Experiences of users of Caps-Ad with drug abuse in João Pessoa-PB

Silva, Edriene Ferreira da; Gomes, Anna Luiza Castro; Silva, Leandro Roque da; Braga, João Euclides Fernandes; Castro, Marília de Moura; Silva, Maria Fernanda Rocha da

ISSN 2175-5361

Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Experiências de Usuários de Caps-Ad com o Uso Abusivo de Drogas em João Pessoa-PB

Experiences of users of Caps-Ad with drug abuse in João Pessoa-PB

Experiencias de los usuarios de Caps-Ad con el abuso de drogas en João Pessoa-PB

Edriene Ferreira da Silva[1], Anna Luiza Castro Gomes[2], Leandro Roque da Silva[3], João Euclides Fernandes Braga[4], Marília de Moura Castro[5], Maria Fernanda Rocha da Silva[6].

ABSTRACT

Objective: analyzing the concepts of registered users of a Psychosocial Care Center alcohol and drugs (CAPS-ad) about their experiences with drug abuse. **Methods:** an exploratory, descriptive, qualitative study that involved 30 users in monitoring at the CAPS-ad João Pessoa-PB, in the months of June and July 2013. Data were collected after aproval from CEP-HULW/UFP, CAAE-16818413.2.0000.5183, through semi-structured interviews and statements those were recorded, transcribed and analyzed using content analysis. **Results:** they are organized in two themes: "Experiences of subjects with drug abuse" and "Health care for people with drug abuse". **Conclusion:** the study revealed that the behavior of drug abuse is multifactorial and brings several complications to users' lives, affecting their social, economic, cultural and religious relationships. **Descriptors:** Drug users, Chemical Dependency, Policy of attention to drug users.

RESUMO

Objetivo: Analisar as concepções de usuários de um Centro de Atenção Psicossocial álcool e drogas (CAPS-ad) sobre suas experiências com o uso abusivo de drogas. **Métodos:** Estudo exploratório, descritivo, qualitativo que envolveu 30 usuários em acompanhamento no CAPS-ad de João Pessoa-PB, nos meses de junho e julho de 2013. Os dados foram coletados após aprovação do CEP-HULW/UFP, CAAE-16818413.2.0000.5183, através de entrevista semiestruturada e os depoimentos que foram gravados, transcritos e analisados pela técnica de análise de conteúdo. **Resultados**: Estão organizados em dois eixos temáticos: "Experiências dos sujeitos com o uso abusivo de drogas" e "Atenção à saúde de pessoas que fazem uso abusivo de drogas". **Conclusão**: O estudo revelou que o comportamento de uso abusivo de drogas é multifatorial e traz diversas complicações para a vida dos usuários, afetando suas relações sociais, econômicas, culturais e religiosas. **Descritores:** Usuários de drogas, Dependência Química; Política de atenção aos usuários de drogas.

RESUMEN

Objetivo: analizar los conceptos de los usuarios registrados en un Centro de Atención Psicosocial de alcohol y drogas (CAPS-ad) acerca de su experiencia con el uso indebido de drogas. **Métodos:** un estudio exploratorio, descriptivo y cualitativo que tuvo como involucrados 30 usuarios en el seguimiento del CAPS-ad João Pessoa-PB, entre junio y julio de 2013. Los datos fueron aprobados por el CEP-HULW/UFP, CAAE-16818413.2.0000.5183, y recolectados a través de entrevistas semi-estructuradas y se registraron las entrevistas transcritas y analizadas utilizando el análisis de contenido. **Resultados:** los datos empíricos permitieron la construcción de dos temas: "Experiencias de los pacientes con abuso de drogas" y "Cuidado de la salud para las personas que abusan de las drogas". **Conclusión:** el estudio reveló que el comportamiento del consumo de drogas es multifactorial y trae varias complicaciones para los usuarios, lo que afecta su vida social, económica, cultural y religiosa. **Descriptores:** Usuarios de Drogas, Dependencia Química, La Política de Atención a Usuarios de Drogas.

[1]Nurse, Graduate and Degree from the Federal University of Paraiba/UFPB. João Pessoa (PB), Brazil. Email: edri.ene@hotmail.com; [2] Nurse with Doctorate in Sciences from ENSP/FIOCRUZ, Teaching at the Department of Nursing, Public Health and Psychiatry, Federal University of Paraiba /UFPB. Email: annaenf@gmail.com; [3] Psychologist, Master's Student at the Postgraduate Program of Social Service, Federal University of Paraiba /UFPB, and Director of CAPS-ad. Email: leo_roque1@yahoo.com.br; [4] Nurse doctor of Pharmacology from the Federal University of Paraiba /UFPB, Teaching at the Department of Nursing, Public Health and Psychiatry/UFPB and Vice-Director of the Health Sciences Center /UFPB. Email: joeufebra@gmail.com; [5] Municipal Health Psychologist of João Pessoa-PB. Email: mariliamouracastro@gmail.com; [6] Nurse, Graduate and Degree from the Federal University of Paraiba - UFPB. Email: fernanda.roch@hotmail.com

ISSN 2175-5361

INTRODUCTION

The Brazilian Psychiatric Reform has been claimed in the late 1970s by the Anti-Asylum Movement and was inspired by the Italian experience of de-institutionalization. This is the process of questioning about the various concepts produced by science to explain the phenomenon of madness on care practices and the legal and legal provisions that legitimize this knowledge. Advocates a democratic and participatory approach that aims social inclusion, solidarity, restitution and the building rights and the transformation of social practices and related health care to people who experience mental distress.[1]

De-institutionalization is the great goal of the Psychiatric Reform and is not restricted to administrative reorganization of services, innovation and modernization of therapies, but constitutes a social process complex deconstruction/construction of new knowledge and practices which aims to establish new relations between society, the mad, madness and its institutions. So set yourself up as an ethical-aesthetic process of recognition of new situations that produce new subjects of rights and new rights for individuals.[2]

In this approach, the project of the Brazilian Psychiatric Reform aims at becoming a revolutionary duty[3], by the deconstruction of the asylum apparatus, the construction of psychosocial care model, the creation of substitute services and the development of social reintegration strategies that enhance the territorial resources and restore the fraternal coexistence of people with mental experience of suffering in society.[4]

Among the changes operated in this perspective we highlight the creation of Centers for Psychosocial Care (CAPS) in 1987, in São Paulo and Psychosocial Care Centers (NAPS) in Santos, in 1989. In the latter city, the Municipal Health conducted an intervention in one of its psychiatric hospitals due to the occurrence of ill-treatment and deaths of many inmates. CAPS are institutions designed to welcome people with a diagnosis of severe, persistent and severe mental disorders and aims to encourage their social and family integration; support them in search of initiatives for autonomy, as well as offering them medical and psychological care. Another purpose of the service is the development of strategies to integrate them into the social and cultural environment in a concrete way.[5]

By the end of the 1990s in Brazil, people suffering mental disorders resulting from drug abuse were hospitalized in psychiatric clinics and submitted, as well as people with mental health problems, the most diverse forms of violence .[6] People abuse of psychoactive substances have addictive behaviors as they are moved by the powerful and compulsive desire to use these substances.[7] In this context, there is the problem of substance abuse in Brazil, the challenge for public policy, because as shown in research, in 2001, 19,4% of respondents had already used any drugs, and in 2005 this number was for 22,8%, which corresponds to an estimated population of about 11.603 million people, excluding the analysis Alcohol and Tobacco.[8]

The relationships established with drugs become increasingly complex and can be associated with several problems of emotional, social, economic and cultural. The substance abuse leads to addiction that is determined by a number of reasons such as biological, genetic, psychosocial, environmental and cultural.[9] Substance abuse is considered less severe than dependence, being guided by "repeated use the drug in situations where the use is potentially harmful to themselves or others, or in spite of knowledge that causes or is associated with significant social and psychological problems".[10]

Currently, growth is observed in supply and consumption of drugs which supports the structuring of an illegal and lucrative market distribution and sale of drugs that sustains often, the use of violent practices.[11]

Considering the indexes, it turns out that the Northeast region leads the national ranking and therefore deserves attention of government leaders to the situation is reversed. It called for the need to implement projects and activities, especially those based on public health policies and existing social assistance, for coping with the situation.[11]

In 2001, a policy that provides for the protection and rights of people with mental disorders was implemented and redirected the care model in mental health. In 2002, was created by Ordinance No. 336, the first specific service for treatment of addiction - alcohol and drug CAPS (CAPS ad) whose care is provided by an interdisciplinary team and where the received user can perform various activities supporting the process therapeutic, such as crafts, physical and artistic and cultural activities, family groups, informative workshops, lectures, therapeutic groups, adaptation workshops, self-care, leisure time, literacy, games, recreation and relaxation. The aim of the actions taken in CAPS ad is to minimize the damage caused by drug abuse, restore autonomy to the subject and promote social reintegration.[12]

The country has 1.742 CAPS in operation, 272 of them geared exclusively to the care of people with a history of alcohol abuse and other drugs.[13]

In 2005, there is the first legislation related to the problem of drugs - Operating Standards and Accreditation/Qualification of Reference Hospital Services for Integral Attention to Users of Alcohol and Other Drugs. In 2010, the National Policy for Integral Attention to Users of Alcohol and Other Drugs and Decree No. 7179 which established the Integrated Plan to Combat Crack and Other Drugs (HDPE) was published. Through Ordinance No. 3088, of December 23, 2011, the Psychosocial Care Network was established for people with mental suffering and needs arising from the use of crack, alcohol and other drugs within the National Health System that involves the following services: health units of the Family Office in Street, CAPS ad, CAPS i, Emergency Services, Therapeutic Residences, General Hospitals and Home Units.[14]

The CAPS-ad has key role in ordering the Psychosocial Care Network (RAPS), when it comes to issues related to drugs. To be a territorial service and count on a multidisciplinary team, this device has great potential to promote a comprehensive health care and social reintegration measures. It is up to professionals working in this service building strategies and the implementation of actions that go beyond the paradigm of criminalization and punishment of people who use certain substances considered illegal and/or harmful so that these may realize their life situation, the reasons explicit and implicit to the abuse and above all take responsibility in the therapeutic process.[7]

Considering the scenario presented and the progressive increase in problems related to behaviors of people who abuse drugs and referral Public Policy Mental Health/Alcohol and other drugs this study aimed to analyze the conceptions of registered users in a CAPS ad in the city of João Pessoa-PB, about their experiences with the misuse of drugs.

To support this study the following guiding questions were prepared: What are the reasons that led these people to drug abuse? What are the drugs most used by these users? And what are the implications of these experiences for your life?

General Objective: analyzing the views of registered users at a CAPS ad in João Pessoa-PB about their experience with drug abuse. Specific objectives: 1) investigating the reasons these users to a drug abuse behavior; 2) analyzing the issues presented by these users about their experience with drug abuse; 3) analyzing the implications of monitoring the service to the lives of these users.

METHOD

An exploratory, descriptive study of a qualitative approach developed at Psychosocial Care Center Alcohol and drugs (CAPS ad) of João Pessoa-PB, considered by Ordinance No. 130, of January 26th, 2012, as one of the specialized attentions of the component services Psychosocial Care network (RAPS). This service operates through various strategies and actions in meeting 24h to adults diagnosed with mental disorders resulting from the use, abuse and/or dependence on alcohol and other drugs and has a multidisciplinary team of psychologists, psychiatrists, general practitioner, Social Workers, Nurses, Physical Education Teacher, Nutritionist, Pharmacists and Art Educators.[13]

Participated in this research 30 users of CAPS-ad that, during June and July 2013, were being followed by the service staff. Beyond the desire and the availability of users, it was also considered the clinical and psychiatric conditions of the subjects. Among the participants, prevailed males (83%) of the age group 23-29 years old (50%); the browns (56,7%); single (76,7%); unemployed (66,7%) and Catholics (36,7%). As for education 53% said they had not finished elementary school and about the origin of the demand, 53,3% of users said they were employed for the first time in the company of family. Regarding the most commonly used drugs by the respondents, assessing in isolation, we have the alcohol (100%); marijuana (66,7%); the crack (56,7%); Tobacco (53,3%); cocaine (43,3%); the adhesive (36,7%); drugs: Amphetamines (Rivet), Rupinol, Artane (Spider), Diazepam, biperiden and eye drops cycloplegic (used in the nose for hallucinogenic effects) (36,7%); Tine (26,7%); glue type drug (23,3%); Heroin (13,3%) and other (ether spray, LSD, ecstasy, mushroom and oxy tea) (10%). Analyzing the combined use of drugs there are: Alcohol + Cigarette + Medication + Marijuana + Crack (20%), other combinations (66,7%) and alcohol as a single drug (13,3%).

For data collection there was used a semi-structured interview script. The interviews were conducted individually during the period of stay of the subjects on the premises of the service studied and lasted an average of thirty to forty minutes. The testimonies were transcribed in full through the Word/Windows program later received linguistic adjustments

and were stored in "pdf" format. The subjects were decoded with the letter "E" followed by Arabic numerals.

After reading the empirical material was the identification of key themes and meanings reported by subjects who were analyzed by content analysis technique.[15] The analysis followed the following steps: superficial reading and organization of themes, material exploration and coding and classification the elements by their similarities and association regularly. Thus the identified issues were grouped into two main themes: *"Experiences of subjects with drug abuse" and "Health care of people who abuse drugs."*

The research followed the guidelines and regulatory standards for research involving human beings established by Resolution 466/12 of the National Health Council.[16] The research project was approved by the Research Ethics Committee of the University Hospital Lauro Wanderley at the Federal University of Paraiba (HULW/UFPB), CAAE No. 16818413.2.0000.5183 by Opinion No. 293.897 and authorized by the Municipal Health of João Pessoa-PB.

RESULTS E DISCUSSION

The analysis of the empirical material shows how users of the Psychosocial Care Center alcohol and drugs (CAPS-ad) Joao Pessoa understand their relationship with drug abuse and reveals some of the implications for the lives of these subjects.

MAIN THEME 01: EXPERIENCES OF THE SUBJECTS WITH DRUG ABUSE

In the first thematic area were added the following topics: reasons leading to drug abuse and concepts (meanings) of the subjects investigated about drugs and the consequences (benefits and harms) of abuse in their lives. Regarding the reasons, many users have emphasized the feeling of pleasure and raising the self-esteem that initially the drug causes.

> *I was shy and the drug released me. I used marijuana and felt more comfortable up to eat. I smoked marijuana in normal, very calm, I will never leave it.* (E11)

> *The drug is at first leisure and at the end is death, terror. Drug to me is destruction. Is momentary, of pleasure, joy and then is depression, sadness, pain. Momentary thing, joy, pleasant at the time, but then come the consequences.* (E09)

> *Just wanted to know that I was using, and that I was having fun. It's good! Then the consequences come.* (E15)

The immediate and intense feeling of pleasure caused by the drug in the subject installs the desire to again seek the drug, taking it to a growing obstinacy increasingly beyond its control, featuring a chemical dependency framework.[17]

> *At first, is a very pleasurable effect, travelling, my mind came out, I was hallucinating.* (E09)

Experience with drugs transformed the way the subject feels and presents possibilities previously unknown, leading them to value and prioritize such substances as means of escape to make your life more enjoyable and/or bearable.[18]

The abuse of substances that possess the ability to alter consciousness and change people's behavior is a phenomenon inherent to mankind. Practically in all cultures and in many different times, human groups use various types of drugs that assist in social relationships, are present at parties, or favor rituals mystical nature/religious.[19] For example, Egyptians used the wine and the beer for treating a number of diseases, as a means to alleviate pain and as an abortifacient. Opium was used by the Greeks and Arabs for medicinal purposes, for pain relief and as reassuring. The mushroom was considered sacred by certain tribes of Indians of Mexico, who used it in religious rituals, inducing hallucinations. The Greeks and Romans used alcohol in social and religious festivities. Even today, wine is used in Catholic and Protestant ceremonies as well as in Judaism, in Candomble and other spiritual practices.[20] Therefore; the use of psychoactive substances is common in socio-cultural traditions of many societies.

In this regard, the literature shows that in recent decades there has been alarming increase in the frequency of drug use in the world, whether in their legal or illegal ways. The consumption that occurred initially in small quantities has become a market activity involving production, consumption and large-scale distribution and substances have become a lucrative commercial product that currently is configured as a serious public health problem.[21] in the midst of all the contradictions related to the issue of drug use, is the trade in such goods in a capitalist context in which commodity becomes fetish. It is in the process of transformation fetish illegal drug in fetish money that comes into play relations of production and reproduction of wealth, power and symbolism.[22] About this reality is stated:

> I earned money with strength. I made amounts of money! Today, even the ticket, I have to go on foot. (E04)

Other reasons were reported by the subjects surveyed who led them to their first experience with drug use: the pursuit of pleasure, curiosity about the effects of the drug, the need to forget the problems, conflicts with family members, parents of the examples the influence of friends. The testimonies that match those reasons are:

> *At twelve I started with the cigarette. I even had the curiosity to experience.* (E09)

> *The marijuana I bought, because I was sick of life, with family.* (E06)

> *Who offered me was a few friends I had, did that. There, I was told to do and I really.* (E07)

> *I drink to forget a few things in my life, family problems.* (E18)

> *I started drinking when I was seven years old, because I saw my mom drinking.* (E28)

Respondents recognized that later, with continued and increased frequency of use, the drug begins to cause destruction of self-esteem, loss of material goods, affective losses and compromises the quality of life by setting up a worldwide public health problem and national as shown in the following statements:

> *It's something that made me very badly, made me lose a lot of time in my life. One of the worst public health problems of the world and of Brazil is the drug. It's just not having resources to combat this. It is killing more than any disease. The drug is destroying families, ruining everything.* (E01)

> *It's something that the devil put on Earth to end the life of the people. Only brought destruction to the life of the person, the family moves away, finish everything, you lose your job, and you lose everything! If we don't wake up, ends with it.* (E12)

> *I don't see any future in it. For me it is a Dungeon, worse than a prison, a jail.* (E13)

The conceptions that interviewed users had about the drug reverberate in your life experience, the effects of feelings, attitudes and damages resulting from the abuse of psychoactive substances. On the consequences (benefits and harms) of this behavior to their lives, it was reported:

> *[...] the drug is destroying everything: the good friendships, lack, love, affection. The drug did this: brought mistrust, the disagreement and madness. Nobody believes in a crazy.* (E14)

> *Drug is something that mistreats much the person, hazes, demoralizes. But at the moment (when used) didn't I think of that.* (E15)

> *Drug to me is the most general way that exists is the alcohol. The other, marijuana, cocaine, crack and other that are highly heavy.* (E17)

> *I don't want to see anybody in that I am, when I do I do I just spend my money only, but always someone [...]* (E14)

> *I sold drugs, I was a drug dealer, I've been hit, I've been shot, but I don't want it anymore. My addiction is only the alcohol now.* (E04)

> *The drug is no future! You lose everything: lose your family, your friends, all you have! Is an illusion, you become a zombie. If you use it every time you want to use more, more, more! There, what's inside home you want to sell, you want to wash a car so cheap to use. It makes you want to steal, do a lot of bad stuff out there. That's no life for anyone! I've already lost everything: bike, 44' flat screen, everything I had. And today I have nothing because of the drugs.* (E16)

The statements show that when it establishes the dependency table and the guy cannot control or manage the use of drugs begins to experience various losses at different stages of their lives, such as family ties, self-esteem, employment, respect and community trust and some rights. In this way, the social, economic and political these people are related to "a set of values", such as life, health, solidarity, equity, democracy, citizenship, participation, social justice, ethics revaluation of life.

Another difficulty encountered in these reports was dependence (physical, emotional) of the substance as evidenced by the fact that despite knowing the consequences of abuse and illegality of the conduct, the respondent stated that nothing else mattered but the desire to use the drug:

> *We don't want to know, want to know that we are using.* (E12)

Behavior arising with the abuse of drugs such as aggressiveness, lack of commitment, loss of interest in daily activities, neglect of personal care and interpersonal relationships weaken the emotional ties and undermine family and community life:

> *They're very disappointed with me.* (E23)

> *When I used drugs was aggressive with everyone, I turned.* (E25)

> *I drink and then I'm sorry. Because when the person drinks turns, it's not the same person, out of the normal.* (E28)

In this approach, we highlight the family's responsibility in contributing to drug use, if not support your relative, exclude or influence, as can be protective factor when help overcome the situation. The low quality of family relationships can generate enabling environment to drug use.[23]

Thus, it is considered that the family has preventive function to drug abuse when there is dialogue between parents, children and spouses.[23] The familiar scenario plays a key

role in the transmission and dissemination of values, whose transformations received through formal education and informal are gradually processed and reshaped, allowing the individual to the development of a world view and how they place in society.[22-23]

In addition, often the company itself invests these losses because historically, these consumers have always been treated as persons of dubious character and disturbing public order, which in turn should be apart of the "eyes" of society.

A significant loss arising with drug abuse which was evidenced by the interviewees was the loss of employment. The labor activity is an important protective factor for drug use and presents great potential for the social reintegration of people with drug problems. Some subjects said that if it were given them some employment opportunities would change their lives:

> *To change it, what could really help me to get rid of the other stuff was a steady job.* (E08)

Regarding affective losses, usually the compulsive drug user can not have a family or have difficulty sustaining the operation of the family structure due mainly to emotional and financial problems.[23] Most of the time, the money they receive is not reversed in benefits for the family, but for the consumption of drugs:

> *Spent it all, had more money, not money for me was to drink, party, all I thought about was drink.* (E10)

Some of the subjects surveyed pointed strategies to overcome this dependency relationship with drugs, among them: keep in abstinence, build friendships with people who do not use drugs, attend new environments and try to fill the time with other activities that give them pleasure. According to them it is important that the user has the awareness that you need to stop, and you leave him the desire and the initiative to combat the problem, ie, it is a struggle, especially personal.

> *I want to change. It's not to show anyone. It's to show myself that I have ability.* (E24)

> *I desire to stop drinking. But that's because the drink (alcohol) gives an ease, that thing you know? One day I have to learn to say no!* (E22)

The greater the support that a user might have, the greater the chances that continue away from drugs, ie remain in abstinence and behavior change. It is believed that knowledge of the experiences of the drug users through listening and attention to their speech allows the development and implementation of alternative treatments, along with effective prevention programs that they consider their subjectivity.[24] Another important issue is the recognition of the influence of other conditions in the relations of people who use drugs. This allows the prohibition a design, legal or criminal one hand, and departing from a moral biomedical designing other.

For most respondents, the proper recognition of the harmful drug use brings significant losses in their life, which is in material, emotional and/or social order, has greater meaning when they decide to receive or seek help:

> *The problem is I don't want to, don't take my determination, even, I don't want to, that's not good for me.* (E25)

In this context, we highlight the second main theme that will address the health care of people who abuse drugs.

MAIN THEME 02: ATTENTION TO THE HEALTH OF PEOPLE WHO MAKE DRUG ABUSE

In the second main theme, the following subjects were grouped: reasons why the subjects surveyed to seek help/treatment; the views on the treatment performed in the service studied and the relationship between users and professionals; the challenges of treatment; the changes after the start of treatment and prospects and users of the goals in the period of this study.

Generally, people only seek help or treatment when the situation reaches a level harmful to their lives caused by significant losses. Another situation is when family and friends decided by the user, describing how no ability to discern and to control the use. The third way would be by court order, where the compulsory admissions are constantly recurring. Other factors that contribute to the user to start treatment is identifying the problem by a health professional or social care they refer to services and devices Care Network Health dealing with the issue.

> *[...] I wasn't holding me more, I was killing myself, getting depressed, wanting to kill me. Then, I asked her (sister) to come here. She brought me, but every time I come here, it is my will. I talked to the girls there to hospitalize me.* (E29)

> *My sister brought me. There, I was admitted, upheld and then couldn't take the host. I walked away, and then back again for welcoming me. They gave me just the opportunity I have been spending the day and coming back. There, I sleep around, at the bus station, stores, around.* (E27)

> *I have my two kids needing me! So I ran, I talked to the Coordinator of the Hosting and she called for here. I came, I was accepted, I spent eleven days, arrested a month ago, but I spent a year without using.* (E24)

> *[...] After that I went to attend the way out, I drink every day! I'm being a coward myself [...] I was invited by the Office of the street to come here, and I came.* (E18)

Prevention of relapse seeks, among other objectives, assist the individual to find a target for treatment, be it abstinence or moderation (Harm Reduction).[24] Therefore, rather than ensuring that the person stop using drugs, the treatment plan should help the subject to develop strategies to help him learn cognitive and behavioral skills to stop the stimuli that trigger the desire or the use of behavior.[17]

In this sense, we highlight the harm reduction policy, including the user of psychoactive substances in their uniqueness, not aiming at total abstinence, but rather the defense of life, even if it involves the continued use, but more so safe.

Between the treatment strategies used by the service staff that were identified by respondents are: Therapeutic Workshops and Education in Health, Harm Reduction, Prevention Group on Relapse, the Guidelines on Alcohol Problems, Arts Therapy Groups, Music, Combat Tobacco Use and Relaxation.

> *It's great here! They want to put me to the Farm (therapeutic community), but if I go to the Farm, I'm going to keep reminding me of these girls here that I love. They do everything for us! I like all: the supporters, the Cook, nurse, psychologist, social worker. There are all ten.* (E03)

> *For me it is good, because it has a psychologist, nurses, and a psychiatrist. The CAPS is helping me, [...] I like the psychologists and when there are workshops with the psychologists.* (E06)

> *Class (health education workshop) today was about it. It was based on alcoholism. Liked it, loved it!* (E22)

The reports show that the service has a variety of activities and users can establish a pattern of bond necessary for the proper relationship with the team and the effectiveness of mental health care in this service. However, although they consider that the work is good quality and that assists in the recovery and social reintegration, the process of willing careful in how activities are conducted still cannot keep up with the demands of some subjects outside their own uniqueness.

> *[...] put us in a classroom newspaper for chopping, make frames and shredded paper with gum in the classroom, as now in the afternoon. That's exactly what they do! I have no patience for that. I come and go, give a spin and then come back.* (E20)

> *[...] some activities such as we have here (papier-mâché and others) that some users are interested on it. [...] that each user had a variety of occupations here so that people could choose. For me would be the best! But, as it stands today is also cool. Other things I have, which is the batuCAPS, which are really cool things. Just that there are a lot of things that I'm not interested in it, because my business is more story, book, change arguments with people who*

> *know how to argue, engage in dialogue with those who have dialogue to talk to me. So, a reading room to me would be nice.* (E23)

The statements denounce the tendency of doing therapy of the activities carried out in the substitutive services which constitutes one of the Psychiatric Reform characteristics as *Aggiornement*. The use of art only as a therapeutic source; a reduction of the role for clinical appropriation about how people express and create themselves, and through the institutionalization of a practice that is fundamentally libertarian. Such use may mean a return to traditional psychiatric practices which are based on guardianship and manipulation of subjectivities and where technicians decide on what and how users will perform as an artistic and cultural activities.[25]

In the service studied, it runs a National Program to Combat Tobacco (NTP), where users who have problems with this substance undergo a limited number of calls and evaluations and medication as an additional feature to maintain tobacco abstinence. In this sense these users do not necessarily participate in other activities. In relation to this group, it was identified as a challenge for the continuity of monitoring the service the importance of this specific medication. As for users of multiple drugs, it evidenced the challenge of successive relapses as a complicating factor in the frequency of maintenance in the activities, but at the same time as an opportunity to demand by the user to the service to return to monitoring.

> *[...] I stopped the treatment three months ago, only because it was stopped: missed medication [...] they said they'd call me, so I restart the treatment, but until now [...] everything is so well, all left to be desired was the lack of medication. If you're on medication, was to take the three steps. Now I'm already anxious and depressed. It only lasted three months. Put one in your mouth and didn't stop anymore. I'm smoking even more.* (E26)

> *[...] I retook now, after they killed my son. I was angry and I spent three days smoking crack, snorting, drinking beer with friends, my friends.* (E24)

> *It was my mother who brought me here. I had come here in the year when it was created. Now I'm back again because I had a relapse, a big relapse.* (E21)

> *[...] after that relapse, I asked for help to my aunt who is a social worker. I found myself with nothing and I called her saying:-"aunt I am in need for help," then she:-"do you want to go? I said: I want! I was hospitalized thirteen days! It was the moment when I could stop to reflect what I had done.* (E02)

As mentioned earlier, the lack of medicines, which is the National Program to Combat Smoking - NTP, how it affects these users, we highlight the strong medication process that is common in mental health services. The medicalization as the process in which the medicine begins to take ownership of social phenomena conceptually to include other situations or dimensions of life that was exacerbated, especially from the pharmaceutical industry development, which for any situation (unforeseen, or undesirable awry) presents a pharmacological solution, ie, a resource to control people who abuse drugs, build their bodies, re-educate their minds and submit them to the social norm.[26]

The statements show that the CAPS ad is much sought after when the subjects have relapses because it is an open service that welcomes and accompanies such situations whose predisposing factors are the negative reinforcement; environmental stimuli; expectations of the beliefs (triggers); the search for gratification, the intrapersonal factors and interpersonal factors. Generally, the problems arising from drug abuse have an intimate connection with states and situations as "triggers" that promote both belief expectations, as permissive beliefs and serve as immediate stimulus for the start of substance use behavior. Triggers can also promote complex constellation of thoughts and behaviors associated with substance cravings. Thus, it is considered that the triggers of relapse may be internal (emotional states such as anxiety, depression, anger or happiness) and/or contextual, linked to environmental factors such as, for example, (be required at work/school) and "threaten the perception of control (self-efficacy) of the individual".[17]

Another highlight given by the subjects was the spiritual/religious dimension as an adjunct in the therapeutic process as it is considered influence on the health of users who use it to solve issues that are not only organic, but are part of the difficulties of their daily lives, seeking comfort or explanation of their situation. In addition, studies show that there is an overall improvement in the health of people who value this dimension, since religious experiences promote a supportive social support that contributes to increased confidence in healing and reducing complaints. In this approach, religiosity as a dimension of subjective experience as a particular way of understanding health and suffering can be considered as a resource for production of health/mental health.[27] We have:

> *I'm releasing and feeling that I'm going to get out of it, with faith in Jesus Christ!* (E13)

> *There is just too much to ask God for strength to get out of it. Because the drug was made by the hand of man [...] I gave myself to God.* (E16)

> *I think it was God who referred me, helped me go to the CAPS. Because I lived always down.* (E10)

> *I have faith in God to regain everything back.* (E05)

> *I want to join the group to see if I stop smoking, which I find very hard, but for God nothing is impossible.* (E30)

Despite the limits and difficulties to overcome the problem with drug abuse, the research subjects believe that the care offered in the CAPS ad has helped in the sense that they can reduce and even stop the consumption as they are accompanied by staff. In addition, participation in activities and the relationship with team members improves self-esteem, favor the autonomy and social reintegration so that it is possible an improvement in quality of life and interpersonal relationships, especially with family members.

> *This is good, because I'm not drinking anymore, which is important.* (E10)

> *[...] this CAPS here has been very helpful. I came here sick. Today I'm fine, with the CAPS further. (E25)*

> *[...] Since that day (which was admitted to the service) that I haven't touched any sip of rum or beer and not feel nor desire.* (E05)

> *Now look great, wonderfully well. Confidence is 97%, because one of the most important factors of the former with the family is trust; back home, formerly it was all locked up.* (E01)

> *My family is watching me! Are silent on them, I in my! I'm fine thank God! - They get, I hope he hold as he's holding. And they're trying to encourage me too. But it must come from me, to pursue and seek for help.* (E09)

When considering the rehabilitation of drug users in the social space as a key principle governing the practices in the new mental health care model, it is understood that living with people who are in mental health monitoring in different social spaces is the indicator what is therapeutic in action.[28] Thus, the user operation on the territory is paramount and must be the main purpose of any therapeutic action, especially by providing the expansion of ties and to enable the subject inserts than reduce its drug abuse problem, but that increase its power to effect social changes. This differential is directly related to the strategic objective of harm reduction actions - of the resources used in CAPS ad, which seeks to bring the population and users through strategies that strengthen the subjectivity and autonomy of people and consider their rights.

In this sense, it is considered that the CAPS intervention so ad (organization, activities and actions) on the issue of drug abuse is an important strategy to combat the problem investigated in this study.

CONCLUSION

Currently, there are no doubts that the problem about drugs is one of the largest social destabilizing factors and a major obstacle to the realization of fundamental human rights of a sizable portion of the world population. Precisely because it is a social problem it is that the issue becomes the object of public policies to reduce, inhibit and prevent its causes.

If commitment to building a network of care and services, strengthening health promotion strategies, the enlarged conception of health-disease process, social responsibility and community empowerment, as consolidation possibilities practices and policies attention to people who make harmful use of drugs.

In this sense, the study revealed that drug abuse behavior is multifactorial and brings many complications to the lives of those involved in its various dimensions (organic, social, economic, cultural and religious). Despite the potential of substances to cause addiction investigated subjects felt that overcoming the problem requires a personal decision, one user and commitment of the team and the support of family and community. The type of behavior exhibited by people who abuse drugs depends on the relationship that each has with the drug, which means that each situation is unique because the meaning that the drug takes in their lives is private.

The research showed that the CAPS-ad performs a number of activities and it is the service that most closely matches a mental health care of people who do drug abuse, from the perspective of SUS and the Psychiatric Reform. However, the subjects pointed out weaknesses and challenges that require investment in intersectoral public policies that are effective in coping with problems of drug abuse in the city of João Pessoa-PB.

The experiences shared by respondents show that drug abuse as well as compromise the quality of life of users and harm their social relations and their professional performance and lead to social exclusion. Thus called for the need to seek strategies to assist users in the rescue of their autonomy and their rights and promote their social reintegration. That it is fundamental action planning and effective health interventions to ensure compliance and continuity of users to the therapeutic process.

REFERENCES

1 Oliveira AGB, Conciani ME. Participação social e reforma psiquiátrica: Um estudo de caso. Ciên Saúd Coletiv. 2009; 14(1):319-31.

2 Amarante P. Reforma psiquiátrica e epistemologia. Cad Bras Saúde Mental. 2009 jan-abr; 1(1):1-7.

3 VARGAS, J.H.C. O devir revolucionário e as criações políticas. Tradução de entrevista de Gilles Deleuze a Toni Negri publicada em Futur antérieur, Nº 1, primavera de 1990.

4 Amarante P. Saúde mental e atenção psicossocial. Rio de Janeiro: Fiocruz, 2007.

5 Souza AC, Rivera FJU. A inclusão das ações de saúde mental na atenção básica: Ampliando possibilidades no campo da saúde mental. Rev Tempus Actas Saúde Colet. 2010; 4(1):105-14.

6 Delgado ACG, Mello MF, Mello AAF, Kohn R. Reforma psiquiátrica e política de saúde mental no Brasil. Epidemiologia da Saúde Mental no Brasil. Porto Alegre: Artmed; 2007.

7 Vieira JKS, Carvalho RN, Azevedo EB, Silva PMC, Filha MOF. Concepção das drogas: relatos de usuários do CAPS - Ad de Campina Grande, PB. SMAD, Rev Eletrôn Saúd

Ment Álco Drog [periódico na Internet]. 2010 ago [acesso em 2012 nov 27]; 6(2):274-95. Disponível em: http://redalyc.uaemex.mx/redalyc/pdf/803/80314492004.pdf

8 Brasil. Centro Brasileiro de Informação Sobre Drogas Psicotrópicas - CEBRID. II Levantamento domiciliar sobre uso de drogas psicotrópicas no Brasil. São Paulo: CEBRID. 2006.

9 Duarte PCAV, Stempliuk VA, Barroso LP (Orgs.). Relatório Brasileiro sobre Drogas. SENAD. Secretaria Nacional Atindrogas [periódico na Internet]. 2009 [acesso em 2013 mar 01]; Disponível em: http://www.obid.senad.gov.br/portais/OBID/biblioteca/documentos/Relatorios/328379.pdf

10 Rotgers F, Nguyen TA. Abuso de substâncias. In: Bieling PJ, Mccabe RE, Antony MM. Terapia cognitivo-comportamental em grupos. Porto Alegre (RS): Artmed; 2008.

11 CEBRID, Centro Brasileiro Informações sobre Drogas Psicotrópicas. I levantamento domiciliar sobre uso de drogas psicotrópicas no Brasil [Internet]. 2013 [acesso em 2013 ago 22]; Disponível em: http://apps.einstein.br/alcooledrogas/novosite/atualizacoes/ac_108.htm

12 Ministério do Estado da Saúde. Portaria nº 336 [Internet]. 2002 fev 19 [acesso em 2014 mar 30]; Disponível em: http://brasilsus.com.br/legislacoes/gm/8122-336.html?q=sa%C3%BAde+mental

13 Ministério do Estado da Saúde. Portaria nº 130 [Internet]. 2012 jan 26 [acesso em 2012 dez 13]; Disponível em: http://www.sesa.pr.gov.br/arquivos/File/Portaria_130_CAPS_adIII_24_horas__1.pdf

14 Ministério do Estado da Saúde. Portaria nº 3.088 [Internet]. 2011 dez 23 [acesso em 2012 nov 27]; Disponível em: http://www.brasilsus.com.br/legislacoes/gm/111276-3088.html

15 Franco MLPB. Análise de Conteúdo. 3ª ed. Brasília (DF): Liber Livro; 2008.

16 Brasil. Ministério da Saúde Conselho Nacional de Saúde Comissão Nacional de Ética em Pesquisa. Resolução nº466/12. Publicada no DOU nº 12 – quinta-feira, 2013 jun 13 – Seção 1 – Página 59. [acesso em 2013 ago 22]; Disponível em: http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf

17 Romanini M, Dias ACG, Pereira AS. Grupo de prevenção de recaídas como dispositivo para o tratamento da dependência química. Disc. scientia. Série: Ciências da Saúde, Santa Maria. 2010; 11(1):115-32.

18 Lima IS, Paliarin MM, Zaleski EGF, Arantes SL. História oral de vida de adolescentes dependentes químicos, internados no setor de psiquiatria do hospital regional de Mato Grosso do Sul para tratamento de desintoxicação. SMAD, Rev Eletrônica Saúde Mental Álcool Drog [periódico na Internet]. 2008 abr [acesso em 2009 jul 21]; 4(1). Disponível em: http://www2.eerp.usp.br/resmad/ artigos/2008v4n1a02.pdf

19 Neves ACL, Miasso AI. "Uma força que atrai": o significado das drogas para usuários de uma ilha de Cabo Verde. Rev. Latino-Am. Enfermagem [periódico na Internet]. 2010 mai-jun [acesso em 2013 ago 23]; 18(1):589-97. Disponível em: http://www.scielo.br/scielo.php?pid=S0104-11692010000700015&script=sci_arttext

20 Sanchez ZM, Nappo SA. Intervenção religiosa na recuperação de dependentes de drogas. Rev Saúde Pública. 2008; 42(2):265-72.

21 Brusamarello T, Sureki M, Borrile D, Roehr H, Alves M. Consumo de drogas: concepções de familiares de estudantes em idade escolar. SMAD, Rev. Eletrônica Saúde Mental Álcool Drog. [periódico na Internet]. 2008 jan [acesso em 2013 jul 21]; 4(1). Disponível em: http://www2.eerp.usp.br/resmad/artigos/2008v4n1a03.pdf

22 Vargens OMC, Brand B, Adlaf E, Giesbrecht N, Simich L, Wright MGM. Uso de drogas ilícitas e perspectivas críticas de familiares e pessoas próximas, na cidade do Rio de Janeiro, Zona Norte, Brasil. Rev Latino-Am Enfermagem. 2009; 17(1):776-82.

23 Araujo RC. Valores familiares e uso abusivo de drogas. Ciênc Saúde Coletiva. 2009 nov-dez; 14(5):1947-8.

24 Lopes A, Rezende MM. Prevenção de recaída em dependências. Mudanças – Psicologia da Saúde. 2009 jan-jun; 17(1):56-7.

25 Gomes ALC. A reforma psiquiátrica no contexto do movimento da luta antimanicomial em João Pessoa-PB [tese]. João Pessoa (PB): Universidade Federal da Paraíba; 2013.

26 Amarante PDC, Torre EHG. Medicalização e determinação social dos transtornos mentais: a questão da indústria de medicamentos na produção de saber e políticas. In: Nogueira PR. Determinação social da saúde e reforma sanitária. Rio de Janeiro (RJ): Cebes; 2010. p. 151-60.

27 Alves JS, Junges JR, López LC. A dimensão religiosa dos usuários na prática do atendimento à saúde: percepção dos profissionais da saúde. O Mundo da Saúde, São Paulo (SP) [periódico na Internet]. 2010 ago [acesso em 2013 fev 15]; 34(4):430-6. Disponível em: http://www.saocamilo-sp.br/pdf/mundo_saude/79/430a436.pdf

28 Souza J, Kantorski LP, Luis MAV, Oliveira NF. Intervenções de saúde mental para dependentes de álcool e outras drogas: das políticas à prática cotidiana. Texto Contexto – Enferm [periódico na Internet]. 2012 out,dez [acesso em 2013 mar 11]; 21(4):729-38. Disponível em: http://www.scielo.br/scielo.php?pid=S0104-07072012000400002&script=sci_arttext

Received on: 01/09/2015
Required for review: não
Approved on: 12/11/2015
Published on: 30/12/2015

Contact of the corresponding author:
Edriene Ferreira da Silva
João Pessoa - PB – Brasil
Email: edri.ene@hotmail.com