

Multiprofessional Care Towards the Crack-Related Hospital Admissions

O Cuidado Multiprofissional na Prevenção de Internações Relacionadas ao Uso de Crack

Cuidado Multiprofissional en la Prevención de Internaciones Relacionadas al Uso de Crack

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ABSTRACT

Objective: The study's purpose has been to analyze the relationship of multiprofessional care offered in a Psychosocial Care Center for Alcohol and other Drugs [*Centros de Atenção Psicossocial Álcool e outras Drogas (CAPS-AD)*] with the number of hospitalizations directly related to the consumption of drugs by crack users. **Methods:** It is a documentary study with a quantitative approach, which was through the assessment of 213 medical records of crack users of a *CAPS-AD*, concerning the socioeconomic profile, individual care, in group and hospital admissions. Data were processed on SPSS, version 22. **Results:** It was observed the predominance of men (76.5%), within the age group from 11 to 47 years old, who were single (60.8%), and had incomplete elementary education (53.5%). The most statistically significant interventions were nursing, psychiatry, medical clinic and nursing technician care, as well as groups of physical activity, art therapy and relapse prevention. **Conclusion:** Therefore, it is necessary to provide continuous and comprehensive assistance to the crack user, with a multiprofessional team acting in a complementary manner aiming to minimize drug-related hospitalizations.

Descriptors: Mental Health, Crack Cocaine, Treatment Centers For Abuse Substance Users, Health Care.

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RESUMO

Objetivo: Analisar a relação do cuidado multiprofissional ofertado em um Centro de Atenção Psicossocial para Álcool e Outras Drogas (CAPS AD) com o número de internação hospitalar relacionada diretamente com o consumo de drogas em usuários de crack. **Métodos:** Estudo documental com abordagem quantitativa, realizado com 213 prontuários de usuários de crack de um CAPS AD, referente ao perfil socioeconômico, atendimentos individuais, em grupo e internação hospitalar. As informações foram processadas no SPSS versão 22. **Resultados:** Observou-se predomínio de homens (76,5%), com idade entre 11 a 47 anos, solteiros (60,8%) que possuíam ensino fundamental incompleto (53,5%). Os atendimentos com maior significância estatística foram enfermagem, psiquiatria, clínica médica e técnico em enfermagem, bem como grupos de atividade física, arteterapia e prevenção de recaída. **Conclusão:** É necessário realizar assistência contínua e integral ao usuário de crack, com equipe multiprofissional atuando de forma complementar para minimizar as internações referentes ao consumo da droga.

Descritores: Saúde Mental, Cocaína Crack, Centros de Tratamento de Abuso de Substâncias, Assistência à Saúde.

RESUMEN

Objetivo: Analizar la relación del cuidado multiprofesional ofrecido en un Centro de Atención Psicosocial para Alcohol y Otras Drogas (CAPS AD) con el número de internación hospitalaria relacionado directamente con el consumo de drogas en usuarios de crack. **Métodos:** Estudio documental con abordaje cuantitativo, realizado con 213 historiales de usuarios de crack de un CAPS AD, referente al perfil socioeconómico, atendimientos individuales, en grupo e internación hospitalaria. Las informaciones fueron procesadas en el SPSS versión 22. **Resultados:** Se observó predominio de hombres (76,5%), con edad entre 11 y 47 años, solteros (60,8%) con enseñanza primaria incompleta (53,5%). Los atendimientos con mayor relevancia estadística fueron enfermería, psiquiatría, clínica médica y técnico en enfermería, así como grupos de actividad física, arteterapia y prevención de recaída. **Conclusión:** Es necesario realizar asistencia continua e integral al usuario de crack, con equipo multiprofesional actuando de forma complementaria para minimizar las internaciones referentes al consumo de drogas.

Descriptor: Salud Mental, Cocaína Crack, Centros de Tratamiento de Abuso de Sustancias, Prestación de Atención de Salud.

INTRODUCTION

The abusive consumption of psychoactive substances and their impact can be considered as a serious health problem. In the year 2012, between 162 and 324 million individuals within the age group from 15 to 64 years old, which represents 3.5% to 7.0% of the world population, consumed illicit drugs at least once. Furthermore, it estimates 16 to 39 million inhabitants and 183 thousand deaths related to this aggravation.¹

Brazil is one of the countries in which this problem is on the rise, which represents 20% of the world's cocaine consumption, being the largest crack market in South America.² It has already used crack at least once in life, to 1.3% of the population, while 800,000 people used it on a

recurring basis.²

Crack is a drug that is easy to obtain, low price and low consumption through a high number of uses in Brazil.³ Moreover, this substance has a potential for dependence in a fast and intense way, since it stimulates effects with rapid intervals, which requires the user to constantly search for the drug.⁴

Crack can cause serious troubles in the individual, family and social context, as well as the risk factors for chronic-degenerative problems, physical damage, major psychiatric losses, rupture of affective bonds and social and family isolation.^{4,5} The reason for crack is a predominant cause of hospital admission for cocaine use, represents a greater proportion of visits at the Psychosocial Care Center for Alcohol and other Drugs [*Centros de Atenção Psicossocial Álcool e outras Drogas (CAPS-AD)*] to treatment.^{6,7}

Therefore, these individuals constitute a population at risk, becoming a challenge for the health services, both for treatment and for the elaboration of public policies.⁸ Because the treatment needs to involve biopsychosocial attention, focusing on contexts that are related to the use of the drug and not only to the organic and psychic level, since this is a multifactorial phenomenon.⁷

Thus, the *CAPS-AD* emerges as an innovative service, different from traditional psychiatry, in which it seeks to promote citizenship, autonomy and social interaction of individuals.⁹ This service was constituted in 2002 to carry out individual consultations in groups, workshops therapeutic interventions, home care and family support, and activities to promote greater integration of the chemical dependent in the family and social context.¹⁰

In this framework, the *CAPS-AD* work with interdisciplinary health care, in addition to pharmacological treatment, focused on social reintegration, on the community and on the replacement of old asylums, as well as reducing hospitalizations due to drug use.^{9,11} For this, it becomes important the support and support groups as the attention strategy, as well as individuals in a multiprofessional approach for a better understanding of the context of their rights are inserted and therapeutic actions over time.¹²

Hence, it is necessary to know the individuals with individual and collective care performed at the *CAPS-AD* in the scope of hospital admissions directly related to the use of drugs by crack users, a process of identification as care technologies offered by the service and how those actions interfere in the process of rehabilitation and in the confrontation of possible claims for the chemical dependents. Furthermore, there is a need to investigate a check made for common users of crack and the effect of these, with a view to a minimum number of hospital admissions.

Given the aforementioned, a multiprofessional care relationship was offered in a *CAPS-AD* with the number

of hospital admissions related to the consumption of drugs by crack users.

METHODS

It is a documentary and retrospective study with a quantitative approach, which was performed in a CAPS-AD of the referral municipality in the northwest mesoregion of the Ceará State. The study sample corresponded to 213 records of users of crack, with diagnosis F19 or F14, according to the International Classification of Diseases, who attended during the years of 2013 and 2014 in the aforesaid service.

The municipality was the first in the Ceará State to implement a Psychosocial Care Center to serve users of alcohol and other drugs in September 2002, becoming a reference of specialized care with multiprofessional teams in the care of dependent chemical dependents the macro-region.¹²

The data collection was developed through an own structured form and based on the welcoming strategy from the CAPS-AD, with variables related to gender, age, marital status, schooling, as well as associated with aspects of therapeutics, with individual attendance and in group according to their specificities, and hospital admission directly related to drug use. In addition, medical records were the main sources of data, since the annotations and professional evolutions subsidized the information regarding the aspects related to the treatment.

The data were organized in Excel version 10 and processed in the IBM SPSS Statistics version 22 software, in which simple frequency measures were used for the analysis of the sociodemographic characteristics, whereas for the association between the individual care and the hospital admissions it was used the correlation of Pearson; and to analyze the relationship between group care and hospital admissions, descriptive statistics and non-parametric Mann-Whitney test were used, since the assumption of normality for the study variables is not verified.

It should be highlighted that the study is part of a larger project, named: Clinical comorbidities present in crack and alcohol users undergoing treatment in a CAPS-AD, Sobral city, Ceará State, which was submitted and approved by the Scientific Committee of the Sobral Health Department and by the Ethics and Research Committee involving Human Beings from the Universidade Estadual Vale do Acaraú (UVA), obtaining protocol No. 1033/2011 and the *Certificado de Apresentação para Apreciação Ética* (CAAE) [Certificate of Presentation for Ethical Assessment] No. 0069.0.039.000-11. Additionally, it is underlined that the research respected the ethical requirements of the Resolution No. 466/2012 from the National Health Council.¹³

RESULTS AND DISCUSSION

Table 1 shows the sociodemographic characteristics of crack users with simple frequency measures, in which male predominance (76.5%) was observed, similar to findings found in other studies,^{14,15} which demonstrate the predominance of women in the consumption of hypnotics, whereas, in the use of alcoholic beverages, tobacco, cocaine and crack there is a reversal, this may be related to the sociocultural conditions of genders. In general, the use of crack is predominant in males due to the higher exposure to risk factors.⁵

Table 1 – Sociodemographic characteristics of crack users who attended the CAPS-AD, Sobral city, Ceará State, 2014.

Data	Variable	n	%
Gender (n=204*)	Male	156	76.5
	Female	48	23.5
Age (n=213)	Average=25.63	Min=11	
	Standard deviation=7.78	Max=47	
Marital status (n=212*)	Single	129	60.8
	Married	29	13.7
	Companion	47	22.2
	Divorced	7	3.3
Schooling (n=213)	Illiterate	15	7.0
	Incomplete elementary school	114	53.5
	Complete elementary school	10	4.7
	Incomplete high school	41	19.2
	Complete high school	29	13.6
	Incomplete college	2	0.9
Complete college	2	0.9	

*The numbers that do not add up to 213 are due to the absence of answers.
Source: Authors.

Additionally, the average age was 25.63 years old and ranging from 11 to 47 years old, which indicates a greater exposure to adolescents, youth and young adults to crack, associated with greater vulnerability in this age group, as well as the idea of the drug promoting the creation of bonds and social bonds to adolescents.¹⁶ Studies indicate that the phase of initiation to drug use usually occurs in adolescence, due to being a stage marked by curiosity and the search for appreciation in the group of friends.⁵

Concerning the marital status, 60.8% (n=129) were single, a similar characteristic to the study performed in the *Rio Grande do Sul* State, where 62.1% of single people were in the sample.¹⁵ This result might be due to social losses caused by drug abuse, family breakdown, as well as the incessant search and priority for the drug that causes social isolation. Besides, research shows that the individual alone has a greater opportunity to use psychoactive substances as a means of refuge.¹⁴

Regarding the schooling, 53.5% of the users had incomplete elementary education (n=114), corroborating with the national survey on the use of crack,¹⁷ which showed that 57.6% of the users studied until the 5th grade, similar to the above. It is emphasized that this drug can generate in the individual lack of attention and understanding impairing school activities,¹⁸ however, it is not known if the fact that these individuals are out of school is what favors the use of this substance or the inverse, but, it is important addressing

that public policies must promote prevention actions in the school setting.

By analyzing the correlation between individual care performed at the CAPS-AD and hospitalization related to drug use (Table 2), it can be noticed that the categories with the highest significance were nursing, psychiatry, medical clinic and nursing technician in the pre-consultation. Among these, the nursing care stands out for having values of great significance with $p < 0.01$. The negative numbers for the correlation coefficient express that the increase of one variable corresponds to a significant decrease of the other.

Table 2 –Correlation between individual care and hospitalizations related to drug use by crack users, Sobral city, Ceará State, 2014.

Individual care		W. Is there any hospital admission directly related to drug use?
1 Social Service. N. of visits:	Correlation coeff.	-.160
	Proof value	.069
	n	130
2 Occupational Therapy. N. of visits:	Correlation coeff.	-.081
	Proof value	.392
	n	115
3 Physical Education N. of visits:	Correlation coeff.	-.263
	Proof value	.067
	n	49
4 Psychology. N. of visits:	Correlation coeff.	-.170
	Proof value	.171
	n	66
5 Psychiatry. N. of visits:	Correlation coeff.	-.237(*)
	Proof value	.050
	n	69
6 Medical Clinic. N. of visits:	Correlation coeff.	-.175(*)
	Proof value	.046
	n	131
7 Nursing. N. of visits:	Correlation coeff.	-.244(**)
	Proof value	.002
	n	166
8 Pre-consultation/Nurse Technician. N. of visits:	Correlation coeff.	-.176(*)
	Proof value	.014
	n	192

**significant to $p < 0,01$

*significant to $p < 0,05$

Source: Authors.

The first contact of the user with the service and the moment of qualified listening - in the CAPS-AD unit - were carried out basically by the nursing professionals of higher education, making them reference technicians of these users and coordinators of the singular therapeutic project, providing a greater bonding, interaction and a more intense interpersonal relationship between these individuals, as well as being configured as a point of support. From this, it is justified the attendance with these professionals if it presents inversely proportional to the number of hospitalizations related to the drug.

Moreover, nurses' activities go beyond traditional resources, they can contribute to clinical evaluation, health education with guidelines about medication used, monitoring of clinical conditions related to the health of the individual and acting in an emergency situation¹⁹ Thus, it can be inferred that these professionals have numerous opportunities to intervene in patient care, since it coordinates the flow of treatment and the follow-up of individuals, providing a greater link that interferes with the reduction in the number of hospital admissions.

Likewise, pre-consultation with a nurse technician was another significant activity for the decrease in hospitalizations, this may be related to the fact that the technician is responsible for screening all patients who are admitted to the institution, since before of any consultations these individuals must be attended in the screening to verify vital signs and only from this is sent to the host with professional of higher education.

It was also highlighted the individual consultations of the medical clinic, in which all users attended in the CAPS-AD studied, should be attended by this professional at least once, at which time the evaluation of clinical aspects, drugs used, related clinical comorbidities to chemical dependence and whether the user needs psychiatric treatment. During treatment, it is essential to approach the clinical aspects, as it monitors the appearance of future complications that may arise from chemical dependence.¹²

Additionally, individual care with the psychiatrist was an important factor for the reduction in the number of hospital admissions, regarding the performance of such professional in the treatment of the user to assist in the diagnosis and drug treatment of the individuals. In what researches affirm that individual care is carried out basically through medical consultations, followed by medical treatment, which refers to a medical-centered model.²⁰

The psychiatric consultation is very important for the care of a user, but it should be emphasized that it is not enough to promote psychosocial resocialization and must invest in other therapeutic possibilities, since the treatment must go beyond the drug therapy, with an elaboration of therapeutic plans including lifestyle changes and concomitant psychotherapy for treatment efficacy.¹²

In this framework, it is necessary to work with a focus on the interdisciplinary approach with the multiprofessional team, so that they can interact, share experiences, exchange and produce knowledge in which the user is the common denominator of the interweaving of the various disciplines and assistance practices so that there is expansion in care in order to overcome the biomedical model and attend the user in a holistic way aiming at completeness in the care of these individuals.²⁰

Given this viewpoint, it is important to work with a unique therapeutic design and the concept of an expanded clinic with the objective of promoting the user's autonomy in the care of his health. In addition to enabling effective interpersonal relationships and bonding as a strategy to achieve integrality and humanization in care, assisting in the process of rehabilitation and treatment.²¹

Considering the aforesaid, the approach to drug users should go beyond clinical pharmacological treatment, and it is necessary to use psychosocial approaches with a focus on the individual and their needs, from therapeutic support groups.¹² Since the group process acting, provides a powerful exchange of experiences and subjective transformations that would not be possible in individualized service.

Therefore, **Table 3** shows the relationship between group care and hospital admission related to drug use, in which it is evident that the group of physical activity, art therapy, and relapse prevention have a higher statistical value, representing a powerful prevention strategy of hospital admissions.

Table 3 – Association between group care and hospital admission directly related to drug consumption by crack users, Sobral city, Ceará State, 2014.

Therapeutic group	W. Hospital admission related to drug use:			Standard deviation	U Mann-Whitney	p
		n	%			
1 Physical activity group	Yes	50	4.0%	19.8%	3096.0	* 0.023
	No	129	0.0%	0.0%		
2 Waiting room group	Yes	53	26.4%	44.5%	3323.0	0.536
	No	131	22.1%	41.7%		
3 Recycling workshop	Yes	50	2.0%	14.1%	3185.5	0.485
	No	129	0.8%	8.8%		
4 Smoking group	Yes	50	0.0%	0.0%	3225.0	0.535
	No	130	0.8%	8.8%		
5 Family group	Yes	51	3.9%	19.6%	3311.5	0.769
	No	131	3.1%	17.3%		
6 Welcoming group	Yes	50	12.0%	32.8%	3165.0	0.650
	No	130	14.6%	35.5%		
7 Art therapy group	Yes	51	5.9%	23.8%	3121.5	* 0.037
	No	129	0.8%	8.8%		
8 Damage reduction group	Yes	50	4.0%	19.8%	3121.0	0.133
	No	129	0.8%	8.8%		
9 Relapse prevention group	Yes	51	13.7%	34.8%	3013.0	* 0.033
	No	130	4.6%	21.1%		
10 Motivational group	Yes	50	4.0%	19.8%	3146.0	0.321
	No	129	1.4%	12.4%		

*significant to $p < 0.05$

Source: Authors.

So, it is observed that therapeutic groups are potent methods in the care of crack users, minimizing the chances of relapse and hospitalizations related to drug use. Among the groups performed in the CAPS studied, it can be seen that the group actions of physical activity, art therapy, and prevention of relapse are more significant with inversely proportional hospital admissions.

Also, it is noted that the difference of the participants in the group of welcoming and waiting room among those who were either hospitalized or not is simple, which may be related to the fact that the majority of users participated in these groups, in which the first is performed with all the individuals who seek the service for the first time or to the one who has been away for more than six months in order to present the service flow of the service and the second is related to waiting for individual care, but performed in a sporadic manner.

Physical education groups are effective techniques in the treatment of crack users, preventing future drug-related hospitalizations as observed in **Table 3**. This group is organized by the multiprofessional team focused on the physical educator, happens twice a week and works with the promotion of mental health, through dialogue, social integration and physical exercise practices such as swimming, volleyball or soccer. Studies indicate that the practice of physical activities promotes positive changes in cognitive ability and the desire to consume drugs, contributing to the continuity of abstinence in addicts, and stimulates attention, concentration and memory.²²

In relation to the group of art therapy, it has been working for more than ten years, performed five days a week with

regularity and good demand, which positively influences the bond and consequently the treatment of the users. It is emphasized that art therapy is a therapeutic resource that uses artistic activities to expose feelings and thoughts, facilitating the self-knowledge and the re-signification of the relation of the individual with himself and with the world.²³ The study shows that this method provides modifications in interpersonal relations and can improve the emotional balance, in addition, is configured as a humanized care that promotes reintegration, social interaction and stimulates creativity, allowing participants to see new possibilities for health and life quality.²⁴

Furthermore, the group activity entitled relapse prevention was highlighted as an important strategy to reduce hospital admissions related to drug use and relapse. This group makes it possible to modify coping skills with a flexible approach based on the needs of the group, highlighting activities to help manage situations of risk, impulses and thoughts about drugs, refusal to use drugs, anger management, incentive to identify and carry out pleasurable activities, as well as the development of support networks, contributing to the effectiveness in the treatment offered. In this perspective, research affirms that this approach produces long-term effects on relapse prevention, with continuous improvement.²⁵

It is worth noting that the other groups also have importance in regards to the caring process of crack dependents under treatment, in which it is necessary to invest continuously in the regular meetings so that there is motivation of the users to attend and consequently to improve adhesion in the groups, the bond and the care offered. Among these, the importance of implementing the family group within the service on an ongoing basis is reinforced, so that they can contribute to the treatment of the chemical dependent as well as facilitate the user's bond with the service and with the family itself.

Accordingly, a new way of caring in the perspective of mental health is shown through relational technologies that counteract the technical and prescriptive care characteristic of the hospital hegemonic model. From the creation of the links between professional and user through listening and welcoming, it is possible to generate autonomy of these individuals in the treatment, with emphasis on the real need of the demand.²⁶ In this context, it is emphasized how the CAPS should be a creative and innovative service committed to the care according to the reality of the individuals from new organization of the practices with focus in the multiprofessional work of interdisciplinary form.

Considering the findings abovementioned, it is highlighted how multiprofessional care, whether individually or collectively, contributes to the integral care of the crack user, positively reflecting the autonomy, bonding, social and family reintegration, as well as, in the dependence treatment itself, then minimizing aspects related to hospital admissions due to relapses or clinical manifestations of abstinence.

CONCLUSIONS

The results show that nursing care, medical clinic, psychiatry and nursing technician care, in addition to therapeutic groups such as physical activity, relapse prevention and art therapy, are important actions for the production of care for chemical dependents of crack, in which it is observed the creation of bond as well as the promotion of autonomy and support as pillars of these strategies, since these group care had more frequency promoting a bond formation and acting as support in the treatment process, assisting in handling the difficulties encountered during abstinence and clinical manifestations, as well as relapse, minimizing the number of drug-related hospitalizations. This study evidences the importance of multiprofessional care in the prevention of hospital admissions related to crack use.

Then, the study reflects the importance of providing continuous assistance as a crack user support, from the integrality with the multiprofessional team acting in a complementary way, moreover, it is emphasized the importance of incorporating light technologies in care, such as bond, welcoming, humanization, accountability and differentiated approaches that assist the user in the treatment, both individually and collectively. The need to extend care with therapeutic groups in the services and institutions of the mental health care network is emphasized since it presents positive results in the treatment.

Therefore, this study contributed to identify the therapies performed in the CAPS-AD that positively interfere in the care to the users minimizing the relapse through the continuous and integral follow-up and reducing the hospitalizations by reasons of the drug, in which it provided data that can help the health professionals to address individuals with similar causes of this sample.

It is highlighted as a limitation of the study the fact that the documentary research presents some biases related to data collection as incomplete and inadequate completion of important information, as well as illegible lyrics. Thus, it is important to emphasize the need to sensitize the professionals working in the services observing the importance of adequately filling user information so that it can facilitate communication in the service, improve user evaluation and promote integral care focused on the individual in a holistic way.

Hence, it is suggested to carry out qualitative researches regarding the feelings and perceptions of crack users about the care offered in the CAPS-AD, with emphasis on approaches that promote better social integration and also minimize aspects related to relapses and drug-related hospital admissions.

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