Health care workers' concept of characteristics of crack users treated at a psychosocial care center

Características de usuários de crack atendidos em um Centro de Atenção Psicossocial: concepção da equipe

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ABSTRACT

Crack use is a growing, multifactorial public health problem and presents challenges to health care workers. This study aimed to understand how a mental health team conceives of the characteristics of crack users treated in a psychosocial care center (CAPS) in the Brazilian public health care network. This is an evaluative, qualitative case study, developed with eight health care professionals who are members of a CAPS team. According to the team, there are three characteristics that define the crack users who receive care at the CAPS: 1) they require urgent care; 2) they are difficult to manage, and have low adherence to the service; and 3) they do not have a defined profile. The article concludes that it is necessary to recognize that crack users have different health care needs that require reorganization and questioning of practices in order to attend to this new reality.

Descriptors: Mental Health; Health Services; Substance-Related Disorders; Nursing.

RESUMO

O crack vem-se constituindo como um problema de saúde pública, face à sua natureza multifatorial, trazendo desafios aos trabalhadores. Este estudo objetivou conhecer a concepção de uma equipe de saúde mental sobre as características de usuários de crack atendidos em um Centro de Atenção Psicossocial (CAPS). Trata-se de um recorte de pesquisa avaliativa, qualitativa, do tipo estudo de caso, desenvolvida com oito profissionais da equipe de um CAPS. Segundo a equipe existem três características que definem os usuários de crack que frequentam o CAPS: 1) são usuários que demandam urgências de cuidados; 2) são usuários de difícil manejo e frágil adesão ao serviço e 3) são usuários que não possuem um perfil definido. Conclui-se que é preciso reconhecer as diferentes demandas trazidas aos serviços pelos usuários de crack, uma vez que exige uma re-organização dos serviços e a problematização das práticas para atender esta nova realidade.

Descritores: Saúde Mental; Serviços de Saúde; Transtornos Relacionados ao Uso de Substâncias; Enfermagem.

INTRODUCTION

In Brazil, crack is a drug with a broad social impact that has created a serious public health problem. Studies show that crack users are a distinct group among drug users, with unique characteristics that require a special approach to treatment, because this is a drug with an accelerated process of physical and mental deterioration[1-3]. Data from the Second Household Survey on Drug Use, undertaken by the *Centro Brasileiro de Informações sobre Drogas Psicotrópicas* [Brazilian Information Center on Psychotropic Drugs] (CEBRID) in 2005, verified an increase in drug consumption in the country from 0.5% to 1.1%. The use of crack cocaine increased among men in all age groups; use by males aged between 12 to 24 years was 2.9%[4].

The 2013 World Drug Report by the United Nations Office on Drugs and Crime (UNODC) showed the extent of the problem associated with new psychoactive substances and the impacts they may have on users. The text addresses traditional drugs and recommends that international action against these substances focus on both supply and demand. However, important issues such as lack of knowledge, adverse effects, and risks to public health and safety do not appear to be under the control of these international actions[5].

The scientific literature on crack use has increased since the 1990s, and has been the object of study by several national and international authors, especially from the point of view of highlighting the epidemiological profile of users, their consumption patterns, and the pathophysiological effects of the drug on the body[6-8]. However, based on the paradigm of psychiatric reform, which recognizes the importance of epidemiological findings as well as the plurality involved in drug abuse, the authors of this study understand that it is necessary to contextualize the issue and discuss it under the lens of new health care trends that involve community health care services and the everyday practices of health professionals.

In the Brazilian context, there has been a debate since 2010 on the drug in the context of the National Mental Health Policy, bringing forth new challenges in relation to the organization of mental health services and the need to rethink the daily practice of health care workers. In addition to the psychosocial care center (CAPS) being a substitute service for the specialized hospital[9], there is a strategic role in mental health care, and it is necessary to invest in a network that includes community health mechanisms, along with partnerships between agencies and different social services[10].

In this sense, although knowledge of the profile of users and organic manifestations of the drug have advanced substantially, the authors of this study emphasize the lack of studies that reflect on the impact of crack use on the daily work of health care teams. It is worth noting that the study falls far short of considering crack to be a drug that frames users into specific profiles; however, knowing the characteristics of these drug users, based on the understanding of health care teams, is an important contribution to rethinking and discussing the attitudes of these professionals.

This study aimed to understand how a mental health team conceives of the characteristics of crack users treated in a psychosocial care center (CAPS) in the Brazilian public health care network.

METHODOLOGY

This article is extracted from the study "Qualitative evaluation of the public mental health care network for treating crack users" (ViaREDE). The research was an evaluative case study, used fourth-generation evaluation as its theoretical and methodological framework[11], and was funded by CNPq/the Brazilian Ministry of Health (MCT/CNPq notice 041/2010).

The study scenario was the Psychosocial Care Center for Alcohol and other Drugs (CAPS AD), located in the municipality of Viamão, in the southern Brazilian state of Rio Grande do Sul. This CAPS AD is open on weekdays from 8:00 am to 6:00 pm. This is the reference service for

treating crack users in the municipality. Study subjects included 8 employees of the CAPS AD, 10 patients of this service, 11 family members of patients, and 7 managers of the system.

Research data collection occurred by means of field observations and interviews, which took place from January to March 2013. Field observations totaled 189 hours, and were recorded in a field journal. In all, 36 interviews were undertaken; however, this article is based only on data from interviews with the eight CAPS health care professionals.

In the data analysis, the issues that emerged were read, reread, and regrouped. Initially, information units were constructed which, when combined, gave origin to the units of meaning. These units brought together central cores from the statements with semantic similarity, which subsequently enabled categorization. With this, there were three main thematic axes: organization of the public health network; organization of work; and society's relationship with crack users. Within the last axis, the thematic category "characteristics of crack users" stood out, which encompassed three dimensions: first, that the crack user demands urgent care services; second, that these users are considered to be difficult patients by the health care team, both in relation to management and in adherence to treatment; and third, that crack users have multiple profiles.

The study was approved by the Research Ethics Committee of the Federal University of Rio Grande do Sul (UFRGS) (Protocol 20157/2011) and the National Research Ethics Committee (CONEP) of the Brazilian Ministry of Health (Opinion no. 337/2012).

The authors of this study followed the protocol established by National Health Council Resolution 466/2012, and all study subjects signed a free and informed consent form. To protect anonymity, the members of the health care team were identified with an "E" followed by the order in which they were interviewed, e.g. E6, E3, etc.

RESULTS AND DISCUSSION

Crack users, generally speaking, constitute a distinct group among drug users, and are distinguished by the significant physical and mental degradation caused by the substance. The user enters a process that, with continued use, leads to physical and mental deterioration[3,12].

Crack users have specific issues that result from their relationship with the drug, which are a result of the mechanism of action of the drug on the body, as pointed out in other studies[13-14]. It is important to note that, within the context in which this study approached crack use (health care policy), the authors' intention is not to convey that the problem of the crack user lies merely with the drug itself, and not with the surrounding context; if this were our intention, we would be here espousing organic reductionism, which is incongruent with the multifaceted care trends in the field of contemporary mental health.

In this sense, the health care workers we interviewed stated that crack use has characteristic side effects that manifest organically. These effects also result in the user's conduct within the services, presenting workers with new challenges.

One of the characteristics mentioned by the workers is that *crack users demand "urgent care."* That is, they require immediate care for problems that cannot always be solved right away:

[...] There are specific characteristics of crack, which are the ones that come in course, which is how quickly they get things, how fast is the effect of the substance, and which often has to do with the way they deal with the CAPS, which is emergency use of the service. "I want medication", "I want to stop the withdrawal", [...] the vibration of the crack, the urgency of resolve in [the patient's] life. So: "I want you to give me something because the substance gives me everything. What are you going to give me that makes me feel slightly as good as it does, you know?", "Why would I give this up?" Often the

job is one of seeing, "Okay, what are you missing? Why are you here [at the CAPS]?" (E1)

I think the crack user has a profile of immediacy, that is, he wants everything at once, here and now. Sometimes they wait for difficulties and problems to accumulate, which sometimes could be worked out when the person is more tranquil, but no, they end up waiting until they can't take it anymore, then they want to come here and resolve everything in one day. They end up not having much patience for that waiting time; they want to have something immediately; they want medication immediately; they want everything very immediately; and I think it has to do a little with the question of how the drug works in the body of the individual. (E2)

Each drug has a particular mechanism of action. Crack acts very quickly in the body and the pattern of continuous and intense consumption associated with intermittent cycles of abrupt stoppage cause the user great physical and psychological malaise. In their urgency for crack, users expose themselves to situations of risk. To the extent that they seek to escape compulsive consumption, they fall back on the health care network again[15].

Despite the specificities of each substance, the vast majority of drugs act directly and indirectly in the same place in the brain, with unique clinical pictures. It is, therefore, important that the diagnosis be correct, as this enables the establishment of an appropriate therapeutic plan, with specific interventions for each patient[16-17]. Knowing the specificities of crack can increase health care workers' involvement with users, and their participation in activities offered within and outside health care services.

There are two important aspects to consider when treating crack users. These are users' unpredictability and the imprint of the drug on the history of these individuals[18]. Although standardization of each user is not the intent of this paper, it is important to recognize that the drug brings immediate effects and compulsive

behaviors that are reflected in inappropriate treatment strategies. This reveals the strong relationship that the user establishes with crack, which is necessary to know before being able to think about intervention possibilities:

[...] there is no urgent care for this population, and I think this immediate care they want is their relationship with [crack], of wanting more, from the withdrawal, the agitation from that thing of wanting more, more, more [...] (E3)

The health care professionals emphasized the need for urgent care for this population, despite a policy designating CAPS ADs as the specialized service for this type of health care. The statement above exhibits a concern with viewing the subject's relationship with crack *a priori* and expanding its role in the intervention, because in addition to permeating knowledge of the gap and its organic repercussions, this behavior is also reflected in how these patients use the service for emergency care, as evidenced in another study[19]. This is an important issue to be discussed *pari passu* in the daily process of working in the CAPS and other public mental health care services.

In this sense, each health care service needs to be able to work within a model that meets user demands, and recognize the influence of crack's effects on the body and the behaviors associated with it. Thus, care for crack users in community services requires certain creative and reflective knowledge, because professionals must learn how to deal with the element of immediacy while they attempt to redefine the patient's relationship with the drug.

Crack users' use of the CAPS for emergency care generates a precarious link to the service. In the opinions of the CAPS workers, crack users are "difficult," respond less to therapeutic management, and have little adherence to routine care activities.

[...] generally, the crack user is very difficult. It's very rare that he's just a crack user; usually, he's already used other drugs before crack [...] (E1)

The crack user uses the service less; he comes and goes. (E3)

Based on the characteristic of immediacy, the CAPS AD should not solely bear the burden of patients' precarious link with, and abandonment of, treatment by the service. Although crack users are more likely to abandon treatment[3], the public care network is key to ensuring continuity and follow-up. It is necessary to invest in partnerships with other public sectors and social services, in order to actively search for cases, share management of care and responsibility by health care teams[20].

Furthermore, it is important that user characteristics such as irregularity and immediacy be constantly communicated in team meetings, because abruptly halting use generates certain irregularities that affect health care workers. These irregularities reveal the intensity of the user's relationship with the patient; redefining this relationship is one of the greatest challenges for healthcare workers that treat crack users.

Concerning the fragile link between users and the service, another point highlighted by the workers was related to differences between the operating hours of the CAPS and those of users. While the CAPS functions during normal business hours, crack users are generally nocturnal, using daytime to recover from the effects of the drug:

And the hours, too, generally the most critical times in the lives of these users is at night; in the morning the guy doesn't come, he's sleeping. You go visit the guy in the morning, you will not find anyone at home, or else he will be sleeping, or he won't answer the door [...] (E3)

The crack user, it doesn't fit well. For example, "Let's sit down and do a leisure activity"– he doesn't want to. It's very difficult for you to sit down with someone and say,

"Okay, now let's do origami, or a painting." Really, I don't see them able to sit; they want to sit around watching television [...] (E5)

Among the challenges to establishing a health care system better adapted to the needs of users is that users of the service should be the structuring element of the entire health care process; this requires a break with the traditional clinical model of treating patients sporadically. Health care services face the challenge of constructing lines of care based on desires, i.e., that which the patient understands as a problem in his life, without disregarding his history and subjectivities[21].

In this sense, according to the reformist paradigm, there is a need to better know the crack user population, as well as to realize that, despite very similar behavior, each subject has a unique emergency situation. The CAPS is faced with the challenge of planning actions and taking into account the context of cultures, relationships, the circulation of the user in spaces, etc. that move the user, because these characteristics, singular by nature, should guide the care practice established by health care workers[22].

Given the complex conjuncture of patients, their relationships and crack, there is an urgent need to rethink the organization of mental health care services. Formation of more genuine and lasting links with crack users predisposes the urgency of discussing the operation of the CAPS. Possible responses to this include partnerships with on-street consultation teams, and itinerant teams that work in patients' spaces and scenarios outside of usual working hours. The authors of this paper believe that the CAPS would improve its services by working outside of its walls and far from traditionally organized services, thereby increasing its potential to establish links.

Thus, it is possible to understand that these users are inserted into the drug world and in society in other ways, and they present everyday challenges to the CAPS services not only through their poor adherence to

treatment, but also because of the complex and multidimensional management of drug abuse. In this way, the CAPS begins the process of building a line of care that takes these differences into account.

In addition to urgency and weak links, the workers emphasized that the profile of the crack user treated by the CAPS AD is highly varied and different from the image held by society of a degraded, marginalized, and forgotten user:

[...] And the profile of these people is very varied; there are people who are truckers and out there on the roads, but he is a crack user; there are people who live pro crack, but this media profile, which is not [what dominates at the CAPS], has several people who live their lives and have a job; of course, the effects of this eventually show up [...] (E1)
I don't see a defined profile, because here we sometimes get young people of 19 years, just out of adolescence, and sometimes we get a father of a family who is 40-something, and sometimes we get someone who is a thief, and someone who is able to maintain their job in order to sustain the addiction. I think one profile is complicated; I don't think there is one profile; it varies a lot [...] (E4)

In the context of drug use, it is necessary to recognize users, their characteristics, and their needs, and seek new strategies of contact and connection with them and their families. The design of treatments capable of meeting individual needs includes knowing the breadth of these profiles, which is not always related to what our society sees or advocates[23]:

Sometimes they come in and you see them with the profile of being thin, without strength, but sometimes it is not like that; sometimes one comes in that, if you saw him on the street, you would never guess that he is a drug user; you would never imagine. (E4)
When they get to the service, most of the crack users do not have that horrible appearance that appears on TV. I'm not going to lie and tell you that the person comes with that skinny appearance, with no strength, other pathologies due to use. The people who usually come are weekend users; they work to pay for their use; and I will say that most users who come to the CAPS are like that [...] the ones who steal and are in debt are more complicated situations, because these people come to CAPS because of the despair of relatives, and in that despair of relatives that they have already embraced the life of an outcast, they commit themselves and get leave with the person to resolve problems that often are not health problems but social problems that often don't relate to health. (E6)

However, E8's statement highlights that the experience of the user by the CAPS team is often one that is confined within its walls, i.e., a "stratified public," quite different from the world outside the walls:

While it happens, it is connected to other things that I already mentioned about the user profile, that maybe we don't have that profile in the media. I try to distance myself, because we have addicts [...] the public, I say addicted because [...] it's good to say (laughs) we have a recycled public here, you know (laughs) and then, we have a selected audience here, more stratified, better and maybe we're not seeing the more serious cases, too. We see when they arrive from the Public Ministry, we've witnessed deplorable situations like this, so maybe it's difficult access, in case we don't see this user propagated by the media, because there is [...] obviously there are a lot of fantasies, but those extremes exist, there are users who lose everything here [...] (E8)

Based on the statements above, the authors observed that, in the case of crack, the workers structured and spread discourses that consolidate a simplistic idea about the crack user profile. This simplification belittles a complex context, resulting in harm to the individual and society because labels are established that can generate

prejudices and exclusion of these users from the social environment.

When considering a broad social context, crack is configured as a symbol of the most populous layers of society, accessible to the economically disadvantaged. At the same time, it symbolizes degradation: merchandise originated from refined cocaine, a drug associated with wealthier layers of society; a symbol of ostentation, power, and intellectual excitement[24].

In this way, the crack user is perceived in various scenarios, and use of the drug is correlated with various socioeconomic, psychological, and cultural factors. A product of the obstinate search for positive effects, in the absence of economic resources to purchase the drug, crack addiction leads to illegal activities because its consumption spans social relations in the context of centralities and peripheries, demonstrating the complexity regarding the user profile of this drug[25].

In addition, in response to crack use, health care actions have been established that strengthen ideological discourses that demonstrate how a social adversity is responsible for the degradation of society. Consolidated as a social problem, crack and its users receive media attention, clearly occupying space in police reports in which there is a correlation with social violence where it is suggested, on numerous occasions, to require the "cleaning of society" for the restoration of order.

Every day there are cases in the television and print media of children who are locked in their homes by their parents in an attempt to keep them from using drugs or stealing to buy drugs, but we know that the losses are not only material. Crack users often have difficulty speaking to others because they are afraid of being discriminated against because of their actions, and thus they do not seek treatment. This is just one of the "tips of the iceberg" experienced by families of users and the community, and that needs to be addressed by the CAPS. This clearly portrays how necessary it is that the CAPS better understand the reality of these patients.

In this context, the characteristics of the crack user are important, in order for public health care services to be able to acquire new and different contours, both by way of taking care of crack users, as well as in terms of the relationship these services occupy in the organization of the work of public health care network services.

CONCLUSION

This study facilitated learning how a health care team at a CAPS AD conceived of the characteristics of the crack users treated in this service. It is notable that, among the workers' statements, three main features define the users:

1) users who require urgent care

2) users who are difficult to manage and show weak adherence to the service; and

3) users who do not have a defined profile

Furthermore, this study revealed that asylum practices in mental health were not the reports of the professionals of the team about the concepts, raising mental health actions directed to the psychosocial care model. These concepts are directed to the characterization of practices focused on the user, taking their social context into account, and enabling their active participation during mental health therapy.

The authors stress that these concepts, because they are on the plane of statements by mental health professionals, evidence the impact of this study, because they may indicate a breakthrough in the consolidation of Brazilian psychiatric reform, to the extent that there is awareness on the part of the team and implementation of actions that imprint new realities and social models. However, there is a need for further studies to address the planning and results of these actions, constructs expressing an important limitation of this research.

Finally, because crack is a public health problem, it is important to consider its use as a relevant and fruitful field for further research in the area of mental health, in order to show that, in the context of psychosocial care and psychiatric reform, it is necessary to increasingly

question the operating modes of services, and also to incorporate the expectations/experiences of employees

and users into everyday health care services.

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