



HEALTH ACTIONS FOR ELDERLY CONSUMERS OF PSYCHOACTIVE SUBSTANCES

AÇÕES EM SAÚDE ÀS PESSOAS IDOSAS CONSUMIDORAS DE SUBSTÂNCIAS PSICOATIVAS

ACCIONES SANITARIAS DIRIGIDAS A LOS ANCIANOS CONSUMIDORES DE SUSTANCIAS PSICOACTIVAS

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ABSTRACT







Objective: to propose health actions directed to elderly users of psychoactive substances. **Method:** this is a qualitative study of the case report type carried out through interviews with 11 elderly people, conducted with aid of a semi-structured script, and with analysis of documents and use of a field journal. Data were analyzed based on the propositions of the case report, subsidized in complexity. **Results:** the following health actions are proposed: avoiding the sharing of materials for the consumption of psychoactive substances, and stimulating the promotion of healthy living; following-up elderly people in the territory; seeking emotional support; stimulating healthy eating, practice of physical exercise, quality sleep/rest, and strategies to reduce the use of the substances. **Conclusion:** the conclusion led to health actions based on the ethics of the subjects' freedom of choice, encouraging the reduction of use and of health damages without imposing abstinence. **Descriptors:** Elderly; Drug users; Mental health; Nursing care; Substance-related Disorders; Elderly's Health.

RESUMO

Objetivo: propor ações em saúde direcionadas às pessoas idosas consumidoras de substâncias psicoativas. **Método:** trata-se de estudo qualitativo, tipo estudo de caso, com 11 pessoas idosas, a partir de entrevistas com roteiro semiestruturado, analisando documentos e utilizando diário de campo. Analisaram-se os dados a partir das proposições do estudo de caso, subsidiado na complexidade. **Resultados:** propõem-se ações em saúde: evitar o compartilhamento de materiais de consumo de substâncias psicoativas e estimular a promoção de um viver saudável; acompanhar o idoso no território; buscar suporte emocional; estimular a alimentação saudável, a prática de exercícios físicos, sono/repouso com qualidade e estratégias para redução do consumo das substâncias. **Conclusão:** concluem-se ações de saúde baseadas na ética da liberdade de escolha dos sujeitos, incentivando a redução do uso e de danos à saúde, sem impor a abstinência. **Descritores:** Idoso; Usuários de Drogas; Saúde Mental; Cuidados de Enfermagem; Transtornos Relacionados ao Uso de Substâncias; Saúde do Idoso.

RESUMEN

Objetivo: proponer acciones sanitarias dirigidas a los ancianos consumidores de sustancias psicoactivas. **Método:** se trata de un estudio cualitativo, clasificado como estudio de caso, con 11 ancianos, mediante entrevistas con guion semiestructurado, analizando documentos y utilizando un diario de campo. Los datos se analizaron a partir de las propuestas del estudio de caso, fundamentado en la complejidad. **Resultados:** se proponen acciones sanitarias: evitar el intercambio de materiales de consumo de sustancias psicoactivas y estimular la promoción de una vida saludable; acompañar a los ancianos en el territorio; buscar soporte emocional; estimular la alimentación saludable, la práctica de ejercicios físicos, el sueño/descanso con calidad y estrategias para reducir el consumo de sustancias. **Conclusión:** se concluyen las acciones sanitarias sobre la base de la ética de la libertad de elección de los sujetos, promoviendo la reducción del uso y del daño a la salud, sin imponer la abstinencia. **Descriptores:** Anciano; Consumidores de Drogas; Salud Mental; Atención de Enfermería; Trastornos Relacionados con Sustancias; Salud Del Anciano.

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INTRODUCTION

Population aging has slowly occurred in Europe, North America, China and Japan, allowing countries to reorganize and adapt to this new population. On the other hand, there was a demographic explosion in countries such as Mexico and Brazil, resulting in social, economic and health consequences that need to be overcome in a short period of time. The public healthcare has new challenges to face, not only due to the increasing demands, but also because of changes in the behavioral patterns of generations.¹

There has been, for example, a significant increase in alcohol use among the elderly, but few studies investigated the impact of alcohol consumption and other psychoactive substances (PASs) on their lives². Elderly people are more susceptible to the effects of PASs because, in many cases, they make use of several medicines and present health problems that can be aggravated when associated with the harmful substances present in cigarettes, alcohol and other substances, hindering their recovery.²

Health professionals, especially nurses, are used to deal with young people who have this problem, but they need to be empowered with regard to the evaluation, forms of care, actions/interventions that respond to the needs of groups of older people.¹

It is therefore necessary that nurses, as agents of change, show themselves willing to strengthen the social network of elderly people who consume PASs, acting through an expanded action, because these elderly people need more than medical care; they need extra-mural care, one that fosters the building of a bond based on trust and that allows the follow-up of users.

It is emphasized the impossibility of eliminating uncertainties, according to the theory of complexity, in which wisdom is the non-truth, the doubt, the bet, and is based on seven guiding principles of a binding thought, namely: systemic or organizational; hologramatic; retroactivity; recursiveness; autonomy-dependence; dialogic; and reintroduction of the cognizing subject in all sets of knowledge³. Considering the causes and consequences of the consumption of PASs, this becomes a complex phenomenon, and even more when used by elderly people because it is an "invisible" event before society.¹

In this context, the guiding question was: How to propose health actions directed to the elderly people who consume psychoactive substances?

OBJECTIVE

- To propose health actions aimed at elderly people who consume psychoactive substances.

METHOD

This is a qualitative study of the case report type,⁴ supported by Morin's complexity thinking, using elements of the International Classification of Functioning, Disability and Health, as a way of proposing health actions directed at elderly people who consume psychoactive substances.

A study was carried out with 11 elderly consumers of PASs, having as inclusion criteria: being 60 years of age or older and consuming PASs. A person who uses PASs in the present research is the one who consumes psychoactive or psychotropic substances, both legal and illegal, without therapeutic or medical intention.

Data were collected through: a field journal (with description of non-systematic observations), documents (especially the elderly's records of the harm reduction program and medical records of the patient/family) and semi-structured individual interviews.⁴ Data collection took place in the months of December 2015 to February 2016.

The study was initiated with a documentary search to seize the elderly and the greater amount possible of information related to the consumption of PASs. This search served as a source of confirmation and detail of the data obtained through the interviews. Semistructured individual interviews were applied through a form based on the International Classification of Functioning, Disability and Health (ICF).

The ICF is defined as a World Health Organization (WHO) classification that proposes a model for approaching human functionality divided into two parts: functionality/disability, described in domains based on the perspective of the body, the individual, and society; and contextual factors that encompass environmental and personal factors.⁵

An instrument was developed, in the Likert scale model, based on the ICF in order to identify the set of categories of the ICF that have greater importance for the elderly. The instrument was forwarded for a group of 31 PhD nurses from the elderly's health area. The instrument was composed of 107 items (45 related to body function, 38 to participation and activity, and 24 to the environment) and was returned with answers by 13 nurses. Answers and elements that obtained 80% or more of appearance based on elements of descriptive statistics and absolute means were analyzed, so as to identify the set of categories that are indispensable for evaluation of health/functionality of the elderly.

The data collection instrument of this research was constructed based on this information, applied through semi-structured interview, which were recorded and later transcribed verbatim, preserving the reliability of each testimony.

During the interviews, the technique of non-systematic observation was used to identify behaviors, gestures and expressions that could complement the data seized in the interviews, recording them in a field journal, in order to reduce the chances of losing important information.⁴

Data were collected both in the natural environment of the participants (households), always accompanied by Harm Reduction Agents (HRA) or Community Health Agents (CHA), as well as in the health services that the elderly people attended, such as Basic Health Unit or the Psychosocial Care Center for Alcohol and Drugs, depending on the willingness of the participants and the health professionals to accompany the principal investigator.

Data from the interviews, the field journal, and the documents were analyzed based on three strategies: 1. the general analytical strategy, which defined the priorities to be analyzed and justified, aggregating the data collected according to the domains of the ICF; 2. the descriptive analytical strategy that corresponded to the description of the cases and their consequences, giving importance to the participants' reports and the frequency of appearance of the most relevant ICF elements, allowing the elaboration of figures/tables and the organization of themes/categories; 3. the theoretical analytical strategy, which established the structure based on a literature review and on the theoretical framework of Morin's complexity, providing reflections and new interpretations about the consumption of PASs by elderly people.

Ethical aspects were respected according to Resolution nº 466/12 of the National Health Council (NHC), and the study was approved by the REC under Opinion number 40/2015, CAAE: 41767115.5.0000.5324.

RESULTS

Eleven elderly people were registered, being two women and nine men. age varied between 60 and 79 years; eight were white, one brown and two black (self-reported); four lived alone and seven with relatives; five were married or common-law married, two divorced, two widowed, and two unmarried; all had children; five were retirees, one was pensioner, and five freelancers; nine had a monthly income of up to one minimum salary, and two of two salaries; nine resided in their own house and two in a donated residence, all of masonry.

The consumption of tobacco, alcohol, marijuana and/or cocaine was observed, as well as difficulties in maintaining health with regard to systemic arterial hypertension (SAH) and signs of depression; alteration in perception, such as

auditory and visual hallucinations; difficulties in maintaining/beginning sleep/rest, waking up several times at night; intake of less than two liters of water/day; inadequate food, without fruits and vegetables; difficulties in dealing with psychological crises and moments of stress; and fragile support links with neighbors, family members and health professionals.

Based on the analysis of the collected data, some health actions were proposed, as presented in the following figure. They will be able to partially account for the inexhaustible and complex situation experienced by elderly people who consume PASs.

| Health Actions |
|---|
| Perform follow-up in the territory in order to establish a therapeutic relationship with the elderly person, identifying the factors that contribute to the consumption of PASs and their impact on the clinical condition, the relationship with family and friends, and daily functioning; together with it, create an individual therapeutic plan that sets targets to be reached daily/weekly for those who wish to reduce the consumption of PASs. |
| Avoid a condemning attitude toward the consumption of PASs in family/public/professional discussions, seeking to encourage the development of norms, standards of conduct, and social rituals related to methods of acquisition and consumption (imposing limits on use), selection of the physical and social environment for use, activities undertaken under the effect of the substance, and ways to avoid undesired effects. |
| Guide on the importance of maintaining a balanced nutritional status, favoring physical and emotional health, preventing or delaying the emergence of frequent problems among elderly people. |
| Stimulate the establishment of routine at bedtime, in order to facilitate the transition from alert to sleep state; try not to consume foods that may impair the quality of sleep at bedtime; adapt the environment (lighting, temperature, noise), making it more comfortable; check drug treatment. |
| Stimulate the performance of physical activity, providing physical (pain relief), psychological (anxiety, distraction) and social benefits, avoiding the propensity for falls and encouraging independence and autonomy. |
| Control hallucinations: monitor/adjust the level of activities and environmental stimuli; promote honest and open communication; create opportunities for the participant to discuss the hallucinations; encourage the expression of feelings; encourage the development of control/responsibility for the own behavior; encourage to validate the hallucinations with confident people of ; ask the participant to communicate when he is no longer experiencing the same stimuli; avoid arguing about the validity and content of hallucinations, focus on feelings; provide security and comfort when he is unable to control his behavior; give guidance about the disease, involving the patient in activities based on reality, able to divert his attention from the hallucinations. |
| Propose Harm Reduction Strategies (HRS) for tobacco: identify situations in which the smoker seeks the cigarette as a result of an emotional behavior or circumstance, in order to break the link between these factors and the automatic act of smoking. Guide to use oral gratification substitutes (drink liquid, eat candies) and keep hands busy (writing, typing, sewing) in order to face the early days of abstinence. |
| Propose HRS for marijuana: encourage the reduction of the number of cigarettes or delay of the hour in which the patient has the desire to smoke; avoid to hold the smoke in the lung longer than a few seconds; avoid a hot smoking by not smoking tips; do not use filters in marijuana cigarettes because they increase the absorption of toxics |
| Propose HRS for cocaine: stimulate the reduction of cocaine consumption and advise that, after use, one should wash the nostrils with Physiological Serum or water to avoid lesions in the nasal mucosa. |
| Propose HRS for alcohol: set a limit of money or maximum amount alcohol consumption per day; drink slowly and try to increase the time interval between doses; alternate alcoholic with non-alcoholic beverages, encouraging the choice of products with low content of alcohol, having less possibility of leading to lower probability of drunkenness, diseases, and risk, and avoid consumption of alcohol when the stomach is empty. |
| Avoid risk behaviors for relapses, moving away from the social context where the elderly person used the PAS (places and people) and moderate the use of drugs that could serve as "triggers" for relapse. |
| Look for emotional support by making the elderly person protagonist, participating in support groups. Stimulate the promotion of a healthy living through motivational actions to quit/reduce the use of PASs, if they so wish, considering the influences of the environment where they live, encouraging the participation in cultural and leisure activities that may constitute alternatives of life style that do not include the consumption of PASs, diverting attention to other practices. |

Figure 1. Health actions proposed to elderly people who consume PASs, 2017, Brazil, case study. Rio Grande (RS), Brazil, 2015/2016.

DISCUSSION

It is known that every event needs to be situated in the cultural, social, economic, political and natural environment, since a thought can be modified depending on the context. Thus, in the hologramatic principle proposed by Morin, the individual is perceived as part of society and society is found in the individual through norms and cultures. It is a question of understanding the reactions and inter-feedbacks that occur with each phenomenon in its context and the relations of reciprocity between the whole and the parts in which a local modification has repercussions on the whole and a modification of the whole has repercussions on the parts.³ It is about recognizing the elderly person who consumes PASs in the midst of the individual and cultural diversities, in which moments of prejudice and discrimination, for

example, may be present and hamper the actions of this group.

It is necessary to visualize/study health actions for elderly people who consume PASs that consider both the microsystem and the macrosystem, since one depends on and influences the other. Moreover, because the elderly are more likely to present health changes and they use several medicines, the use of PASs make them more susceptible to the aggravation of the already installed diseases, difficult of recovery, and poor social interaction.²

The professional monitoring of elderly users of PASs in the territory stands out as of utmost importance, in order to relate consumption to the environment and plan actions consistent with reality. Acting with elderly people in the community contributes to the nurses' work, in view of the proximity to the life context and accomplishment of actions with a global focus.

Nurses are needed to conduct approaches with the elderly in a embracing, non-exclusionary and non-stigmatizing manner to create links and possibilities for care arrangements.

In the present study, we can observe an intake of water of less than two liters/day and inadequate food intake, without fruits and vegetables, as well as problems related to sleep/rest. Health actions related to bedtime routines and healthy eating are therefore proposed.

Aging brings changes that interact with the nutritional status of the elderly population such as decreased basal metabolism, redistribution of body mass, changes in digestive functioning, and changes in sensory perception. It is important to establish regular meal times, with intervals to meet the peculiarities of the digestive physiology of elderly people, considering their slower digestion and contributing to ensure the supply of nutrients and energy, greater comfort, appetite, and quality sleep.⁶

It was identified, in the present research, the realization of physical exercises such as long walks and regular cycling. The practice of exercises are recommended for being an ally in the reduction of consumption of PASs, because, spending energy lowers stress, which, when exacerbated, serves as a trigger for the use of substances.

The active aging process is fundamental to the development of health promotion and disease prevention programs through cessation of alcohol and tobacco use and encouragement of physical activity, because just as alcoholism and smoking, physical inactivity is also responsible for numerous chronic diseases that affect the elderly.⁷

A study investigated the lifestyle of 35 elderly people from a Basic Health Unit, and showed that 37.1% practiced physical activities, 14.2% consumed alcoholic beverages, and 17.1% used tobacco. The predominance of the female population and the presence of chronic diseases, especially hypertension and diabetes mellitus also stood out.⁷

Changes in visual and auditory perception marked by hallucinations were noted in the present study. However, the elderly mentioned feelings of tranquility and did not associate marijuana with hallucinations. There was a diagnosis of mental disorder in the case of one of the participants, without knowledge about its classification. There are studies showing that the use of cannabis may increase the risk of schizophrenia, especially the earlier consumption, and in those individuals who are predisposed to psychosis. However, there are concerns that this association may reflect methodological tendencies and non-analyzed confounding factors. There are, therefore, unresolved issues regarding this association.⁸ Anyway, it is emphasized that, the

knowledge of elderly people and their relatives about the care of people with hallucinations is fundamental for the maintenance of their health, as described in the results of the present research.

High cessation attempt rates are observed for tobacco, but success rates are low⁹, due to the influence of the person's emotional state, craving, and environmental stimuli. The survival rates, even among the elderly, are of 20% or more when smoking cessation occurs. However, elderly smokers tend to be less motivated to stop smoking, for they underestimate the risks they run, and consider themselves relatively immune to the harm caused by smoking, because they have been using the substance for many years and have survived the excessive death rates caused by tobacco.⁹

Among the characteristics of the smoking cessation process, the following predictors of success were identified: presence of a companion, high initial degree of motivation to quit smoking, and use of cognitive strategies (e.g., self-talk) and behavioral strategies (e.g., muscle relaxation, physical activity). However, it is important to emphasize factors such as: anxiety, irritability, craving, weight gain, lack of family support, and difficulty sleeping.¹⁰

There is a tendency for people who consume PASs to use strategies to regulate their consumption and even to stop using them. They include moving away from the social context in which they consume the substance, structuring daily and leisure activities, diverting attention and thoughts to other practices, and moderating the use of substances that serve as "triggers" for the use of so-called heavier drugs.¹¹

The retroactive principle of phenomena, according to complexity, is understood based on the idea that the cause acts on the effect and the effect retroacts on the cause, breaking with linear causality and allowing the autonomy of the system.³ Thus, health actions are proposed to be based on the experience of consumption of PASs by elderly people who witnessed moments of overdose of partners, accidental and intentional deaths, hospitalizations, personal situations and health problems that they do not want for themselves.

Complexity stands out as the result of a cognitive exercise that depends on the capacity to think and contextualize knowledge. Emphasis is given to the process of coming and going of actions and implementations when acting in the care of people who consume PASs and generally present moments of abstinence interspersed with a pattern of intense consumption of the substance. In this context, Morin's recursion principle is exposed, whose effects are both causers and producers of the process.³ A

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relational dynamic of dialogue and negotiation is sought in order to avoid this recursion.

The model of care for young users of PASs is not applicable to the elderly public because the latter tends to show clinical and psychiatric problems that are natural in the aging process¹, highlighting the need for a shift of paradigm of health professionals and renunciation of knowledge and possibilities. It is necessary to discuss new ways of caring and thinking because the consumption of PASs is becoming more common among the elderly. In this context, the principle of reintroduction of cognoscent subjects in all knowledge is addressed. According to this principle, current phenomena are not reflexes, but rather a translation, interpretation and signification. The human being is responsible for giving meaning, interpreting and resignifying the existing situations.³

Groups formed only by elderly people, individual therapy, and stimulus for resocialization stand out as useful for maintaining the health of elderly people and for reducing the consumption of PASs. The social support network of elderly people is available as they return to the labor market, get involved in voluntary activities and in the daily care of children/grandchildren/nephews, and get closer to their family. This network is beneficial due to the numerous social losses that old people tend to have.¹²

Dialogic learning and development of a critical awareness is possible through health actions. They enable elderly users of PASs to find meaning in a more active or less harmful way of life. According to the dialogic principle of complexity, an intrinsic relation is established between two or more concepts that are mutually exclusive and complementary³. This relation has to be characterized by the inclusion of actions directed to it, through an embracement based on tolerance, constant communication and plurality of dialogue, instead of inflexibility and imposition of technical knowledge.¹¹

It is fundamental that nurses embrace such patients without prejudice and provide them with a space conducive to discussion and decision-making in relation to their own care. The harm reduction program represents a care strategy aimed at increasing the person's degree of freedom and co-responsibility, as users become responsible for their own choices.^{11,13}

The knowledge derived from the population that consumes PASs is of great relevance to suggest Harm Reduction Strategies (HRS) in a broad perspective of care that does not remove these people from their social reality.¹⁴⁻¹⁵ The analysis of the systemic or organizational principle proposed by Morin showed that understanding such a phenomenon is only possible by starting with the analysis of the parts and the whole at the same

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time, since the changes that occur in an element will reach the general phenomenon.³

Based on the perspective of HRS, priority has to be given to the dialogue between users and health professionals, non-conditioning of the health practice to total and immediate abstinence, stimulation of self-care practices, construction of a shared therapeutic project, establishment of goals to be achieved in the search for citizenship, counseling to decrease the quantity/frequency of drug use, non-exposure to unsafe/violent places, techniques for using clean inputs and materials for substance use, avoiding exposure by not sharing these instruments, suggesting to keep the body well hydrated and avoiding to use substances when the stomach is empty, investment in learning in the refusal of psychoactive substances offered during the stay in the public spaces, and the strengthening of affective bonds.

A relationship between the Harm Reduction nurses and the elderly consumers of PASs is established. This relationship can be characterized by the principle of autonomy-dependency, which is the notion of self-eco-organization, emphasizing that the greater the autonomy, the greater the dependencies³, that is, HRA generally create a very strong bond with users, establishing a support network and a reference relationship of understanding, solidarity and respect that offers possible spaces for identification and belonging where exchange and reliance on scientific knowledge take place, based on user autonomy and experience.

It was evidenced in a study performed in scenarios of crack use that when the group leader donates the drug, more stones tended to return to him, completing the cycle of giving, receiving, and reciprocating, fueled by the relationship of alliance and solidarity in the group.¹⁶ Emphasis is placed on the relationship of solidarity, protection and company that the PAS users create one with each other, in which material and non-material exchange between individuals is responsible for sustaining the group.

As a limitation of the study, there are few scientific literatures addressing the consumption of illicit PASs among the elderly, making it difficult to dialogue with different authors and compare the present data to those of similar studies. This study contributes to Nursing because health action proposals will lead professionals to rethink the strategies used in the care of the elderly population consumer of PASs.

Considering the relevance of the consumption of PASs by elderly people in public health, the preparation of nurses to act with this clientele is of paramount importance for the entire health network, favoring a transversal, interdisciplinary and complexity approach of the problems

experienced by the elderly, ensuring this way a comprehensive care.

CONCLUSION

Health actions aimed at elderly people who consume psychoactive substances are proposed, based on the ethics of the subjects' freedom of choice, encouraging the reduction of use and of damage to their health, without imposing abstinence, and thus valuing their singularity and considering the complexity of this phenomenon with cultural and social implications.

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