

## SOCIAL SUPPORT NETWORK AND FAMILY: LIVING WITH A FAMILY MEMBER WHO IS A DRUG USER<sup>1</sup>

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### ABSTRACT

This study aimed at seizing the experiences of families of drug users and to know aspects of their social network. This is a descriptive research, a case study conducted with ten families of drug users assisted at a Primary Health Care Unit in the State of Paraná. Data were collected through open interviews and subjected to content analysis in the thematic modality. The family life is hampered by drug user behavior, the family's lack of understanding of the problem, the financial burden, physical and psychological, limiting the family's activities, which has a fragile and not very active social network in relation to other family members, neighbors and support services. The difficulty of the social support offered by family members and the fragility of the social network of families demonstrate the need for strategies that may include families and their life context as the fundamental unit of mental health care.

**Keywords:** Drug users. Family. Social network. Nursing.

### INTRODUCTION

Drug abuse is a major social problem and public health worldwide, with consequences for the lives of users, families and communities. When drugs are considered part of a mental health problem, they become the target of the same interventions that marked the process of psychiatric reform started in Brazil in 2001, which seeks to promote alternative models centered on community, social network of users and, especially, attention to their families<sup>(1)</sup>.

Despite the proposals of the psychiatric reform to change mental health care strategies, attention is still focused on issues related to service users, health professionals, policies or official institutions<sup>(2)</sup>. Families are not approached as one of the entities affected by the problem and as the core that needs continuous and comprehensive care in order to have health and contribute to the treatment of the family members who are drug users<sup>(3)</sup>.

Considering that there is a deep involvement between users and their families, the latter need to be welcomed and followed by qualified

professionals. Thus, health professionals, including nurses, can play an important role to these families, both by understanding of drug users in their real context and by the ability to rescue the bonds between them and their families<sup>(3)</sup>.

Thus, families need to be informed about the disease and the treatment, and need to receive instructions on technical skills to perform home care. Social network and support are resources to improve the quality of life of families, promoting, strengthening and maintaining the well-being of people<sup>(4,5)</sup>.

Social network is understood as the structural or institutional dimension associated with an individual such as: neighborhood, religious organizations, health care system and school. It can be characterized as a "web of relationships" that connect individuals who have social ties between them, allowing support resources to flow through these links. In turn, social support has individual dimension. It is composed of members of the social network that are actually important to the person. Social support can have informative nature or can correspond to the resources provided by members of the network that

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generate beneficial physical, emotional and behavioral effects<sup>(4,5)</sup>.

In this sense, it can be said that families are complex organization systems with beliefs, values and practices developed and closely related to the changes in society, in search of the best possible adaptation to the survival of the members and of the institution as a whole. The family system changes as society changes and all its members may be affected by internal and external pressures. These cause families to change in order to ensure continuity and psychosocial growth of its members<sup>(6)</sup>.

Therefore, in the case of families living in vulnerable conditions, the support received from people in the community or linked to these families are extremely important to maintain family balance in the coping process involving changes and behaviors<sup>(7)</sup>.

Given these considerations and bearing in mind that drugs can impact the whole family, the objective of the present study was to seize the experiences of families of drug users and know aspects of their social network.

## METHODOLOGY

This is a descriptive study with qualitative approach of a case study. This type of study contributes greatly to the understanding individual, political, social and organizational phenomena, and it is indicated to study something unique, although it may be similar to other cases or situations<sup>(8)</sup>.

Data were collected from January to March 2012 through open interviews with relatives of drug users assisted in primary care units in the city of Maringá, Paraná. The Basic Health Unit that in the previous year had the highest municipal indicators of hospitalization and violence related to drug abuse were selected for the study. This unit is located in an area considered of low social development<sup>(9)</sup>.

The families included in the study were indicated by nurses and community health workers. This indication was also given along with an opinion on the vulnerability in dealing with drugs. The family member who participated in the study should have daily contact with the alcoholic and/or drug user. Data were collected through open interviews with ten families of drug

users. The interview was about their experience in relation to the drug user and aspects of their social network.

After selecting families, home visits were conducted and a first contact was made. In this occasion, the objectives of the study were presented and clarified. Subsequently, two further home meetings were made within intervals of nearly one week, allowing to encompass interfaces, experiences and relationships of family members, about the investigated issue. Interviews were recorded on a digital device and they lasted 50 minutes on average, and they were fully transcribed.

Data were submitted to content analysis in the thematic modality<sup>(10)</sup> which involves three steps: 1) Pre-analysis, in which material is prepared, hypotheses are established and indicators to guide the final interpretation are formulated; 2) Exploration of material, a step in which data are encoded, that is, processed and systematically grouped into record units, which can be subjects, words or phrases; 3) Treatment of results, which involves inference guided by several centers of attention/communication. These are clarified and, then, new themes and data are discovered, making it necessary to compare statements and actions in order to verify possible unifications<sup>(10)</sup>.

The study complied with the formal requirements contained in Resolution 466/2012 of the National Health Council (NHC) and was approved by the Standing Committee on Research involving Human Beings of the State University of Maringá (CAAE 0491.0.093.000-11).

To ensure the anonymity of the families in the study, participants were nominated by the degree of kinship, followed by the letter F (family) and the sequential numbering of the interviews (F1, F2, F3 and so on).

## RESULTS AND DISCUSSION

Ten families who had one family member who is a drug user participated in the study. Among families interviewed, two were formed only by the mother (F1 and F8), two by mother and sister (F6 and F7) and each one of the others were formed as the following settings: wife and user (F2), father, mother and user (F9), user and son (F4), mother, stepfather and user (F3), user and grandparents (F5) and user, mother and sister-in-

law (F10).

From these families, were interviewed six mothers (F1, F3, F7, F8 and F10), a sister (F6), a wife (F2), a son (F4), a grandmother (F5) and a father (F9). They lived with family problems arising from the use of alcohol and other drugs for two to 15 years, what demonstrates the chronicity and difficulty that the family has to reverse this problem.

Thus, in order to meet the objectives that guide the implementation of this study, interviews were organized into categories. These show the fragility of the social support offered by family members and by the social network of families of drug users.

### **Experience of families as limiting the support to the drug user**

The analysis of the reports clearly show that social support offered by the family to the user is affected by the problem of drugs, as living with the addicted creates many problems and imposes the need for re-adapting to the routine. The behavioral unpredictability of the user, sometimes showing aggressive attitudes and, sometimes, extreme vulnerability due to the effects of drugs, triggers feelings of fear, shame and insecurity in the family. This, in turn, leads to a lack of understanding of the experienced situation and hinders the manifestation of social support.

The thing is scary, my dear. Good that you only participate in the study, because living the life like that, if you are eating you are remembering, if you are sleeping you are dreaming, you are taking a shower, someone calls at the gate, you go out soapy afraid that a person is there to kill him. I have no more patience, there is a limit (crying), if he died, for me that would be a relief. (Mother - F1)

His head is no longer good, he goes a whole week missing, on the street, sometimes he comes home as if nothing had happened, then the boys criticize me because I let him in, [...] I'm cleaning there inside, and when I see, he is here, I will not live with the house closed, then he goes and takes a shower. (Mother - F3)

It is observed that drug consumption is a phenomenon that affects users, families and society. In this context, it is imperative to reflect on the determinants of the social network involved in this phenomenon and social support exercised by the family.

It is noted that social networking is the structure from which comes the support, made up of a set of links (and their respective roles) related to the individual, whether through ties of kinship, friendship or acquaintances; or through the relations or connections of a particular individual with a group of people<sup>(11)</sup>.

For families, which are the essential foundation of human relationships, the fact of having a drug user as one of its members results, for both, in a critical experience that deeply marks their lives<sup>(12)</sup>. Faced with the unpredictable behavior of users under the effect of drugs, families start to live with insecurity and suffer from not understanding the problems caused by the use of these substances. This results in difficult family relationships and hinders rehabilitation of the user.

In addition, the interaction with the user damages the health of family members who are exposed to all kinds of suffering, and become apprehensive with regard to the attempts of treatment, which frequently fail. Living with the user also causes physical, emotional and financial burden, making the bond between family and user even more difficult.

After my mother died I started to take care of him, when he quited working, I was the one who had to work, and I still had to go after him at the bar because he would get drunk and then he would call me, because he was lost. (Son - F4)

He has no reasoning, we try to help in every way, he was hospitalized four times, he goes out and after three days he goes down there (crack house) and it's over, he stops eating and keep searching for drugs. I get so angry to see him going out, and picking up things here at home to sell, but now we keep an eye on him, we do not leave the house alone. (Mother - F8)

The lack of preparation to deal with the behavior of the family member that is a drug user leads families to face difficulties, causing physical, emotional and financial burden to family members. Faced with this reality, family members seek to readjust their routine in an attempt to rescue the drug user, sometimes causing overload on the whole structure for the lack of a social network to support them in this care. Emotional, physical and financial overload shows the suffering of caregivers that have to face the daily stress experienced in their homes, witnessing the

suffering of others and having no guidance on how to act before the behavior shown by drug users in crisis<sup>(13)</sup>.

These factors, added to the lack of recognition of the problem of drugs as a disease, strengthen the institutionalized treatment model, because families do not know how to handle these situations and they believe that isolation can reverse this situation.

I was told that this is a disease, I do not think so, I think that this is a great a hipocrisy to escape reality, [...] is lack of decency, an excuse for not working, not taking responsibility, it is a 'thing', it could be a law forcing these people to be hospitalized and stay there, enclosed. (Mother - F1)

These factors, coupled with the lack of understanding of the problem from the perspective of mental health, make families believe that hospitalization is the best form of treatment/intervention. However, the approach to this problem in hospitals should be restricted to extreme situations such as severe withdrawal syndrome, severe medical or psychiatric comorbidities, uncontrollable compulsion by the harmful use of drugs or lack of family or social support. In other cases, outpatient treatment is the best option because besides avoiding to take patients out of their environment, it encourages users and families to be co-responsible for their treatment<sup>(14)</sup>.

In this sense, it was evident that families still lack information and support from health services and from other networks that provide them tools to properly support their family member. The distance of such services make families lack confidence in the benefits of deinstitutionalization. Because of this, they value and seek to replicate the model of institutionalization of drug users that is, making the patient to be allocated whether among asylums for insane people or in prisons, taking the place of mad or law transgressor. In both cases, drug users are excluded by society and labeled either as patients or as delinquents<sup>(15)</sup>.

Despite the stressful environment reported by respondents, families demonstrate feelings of affection, responsibility, love, care and protection towards their family member that uses drugs. These feelings, in turn, can provide the necessary support to the user's return to the family and social circle.

My mother says that she prefers him dead because it would be a relief. She says this, but she loves the son she has. Because they came here at the door charge him with cocked revolver (crying) and she took out of her mouth to pay the man. (Sister - F6)

The importance of family involvement in the treatment of drug-dependents is recognized by scholars who rely on the assumptions of systemic paradigm, according to which all are interrelated and interconnected. Therefore, the change in one individual can reverberate throughout the whole family system. Thus, it is considered that, despite the conflicts generated by the context of addiction, the family is not a complicating factor, but a strong ally and a powerful instrument in the process of redemption of individuals<sup>(11,14)</sup>.

Families should be seen as a source of strength and support, the foundation that keeps the social bond of drug users. Thus, shared action between professionals and families is fundamental for effectiveness of treatment, in view of the family's central role in the recovery of drug users. Families must be considered collaborators, and at the same time be recognized as co-dependent, that is, the target of the illness arising from their traumatic experiences and daily experiences imposed by the drug users<sup>(3)</sup>.

Thus, families must be seen as a care targets by health services, that is, families also need to be cared of so that they can offer care and support to their family member drug user.

### **Social support network of family members who live with drug users**

Regarding the social network of families, it appears that some family members, by spending more time, attention and care to the user, sometimes close themselves to the world and forget themselves, they stop working or they work to compensate for the lack of help from the user. They cease to do and to participate in activities they enjoy because of the harsh reality they experience.

When we moved here I used to work out, I would come home, and he would be already drunk. Then he went on to drugs. Then I had to quit work. He used to spend the night walking, sometimes, he would get lost, people would bring him when they found he lost. (Mother - F8)

I always took care of him after my mother died, the

other children do not care, when he broke his arm I was working, and they called me, I ran [...]. But I miss service, I do not have a steady job because there is no one to take care of him. (Son - F4)

He does not know how much is a electricity bill, so much that in reality I could not work with my hand in a cast, but I would go anyway, I would put a bag on my arm and worked very hard, then I myself took the cast a week before the due time, because I could not stand it, I had to work. (Wife - F2)

In view of these factors, it can be deduced that the family system is penalized by the presence of drug addiction and of this family member. The problem is associated with financial difficulties that can lead to emotional instability and consequently disrupt the family organization as a whole, draining resources that could be directed to key functions such as food and education. Another problem is that sometimes the family member assumes the responsibility to ensure the financial need of the house and even the very drug use, which contributes to the negative impact on the family.

Socio-educational intervention programs developed in the community aimed at preventing health problems and reducing risk behaviors indicate that risk factors and protection mechanisms should be the primary targets of preventive strategies. A model that enhances empowerment of vulnerable families and harm reduction is the best way to prevent. The provision of rehabilitation in groups seems to be necessary to develop coping skills that strengthen family members in psychosocial sense to deal with these problems in a more adaptive way, keeping the balance and well-being necessary to minimize conflicts and work as an alternative model of health for other members<sup>(16)</sup>.

In relation to health services, the Psychosocial Care Center Alcohol and Drugs (CAPS-AD) was cited by most families. Basic Health Units, in turn, were not mentioned by any of the families in the study. They are used only for special cases, such as medical consultation, drug delivery, vaccine administration and dressings.

The nurses in the Unit do not know of his problems, rarely they come here, we have to go to CAPSAD that is too far, if we had a follow-up in Unit, that would be great to help more people with these problems. (Father - F9)

Considering this reality, health services that

develop actions in the field of mental health such as Basic Health Units and the Psychosocial Care Centers should pay attention to the network of relationships of users, so that they may serve as support and help on dealing with the family member who is a drug user.

In this context, the support from professionals, of both primary and specialist care, focusing on family-centered care and on their social network is understood as essential to minimize the difficulties faced by them<sup>(16)</sup>. The links between family and mental health services need to be grounded in a sincere and respectful relationship, where the uniqueness and individuality of all are preserved, so that the former do not feel overwhelmed, and users may effectively recover their citizenship and autonomy in a therapeutic relationship<sup>(17)</sup>.

Thus, it is important that there may be a relationship of exchange of experiences and knowledge between community, family, professionals and users. Therefore, because professionals, especially nurses, have the opportunity for a closer relationship with the community, they must transcend the traditionalist care guided in the care of co-morbidities of drug users and invest in their potential and also in their caregivers.

It is noteworthy that a component of the social network mentioned very often by families was religion, singled out as a place of refuge in times of trouble.

I go to church, I ask God to guide the head of these girls, for them to give up this world, so many good things waiting for them. (Mother - F10)

The church is a place I love to go. I have friends there who were also friends of my mother. We go to worship, we participate in novena and all help me, pray for my father, maybe one day he gets better. (Son - F4)

I like going to church to ask for my children, to face these problems, especially my "son" who is drug user, it helps me a lot, the church gives me some comfort. (Grandma - F5)

The religious system was also cited as a positive support for the families. The constant visits to a church, the practice of the concepts proposed by a religion and the importance given to this are factors that can help in dealing with drug abuse, especially in the treatment of dependence, combined with other types of

treatments, as the psychosocial.

In general, the dimensions of spirituality and religiosity are associated with better quality of life, with better results for people who are recovering from physical and mental illnesses, or who have fewer alternative social and personal resources. In addition, people that are not religious, with low or moderate spiritual well-being, are twice as likely to have mental disorders, and about seven times more likely to have a diagnosis of alcohol abuse or dependence<sup>(18)</sup>. There is therefore a strong positive association between religious involvement and mental health.

### FINAL CONSIDERATIONS

The results show that the family living with a family member who is a drug user presents weaknesses in their social network, changes in

family dynamics and, therefore, in the support, especially in cases of failed treatment attempts.

The physical, emotional and financial burden that falls upon them, coupled with the lack of recognition of the problem as a disease, strengthens the appreciation of institutional treatment and the attitude of avoiding to seek for health services as a source of support.

Noteworthy is the fact that the families studied present a fragile social network, and that, in itself, points to a gap in the health care network. It reflects the need for strategies to include family and the life context as the fundamental unit of care.

A possible limitation of the study was the difficulty to access families of drug users that, in a way, are neglected by health professionals, either by prejudice/fear of approaching them, and even by not knowing how to handle the situation.

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## REDE DE APOIO SOCIAL E FAMÍLIA: CONVIVENDO COM UM FAMILIAR USUÁRIO DE DROGAS

### RESUMO

Neste estudo propôs-se apreender as vivências de famílias em relação ao familiar usuário de drogas e conhecer aspectos de sua rede social. Trata-se de uma pesquisa descritiva, do tipo estudo de caso, realizada com dez famílias de usuários de drogas atendidas em uma Unidade de Atenção Primária à Saúde no Estado do Paraná. Os dados foram coletados por meio de entrevista aberta e submetidos à análise de conteúdo na modalidade temática. A convivência familiar é dificultada pelo comportamento do usuário de drogas, pelo desconhecimento da família acerca do problema, pela sobrecarga financeira, física e psicológica, limitando a atuação da família, que conta com uma rede social frágil e pouco atuante, em relação a outros familiares, vizinhos e serviços de apoio. A dificuldade do apoio social ofertado pelos familiares e a fragilidade da rede social das famílias demonstram a necessidade de estratégias que incluam a família e seu contexto de vida como unidade fundamental de assistência em saúde mental.

**Palavras-chave:** Usuários de drogas. Família. Rede social. Enfermagem.

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## RED DE APOYO SOCIAL Y FAMILIA: CONVIVIENDO CON UN FAMILIAR USUARIO DE DROGAS

### RESUMEN

Este estudio tuvo el objeto de comprender las experiencias de familias con respecto al familiar usuario de drogas y conocer aspectos de su red social. Se trata de una investigación descriptiva, del tipo estudio de caso, realizada con diez familias de usuarios de drogas atendidas en una Unidad de Atención Primaria a Salud en el estado de Paraná-Brasil. Los datos fueron recolectados por medio de entrevista abierta y sometidos al análisis de contenido modalidad temática. La convivencia familiar es dificultada por el comportamiento del usuario de drogas; el desconocimiento de la familia sobre el problema; la sobrecarga financiera, física y psicológica, limitando la actuación de la familia, que cuenta con una red social frágil y poco actuante, con relación a otros familiares, vecinos y servicios de apoyo. La dificultad del apoyo social ofrecido por los familiares y la fragilidad de la red social de las familias demuestran la necesidad de estrategias que incluyan a la familia y su contexto de vida como unidad fundamental de atención en salud mental.

**Palabras clave:** Usuarios de drogas. Familia. Red social. Enfermería.

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### REFERENCES

1. Siqueira DF, Moreschi C, Backes DS, Lunardi VL, Lunardi WD, Dalcin CB. Repercussões do uso de crack no cotidiano familiar. *Cogitare Enferm.* 2012; 17(2):248-54
2. Noronha F, Araújo MAN, Bastos MM. Estratégias de

cuidado à saúde mental na atenção básica: caminhos para ampliação da assistência. *RBSP.* 2015; 39(3):497-514.

3. Alvarez SQ, Gomes GC, Oliveira AMN, Xavier DM. Grupo de apoio/suporte como estratégia de cuidado: importância para familiares de usuários de drogas. *Rev Gaúcha Enferm.* 2012; 33(2):102-8.

4. Sanchez KOL, Ferreira NMLA, Dupas G, Costa DB. Apoio social à família do paciente com câncer: identificando caminhos e direções identificando caminhos e direções. *Rev Bras Enferm.* 2010;63(2):290-9.
5. Floriano LA, Azevedo RCS, Reiners AAO. Cuidador familiar de idosos: a busca pelo apoio social formal e informal. *Cienc Cuid Saude.* 2012;11(1):18-25.
6. Faco VM, Melchiori GLE. Conceito de Família: adolescentes de zonas rural e urbana. In: Valle TCM, organizador. *Aprendizagem e desenvolvimento humano: avaliações e intervenções.* São Paulo: Cultura Acadêmica; 2009.
7. Martins E. Família em situação de risco e rede social de apoio: um estudo em comunidade de periferia metropolitana. *Rev @mbienteeducação.* 2011;4(1):60-71.
8. Yin RK. *Estudo de caso: planejamento e método.* 5ª ed. São Paulo: Bookman; 2014.
9. Maringá. Prefeitura Municipal. Secretaria de Assistência Social e Cidadania. Diretoria de Programas sobre Drogas. *Relatório circunstanciado sobre ações de prevenção e tratamento do uso de drogas na cidade de Maringá.* Maringá; 2010.
10. Bardin L. *Análise de conteúdo.* 1ª ed. São Paulo: Edições 70; 2011.
11. Cavalcante LP, Falcão RST, Lima HP, Marinho AM, Macedo JQ, Braga VAB. Rede de apoio social ao dependente químico: ecomapa como instrumental na assistência em saúde. *Rev Rene.* 2012; 13(2):321-31.
12. Brischiliari A, Bessa JB, Waidman MAP, Marcon SS. Concepção de familiares de pessoas com transtorno mental sobre os grupos de autoajuda. *Rev Gaúcha Enferm.* 2014;35(3):29-35.
13. Fertig A, Schneider JF, Oliveira GC, Olschowsky A, Camatta MW, Pinho LB. Women crack users: knowing their life stories. *Esc Anna Nery.* 2016;20(2):310-6.
14. Pinho PH, Oliveira MF, Claro HG, Pereira MO, Almeida MM. A concepção dos profissionais de saúde acerca da reabilitação psicossocial nos eixos: morar, rede social e trabalho dos usuários de substâncias psicoativas. *Rev Port Enferm Saúde Mental.* 2013;9(9):29-35.
15. Rosenstock KIV, Neves MJ. Papel do enfermeiro da atenção básica de saúde na abordagem ao dependente de drogas em João Pessoa, PB, Brasil. *Rev Bras Enferm.* 2010;63(4):581-6.
16. Santos VE, Soares CB, Campos CMS. The international scientific production on harm reduction: a comparative analysis between Medline e Lilacs. *SMAD: Rev Eletrônica Saúde Mental Álcool Drog.* 2012; 8(1):41-7.
17. Vasconcelos SC, Frazão IS, Ramos VP. Grupo terapêutico educação em saúde: subsídios para a promoção do Autocuidado de usuários de substâncias psicoativas. *Cogitare Enferm.* 2012;17(3):498-505.
18. Murakami R, Campos CJG. Religião e saúde mental: desafio de integrar a religiosidade ao cuidado com o paciente. *Rev Bras Enferm.* 2012;65(2):361-7.

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