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PRODUCTION OF CARE RELATED TO DRUG USE: PERCEPTION OF MEDICAL AND NURSING PROFESSORS

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ABSTRACT

The topic of “drugs” has been studied by several sectors especially society, education, and health. This study aims to understand the perception of undergraduate Nursing and Medicine teachers about care related to drug use in the context of social and health policies. This is phenomenological research, according to the perspective of Maurice Merleau-Ponty, carried out from November 2015 to May 2016, with ten teachers, through a semi-structured interview. The information produced was submitted to the Analytical Technique of Ambiguity, which originated two thematic axes corresponding to the results of the study. The contributions of phenomenological thinking about drug-related care have enabled to relearn the phenomenon from a new perspective and to recognize the need to broaden the debate on the topic within the University.

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INTRODUCTION

The World Drug Report for 2018 estimated that about 275 million people aged 15-64 years old, equivalent to an additional 5.6% of the world's population, consumed some illicit drug in 2016. Also, there has been a 60% increase in deaths between 2000 and 2015, from indiscriminate drug use worldwide (UNODC, 2018). Given this scenario, policies have been formulated and implemented, sensitizing society about the social damages and health implications of habitual drug

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use, and to enable the formation of people to work in all social segments, developing effective actions to reduce the demand and damages to health, which among them the National Policy on Drugs (PNAD) is highlighted, established in 2005 (Brasil, 2010). Also, ordinances are instituted because of the need to regulate the implementation of such policies. The ordinance 3,088 of December 23, 2011 is highlighted among the ordinances related to psychosocial care, which established the Network of Psychosocial Care (RAPS) for people with mental suffering and needs arising from the use of crack, alcohol and other drugs, under the Unified Health System (SUS) (Brasil, 2011). In this perspective, a strategy built to guide PNAD's actions is the Damage Reduction (DR), which has become an alternative health production tool, in contrast to strategies based on abstinence, including the diversity of demands and

expanding the offerings in health for the population of drug users (Passos, Souza, 2011). The adoption of the DR perspective presupposes openness to dialogue, reflection, questioning and continuous evaluation of interventions. Approaches based on DR imply considering the vulnerability of people and collectives (Brasil, 2013). In this way, care in the context of drug consumption shows the need to know the different profiles that surround the issue. Thus, the importance of listening to the teachers of the nursing and medical courses about their understanding of public policies in the mental health area related to drug use is justified, observing the weaknesses and potentialities for the construction of strategies that prevention and coping with drug use. In this context, the need to carry out the study with the following guiding question was observed: how teachers of undergraduate courses in Nursing and Medicine perceive the care related to the consumption of crack, alcohol and other drugs, in the context of social and health public policies?

To answer this question, the study aimed at understanding the perception of undergraduate Nursing and Medicine professors about the care related to drug use in the context of social and health policies. The study is relevant as it opens the possibility to the discussion on the topic of the academic environment, and it is an important knowledge production for the scientific and social community, regarding the strengthening and consolidation of the model of psychosocial attention, referring to the care related to drug use.

MATERIALS AND METHODS

This is phenomenological research, according to Maurice Merleau-Ponty's approach. The choice for this reference has emerged from the perspective of the study, which consists in understanding the perception of university professors in health areas for the theme in focus, recognizing that the production of knowledge occurs through intersubjectivity (Merleau-Ponty, 2015). The study was developed at the State University of Southwest Bahia (UESB), Jequié Campus, State of Bahia, Brazil; with 10 (ten) professors, in which 05 (five) were Doctors of the Medicine course, and 05 (five) were Nurses of the Nursing Course. Regarding the characterization, 06 were women and 04 men, aged between 33 and 60 years old, and all were effective professors of the university. The selection of these participants took place through a lottery involving the names of all the professors of these courses, through a list provided by the Department of Health II (DS - II). Initially, 20 names were selected, 10 as headlines and 10 as substitutes, who were invited via e-mail and telephone to collaborate with the research and, once they accepted, the date and place for the production of the descriptions were scheduled. Since it is a phenomenological study, the quantitative of participants is not a cause for concern, but rather the depth of the discussion that allows the unveiling of phenomena. This characteristic of phenomenological studies also allows making generalizations, since it seeks to know the sensitive nature, a dimension that configures the equal among human beings. In other words, phenomenological research considers human coexistence since it is considered that the world exists not only for us, but for everything that beckons in it, and the experience of feelings is potentially experienced by all (Merleau-Ponty, 2015). Experiential descriptions were produced from November 2015 to May 2016, using a semi-structured interview technique, guided by a script containing the following topics: talk a little about what you understand by drugs; comment on public

policies related to drug use; Talk about actions you know related to the prevention, treatment, and rehabilitation of drug users; describe their role as a professor in the training of health professionals who may be involved in the context of drug-related care. The interviews were recorded by audio and transcribed, composing the textual corpus for submission to the comprehension process. For the experiential understanding, the descriptions were submitted to the Analytical Technique of Ambiguity, whose theoretical matrix is the Merleau-Ponty phenomenology. Based on this technique, a thorough reading of the material was held, seeking to identify naturalized discourses as theses supported by the study participants. Then, the thematic axes that represent the rupture with the theses held as absolute truths were established, expressing the ambiguity proper to human perception (Sena et al., 2010). The study was approved by the Research Ethics Committee of UESB (CEP/UESB), according to opinion nº111/2011. All participants signed the Informed Consent Form (ICF) and to ensure anonymity, they were identified by key elements that make up the university, such as Teaching; Study; Extension; Master's degree; Scientific literature; Knowledge; Science; University graduate; Doctorate degree; and Research.

RESULTS

The experiential descriptions of university professors submitted to the Analytical Technique of Ambiguity enabled the understanding of the perception of these professionals, who share the process of training future health workers for the care in the context of drug use. Once care in focus is revealed as a complex phenomenon, the objectivist view is insufficient for its understanding. However, the Ambiguity Analytic, which allows intersubjectivity to understand the phenomena, allowed establishing thematic axes that correspond to the results of the study: Education models in the context of drug consumption; The care based on the Public Policies of Integral Care to Users of Alcohol and other Drugs.

DISCUSSION

Models of education in the context of drug consumption:

The participants of the study showed that the production of care related to the use of drugs is linked to several social systems: education, leisure, family and social infrastructure, health, among others. The educational mechanism appears as an incontestable solution in the participants' view. According to the descriptions, school education and health education are efficient methods of drug prevention, since they allow the strengthening of values that can influence the adherence of a conscious and healthy lifestyle, as perceived here:

Scientific Literature: [...] *I think that the education has a power that even we professionals do not know, so I think that from well-educated health education in schools, starting from the elementary school level, I think people would at least minimize this use of drugs.*

Graduation: *So ... if there is a good educational and family policy, you often minimize the tendency to use drugs. Now the prevention is more a matter of education, education within schools and within the family.*

Research: *First of all, I see that prevention is much related to understanding. To take the individual from the contact and the*

knowledge of the drug, for me, it is not the way; the way is actually to show what the drug is.

The educational principles that corroborate for effective prevention are those based on a liberating approach, characterized by the equal relationship between educator and student. In this approach, the educational process is carried out by both the educator and the student, and the development and construction of the knowledge occur in a dialogical and conscious way, enabling the formation of citizens with critical decision-making power (Freire, 2005). This perspective of education applied to the promotion/prevention in the field of mental health supports the discourse used in the DR strategy, which bases the construction and deepening of knowledge and information about drugs, their consumption and effect; and it is focused on the individual, on his/her affective strengthening and autonomy, that is, on his/her choice, based on the possible consequences that may occur (Moreira, Vóvio and Micheli, 2015). However, the educational environment for us, more specifically the school, has still been based on traditional models of education, characterized by increasing distance from its larger purpose, which is the construction of citizens. The rupture with this tradition would imply the implementation of a true philosophy, which consists of relearning to see the world (Merleau-Ponty, 2015). However, the perspective of education that emerges from the descriptions of the professors brings back to traditional education, since the professor is seen as the hegemonic figure. In this type of education, there is no concern with the context and peculiarities of the learner. Also, the professor is considered the only responsible for transmitting, guiding, instructing and evaluating, assuming an authoritarian stance toward the learners (Rodrigues, Moura, and Testa, 2011). The experiential descriptions of the participants of the research reveal that they experience important events on the participation of the family in the context of the prevention of injuries and rehabilitation of health, as well as the maintenance of the physical and mental well-being of the person. In this respect, the term family appears as an institution capable of restoring affective bonds and of continuing strategies that focus on health promotion/prevention about the drug use, as can be seen in the following description:

Extension: [...] *the interaction of the family in this context is also a crucial factor for the effectiveness of the actions to be developed with the individual [...]*

This thought resounds from the perspective of the psychosocial care model, advocating the insertion of the family into the drug user's unique therapeutic project, and it is considered as a fundamental device for the rehabilitation of this user. Stimulating the participation of family members supports the premise of completeness, as can be seen in the following descriptions:

Research: [...] *you have to support the family too because as I said, it's a collective problem, the user who abuses the drug is not only causing harm to himself but to his family, to his environment, the world around him.*

Master's degree: [...] *it is necessary to have a family follow-up because it is no good for us to work only with the drug user, the family must also be worked on it.*

In the perspective of Merleau-Pontyana phenomenology, knowledge occurs through the process of intersubjectivity

(Merleau-Ponty, 2015). Considering that actions in the health care area involve education and the construction of knowledge, the family should be valued and encouraged to be part of the process of rehabilitation and social reintegration of drug users. The more conservative view holds that the family is fundamental to the constitution of a well-structured, healthy and balanced society. It is the base of this structuring, and when there is a de-structured base, there is the construction of a diseased and unbalanced society (Branco, 2013).

The care based on public policies of comprehensive attention for alcohol and other drugs: When talking about drug user care, in addition to addressing the role of education and family, it is important to elucidate the role of RAPS, and in this theme, the actions of the Center for Psychosocial Care Alcohol and Other Drugs (CAPS ad) is highlighted, specialized in the care of alcohol and drug users and responsible for the psychosocial rehabilitation of those who use these substances regularly (Brasil, 2011). Therefore, the actions performed in the CAPS ad are punctuated by the professors, as observed in the following statements:

Study: [...] *It is up to the CAPS ad to carry out some actions, not only of prevention but of treatment, not only medication but a therapeutic treatment, bringing this person a return in society.*

Extension: [...] *because the CAPS is the only place, in my conception, that will give this support in the effective conditions for us to be successful [...]*

Much has been achieved through the structuring of actions and network services, especially in the possibility of having more democratic and inclusive care spaces, in addition to actions that are more in keeping with a humanized and effectively rehabilitative care. However, there are still ideological obstacles that impede the development of this proposal, and this can be clearly explained by the lack of adaptability of society, since the changes that occurred with the Psychiatric Reform were not enough to sensitize and remodel the conceptions and practices of the different actors that act in these places (Oliveira, Araújo and Silva, 2014). The lack of structuring of the RAPS is highlighted by the professors interviewed as a problem that prevents the implementation of actions aimed at the care and psychosocial rehabilitation of drug users, as can be seen in the following descriptions:

Scientific Literature: *One of the policy's goals is to have a structured network, so we know that it does not have a structured network for the treatment and monitoring of those people who use and abuse drugs. Especially the articulation of the network, because today we do not have a network strengthened [...]*

Knowledge: *So the difficulties are in the difficulty of the professional in exercising his activity due to the lack of structure [...]*

Extension: *The CAPS works, the people involved are dedicated, but they need government support, a government policy, it is not a State policy, it is a State policy to maintain the functionality of the CAPS.*

Another important aspect highlighted in the descriptions is the communication and integration of the RAPS, which is currently based on referrals (referral/counter-referral),

undermining and making superficial the proposal of care based on co-responsibility and network sharing. This fact agrees with the performance of the biomedical model and meets the assumptions of the reform proposal in Mental Health (Garcia et al., 2016). This is easily noticed in the following descriptions:

Teaching: *Those who do not seek are on the margins, because the professional who is there on the edge, in basic care often does not know, does not know that that service exists, so it is a very loose business yet.*

Extension: *And we would have to have a mental health support network in the municipality because the drug is for mental health, so we would have to have a network that would give all this support to this drug addict, who arrives in the hospitals and do this contextualization.*

Given this context, it is essential to overcome the fragmented and contradictory actions regarding the consolidation of the principles and guidelines instituted with the reform, since retrograde actions are the result of the reproduction of historical models that refer to the control, domination, dependence, and exclusion in people suffering from mental disorders (Oliveira, Araújo e Silva, 2014). Therefore, the problem that involves care in the perspective of drug use goes beyond what happens in the present time. Obstacles that influence and prevent integral care can have their roots in the period of professional training, that is, during the graduation period. This training issue permeates aspects that refer to the preparation of human resources that can act according to the new mental health care model. Thus, human resources policy planned the health and education in permanent articulation as an alternative to the success of the transformation process of conceptions and practices (DalPoz, Lima and Perazzi, 2012). The experiential descriptions of the university professors who participated in the study consistently bring this problem as another impeding factor and/or hinder the development of actions aimed at care based on the principles of the Brazilian Psychiatric Reform, as it is possible to observe the following statements:

Scientific Literature: *[...] many professionals are not trained in the monitoring and treatment of drug abusers, often they are even afraid to approach, to talk, to welcome people.*

Teaching: *I think of everything, what it is still lacking is more education for professional people, to know more about this issue, and to stimulate, from there, this user that looks for people to treat and often we are not giving the best of the options for him of treatment, because we sometimes do not know, or have little capacity to reflect on it [...]*

When elucidating about training, it is important to discuss graduation, questioning how the professional training process occurs, especially the one acting with drug users. The descriptions of the participants emphasized this problem:

Study: *We certainly end up covering these drug abuse discussions at some point, but we do not have a focus on the subject, so that's very much in focus for Mental Health.*

Master's degree: *Here at the university the subject Collective HealthI, does not contemplate this practice. I've talked a lot with my classmates to see this possibility because when you*

teach a theory lesson is one thing and you experience it, you share it, you talk to the user, even if it's an afternoon, I think it changes a lot.

Teaching: *I was forced to dedicate myself a little, but I missed this information in my constitution as a professional. So I think this is very empty, this is little reflected and we have no notion of this context unless we are thrown into this need to look.*

The university has responsibilities that go beyond what is known to all, such as the implantation and construction of scientific knowledge. It is up to it to provide ethics, social policy and especially teaching and its scope. This accountability has the power to interfere in the social and political area, and also in cultural and educational aspects (Castelli, 2012).

From this perspective, the professors were able to reflect their role in the context of the professional and personal formation of the student, as can be seen in the following descriptions:

Knowledge: *The professor has a fundamental role, because, despite all the access we have to information today, this facility that the student has to be searching the internet, books, magazines, but the professor is who guides, does the guidance. So the professor has this role to guide, to be marking these guidelines, and to be putting this student to seek the development of professional autonomy.*

Research: *My great view of this is to make the student see this problem because I teach a lot the problem of the student being an educator, the professional being a health educator. Then, once he has this understanding, he will be able to replicate, duplicate that knowledge, that understanding for the community, the patients, the families [...]*

The basis of education lies in learning, in the capacity for interpretation, in critical and creative intervention in reality. This range of principles on which education is based is only feasible if the learner has the possibility to reflect and act, stimulating their autonomy, self-confidence, and self-organization (Corcetti, 2007). It is up to the educational environment to provide subsidies that favor teaching practices and activities, seeking to present life situations that debate and promote positive changes for both individual and collective aspects (Milléo et al., 2007).

Final Considerations

The contributions of Merleau-Ponty's phenomenological thinking to the understanding of the nursing professors' perspectives on care in the perspective of drug use allowed seeing a new horizon in the phenomenon and to recognize the need to broaden the debate about the subject within the university. From the results presented, it was possible to conclude that the professors perceive the complexity that surrounds the drug problem in the social context. They demonstrated a certain familiarity with the knowledge of the mental health area, especially when they were approached about the policies and actions that involve the integrality of the care, emphasized in the DR strategy. The professors emphasized the deficiency in the approach on the topic during graduation training, a fact that they believe to compromise the execution of the care related to the consumption of drugs in the exercise of the profession. It became clear that health education is the most recognized action strategy for care for

the drug user in Primary Care. However, the health education model to which they refer still seems to be based on traditional, vertical pedagogy, contrary to the DR strategy, whose approach aims at the autonomy and citizenship of the individuals. Therefore, it is fundamental to consider the perceptual experience of the users, their everyday experiences, which point to know-how as important as the theoretical-practical knowledge shared by health professionals who are placed in their position of educators. Finally, the effective education in the health area implies the performance of life projects, with the perspective of training of conscious citizens, as regards caring for oneself, the other and the environment in which they are inserted.

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