


**THERAPEUTIC APPROACH TO THE USE OF PSYCHOACTIVE DRUGS AND THEIR CONTRIBUTIONS TO NURSING** <https://doi.org/10.56238/sevened2024.042-003>

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**ABSTRACT**

The objective of this article is to promote a reflection on the use of psychoactive substances in the psychosocial care network. Drug use is a concern for health services. The harm reduction policy, established in the national policy of comprehensive care for drug users, is a consolidated model in the country based on internationally recognized experiences. The

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study is a bibliographic analysis with a narrative focus on the therapeutic approach to the use of psychoactive drugs in nursing. It was concluded that health professionals and professionals who work in the psychosocial care network and in support services for families of psychoactive substance users, who assume a comprehensive and inclusive posture to avoid the early use of psychoactive substances, help those already involved not to become dependent and, those who are dependent, Offer means for drug cessation or patterns of use with less harm. Nursing facilitates access and qualified reception for users of psychoactive substances and their families, in addition to strengthening practices to cope with the use of psychoactive substances in a continuous and comprehensive way. However, more research is needed on the effects of professional actions on people's contexts.

**Keywords:** Chemical dependency. Use of alcohol. Mental health. Nursing.

## INTRODUCTION

In 2005, the National Drug Policy/PNAD was approved (replacing the previous National Anti-Drug Policy, of 2002), which recognizes the use of PAS as a complex phenomenon, involving trafficking, on the one hand, and the use itself, which requires assistance measures. In 2006, Law 11,343 was approved, which instituted the National System of Public Policies on Drugs (Sisnad). In 2007, by Decree No. 6117/2007, the National Policy on Alcohol (Senad) was developed.

In 2009, the Ministry of Health created the Emergency Plan for Expanding Access to Treatment and Prevention of Alcohol and, in 2010, together with other government agencies, instituted the Integrated Plan to Combat Crack and other drugs. Law No. 10,216 (Psychiatric Reform), the Harm Reduction policy and other measures related to Brazilian public policies on mental health/drugs represent advances in the field of legislation and also in the sense of humanizing and redirecting care, evidencing the user as a subject of rights.

However, as stated by Alves and Rosa (2016), the complexities, contradictions and conflicts involved in the issue, as well as the prejudice that involves users, indicate its double penalization: social and legal.

The hegemony of a paradigm of moral discourse stifles the whole issue and places it in transit from a police problem to the field of public health. Thus, challenges remain regarding the citizenship and autonomy of people who use Spa. Gender-related issues are among these challenges.

Legislation, and even policies, often ignore whether or not the uses are problematic, and determined for numerous reasons: medical treatment, the reduction of inhibitions, the attempt to better deal with life's mishaps, the desire to belong to a certain social group, curiosity, the search for pleasure, the reduction of tensions, the use in religious rituals (Alves and Rosa, 2016).

This issue raises tensions between "the duty to respect the autonomy of individuals and the need to protect human vulnerability, to the extent that, admitting the existence of groups of users who have autonomous potential and others who do not, the need to give each one the appropriate treatment is highlighted" (Alves and Rosa, 2016).

On the other hand, Harm Reduction has invested in a different direction from prohibitionism. It can be considered as a paradigm, as it encompasses a different look at the issue of Spas, especially regarding respect for the different ways of being and being in the world of people who consume Spa; it can be considered a set of strategies to promote health and citizenship, as it is constructed by the actors themselves, who try to minimize the consequences of the use of licit or illicit SPAs and do not have abstinence as their only

goal; it can also be called a public policy, because, by recognizing health as a right for all, it promotes the citizenship of people who consume Spa (Rodrigues, 2023).

Urday-Concha *et al.* (2019), drug consumption is a global concern as it causes social, psychic and biological damage. Thus, it involves dangers for both individuals and groups, since the harmful effects of the use of psychoactive substances are directly linked to risky behaviors, such as violence, risky sexual behavior, and the act of driving under the influence of substances.

In Brazil, the Unified Health System (SUS) provides drug users with treatment in the services/devices of the Psychosocial Care Network (Raps). Ordinance No. 3,088/2011 established a set of services and territorial strategies aimed at comprehensive and continuous care, covering different levels of technological density and complexity. It operates in Primary Health Care, Specialized Care, Urgent and Emergency Care, Transitional Residential Care, Hospital Care and Deinstitutionalization and Rehabilitation Strategies. This proposal is contrary to isolated curative interventions and the fragmentation of clinical programs and practices (Brasil, 2011).

The Ministry of Health has as a model of care for drug users the policy of harm reduction, according to the policy for Comprehensive Care for Drug Users (Brasil, 2004).

## METHODOLOGY

This work used narrative review as the main method. The study is described with the following hypothesis: are the therapeutic methods available through the SUS network for drug addicts effective? And as a guiding question: What are the therapeutic methods available in the health care network? The objective of this study was to analyze the therapeutic methods for drug addicts in the Unified Health System.

The study is justified by the abusive number of psychoactive drug consumption, generating chemical and psychic dependence and consequently increasing costly expenses with treatment in the Unified Health System.

The narrative review allows gathering and critically analyzing theoretical and empirical studies, providing a comprehensive view of the theme and directing its applicability in professional practice. This method follows the six steps described by Souza, Silva and Carvalho (2010).

The texts were collected from the online databases: Virtual Health Library (VHL), Latin American and Caribbean Literature on Health Sciences (Lilacs), Medline — National Library of Medicine, with the terms: (Substance use disorders) AND (Alcohol use disorder) AND (Mental Health) AND (Nursing).

The articles were selected based on an inclusion criterion of articles relevant to the topic in question, selected in the last 10 years, and texts in Portuguese to facilitate understanding. Exclusion criteria included duplicate, incomplete, foreign-language articles or articles that did not address the topic in question.

In this context, this study may provide information that will support more effective conducts for the enrichment of the theme related to the abuse of psychoactive substances. However, new research focusing on the factors that interfere in its execution, in the practice of mental health psychology professionals, is fundamental and should be encouraged for improvement in health services.

## RESULTS AND DISCUSSIONS

### USE OF PSYCHOACTIVE SUBSTANCES

Santana et al. (2020) argue that the consumption of psychoactive substances is an ancient and universal human activity, and there is no society that has not used these substances for various purposes. The use and effects of substances help to solve the problem, helping in the prevention, treatment, rehabilitation and reintegration of users in various areas of society.

Therefore, the consumption of chemical substances and their effects are considered serious social and public health problems. It is now known that drinking alcohol in low doses decreases the risk of cardiovascular disease.

It is believed that the limits for safe drinking can be estimated based on several factors, such as the relationships between quantity and time, biological characteristics related to differences between genders, biotypes, etc. To assist in the approximate determination of safe drinking, the concept of alcohol unit was created. One unit of alcohol is something like 10 grams of pure alcohol and can vary in each type of drink.

It is possible to find a unit of alcohol in a 250 ml beer glass, in a 90 ml wine glass or in a shot. As the body's average capacity to metabolize alcohol is 25 ml to 40% per hour, for safe consumption, it is recommended, first, to maintain an intake between seven and 14 units per week for women and between 14 and 21 units per week for men. Secondly, do not exceed these values in a very short fraction of time, that is, do not consume all this amount in a single day.

On the other hand, Moraes and Paixão (2020), unfavorable events, such as family quarrels, violence, and hospital admissions, can lead to expenses and financial and social problems. Both government agencies and health professionals should be aware of events that result in deaths and temporary or permanent functional limitations. The priority for

consumption results in manipulative and illicit behaviors, despite financial, social and family difficulties.

As S. Kirchner (2020) points out, during destruction, the suffering of feeling alone with all the consequences awakens the desire to change one's life and, consequently, to find solutions. The search for solutions is, therefore, the only effective way to deal with chemical dependency.

The damage to the body caused by prolonged use requires special attention, since the severity of the cases increases the need for hospitalization of these patients in intensive care units, resulting in deaths and/or sequelae for the individual (Santana *et al.*, 2020).

According to Brasil (2007), health education is one of the main therapeutic approaches employed in health care centers. In addition, this can provide more opportunities, encourage citizenship, simplify knowledge and help people to become stronger. It helps change behavior and quality of life.

## HEALTH EDUCATION STRATEGY FOR DRUG ADDICTS

According to Nadaleti *et al.* (2021), excessive consumption of illicit substances can cause social, physical, and psychological problems. Writers such as Reis *et al.* (2020), argue that the Psychosocial Care Network is an assistance network that focuses on community care, connected to the network of health and social services, since the provision of care for individuals suffering from problems related to the consumption of alcohol and other psychoactive substances should be based on extra-hospital psychosocial care devices.

The authors mention, among other places and strategies to deal with the use of psychoactive substances, Primary Health Care, Specialized Psychosocial Care, Urgent and Emergency Care, Transitory Residential Care and Hospital Care.

## THERAPEUTIC ITINERARY AND HEALTH CARE FOR DRUG ADDICTS

According to Tibiriçá *et al.* (2019), the Psychosocial Care Network must articulate to treat and monitor users, not limited to itself, being the responsibility of intersectoral articulation, such as education and social assistance, to enable comprehensive care of the individual.

According to Ribeiro *et al.* (2019), the construction of the intersectoral network in the care of drug addicts requires the participation of health professionals, including financial and human resources, and the assistance of the administration. Plan care in an interdisciplinary way, based on communication between health agents, users and families in

an empathetic way. Communication, in addition to solving common problems in the daily lives of users and their families, also increases network attention. The use of networks is essential to expand care that meets needs.

Despite the difficulties encountered in providing comprehensive care, the authors emphasize that adequate treatment for individuals in alcohol and other substance abuse is still possible through the strengthening of CAPS and RAPS, since the Ministry of Health defines them as a treatment and Harm Reduction (HR) device and can only be effective when effectively implemented. In this way, these people can change their lives and stop being just spectators of treatments.

Reis *et al.* (2019) encourage family members to create special therapeutic projects for people with psychoactive needs, for better care conditions.

According to Tibiriçá *et al.* (2019), establishing an adequate bond between the health professional and the user of psychotropic substances can be considered the basis for the treatment of this type of dependence.

It is important to keep in mind that, many times, the patient remains in a pre-contemplative phase, that is, he does not feel affected by a problem related to the consumption of illicit substances. Therefore, it is prudent to adopt an approach that prioritizes open-ended questions, free of conflict and bias, and is familiar with motivational interviewing techniques.

Thus, the authors argue that the strategy provides the user of psychoactive substances with better conditions to reflect on their situation, allowing them to decide for themselves to change their relationship with the psychoactive substance.

According to Reis *et al.* (2019) the therapeutic approach must be based on a plan developed together with the individual in question. Patients without severity criteria and naïve treatment seem to benefit from brief psychosocial interventions, carried out in the primary context of health care.

The writers emphasize that guidance in this area is not exclusive to the medical professional. On the contrary, positive results in the treatment of chemical dependency are directly linked to the participation of other health professionals involved in the process, providing support, monitoring conduct, encouraging abstinence, referring when necessary or assisting in legal matters.

In addition, modern therapeutic approaches (especially brief interventions) have made addiction to psychoactive substances a subject that can be addressed by more specialists, including through the multiprofessional approach in primary health care.



The Family Health Strategy, in Primary Health Care, encourages the change of care models, providing support to the health care process at the territorial level, with care centered on welcoming and bonding, responsible for the coordination of care and continuity of care, with a focus on the family unit.

According to Santos *et al.* (2019), it is believed that the daily life, the family and social environment and the leisure observed in the routine of care indicate the directions to be followed, the objectives to be achieved and the end of the work, providing a stimulus for the construction of basic autonomy and for the full use of the resources available in the patient's daily life.

Thus, it is crucial to emphasize that the specialist should not interfere in the decision of the client to whom he provides assistance, but rather be a guide in the solutions of his problems, helping him in his independence. In addition, care strategies in the territory help health professionals to relate better with patients and help them to take care of themselves.

## CONCLUSION

Based on what has been said, it can be inferred that, in order to promote the contributions of the Health Education Therapeutic Group in the lives of users of psychoactive substances, it is necessary to understand the complexity of the phenomenon of the use of psychoactive substances and intervene considering the subjectivity of each individual and the type of drug used.

It is crucial to highlight that self-care is a process that is learned with strong cultural and social influence. Therefore, it is necessary for the user of psychoactive substances to voluntarily decide to get involved in self-care activities.

This educational process aims to respect the individual's autonomy of choice, encourage the creation of knowledge based on reflections and understanding of each individual's life, and assist in the acquisition of skills to take care of oneself.

It is also important to reflect on the magnitude of the problem faced by the user of psychoactive substances, who ends up suffering several losses, such as in relation to family ties, the exercise of citizenship and healthy social life.

Thus, the experience in the Health Education Therapeutic Group contributes to the strengthening of users of psychoactive substances, allowing them to cope with fears and difficulties through the exchange of knowledge, experiences and hope.

All these factors contribute to these users assuming a more active and responsible posture in their treatment, assuming themselves as subjects of their life stories, instead of being an object dependent on drugs and a sub-human existence.



Thus, for the psychologist, these experiences are also important for their personal and professional growth, since the work with this clientele is marked by difficulties inherent to the life of the user of psychoactive substances, such as abandonment, transgressions and frequent relapses.

It is important that health professionals, those who work in the Psychosocial Care Network and in support services for families of psychoactive substance users assume a comprehensive and inclusive posture to avoid the early use of psychoactive substances, help those already involved not to become dependent and, for those who are already dependent, offer means to quit the drug or patterns of use with less harm.

Psychology must, according to its area of professional activity, foster adequate access and reception for users of psychoactive substances and their families, and foster practices to cope with the use of psychoactive substances in a continuous and integral way.

However, more research is needed on the effects of professional actions in contexts.

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