

## *Contradictions of the Psychosocial Care Network Oriented Towards the Care of Teenage Crack Users*

### Contrassensos da Rede de Atenção Psicossocial Direcionada ao Curso do Adolescente Usuário de Crack

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#### ABSTRACT

**Objective:** to identify the contradictions of the Psychosocial Care Network oriented towards the care of teenage crack users. **Methods:** exploratory and descriptive study, with a qualitative approach, performed with 20 professionals working in a Psychosocial Care Center for Alcohol and Other Drugs. Data collection occurred in the first half of 2017, through semi-structured interviews. Data were organized and treated by the software Nvivo 11, and then submitted to Thematic Analysis. **Results:** the contradictions in the dynamics of network operation involve the (dis)articulation of the Psychosocial Care Network, the (Un)knowledge of the users and professionals about the Psychosocial Care Network, and the (Mis)adjustments involved in the assistance to the adolescent crack user. **Conclusions:** the movements for constructing this network should to be strengthened from the articulation of preventive actions related to drug consumption, treatment, and social reintegration, using the resources existing in the territory of the adolescent's community.

**Keywords:** Adolescent. Drug Users. Health Evaluation. Comprehensive Health Care.

#### RESUMO

**Objetivo:** identificar os contrassensos da Rede de Atenção Psicossocial direcionada ao cuidado do adolescente usuário de crack. **Métodos:** Estudo exploratório e descritivo com abordagem qualitativa, realizado com 20 profissionais atuantes em um Centro de Atenção Psicossocial Álcool e outras Drogas. A coleta de dados ocorreu no primeiro semestre de 2017, por meio de entrevistas semiestruturadas. Os dados foram organizados e tratados pelo *software Nvivo 11* e submetidos a Análise Temática. **Resultados:** Os contrassensos na dinâmica de funcionamento da rede envolvem a (Des)articulação da Rede de Atenção Psicossocial, o (Des)conhecimento dos usuários e profissionais acerca da Rede de Atenção Psicossocial e os (Des)ajustes envolvidos na assistência ao adolescente usuário de crack. **Conclusões:** os movimentos de construção desta rede precisam ser fortalecidos a partir da articulação de ações de prevenção ao uso de drogas, de tratamento e de reinserção social que utilizem os recursos existentes no território da própria comunidade do adolescente.

**Palavras-chave:** Adolescente. Usuários de Drogas. Avaliação em Saúde. Assistência Integral à Saúde.

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## INTRODUCTION

The World Health Organization notes that people with mental health problems related to alcohol and other drugs use. Despite being a vulnerable group, they have not been considered by work schedules and development agendas. This generates great economic impact for families and society, as well as social exclusion, discrimination and stigmatization <sup>(1)</sup>.

In Brazil, research indicates the great vulnerability in which people live in psychological distress due to the use of drugs such as crack. This is because they begin their use in adolescence, are of low social class, children of divorced parents and that remain on care of the mother and living with the siblings, with low schooling, unemployed, with the important loss of one of the family and who have already thought about suicide <sup>(2-3)</sup>

However, such data often goes far beyond understanding care strategies and social planning policies. In this situation, many users of alcohol, crack and other drugs, and their families suffer from prejudice and stigma, which makes it difficult to access and connection to care services <sup>(4)</sup>.

For this reason, the health system has been mobilized to establish a Psychosocial Care Network (RAPS) with substitutive services to psychiatric hospitals. Thus, care must begin in the territory with measures of prevention and promotion to health extending to a network of care <sup>(5)</sup>. With RAPS, there is the possibility of creating, expanding and articulating health care points for adolescents with needs resulting from the use of crack, thinking about possible support strategies through the integration of points of care.

For cases of drug abuse, the following services exist in the network: Basic Health Units with or without the Family Health Strategy (ESF), the Centers for Psychosocial Care Alcohol and Other Drugs (CAPS AD), the Units of Child and Adolescent Shelters, Street and Harm Reduction Teams and psychiatric beds in general hospital units and in psychiatric hospitals, as this structure

remains in the network and is widely used even with a great fight for its replacement <sup>(5)</sup>.

However, the gap in RAPS regarding the care of teenage drug users is notorious. This understanding is supported by the fact that it is still incipient to install specialized services for this population, so much so that the Child Psychosocial Care Center (CAPSi) and CAPS AD serve this public, which consequently favors fragmentation and disregard for assistance and care <sup>(6)</sup>.

In addition, it is also observed the use of hygienic measures to clean the streets, especially in large urban and tourist areas. Measures such as imprisonment, temporary involuntary rehab, and compulsory recall of children who fall under the responsibility of guardianship counselors <sup>(7)</sup>.

In view of the above, this study aims to identify the counterparts of the Psychosocial Attention Network (RAPS) directed at the care of teenage crack users, from the perspective of the professionals working at the Center for Psychosocial Care for Alcohol and Other Drugs (CAPS AD).

## METHOD

This is a descriptive and exploratory study with a qualitative data approach, linked to a broad research project, entitled "(Dis) paths taken by teenage crack users in the psychosocial care network: contribution to Nursing", developed in a medium-sized municipality in the interior of Rio Grande do Sul that is part of the "Crack, it is possible to win" program.

The Center for Psychosocial Care Alcohol and Drugs (CAPS AD III) was chosen as a place for data collection, since it has distinct characteristics of the plurality of other services that make up the Network of Psychosocial Care of the Municipality. Most of the services work in a timely manner and are limited by a specific time, while CAPS AD III is a service of integral and continuous attention to people with needs due to the use of alcohol, crack and other drugs. In addition, in the reality of the RAPS of the municipality in question, the cases of

adolescent drug users directed and accompanied by children's CAPS is minimal, if not null.

Twenty professionals working in CAPS AD participated in the study. The selection of the participants was intentional, according to the following inclusion criteria: to be a mid-level or higher worker that compose the multiprofessional team of the service and to have at least six months of experience in the service. Professionals on vacation or health leave were excluded during the data collection period.

The number of participants was defined by the saturation of the data defined when, in the researcher's evaluation, a certain redundancy or repetition occurs, and it is not considered relevant to persist in data collection. Data collection took place in the first half of 2017, through semi-structured interviews conducted by a single interviewer.

Considering the privacy of the participants, the interviews were conducted in a service room, respecting the availability and functioning of CAPS AD. To preserve the original content and increase the accuracy of the data obtained, the interviews were captured by an audio recorder and later transcribed in full.

For the organization and treatment of the data, the software Nvivo 11 was used, a program that assists in the analysis of qualitative material with tools of codification and storage of texts<sup>(8)</sup>. Subsequently, they were analyzed and categorized according to the Thematic Analysis. The word cloud tool was created from the software to visualize the representativeness and occurrence of the same in a given category, since this technique employs different sizes and fonts to emphasize the frequency of the word in the analyzed text.

In order to guarantee ethical principles related to research involving humans, participants were included in the study only after agreeing to participate in the study through the signing of the Informed Consent Term (TCLE). In addition, the anonymity of the CAPS Ad study participants was preserved through the use of the letter P, succeeded by the interview number.

Thus, the ethical precepts of conducting research involving human beings were guaranteed, according to Resolution 466, of December 12, 2012. The project was forwarded to the Research Ethics Committee and approved by means of the Presentation Certificate for Ethical Appreciation (CAEE) nº 60649016.9.0000.5324, Opinion nº 4/2017.

## RESULTS AND DISCUSSION

From the analysis of the data, the dynamics of the psychosocial care network directed to the care of teenage crack users can be understood by the categories: "(Dis) articulation of the Network of Psychosocial Attention", "professionals about the Network of Psychosocial Attention" and "(Dis) adjustments involved in assisting the teenagers in question.

### **(Dis) articulation of the Network of Psychosocial Attention**

The RAPS was structured to care for adolescents using crack in the municipality, but it is still insipient, with a consensus of the need for movements of approach between the services of specialized care and the other services through which it travels, such as CAPSi, schools (UBS) and ESF, Tutelar Council, CRAS, prosecution and SAMU, in an attempt to establish an intersectoral network, articulating actions in the territory (Figure I).

*This year we are getting closer to CAPSi, thinking about networking, but it is still very bland, as well as with basic attention. We are thinking of organizing things to grow this network, hold collective meetings, have to join the CAPSi, the Guardianship Council, the prosecution, the CAPS AD. We have to talk more, there are some things that are kind of crossed (p7).*

*I believe that there is a need for greater dialogue between the devices, more involvement, especially with CAPSi, because many children are treated in CAPSi and when they start using drugs,*

they often break this link and automatically they become users of CAPS AD (p5).

*I think the main [difficulty] is the network articulation. That everything could be connected, that we did not have so much difficulty accessing other services, because these adolescents who are being accompanied here, they are in an area of greater vulnerability, and are places that have family health strategy. So, we could have more partners in this territory, because sometimes it's frustrating, you know? We cannot handle it all (p15).*

*I think that discussing this problem and work a bit more integrated with the network as a whole, from the basic network that knows the family, like CRAS, with the whole network. That we can create a plan for these adolescents with the other professionals, not only a plan as an activity of the CAPS, but a general plan, in every way (p11).*

*I think it has to go much further, because only the CAPS and the childcare unit will never handle all the demands, it has to be an intersectoral work (p8).*



**Figure 1** - Word cloud by coding frequency of category "(Dis) articulation of RAPS", via QSR NVivo. Pelotas / RS, 2017.

The mode of Psychosocial Attention that

seeks to overcome the hospital-centered model of care is territorial based, therefore, it should function as an integrated element with the territory, acting through tools focused on freedom, autonomy, and seeking to interrupt frequent hospitalizations. To this end, it positions the CAPS as services that occupy a strategic role in the mission of replacing the asylum logic, articulating networking <sup>(9)</sup>.

In this perspective of care, the CAPS is part of the Psychosocial Care Network and must articulate to a larger, intersectoral network to carry out care practices in the integrality of the needs of each person and family. To operate in this logic, it depends on the conditions that the CAPS has to articulate, to produce shared work in the face of a new way of looking at the network, based on the production of increasingly unique encounters between the equipment and the subjects of care <sup>(10)</sup>.

CAPS AD III workers recognize the importance of these network movements, of the need to articulate and share the care, of the value of the territory as a living space, of subjectivity, exchanges, prevention and social reintegration. However, the movements under construction of this network are timid and need to be strengthened, because only in this way will an extended care in mental health be possible.

In this perspective, the construction of an intersectoral network with articulation of actions in the territory is defined as a way of acting in the prevention of drug use and in the treatment and social reintegration post-discharge of CAPS AD III, through strategies that use the resources of the community.

*I believe that care should have greater articulation with schools, neighborhood entities starting before adolescence, that is, it is necessary to invest more in primary prevention (p12).*

*I think it would be essential to go to community, to be in the community. Here the social services even wants them not to be inserted only here. We do not want them institutionalized, we*

want them to live again, to control themselves. And if they cannot stop using, we want that use to be more controlled, recreational. Since we know that not everyone can be abstinent of drugs. So, the goal is to make a reduction, that they can live with all these things, but do not stop living because of it (p19).

For teenagers welcomed nowadays, we have to pay attention to their leaving the CAPS. And to plan this exit, I already have to be calling all those sectors and professionals that can support. If not, they will leave here only to return later (p8).

Researchers point out that the existence of an intersectoral forum for discussion among professionals can be considered as potent in view of the complexity of care <sup>(11)</sup>. However, the scientific literature constantly shows the disarticulation between intersectoral services and, in some cases, between services of the same network <sup>(11-15)</sup>.

Corroborating with the results of the present study, researchers point out that one of the greatest challenges identified by workers working in CAPS AD is the difficulty of a network that occurs in a truly effective, co-responsible manner, whose health actions can be thought together, proposing the strengthening of coping strategies with the use of alcohol and other drugs, involving CAPS, professionals, and the health care network <sup>(15)</sup>.

Although CAPS can be considered as a resolutive service in order to avoid hospitalizations, develop strategies to control fissure, care for medication, and develop networks of existing systems in the territory, there is still a need to advance in network actions geared to the social context, cultural and historical background of users. Thus, through the perception of the real needs of the user, the interest in knowing it and contextualizing the use of the drug, it is verified that through an extended clinic of the subject it becomes possible to create new contours of the network, including spaces care that recognize the territory <sup>(16)</sup>.

Although articulation between services is necessary, there is still a difficulty in overcoming drug-related stigma. This often implies in the way the teenager is welcomed and understood in their needs. Not infrequently, drug users are ignored in its completeness, being perceived only in relation to the drug of use.

*Here in the city, not only here, but also in other places I've worked, if they said that they used any substance, they come to the AD. So, I guess you have to be very careful about it (p7).*

*The other CAPS have: - Ah, they drank a little bit, go look for CAPS AD. Sometimes it is a small relapse that can be handled by the CAPS itself, but it has this one-path-only culture (p2).*

The centrality of the care of users of crack and other drugs in CAPS AD can indicate important challenges, such as: the fragmentation of the attention that is focused inside the CAPS AD, the lack of capacity to act with these demands in primary care and in other care mechanisms and ignorance of the role of the CAPS in the attention to psychic suffering.

Research that analyzed the articulation of the network in crack user care in a municipality in the metropolitan region of Porto Alegre-RS, identified the existence of a distorted understanding of the network, in which all mental health problems and the use of drugs should be taken care of in specialized services and not in an intersectoral network <sup>(11)</sup>, a fact that is consistent with the results of the present research.

Thus, scarce and time-consuming networking and the lack of understanding and training of some professionals make care ineffective and with important challenges to overcome retrograde and stigmatizing practices <sup>(12)</sup>. It is necessary to invest in ways of care that promote productive meetings. In order to do so, it is necessary to invest more in permanent education, since crack and other drugs users have many demands and cannot be seen in a fragmented way using only a service of the "CAPS AD" care network.

This brings up the discussion about integral

care, one of the SUS (Unified Health System) principles, which cannot be achieved only by a service or professional, but through a network of attention. For this reason, we question the composition of care settings as places that fragment different parts of human suffering, such as abusive use of alcohol and other drugs, in order to potentiate solutions and / or arrangements that welcome the person as a whole, and not only their problem<sup>(10)</sup>

In addition, it is important to remember that CAPS AD should only be responsible for the most serious and complex cases identified in the community, that is, those cases that present a pattern of addiction or serious social and family involvement, and not just anyone who has problems with alcohol and other drugs. These people who constitute the largest part of the population, can and should be cared for in basic health care services, with the support of CAPS AD, and must act in an articulated manner with the rest of the health network and other necessary services to care<sup>(17)</sup>.

#### Lack of knowledge about RAPS

The participants' report showed that in order to improve user access and the articulation between the services that make up the RAPS, it is necessary to work on its dissemination and visibility for the population, but especially for the services that work in the community. The professionals expose the population's lack of knowledge about the existence of a specialized chemical dependency service in the municipality, which sometimes cause the service sought and used to be the psychiatric hospital (Figure II).

*The population is not aware of how the mental network service works. I think the general population is not very aware that they have a CAPS specialized in chemical dependency (p14).*

*I think there are still a lot of people who do not know, lack of knowledge, information, how to get here, what the means are, because the demand can be spontaneous, it does not need to be through*

*a referral(p19).*

*I believe they come straight here, when they know, because there are a lot of people in the city who do not know that there is an AD CAPS (p15).*

*We have the mapping of all the adolescents who got admitted and readmitted to the psychiatric hospital. Last year, more than half of them had never been in either CAPS AD or CAPS i. So we went after these teens to offer the service, to introduce, to say it exists, to try to welcome them into our service (p18).*



**Figure 2** - Word cloud by coding frequency of the category "Lack of knowledge about RAPS", via QSR NVivo. Pelotas / RS, 2017.

The lack of knowledge of the network is a negative point, since there is no way to care without expertise, without articulation and without discussing the cases. In this sense, it is necessary to highlight the important work done by this team when mapping the users accessed by the psychiatric hospital of the municipality, seeking real means to minimize the problems generated by the lack of knowledge of the network and a way to guarantee and facilitate users' access to CAPS AD.

The lack of knowledge of the network was

also identified in other researches, which described the characteristics of the articulation between the services that make up the child and adolescent mental health network through the referral and counter-referral system. This showed that the difficulties in responding to users' needs are related to the lack of communication and lack of knowledge of the existing services network, which can lead to a lack of shared modes of health <sup>(13)</sup>.

Thus, the professionals participating in this study observe the need for services that work in the community, such as schools and ESF teams, to know the RAPS aimed at the care of teenage users of crack and other drugs, since they are closer to the population and have greater potential to identify, guide and refer to treatment.

*I think the information about the network has to be in the neighborhoods, because our audience is not here in the center of the city, our audience is in the neighborhoods, in the villages, and that information has to be taken exactly there. We have a health post, we have day care, we have public school in the neighborhoods; it is precisely in these places that our target public is. So that's where that information has to be. This information being there, the easier it will be to work and the more knowledge people will have, they will not wait so long to seek help (p17).*

*In the school of harm reduction, I was very surprised, because they had professionals who did not even know about the existence of CAPS AD. I was surprised that colleagues did not know what CAPS AD was (p16).*

*In the school of harm reduction, I also participated in the capacities of the community health agents, then we present the network, present the services and many people say: "I never heard of it", "I do not know what it is", "how does it work", "I have no idea what it's like." I think that the health network itself is still unaware of what CAPS 24 hours is, what it is for, what is a unit of care (p18).*

Corroborating these findings, a study that analyzed the vision of coordinators of the Family

Health Strategy on the conformation of the psychosocial care network pointed out that most managers are unaware of the mental health services available for the care of people in psychological distress, which consequently results in ineffective care practices <sup>(18)</sup>.

Thus, ignorance about RAPS constitutes an obstacle to articulation and effectiveness of care, and therefore needs to be overcome, either through professional qualification, establishment of an organizational flowchart of services, matrix support for work in mental health care basic. This is due to the lack of knowledge about the dynamics of these services, which is a limiting factor in the composition of a care network, as well as access by users, contributing to the maintenance of the psychiatric hospital as an alternative care service <sup>(19)</sup>.

#### **(Dis) adjustments involved in assisting crack / cocaine users**

Professionals point out the need to rethink and adjust the place for the treatment of teenage crack users, because although CAPS AD performs their reception and monitoring, its structure does not contemplate the specificities and needs related to this age group. For this reason, they point out that CAPSi would be better able to offer assistance to adolescent crack users, since their target audience covers users of this age group (Figure III).

*I think CAPSi could handle these teenagers, those children. But I also do not know if they would have legs for all this. Would they have structure? (p15).*

*I believe that CAPSi could absorb this demand and would have to have more policies to prevent drug abuse for adolescents (p10).*

*I believe that CAPSi would be better, in the sense that it would be more prepared to attend to them. Even be prepared to do the activities with these teenagers. What happens sometimes is that these teens come in the CAPS AD and those activities do not count for what they need. So, I believe that CAPSi could contribute to this, because*

they will be prepared to work the age group (p8).



**Figure 3** - Word cloud by coding frequency of the category "Contradictions involved in assisting teenage crack users", via QSR NVivo. Pelotas / RS, 2017.

The experience of the municipality of São Bernardo do Campo shows that the physical separation into separate units between the adult CAPS AD and the juvenile CAPS AD has been strategic to ensure adequate care to the specifics of each life cycle, allowing differentiated and quality attention. It should be recognized that the type of workshop, therapeutic intervention, insertion projects in the city and several other strategies for care are very varied for these age groups <sup>(20)</sup>.

Another point to be rethought and adjusted is the fact that psychiatric hospitals integrates the RAPS as an alternative care for cases involving aggressive behavior of teenage crack users.

*Referring them to the psychiatric hospital is rare. The crisis situation that we do not meet here is because it would be risky. Since it is open, we have to have this protective measure, so to speak (p7).*

*Already has a time of reform. Already improved a lot, but we are starting. We only recent got a CAPS AD 24 hours, have the host unit and we still have the psychiatric hospital, it is part of the network. So, while we struggle to close the asylum, we have it as an option. For example, let's think about a teenager, he arrived here at 16 or 17 years old, aggressive under the influence of substances, handcuffed by the guards, then it is the Psychiatric Hospital that acts to serve this adolescent (p8).*

Enabling hospitalization of all ages in non- psychotic beds continues to be a major challenge, mainly due to the fact that the studied municipality also has a Psychiatric Hospital, which is under SUS (United Health System), under municipal management, which for a long time has been the only resource for mental healthcare. The presence of the psychiatric hospital in the network is a critical point.

Researchers point out that the psychiatric hospital still appears as a reference point in treatment even in municipalities with a reference and counter-referral system between primary care and CAPS I and a partnership with other services of the mental health network that extend care actions <sup>(13)</sup>.

It is imperative that processes and movements of the mental health network of children and adolescents become effective with care practices guided by the psychosocial way, in the sense of receiving and caring for their users without referral to the psychiatric hospital. To do so, it is necessary to invest in communication spaces and permanent education of the teams, in better infrastructure of the network services and in modes of care in the territory of mental health patients <sup>(11)</sup>.

## CONCLUSIONS

The results indicate that the counteracting the dynamics of the psychosocial care network directed to the care of teenage crack users involves the (Dis) articulation of the Network of Psychosocial Attention, the (Un) knowledge of the



users and professionals about the Network of Psychosocial Attention and the (Dis) adjustments involved in assisting teenage crack users.

The (Dis) articulation of the Psychosocial Attention Network points out that the development of intra and intersectoral actions, although necessary, occurs in an incipient way in the municipality. For this reason, the movements construction of this network need to be strengthened, based on articulation of actions to prevent drug use, treatment and social reintegration using the existing resources in the territory of the adolescents' own community.

In this way, the expanded care in mental health is potentiated, since it seeks to understand the needs of the adolescents in a global and contextualized way, not only in relation to the use of crack. Therefore, it is necessary to enable RAPS professionals to act in response to the demands of this public, in order to overcome retrograde and stigmatizing practices that contribute to the social exclusion and centralization of the care of drug users in a single care device, the CAPS AD.

Regarding the (Un) knowledge about RAPS, it is necessary to publicize it to the population and other services that work in the community, in order to gain visibility and, consequently, more use. Thus, avoiding the search and use of the psychiatric hospital as an alternative care.

Therefore, if there are no changes in the professional training and qualification of the professionals, there will be no changes in the conformation and dynamics of RAPS functioning, corroborating that the social representation once assumed by the psychiatric hospital be conferred today on CAPS AD, or even contribute to the permanence of the psychiatric hospital as a service that belongs to RAPS.

In the analysis of the (dis) adjustments involved in the assistance to the adolescent crack user evidence as that the young person should be welcomed and accompanied by a service that meets not only the needs related to the use of crack, but also the specifics related to age.

Although both CAPSad and CAPSi are designated as appropriate devices for the treatment of adolescents with psychoactive substances, the present study registers the need to broaden the debate about the relevance of a child-juvenile CAPS AD as a care strategy for this public.

It is highlighted as the limit of the study the fact that the data collection occurred in a single service that composes RAPS, thus portraying the contradictions in a specific point of view, that does not portray the reality of RAPS in a global way, since it does not include other emblematic services in the care of adolescents using crack, alcohol and other drugs such as CAPSi, as well as in the area of the Social Services, School and Justice Council.

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