

Knowledge of Nurses in Connection with the Consumption of Psychoactive Substances*

Bruno Vilas Boas Dias¹, Luiz Augusto de Lima Miranda²

¹Master in Health Sciences. Professor of Padre Anchieta University in Jundiaí and Campo Limpo Paulista University, Brazil.

²Nursing at University Center Campo Limpo Paulista, Brazil.

*Scientific initiation work for undergraduate nursing course.

Abstract: *Introduction:* to care for patients who consume psychoactive substances, the Center for Psychosocial Care for alcohol and drugs (CPCad). Its aspect is preventive, aiming to discourage the use of Psychoactive Substances (PS) for the first time, as well as prevent a "escalation" of use and minimize its consequences. For purposes of classification we will adopt for this research the pattern of consumption the PS can be classified as: Use, Abuse and Dependence. **Objective:** To know, from the perspective of the UBS nurse of a city in the interior of São Paulo, which is the psychoactive substance most consumed by the population and to identify if the nurse in the basic care network is prepared to stratify the patient who is using, abusing or being dependent of psychoactive substance. **Method:** descriptive-exploratory study of quantitative approach. The study population is all eight nurses who work in the health facilities of the family of Francisco Morato, Brazil. **Results and discussion:** there is an unprepared and low capacity of the nurses working in public health of the unit studied in the municipality for the care, identification and stratification of the patient using PS. **Conclusions:** With the results of the research, we can ask the health managers of the municipality in question, a theoretical training / update to all the nurses working in public health, with the aim of improving the service provided to the population.

Keywords: Mental Health; Nursing Care; Substance Abuse Detection.

INTRODUCTION

After 12 years of processing, in 2001 Law 10.216 is sanctioned in Brazil, strengthening and promoting the changes in the conduct of attention to the person with mental disorder. The Ministry of Health begins to allocate funds for the reorientation and implementation of care, for new forms of supervision, management and reduction of psychiatric beds^[1]. And on the other hand, building a network of mental health care constituted by the CPC, therapeutic residency, "Back home" program, among others^[2].

The network of attention is highlighted by the CPC as having a strategic role in the articulation and in the fabric of the whole network, both fulfilling its functions in the direct assistance and regulation of the health services network, working together with the Health Family and Community Health Agents, as well as in the promotion of community life and the autonomy of the users, articulating the existing resources in other networks: social, legal, labor cooperatives, schools, companies, among others^[3].

The CAPS, as well as the Psychosocial Care Centers, among other types of substitutive services that have emerged in the country, are currently regulated by Administrative Rule no. 336 / GM, of February 19, 2002 and are part of the Unified Health System (UHS)^[4].

With CPCs, all those who present intense psychic suffering, so that they are unable to live and aim for their life goals can be welcomed and cared for. Care can start in childhood and adolescence if necessary. Generally speaking, people with severe and / or persistent mental disorders, ie persons with severe mental impairment, including psychoactive substance-related disorders (alcohol and other drugs), may be treated in CPC^[3]. Thus, the CPC can be divided into several types as follows^[3]:

- ✓ CPC I and CPC II: are for daily care of adults, in their coverage population, with severe and persistent mental disorders.
- ✓ CPC III: for daily and nocturnal care of adults, during seven days of the week, serving the reference population with severe and persistent mental disorders.
- ✓ CPCi: for infancy and adolescence, for daily care for children and adolescents with mental disorders.
- ✓ CPCad: for alcohol and drug users, for daily care of the population with disorders resulting from the use and dependence of psychoactive substances, such as alcohol and other drugs. This type of CPC has rest beds for the exclusive purpose of

detoxification treatment. In 2012, by means of ordinance 130, the Ministry of Health redefines the Center for Psychosocial Care of Alcohol and other Drugs 24 hours (CPC AD III) and the respective financial incentives^[5].

With regard to CPCad, it is important to emphasize its preventive aspect, that is, to prevent the use of psychoactive substances for the first time, to prevent a "escalation" of use and to minimize the consequences of such use. In cases of abuse and / or dependence on alcohol and other drugs prevention can be defined as a process of planning, implementing and implementing multiple strategies aimed at reducing specific risk factors and strengthening protection factors. It necessarily implies the community insertion of the proposed practices, with the collaboration of all available social segments^[2,3].

The pattern of drug use goes through the use, abuse and addiction^[6,7]:

✓ The use of psychoactive substance is by self-administration of any amount of psychoactive substance. It can occur in a commemorative, religious and socializing context.

✓ Abuse is characterized as an already problematic use pattern, reaching around as a harmful standard that affects some area such as: presence of legal problems, health problems, difficulty to honor commitment and persistence in use, despite the awareness of the presence of problems in the personal and social spheres.

✓ Dependence: The criteria for classification are: a strong desire for or compulsion to consume the substance; difficulty in controlling the behavior of consuming the substance; withdrawal syndrome and need to use the same substance to relieve its symptoms; evidence of tolerance, need for larger doses to achieve the same effects; progressive abandonment of pleasures or alternative interests in favor of the use of the substance as well as an increase in the time required to obtain or make use of the substance or to recover from its effects; persistent use of the substance, despite clear evidence of harmful consequences such as physical, mental and social disorders.

The consumption of psychoactive substances is historical and present in mankind for centuries. Circumstances of use, in the same way throughout history, have had various motives such as wars, mystical rituals, religious passages, and cultural celebrations. We can now observe this consumption due to situations such as social stress, socioeconomic conditions, culture, heredity, psychological factors, among other aspects related to daily life^[8,9].

The II Household Survey on the use of psychotropic drugs, developed in Brazil in 2005, involving people from 12 to 65 years old, from 108 Brazilian cities with more than 200 thousand inhabitants evidenced the prevalence of the substances to which the Brazilian population is dependent, being the alcohol, tobacco and marijuana, and with a percentage of 12%, 10.1%, 1.2%, respectively. With regard to cocaine, 2.9% of participants reported having used at least once in their lifetime. In addition, 2.9% of the population of the sample have already demonstrated some type of treatment for alcohol / other drugs^[10].

Regardless of the substance used, it is known that the consequences can be serious. In relation to alcohol specifically, abuse is observed in both developed and developing countries in large proportions^[11] and is associated with a series of consequences for users ranging from mood swings to cardiovascular diseases, neurodegenerative, gastrointestinal, hepatic and mental^[12].

Also associated with alcohol consumption are social, economic, family and work problems^[13]. Therefore, in general, regardless of the problems, there is great concern about the future consequences^[13]. Alcoholism is a public health problem, it has started early in the lives of many young people either continuously or as bingedrinking, term translated as "heavy episodic drinking". The term defines a practice characterized as drinking five or more doses of alcoholic beverages on a single occasion by men or four or more per woman, regardless of the frequency of consumption^[14].

Given this scenario, and associated with the National Policy on Drugs, stating the importance of the permanent development of studies, research and evaluations that allow to deepen the knowledge about drugs, as well as to evaluate the extent and the trends of its consumption, research, that is, the nurse as protagonist agent in primary care, is prepared to identify people who use, abuse or are dependent on alcohol in their area of coverage? Since this is relevant to establish strategies to revert the cadre of users and concomitantly devise strategies so that children and young people mainly do not begin use.

OBJECTIVES

- To know, from the perspective of the nurse of the Basic Health Unit (BHU) of a city of the Interior of São Paulo, which is the psychoactive substance most consumed by the population;
- Identify whether the nurse in the primary care network is prepared to stratify the patient who is

using, abusing or is dependent on the psychoactive substance.

METHOD

This is a descriptive-exploratory study of a quantitative approach carried out at the BHUs of the municipality of Francisco Morato / SP, Brazil.

The study population consisted of the 25 nurses who worked at the BHUs of Francisco Morato for at least six months and who were in professional practice during the period of data collection, besides accepting to participate in the research after understanding the objectives and signing the Term of Consent Free and Clarified. Of these, professionals who were officially removed from the service, such as vacations and any type of leave, were excluded.

Data collection was performed only after consent of the person responsible for the city's Health Department, as well as nursing coordination. Also, in order to respect the ethical precepts, the project was submitted to the Research Ethics Committee of the Campo Limpo Paulista School following resolution 466/2012, and was approved by the Opinion of CEP 1.913.342 of December 21, 2016.

During the research we were careful to inform nursing coordination in advance about the days and hours of data collection, so that there was no harm to nurses' work. With respect to confidentiality, the names of the nurses who participated in the research will not be disclosed in any case.

To obtain the data from these nurses, two self-applied instruments were used: the first one related to the sociodemographic characteristics of the participants with seven questions related to gender, age, training time and postgraduate courses, time of performance in the BHU of the municipality, participation in courses or training to attend a patient that consumes psychoactive substance and is attended to patients with this characteristic.

The second questionnaire related to the objectives of the study with three questions elaborated

by the researchers is the first questioning which psychoactive substance the nurse perceives, in front of their practice, which is more consumed by the population. The second question seeks to know if the nurse is prepared to identify the pattern of consumption of the population in relation to psychoactive substances and, finally, an issue where a table is presented with patterns of consumption and a series of alternatives with gaps to be filled. The participant must read them and mark the corresponding alternative: (A) for use; (B) for abuse and (C) for the dependency.

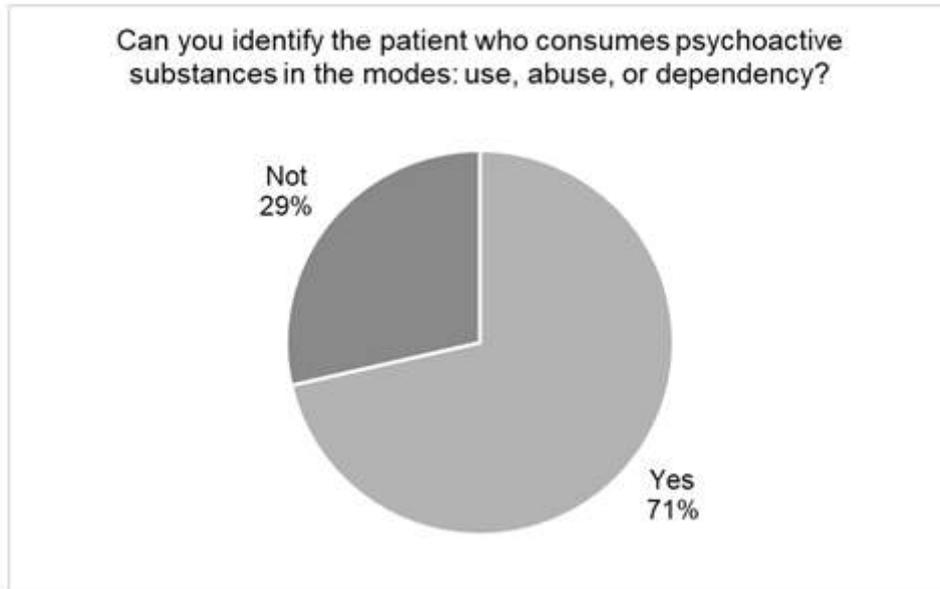
The second data collection tool was prepared based on the SUPERA (System for detection of abusive use and dependence of psychoactive substances: referral, brief intervention, social reintegration and follow-up)^[15] of the National Secretariat for Drug Policy, considering that it is a instrument of free professional training, of high quality and made available by the Ministry of Health to all health professionals through an online platform. The data obtained through the two self-applied instruments were submitted to simple statistical treatment with relative frequency.

RESULTS AND DISCUSSION

Of the 8 (100%) of the participants, 4 (50%) are female. As for age we observed an average of 38 years (being the oldest with 63 years and the youngest with 24 years). Regarding the time of training as a nurse, we have an average of 10 years (being the longest 24 and the lowest 4 years). Concerning the time of action in the public health of the municipality in reference we verified that 7 (87.5%) of the participants have more than six months of performance, and we have obtained an average of 5 years of performance, as shown in the chart below.

Of the participants in the research, 29% answered the first question in the questionnaire assuming that they do not know how to define the pattern of PS consumption. In this way we have 71% of the participants who said they know how to define the usage pattern, as evidenced by the graph below.

Graphic 1: Nurses' ability to identify the pattern of use of psychoactive substances in use, abuse or dependence. n = 8. Francisco Morato, Brazil. 2018.



Of the participants who answered to know how to classify the patient as to the type of PS consumption (71% of participants), none of them matched all the characteristics of the standard, as shown below (Table: 1). However, the pattern of dependence was the most reliable, considering that most nurses correctly marked the characteristics of this pattern, as evidenced (Table:

1). The participant was instructed to read the concept and to mark what consumption pattern represents: use abuse or dependence. The number represents the number of nurses who marked the pattern of consumption and the color highlighted (darker) the correct answer to the concept.

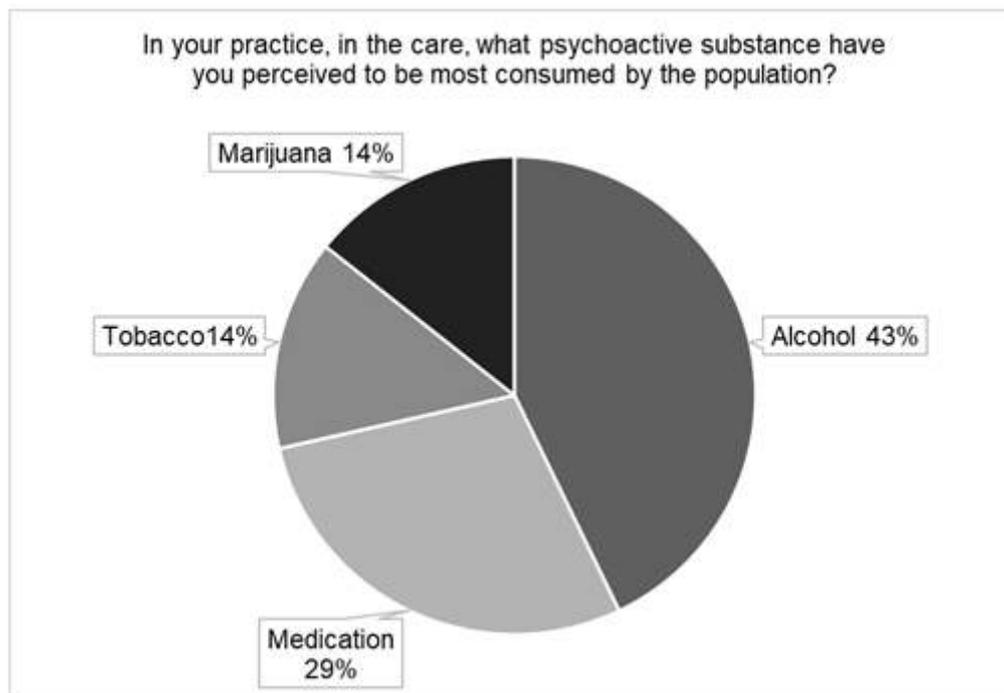
Table 1: Concept and characteristics of consumption pattern in use, abuse and dependence. n = 8. Francisco Morato, Brazil. 2018.

Concept	Use	Abuse	Dependency
Usage pattern that causes physical or mental impairment.	4	0	4
Strong desire or compulsion for the consumption of psychoactive substances.	3	1	4
Evidence of tolerance to psychoactive substances.	6	1	1
Continuous consumption (despite social and interpersonal problems caused by the use of psychoactive substances).	1	1	6
Abandonment of pleasures and alternative interests, in favor of the use of psychoactive substances.	1	1	6
Recurrent use in situations where this represents a physical risk.	0	5	3
There must be real damage already caused by psychoactive substances.	0	4	4
Difficulty in controlling consumption (beginning, end and level of consumption).	1	3	4
Recurring use resulting in negligence of obligations (work, home, among others).	0	7	1
Persistence to use, even aware of the caudates caused by the substance.	1	3	4
Physiological signs of abstinence, when use has ceased or decreased.	0	0	8
Recurrent problems related to legal issues.	6	2	0
Self-administration of any amount of psychoactive substance.	1	6	1

One of the free open-ended questions in the questionnaire was the participant's impression of the consumption of the PS in relation to the population served at the municipality's family health unit, which showed that 43% of the participants judged alcohol

as the most consumed PS by the population, 29% consider the medicines most commonly used as PS, 14% consider tobacco as the most used PS and 14% consider marijuana as the most used by the population.

Graphic 2: Psychoactive substances most used by the population served by the Basic Health Unit studied. n = 8. Francisco Morato, Brazil. 2018.



Knowing the pattern of consumption of PS allows the elaboration of linkage and treatment strategies for users. The detailed investigation of the pattern of consumption, besides detecting levels of gravity, allows to reduce or eliminate "naturalization" and "familiarization", which often give positive value to the substance or difficulty with addiction^[16,17].

CONCLUSIONS

During the research it was possible to demonstrate the lack of preparation and the low capacity of the nurses working in the public health of the place studied for the care, identification and stratification of the patient of the PS patient.

It was also possible to show the impression of the nurses regarding the consumption of psychoactive substances in the population of the municipality. This result makes possible the elaboration of a future research to characterize this consumption in the population, as well as to elaborate a municipal health policy, with a view to controlling and preventing the escalation of consumption by the population.

With the results of the research, we can guide the health managers of the municipality in question to carry out a theoretical training / update to all the nurses working in the family health, in order to improve the care provided to the general population.

REFERENCES

[1] Dias BVB, Trivelato EF, Faccio MR. Perception of own competence to assist patients with mental

disorder: the social representations of nurses. REFACS (online) 2016; 4(2):128-134.

- [2] Brazil. Ministry of Health. Health Portal. Psychosocial care network [Internet]. Brasília (DF): Ministry of Health; 2012 [Cited in 15 nov 2015]. Available in: http://dab.saude.gov.br/portaldab/smp_ras.php?conteudo=rede_psicossocial.
- [3] Brazil. Ministry of Health. Mental health in the SUS: the psychosocial care centers. Department of Health Care. Department of Strategic Programmatic Actions. Brasília: Ministry of Health, 2004.
- [4] Portaria number 336, of February 19, 2002. Establishes on the protection and rights of people with mental illness and redirects the mental health care model. Official Gazette of the Federative Republic of Brazil. Brasília (DF), 20 fev 2002: Section 1:22.
- [5] Portaria number 130, of January 26, 2012. Redefines the Center for Psychosocial Care of Alcohol and Other Drugs 24h (CAPS AD III) and the respective financial incentives. Available in: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt0130_26_01_2012.html
- [6] Drug Abuse Prevention: Training for Community Leaders and Leaders . 2. ed. Brasília: Presidency of the Republic. National Secretariat for Drug Policy – SENAD, 2010. Available in: http://s3.amazonaws.com/academia.edu/documents/31446399/livro_senad2010.pdf?AWSAccessK

- eyId=AKIAJ56TQJRTWSMTNPEA&Expires=1472755787&Signature=6rRh4Tl61e3s7ogqRnrWRGBMiNE%3D&response-content-disposition=inline%3B%20filename%3Dlivro_senad2010.
- [7] Dias BVB, Oliveira AL, Khairalla JCB, Silva SA. Stratification of alcohol users, referred by the basic health units for CPCad: detecting use, abuse and dependence. *Rev Enf Brazil*. 2014;13(2)
- [8] Vargas D, Bitten MN, Rocha FM, Oliveira MAF. Social representation from nurses from psychosocial care centers for alcohol and drugs (CAPS AD), about the chemical dependent. *Esc Anna Nery (impr.)* 2013 abr - jun; 17 (2):242-248.
- [9] Sawicki WC, Pillon SC, Dunn J, Laranjeira R. Analysis of patients with alcohol withdrawal syndrome submitted to outpatient detoxification by nurses. *Acta Paul Enferm* 1996;9(3):38-47.
- [10] Carlini EA, Galduróz JCF, Noto AR, Nappo SA. II Household survey on psychotropic drug use in Brazil. São Paulo (SP): Brazilian Center for Information on Psychotropic Drugs (CEBRID). Department of Psychobiology, Federal University of São Paulo; 2005.
- [11] Kuntsche E, Rehm J, Gmel G. Characteristics of binge drinkers in Europe. *SocSci Med*. 2004;59:113-27.
- [12] World Health Organization. WHO Global Status Report on Alcohol. Department of Mental Health and Substance Abuse. Geneva: World Health Organization; 2004.
- [13] Nunes JM, Campolina LR, Vieira MA, Caldeira AP. Alcohol consumption and binge drinking among health college students. *Rev Psiqu Clín*. 2012;39(3):94-9.
- [14] National Institute on Alcohol and Alcoholism – NIAAA. Helping patients who drink too much: a clinician’s guide, National Institute on Alcohol and Alcoholism. 2005. Available in: pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf.
- [15] Secretaria Nacional de Políticas sobre Drogas – SENAD. Sistema para detecção do uso abusivo e dependência de substâncias psicoativas: encaminhamento, intervenção breve, reinserção social e acompanhamento – SUPERA. Brasília. 2008.
- [16] Arnauts I, Oliveira MLF. Pattern of alcohol consumption by young trauma victims and alcohol users. *Rev Min Enf*. 2012; 16(3):410-18.
- [17] Picolotto E, Libardoni LFC, Migott AMB, Geib LTC. Prevalence and factors associated with the consumption of psychoactive substances by nursing academics of the University of Passo Fundo. *Rev Cienc Saúde Coletiva*. 2010; 15(3): 302-112