016.

Variables	N	%
Álcohol	40	28.6
Marijuana	9	6.4
Cocain	12	8.6
Crack	18	12.9
Psycotropic Drugs	1	0.7
Use not reffered	2	1.4
Multiple drugs	58	41.4

It is reported that only tobacco use was not included, because, in the municipality where the study was conducted, there is another specific place for this type of care, and, thus, the CAPS AD forges its demand for this

service, not performing the opening of medical records for tobacco users only.

It is observed that the frequency of care in CAPS AD varied among women, according to the table below (Table 4).

Table 4. Frequency with which women access CAPS AD for care. Santa Maria (RS), Brazil, 2016.

Variables	N	%
Went there at least once last week	3	2.1
Went at least once in the last fortnight	8	5.7
Went at least once in the last month	43	30.7
Visited at least once in the last three months	34	24.3
Went there more than three months ago	5	3.6
Went there for over six months	47	33.6

In relation to activities in which women participate in the CAPS AD, 65 women (46.4%) carry out only medical consultations and individual visits; 46 women (32.9%) access the medical consultations, individual visits and groups / workshops; nine women (6.4%) accessed the medical consultations and groups / workshops; three women (2.1%) performed groups / workshops and individual visits, that is, they did not go through a medical consultation, and yet ten women (7.1%) only attended individual care; six women (4.3%) participate only in medical consultations and only one woman (0.7%) only participates in groups/workshops.

DISCUSSION

The data on the age of the women served in the CAPS AD are similar to those of other national surveys, where the majority of women are concentrated in the age range of 30 to 49 years. ⁹⁻¹⁰ In relation to marital status, the predominance is of single women and, in terms of the number of children, the highest percentage was of women who have a child, and these factors can result in difficulties in

accessing the labor market.¹⁰ It becomes the woman, as a consequence, the only responsible for the care of the children and, together with the unemployment situation, the use of drugs can appear as a way out of their difficulties.

It should be noted that, with regard to the schooling of CAPS AD users, most of them have primary or secondary education and only a minimum percentage of women have higher or post-graduate education. It is inferred that low schooling and professional qualification thus lead women to seek informal work, and these, because they do not require technical qualification, offer low pay, sometimes only enough to maintain drug use. 9

In a study on the factors that trigger drug use in women, it is demonstrated that all of presented schooling that was incompatible with their age group and none of them exercised paid activity. Through these given women situations. are greater vulnerability to use, so that they can be influenced more easily by other users or even have difficulty accessing social and prevention programs. It is also revealed that women who

are in this cycle of use have no other perspective of life beyond the development of motherhood, which is expected socially, but is not always their desire, which causes a disagreement that can motivate the use of drugs.¹¹

In the analysis of sociodemographic, socioeconomic and occupational data of the women attending the CAPS AD, in the year 2016, many information were not included in the medical records consulted, making difficult some important points for the characterization of the same ones.

The lack of answers regarding the socioeconomic situation is highlighted, since these data are extremely important in the process of social (re) insertion, which is one of the functions of CAPS AD. This fact confirms the need to improve the annotations of professionals in medical records, due to the under-registration of important data for the Unique Therapeutic Project. ¹⁰ It is necessary to give more emphasis to this, since the knowledge of these information can guide care strategies in the mapping of links, support in the search of work and income, etc.

Regarding the occupation of women, in the majority of the medical records surveyed, there were activities related to domestic care, being that of their own house or the one performed in the form of paid work as a cleaning lady. These data are similar to those found in a study, specifically with crack users, where the occupations most cited by women were housework as a janitor or caregiver for children and the elderly. In the mentioned study, the involvement with prostitution was also mentioned as the second occupation, different from this research, where few women cited this occupation. ¹²

It is pointed out that, historically, the social role conditioned to the woman, as mother, caregiver and responsible for the home, attributes to her an overload of responsibilities when compared to that expected socially by men. They reflect, in addition to this, the fact that drug use is seen as a phenomenon only in the male universe, the situations of stigma and prejudice suffered by women users, which directly affects the health status of these women, as well as in the search for treatment/follow-up services. It

It is evidenced, as for the drugs used, that the use of multiple drugs appeared with a higher percentage followed by the use of alcohol alone. The use of multiple drugs and the simultaneous use of two or more different drugs was considered for this study, ¹⁵ but this

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fact does not reveal a new phenomenon, however, it is worth highlighting the increased risk due to the large number of substances in the market and the potential combinations that can be used. In a national study carried out in 2014, it is highlighted that alcohol was the most widely used substance, because it is licit and therefore more accessible. Attention is also drawn by the authors to the ease of access to this substance, so that its use may be linked to a first contact with the drink even in childhood, influenced by the family, the circle of friends or the environment society in which women are inserted. 9

In this study, it was found that women users undergoing CAPS AD started using drugs early and some of them began to use before the age of eighteen. Similar data were found in a recent survey conducted in the state of Mato Grosso, where the onset of use occurred between twelve and twenty years.¹⁶

It is worth noting that drug use in this age group is harmful because it impairs memory, sleep rhythm, causes attention deficit and irritability, which negatively affects school performance and may lead to dropping out of school. ¹⁷It is further added that among women who initiate early use, signs and symptoms of mild mental disorders such as anxiety, mood disorders and depression are more commonly observed. ¹¹

One can relate the early onset of drug use by women, as well as the curiosity of experimentation, affective problems, family or the influence of the living environment, because, because they do not have family support, women use drugs as an escape valve to the problematic situations of their lives. It also influences, through use, the social environment of women, as a norm to be accepted in a context, especially in youth, where there is the formation of personality and the pursuit of self-affirmation.¹⁸

It is emphasized, however, that researchers¹⁹ emphasize that sometimes the search for treatment occurs only in the adult phase, when the person perceives, more seriously, the health impacts caused by drug use throughout their life.

It was verified, in relation to the bonding time of women in the CAPS AD, in this study, that a large part of them had been linked for more than two years to the service. This situation can be related to the difficulty of access to other network services, either because of the low primary care coverage or because of stigma issues to the drug user, which has repercussions on a phenomenon present in the reality of CAPS currently, which is the users' in the services. ²⁰

It was found that, for the activities in which women participate in the CAPS AD, some of them perform medical consultations and individual visits, few of which have not been consulted. It is noticed that, in spite of the advances of the Psychiatric Reform, there is still a focused outpatient and medical vision of treatment related to the use of drugs and the medicalization of life situations.²¹

It was found that in just under half of the records, there was record of participation in groups or workshops. Through these activities, it is possible to share experiences among participants, helping to identify points of support, potentialities and ways of working with expectations related to use and treatment. It is also possible for groups to identify risk situations and protective factors for women, as well as the search for improvements in their quality of life, stimulating, in the participants, a leading role for their care.²²

It should be noted that the provision of specific group activities for women may be an alternative for linking these to CAPS AD. Mixed groups generate feelings of shyness and embarrassment in women, especially when they talk about their experiences related to drug use, and this is due to the fact that the woman suffers a higher incidence prejudiced situations, being historically stigmatized by the use of drugs. It is pointed out that the social role imposed on women, as mothers and housewives, makes their use seen inappropriate and intolerable more aggressively than in the male gender. 14,22, 23

Specific narratives are favored, having their own spaces integrating women who share common experiences, and these feel secure and welcomed. It is believed that women feel at ease in discussing specific concerns such as sexual abuse, feelings of anxiety, partner's alcoholism and/or family of origin, difficulties in their daily lives, and other issues, and many are grateful for the availability of their own spaces where they express themes they would not feel free to exhibit in the presence of men.²⁴

In this study, some variables were included among the female population served in the CAPS AD so that it enabled the knowledge of the predominant profile of women who were attended in the year 2016. Redirect and improvement of the activities offered in this service, facilitating the work of the professionals in order to strengthen the bond with the users and offer a more adequate care.

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CONCLUSION

The objective of this study was to characterize the population of women who underwent treatment at a Psychosocial Care Center for Alcohol and Other Drugs, showing that the highest concentration was women between 30 and 49, single, single, low schooling, without work and income and uninformed housing. The use of multiple drugs, the early onset and the long time of connection with the CAPS AD, are prominent, participating mainly in medical consultations and individual visits.

The need for a gender cut in issues related to drug use is strengthened by conducting this research, so that specific prevention and care strategies can be carried out, such as women's groups in the CAPS AD, follow-up and clarification to the their families and interventions in the territory, together with the Basic Health Units and the Family Health Strategies, in order to demystify the use by the female population. The importance of overcoming the biological and medical model centered, still present in the substitutive services of mental health.

It should be noted that the fragility of information in the medical records becomes a limiting factor of this study, not allowing a more detailed characterization of the profile of women users of CAPS AD. It is necessary to reinforce to the professionals of the mental health services the importance of the registers of their activities, so that a more adequate history of the women who attend these services can be realized.

It is attentive to the need for new studies that relate drug use to gender issues so that the specific characteristics of women users can be known in more detail. It is hoped, therefore, to increase the possibilities of intervention for women in mental health services, reducing the vulnerability of this population.

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