CAUSES OF ADDICTION AND ITS CONSEQUENCES FOR THE USER AND THE FAMILY

RESUMO

Objetivo: conhecer as causas e as consequências do uso de drogas para o usuário e a família. Método: estudo descriptivo, de abordagem qualitativa, com análise temática. Os dados foram coletados por meio de entrevistas semi-estruturadas gravadas, com dez familiares e dez usuários de drogas, de um Centro de Atendimento Psicossocial de uma cidade no sul do Brasil, após a aprovação de um projeto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE n. 23116004845/2010-52. Resultados: a partir das análises das entrevistas, emergiram as três categorias << Causas para o uso de drogas pelos usuários >>; << Consequências do uso de drogas para os usuários >> e << Consequências do uso de drogas para os familiares >>. Conclusão: foi possível verificar que o conhecimento das causas da dependência química e suas consequências para o usuário e a família serve como subsídio à prática dos profissionais de saúde, em especial ao enfermeiro. Descrições: Usuários de Drogas; Família; Transtornos Relacionados ao Uso de Substâncias; Cuidados De Enfermagem.

RESUMEN

Objetivo: conocer las causas y las consecuencias del uso de drogas para el usuario y la familia. Método: estudio descriptivo de enfoque cualitativo, con análisis temático. Los datos fueron recogidos a través de entrevistas semi-estructuradas grabadas, con diez miembros de la familia y diez usuarios de drogas de un Centro de Atención de una ciudad del sur de Brasil, tras la aprobación de un proyecto de investigación por la Comisión de Ética de Investigación, CAAE n. 23116004845/2010-52. Resultados: a partir de las análisis de las entrevistas, surgieron las tres categorías << Causas para el uso de drogas por los usuarios >>; << Consecuencias del uso de drogas para los usuarios >> y << Consecuencias del uso de drogas para los familiares >>. Conclusión: fue posible verificar que el conocimiento de las causas de la adicción y sus consecuencias para el usuario y la familia sirve como subsídio a la práctica de los profesionales de la salud, especialmente del enfermero. Descriptores: Usuarios de Drogas; Familia; Disturbios Relacionados con el Uso de Sustancias; Cuidados de Enfermería.

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INTRODUCTION

Chemical dependency is a serious problem of Public Health, affecting the individual in different ways. It affects children, adolescent, men and women of any social class, without distinction as to sex, creed or color. Due to its growth, becomes trivialized, as if it was a common and everyday situation. Accordingly, modify the behavior through a drug became habitual and commonplace.¹

Drugs are substances that produce changes in sensations, in the degree of awareness and people's emotional state. The changes caused by these substances vary with the individual, emotional and physical characteristics of those who use the drug of choice, quantity, frequency of use and circumstances in which it is consumed.² Is any natural or synthetic substance, that ingested, inhaled or administered, changes the structures and organic functions, affects the behavior and leads to dependence, for occasional use, habit, addiction or abuse.

About 10% of the populations of urban centers around the world consume psychoactive substances abusively, regardless of age, sex, level of education and purchasing power.³ Initially, the drug is used as a source of pleasure and momentary satisfaction or as a way of forgetting the hardships of life. Over time, many people continue to consume it in order to avoid the undesirable effects of their abstinence.

Once drug-dependent, users incorporate it in their daily lives, do not accept restrictions, resist discipline and have difficulty resuming studies or work.⁴ Study reveals that, generally, when adolescent starts making use of drugs is male, age greater than 13 years, studying at the school, lives with his family and has a bad relationship with them. Use drugs, initially, by curiosity or as a stimulus for the confrontation of unpleasant situations. The first tried drugs are alcohol and tobacco.⁴

Drug users have some common psychological aspects. As for personality, weakness is verified, lack of self-love, pursuit of self-destruction, depression, anxiety and their co-morbidities. Use the drug as a way to draw attention, to break rules imposed, challenge authority, mask the depression, send a message to the family and the authorities, as a way to join a group, or in the search by the formation of a subculture in search of legalization of drug use.⁵

Social phenomena entail more costs with justice and health, family difficulties and in news media than the abusive consumption of alcohol and other drugs.⁶ Psychic dependence, sometimes physical, caused by the drug is able to change the innate reflexes and/or acquired. The use of psychotropic substances that alter the behavior always occurred at all times. Contrary to popular belief, is not a new event in the human repertoire, and yes a millennial practice and universal, not being a unique phenomenon of the times we live in.⁷ As it become a profitable market, those responsible for the trafficking of these substances have been developing more potent drugs, taking the user more quickly to dependence.

The chemical dependent has difficulty in getting develop their everyday activities without the use of the drug, because it passes to serve as relief to deal with the ills of the existence and of the conflicts that constitute.⁸ Given this, the user makes obtaining the drugs their purpose in life. In addition, the amount of existing drugs and ease to their purchase are elements that contribute to this differentiation.

It is in the family that individuals begin their processes of formation of the personality, which is important in the recovery of the user. Becomes the fundamental connection with their community and should be included, welcome and cared for in health services.⁹ The family must be a partner in the treatment, as relationship network that supports the user to face everyday difficulties arising from drugs. It constitutes the basis on which incorporate behavior patterns, beliefs, customs, experiences and social links. The family participates in the formation of personality and contributes to the consolidation of character, adoption of notions of ethics and solidarity.

Parents, who adopt a style of creation centered on cordiality and their children surveillance, build positive adaptation and socialization of its members. It is a farming method based on reciprocal relations, correlating adolescent attitudes and behaviors for coping with adversities, making them to be interested in school and away from drugs.¹⁰ The family suffers with the experiences by the use of psychoactive substances from their familiar user. Therefore, the health services are included in the treatment, corroborating the strengthening of family relations, socio-affective interactions, as well as physical wellbeing, bio-psychosocial, emotional and spiritual.¹¹

For a long time users were treated as criminals. Currently, the Brazilian Health Ministry, to establish the policy of Integral Care for Users of Alcohol and other Drugs as...
an investment in the community and psychosocial care, comes looking for unlink the user of the drug dealer, seeking the decriminalization of chemical dependency. Another strategy is to invest in stocks that extend user access and the family to treatment; also seeks to demystify the association between drug use and antisocial behavior, through harm reduction and social inclusion. Thus, the use of licit or illicit psychoactive substances is a multifactorial origin problem that should be discussed in the context of health, but also of social security, justice and education.

The Brazilian Policy of Integral Care for Users of Alcohol and other Drugs highlights the need to develop, deploy and implement actions to meet the population that need assistance in this area through the Unified Health System, decentralizing the inpatient and offering multiple opportunities for chemical dependent care. Currently, are offered to users, various forms of treatment: harm reduction, outpatient service, hospitalization, assistance in a Psychosocial Care Centre for users of alcohol and other drugs (PCCS), among others.

The main focus of the policy drawn up by the Brazilian Health Ministry is expanding the services already deployed and meet drug users and their families fully, through the psychosocial model, proposing guidelines that guide the actions of the services offered by government agencies and non-governmental entities. As primary care strategy, ad PCCS were created, in which drug users have the possibility of intensive attention, intensive or semi-intensive encounters with weekly groups, and psychological, medical and nursing care. In addition, there is a welfare support to the user and their families.

Brazilian study reveals that only 31.5% of macro-regions North and South in the State of Espirito Santo assist drug users in their clinics. Due to this shortage, the people of less affluent classes are the ones that more suffer, when involved in this situation, due to the lack of public attention to the dependency on alcohol and other drugs.

The consequences of drug use beyond the individual and organic damage, once that interfere directly in the family context, transforming the co-dependent family members, causing family breakdown, suffering and desolation. In this sense, the issue that has guided this study was: which are the causes and consequences of drug use for the user and the family. From this, the objective was to know the causes and consequences of drug use for the user and the family.

**METHOD**

The present study has been extracted from the Final Report of the Scientific Initiation Research Project/CNPQ/FURG, entitled The importance of the support group as a strategy of careful to the drug user, in effect August 2010 to 2011. It is a descriptive, qualitative research. The descriptive research deals with the description of the investigated phenomenon, making possible to meet the problems experienced.

The qualitative approach work with a universe of meanings, motives, aspirations, beliefs, values and attitudes, allowing greater depth of relationships, processes and phenomena that cannot be translated through its reduction to operationalization of variables.

It was developed in the second half of 2010, in an ad PCCS of a town in southern Brazil. The ad PCCS was created in November 2009 and performs drug user groups and families. These occur daily and are open. There are three rooms for groups and activities are held during the morning and afternoon.

Ten drug users and ten relatives of drug users participated in this study, who attend, periodically, group activities. Were criteria for inclusion in the research: be drug user and familiar of these, attended at ad PCCS and accept to participate, signing an Informed Consent Form and allow the recording of the interview and dissemination of their results. This consent was signed in two copies, one copy to the participant.

The data were collected through a semi-structured interview with the participant. This addressed issues relating to the causes and consequences of drug use for the user and their family. Participants were invited to participate in the study for the group activity, with day and time scheduling for data collection. The interviews were carried out in their own ad PCCS, in office, through a questionnaire with open and closed questions about the theme. Were recorded and lasted about 30 minutes.

It was performed the thematic analysis of the data. This technique consists in discovering the nuclei of meaning that make up a communication, whose presence or frequency is meaningful for the objective proposed. Is performed in three steps: the pre-analysis, exploration of the material and the processing of results and interpretation. In
the pre-analysis, is performed the literal transcription of the interviews and the preparation of registration units. In the exploration phase of the material, the data were coded and grouped by similarities and differences, creating categories and, at the stage of processing of results and interpretation, selected the most significant lines, which were discussed from authors thematic scholars.

All ethical precepts of the resolution 196/96 of the National Health Council (NHC), which regulates research involving human subjects, were taken into consideration. The project was submitted to the Research Ethics Committee of FURG and approved by the Certificate of Introduction to Ethics Assessment (CAEE) n. 23116004845/2010-52, receiving assent to its publication under Protocol No 13/2010. The lines of the users were identified by the letter U and the familiar by the letter F, followed by the number of the interview as a way to ensure their anonymity.

RESULTS

The thematic analysis of the data generated three categories: Causes for drug use pointed by users; Consequences of drug use for users and Consequences of drug use for family members.

Causes for drug use by users

One of the reasons given by users that led them to start using drugs was curiosity.

I think like any young man, I started very young with 14, 15 years. I think it was the curiosity, this was an important factor [...]. (U2)

The first time was experience, others invited and that’s how I experienced the drug [...]. (U7)

Another reason pointed to was the immaturity. Concern that the influence of friends and co-workers was decisive for the start of usage, because they sagged for wanting to feel inserted into group. For that, they needed to repeat the behavior of its members.

[...] everyone used. Friends used, co-workers used. That led me to use drugs. (U2)

Were the bad companies. I started to mingle with who drank [...] was what happened. (UB) Immaturity, bad company, stay out until the wee hours on the corners together with friends smoking, drinking [...]. (U4)

Some report that they use drugs, after a remarkable event in the family, with which did not know cope, as after separation of the parents, after the death of a family member

or after having entered into a deep depression.

I started using drugs trying to blame people who had nothing to do, with this my usage. When I was little, my father divorced my mother, and I grew up without him, but in reality I know that the real culprit is me for having used. (U1)

An important loss, of a person in the family. I couldn’t handle the situation. I needed the drug to escape the situation. (U10)

Now I realize that it was the depression. (U9)

Another reason presented as justification by users of drugs was rebellion. After having stopped for several years, refers have restarted the use of drugs, on purpose.

[...] and the second, was after have stopped for over six years. They said that I was using, and I wasn’t using. From tantrum went and used. Mind. (U7)

Consequences of drug use for users

The main problem presented by users of the study was the family breakdown. They report that, from the use of drugs, began the fights and the removal of some family members, reinforcing the sense of marginality contained in chemical dependency, configuring the prejudice and stigma within the familiar.

I think the family disorganization, the fights in the house. The guy spends a lot of money, receives and does not appear with the money at home. The woman doesn’t like, then start the fights [...] the disagreements. Mom doesn’t like too, the sisters also don’t like. The bias arises. (U6)

The loss of people that I love, miss my godfather [...]. I’ve always had the support of my mother, my grandmother, my godfather who liked me very much. After the drugs missed their love for me, a little [...] my father never gave attention to me. Until today I go to the hospital and he doesn’t want to know. (U7)

I live with the mistrust of all my family members. (U4)

They refer that the drug only brings losses, physical, material and moral. They cite as major losses the difficulty of learning, leading to truancy, loss of employment and prison.

Many losses [...] physical, moral, material, many [...] really a lot. (U3)

The moral disqualification, material [...]. (U9)

[...] I lost my job. (U1)

The drug to me, just bring me misfortune, two arrests for trafficking. (U4)

Another problem pointed out by users of drugs, as a result of its use, was the commitment to their health. The drug makes the user susceptible to acquiring sexually
transmitted diseases and severe liver problems.

[...] serious health problems. (U9)

[...] I contracted the HIV virus and Hepatitis C. (U4)

I lost everything possible, all possible and imaginable. The drug actually does not solve any problem, it just causes problems, not only emotional as physical. Brings diseases, such as the serious problem of health with cirrhosis. I had the transplanted liver, because of overuse of alcohol and drugs. (U2)

* Consequences of drug use for family members

The main problem faced by the family are several sleepless nights due to the fact the drug user spend whole nights on the street, running all kinds of risks. As many times, they can’t use the drug indoors, the drug user search the street to make use and acquisition.

There were many problems [...] without sleep. Kept sleepless nights. He beat all night in my bedroom window asking me for money. I was in despair because he leaves and I was with a lot of anguish [...] It was that ritual, because the day he was closed and at night he come out to the street. (F9)

[...] in the street I don’t know if he got into trouble. I can’t tell you, I know the last time he was shooting to the ground and people were trying to help, but he only gave punches and kicks [...] (F1)

Considering the user handler profile, it’s common to lie be part of their daily life, causing the loss of confidence of all the dependent. This distrust causes suffering because family has to keep vigil, adopting controllers postures in front of this, upsetting relations.

The problem was that we were always controlled, always very close. Suddenly I started to ask questions about drugs for him, because the neighbors talk some things out there. He sometimes got angry, always denying. I was the last to know [...]. (F2)

Is the lack of confidence, diseases that he has demonstrated [...] various diseases derived from the use of alcohol [...]. (F10)

Problem [...] people’s prejudice, mistrust. All that disappeared they thought it was him.

When disappeared and he said it was him who took it, he was the one who took truly; when he said no [...] was not. (F5)

Drug use makes, often, the user to be unable to remain in employment, passing then to steal things from inside the house and sell them or change them for drugs. Makes the family vulnerable by feel impotent, leading to choose to work, study, conduct their daily activities or watching the drug user in the 24 hours of the day. As most of the time, that’s impossible in fact is generator of suffering and anguish.

The problems that I face is that when I leave for work she takes things from inside the house to sell [...]. (F8)

It’s hard [...] because it’s not just losing material things, that they take, they steal from us. To see the suffering, despair and anguish you are unable to do anything, even trying to help in every way. It seems that you can’t in any way […] is complicated! (F4)

How I am going to tell you [...] my main problems […] I can’t work. I steal, do you understand? (F3)

Another problem pointed out by family is the naturalization of drug use by the user who, at a given moment, becomes to use in front of other members of the family. The situation is generating shame and anger because the use of drugs in the house can have a negative effect on children and adolescents, as well as cause for conflicts.

[...] She smoked in front of her daughter and in front of my mother with eighty-somethings years. That’s when I couldn’t take it anymore. She was using marijuana in front of her children. The kid saw. My problem is all there, in disrespectful on her part. I’m embarrassed, disgusted. (F8)

It is verified that drug use causes family disorganization, considering the issues relating to frequent quarrels, separations, job loss and differences. What causes mixed feelings with regard to the liking and wanting to help, in addition to the difficulties imposed by the user of drugs.

[...] the worst was to see him lose his family, feel he would miss things, little by little, as the wife, the house and the car, as well as concern for his health. (F6)

[...] we don’t have almost dialogue, have a lot of fights. It talks a lot about separation because the person who is married, with a chemical dependent, live in this difficult situation. (F10)

[...] at home I was always able to control him, because sometimes, his brother was angry. He came and disturbed dawn to the inside. (F1)

Is the family, because it’s just me and my two brothers. I’m the youngest, they do not accept, they think I should abandon, the whole thing! But I have a dilemma and a motto: I like him, so I’m going to fight for him, as long as I have strength. Let’s see how long it will go. But we hear various criticisms! (F5).

**DISCUSSION**

It was found that most users initiated drug use in adolescence to become an opposition of the current system, get their equal, the
statement and the construction of an identity of their own.

In this context, generally go into shock with the family, especially the breakup of family ties. They face the world of the street, usually so unprepared. They experienced situations of risk, such as violence, social isolation, indifference, prejudice and contempt. The drug user, generally, acquires a sarcastic profile, ridicules people, give inappropriate statements of affection, presents difficulty in maintaining social and family relationships. Doesn't care about the appearance, the only concern is obtaining the drug. There is the inability to control the impulse to drug use and, generally, is unable to admit the impact of the disorder on the patterns of personal and family life. They need to receive financial aid; can become aggressive and self injure themselves to get the drug. Vale themselves from manipulation and seduction to get the drug, including the professionals when receiving treatment. Assigns the blame for their situation to third parties. Does not accept feed-back from other people about the adverse effects of drugs. Rationalizes their actions and is very sensitive to criticism.

Thus, the use of drugs is a serious problem and public health worldwide, which is not easy to resolve, because it involves biological damage, psychological, social, economic, cultural, legal and moral-ethical. Study points to evidence that the rift (craving) and drug use are related to the dopaminergic system of the brain. It is claimed that mental disorders for drug use are the most prevalent between the organic and mental disorders, so that result in high cost to society.

There is an association of drug use and violence. In the US, 50% of the violent deaths they link directly with the drugs. This relationship is present in 33% of deaths in the age group of 15 to 29 years, in that country. Study about the factors, commonly linked to involvement with drugs, described by users, points: curiosity, willingness to enlarge the perceptions, statement, influence of others, attempt to change negative feelings, power, freedom, invulnerability, desire to be accepted, recreational use or occasional basis, by habit or addiction.

After getting involved with drugs and addiction, the user and their families are enmeshed in a complex and unwieldy process. Chemical dependency is a growing problem in the world today. It becomes a big challenge to be won, not only by the user of drugs, but also by health professionals, active in the treatment, since the abusive use of drugs has been characterized as a serious social problem.

In this sense, extols the importance of ad PCCS for ensuring access to drug users and their families to assistance by a multidisciplinary team. The support team, as the damage reducers, assists and directs drug users protect themselves against comorbidities derived from chemical dependency. Furthermore, does the forwarding of those with pathologies for expert services in order to keep the patient with the least possible impairment of their health.

Because it is a descriptive study, it is recommended to conduct other studies on the subject, which use other methodologies as a means of subsidizing the work of nurses and other health professionals active in service, improving the care the user of alcohol and other drugs and their family caregivers.

CONCLUSION

This study allowed the construction of knowledge about the causes of addiction and its consequences for the user and the family. It was noted that the causes cited by users of drugs to the beginning of its use were curiosity, difficulty in dealing with family events, such as parental separation, death of a family member, depression and rebellion.

It was found that the main problems faced by users, related to the use of drugs, were the family breakdown, caused by fighting and expulsion of its members, reinforcing the stigma of chemical dependency. It was noted, too, the physical, moral and material losses with an emphasis on the learning difficulties in school, unemployment and imprisonment for marginal behaviors. It was also the impairment of health due to sexually transmitted diseases and liver problems from drug abuse.

About the consequences of drug use for the family, the sleepless nights due to demand and obtain the user for the drug on the streets, living with the lie, the theft of belongings, shame and anger due to the use of drugs by the user inside the house, beyond family disorganization.

The study points out the use of drugs as a complex and multifaceted problem. In this sense, the nursing care must include a variety of therapeutic activities such as consultations, therapy groups, among other capable of maintaining constant assessment of the state of health of users and identification of needs and family affected, relapse prevention,
counseling and care, promoting a good interpersonal relationship with them.

Users and family should be instrumented, encouraged and supported so that they can assume responsibility for improvement in their quality of life at all levels. To seek assistance in the ad PCCS, is believed to have taken the first step in the search for his recovery.

So, knowing the problems associated with the use of drugs and its causes can assist in performing a contract of partnership aimed at the solution of the real problems presented, allowing the appropriateness therapeutic plan and referral to other professionals in the team, aiding in the prevention of future complications, confronting the problems reported and its association with drug use.

In order to offer proper support to users and family, nurse must take on the challenge of qualify through knowledge, the nurse can magnify their view about the possibilities of intervention, especially at the level of prevention and health promotion, becoming part of the support system that allows both a control of the predisposing factors for initiation of drug use as the continuation of its use.

The educational practice of the nurse should be directed toward the prevention of drug use and health promotion through the advice of both users like their relatives, causing reflections able to motivate changes in behavior, self-control and prevention of relapses, necessary for the development of a healthier lifestyle.

It is concluded that the knowledge of the causes and consequences of drug use for the user and the family serves as the subsidy practice of health professionals, especially nurses, as it reinforces proposals for health education, prevention, promotion and rehabilitation of the health needs of these individuals and social groups, in the search for completeness of the care.

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