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Women drug users' contexts and links with primary care services

Contexto de mulheres usuárias de drogas e o vínculo com o serviço de atenção primária

Contexto de las mujeres usuarias de drogas y el vínculo con el servicio de atención primaria

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ABSTRACT

Objective: to discuss the perceptions and actions of Family Health Strategy personnel regarding drug use by women, considering aspects of context, access, acceptance, and bonds with women who use drugs. **Method:** this qualitative study of Family Health Strategy personnel in a municipality in Rio Grande do Sul was conducted in 2018 through semi-structured interviews, after approval by the research ethics committee. The data were submitted to content analysis. **Results:** the women's environments involved drug use, violence and lack of employment. The health personnel tried to link them with the service in some way, but had difficulty addressing drug use. They provided care as regards the reproductive and pregnancy-puerperal cycle, in addition to some health promotion activities. **Conclusion:** the health personnel bonded with the women and provided health care, but found it difficult to address the problem of drug use.

Descriptors: Primary Health Care; Substance-Related disorders; User Embracement; Women.

RESUMO

Objetivo: discutir a percepção e ações de profissionais de saúde da Estratégia de Saúde da Família sobre o consumo de drogas por mulheres considerando os aspectos relacionados ao contexto, acesso, acolhimento e vínculo com as mulheres que fazem uso de drogas. **Método**: estudo qualitativo, realizado com profissionais da Estratégias de Saúde da Família de um munícipio do Rio Grande do Sul em 2018, por meio da realização de entrevista semiestruturada, com dados submetidos à análise de conteúdo, após aprovação do Comitê de Ética em Pesquisa. **Resultados**: as mulheres se encontram em ambientes com uso de drogas, violência e falta de emprego. Os profissionais tentam, de alguma forma, o vínculo das mesmas com o serviço, porém encontram dificuldades em abordar o uso de drogas. Realizam o cuidado na perspectiva do ciclo reprodutivo e gravídico-puerperal, além de algumas atividades de promação da saúde. **Conclusão:** os profissionais criam vinculo com as mulheres realizando cuidados a sua saúde e encontram dificuldade em abordar a problemática do uso de drogas.

Descritores: Atenção Primária à Saúde; Transtornos Relacionados ao Uso de Substâncias; Acolhimento; Mulheres.

RESUMEN

Objetivo: discutir la percepción y las acciones de los profesionales de salud de la Estrategia de Salud de la Familia sobre el uso de drogas por mujeres, considerando aspectos relacionados con el contexto, el acceso, la recepción y el vínculo con las mujeres que usan drogas. **Método**: Investigación cualitativa realizado junto a profesionales de las Estrategias de Salud de la Familia de un municipio de Rio Grande do Sul en 2018. Se aplicó una entrevista semiestructurada y se sometieron los datos a análisis de contenido, previa aprobación del Comité de Ética en Investigación. **Resultados**: las mujeres se encuentran en ambientes con consumo de drogas, violencia y falta de empleo. Los profesionales de alguna manera intentan vincularlas con el servicio, pero les resulta difícil abordar el tema del consumo de drogas. Brindan atención desde la perspectiva del ciclo reproductivo, del embarazo y puerperio, y algunas actividades de promoción de la salud. **Conclusión**: los profesionales crean un vínculo con las mujeres al realizarles cuidados de salud, pero tienen dificultades para abordar el problema del uso de drogas.

Descriptores: Atención Primaria de Salud; Trastornnos Relacionados com Sustancias; Acogimento; Mujeres.

INTRODUCTION

Humanity's relationship with drug use is millenary; however, as societies transform ways of life, they also transform the way in which they relate to substances, with their use, and with use rituals, scenarios and patterns[1].

When the users are women, it is noticed that consumption is permeated by prejudice and stigma, making them not see themselves as capable of performing any activity other than drug use. As a result, they increasingly position themselves as individuals without any social role, also distancing from their support network and from the health services, so as not talk about this use[2].

The social context in which these women are inserted can interfere with use initiation, maintenance and purpose, and the literature shows how the culture of drug use by women takes place, observing use initiation with family members, in addition to sharing it with different social groups, friends and intimate partners[3].

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It is necessary to reflect that, in addition to a context permeated by drug abuse, they also experience domestic violence in their family nucleus, rendering them vulnerable. They end up normalizing use and, oftentimes in the face of an environment marked by tension and violence, there is early initiation or expansion of maintenance of the already existing consumption patterns, without any type of information about the risks of abusive use[4,5].

Considering use initiation in the family nucleus, in the territory and in the community, it is also reasonable to reflect that Brazil offers the Family Health Strategy (FHS), a SUS pillar representing the users' first access locus to a given health service, as it is located in the territory. However, care centered on the perspective and needs listed by the professionals is still observed, lacking focus on the vulnerabilities presented by the users and that need to be taken care of[6].

In this perspective, the FHS becomes one of the basic components in the health care of people who use licit and illicit drugs, as it is a service comprised by a multidisciplinary team that performs actions to prevent risks and complications and to promote health, providing comprehensive care to the population[7,8].

Even so, care for women drug users from the Primary Health Care (PHC) perspective is also permeated by challenges in relation to the approach on use, or even to harm reduction, as these women seek health services when they undergo worsening of some pathology or regarding their reproductive system and the pregnancy-puerperal period, not reporting use to the professionals, which hinders a comprehensive approach[9].

In order to provide comprehensive care, acceptance and bonding within PHC are necessary, which must occur with any and all users seeking the service, permeated by empathy, active listening and humanization. As soon as the bond is established, a relationship of trust is created with the users, which facilitates comprehensive and humanized care[8,10].

Thus, the objective of this study is to discuss the perception and actions of health professionals from the Family Health Strategy on drug use by women, considering aspects related to context, access, welcoming and bonding with women who use drugs.

METHOD

This is a qualitative study carried out with 18 health professionals who are members of the minimum FHS teams in a municipality from the inland of Rio Grande do Sul, chosen because all units adopt the FHS and lack specialized mental health services.

Data collection was carried out in all three Basic Health Units (BHUs) existing in the municipality, using the following inclusion criteria: being a professional of the minimum BHU team and having worked at least six months in the unit. Being away from work during the research period was adopted as exclusion criterion.

Semi-structured interviews were applied by the researcher in charge in June and July 2018. Before data collection was initiated, the study objectives were presented to the coordinators of each unit, which allowed recognizing the dynamics of the services and the professionals present at that moment. In addition to that, the unit coordinator attended the team meeting about conducting the research *in loco*.

Subsequently, the days of the week were scheduled in each unit, on a full-time basis and according to availability of the services, with a room made available to preserve the participants' privacy. The professionals were approached, introduced to the research objectives and invited to participate, solving any doubts they might have.

The interviews were audio recorded and lasted a mean of 40 minutes. Questions regarding personal and professional identification, perception and knowledge of the participants about drug consumption by women in the service territory of the units, how the approach was conducted and the care measures they were able to perform were addressed. In addition to that, they were asked about participation and existence of training and refresher courses on the topic.

The interviews were manually transcribed into a document in Word® format and, subsequently, the stages recommended by the literature were conducted. Data analysis was developed according to Bardin, who proposes content analysis in the following stages: Pre-analysis, exploration of the material, treatment of the results and interpretation. Pre-analysis is the data organization stage, where skimming is carried out, as well as choice of the materials to be analyzed and reformulation of the hypotheses and objectives. Subsequently, we have exploration of the material, which means understanding these data and, immediately after that, coding them according to the themes defined[11].

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Finally, treatment of the results and interpretation were carried out, which consist of thoroughly analyzing the raw data, interpreting them in accordance with the already established objectives and reflecting on what was found, confronting it with the literature[11].

All research participants had their anonymity preserved; they were identified by the letter P, followed by numbers in ascending order according to the order in which the interviews were conducted and the number corresponding to their BHU.

To carry out the research, all ethical principles were considered in accordance with Resolution No. 510/2016 of the National Health Council belonging to the Ministry of Health, which deals with research involving human beings[12]. Federal Nursing Council (*Conselho Federal de Enfermagem*, COFEN) Resolution No. 564/2017 was also considered; as well as Chapter II of the Code of Ethics for Nursing Professionals (2017), which concerns Duties, in articles 57 and 58, and Prohibitions, in articles 95 to 102[13]. The research protocol was submitted to the Research Ethics Committee of the institution involved and was approved for conduction.

RESULTS

A total of 18 professionals were interviewed: four nurses, five nursing technicians, eight community health agents and one physician. During the collection period, two medical professionals were on vacation. In addition to that, a physician and a community health agent did not show up to participate in the interviews on more than one attempt, thus being understood as refusal to participate in the study.

The higher-level professionals' training time was from one to six years and, for those with a technical level, it was from two to 29 years. In relation to the time working in the unit, we had a variation between six months and three years and six months.

For the professionals interviewed, drug consumption among the women living in the units' territory is linked to the context in which they are inserted and also the reason why they believe that they seek use of some substance. Through the professionals' testimonies, it is perceived that they are in environments permeated by aggression, drug use by their partners and unemployment.

> *But we hear: ''ah, my husband beats me'', 'ah, I don't have a job''. I think as soon as they start using drugs because they don't have a service to go to, then they start prostituting themselves to earn money [...] then they look for drugs, to put up with all this. (P5.1)*
>
> *[...] she started dating a guy and he's a heavy drug user [...]. Because she's using drugs with him, but she doesn't say it [...] I asked her if they were using drugs and she said no. (P11.2)*
>
> *[...] We had cases of girls who started using drugs, starting with marijuana, then cocaine and then they didn't have any money to buy it, they started to prostitute themselves, they went out with older men [...] these men trafficked drugs, the women used drugs and the men did what they wanted with them [...] the women even looked for us, you know, for some information, we gave guidance on condom use and other information [...] (P12.1)*
>
> *I think that an activity could be very important for them, you know. A little course on something, this is free and has to be, because the social conditions [...] a vocational course, like this you know, that's free, that they can learn to do something and leave the city any time and go to another place if they can't find a job here. Some cheering-up, they'd be motivated to leave here and look for something to do. (P7.2)*

According to the health professionals, women who use drugs access health services in different ways, with requirements that do not make any reference to drug use.

> *Access to other things, but not for alcoholism [...] Pre-cancer, these things [...] like prevention to do cytopathological exams, medical consultations, one of them is hypertensive, she comes to the group [...] (P1.3)*
>
> *For the cytopathological they come, sometimes also in the issue of contraceptives [...] things like that, they have a lot of access to things like that, they also do mammography [...] what we focus on most is this part of the cytopathology, of the mammography. (P3.2)*
>
> *They come in searching for a dentist [...] I tell you as soon as they come to do the quick tests, because they are more afraid of having something [...] pre-cancer we make an appointment for them, mammography too [...] (P11.2)*

Health professionals try to always leave some member of the health team as a reference technician for the users, so that they are provided the necessary care in view of their individualities.

> *[...] it depends a lot on their moment for us to be able to offer a nice reception. We sometimes have to insist. I try, the community agent tries [...] if it's not me, another professional building a bond with someone here and then we go on as possible. (P2.2)*
>
> *What I see I bring to the nurse, and then we try to look for that person during a home visit, to try to help [...] because not all of them react well [...] there are some who use prescription medications in addition to drugs, and*

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if they go one day without the prescription drugs, they come looking for the unit [...] but they have a bond, here, it's a very strong bond with the health center. (P5.1)

[...] I'm well received, they trust me, they call me if something happens, they ask me. So they're very isolated, you know [...] (P8.1)

[...] we go to them or even it's them that come [...] to ask for help and treatment [...] we talk to the family [...] explain to them all the problems they can cause and let them feel free to look for us, to undergo treatment [...] insert them into the CAPS in another municipality [...] so they can follow that monitoring, in addition to the strategy also following-up. (P1.3)

She [drug and service user] comes [...] I go there a lot. I can approach her, she's very approachable. When she's feeling a little bad, she calls me, comes here or calls me [...] she asks for help [...] these days she's a little bad, I've already managed to make an appointment, schedule her return to the psychiatrist [...] (P3.2)

After establishing a bond with the women, it is possible to see in the statements below that the professionals carry out educational actions on drug use.

[...] I tried to explain to them the fact of cocaine use [..] I said that they had to use a condom, I tried to reduce the harms, right? For example, I explained the risks of crack, cocaine [...] I said that I talked to the psychologist before to see how I to approach them because they were very aggressive [...] (P12.1)

[...] although we don't know why they don't come to talk to us, but we know those who make use, but they have no way to get here. If there are lectures, we call them to come and talk, even because of the quick tests and those things. We supply everything here at the unit, but they don't come directly to tell us [...] (P18.3)

Here at the unit, there's a group of adolescents (monthly), held here by the nurse and a technician, various subject matters are addressed in this group, even drugs, we try to do something in the waiting room, something like that [...] where we talk a little about drug use, every month we have a different topic. (P6.1)

DISCUSSION

According to the data analyzed, the environment in which women are inserted is permeated by drug use among people close to them and by unemployment.

Unemployment and absence of an occupation among women who use drugs is a reality found in this research through the professionals' testimonies, corroborating with other surveys that also indicate this reality[14-16].

Unemployment causes women to initiate or enhance drug use; in addition, some of them are involved in drug trafficking by themselves or with partners, as well as in prostitution as a way to ensure their livelihood and that of their family[17].

In a study carried out with women, it is observed that unemployment can lead to countless problems, as it is through work that people can meet their basic needs, thus seeking informal jobs to survive. It was also observed that women experience drug use within their family and territorial environments[4].

Another aspect mentioned by the professionals is drug use initiation by women due to their partners. In another research study, this relationship of use by the partners, family members or close people is seen as a way of maintaining or initiating drug use by women since, in their social circle or in the territory they inhabit, consumption takes place every day[3].

Thus, women's health care actions must be planned beyond the biological risks or evaluation of their anatomy. Hence the need to adopt a broader look towards this population segment that includes not only biological issues but also aspects related to human rights, psychosocial vulnerabilities, drug use and family and territorial context, among others; and thus, scheduling actions for this population group according to the needs and reality found[18].

It is known that PHC is of major importance for the care of its enrolled population, as it is inserted in the social context of these individuals and has the ability to recognize the needs and vulnerabilities of its population, carrying out activities to promote and protect the health of these people. Looking at the female drug user population, this service is of paramount importance for providing comprehensive care[7].

In order to have a broader view, it is necessary to carry out welcoming and bonding within the primary care perspective; therefore, home visits, which are initially carried out by community health agents, are a very valuable tool, as the service manages to introduce itself within these women's context[19].

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A positive aspect regarding the participants in this study is that, even with difficulty approaching use or dealing with women's denial, the professionals somehow introduce them into the service or are present in the home visits, providing guidelines and care necessary for health. This difficulty addressing drug use is common within primary care services due to the prejudice and stigma that some professionals carry with them[20].

Taking care of people who use drugs in primary care services is a challenge for health professionals. This challenge can be linked to personal, cultural, professional and structural issues inherent to the services and to professional unpreparedness to address the drug problem, as well as to absence of a support network for the necessary care and monitoring actions. Therefore, not addressing consumption is a way of keeping these users within the service or within the activities that are carried out in the territory, oftentimes providing care based on the biomedical model[21].

In a study carried out with women drug users about the assistance they received from primary care health professionals and a specialized mental health service, they report that the care received was permeated by prejudice and contempt, tracing a relationship of distance between them and the professionals and with prevalence of brief and punctual appointments[22].

In another study, carried out in primary care, it is noticed that the professionals face problems dealing with the drug user population in the territory, reporting difficulty approaching the theme and the inconveniences resulting from use and also lack of training on the subject matter; on the other hand, they report efforts to create a bond with these individuals and the health service[23].

Bonding is extremely important for successful treatment and monitoring; therefore, primary care is an important point of the service network because it is within the territory, thus managing to welcome, guide and include these women in the service activities and, in the case of pregnant women, to provide prenatal care[24].

One way of including these women in the agenda of the services is through health education activities that are carried out *in loco*, as reported by the professionals in this research. Thus, each service has its agenda of activities according to the problem encountered, the main ones focused on chronic diseases and groups of pregnant women; these activities also take place outside the structure of the service, such as at people's homes through guidelines provided during home visits[25].

As shown by a survey, most of the health education activities take place within the school environment, and they generally address issues related to health promotion, disease prevention and drug use, also showing that these activities are rarely carried out in health services[26]. This is in line with what the results of this study indicate since, in this case, health professionals carry out educational activities whenever they are in contact with these women, whether in the health service or in the territory.

Given that women who use drugs rarely seek the health services, it becomes necessary that health teams, especially in primary care, be prepared to carry out these actions at the different moments when they meet them, whether in appointments within the service or in the territory, prioritizing comprehensive care[24,27].

Thus, one of the ways of welcoming these women to the service and starting to establish a bond is by active searches for Pap smear collections, so that they provide guidelines for health promotion and disease prevention at the same time. In such a way, it is expected that, after this first care actions and contact, they will be able to talk about drug use[28].

The bond with this population group is developed slowly at each meeting, through the health teams' empathy, and one possibly effective way to do so corresponds to the actions that the professionals in this research are carrying out, through the provision of general health care, so that, when the bond is established, it is also possible to address conversations and care about drug use[29].

Thus, in order for these women to increasingly access health services and establish a bond with the professionals, it is necessary that they are seen beyond their “drug user” label and the biomedical care perspective, recognizing the importance of comprehensive care and, above all, each woman's context[6].

CONCLUSION

The data reveal that health professionals perceive drug consumption by women as a behavior linked to living conditions permeated by aggression, consumption and drug trafficking in the territory, the partners' influence and lack of livelihood opportunities.

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In their various categories, the professionals seek to preserve the bond with the women, focusing on the health demands they present. Thus, drug use is neither asked about nor referred to. It is also noticed that the professionals seek ways to carry out health education actions when women seek the service or in meetings within the territory to carry out health promotion activities.

The study reveals the invisibility of the drug problem in the primary care context due to structural issues involving the support network, team training and reduction of social inequalities. Thus, managers need to be increasingly sensitized to train health professionals to care for women who use drugs, providing comprehensive care.

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