



FAMILY CARE TO INDIVIDUALS DEPENDENT ON ALCOHOL AND OTHER DRUGS

O CUIDADO FAMILIAL AO INDIVÍDUO DEPENDENTE DE ÁLCOOL E OUTRAS DROGAS

LA ATENCIÓN FAMILIAL AL INDIVIDUO DEPENDIENTE DEL ALCOHOL Y OTRAS DROGAS

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This is a qualitative, exploratory and descriptive research, which aimed to describe the family care given to the individual dependent on alcohol and other drugs. For data collection we used the interview, open, free and recorded, which was performed in August and September 2011. The 11 subjects were relatives of the individuals dependent on alcohol and other drugs, involved in family groups conducted at the Psychosocial care Center for Alcohol and Drugs. From the content analysis of these interviews, two categories were revealed: care actions in the perception of family caregivers, and care to minimize conflicts in family relations. The way the family takes care of the relative dependent on alcohol and other drugs has the purpose of meeting the physical and emotional demands, as well the interpersonal relationships, as it is concerned with the wellbeing of the chemically dependent relative.

Descriptors: Mental Health; Family; Substance-Related Disorders; Caregivers.

Tratou-se de uma pesquisa qualitativa, exploratória e descritiva, a qual objetivou descrever o cuidado familiar desenvolvido ao indivíduo dependente de álcool e outras drogas. Para a coleta de dados, utilizou-se a entrevista aberta, livre e gravada, que foi realizada nos meses de agosto e setembro de 2011. Os sujeitos foram 11 familiares dos indivíduos dependentes de álcool e outras drogas que participam de atividades dos grupos de familiares realizadas no Centro de Atenção Psicossocial Álcool e outras drogas. A partir da análise de conteúdo das entrevistas emergiram duas categorias: ações de cuidado na percepção dos familiares cuidadores e o cuidado para minimizar os conflitos nas relações familiares. O modo como a família cuida do familiar dependente de álcool e outras drogas tem o propósito de suprir as demandas físicas e emocionais, assim como do relacionamento interpessoal, na medida em que se preocupa com o bem-estar do familiar dependente químico.

Descritores: Saúde Mental; Família; Transtornos Relacionados ao Uso de Substâncias; Cuidadores.

Investigación cualitativa, exploratoria y descriptiva, cuyo objetivo fue describir la atención familiar desarrollada para el individuo dependiente de alcohol y otras drogas. Para coleccionar los datos se utilizó la entrevista abierta, libre y grabada, en agosto y septiembre de 2011. Los 11 sujetos analizados eran familiares de individuos dependientes de alcohol y otras drogas que participaban de grupos familiares en Centro de Atención Psicossocial Alcohol e otras drogas. A partir del análisis del contenido de las entrevistas emergieron dos categorías: acciones de cuidado en la percepción de los familiares y la atención para minimizar los conflictos en las relaciones familiares. El modo como la familia cuida del familiar dependiente de alcohol y otras drogas demuestra la intención de suprir las demandas físicas y emocionales, además de cuestiones de relacionamiento interpersonal, pues se preocupa con el bienestar del familiar dependiente químico.

Descriptores: Salud mental; Familia; Trastornos Relacionados con Sustancias; Cuidadores.

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INTRODUCTION

In recent years, it has been noticed that studies and discussions addressing the family have become more frequent in the health context. This arises from the changes occurring in the nuclear family, and consequently in its structure, functions and roles. The family is the foundation where behavior patterns, moral, social, ethical and spiritual values, among many others are incorporated. And, due to its very complex structure, composition and function, the family becomes intrinsic when experiencing multiple conflicts throughout the life cycle⁽¹⁾. One of the complex situations experienced by families is the presence of a family member dependent on alcohol and other drugs. One can say that this dependence affects not only the individuals who are substance users, but also the relatives who live with them⁽²⁾.

The alcohol and other drug abuse, or even dependence, is currently a public health problem, due to its complexity and magnitude, since its effects significantly affect the health and quality of life of users and relatives⁽³⁾. The use of alcohol and other drugs is not only a problem for the user's health, but also affects the economy, the family life, and work and studies performances⁽⁴⁾.

It is estimated that, for each individual involved with alcohol and/or other drugs, four to five people will be directly or indirectly affected, including spouses, partners, children and parents⁽⁵⁾. Thus, the family functioning can influence the alcohol and other drugs use in their children⁽⁶⁾.

To interact in such context, health professionals need to have the attention directed not only to the user, but also to the family, since this is an essential part of care and is involved in the maintenance of family relationships and in the health of its members. Thus, the

professionals need to understand the family as a link between the treatment and the patient. However, the context of daily life changes, imposed by the presence of an alcohol user in the group, modifies the life routines, causing suffering and distress to the family⁽⁷⁾.

Nursing literature has been making references to the role of the family as caregiver in health and illness situations, showing that it can be conceived as care unit (for its members). Therefore, in this perspective, the professionals are in charge of supporting the family, strengthening and guiding it when it is weakened⁽⁸⁾.

Family care manifests itself in the actions and interactions present in the lives of each family group. It is directed to each of its members individually or to the group as a whole or in part, aiming at their growth, development, health and wellbeing, personal fulfillment, and social inclusion and contribution. It happens through conviviality, reflections and interpretations that arise from the interaction process⁽⁸⁾.

The interest in expanding the understanding of the daily lives of families that accompany alcohol and other drugs dependent individuals and the meaning of care for them becomes relevant when considering that most of the studies conducted in the nursing field addresses the theme approaching the dependent individual. However, they do not address directly the needs of the family members of these users. Furthermore, the importance of incorporating family care in this study refers to the fact the family is the first to undergo changes in its dynamics and organization⁽⁹⁾.

Given the above, we formulated the following question: how is for the family to care for an individual dependent on alcohol and other drugs? Thus, this study aimed to describe the family care developed for the individual dependent on alcohol and other drugs.

METHODS

This was a qualitative study of exploratory and descriptive type, carried out in a Psychosocial Care Center for Alcohol and Drugs (CAPS ad), located in a municipality in the Rio Grande do Sul (RS) state, with 11 relatives of individuals dependent on alcohol and other drugs.

For this, were established as inclusion criteria to participate in the research, in descending order: be a family member who attended the CAPS family group; family kinship of first and second degree; spouses; only one family member per addict. The exclusion criterion was: relatives of alcohol and other drugs dependent individuals that were younger than 18 years.

Data collection happened in a private room provided by CAPS professionals for this purpose, in August and September 2011, during the morning and afternoon shifts. Then, the family answered the interview, free, open and recorded, the following question: How it is for you to take care of (name of the individual dependent on alcohol and other drugs)? When information began to repeat itself, the interviews were stopped for considering there was data saturation⁽¹⁰⁾.

Since this is a research involving human subjects, the project protocol was submitted to the Research Ethics Committee of the Universidade Federal de Santa Maria, being approved under protocol No. 0159.0.243.000-11, which followed the principles and guidelines of Resolution no. 196/96 of the National Health Council. Therefore, the family signed the Informed Consent Form (ICF), and to ensure and preserve the identity of the family members, the reports were identified by the letter 'F', for it is the initial letter of the word family, followed by the order number of interviews (F1, F2, F3, and so on).

As regards to the analysis of the interviews, we used the thematic content analysis⁽¹⁰⁾. After recording, the interviews were transcribed verbatim, which allowed them be organized into thematic units, categorized and analyzed. It is important mentioning that thorough reading and rereading of the material were performed, aiming to organize the statements in a certain order. With this, it was possible to approach what was reported by interviewees and gradually emerged from these messages. Later, we performed the initial associations, taking into consideration the similarities, contradictions and silence. During this process, the literature review was used as the basis for the organization, analyzes and interpretations. Thus, two categories emerged: care actions in the perception of family caregivers; and care to minimize conflicts in family relations.

RESULTS AND DISCUSSION

Care actions in the perception of family caregivers

The findings showed that the care provided by family members to individuals dependent on alcohol and other drugs happened by helping to supply the basic needs, through the assistance provided to the individual, when reported the care with feeding, personal hygiene and medication administration. However, sometimes the care is seen essentially as assistance, given the maintenance of basic needs: *Now he does not need much care, how can I say this, he takes the medication properly (F3). He had a nervous breakdown and then became a child, we bathed him, gave food in his mouth (F8). I have to take care of him, I have to accommodate, straight, lay him down, bring him to dinner... we must have patience, straightening him, trying to accommodate him (F10).* Family care as a form of protection includes: personal hygiene, the cleanliness and housing adequacy; food

supply according to individual needs; the use of climate-appropriate clothing and home accident prevention, among others⁽⁸⁾.

The action of monitoring is expressed by family caregivers as a way to take care of dependent individuals to prevent drug use, because this way they have some control on them: *Watch, watch and watch someone, I cannot watch someone (F3). He cares for him, but then I keep looking, watching, to make sure he is not drinking... I do not see him drink nor smell alcohol, otherwise I would smell alcohol... when he is home I try to make sure he does not go out (F5)*. It is common to have conflicts in the family of individuals dependent on alcohol and other drugs, destabilizing the family dynamics. Given this situation, the family suffers injury, according to the degree of kinship of those involved in this problem⁽¹¹⁾, and also due to the intensity of the emotional bond.

The study also showed that there was a role reversal in family dynamics, when the children assumed the role of care, which should be performed by the parents of individuals dependent on alcohol and other drugs, even without being emotionally prepared⁽¹²⁾, as expressed by the family member: *I do not think it is fair for him to take responsibility like this, committing someone with the role of an older person... oh! My daughter, you cannot play when he drinks, you have to take care of your father (F10)*. Families of alcoholics may be different from many others. They adopt some "rules" and certain roles that are not common for most families, such as the child at an early age taking responsibilities generally given to adults⁽⁸⁾. Thus, the experience of caring for an alcoholic individual mobilizes not only the caregiver, rather the entire family⁽¹³⁾.

Thus, caring for an individual dependent on alcohol and other drugs, which is familiar, may lead to some decisions on the part of other family members, decisions that are more difficult to be accepted by

society. For family members, they took drastic measures, so that dependent individuals did not go out to use drugs, or even as an attempt of holding them back, finding themselves without a choice given the addiction of their children: *You have to lock him up, end his benefit and just let him go the day he finished his sentence. We have to take certain attitudes! Other people say you are mistreating your son. This is not mistreating. You must have discipline (F2). Take care of him? Well, there was a time that I put a padlock in his room and on the window; I gave him food and juice like he was really a sick person (F4)*. The measures used by family members mark their lives, because they expose them to the risk of facing criminal charges for false imprisonment. Even so, they take this measure as the only way to prevent their children from endangering their lives and succumbing to the seduction of drugs and the compulsion of the street. These measures are evidenced by relatives as a care action that, in this context, has the objective of protecting these individuals from both the use of drugs and the aggressions to which they are exposed in the streets.

The care does not always come to meet the physical needs of the individual addicted to drugs, but is expressed in a few moments by the emotional, where the family seeks to maintain a peaceful environment, given the difficulty the individual is going through, reporting the importance of communication and understanding in the face of situations experienced: *We do what we can do to help him, sometimes I see he's a little nervous... the alcohol abstinence, I do not give him, I try not to give him a reason go out, suddenly, sometimes I try not to leave him so he does not have a reason... everything is a reason for him to drink, then, of course we talk, but I try not to stress him, so he does not have a reason to go out and drink (F5)*. The family needs to know about alcohol abuse, as well as how to deal with the behaviors and health problems of the individual⁽¹⁴⁾. This may assist them in understanding its effects on the body, serving as a critical instrument in the care of the

individual facing the difficulties found in day-to-day coping with disease.

In this perspective, the care involves more than actions for basic needs, it involves feelings and affection: *We treated him with affection. We were never bad to him; maybe it was too much* (F4). Care is in the essence and constitution of being, it is present in all the actions, words and gestures, permeating the doing⁽¹⁵⁾. Empathy, trust, patience, affection, and also communication are elements of care⁽¹⁶⁾.

Facing the main situations caused by the individual, as a result of the abuse of alcohol and other drugs, some actions arise from family care, such as looking at bars and other places of consumption. This is very common in families living with an individual dependent on alcohol and other drugs: *The father would look for him, brought him home. After he passed away, it was hard for me, because I could not go out in the dawn, at night, looking for him* (F1). Family care is beyond the act of searching these individuals when they go out at night, but it happens due to this fact: *He was like this, in a horrible situation, so I brought him home... and I was up all night taking care of him... and it was like this, I searched for him wherever he was* (F5). *I went after him, I looked for him, and I got tired of going after him... tired of going out 10pm, 11pm after him, looking at the bars. I always helped my son* (F11). Family care can be recognized by some attributes, such as the presence, inclusion, promotion of life and wellbeing, protection and life guidance⁽⁸⁾.

Another situation refers to falls that occur when individuals are under the influence of alcohol and other drugs, and that occur frequently in day-to-day, on the streets, at bars and households, as reported by family members: *He fell on that ditch... he was all bruised. They brought him, put him there on the couch, there in the living room. And I changed his clothes, gave him a very hot coffee* (F1). *Once he was fainting in the bathroom and bled from the mouth and nose, I had to call for help* (F7). *When he drinks, I do not sleep. I stay alert. And what am I afraid of? Of him getting up and fall. And that's what*

happened (F10). The family plays an important role on this situation, trying to prevent further falls, protecting them from domestic accidents and calling for help in the case of some injury. From the perspective of the caregiver, the care can vary a lot on how it is perceived, but it is intended to help, comfort, ensure, and provide security and affection, which are the constructs of care⁽¹⁶⁾.

The care facing situations of violence means helping the other in circumstances where they cannot meet their own needs⁽¹⁵⁾: *They beat almost only his head. I made the wound dressing, gave him medication at the right time. I had to do it, to bring him food in bed, all this. What could I do?* (F1). However, it is worth mentioning that the family also becomes sick when cares, and needs to be addressed along with healthcare professionals in order to empower themselves to meet the needs of its members and be able to provide them security, affection, learning and communication⁽¹⁷⁾.

Care to minimize conflicts in family relations

In this category, the family spoke about relationships, on the face of the individual dependent on alcohol and other drugs, as well as mentioned the difficulties to maintain these relationships in harmony. In this regard, studies provide data on the problems faced by relatives of dependent individuals, who have caused situations of disagreement and weakening of interpersonal relationships⁽¹⁸⁾.

Thus, it was possible to verify that there is a weakening of the affection bonds and interfamily relationships, as well as there is difficulty in accepting the alcohol and other drug abuse by family members. We identified a disruption of family relationships due to the consequences caused by the use of these substances: *It was very hard, because his brother would not accept him like this under any circumstance, and so his sister, they even have been very hostile to each other* (F1). *The older children and his older sister were no longer enjoying it, it was too much what he did* (F3).

The consequences of alcoholism are seen as problematic by family members in the field of interpersonal affective and social relationships, sometimes hindering the approach and maintenance of emotional bonds⁽¹⁹⁾, since the dependency has great emotional impact on the closest people, resulting in family conflicts⁽²⁰⁾.

However, even in such situations, some relatives have found several ways of handling the dependent individuals on alcohol and other drugs. They played a role in the mediation and conciliation of the dependent individual on alcohol and other drugs with the others, so they could maintain a harmonious environment: *We do not have small talk, when we need we talk among each other, we say what has to be said and that is all. There is no kidding! It's yes or no and done* (F2). *My care with him is like this, trying to talk now about this problem of him starting to drink, talking a lot, I tried a lot, I talked* (F8). The prevention of alcohol and other drugs in the family depends on the family performance, in their role of caring, valuing relationships and the basic principles of a clear and authentic communication. The limits and rules need to be present and, in the context in which they live, the family must be consistent in its acts and words⁽¹²⁾. Communication is an important aspect to consider, since it is an inseparable and essential element in the care process⁽¹⁶⁾.

By using these elements, the family can act effectively in the prevention of alcohol and other drugs, but when it can no longer prevent it, the family appeals to hospitalization: *It was a big fight, packing everything to hospitalize him there; he did not want to go at all. Then, it was a struggle, I had to pay it, I earned little money, I was always doing raffles, making risotto to sell to get the money to send, to pay there* (F1). *We set him a trap, we called the BOE (Special Operations Battalion), and called an ambulance from another place, with doctor and nurse, they gave him an injection to be able to take him away, so I could go along with him, I was in the greatest sadness to see my son...* (F3). This is a way of caring for a dependent family member, since during the hospitalization he is protected,

away from streets and aggression, even suffering with drug withdrawal. Besides, monitoring the individual dependent on alcohol and drugs in health services is a form of care. This is expressed by the interest and dedication from the family to this individual: *He goes to a consultation, I am with him, in the group, I'm always with him; whatever he does I'm with him* (F6). *He even had a few attacks, up to five or six a day. I cared, had to call an ambulance, stay, spend the day at the hospital with him, even do all the exams after hospitalization* (F9).

Sometimes, the care dedication to the individual dependent on alcohol and other drugs makes the family forget to take care of their own health to devote themselves to him: *I'm always ahead, because I'm always saying let's go...* (F7). Caring for a family member dependent on alcohol and other drugs involves attention to feeding, personal hygiene, medication, monitoring health services or other services, maintenance of family relationships and assistance on the various situations to which the individual is exposed. The care of each relative is individual to the family member dependent on alcohol and other drugs, for considering that everyday situations are different for every family.

Therefore, the family support is necessary for the restructuring of some aspects of the life of the individual dependent, and for the family to be also able to rearrange its dynamics⁽²⁰⁾.

FINAL CONSIDERATIONS

The development of this study enabled the understanding of family care designed for the individual dependent on alcohol and other drugs, as well as the family relations in this context. The care to this individual requires a great effort from the family to maintain the bonds and activities of daily living, as well as dealing with the consequences of drug abuse.

The care for the individual dependent on alcohol and other drugs manifests itself in the family actions, seeking to help and monitor health services by providing assistance with the maintenance of basic needs, and in the assistance in the face of situations to which these users are exposed, such as violence and falls.

The way the family takes care of a relative dependent on alcohol and other drugs is intended to meet their physical and emotional demands, as well as interpersonal relationships, to the extent that worries about their wellbeing. Caring for a family member dependent on alcohol and drugs is more than an act; it consists of attitudes filled with feelings, emotions, attention and zeal for their wellbeing and protection.

In this study, it was evident that the family is essential for the maintenance of health and quality of life of dependents on alcohol and other drugs. The family also needs to be inserted in the context of the care strategies from health professionals, as they suffer an overload to take care of their relative dependent on alcohol and other drugs, going through several difficulties. The care for the dependent individual and the family member demands the involvement from health professionals, through the aid and understanding relationship, as well as the development of skills, such as sensitive hearing, attention, affection and respect.

This research provides support so that we can rethink the practice performed along with relatives of individuals dependent on alcohol and drugs and help these families based on joint strategies of health professionals/drug and alcohol dependent/family.

The few existing studies on the alcohol and other drugs abuse in the family context was one of the difficulties found in the development of this work. Thus, the development of this study also contributes to the knowledge production in this area, to the families that

have members dependent on alcohol and other drugs and for health professionals.

This study shows the need for deeper knowledge about the everyday life of families, for knowing the coping strategies they use, for meeting the overloads they experience, so we can develop strategies that will support the specific needs of these families. As an example, we can mention: the clarification of the family regarding dependence on alcohol and drugs; conducting group work with families and dependent individuals; the opportunity to provide the integration of drug addicts and their families; and the creation of support groups that can help these families in other levels of care, not only in CAPS ad, but also in basic health units.

Based on this, it becomes necessary to expand this perspective, with the possibility of visualizing other studies on this subject, which consider the individual dependent on alcohol and other drugs, not only as part of a responsibility system, beyond the family, but of the universe composed by the society.

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