



Therapeutic project of crack and alcohol users attended in a psychosocial care center

Projeto terapêutico de usuários de *crack* e álcool atendidos no centro de atenção psicossocial

Proyecto terapéutico de usuarios de crack y alcohol atendidos en centro de atención psicossocial

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Objective: to analyze the therapeutic project of crack and alcohol users attended at a psychosocial care center for alcohol and other drugs. **Methods:** documentary study that analyzed 567 medical records, in which 291 brought crack as the main complaint of biopsychosocial damages for users and 276 for alcohol. **Results:** the activities of reception, waiting room and home visit stood out in users' therapeutic projects as well as in nursing and medical consultations. In most of the medical records one found pharmacological treatment by users and that complementary laboratory exams had not been requested. **Conclusion:** it is relevant to know the characteristics of the therapeutic project for the improvement of treatment strategies. **Descriptors:** Health Care (Public Health); Drug Users; Crack Cocaine; Community Mental Health Services; Nursing.

Objetivo: analisar o projeto terapêutico de usuários de *crack* e álcool atendidos no Centro de Atenção Psicossocial Álcool e outras Drogas. **Métodos:** estudo documental que analisou 567 prontuários, nos quais 291 trouxeram o *crack* como queixa principal de danos biopsicossociais dos usuários e 276, o álcool. **Resultados:** as atividades de acolhimento, sala de espera e visita domiciliar se destacaram nos projetos terapêuticos dos usuários, bem como os atendimentos de enfermagem e medicina. Na maioria dos prontuários se constatou o tratamento farmacológico pelos usuários e a não foi solicitação de exame complementar. **Conclusão:** torna-se relevante conhecer as características do projeto terapêutico para aprimoramento das estratégias de tratamento.

Descritores: Atenção à Saúde; Usuários de Drogas; Cocaína Crack; Serviços Comunitários de Saúde Mental; Enfermagem.

Objetivo: analizar el proyecto terapéutico de usuarios de crack y alcohol atendidos en el Centro de Atención Psicossocial de alcohol y otras drogas. **Métodos:** estudio documental que analizó 567 historias clínicas, en los que 291 presentaron el crack como queja principal de los daños biopsicosociales de los usuarios y 276, el alcohol. **Resultados:** las actividades de recepción, sala de espera y la visita a la casa se destacaron en los proyectos terapéuticos de los usuarios, así como la atención de enfermería y medicina. La mayoría de los registros se encontró el tratamiento farmacológico por los usuarios y que no ha solicitado examen complementar. **Conclusión:** es importante conocer las características del proyecto terapéutico para mejora de las estrategias de tratamiento.

Descriptor: Atención a la Salud; Consumidores de Drogas; Cocaína Crack; Servicios Comunitarios de Salud Mental; Enfermería.

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Introduction

The restructuring of psychiatric care in Brazil started in the 1970s with the theoretical and political movement called Psychiatric Reform, claiming that care should guarantee the dignity of people with mental disorders, beginning a slow process of deinstitutionalization and the creation of replacement therapies and services⁽¹⁾.

It is in this perspective that one understands the mental health-disease process no longer centered on the disease, allowing new ways to assess users of alcohol and other drugs⁽²⁾. In this context, the psychosocial rehabilitation of these users has become structured in community mental health services in order to restore a healthy human condition out of the asylum, exclusionary, sickening and chronic perspective⁽³⁻⁴⁾.

The Ministry of Health recommends that users of Psychosocial Care Centers must have individual or singular therapeutic projects, characterized by a set of consultations that respects their singularities, customizing the internal and external service and proposing activities during their daily stay in the service, according to users' needs⁽⁵⁾.

Currently drug addiction is considered a serious public health problem. It is estimated that in 2012 approximately 230 million people (5% of the adult population) had used drugs at least once in 2010, and the number of problematic users is around 27 million people (0.6% of the adult population)⁽⁶⁾.

It should be noted that the approach to drug addicts must be multidisciplinary and integrated, besides the pharmacological clinical treatment and essential psychosocial approaches focused on clients and their families, including support groups and support as a care strategy⁽⁷⁾.

Based on that context, it is necessary to identify in what ways the treatment of crack and alcohol users are structured for the improvement of care in the mental health network and to associate these findings with the community profile of dependence. To do so,

this study intends to analyze the therapeutic project of crack and alcohol users attended in a Psychosocial Care Center for Alcohol and Other Drugs.

Method

This is a documental, retrospective study, of quantitative nature, held at the Psychosocial Care Center for Alcohol and other Drugs from Sobral, Ceará. It attends people with disorders resulting from the use and dependence of psychoactive substances who look for help spontaneously or who come from other services related to the Psychosocial Care Network inserted in primary, secondary and tertiary attention.

The city of Sobral was the first in Ceará to implement a psychosocial care center to attend users of alcohol and other drugs, in September 2002, being a specializing reference with multidisciplinary teams in the care of drug users from Sobral and surrounding municipalities.

The selection of records occurred through a manual search in the files of the unit under study, identifying crack and alcohol as problematic substances and the main responsible for the need of treatment in the period of 2010 and 2011. In that context, the sample consisted of 567 medical records of crack and alcohol users.

The data collection was conducted using a structured questionnaire related to the welcoming medical records with variables related to aspects of the treatment plan. Regarding the characteristics of care, one included individual and group consultations with their respective specificities and concerning the aspects of treatment, one identified the variables test requests, types of tests conducted and the pharmacological treatment.

The information about the professionals who provided care for users were collected from their medical records. The evolutions of each professional category were considered as a service for the purpose of analysis.

The data were processed in the software

Statistical Package for Social Sciences, version 20, license n. 10101131007. One used the chi-square test to analyze socio-demographic characteristics such as gender, age and aspects of treatment. In the variable marital status, one used the Fisher-Freeman-Halton test and for data analysis related to individual and group consultations, the z test for proportions. It was considered the significance level of 5%

This study is part of a larger study entitled: Clinical Comorbidities Present in users of Crack and Alcohol undergoing Treatment in the Psychosocial Care Center for Alcohol and Other Drugs from Sobral - Ceará approved by the Ethics Committee of the University Vale do Acaraú [Universidade Estadual Vale do Acaraú] under protocol number 1033.

Results

Out of the 567 records of crack and alcohol users who looked for the service in the years 2010 and 2011, 291 (51.3%) brought crack as their main complaint of biopsychosocial damages and 276 (48.7%), alcohol.

Table 1 shows the sociodemographic characteristics of users of crack and alcohol. Statistically significant differences were observed among sex, age and marital status (p<0.000).

Table 1 - Socio-demographic characteristics of crack and alcohol users

Variables	Crack n (%)	Alcohol n (%)	p
Gender			p<0.000*
Male	229 (47.5)	253 (52.5)	
Female	62 (72.9)	23 (27.1)	
Age range (in years)			p<0.000*
11-19	58 (92.1)	5 (7.9)	
20-29	148 (71.8)	58 (28.2)	
30-39	64 (42.1)	88 (57.9)	
40-49	20 (22.5)	69 (77.5)	
>50	1 (1.8)	56 (98.2)	
Marital status			p<0.000**
Single	180 (62.7)	107 (37.3)	
Married / consensual Union	100 (43.9)	128 (56.1)	
Separated / Divorced	9 (20.9)	34 (79.1)	
Widowed	-	4 (100.0)	

*Chi-square test; **Fisher-Freeman-Halton test

Table 2 shows the characteristics of the care provided to crack and alcohol users. By analyzing individual consultations, it was found that most of them were conducted by nurses, followed by clinical consultations with a doctor.

Regarding group consultations, one highlighted the activity of welcoming users who looked for the service for the first time or those who had been away for six months, followed by waiting room activities. It were also noteworthy the home visit activities to the users described, with 63.5% of them targeted to crack users (p=0.026).

Table 2 - Characterization of care offered to crack and alcohol users

Variables	Crack	Alcohol	p
	n (%)	n (%)	
Individual consultation			
Nursing*	193 (51.0)	186 (49.0)	0.758**
Clinical doctor	149 (49.0)	154 (51.0)	0.818**
Social worker	151 (53.5)	131 (46.5)	0.257**
Occupational therapist	111 (53.4)	97(46.6)	0.367**
Psychologist	80 (48.5)	85 (51.5)	0.755**
Psychiatrist	59 (44.4)	74 (55.6)	0.224**
Physical educator	22 (42.3)	30 (57.7)	0.791**
Group consultations			
Welcoming	54 (43.2)	71 (56.8)	0.152**
Waiting Room	44 (46,4)	51 (53.6)	0.538**
Home visits	47 (63.5)	27(36.5)	0.026**
Relapse prevention	14 (42.4)	19 (57.6)	0.486**
Family group	16 (57.1)	12 (42.9)	0.571**
Motivational	11 (40.8)	16 (59.2)	0.442**
Recycling	8 (44.4)	10(55.6)	0.814**
Harm reduction	5 (33.3)	10 (66.7)	0.301**
Physical activity	2 (33.3)	4 (66.7)	-
Art Therapy	4 (80.0)	1 (20.0)	-
Smoking	1 (50,0)	1 (50.0)	-

*Nurse and nursing technician; **z test for proportions

As a protocol component of the treatment plan, the laboratory evaluation is part of the initial

approach to substance users to guide the behavior and investigation of potential comorbidities that influence the treatment. Table 3 presents aspects related to the treatment.

Table 3 - Aspects of the treatment for crack and alcohol users

Variables	Crack	Alcohol	p
	n (%)	n (%)	
Exams request			
Yes	47 (16.2)	94 (34.1)	p<0.000*
No	244 (83.8)	182 (65.9)	
Types of tests performed			
Complete Blood Count	28 (14.1)	64 (15.0)	p=0.959*
Blood Glucose	25 (12.6)	60 (14.0)	
Glutamic-oxaloacetic transaminase	26 (13.1)	58 (13.6)	
Glutamic-pyruvate transaminase	25 (12.6)	58 (13.6)	
Creatinine	22 (11.1)	47 (11.0)	
Urea	23 (11.6)	45 (10.6)	
Venereal Disease Research Laboratory	25 (12.6)	41 (9.6)	
Non-specified exams	9 (4.5)	21 (4.9)	
Other tests	7 (3.5)	20 (4.7)	
X-ray	5 (2.5)	5 (1.2)	
Ultrasound	3 (1.5)	7 (1.6)	
Pharmacological treatment			
Yes	203 (69.8)	190 (68.8)	p=0.812*
No	88 (30.2)	86 (31.2)	

*Chi-square test

Discussion

From the results presented, one observes a larger consumption of crack among young people, almost always preceded by the consumption of alcohol and tobacco, allowing the conclusion that they start using drugs very early probably due to the ease in acquiring it⁽⁸⁾. The predominant age group of alcohol users, 40 years old or over, may be related to the appearance of clinical damage resulting from years of consumption, which motivates a late looking for help in health services⁽⁹⁾.

This way, Brazilian public policies, including the National Policy of Drugs and the Health Policy for Integral Care for Alcohol and Other Drug Users should prioritize prevention programs considering as a reference the human development, the access to cultural goods, the participation of families and the use of social facilities⁽¹⁰⁾.

Another result found refers to the preferential use of crack by women. A previous study shows this fact and highlights the need to meet the structural and interpersonal contexts of these women's lives to understand the interrelationships between drug use and health aspects⁽¹¹⁾.

Regarding marital status, the results of this study corroborate with the literature data that point to the difficulty that these people have in maintaining relationships, since drug users start to reduce activities with their families in order to use drugs⁽¹²⁻¹³⁾. Another factor is the high rate of domestic violence between the drug users population, which can also be a triggering factor for conflicts and frequent break-ups.

In relation to the care provided to crack and alcohol users, one realized the actions of multidisciplinary teams in the development of activities that allowed individual and group approaches, as recommended by the new mental health care model⁽⁵⁾. This multiprofessional feature becomes important to understand the social and collective context of the users of mental health services, as well as to the implementation of therapeutic actions⁽¹⁴⁾.

It is also noteworthy that, because of the multi-factorial genesis of addiction, users need to be assisted in many affected areas, such as social, family, physical, mental, legal issues, quality of life and especially focusing on relapse prevention strategies. The treatment of these issues is as important as the strategies addressed to drug use⁽¹⁵⁾.

In this context, for the production of care to become effective at the Psychosocial Care Center for Alcohol and Other Drugs, it is necessary an interdisciplinary approach of the multidisciplinary team, in which users are the common denominators

of the connection among several subjects and care practices. This line of action leads care in the direction of integrability⁽¹⁶⁾.

The study service has a team of seven professionals who are part of the activities of the treatment plan set up for each user. As previously reported, this scenario is satisfactory according to the guidelines of the psychiatric reform. However, it is noteworthy that the health work started to prioritize the composition of professional teams with different backgrounds in order to increase the therapeutic possibilities, but it also carries the risk of work fragmentation, thus imposing the need for truly interdisciplinary integration⁽¹⁶⁾.

In this study, concerning users' individual attention, nursing care prevailed. Due to the relevance of this category in acting with drug addicts, it is essential to discuss about psychoactive substances during professional training, considering having as the essence of praxis care to individuals and their families in biopsychosocial aspects⁽¹⁷⁾.

One also highlighted medical consultations, moment when the assessment of the therapeutic project took place: the drugs used, clinical comorbidities related to drug addiction and if the user needed psychological or psychiatric treatment. During the treatment of chemical dependency, it is essential to address medical aspects, which means a full therapeutic approach because it monitors the appearance of future complications that may arise from the addiction.

Each user of the Psychosocial Care Center must have an individual therapeutic project, characterized by a set of consultations that respect his peculiarities and that propose activities during his daily stay at the service, according to his structure and individual needs. This project is conducted with users by the professionals who welcome them at the service, who usually becomes the reference therapists as it is totally relevant the link established between them in the treatment process. This therapist will have under his responsibility, to monitor, along with the user, his

treatment plan, (re)defining, for example, the activities and the frequency of participation in the service. This professional is also responsible for making contact with the family and for the periodic evaluation of the established goals, having dialogues with the user and the technical staff⁽⁵⁾.

Besides pharmacological treatment, there are common treatment plans for addictions in general which include changes in lifestyle and psychotherapy. These treatment options are aimed at the promotion of abstinence, the treatment of compromised medical conditions and relapse prevention, focusing on the motivation of the individual and his family. The fact is that there is still no therapy excellence, neither of medication nor psychotherapy type, but the concomitant use of these alternatives seems to enhance the effectiveness of the treatment⁽¹⁸⁾.

In the context under study, one highlighted the welcoming that happens daily, having as the focus users who were seeking the service for the first time and those away for more than six months, aiming to provide an assessment or re-assessment for better targeting of the therapeutic plan. Other activities were scheduled weekly such as health education in the waiting room, relapse prevention, harm reduction, motivational, recycling and physical activity group.

Besides these activities, home visits were carried out to users who missed the scheduled visits, in order to re-unit the bond. Currently, the active search is among the therapeutic models most commonly used to treat drug users using educational and integrated approaches and focusing on specific interventions of motivational stimulation therapy and relapse prevention⁽¹⁹⁾. It should be emphasized that the work processes related to therapeutic support activities are seen as important in the treatment and social reintegration of these users⁽²⁰⁾.

Given the care production starting from therapeutic groups, ones emphasize its importance for planning of clinical interventions, as it presents positive results to monitor several injuries and diseases⁽²¹⁾.

Given the clinical and somatic complications that can be induced, perpetuated or facilitated by substances use, the clinical and laboratory evaluation is an important part of the workup⁽²²⁾.

Crack users, besides being exposed to a series of physical complications that come with consumption, such as pulmonary and cardiovascular diseases, have a significant worsening of their general state. They usually start their treatment malnourished, anemic, with infectious outbreaks, injuries from falls, fights and victimization, as well as other complications. For some users, the initial demand for treatment is more motivated by medical complications that afflict them than by drug use⁽²³⁾.

In general, the types of tests requested in this study are similar to those indicated by the clinical protocol from the Hospital Foundation of the State of Minas Gerais [*Fundação Hospitalar do Estado de Minas Gerais*], which should be part of users' initial approach and of the medical management⁽²²⁾. According to what was exposed, the treatment of substance dependence lies in psychotherapeutic and psychosocial approaches and in the treatment of intoxication, symptoms of withdrawal and comorbidities.

In many mental health services the clinical aspects and the comorbidities directly related to drug addiction are not effectively valued, this fact has relation to the little production about this theme in Portuguese language. In a systematic review, whose objective was to analyze research available electronically that addressed clinical comorbidities in users of crack/cocaine in the period from 2005 to 2011, as a result, only three articles were identified addressing this issue⁽²⁴⁾.

In the production of care for drug users one should value the specificities of drug and the aggravating factors of their clinical condition. The monitoring and analysis of laboratory tests are presented as an effective way to contemplate the care provided. In a study about risk factors and protection, relapse among drug users, the effective management of clinical aspects appears as a protective factor for

relapse⁽²⁵⁾.

The monitoring of ambulatory patient assessment can guide therapeutic decisions, influencing the management of associated syndromes⁽²³⁾. In general this type of assistance should take place in an outpatient basis, where the laboratory tests are used to map out possible complications.

Conclusion

The intention of this study was to analyze the therapeutic project of crack and alcohol users served in a Psychosocial Care Center for Alcohol and Other Drugs. One detected a production of care based on the individualized therapeutic project conducted by a multidisciplinary team. The nursing and medical care were the majority, suggesting the organization format of the service and the users' demands. The study also reflects the importance of a team that operates across the assistance indicating new training procedures that enable competences to include light technologies in the work process.

The limitations are related to the methodological options. The analysis of medical records, with close reading page by page was the way to collect the professionals' records. In general, the investigations of documentary basis present difficulties such as incomplete information, inadequate completion and illegible handwriting.

It is noteworthy that this study deals with the specific reality of one institution and it aims at the theoretical contribution for the experience of health professionals concerning the care to people who are dependent on psychoactive substances in their daily work in a Psychosocial Care Center for Alcohol and Other Drugs, focusing on the characteristics of the therapeutic project. Further research would be important to analyze the form of implementation of therapeutic projects in mental health services, trying to identify how the team develops assistance.

The changes of the assistance model attribute to mental health services, to their staff, to users and

their new families, new roles sharing responsibilities to everyone involved in the care process. In this scenario, the development of therapeutic projects by a multidisciplinary team is a central strategy for the production of care and it aims to promote acceptance, bond, accountability for users and to ensure continuous and comprehensive care.

Collaborations

Oliveira EN contributed to the project planning, design, orientation, analysis, drafting and final version to be published. Santana MMG and Ximenes Neto FRG contributed to the development of the research, data analysis and preparation of the article. Eloia SC and Felix TA collaborated with the final review of the article. Almeida PC contributed to the statistical analysis and final review.

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