
SOCIAL NETWORKS IN THE CARE OF DRUGS USERS: A SYSTEMATIC REVIEW¹

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ABSTRACT. Due to configurations in society, it is important to think of the care of users of alcohol and other drugs from a comprehensive perspective. In this way, current policies point to the importance of social networks (SNs) in the care process. Thus, this study aims to understand the use of SNs in the treatment of users of alcohol and other drugs within the Brazilian context. It is a systematic review conducted on the MEDLINE, LILCAS, IBECs and Scielo databases. Nine articles met the inclusion criteria, composing the review sample. Results show: heterogeneous conceptualizations about SNs; the importance of assistance services and families; and need for integration of different levels of care and the community context. Further studies about SNs and their implementation in the care of drug users need to be conducted, comprehending health promotion, prevention and treatment, with a greater conceptual and practical systematization of this strategy.

Keywords: Social networks; drug abuse; literature review

AS REDES SOCIAIS NO CUIDADO AOS USUÁRIOS DE DROGAS: REVISÃO SISTEMÁTICA

RESUMO. Diante das configurações societárias, é importante pensar o cuidado ao usuário de álcool e outras drogas por uma ótica ampliada. Dessa forma, as políticas atuais apontam para a importância das redes sociais (RS) no processo de cuidado. Assim, o presente estudo visa compreender a utilização das RS no cuidado aos usuários de álcool e outras drogas no contexto brasileiro. Trata-se de uma revisão sistemática, realizada nas bases de dados MEDLINE, LILACS, IBECs e Scielo. Nove artigos preencheram os critérios de inclusão, compondo a amostra da revisão. Os resultados apontaram para: heterogêneas conceituações sobre as RS; importância dos serviços assistenciais e da família; e necessidade de integração dos diferentes níveis de atenção e do contexto comunitário. Aponta-se a necessidade de mais estudos sobre as RS e sua implementação na atenção aos usuários de drogas, desde a promoção de saúde, prevenção até o tratamento, com maior sistematização conceitual e prática dessa estratégia.

Palavras-chave: Redes sociais; droga (abuso); revisão de literatura.

LAS REDES SOCIALES EN EL CUIDADO A USUARIOS DE DROGAS: REVISIÓN SISTEMÁTICA

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RESUMEN. Debido a las características de la sociedad, es importante pensar en el cuidado de usuarios de alcohol y otras drogas en una perspectiva integral. Por lo tanto, las políticas actuales señalan la importancia de las redes sociales (RS) en el proceso del cuidado. El presente estudio tiene como objetivo comprender el uso de RS en el cuidado de usuarios de alcohol y otras drogas en Brasil. Es una revisión sistemática en MEDLINE, LILACS, IBECs y Scielo. Nueve artículos cumplieron los criterios de inclusión, componiendo la muestra del estudio. Los resultados enseñaron: conceptualizaciones heterogéneas de las RS; importancia de los servicios y familia; y necesidad de integrar diferentes niveles de atención y el contexto de la comunidad. Más estudios sobre la RS y su aplicación en el cuidado de usuarios de drogas son necesarios, desde la promoción de salud, prevención hasta el tratamiento y con mayor sistematización conceptual y práctica de esta estrategia.

Palabras-clave: Redes sociales, abuso de drogas; revisión de literatura.

Introduction

Drug use in Brazil was initially associated with crime and antisocial practices, with its approach being essentially directed by criminalizing and/or segregational views (Costa, Mota, Paiva, & Ronzani, 2015). From the mid-twentieth century the theme also began to be influenced by psychiatry, which, with a technical discourse, conceived the idea as a disease (Machado & Miranda, 2007). Then, users started to be seen as criminals or passive subjects in the face of their pathology. Those discourses reinforced the exclusion of said people, since they were either arrested or taken to psychiatric hospitals, as asylum practices were in full force.

Only at the end of the twentieth century – around the 1970s and 1980s – through civil society movements, at the heart of the claims from the Sanitary and Psychiatric Reform, use of and addiction to alcohol and other drugs begin to be permeated also by the bias of public health. Thus, despite hegemony of the judicial view, the State also starts to look at the problem in a global manner, considering social, psychological, economic and political implications (Ministério da Saúde, 2004).

In the face of current configurations in the world and society, it is important to think about the care and treatment of individuals addicted to alcohol and other drugs from a broader perspective, with a dynamic contact in which the user is not seen in an isolated manner but based on the relations he establishes. For this reason, there is a need for integration of different types of knowledge and theoretical and technical contributions, promoting health and education through therapeutic, preventive and care resources (Ministério da Saúde, 2004).

Taking into consideration the complexity of drug abuse and its social determinants, an ongoing and comprehensive care is made necessary, which can be offered by means of the structuration and strengthening of intersectoral care networks, based on the social reality of communities and principles of the Psychiatric Reform (Ministério da Saúde, 2004; Costa et al., 2015). In this sense, current policies point at the importance of projects with a focus on the social networks (SNs) of users, from a community-oriented approach that favors citizenship, especially in the face of the consequences of vulnerability and social exclusion which increase the complexity of the problem and favor the abusive use of drugs (Ministério da Saúde, 2004; Souza, Kantorski, Vasters, & Luis, 2011).

SNs can be understood as broad and dynamic structures formed by knots (whether people, institutions, services, etc.) that inter-relate through ties. These ties can be formal or informal, established in the everyday living, and are not limited to specific places. The idea of this articulation that forms a system can be understood illustratively as a net (Marteletto, 2001). Therefore, SNs in the care of users of alcohol and other drugs are characterized as a set of relations established between these subjects and their life context (whether with institutions, family, friends, other users, etc.), establishing mutual influence through their beliefs and values, and can have them as social support.

Before the complexity of the matter of alcohol and other drugs and the relationship of SNs for treatment, it is possible to observe the need for a greater conceptualization of SNs within a context that considers the experiences, meanings, trajectories and needs of the individual in the construction of his own treatment process (Mângia & Muramoto, 2005). The way they are employed and the objective for this employment may generate superficialities in the approach of the theme, leading to a lack of critical analysis. In addition, it is necessary to understand beyond the concept, that is, understand who the

actors involved are and their positions, what their purposes are, local impacts, so that, finally, it is possible to understand the formation and development process and results (Lopes & Baldi, 2009). The study of SNs is something that is always being constructed, which allows and needs attention and reflection.

This overview shows the relevance in approaching SNs as resources which boost the comprehension of certain aspects of society and which can be expanded to the care of users of alcohol and other drugs. In the face of that, this study aims to understand the use of SNs in the care of users of alcohol and other drugs in the Brazilian context, from the following guiding question: How are SNs covered in the care of drug users in Brazil? Additionally, this study seeks to analyze concepts employed, identify and discuss methods and assessment perspectives and indicate possibilities of investigation.

Method

This study is a systematic review, and used for data collection databases of the Brazilian Virtual Health Library [*Biblioteca Virtual de Saúde*] (BVS): MEDILINE, LILACS, IBECs, and Scielo. The definition of descriptors used the term indexation dictionary DeCS (*Descritores em Ciências da Saúde, Health Sciences Descriptors*) as a method for vocabulary control. The periodicity of the search was January to March 2014.

In the search process, the Portuguese descriptors *rede social*, *apoio social* and *redes comunitárias* were crossed through the Boolean operator AND with *transtornos relacionados ao uso de substâncias*, *transtornos relacionados ao uso de álcool*, *centros de tratamento de abuso de substâncias e usuários de drogas*. Subsequently, the English terms corresponding to the descriptors previously used, namely *social networking*, *social support* and *community networks* were crossed with *substance-related disorders*, *alcohol-related disorders*, *substance abuse treatment centers* and *drug users*.

Initially, 8,066 studies which referred to the association of terms employed were selected. All the abstracts of those works were read and assessed as to their inclusion or exclusion in this review.

The following inclusion criteria were established: 1) empirical researches and/or reports of experience covering the SNs in the care of drug users, conducted in Brazil; and 2) studies in Portuguese, English and Spanish. Articles were excluded if they had at least one of the following characteristics: 1) theoretical articles, theses, dissertations and/or researches conducted outside Brazil; and 2) studies which were not written in Portuguese, English and Spanish. No time scope was specified.

After the thorough reading of the abstracts, application of inclusion and exclusion criteria and deletion of duplicated abstracts, 21 studies remained. All articles were fully read, and afterwards another 16 studies which were not in accordance with the abovementioned criteria were disregarded. After consultation with specialists from the area, four articles which met the inclusion criteria but which had not been comprehended in the search process were incorporated. Thus, the final sample of this review is composed of nine articles. All this process can be seen in figure 1.

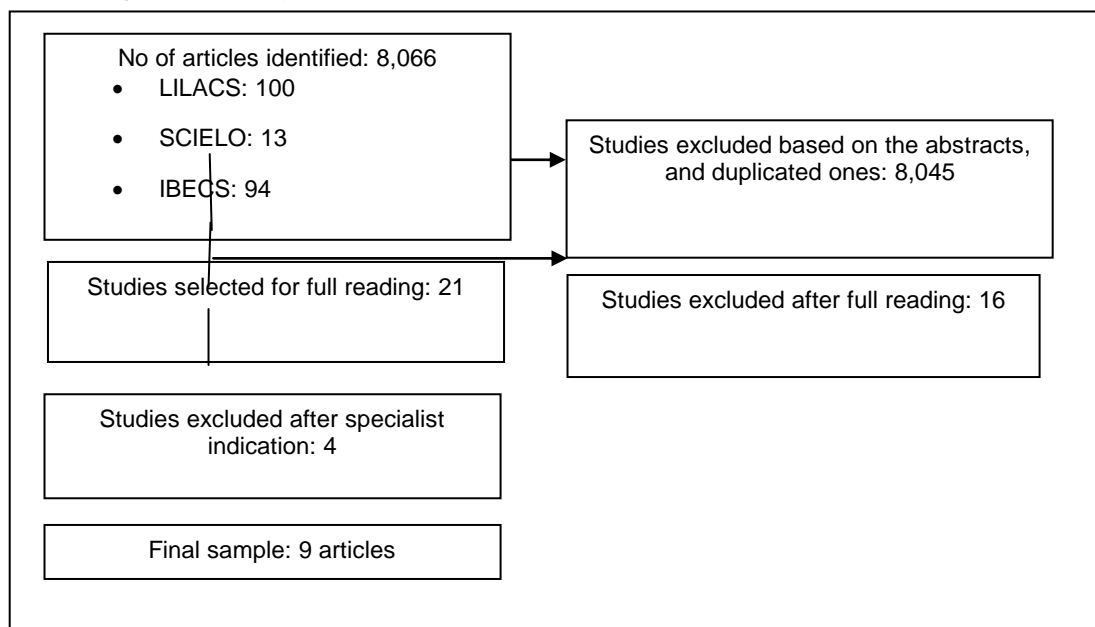
The entire procedure for the selection of articles was done through peer review with two researchers reading the abstracts and articles and assessing them as to their inclusion in or exclusion from the review, reaching a consensus. The software *EndNote web* was used as a tool for support and organization of the material.

The articles selected were tabulated, with discrimination of the following items: authors, year, country and journal of publication, description of the theme of study, methods used (nature of the studies, participants, instruments, etc.) and results found. Later, a descriptive analysis of the bibliometric indicators was done, with extraction of frequencies, means and percentages, along with a qualitative analysis of the results of the articles followed by a critical discussion of the material.

The qualitative analysis used the thematic content analysis technique (Bardin, 2009) and counted with the following stages: 1) pre-analysis, with skimming and familiarization with the texts; 2) exploration of the material, with the categorization of the material; and 3) treatment of results. These results were

divided into two thematic axes – the concept of SN and its uses in the treatment of users of alcohol and other drugs, which are presented and discussed below.

Figure 1: Study collection process



Source: The authors

Results

Bibliometric Indicators

As abovementioned, the study final sample was composed of nine articles. The first publication is from the year of 2011. After five years, another study was published, followed by two publications in 2009, 2011 and 2012, and a last study in 2013. Most of the articles were published in nursing journals, followed by magazines about psychology, psychiatry, public health, mental health and alcohol and other drugs.

Regions and Services Studied.

Concerning the regions studied, almost all of the studies were concentrated in the South and Southeast regions, with four studies each. Only one study was conducted in the Northeast region.

Out of the nine studies of this review, three derived from researches or projects developed at Psychosocial Centers for Alcohol and Drugs [*Centros de Atenção Psicossocial Álcool e Drogas*] (CAPSad). In 2006, Souza, Kantorski and Mielke aimed to identify the SNs and ties established by individuals addicted to psychoactive substances being treated in the South region of the country. Souza and Kantorski (2009) conducted at the CAPSad in Pelotas, RS, a study in which they identified

supporting and stressful ties and the quality of the relationships of the participating individuals. The last study, conducted in 2012 by Cavalcante et al., analyzed the ecomap of drug users in Fortaleza, CE.

The other places investigated were: the Clinics Hospital of Porto Alegre, RS, a Mental Health Service in Alegrete, RS, the healthcare network of a small-medium sized city in the Southeast region, points of circulation and permanence of adolescents living on the streets in the city of São Paulo, SP, institutions for the care of adolescents living on the streets of São Paulo, SP, and private institutions for the treatment of drug addicts in Santos, SP.

Methods, Instruments and Participants.

Most of the studies (six) used the qualitative approach. Two studies opted for the quantitative approach and one was characterized as a report of experience which developed and tested methods of social rehabilitation for injecting drug users (IDUs), working towards helping the user in his network, family and with resources for the community. None of the studies adopted a mixed approach. In the qualitative ones, there was a predominance of participative methods.

The most common methods employed were focal groups and construction of an Ecomap, present in four studies. Participating observation and semi-structured interviews were adopted in three of them. Questionnaires and scales were used in two studies, namely: sociodemographic questionnaires and questionnaires on the consumption of alcohol and other drugs; the Brazilian version of the Beck Depression Inventory (BDI), the Brazilian version of the Beck Hopelessness Scale (BHS), the Brazilian version of the Beck Anxiety Index (BAI) and the Family Support Perception Inventory (FSPI). Two studies adopted the Criterion for abuse or addiction to substances of the DSM-IV to choose the research participants, dividing them into addicts and non-addicts. Other forms of data collection were: medical records, snowball sampling, genogram construction, field observation and in-depth interview, all present in one study each. Only one research used only one form of data collection.

The users of researched services were part of the target population in five articles, and users and their respective families were studied in two studies. Professionals from the services and managers were the participants of one research. Another study counted with the participation of drug users and a control group; the latter was composed of people invited who did not meet the DSM-IV criteria for addiction to alcohol and other drugs. Therefore, three studies assessed more than one group of participants, being repeated in the counting of frequencies.

Qualitative Analysis of Results and Articles.

The concept of social network

Conceptualizations about SNs were heterogeneous throughout the reading of the articles. As a common point, there was the idea of a network articulated through ties, connections or bonds between family and people close to users (Cavalcante et al., 2012). In this way, SNs are permeated by relations of affective and emotional ties, of daily construction between two individuals or between the individual and a group which are formed and strengthened with time (Cavalcante et al., 2012; Moura, Silva, & Noto, 2009; Paiva, Costa & Ronzani, 2012; Souza et al, 2006). There is also the idea that a SN is composed by a group of peers with common interests (Pechansky et al., 2001).

Paiva et al. (2012), specifically, conceives SNs in a broader manner, based on a community context, with services and professionals being part of them. The study focused on articulations between actors, institutions and the community to investigate challenges and possibilities in the network during the elaboration of projects aimed at preventing the use of alcohol and other drugs in the context of Primary Healthcare (PHC).

The SN is also seen as a source of social support through a set of ties related to the individual (Souza & Kantorski, 2009; Souza et al., 2011). These ties and bonds can emerge from kinship,

friendships or acquaintances. Social support is the presence of and access to people in whom one can trust and who provide support and care, helping in one's adaptation to his life context, in the development of his personality, protecting him against possible effects of stress and allowing him to interact socially (Souza & Kantorski, 2009; Souza et al., 2011).

Social networking in the treatment of users of alcohol and other drugs

The second axis of analysis was the use of SNs in the treatment of drug users. When it comes to treatment, SNs are also seen as a resource, as they enable frequent interactions which have as common objective the development and strengthening of specific goals of a community in a particular context (Paiva et al. 2012; Souza et al., 2006). Exchange of information and mediations should be constant so that social actors are active in the processes and services are independent, through a structure without borders (Moura et al., 2009; Paiva et al. 2012; Souza et al., 2006). In short, the work should revolve around shared values and interests, with complementary actions and horizontal relations, with affection and meaningful support (Moura et al., 2009; Souza et al., 2006).

The operation dynamics of assistance services which, therefore, can compose SNs, and also has an influence on the treatment of users of alcohol and other drugs. There is, for instance, the waiting time for specialized services, which may hinder the return of users (Pechansky. 2001). In this way, these services are spaces that oscillate between welcoming and detachment (Moura et al., 2009).

There is an explicit need for a joint work with greater integration of SNs in access processes, including the different levels of care (Paiva et al. 2012; Pechansky et al., 2001). There is also highlight to the place the CAPSad occupies in this network as the main service of articulation with other institutions (Souza et al., 2006). Presenting the specificities of the street population, particularly adolescents, Moura et al., (2009) pointed out the weakness of assistance networks for this population.

As already mentioned, the community context is an important and effective space for the performance of activities with users (Pechansky et al., 2001). However, a space of vulnerability is configured as well for some people in street situation, favoring their permanence in such contexts, alternating as protection or risk factor (Moura et al., 2009).

Deepening the question of the family context, in many studies this system was the only one the user had after the loss of professional ties, friends and conjugal relationships (Pechansky et al., 2001; Souza et al., 2011). Family was pointed as a protection factor for the abuse of alcohol and drugs and situations of social vulnerability (Lemos et al., 2012). In contrast, the family context was characterized also as a risk factor for the possible triggering of mental disorders and stressful events. In such cases, use of alcohol and other drugs is considered an alternative to deal with this environment (Souza, & Kantorski, 2009; Lemos et al., 2012). There was also mention of the situation in which parents and other family members use or are addicted to alcohol and other drugs, becoming models for children and adolescents (Lemos et al., 2012).

Just as the family, professionals from the services which compose the care network of the user of alcohol and other drugs have also a big influence on the treatment and on the prevention of relapses. This influence goes beyond the work conducted with the user. It is in the way reception is done, the way the approaches happen and in the daily support. The professionals help the individual get better and (re)construct his SN, or are even part of it, even though proving little prepared and lacking training in some situations (Moura et al., 2009; Souza et al., 2006; Souza et al., 2011).

The SN of an individual may present facilitating and hindering points for the progress of the treatment. As facilitating points there is the feeling of empowerment and accountability individuals acquire; the opportunity of working in group, reducing isolation, stimulating the exchange of experiences and developing personal and social skills; and awareness of the compliance with and success in the treatment, boosting care (Lemos et al., 2012; Paiva et al. 2012; Souza, & Kantorski, 2009; Souza et al., 2011). As for hindering aspects, the main factor pointed by the studies was the social stigmatization users suffer (Lemos et al., 2012).

In this sense, using SNs in the treatment of users of alcohol and other drugs is characterized as an intervention adequate to their context and social reality, where it is possible to map relations between

individuals and groups, as well as care services, keeping the facilitating points and assessing the hindering ones in order to reduce the consequences and favor the user's wellbeing (Pechansky et al., 2001; Souza & Kantorski, 2009).

Baptista, Lemos, Carneiro and Morais (2013) and Lemos et al., (2012) analysed the comorbidity between use of alcohol and other drugs with high scores of depression, anxiety and hopelessness based on relations of family and social support. The authors point that low levels of family support contribute to the emergence of psychiatric comorbidities and addiction to alcohol and other drugs.

The use of SNs in the treatment of drug users is seen as a possibility of orientation to the rehabilitation and treatment of these people, and of reducing psychological suffering (Paiva et al., 2012; Souza & Kantorski, 2009). For being an expanded strategy, it proposes itself to use qualitative and quantitative techniques for a better use of data (Souza & Kantorski, 2009) and, consequently, better analyses and conclusions based on the material collected.

Discussion

Concerning the field of research about SNs in the care of users of alcohol and other drugs, the results of this work pointed to a recent use of this strategy, having as consequence a small number of publications in this area. Some possibilities to understand this scenario are: 1) lack of knowledge on the importance of SNs in the care of drug users; 2) use of different types of assistance approaches that prioritize individual aspects; 3) limitations in the search method, which might have caused some articles that meet the inclusion criteria of the review to not be identified; and 4) culture of non-assessment and/or publishing of works conducted by the services. The concentration of studies in the South and Southeast regions is also problematized, taking as hypotheses the Brazilian scenario of distribution of specialized services, especially the CAPS and CAPSad (Brazil, 2012), and the consolidation of a larger number of research groups about the theme in those regions (Mari et al., 2006).

Regarding the nature of the studies, the qualitative approach was the most commonly used. Before data with dynamic and complex characteristics, through this approach it is possible to analyze and generate meaningful products for all parties involved, from the user –

who is the main actor – to the service and the community. For the academia, it will also be a construction of knowledge resulting in future studies and problematization. For this reason, the complementarity between qualitative and quantitative approaches may bring benefits to the use of SNs.

In short, the approach of SNs meets new assistance perspectives about the issue, like psychosocial attention. This model is centered on the care of the user, with the aim of rescuing the citizenship and autonomy of the individual who suffers psychologically, acting together with his family and in the community to which he belongs. In psychosocial attention, family is considered a fundamental part of the treatment, hence the care with its complexity (Mielke, Kohlrausch, Olschowsky, & Schneider, 2010). This work offers new demands to all those inserted in the process, fostering the planning and execution of care in health work with users of alcohol and other drugs (Mielke et al., 2010).

Knowing a SN goes beyond listing key individuals, special services, identifying ties and reinforcing knots. Understanding the concept of a SN is an important step towards achieving the potentialities of this strategy (Souza & Kantorski, 2009). It is also relevant if a good conceptual understanding of what SNs and support networks are is preconized (Souza & Kantorski, 2009). Difficulties with assistance and conceptualization may make the use of SNs in drug use treatment and prevention impossible.

About the network of services, as pointed out by Cavalcante et al. (2012), there is a gap between what is proposed in the policies and the reality of specialized services. It was possible to observe a still fragmented assistance network which does not congregate and strengthen local potentialities towards facing existing health problems (Moura et al., 2009; Paiva et al. 2012; Costa et al., 2015). Networking itself is for professionals an antidote for them to solve problems in the area without a deep reflection on

necessary conditions and the reasons for this form of organization. That is, networking is oftentimes taken in an acritical manner so as to ensure that there will be no problems, which may contribute to its naturalization and delegitimization (Paiva et al., 2012).

Moreover, the network of services should not act only in the treatment but also in the prevention to the use of alcohol and other drugs, as noted in the PNAD (Conselho Nacional Antidrogas, 2005). As researched in the review, the SN strategy was used only after the use of and/or addiction to alcohol and other drugs. The method is also interesting to be used in prevention, since it can strengthen one's life context, also assessing risk ties and factors. On this point, actions aimed at improving one's living conditions and promoting health can boost results, but are insufficient in reality.

In the line of historical achievements of the Psychiatric Reform, which presupposes new models of care of drug users, actions need to extrapolate the walls of institutions, even in substitutive devices such as the CAPS (Cavalcante et al., 2012). There is a need to break with the institutionalization of the assistance practice through social and occupational inclusion actions structured in an intersectoral manner and which go beyond health services (Cavalcante et al., 2012). From the moment treatment is redirected towards the community, in a territorialized way, the articulation with social contexts in which it is inserted is fundamental for the contextualization of proposals.

The network of services should be inserted in a wide-ranging SN that also includes other social actors of great importance (Paiva et al., 2012). This comprehensive network is responsible for assisting and support individuals in their compliance with the treatment and preventing relapses. That explains the importance of identifying life contexts that permeate drug use. Thus, it is possible to identify risk and protection factors and build strategies for action together with the user – since he is the main actor and responsible for this work – in a relationship of skills to deal with situations of risk. In this way, an orientation towards treatment is provided in order to promote rehabilitation and citizenship to those who use and/or are addicted to alcohol and other drugs (Cavalcante et al., 2012).

The community space is inserted here, which oftentimes is not considered as a substantial part of the user's treatment. Many times the community does not participate in the decision making, as noted by Paiva et al., (2012). In another context, there was highlight to the importance of this space in the life of the population of adolescents living on the streets, with the latter being regarded as their home (Moura et al., 2009). Such situations show the importance of the community and the devices that compose it within the SN of users of alcohol and other drugs, being an addition to and boosting this type of work. There is also a need to instruct the community as to the peculiarities of chemical dependency, which oftentimes contributes to social exclusion as it leads to labelling and the construction of a stigma and isolation of these individuals (Cavalcante et al., 2012).

It is also reinforced that specialized services need to direct their actions towards socialization skills that assist in the progress of the quality of ties and, if possible, in the expansion of the users' SNs (Cavalcante et al., 2012). In this sense, instruments such as the genogram and the ecomap offer important contributions to the understanding of several components of the SNs of drug users, since they enable a contextualized attention (Cavalcante et al., 2012). The first is a diagram that configures the intergenerational structure of family relations, allowing a detailed analysis of such structure and informing about the roles of each member throughout generations. The second one outlines a diagram of the family in contact with other people, groups and institutions, in order to learn about existing relationships (Cavalcanti et al., 2012; Souza et al., 2011).

Despite the applicability of these strategies, many healthcare professionals might not know of them. In this case, the SNs of users of alcohol and other drugs should be explored through a more in-depth understanding of the various components present by means of informal techniques for data collection that contextualize their configuration (Cavalcante et al., 2012).

In that very same work (Cavalcanti et al., 2012), after the construction of individual ecomaps, a general ecomap of the study participants was created. The instrument, for being a visual resource, allows comprehending what ties can act as protection factors and should be strengthened, and which ones can be changed, assisting in the autonomization process in accordance with the reality of each individual. The tool agrees with the aims of the work with SNs as it enables a systemic-ecological visualization with an expanded focus on the characteristics and interactions of ties.

Taking SNs as dynamic and complex structures, an analytical strategy that allows comprehending their configurations and roles is the Social Network Analysis (SNA) (Blanchet & James, 2011). Such method, which is still little used in Brazilian health contexts, aims to understand the structure of connections between the points that constitute a certain network, which can be composed of people or services (Tomael & Marteleto, 2013). From the identification and exploration of the relationship between the actors that make it up, the method promotes a number of visualizations and comprehensive understandings of these SNs, such as the place occupied by the actors, the flow of information, its cohesion, among others (Mângia & Muramoto, 2005).

As for family, in a big portion of the studies it presents itself as a strong ally, being an influent instrument to assist the subjects. Orientations from the family and the support the latter presents are seen as fundamental, since the family is many times the only remaining group within the SN of a user of alcohol and other drugs (Pechansky et al., 2001; Souza et al., 2006). However, it may also be regarded as a risk factor due to the lack of emotional involvement between parents and children and depending on the parents' attitude (Lemos et al., 2012), with the two factors being considered hindering points that predict drug use among the adolescent population in general (Moura et al., 2009). For this reason, social support through the family enables active social relations which are important not only in the treatment but also in the prevention (Moura et al., 2009).

In the face of that, it is possible to observe that family has a direct influence on the way the user interprets the world, himself and his peers. In this sense, the presence of family and family monitoring can be of extreme importance for both user and prevention and treatment programs (Baptista et al., 2013; Mângia & Muramoto, 2005), being covered according to the peculiarities and needs of each case. A joint action is fundamental for the treatment because many families present a need for support and assistance as well (Souza et al., 2006).

Finally, despite the importance of incorporating SNs in the care of users of alcohol and other drugs, assistance services and networks in Brazil are crossed by a series of obstacles that challenge new practices and the comprehensiveness of care (Costa et al., 2015). Thus, there should be a discussion on the configuration of assistance to drug users in Brazil so as to reflect on this context in a broader way, avoiding reductionist accountability and delegitimization of professionals and services.

Final considerations

This work aimed to show an overview about SNs in the treatment of users of alcohol and other drugs and in researches from the area, fostering the debate and indicating possibilities. The results pointed to heterogeneous conceptualizations about SNs: a network articulated through ties; connections or bonds between family and people close to users; a group of peers with common interests; seen in a broader way, from the community context, with services and professionals as parts of these SNs; source of social support and a resource. There was highlight to the importance of assistance services (especially the CAPSad), their staff and the families of users, as well as need for integration and joint work at the different levels of attention, and the community context, from an expanded perspective of the SNs.

Despite the possible exclusion of studies that meet inclusion criteria, the review is relevant for being a first initiative to understand the use of SNs in the care of drug users in Brazil. There is thus a need for further studies about SNs and their implementation in the treatment of drug users, from prevention to treatment. A greater conceptual and practical systematization of this strategy is suggested as well, considering community contexts.

A partir de propostas de cuidado abrangentes e contextualizadas, que abarquem as RS dos usuários de álcool e outras drogas, é possível compreender as contribuições para a melhoria da

organização dos serviços, oferta de tratamento e, conseqüentemente, para os próprios usuários, seus familiares e seus contextos de vida.

Based on comprehensive and contextualized proposals of care which cover the SNs of users of alcohol and other drugs, it is possible to improve the organization of the services, the treatment provided, and, consequently, to assist the users themselves, their families and change their life contexts.

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