CARACTERIZATION OF THE SUPPORT INFORMATION RECEIVED BY FAMILIARS OF CRACK USERS[1]

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ABSTRACT

This article aimed to characterize the support information received by familiars of crack users. It's a qualitative research, of the case study type, conducted with three relatives, between October to November 2013. Results showed that nuclear and extended families were important sources of support information to family members interviewed. Health services also participate of this support network through professional as nursing technicians, psychologists, doctors and social workers. The therapeutic groups and the church were cited as powerful sources of support through advice and suggestions. The internet also appears as an information support resource used by the family. Finally, it can be seen that the supporting information through the conformation of social support networks, made up of people, health services and social facilities, contributes to the family to reorganize and strengthen for the care and face adversities.

Keywords: Nursing. Mental health. Cocaine/Crack. Social support.

INTRODUCTION

The psychiatric reform appears as the social process that introduces changes in epistemological dimensions, technical assistance, legal and socio-cultural policy in the field of mental health, seeking the ressignification of the phenomenon of madness[1], and as transformations in recent years, have brought important contributions to rethinking psychiatric care in the Brazilian context[2], especially because they propose new articulated treatment devices, replacing the asylum and inserted in the community.

Within this context, is the prerogative performance of the services and the practice of workers is the territory, the space where people circulate and where life happens. The services must be integrated among themselves, but also need to broaden the interventions beyond them, engaging other health equipment and other networks, especially relations of the subject. That's because the demands of mental health are complex and inherent to social functions in a given context, which requires more complex and articulated intervention [3]. Therefore, it is considered essential to the daily life of mental

health services that care be produced beyond the borders of the service, and that includes, on the menu of actions, what the territory produces of life, relationships and subjectivity[1].

In this sense, one of the strategies that are part of the new model, one realizes how closer participation of the family, returning to the scene not as an accessory, but as a partner of the treatment. The family is a group that suffers from the problem of user, but that also has a lot to collaborate in care [4]. Therefore, it is considered that the inclusion of family care is one of the first premises to ensure life projects linked to the social and cultural reality of the user.

Family goes beyond simple blood ties. Make up, the everyday people who huddle familial by affinity and solidarity issues in everyday struggle for survival. So, the family ends up being crossed by numerous experiments, 8costumes and types of different social ties, possessing its own belief system. Because of this, also reports various expressions of social inequality and reacts different ways to perform the confrontation of social processes that break down [4].

Regarding the problem of drug use, it becomes clear that the family is organized or

disrupts because of user demands relative, what makes you look for resources and people to help in the care. It is in this direction that the mobilization of support systems for the treatment of individuals dependent on psychoactive substances is important, since the consequences of dependency process eventually culminate in relational contexts in social stresses of the individual, such as work, family, friends and neighbors[5].

Currently, the study of social networks in the field of health has been showing significant growth, by aggregating multiple knowledge's and multiple fields of knowledge [6]. Social support networks become richer when you incorporate and associate the Constitution of the interpersonal links to resources driven by people in their daily lives, in view of the existence of flows between them. Thus, the social support networks would be formed not only by the people and their relationships (informal structures), but also for services or resources with which relate (formal structures) [7-8].

This study is based on classification of the social support network made by Pernille Due and collaborators. According to the authors, the social support networks may consider broadly the context types, the actors involved in supporting interactions and functions which are for individuals[7]. In this case, the social support would be closely related to four aspects of social relations, being they support emotional, material support, the support of information and positive social interaction.

Emotional support is characterized by the involvement of expressions of love and affection. It is provided by people closest to the conviviality of the subject with family, friends and neighbors. Already the support material, refers to concrete aid received by people such as provision of material needs in General, help for practical work (house cleaning, meal preparation, provision of transportation) and financial aid[7].

In relation to the information support, the authors mention that this comprises all information received by the people, which can be used to deal with problems and solve them. Include, for example, advice, suggestions and guidance provided by family members, trusted people or professionals in the health services

network or intersectoral. And, finally, positive social interaction is characterized by the availability of people to leisure activities, relaxation and fun. This addresses the social interaction and coexistence activities that can help the family cope with the difficulties surrounding the overload with the care [7].

Front of the relevance of the subject, this study aimed to characterize the information aid received by relatives of users of crack, considering it as an essential component in the structuring of social support of family networks in the context of mental health care.

METHODOLOGY

This research constitutes a clipping of the dissertation entitled "Social support network of relatives of Users of Crack, Has the qualitative case study type, developed with three relatives of crack users linked to the day-care Center for alcohol and other drugs (AD CAPS) from the city of Viamão/RS.

It is worth mentioning that the dissertation that originated this text is a subproject of Network research – "qualitative evaluation of the network of mental health services for the users of crack". This research was funded by the CNPq (Edict MCT/CNPq 041/2010), adopted by the Committee of ethics in research of UFRGS (Protocol number 20157) developed by UFRGS, in partnership with Universidade Federal de Pelotas (UFPel). The goal of the survey was to evaluate qualitatively the network of mental health services for the users of crack in Viamão/RS.

The participants were chosen through the interest group "Family" of via network, composed of 11 relatives. In these families, were applied the following inclusion criteria: possess psychological and cognitive conditions to answer the questions proposed; own relative, crack user, which is or was linked to AD CAPS and allow the dissemination of the results, subject to ethical issues involving secrecy and anonymity. From these inclusion criteria were selected three relatives to participate in the study.

Data collection occurred in the period from October to November 2013 and through interview, from a specific roadmap, being

divided into two steps: the first part refers to the guiding question, which consisted of two questions aimed at understanding of family. Since the second part of the interview consisted of six questions, which sought to explore the context of the crack in the family and which support mobilized by the family in the confrontation of the problem of crack.

After the completion of the interviews, the interviews were transcribed in full and submitted to a reading with the aim of floating a familiarization with the empirical material. After this step, the data were organized from the classification proposed [7].It is worth remembering that this article deals with the characterization of the information received by relatives.

The development of study attended national and international standards of ethics in research involving humans. In order to preserve confidentiality and identity of the participants, the study's family received the following generic names: Eliane, Maria and Sonia. The other families cited by the interviewees, were also identified by fictitious names, followed by the degree of kinship (Example: Daniel-son).

RESULTS AND DISCUSSION

Nuclear and large families were important sources of information support to family members interviewed. In General, when the family becomes involved with the problem of crack, there are tips, advice and information on possible health services to browse:

> Open up to her [Carina-daughter] and she says "MOM, you've got to do this, you have to make baked [...] "MOM, you have to take care of you, too" [...]. (Eliane)

> A person who guided me a lot my sister [...] She gave me lots of information about that [drug abuse] based on what she knew [...]. (Sonia)

> Is she [mother-in-law] gave me a lot of support [...] Gave me a lot of strength when I passed by the drug problems of [Daniel-son], she called me she via address, she indicated places, CAPS [...]. (Maria)

> The [Daniel-son] is very fond of this group. Very help he [...] they gave us a reference, went to the uncle of [Carla-youngest daughter] which gave an indication of the right groups. (Maria)

Beyond the family, others with ties close to interviewed provided information support, such as friends, neighbors and co-workers:

> I have a very dear neighbor [...] She always supported the [Fernando-brother]. Even the day we take the [Fernando – brother] to institution she was there at the gate, giving a lot of advice right. She is very sweet! She supported quite well. (Eliane)

> [...] I had a neighbor that her son went through the same problem. She guided me to seek this farm that the [Daniel-son] was ... There the neighbors all knew of his problem right. (Maria)

> [...] Was my coordinator who managed this clinic for me, got the indication [...] It was a clinic that we could pay for it [...] Then we [co-workers] we are a family that gives super well, always leaning. (Sonia)

Health services also participate in the tessitura of this support network. In relation to the information provided by the professionals, the highlights were the nursing technician, psychologist, doctor, social worker and community health agent:

> The doubts that I had I always went and talked to a psychologist, a doctor, a social worker [the CAPS AD] [...] Everything else, all information which is doubt, they have the answer for us [...] They explain how the family has to be [...] They answer your questions the way that you want me to clarify it. (Eliane)

> [...] Even had a lady who is of the rank of family health. She was the family's agent, was in the houses [...] She said: it has CAPS, and we said: what is CAPS? I started to meet the CAPS from then on, I began to see that served the CAPS, which was [...] She could these references of the CAPS [...]. (Maria)

> Had the social worker, she told me if I wanted to put the [Daniel-son] on a farm, guided me go in the public prosecutor's Office. (Maria)

The family group was cited as an important resource of information support, being appointed by all respondents. The support was provided through the sharing of information with the members of the Group and the exchange of experiences:

> We'd had their family group was talking about his problems [Daniel-son] huh, about when we were good or evil [...] I liked the group because you say

your situation, your problem and you had that response, I liked it, we demand an answer right. (Maria)

It is important! Surely it is important [...] more than knowledge right, of experience, is very valid [...] because it is exchanging experiences that we will succeed. (Sonia)

What little I've been [referring to the Group of relatives] I found important, why you ask things pros professionals right, and you give your opinion, how do you think it should be, what should change to improve, understand [...] I think you arrive at a conclusion that it's not just you that's going through that [...]. (Eliane)

The Church was an institution mentioned on account of one of the family as a source of information, through guidelines and suggestions for the confrontation of adverse situations related to the use of crack in the family context:

> [...] Go to church and ask if I have any questions. The same thing that I do in CAPS, if I have any questions I ask pro pastor. We asks for workers who have any doubt that we have the people question right. (Eliane)

An interesting feature of information cited was the internet. Sonia highlights who consulted a lot of information on health services that could meet your son, in parallel to the information already received by family members:

> [...] We started searching the internet right, then we went there on the Cruise, which has hospitalization there right, because I know that anywhere else would be difficult. *(Sonia)*

Even realizing the availability of most services and health professionals with respect to the information support, another report shows us a gap in offering this type of support by some professionals, as we see in the affidavit of Sonia:

> [...] I want guidance, wanted more conversation [...] how to talk at home with him, you know? The way I'm doing, leaving it locked in the House, is that correct? If I would have to give a little more freedom for him? Or if he could catch, for example like this, could he take vinegar, things containing alcohol must also avoid, food [...] I had more info for my sister than the CAPS. (Sonia)

In the accounts of Mary and Sonia, it is possible to note the participation of nuclear families and extensive, showing important information sources of support to family members interviewed. The main advice were in relation to health services specialized in the treatment of crack use.

It was observed that the circle of family relations, consisting of their informal networks, for the most part, offers general information about services (to get service, when, how). The case of Mary, for example, when it was driven by a neighbor to seek a therapeutic farm. In General, this information came from the disclosure of some service or the experience of people with their families. This demonstrates that the family does not seem to be alone in search of alternatives able to decrease the "via Crucis" for specialized services and the physical and emotional wear and tear caused by the drug.

The information received shows the commitment to help in the search for possible solutions to a problem that requires the participation of all. In General, people opine about treatment alternatives from features that experienced, heard about or knew personally. The receipt of information in this sense, reduces tension and anxiety triggered by the change of family life, comprising also a feeling that the family can (and should) be a part of this watch [9].

In the case of participation of formal networks, it is evidenced that these seem to offer a more technical and precise information, debugged, the context problem, how to act and what to do with it. In the case of Eliane, when he talks about the clarity of information received from the professionals of the AD CAPS.

In this sense, the support offered by the formal networks information stands out for its clarity, the truthfulness and the opportunity of information on the disease process. This helps to reduce the uncertainties and anxieties of families, as well as help them find a coherence to life itself, in addition to a meaning for the role it plays in the family [10-11].

To this end, the professional must have availability for a rapprochement and listening for each subject and to give them the information they need. In this way, welcome and understand causes the familiar feel confidence in the service or in the worker to talk about their life stories and expose the doubts and anxieties that permeate.

To meet it, reinforces the need for the health care professional to meet the families and the culture in which they are inserted. It is important that he be present also in the daily lives of families, interacting with her beyond the disease situations. Similarly, one realizes that, when health professionals are committed to service to users, expand the possibilities of success, with reflections in the service provided to people [12].

Under this perspective, it is understood that include the family health actions is to share the knowledge and decisions, for which a space in which they can verbalize feelings and identify difficulties can be created, and thus mobilize sources of informational support in the search for solutions to the issues brought by the family [13].

Family groups, as Eliane, Maria and Sonia points, can function as a space for reception of the life experiences of each family member. This Space of mutual knowledge and construction that enhances exchanges dialogical, sharing experiences and improved adaptation to individual and collective way of life [14]. These exchanges that take place during the therapeutic groups have proved to be an important tool to broaden the ability of family members to deal with the problems related to the use of drugs and to respond positively to the restoration of the balance of family life.

Front of the reports, it is understandable that interaction and interpersonal ties that are being built by the group, strengthens its members, providing a care relationship between people, arousing solidarity through the interest in helping each other and share their doubts and anxieties, something even more closely the links between those who pass and suffer the same problem.

Eliane brought to discuss the relevance of the participation of the Church in this composition of social support networks. According to her, their trust in the Church seems to make her safe to be able to discuss about their problems, their anguish and needs. Therefore, one can understand that the support offered by the religious explanations concerning health and disease, as well as the information of the members of religious congregations, have large role in the formation of networks of solidarity and support consistent [12-15].

One can also notice the search health information via the internet. Certainly, the use of the internet as a resource in health has broadened the perspectives of care, enabling decision-making, as well as greater autonomy and freedom of choice [16]. In the case of the families of drug users, this tool can assist in obtaining knowledge of the problem and the resources available, allow the exchange of experiences and mutual support, as well as helping in the promotion of self-care. Thus, the support of information through the internet can bring a number of benefits to users, through the availability of information in accordance with the specific needs of individuals.

In the affidavit of Sonia, there was a certain gap in the involvement of health professionals with regard to the support provided to family members. This gap in information support on the part of health professionals may compromise care in mental health, since lack of knowledge and incorrect understanding of issues related to crack are elements that make it difficult to watch, as well as increase the feeling of anguish and helplessness on the part of the family.

In cases of illness, families who receive disabled or conflicting information of professionals are lost on the possible paths to tread in the search of alternatives to counter the problem. Health professionals who provide few opportunities for dialogue or don't offer enough information end up valuing less the experiences of families, something needed to proceedings of empirical knowledge interface with technical-professional knowledge [17].

Finally, you can check that the information support through social support networks forming, formed by people, health services and social facilities, contributes to the family can reorganize and strengthen itself to the careful and confrontation of adversity. Each network element acts on these nets conformation of distinct but complementary ways, and may constitute an important strategy to minimize the burden of the family caregiver.

CONCLUSION

It is understandable that the identification of the components of information support within

the support networks of relatives of crack users allows the questioning of mental health care, reflecting on wider issues and complex than those which relate to the disease, the limitation or suffering. The support networks – and, in this case, the support of information received by households – the strengthen, assist in the understanding of the relationships that the drug user establishes with his world, in addition to configure itself as strategic resource of mental health care.

Information support is indispensable for building health care, being reported by family members as an important resource to relieve anxiety, empowerment on crack-related issues and also as a strategy to counter the problem in their daily lives. In this way, it was found that the information constitutes an important source of support, as it allows the families to make choices and take decisions in relation to resources, treatment and care possibilities.

It is understood that any information showing a way to withstand the wear and tear caused by the use of crack is important to alleviate the anguish and anxiety of the family. Soon, formal and informal networks can (and should) continue investing in possible advice and information to families of crack users, not only to strengthen family unity, but also for better instrumentalism them in relation to the daily care and building links.

It was possible to realize the importance of the support of both the formal and informal network, in obtaining the information. First, it is undeniable the contribution of these networks to the families, to decrease the potential for suffering and anxiety. However, informal networks seem to act more helping the family to access the health care system, while the formal networks operate in user maintenance in that system.

From the results obtained in this study, it is thought that it is necessary to invest in sensitivity and empathy to understand the family in their difficulties and uncertainties related to the confrontation of a multidimensional problem, like crack, releasing hand of features such as the support of information. Furthermore, it is necessary to promote strategies that will promote the construction of social support networks that contribute in the confrontation of problems resulting from the use of crack and other drugs.

CARACTERIZAÇÃO DO APOIO DE INFORMAÇÃO RECEBIDO POR FAMILIARES DE USUÁRIOS DE CRACK

RESUMO

Este estudo teve como objetivo caracterizar o apoio de informação recebido por familiares de usuários de crack. É uma pesquisa qualitativa, do tipo estudo de caso, realizada com três familiares, entre os meses de outubro à novembro de 2013. Nos resultados observou-se que as famílias nucleares e extensa se mostraram importantes fontes de apoio de informação aos familiares entrevistados. Os serviços de saúde também participam da tessitura dessa rede de apoio através de profissionais como técnicos de enfermagem, psicólogos, médicos e assistentes sociais. Os grupos terapêuticos e a igreja foram citados como potentes fontes de apoio através de aconselhamentos e sugestões. A internet também aparece como um recurso de apoio de informação utilizado pelos familiares. Por fim, pode-se verificar que o apoio de informação, através da conformação das redes de apoio social, formada por pessoas, serviços de saúde e equipamentos sociais, contribui para que a família possa se reorganizar e se fortalecer para o cuidado e o enfrentamento das adversidades.

Palavras-chave: Enfermagem. Saúde mental. Cocaína/Crack. Apoio social.

CARACTERIZACIÓN DEL APOYO DE INFORMACIÓN RECIBIDO POR LOS FAMILIARES DE CONSUMIDORES DE CRACK*

RESUMEN

Objetivo: Caracterizar el apoyo de información recibido por los familiares de los consumidores de crack. Metodología: Estudio cualitativo, del tipo estudio de caso, realizado con tres familiares, entre los meses de octubre a noviembre de 2013. Resultados: Las familias nucleares y extendidas eran importantes fuentes de apoyo de información a los familiares entrevistados. Los servicios de salud también participan en la organización de esta red de apoyo a través de profesionales como técnicos de enfermería, psicólogos, médicos y asistentes sociales. Los grupos terapéuticos y la iglesia fueron citados como poderosas fuentes de apoyo a través de consejos y sugerencias. La internet también aparece como un recurso de apoyo de información utilizado por los

familiares. Conclusión: Se puede observar que el apoyo de información, a través de la conformación de redes de apoyo social, compuesta por personas, servicios de salud y servicios sociales, contribuye para que la familia pueda reorganizarse y fortalecerse para el cuidado y el enfrentamiento de las adversidades.
Palabras clave: Enfermería. Salud mental. Cocaína/Crack. Apoyo social.

REFERENCES

1. Yasui S. Rupturas e encontros: desafios da reforma psiquiátrica brasileira. Rio de Janeiro: Fiocruz: 2010.

2. Santos ACCF. Referencial de cuidar em enfermagem psiquiátrica: um processo de reflexão de um grupo de enfermeiras. Esc Anna Nery Rev Enferm. 2009 jan/mar; 13(1):51-5.

3. Severo AK, Dimenstein M. Rede e intersetorialidade na atenção psicossocial: contextualizando o papel do ambulatório de saúde mental. Psicol Ciênc Prof. 2011; 31(3): 640-55.

4. Pinho LB, Hernández AMB, Kantorski L. Reforma psiquiátrica, trabalhadores de saúde mental e a "parceria" da família: o discurso do distanciamento. Interface (Botucatu). 2010 jan./mar; 14(32):103-13.

5. Souza J. Percepção de apoio social e caracterização da rede de dependentes e não dependentes de substâncias psicoativas. 2010 [tese]. Ribeirão Preto (SP): Universidade de São Paulo; 2010.

6. Muramoto MT, Mangia EF. A sustentabilidade da vida cotidiana: um estudo das redes sociais de usuários de serviço de saúde mental no município de Santo André (SP, Brasil). Ciênc Saúde Colet. 2011; 16(4): 2165-77.

7. Due P, Holstein B, Lund R, Modvig J, Avlund K. Social relations: network, support and relational strain. Soc Sci Med. 1999; 48(5): 661-73.

8. Rosa TEC, Benício MHD. As redes sociais e de apoio: o conviver e a sua influência sobre a saúde. Bolet Inst Saúde (São Paulo). 2009 abr; 47:80-3.

9. Ferreira NML, Dupas G, Costa DB, Sanchez KOL. Câncer e família: compreendendo os significados simbólicos. Cienc Cuid Saúde. 2010 abr/jun; 9(2):269-77.

10. Cacante, JVC, Valencia, MMA. Tocar los corazones en busca de apoyo: el caso de las familias de los niños con cáncer. Invest Educ Enferm. 2009 set; 27(2):170-80.

11. Marques, AKMC, Landim FLP, Collares PM, Mesquita RB. Apoio social na experiência do familiar cuidador. Ciênc Saúde Colet. 2011 mar; 16(1): 945-55.

12. Silveira CL, Budó MLD, Silva FM, Beuter M, Schimith MD. Rede social das cuidadoras de familiares com doença crônica incapacitante no domicílio: implicações para a enfermagem. Cienc Cuid Saúde. 2009 out/dez; 8(4):667-74.

13. Rodrigues JSM, Ferreira NMLA, Caliri MHL. Caracterização do apoio social percebido pela família do doente adulto com câncer. Medicina (Ribeirão Preto). 2013 set; 46(3):289-96.

14. Benevides DS, Pinto AGA, Cavalcante CM, Jorge MSB. Mental healthcare through therapeutic groups in a day hospital: the healthcare workers' point of view. Interface (Botucatu). 2010 jan /mar; 14(32):127-38.

15. Hamilton JB, Moore CE, Powe BD, Agarwal M, Martin P. Perceptions of support among older African American cancer survivors. Oncol Nurs Forum. 2010 jul;37(4):484-93.

16. Moretti FA, Oliveira VE, Silva EMK. Acesso a informações de saúde na internet: uma questão de saúde pública? Rev Assoc Med Bras. 2012; 58(6):650-58.

17. Paula ES, Nascimento LC, Rocha SMMA. A influência do apoio social para o fortalecimento de famílias com crianças com insuficiência renal crônica. Rev Latino-am Enferm. 2008 ago; 16(4).

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