

Health requirements of families of psychoactive substance users

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ABSTRACT

The present study aimed to understand the health requirements of families of psychoactive substance (PAS) users. It is a descriptive study carried out with family members of users at a Center for Psychosocial Care, whose data was produced through interviews. After content analysis the following categories were identified: health requirement as a disease located in a biological body, health requirement as social reproduction and health requirement centered on relationships and care. Health requirements are perceived as the necessity to care for mind, body and spirit. What is not manifested through signs and symptoms is not always recognized. A tendency to not recognize forms of illness arising from coexisting with PAS users was identified. There is a demand for sharing problems with people willing to listening, professionally or otherwise. Professionals should be aware of these necessities, which may involve family members forgetting to take care of their own health.

Descriptors: Psychiatric Nursing; Family Relations; Substance-Related Disorders; Mental Health.

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INTRODUCTION

Psychoactive Substance (PAS) use has emerged as a contemporary problem of global proportions, generating concerns in the ambit of public health policies. Within this context, the family takes on an important role in the creation of bonds, and in the protection and socialization of the person using these substances⁽¹⁾.

The situations faced by the family living with PAS users produce incomprehension, rejection, feelings of vulnerability to violence, misunderstandings and family breakdown. Coexisting with a person using PAS may generate embarrassment or feelings of impotence in the family when faced with hostile or tense situations, violent behavior or suicidal ideas. Experiencing such situations produces changes in life habits⁽²⁾.

This has direct repercussions in the family context, interfering not only in relationships between family members, but also in emotional, financial, social, structural and affective aspects⁽³⁾.

This is a singular context capable of generating health requirements resulting from coexisting with a person using PAS. The health requirements are related to illness, individual suffering, deficiencies or vulnerabilities⁽³⁾.

Health requirements are here understood as those directed at the preservation of a person's life (such as food, shelter, social interaction and cooperation, among others) and those aimed at improving the human condition, such as freedom, autonomy and self-realization, among others⁽⁴⁾. However, these are all historically and socially determined, as the individual is born and develops in natural spaces involving cultural contexts⁽⁵⁾.

These health requirements extrapolate into categories identifiable at an individual level. Therefore, in the collective scope, these requirements cannot be isolated and individualized as they take on a meaning within the social context in which they are generated. This is not to deny the importance of the manifestation and satisfaction of specific individual requirements, but to recognize the demand for care based on a perspective in which these elements are integrated with professional care⁽⁶⁾.

As such, the family may actively participate in caring for the health of the PAS user by supporting singular therapeutic projects, offering affection, security and attention⁽⁷⁾. The partnership between the family and the healthcare service may be a way of promoting recovery of family ties of the user and stimulating continuity of their treatment⁽⁸⁾.

These requirements are often neglected when care is centered only on the PAS user. Therefore, it should be asked: What are the health requirements of family members of PAS users? How do these requirements emerge from established family relationships within the scope of the problem?

From the perspective of fostering integrality in health, the identification of different health requirements, be it in the individual or collective ambit, constitutes a more appropriate strategy for the orientation of decisions of healthcare professionals and their choice of action. Furthermore, analysis of these requirements contributes to the definition of care strategies based on context and the relationships between users, family members and the community⁽⁹⁾.

Based on these considerations, this study aimed to understand the health requirements of family members arising from their relationship with a PAS user, investigate perceptions on health requirements from the perspective of these families, and identify the reasons resulting from this relationship that led them to seek out the healthcare service.

METHOD

This is a descriptive study with a qualitative approach conducted at a Psychosocial Care Center for Drugs and Alcohol (Centro de Atenção Psicossocial Álcool e Drogas – CAPS ad) in a municipality in North-east Brazil.

The sample was composed of 12 family members of PAS users being treated at said service, these being obtained by convenience⁽¹⁰⁾. The participants were recruited at monthly meetings aimed at family members, where they were introduced to the researchers and the research procedures were explained.

The inclusion criteria were: 1st or 2nd degree family members, aged over 18 and residing with the user in follow-up at CAPS ad. Family members of hospitalized users or those that missed two consecutive meetings for data collection were adopted as exclusion criteria.

The number of participants was also defined according to availability and willingness to participate in the study, as many family members refused, declaring difficulty in dealing with the central problem of the study.

The data was collected in the period from August to November 2015, after signature of the Consent Form, through semi-structured interviews with the following guiding questions: What do you understand about health requirements? What are your health requirements? What reasons led you to seek out a healthcare service?

The interviews were arranged in advance and carried out over two or three meetings with each family member, with an average duration of 45 minutes, in a reserved location away from the facilities of the healthcare service. The statements of the participants were recorded and transcribed in their entirety. Content analysis⁽¹¹⁾ was used to analyze the empirical data, which consists of a set of techniques with the objective of analyzing a statement's content using systematic description procedures (pre-analysis, exploration of the material and treatment of the results and interpretation).

The study was approved with decision 298.697 CAAE nº 13975313.2.0000.5294 by the Research Ethics Committee (CEP) of the Rio Grande do Norte State University (UERN). To guarantee anonymity of the statements, the participants were identified with a letter "F", for family, followed by an Arabic numeral; this organization is not related to the order in which the interviews occurred.

RESULTS AND DISCUSSIONS

The study was conducted with the participation of two men and 10 women whose ages varied from 20 to 62, with a mean age of 38. In relation to the degree of relatedness with the person in treatment at CAPS ad, it was identified that one was a father, three were the children and four were mothers of the users; besides which, four referred to themselves as being wives, whereby, one reported being married and three confirmed being in a stable relationship. Regarding occupation, three were housewives, three were cleaners, two were retired, one was a student, one a bricklayer and two unemployed. In relation to education, six had incomplete primary education, four had no degree of instruction and two had completed high school.

Analysis of the interviews made it possible to identify the following categories: health requirement as a disease located in a biological body, health requirement as social reproduction and health requirement centered on relationships and care. In general, the results obtained in this study led to the understanding of health requirements from a perspective restricted to deficiencies, health problems, the absence of leisure, unfavorable life conditions, the development of pathologies and that expressed as deficiencies in the healthcare service.

It can therefore be perceived that there is an approximation of these results to a theoretical perspective⁽⁹⁾ connecting health requirements to life conditions, to access and consumption of technology, to the creation of an affective tie between users and the healthcare service, and to autonomy in way of life.

In the category of **health requirement as a disease located in a biological body** it was identified that family members associated health with the absence of pathologies located in body or mind, as shown by the following statements:

*A health requirement is health that a person doesn't have, in other words, what he or she needs in health. For example, I have sinusitis that bothers me a lot, it's very painful and really hurts me, so I require health (F4)
It is when we are feeling something, but now I'm not feeling anything at all. My mind is ok. I think that I don't have anything because I take my medicine(F8).*

It was identified that the participants have an understanding of the illness process, sustained in the biomedical discourse that is present in various expressions of knowledge in the field of health. Their thinking reflects and reinforces the understanding that the disease materializes in the body through signs and symptoms restricted to its functioning and structure. Such a perspective is similar to the notion of health requirements regarding care concerning diseases and illness as biological expression, excluding psychological illness or other forms of illness not fitting into this same reference⁽¹²⁾.

This approach, generally applied to the terms sickness and health, contrasts with the context of the families, whose coexistence with the PAS user is not always harmonious, but permeated by tensions and conflicts, with the family environment also being a space in which emotions are more easily expressed⁽¹³⁾.

Therefore, identifying this understanding is essential in the organization process of a care network to receive the PAS user and their family, upon which actions can be planned within an inter-sectorial scope, connected to individual and family care. As such, the possibilities for strengthening the tie between the family and the healthcare service are increased, inasmuch as the care on offer is centered on the health requirements and demands identified upon receiving these people.

In the following statement, perception of the requirements is increased, characterizing the category of **health requirement as social reproduction**:

My requirement is to pursue living well, having a place to sleep well, looking for good food, it is quality of life really. So, if we are doing this, we are preventing some kind of disease, because we can get sick anytime because I worry so much about him. I look after him, but we need to look after our own bodies, our own lives too (F1).

The idea of health requirement is associated with social determinants and the way they influence situations of well-being and social interaction. Social determinants are considered resources establishing the way of living, growing, becoming sick and dying and are also influenced by the forces and systems distinguishing the daily conditions of each one⁽¹⁴⁾.

Concern with the family member who is a user of psychoactive substances, or PAS, is a feeling translated by the family members that affects various dimensions of their life, such as diet, housing and health. Therefore, an understanding of the necessities of family members is required to establish strategies that diminish occasional conflicts and the difficulties existing within the family dynamic⁽¹⁵⁾.

In this statement, the necessity is still perceived as absence, or need, of requirements that provide support in the maintenance of health.

A health requirement is when we don't have inner peace, without worries, when we aren't well with other people. I think health requirements also involve seeking out people that are good for you, that talk to you about your problems, that give me attention and support. Without these things it is more difficult to live well(F6).

This understanding of health requirements is expressed from a wide perspective, in their relationship with well-being as a condition to obtain health, through personal, material and spiritual resources⁽¹⁶⁾. The family member's search for affection and care promotes an improvement in family relationships in the treatment process of the user of psychoactive substances, or PAS, and, consequently, in their quality of life⁽¹⁵⁾.

It was also reported that the lack of leisure, adequate rest, diet and socialization as health requirements, when not met, generate discomfort and difficulty in leading life. Activities aimed at leisure are considered an important aspect to guarantee health.

The necessity is for a good diet, sleeping well and looking for something to do for fun. Leisure is needed to have health, because then it is a healthy life, to continue well, because otherwise anyone would get sick(F2).

It is evident that in the perception of this family member this requirement does not only involve meeting the most basic necessities of individual and social well-being. It assumes meeting conditions situated at a level that includes human beings in their various dimensions and in their relationships established with the collective in which they are inserted, understood as support.

Distancing between the individual and the social disrupts life in society, since it overlooks individual recognition within society. This generates discomfort or suffering in living when faced with something that is lacking or that is not going well⁽¹⁷⁾.

Modifications in the family context and difficulties experienced in the reorganization of life may reflect coexistence with the PAS user, which produces care requirements that are not always perceived by the family members or the professionals providing care.

My life revolves around him. My requirement is doing my things, looking after myself, but everything I do is to help him. I missed work this morning to take him to CAPS because if I let him go alone, he might have an attack in the middle of the street. I suffer a lot with all this and don't know what else to do; I also need help (F12).

The necessities arising from the use of alcohol and other drugs produces a co-dependent relationship between the drug user and the family member. This resulting co-dependence presents similarities with other studies in which family members take on the responsibility of caring for the drug user, which leads to physical demands and emotional overload, especially when the needs of the user are put above their own⁽¹⁸⁻¹⁹⁾.

Prior to taking on the role of care giver, the family member should find strategies for confronting adverse situations and getting to know their own wishes before caring for another. This strengthens the family relationship and influences the user's therapeutic process, as the user sees the family as an ally in the necessity to avoid risks arising from the use of drugs^(2,20).

The deficiencies and difficulties demonstrated by the families are also associated with relationships established with the PAS user, which may affect various dimensions of life such as health, leisure, work and physical and psychological well-being, besides the relationship between family members. For this reason it is necessary to use instruments that enable social identification of health requirements, taking these as central to interventions and practices⁽⁶⁾.

The category **health requirement centered on relationships and care** emerged from analysis of statements that referred to the bonds created between the person seeking out the healthcare service and its professionals. It consists of a field in which there is access to and consumption of soft health technology, considered to be those that orchestrate the relationships between professionals and users, dialogue and the creation of bonds⁽²¹⁾.

The relationship established between users and their families and the professional team of the healthcare service is within the scope of soft technology, through which bonds may be established, which makes the passage through the healthcare service more welcoming and remedial. The bond is established through the relationship of trust between those involved, meaning the establishment of a continual relationship in which subjectivities are understood⁽²²⁾.

The family member's relationship with the PAS user is strong due to mutual feelings and the dedication to their care:

For me to look after a dependent, to love them a lot and worry about them, I have to always be aware. Before, I wasn't so prepared to look after him, today I work in the capacity of helping him, I think that's why our relationship is strong, and I don't have the courage to abandon him(F7).

It is as if I were his mother, because I look after him and we are very connected, I have to take a lot of care with him. I know that he needs me to get away from this evil(F9).

The concern of the family member as a way of guaranteeing the user's well-being and helping in their treatment can be observed in these statements, despite the difficulties that this care entails. They also show a great effort to preserve a bond and maintain the user at a distance from something considered prejudicial to their health.

The statements denote the responsibility taken on with the PAS user, which generates suffering in the scope of the family. This occurs due to the emotional bond existing between them because, as a result of this bond, the family members are seen as co-responsible for the task of helping their immediate family. This finding was also identified in another study⁽³⁾ and reflects a family context in which living with the PAS user produces other health requirements that should be cared for by healthcare services.

The tightening of the relationship between members of the family is a benefit of the treatment of the PAS user, despite the responsibility taken on by the family member also possibly generating serious health problems in those taking on this care. The seeking out, or not, of the healthcare service is an individual choice and, often, health requirements are not converted into demands on the family members, although not all demands are met by the healthcare service, as these demands may make access difficult and promote distancing between the users and the service⁽⁹⁾.

On the other hand, as a result of experiencing feelings of uncertainty when faced with situations of tension, family members of PAS users may tend towards being defensive and having difficulty seeking out a healthcare service, maintaining distance and lacking a relationship with the healthcare team⁽²⁾.

Seeking out healthcare services to satisfy the well-being of basic life activities minimizes suffering, assists in the resolution of conflict and provides gains in autonomy in conducting life more confidently, with a stronger bond with the healthcare professionals⁽²³⁾. Consequently, this family member has the necessity to be heard by the healthcare professionals in order to look after their family member and gain access to some kind of orientation⁽²⁴⁾.

My necessity is to speak, to talk to someone. They have already told me to look for a psychiatrist, but I never went because he might think that I'm crazy, make me do tests and give me a controlled medicine(F3).

In this statement the participant demonstrates that the suffering that could be minimized by listening ends up being intensified for not considering the care potential of this technology, and the thought of referring the person to a specialist is immediately associated to medicalization.

Coexistence of the participating family member with the PAS user generated some health requirements that culminated in the seeking out of healthcare professionals, for both taking care of basic life activities and preventing health problems arising from the family relationship.

I looked for the service when I needed to talk, to ask for advice. Now I don't have any support. So, I know I need help because when you care for someone who is sick you get sick too. So, there you go, I only have this support of the people from CAPS that I have contact with, I ask for support, orientation, I talk, I ask what I can do to eat and sleep better. Because it is a really good team(F5).

It can be perceived that for this family member the healthcare team became an extra reference in their network of support. To receive and establish a bond with PAS users and their family members became a challenge demanding responses from the healthcare services, regarding the technical intervention approach, including therapeutic listening.

There is a demand in the healthcare services for this practice, which can be understood as a dialogue, a conversation, or an interaction between the professional and the patient carrying some kind of suffering. As a therapeutic tool, listening can meet the health requirements of someone presenting their fears, anxieties and tensions⁽²⁵⁾.

Upon taking on the condition of protagonist in the process of caring for the PAS user, the family requires the partnership of healthcare professionals attentive to their health requirements and that offer conditions for the suffering experienced in family relations to not be intensified⁽²⁴⁾.

The relationship established between care actions of professionals and satisfaction of the requirements of these family members demands concrete perception of the way in which these are translated, presented and incorporated into healthcare work.

FINAL CONSIDERATIONS

Health requirements are perceived by family members of PAS users as the necessity to take care of one's body, although they also revealed concern with aspects in respect to mind and spirit. That which is not manifested through signs and symptoms is not always recognized as a possible requirement.

The results of the study also demonstrate a tendency of the participants to not recognize ways of becoming ill arising from living with PAS users. There is a demand for sharing problems with people willing to listen, professionally or otherwise.

It can be perceived that in their relationship with PAS users, family members experience moments of tension that generate physical and mental overload. Establishing a harmonious relationship is a goal to be incorporated into the follow-up developed by the CAPS ad staff. Professionals should be aware of these necessities that may involve family members forgetting to care for their own health.

Discussion concerning the health requirements of family members of PAS users was identified as an innovative theme as, in general, these requirements are neglected by these people and healthcare professionals. This discussion consists of a potentiality for the adoption of strategies within the ambit of healthcare services in the sense of strengthening the bonds of families and PAS users with healthcare professionals. As such, it is proposed that further studies are developed to support identification and analysis of these requirements using theoretical and technical references.

A limitation of the present study refers to the fact that the participants were only those voluntarily available to participate. Others who may be dissatisfied with the care received from CAPS ad, did not have the opportunity to manifest their opinions as they chose not to participate in the study.

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