



NURSES AND THE ASSISTANCE TO DRUG USERS IN BASIC CARE SERVICES O ENFERMEIRO E A ASSISTÊNCIA A USUÁRIOS DE DROGAS EM SERVIÇOS DE ATENÇÃO BÁSICA

EL ENFERMERO Y LA ASISTENCIA A USUARIOS DE DROGAS EN SERVICIOS DE ATENCIÓN BÁSICA

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ABSTRACT

Objective: to understand the role of nurses among drug users in some basic health care services. **Method:** Descriptive study with qualitative approach. The data production instrument was a form and the technique was semi-open interview. Statements were recorded and transcribed. Interviews were performed with three nurses who have employment bond with the Basic Health Units. The understanding of the testimonies was based on the senses that emerged from the speeches of the professionals. **Results:** professionals feel the need for training because they are not prepared to act with this demand. They point to lack of support from a multidisciplinary team and they are not able to perform interventions and active search in an effective way. **Conclusion:** we observed the need for qualification and greater involvement of the patient with the Family Health Strategy, as improvement of this assistance framework will be possible only with the development of joint, qualified and multiprofessional actions. **Descriptors:** Nursing; Chemical Dependency; Mental Health. Assistencial.

RESUMO

Objetivo: compreender a atuação do enfermeiro junto aos usuários de drogas em alguns serviços de atenção básica de saúde. **Método:** estudo descritivo, de abordagem qualitativa. O instrumento de produção de dados foi um formulário e a técnica foi a entrevista semiaberta, com depoimentos gravados e transcritos, sendo realizada com três enfermeiros com vínculo empregatício nas Unidades Básicas de Saúde. A compreensão dos depoimentos teve como base os sentidos que emergiram da fala dos profissionais. **Resultados:** verificou-se que os profissionais sentem necessidade de capacitações, pois não se acham preparados para atuar com esta demanda, referem falta de suporte de uma equipe multidisciplinar e não conseguem desempenhar intervenções e busca ativa de maneira efetiva. **Conclusão:** observa-se a necessidade de qualificação e um maior envolvimento do dependente com a Estratégia Saúde da Família, pois só com o desenvolvimento de ações conjuntas, qualificadas e multiprofissionais pode-se almejar uma melhora nesse quadro assistencial. **Descritores:** Enfermagem; Dependência Química; Saúde Mental.

RESUMEN

Objetivo: comprender la actuación del enfermero junto a los usuarios de drogas en algunos servicios de atención básica de salud. **Método:** estudio descriptivo, de enfoque cualitativo. El instrumento de producción de datos fue un formulario y la técnica fue la entrevista semi-abierta, con testimonios grabados y transcritos, siendo realizada con tres enfermeros con vínculo de trabajo en las Unidades Básicas de Salud. La comprensión de los testimonios tuvo como base los sentidos que surgieron de los discursos de los profesionales. **Resultados:** se verificó que los profesionales sienten necesidad de capacitaciones, pues no se encuentran preparados para actuar con esta demanda, refieren falta de soporte de un equipo multidisciplinar y no consiguen desempeñar intervenciones y búsqueda activa de manera efectiva. **Conclusión:** se observa la necesidad de calificación y un mayor participación del dependiente con la Estrategia Salud de la Familia, pues solamente con el desarrollo de acciones conjuntas, calificadas y multiprofesionales se puede conseguir una mejora en ese cuadro asistencial. **Descriptor:** Enfermería; Dependencia química; Salud Mental.

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INTRODUCTION

Psychoactive substances have been present among the world's cultures since the beginnings of mankind and are consumed in the most varied contexts. They have been used in mystical rituals, in cultural celebrations, during wars, among others. Currently, drug use has been associated with numerous factors, such those related with the daily life of each individual, and also social stress, economic conditions, heredity, psychological factors, and others.¹

In this section, we define drugs as any substance not produced by the human body that has the potential to affect one or more of its systems, producing changes during its operation. These changes, either physiological or behavioral, generated by the use of these substances, can bring several damages to human health such as addiction, withdrawal syndrome, dementia, psychoses and mood disorders.²

Drug use has increased among the masses since the 1950s. With this expansion, users have been no longer outcasts, according to society, but are present among us, in the form of friends, brothers, neighbors, co-workers, and so forth. Thus, this has become one of the major public health problems, with estimates of 185 million people over the age of fifteen years already consuming illicit drugs, or 4.75% of the world's population. Among the concerns involved with this topic we can mention the increasingly early use among adolescents, the approach toward users, difficulties in prevention and treatment and others.⁴

Among the types of substances, crack has called the attention of society due to the uncontrollable increase of users. This increase has caused a significant greater demand for health services, thus triggering a need for expanding this field of study. There were around 380,000 crack users in 2005, and currently this number grew to nearly 600,000. The phenomenon affects all social classes, especially the most vulnerable groups, as homeless people and adolescents. The drugs have low prices and easy access in the country; these factors contribute to the high number of addicted people and the physical damage to them.⁴

Along with the increase of users, the role played by society must be brought up in the discussion. Society treats drug users, who are humans, as objects, unlinking their values and emotions from their existence. Thus, drug's users experience a life in which at various times their values are ignored and substances

emerge as illusory solutions. Human being, seen as machines, believe that they need new things to give meaning to their existence, such as the use of toxic substances as the ideal solution for everything they have been experiencing.⁵

It is estimated that about 14 million people abuse cocaine worldwide. In Brazil, the I Household Survey on the Use of Drugs showed that 7.2% of the male individuals aged between 25 and 34 years have already used drugs.⁶ Further aggravating the situation, recent epidemiological data show that cocaine/crack use has steadily increased in recent years among elementary and high school students, as well as among clients seeking care in specialized clinics.⁶

Thinking about this situation experienced by some people, we emphasize that nurses play a key role in the process of social transformation. They have an active participation in projects and programs on the implementation aimed at health education, promotion and prevention.⁷ These health professionals have a significant bond with the service clients, and they have the opportunity to carry out more resolute actions toward drug use-related problems. However, a qualified approach to this issue must include building work and initiatives with a focus on prevention of consumption in certain groups, in social representations and in the means of methodological approaches to care, so that professional qualification to act effectively in the field of drug addiction may be possible.⁸ This would contribute to the understanding of this time of life that is adolescence; it is known that this is often the phase of discovering other worlds and experimenting new sensations.

It is important to emphasize that nursing training courses and those of other health areas lack space for discussions on drug addiction. If the training of future nursing professionals increased the content about drugs, nurses would be in a better position to have a critical stance of great value in assisting drug users. From this perspective, we believe that nursing education in mental health should enable the undergraduate students to develop technical and scientific skills that provide them with broad and qualified knowledge to develop their professional practice. Studies have shown the difficulties of adequacy between practical/theoretical content and care, with poorly skilled workforce, poorly articulated teamwork and shortage of extra-hospital mental health services that provide

opportunities to the students to develop the care practice.⁹

Basic attention, besides being a gateway to the community, allows the identification of problems in the geographic unit in which it works, as there is an approximation between professionals and customers of the service, a factor of great relevance to the construction of realistic interventions against problems that the community experiences. This is true particularly with regard to the issue of chemical dependency, inasmuch as access to this reality will prompt actions directed to the demands of this group based on prior knowledge. Based on this premise, we decided to investigate the role of nurses towards drug users in the city of Santa Cruz-RN, in the northeastern country side of Brazil. This city experiences an alarming increase in drug addicts and has no control over the situation of these customers. Another reason to develop the research in this city is to know the situation experienced by nursing professionals who provide care to drug users in the health facility. For this reason, we have no precise knowledge of the size of the problem. The need for qualified professionals interested in issues that affect Santa Cruz society is evident. Last but not least, the city is a polo of university campuses of many health courses. Health professionals, especially nurses, play a role of paramount importance in issues related to health guidance, promotion and prevention of users who seek the extra-hospital health service.

We have as research site the city of Santa Cruz, a Brazilian municipality in the state of Rio Grande do Norte, located 115 km through the BR-226 from the state capital, Natal. Santa Cruz has around 38,000 inhabitants and an area of 624,356 km², according to the IBGE (Brazilian Institute of Geography and Statistics).⁹

The city and neighborhood studied were selected based on the following criteria: my own experience in the service; the large population of the neighborhood, which is poor and marginalized by society; to status of the city as a polo of the UFRN (Federal University of Rio Grande do Norte. We believe that this research should be developed in a neighborhood named Paraíso, because this is one of the districts that presents greater population index of this city and it is mostly represented by people of low income and stigmatized by the society.

OBJECTIVES

- To understand the role of nurses in the issue of drug addiction in some basic health care services in the city of Santa Cruz - RN.

METHOD

A qualitative research method based on the phenomenological model was selected for the development of this study. This model is the most indicated to deal with subjective data obtained from participants. It is able to unravel information coming from the participants' speech and attitudes, beliefs, and values that can be observed in their speech.¹⁰ In other words, it allows a greater approximation with the daily life and the experiences of the subjects. The phenomenological approach would be the "*description of experiences*" of the interviewees on a given phenomenon, in order to seek its meaning.¹¹

Recently, the phenomenological approach has aroused the interest of nursing researchers, as it is an alternative mean of investigation to the traditional ones. While it seeks to understand the meaning attributed to lived experiences, it brings valuable contributions on numerous issues that involve care in the life process. The main source of data is the dialogue between the researcher and the interviewee. The researcher helps them to describe their experiences. Thus, phenomenological research can be understood as a recall of the experience, with the purpose of obtaining descriptions that will be the basis for a reflexive analysis of a certain experience lived by the rapporteur of the facts.

Participants of this research were three nurses of both sexes who were employed at Paraíso Basic Health Units in Santa Cruz and who were willing to participate in the study. The interview took place in the Basic Health Units, and secrecy and the ethical precepts recommended by scientific research were respected.

The instrument used was semi-open interviews, with a triggering question that allowed nurses to express their experience of providing assistance to chemical dependent people who seek care in extra hospital services: "**How is it for you, as a nurse, to provide assistance to drug users?**" Associated with the interview, there was a script to help keeping the focus on the research objective during the interviewees' report, raising pertinent issues such as difficulties in nursing work with drug

addiction, how they perceive the problem of alcohol and other drug use in Basic Health Units, how to detect these users, what type of intervention is performed, if there is any specific program/action implemented in that unit to assist them, what are the challenges for this care, and other issues that could be discovered, clarified and deepened throughout the interview.

Data collection was carried out in August and September 2014. The interviews lasted approximately 30 minutes, in 1 (one) meeting for each of the 3 participants, with recording, transcription and later analysis of the responses. A recorder to register speeches was used, in a private environment chosen by consensus between the researcher and the interviewee.

The understanding of the interviews was based on the senses that emerged from the nurses' discourse prominent speeches. Noteworthy, this step included countless and careful readings of the testimonies obtained, trying to approximate the sense attributed by professionals to their work with drug users.

The methodological steps were: reading of testimonies to get familiar with the text that expresses the speech about the lived experience; highlighting the meanings that were emphasized in the speeches, evidencing the phenomenon studied and the related aspects. The highlighted points were identified as significant nuclei and represented the parts of the testimony that served as basis for data analysis and discussion; their meanings were related between the researcher and the narrator. Data interpretation was based on excerpts from the narrators' statements that supported the researcher's interpretation. In this moment, interviews were transcribed, highlighting the meanings exposed by the narrator and understood by the researcher.¹²

In order to carry out this study, individuality and privacy were respected in accordance with Resolution 466 of December 12, 2012, of the Ministry of Health, which emphasizes the ethical commitments with research subjects. Thus, participants were aware of the objectives and purpose of the study and, after the spontaneous decision to participate, signed the informed consent form. After that, data collection was initiated. The present study was approved under CEP: 31747614.7.0000.5568.

RESULTS AND DISCUSSION

The following nuclei of meaning were constructed based on the testimonies. They

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reflected the experience of participants on nursing in the field of drug addiction, which will be analyzed below.

♦ Difficulties experienced while working with drug addiction

The interviews allowed us to understand the difficulties reported in the nursing work toward chemical dependent patients. One of the difficulties is related to the service structuring:

[...] it's a little tricky because the service has no adequate structure for us to meet this demand. (Interviewee 1)

Still about this, the need for training is mentioned:

It is complicated because we don't have, we don't receive specific training for this, and we do not find the adequate support from the management to offer these training and support [...]. (Interviewee 2)

Still on this reflection, the professional ponders on the difficulties of acting in this field:

As a nurse here in the unit, it is difficult, because we don't have, we are not prepared to deal with these patients, and more, they don't seek the unit. We know from other people that there is a drug user in this area, then we try to find the patient with the health agent, but then they don't come. It's difficult for us, as a nurse, to deal with this type of patient is difficult. (Interviewee 3)

Reports show that professionals have difficulty with this public. They report the need for training, the lack of compliance of this clientele to develop the treatment and when they go to the unit, they have not support for forwarding these individuals. We think the presence of a healthcare network that supports the health professional activities of the basic attention is fundamentally important, especially because this is the gateway of users to the service. The lack of referral hinders the flow of assistance.

Another difficulty regards the interdisciplinary work, as can be seen in the following section:

Well, the main difficulty in my view would be the issue of interdisciplinarity, right? Professionals from other areas, from social service, psychologists, professionals who should be working with us in the basic unit. (Interviewee 1)

We observed that, besides physicians, nurses and technicians, there are no other professionals working in the studied services. This is what is pointed out by the interviewee 1 above. This translates into the lack/need for the presence of other professionals who could perform actions together with nursing, to

promote, prevent and recover the possible problems of this group.

From this standpoint, multi-professional teamwork is of paramount importance for the work process reorganization in the scope of basic care. This would end up fostering the search for a more adequate therapeutic plan, with exchange of knowledge, transforming the cooperation into an instrument of interdisciplinary actions aimed at health care. This would provide a more humanized service to users, and focused on their needs, tailoring the care provided to the reality experienced, and generating a holistic and appropriate care for this patient. These patients are often missing care in a wide range of settings. Thus, an effective presence of other professionals is sorely needed to help nurses.¹³

Another difficulty reflects on the need for training to work better with this theme:

The training would leave us more prepared, the partnerships, the references of the municipality and the demand itself, all this would help. We know there are drug users in our area, but it's hard for them to come to us because of the prevailing stigma. (Interviewee 2)

We noticed that most of the nurses did not undergo training to act with drug users. Besides reflecting on the care, this lack of preparation also hinders the user's presence in the service, which ends up contributing to delayed care and, many times, the need for care of greater complexity.

♦ Assistance and the clientele and actions of nurse on the issue of drug addiction: agreements and disagreements

When questioned about the difficulties in working with this clientele, the respondents reaffirmed the lack of training, reference, help of professionals from other areas, and the lack of interest from the part of drugs users to seek help as their main challenges. Notably, users do not seek the service for treatment or to abandon drugs, but for other types of assistance. About this, the professional reflects:

[...] I think the resistance they have to come to the unit, to at least seek us out to seek help. And even for the health agent is difficult to find this patient, to try to educate them, because most of the time they live on the streets, they are not at home. So they don't come to the unit, the agent does not find them [...]. (Interviewee 3)

We noticed in the interviewee's speech that one of the main difficulties in the daily life of these professionals is the difficult access to

this population, with a negative impact on the assistance to be developed. Thinking about it, chemical dependence is the only disease where patients do not want treatment, they do not think of themselves as patients, neither perceive their reality as dependents on a substance. This is one of the main difficulties to carry out the treatment, because users think they do not need help and they think it are most likely not able to drop drugs.¹⁴

Some nurses report that drug users do not seek help at the health facility and so they, the users, become invisible. However, they exist and the whole community knows about the difficult situation of drug users.

Reflecting on this, a professional pointed out:

No, they do not seek the service. (Interviewee 2)

Still about this, she says that she has already attended a patient:

So, to my knowledge I only have one patient. She is a user, she assumes that, she says. But, my help, treatment, no, she never sought. Even because she does not even want to. She was even pregnant, she came to me for a prenatal visit, she came here and she even told me that she was abstaining from drugs, because breastfeeding, but that she was coming back, because it was something she wore, she felt good [...]. Both drugs and alcohol. And so, she does not want help, she has no interest. (Interviewee 3)

We noticed from the speeches of professionals that there is a resistance from the population to seek the service. They know the situation, but that there is a difficulty to bring these users to the service. This leads us to reflect on what has been done to attract these patients to the basic units. Taking into account that the service does not have a specific program to meet this demand, this may be a possible factor no show of users in health services.

The lack of specific programs for drug users in the Family Health Program (FHP) and in basic health units is a problem for the effective performance of nursing care to this clientele. This population will only demonstrate interest to seek the service through the need for assistance focused on a pre-established program, as was reported in the above speech.

We also believe that the lack of training of professionals can be a triggering factor for the increased difficulty to act with drug users. We assume that practical knowledge to develop innovative actions in the field of drug

addiction is lacking. If we improve on this issue, we could do a more effective search for drug users.

♦ Interventions: an opportunity for approximation

We understand that health interventions are a way to bring patients to extra-hospital service, an opportunity to approximate users to the BHUs. Thinking about this, we asked professionals if they had ever performed any health intervention with this particular population:

On this matter, a participant stated:

So the main interventions that we have tried to carry out here in the basic unit are user groups, group meetings, a smoking group and another alcohol group [...], but, due to the lack of adherence to this demand, there was only one meeting.
(Interviewee 1)

Reflecting on this, she points out:

The intervention we do is basically in the schools, talking about the problem to help teenagers don't enter in the world of drugs, but specifically with this population we have not carried out any activity.
(Interviewee 2)

In this respect, we believe that the idea of active help goes beyond the action of "searching", as the idea is consistent with an active and interested attitude towards the diverse needs of users. It involves motivation, cooperation, follow-up and co-responsibility during treatment. It is necessary to investigate the reasons why users may have missed the care, monitor their situation when they are transferred to another level of care, in other words, motivating them to remain under treatment, through actions that show attention and care. This type of intervention is indispensable to the care of these patients, as professionals use active search and other means to instruct patients to adhere to treatment. In fact, doing this type of work is not an easy task; it requires the search for alternatives and innovative proposals, and, especially, interventions that may cause approximation, and not estrangement. It is up to nurses not only to carry out group meetings and workshops, but develop lectures on drugs with contribution of other professionals of their network. Nurses should also promote a better hosting of these clients, schedule assemblies where the population can express their concerns, make home visits, create individual therapeutic projects and other forms of intervention to make health care more active in the life of patients who are dependents on drugs.¹⁵ Still about this, a participant reports:

No, we never did any intervention.
(Interviewee 3)

The speech of the interviewee 3, and of the others, reveal that the service has done little with regard to the rescue of drug users from the streets to the services. They are mostly passive toward these users, opening the doors and waiting for them to take the initiative to seek care. With this in mind, we believe that an important step to increase the access of these people to services is to rethink how care must be offered, looking for ways to develop actions focused on the promotion, prevention and recovery of the aggravations that chemical dependent people may undergo. We also perceive a certain difficulty of professionals to externalize their mental health practices, that is, to develop more effective actions in the community, not restricting their actions only to the physical space of the service.

Nurses play a significant role in health posts, but on the other hand there is a lack of interest from public health in developing programs aimed at the studied clientele, as well as to develop courses emphasizing the risks of contracting drug use related diseases, the psychological issues involved and, educational actions to prevent health problems.¹⁶

The Family Health Program is based on the structuring of programmatic actions in the SUS (Sistema Único de Saúde) basic health network:

Programmatic action in health can be defined as a proposal to organize health work based on the ideal of health integration, seeking to draw inspiration from epidemiological-based technologies, taking the logic of structuring of health programs as a starting point.^{17:30}

With the creation of the Family Health Strategy, the health care model is no longer passive and becomes more accessible to the population. The new ministerial programs brought the population closer to the basic units. However, when we think about the reality among drug users, we observe that the nurses' practices have been previously programmed and focused on program actions such as: children', elderly', women', worker' and adolescent' health, oral health and so forth. This shows lack/need for a specific program geared at drug users, a clientele so marginalized by society.

♦ Academic training and its need for expansion/qualification regarding drug addiction

Higher health education has undergone a turbulent moment in the face of changes that

have been taking place in the field of health, observing the evident needs to conform to the reality that professionals will find at the end of their training. As for mental health and chemical dependency, these issues have begun to influence the training of students, considering that professionals will have to deal with the whole subjectivity that involves users, so that professionals may efficiently act in face of these problems.¹⁸ Thinking about this, the professional reflects:

[...] It is very superficial, this thing of mental health, the issue of drug users, psychotropic users, patients of this area, of this psychosocial network. I think very little is retained; the focus was not as it should be. I think the academy needs to think more about that [...]. (Interviewee 1)

We observed that the formal teaching in the Nursing area of use and abuse of drugs does not seem to correspond to the real needs of society. It must be emphasized that offering conditions to students during undergraduate training to acquire the necessary skills to practice the profession is the university's duty. It is in this phase that all the theoretical and practical contribution must be provided, so that the future nurse may have technical conditions to act with people who are involved with the chemical dependency¹⁹. What happens in fact during undergraduate training, though, is that specific courses on this theme are often of low time load, which makes it difficult to build the students' critical knowledge. On this aspect, the participant reports:

What we see in college, at least in my time, did not totally prepare me to act with alcohol and drug users. We received the basic knowledge, but as this is a very complex theme and difficult to implement, we need more support. (Interviewee 2)

We realize that the professionals do not feel fully qualified to act in this scope. The knowledge passed on to them did not become effective when put into practice. They highlight difficulties in actively working with these patients on a daily basis.

We should also draw attention to the absence of courses fomenting the discussion on drug addiction in the curricula of Nursing and in other health areas. If the training of future nursing professionals included more content on drugs, nurses would be in a better position to have a critical stance, which, in turn, would be of great value in assisting drug users. Thinking in depth, the professional says:

I think traineeship is necessary. A course focused on that matter, I think. Training the student. Because we had no contact with

drug and alcohol users. For in our training, if we had undergone an internship in an place where we had contact with patients who use alcohol and other drugs. Today, I think we would only be able to do it if we had experienced such training. (Interviewee 3)

Based on these speeches, we reinforce the importance of professional training to include in their curriculum courses focusing on these topics, as well as practical classes, so that these future nurses may interconnect, during academic training, theoretical knowledge and practices from the reality that they will experience after their formation. Also in this perspective, nursing professionals in a clinical, hospital or outpatient setting can act in the treatment of chemical dependency in two ways: through health education, as a form of prevention, and in the assistance itself, performing care actions to users. When users are located, professionals can develop a care plan and encourage detoxification. They must act according to the need of intervention of users, including guidelines and advice on the specific care for clients who are chemical dependents.²⁰

CONCLUSION

The research made possible the understanding of the experience of some nursing professionals who work in the basic care of a municipality in the northeast country side about how health care is provided to a public that is hard to deal with, the chemical dependents. Thinking about the speeches, we perceive the difficult situation experienced by these professionals, who are professionally unprepared, brought about by an academic training that falls short the goal in this theme, and also by the lack of reference offered by the municipality for referral of these patients.

We must understand the issue of the health/disease process, both in terms of the conceptual, training and performance of professionals in the health area, as well as on the issue of treatment and health promotion.

We believe that health professionals who work with chemical dependents need qualification to develop prevention programs related to health policies on this issue. It is also essential that public policies and drug prevention measures be related and involve both basic care and society. It is necessary that nurses perform health promotion activities, thus contributing to a healthier standard of living and, consequently, a reduction of health risks.

We suggest that the theme be widely explored in the course of nursing training, both in research and teaching, making future professionals more prepared and adapted to work with this population. We hope that the study may contribute to reflections on the nurses' academic education, since the difficulty experienced daily by these professionals to meet this demand became evident in the study.

In view of these results, it is necessary to improve the preparation of nurses to deal with mental health. We observed the need for professional qualification in primary care and the need of greater involvement of the community with the FHS. Only with the development of joint, qualified and multi-professional actions, with family support, group activities, availability of referral services, an improvement in the assistance to chemical dependent people will be possible. If these actions are not implemented in early moments, primary care will consist in pre-established procedures, without humanization of actions.

Finally, we assume that the difficulty of working with this problem became clear in the study. To overcome it, collaboration of all sectors is fundamental: health, education and society in general. However, it is also necessary to create and implement an integrated care network, which focuses on outpatient care and rehabilitation of these patients.

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