

THE IMPACT OF DRUG USE ON THE FAMILY RELATIONSHIPS OF DRUG ADDICTS

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ABSTRACT: This work aims to identify the impact of drug use on the family relationships of drug addicts. It is exploratory qualitative research, undertaken in a rehabilitation unit for drug addicts in the Brazilian state of Paraná. Ethical principles – in accordance with Resolution 196/96 – were respected. The data were collected through semistructured interviews, held in the period August – September 2012 with 20 drug addicts. The data were treated using thematic categorical analysis. The categories analyzed were: Influence of family relationships on drug use and Breaking family bonds. It is concluded that drug addiction is an illness which affects the relationships, impairing the quality of life of the addicts and their family members. Thus, the importance of trained health professionals is emphasized, with a view to attention for this clientele.

DESCRIPTORS: Family relationships; Disturbances related to substance use; Mental health; Nursing.

IMPACTO DO USO DE DROGAS NOS RELACIONAMENTOS FAMILIARES DE DEPENDENTES QUÍMICOS

RESUMO: O objetivo desse trabalho foi identificar o impacto do uso de drogas nos relacionamentos familiares de dependentes químicos. Trata-se de pesquisa qualitativa exploratória, desenvolvida em uma unidade de reabilitação para dependentes químicos no estado do Paraná. Foram respeitados os princípios éticos de acordo com a Resolução 196/96. Os dados foram coletados por meio de entrevista semiestruturada, no período de agosto a setembro de 2012, com 20 dependentes químicos. Os dados foram tratados com a análise categorial temática. As categorias analisadas foram: Influência das relações familiares no uso de drogas e Quebra de vínculos familiares. Conclui-se que a dependência química é uma doença que afeta os relacionamentos, prejudicando a qualidade de vida das pessoas dependentes e de seus familiares. Assim, ressalta-se a importância de profissionais de saúde capacitados, visando atenção a esta clientela.

DESCRIPTORES: Relações familiares; Transtornos relacionados ao uso de substâncias; Saúde mental; Enfermagem.

IMPACTO DEL USO DE DROGAS EN LAS RELACIONES FAMILIARES DE DEPENDIENTES QUÍMICOS

RESUMEN: El objetivo de ese trabajo fue identificar el impacto del uso de drogas en las relaciones familiares de dependentes químicos. Es una investigación cualitativa exploratoria, desarrollada en una unidad de rehabilitación para dependentes químicos en el estado de Paraná. Fueron respetados los principios éticos de acuerdo con la Resolución 196/96. Los datos fueron obtenidos por medio de entrevista semiestruturada, en el periodo de agosto a septiembre de 2012, con 20 dependentes químicos y trabajados por medio del análisis categorial temático. Las categorías analizadas fueron: Influencia de las relaciones familiares en el uso de drogas y Rompimiento de vínculos familiares. Se concluye que la dependencia química es una enfermedad que afecta los relacionamentos, perjudicando la cualidad de vida de las personas dependientes y de sus familiares. Así, se destaca la importancia de profesionales de salud habilitados, visando la atención a esa clientela.

DESCRIPTORES: Relaciones familiares; Trastornos referentes al uso de substancias; Salud mental; Enfermería.

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INTRODUCTION

The family is part of the individual's development; in this process it may become a protective factor against drugs, through reducing the exposure to stressful events which the individual may have to confront, or may be a risk factor, when it promotes susceptibility to emotional and behavioral problems⁽¹⁾.

According to epidemiological data, published in 2011 in the Report on Alcohol and Health, the consumption of alcoholic drinks increased in Brazil between 2001 and 2005, by more than 30% among men and between 10% and 20% among women, these percentages being the highest in the Americas. Nevertheless, approximately 10% of deaths in Brazil were as a consequence of this consumption. This is determinant and reveals that alcoholism, as with other drugs, constitutes a serious public health problem, the presence of these consumers in the health services being a reality, as they seek help for the emergencies arising from their dependence itself or from its complications⁽²⁻³⁾.

Added to these epidemiological data, the Brazilian Report on drugs, 2009, shows that the use of alcohol, in Brazil's 108 biggest cities, was 74.6%; a percentage lower than that in other countries (Chile with 86.5%, and the USA with 82.4%), with alcohol use being lowest in the North Region (53.9%) and highest in the Southeast (80.4%). It was observed in all regions that alcohol dependence was more common among men. Furthermore, 12.3% of Brazilians are dipsomaniacs (compulsively ingesting alcoholic drinks) and 2.1%, including both sexes and all age ranges, are dependent on other drugs⁽⁴⁾.

One of the harms caused by alcohol consumption is family breakup, as living in an environment haunted by alcohol triggers the possibility of the other descendents of the alcoholics being affected. The literature indicates that for each alcoholic, five or six people from the family are affected and become ill, in addition to creating and maintaining disagreements, lack of credibility, and mistrust^(1,4).

Regarding the treatment for alcoholism, this depends on a series of factors, among them the needs of each user, and the resources available, such as: Psychosocial Care Centers – alcohol and other drugs (CAPS-ad), primary

care services, outpatient centers, hospitals, and community support groups. The family, as well as needing to be monitored, needs to be present in the psychosocial rehabilitation, to improve the relationships, to allow the recovery of the autonomy of each member of the family and – mainly – to encourage the user and his/her family members to change. There are Ministry of Health guidelines which propose such components, including that the CAPS-ad must undertake preventive/educational activities both with service users and with family members⁽⁴⁻⁵⁾.

Family difficulties in early childhood, for example, can culminate in the use/abuse of drugs, later on. Based on this context, it is supposed that the conditions of the family environment may contribute to the generation of highly stressful emotional states, which are favorable to drug use⁽⁶⁾.

Regarding the use of crack cocaine, this is characterized by a high addictive potential due to the intense craving which, later, stimulates repeated and exacerbated consumption. The compulsion instigates the crack addict rapidly to seek this substance through behaviors of risk, which cause social and personal impacts^(4,7).

According to a report from the Brazilian Association of Psychiatry (2011), cocaine and crack are consumed by 0.3% of the world population, most users being concentrated in the Americas (70%), and the number of users has increased in the last decade. It is emphasized that in Brazil the consumption of crack has doubled, and that the South Region has been affected most, with use increasing from 0.5% to 1.1%, followed by the Southeast region, with 0.8%⁽⁸⁾.

In relation to smoking, the World Health Organization (WHO) points to the high morbidity and mortality, being approximately 5,000,000 deaths per year and considered the largest cause of avoidable death, and with the highest growth, in the world. Nevertheless, the majority of smokers acquire the habit of smoking and dependence on nicotine, a priori, in adolescence, through the influence of their social circles, which can entail dependence, as a consequence, in adult life. In a broader analysis regarding the efforts in the control of smoking, the WHO calls attention to the fact that if efforts are not made to reduce the number of smokers, smoking could kill 1 billion people in the 21st century in developing countries. This forecast means 10 times more deaths than

were foreseen in the previous century⁽⁹⁾. The reality shows that there are major difficulties in relation to the early consumption of drugs in Brazil for various reasons, among them the relevant geographic extension, which facilitates the entrance of drugs into the country. The mass publicizing of psychoactive substances culminates in encouraging the consumption of the same⁽¹⁰⁾.

There are circumstances which call more strongly the attention of the individual to use the drug, and which relate to: places which foster use; being in the company of somebody who uses drugs, which in the family environment and among friends we commonly call "bad company"; going to parties with friends; seeing somebody using them or enjoying their use; feeling oneself to be very or slightly anxious, stressed or frustrated because "everything is going wrong in life"⁽¹¹⁾.

One can add that sociodemographic factors, such as: age, sex and psychosocial aspects, such as the influence of friends and interpersonal relationships within the family are important in considering the use and abuse of drugs by young people and adults, which explains the importance of this study.

Based on the above, the issue of the use of psychoactive substances and their impact on the family relationships of drug addicts is considered relevant. As a result, the objective of this study was to identify the impact, according to drug addicts, of drug use on their family relationships.

METHODOLOGY

This is exploratory qualitative research, undertaken in the period August – September 2012, in a rehabilitation center for male drug addicts aged over 18 years old, in the state of Paraná.

The inclusion criteria for the participants in the study were: to be aged 18 years old or over, to be receiving treatment in the rehabilitation center, and not to be in a period of detoxification.

The total population of patients receiving treatment, during data collection, is constituted by 30 drug addicts, of whom 20 took part in this study, defined by the theoretical saturation of the data.

The data were collected through recorded semi-structured interviews, with the open question: "Tell me about aspects in your

family relationship which you consider to be consequences of drug use".

The analysis of the information obtained from the interviews occurred through the use of the technique of thematic categorical analysis, which is organized operationally in three phases: pre-analysis, exploration of the material and treatment of the results obtained, and interpretation⁽¹²⁾. In this way, the interviews were transcribed in full; later, the data were systematized so as to maintain the basic content of the thinking and the meaning of the message presented by the drug addict.

The research participants were described by the letter "P", followed by a number which did not correlate with the interview order, so as to preserve the anonymity of the information. This study is part of the project "Re-internment of addicts in a Rehabilitation Center: causes and motivations of the relapse", approved by the Research Ethics Committee of the Health Sciences Department of the Federal University of Paraná (UFPR), under record CEP/SD: 904.029.10.03; CAAE 0825.0000091.10.

RESULTS

The age of the 20 participants varied between 21 and 66 years old, with 12 between 20 and 40 years old; 17 participants began to use drugs between the ages of 10 and 19 years old. The most commonly used licit drug was alcohol (20), followed by tobacco (18); the most commonly used illicit drug was crack (11) and cocaine (eight). It is emphasized that all the participants make use of more than one substance. These results show the participants are of an adult age, having, as a consequence, maladjustments in work activities and in their social and family functions.

Based on the content analysis, two categories were found for analysis: Influence of family relationships on the drug use, and Breaking family bonds.

Influence of the family relationships on the drug use

The accounts depict that the family behavior exercises an influence over its descendents, as the family history can contribute to the appearance of drug use, especially if, in the family's coexistence, there are situations which expose and affect the

individual's mental health. On this issue, there are the excerpts below:

I have an aunt here in the north, who drinks cachaça in large quantities, every afternoon, and she likes it when I'm there, because she has a companion. (P.5)

To tell the truth, I only have one brother doesn't drink, the rest drink cachaça. (P.7)

I was at my father's house, and he made two caipirinhas. He always drinks with me. (P.8)

This is all my parents' and my grandfather's fault, who have let us drink since we were children. (P.11)

Breaking family bonds

The consequences of consuming drugs result in loss of trust and breaking family bonds, with marital separation being mentioned most by the participants:

I wasn't able to have a normal relationship with my wife because of the drugs, which resulted in the separation. (P.1)

The drugs drove me away from my family, because I did some things I shouldn't have, and had to move away. [...] The relationship with the family became complicated too, they lost trust in me. (P.3)

There were always arguments and fights with my ex-wife. [...] Our separation was related to the drugs. (P.13)

The separation from my wife occurred because I began to drink a lot and because of the financial situation. (P.20)

DISCUSSION

In the syndrome of dependence, although it is a multicausal event, the family's behavior enormously influences its descendents, in such a

way that the family history can contribute to the same disorder, through a culture of learning. Thus, this cycle becomes constant, as these patients have already become parents and, consequently, already exercise such an influence on their children^(10,13-14).

It is stated that the care in the first years of life is of extreme importance for the individual regarding her mental health. Thus, if there are situations which expose and affect the individual's mental health in the family environment, such as emotional abuse and physical and emotional negligence, this indicates the development of behaviors as diverse as those already noted above, such as: alcohol consumption, substance abuse, suicide attempts, and at-risk sexual behavior⁽¹⁵⁻¹⁶⁾.

In particular, through the reports, frequent arguments in the marital relationships were identified. Various studies^(1,4-5,10,14) attest that people who grow up in such environments witness various contradictions in the addicted persons, which can culminate in the lack of clear definitions of the rules of the family system. In this way, drugs serve as a way for the person who is addicted to differentiate himself from his family of origin, or to call the attention of the same, due to the impoverishment of the rules and of the limits.

In relation to the illicit substances verified in the study, crack surpassed the other substances, a situation which may be explained if one takes into account the low cost of the drug and the intense pleasure which it gives. The 2012 UN report, which corroborates this finding, pointed to an increase in the consumption of cocaine/crack in Brazil, but also emphasized that the lack of new data impedes a better understanding of the impact in the regional estimates⁽¹⁷⁾.

It is a fact that living with a drug addict is not easy, as family disagreements are frequent and, consequently, so are marital separations, given that the drug user, under the effect of the drug, thinks selfishly and is directed towards the consumption of the substance on which he or she is dependent; conflicts between drug addicts and family members are constant, which often culminates in divorces, which also include restricting contact with the children⁽¹³⁾.

The impact caused by the use of drugs in family relationships is variable, and depends on the relationships which the same has with its members who use drugs, their external and

internal characteristics, the point of the lifecycle in which they live, the intergenerational history, and the sociocultural context in which this family is inserted⁽¹⁸⁾.

It is beyond doubt that questions involved in the structure of the family dynamic can be one of the factors which contribute to drug use, making it important to emphasize that the family is involved in the healthy development – or not – of its members, as it is the link between the various spheres of society⁽¹⁹⁾.

The interaction of the family members in their respective roles determines the quality of the stability of the family relationships. The conquering of stability is influenced by its members' capacity to control their internal and relational conflicts. Thus, the family performs a crucial role in the process of development of those who constitute it, as it is the family that presents and establishes the emotional, communicational and affective links between its members and in the social relationships, being one of the main risk factors or protective factors in the involvement of the same with drugs⁽¹⁹⁾.

The consumption of drugs can be discussed based on the role which the family will have in the treatment, it being the case that often the families are as ill as their members who are drug addicts. In this way, the family needs to transform the vision it has of itself, from victim to co-participant, from guilty to co-responsible, from impotent to competent⁽²⁰⁾.

The addictive behavior causes indescribable social harm, given that the users end up withdrawing from their work and not having the same productivity, and need high complexity health services. However, the services must adapt to the current high demand from drug addicts, with a view to improving treatment⁽¹⁴⁾.

In this way, the drugs cause a relevant impact in the users' lives, leading them to physical and psychological losses. They are responsible for the loss of jobs and of material goods, the breaking of family bonds and also for harm to health. This being the case, maintaining marital and family relationships is very difficult, to the extent to which the user has the tendency to substitute the relationship with society with the relationship with the drug⁽¹¹⁾.

CONCLUSION

The relevancy of understanding the family dynamic in the organic, psychological, sociocultural, and spiritual factors – here including drug addiction – is related to the healthy development or not of its members, as the family is the closest system to the drug addict among the innumerable spheres of society.

It is important that the professionals who assist the users, in particular the nurses, make the difference, providing comprehensive and humanized care; equally, the work of the other health professionals is fundamental in the family therapy, which can be included in the treatment for the drug addiction, with a view to re-establishing the patient's relationship with his/her family, helping them to deal with the confrontations which drug addiction causes.

Currently there is a care network which offers treatment to the drug addict, aiming for the user's social integration, particularly geared towards the socio-familial monitoring and the inclusion of children and adolescents. Nevertheless, the same is adapting to the context of the demand from this population, principally in relation to the quantity of resources offered and in the approach provided for the dependent service user and his/her family members.

Added to the facts mentioned, there is the need for further research, seeking to understand the role of the family, which can present both risk and protective factors, as well as a greater understanding not only of what these factors are, but also how to reduce the risk factors and prioritize the protective factors in this environment.

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