

NETWORKING ARTICULATION: CARE FOR DRUG USERS FROM THE PERSPECTIVE OF SOCIAL NETWORK ANALYSIS¹

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ABSTRACT

Objective: The goal of this quantitative and descriptive study was to analyze the articulation between a psychosocial care center and the intersectoral health network. **Methodology:** Data were collected in a municipality on the western border of the State of Rio Grande do Sul, Brazil, from August to December 2017. Data analysis was performed using the Package for the Social Network Analysis - UCINET software. The study was based on the methodological framework of social network analysis. **Results:** The results indicated the existence of 37 agents involved in care provided to drug users. It was possible to observe several sectors of justice and public safety that provided direct or indirect care to users. However, the results revealed certain estrangement between these agents and other network services in the development of joint programs and case coordination. The metrics assessed indicated a low degree of interaction between the sectors, demonstrating the difficulty of the network in functioning in an integrated manner and building joint care possibilities. **Conclusions:** This study discusses the need for greater intersectoral articulation at the interaction levels assessed. It is necessary to plan municipal policies that favor this interaction between agents.

Keywords: Psychoactive substances. Intersectorality. Network. Social network analysis.

INTRODUCTION

The United Nations Report found that about 5% of the adult population (one in 20 individuals), or 250 million individuals aged between 15 and 64 years, have used at least one drug in 2014. Although worrying, this figure has not increased over the last four years in the same proportion of the world population. However, despite the stability in the prevalence of drug use, the number of individuals with substance use disorders has increased disproportionately for the first time in six years. The report also indicates that the mortality rate among drug users, especially those using injecting drugs, was 15 times greater than the rate observed in the rest of the population⁽¹⁾.

In addition, only the sixth part of individuals has access to treatment. This fact constitutes an important public health problem due to the magnitude of the impacts caused by the use of substances on health, safety, and justice, among others factors⁽²⁻⁵⁾.

In view of the above, it is observed that the issues related to drug use have increased in the current Brazilian political and social context. However, they still constitute a challenge in the search for comprehensive and effective care, because the change in the care model is not limited to the opening of new services, but mainly to the articulation between them. Thus, the great challenge is to ensure that these services, when established, do not take place in isolated care units; they should dialogue with the multifaceted view of the drug problem, meeting the different care needs of each individual⁽⁶⁾.

In this sense, despite advances in public mental health policies, focused on the context of drug use, it is understood that this articulation between the network is still an impediment in contemporary services and requires overcoming some obstacles to become effective. Thus, care provided to drug users is complex and multifactorial. It is necessary to identify not only the structure of relationships between services, but also whether there is certain degree of

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integration between them.

In this regard, it is argued that the healthcare network for drug users should not only be considered in its structural aspect, involving services and professionals, but also as being influenced by the interactions established by them from a relational perspective. Thus, it is necessary to go beyond the identification of services, trying to understand the processes and relationships established among them. This way, a more contextualized and comprehensive understanding of healthcare network for drug users will be possible, as well as a more permanent construction of the concept of shared care in this same network.

The Psychosocial Care Center (CAPS) is one of the main instruments for implementing the national mental health policy in our country. It is characterized as a strategic healthcare service in the territory, permeating the complex articulation of community and extra-community resources of the networks.

However, in spite of being strategic, CAPSs should assume the role of joining and articulating the networks, so that they do not necessarily constitute the "center" or gateway of those networks. They should be articulated systems capable of being in permanent contact with other social and intersectoral networks, in view of the complexity of the mental health needs of the population served.

Specifically with regard to healthcare in the context of drug use, the capability of Psychosocial Care Centers for Alcohol and Other Drugs (CAPS AD) to perform as organizer of the network has been questioned. This is due to the fact that this sector is often disjointed from other fundamental services of the Health Care Network and the Psychosocial Care Network. It is also due to the difficulty in performing outside its limits⁽⁸⁾. Therefore, there is the need for closer dialogue between the different actors in the network⁽⁹⁾.

Finally, it can be observed that the analysis of contemporary problems leads us to realize that they cannot be understood in isolation. They should be understood systemically, because they are interconnected and interdependent. Therefore, there is a demand for a new way of thinking, which should contemplate the complexity of the work in the context of care

provided to drug users. It is also necessary to develop methodologies that can assess the configuration of networks.

The present study aimed at assessing this context. We focused on the social network analysis framework, whose goal is to understand the structure of a given network and the contexts in which the relationships are established.⁽¹⁰⁾ The identification and description of the scenario in which the assessment is performed may provide valuable information for decision-making, such as the ability to organize and operationalize institutions⁽¹¹⁾.

In view of the above, this study proposes to analyze the articulation between oneCAPS and the health and intersectoral network. To that end, we will assess two of the main elements that constitute this intersectoral work, namely: case coordination; and the development of joint programs.

METHOD

This is a quantitative and descriptive study conducted in the Municipality of the West Frontier of Rio Grande do Sul, Brazil. Data were collected from August to December 2017 in three stages for the assessment of health systems⁽¹²⁾. This procedure can be observed in Table 1.

In Stage 1, we used the systematic observation technique, which lasted for four weeks. The goal was to become familiar with the place of study, observing its routines and flows, and contact the key informants of the research.

In this step, we also verified data from documents and files kept in the service unit, such as: flowcharts; internal protocols; medical records; etc. The use of these sources was useful to explore the dynamics of the relationships established by CAPS AD.

Still, during the first stage, a round of conversation was held with 13 professionals from the CAPS AD. The aim was to know the actors with whom the service had established relational bonds, i.e., the connections made for resolution of the daily work demands related to drug users. The round of conversation lasted for approximately 45 minutes. It was recorded in audio and later transcribed to facilitate the analysis of the data.

Table 1. Main stages of social network analysis for the assessment of health systems.

Stage 1 – Definition of the list of network members and actors:
Phase 1: Listing of all stakeholders (groups of interest) involved in a system; Phase 2: Complement the list of actors with information collected through interviews with key informants.
Stage 2 – Definition of the relationship between the actors:
Phase 1: Provide the list of actors in a table; Phase 2: Interviews held with key informants to determine the relationships between the actors; Phase 3: Indicate in the table the existence or absence of relationships between the actors. "0" is given in each square of the table when there is no supply and no demand for information between two actors.
Stage 3 – Analysis of the structure of the system: measurement of the properties (measures) of the network using the UCINET version 6.0 Software.

Source: Adapted from Blanchet and James, 2011.

In this step of the study, we included all the health professionals who were working in the CAPS AD. Professionals who were replacing those that had taken leave or vacations during the period of data collection were excluded. We assessed 37 health services according to the list prepared by professionals from the CAPS AD.

In Stage 2, we applied a questionnaire in Likert scale format for **determining the relationships between the actors** of the network. The scale was applied separately to the 37 managers (key informants) of each service (actors), indicated by CAPS AD workers during the first stage of data collection. At this step of the study, all the managers who were working in the mental health network of the municipality were included. Those managers who were temporarily assuming the coordination of the service or had taken leave during the period of data collection were excluded.

The questions were prepared based on a 5-point Likert scale, with the following scores: **0 = never; 1 = rarely; 2 = sometimes; 3 = often; and 4 = always.** This type of scale consists of a series of statements about a particular subject. There is a scale of up to five points for each statement. The value of the measure is obtained by adding the values of the answers to the statements.

For the purpose of preparing the scale, the present study focused on five aspects that identify the modes of relationship in the network⁽¹³⁾, namely:

- Referral: patients sent to other units of the network;
- User embracement: patients received from other units of the network;
- Case coordination: sharing of data and behaviors related to a specific case;

- Joint programs: formal efforts in programs developed together with another unit of the network;

- Consultancies: services provided to other units of the network on the basis of contracts or formal agreements.

It should be emphasized that, in the present study, the relationships established among the actors were analyzed considering only case coordination and joint programs.

With these data, we proceeded to Stage 3, in which sociograms were prepared and the **properties (measures) of the network—i.e., density, centrality, and clicks—were measured.**

In the case of density, the goal was to measure the degree of connectivity within the network, representing the number of total possible connections that could exist. From this perspective, we can understand that a network is considered dense when it presents many relationships between pairs of actors; otherwise, it is not very dense⁽¹⁴⁾. The degree of centrality allows obtaining the degree of influence of the actor with respect to the local network. Clicks allow measuring the degree of concentration and formation of subgroups in a given network.

We used the UCINET version 6 software for Windows to prepare the sociograms and analyze the data⁽¹⁵⁾. A sociogram is a graphical representation of the network, in which each actor is a point and the lines that connect them are the relationships established between them.

The present study was approved by the Research Ethics Committee of the Federal University of Rio Grande do Sul, Brazil, under Protocol No. 2,189,159.

RESULTS AND DISCUSSION

During the round of conversation mentioned above, the professionals of CAPS AD elaborated a list of 37 services that were part of the mental

health network of the municipality. These services provided direct or indirect care to drug users. They were:

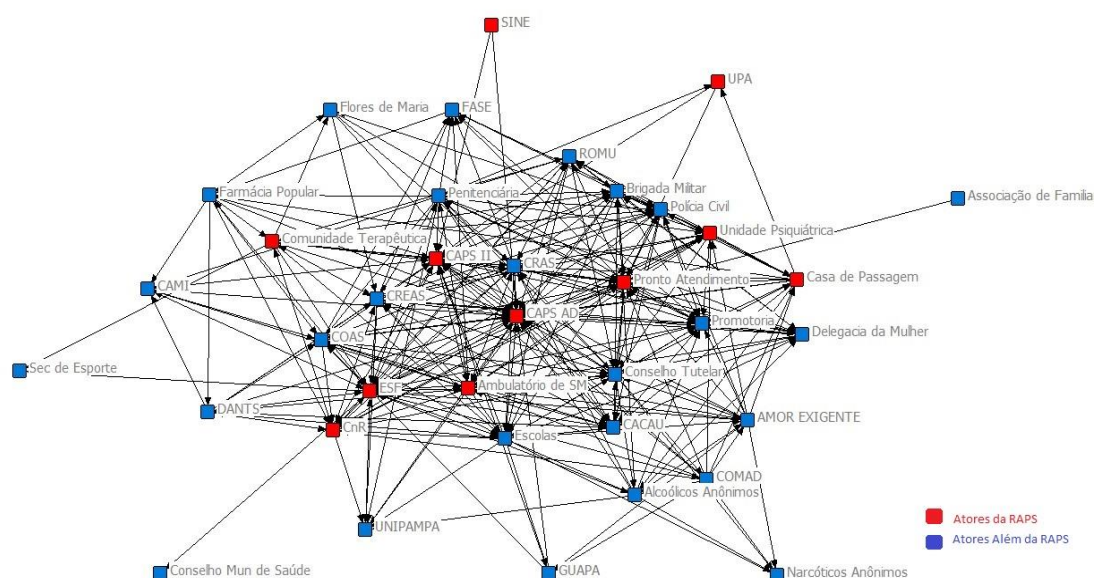
Table2. List of healthcare network services for drug users.

COMPONENTS OF THE PSYCHOSOCIAL CARE NETWORK (RAPS)	
Basic Healthcare	1) Family Health Strategy (ESF)
	2) Street Outreach
Strategic Psychosocial Care	3) CAPS AD
	4) CAPS II
Urgency and Emergency Care	5) Emergency Care unit (UPA)
	6) Emergency Care (Hospital)
	7) Outpatient Mental Health
Hospital Care	8) Psychiatric unit (Hospital)
Temporary Home Care	9) Halfway House
	10) Therapeutic Community
Psychosocial Rehabilitation Strategies	11) National Employment System (SINE)
ACTORS BEYOND RAPS - INTERSECTORAL RESOURCES	
Health/Education/Justice/Social Assistance	12) Counseling and Serological Support Center (COAS)
	13) Public Pharmacy
	14) Center for Administration of Injectable Medications (CAMI)
	15) Health, Prevention and Communicable Diseases Project (DANTS)
	16) Schools
	17) Federal University of Pampa (UNIPAMPA)
	18) Department of Sports
	19) Flores de Maria (Private home/housing for older adults and individuals with mental disorders)
	20) Uruguiana Foster Home for Children and Adolescents (CACAU)
	21) Specialized Reference Center for Social Assistance (CREAS)
	22) Reference Center for Social Assistance (CRAS)
	23) Prosecutor's Office/Public Defender Office
	24) Women's Police Station
	25) Civil Police
	26) Municipal Ostensive Policing (ROMU)
	27) Military Police
	28) FASE (Socio-educational care foundation)
	29) Modulated Prison
	30) Guardianship Council
	31) Municipal Health Council
	32) Municipal Council for Drugs (COMAD)
Social Sectors	33) Supporting Body for HIV-Infected Individuals (GUAPA)
	34) Amor Exigente
	35) Alcoholics Anonymous (AA)
	36) Narcotics Anonymous (NA)
	37) Family Members Association

Source: Prepared by the author, 2018.

In addition to geographic distribution, social network analysis has a complementary perspective when it determines the relationships between the actors. It establishes proximities or

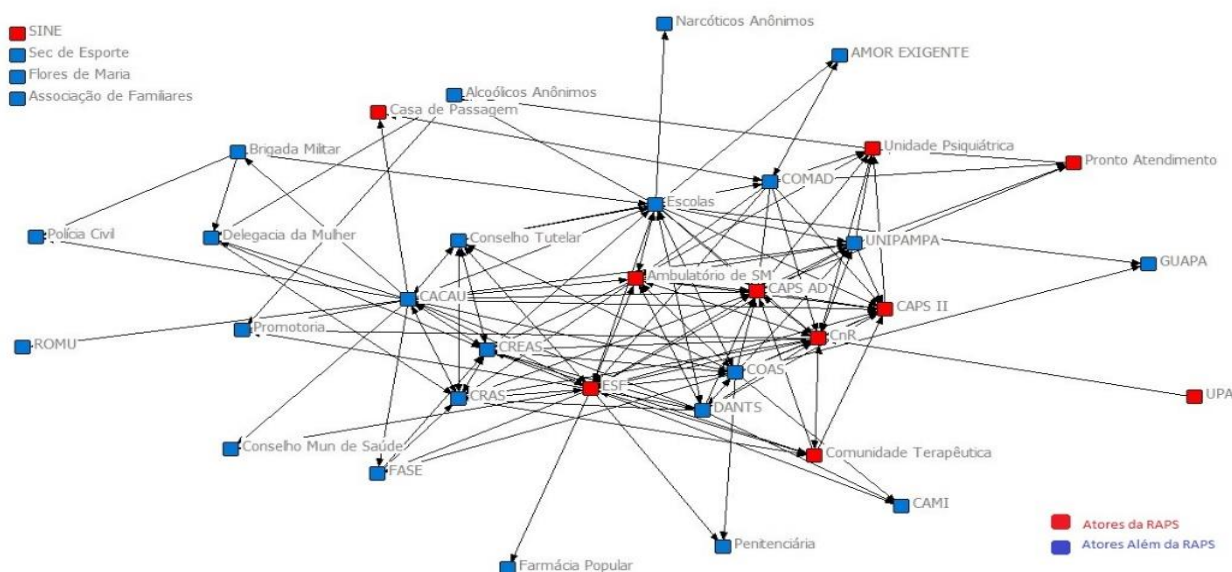
estrangements by means of the geodesic distances. The sociogram below graphically demonstrates this view from the perspective of case coordination.

Figure 1. Sociogram of the network from the perspective of case coordination.

The overall mean density of the case coordination network indicated that it had established 300 connections; which, divided by the total potential of connections (1,332), resulted in a network with density of 25.6%. The mean density among the actors working in the RAPS was 44.5%.

The degree of network centrality with respect

to case coordination indicated that the most outstanding services were Prison (65), CRAS (48), and CREAS (40). The actors Municipal Department of Sports, Municipal Health Council, and Narcotics Anonymous had not established connections with other actors of the network.

Figura 2. Sociogram of the network from the perspective of joint programs.

With respect to clicks, case coordination accounted for a total of 108 groups. The players

who had participated in the greatest number of clicks were CAPS AD (90%), Guardianship

Council (65%), and CRAS (59%). The actors Municipal Health Council and Family Members Association were not involved in any click.

The assessment of joint programs indicated a slightly smaller amount of connections in comparison to case coordination. The sociogram below illustrates a less intense dynamics of exchanges between the actors.

The collected data indicated that joint programs only had 160 connections, which divided by the total potential of connections (1,332) resulted in a mean density of 12.0%. With regard to the RAPS actors, there were 33 connections, and the mean density was only 3.0%, representing an important fragility in this sector.

The most **central** actors at this level of relationship were CACAU, schools, and COAS. Thirteen actors had not established connections related to joint programs, they were: SINE; Public Pharmacy; CAMI; Department of Sports; Flores de Maria; Prosecutor's Office; Civil Police; ROMU; Prison; Municipal Health Council; GUAPA; Narcotics Anonymous; and Family Members Association.

The level of joint program relationships had obtained 33 **clicks**. The Family Health Strategy (73%), Outpatient Mental Health (39%) and CAPS AD (39%) were the actors which had been present in the greatest number of clicks. Eleven actors had not participated in any click, namely: Halfway House; UPA; SINE; Public Pharmacy; Family Members Association; Department of Sports; Flores de Maria; ROMU; Amor Exigente; Narcotics Anonymous; and Alcoholics Anonymous.

The drug user care process comprises an extension of the services potential. The use of substances is complex and has multiple dimensions, requiring articulated work between different sectors.

At the same time, the results of the metrics analyzed in this study provided strong evidence of the need to establish better partnerships with several central actors of the network. This same situation has also been mentioned in other studies showing that, although there had been cooperative movements among the actors, there were still many gaps in the articulation of

services, indicating the need for greater connection between health sectors⁽¹⁶⁾.

Health network articulation means bringing together one or more sectors through a relationship that makes these services move together, establishing a relationship of partnership characterized by interests in common. The articulations include connection points that do not limit movement at all; rather, they require a new dynamism from the health services, thus leading to the creation of network care⁽¹⁷⁾.

From this point of view, it is possible to understand the sense of network. It refers to the idea of connection, complementary actions, and horizontal relationships between partners. Work based on this perspective aims to ensure care integrality and overcome the fragmentation of the activities within health units. In order to achieve this horizontalization, the network requires an intersectoral articulation, i.e., between different sectors, institutions, and individuals, adding knowledge and experiences and establishing a set of interdependent relationships⁽¹⁸⁾.

Intersectoriality is guided by a management logic that pervades different spheres of social policies, and presupposes an articulation between several sectors of the different policies. At the same time, it is necessary to break the segmentation and understand the network as a woven project among the many "nodes" that make up an articulated collective environment capable of producing flows that potentiate care and life⁽¹⁹⁾.

In this sense, intersectoriality calls for a set of innovations in public management, requiring new organizational responses, overcoming hierarchical and vertical structures, and creating new institutional arrangements with horizontal work structures. This way, the problem lies in the rationality that still persists in the area of care centralization in specialized sectors, coupled with inadequacies in the formulation and implementation of policies, even in the scenario of innumerable advances promoted by the Brazilian Psychiatric Reform⁽²⁰⁾.

It is known that the field of drug user care is characterized by issues that comprehensively involve the sectors of justice and public safety. In the context studied, it was possible to observe

several sectors of justice and public security that provided direct or indirect care to drug users. However, the results indicated some estrangement on the part of these actors with respect to other network services in the development of joint programs and case coordination.

It is believed that these sectors should be articulated in the elaboration of an intersectorial agenda, with planning and actions that involve overcoming stigma and prejudice in the care provided to drug users. This way, it is necessary to clarify the rights of citizens and the presuppositions of the psychiatric and sanitary reform, which are focused on intersectoriality as care guidelines⁽²¹⁾.

The hygienist and exclusionary view of the police and public authorities provides another indication that the model is insufficient. Given the complexity of the drug phenomenon, this model generates more and more exclusion and hinders discussions about the problem⁽²¹⁾.

It is believed that the incorporation of matrices would have a mediating and connecting function in this conjuncture, promoting the development of joint actions between the actors and care intersectoriality. The matrix support aims to provide specialized support, both assistance and technical/pedagogical, for reference teams and professionals in charge of care for health problems, thus providing space for communication and sharing of knowledge between reference professionals and supporters. In addition, it personalizes referral and counter-referral systems by stimulating and facilitating direct contact between the referral and the support specialists⁽²²⁾.

The matrix support proposes to break the medico-centered model. It is an instrument for care management aimed at qualifying the intervention in individuals and populations. It provides spaces for the exchange of knowledge acquired from theories, articulated with practical discussions about the daily life of services between professionals and users⁽²³⁾.

This way, matrix support stimulates the production of spaces that promote discussions and clinical practices that bring new meanings to health interventions. It breaks with the logic of referrals to the specialties, and creates other care possibilities that go beyond CAPS, diversifying

and expanding the user embracement alternatives to meet user needs.

From this perspective, it is worth noting that the level of integration and effectiveness of the network does not only depend on the professionals involved in care, but is also associated with the engagement of managers in the implementation process of such strategies. Therefore, it is also possible to question the responsibility of management in providing conditions for creating strategic actions to promote deinstitutionalization and integration of the health network⁽²⁴⁾.

It can be observed that case coordination took place in some situations by the creation of subnetworks, in this case, established between some specialized services of RAPS. In other situations, case coordination occurred through personal relationships between the professionals of the services. This way, it is observed that this level of relationship did not occur routinely, nor was it disseminated among all actors of the network. This fact limits the scope of this strategy and there is less cohesion of the network in this dimension.

In this sense, it is understood that the elaboration and implementation of specific protocols and programs among the network services constitute an alternative that can help in the handling of cases and promote greater resolution and agility to meet users' demands.

FINAL CONSIDERATIONS

The aspect that involves the services and their environments—i.e., the relationships establishes with society, other services, and the singularity of the individuals—is fundamental to observe the advances and challenges of the consolidation process of the Brazilian Psychiatric Reform.

The results of the present study indicated the existence of 37 actors directly or indirectly involved in care provided to drug users within the municipality under study. The list included public and private services, philanthropic institutions, and NGOs.

However, the metrics investigated indicated a low degree of interaction between the sectors. These results demonstrate the difficulty faced by the network in performing through an integrated manner and building joint care possibilities.

The CAPS AD is a strategic service concerned with the formation and articulation of care networks. However, it is not always able to establish horizontal and articulated relationships with these networks.

Thus, we discuss the need for greater intersectoral articulation at the levels of

interaction analyzed in this study. It is necessary to think of municipal policies that favor this "interaction" among the actors, investing in matrix support, work groups, joint projects of health promotion, and prevention of drug use.

ARTICULAÇÃO EM REDE: O CUIDADO A USUÁRIOS DE DROGAS NA PERSPECTIVA DA ANÁLISE DE REDES SOCIAIS

RESUMO

Objetivo: Estudo quantitativo, descritivo que se propõe a analisar a articulação entre um centro de atenção psicossocial e a rede de saúde intersectorial. **Metodologia:** A coleta de dados ocorreu de agosto à dezembro de 2017, em um município da fronteira oeste do Estado do Rio Grande do Sul, Brasil. A análise dos dados foi organizada a partir da utilização do *Software Package for the Social Network Analysis* - UCINET. O estudo norteia-se pelo referencial metodológico de análise de redes sociais. **Resultados:** Os resultados apontaram a existência de 37 atores envolvidos no cuidado às pessoas que usam drogas. Foi possível observar diversos setores de justiça e segurança pública que prestavam cuidados diretos ou indiretos aos usuários. Contudo, os resultados indicaram certo distanciamento desses atores no tocante ao desenvolvimento de programas conjuntos e coordenação de casos com outros serviços da rede. Verificou-se, através das métricas investigadas, um baixo grau de interação entre os dispositivos, demonstrando a dificuldade por parte da rede em atuar de forma integrada e construir possibilidades de cuidado conjuntas. **Considerações finais:** Discute-se a necessidade de maior articulação intersectorial nos níveis de interação analisados neste estudo. Para isso, é preciso pensar em políticas municipais que favoreçam essa "costura" entre os atores.

Palavras-chave: Substâncias psicoativas. Intersectorialidade. Rede. Análise de redes sociais. **ABSTRACT**

LA ORGANIZACIÓN EN RED: EL CUIDADO A USUARIOS DE DROGAS EN LA PERSPECTIVA DEL ANÁLISIS DE REDES SOCIALES

RESUMEN

Objetivo: estudio cuantitativo, descriptivo que se propone analizar la organización entre un Centro de Atención Psicosocial y la red de salud e intersectorial. **Metodología:** la recolección de datos ocurrió de agosto a diciembre de 2017 en un municipio de la Frontera Oeste de Rio Grande do Sul, Brasil. El análisis de los datos fue organizado a partir de la utilización del *Software Package for the Social Network Analysis* UCINET. El estudio se basa en el referencial metodológico de Análisis de Redes Sociales (ARS). **Resultados:** los resultados señalaron la existencia de 37 sujetos involucrados en el cuidado a las personas que usan drogas. Fue posible observar diversos sectores de justicia y seguridad pública que prestan cuidados directos o indirectamente a los usuarios. No obstante, los resultados apuntaron cierto alejamiento de estos actores en lo que se refiere al desarrollo de programas conjuntos y coordinación de casos con otros servicios de la red. Se verificó a través de lo investigado un bajo grado de interacción entre los dispositivos, demostrando la dificultad por parte de la red en actuar de forma integradora y construir posibilidades de cuidado conjuntas. **Conclusión:** se discute la necesidad de una mayor articulación intersectorial en los niveles de interacción analizados en este estudio. Para ello, es necesario pensar en políticas municipales que promuevan esta relación entre los actores.

Palabras clave: Sustancias psicoactivas. Intersectorialidad. Red. Análisis de redes sociales.

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