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RESEARCH

O cuidado aos dependentes químicos: com a palavra profissionais de saúde de centros de atenção psicossocial em álcool e drogas

The care for chemically dependent: with words from health professional of centers of psychosocial on alcohol and drugs

El cuidado de los toxicómanos: con la salud profesional palabra servicios de salud mental sobre el alcohol y las drogas

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ABSTRACT

Objective: To know the experiences of health professionals across the assistance to substance dependents. **Method:** Qualitative study conducted with 26 professionals from three Centers for Psychosocial Care (CAPS) in alcohol and drug modality, in the state of São Paulo, from August 2012 to February 2013. **Results:** The mean age was 33.7 years-old where 15 participants are women and 11 men. The average working time in the institution was 3.1 years. The following categories emerged: 1. The work process and its impact on care for substance dependents and; 2. Powerlessness of abandonment of treatment; 3. The professional relationship with the substance dependents and their family. **Conclusion**: The professionals live with the lack of working conditions, but there is the possibility of link production with users and family members, as a tool to achieve comprehensiveness and humanization of care.
Descriptors: Health personnel, Professional-patient relations, Mental health.

RESUMO

Objetivo: conhecer a vivência dos profissionais de saúde frente à assistência aos dependentes de substâncias psicoativas. **Método:** Estudo qualitativo, realizado com 26 profissionais de três Centros de Atenção Psicossocial, na modalidade álcool e drogas, localizados no estado de São Paulo, de agosto de 2012 a fevereiro de 2013. **Resultados:** A média de idade foi de 33,7 anos, onde 15 eram mulheres e 11 homens. O tempo de trabalho médio na instituição foi de 3,1 anos. Emergiram-se as categorias: 1. O processo de trabalho e suas repercussões no cuidado aos dependentes de substâncias psicoativas e; 2. Impotência diante do abandono do tratamento. 3. O relacionamento do profissional com os dependentes de substâncias psicoativas e a família. **Conclusão:** Os profissionais convivem com a falta de condições de trabalho, mas há a possibilidade da produção de vínculo com os usuários e familiares, como instrumento para atingir a integralidade e a humanização do cuidado. **Descritores:** Pessoal de saúde, Serviços comunitários de saúde mental, Saúde mental.

RESUMEN

Objetivo: Conocer las experiencias de los profesionales de la salud a través de la asistencia a las personas dependientes de sustancias. **Método:** Estudio cualitativo realizado con 26 profesionales de tres Centros de Atención Psicosocial (CAPS) de la comunidad en la modalidad alcohol y drogas, en el estado de São Paulo, a partir de agosto de 2012 hasta febrero de 2013. **Resultados:** La edad media fue de 33,7 años donde 15 eran mujeres y 11 hombres. El tiempo medio de trabajo en la institución fue de 3,1 años. Emergieron las categorías: 1. El proceso de trabajo y su impacto en la atención a personas dependientes de sustancias y; 2. Impotencia de abandono del tratamiento; 3. La relación profesional con las personas dependientes de sustancias y familiares. **Conclusión:** Los profesionales viven con la falta de condiciones de trabajo, pero existe la posibilidad de la producción de enlace con los usuarios y miembros de la familia, como una herramienta para lograr la integralidad y la humanización de la atención. **Descriptores:** Personal de la salud, Relaciones profesional-paciente, Salud mental.

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INTRODUCTION

Currently, in Brazil and in the world there has been an increase in consumption of psychoactive substances concomitantly with the increase in the bill of social problems. According to information from the World Health Organization, in 2004 there were approximately 2 billion people in the world consuming alcoholic beverages and 76.3 million have problems using the alcohol.[1]

There is a global trend that points to the increasing use of psychoactive substances early and heavy over time. The increase in the abuse of drug use has been a challenge often encountered by governments, health professionals and family members from several countries. It became scope of discussions and inquiries in various segments of the community and because of its consequences, complexity and magnitude it is considered a public health problem.[2]

The increase in the consumption of psychoactive substances and their negative consequences started the discussion on this theme worldwide. In Brazil, until the 90's there were no policies aimed at drug use.

The implementation of the Center for Psychosocial Care (CAPS) in 2002 was shown as an organizer of assistance to mental patients. According to current legislation, the mental health services are daily care services inserted in the community, offering clinical care to those people who suffer from mental disorders, and the individual's social reintegration activities through the promotion of access to work, leisure, civil rights and strengthening of social ties and families.[3] In this new classification, they were deployed throughout the country the Centers for Psychosocial Care - in alcohol and drug mode (CAPS ad). This is psychosocial care services for people with disorders resulting from the use and dependence of psychoactive substances, and they are currently one of the main strategies for addressing the problems facing the disorder related to alcohol and drugs in Brazil.[4]

These services have as a principle ensuring care to the population of its territory; they are planned for cities with populations between 20,000 and 70,000 inhabitants, or for cities that by their geographic location may meet the mental health needs of the region in the field of psychoactive substances, with the presence of trained professionals to work throughout their period of expedient.[3]

The minimum staff to operate in the Centers for Psychosocial Care - for alcohol and drugs - has been recommended and is rapidly expanding throughout the country.[1,5] By conducted for the psychosocial model, and linked to other services such as basic health units and general hospitals, the Centers for alcohol and drugs mode are suggested as a creative space for construction of life, rather than excluding, medicalizing and disciplining, they

should welcome, take care and build bridges with society, considering the user in their subjective and sociocultural implications, selecting it as the protagonist of treatment.[5-7]

The vulnerabilities generated by psychoactive substance led to psychiatric diseases, cognitive and physical damage to the lung, the human immunodeficiency virus, hepatitis, mortality, among others, which justifies the importance and emergency interventions,[8-10] and the expansion of knowledge in this area. Besides the aspects mentioned above, it stands out also social isolation, marginalization, violence, physical degradation and character, the breaking of emotional ties with family, chaos and collective panic that support to minimize quality of life, the loss of hope in life and the difficulties of access to health services.

Given the above, the work of a multidisciplinary team to minimize the vulnerabilities arising from the use of psychoactive substances is necessary; this team needs to combine targeted interventions with targets to reduce direct manifestations of the use and abuse of psychoactive substances, more general actions to minimize primary and secondary losses and prevention strategies for relapse. The success of the treatment and rehabilitation of psychoactive substances also requires educational and welfare policies that contemplate their family so that together they can tailor their way of living to everyday social life.

From this perspective, the relevance of this research is to analyze the performance of health professionals across the care for substance dependents, taking into consideration that these workers should have their skills geared to systemic evaluation of signs and symptoms as well as to interact as a team in order to identify customer priorities. The research question of this study is: how is the experience of health professionals from Center for Psychosocial Care in alcohol and drug mode in the daily work carried out among substance dependents?

The development of this study is justified because it is a wide and current theme for the high prevalence of use of psychoactive drugs on the part of the population and seek to collect elements that allow reflection on the role of health professionals in assisting users of psychoactive drugs in order to look for alternatives so that they can deal with these subjects in the workplace, according to a professional, reflective and essentially human ethical.

Given the above, the objective of this study was to understand the experience of health professionals across the care for substance dependents.

METHOD

It is an exploratory, descriptive study of qualitative nature, carried out in three Centers for Psychosocial Care in alcohol and drug mode (CAPS ad) in different cities in the state of São Paulo.

One of CAPS ad has started its operation in 2005, where the health team consists of two nurses, a practical nurse, a nursing assistant, two psychologists, a medical psychiatrist, a general practitioner doctor, physical therapist, totaling nine professional with secondary and higher levels. This is a psychosocial service for care of people with disorders resulting from the use and/or dependence on psychoactive substances. Families also receive special attention through support groups, as for the individual's recovery is essential the participation of the family and society. The service has expedient from Monday to Friday, from 7 am to 7 pm.

The other CAPS ad researched has been operating since 2004, and stands as a reference for the prevention, treatment and psychosocial rehabilitation of individuals with disorders resulting from the harmful use or dependence on alcohol, tobacco and other drugs. The service has expedient from Monday to Friday, from 7 am to 5 pm. The service of the health team had eight members: one nurse, one assistant and a nursing technician, a general physician, a psychiatrist doctor, an occupational therapist and two psychologists.

The third CAPS ad unit that was part of the study has been running since December 2008, the service is returned to the care of people who use alcohol and other drugs, in view of completeness and harm reduction. The service expedient is from Monday to Friday, from 7 am to 7 pm. The service team consisted of eleven health professionals: two psychiatrists, two psychologists, a general practitioner physician, an occupational therapist, a pharmaceutical, a nurse, two nursing technicians and a physical educator.

The choice of participants followed the criteria: being a health professional, active in one of the study sites, agreeing in participating and signing the Terms of Consent. Two professionals refused to participate in the research, a psychiatrist and a nurse, both of the same CAPS AD; therefore, 26 health professionals participated in the study.

Initially, there was a contact with the Coordinators of Health Department of Municipalities and after it was requested formal authorization to carry out the research, the project was referred to a Research Ethics Committee (COEP) of Paulista University, and received a favorable opinion No. 42750 / 2012. The survey was conducted from August 2012 to February 2013.

Data collection was conducted through interviews in private place, which enables an atmosphere of interaction and reciprocity between those who interview and the interviewee, lasted on average 50 minutes.[11]

The theoretical framework used was the Psychiatric Reform, understood as a complex process consisting of four dimensions that fit together and feed each other: the first

dimension refers to the epistemological or theoretical-conceptual field, which is the production of knowledge and expertise; the second is the technical assistance dimension, which emerges in the care model; the third dimension refers to the legal and political field, which re-discusses and redefines social and civil relations in terms of citizenship, human and social rights; and the fourth dimension is the sociocultural, which expresses the transformation of the social place of madness.[7-8]

The interviews were recorded just after the acquiescence of health professionals and subsequently transcribed in order to ensure the confidentiality of information and anonymity by adopting the letters: MP for psychiatrists, P - psychologists, M - primary care physicians, TO for occupational therapists, F - pharmaceutical, FI - Physiotherapist, E - nurses, ED - physical educator, TE - nursing technicians, AX - nursing assistants, followed by the sequential number of the interviews.

For data collection we designed a semi structured questionnaire containing questions for the characterization of participants including sex, age, function and exercised current position, time since graduation, how long they work in the current area, expertise/training/residency in mental health/psychiatry, attended course in mental health in both years, read scientific books/articles on mental health in the last year. To conduct the interviews we elaborated two guiding questions such as: "How is your daily work here at CAPS ad? How do you take care of a psychoactive drug user"?

After transcription of the interviews, we used the technique of content analysis, which makes the researcher interpret the subjective descriptions using techniques to find content on the reports of the subjects.[12] There are three steps that characterize the method of analysis of Contents: pre-analysis, exploration of material and treatment of results (inference and interpretation). The pre-analysis is the phase of organization, it aims to operationalize and systematize ideas. The exploitation of the material is the next step, when we shall examine itself, through coding, categorization and quantification of information. The categorization facilitates the analysis of information which provides a meaning. In this study, we used the semantic categorization, or group as theme.[12]

Content analysis reaches a deep meaning, a stable sense; it is defined as a set of analytical techniques of communications betting heavily on the accuracy of the method as a way to not get lost in the heterogeneity of its object, it is envisioned the possibility of providing technical accurate and objective sufficient to ensure the discovery of the true meaning.[12]

After transcription and reading the reports, there was the selection of themes that appeared highlighted in the statements of informants and which were relevant to the research objectives. The survey of the categories provided an approximation of reality experienced by health professionals who work in assistance of the user of psychoactive substance, so the following categories emerged: 1. The process of work and its impact on care for substance dependents and; 2. Impotence before the treatment dropout; 3. The professional relationship with the substance dependents and their family.

RESULTS AND DISCUSSION

The experience of health professionals who care substance dependents, i.e., the process of work, problems, potential, in general, coincided in the interviews of the three Centers for Psychosocial Care - in alcohol and drugs mode. Therefore, we chose to present the results without differentiating them by type of organization arrangement.

We interviewed 26 health professionals: a physical therapist, six psychologists, three nurses, four technicians and two nursing assistants, three psychiatrists, three general practitioners, two occupational therapists, a pharmaceutical and a physical educator. The average age was 33.7 years-old, in which fifteen are women and eleven men.

The average working time in the institution was 3.1 years, the lowest time is two months and as longest is eight years. It was important to analyze the institutional involvement, work experience and stability acquired by time service, factors that stimulate the stay in an institution and which generate satisfaction at work.[13]

Only seven of the interviewees have expertise in the area of mental health. Two professionals reported having read eight papers/books on mental health in the last year, eight surveyed read two or three articles and 16 people did not read any articles/book on mental health in the last year. Only six respondents participated in refresher courses on mental health in the last two years. The lack of training and qualification of these professionals affect the care to individuals in need of mental care, they must be cared according to the current health policies, i.e., in an ethical, dignified, humane and respected way.[14]

Unfortunately, what we see daily is that, often, these professionals maintain traditional practices based on routine care; this situation is inconsistent with the Psychiatric Reform, which proposed the transformation of psychiatric care in a way that gives priority attention to activities that promote the process of social integration of people with psychic disorder.[7,14]

From the analysis of the speeches the following categories emerged: 1. The process of work and its impact on care for substance dependents; and 2. The professional relationship with the substance dependents and their family.

1. The process of work and its impact on care for psychoactive substance dependents

The way individuals develop their professional activities is called the work process. Equipment and technical supplements, buildings and other equipment used are social conditions which allow or not some of the objectives of the work in CAPS - alcohol and drugs, to be achieved. In interviews, professionals report living with a shortage of basic materials for the workshops and logistical support to carry out its activities, as pointed out in the following lines:

> *The VD (home visits), the active search activities, home care are canceled most often for lack of car, we do not have our own car, we depend on availability of City Hall (MP1).*
> *I must often buy materials to conduct workshops with my money because they do not have here ... the lack of material affect the continuity of care (P3).*

This situation, in addition to generating exhaustion, can increase insecurity for workers and users in relation to the services offered. Moreover, it can be a source of cognitive and affective exhaustion for employees who work in caring for substance dependents, as evidenced in the following to say:

> *I feel consumed by work, I'm not sure if I'll be able to do my job; the lack of vehicle is a barrier to quality care (E2).*

As for human resources, the study participants reported that many health professionals did not have training and identification with drug addiction area, including there are reports claiming that during their training process, the content taught in relation to assistance to users of psychoactive substance was missing or insufficient:

> *In the course, you do not have this deepening of mental health ... I feel I'm unprepared to work here (E1).*
> *We have difficulty in taking care of crack users ... As I said, I learnt nothing in college about mental health ... We use to learn from colleagues who are older than us here at CAPS ad (Centre for Psychosocial Care, alcohol and drugs mode) (FI1).*
> *I was not prepared to take care of the chemical addicted people who want to treat, I learn in practice through trial and error attempts (TO1).*
> *At the college we've learnt a little about mental health, nothing specific. You leave college without having a preview of what you will find when you leave it; I did not have training in a place where we care the mentally ill, alcoholics and drug addicts, so I did not know the profile of patient who uses drugs... I did not have a contact at the college... It is very specific ... (E3).*
> *When the coordinator asked me if I wanted to go there (Center for Psychosocial Care - in alcohol and drug mode)? I said I want it because I wanted to know the work, because I did not know anything about how to communicate and take care of crack users, other drugs and alcohol (NT2).*
> *There's a lack of training for professionals who work with alcohol and drug users. Upon graduation, I did not have anything about psychiatry ... I've never had any training; it was a kind of observation... I tried*

> *to learn, asked, took questions with one and another, but training about how to approach, welcoming, caring, no… I ... I think it has been failed... At least the basics should be taught at graduation and the CAPS AD should provide free specialization course for everyone who works here (EF1).*

Health professionals said they have many problems related to lack of staff and turnover of employees in the service, which lead to exhaustion in the worker and interferes in the quality of care delivered to the user, as is illustrated by lines:

> *There are few professionals to meet many customers, you cannot get an effective team, who arrives goes away after a while ... They cannot work with drug users (P1).*
> *The team is reduced ... Care is not done as recommended (NT4).*
> *Sometimes there is lack of professionals, we have little (AE2).*

2. Impotence in respect of treatment abandonment.

In this category, health professionals have talked about feelings of failure and frustration before the relapse process and abandonment of treatment by the users of the services, as pointed out in the statements below:

> *It is disappointing in relation to population, it is very unstable, they have relapse, they leave, and I feel helpless (E2).*
> *Because sometimes you get the job, it's everything alright, they keep abstinence and suddenly, the patient think he is fine and he does not come back ... then he has a relapse, it is very frustrating, it gives a sense of failure (E13).*

Through previous speeches we can see that these professionals associate relapse to failure and error, which generates shame and impotence. By having as objective only abstinence is exhausting as reports of relapses and re-starts of treatment are common. Therefore, the professional must be prepared to support the person in these relapses and starts as reported below:

> *I always try to support users, even when they relapse and go back, I try to make clear to him that is part of the treatment and I'm here to help them (E17).*

Moreover, the lack or difficulty of adhesion is also a common problem, as reported below:

> *It's very complicated, you have a lot of work, need to stay always with them... medication… not all who take, they sometimes say that "they*

> *took", but they did not take the medication, so they have relapsed (E14).*
> *They sometimes accept medication, sometimes not ... sometimes we call and they come, they sometimes does not come, so this gives a feeling of helplessness (E10).*

Speeches above reinforce the permanent user surveillance. There is the view that the use of drugs is an incurable disease with the possibility of stabilization. However they will always be there and they're a different person, subject to relapses and crises.

2. **The professional relationship with the psychoactive substance dependents and family**

In this category the respondents in their speeches stressed the importance of developing bonding with the user and their family, and how this relationship is essential for the care of dependent on psychoactive substances:

> *There are cases that we can control the crisis without medication, only by the bond (MP2).*
> *We listen, we welcome the patient and his family ... We create bonds ... the only way we have a chance to occur harm reduction (M3).*
> *The workshops are essential tools in moving towards the user's socialization, we can also establish and strengthen ties (P6).*
> *When you have link to listen to the patient this enables the stabilization of the crisis, without medication (MP3).*
> *We are always talking with family, guiding the family, PTS (Singular Therapeutic Project), therapeutic groups are essential to the bond established (P4).*

Respondents point out that family involvement in the treatment of drug addicts, acting as a partner of the health service, constitutes a source of support for the work of these professionals and the continuity of care for users:

> *I've been always working together also with families, it is an important point to help in the continuity of treatment (F1).*
> *The family helps in our work; they're a foothold for users (M1).*
> *The family is very important to the client in treatment and for us, professionals, for the effective participation he can remain without addiction (P5).*

Through this study it can be seen that the participants talk more and more about the lack of working conditions, lack of material and human resources and also by the lack of qualifications and identification with drug addiction area.

Professionals deal with lack of equipment for organization of workshops and vehicle for carrying out activities outside the walls of the institution. Because of this sometimes they have to look for services in other places. The work in these adverse conditions leads the professional to feel worn, what provides the appearance of stress in that person, in addition to derail the realization of many activities making it virtually impossible to carry out quality care to psychoactive substance dependents.

There are studies that say that the professional strives to overcome the difficulties described in our research, which already generates exhaustion, and in the end the patient relapses. This causes frustration and increases exhaustion. This factor related to professional unpreparedness is one of the causes for professional turnover in area.[7,13]

Authors state that these factors described also affect directly on the individual and team in production, generating an inadequate product which results in a lower quality of care or lower than the expectation of professional.[13-15]

The management of materials, logistics and maintenance is perceived by study participants as inefficient. The Centers for Psychosocial Care - in mode alcohol and drugs still have a complicating factor in their supply process of the healthcare supply inputs: laws of public bidding involve a complex and time-consuming bureaucracy, and not always lead to rational decisions. The management of CAPS ad must seek an efficient use of resources in order to maximize the results of the units, for the greatest benefit/cost or the lower unit cost of the service offered, however, they need to respect the limits of prevailing legislation bidding.[16]

The organization of health services need to include conditions in human, sociopolitical and materials spheres that provide quality work, both for those who run it and for those who receive, for this it is necessary a greater investment in the acquisition of material and physical resources in the sectors of health, for many of them is missing or damaged.

The reports also point to problems related to turnover and staff shortages, the workers of the two CAPS - alcohol and drugs mode - scored that there is an excessive demand on the teams, overcrowding of services, which leads to lack of time for professionals to carry out educational activities, getting involved only with fulfilling spontaneous demand.

The CAPS ad should offer therapeutic and preventive activities. They have as one of its principles to guarantee the host to the population in their territory, the follow-up to the psychosocial model and linkage to other services such as Basic Health Unit and general hospitals. Attention links specific interventions made by targets to reduce direct manifestations of the use and abuse of psychoactive substances, the actions aimed to minimize the primary and secondary damage and prevention strategies to relapse.[4,7,13]

The institutionalization is related to deconstruction and dismantling of knowledge/practices/discourses that reduce madness to illness. At the same time, it proposes new ways of dealing with the individual suffering in the context.[17] Among these new forms of care, there is the creation of mental health services of territorial basis as the CAPS and the inclusion of primary care in the attendance mental health.

Area-based services are built in the spaces where people live, close to places of residence, in order to help the mental suffering to maintain their ties and keep up with the community and family. So CAPS is a strategic service to promote social reintegration as

recommended by Psychiatric Reform. However, when considering different realities of Brazil, it is not enough to meet the mental health demands and needs of other services such as primary attention.[18]

Therefore, CAPS ad professionals should have better coordination with other services such as primary care. This could decrease the demand for CAPS patients, keeping them close to the community and family. As a result of decreased demand, other recommended activities for this service may be held. However, we believe that this joint needs to be associated with increasing staff and creating opportunities for discussion and professional training.[17]

Turnover, in this case, is not a cause but a consequence of a series of internally or externally located events in CAPS ad as the supply situation and demand for human resources in the market, the economic situation, the identification with the mental health area.

Researchers add that turnover in the area of mental health is a key issue as the team is forced to live each year with different professionals. It also provides a break with continuity of care, generating precarious links between workers and users.[17-19] It was observed in another study that the high turnover of mental health professionals has been a burning issue in different countries.[20]

Faced with the problems described, there is an urgent need for the reorganization of the work process in services.[20-21] For this finality, discussions between users, community, municipal staff and management are necessary for the joint search for solutions to the problem, when the difficulties of the team in performing an effectively integrated work interfere on the quality of care provided to the community.

Through the speeches of the participants it was revealed that these professionals associate relapse to failure and error, which generates shame and impotence. These data are coincident with the literature, in a study conducted in two CAPS ad. The researcher observed that, in the professional view, abstinence was the goal to be achieved, the best way to reintegrate the user to society. However, frequent relapses have indicated the rigor of a goal that seems to be difficult in achieving for most users. Relapse was interpreted as weakness, failure, generating shame and fault.[7]

Treatment may not have only the purpose of abstinence. When dealing with human lives we must consider the singularities, the different possibilities and choices. The Harm Reduction Strategies include the use of measures that reduce the damage and risks caused by drug use, for people who do not wish or are unable to stop using drugs. Therefore, this approach recognizes the uniqueness of individuals served and proposes strategies that defend life. This is a method that does not exclude others, in a context where dealing aims to increase the degree of freedom and responsibility for who is been treated.[17]

Therefore, abstinence may be the best way to reduce harm to some people, but this conclusion must be built by the user in line with the team that accompanies him. It should not be imposed as part of a therapeutic project.[18]

CAPS ad aims to reduce the risks caused by the use of illicit and licit drugs, rescuing the self-regulatory role and responsibility of its members in their dealings with drugs.

Thus, abstinence is not the main goal of treatment, due to difficulties or lack of user desire. These professionals have the expectation of abstinence as the only way due to lack of preparation and training to work with the addicts. The professionals have difficulties in

understanding the principles of harm reduction because it's missing information on the approach, which influences the security in their use.[7,13] This reinforces the importance of in-service training for professionals to understand the principles that guide assistance and use of different approaches proposed with greater safety and awareness.

There is the view that the use of drugs is an incurable disease with the possibility of stabilization. However it will always be there and you are a different person, subject to relapses and crises. The medication is a form of abstinence control as when he takes it he cannot drink alcohol. Thus, the medication is seen as important and central procedure for the treatment, since "it's able to deliver the great ill of user." Use, management and control of medication are configured as important rituals between users, professionals and associates, expressing a usual repertoire of treatment practices, gifts in daily relations.[18-19] But it is necessary to remember that the lack of adherence to treatment is not unique to drug addicts, but it can contribute to the sense of powerlessness of Professional at CAPS ad.

The health team can feel powerless and frustrated, as pointed out by respondents, given the frequent abandonment in treatment; however, it is important the understanding by those professionals that to overcome these obstacles they must know that stop using drugs is a matter of choice, which the user's authority must be respected, looking at the problem from the perspective of citizenship, and the intervention must be made towards minimizing the damage caused by excessive consumption of drugs and these approaches can reduce the risk of abandonment of treatment.[13,17,21]

Another point highlighted in the speeches of the workers was the need to acquire specific knowledge for mental health action. The feeling of many health professionals is unprepared to care psychosocial substance dependents.

We live in a globalized world where the emotional and intellectual challenges are constant. The anxiety generated by the challenges and the relentless pressure of society by competent professionals create a mismatch between the formal and the learning process and the need of work market [14,22].

In this context of mismatch between market performance and the adequacy of the teaching process, the use of facilitating strategies of teaching in the learning process, including stages with association between theory and practice, is an alternative for effective professional preparation, as it is based on the assumption that learning occurs only when experienced differently, learning by making and living, not only copying forms and pre-existing models.

The curricular guidelines for undergraduate courses in health explain the need for commitment to the fundamentals of the Brazilian Health Reform, especially in the Unified Health System (SUS) and ensure the completeness of assistance actions, describe the essential principles for training of reflective practitioners and the historical and social context, guided by ethical principles and able to intervene in situations and health care issues, which includes the mental health care of community.[5]

The complexity of care for dependent on psychoactive substances in technical, scientific and emotional sphere makes the health care provider is aware of their lack of preparation to deal with these people and feel the need to have specific knowledge to underpin a competent care, changing in this way the assistance provided.

Psychiatric Reform has brought changes and new instruments to be used in assistance. Professionals should use the new practices such as psychosocial rehabilitation, support to the family and the construction of citizenship of mental suffering. Education and permanent training of professionals are perceived as an effective strategy in improving the care provided to this population quality in the Family Health Strategy.[18]

For this purpose, training in the mental health field should promote the specific knowledge, appropriate professional skills and working practices, in all its complexity and breadth, always based on the best available scientific evidence, supported by a robust clinical trial, epidemiological with ethical principles, focused on improving cuidado7,21-23.

Studies emphasize the need for reflection on the work/teaching in mental health, seeking to deconstruct the dichotomy between knowing and doing, towards the integration and mobilization of knowledge and actions that lead the student/professional to learn to facing the real conditions of life and health of populaion.[24,25]

One way to overcome the feeling of lack of preparation of workers from both Centers for Psychosocial Care - in alcohol and drug mode - is the implementation of continuing educational activities for the multidisciplinary teams from the perspective of action-reflection-action and considering the collective, experiential knowledge, the cycle of life of workers and their workplace as the locus of formation[23,25].

In the category, professional relationship with the psychoactive substance dependents and family, it was revealed that in their daily practice the workers from Centers for Psychosocial Care - in alcohol and drug mode- use to prioritize light technology, i.e. interpersonal relations, production of bond, as a tool to achieve comprehensiveness and humanization of care dependent on psychoactive substances, besides helping in the treatment process.

To glimpse the user a comprehensive approach in its biological, mental, social and spiritual, teams of mental health services on Alcohol and Drugs become able to cope with the care situations dependent on psychoactive substances and their families, 23 26 as well as being in line with the fundamentals of the Brazilian Psychiatric Reform.

To work this logic, there is the relevance of Singular Therapeutic Project (PTS), said in one of the speeches, this project includes the participation of all professionals, user and his family in order to strengthen the bond and trust between the actors involved in this relationship.

The Singular Therapeutic Project consists in finding where all the assessments are important to help understand the sick person and their relationship to disease, to define proposals for ações.24 This form of intervention works with the concept of extended clinic, i.e. increase user autonomy of health care, family and community; join the team of health workers from different areas in the search for care and treatment according to each case, with the creation of link with usuário4e in the case of CAPS ad, intended service dependent on psychoactive substances in their completeness focusing on the rehabilitation of the individual, recovery of citizenship and health as a right.

To see the user in a comprehensive way with his biological, mental, social and spiritual aspects, the staff of the CAPS - AD are able to cope with the care situation for dependents of

psychoactive substances and their families, [23 26] as well as being in line with the fundamentals of the Brazilian Psychiatric Reform.

To work this logic, there is the relevance of Singular Therapeutic Project (PTS), as seen in one of the speeches, this project includes the participation of all professionals, user and family in order to strengthen the bond and trust between the actors involved in this relationship.

The Singular Therapeutic Project consists in finding where all the assessments are important to help in understanding the sick person and their relationship to disease, to define proposals for actions.[24] This form of intervention works with the concept of extended clinic, i.e., to increase user autonomy of health care, family and community; to join the team of health workers from different areas in the search for care and treatment according to each case, with the creation of link with user[4] and, in the case of CAPS AD, to attend the dependent of psychoactive substances in their completeness focusing on the rehabilitation of the individual, recovery of citizenship and health.

The user's needs which were presented to health professionals in the context of controlling the behavior resulting from the use of psychoactive substances have challenged to deal with these situations, requiring the search for solutions that trespass the logic of the biomedical model. In this part, health activities are focused on the person, ensuring access to resolving practices that bring satisfaction for professional and users.

To intervene in people who want to interrupt their dependent life, after had awareness of his illness and ailments that cause, such as difficulties in working life, in relationships and family life, the health worker needs to establish mutual goals with the client, as they are responsible for decisions regarding treatment.

It is also important to consider a humanized care, in which the family is heard as this necessity in having their opinion and encouraging their participation in any professional recovery process.

However, the staff turnover, described above, is pointed by researchers as a detrimental for the formation of bond. Worker's residence allows not only an improvement in the quality of care, due to the formation of links between the various professionals who collectively provide the care and the establishment of relationships with users and the community, as well as the improvement of the professional that remains for a long time in their locus work.[23-25]

This study and other research showed that the requests for assistance to dependent on psychoactive substances at the Center for Psychosocial Care - in alcohol and drug mode - is a reality and even when it is not finding infrastructure and sufficient human resources, for various reasons, which prevents construction of a praxis based on bond.[7,18,20]

Mental health is a space for the exercise of completeness; in this context the actual health needs user of psychoactive substances and their families are revealed. So, it is a promising territory for realization of psychosocial care for the person, family and community, as the professionals in their daily practice, even with all the difficulties identified, give assistance and establish ties to continue the treatment plans established.

Regarding the family as an ally in the treatment appointed in the speeches of many health professionals of CAPS AD, other studies also address the importance of family inclusion

in the therapeutic process for whom use the in mental health service and its contribution to the psychosocial rehabilitation of user.[7,14]

In this context, a study found that care for health professionals should also involve the user's family, which must be understood as a fundamental part to the satisfactory progress in the mental health care paradigm.[26] The family can be a supporting. For this purpose, they must have information to enable their help in user needs and performance of health team.[7]

The family is a close and interdependent relations system, which faces a crisis and mobilizes to seek balance, overcoming the crisis. The initial impact of the family with the situation is slowly and gradually replaced by genuine action in order to seek the client's recovery to reinstate him in his social and occupational place.[27-28] Including the family in care is to strengthen the link with the user and the health professional.[29] This is one way of overcoming the asylum model and strengthening the institutionalization of principle advocated by the Psychiatric Reform.

The guidelines recommended by the Psychiatric Reform consider the family as an ally in the care of mental suffering, since it favors social reintegration. However, so that they can meet the mental health care they need to receive constant technical and humanized support of health professionals. Complicity in health care for users, families and the community breaks with the asylum model and provides comprehensive care that considers psychosocial aspects.[30]

Health professionals must work with the user of psychoactive substance, along with their families helping to reduce the crisis and the search for adaptive responses to face this situation, identifying and assessing the difficulties that the family and the individual are facing, checking if the information given and guidelines were clearly understood.

CONCLUSION

In this study it was aimed to know the experience of health professionals about the care for psychosocial substance dependents. It was unveiled that the work process interferes in care in relation to losses of material resources insufficient and inadequate logistics for users, which can contribute to the reduction of resolution, loss in continuity of care and not offering of certain actions; for professional, it creates exhaustion and difficult to plan resources and achieve goals, interruptions in the supply of actions are not carried out or are interrupted, and still the difficulties in performance and conducting practices with quality.

As for human resources, the lack of preparation to work in the mental health field, the lack of qualification of many professionals and identification with the area of addiction to some people were identified as limiting of the mental health services, they also reported difficulty in watching over psychoactive substance dependent person and his family, associated with lack of appropriate training, both in graduation, and in continuing education.

The turnover and staff shortages have contributed to losses for users of care and influence the ability of professionals to establish links with the community.

It was evidenced the possibility of producing bond among professionals, users and their family as a tool to achieve comprehensiveness and humanization of care to dependent on psychoactive substances. The host, the effectiveness of the therapeutic actions, the consummation of the specific continuing education, management of materials and efficient logistics, the decline in turnover in the service, the permanence of workers at CAPS AD are challenges for enhance linkages and exchanges in a continuous effort to demonstrate that assistance/care in mental health involves a social, ethical and health commitment of the team with the individual in their uniqueness and in a restricted area.

It is worth noting the limitations of the study because although covering advantages and constraints of health professionals who work in CAPS AD about the assistance to drug addicts, this is not an absolute reality for all people who are experiencing care to drug addicts in CAPS AD. The unpredictability of the course of assistance to drug addicts can bring other charges and conflicts that should be considered and evaluated by health professionals to assist users of psychoactive drugs and their family in directing the actions to achieve the desired therapeutic success. In this sense, this study aimed to contribute to the reflection of health professionals and to the emergence of a new way of looking and thinking to assist the users of psychoactive drugs.

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